Cultural Transformation: Sociocultural Aspects of Female Circumcision among the Gusii People in Kenya

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Although several aspects of female circumcision (FC), a well-known type of female genital surgery, have been discussed by scholars in various fields of study, several anthropologists have argued that FC has not been sufficiently examined (Shell-Duncan & Hernlund 2000). FC, which carries different labels in different contexts, including female genital mutilation (FGM), female genital cutting (FGC), and FC, became an international concern in the early 1920s and 1930s, when Western campaigns against this practice focused on infibulations and its consequences for childbirth. By the 1970s, emphasis had shifted to clitoridectomy and its consequences for sexual fulfilment (Hernlund & Shell-Duncan 2007). Since the 1970s, international organizations, such as the World Health Organization (WHO), have condemned FGM/FGC/FC because it violates human (children's) rights and negatively affects women's reproductive health/rights. Despite these international movements and changes in associated rituals and procedures, this practice remains culturally significant in certain areas, including the Sudan, according to Boddy (2007) and other researchers. This paper does not aim to contribute to these types of discussions about FGM/FGC/FC; instead, as Shell-Duncan suggested (2000), it examines a specific case. Specifically, I describe the case of the Gusii people living in the western part of Kenya, the area with the highest prevalence of FC in this country.

Key words: Female circumcision (FC), Gusii, rite of passage, seclusion, life stage, medicalization

1. INTRODUCTION

Female circumcision (FC), a female genital operation, reflects several social, cultural, and religious traditions.(1) However, because this practice negatively affects women's reproductive health and violates their human rights, it has been the target of protests by international organizations, NGOs, and governments. This said, at times, anti-FGM/FGC/FC movements have been perceived as hostile toward local cultures, and local communities have been offended by, and have refused to participate in, these movements (Aoyama 2001: 162).

FC has been described in several ethnographic explorations of African regions as a rite of passage (Hayes 1975; LeVine 1979; Boddy 1982; Barnes & Boddy 1994). The anti-FC movement began in the 1970s (Hosken 1994) and has been attracting the attention of legal scholars and historians since that time. In particular, the practice has been increasingly criticized for its negative physical and mental effects (Obermeyer 1999).

Although significant attempts have been made to eradicate FC, much less attention has been focused on the differences that exist among ethnic groups who adopt this practice. Indeed, the mean-

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ing of, and the practices that constitute, FC vary across groups due to social, economic, and political factors. Dr. Shell-Duncan, an anthropologist who studied the Rendille people in northern Kenya, stated that FC issues have been addressed only politically; the opinions of the local people have been ignored (Shell-Duncan & Hernlund 2000).[2]

This paper focuses on FC among the Gusii people in Kenya for three reasons. First, Kenya has a relatively long history, beginning in the 1920s, of attempting to eradicate this practice. Second, based on the aforementioned work of Dr. Shell-Duncan, I believe it is important to examine the cultural aspects of FC practices in individual ethnic groups, and FC is more prevalent among the Gusii people than among the other ethnic groups in Kenya. Third, I hope to promote a new movement that involves local women in efforts to eradicate FC in the Gusii area. Indeed, voluntary activity by local women, rather than efforts by outsiders, seems more likely to lead other local women to reconsider issues related to women's health and human rights.

A review of the available literature revealed that a number of studies have examined FC and male circumcision in term of their religious, cultural, and health-related dimensions. However, in this paper, I will focus on FC as a rite of passage.

2. HISTORY OF FC IN KENYA

2.1. History of the FC-eradication Movement in Kenya since the Colonial Period

The Kenyan movement to eradicate FC has a relatively long history, dating to the 1920s and the colonial era, when Protestant missionaries first described the practice as "barbaric" and condemned it. The missionaries believed that FC was a harmful, and they vigorously attempted to abolish it. The Church of Scotland Mission (CSM), in particular, engaged in dramatic efforts to abolish the practice. In 1916, the CSM attempted to prohibit the circumcision of the girls in their parish. In 1922, they persuaded parents to stop the practice of FC for their daughters, and parents who refused to stop the practice were excommunicated (Doi 1986: 60). Additionally, the CSM submitted a request to the colonial government to ban FC. The local people perceived these attempts at eradication as interference. Hence, many local people left the church. A court case and trial held to abolish FC during the 1920s–30s triggered a movement to oust the Christian missionaries (Doi 1986: 49).

The Kikuyu people's political party, the Kikuyu Central Association (KCA), was the primary organization that protested against Christianity. In particular, the chief secretary, Jomo Kenyatta, who later became the first president of Kenya after its independence in 1963, emphasized the importance of FC as a part of the educational and social system of the Kikuyu people and not just as a genital procedure. Jomo Kenyatta's insistence that FC be protected as a cultural practice became a political symbol during the War of Independence (Kenyatta 1956). FC thus became a political issue between the Kikuyu and the colonial governments, and eradication movements were gradually silenced.

FC, also known as female genital mutilation (FGM), has been an international issue since 1979, when the World Health Organization (WHO) condemned it as harmful. The deaths of 14 girls in a Kenyan village due to FC triggered the declaration of a presidential ban on FC in 1982, which prohibited any form of FC. The ban also stipulated that anyone who performed or encouraged the performance of FC would be prosecuted (*Nairobi Times*, 27 July 1982). However, some believed that this ban was a diplomatic maneuver for the benefit of the international community (Matsuzono 1991: 139) as no one was arrested, and the practice of FC continued unabated. Therefore, a bill was submitted to the Parliament of Kenya in 1996 to strictly prohibit FC. However, some politicians, including women, were against the bill because they believed that such a rigid prohibition might lead to the secret continuation of these surgeries by traditional circumcisers in villages, which would be more harmful to girls. Ultimately, the bill was rejected.[3]

In addition to the political movement, several women's groups supported the eradication of FC in Kenya. The largest women's group, the Maendeleo Ya Wanawake Organization (MYWO) (which means "Women's Progress" in the Kiswahili language), and the Kenyan Family Planning Association

(currently named "Family Health Options Kenya") began to campaign for the eradication of FC in Kenya. Anti-FC activities were promoted in Kenya not only by Kenyan organizations but also by international organizations, such as The Program of Appropriate Technology in Health (PATH), WHO, and the United Nations Children's Fund (UNICEF). These organizations organized seminars on the physical and psychological effects of FC and distributed pamphlets to increase awareness. Several organizations promoted alternate rituals that did not involve surgery.

In the Kisii area, the site of my research, eradication activities had been conducted by Catholic and Protestants churches, such as the Seventh Day Adventists (SDA), since the 1950s (Mayer 1953: 2). In the late 1990s, branches of the MYWO and KFPA promoted anti-FC activities in this area.

2.2. Differences among Ethnic Groups

The Kenyan Ministry of Health has conducted the Kenya Demographic Health Survey (KDHS) since 1989 to collect demographic and reproductive health data; these have included a series of questions examining practices and attitudes related to FC. According to the 1998 KDHS, 38% of Kenyan women between the agess of 15 and 49 had been circumcised (KDHS 1999: 168).

Interestingly, of the approximately 50 ethnic groups in Kenya, half practice FC (Hosken 1994); however, the data reflect differences across ethnic groups (see Fig. 1). For example, circumcision is rare among Luo and Luhya women, whereas circumcision among Gusii women seems nearly universal (97%). Compared with the 2010 KDHS report, the prevalence of FC among the Gusii has not substantially changed, having decreased only to 96%.

The KDHS found that circumcision was more common in rural than in urban areas. Circumcision was also more common in women with little or no education than in more educated women. Urban–rural and education-related differences were greater among daughters than among their mothers, suggesting that factors associated with urbanization and modernization had caused reductions in the practice of female circumcision. Of the 516 circumcised oldest daughters, 96%, or all but 20 girls, were reported to have undergone cliterodectomies (Type I). Of the remaining girls, 19 experienced excisions (Type II), and one underwent infibulation (Type III) (KDHS: 1999).[4]

This survey also examined the reasons for the continuation or discontinuation of FC (KDHS 1999: 173–4). In response to the question about whether "FC should be continued or discontinued", 20% of those interviewed favored continuing the practice. In contrast, 73% favored stopping the practice, and 7% stated they were unsure. Of those respondents who favored continuation of FC, 56% stated that it was a tradition or a custom, and an additional 42% stated that it was a "good" tradition/custom;

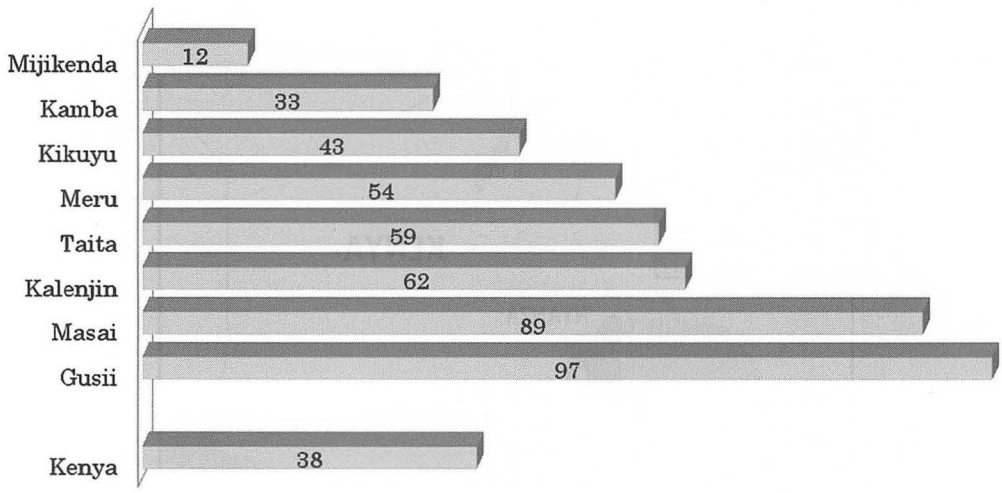

Fig. 1. Prevalence (in percentages) of circumcision among women aged 15–49 years by ethnic group.
*In total, 7,881 inidividuals were surveyed (KDHS 1999: 169).

30% of the women, who responded that they favored the continuation of circumcision said that it preserved virginity and prevented immorality, and 18% of these women reported that they believed that girls who were circumcised had better marriages.

Over one-half of women who did not favor continuation of FC stated that they believed that circumcision was a "bad tradition". One-quarter of these women cited potential medical complications as a reason to abolish the practice. Among women with at least some secondary school education, 37% did not favor FC; this figure decreased to 15% among women with no education. Other reasons for not favoring FC included religious restrictions against this practice (23%), painful personal experiences (18%), infringement on the dignity of women (14%), and sexual satisfaction (10%).

The history of FC reveals the difficulty of controlling cultural behaviors via political approaches. Starting in the 1920s and continuing through to present times, many attempts have been made by missionaries, politicians, and national and international organizations to change/eradicate this custom in Kenya. However, these efforts have not been successful in several rural areas. Based on my observations, this failure seems to relate to the lack of enthusiasm of local people for its eradication. In the absence of efforts to increase awareness among local people about the adverse effects of particular local customs, attempts to eradicate these customs are doomed to failure.

3. FC AS A RITE OF PASSAGE IN THE GUSII

3.1. The Gusii People in Western Kenya

This area includes the Gucha, Nyamira, and Kisii Districts [5] and is located in the highlands, 1500–1800 meters above sea level.[6] The land is fertile and appropriate for the cultivation of agricultural products. The people raise cash crops, such as tea, coffee, and pyrethrum, as well as maize, potatoes, bananas, and indigenous vegetables. Most people work as farmers, although some people engage in businesses related to soapstone. This paper was based primarily on my research in the Kisii and Nyamira Districts of Nyanza Province from October to December 1998 and from November 1999 to January 2000.

3.2. Circumcision: Birds Leaving the Nest

In the Gusii language (*Ekegusii*), the circumcision of boys and girls is referred to as *okwaroka*, which means "birds leave the nest". During circumcision, the genital organs of the novices are partially cut. Initiation rituals are considered essential for both sexes because they help participants gain social acceptance. These rituals are crucial to the formation of an age hierarchy and to the definition of the

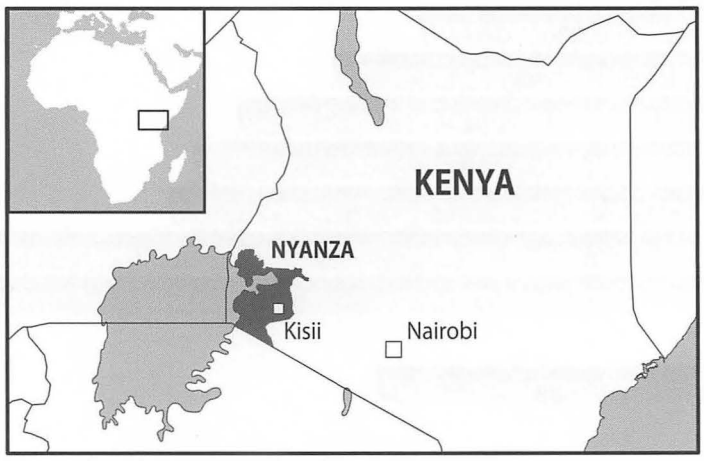

Fig. 2. Map of Kenya and Kisii.

group's ideological notion of masculinity (Raikes 1994). Each rite of passage contains several steps: preparation, the operation itself, and a seclusion period.

Boys and girls who undergo circumcision rituals are required to show courage in the face of pain. If they cry during the ritual, parents must compensate to ensure that the site of the ritual is purified. Purification is costly, and failure to show courage dishonors the family. The ritual requires the preparation of a feast for guests that includes food and traditional alcohol (*busaa*, *changaa*). Parents start planning the a ritual at least 1 year before its occurrence due to the costs and activities it entails.

The actual act is performed before a cock crows to announce the arrival of morning. Girls are escorted by female relatives (cousins and grandmothers) to the site where the surgery is to be performed. The girls go to the river and bathe in cold water to reduce blood circulation before the ritual to reduce bleeding. After bathing, they go to the circumciser for the actual operation.

Prior to the presidential ban issued in 1982, the circumciser (*omosari*) was usually an old woman in the village, who used an unsterilized knife to cut the clitoris, and then poured ash on the wound to stop the bleeding. However, traditional circumcisions have become less common and fewer people visit *omosari* nowadays. Instead, nurses perform the operations, as I will describe later in this paper.

After the operation, the girls rest until the bleeding has stopped, and they are then escorted to their homes. On their return, their grandmothers sing obscene songs while rapidly shaking their hips and imitating sexual movements to express their great joy; these dances and songs are considered taboo in daily life. After the girls arrive home, they enter seclusion huts. Other family members and relatives dance and sing in celebration outside the huts throughout the night.

The girls remain in the huts, usually the kitchen hut of a grandmother in the same compound, for the entire seclusion period, which lasts at least 1 week. During this period, family members bring food to the hut, and elders teach the girl how to behave as a Gusii woman and demonstrate how to show respect to elders. This education covers a variety of topics, such as proper dining etiquette and appropriate ways to perform physical activities, such as shaking hands, excretion, and sexual acts. After circumcision, children are expected to behave well and dress properly; for example, boys no longer wear short pants because circumcision is one step closer to adulthood. During this period, initiates are free from duties such as domestic jobs and caring for livestock. Nutritious food is served and an extra feast is held when the seclusion period has ended. This ritual is very expensive for par-

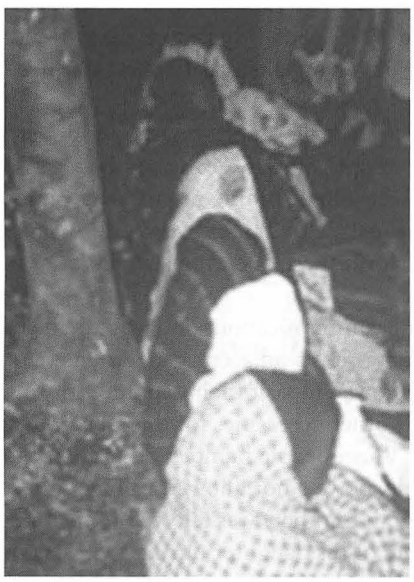

Fig. 3. Girls sitting under a tree following the surgery.

Fig. 4. Grandmothers escorting novices to their homes.

ents, but it is considered an honorable occasion for the entire family.

Raikes (1994) pointed out that Gusii individuals experience a painful developmental process that begins in infancy, noting that although both male and female children are frightened of the pain that will come, they are also eager to complete the circumcision ceremony and achieve the more favorable status of young "adults". One major difference between female and male circumcision is that girls are held while they are cut, whereas boys must stand alone and must not flinch. Additionally, boys must undergo painful hazing afterwards. The male ceremony is reported to be much quieter and more serious than is the female ceremony, in which adult women dance and enjoy themselves in a "loose" manner. Girls want to undergo clitoridectomies to achieve adult status and to avoid crude sexual harassment from young boys (Raikes 1994). Another important aspect of FC is its contribution to the "carving" of male and female gender identities (Shilbershmidt 1999: 57). For example, an uncircumcised girl is not considered a proper "woman" in terms of gender identity until she undergoes circumcision.

One mother confessed that the presidential ban provided an excuse for parents to avoid organizing big feasts to welcome their relatives. It is interesting that even though the procedure has been modernized and money can be saved rather than spent on feasts, many prefer to continue the custom, and place value on cutting or making a scar on the genitals. For her daughter's ritual, which was held in 1998, this woman prepared dishes, including *mandaji* (a fried pancake), cooked *chinsaga* (an indigenous vegetable), and meat, for a few guests and girls. The total cost was less that 600 Ksh (1 US dollar equalled 74 Kenyan shillings in December 1999). The woman stated that the cost of the ritual feast would have been more than 2,000 Ksh prior to the ban. Raikes (1994) also mentioned that, in addition to meeting basic needs, families struggle financially to pay school fees, buy textbooks, and provide school uniforms for their children, especially given that many household plots of land have been decreasing in size.

According to the interviews with old women in the village, traditional circumcision operations once involved cutting girls' labia minora and clitorises. However, since the 1990s circumcision has consisted of cutting the tips of girls' clitorises or creating a small scar (Matsuzono 1991: 137).

In comparison with earlier procedures, my research indicates that most operations are now performed in a more modern fashion and are performed by medical nurses. The nurses I interviewed said that during operations they use sanitary, disposable surgical knives, anaesthesia, and rubber gloves for protection. The nurses who perform the surgery noted that they pay careful attention to infections, such as sexually transmitted diseases and AIDS. Gwako (1995) found that more than 70% of 604 parents who were interviewed preferred sanitary operations involving anaesthetics and sterilized equipment over the traditional methods (Gwako 1995: 335).

Two types of female circumcision operations are performed. One type is performed by a modern nurse who removes a small part of the clitoris. The other type of operation is performed by a traditional circumciser who cuts the clitoris and the labia minor. According to some reports, traditional birth attendants (TBA) also perform female circumcisions (Tanaka 2000). However, during my research, only medical nurses served as circumcisers. Nurses perform these operations at clinics or in the homes of the novices.

Among the Gusii, strict cultural norms prohibit any type of communication among individuals who have "avoidance" relationships with members of the opposite sex in adjacent generations (e.g., fathers and daughters) in daily life. Moreover, mothers are not allowed to visit their daughters during the seclusion period, although they can prepare food and provide other necessities for their daughters. According to one widowed father, the sexual taboos among the Gusii people hampered his ability to communicate with his daughter during this ritual. For example, he was not allowed to buy underclothes for his daughter. Only his mother (the girl's maternal grandmother) was allowed to help the girl. The father decided to ask a nurse at the hospital to take care of his daughter during the week of seclusion. This case was rather exceptional because, as a member of the Gusii community, the father had to consider both sanitary and cultural issues.

No major differences exist between the operations performed by modern nurses at clinics and those

performed at homes. Nurses perform medical FC surgeries at clinics in the following manner: The girl lies on the operating table after removing her underclothes (she is not required to be completely undressed). The nurse wears gloves throughout the procedure and injects the clitoris with an anaesthetic. Then, the nurse asks the girl to open her legs. The nurse extends the girl's clitoris with forceps and cuts the tip of the clitoris with a surgical scalpel. The nurse then puts cotton on the girl's organ to stop any bleeding. After the operation I observed, the girl was able to get up immediately. She appeared calm, and I observed that she had a rather "expressionless" look on her face. The girl merely looked up at the ceiling and remained silent. The operation took just a few short minutes, and the girl rested for 10 minutes after the operation. As she was escorted home by her mother, she walked in a noticeably bowlegged manner.

Operations performed by nurses in homes involve almost the same tools and methods. When a nurse visits a girl's home, the girl's grandmothers, sisters, and older relatives provide support for the girl. One nurse stated that she always prays before an operation if the girl's mother and grandmothers are Christians. The girl usually sits on a small stool or stone placed outside the house. While the girl sits on the small stool, one of the grandmothers holds the girl from behind and repeatedly reminds her to be good. After the operation, the girl remains outside for a short time. She then returns home and enters her seclusion hut for several days. I observed 21 girls undergo this procedure, and all were very patient and silent. None of the girls cried or complained either during or after the surgery. Only one of the girls seemed anxious prior to her procedure. However, she was scolded by her grandmother and, as a result, became calm and obedient. These girls were well informed about what would transpire because older women (grandmothers, older sisters, and cousins) had educated them prior to their operations.

I interviewed students to gain a better understanding of their experiences of FC. Surprisingly, most of the students I interviewed had already undergone FC. As shown in Table 1, circumcisions performed by medical nurses are now quite common. For example, 61 of 68 girls had been circumcised by nurses.

Two traditional circumcisers who worked in the village reported that they no longer had any customers because mothers tended to prefer modern nurses. One old woman stated her mother had taught her how to cut genital organs. In general, the traditional circumciser was a peasant who performed operations to earn extra income. She would use a knife to perform the cut and apply wheat flour to stop the bleeding. The traditional circumciser I interviewed cut both the clitoris and the labia minor, and stated that she could still perform these procedures. However, in December, the month when most circumcisions are performed and Christmas is celebrated, she had no customers because modern nurses were preferred.

Matsuzono (1991) noted that FC continues to be performed in traditional ways despite the presidential ban. However, male circumcisions are now performed in hospitals. Matsuzono pointed out that FC has been performed in secret since the presidential ban in 1982.

Some of the shameful and embarrassing terms that were once part of the traditional circumcision songs have gradually been omitted. Many Christians carry hymnbooks and bibles so that they can offer appropriate bible verses and hymns during the operations (Gwako 1995: 336–7).

According to interviews with elderly women, previously, the seclusion period occasionally lasted

Table 1. FC Operations

Place	Number of girls	Practitioners
Home	37	7 girls were circumcised by traditional circumcisers (*omosari*), 30 girls were circumcised by female nurses
Clinic	24	All performed by female nurses
Hospital	7	All performed by female nurses

*Interviews conducted with 118 female students at the primary school in Gucha District in 2000.

for more than 1 month. However, parents now prefer to end the seclusion period within 1 week, and some parents shorten the seclusion period because of the costs of the special food and other requirements for the novices. Additionally, some believe that the entire FC ritual must end before Christmas Day. In earlier times, the circumcision of both girls and boys were performed in August, during the Gusii harvest season (Mayer 1959). However, because of the current school schedule in Kenya, December is now generally the season for circumcision.

3.3. Social Background of FC

Van Gennep (1909) noted that many rituals involve concepts of initiation. Initiates are ritually separated from everyday life and transported into an excluded, separate realm. Following this separation, they are ritually re-incorporated into everyday life, although they remain in an altered state. According to LeVine (1994), a life plan has been determined for each sex. In other words, children must travel through a prescribed set of stages of maturation before they achieve adulthood; that is, they follow a trajectory of purposive behavior (see Table 1). Therefore, circumcision constitutes one step toward becoming an adult. Once they achieve adulthood, they can get married.

As shown in Table 2, the labels used to describe men and women (with the exception of those used to describe infants) differ. The labels reflect their drastically different statuses and social roles. Females undergo four recognized and labelled life stages after infancy. Yet, males only undergo three stages. These differences seem to reflect the fact that women, but not men, undergo fundamental changes in their social status and place of residence when they marry (LeVine 1979: 10).

I will now turn to an examination of the details of the life stages of Gusii women, which involve five steps. The *egesagaane* (uncircumcised girl) occurpies a hard-working position at the bottom of the hierarchy of the domestic labor force. She performs tasks such as carrying water from the stream in a pot balanced on her head; caring for babies; and helping her mother cook, grind corn, and cultivate the fields. For both boys and girls, initiation ceremonies that involve circumcision are rites of passage to the next age or grade. However, girls undergo these ceremonies at younger ages. (Currently, girls undergo FC between 7 and 10 years of age. During pre-colonial times, girls underwent FC in their early to middle teens.) The ceremonial content emphasizes themes of sex, marriage, and procreation rather than valor and social autonomy (LeVine 1979: 10–11).

Omoiseke is the more general term used to describe a marriageable girl. In contemporary Gusii society, girls are circumcised when they are really young, and many years elapse between their initiation and their marriage. However, preparation for marriage is a salient theme throughout these years. Parents view unmarried girls with some ambivalence. Both parents feel that they deserve compensation for having nurtured their daughters. Yet, they are rightly fearful that the girls may deprive them of the compensation bride wealth by eloping. If girls elope, parents are left with no sources of bride wealth for their sons (LeVine 1979: 11).

For an *omosubaati* (a married woman), the circumcision of her first child of either sex is a joyous event because it provides public confirmation of her motherhood. An *omosubaati* faces an adjustment period. She cannot confirm her status as a married woman immediately after her marriage. She can only confirm her status after the circumcision of her first child.

Table 2. Gusii Life Stages

Female	Male
Infant (*ekengwerere*)	Infant (*ekengwerere*)
Uncircumcised girl (*egesagaane*)	Uncircumcised boy (*omoisia*)
Circumcised girl (*omoiseke*)	Circumcised boy (*omomura*)
Married woman (*omosubaati*)	Male elder (*omogaaka*)
Female elder (*omongina*)	

(LeVine 1994: 81)

As a female elder, or *omongina*, a woman has many prerogatives that were formerly denied to her. For instance, she can talk more openly in public, even to the point of being raucous and openly aggressive. She is permitted to drink beer at beer parties, although she is not allowed to sit with the men. She can expect a certain amount of help from her daughters-in-laws and grandchildren, as required (LeVine 1979: 12). This brief sketch of the life stages of Gusii women highlights several important points: First, transitions between life stages are not based simply on chronological age, particularly after marriage. Indeed, there is a status hierarchy for married adults of both sexes. Individuals who lack married children reside at the bottom of the hierarchy, and those who possess married children reside at a higher level. Individuals who possess grandchildren reside at an even higher level, while grandparents who lack living seniors of the same sex residing in the same homestead are at the top of the hierarchy (LeVine 1979: 13). Among the Gusii people, great value is placed on marriage, and marriage occurs after circumcision has been performed.

Children who have not yet been circumcised are considered to be non-sexual. This frees them from the gender roles and cultural norms that would otherwise govern their behavior. However, after the appropriate rituals have been performed, girls assume positions that involve "womanliness", and they also acquire "femininity" (Matsuzono 1984: 29; Shilberschmidt 1999: 72). For example, the obscene dances and songs imitating sexual behavior performed by older women are strictly prohibited in Gusii society. However, during rituals, these unusual and teasing attitudes toward men are forgiven because they are considered special moments for the women (Shilberschmidt 1999: 72). Circumcision means that a girl transitions from the life stage of a "child" to that of a "woman". It also strengthens her gender identity, which is rather important.

In addition to its importance for marking a transition to another life stage, according to some scholars, circumcision applies a double standard. Male circumcision is considered an introduction to sexuality (i.e., to becoming a "man"). In contrast, female circumcision is performed to control a woman's sexuality and to ensure her fidelity. Some women stated that if the clitoris were not cut, it would grow incorrectly, and the woman would not be able to control her sexuality. Currently, circumcisions are designed to create smaller, partial cuts or create scars that barely bleed, and they do not involve the removal of the clitoris. In fact, the operation appears to be a token ritual.

4. NARRATIVES BY WOMEN

Although FC continues to play an important cultural role as a rite of passage, its impact has been mitigated by the presidential ban issued in 1982 as well as by other issues, such as HIV/AIDS and fears of tetanus and other diseases. At this point, I will focus on women's narratives, particularly those of girls, of the mothers who determine the rituals, and of the circumcisers and nurses who perform the operations.

4.1. Medicalization of FC

Several scholars have described the "medicalization" of FC in both Kenya and other countries, noting that the operators, nurses, and doctors use Western medication (Shell-Duncan & Herlund 2000). Practitioners operate under hygienic conditions that require the use of sterilized knives and anaesthesia to reduce the negative physical effects on women's bodies.

I interviewed five nurses between the ages of 33 and 37 years. Each stated that she learned how to perform FC operations at a hospital. One of these cases is presented below.

Maria Nyabuto (fictitious name) has been working at her husband's clinic as a nurse. The majority of Gusii people are Christians (SDAs, Catholics, and other denominations). Parents expect that seclusion periods will end before Christmas Day to ensure that families can celebrate Christmas together. Mrs. Nyabuto was asked to perform operations in several homes by mothers who belong to the same church. The operations were scheduled 1 or 2 weeks before Christmas Day.

Maria and I arrived at the first house at night, and darkness surrounded us. The mothers and girls

were waiting at home, and light was provided by candles and kerosene lamps. Two sisters (aged 7 and 9 years) were waiting with their mother and neighbors, and we spoke briefly over tea. One of the women prayed for the success of the FC. The women began preparations, and one brought a small chair from the kitchen and placed it under the tree in the backyard. Maria opened her bags and placed her equipment near the chair. She took out a handkerchief and put it on the chair. The two sisters waited under the tree.

First, the older sister removed her underclothing and sat on the chair. The grandmother sat behind the girl and held the girl's legs open with her own legs. Maria sat in front of the girl and another woman held a torch to illuminate the girl's genitals. After Maria put on surgical gloves, she extended the girl's clitoris with forceps. She then pinched the clitoris and injected it with an anaesthetic. While she held the clitoris, Maria cut off its tip with the surgical scalpel and disposed of it. As Maria made the cut, the girl attempted to cry. However, the grandmother placed her hands over the girl's mouth and said, "Be quiet, girl!" (*egesagaane*!).

After Maria completed the operation, only a limited amount of bleeding occurred. Maria placed gauze on the girl's genitals, and the girl rested for several minutes before dressing herself. While the girl rested, Maria prepared a new injection and surgical scalpel. She performed the same operation on the younger sister. After both operations had been completed, the girls were carefully escorted to the seclusion hut by older women. It appeared that the girls had been mentally prepared: neither girl cried, and both seemed resolute. Although the older sister showed pain on her face, the younger sister did not. Several nurses stated that younger girls tended not to show fear or feel pain in comparison with older girls. For this reason, parents prefer to have the operation performed when girls are younger.

While I observed these FC operations, the other people in attendedance were very quiet. No dances or songs were performed. Maria stated that she was afraid of being arrested because of the presidential ban and had therefore asked the women to refrain from loud dancing and singing. Yet, the women who attended seemed very happy; their faces were bright and they shouted *Alililili!* with great joy.

One week later, I returned to the girls' home. The girls stated that they initially felt pain upon urination but that the pain disappeared a few days later. During seclusion, they were not required to perform domestic jobs and were fed good food and sweets. The girls stated that they were happy that they had been circumcised, and they felt honored to be Gusii.

Other nurses also use medical methods to perform circumcision. Nurses who perform operations in clinics perform the surgeries on a bed rather than on a chair. One nurse stated that she did not provide anaesthesia because the girls were afraid of injections. However, they felt more pain under these conditions. The operations performed by the nurses take about 5 minutes. They are very simple and small parts of the body are cut. At times, the operations result in scars and minor bleeding. The nurses use disposable equipment, such as syringes and gloves, to provide protection against infectious diseases (e.g., HIV/AIDS) both for themselves and for the girls.

4.2. FC for Girls and Mothers

The methods used to perform FC may have been modernized and medicalized, but people's views of FC appear to have remained unchanged. Girls stated that the benefit of FC is *amasikani* (which means respect in the Gusii language). Girls expect to have FC performed even though they are not "adults". The pain inherent in FC is considered "necessary" as one must undergo this process to become an adult; thus, the pain must be overcome. Girls stated that they feared bleeding, but they simultaneously felt happy to undergo the operations.

However, it is important to remember that these girls were influenced by social pressure (i.e., "peer" pressure). Some girls stated that other students talked about circumcision at school during the month of December. The girls stated that they were very curious about "who would undergo the ritual during the current year," and several students who had not yet been circumcised were teased by classmates. They were called *egesagaane* or "uncircumcised girls". Gusii children believe that uncir-

cumcised persons will never marry. The nurse in the village stated that she performed an operation on a 20-year-old girl who was escorted by her mother. The woman had never been circumcised based on her parents' decisions. However, at her engagement, the groom's family requested that she undergo this operation. The nurse stated that the girl was left with a small scar.

Based on the stories presented above, it appears that the girls in the village were not allowed to make their own decisions about FC. Little girls are taught by older women, such as their grandmothers, mothers, and sisters, that FC is good and that it is important for Gusii women. Because of these social pressures, girls describe FC as a good practice. They also desire the presents they receive and the good food that is served at the feasts. Additionally, women in rural areas cannot make their own decisions about whether they should marry, and FC is considered a prerequisite for marriage. Thus, FC is an obligation for women.

Acceptance of FC by mothers is also very important because mothers are the primary decision-makers about girls' circumcisions. FC holds special meaning for mothers. When a girl transitions to her next life stage via FC, her mother and grandmother also make an upward social transition, which is accompanied by great joy. However, although the importance of FC remains the same, no mothers appeared to prefer the traditional FC method performed by an *omosari*. Mothers understood the physical and sanitary conditions required for FC. Hence, they preferred the modern method performed by nurses to prevent the spread of HIV/AIDS and other infectious diseases. The fact that small cuts do not prolong seclusion periods was also considered an advantage by parents. Some parents stated that they learned this information from radio broadcasts, newspapers, and information provided by NGOs.

People were aware of the presidential ban. Yet, they believed the ban prohibited only more intense types of FC, such as infibulations, which are performed among the Somali people who reside in Kenya. Additionally, the type of FC performed by the Masaii people is considered the most risky due to the heavy bleeding it involves.

4.3. Gusii Nurses' Dilemmas

It is not surprising that some people believe FC to be unnecessary. Some nurses also believe it to be unnecessary, but their positions are characterized by ambivalence. They fully understand the importance of FC because FC contributes to a girl's sense of ethnic identity and helps her to gain respect in society. However, as medical personnel, these nurses simultaneously fear the possible negative impact of FC on the girls and their futures. Most nurses were circumcised when they were the same age as their patients. Therefore, some nurses make only partial cuts or cause minor bleeding as token acts. These nurses work in hospitals or clinics and do not depend on FC for income. I will now turn to a discussion of the village nurse.

Sarange Onbasa (fictitious name) opened a clinic in the village in 1986. Girls were surreptitiously escorted by their grandmothers to the clinic during circumcision season. As Sarange was trained to perform FC operations at a hospital in 1983 and as the operation was not technically difficult to perform, she believed she could perform this surgery. She saw a maximum of 75 clients. Sarange asked the grandmothers who escorted the girls to refrain from singing or shouting because she was afraid of the presidential ban. Sarange earned a relatively good, stable income at the clinic, but her husband operated a business so she did not rely solely on income from FC. As clients usually paid 100–200 Kenyan Shillings (Ksh) the operation was not expensive. However, some families were unable to pay in cash, and Sarange allowed them to pay in crops, such as bananas and maize.

Sarange attended an anti-FC seminar for medical personnel and learned about the different types of circumcision and the possible short- and long-term negative effects. She began to feel guilty about performing FC and eventually decided that she would no longer perform this operation. However, she also realized that girls would be taken to the traditional circumciser if she refused to perform surgeries at the clinic and that, as a result, they might undergo unsanitary operations that could cause physical problems. Sarange stated that she would stop performing operations if the regulations for FC were seriously enforced.

Most of the nurses I interviewed stated that they were not dependent on the income they made from FC. Only one nurse stated that she performed FC for financial reasons. According to Gusii tradition, women should marry and have children. It is important that they have "boys". Sarange had eight daughters and no sons and stated that she could no longer bear children. Patriarchal societies have an option similar to adoption to maintain the male lines of families. Sarange considered pursuing this option and entering into a "woman marriage" whereby women in situations similar to that of Sarange (i.e., they do not have sons) pay "bride wealth" to single women with sons. To take advantage of this system, Sarange had to raise money to pay bride wealth to a single woman with a son.

4.4. New Movements to Reconsider FC

Several new movements have emerged in the village. Nyacoiba One, a women's group, focuses on Gusii "traditions", such as polygamy and widow inheritance. The leader of this group is a widow who was supposed to belong to her deceased husband's brother (she was "inherited" by him), but she refused to go with him. She stated that she could refuse to be inherited because she was financially independent. However, many other women are unable to refuse in similar situations. The group focuses on human rights and encourages women to earn money. Nyacoiba One runs a small school for women to encourage them to learn to use typewriters and sewing machines.

As part of their anti-FC activities, they visit families with young girls (those at the appropriate age for FC) and explain the possible negative effects of FC on physical health. It is considered taboo to speak of sexual issues, including circumcision. Even within the family, it is considered bad manners for conversations to occur between parents and children of different sexes. Therefore, people are very cautious about discussing this sexual issue outside their families. Out of respect for these customs, Nyacoiba One visitors initially attempt to speak about FC with female family members. As women are busy with agriculture and other domestic jobs in the village, it is important that Nyacoiba One representatives visit only during certain times. On occasion, if the family allows it, they also visit male family members such as fathers or grandfathers.

It is easy to imagine how difficult it is to persuade local people to stop FC. I asked several Nyacoiba One members about FC and their daughters, and they stated that they would not allow their daughters to have the operation. One member said,

> Perhaps my daughter will be discriminated against. People may call her *egesagaane* if she doesn't have the FC operation. Maybe she will ask me to have the FC operation. Someday, we must stop this bad tradition. Thus, it is our duty to be opposed to this custom. I will try to persuade my daughters.

This type of local women's activity, which attempts to change tradition, is relatively rare. However, from my perspective as an outsider, the efforts of local groups, which differ from those of groups outside the community, are critical even if they require time to produce change. Indeed, change can occur only when the Gusii people themselves develop a new understanding of FC, and this will be difficult to achieve.

5. CONCLUSION

This case study of the Gusii people demonstrated the continued importance of FC as a rite of passage. Although the sociocultural significance of this practice has not changed radically, the procedure itself and the rituals surrounding it have changed. One major change has been the medicalization of the operation, which became especially widespread after the presidential ban in 1982.

However, as the 2010 KDHS shows, FC remains very common among the Gusii (96%). Indeed, FC retains a special meaning not only among the Gusii people, discussed herein, but also among people in other countries, including some who have immigrated to Western countries that prohibit

FGM (Hernlund & Shell-Duncan 2007).

Another change related to FC is the emergence of the anti-FC movement among local women who view this practice as harmful. These women oppose not only FC but also other customs such as "widow inheritance". As Kenyan history since the 1920s demonstrates, cultural change does not occur easily. It would be interesting to compare the prevalence of FC in other groups with that reflected in the KDHS data to determine whether a similar decline occurred between 1999 and 2010. I hope to conduct follow-up research among the Gusii and to compare this group with other groups in the future.

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NOTES

(1) Female circumcision (FC) is the collective term for several different traditional practices that involve the cutting of female genitals. It is also referred to as "female genital cutting" (FGC), "female genital surgery" (FGS), and "female genital mutilation" (FGM). FC is similar to male "circumcision" in terms of both cultural and religious significance. In the case of FGM, attention has been focused on "mutilation". Some believe that FGM is a harmful custom that involves torture. In general, girls undergo FC between the ages of 10 and 12 (sometimes earlier), at a time when they become aware of the social roles expected of women. This practice is neither medically necessary nor mandated on religious grounds. It is currently practiced in more than 28 African countries, in parts of Asia and the Middle East, and in industrialized continents such as Australia, Europe, and North America, where immigrants from African countries have settled (Toubia 1995).

(2) For example, Dr. Shell-Duncan of the University of Washington described the importance of FC among the Rendille people in northern Kenya. She stated: "We have a notion in our culture of good and bad pain. Childbirth in our country is an acceptable and good pain. This was the same thing. This girl was becoming a woman. It was cause for celebration." (Available at http://www.artsci.washington.edu/news/WinterSpring01/ShellDuncan.htm)

(3) Among the members of parliament (MPs) who voted against the bill, seven were female, including one Gusii woman. The Hon. Catherine Nyamato, the Gusii female MP, raised three reasons to oppose the legal prohibition of FC: the high prevalence of FC among the Gusii people; that FC is considered an honorable ritual; and that if FC were banned by law, people would perform the ritual in secret, which might lead to the deaths of many girls (Sunday Nation, Nov.17, 1996; Women's International Network News 1997).

(4) In general, three types of female genital surgeries are performed (Toubia 1995: 10; Koso-Thomas 1987: 17). Type I: Clitoridectomy, in which part or the entire clitoris is amputated, and bleeding is stopped by the application of pressure or a stitch. Type II: Both the clitoris and the labia minora are amputated, and bleeding is usually stopped with stitches. However, the vagina is not covered. Type III: The clitoris is removed, some or all the labia minora are cut off, and an incision is made in the labia majora to create raw surfaces. These raw surfaces are stitched together and/or left in by having the girl attempt to keep her legs together until the surfaces heal. The surfaces fuse and become a "hood of skin" that covers the urethra

and most of the vagina. Type III is referred to as infibulation and is "the most severe type of FC/FGM" (WHO 2001). It can result in death during the operation, and it can cause difficulties during labor and delivery.

(5) Since 2012, the Kenyan term for this geographical entity has changed to "county" from "district". However, because of my research and KDHS data, I use "district" in this paper.

(6) In this paper, I use the term "Gusii" to refer to the people I describe. Some people use the term "Kisii", which refers to their geographical location. The Gusii people reside in the western part of Kenya, in an area known as "Kisii Land". The capital of this area is also called "Kisii". The Gusii (*omogusii*, pl. *Abagusii*) are Bantu-speaking people. Well over 90% of the inhabitants of this area are Gusii, and only a few Gusii individuals live elsewhere, primarily in the Kenyan capital, Nairobi. The Gusii population in Kenya is 1.1 million, making it the sixth largest ethnic group in the country (Population Census 1989). The density of the population in the region is 517 people per square kilometer, which constitutes the third highest population density, after Nairobi and Mombasa. The Gusii have one of the highest fertility rates in the world, and they have also shown exceptionally high population growth (LeVine 1994). The names of the districts in Kenya sometimes change for political reasons; the terms used herein were those that were employed during my observation period.

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