

**AN ASSESSMENT OF THE TECHNIQUES USED BY THE SDA CHURCH IN  
ERADICATING FGM IN GESIMA DIVISION, NYAMIRA COUNTY KENYA**

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**Abstract**

Churches have a greater responsibility and roles to the society. This is especially true as churches are like the mirror through which the societies justify their morals and Christian actions. The social and moral teachings of the society are taught through the Church. The Seventh Day Adventist church has a firm commitment to provide health care that preserves and restores human wholeness. It is the church's mission to the holistic formation of a person that make it concerned about the wide spread of Female Genital Mutilation. The study was to assess the techniques used by the Seventh Day Adventist church to eradicate Female Genital Mutilation (FGM) in Gesima Division, Nyamira County. The study was carried in Gesima division and it used descriptive survey, where the study population was 12137 persons from the Seventh Day Adventist Christians. Stratified random sampling was used to sample the population with the total sample population of 397 respondents. Questionnaires and interview were used as research instruments to collect data. Data was collected and organized through preprocessing, coding scheme and stored in both electronic and paper. Categories and themes were developed in related topics to analyze data where content analysis was used more especially pragmatic and assertion analysis. Data was presented using both statistical and graphical techniques. The study found that the practice still perpetuates in the study area primarily due to; cultural, psychosexual social and medical reasons. It was also found that the practice causes physical and psychological effects. The church was found using, sensitization activities, alternative rite of passage, An Abuse Prevention Emphasis Day, partnership, Girl child empowerment and published scripts. Generally, the church's strategies triggered some positive behavior changes towards FGM though slow. The church in future should encourage people to have less weight to culture value, expend to safeguard girls, empower them, and build trust and openness to stimulate the community change attitudes towards FGM practice.

**Key words:** church, FGM, techniques and rite.

## **1. INTRODUCTION**

### **1.1 Background of the Study**

As part of their mission to the world, Seventh day Adventists have a firm commitment to provide health care that preserves and restores human wholeness, as per a document adopted by the Adventists church's Christians' view of Human Life Committee (2000). By wholeness they mean harmonious development of the physical, intellectual, social and spiritual dimensions of a person's life.

According to Wilson (2012), about 28 countries in Africa practice FGM and noted to occur mainly in countries along a stretching belt from Senegal in West Africa, to Egypt in North Africa, to Somalia in East Africa and Democratic Republic of Congo in Central Africa. This study went further and found that it was also done in parts of United States of America, Asia and the Middle East among certain Immigrant Communities in North America, Austria, Europe, Denmark, France, Italy, and Sweden. The same study further identified that like many ancient practices FGM was carried out by communities as a heritage of the past and was often associated with ethnic identity.

According to WHO, (2008) FGM is classified into four types: Type I-clitoridectomy – partial or total removal of the clitoris which is widely practiced in this research area of study, Type II excision partial or total removal of the clitoris and the labia minor, without excision of the labia minor, Type III infibulations- the practice of excising the clitoris and labia of a girl or woman and stitching together the edges of the vulva to prevent sexual intercourse, Type IV unclassified: these include cauterization by burning of the clitoris and surrounding tissue; pricking, piercing, and scraping. Impingement of pain and suffering is what the SDA church does not want to listen to since it is a way of destroying God's image.

The study by WHO, (2010) found that there were beliefs that surrounded the origins of FGM that seemed to vary greatly, with different communities. The same argument was shared with Lorenzi, (2012) who further identified that, with the predominant school of thought FGM originated in ancient Egypt and then spread East Africa, hence the term 'pharaonic circumcision' was coined by the Sudanese. Exploring further the study established that, the earliest record of FGM custom was made by Strabo the Greek geographer and historian who reported excision on the Egyptian girls in 25 B.C. The study still revealed that, it was believed that the practice was occurring among some cultures before this and was spread by dominant communities. This same argument was held by Klein, (2006), but who also added that, some anthropologists traced the practice to 5<sup>th</sup> century B.C in Egypt. While exploring

further study, Klien found that other anthropologists believed that, the practice existed among equatorial African herders, as a protection against rape for young female herders and as a custom amongst stone-age people in equatorial Africa.

Klein, (2006), observed that, in the early 1600s FGM was practiced in Somalia as a means of extracting higher prices for female slaves, and in the late 1700 in Egypt, it was practiced to prevent pregnancy in women and girls slaves. Further the same study identified that, FGM was practiced across a wide range of cultures and it was likely that the practice arose independently amongst different peoples. Agreeing with the same argument, Mackie (2000) added that, it aided Egyptian slave raids from Sudan for concubines and maids and traded through the red sea to the Persian Gulf.

The Adventist Development and Relief Agency (ADRA) (ADRA, 2010) implemented a project that is changing the attitudes and behavior towards the procedure in the practicing communities within Kenya's Western and Northeastern regions. In 2014 it implemented another programme called Girl Child Empowerment in western Nyanza counties. The project offered a 10-week skill course that included the health relationships and the dangers of FGM. This concurred with McGill, (2009) who further indicated that the SDA church has constructed Kajido Rescue Centre for the girls as a home and education facility that celebrates adolescence with the alternative rite.

According to the Population Council, (2009), the Seventh Day Adventist Church in Kisii and Nyamira Conferences run community workshops for women to sensitize and raise awareness of the negative effects of FGM. It further observed that the religious leaders in the area were against FGM and noted that they promoted sensitization programs to churchgoers accompanied by the message that FGM was against the Bible. Anti-FGM messages by the SDA church were noted in the early 1920s and thereafter had been neglected for long. It was against such background that the study had to assess techniques used by the SDA church to eradicate FGM in Gesima Division Nyamira County.

## **1.2 Statement of the Problem**

Female genital mutilation is linked to cause physical and emotional health disturbances forging the way to psychological disorders. Despite of the various reasons given to explain the existence and continuous of the practice, these do not justify the considerable damage to health. FGM has remained to be a serious problem which confronts the SDA church in Gesima division. Despite that the church opposes it. This is in accordance to a

document adopted by Adventists' Christians View of Human life Committee (2000). The Adventist church has tried to carry sensitization activities in the community on the dangerous effects of FGM in order to bring change in perception and behavior change towards the practice but everything is on the go slow. One is left to wonder whether the tactics, techniques, teachings and initiatives used by the SDA church in Gesima, Division Nyamira County are adequate or not. The study therefore aims at assessing the techniques that the SDA church has involved in eradicating this practice.

### **1.3 Objective of the Study**

The objective of the study was to assess the techniques that the SDA church has involved in eradicating FGM in Gesima Division, Nyamira County.

## **2.0 Literature Review**

### **2.1 The Initiatives used By the SDA Church to Minimize FGM**

#### **2.1.1 The church's Biblical principles of opposing FGM**

The Adventist Church's opposition to FGM (Adventist Human life Committee, 2000) would be explained using the principles in the bible:

**a) Health and life preservation blessing**-This was evidenced in the goodness of the creation of God both animals and human beings (Psalms 139:13, 14) Further the study revealed God as the one who sustains human life (Job 33: 4; Psalms 36:9 John 1:3, 4; Acts 17:25, 28) he therefore needs the human life to be preserved and its destruction is accountable to humility. (Genesis 9:5, 6; Exodus 20:13; Deut. 24:16) The study further indicated that, the body of human beings are temples of the holy spirit and those who follow Christ are to take care of their bodies including the gift of sexuality from God. (1 Corinthians 6:15-19). The above studies claim that FGM is affects sexuality, health as well as injure the human body, hence incompatible with the will of God unlike other studies.

**b) Blessings to marital intimacy**-the study identified the scripture celebrating the divinely gift of the sexual intimacy with marriage (Eccl. 9:9; Proverbs 5:18, 19; Songs of Solomon 4:16; 5:1; Hebrews 13:4) further the study indicated that, the practice of FGM should be renounced as it threatened the creator's design for joyful sexuality by married couples. It was now clear that, while the practitioners had their strong believe that it was one way to control a girl's sexual libido and ensuring of marital fidelity conversely, the church condemns it.

**c) Healthful procreation:** It was revealed that, for married couples children are gifts from God. (Psalms 113: 9; 127:3, 5; 128:3; Proverbs 31:28). The committee further claimed that, the successful childbirth, and was found threatened by FGM, like the other previous studies found, (Duncan, 2000). The fact that successful child birth is threatened by FGM forms an additional ground for church's opposition to the practice. Unlike other many scholars who have only taught the effects of FGM but have not condemned it. The church does it and would want it eradicated.

**d) Protection of the persons that are vulnerable:** The bible says that, the weak should be taken care of (Psalms 82:3; Psalms 24:11, 12; Isaiah 1: 16, 17; Luke 1: 52-54). Further the study found that, in his teaching, Jesus encouraged that children should be loved and taken care of (Mark 10: 13, 16; Matthew 18: 4-6). The committee going further stated that, FGM on young girls violated the biblical law to love and protect children. This view was also held by Dr. Peter Landless, the Health Ministries Director for the Adventist world church, who stipulated that it was the desire of the SDA church that the young women may grow up in the natural way God created them. Implying that the young girls should not be subjected to such harmful practices as that of FGM and its dangers instead they should be left to grow the way they were created. They need to be loved and protected. Many studies have lagged behind protecting the young girls' rights as they had never thought so apart from elaborating the effects of the practice of FGM. It was now clear that the church's overall argument was an indication that FGM was a human right violation to girls and women and would like to eradicate it.

**e) Compassionate care** the committee stated that, love for a neighbor prompted Christians should be compassionate to those that have been injured and take care of them. (Luke 10: 25, 37; Isaiah 61:1) it was noted that, the SDA church called her Christians to care with compassion for those who had experienced physical and emotion trauma from FGM. This would be another vital element that would be missing in other studies that is noted. The church wants the patients of FGM not be insulted to the injury of the mutilating procedure by inferring them, for such patients are irreversibly ashamed, and for such attitude make them feel that they are not normal or less normal.

**f) Sharing the truth-** The committee called the Christians to avoid mistakes by saying the truth in all that they do, (Psalms 15:2, 3; Eph. 4:25). The committee further argued that, the fundamental truth of the gospel was to let people free from different falsehood and bondage. (John 8: 31-36). The committee further stated that, Christians should, share accurate

information about the dangers of FGM and the beliefs that underlie the practice. Most studies have stressed on religious requirement a vital factor contributing to FGM practice such as, removing bad blood, social acceptance, and hygiene among other factors. All these are misconceptions of FGM that require Christians to come together and share information about FGM that is true and accurate of the practice of FGM and its underlying beliefs.

**g) Respect for cultures-**The committee revealed that, the SDA church called for its members to be sensitive to other cultures and respect the other cultures, (1 Corinthians 9:19-23; Romans 12:1, 2). This suggested that, the church believed the principles in the bible are above all the differences in culture, (Daniel 1:8; Matthew 15:3; Acts 5:27-29). Further the study revealed that, the basic principles of the bible provided a foundation for the change in the cultural practices. While the SDA Church acknowledged that FGM was a culture acquired by many, however it does not fall within the principles of the bible. The study exploring further found that, Dr. Landless, the world SDA Health Minister, sharing the same view further urged the church to have respect for culture and sensitivity for those who had already been victims of the procedure. This study found that, Dr. Landless meant that people should avoid adding grief and pain to those suffering or those who had already undergone the practice

**h) Religious liberty:** FGM had been defended in some cultures in the perspective of a religious practice, while the SDA church was strongly identified to advocate for protection of religious liberty; the study further indicated that the SDA church had a notion that, the right to practice one's religion did not justify harming another person, (Religious Freedom, 1995). Although considerable research had been devoted to FGM, rather less attention had been paid to cultures that infringed into the rights of girls and women. The SDA church states that, religious liberty is qualified and not absolute right – the freedom can only be extended so far as it did not infringe the freedom of others. The kind of freedom that the church claim is that should not extend to protect persons or groups that took away the freedom of others, such as practicing FGM.

### **2.1.2 Initiatives used by the SDA church to minimize FGM**

The SDA church opposes the practice by using the following methods in eradicating the practice:

**a) Sensitization program:** A number of studies had argued that, the SDA church leaders sensitized their members of the harms of the practice and helped them to understand the issue and the severity of the problem (McGill, 2009; Momanyi, 2010; ADRA, 2012; and Oliver,

2014). Similarly they identified that the religious leaders were on board stand to show to the public through the chiefs' barazas and organized consultative meeting with the government leaders. It could be argued that such programs could promote behavior change when people understand the hazards of FGM practice and when they realize that it is possible to give up meaningful aspect of their culture. It would also aid in simulating discussions in the communities where it is practiced widely and individual views against FGM could be safely expressed. Nevertheless previous studies had concentrated on the effects of FGM than considering the methods of eradicating the practice.

**b) Raising awareness:** It was identified that the SDA church uses a presentation during worship service to help create a safe, open church environment that welcomed discussions of tough issues like FGM (McGill, 2009). This study would argue that this kind of intervention could have its own merits and demerits. It could receive a high audience whom might be having different perceptions. On the other hand it can discourage those who are not willing to stop the practice from coming to church often. This is a newly introduced activity in cooperated into the church programme meant to create awareness of the effects of FGM with a suitable church environment.

The SDA church is noted to promote anti-abuse campaigns around the world for more than 10 years known as 'end-it-now' project (General SDA Conference, 2014). Further this study argued that the Adventist church members carried an 'End-it-now' banner all over the practicing communities in the world raising awareness messages.

**c) An Abuse Prevention Emphasis Day** was a church calendar Day around the world founded by the General Conference (2015). The day was meant to create more time for the local churches to educate her members and leaders to let the victims know that their church cares. The fourth Sabbath in August had been designated as an abuse Prevention Emphasis Day. This had been neglected over decades though both the approaches given indicated the universality of the methodology of creating awareness of the effects of FGM within the SDA church. The need for people to know and make informed decision concerning the health of the girl was found crucial by the church. Sometimes this technique would be far successful than other interventions if the church members would show their willingness to oppose FGM openly. Education and inclusion should be instrumental in reducing the practice of FGM.

**d) Partnership:** According to Ann, (2014); ADRA, (2010), there was an emerging evidence that, in Germany last year the Berlin Adventist Hospital opened the Desert Flower Center, an FGM reconstruction surgical center in partnership with supermodel Waris-Dairie one of the

world's prominent advocates against FGM. The FGM project partnered with other organizations to effectively disseminate the message throughout the targeted regions. In Kenya the SDA church is noted to partner with the Government, NGOs and PATH. Such kind of study had been neglected for many decades of years. These studies suggested that, the SDA church is partnering with others to coordinate efforts to ensure consistent training approach. This would be uniform, as these would increase impact and avoid mixed messages. Ogburn, (1957) referred this to accumulation of inventions that can result to new inventions as two or more ideals were combined. By the SDA church partnering with others means more ideals and initiatives to eradicate the practice of FGM.

**e) Workshops:** Some studies, had claimed that, the Seventh Day Adventist Church in Kisii and Nyamira counties runs community workshops for women and girls, sensitize and raise awareness of the negative effects of FGM to the Christians accompanied by the message that FGM was against the Bible, (ADRA, 2001; Wilson; Population Council, 2009 and Wilson 2012). The same argument was also held by McGill, (2009), but who insisted that, ADRA organized a special workshop every year that targeted young girls who were most vulnerable to the practice. Those studies highlights that during the workshops they were provided with life skills training, and educating them on various issues, such as their reproductive health, self-esteem, and human rights, to help them withstand cultural pressures to undergo the procedure. Though various studies have looked into the ARP for the girls less attention had been given to such life skills provided by the SDA church workshops. The studies suggest that women are sensitized to have a different perspective of the practice of FGM, as they are the decision makers for the girls to be circumcised. It is important for the church to engage all levels of the society including boys and men to finally end this cultural practice.

**f) Rescue homes:** Studies claim that there is a rescue home for girls fleeing FGM currently under construction by the SDA church in Kajido and that the religious leaders in the area were against FGM McGill, (2009 and ADRA, 2012). This implied to safeguard and protect those runaway girls from the violation and abuse in their homes. At the same time they would be cared for and left to grow natural as the church requires of them. The awaking of the SDA church to eradicate the practice of FGM had led to the curiosity of the researcher of this study to establish the church's effective ways to eliminate the FGM practice.

**g) Mass media:** ADRA, (2001) stated that the church uses local radio programs and community theater groups to increase coverage of the ongoing anti- FGM campaigns. There was however evidence of information tools such as video/films, cassettes and tapes which



were developed so that their testimony could be taken to remote areas. Previous studies had less attention to look for initiatives of eradicating FGM. Public education campaigns and grassroots initiatives can hold great promise if emphasis was to be put. Trend in public opinion might also indicate decline of this culture. Such efforts of eradicating could lead to break the silence on the practice.

**h) Girl child Empowerment Program:** According to (Ann, 2014), the SDA Anti – FGM project, and its establishment led it to be an important component of ADRA, that empowered women and girls around the world. The same study further found that, it was the larger Kenya’s Girl Child and women Empowerment Program that had been active in western Kenya since 2003. There was also evidence that, there were specific areas where ADRA was working, such included; Nyamira, Kisii South, Kisii Central, Gucha, Kuria East and West and Trans Mara. This study further claimed that ADRA used school – based peer education activities, church based training programs, and advocacy resourcefulness to change attitudes and behavior in regards to the procedure and human rights, to help them withstand cultural pressures to undergo the procedure. For decades less attention had been given to such studies. This could be another initiative where education should be instrumental in reducing the occurrence of FGM. As a result communities should work together at all levels to finally end this cultural practice.

**i) Published scripts:** Studies argue that the church distributes, regularly produced magazines about violence awareness and education which were then distributed to the communities (McGill, 2009) and Edina, (2014). On the same argument further found that, some of these tools were written in the local languages of the communities addressed. This implied one way to embrace the cause of believing that served as abridge for change. The methodological approach adopted here in some way could fail to capture some critical aspect of the subject that current research aimed to explicate as not everyone is a literate.

### **3.0 Research Methodology**

#### **3.1 Research Design**

The researcher used both qualitative and quantitative approaches. The quantitative approach was a scientific method focused on obtaining numerical findings, charts and tables used from the given population of Christians in Gesima Division. Qualitative approach was used because it was naturalistic and thus allowed respondents to express their feelings more freely. It was used to collect data that was largely conveyed through words that described the opinions, attitudes and opinions of the respondents in Gesima Division as regards FGM.

### **3.2 Area of the Study**

The study was carried out in Gesima Division, Nyamira County in Western Kenya. Gesima division was found between Latitude  $0^{\circ}$ ,  $34^{\circ}$  and  $0^{\circ}$ ,  $45^{\circ}$  S and Longitude  $34^{\circ}$ ,  $45^{\circ}$ E. It was found in Masaba North constituency but located in a rural area that covers an area of 24 square kilometers. It had a population of about 33247 people and bordered with Rigoma to the southwest, Borabu to the north and Gachuba to the west (National Council for Population, 2010).

### **3.3 Target Population**

A population is a larger group from which the sample is taken (Kombo & Tromp, (2009). Gesima Division comprised of largely the SDA Church with a total population of 12137 Christians. The study respondents were drawn directly from the 12137 Christians of the SDA church of Gesima division. These included, women, men, Church leaders, teachers, Health staff, girls and local leaders. All these participants were selected through stratified random sampling.

### **3.4 Sampling Technique and Size**

This study used stratified random sampling and purposive sampling to get the sample size. Stratified random involves dividing the population into homogeneous subgroups then taking a simple random sample in each subgroup (Kombo and Tromp, 2009). Purposive sampling was used to sample health workers, local leaders and the teachers. The researcher found it difficult to collect data from all 12137. The researcher decided to take a random sample of the population by using 397 respondents.

Then the researcher randomly sampled 169 women, 108 men, 63 girls, 5 pastors, 40 teachers, 6 local leaders, and 6 health workers respondents from each stratum respectively. Total number of respondents was 397. This was the sample taken.

### **3.5 Research Instrument**

Qualitative case studies rely heavily upon qualitative data obtained from interviews schedules, observations and review of the documents (Crewell, 2009, and Flick, 2000). The current study used a multiple of methods these included, interviews, questionnaires, and documentary review. These were a combination of methods called triangulation (Mathison, 1988).

### **3.5.1 Questionnaire**

For the purpose of the study, data was collected using questionnaires. They were used as supporting pillars; in order to strengthen the research (Patton, 1990). They were administered to women, girls and men.

Questionnaires were used to collect data widely than could be reached by personal interviews. They were used in collecting clearly defined opinion in qualitative methods, (Mugenda and Mugenda, 1999). This was the reason why the researcher used them to assess the methods used by the church to eradicate FGM in Gesima Division.

### **3.5.2 Interview Schedule**

An interview is an oral administration (Orodho, 2003). In this research study, the interview schedule was administered to the local leaders, health workers and church leaders. The researcher, used interview to obtain special established data that was not known to the researcher. The researcher wanted to find out what was in and on the respondents' minds. The respondents were asked questions in order to find out what could not be observed. This allowed the researcher to enter into the respondents' perspective (Patton, 2006). The researcher of this study therefore used the interview to investigate the Abagusii community's perceptions towards the SDA Church's initiatives in eradication of FGM.

### **3.6 Data Collection Procedures**

Data collection helps to clarify the facts (Kombo & Tromp, 2009). The researcher sought for a letter from the Faculty of Arts and Social Sciences, Office of the Registrar Research and Extension, in Kisii University, to seek for a research permit from National Commission for Science and Technology and Innovation before embarking on the study.

The researcher sent an advance letter to the sample of respondents explaining them the purpose of the study. The researcher further gave them the nature of the study that it was voluntary and guided them on how to answer the questions.

### **3.7 Data analysis**

The researcher used both qualitative and quantitative to analyze data. Qualitative data collected was analyzed using simple descriptive method to more multivariate associate techniques.

#### **3.7.1 Quantitative Data Analysis**

The researcher constructed a frequency and percentage distribution and used statistical analysis in data organization, and interpreted using descriptive statistics, frequencies, tables, graphs, and charts. The quantitative questionnaire data was analyzed using descriptive

statistical methods such as percentages. In a nutshell the study relied on what the analytic theory intended to show, the scale by which variables were measured by the number of samples that were involved and the nature of data. Finally the researcher gave suggestions and recommendations for further research based on the study findings.

**4.0 Findings and Discussions**

This study entailed a detailed account of the demographic profile of the respondents. It was assumed that the attribute of the respondents’ influence, behavior, and answers on the survey questions were genuine.

**Girls Responses on Status of Circumcision and Workshop Attendance distribution**

Church	Circumcision		FGM workshop attendance	
	Circumcised	Uncircumcised	Attend	Not attend
<b>SDA</b>	30 (42%)	33(58%)	42(58%)	21(42%)

**Table 5. Girls Responses on Status of Circumcision and Workshop Attendance**

**Distribution**

The study further inquired about the attendance of the workshops for the girls. Table 5 showed more than, 42 (58%) of the girls had attended the FGM workshops. These were most likely those girls whose parents had been consulted with the church leaders to mobilize and register the girls’ ages 6-12 years for the alternative rite of passage. The church leader respondent reported that in the first day at the place scheduled for the workshop, the girls who had opted for ‘NO CUT’ but for the ARP (obware) with a motto of ‘Ogosarwa nomoyio yaya’ (NO CUT) sung a song with a theme song ‘we are the children of the light’ were received. That song was composed from the book of Ephesians 5:8.

Opening the ceremony was done by the invited guests who were normally the District Commission or county Administration or Medical Officer of Health in the County. The study also found that the church provided the sermonettes to provide a Biblical context and philosophy to strengthen the learning by the girls for responsible living. The respondent leader reported that various methods were used to instill the knowledge into these girls, these included; displays, demonstrations, games, poems, songs discussions and topic presentations by experienced facilitators. When asked if they had specific topics covered in the workshops the respondent gave the following as illustrated in the Table 7 below. The leader reported

that, FGM workshops were meant to prepare and train the girl child between ages 6-12 years to accept the uncircumcised situation as healthy and as a normal option for them.

**Responses on the Topics Covered During FGM Workshops Distribution**

Topics covered in the FGM workshops	Yes	No
What FGM is	66 (100%)	0 (0%)
Traditional rites	66 (100%)	0 (0%)
Human growth development	46 (70%)	20 (30%)
Gender awareness	54 (82%)	12 (18%)
HIV / AIDs	66 (100%)	0 (0%)
Myths and misconception of FGM	56 (85%)	0 (15%)
Personal hygiene	44 (67%)	22 (33%)
Herbal medicine	12 (18%)	54 (82%)
Sexual abuse and stress resistance	53 (80%)	13 (20%)
Self-esteem	61 (92%)	5 (8%)
Drug abuse	34 (52%)	32 (48%)
Peer counseling	37 (56%)	29 (44%)
The children Bill	43 (65%)	23 (35%)
Minor ailment and first aid knowledge	44 (67%)	22 (33%)

**Table 6 Responses on the Topics Covered During FGM Workshops Distribution.**

This study found that, the young girls who attended FGM workshops acknowledged that they were taught what FGM was, traditional rites and HIV/Aids as shown in Table 7. Other topics that were commonly taught with more than 50% response included human growth 70%, gender awareness 82%, myths and misconceptions about FGM 85%, personal hygiene 67%, sexual abuse and sexual resistance 80%, self-esteem 92%, drug abuse 52%, peer counseling 56%, the children Bill 65%, minor ailment and first aid knowledge 67%. The leader respondent in the church reported that they taught all the above topics to the girls to help them with stand the cultural pressures to undergo FGM procedures. Topics like the

Children Bill helped the girls to know their human rights. Herbal medicine was the only topic that rated 18% and the lowest taught topic in the FGM workshops. When the church leader was asked for the low rating of the herbal topic she said that sometimes they ran short of time however she said it was done rarely.

## **5.0 Summary, Conclusions and Recommendations**

### **5.1 Summary**

It would be argued that the SDA church finds the practice to be harmful and symbolizes social control of sexual pleasure on the reproduction of the women. Most likely the church views the practice also to impinge on the human and health right of the children whose age is small to allow make informed decisions willingly and participate with full knowledge of the aftermath. Being a traditional custom, many parents and children in Gesima division are therefore not most likely not conscious of the effects and impacts of the practice on the woman's health, sexual pleasure and reproduction This was in agreement with WHO, (2006) which after a multi-country study in six countries found that women who had undergone FGM, had significantly increased risks for adverse events during childbirth, and had negative effects on their new born babies. According to that study an additional one to two babies per hundred deliveries died as a result of FGM.

The data from this study indicated that the SDA church sensitization activities that preceded and accompanied the Alternative Rite of Passage had played a role in behavior change process among those who had decided to discontinue the practice and those who had adapted the Alternative Rite. It was also clear, however, that these sensitization activities had not functioned in isolation from other influences operating in the communities, notably the stance taken by the Government as well as individual existing beliefs that the practice should discontinue.

The medicalization of the practice among the Abagusii community indicated that, contemplation of the practice triggered by SDA sensitization could sometimes result in harm reduction rather than complete abandonment. It was essential to ensure, therefore, that not only are the adverse health outcomes discussed but also that the church should address directly the meaning attached to genital cutting particularly among the Abagusii community. Conversely, relying too heavily on the human right approach could be difficult to articulate in the Abagusii culture where women rights are not strongly promoted. Nevertheless it was

essential that the future sensitization activities, including the ARP make every effort to ensure that the rights argument is central message.

The sensitization activities indicate that they had sped up a process of the SDA church members and non SDA have developed positive change in perception towards FGM practice members. This suggested that many in the SDA church were considering discontinuation of the practice, contemplation stage of behavior change and this is shared with (Njue, 2001).

There was need to encourage to participate in the SDA's ARP in order to promote change in community perceptions. The study findings suggested that more sensitization activities were required among all the community members in Gesima Division. There are those supporting continuation of the practice in the SDA church they indicated that FGM was a good culture tradition. These caused a cultural lag.

## **5.2 Conclusions**

The SDA church is noted to run workshops on the effects of FGM and offer platform sensitization, to the church goers. Such sensitization activities indicated some positive change among the members. Eliminating FGM practice in a community is a social change. The church's strategies indicated a slow provocation behavior and attitudes.

## **5.3 Recommendations**

Cultural value should not be given more weight when weighing out the moral reasons in favor of FGM. Although morality is not relative, culture is relative and it can change from place to place and overtime. It is not immutable moreover it is entirely possible to deliberately change the rituals that connect one to her forbearers while rejecting others. The church should empower girls and the community to make their own decision as concerns FGM and not force eradication.

The church should expend efforts to safeguard girls against physical risks of FGM and caring for those who suffer from its consequences. It can be suggested that more investment should be put into research to build up evidence base to support the church end FGM and also inform the development of psychological support for survivals.

It is vital for the church to have a multi-dimensional strategy that focuses on every group of the community to support the crusade against FGM. The church needs to persuade the community to accept that cultures can and do change and therefore it is not necessary to cling to a practice whose purpose is to cause harm to the right of women. It is important to include

all faith groups and those policy development and dialogue, as they have important role to play in supporting the delivery of key messages and programs to their community.

It is necessary to develop a strategy with them which include goals such as building trust with them using the community simulation techniques. Building up a strategy, enough trust and openness might lead to eradication of FGM. This would lead to negotiate into eradication at a later stage. It is the role of the church to change attitude and beliefs since they are more difficult to change than introducing a new tool.

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