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Role of African Inland Church in the Fight Against the Practice of Female Genital Mutilation in Marakwet East, Elgeyo Marakwet County

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Abstract

Despite numerous efforts by the government, church, and non-governmental organizations, female genital mutilation (FGM) persists in Elgeyo Marakwet County, particularly in Marakwet East. This study examined the impact of the African Inland Church (AIC) in combating FGM in Endo Ward, Marakwet East Sub-County. The objectives were to identify the socio-religious factors sustaining FGM, establish AIC's theological perspectives on the practice, assess the actions taken by the church to curb it, and explore challenges faced in the process. A descriptive research design was adopted, and data were collected from 100 respondents selected through stratified random and purposive sampling, guided by Yamane's (1967) formula. Both descriptive and regression analyses were employed to interpret the data. The findings revealed that the AIC has played a central role in reducing FGM prevalence through its strong theological stance and community-based outreach. The church discourages FGM as incompatible with Christian doctrine and promotes women's dignity through education and alternative rites of passage (ARP). Through prayer rallies, village evangelism, and biblical teaching, AIC leaders have fostered awareness and behavioral change among community members. However, the church continues to face challenges such as deep-rooted cultural beliefs, limited resources, and resistance from traditionalists. The study concludes that AIC has established an effective anti-FGM framework that integrates theological teachings with community advocacy. To strengthen this impact, collaboration between the church, government, and civil society is essential. Practical implications include the need for sustained education campaigns targeting parents and youth, recognition of FGM as gender-based violence, and development of policies reinforcing community-level interventions. The findings can inform stakeholders and policymakers seeking to eradicate FGM in Marakwet East and other regions of Kenya.

Keywords: *African Inland Church, Female Genital Mutilation, Church, Circumcision, and Female*

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1. Introduction

Many Kenyan tribes still engage in the deeply ingrained cultural practice of female genital mutilation, or FGM. But among the Marakwet who live in Elgeyo Marakwet County, it is prevalent. Because of its connection to social acceptance and cultural identity, FGM continues to occur despite national and international efforts to ban and eradicate the practice. FGM has serious health repercussions, including infections, persistent pain, problems during childbirth, and psychological trauma, according to the World Health Organization (WHO), which also considers it a violation of human rights (WHO, 2022).

One of the numerous customs practiced in many nations across the world is female genital mutilation, or FGM. People are expected to take part in this rite of passage. Not all African nations engage in it, despite its prevalence in African cultures (Karaman, 2021). Anyone who does not participate in the rite is frequently viewed as culturally inappropriate in places where FGM is practiced. This study focused on female genital mutilation, although there are other rites of passage. Excision (removing all or part of the labia genitalia), clitoridectomy (removing all or part of the clitoris), and infibulation (cutting the labia majora to create a raw surface that is stitched or held together to form a cover over the virginal) are the three procedures that are suggested to be involved by studies (Skinner, 2019).

Various actors in African countries such as Nigeria, Egypt, and Senegal are working across levels, including national decision makers, international organizations, and local activists, to curb FGM within the framework of equality and human rights (Bazi, 2017). Although local activists may use different approaches, there are often problems associated with their communication with the societies that practice it due to factors such as class and education differentials. The question is whether the FGM practice needs to be seen as a controversy between “African women” and “Western feminists” (Moore, 2007).

The Prohibition of Female Genital Mutilation Act of 2011 is one of the major legal measures the Kenyan government has taken to combat FGM. Furthermore, a number of community-based groups, international organizations like the United Nations Population Fund (UNFPA), and non-governmental organizations (NGOs) have started initiatives to provide alternative rites of passage and raise awareness. However, laws by themselves have not been enough to end FGM, particularly in Marakwet East, where patriarchal and traditional behaviors, cultural values, and social norms are highly valued.

Many studies have identified marriageability as one of the primary drivers of FGM (Ahmadu, 2017). In many FGM-practicing communities, the practice is seen as a means of preparing girls for marriage in addition to increasing their chances of getting married. Among the Marakwet, the practice has long been regarded as a part of the people's cultural practices, and historically, women who had not undergone circumcision were excluded from participating in most community ceremonies. Men were also more likely to marry women who had undergone circumcision, and the occasion was marked by several colorful traditional activities that made the time frame highly desirable, making attempts to stop the practice more difficult (Vestbostad & Blystad, 2014).

Because FGM is still prevalent in Marakwet East, a multipronged strategy involving community-based projects, healthcare interventions, and law enforcement is required. In this strategy, religious organizations such as the AIC are essential because they use their moral authority and community trust to bring about change. In addition to examining the wider

ramifications of religious involvement in tackling harmful traditional behaviors, this study looked at how well the AIC's initiatives worked to combat FGM.

1.1 Problem statement

FGM is a religious and cultural practice that has existed in Elgeyo Marakwet County for ages. It is still a major public health and human rights issue in Kenya, especially in the county's more isolated and culturally conservative areas. FGM continues in many communities because of deeply ingrained cultural traditions, gender norms, and social pressure, even in the face of national legislation that forbids the practice, such as the Prohibition of Female Genital Mutilation Act of 2011, and extensive awareness campaigns organized by governmental and non-governmental organizations' is still incredibly common in Marakwet East; in certain places, rates among teenage females are as high as 55%. This persistent occurrence draws attention to a significant discrepancy between legal frameworks and actual conditions on the ground. Punitive laws do exist, but they are frequently not enforced because of the absence of protective infrastructure for girls escaping FGM, the secrecy surrounding the practice, and fear of community retaliation. AIC's recent initiatives, including the opening of a rescue facility in Chorwa for girls at risk of female genital mutilation, demonstrate the rising understanding of the church's capacity to make a significant contribution to social change. However, there is a dearth of empirical studies assessing the true effectiveness of the AIC's FGM prevention initiatives in this particular environment. To combat the practice of FGM in Marakwet East, this study aimed to investigate the function and efficacy of the African Inland Church. By investigating how faith-based organizations impacted behavioral change in highly traditional contexts through advocacy, community involvement, and spiritual leadership, it sought to close a gap in the body of current research. Designing comprehensive, culturally aware plans to end FGM required an understanding of the achievements, drawbacks, and opinions of the community on such interventions.

1.2 Research Objectives

a. Investigate the African socio-religious factors behind the practice of FGM in Marakwet East, Elgeyo Marakwet County.
b. Establish theological views of AIC on FGM Marakwet East, Elgeyo Marakwet County.
c. Determine the activities carried out by AIC to fight against FGM in Marakwet East, Elgeyo Marakwet County.
d. Discuss the challenges facing and AIC in the fight against FGM in Marakwet East, Elgeyo Marakwet County.

2. Literature Review

2.1 The African Socio-Religious Factors Underlying FGM

Several studies have demonstrated that FGM is predominantly practiced in Africa and the Middle East, and it mainly involves young girls (Andrao, Lesclingand, Grieve & Reeve, 2016; Laleh, Roshanasei & Mehran, 2022). In most of the study findings, it is revealed that FGM is done to satisfy religious obligations in both Christian and Islamic injunctions/teachings, as a rite of passage to womanhood and to prevent promiscuity (Awolala & Ilupeju, 2005; Awusi, 2009; Ameyaw, Tetteh, Arma-Ansah, Aduol-Adjei & Sena-Iddrisu, 2020; Grose, Hayford, Cheong, Garver, Kandala & Yount, 2019). Further, literature suggests that communities that

practice FGM cite family honour and increasing sexual pleasure of husbands as fuelling factors (Shcham, Godlonton & Thornton, 2014). These reasons are debatable; for instance, sexual urge is not impaired by the removal of the clitoris, and circumcised females are no less promiscuous than others. Some indigenous Africans believe that circumcised girls might have control over their sexual desires after maturity, and it protects them from sins and faults, while a great number of Africans also believe that women, who have not undergone circumcision in their childhood, face multiple physical problems at birth (La Barbera, 2010).

2.2 Theological Views of the Church and the Fight against FGM

There is a dearth of literature on Christian perspectives on FGM. All Christian leaders concur that there is no foundation for FGM in the scriptures. Christian (Coptic) leaders in attendance at the 2006 Conference of the East Africa Program stressed that "Christian doctrine is clear on the sanctity of the human body" (Rono, 2017). However, as was previously indicated, FGM is performed by Christian communities in Tanzania, Kenya, Nigeria, and Egypt. Since female sexual purity is significant in many monotheistic religions, including Christianity, many people who engage in FGM may view it as a religious duty even though it has no legal basis (Blaydes & Platas, 2020).

FGM is a religious practice that unites the individual and the society in a kind of communion, claims Yount (2004). Cutting the sex organ, which is seen as a sign of life, is like opening the problems in one's life, allowing life to flow naturally. The blood that flows from circumcision represents a connection that ties the individual to the surviving members of the community as well as to their ancestors. It represents the process of passing away, reincarnating with blessings from the other realm, and dwelling in the spirit world. The act of re-joining their families, or rebirth, highlights their fresh personalities.

Santos (2017) suggests a three-fold process, which includes: compassionate connecting, creative conscientizing, and collaborative capacitating to promote the flourishing of all (including the marginalized groups such as women). Policy, advocacy, and resistance that the flourishing of the marginalized and excluded should ensure that their voices are heard, their rights acknowledged, and that they can share cultural, religious, and social spaces with equality, freedom, and dignity (Santos, 2017). When the stories of women and the marginalized move from margins to the centre, they become empowered and their power restored (Bowers-Du, 2016). Even though women on the margins have been robbed and deprived of a decent life, they exhibit great resilience in trying to survive and move beyond victimization. Most of them are even able to smile through their pain and suffering (Santos, 2017).

2.3 Activities/Programs Carried out by the Churches to Fight against FGM

Women's experience is one of the vital interpretive categories in both feminist theory and feminist theology. This is why Hogan (1995:17) asserts that, "(When we put) women's experience at the centre of feminist thoughts, we will begin to transform our epistemology by placing questions of what constitutes knowledge, how it is produced and who produces it". But this does not mean the feminist theory is reduced to women's experience. Rather, "Feminist theology operates, at the most basic level, as a theology born out of women's experience of oppression under patriarchy and out of engaged action for change" (Hogan, 1995, p. 16). Nevertheless, FGM affects the flourishing of women and their experiences that relate to theology way. Therefore, this study attempted to address FGM as it fits into the gender, health, and theology intersection.

Christian missionaries who came to Africa as early as the 19th century condemned Female Genital Mutilation a superstitious and barbaric African custom that should be eradicated immediately. Male converts in some churches were forced to sign an agreement that they would not circumcise their daughters, or else they would face excommunication. Since this approach did not consider the cultural and social values of this practice, it bore little fruit. Daughters of such Christians had to face ridicule and derision from their communities for failing to undergo the rite that culturally defined them as women. Teresa Hinga, an African theologian, explains that "many uncircumcised Protestant girls could not withstand the psychological torture, abuse, and social ostracization that was poured upon them; hence, they were secretly circumcised anyway (Hinga, 1992).

Despite strong informal (and predominantly Western) opposition to the practice, Female Genital Mutilation is still practiced among Christians across Africa and other countries of the world (Yoder, Abderrahim, & Zhuzuni 2004).

2.4 The Challenges Facing AIC and Catholic Churches in the Fight against FGM

One of the challenges facing the eradication of FGM and child marriages in Ethiopia is the prevalence of the knowledge-practice gap. Most people are not aware of the harmful effects of FGM and child marriages; as a result, they condemn the practice in public but continue the practice in private. Compelling messages have not fully changed the behaviours of people (Mwendwa, Mutea, Kaimuri, De Brún, & Kroll, 2020). Workshop attendants usually promise to change their practices, but do not act accordingly when they return to their communities.

Research indicates that the promoters of FGM are women and male female circumcisers. As observed by Ibrahim (2014), high levels of illiteracy among women contribute to the sustenance of the practice. In many communities, older women who have themselves been mutilated often become gatekeepers of the practice, as they view it as being essential for their identity as women and girls. This is probably one reason why older women are more likely to support the practice and tend to see efforts to combat the practice as an attack on their identity and culture. However, literate women may culturally force their daughters to undergo the cut. Low levels of knowledge about its negative effects also contribute to its persistence.

2.5 Theoretical Review

In examining the role of the African Inland Church in the fight against the practice of FGM, this study used the Rational Choice Theory as proposed by Philosopher Adam Smith in 1776 (Kelle & Lüdemann, 2019). The theory states that individuals use rational calculations to make rational choices and achieve outcomes that are aligned with their own personal objectives. The proponents of RCT argue that it provides informative explanations of observed choices and claim that "[no] alternative approach [has comparable] explanatory power" (Herfeld, 2020).

Using Rational Choice Theory is expected to result in outcomes that provide people with the greatest benefit and satisfaction, given the limited options they have available. Rational choice theory (RCT) is an approach that seeks to explain human affairs by making certain simplifying assumptions about what motivates individual action (Driscoll & Krook, 2012). The assumption is that individuals have preferences toward things in the world (preferring apples to oranges or being altruistic to being selfish) and that they act way, that is, they act as though they are trying to get most of the things they prefer. Based on several simple assumptions, rational choice attempts to explain human behaviour in terms of people's tastes (preferences), beliefs

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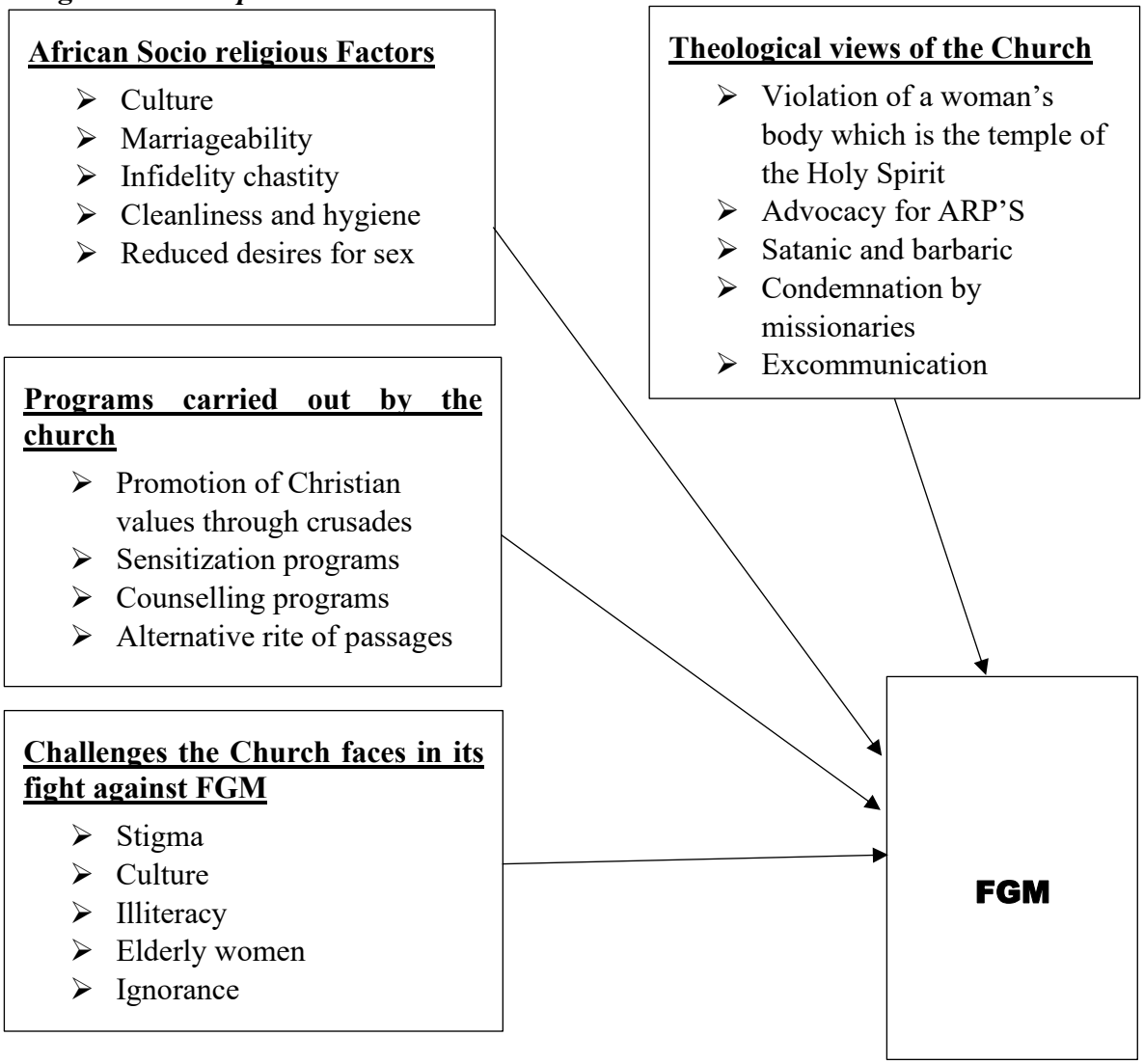
(expectations of the success of different actions), and constraints upon their choice, including the choices made by other people. The Rational Choice Theory was used because it helped to explain the choices made by individuals following a campaign by the AIC to eradicate FGM in the study area. Many scholars have argued that evaluations of interventions assess their impact on important outcomes, including knowledge, beliefs, attitudes, and behaviours concerning FGM, and that behaviour change is needed to establish how interventions work (Ray, Baker, & Caudy, 2020).

2.6 Conceptual Framework

The conceptual framework indicates the interactions between the independent variables: African socio-religious factors underlying FGM, the Theological views of AIC on FGM, activities carried out by AIC church in the fight against FGM, and challenges the church faces in its fight against FGM.

Figure 1: ***Conceptual Framework***



3. Methodology

A descriptive research design was used to obtain information from the various respondents representing different sectors. This allowed the researcher to look at the characteristics and the practices of the community under study. Since the study was conducted in a community with several subgroups, the study used cross-sectional data collection methods. These allowed description and comparison during the analysis of the data. The approach to data collection for a descriptive study was a survey, a method that uses questionnaires to elicit information from subjects (respondents). The research used both quantitative and qualitative research methods. To do an analysis, the variables were quantified; this means measuring giving values and scales. The study was conducted in Endo Ward, Marakwet East Sub-County, one of four constituencies of Elgeyo-Marakwet County. The sampling frame comprised all individuals (both male and female) within Endo Ward in Marakwet East Sub-County. Thus, the target populations were residents (men and women), church leaders, community leaders, and Ministry of Interior officials, including Assistant County Commissioners, Chiefs, and Assistant Chiefs, estimated to be 21,619 (Kenya National Bureau of Statistics, KNBS, 2019). The study adopted two sampling techniques – purposive and stratified random sampling. A purposive sampling technique was used to select Endo Ward from the list of four in the entire Sub-County. Purposive sampling was used to select a smaller number of respondents, including Ministry of Interior officers and NGOs. Participants such as community members and Church members were selected using a stratified random sampling technique. All members of the target population were divided into smaller groups based on their characteristics, for example, residents, the church, and government officials. The study analysed the data collected using descriptive and regression analysis. Both quantitative and qualitative approaches were used for data analysis. Quantitative data from the questionnaire were coded and analysed using the Statistical Package for Social Sciences (SPSS). The study kept the identity of all participants confidential or anonymous

4. Results and Discussion

During data collection, the researcher administered 100 questionnaires. After the respondents filled the questionnaires, only 88 questionnaires were returned whereby 12 were not filled out; hence, the researcher discarded them. The study's overall response rate was 88%. It is worth mentioning that this high response rate for the study was attributed to the clarity and simplicity in the design of the questionnaire, whose language was easily comprehended by ordinary Kenyans who served as respondents, the briefing offered to respondents on the content of the questionnaire, and finally the purpose of the survey.

4.1 The African Socio-Religious Factors behind the Practice of FGM

The findings indicated that about 41% of the respondents believed that there existed a higher likelihood of FGM being influenced by the local cultural beliefs. However, 35% noted that it was not usually true to say cultural beliefs influence FGM, with 11% indicating rarely true and 13% favoured occasionally true. This suggests that cultural beliefs are still a factor in the FGM debate as they impact the practice of FGM among the communities in Marakwet East Sub-County.

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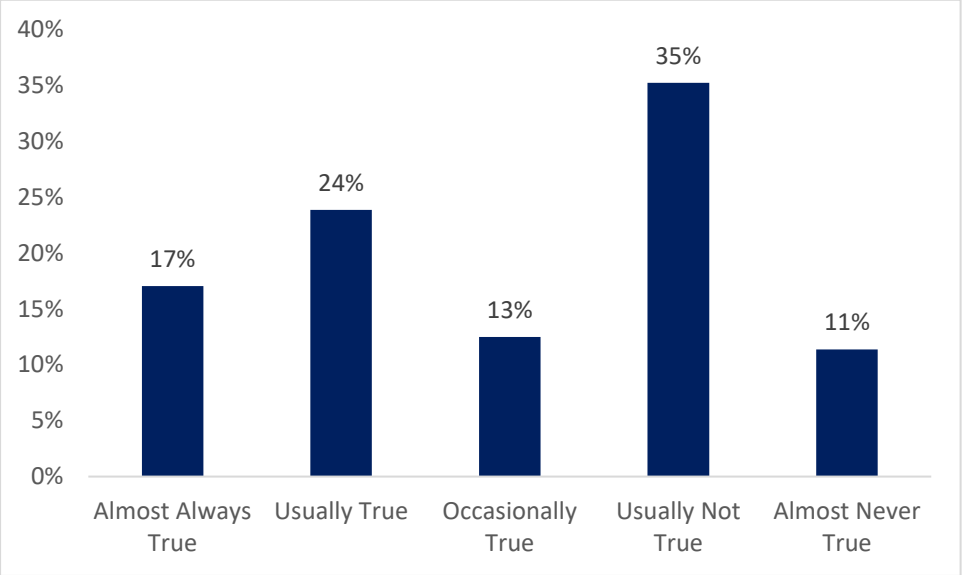
Figure 2: The likelihood that cultural beliefs are likely to influence FGM



Although the majority of the respondents had joined or were members of the AIC, their African beliefs influenced them in the practice of FGM.

A respondent in an interview noted that:

> I am a member of AIC, but some in our community still practice it. Personally, I see anti-FGM as against our African religious beliefs (K1, March 29, 2024).

4.2 Christian Theological Views of AIC on FGM in Marakwet East

The study findings based on AIC's theological views demonstrated a strong opposition towards FGM. The majority, at 56% of the respondents, believed that AIC has always cited biblical teachings in its advocacy against FGM in the region. However, one-third of the respondents didn't think that AIC had done enough, especially from the teachings on its advocacy efforts to fight FGM. Moreover, 15% of the respondents could neither agree nor disagree, and this implied that they did not want to show their agreement level, or they were not aware of what AIC's teachings on FGM were.

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Table 1: Christian Theological Views of AIC on FGM

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
AIC has always advocated for the rights of the girl child in this area	13%	20%	11%	34%	22%
The church has always organized sustained prayer groups in almost every village	24%	15%	18%	29%	22%
We believe that FGM has no origin or foundation in the religious doctrines	12%	9%	15%	20%	44%

Several respondents mentioned that they had attended prayer rallies, but FGM was hardly mentioned. In fact, they noted that although AIC didn't engage them directly, they prayed and cited biblical messages to discourage community members from participating in or protecting people who practiced FGM. A key informant noted that:

> *I have attended two prayer sessions and despite the church praying for peace in the community, they read summons discouraging any unethical behaviours that violate God's teachings. Yes… I believe one of the best ways to reach this community so that they do away with outdated cultures like FGM is through the gospel messages* (K1, March 27, 2024).

Given the views of the respondents, the majority agreed that sustained prayer groups were an underutilized strategy that AIC could use to eradicate FGM. Moreover, the majority of the respondents were aware that the church did not support FGM, and in this regard, they discouraged its members from taking part in it.

4.3 The Activities Carried out by AIC to Fight against FGM in Marakwet East

As a Christian fellowship guided by biblical doctrines, AIC has played a significant role in improving the lives of girls in the region. The majority, at 57% of the respondents, believed that there were several programs initiated by AIC to create awareness that have increased people's knowledge of the need to eradicate FGM in the region. However, 30% of the respondents didn't think AIC had initiated any girl child awareness programs. Moreover, 13% of the respondents could neither agree nor disagree. This meant that AIC has made efforts in its fight against FGM through sensitization programs.

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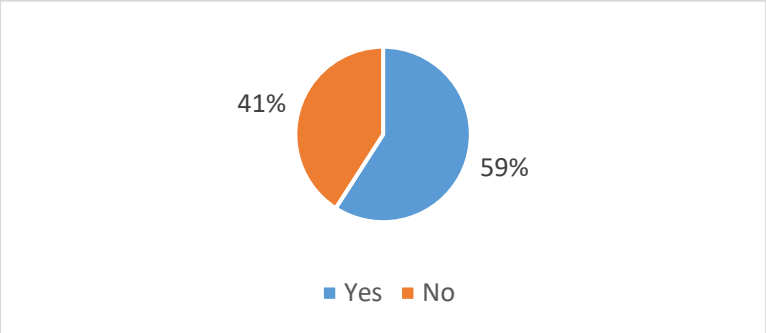
Table 2: Activities carried out by AIC to fight against FGM

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
AIC has initiated several girl child awareness programs in this region on FGM	16%	14%	13%	24%	33%
AIC has specific tailor-made programs for elders	39%	22%	9%	18%	12%
The church has always targeted community secrecy, allowing FGM to continue	19%	20%	17%	33%	11%

4.4 The Challenges Facing AIC in the Fight against FGM in Marakwet East

The findings revealed that nearly 60% of the respondents believed that AIC is progressing very well in its quest to eradicate FGM in Marakwet East Sub-County, a region that has always captured headlines in regards to FGM issues. Nonetheless, 41% of the respondents indicated that although AIC is trying to eradicate FGM, it has not been successful, as there are still cases reported in some parts of the communities. This meant there was evidence of AIC's efforts on FGM despite their resistance.

Figure 3: The church has successfully managed to eradicate FGM in this region



Most of the respondents believed that AIC had encountered some resistance from the local community while trying to create awareness on the need to do away with FGM. However, some (33%) of the respondents indicated the church freely discussed the FGM issues with the community, especially on how to stop it completely; therefore, AIC did not face any resistance from the community members. This meant that there are some parts of the community where AIC could conduct its anti-FGM activities without resistance.

4.5 Summary of the Findings

The findings revealed that although the cultural belief system is slowly diminishing, it still strongly influences the practice of FGM. A majority of 58% of the respondents noted that the community conducted traditional ceremonies before FGM. This emphasizes community values and instills fear among the young girls, thus indirectly coercing them into obedience. One of the cultural aspects that perpetuates FGM is the marriage system, especially for those who

prefer a customary wedding over a modern wedding. There are also traditional events meant for the circumcised persons, and these are only passed on during the traditional ceremonies.

The study found that it is important for the church to engage in theological discussions with religious leaders and emphasize teachings and values of respect and protection of bodily integrity. Most of the respondents acknowledged that the church has always advocated for the rights of the girl child in Marakwet East, Elgeyo Marakwet County. The people in this region noted that they attended several AIC-led prayer rallies where they got the biblical teachings, besides the calls to end FGM. The study established that pastors and other church leaders visited villages to deliver Christian teachings. One respondent noted that what she had learnt about Christ is the source of courage, which helped her to face community challenges, going against the community values.

The study established that AIC has developed tailor-made programs that seek to end FGM in Marakwet East, Elgeyo Marakwet County. For example, about 57% of the respondents confirmed that AIC had initiated several awareness programs within the community that enhanced knowledge among girls, making them accept being anti-FGM advocates. To succeed in the fight against FGM, AIC had targeted community secrecy that had encouraged the practice. The findings implied that the church is trying to partner with the community so that they own the anti-FGM initiatives. When those who conduct FGM lead the initiatives or campaigns, there is a likelihood of successfully ending FGM.

Although AIC is facing numerous challenges, it is slowly succeeding in reducing the practice of FGM in Marakwet East. Nearly 60% of the respondents believed that there was good progress made in the efforts by AIC to end FGM. However, in the recent past, the church had encountered resistance from the community members, especially those trying to protect the practice. Moreover, most of the respondents in the study area believed that girls tended to be non-responsive to invitations by AIC to attend and participate in anti-FGM prayer forums. This complicates the church's efforts not only to reduce the practice but also to end it completely and ensure the community is a zero FGM zone.

5. Conclusion

One of the objectives the study sought to address is the African socio-religious factors behind the practice of FGM in Marakwet East, Sub-County in Elgeyo Marakwet County. While a significant number of community members acknowledged being Christians, there were some cultural aspects they still practiced; hence, which encouraged FGM. These hidden cultural beliefs complicate the fight against FGM. There are traditional ceremonies done days before the practice of FGM, and they coerce girls into believing in the community's value systems.

Further, the study sought to establish the Christian theological views of the AIC on FGM. The findings indicated that the church has developed an anti-FGM framework that seeks to enhance the rights of the girl child. This is integrated in its biblical sermons conducted not only on Sundays but anytime they have any FGM events. In order to successfully win the trust of the community, AIC has developed tailor-made programs that target specific systems in the community by seeking information on the secrets of the community. While FGM in Kenya is illegal /banned, these study findings revealed that it was still carried out secretly in some parts of Marakwet East. The study suggests that AIC could play a crucial role in creating awareness about the practice and targeting girls to ensure the community adheres to Christian values.

Lastly, the study concludes that although AIC has succeeded in addressing FGM issues, it has experienced some challenges that hinder its campaigns. For example, most respondents indicated resistance from the community members, and some girls declined invitations by the church to attend educational programs. Moreover, hidden patriarchal rules prevented the church from accessing some information that could help it fight FGM fully in the region.

6. Recommendations

Some community members are not aware of AIC's made-to-order programs for the elders who still promote FGM. Therefore, there is still a need for AIC to expand its targeted programs by undertaking resource mobilization to allow them to reach every part of the community.

About 41% of the respondents didn't think the church had succeeded in eradicating FGM. Hence, AIC needs to sustain its campaigns on FGM to ensure the community members feel their efforts.

This study was limited to the role of AIC in Marakwet East to FGM. Future studies could be conducted on other churches to offer a comparative analysis. Also, further studies could be done to examine the perception of young girls of church programs geared towards FGM eradication.

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