

CULTURE AND FEMALE GENITAL MUTILATION IN KENYA.

THE CASE STUDY OF TRANSNZOIA DISTRICT

BY

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DECLARATION

I, Winfred W. Ngure, hereby declare that this work is mine and has never been submitted to any institution of learning for any award

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TABLE OF CONTENTS

DECLARATION	i
DEDICATION	ii
ACKNOWLEDGEMENT	iii
APPROVAL.....	iv
TABLE OF CONTENTS.....	v
LIST OF TABLES	vii
LIST OF FIGURES	viii
LIST OF ABBREVIATIONS.....	ix
ABSTRACT.....	x
CHAPTER ONE	1
1.0. INTRODUCTION	1
1.1. Background of the study	1
1.2. Historical background of the study	1
1.3. Statement of the problem	2
1.4. Purpose of the study	3
1.5. Objectives.....	3
1.6. Significance of the study	3
1.7. Hypothesis of the study	4
1.8. Scope of the study	4
1.10. Limitations of the study	5
1.11 Definition of Terms.....	6
CHAPTER TWO	7
2.0. Introduction.....	7
2.2. The Role of Cultural Leaders, traditionalists, and local family leaders.....	7
2.3. The role of NGOs in the persistent occurrence of female circumcision.....	9
2.4. The responsibility of the civic government of Kenya in female circumcision .	10
CHAPTER THREE.....	14
3.0. METHODOLOGY.....	14
3.1. Introduction.....	14
3.2. Research Design.....	14
3.3. Sample framework and sample size.....	15
3.4. Area and Population of study	15
3.5. Methods of data collection.....	16
3.5.1. Interview method	16
3.5.2. Observation method	17
3.5.3. Focus Group Discussions (FGDs).....	17
3.5.4. Questionnaire method	18
3.5.4. Documentary review method	18
3.6. Procedure of the study.....	19
3.7. Data analysis	19
CHAPTER FOUR.....	20
4.0. PRESENTATION AND INTERPRETATION OF FINDINGS	20
4.1. Introduction.....	20

4.2.1. How local people, cultural and traditionalists have led to persistence of Female circumcision	20
4.3. Why have NGOs failed to end the practice.....	22
4.4. The failures of the civic government of Kenya to address the persistent FC/FGM in Kipsaina division.....	26
Scale: Each interval represents four respondents.....	28
CHAPTER FIVE.....	29
5.0. CONCLUSIONS AND RECOMMENDATIONS	29
5.1. Introduction.....	29
5.2. Conclusion	29
5.3. Recommendations	31
5.4. REFERENCES.....	33
5.5. APPENDICES	35
5.5.1. Appendix A.....	35
5.5.2. Appendix B	37
5.5.3. Appendix C	39

LIST OF TABLES

Table 1: Showing the reasons why indigenous people base on to perpetuate female circumcision in Kipsaina.....	21
Table 2: showing reasons why NGOs have failed to address the persistent FC/FGM in Kipsaina division as given by the respondents.	24
Table 3: Showing reasons why the civil government of Kenya has failed to address the persistence of FC/FGM in Kipsaina division as given by respondents.	27

LIST OF FIGURES

- Figure 1: A pie chart showing the reasons why indigenous people give to on insisting on female circumcision 22
- Figure 2: A bar graph showing the reasons why NGOs have failed to address the persistent C/FGM in Kipsaina division as given by the respondents. 25
- Figure 3: A line graph showing reasons that have failed the civil government to address FC/FGM as reported by respondents in Kipsaina division. 28

ABSTRACT

This study labored to analyze the factors responsible for the persistence female circumcision among the Pokot of Kipsaina division in Trans Nzoia district.

It was realized that despite the tireless efforts by the international community to stop Female circumcision the practice still goes on in Kenya.

The indigenous people take it for cultural, religious, social conformity, sexuality control; among other items thus perpetuate it.

Chapter one contains the historical background of Female circumcision, problem, statement of the study, the purpose of the study, objectives which focused on the roles of indigenous people in perpetuating the practice.

The failures of NGO's and civic government of Kenya to stop the practice, hypothesis of the study, scope, signification and the limitations of the study.

The study took place in Kipsaina division of Trans Nzoia district of Kenya using a sample population of 230 respondents consisting of circumcised and uncircumcised women and men both married and unmarried, medical personnel, NGO workers, government officials and traditional plus cultural leaders. The researcher was challenged by inadequate funding, and the presidential election violence between December 2007 and January 2008.

Chapter two contains literature review where it was discovered that indigenous people perpetuate F.C/FGM because they take it cultural and tradition, need to control women sexuality, social identity, social pressure (acceptability) and shows ones braveness and readiness to fight for her nation thus making the practice persistent.

NGOs have failed to end the practice because of inadequate funds, not firmly established on ground, uncommitted workers, don't have legal authority to penalize culprits. The civic government has failed to end the practice because the central government is reluctant to empower them to end the practice, the parliament is reluctant among other items.

Chapter three contains the methodology of the study, where primary data was gathered using qualitative methods like interviews, focus group discussions, and observation and quantitative methods where questionnaires were used. Secondary data was gathered through library search. Data was descriptively analyzed and presented in a statistical way where percentages, ratios were integrated in charts, tables, and graphs.

Chapter four contains presentation and interpretation of data where the reasons given in chapter two were the similar ones respondents presented that have led to the persistence of F.C/FGM in Kipsaina division of Trans Nzoia District.

Chapter five presents conclusions, recommendations and appendices.

CHAPTER ONE

1.0. INTRODUCTION

1.1. Background of the study

This chapter presents the historical background of the problem, statement of the problem, purpose, objectives, significance, hypothesis, scope, research questions and limitations of the study. Information provides the background on the nature and prevalence of female circumcision / Female Genital Mutilation F.C/FGM and gives brief history of actions that have made the practice persistent. The problem is defined; aim and procedure of study are given.

1.2. Historical background of the study

Female circumcision / Female Genital Mutilation is the collective name given to several different traditional practices that involve the cutting of the female genitals. The procedure is commonly performed on girls anywhere between the ages of four and twelve years of age as a rite of passage to womanhood. Others define it as to cut off all or part of the external sex organs of a girl or a woman. However, in some cultures, it is practiced as early as few days after birth and as late as just prior to marriage or after the first pregnancy. F.C/FGM is generally performed by a traditional practitioner- often an older woman – who comes from a family in which generations of women have been traditional practitioners. Girls may be circumcised alone or with a group of peers from their community. However, more recently, in some countries its also performed by trained health personnels, including physicians, nurses and midwives.

Among the Pokot in Kipsaina division, Trans Nzoia district of Kenya FC is taken to be cultural, ethical and a norm of their ethnicity, just like the Kikuyu, Gusii, Maasai, Kalenjin, Meru and Luhya tribes in Kenya believe. Every female member has to be mutilated lest she becomes an outcast of the community and hardly can one get a happy marriage if she was not circumcised.

While parents who have their daughters circumcised don't intend to hurt their children, the practice violates a number of recognized human rights including those protected by the convention on the Right of the child.

It's their mothers in most cases who report the uncircumcised, prepare everything necessary like cotton wool and other medications. It's done mainly during the months of November, December and January, that is the harvesting period or the period of locusts and predominantly referred to in the Pokot society.

Indigenous populations in Kenya, use a variety of terms in local dialect to describe the practice. These are often synonymous with purification or cleansing, such as the terms 'tahara' in Egypt, 'tahir' in Sudan, 'balokoli' in Mali, 'imbalu' among the Bagisu in Uganda, kipong among the Pokot of Kenya, kurua among the Kikuyu of Kenya kiping among the Maasai of Kenya, among other names. It varies widely among societies, ethnic groups and countries.

Elders within Kipsaina division stress that the reasons for FC/FGM are complex, related to each other and woven into the beliefs and values their culture uphold. Hence, it's extremely difficult to isolate explanations for the practice. FC/FGM represents not a singular value but a single way to demonstrate physically otherwise socially constructed concepts like gender and sexuality. Thus, while we can explain FC/FGM we must understand that it is dependent not on a single factor, but on an entire belief system and values that support it.

In Kenya they practice type I and type II of F.C where type I commonly referred to as clitoridectomy requires the excision of the prepuce with or without excision of part or the entire clitoris. Type II commonly referred to as "excision" requires excision of the prepuce and clitoris together with partial or total excision of the labia minora.

1.3. Statement of the problem

F.C in its essence causes a lot of trauma to females up which its done. Many breed so much that they have to be admitted to hospitals for days. Others acquire infections which result into blood cancer due to using unsterilized equipments or use of semi skilled

practitioners and most important they lose the sensitivity which would have enabled them to enjoy sex as planned by God.

With all these side effects F.C is persistently being practiced among the Pokot community with no signs of reducing its magnitude or stopping it completely despite the tireless efforts by various non governmental organizations (NGOs) within Kenya and abroad to stop it. The uncircumcised are regarded as outcasts.

It's for the above discrepancy therefore the researcher carried out this study with an aim of analyzing the factors responsible for the persistent F.C practice in Kipsaina division among the Pokot community in Trans Nzoia district of the Republic of Kenya.

1.4. Purpose of the study

This study aimed at analyzing the factors responsible for persistent practice of female circumcision among the Pokot community in Kipsaina division of Trans Nzoia district of Kenya.

1.5. Objectives

This study was based on the objectives that focused on;

- i) The role of cultural and family leaders in F.C
- ii) The role of humanitarians and NGOs in sensitizing the people about F.C, feminism and other human rights.
- iii) The responsibility of civic government of Kenya in female circumcision.

1.6. Significance of the study

The study would be of the following relevance to its readers and communities facing female circumcision;

- i) They would be made to realize the dangers and insignificance of the practice after an analysis of the dangers especially the practitioners and cultural elders.
- ii) The public and other humanitarians would improvise ways of forming strategies to fight against the practice by forming sub communities.

- iii) The females would be informed by the natural rights and freedoms, where and how to fight for them.
- iv) The study would help the researcher to fulfill the programme requirements for the award of a bachelor Degree of Education of Kampala International University.
- v) This study would be used as a basis for further research about related studies to female circumcision and human rights.

1.7. Hypothesis of the study

The study was carried out on the following assumptions;

- i) Its mainly cultural leaders and family leaders that instigate the practice of F.C threatening danger to people if they neglect it yet they are the most respected among the Pokot community.
- ii) The Humanitarians and NGOs have fully sensitized people up to the grassroots (home and individuals in particular).
- iii) The civic government of Kenya has not set out clear realities about the dangers of F.C and penalties to the culprits.

1.8. Scope of the study

The scope was conducted in Trans Nzoia district of Kenya, in Kipsaina division in villages of Kesogoni, Munyaka, Aruba, Makutano and Cherangani. The population sample consisted of traditionists and elder people of society, religious leaders, victims of FGM, females who escaped the cut, medical workers who handle victims of FGMs, humanitarians and some government officials.

The study was carried out from November 2006 up to January 2008. Further information about time is in the appendices.

1.9. Research questions

The research study was guided by the following questions

- i) What is female circumcision?
- ii) What is it practiced in your community?
- iii) What are the effects of female circumcision?
- iv) Assess the role of cultural leaders, traditionalists, family leaders in perpetuating F.C.
- v) Examine the role of NGO in the first against F.C in your society?
- vi) Analyze the weaknesses of the civic government of Kenya that had led to the persistence of F.C?

1.10. Limitations of the study

The researcher faced the following challenges in carrying out this study;

Given that F.C is much respected in the Pokot community most respondents never wanted to give information intending to end the practice as it would be destroying culture. This limited the study findings.

The photocopying, typing, printing, transport, communication among other activities consumed a lot of money. This in many cases limited the researcher to get information in time due to financial inadequacy.

During November and December 2007, plus January 2008 they were months of political upheavals in Kenya due to the landmark chaotic presidential elections that took place on the 27th December 2007. People were under extreme terror yet it was time for data collection. As a result the researcher was assaulted in search for data thus hampering the study findings.

However the above challenges were dealt with in the following ways;

There was use of different data collection methods such as unstructured interviews for respondents who never wanted to reveal some data.

Extra funding was secured from my parents and other well wishers who realized the importance of the study. This helped the researcher to pay off the debts and fulfill other necessary tasks.

Lastly in avoiding chaotic situation that covered many parts of Kenya during December 2007 and January 2008, prior information of safety was first got by the researcher. Also the researcher always carried out the study with a permission letter from Kampala International University (KIU)

1.11 Definition of Terms

1. Circumcision: To cut off all or part of the external sex organs of a girl or woman.
2. Genital: The outer sex organs
3. Mutilation: To severely and violently damage someone's body especially cutting or removing part of it.
4. Victim: A person on which a wrong thing has been done.
5. Chronic: Problem that persists for a long time and can not easily be solved.
6. Unique: Existing in particular place or group of people. The only one of its kind.
7. Psychological: Relating to what is in someone's mind rather than what is real.
8. Custom: Something that is done by people in a particular society because its traditional.
9. Trauma: An unpleasant and upsetting experience that affects someone for a long time with frightening or unpleasant experience.

CHAPTER TWO

2.0. Introduction

This chapter presents the literature related to the study done by different researchers, humanitarians, journalists, editors, authors among others. The information below focuses on the roles of cultural leaders, traditionalists, local family leaders, the role of NGOs and other humanitarians and the civic government of Kenya and other countries practicing F.C/FGM.

2.2. The Role of Cultural Leaders, traditionalists, and local family leaders.

From the research study it was discovered that it's the cultural leaders, traditionalists and local family leaders that perpetuate the practice of F.C.

People in Kipsaina divisions reported that its performed as a rite of passage from childhood to adulthood, during which time the girl is equipped with the skills for handling marriage, husband and children. Communities that practice FC/FGM affirm their relationship with the belief of the past by continuing the tradition, they maintain community customs and preserve cultural identity¹. According to Mbasi Lydia (2001), this has caused its persistence because it represents an act of socialization into cultural values and a connection to family by linking the girl to the life style and roles played by other women².

There is need to control women's sexuality because among us its very vital. Uncircumcised women are sexually active, are very liable to contracting Human Immune Virus (HIV) from the unfaithful men.³ For many communities that practice FC/FGM a family's or clan's honor depends on a girl's virginity or sexual restraint. This is the case in Kenya, Egypt, Sudan, Somalia, where FC/FGM is perceived as a way to curtail premarital sex and preserve virginity⁴. In other contexts, such Uganda and Kenya and particularly our society, Pokot society, sexual 'purity' is not such much concern,

F.C/FGM is performed to reduce the women's sexual demands on her husband thus allowing us to have several wives.⁵

Wanjoli Nelson (2007), local people believe that FC/FGM depicts a religious contextual meaning to African societies that practice it. "As part of values that qualifies one to be righteous in our society F.C is done for virtue of purity"⁶. During the International conference on population and reproductive health in the Muslim World at Egypt's Al Azhar university, a traditional centre of Islamic scholarship, it was agreed that certain harmful practices, including FC/FGM, were the result of misunderstanding of Islamic provisions but emphasized male circumcision.⁷ In African society ideologies that are customary are taken to be religious and despite their stress on the people, they still perpetuate them with great respect hence the persistence of F.C in Kipsaina division.

Social pressure from the Pokot community is also responsible for the persistence of FC/FGM. "In our community friends and neighbors create an environment in which the practice of circumcision becomes a component of social conformity"⁸. "Circumcision goes from being a perceived need to a pervasive that is necessary for acceptance."⁹ In such a context, not circumcising may not be an option because women are in most cases forced to be circumcised. Fear of community judgment such as men's refusal to marry uncircumcised women contributes to this pressure.

"The process becomes cyclical, by believing that circumcision is necessary for social homogeneity and ease, therefore FC/FGM grows in importance."¹⁰ In all the practice is just embedded into people's minds and they take it as a prerequisite of life acceptance and honor thus its persistence.

2.3. The role of NGOs in the persistent occurrence of female circumcision

In this study it was realized that NGOs have not done the needful to stop the practice basing on the following arguments yet they would be the ones with a primary concern of stopping the practice. Most people in NGOs are just employees aiming for a salary than being real advocates for the problem.

“I feel hurt by the practice, but I have to preserve our culture and my job for a living as well though I am of a view it should end”.¹¹ With this confusion among the NGO workers themselves by can hardly emphasize strategies drawn to condemn the practice.

Furthermore, NGOs in Kipsaina aren't well established on the ground to sensitive the public about the real causes and solutions to the problem.

Michael Katsha et al 1997 says, “today it has become common wisdom that NGOs grassroots and community-based organizations are more likely to affect social behavior than government action alone”.¹² Lack of adequate funds for their day today activities makes them to remain pocket organizations that can not implement policies.

Sandornan, (2000), most NGOs advocating for female rights are led and mostly consist of foreigners – whites who the indigenous people perceive as agents of neo-colonialism. They assume that they want to destroy their cultural values. “Centre for Rehabilitation and Education of Abused women (CRWAW) in Kipsaina is highly opposed mainly by we elders because they are sabotaging our culture”¹³. The World Health Organization (WHO) has done some research on FGM and has condemned all forms of it. On the contrary the international community has done little to stop it. “Respect for cultural differences, has been used as a reason not to fully intervene and stop the practice. People who defend FGM including women say it's a cultural issue not human rights issue, and

that the western world simply doesn't understand it"¹⁴. Such arguments by the people within such organisations themselves give ground for the practice to thrive.

NGOs lack the unchallenged powers to take decisions at will in order to end the practice of F.C/FGM. Despite that NGOs are formed with an aim of advocating for end of F.C, they lack the ultimate powers to either sue or give any penalty to the offenders. "NGOs here who condemn F.C/FGM are just toothless dogs who just bark and can not bite and yet are tied with strong metallic chains, so we don't mind about what they say we just preserve our culture by carrying out FC/FGM".¹⁵ The fact that the practitioners can not be brought to book makes them to neglect whatever NGOs say and they continue with the practice.

Also NGOs when sensitizing people about FC/FGM, they refer to international Human Rights Laws (IHRL) which many indigenous people hate to hear. Most societies in Kenya that do FC/FGM take women as subordinates yet NGOs advocate that women should enjoy a more relaxed life than men, because they are the mothers of this country. One traditionalist challenged the European convention Article 8(1) that states, "Every one has the right to respect for his private and family life" yet among the Pokot it's the society that is more responsible for your private life than you individually" With all the above limitations hardly can the NGOs effectively convince the people in Kipsaina division to end the practice of FC/FGM.

2.4. The responsibility of the civic government of Kenya in female circumcision

Although circumcising girls is now illegal in Kenya there is no indication the ban is having any meaningful impact on the ground. On the contrary, reports from the media and gender organizations since December 2001 when the practice was criminalized indicate that many communities ignore the legislation.

According to the Demographic Health Survey (DHS) (1998) more than 55% of all Kenyan communities still practice it. Among Gusii, 97% of girls and women aged 15-49 have undergone the ritual, while 89% of Maasai girls and women of similar age still do it. Several factors account for the future of the legislation and the edicts. Ms. Charity Mailitha observed that, "the practice has persisted just because it's a deeply embedded traditional practice with significant cultural meaning that if we the civil government uncarefully intervenes would be violation of cultural human rights"¹⁶

Former president of the Republic of Kenya Daniel Arap Troitich Moi shifted policies and started to speak against practices like early marriages and female circumcision. In one of his tours in Baringo District in 1982, he ordered that "if I hear of a person circumcising girls in this district, he will be on fire"¹⁷. He allowed movements opposed to the rite to operate freely but never put much emphasis such as funding them suing culprits among others. Some people argued that he was just politicking people to consolidate himself in power since he had just become president in 1978 (4 year after). Unfortunately, it was not until December 2001, 19 years later, that the practice was legally criminalized through parliament but still with less negligible effect.

The Kenyan government in 2000 carried out a study where "it was realized that she had twenty nine (29) million people, there were hundred (100) women for every hundred (100) men, 47% were the young people in the population and were under 15 years of age, the prevalence of FC/FGM was 50% the ethnic groups practicing FC/FGM were not revealed"¹⁸ Kenya engaged in a number of international treaties namely; the women convention (WC) (ratified 1984), The Children's Rights Convention (CRC) (ratified 1990), The Civil and Political Rights Covenant (CPRC) (ratified 1972, The Economic, Social and Cultural Rights Covenant (ESCRC) (ratified 1972) and the Banjul charter (B.C) (ratified 1972).

In the civic laws of Kenya, the National laws in the constitution section 70, provides that “every person in Kenya is entitled to the fundamental rights and freedoms of the individualwhatever...sex,” section 82(1) and (3) states that “no law shall make any provision that is discriminatory either of itself or in its effect”, but prohibits discrimination only on the grounds of race, tribe, place of origin or residence or other local connection, political opinions, color or creed.”¹⁹ Gender discrimination is thus not specifically prohibited. Basing on this most traditionalists and cultural leaders responsible for FC/FGM, perpetuate the practice because they are not prosecuted by law thus the persistence of the practice.

In addition the non-discrimination provision does not apply to laws related to “adoption, marriage, divorce, burial, inheritance, or other matters of personal law section 82(4) (b) and to application of customary law (section 82(4)(c))”²⁰. Uncircumcised females can hardly be adopted as it was a prerequisite for membership in the Kikuyu Central Association during the agitation for independence. The uncircumcised were seen as anti freedom, because President Jomo Kenyatta though it was politically a sensitive issues, the same applies now, non circumcised are divorced or not married off and national laws have little to help. This unwillingly leads girls to circumcision to avoid further problems thus the persistence of the practice.

The civil national laws on criminalization of FC/FGM, “In 1996, a legislative proposal to criminalize FC/FGM was defeated in the Kenyan parliament”. General criminal provisions on “offences endangering life and health”²¹ may however be applicable. Provisions section 250 of the Penal code, on “Assaults” provides:

“Any person who unlawfully assaults another is guilty of a misdemeanor and if the assault is not committed in circumstances for which a greater punishment is provided in this code, is liable to imprisonment for one year”. Article 251 provides that “Any person

who commits an assault occasioning actual bodily harm is guilty of a misdemeanor and liable to imprisonment for five years, with or without corporal punishment. However FC/FGM is generally culturally accepted and deeply embedded in the people of Kenya so whoever does it they say she/he is becoming a true brave citizen. This has thus led to the persistence of the practice.

In a nutshell, the civic government that would have protected the people from FC/FGM is so reluctant to end the practice because its cultural and part of traditions of the people, the NGOs under the United Nations Educational, Scientific and Cultural Organization (UNESCO) can not fully condemn it because UNESCO agitation for preservation of cultural values thus the persistence of the practice.

CHAPTER THREE

3.0. METHODOLOGY

3.1. Introduction

This chapter consists of the research design, area of the study, and sample framework and size methods of data collection, procedure of study and data analysis. The research is a sample survey and cross sectional study that dealt with only part of the population with a view of analyzing the factors responsible for the persistent female circumcision among the Pokot of Kipsaina division in Trans Nzoia district in Kenya.

3.2. Research Design

A sample survey and cross sectional study designs that gathered primary data were based on quantitative and qualitative data. Interviews, Focus Group Discussions (FGDs) and observation were the major sources of qualitative data while questionnaires formed the basis for collection of quantitative data. These were in descriptive manners that were integrated into tables, charts and graphs using percentages, ratios, mean and frequencies.

Secondary data were obtained through research from various libraries including KIU, foundation for Human Rights Initiative (FHRI), library Uganda, Human Rights Commission (HRC) and Makerere University Main library.

The population sample was derived using purposive and random sampling given the homogenous nature of the population. This is so because most societies in Kenya share the Swahili dialect with other related cultural customs and traditions.

Data analysis involved the generation of percentages, mean, ratios, frequencies and the description of those for the case of quantitative data. Qualitative data were analyzed by the description of data generalized through interviews, FGDs and observation.

3.3. Sample framework and sample size

The study involved purposive and random sampling. The first stage involved a random selection of Kipsaina division out of...divisions in Trans Nzoia district in ~~Ken~~ Kenya. The second stage involved a wholesome selection of the five villages in Kipsaina division. The villages were Kesogoni, Munyaka, Aruba, Makutano and Cherangani. From each village forty six (46) respondents were purposively selected, given their experience and knowledge about FC. The respondents included forty (40) elders, fifty (50) girls circumcised, fifty (50) non circumcised girls, twenty (20) married men, twenty (20) NGOs workers, ten (10) civic government workers, twenty (20) cultural leaders/traditionists and five (5) religious leaders. These represented kikuyu, Gusii, Maasai, Kalenjin, Meru, and Luhya tribes in Kipsaina. In all a total of two hundred thirty (230) respondents were obtained to constitute the sample size.

These were manageable given the limited resources and time and were representative of the whole population because they were strategically purposively selected to suit the study.

3.4. Area and Population of study

The study took place in Kipsaina division in Trans Nzoia district of Kenya in the villages of Kesogoni, Munyaka, Aruba, Makutano and Cherangani because FC is highly practiced there. A sample population of two hundred and thirty (230) respondents was employed representing tribes such as kikuyu, Gusii, Maasai, Kalenjin, Meru and Luhya tribes because all practice FC.

3.5. Methods of data collection

The study employed a variety of methods to gather data. Primary data were collected using qualitative and quantitative research designs. Interviews, Focus Group Discussions, observation for qualitative data and questionnaires for quantitative data.

Secondary data were sought through library research by reviewing literature related to the study from various libraries like KIU, FHRI, HRC, and Makerere University libraries.

3.5.1. Interview method

Interviews were help with one hundred and twenty (120) respondents who were purposively selected. These were presumed manageable given the limited time and resources. The interviews were guided by an interview schedule that consisted of open and short questions. Respondents were given prior briefing and training on how to answer the questions.

The interviews sought data on;

- i) The role of NGOs in fighting against FC.
- ii) The role of the civic government of Kenya on FC.

Interviews were advantages in that;

- i) They enable the researcher to derive data from illiterate respondents who couldn't write or read.
- ii) Data was gathered at a fast rate from a large population since less writing down was involved by the researcher.
- iii) Respondents who felt offended by the study data was sought from them using unstructured interviews. Here they hardly realized that they were under examination.

- iv) Respondents' emotions and reactions were known by the researcher which much helped in the analysis of the study finding since FC has a lot to do with emotions.

3.5.2. Observation method

An observation checklist was done regarding the area and topic of study. The researcher used her naked eyes to view, listen and note down the data necessary. These mainly included emotions and reactions. The health effects on the victims of FC in hospitals among other relevant items.

Observation was advantageous in ways that:

- i) The magnitude of the effects of FC on the victims was realized that gave the researcher a clear insight of the problem.
- ii) Through field investigations by the researcher, the researcher gained skills on how to interpret and analyze data in the report.

3.5.3. Focus Group Discussions (FGDs)

Here few respondents were purposively selected depending on their ability to give reliable and consistent data that helped the researcher to make final decisions. These were ten(20) respondents who were purposively selected due to their competence in other data collection methods. They were formed into two discussion groups presided over by the researcher each at a time.

FGDs were advantageous in ways such as;

- i) Through them data from other methods was analyzed which helped the researcher to have a better way of interpreting and analyzing it in the report writing.
- ii) Items that the researcher hadn't well understood were clarified by selected respondents thus making the study a success.

3.5.4. Questionnaire method

Here a set of open ended and close ended questions was set and printed on papers and then distributed to respondents. These were one hundred and ten (110) questionnaires were issued after realizing from the pilot studies that such a population out of a whole sample of 230 respondents could efficiently give clear and reliable data. Questions were based on the objectives of the study.

This method was advantageous in the following ways;

- i) Data derived was always referred to whenever needed in its original form. This is because it had been written down.
- ii) Different views, reactions, emotions of different respondents were known without fear because the respondents' identities weren't required. This enriched the study.

3.5.4. Documentary review method

This method involved reviewing literature from various journals, reports, books among other documents prepared by authors, editors, journalists among other intellectuals. Literature cited focused on the roles of different individuals, that is indigenous people of Kipsaina themselves, NGOs and the civic government of Kenya.

This method was important in ways such as;

Data got gave the researcher a direction of investigation of this study. This helped in describing events and analyzing them as well.

The respondents who would be biased with study findings were avoided since the citations had acknowledged references.

From the FGDs it was established that further references would be possible basing on this study.

3.6. Procedure of the study

A letter seeking permission to carry out a research study in Kipsaina division was acquired from the Dean, Faculty of Education KIU. This was after the approval of the proposal by the university supervisor. The researcher always first introduced herself to respondents before interviewing them. Training of respondents was done where it was necessary. The methods used to gather data have been discussed above and data was analyzed as discussed in article 3.7 of this study following the procedure of KIU research report writing.

3.7. Data analysis

The quantitative data generated through the questionnaire, was analyzed manually to generate percentages, mean, ratios that were used to establish the magnitude of the problem of study. Quantitative data were also presented in a descriptive form that involved, diagrams such as graphs, charts, tables, where statistical figures in percentages, ratios, numerals were used.

Qualitative data generated through interviews, observation and FGDs were analyzed through the description of the emerging issues. Secondary data from documentary review was cited focusing on the objectives of the study.

All data was first inspected and edited in order to discover items misunderstood, detect gaps, and discard off data that never generated relevant ideas. The responses were coded; the total, mean, percentages and ratio were got.

CHAPTER FOUR

4.0. PRESENTATION AND INTERPRETATION OF FINDINGS

4.1. Introduction

This chapter contains the field findings got through the different data collection methods as they were mentioned in chapter three. These contain the views of the respondents who participated in the study and these were based on the study objectives focusing on the reasons why FC/FGM has persisted despite the various efforts done to stop it in Kenya and on the International level.

4.2.1. How local people, cultural and traditionalists have led to persistence of Female circumcision

The total number of respondents who participated was 230 and from the study findings they revealed that the following reasons are advanced by the indigenous people in support of FC/FGM that have made it persistent. They reported custom and traditional values in which one transforms from childhood to adulthood, control of women sexuality, religious values, social pressure (acceptance), showing braveness and showing identity.

Forty four (44) respondents reported they take it as a process of transformation from childhood to adulthood, forty one (41) say control of women sexuality, thirty nine reported they say its religious, thirty eight (38) say circumcision makes them identified, thirty five (35) said it's due to social pressure and thirty three (33) reported that they circumcise to show braveness.

Respondents elaborated that indigenous people who believe that FC/FGM is a bridge of transforming children from girls to women explain that FC/FGM affirms their relationship with the beliefs of the part by continuing the practice (tradition) thus maintaining community customs. Those who reported control of woman's sexuality argue that there is nothing in marriage than having unsatisfied wife sexuality, so they circumcise them to become less demanding sexually.

Religiously they argued that it's a body cleansing the practice (tradition) thus maintaining community customs. Those who reported control of woman's sexuality argue that there is nothing in marriage than having unsatisfied wife sexually, so they circumcise them to become less demanding sexually.

Religiously they argued that it's a body cleansing exercise where by the blood lost goes with all the curses from the body. Others circumcise because of social pressure where the uncircumcised are not freely accepted in society, may not be married off, not supposed to fetch water from communal water sources among other items.

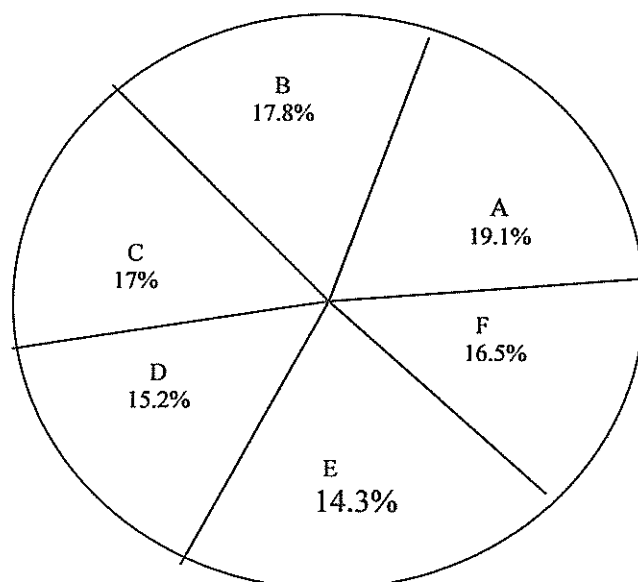
Indigenous people emphasized that a circumcised woman shows braveness since the exercise is so painful and the one who stands it can as well stand life challenges especially marriage life. Those who reported that those circumcised are identified from the rest argued that the type of circumcision identifies one's tribe and pride.

Table 1: Showing the reasons why indigenous people base on to perpetuate female circumcision in Kipsaina.

Reasons for insisting on the practice	Number of respondents	Percentage
Life transformation	44	19.1%
Control of women sexuality	41	17.8%
Religious	39	17%
Social pressure	35	15.2%
Braveness	33	14.3%
Identity	38	16.5%
Total	230	100%

Source: From the interviews, questionnaires, FGDs and observations presided over by the researcher.

Figure 1: A pie chart showing the reasons why indigenous people give to on insisting on female circumcision



Key

A	Life transformation
B	Control of women's sexuality
C	Religion
D	Social pressure
E	Braveness
F	Identity

Source: *From interviews, observation, questionnaires presided over by the researcher.*

4.3. Why have NGOs failed to end the practice

Respondents advanced a number of reasons to explain why NGOs have failed to influence people's minds to stop FC/FGM. NGOs like Kipsaina Women Rights Organization (KWRO) and Trans Nzoia Women Rights and Freedom Organization (TWRFO) have labored to end the practice but in vain.

Respondents reported that NGOs fail because of;

Lack adequate funding, people perceive NGOs as ones sabotaging cultural values, most NGOs are based in offices and town hardly reach grassroots, other NGOs have uncommitted workers, they lack ultimate powers to punish culprits, NGOs refer to international laws which in some cases not applicable to indigenous people and others reported ineffective communication from NGOs.

Out of the 230 respondents, thirty two (32) reported inadequate funding, thirty seven (37) reported NGOs conflict with cultural values, thirty (30) respondents reported they have uncommitted workers who fear to lose their jobs thus can not condemn the practice, thirty six (36) reported NGOs are not firmly established on the ground, thirty five (35) reported NGOs lack ultimate powers to punish culprits, twenty seven (27) reported NGOs refer to international laws some of which are not applicable to indigenous people and thirty three (33) reported NGOs lack effective ways of communicating their message to the public.

Respondents reported that most NGOs lack funders to enable them carry out different materials like making seminars, transport, printing materials like posters to mention but a few reported by one NGO worker. Others who reported conflict with cultural values commented that NGOs sabotage the Pokot society settings and their effects are detrimental to the society.

Others who reported they fail because of uncommitted workers said, their workers instead of sensitizing the people about the real dangers of FC/FGM they just hold conversations with them and people remain uninformed. This is partly due to fear of brutality from some society members, some NGOs are not firmly established on the ground where many local people are unaware of their existence and purpose, they remain briefcase organizations only meant to earn a living to their proprietors.

NGOs lack ultimate powers to sue culprits in that they just advise the victims the right legal procedures to follow but for them they can not give any penalty to the culprits, NGOs also refer to international laws for their cause, they emphasize equality between men and women yet many indigenous people oppose it, even some women refer to themselves as subordinates to their husbands thus failing their struggle.

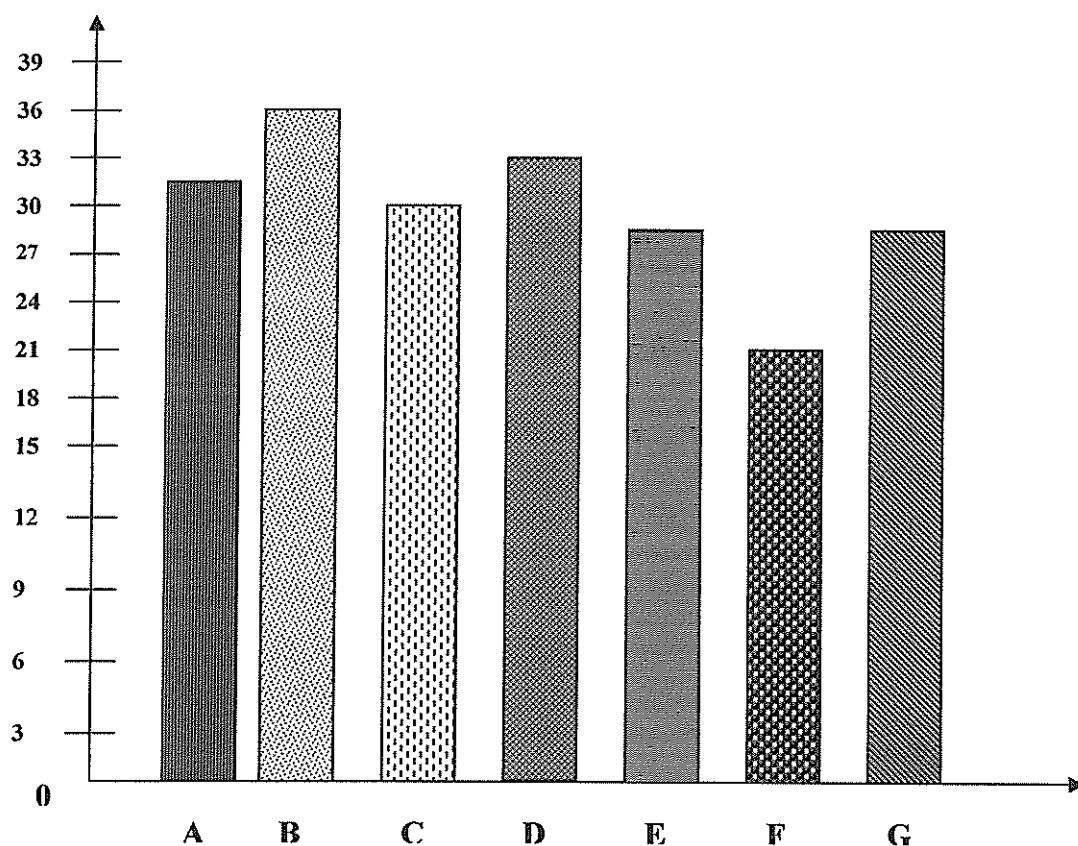
NGOs ineffectively communicate their message in that most information is in English yet many people don't know English, much message is shared in seminars and workshops yet the concerned people don't attend them among other limitations. In all with such limitations of NGOs they have done little to fight against FC/FGM despite their existence. This accounts for the persistence of the practice.

Table 2: Table 2 showing reasons why NGOs have failed to address the persistent FC/FGM in Kipsaina division as given by the respondents.

Reasons why NGOs are failing	Number of respondents	Percentage	Percentage ratio
Inadequate funding	32	13.9%	13.9:86.1
Conflict with cultural values	37	16.1%	16.1:83.9
Uncommitted workers	30	13.1%	13.1:86.9
Not firmly established on the ground	36	15.7%	15.7:84.3
Lack ultimate powers to punish culprits	35	15.2%	15.2:84.8
Use inappropriate international laws	27	11.7%	11.7:88.3
Ineffective communication	33	14.3%	14.3:85.7
Total	230	100%	

Source: From interviews, questionnaires, FGDs, observations, presided over by the researcher.

Figure 2: A bar graph showing the reasons why NGOs have failed to address the persistent C/FGM in Kipsaina division as given by the respondents.



Key

- A Inadequate funding
- B Conflict with cultural values
- C Uncommitted workers
- D No firmly established on the ground
- E Lack of ultimate powers to penalize culprits
- F Use of international laws not appropriate to indigenous people.
- G Ineffective communication

Source: From the interviews, questionnaires, FGDs observation presided over by the researcher.

4.4. The failures of the civic government of Kenya to address the persistent FC/FGM in Kipsaina division

Respondents reported that the civic government fails because FC is conformed by cultural laws, the central government is inefficient in empowering civic laws, FC/FGM is not clearly identified as a crime in the national laws, FC is taken as national identity and the parliament's disapproval of banning the practice in 1996.

From field findings out of the 230 respondents, forty four (44) respondents reported its conformed by cultural laws, forty nine (49) reported the weakness of the central government to empower the civil laws, forty six (46) reported FC isn't clearly identified as a crime in National laws, thirty nine (39) reported its taken as national identity and fifty two (52) reported the government disapproved its ban in 1996.

It was that the civic government of Kenya fears to intervene in the cultural laws as demanded and dignified by UNESCO, the central government is reluctant to empower civil laws. Most government officials especially the presidents use it as a political tool to win votes for instance president Moi had called for FC ban in 1982 only to remember in 1996 when reseaking power.

FC/FGM is not yet identified as a crime by all the citizens. Though the international laws criminalized it in the Kenyan criminal law on section 234 on "Grievous Harm" provides that Any person who unlawfully does grievous harm to another is guilty of felony (serious crime) and is liable to imprisonment for life, with or without corporal punishment"²².

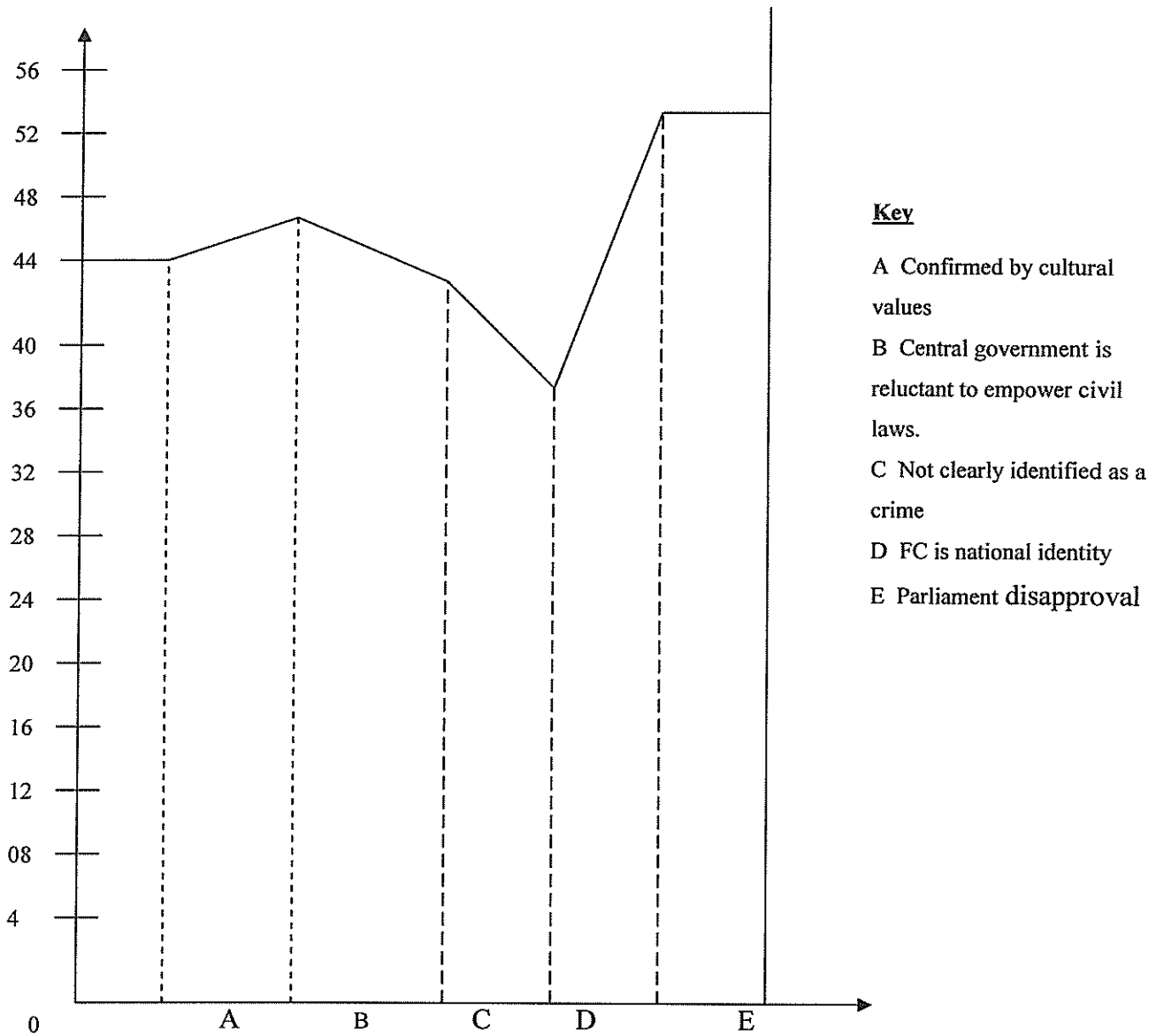
Respondents who reported national identity argued civil laws provides it that one has freedom to identify him/her in a way that his or her society confirms and FC is conformed thus its persistence. To sum up the argument the National Assembly (parliament) which discusses the national issues of the indigenous citizens defeated it in 1996, in “1989, president Moi again called for an end to the practice and six months later the Assistant Minister for cultural and social services announced an official government ban of the practice”²³. “In November 1999, Kenya launched a national plan of action to eliminate FC/FGM which will emphasize education and outreach over criminal prosecution”²⁴. To everybody’s surprise up to now the plan is ineffective because it has not been legally implemented national wide. With such, the persistence of FC/FGM where cultural laws are highly respected is inevitable.

Table 3: Showing reasons why the civil government of Kenya has failed to address the persistence of FC/FGM in Kipsaina division as given by respondents.

Reasons why civil government has failed to address persistent FC/FGM	Number of respondents	Percentage
Conformed by cultural laws	44	19.1%
Reluctance of the central government to empower civil laws	49	21.3%
Not clearly identified as a crime	46	20%
National identity	39	17%
Parliament disapproval	52	22.6%
Total	230	

Source: From interviews, observation, questionnaires, FGDs and observation presided over by the researcher.

Figure 3: A line graph showing reasons that have failed the civil government to address FC/FGM as reported by respondents in Kipsaina division.



Scale: Each interval represents four respondents

Source: From interviews, questionnaires, FGDs and observations carried out and presided over by the researcher.

CHAPTER FIVE

5.0. CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

This chapter bears the general summary of the study and suggestions that may help to end the FC/FGM in Kenya and the world at large.

5.2. Conclusion

This study entitled “An analysis of the factors responsible for the persistence of FC/FGM in Kipsaina division of Kenya in the Trans Nzoia district was based on objectives such as, role of local people (indigenous people) cultural leaders, and traditions, role of NGOs and civic government of Kenya focusing on how they have failed to address the persistence of FC/FGM in Kipsaina division.

It was realized that indigenous people take their ritual as a life transformation from childhood to adulthood its used to control women sexuality. Moses Kimtai (one of local people interviewed) noted that, “on marrying my wife she was not circumcised and used to mess up with men, on first birth she was circumcised and has never again messed up with any man since then, its now ten years past”.

It was discovered according to Mungai Awony one of the medical officers that though the victims may become deformed in their sexual parts they believe that they are righteous since its done as a sign of religion. Social pressure was another reason why indigenous people perpetuate FC/FGM as those circumcised or more readily accepted in all life spheres than uncircumcised.

Braveness which is one of the major pillars in Pokot tribe was realized as a major reason for persisting on FC/FGM as those who do it are brave, one Wanjoki Nelson of

respondents who answer questionnaires and is a NGO worker reported circumcised females are identified and if one marries any one of them he just know that this is my tribe mate which is highly emphasized among the Pokot.

The reasons that have failed the NGOs are inadequate funding, conflict of their views about FC and cultural values, uncommitted workers who don't work towards total elimination of the practice, NGOs are not firmly established on the ground, lack ultimate powers to sue culprits, the use of inappropriate laws to condemn FC/FGM and have ineffective communication procedures.

It was realized that the civic government of Kenya has failed to address the problem because of fear to confront cultural laws, reluctance of the central government to empower civil courts to condemn the practice, FC is not criminalized in the national laws, its taken as a national identity which is demanded by UNESCO and the parliament does not fully approve of its ban.

All that data was gathered using a sample population of 230 respondents including indigenous, people i.e. cultural leaders, traditionalist, civil government official, medical personnel, married and unmarried men, married and unmarried females, government officials, elders, and religious leaders. Qualitative data collection methods such as interviews, FGDs and observation were used and quantitative methods (questionnaire) were employed to get primary data. Secondary data was got through documentary review in different libraries.

Data was analyzed and presented both descriptively and statistically using percentages, ratios in tables, charts and graphs. In a nutshell, it was established that the NGOs indigenous people and civic government are not willing enough to end the practice now despite the ever increasing more pressure from the international scene and some human rights activities in Kenya who feel that practice is a violation of human rights.

5.3. Recommendations

From the study findings the researcher suggests the following to be done to address the problem of persistent FC/FGM in Kipsaina division of Trans Nzoia district of Kenya.

The government should sensitize the citizens about the need to observe human rights and freedoms. Here the religious leaders need to use Quran and Biblical teachings to address the issue right from grass root levels.

NGOs should work hand in hand with practitioners, medical officers, and cultural leaders on how to circumcise in a least harming way if one can not avoid it or teach them how to rectify some cultural values to end the practice.

NGOs also should operate right from grass root levels using better ways of communication like sending telephone messages, speaking over different radio, moving from home to home, church to church, market place to market place plus any other gathering centers educating people about the health side effects of the problem. They should use a humble and honorable way of talking, using the local dialects most understood.

The indigenous people should realize the importance of the international law as provided in the different provisions, such as, the universal Declaration of Human Rights (UDHR) Article 1: "All human beings are born free and Equal in dignity and Rights", Banjul Charter (BC) Article 4: "Human beings are inviolable. Every human being shall be entitled to respect for his life and the integrity of his person". Article 5: Every individual shall have the right to the respect of the dignity inherent in a human being"²⁵ and the Declaration on the Elimination of violence Against Women (DEVAW) Article 1 the term violence against women's means any act of gender based violence results on, or is likely

to result in physical, sexual or psychological harm or suffering to women... whether occurring in public or in private life". These should be educated to the people.

The civic government should cooperate with the parliament and other law advocates to make studies on Research Action and information network for the Bodily Integrity of Women (RAINB♀) and formulate laws to safeguard them against any bodily harm like FC/FGM.

With the above and many other solutions the indigenous people of Kenya can subsequently change their minds by realizing the dangers of FC/FGM and eventually give it an end.

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5.5. APPENDICES

5.5.1. Appendix A

Questionnaire for indigenous people

You are kindly requested to answer this questionnaire about the “Analysis of the Factors responsible for Persistence of Female Circumcision in Kipsaina division of Trans Nzoia district of Kenya. I am a student of Kampala International University carrying out this project as a partial fulfillment for the requirement for the award of the degree of Education.

Instructions: Be brief and Clear

Self identification

1. What is your

- a) Gender
- b) Age
- c) Marital status.....
- d) Occupation
- e) Tribe

2. What is female Circumcision?.....

.....

3. Are you circumcised?

a) Yes

☐

b) No

☐

4. What reasons do you think the indigenous people give for perpetuating female circumcision?

.....
.....
.....

5. What reasons have failed the NGOs to curb out female circumcision?

.....
.....
.....

6. Do you support the practice?

a) Yes ☐ b) No ☐

7. Give reasons for your answer

.....
.....

8. a) Does the practice (FC/FGM) have any significant meaning?

.....

b) Give reasons for your answer

.....
.....

5.5.2. Appendix B

Questionnaire for NGOS and government officers

I am a student of Kampala international university pursuing a degree of Bachelor of
Education carrying out a study on the “Analysis of the factors responsible for
persistence of female circumcision in Kipsaina division of Trans Nzoia district of Kenya.

You are humbly requested to answer this questionnaire. The results are purposely for
academic gains and they will be confidentially treated.

Instruction: be brief and clear

Self identification

Identify you're a) Gender.....?

b) Age.....?

c) Marital status.....?

d) Occupation.....?

e) Tribe.....?

f) Working experience.....?

2.What is female circumcision?.....

.....

3 a) Do you support the practice?

Yes ☐ No ☐

b) Give reason for your answer

.....

.....

4. a) Who perpetuates F.C/F.G.M most in your society?

.....

.....

b) Why does that one perpetuate F.C./F.G.M?

.....
.....

5. Specifically analyze the role of cultural leaders, traditionists and family heads in the persistence of female circumcision.

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.....

6 What reasons have specifically failed the NGOs to address the persistent practice of female circumcision?

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.....

7. Examine the reasons that have failed the civic government of Kenya to stop female circumcision.

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.....

8. What do you think the central government should do to curb out female circumcision?

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.....

9 In what ways can the local people, Cultural leaders traditionists, NGOs civic government and central government work hand in hand to stop F.C/E.G.M.

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.....
.....

10. What is your personal contribution to fight against or support the practice?

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.....
.....

5.5.3. Appendix C

Questionnaire for Medical personnel's

I am a student of Kampala international university pursuing a degree of Bachelor of Education carrying out a study on the "Analysis of the factors responsible for persistence of female circumcision in Kipsaina division of Trans Nzoia district of Kenya.

You are humbly requested to answer this questionnaire. The results are purposely for academic gains and they will be confidentially treated.

Instruction: be brief and clear

Identify you're a) Gender.....?

b) Age.....?

c) Marital status.....?

d) Occupation.....?

e) Tribe.....?

f) Working experience.....?

2. What is female circumcision?.....
.....

3 a) Do you support the practice?

Yes

☐

No

☐

b) Give reason for your answer

.....
.....

4. How many cases of female circumcision do you handle per month?

.....
.....

1. Does it appear through out the year?.....

If not when.....

.....

b) What type of circumcision is practice in your areas.....

.....

6 A part from Medication, how else do you handle the victims?

.....

.....

7. Are there special kinds of drugs for treating FGM complications?

.....

.....

8. Do you try to talk to the parents and relatives of F.G.M Victims against the Practice?

.....

.....

9 What are their reactions? Are they against or support the practices?

.....

.....

10. What have cultural leaders, traditionists, family leaders persisted with female circumcision?

.....

.....

11. What has failed the NGOs to fight against F.C/F.G.M?

.....

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12. What factors have failed the civic government of Kenya to fight against F.C/F.G.M.?

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