RELATIONSHIP BETWEEN CHURCH BASED CULTURAL PROGRAMMES AND MALE INITIATES' ATTITUDE TOWARDS RESPONSIBLE ADULTHOOD IN MERU COUNTY, KENYA

John Mwithalii Kamoyo

Chuka University, P.O. Box 109-60400 Chuka, Kenya

Email: johnmwithalii@yahoo.com

Abstract

The study focused on the relationship between church based cultural programmes and male initiates' attitude towards responsible adulthood in Meru County, Kenya. The study used descriptive survey research design. Purposive and simple random sampling techniques were used to select a sample size of 280 respondents comprising of 250 male initiates, 25 day care parents and 5 circumcision program organizers from a population of 796 respondents. Data was collected using Questionnaires and interview schedules. Chi-Square test statistics were used to analyze quantitative data by use of SPSS version 23.0 while qualitative data from open ended question items in the questionnaires as well as responses from the interviews were thematically analyzed. The study established existence of statistically significant relationship between the church based circumcision cultural programme and male initiates' attitude towards responsible adulthood. There is the need for text books to supplement and solidify information disseminated through lectures during the church based circumcision cultural programme. Government to supplement church effort by subsidizing on the fee paid by the initiate in order to attract more initiate to the programme which is deemed beneficial to the initiate and the society in general.

Keywords: Church based cultural programmes, Male initiates, Responsible adulthood, Attitude.

1. Introduction

Globally, 30% of men are circumcised, mostly for religious reasons (Wilken ,Keil & Dick,2010). In many African societies, and among certain ethnic groups in other geographical regions, male circumcision is carried out for cultural reasons, particularly as an initiation ritual and a rite of passage into manhood, although originally it may have been a test of bravery and endurance (WHO, 2007). Circumcision is also associated with factors such as masculinity, social cohesion with boys of the same age who became circumcised at the same time. The procedure referred to as traditional male circumcision is usually performed in a non-clinical setting by a traditional provider with no formal medical training. The culture of any society was passed on to the next generation through songs, dance, rituals and ceremonies including circumcision tradition in which secrets of the community were revealed to the initiates (Mbachi & Likoko, 2013). Traditionally, boys were circumcised at puberty as a rite of passage from childhood to adulthood and it was a taboo for a man from a circumcising community to remain uncircumcised for whatever reasons (Wambura, Mwanga, Mosha, Mshana, Mosha, & Changalucha, 2009). This probably ensured that every man in the community was abreast with the cultural practices and secrets which were mainly disclosed under an oath of confidentiality. The oath of secrecy ensured the distinction between the traditionally circumcised and medically circumcised men since the information was not to be divulged to women, uncircumcised as well as the medically circumcised (WHO, 2009b). This also makes research into cultural traditions and education transmitted during traditional male circumcision difficult.

In medical circumcision, the cultural issues may not be addressed. However, the church based cultural programmes tend to divulge cultural knowledge to the initiates with emphasis placed on the positive aspects of the culture. Cultural circumcision practices such as bullying, gender related violence and sexual experience during wound healing as evidence of becoming a man are discouraged (Mbachi&Likoko, 2013). Similarly, most African cultures expected initiates to sleep in their own houses away from the parent's home after being circumcised; a practice that may prove expensive for some families and impractical for others (Bailey & Egesah, 2006).

Positive cultural practices such as respect for the elderly, sexual responsibility, respect for women, providing for the family as well as taking charge during community activities like conflict resolution, funerals and weddings are propagated by the church based cultural programmes (Mbachi & Likoko, 2013). Virtues like helping the needy, taking care of aging parents and relatives and assisting the sick and vulnerable both in the family and community are emphasized (Twege, Campbell & Freeman, 2012). Generally, responsible fatherhood and masculine responsibilities in society are taught with the aim of developing positive attitudes towards responsible manhood among the initiates.

2. Research Hypothesis

Hypothesis tested at Significance Level α =0.05

H₀3: There is no statistically significant relationship between church based cultural programmes and male initiates' attitude towards responsible adulthood in Meru County, Kenya.

3. Methodology

This study adapted a descriptive survey research design which entails collecting data in order to test hypotheses or to answer questions concerning the current status of the subjects in the study (Mugenda & Mugenda, 1999). The descriptive survey research design was appropriate for this study because possible behaviour, attitudes, values and characters of the male initiates were determined and reported without manipulating any of the study variables. This study was carried out in Meru County in Kenya and focused on church based circumcision programmes within the County. The study targeted all the male initiates, day parents and programme organizers in church based circumcision programmes within Meru County. Simple random sampling and purposive sampling techniques were used to obtain a sample size of 280 study participants from a population of 796 respondents. Questionnaires and interview guides were employed for collection of the desired data. Validity of the research instruments was ensured through opinions and professional judgement of research experts while reliability of the instruments was improved through a pilot study conducted in Tharaka Nithi County in Kenya. Chronbach Coefficient Alpha was used to determine the internal consistency of the question items and this yielded a reliability coefficient of 0.867 which was considered appropriate for the study. Chi-Square test statistics were used to analyze the collected data.

4. Results of the Study

The study was set to test whether there was a relationship between church based cultural programmes and male initiates' attitude towards responsible adulthood in Meru County, Kenya. Analyzed data generated the following results.

4.1 Demographic Characteristics of the respondents

The male initiates were required to indicate their age in years and the findings are presented in Table 1.

Table 1: Age of the Male Initiates in Years

Age	Frequency	Percentage	
Twelve Years	12	5.1	
Thirteen Years	104	44.1	
Fourteen Years	67	28.4	
Fifteen Years	36	15.3	
Sixteen ears	9	3.8	
Seventeen Years	4	1.7	
Eighteen Years	4	1.7	
Total	236	100.0	

It can be noted from Table 1 that most male initiates comprising 44.1% were thirteen years of age. This is the age at which many young men in Meru County in Kenya undergo circumcision. The youngest among the initiates comprising 5.1% were twelve years old while the oldest who made up 1.7%, were eighteen years of age.

The study further sought information about the education level of the male initiates. The level of education of the male initiates is presented in Table 2.

Table 2: Level of Education of the Respondents

Level of Education of	the	
Respondent	Frequency	Percentage
Standard Seven	12	5.1
Standard Eight	174	73.7
Form One	41	17.4
Form Two	8	3.4
Form Three	1	.4
Total	236	100.0

It is clear from Table 2 that majority of the male initiates had attained standard eight level of education. This is the education level at which primary school learners in Kenya graduate to secondary school level of education. There is a societal expectation among the Ameru community that boys undergo initiation into manhood after the primary school level of education.

4.2 Church Based Circumcision Cultural Programmes and Attitude towards Responsible Adulthood

The male initiates were required to indicate the extent of agreement or disagreement with given statements about the relationship between church based circumcision cultural programme and male initiates' attitude towards responsible adulthood on a five level likert scale: Strongly Disagree (SD), Disagree (D), Undecided (U), Agree (A) and Strongly Agree (SA). To determine whether there was a statistically significant relationship between the church based circumcision cultural programme and male initiates' attitude towards responsible adulthood, a Chi-Square Test Statistic was conducted.

Male Initiates

Table 3: Male Initiates' Opinions on Church Based Circumcision cultural Programmes and Attitude towards Responsible Adulthood Chi-Square Test Results

Circumcision Cultural Programme Statements	Chi-Square	Df	Asymp. Sig.	
Through the cultural programme am able to				
understand the culture of our people	387.593 ^a	5	.000	
The cultural programme has assisted me to avoid				
the negative cultural practices	342.102^{b}	3	.000	
Through the cultural programme am able to				
protect the positive culture of our people	481.407 ^a	5	.000	
Through the cultural programme am able to				
appropriately interact with elders in the society	423.915 ^c	4	.000	
Through the cultural programme am able to				
respect the culture of our people	522.085 ^a	5	.000	
The cultural programme has assisted me to				
appreciate different cultures and their practices	508.669 ^d	6	.000	
The cultural programme has assisted me to				
understand the role of a man in family and				
society	421.254 ^b	3	.000	
Through the cultural programme am able to				
appreciate the modern education and ways of life	407.220 ^b	3	.000	

Information in Table 3 shows the values of Chi Square, the degrees of freedom and the significance levels of positive statements on the influence of church based circumcision cultural programme on male initiates' attitude towards responsible adulthood in Meru County in Kenya. As indicated in Table 3, the P-Values were .000 for all the given statements. Since the Chi Square Test statistic was tested at $\alpha = 0.05$ significance level, the P-Value < 0.05 indicated a rejection of the null hypothesis. This implied that there was a statistically significant relationship between the church based circumcision cultural programme and male initiates' attitude towards responsible adulthood. More information was sought from the day parents and the analyzed results are presented in Table 4

Day Parents

Table 4: Day Parents' Opinions on Church Based Circumcision Cultural Programmes and Attitude towards Responsible Adulthood Chi-Square Test Results

Circumcision Cultural Programme Statements	Chi-Square	df	Asymp. Sig.	
Through the cultural programme initiates appreciate the				
culture of their people	.067 ^a	1	.796	
The cultural programme enables initiates to avoid				
negative cultural practices	8.400^{b}	2	.015	
Through the cultural programme initiates are eager to				
protect the positive culture of their people	8.200^{c}	3	.042	
Through the cultural programme initiates are able to				
interact appropriately with elders in the society	6.067 ^c	3	.108	
Through the cultural programme initiates express respect				
for the culture of their people	5.200^{b}	2	.074	
The cultural programme enables initiates to appreciate				
different cultures and their practices	5.200^{b}	2	.074	
The cultural programme enables initiates to practice				
simple roles of men in family and society	5.200^{b}	2	.074	
Throuth the cultural programme initiates appreciate the				
modern education and ways of life	8.400^{b}	2	.015	

As indicated in Table 4, the P-Values ranged between .015 and .0796. Since the Chi Square Test statistic was tested at $\alpha=0.05$ level of significance, all the statements yielded P-Values that were more than .05 implying that there was a statistically insignificant relationship between the church based circumcision cultural programmes and male initiates', appreciating the culture of their people, able to interact appropriately with elders in the society , expressed respect for the culture of their people, able to practice simple roles of men in family and society.

During interview sessions, the programme organizers were required to state some of the issues addressed in the church based circumcision cultural programmes. The responses focused on issues addressed by cultural programmes; attitudes instilled in the initiate by cultural programmes; initiate response to the cultural programmes; how cultural programmes prepare initiates for adulthood; changes related to responsible adulthood initiate are expected to make in response to cultural programmes and other areas that may be necessary to include in the cultural programmes. Regarding attitudes instilled in the initiates by the church based circumcision cultural programme, the programme organizers revealed that values of respect for the parents, helping parents, hard work, leadership skills, discouraging early marriages, sex before marriage, confidence, discouraged drug and substance and readiness to face challenges were inculcated in the initiates. The programme organizers were also probed about changes the male initiates were expected to make in response to the church based circumcision cultural programme. The responses included being role models in the community,

focusing on education goals, uphold Christian values and plough back in improving the church based circumcision cultural programme. The study further sought information on how cultural programmes prepared initiates for adulthood. The programme organizers cited issues like equipping them with knowledge about the family, good role models in the society and God fearing people. The study also enquired about other areas that needed to be included in the church based circumcision cultural programme. The programme organizers noted issues regarding family life, the role of man in the family, technology, dressing, language e.g sheng, HIV/AIDS as well as learning about other people's culture.

5. Discussion of the Findings

The church based circumcision cultural programme in Meru County Kenya assisted male initiates to develop a positive attitude towards responsible adulthood. The male initiates, through the cultural programme were able to understand their culture and at the same time helped them to avoid negative cultural practices. This is in line with Mbachi and Likoko (2013) who states that culture of any society was passed on to the next generation through songs, dance, rituals and ceremonies including circumcision tradition in which secrets of the community were revealed to the initiates. Initiates explained how the whole family was involved in circumcision, how they had said goodbye to younger children and their grandparents, and how special feasts would be prepared for them on their return to mark the change they had undergone. The study findings indicated that the church based circumcision cultural programme enabled initiates to express respect for the culture of their people, interact appropriately with elders in the society, appreciate different cultures and their practices, practice simple roles of men in family and society and appreciate the modern education and ways of life. These findings support suggestions by Mbachi and Likoko (2013) who postulate that Positive cultural practices such as respect for the elderly, sexual responsibility, respect for women, providing for the family as well as taking charge during community activities like conflict resolution, funerals and weddings are propagated by the church based cultural programmes. Similarly virtues like helping the needy, taking care of aging parents and relatives and assisting the sick and vulnerable both in the family and community were emphasized (Twenge, Campbell & Freeman, 2012).

The study findings revealed that male initiates' attitude towards protecting the positive culture of their community was enhanced through church based circumcision cultural programme. This is in line with the findings of Mbachi & Likoko (2013) who emphasized that after circumcision, initiates were expected to exhibit Positive cultural practices such as respect for the elderly, sexual responsibility, respect for women, providing for the family as well as taking charge during community activities like conflict resolution, funerals and weddings. At the same time they were expected to display virtues like helping the needy, taking care of aging parents and relatives and assisting the sick and vulnerable both in the family and community (Twenge, Campbell & Freeman, 2012). In addition, the church based circumcision cultural programmes mentored the male initiates into becoming self reliant and independent minded. This finding is in agreement with Catholic Medical Mission Board (2007) suggestion that male initiates were taught the art of self-reliance and determination by being encouraged to initiate micro income generating activities either as individuals or in partnership with

parents or friends. The male initiates in this study also indicated that they were able to choose career paths as a result of the church based cultural programme. This facilitated the values of self reliance and being independent minded since relevant career paths are fundamental to socioeconomic stability.

6. Recommendations

Based on the findings the following recommendations were made:

- i. There is need for text books to supplement and solidify information disseminated through lectures during the church based circumcision cultural programme. This will enable the male initiates to have a point of reference which may generate group discussions on matters related to responsible adulthood.
- ii. The government can empower faith based organizations in their undertaking by subsidizing fees paid by the initiates to lessen and attract more initiates into the programme.

References

- Bailey, R. C. & Egesah, O. (2006). Assessment of Clinical and Traditional Circumcision Services in Bungoma District, Kenya: Complication Rates and Operational Needs. Retrieved on 12th October 2014 from hppt://d7c.lihya.net/document/bukusu
- Catholic Medical Mission Board (2007). Male Adolescent Circumcision for HIV Prevention and As an Entry Point for Sexual and Reproductive Health: The Role of Fbos. Brakehurst Conference Centre Limuru, Kenya
- Mbachi, F. & Likoko, S. (2013). Tranditional Male Circumcision and Its Implications on the Socio-Romanic and Psychosocial Life of the Bukusu Community in Kenya. *Journal of Research on Humanities and Social Sciences*. *Vol 3: 218 224*.
- Mugenda, O. M. & Mugenda, G. A. (1999). Research methods: Quantitative and qualitative approaches, Nairobi: Acts Press.
- Twenge, J.M., Campbell, W.K., & Freeman, E.C. (2012). Generational Differences in Young Adults' Life Goals, Concern for Others, and Civic Orientation, 1966-2009. *Journal of Personality and Social Psychology*, 102(5), 1045-1062.
- Wambura, M., Mwanga, J., Mosha, J., Mshana, G., Mosha, F. & Changalucha, J. (2009). *Situational Analysis for Male Circumcision in Tanzania*. Retrieved on 30th October 2014 from http://www.malecircumcision.org
- WHO, (2007). Male Circumcision: Global Trends and Determinants of Prevalence, Safety and Acceptability. www.who.int/reproductive-health

- WHO, (2009b). *Manual for Male Circumcision under Local Anesthesia*. Retrieved on 30th October 2014 from http://www.whoint/hiv/pub/malecircumcision
- Wilcken, A.; Keil, T. & Dick, B. (2010). *Traditional Male Circumcision in Eastern and Southan Africa*. A systematic Review of Prevalence and Complications. Bulletin of World Health Organization. 88(12): 877 953