



**EXECUTION OF SENSITIZATION PROGRAMMES OF
ADVENTIST RELIEF AGENCY ON FEMALE CIRCUMCISION
IN NYAMIRA CONFERENCE OF SEVENTH-DAY ADVENTISTS
IN NYAMIRA COUNTY, KENYA**

Josephine Mensire¹ⁱ,

Bernard Gechiko Nyabwari²,

Paul Mulwa Kyalo³

¹Master of Arts Finalist,

Religious Studies,

Mount Kenya University,

Kenya

²Lecturer, PhD,

Department of Philosophy and Religious Studies,

Kenyatta University,

Kenya

³Lecturer,

Department of Languages and Humanities,

School of Social Sciences,

Mount Kenya University,

Kenya

Abstract:

The purpose of this study was to examine the extent to which sensitization programmes of Adventist Relief Agency on female circumcision have been executed in Nyamira Conference of the Seventh-day Adventists in Nyamira County, Kenya. This study adopted a theoretical framework based on social change, social control theories. This study adopted mixed methods approach which includes both quantitative and qualitative methods which encompassed concurrent triangulation. Concurrent triangulation enabled the researcher to adopt descriptive survey research design. The target population in this study was 7 Conference management staff, 3 ADRA programme implementation officers, 60 church pastors and 700 church lay leaders. The sample size consisted of 18 church pastors and 210 lay leaders which was 30% of the target population whereas all the 7 Nyamira Conference management staff members and the 3 ADRA programme implementation officials were purposively included in the study. The study used questionnaires and oral interviews to collect data from the respondents. A pilot study was conducted for reliability and validity of the research instruments. The instruments were piloted in the churches within Nyamira Conference whose pastors and

ⁱ Correspondence: josephinemensire@gmail.com

lay leaders did not participate in the study utilizing simple random sampling to select respondents. To ensure reliability of the findings, the data was subjected to cronbach alpha index. The Cronbach alpha coefficient of 0.7878 was obtained and this implied that the research instruments were reliable and therefore the researcher adopted the research instruments. It was established that there were sensitization programmes on female circumcision in Nyamira County. Based on the findings of this study, it can be concluded that there is need to support the sensitization programmes of Adventist Relief Agency on female circumcision in Nyamira Conference of the Seventh-day Adventists in Nyamira County. Based on the findings of this study it was recommended that the Nyamira Conference management of the Seventh Day Adventist church should strive to encourage and support the sensitization programmes by the Adventist Relief Agency on female circumcision in the area of jurisdiction.

Keywords: sensitization programmes, female circumcision

1. Introduction

[Female circumcision](#) is practiced in 30 countries in western, eastern, and north-eastern Africa in parts of the Middle East and Asia, and within some immigrant communities in Europe, North America and Australia. According to a 2013 [UNICEF](#) report, [Egypt](#) has the world's highest total number with 27.2 million women having undergone female circumcision, while [Somalia](#) has the highest [prevalence](#) rate of female circumcision at 98%. In addition, 24 African countries have legislations or decrees against practice; these countries are: Benin, Burkina Faso, Central African Republic, Chad, Côte d'Ivoire, Djibouti, Egypt, Eritrea, Ethiopia, Ghana, Guinea, Guinea-Bissau, Kenya, Mauritania, Niger, Nigeria (some states), Senegal, Somalia, Sudan (some states), Tanzania, Togo and Uganda and Zambia and South Africa.

According to 2009 survey in Kenya indicates that 27% of women aged between 15 and 49 have undergone female circumcision. By contrast, the 2003 survey reported a 32% rate, while 1998 rate was 38%. The statistical analysis of age group data confirms female circumcision practice is falling in Kenya. Of those women who have undergone female circumcision, the vast majority (83%) undergo Type II excision. In the Northeastern Province the prevalence is 98%, Eastern Province is 36% and Western Province 1%. is common among the Kisii people (96%) and the Massai (73%), according to 2009 survey. Many other ethnic groups of Kenya practice female circumcision. The prevalence varies with religion in Kenya; female circumcision is prevalent 50% of Muslim women, 33% of Catholics, 30% of Protestant women. In 2001 Kenya enacted the Children's Act, under the provisions of which was criminalized when practiced on girls younger than 18. The practice was made illegal nationwide in September 2011.

ADRA has continued to educate the Abagusii community of Nyamira County to stop the practice. According to ADRA Kenya's project manager in Western Kenya Ms. Mary Kwamboka, girls especially in the western part of Kenya have continued to suffer

from a cultural practice believed to be a rite of passage from childhood to adulthood yet its negative impact is long term (Mongare, 2015). She noted that some parents from the larger Gusii area who went through this brutal cut feel that a girl can't become a real and respected woman in the Abagusii community or any other community that practices female circumcision unless they undergo the cut as well. She clarified that ADRA's programme in the area of empowering girls teaches them on various life skills, their values, rights, roles as girls in the community, the importance of abstaining from pre-marital sex and how they can influence other young girls like them to decline undertaking the cut. A religious oriented approach has also been used within the Christian community, with the Seventh Day Adventist church to run sensitization programmes as to the health risks to churchgoers in among the Abagusii, accompanied by the message that female circumcision is against the Bible.

2. Statement of the Research Problem

Female circumcision is considered an integral part of the Kisii peoples' way of life and culture and hence considered an essential part of their heritage and culture: There is also a widespread belief that uncircumcised girls are promiscuous. Circumcision is seen as making the girls mature and are not mocked by the community and their peers by being given names like '*Egesagane*' and they are not welcome at ceremonies. Efforts by NGOs like the Adventist Relief Agency (ADRA), churches and the government to persuade the community to abandon the practice seem to have limited impact. In addition, the practice has continued despite the existence of factors that have been known to have led to abandonment among other communities, including high literacy levels and widespread Christianity. The Nyamira Conference Seventh-day Adventist churches through the Adventist Relief Agency (ADRA) have for more than a decade tried to eradicate FGM among its members. This has been through sensitization programmes such as seminars, sermons, trainings, schools and youth programmes. The SDA church manual and other policies of the church outline strict measures which should be undertaken to members who take girls through female circumcision which finds no basis in scripture. In spite of all these efforts by ADRA, the SDA members in Nyamira Conference persist carrying out the practice either secretly or openly. The church contains no records of members who have been either censured or excommunicated for practice of the rite on the girls. This study therefore sought to examine the sensitization programmes of Adventist Relief Agency on female circumcision in Nyamira Conference of the Seventh-day Adventists.

2.1 Study Objectives

The study sought to achieve the following objectives:

- 1) To establish the nature of sensitization programmes on female circumcision by the ADRA in Nyamira Conference of the SDA church in Nyamira County.

- 2) To assess the extent to which the sensitization programmes on female circumcision by ADRA have been executed in Nyamira Conference of the SDA church in Nyamira County.

2.2 An Overview of Sensitization Programmes of Adventist Relief Agency on Female Circumcision

The Gusii community is known to be one of the African communities with a history of rigid adherence to the traditional practices - female circumcision included. The SDA church through the clergy has put greater efforts to ensure that the community gives up on some indigenous practices which have outlived their usefulness. Female circumcision according to elderly women was an avenue through which the Gusii traditional moral and cultural values were transmitted down through generations. The SDA church according to Nyaundi (2005) and Nyabwari (2016) came to Gusii in 1906. The church started her first station at Nyanchwa under the leadership of the White Missionaries who in the event of planting the church sneaked in western culture in the name of Adventism. The church laid strong foundations of beliefs and practices which qualified one as a faithful adherent of the church. The missionaries condemned traditional practices such as polygamy, offering animal sacrifices, reference to ancestors, worshiping graven images, witchcraft and female circumcision among others. Female circumcision for instance as Okemwa (2016) said was done with a view of equipping the initiates with skills necessary for formation of competent, dependable and reliable women who later transmitted the same values to the children.

The ADRA started coming to Nyamira in 1990s. The NGO was admitted by the SDA church which was the most popular church in the region. The church SDA through their leaders gave ADRA permission to start any programme among the people which would help them develop in accordance with their objectives. The organization started building schools, health centers and home-based health-care programmes. These programmes gained popularity in Nyamira because the personnel applied the all-inclusive and non-denominational approaches. The elderly respondents noted that the organization did not discriminate the beneficiaries of the projects based on clan, denomination, politics, religion or tribe. This made the people to be closely associated with the organization irrespective of faith, race and tribe or age of the organization's personnel. The ADRA in 1995 started the FGM awareness campaigns, provided education grants for girls, build boarding schools and created amicable relationships with local administration to help them achieve their objectives. They also provided training manuals for teachings promoting stopping FGM.

3. Research Methodology

This study adopted mixed methods approach which includes both quantitative and qualitative methods (Creswell, 2009). Within the mixed methods approach, concurrent triangulation model was used. According to Leary (2010), descriptive research is

designed to describe the characteristics or behaviours of a particular population in a systematic and accurate fashion. The Nyamira Conference management staff and church leaders as well as ADRA programme implementation officers constituted the target population of the study since they had more in-depth information as they are the ones who formulate policies, make decisions and develop strategies that drives the churches in the conference. They also have information on the status of sensitization programmes as well as extent of practice of FGM has taken root in the Nyamira County. The Conference management staff comprised of 7 members (i.e., the conference president, secretary, treasurer, Children's Ministries, and Women's Ministries leader, Communication, and Youth Ministries' leader and the Family Ministries, and Ministerial Association (and Evangelism) leader). The church leaders consisted of 60 pastors and 700 lay leaders (300 deacons and 400 deaconesses) while the ADRA's key respondents were 3 programme implementation officers. Therefore, the target population comprised of 770 respondents as presented in Table 1.

Table 1: Target Population of the Study

Respondents	Target Population
Conference Management Staff	07
ADRA Programme Implementation officers	03
Church Pastors	60
Church Lay leaders	700
Totals	770

Sample size for the respondents was determined in accordance to Mugenda and Mugenda (2003) who proposed the sample size to be 30% of the total population for descriptive studies. The sample size consisted of 18 church pastors and 210 lay leaders who were expected to be reliable and knowledgeable to give desired information in their churches were selected through simple random sampling. This sample was deemed to be resourceful on challenges faced by sensitization programmes of ADRA on female circumcision in their respective churches. All the 7 Nyamira Conference management staff members and the 3 ADRA programme implementation officials were purposively included in the study. As Mugenda and Mugenda (2003) argue, sampling of this kind is ideal in such a study. Table 2 shows the sample size distribution.

Table 2: Sample Size Distribution

Respondents	Target Population	Sample Size	Sampling Technique
Conference Management Staff	07	07	Purposive
ADRA Programme Implementation officers	03	03	Purposive
Church Pastors	60	18	Simple Random
Church Lay leaders	700	210	Simple Random
Totals	770	238	

In this study used questionnaires and oral interviews were used to collect data. The instruments were used to supplement each other and to give a deeper and wider exploration into research perspective which would give the research more quality. A pilot study was conducted for reliability and validity of the research instruments. The instruments were piloted in the churches within Nyamira Conference whose pastors and lay leaders did not participate in the study. To ensure the reliability of the questionnaire, a pilot study was carried out in the churches and 10% of the respondents that did not participate in the study were selected using simple random sampling technique which Patton (2002) considers as adequate. This translated to 6 church pastors and 70 church lay leaders totaling to 76 respondents. Data collected quantitatively was subjected to Cronbach alpha index. The Cronbach alpha coefficient of 0.7878 was obtained and this implied that the research instruments were reliable and therefore the researcher adopted the research instruments. According to Mugenda & Mugenda (2003) a Cronbach alpha index of 0.7 and above implies a high degree of reliability of the data means that the items in the questionnaire will measure the required constructs with a high degree of precision. Reliability of interview schedules was ascertained by highly restructuring the interview questions and being consistent in asking same items to the interviewees.

This study collected and analyzed both qualitative and quantitative data. The researcher edited the raw data collected through the questionnaire with an effort to detect errors and omissions such that the minimum data quality standards were achieved. Coding involved assigning numbers so as to be able to group responses into a limited number of classes or categories (Shukla, 2008). In this, study data was organized, presented, analyzed and interpreted using descriptive statistical techniques. The descriptive statistics that was used to summarize data included percentages, frequencies, tables and graphical presentation. The qualitative data were read and categorized into distinct themes as shown by the responses of the respondents and then analysed using Focus by Question Analysis Strategy. Results were presented using tables.

4. Results and Discussions

4.1 Questionnaire Return Rate

A total of 238 questionnaires (which comprised 18 for church pastors and 210 for church lay leaders) and 10 oral interview schedules (which comprised of 07 for conference management staff and 03 for ADRA programme implementation officials) were given out to the respondents. Only 200 questionnaires from church lay leaders and 14 questionnaires from church pastors were obtained back. This resulted in a return rate of 95.2% and 77.8% for church lay leaders and church pastors respectively. However, there was 100.0% return rate on oral interview schedules. This was deemed adequate for analysis as it fell within the confines of a large sample size ($n > 30$) and provided a smaller margin of error and good precision (Anderson, Sweeney & Williams, 2003).

4.2 Demographic Characteristics

This section captures the respondents' demographic characteristics that were considered significant to the study such as gender, age and duration of membership in the current congregation. The demographic characteristics of respondents were considered significant to the study on the assumption that variations on such orientations would depict different attitudes, the drive and enthusiasm church members adopt in the respective congregations.

4.3 Gender of the Respondents

The study sought the gender of the respondents. Their responses were recorded in Table 3:

Table 3: Gender of the Respondents

Gender	Church Lay Leaders		Church Pastors		Conference Management Staff		ADRA Programme Officials	
	F	%	F	%	F	%	F	%
Female	114	57.0	04	28.6	01	14.3	01	33.3
Male	86	43.0	10	71.4	06	85.7	02	66.7
Total	200	100.0	14	100.0	07	100.0	03	100.0

Information from Table 3 shows that 57.0% (114) of the church lay leaders were female (deaconesses) while 43.0% (86) of them were male (deacons). Concerning the church pastors that participated in the study, it was found out that 28.6% (04) of them were female while majority 71.4% (19) of them were male. Information on the gender of the conference management staff showed that 14.3% (01) were female whereas 85.7% (06) of were male. Concerning the ADRA programme implementation officials, 33.3% (01) were female while 66.7% (02) were male. This implies that there is gender parity in the church lay leaders; church pastors, conference management staff and ADRA programme implementation officials. This is in line with the government findings on gender imbalances. The church management should strive to implement the third rule in the new constitution to enhance gender equity in choosing of the church lay leaders, pastors and conference management staff (Republic of Kenya, 2010). The findings were presented as in Figure 2.

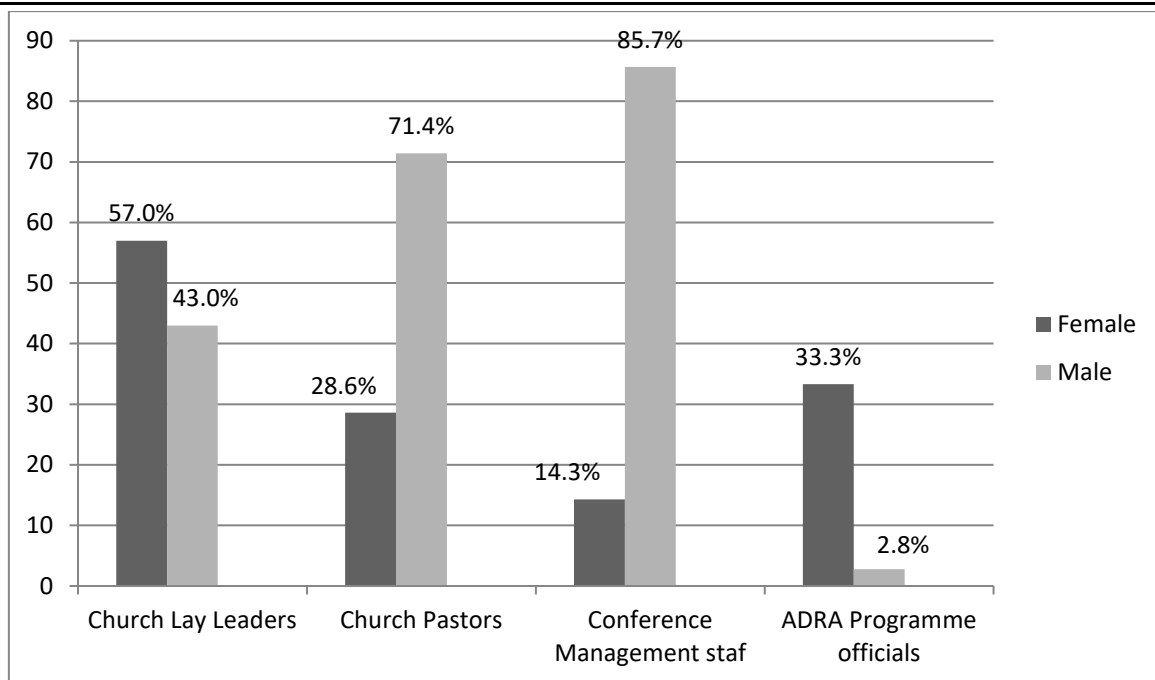


Figure 1: Gender of the Respondents

4.4 Age of Respondents

The study sought the age of the church lay leaders and church pastors. Their responses were recorded in Table 4.

Table 4: Age of Church Lay Leaders and Church Pastors

Age in years	Church Lay Leaders		Church Pastors	
	Frequency	Percent	Frequency	Percent
18-25	10	5.0	01	7.1
26-33	30	15.0	03	21.4
34-41	57	28.5	05	35.8
42-49	72	36.0	04	28.6
50 and Above	31	15.5	01	7.1
Total	200	100.0	14	100.0

Table 4 shows that 5.0% (10) of the church lay leaders as well as 7.1% (01) of the church pastors were in the age bracket of 18- 25 years while 15.0% (30) of the church lay leaders as well as 21.4 % (03) of the church pastors were in the age bracket 26- 33 years. Further, it can be seen from the table that 28.5% (57) of the church lay leaders as well as 35.8% (05) of the church pastors were in the age bracket of 34- 41 years while 36.0% (72) of the church lay leaders as well as 28.6 % (04) of the church pastors were in the age bracket 42- 49 years. Finally, Table 4 reveals that 15.5% (31) of the church lay leaders as well as 7.1% (01) of the church pastors were in the age bracket of 50 years and above. This implies that church lay leaders (deacons and deaconesses) that participated in the study cut across all the years from youthful ones to the eldest. This is important for succession purposes and they have information on church stance female circumcision and church teaching across

all the ages. It also implies that the church pastors who participated in the study cut across all the age brackets and were useful in giving information on various sensitization programmes by ADRA on female circumcision and church relevant teachings. This information was also presented as in Figure 3.

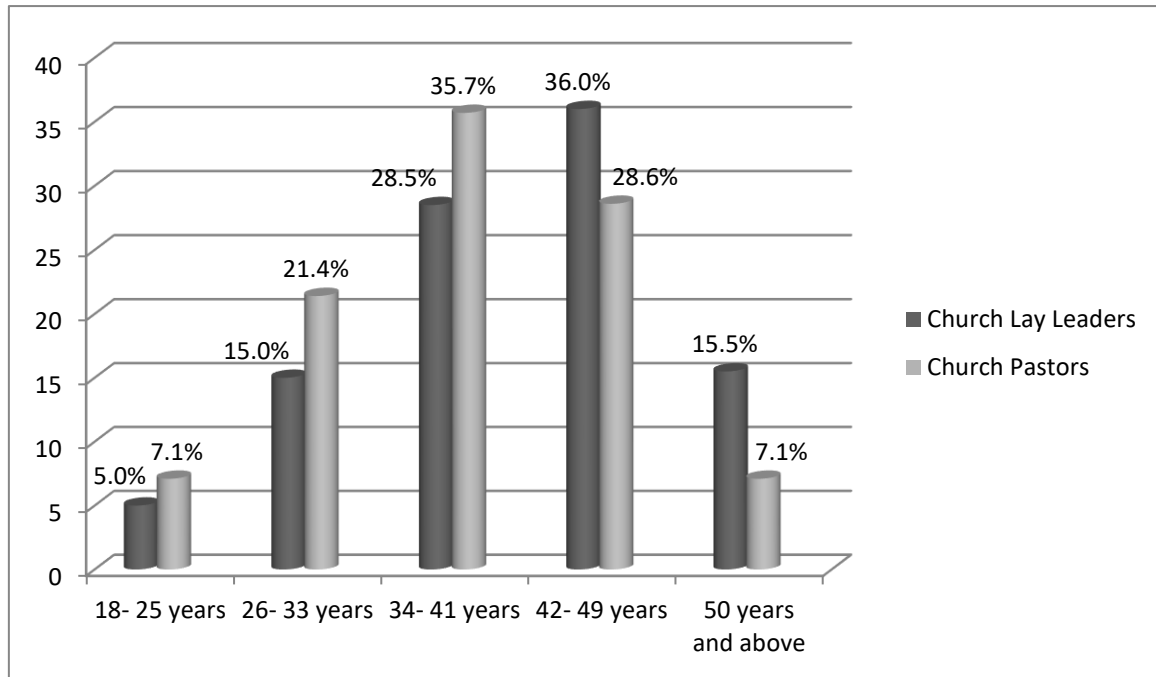


Figure 2: Age of the Church Lay Leaders and Church Pastors

4.5 Duration of Membership in the current Congregation

The study further sought from the church lay leaders and church pastors the duration of membership in the current congregation. The responses were as presented in Table 5:

Table 5: Duration of Membership in the Current Congregation

Duration In Years	Church Lay Leaders		Church Pastors	
	Frequency	Percent	Frequency	Percent
1-2 Years			01	7.1
3-4 Years			05	35.8
5-6 Years	57	28.5	04	28.6
7-8 Years	48	24.0	03	21.4
9 and Above	95	47.5	01	7.1
Total	200	100.0	14	100.0

Table 5 shows that 7.1% (01) of the church pastors have been in the current congregation for duration of 1-2 years while 35.8% (05) of them for 3-4 years. Further, 28.5% (57) of the church lay leaders as well as 28.6% (04) of the church pastors had been in the current congregation for duration of 5-6 years while 24.0 % (48) of the church lay leaders as well as 21.4% (03) of the church pastors had been in the current congregation for duration of 7-8 years. Finally, 47.5% (95) of the church lay leaders as well as 7.1% (01) of the church

pastors had been in the current congregation for duration of 9 years and above. This implies that most of the respondents had stayed in the current congregation for more than two years and were in a position to give dependable responses on the challenges faced by sensitization programmes of Adventist Relief Agency on female circumcision in Nyamira Conference of the Seventh-day Adventists in Nyamira County. This information was also presented as in Figure 4.

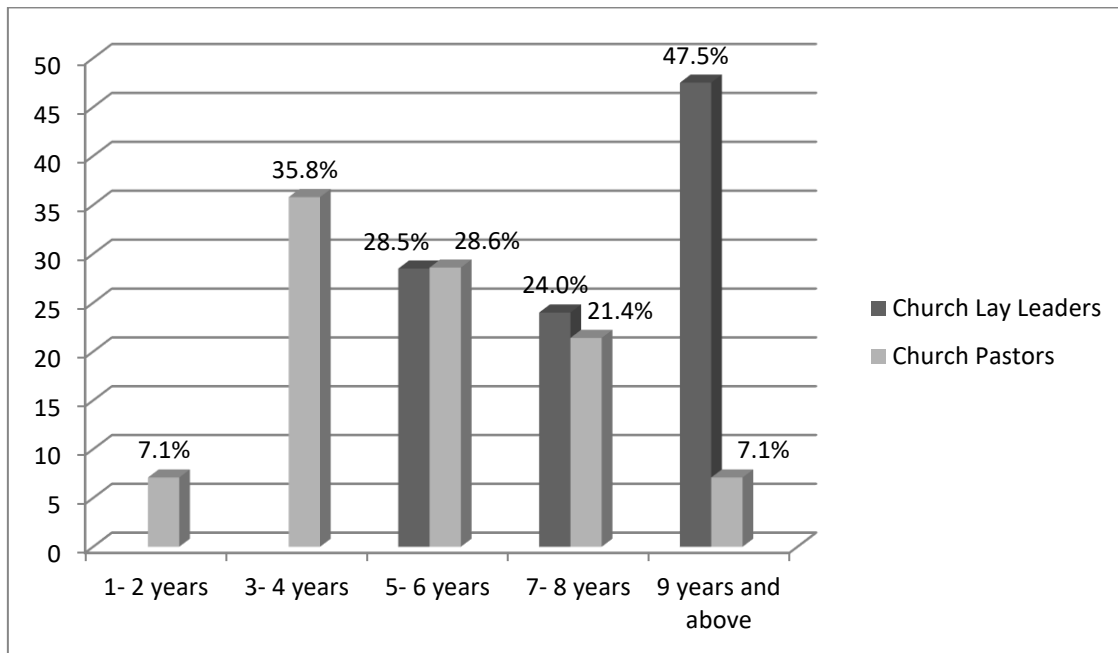


Figure 3: Duration of Membership in the current Congregation

4.6 Extent to which Sensitization Programmes of ADRA on Female Circumcision

The purpose of this study was to examine the extent to which sensitization programmes of Adventist Relief Agency on female circumcision have been executed in Nyamira Conference of the Seventh-day Adventists. The researcher from the conference management staff and the ADRA programme implementation officers the nature of the programmes and the extent to which they have been successful in the Nyamira Conference of the SDA Church of Nyamira County. This information was collected using oral interviews and analysed thematically as follows:

One of the sensitization programmes ADRA has executed in Nyamira Conference SDA Church of Nyamira County is the implementation of the Prohibition of Female Genital Mutilation Act 2011. Information obtained from the conference management staff indicated that there has been good progress in the enforcement of the Act. The ADRA officials revealed that the Office of the Director of Public Prosecution (ODPP) had continued to prosecute FGM cases under the Act. However, in as much as they have been successful, it has not been without challenges as sustaining prosecutions are dependent on the evidence and its availability. The practice mainly occurs in remote areas with poor

infrastructure and as a result, the witnesses are at times intimidated and sometimes unable to make it to the courts.

Another programme implemented in the Nyamira Conference SDA church of Nyamira County is the National Policy on the Abandonment of Female Genital Mutilation (FGM) 2016-2020. The Nyamira Conference management staff asserted that with technical and financial support from the ADRA, the National Policy on the abandonment of FGM 2008-2013 was reviewed and updated in line with the Kenya Constitution 2010, the Prohibition of FGM Act 2011 and Sustainable Development Goals. The ADRA officials revealed that the document had been submitted for Cabinet approval to be implemented.

Further, improved Government led Coordination at National, County and Community levels is also another programme the ADRA has been keen in implementing in the Nyamira Conference SDA church. The ADRA officials indicated that they have continued to support national and county level coordination mechanisms through the Anti-FGM Board and County Anti-FGM Networks. The conference management staff noted that the coordination structures focus on multi-sectoral approach in the prevention and response to FGM and have led to strong partnerships.

Another programme the researcher found out was the implementation of the Multi-sectoral intervention and targeting: The study established that ADRA has utilised the comparative advantage of UNICEF and UNFPA in rallying services such as psychosocial support, education, health and legal aid. Procedural guidelines for referral and consultation which is integrated within the Child Protection and Gender were developed and operationalized across the Nyamira County.

The study found out that there has been an increased demand for mentorship programmes and Alternative Rites of Passage. For this, the conference management staff noted that ADRA has continued to play a central role in supporting key initiatives which include, mentorship programmes for both girls and boys and Alternative Rites of Passage (ARP) for girls. As a result of the mentorship programme role models/champions have come up in the county and continue to raise awareness among other girls and boys as well as the community members. The ADRA officials argued that to prevent girls who undergo ARP from being circumcised later, trained mentors are attached to girls for follow up and continuous mentoring.

The Nyamira conference staff noted that the women ministries department worked closely with the ADRA officials in the sensitization programmes in the churches. They coordinated the programmes through mobilizing women and girls in the churches to attend the programmes. These ladies were responsible in identifying girls who were willing to escape from the knife of circumcision as well as those from families which needed support from the ADRA. The women ministries organized for special visits to the victims in their families to talk to the parents. The women leaders in collaboration with the church elders invited the ADRA officials to the churches when they presented their programmes on the present and future implications of the practice of female circumcision.

ADRA officials were the major stakeholders who coordinated or linked projects in Africa to the funding organizations in most cases with the United Nations. In Nyamira County, ADRA was known for projects such as building hospitals, providing medical services to the vulnerable groups, sensitization of short and long-term effects of FGM and building churches in un-entered areas particularly the SDA churches. In the county, ADRA has projects in all the five stations. The working team of the NGO was a mixture of Kenyans and whites with origins from the western countries. The Kenyan officials through the SDA church in the conference identified needs and regions for the ADRA initiatives. The conference asked ADRA to provide programmes for girls' emancipation. The girls were denied education, underwent the female genital cut and were married off early in life. The ADRA gave female genital cut priority terming it as an inhuman act. The researcher visited the ADRA offices and projects situated in Magwagwa, Bonyunyu and Kenyenyia. The officials lamented that they received resistance from the community especially in their attempts to provide information against the female genital cut among the girls. They said that the people did not fully accept to discard their cultural inclination towards the perceived benefits of the practice.

5. Conclusions and Recommendations

It was established that there were sensitization programmes on female circumcision in Nyamira County. Based on the findings of this study, it can be concluded that there is need to support the sensitization programmes of Adventist Relief Agency on female circumcision in Nyamira Conference of the Seventh-day Adventists in Nyamira County. Based on the findings of this study it was recommended that the Nyamira Conference management of the Seventh Day Adventist church should strive to encourage and support the sensitization programmes by the Adventist Relief Agency on female circumcision in the area of jurisdiction.

Conflict of Interest Statement

The authors declare no conflicts of interests.

About the Authors

Josephine Mensire is a Master of Arts Finalist in Religious Studies of Mount Kenya University, Kenya.

Bernard Gechiko Nyabwari is a Master of Arts Finalist in Religious Studies of Mount Kenya University, Kenya.

Prof. Paul Mulwa Kyalo is lecturer in the Department of Languages and Humanities School of Social Sciences, Mount Kenya University, Kenya.

References

a. Published Articles

- Government of Kenya (1999). *National plan of action for the elimination of female genital mutilation in Kenya 1999 - 2019*. Ministry of Health. Government Printer
- Government of Kenya (2006). *Nyamira District Strategic Plan 2005 - 2010 for Implementation of the National Population Policy for Sustainable Development*. National Co-ordinating Agency for Population and Development. Government Printers.
- Government of Kenya (2007). *Contributing towards efforts to abandon Female Genital Mutilation in Kenya: A situation analysis*. Ministry of Gender, Sports, Culture and Social Services. UNFPA. Population Council. Nairobi.
- Government of Kenya (2009). *National reproductive health strategy 2009-2015*. Government Printers.
- Kenya National Bureau of Statistics (2010). *Kenya Health and Demographic Survey 2008-2009*. Nairobi.
- MOH. (1999). *National Plan of Action for the Elimination of Female Genital Mutilation in Kenya, 1999-2019*. Nairobi: Ministry of Health.
- MOH. (2001). *Report on Female Genital Mutilation (FGM) or Female Genital Cutting*. Nairobi: Ministry of Health.
- PATH/MYWO. (2000). *Final Evaluation Report on Eliminating the Practice of FGM: Awareness Raising and Community Change in Four Districts of Kenya*. Nairobi: Path/Kenya.
- The General Conference of the SDA Church (2010). *Seventh-day Adventist and Ecumenical Movement*. Review and Heralds Publishing Association. USA
- Thairu, M. J. (2002). *Female Genital Mutilation: The Ultimate Price*. Nairobi: Kenyatta University.
- Toubia, N. (1995). *Female Genital Mutilation: A Call for Global Action*. United Nations Plaza, NY: United Nations.
- UNICEF (2005). *Female Genital Mutilation/Cutting: A Statistical Exploration 2005*. New York, NY: UNICEF.
- UNICEF (2007). *Changing a Harmful Social Convention: Female Genital Mutilation /Cutting*. Florence: Innocent Digest.
- UNICEF (2010). *The Dynamics of Social Change. Towards the Abandonment of Female Genital Mutilation/Cutting in Five African Countries*. Florence: Innocent Digest .
- UNICEF (2005). *Female Genital Mutilation: A Statistical Exploration 2005*. New York.
- UNICEF (2007). *Changing a harmful social convention. Female genital mutilation*. Innocenti Digest. Florence
- UNICEF (2010). *The dynamics of social change. Towards the abandonment of female genital mutilation in five African countries*. Innocenti Digest. Florence.
- UNICEF (2001). *Symposium on the total eradication of Female Genital Mutilation*. Nairobi.
- WHO (1997). *Female Genital Mutilation: A Joint WHO/UNICEF/UNFPA statement*. Geneva.

- WHO (2001). *Management of Pregnancy, Childbirth, and the Postpartum Period in the Presence of Female Genital Mutilation: Report of a WHO Technical Consultation*. Geneva.
- WHO (2008). *Eliminating female genital mutilation: an interagency*. UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO. Geneva.
- WHO (2010). *Global strategy to stop health-care providers from performing female genital mutilation*. Geneva.
- WHO (2011). *An update on WHO's work on female genital mutilation (FGM) Progress report*. Geneva. www.wormankind.org.uk/wp-content/uploads retrieved on 21/04/2016
- WHO (2006). *Study Group on Female Genital Mutilation and Obstetric Outcome: WHO Collaborative Prospective Study in Six African Countries*. London: Lancet.
- WHO (2008). *Eliminating Female Genital: Mutilation and Interagency*. Geneva: World Health Organization.
- Wiley, J. & Blau, P. M. (1977). *Inequality and Heterogeneity*. Free Press, New York.

b. Journal Articles & Reviews

- Abuya, K. (2015). Leadership for Cultural Transformation: Addressing Female Genital Mutilation in Kenya. *Interdisciplinary Journal of Partnership Studies*, 1(1), 10. http://www.the-star.co.ke/news/2016/02/06/secretive-fgm-affairs-make-kilimos-job-harder_c1289784
- Ali, K. F. (2014). Gender and Culture. *International Journal of Research*, 1(9), 321-326.
- Appiah, K. A. (2002). The state and the shaping of identity. *Tanner lectures on human values*, 23, 233-300.
- Aziz, F. A. (1980). Gynecological and Obstetric Complications of Female Circumcision. *International Journal of Gynecology and Obstetrics*, 76-87.
- Buff, D.D (1995). Letter to the Editor. Female Circumcision. *New England Journal of Medicine*. Vol 332, 188-190.
- Grisaru, N., Lezer, S. & Belmaker, R.H. (1997). Ritual female genital surgery among Ethiopian Jews. *Archives of sexual behaviour* vol 26. Pg2
- Knight, G. (2000). *A Search for Identity: The Development of Seventh-Day Adventist Beliefs* (pp. 30-36). Hagerstown: Review and Herald Pub Association.2000.
- Marshall, J. E., & Raynor, M. D. (2009). Advancing skills in midwifery practice. *Elsevier Health Sciences*.
- Mitchum, P. D. (2012). Slapping the Hand of Cultural Relativism: Female Genital Mutilation, Male Dominance, and Health as a Human Rights Framework. *Wm. & Mary J. Women & L.*, 19, 585.
- Moogi, G. (1995). Continuity and Change in the Practice of Clitoridectomy in Kenya: A Case Study of the Abagusii. *The Journal of Modern African Studies* , 33(2), 333-7.
- Moore, L. W., & Miller, M. (1999). Initiating research with doubly vulnerable populations. *Journal of Advanced Nursing*, 30(5), 1034-1040.
- Shukla, P. (2008). *Marketing Research*. Paurav Shukla & Ventus Publishing ApS. ISBN 979-87-7681-411-3.

Wright, J. (1996). Female Genital Mutilation: An Overview. *Journal of Advanced Nursing*, 24(1), 251-259.

Zed Emerson, R. (1962). Power-Dependence Relations. *American Sociological Review* 27, 31-41.

c. Unpublished Articles

FIDA Kenya. (2001). The Law and Female Circumcision/Female Genital Mutilation. *National Focal Point Workshop*. Nairobi: FIDA Kenya.

Gwako, L. (1992). *Female circumcision in Kenya: A study of Gusii Women Experience and current attitude with implication for social change*, Moi University- Eldoret, Kenya.

Kanake, K. A. (2001). *Change And Continuity in The Practice of Clitoridectomy: A Case Study of The Tharaka of Meru East District*. Unpublished M.A Thesis, Kenyatta University, Nairobi.

Kiarie, M., & Wahlberg, J. (2007). *Female Genital Mutilation*. Bachelor Thesis, Jyvaaskyla University of Applied Science.

g. Books

Badri, A., & Badri, B. (1990). Female Circumcision Attitude and Practice in Schuler(Ed). In Schuler, *Women Law and Development in Africa* (pp. 23-34). Maryland: White Plans Maryland.

Banks, E., Meirik, O., Farley, T., Akande, O., Bathija, H., & Ali, M. (2006). *Female Genital Mutilation and Obstetric Outcome: WHO Collaborative Prospective Study in Six African Countries*. Geneva: WHO Study Group on Female Genital Mutilation and Obstetric Outcomes.

Berg, R. C., Denison, E. and Fretheim, A. (2010). *Psychological, social and sexual consequences of female genital mutilation (FGM): a systematic review of quantitative studies*. Report from Kunnskapscenteret nr 13-2010.

Children Legal Action Network. (2008). Child Rights Presentation. *Reform Agenda for Education Sector in Kenya- Setting Beacons for Policy and Legislative Framework* (pp. 22-30). Nairobi: Elimu Yetu Coalition.

Creswell, J. W. (2003). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. (2nd Ed.). London, Sage Publications.

Evans, D., French, K., Gordon, M. H., Kwateng-klovitse, A., Lamont, M., Richens, Y., ...& Thain, J. (2006). Carolyn Basak, RCN Midwifery and Women's Health Adviser Chris Cox, RCN Assistant Director of Legal Services Sarah Creighton, Consultant Gynaecologist, The African Women's Clinic, University College London Hospital/Elizabeth Garrett Anderson & Obstetric Hospital.

Frankfort-Nachmias, C. and Nachmias, D. (2000). *Research Methods in the Social Sciences*. 6th Edition. New York: Worth.

Guion, L. A. (2002). *Triangulation: Establishing the Validity of Qualitative Studies*. Institute of Food and Agricultural Sciences (IFAS). University of Florida.

- House, E. R. (1993). *Professional Evaluation: Social Impact and Political Consequences*. Newbury Park, California: Sage.
- Hosken, F. (1993). *The Hosken Report: Genital and Sexual Mutilation of Females*. Lexington: Womens International Network.
- Karanja, D. N. (2003). *Female Genital Mutilation in Africa*. Maitland, FL: Xulon Press.
- Kenyatta, J. (1978). *Facing Mount Kenya*. Nairobi: Kenway.
- Kombo, D., & Tromp, D. (2006). *Proposal and Thesis writing: An Introduction*. Nairobi: Pauline Publications Africa.
- Kothari, C. R. (2005). *Research methodology: Methods & Techniques*. New Delhi, New Age International (P) Ltd.
- Kothari, C.R (2003). *Research methodology: Methods and Techniques*. New Delhi: Vishwa Prakashan.
- Mbiti, J. (1969). *African Religion and Philosophy*. New York, NY: Praeger Publisher.
- Merton, R. (1957). *Social Theory and Social Structure. Revised and Enlarged*. London: The Free Press of Glencoe.
- Mugenda, O., & Mugenda, A. (2003). *Research methods. Qualitative and Quantitative Approaches*. Nairobi: Acts Press.
- Mugenda, M. O. and Mugenda, A.G. (1999). *Research Methods. Quantitative and Qualitative Approaches*, Nairobi. Acts Press.
- Namulondo, J. (2009). *Female genital mutilation: A Case of the Sabiny in Kapchowra District, Uganda. Master in Human Rights Practice*. Roehampton University.
- Neuman, W. L. (2003). *Social Research Methods*. London: Pearson
- Onen, D and Oso, W. Y. (2006). *A handbook for Beginning Researchers*. Kisumu. Option printers and publishers.
- Patton, M. Q. (2002). *Qualitative evaluation and research methods (3rd Ed.)*. Thousand Oaks, CA: Sage Publications, Inc.
- Prb (2013). *Ending Female Genital Mutilation/Cutting*. Washington DC
- Somekh, B. and Lewin, C. (2005). *Research Methods in the Social Sciences*. Sage Publications. London. Thousand Oaks. New Delhi.
- Uma, S. & Bourgie, R. (2009). *Research Methods for Business: A skill Building Approach (5th edition)*. UK: John Wiley and Sons Ltd.
- Wigoder, G. (1997). *Oxford dictionary of the Jewish Religion*. New York and Oxford University Press.

Internet Sources

- Moges, A. (2013). What is behind the tradition of FGM?, retrieved from <https://www.semanticscholar.org/paper/What-is-behind-the-tradition-of-FGM-Moges/c2362224c13b9004aef1aaa6f4a06099dfaef451>
- Mongare, W. (2015). *Girls empowered to shun Female Genital Mutilation practices in Nyamira*. Hivisasa.com. Retrieved 22 November 2015, from <http://www.hivisasa.com/nyamira/news/96625>

- Nalaaki, R. (2014). Knives of Sebei Women, Ritual and Power. *Sabiny Perception on Female Genital Mutilation and Advocacy Programs*. Retrieved from <https://munin.uit.no/handle/10037/6476>
- Nyakondo, F. M. (2015). *Female Genital Mutilation: The Case of Kisii People in America*. Retrieved from https://repository.stcloudstate.edu/cgi/viewcontent.cgi?article=1000&context=soc_resp_etds
- Piper, H. and Simons, H. (2005). Ethical Responsibility in Social Research, Retrieved from https://www.academia.edu/1347230/Ethical_responsibility_in_social_research

Creative Commons licensing terms

Author(s) will retain the copyright of their published articles agreeing that a Creative Commons Attribution 4.0 International License (CC BY 4.0) terms will be applied to their work. Under the terms of this license, no permission is required from the author(s) or publisher for members of the community to copy, distribute, transmit or adapt the article content, providing a proper, prominent and unambiguous attribution to the authors in a manner that makes clear that the materials are being reused under permission of a Creative Commons License. Views, opinions and conclusions expressed in this research article are views, opinions and conclusions of the author(s). Open Access Publishing Group and European Journal of Social Sciences Studies shall not be responsible or answerable for any loss, damage or liability caused in relation to/arising out of conflicts of interest, copyright violations and inappropriate or inaccurate use of any kind content related or integrated into the research work. All the published works are meeting the Open Access Publishing requirements and can be freely accessed, shared, modified, distributed and used in educational, commercial and non-commercial purposes under a [Creative Commons Attribution 4.0 International License \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/)