

**Is Alternative Rite of Passage the Key to
Abandonment of Female Genital Cutting?**

A case study of the Samburu of Kenya

By

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Abstract

While Female Genital Cutting (FGC) has been condemned worldwide and seen as a violation of women's right, individuals in communities that still practice the rite claim that it is an integral and respectable component of their culture. Up to date, there have been numerous NGO- and government-led grassroots programs geared towards eradication of FGC. Yet, there remains a wide gap in the literature evaluating the impact of such anti-FGC interventions (WHO, 2011). This dearth of information poses a significant threat to the project of FGC abandonment as policy-makers are unable to assess which interventions have worked and why, and which ones are failing, and why.

This study, which focuses on Female Genital Cutting among the Samburu of Kenya, seeks to begin bridging this knowledge gap by evaluating the Alternative Rite of Passage (ARP) intervention program. For close to a decade now, Amref Health Africa, an international NGO based in thirty African countries, has been implementing the Alternative Rite of Passage in the Samburu community. A key objective of this study is to conceptualize the ways in which stories and understandings of Female Genital Cutting in Samburu have changed (if at all), in light of Amref's Alternative Rite of Passage program. Using qualitative data collected through Focus Group Discussions and Key Informant in-depth interviews, this study attempts to piece together a complex puzzle that brings together history, politics, economics, customs, and beliefs. Analysis of data will reveal present community attitudes towards female circumcision and the ARP program. Furthermore, the complex role of the NGO in the battle against FGC will be addressed leading to a discussion around the suitability and sustainability of alternative rites of passage in this community.

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Acronyms

FGA – Female Genital Alteration

1FGC/M – Female Genital Cutting/Mutilation

WHO – World Health Organization

AMREF – African Medical Research Foundation

ARP – Alternative Rite of Passage

FGD – Focus Group Discussion

KDHS – Kenya Demographic and Health Survey

KII – Key Informant Interview

NGO – Non-Governmental Organization

PIT – Project Implementation Team

UN – United Nations

UNDP – United Nations Development Programme

UNFPA – United Nations Population Fund

UNICEF – United Nations Children’s Fund

USAID – United States Agency for International Development

WFP – World Food Program

WHO – World Health Organization

1. Introduction

1.1 Background on Female Genital Cutting

The World Health Organization defines Female Genital Cutting/Mutilation (FGC/M) as the “partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons” (WHO, 2011). Worldwide, 200 million girls and women have been subjected to the operation and three million girls are at risk of undergoing the practice every year. Female Genital Cutting currently occurs in 28 countries in Central Africa, East Africa, North Africa, West Africa, and the Horn of Africa; across the continent, 91 million women and girls ages ten years and above have been cut. (UNICEF, 2016)

In Kenya, the national prevalence of FGC among women between the ages of fifteen and forty-nine was 21% in 2014 (KDHS, 2014). Longitudinal data collected by the Kenya Demographic and Health Survey over the last decade indicates that national prevalence of genital cutting has been steadily decreasing. In 1998, the prevalence was approximately 38%, and dropped to 32% in 2003, 27% in 2009, and recently 21% in 2014. However, this aggregate data masks vast disparities between ethnic groups. Among the Kenyan Somali for example, the prevalence of FGC is 98%, 96% among the Kisii ethnic group, and 73% among the Maasai. Although the KDHS has not collected data on FGC among the Samburu community, the prevalence is estimated to be almost universal (UNFPA, 2009).

The age at which girls are cut vary in different FGC-practicing groups, depending on meaning attached to the rite. Among the Maasai and Samburu where cutting is a rite of passage and a prerequisite for marriage, girls are circumcised post-puberty, before marriage—usually between ages nine and fourteen. Some communities, such as the Kisii, Somali, and Borana circumcise girls when they are much younger—between the ages of six and ten—believing that

the wound will heal faster. (Population Council, 2007) The cut is typically performed by traditional circumcisers, usually elderly women who come from a maternal line of female circumcisers. Data from the 2008 KDHS indicates that the majority of Female Genital Cutting in Kenya is practiced by traditional circumcisers (78%), followed by trained midwives and nurses (20%). The majority of those performing the cut are therefore not trained medical professionals. The procedure is performed without anesthetic using crude tools such as razors, knives, or pieces of glass.

The type of cut or genital modification performed in different regions of the world typically falls into four categories defined by the World Health Organization based on the extent of the cut:

Type I	Partial or total removal of the clitoris and/or the prepuce (clitoridectomy)
Type II	Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision)
Type III	Narrowing of the vaginal orifice with creation of a covering seal by cutting and restitching the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)
Type IV	Unclassified – all other harmful procedures to the female genitalia for non-medical purposes, for example pricking, piercing, incising, scraping, and cauterization

Table 1: Types of Female Genital Mutilation as classified by the WHO

While much of the research on the short and long term health effects of Female Genital Cutting suggests that the practice is harmful to women's health, studies from observational studies and non-systematic reviews are open to interpretation. For example, there has been much

debate around whether female circumcision significantly affects women's sexual experiences, with studies from Sudan and Egypt suggesting that some circumcised women experience sexual pleasure to the point of orgasming (Gruenbaum, 2005). That being said, the physical and mental impacts of Female Genital Cutting cannot be underestimated. In a systematic review of 185 studies published between 1927 and 2011 citing evidence for physical health risks associated with FGC, researchers found that the most common complications were excessive bleeding, urine retention, and genital tissue swelling. They also found that the most valid and statistically significant associations for physical health sequelae of FGC were in urinary tract infections, bacterial vaginosis, prolonged labor, and difficult delivery. (Berg et al., 2014) In addition, a study conducted by the WHO in six African countries investigating the impact of FGC on obstetric outcomes found that women who had undergone genital cutting were significantly more likely to experience adverse obstetric outcomes than those who had not. The risks were greater with more extensive FGM. (GSN, 2006)

With regard to mental health, studies have attempted to determine the link between Female Genital Cutting and psychological problems including trauma, anxiety, flashbacks, PTSD. Berg *et al.* conducted a systematic review of the literature linking FGC and adverse health outcomes in 2010. They found that women who have been subjected to FGC have a high probability of suffering from emotional disorders such as anxiety and somatization. (Berg et al., 2010) These findings were reiterated by Behrendt and Moritz who compared the mental status of 23 circumcised and 24 uncircumcised women, and found that almost 80% of circumcised females met the criteria for mental illness, with 90% of circumcised women describing severe pain and feelings of intense fear, helplessness and horror at the time of the procedure. Additionally, more than 80% of circumcised women continued to have flashbacks post the

procedure. (Behrendt & Moritz, 2005) While in Iraq, a comparative psychological study of 79 circumcised and 30 uncircumcised girls ages between 8 and 14 found that circumcised girls showed a significantly higher prevalence of PTSD, depression disorder, anxiety disorder, and somatic disturbance than the uncircumcised girls (Kizilhan, 2011).

Indeed, Female Genital Cutting is often condemned on the grounds of the physical and psychological harm that it imposes on women and girls. Yet, for local communities in which the practice remains endemic, the psychological implications of not undergoing circumcision can be extremely grave. Females in practicing communities who refuse to be circumcised have to deal with stigma, loss of cultural identity, anxiety, and ostracism, all of which result in significant mental distress (Mulongo et al., 2014) Furthermore, in communities where female circumcision is linked to marriageability—such as the Maasai and the Samburu of Kenya—failure to undergo the rite results in exclusion from the society putting women at a social and economic disadvantage since they often depend on their husbands for economic sustenance.

The genesis of Female Genital Cutting as a traditional practice remains speculative, although it is theorized that it has been around for approximately two thousand years. One myth of origin traces the practice to the Pharaohnic era in Egypt. It is said that in order to appease the ancient Egyptian rain gods, girls would be infibulated and have their cut parts collected in a basket and thrown in the river Nile when the basket was full. Following this, the water level on the Nile would rise after a few days and feed the land. Anthropologist Amal Hadi has also written about this myth of origin but argues that this claim remains unproven because ancient Egyptian drawings only illustrate male circumcision; none reference Female Genital Cutting (Abusharaf, 2006).

Although many FGC-practicing societies cannot trace with certainty the origin of the practice, female circumcision is a complex rite imbued with different meanings in various societies of the world. In rural Sudan, Muslim believers who practice female circumcision believe that it, like male circumcision, is a religious obligation, although the Qur'an does not have any stipulations with regards to FGC. Additionally, for many communities, female circumcision is a requirement for membership in a community. Anthropologist Gruenbaum explains: "Age status, marriageability, gender identity, social status, ethnicity, and even moral quality can be socially established, strengthened, or weakened in the eyes of others by an individual's circumcision status and type of operation (Gruenbaum, 2001). For instance, among the Maasai and Samburu of Kenya, female circumcision is a rite of passage from childhood to adulthood. Women who fail to undergo the rite are thus considered children regardless of age, and therefore unfit for marriage and childbearing. While among the Gikuyu of Kenya, the clitoris was traditionally considered a 'masculine' part and therefore necessitated removal lest there be gender ambiguity. Similar conceptualizations have been observed among ancient Egyptian societies, among the Somali, the Sudanese, and the Malians, where—"excision is practiced to clearly distinguish the sex of the person. A boy is 'female' by virtue of his foreskin; a girl is 'male' by virtue of her clitoris" (Gruenbaum, 2001).

Among the Maasai and Samburu communities of Kenya, circumcision for both males and females is also a marker of strength. Ability to withstand the pain of cutting signified to the community that an initiate was worthy, bringing much pride to the initiate's family. In addition, female circumcision is also seen in various communities as a marker of honor because it is assumed to maintain virginity prior to marriage and fidelity post marriage. Gruenbaum cites research conducted by Janice Boddy in the Nile Valley of Sudan where circumcision was

explicitly linked to honor in the local view—“people saw a need for circumcision to curb and socialize their sexual desires, lest a woman should, even unwittingly, bring irreparable shame to her family through misbehavior” (Gruenbaum, 2001). In the context of Sudan, the procedure of infibulation was designed to create a barrier to intercourse prior to marriage since a girl’s genitals were cut and then sewn shut, making penetration near impossible. But even among groups that practiced less severe forms of circumcision, removal of the clitoris was believed to reduce the desire for sex thus curbing sexual promiscuity. However, Boddy found that sexual purity is often not the main reason given for why females were circumcised in Sudan. On the contrary, “women emphasized the clean, smooth, and pure body that results from circumcision as being a prerequisite and preparation for marriage and reproduction, preparing a girl’s body for womanhood and thereby conferring the right to bear children” (Gruenbaum, 2001). The notion of vaginal aesthetics through circumcision has also been documented among the Kenuz Nubians of Egypt where female circumcision is seen as cosmetic procedure for beautification of women, and enhancement of their sexuality. “Had *this* [referring to the female genitalia] been your face, would you leave it as it is?” an Egyptian Nubian pointedly asked one ethnographer, suggesting that female circumcision serves an aesthetic purpose in this community. (Abusharaf, 2006)

Female circumcision is not unique to non-Western societies. In the West, female circumcision was endorsed as late as the 1940s. Anthropologist Nnaemeka traces the place of genital cutting within medical discourse in the West, where “women and girls in Europe were circumcised to ‘cure’ female nervousness and masturbation.” In March 1886, for example, Isaac Brown published the book *On the Curability of Certain Forms of Insanity, and Hysteria in Females* that proposed that certain female illnesses could be cured if the clitoris were excised. And in 1897, Thomas Allbutt’s *A System of Gynaecology* posited: “In cases of nervous disorder

thought to be caused by enlarged clitoris, it may be necessary to amputate the clitoris, or to excise the nymphae.” Based on such bodies of work, the Church of England endorsed Female Genital Cutting and urged the clergy to discuss the procedure with male physicians. Indeed, until the late nineteenth century, female circumcision in Western societies was seen as a suitable medical procedure to cure certain diseases in women. Thus, as late as 1940, clitoridectomy was performed on young girls to correct ‘emotional disorders’. (Nnaemeka, 2005)

In all these cases, one notes that the objectives and the outcome of Female Genital Cutting are not in accord. In other words, while the theory behind the practice appears to have positive intent—fulfill religious obligations, enhance female sexuality, enhance female power, beautify the female organ, improve mental health outcomes—the outcome is harmful. It is a discord that is important to keep in mind when envisioning interventions for abandonment of FGC. Practicing communities often revere and respect the practice of female circumcision, and it is only in deciphering the meanings associated with genital cutting in a particular community that a respectful and socially competent discussion on abandonment can begin to be had. Many anthropologists are critical of the ways in which global FGC discourse oft represents Third World communities as victims and “prisoners of ritual”, as Lightfoot-Klein claimed in her 1989 travelogue. The issue of contention is not about whether or not female circumcision should be abandoned, that much is clear. Far from it, the controversy lies with the ways in which global female circumcision discourse reduces Third World peoples and societies into objects of analysis, lacking in agency. Anthropologist Nnaemeka argues: “The disagreement is not about the urgent need to put and end to a harmful practice—most people (both African and non-African) agree that the practice must end. The resistance from Africans is not necessarily against the termination of the practice; rather it is against the strategies and methods (particularly their

imperialistic underpinnings) used to bring about this desirable goal. The resistance is against an imperial process whereby other people are appropriated and turned into objects—exhibited, gazed at, and silenced” (Nnaemeka, 2005).

1.2 Study description and a word on terminology

For close to a decade now, Amref Health Africa, an international NGO based in thirty African countries, has been advocating for an end to Female Genital Cutting by encouraging the Maasai and Samburu communities of Kenya and Tanzania to embrace the Alternative Rite of Passage. This study examines the status and understanding of Female Genital Cutting specifically among the Samburu of Kenya in light of Amref’s Alternative Rite of Passage Intervention. The study relies on qualitative data collected in the form of focus group discussions and key informant in-depth interviews over an eight-week period. A key objective of this study is to conceptualize the ways in which stories and understandings of Female Genital Cutting in Samburu have changed (if at all), in light of Amref’s Alternative Rite of Passage program. By analyzing present community attitudes towards female circumcision and the ARP program, this paper will begin piecing together a complex puzzle that brings together history, politics, economics, customs, and beliefs. The complex role of the NGO in the battle against FGC will be addressed, as well as the suitability and thus sustainability of alternative rites of passage in this community.

As far as terminology is concerned, this study uses the terms ‘Female Genital Cutting’ and ‘female circumcision’ to refer to genital cutting. The better-known term—Female Genital Mutilation—is deliberately not used here because it is a morally charged term that is perhaps even unsuitable in the context of my study. Mutilation is a judgment-laden term that implies that FGC-practicing communities induce harm on their children—knowingly or out of sheer

ignorance. However, the reality on the ground is far different. During my time collecting stories in the Samburu community, I encountered many women and men for whom female circumcision is a respectable rite that bestows honor and pride. For many of my interlocutors, cutting their daughters is an act of love, designed to integrate the child into a larger communal system. None understood why an integral part of their culture was referred to as ‘mutilation’, and they as mutilators. Author of the book *However Long the Night* that documents the battle of one Molly Melching with Female Genital Cutting in 1990’s Senegal argues that the term ‘mutilation’ comes naturally to Westerners for whom Female Genital Cutting is an unimaginably primitive and crude tradition imposed on girls. “But the issue is far more complex than this,” she writes, “and to consider it from the point of view of millions of women in twenty-eight nations where the custom is practiced is to understand a far different reality” (Molloy, 2013). Anthropologist Ellen Gruenbaum also cautions against using the term ‘mutilation’ to refer to Female Genital Cutting. While she acknowledges that mutilation is a technically accurate terminology for genital cutting since the procedure results in damage to genital tissue, she argues that “mutilation implies intentional harm and is tantamount to an accusation of evil intent.” (Gruenbaum, 2001)

Indeed, use of the term ‘mutilation’ in the context of my study is inappropriate since the term does not reflect reality on the ground, therefore distancing me from my interlocutors. Furthermore, the judgmental underpinnings of the term not only dehumanize a people, but also demonstrate little anthropological understanding of the community. Thus, as a mark of respect for the people whose stories have made this study possible, the term ‘mutilation’ will be avoided in this context. The other less controversial term that this study will employ—female circumcision— also presents a terminological challenge because even though female circumcision is often equated to male circumcision, the former involves a far more harmful

procedure. While male circumcision entails removal of foreskin, female circumcision involves cutting away of vital genital tissue. The equivalent of female circumcision in males would involve cutting part or whole of the main organ. That being said, female circumcision (*morata*) is the term that the Samburu community uses to refer to FGC. For this reason, even though this study fully recognizes the inadequacies of the term ‘female circumcision’, the term will nevertheless be used to mirror community understandings of Female Genital Cutting.

1.3 History of efforts to eradicate Female Genital Cutting

Efforts to combat Female Genital Cutting in Kenya began during the colonial period and were led by Protestant Christian missionaries. Between 1926 and 1956, the colonial government attempted to regulate the practice of FGC by introducing limits on the age at which girls were circumcised, advocating for less severe cutting, and emphasizing the need for parental consent before the procedure. Kenya’s first president, the Mzee Jommo Kenyatta, documented these attempts by the British to put an end to genital cutting in his book, *Facing Mount Kenya*. He writes that in 1929, the Church of Scotland Mission to Gikuyu issued an order to all its followers demanding that they renounce Female Genital Cutting. Trained as an anthropologist, Kenyatta contended that the anti-FGC campaign was a form of cultural imperialism and fought vehemently for the right of the Gikuyu¹ to maintain their traditions. The controversy that ensued led to the Gikuyu establishing schools free from the involvement of British missionaries. Fearing political unrest in the colony, the matter was brought before the House of Commons where it was ruled that the natives should be free to practice their customs, and that education was the best way to tackle genital cutting. Furthermore, in order to keep the peace, the colonial government repealed all measures it had placed with regard to FGC in 1958. (Chege, 1993; Kenyatta, 1938;

¹ The Gikuyu are the largest ethnic group in Kenya.

Prazak, 2007; Thomas, 1992) The matter of Female Genital Cutting in Kenya would be revisited close to two decades later.

Globally, efforts to combat FGC began in the 1958 when the UN Commission on Human Rights tasked the World Health Organization with researching the “persistence of customs subjecting girls to ritual operations.” This study was bolstered by awareness campaigns led by Women Groups in various countries, and accounts in medical journals from doctors in Sudan, Somalia, and Nigeria of the clinical complications of Female Genital Cutting. (Döcker, 2001) Finally, in 1979, the World Health Organization held the first international conference addressing Female Genital Cutting, in Khartoum, Sudan. This was an important step toward the creation of a global movement against female circumcision that was to be led by NGOs, governments, and civil society organizations. In the beginning, the movement focused on the health impacts of Female Genital Cutting. It was not until the early eighties, at the height of the women’s movement, that the focus shifted toward gender inequity and later, human rights. By the time the World Conference on Human Rights was held in Vienna in 1993, activism around FGC had firmly developed a human rights language. (Toubia & Sharief, 2003)

Perhaps the best example of how the discourse of human rights was used to shape a significant anti-FGC movement is in 1990’s Senegal when Molly Melching, an American woman who had been living in Senegal since 1974, founded Tostan², an NGO to combat Female Genital Cutting through grassroots organizing. Tostan’s approach centered on a human-rights-based education program that was taught by local women in local languages. Following months of learning and training, Tostan would hold public declarations where whole communities would denounce FGC, citing child and women’s rights as integral factor driving FGC abandonment.

² Tostan means ‘breakthrough’, in the Senegalese language, Wolof.

These public declarations were deemed essential, and a hallmark of Tostan's approach. Melching had often corresponded with Gerry Mackie, whose 1996 thesis *Ending Foot Binding and Infibulation* compared the similarities of foot-binding and infibulation, and argued that just as foot-binding that had been practiced for centuries was abandoned within one generation, infibulation could follow the same course if there was community buy-in. Both Melching and Mackie agree that "a family in an intra-marrying group that practices a custom related to marriageability cannot give up that custom unless enough other families in their group coordinate to do the same." Public denunciation thus assures families that their daughters will not be disadvantaged with regard to marriage and family honor. (Mackie, 1996) In 2000, the WHO declared Tostan's Community Empowerment Program to be the most promising anti-FGC model and recommended that it be extended to other African countries. (Molloy, 2013)

Back in Kenya, the fight against Female Genital Cutting continued post-independence when fourteen girls died after undergoing the procedure in 1982. The then-President, Daniel Arap Moi condemned the practice and ordered that medical personnel be forbidden from conducting the operation without permission from the Director of Medical Services. President Moi continued calling for a ban on FGC and in 1989, an official ban was put into place. However, a motion to criminalize Female Genital Cutting was defeated in Parliament in 1996. (Prazak, 2007) It was only in 2001 that a law against FGC of minors was passed under Article 14 of The Children Act of 2011, in the Kenyan constitution. Breaking of this law was punishable by imprisonment for not less than three years and a fine of Ksh. 200,000 (\$2,500). Acknowledging the age constraint of this Act, the parliament on October 4th 2011 passed the Prohibition of Female Genital Mutilation Act that prohibits mutilation of all women regardless of age.

Infraction of this law results in imprisonment of up to seven years and fines of up to Ksh. 500,000 (\$6,250). (Prohibition Of Female Genital Mutilation Act, 2011 No. 32 of 2011)

The idea of an ‘alternative ritual’ as a substitute for female circumcision was first introduced in Kenya by the Program for Appropriate Technology in Health (PATH) in 1995. PATH worked with a grassroots women’s organization, *Maendeleo ya Wanawake*³ (MYWO), to consult with communities on the possibility of getting rid of the cut while maintaining other essential components of rite of passage such as education on reproductive rights and gender roles, women’s rights, and a public ceremony. In August 1996, PATH carried out its first alternative rite in Tharaka County, with twenty-nine girls participating. (Chege & Askew, 2001) Today, non-governmental organizations such as Amref Health Africa and World Vision⁴ continue to advance MYWO’s vision of alternative rites and remain important players in the fight against Female Genital Cutting in Kenya, often working in collaboration with the Government of Kenya.

1.4 Female circumcision in the Samburu community and Amref’s Alternative Rite of Passage Intervention Program

1.4.1 Background on the Samburu of Kenya

The Samburu are a Nilotic, semi-nomadic community, closely related to the Maasai. According to the Samburu myth of origin, Nkai, their god, who lives on planet Venus sent the Samburu to Earth via a long rope and later sent them a gift of cattle. The size of a person’s herd is therefore the primary marker of wealth and status. Thus, the economy of Samburu people is built around their animals—cattle, goats, and camels that are herded in the plains of northern

³ Maendeleo ya Wanawake (Women’s Development in Swahili) is a non for profit voluntary organization that seeks to improve the lives of rural women and youth in Kenya: <http://www.mywokenya.org/>

⁴ World Vision is an Evangelical Christian, humanitarian aid organization: <http://www.worldvision.org/>

Kenya following patterns of rain. The Samburu are thought to have originally migrated from Sudan with other Nilotic groups such as the Maasai before separating ways with the Maasai upon arriving into what is presently known as Kenya. The Maasai moved further south while the Samburu remained in the north. Both the Maasai and the Samburu speak the Maa language with minor variation. Specifically, the Samburu tend to speak faster than the Maasai and to truncate their words. Finally, both communities continue to have very similar traditions, chief among them being a rite of passage involving female circumcision.

Politically and economically, the Samburu community remains one of the most marginalized in Kenya. With 73% of the population living below the poverty line, the County has some of the worst health and education outcomes in the country⁵. Part of the reason why Samburu remains relegated to the margins is its distance from Kenya's capital. Accessing the county means a bumpy four to six hour ride from the last major town, Nyahururu. My first time going to Samburu, I saw two broken down buses on the side of the road, beaten down by the potholes below and the baking heat above. Peter Lesachore, who was my designated driver from Amref, casually remarked that help would arrive in not more than a day. He said that during the rainy season, vehicles could get trapped for days when the dust that presently engulfed us turned into hazardous, slippery mud. Being cut off from the rest of the country means that Samburu has remained insulated.

Entering Maralal⁶ town for the first time felt like stepping back in time: Women and *morans*⁷ dressed in colorful traditional garb were mingling with the cows and goats strolling

⁵ Data obtained from Kenya Country Fact Sheet, 2011: <http://www.slideshare.net/Abetum/kenya-county-factsheetsdec2011>

⁶ Maralal town is the administrative headquarters of Samburu County, and where the offices of numerous NGOs were located, including Amref Health Africa and World Vision, as well as various UN branches namely UNDP, WFP, and UNICEF.

lazily on the dirt roads past the horde of small stores littering the sides of the road. Most of the vehicles were decrepit, with the exception of the conspicuous brand new Nissan double-cabin four-wheel drive vehicles belonging to UNICEF, UNDP, USAID, Amref Health Africa, World Vision, county government and the like. I came to understand that in this sheltered and traditional community, the role of the international community in the anti-FGC campaign took a whole new meaning.

1.4.2 The Samburu female circumcision ceremony

Traditionally, the rite of initiation into womanhood through genital cutting is one of the most important ceremonies in a young Samburu girl's life. Girls between nine and fourteen years of age in this community take part in an age-old four-day ritual to initiate them from childhood to adulthood. Rite of passage ceremonies among the Samburu are a communal affair, with community members gathering to witness the coming of age of its young girls. The young girls are dressed in their finest clothes and wear beautiful jewelry, and are blessed by tribal elders with milk and water. During the course of the four days, the girls undergo genital cutting. Traditional circumcisers using a razor or a special knife, known as an *ormurunya*, perform the procedure, having learned their trade through apprenticeship down the maternal family line. Conversations with community members about the nature of the cut suggest that the types of cutting performed in this community are clitoridectomy or excision, which involve partial or total removal of the clitoris and the labia minora. During the cutting, young girls tend to scream and thrash, and are usually held down by one or two women for the duration of the procedure. Immediately after the cut, the wound is cleaned with milk mixed with water. To dress the wound, solid fat extracted from a sheep slaughtered a day before the circumcision is applied. Common complications

⁷ The term traditionally refers to a young male warrior. Today, morans still dress in traditional garb and are tasked with herding livestock, often spending months in the wilderness with the animals before returning to the villages.

during the procedure include fainting due to excessive bleeding and shock. When this happens, circumcisers resort to traditional first aid techniques such as taking the girl outside the hut for fresh air and attempting to give her black tea with a little sugar mixed in it. When these fail, the men of the girl's father's age-set conduct traditional prayers.

Following the cut, girls are taken into seclusion to recuperate. While in seclusion, they are taught about womanhood, that is the bodily changes to expect during adolescence (girls are normally cut before puberty). They are also given lessons on childbearing and childcare, including how to take care of one's husband. Apart from womanhood duties, they are also taught about their role and responsibility in the society. Specifically, the importance of respect is emphasized. For example, girls are reminded their place in society and taught how to conduct themselves when interacting with men. In the Samburu community, patriarchy dictates that even young boys are deemed more important than their mothers, and wives are expected to submit fully to their husbands.

When a girl's wound eventually heals in six to twelve months, she is married off in exchange for bridewealth (usually in the form of cows). Since marriage in the Samburu community confers economic gain on families, Samburu fathers are inclined to circumcise and marry off their girl children soon after adolescence. It is for this reason that early marriage and female school dropout rates remain alarmingly high in Samburu County.

1.4.3 Amref's Alternative Rite of Passage intervention program: Entito Ee Maa⁸

With funding from the Dutch Postcode Lottery, Amref Health Africa has been on the forefront of the battle against Female Genital Cutting and has worked closely with communities to eradicate the cut since 2007 by advocating for an Alternative Rite of Passage. An alternative

⁸ The phrase translates to "let girls be women without the cut" and is the main mantra of the Alternative Rite of Passage project.

to female circumcision, ARP encourages communities to maintain the cultural ceremonies and rites surrounding female initiation whilst getting rid of the cut. The Alternative Rite of Passage model digs deep into rite of passage ceremonies among the Maasai and the Samburu to reclaim the nourishing aspects of the rite. ARP takes into consideration the importance of a rite of passage in nomadic communities of Kenya, and seeks to show the community that the goal of ARP is not to eliminate culture but instead to foster it.

The Amref community-sensitisation approach is all encompassing and targets all age groups in the community: Elders, young men, mothers, and young girls are trained on the negative effects of FGC and the need to adopt alternative rites. The overall objective of Amref's training and community sensitization is to contribute to the abandonment of Female Genital Cutting in Samburu. The specific objectives are to increase knowledge of FGC (awareness), to increase acceptance and support for Alternative Rite of Passage (attitude), and to increase the girl to boy enrolment, retention, and transition in schools (behaviour & practice). The expected intermediate output of training is to increase community understanding of effects of FGC by training peer educators/trainers of trainees and establishing support forums for girls & mothers, boys & fathers, and elders; to map out civil society organizations and faith-based organizations; to train women groups, Traditional Birth Attendants, and youth groups on the effect of FGC and the ARP approach; and to support community dialogue days.

Elders, known as *launoni*, are the first to be approached and trained in any new community, since these are the custodians of culture and without whose approval any intervention is bound to fail. With elders' approval, young men (*morans*), are trained on FGC and ARP. Since Female Genital Cutting is intimately tied to marriageability, it is important for these young men to be willing to marry uncut women. Despite the fact that many young men

face pressure from their parents when it comes to choosing a spouse, it makes a world of difference if young men can stand up for uncircumcised women. This not only begins breaking down the stigma associated with non-circumcision, it gives hope to uncut women that they can have a future as respectable women in the community. In the Samburu community, thus, young men remain a crucial component of the intervention.

Mothers are also critical to the process of ARP since ultimately, these determine the attitudes of young girls and that of the community vis-à-vis the cut. Before collecting data in the Samburu community, literature review had repeatedly cited patriarchy and male authority as drivers of FGC in communities where genital cutting remains endemic. However, while on the field, I quickly realized that this analysis did not in fact provide a holistic picture of the reality. Women in FGC-practicing communities are caught in web of limited agency; they are unable to see a respectable future for a girl child that does not entail circumcision. Women thus tend to be the most vocal proponents of FGC and put up the strongest opposition to eradicating the cut, as a means to protect the wellbeing of their girl children. We encounter once more a mismatch between the community perceptions of women's wellbeing versus outsiders' view of what constitutes wellbeing. Oftentimes, barriers of poverty make it that alternatives to girls' futures are not accessible or imagined.

Young girls chosen to participate in the ARP intervention attend a three-day workshop on sexual and reproductive rights, and Female Genital Cutting and Alternative Rite of Passage et cetera. Given that drop out rates of young girls in the Samburu community is very high, special attention is given to the importance of girl-child education and delaying marriage. Once, during a visit to a local primary school, my Amref supervisor obtained a roster of all pupils from class one to class eight. I quickly noted that while the number of girls and boys within each grade was

almost the same in class one, any semblance of equality quickly disappeared as one moved higher up the grades. By the time pupils were in class eight, right before joining high school, the girls enrolled were just half the number of boys. The head teacher I consulted with regarding the matter told me that girl-child drop out incidences were so frequent that the phenomenon was considered normal in many school settings. Occasionally, follow-up of the girls is done but few manage to return to school as they are usually married off by the time the school intervenes. Alternative rite of passage thus also aims to establish a new gender norm when it comes to the education of Samburu girls.

Contrary to traditional teaching provided during seclusion where girls were encouraged to know and respect their inferior place in society, ARP seeks to empower girls by making them aware of their rights. ARP encourages girls to excel just as much, if not more than their male peers. Human rights are an important aspect of Alternative Rites training in different regions of Africa. In Senegal, Molly Melching's Tostan Community Empowerment Program implemented a human-rights-based education program that saw 5,000 villages publicly denounce female circumcision. Melching asserts: "If you want to help empower people to positively transform their communities and their lives, human rights education is key." (Molloy, 2013) While in Kenya, Alternative Rites first conducted by the women's organization, Maendeleo Ya Wanawake (MYWO) ensured that a discussion on human rights was central to the training. AR initiates trained by MYWO were more likely than their untrained peers to agree to the statements: 'women should have equal opportunities as men', 'men and women should have equal rights', and 'women have a right to sexual enjoyment every time they have sex'. (Chege, Askew & Liku, 2001) To the extent that Alternative Rites training are teaching young girls to 'rebel' against their traditional place in the society, it is interesting to speculate the impact this

discord has on community acceptance of Alternative Rites of Passage. Indeed, in her work in Senegal, Melching faced fierce opposition due to the fact that Tostan was giving women in traditional Senegalese communities a voice. Women were embracing the idea of their rights and opposing the societal hierarchy, thus threatening the fundamental structure of society.

Following ARP training, a graduation ceremony is organized by the NGO in conjunction with community members. The Alternative Rite of Passage ceremony is accompanied by communal singing and dancing, as elders pour a mixture of milk and honey over the heads of the 'initiates' as a form of blessing. The girls who are dressed in decorative beads and coloured clothing walk as a group past the community and openly reject female circumcision. Following this, young men express their support for ARP and declare themselves willing to marry uncut girls at an older age than is now the norm. For the feast, goats and cows are slaughtered, and beer is brewed. (Cole, 2016) These grand ARP ceremonies are usually held annually at the end of the year. Between 2009 and 2014, Amref graduated 7,361 girls into womanhood through the Alternative Rite of Passage model. The 2014 ceremony that saw 400 girls graduate, uncut, into womanhood was presided over by Kenya's First Lady, Mrs Margaret Kenyatta (AMREF Status Report 2015).



Figure 1: Young girls rejecting FGC at an ARP graduation ceremony. Source: Amref website <http://amref.org/news/news/celebration-as-1200-maasai-girls-escape-the-cut/?keywords=ARP>



Figure 2: Community members and government officials gather to witness an ARP ceremony. Source: Amref website <http://amref.org/news/news/celebration-as-1200-maasai-girls-escape-the-cut/?keywords=ARP>

1.5 Literature review

Up to date, there has been a dearth of literature analyzing the Alternative Rite of Passage as an intervention to address Female Genital Cutting. My work thus serves to fill this knowledge gap by building upon the minimal existing research. The most extensive work done on ARP in Kenya was conducted in 2001 by three researchers with funding from USAID. The study took place in three districts in Kenya (Tharaka, Narok, and Gucha), and evaluated the effect of the training component of Alternative Rite (AR) conducted by MYWO⁹. Specifically, the study analyzed the factors that influenced some families and individuals to adopt alternative rites while others, exposed to the same information on FGC, decided not to. Data was collected through thirty-seven Focus Group Discussions, fifty-three Key Informant in-depth interviews, and household surveys of families that had participated in the Alternative Rite.

The study found that families who choose to participate in the Alternative Rite were “more likely to have attended school, more likely than not to be members of the Catholic or Pentecostal churches, slightly less likely to be laborers or farm workers, more likely to be of higher socio-economic status, slightly more likely to have females with more positive gender attitudes, and more likely to already not be cutting their daughters and to express regret for those already cut” (Chege, Askew & Liku, 2001). Furthermore, AR initiates that had participated in alternative rites were much more likely than non-initiates to be aware of reproductive health issues such as menstruation, HIV/AIDS, contraception, sexual intercourse, and FGM. The initiates were also more likely than their non-initiated peers to agree to the statements ‘women should have equal opportunities as men’, ‘men and women should have equal rights’, and ‘women have a right to sexual enjoyment every time they have sex’. All findings were

⁹ MYWO (*Maendeleo ya Wanawake*) is a Kenyan-based, nation-wide community-based women’s organization.

statistically significant. In addition, the study found a statistically significant difference between knowledge of the effects of female circumcision in AR and non-AR families with MYWO being cited as the primary source of this information. Finally, with regards to abandonment of FGM, AR families were far more likely to assert that the rite was outdated and unnecessary, and should therefore be abandoned.

Given that all the findings were statistically significant, this study suggests that community sensitization on Female Genital Cutting and Alternative Rites played an important role in changing attitudes and behaviors at the community level. Chege *et al.*'s study differs from mine in that Samburu District is far more isolated and marginalized than the districts in which this study occurred. Indeed, many of the participants in this study asserted that they had received messages about FGC abandonment prior to MYWO training, and had already formed personal opinions regarding the rite—notably that it was outdated and there was need to abandon it. This is not the case in Samburu County where literacy rates remain critically low, poverty unacceptably high, and tradition exceptionally respected. Thus, while AR was readily accepted in the three districts referenced in the Chege *et al.* study, I suspected that there would be much fewer individuals aware of the effects of female circumcision, and far more resistance to alternative rites in Samburu District.

Anthropologist Miroslava Prazak has also examined shifting community ideology and practice in light of Alternative Rites of Passage among the Kuria community in Kenya. She begins her study by giving accounts by local community members regarding the new Alternative Rites led by NGOs sweeping the district: “This particular *esaro*¹⁰ was marred with some going

¹⁰ *Esaro* is the local term for female circumcision in the Kuria community.

for what was called ‘Alternative Rite of Passage’ sponsored by both GTZ¹¹, Action Aid¹², and other NGOs but the strange thing is that most of those who went for the rite came back to be circumcised either willingly or by force” (Prazak, 2007). Prazak describes the Alternative Rite of Passage ceremony in depth. It is notable that the ARP conducted among the Kuria is almost identical to the one practiced in Samburu, the only difference being with the NGOs involved (GTZ and Action Aid in the former, Amref Health Africa in the latter). In the Kuria ceremony, all 289 girls to be initiated attended a workshop where they received lessons on culture, FGM, adolescence, human rights, and the reproductive system for a few days before the public ceremony. On the day of the ceremony, which was attended by parents, community leaders, and government officials, the girls denounced FGM and received certificates. However, in returning to their homes, all but eighty of the initiates were circumcised. In interrogating the community’s ambivalence toward the NGO-led ARP ceremony, Prazak reverted to anthropologist Oboler’s analysis:

An appropriate approach to the eradication of female genital modification is to find those that have a strong interest in eliminating these practices and, having found them, to work diligently with them to formulate a program that draws on their insider perspectives. The program will be most effective if the major impetus for change comes from within the community rather than from outside it. (Oboler, 2001)

In FGC-practicing communities where the rite remains esteemed and communities’ mindsets are firmly set on the need to continue cutting girls and women, a few days of training and a public ceremony to denounce female circumcision are chronically insufficient to challenge set beliefs.

ARP in this case was conducted too soon, before a majority threshold had bought into the anti-

¹¹ Also known as GIZ, the Deutsche Gesellschaft für Internationale Zusammenarbeit is a company that specializes international development.

¹² ActionAid is an international NGO whose mission is to address poverty and injustice worldwide.

FGC campaign. The result of which is that the ceremony was merely symbolic and the community reverted to its traditions when the NGOs pulled out by circumcising 72% of the ARP initiates—willingly or coercively.

The above studies suggest that community training and sensitization targeted towards informing communities on the harmful effects of female circumcision influence communities' perceptions of the rite. This is especially so in more developed regions where the community is likely to have received messages about FGC abandonment and formed its own opinions of the tradition prior to NGO involvement. Yet, there have been very few studies conducted in marginalized regions where the community still reveres the tradition of female circumcision even though existing data suggests that FGC interventions in such regions are likely to fail (as in Prazak's study). This study aims to fill this knowledge gap by analyzing perceptions and response to Alternative Rites in a highly marginalized community. Specifically, this study will interrogate whether NGO training is sufficient to change the community's view on female circumcision. In marginalized communities such as in Samburu County, the prevalence of female circumcision tends to be near-universal. It is therefore critically important for FGC-geared interventions to determine whether they are having an impact in the community, and if so, to what extent. The results of this study will provide useful information to NGOs, policy makers, and the Kenyan government as they design alternative rite interventions aimed at addressing Female Genital Cutting in marginalized communities in Kenya and beyond. Additionally, this study aims to fill a key knowledge gap in FGC literature on the suitability and effectiveness of the Alternative Rite of Passage intervention.

2. Methods

2.1 Ethics Statement

The study protocol was approved by Duke University Institutional Review Board (Protocol: C0950) on May 8, 2015. Local approval at an institutional level was not required. Consent forms were administered verbally to all participants, whose responses were recorded on the consent forms. For the focused discussion groups, the group as a whole had to consent before interviewing occurred.

2.2 Study Setting

I conducted a qualitative study in June and July of 2015 in Samburu County, Kenya. The study was conducted in the towns of Maralal, Wamba, and Baragoi. The Samburu are the largest ethnic group in Samburu County, followed by the Turkana, and Somalis. Samburu (almost identical to Maasai) and Swahili are the major languages spoken in the county.

2.3 Qualitative Data Collection

I conducted four focus group discussions (FGDs) composed of fifty participants in total, and nine Key Informant In-depth Interviews (KIIs). The FGDs comprised elders, women, young girls who had undergone ARP the previous year, and beaded girls¹³. FGD was chosen as the appropriate method of data collection for these different key populations because community members were more at ease to discuss the highly sensitive topic of female circumcision when in a group. FGDs also created an environment where participants bounced ideas off of each other,

¹³ Traditionally, when Samburu girls were around nine or ten, they were promised to morans (young warrior men) as girlfriends. The morans would typically sell a bull or a few cows and obtain enough money to buy expensive beads (~\$100) for the girls they were interested in. This is despite the fact that the majority of the county subsists below \$1.25 a day. A girl usually had little choice over the matter, the decision to accept a moran rested with the father. Once the girl was beaded, the girl's father would build the couple a small makeshift hut close to the main hut, where the moran would have sexual intercourse with his 'girlfriend' whenever he visited. Beading is a retrogressive cultural practice that despite being denounced by numerous NGOs as well as the government remains valued in rural regions of Samburu County.

agreed with, and even disagreed with each other. These discussion groups were therefore also a way to vet the information I was receiving as community members checked each other's accounts for exaggerations and misconceptions. That being said, FGDs create an environment where more vocal persons are likely to dominate the conversation, and minority views suppressed. It was therefore crucial to give space for more quiet participants to gather their thoughts and encourage them to speak up.

In sampling the population, I relied on the expertise of Amref staff, teachers, and local chiefs who had worked with this community for many years. I used purposive sampling to recruit participants from the different population groups: elders, women, and young girls. Elders comprise men of an older age set, above sixty years. The women's group ranged in age from early thirties to late fifties, and the cohort of girls was between nine and fifteen. FGDs were held in different spaces within the community including a Wamba Catholic Parish, a chief's camp in Loosuk, and a classroom in Maralal Primary School. Each FGD lasted between one and two hours. Key informant in-depth interviews were conducted in the offices of respective participants including the Office of the Public Prosecutor, Amref offices, County Parliament chambers, Department of Education, Department of Social Services, and the anti-FGM Board offices. These sessions lasted between one and three hours.

Both the FGDs and KIIs were semi-structured, open-ended, and probing (See Appendix A). Interview questions for the key informants were written and administered in English while the discussion guide for the FGDs was written in English and then orally translated into Samburu during the interview by an Amref translator. Amref staff in conjunction with community leaders (a chief, a teacher, and a community mobiliser) moderated the sessions. All data was collected

through note taking, no recording was done. The notes were subsequently reviewed by the moderator of the session for accuracy and consistency.

In addition to direct data collection, I also collected data indirectly during training sessions organized by Amref Health Africa, and during civil societies assessments of five Women Groups located in the central and northern regions of Samburu County. The information I received from these informal conversations significantly enhanced my understanding of the practices, attitudes, and understandings of female circumcision in this community.

2.4 Data Analysis

I conducted a thematic analysis of the qualitative data by applying an inductive approach to the framework method. After data reduction, I performed open coding of all transcripts. The coding was an iterative process that was repeated until saturation of new themes, concepts, and constructs. This process yielded a thematic framework that was then systematically applied throughout the data, coding the different sections according to their appropriate theme on the framework using a numerical indexing system. The process of coding and indexing gave me clues of associations and points of convergence in the different sections of the data that were key in the next stage of analysis. Once all the data had been coded, I pulled together the different themes under three key subject areas—understanding and status of female circumcision in present-day Samburu; the key role of NGO’s educational training; and the role of multi-ethnicity, the rule of law, and local politics.

I relied on my cultural expertise to analyze and interpret what was said and left unsaid by my interlocutors. Being Maasai myself, I was brought up in a culture almost identical to that of the Samburu. These two ethnicities share a language, culture, and economic activity. Indeed, my unique cultural background acted as a second set of eyes and ears during my time in the Samburu

community. I was able to understand in a far more nuanced manner the words, body language, and social cues of my interlocutors. At the same time, the fact that I collected data in a community different than the one I grew up in gave me sufficient cultural distance to be able to converse with my elders about the sensitive issue of female circumcision. Indeed, it would be considered culturally inappropriate for me to have similar discussions had I collected data in Maasailand; a community that knew my clan, my father, and my father's father. My own community would see me as their young daughter and a person with whom taboo topics are not to be discussed. I collected and analyzed the qualitative data for this study acutely aware of my positionality. I recognize that my position, while an advantage in many ways, also increased the chances that I would extrapolate the data to fit my cultural understanding of female circumcision. This is a realization that kept me grounded and ensured that I questioned my objectivity at every stage of data analysis and interpretation. For instance, I double-checked my field notes with different experts, such as the County head of the Kenya anti-FGM board to ensure that I understood the information I was receiving from my interlocutors. Similarly, I conducted all interviews with the help of a cultural insider (chiefs, community trainers, or Amref officials), who clarified the data collected and allowed me to explore concepts that I otherwise may have overlooked or misinterpreted.

3. Results

3.1 Understanding and status of female circumcision in present-day Samburu

3.1.1 Custom and tradition as drivers of female circumcision

From the young to the old, male and female, there is unequivocal agreement that female circumcision is a necessary rite of passage from girlhood to womanhood in the Samburu community. I heard it reiterated severally that a girl is not recognized in the community as a

woman until she underwent circumcision, regardless of her age. As was mentioned earlier, female circumcision entails a series of rituals among them days of seclusion where cut, recuperating women would learn about the ‘secrets’ of the community. These secrets are not meant to be shared with anyone else, especially uncircumcised girls and women. It is said that the women are given lessons on marriage life, womanhood as understood by the Samburu, and ancient wisdom. As they emerged from their recuperation tents, the community no longer saw them as ignorant children but as responsible women on whose shoulders the future of the community nested. In addition to knowledge, circumcision is also a marker of physical strength. A show of strength and endurance is a key component of the circumcision ritual. Young girls are expected to be stoic as they were cut, and those who do not cry out bring much pride to their families.

[FGD with women]: *“The cut gives us women the courage to fight.”*

Researcher: *In what way?*

Participants: *“Enduring the pain shows that a girl is ready to be woman, to sustain a family.”*

As members of a community that is dependent on pastoralism as the primary economic activity, women in the Samburu community are often left behind by their husbands and sons who venture out with the herds in search of pasture and water. Increasingly, and as the savanna climate in northern Kenya turns into a semi-desert, the men have to make longer journeys to find pasture, sometimes being gone for months without returning. During such times, women are expected to stand on their own two feet and fend off any danger from the wild until their husbands and sons returned. Women in the Samburu community thus have to be resilient to

survive their harsh conditions. Circumcision appears to be one avenue through which women are inaugurated into a life in hardship. Incidentally, this migration of men has been cited by some¹⁴ as a possible reason why female circumcision is considered important in this community—to keep wives chaste until the return of their husbands.

In addition, since genital cutting is the prerequisite for womanhood, participants associated female circumcision with marriageability and childbearing rights.

[FGD with women/FGD with girls/FGD with elders]: *“You cannot be married without the cut.”*

[FGD with women] Participants: *“An uncut girl cannot be a woman, she cannot be allowed to give birth.”*

[FGD with beaded girls]: *“...no woman without the cut. When you are pregnant and the child is born before you are cut, the child will be an outcast...children of uncut women are not considered as part of the community, it will be hard if we give birth like this (uncircumcised).”*

[FGD with elders]: *“If you don’t get cut, you cannot be a woman, sons born to uncut women cannot be elders.”*

[FGD with women]: *“Outsiders marrying into the Samburu tribe have to be cut before they can be accepted as women in the community.”*

We see here that Female Genital Cutting is not only tied to rules of community membership, but also the very notion of being a woman. Failure to get cut excludes the girl from marrying into the

¹⁴ Amref’s Josephine Lesiamon, who oversees the ARP project in Samburu, cited migration as a possible reason why FGC remains so prevalent in Samburu County and among other nomadic pastoralist communities of Kenya.

community, and denies her the right to call herself a woman (regardless of age), not to mention the right to give birth in dignity.

3.1.2 The normalization of female circumcision

Given the fact that female circumcision dictates who is considered a woman versus a girl, whose children are accepted versus shunned, among a host of other privileges, it is hard for many community members to envision the continuity of their society sans FGC. In turn, normalization of the cut drives its acceptance, and hinders the community's ability to judge the rite with an objective and critical eye. Indeed, for many Samburu people, female circumcision is considered mostly harmless. The community is largely unaware of the medium- and long-term effect of the rite.

[FGD with beaded girls]: *“We thought it happens and you go back to normal...when we tell our morans that we do not want to be circumcised they will not understand. They will say, I am cut, your mother is cut, and so is my mother. So what are you talking about?”*

[Women Group]: *“Sisi tumetahiriwa wote na tuko sawa tu.”* [We are all circumcised and we are doing just fine.]

The comment from the women group was particularly striking. I had asked them if they were aware of the effects of female circumcision, to which they glanced at each other and laughed nervously. It took several minutes before one young woman offered the response quoted above. Even as an Amref official proceeded to explain the deleterious impact female circumcision has on physical and mental health, the look of incredulity on the women's faces never quite dissipated.

I saw this same look during an informal roadside conversation with a group of nine to thirteen year-old girls in Eastern Samburu County. The sun had just begun its descent when Meshack Lesurmat, who coordinates Amref's Alternative Rite of Passage projects in Samburu, stopped the group as they were walking home from school. He told the girls that we worked with Amref Health Africa (we were wearing polo shirts with the Amref logo on them), and asked whether they would be willing to have a short conversation with us. They acquiesced. We first asked the girls whether they knew what the initials 'FGC' that were written on the backs of our T-shirts stood for. They unanimously said no. "FGC means Female Genital Cutting, *tohara*, or *morata*", Meshack told them. *Tohara* is the term used to describe FGC in Swahili and *morata* in the local language, Samburu. Realizing what this roadside conversation was about, the girls immediately began giggling shyly and averting their eyes. Tension was high in the air and some appeared visibly uncomfortable, but none left the circle. Lesurmat proceeded to talk to the girls about dangers of cutting female genital organs, mixing serious facts with humour to assist the girls to better understand this complex phenomenon. For example, one of the more dangerous effects of the cut is the creation of scar tissue on the vagina that usually tears during childbirth. As a way to help the girls comprehend what tearing entailed, Lesurmat likened the process to the bursting of an overripe fruit. The girls burst out into laughter, the imagery clear in their heads. Likewise, in describing the appearance of a cut woman's genitals, he used the analogy of a soccer field; "there's nothing there, it's completely flat." Again, the girls were bending over with laughter. When I revealed to the girls that I was uncircumcised and in university in America, their eyes widened in shock and disbelief while others broke out in nervous giggles. To see a university woman uncut, more so one that was successful, demanded a degree of mental gymnastics on their part.

Throughout the course of the conversation, I remarked the disbelief in the girls' eyes at the information we were giving them, information that they were previously unaware of. None of their female family members had spoken to them about the aftereffects of female circumcision, presumably because these women were themselves not aware that the health complications they frequently encountered were intimately linked to the rite of passage they had undergone years before. In Molly Melching's *However Long the Night*, she observes that while working with Senegalese women to end genital cutting in the nineties, she often found that circumcised women had always associated the complications they experienced after the cut and during childbirth with evil spirits. To them, FGC was harmless, and it was the presence of other supernatural forces that made women's lives so difficult.

3.1.3 Stigma: The costly price paid by 'social deviants'

In a culture where female circumcision is normalized and seen as an integral prerequisite for existing as a community member, as a wife, and as a mother, deviating from the norm is severely punished. The theme of stigma brought about when a girl rejects circumcision resonated strongly across all the Focus Group Discussions:

[FGD with ARP-graduated girls (this group had rejected FGC the previous year)]: *"Without the cut, wewe sio kitu [you are nothing]...we are taunted by younger girls and boys our age, they say—'mtaolewa na waTurkana' [you will be married by the Turkana¹⁵]."*

[FGD with elders]: *"Uncut girls cannot enter a hut if we are inside, they have to be humble. If you are uncut, you cannot belong"*

¹⁵ The Turkana are a Nilotic ethnic group native to the northwestern region of Kenya. The Turkana and the Samburu are rivals and have frequently engaged in armed conflict. The Turkana do not circumcise their women.

to any age set, and the sons you bear cannot be allowed to lead the community.”

[FGD with women]: *“Uncut women are constantly mocked and referred to as children...the husband can come in and say, ‘hii ugali haijaiva’ [this ugali¹⁶ is not well cooked] just because it is cooked by an uncircumcised woman...” unakatazwa kuchota maji”*
[you are denied access to communal water]...*you cannot speak before circumcised women, you have to wait...there are certain ceremonies that uncircumcised girls cannot attend.”*

Stigma takes the form of public shaming, derision, and belittling. An uncircumcised woman is considered childlike and immature and hence, her ability to perform ‘feminine’ duties such as cooking and cleaning is constantly questioned. Furthermore, her child-status means that she cannot speak before circumcised women, enter spaces where men occupy, be married by Samburu men, nor bear children. This constant maltreatment often drives women to internalize the shame directed toward them and begin seeing themselves as lesser-than. The FGD with the ARP-graduated girls revealed the extent to which stigma psychologically impacts social deviants. They revealed that younger children, peers, and adults, all teased and scorned them, stranger and friend alike. Ironically, this is the group that the NGO refers to as ‘Role Models’, expected to be the trailblazers for change for younger generations. Yet, to the extent that rejecting FGC renders one lesser than and despised in the community, it is a challenge to envision that these girls provide an example that younger girls aspire to, especially given the fact that teenagers often hunger for social acceptance. When I asked the girls whether they had

¹⁶ *Ugali*, made from ground cornmeal, is a staple dish in Kenya.

received any sort of mentorship or psychological support from either their schools or the NGO, they said that they had not. Our conversation closed on a sombre note as many of the girls revealed that the pressure from families to undergo the cut was becoming unbearable. With each passing day, they fear of succumbing to the pressure brought them closer and closer to the cut.

Indeed, stigma and shame are such powerful deterrents that in certain FGC-practicing communities in Kenya, women choose to be circumcised well into their marriages, after bearing several children. In an exclusive documentary (*Slaves of Culture*) aired on Kenyan Television Channel NTV on 27th December 2015, middle-aged to elderly women in Narok and Migori counties recounted their circumcision stories after years of being shamed and ostracized. Many of the women had already born several children and had been married for years when they decided to undergo female circumcision. According to the women, the decision to be cut was inevitable following years of derision by both their husbands and the community. Their status as uncircumcised women had relegated them to the margins of society as social pariahs. In the end, the only socially acceptable option that the women had was to undergo Female Genital Cutting.

While uncircumcised women are condemned to a life of shame, circumcision confers upon women, numerous liberties as well as a sense of pride.

[FGD with elders]: *“the girl herself changes, she sees herself as a woman...sex, pregnancy, everything. When a girl is circumcised, she has rights, she does not want to hear her father.”*

Circumcision unlocks the benefits of being a woman—sexual liberation, marriage, childbearing, and various gender roles. From the account above, it would appear too that FGC endows women with social agency. Girls, often at the bottom of the power hierarchy, gain social power from circumcision to the extent that they can challenge the opinion of a father figure, not to mention

challenge society's rules of virtue and modesty. A circumcised woman is essentially elevated from her lower stature as a young female to be at par with older males, effectively increasing her agency and social capital in the community.

3.2 The key role of NGO's educational training in the fight against FGC

3.2.1 The link between training and reproductive health knowledge

There appears to be a strong correlation between educational training and knowledge of the numerous effects of Female Genital Cutting. All groups that I spoke with that had received Amref training were able to articulate the harmful effects of genital cutting.

[FGD with women]: *"FGC leads to birth complications, anemia, and death."*

[FGD with ARP-graduated girls]: *"Kutahiri ni vibaya, ukitahiri utamwaga damu nyingi, magonjwa, mtoto atakuumiza akitoka*

[Female circumcision is bad, if you are circumcised you will bleed a lot, you will get diseases, and the baby will hurt you during labor]..*FGM will lead to death...We will not have feelings"* (to refer to libido and sexual pleasure). *"ARP is a good thing, it reduces maternal death."*

[Women Group at Maralal]: *"Alternative Rite of Passage reduces maternal death."*

These groups, through training, were able to point out the link between Female Genital Cutting and a host of health impacts. This is particularly telling since these community members revealed that they had not been aware of this information prior to training:

[FGD with ARP-graduated girls]: *“Before we were not aware of this information, we wanted to be circumcised, but now we have learnt.”*

[FDG with elders]: *“We did not have this information before. Before, it [female circumcision] was a normal way of life.”*

[FGD with beaded girls]: *“We were not aware of the effects before training. We thought it happens to you and you go back to normal.”*

Previous studies have cited the same impact of training on expanding reproductive health knowledge of communities being trained¹⁷. Through training the hegemony of female circumcision as a normal way of life is challenged as community members receive information unavailable to them prior to the NGO’s initiative. In fact, a few groups—especially Women Groups—were so empowered by the training they had received that they were involved in community mobilization and sensitization on the harmful effects of FGC, and alternative methods. Finally, all groups I spoke with denounced female circumcision post-training:

[FGD with beaded girls] Researcher: *“Will you be cut after all?”*

Participants: *“No, even if we are forced, we will refuse.”*

[FGD with elders] Researcher: *“Would you allow your girls to undergo the cut?”*

Participants: *“No. I have been trained, I am a role model.”*

¹⁷ See Chege, J. N., Askew, I., & Liku, J. (2001). *An assessment of the alternative rites approach for encouraging abandonment of female genital mutilation in Kenya*. US Agency for International Development.

[FGD with women] Researcher: *“What fears do you have for the girls you will not circumcise?”*

[Participants]: *“Stigma is the problem, once it is gone we will be okay...The girls will go through rituals without the cut, so that they are still respected.”*

The above responses are similar despite differences in age, social agency, and gender. It would appear that the information on reproductive health provided during training is challenging community understanding and thus attitude towards FGC. Whether these groups, especially the young girls, will be able to stick to their word is a different story. This is the group with the least social and economic agency and as it is, they are suffocating from parental pressure and public scorn. Similarly, for the beaded girls (most of whom had little or no education and whose social and economic future depended on marriage to *morans*), their declaration that they would not be cut even if they were forced rang hollow. I asked them how they would go back to their community; they said they did not know, but knew that their *moran* boyfriends would not understand, let alone their parents.

“Friends will despise us, and it will be bad if we give birth like this. But anyway it is not God who despises us, we will not care about men.”

3.2.2 The link between training and changing circumcision practices

The majority of my interlocutors describe the technique of genital cutting in a similar manner—the clitoris, and sometimes the labia minora are the organs that are cut. The Focus Group Discussion with women revealed that at times, a recently circumcised girl would have to be inspected by an elderly woman to ensure that everything that needed removing had been

removed. Yet, I did hear of alternatives to this standard procedure of cutting among groups that had been trained by Amref Health Africa. For example, as the conversation with the group of women progressed, I realized the extent to which these women thought themselves trapped in a system in which the only way to exist as a respectable woman was to undergo the cut and to cut all of one's daughters. I suspected however, that these women had coping mechanisms to circumnavigate societal barriers; some semblance of agency. I pressed the issue:

[FGD with women] Researcher: *“If one child dies, will you still cut the second daughter?”*

[Participants]: *“It is tragic but we are powerless to say no...our husbands will say; you are the ones that killed the child.”*

[Researcher]: *“Do you mean to say that there is nothing you can do to protect your girl children from the harmful effects of the cut?”*

Participants (hesitantly): *“Sometimes women gang up to only prick without the knowledge of men.”*

The technique of clitoral pricking as an alternative to traditional excision of the clitoris would come up again and again amongst women groups that had been trained and were aware of the harmful effects of Female Genital Cutting.

[Women Group at Tuum]: *“We prick the clitoris very gently for some blood to spill and that's it. We then deceive the men and tell them that the deed had been done.”*

[Women Group at Baragoi]: *“These days we don’t carve girls like potatoes as was done in the past. We just prick very gently for some blood to spill and it’s done. Men are not aware of it.”*

I found these accounts fascinating, and so did the women who recounted these stories in hushed, excited voices, as if they were inviting me to share in a well-kept secret. Given the fact that I only heard about such alternative practices among the community members that had received training, I wondered about the link between Alternative Rite of Passage training and changing circumcision practices. It appeared to me that these community members, armed with reproductive health information, had appropriated the Alternative Rite of Passage model and modified it to suit their local contexts. While the Alternative Rite of Passage advocates for complete abandonment of the cut, here were women groups that, based on the training they had received, were attempting to minimize bodily harm while maximizing the social benefits of the cut by pricking the clitoris. By adopting this alternative rite (otherwise referred to as *sunna*), these women were not only protecting their girl children from the harmful effects of mutilating the clitoris, but also from the stigma that comes with not being circumcised. To the rest of the community, their girls had undergone the circumcision rite, and were therefore deemed worthy members of the community. Hence, by making accessible factual information about the effects of FGC, NGO training was empowering women to be agents of their own lives, reimagining ways of being and existing as females in this community.

Furthermore, all the above accounts explicitly mention the fact that men are unaware of recent modifications to female circumcision. I became curious as to whether training is also leading to similar attitude-changes with regard to cutting among the men. With the help of Chief Phillip Lerno, I recruited seven elders that had previously been trained by Amref. We met at

Chief Leerno's compound and exchanged polite pleasantries before we began to talk about the sensitive subject of female circumcision. I was surprised by the candour and willingness of these old men in discussing what is considered a taboo topic with me, a young woman. I quickly realized that this group was highly informed with regard to genital cutting, and was in fact championing eradication of genital cutting in their various communities:

“Female circumcision will never end, it is the cut that will end. We will follow tradition without the knife. We must have Alternative Rite of Passage, which is an easier pill to swallow for such a traditional community..These days, we merely cut the leg for blood to spill on the animal hide.”

Here is the group that is considered most resistant to change, having completely altered their attitude toward Female Genital Cutting as a result of training. However, given their reputation as the rigid custodians of culture, women groups that have begun adopting tailored alternative rites are still reluctant to include elders in the revolution that is slowly brewing in the Samburu community.

3.2.3 The link between training and changing attitudes vis-à-vis FGC

Given the extremely positive impact training on effects of Female Genital Cutting seemed to be having in the community, I began to wonder what specific aspects of the training were leading community members to challenge deep-rooted beliefs about female circumcision. One theory is that community members who were previously unaware of the impact of genital cutting are now being forced to confront the possibility that a rite that they had previously seen as innocuous suddenly explained the host of health complications that women in their community were experiencing. A second theory alluded to by community members themselves

points to technology and the role of images and videos. Amref's explicit images of the female reproductive system, and videos showing the circumcision process and obstructed labor, were repeatedly referenced as the turning point that led my interlocutors to seriously consider the information they were receiving—especially those that had not previously witnessed or experienced circumcision, such as males and prepubescent girls.

[FGD with elders]: *“Cinema and pictures open your eyes to the harm done. The culture is not worth it, we are harming our girls.”*

This is an extremely powerful statement coming from the custodians of culture, and points to a significant change in attitude. I did not witness these particular elders undergo training, so I arranged to attend an Amref training where young men or elders would be in attendance, and witness firsthand the supposed impact of images and videos. A training session for elders was held towards the end of June. During this session, I observed as elders audibly gasped and shook their heads when they saw videos of female circumcision. Few could watch the videos to the end and many held their heads in their hands and murmured incomprehensible words at the ground. Some walked out to spit, holding on to the walls of the building for support. At the end of the training, there was little chatter. Many participants had far-away looks in their failing eyes, shaking their heads from time to time as they walked back to their homes.

Contrary to the silent reaction of the elders, middle-aged men that were trained a few weeks later were very vocal in their anger and shock. Many middle-aged men, close to tears, stood up in anger to denounce female circumcision after witnessing young girls shrieking as a razor sliced through their clitoris. One man stood up, and with balancing tears declared: “No one ever told us that our women were butchering our girls, how can they remain silent for all these years? And even encourage our children to desire and even be proud of this?” “NEVER

AGAIN”, his fellow participants echoed in response to the statement. Days later, we received news that following the training, the man had moved out of his marital hut to fast outside and mourn the pain that he had allowed his daughters to undergo.

Truth be told, images of mutilated vaginas and videos of the circumcision process are emotionally traumatizing and extremely difficult to watch. In the beginning of my research and work with Amref Health Africa, I questioned the ethics of subjecting unsuspecting community members to such horror. I still do. Furthermore, some anthropologists argue that exposing the female parts of non-consenting women and girls is in itself a form of victimization.

Anthropologist Obioma Nnaemeka argues: “In my view, the ultimate violence done to African women is the exhibition of their body parts—this instance, the vagina—in various stages of unbecoming...It is not necessary to violate African women in order to address the violence that was done to them. In effect, African women are doubly victimized: first from within (their culture), and second from without (their “saviors”) (Nnaemeka, 2005). Indeed, it was evident that many community members struggled to watch the naked suffering of young girls, who could well be their daughters. Middle aged and older men had a particularly hard time viewing these images and videos, both because it was shameful for them to see young girls exposed in such a manner and due to the extent of horror showcased.

Yet, I witnessed again and again the power of technology in passing across a message that would so-easily fall onto deaf ears in this community that is so deeply anchored to its traditions. When I spoke to one community mobiliser in Eastern Samburu County about the content of Amref’s training, she quickly affirmed that the content is very good, and pointed specifically to the importance of videos and images. “Tell them to start free viewing sessions in the village at night. A lot of people will come and the message will spread much faster.”

Similarly, Honorary Rebecca Lengupaye, a member of the County Assembly recommended that Amref train all members of the County Assembly and use models, pictures and videos, which in her opinion have an unforgettable effect. In such a community where FGC has been regarded as a harmless cultural practice for centuries, witnessing first hand its damage through various technological outlets is a powerful shock therapy that triggers attitude shift.

The community responses above reveal the gendered (mis)understandings of the rite of female circumcision. In communities where Female Genital Cutting remains endemic, females are often represented as victims of culture while males as seen as the oppressors. The reality is far different. The relationship between gender and continuation of FGC is complex, further complicated by the fact that the genders rarely engage in in depth discussions on the practice of female circumcision. Training sessions such as the one referenced above are thus a rare and fascinating space to explore the gendered understanding of the rite of female circumcision. Women perceive themselves as being trapped in a social system where female circumcision is the only path to respectability. In a society where women depend on men for their very survival, there is little room to question or confront one's husband. In their understanding, males call the shots and women have little choice but to follow. On the other hand, males view women as drivers of the practice. Given male ignorance regarding the technicalities of female circumcision (men are forbidden from witnessing female circumcision), males trust their women to know what they are doing, and to do right by their daughters. Males therefore perceive their own power vis-à-vis female circumcision as inconsequential because the practice is seen as a female affair, understood and controlled by women. In this regard, when women and men are made to confront the harms of female circumcision, both genders feel betrayed by the other. Women blame men

arguing that they do not have the power to end the practice, while men blame women arguing that they have best knowledge of how harmful cutting girls is and yet they continue the practice.

Attempting to map out the politics of power in this regard is incredibly challenging. Anthropologist Gruenbaum argues that this dynamic is enforced in societies where women have little agency, and where marriage is one of few paths to social and economic wellbeing. She posits: “For it is in most cases women themselves who are the strongest advocates for the preservation of the practices and who in fact carry out the operations, and this simply does not make sense without understanding the economic, social, and political constraints of their lives. Where women must derive their social status and economic security from their roles as wives and mothers, we can anticipate that the rules of marriageability will be carefully followed.” (Gruenbaum, 2001) In addition, it helps little that female circumcision is a taboo topic and therefore one that is rarely discussed in depth across genders privately or in public. And yet, it appears that it is only in pushing the genders to confront their (mis)understandings that the sociopolitical complexity surrounding female circumcision in this community can begin to be ironed out.

3.3 Ethnic politics, political animals, and the rule of law

3.3.1 The unintended consequences of the rule of law

I met with the Director of Public Prosecutions, Mr. Solomon Naulikha, on 17th June 2015 to discuss the role and impact of the law in the fight against FGC in Samburu County. Naulikha’s office is mandated to enforce the Prohibition of Female Genital Mutilation Act, passed by the Kenyan parliament in 2011 that prohibits mutilation of all women regardless of age. I was particularly curious about the effectiveness of statutory law in such a traditional community where customary law has always taken precedence, and in which traditional elders, the *launoni*,

often have the last word. Solomon, himself trained by Amref Health Africa, began by explaining that his office had a duty to understand the history and nature of an offense, not simply to prosecute. He pointed out that there is need for civic education on FGC to be provided to the public in order for the community to understand why they were being arrested and prosecuted.

However, during this Key Informant Interview, it became apparent that the community is yet to understand why the police are arresting those involved with female circumcision. He revealed that his was dangerous work and that there have been instances where community members attacked the police trying to come in the way of a female circumcision ritual. Naulikha explained that because of the fear of arrests, the community has recently modified female circumcision ceremonies. These days, cutting is done in the middle of the night under the cover of dark, after which the girls are carried away to be hidden in the forest, with blood still running down their thighs. “When a family realizes the police are aware of the cut, the girl is quickly moved and hidden, and our chances of finding her diminish greatly...A case is nothing without witnesses,” he lamented. His greatest hope for identifying cases of female circumcision is early marriage, and usually girls are already cut by this time.

Indeed, few community members support the Office of Public Prosecutions to pursue matters of female circumcision and early marriage; perhaps for fear that their loved ones will be taken away, or for fear of being seen as a betrayer. Consequently, in the two years that the Office of Public Prosecutions has been enforcing the anti-FGC clause, there have been fewer than five prosecutions in a county where FGC prevalence is nearly universal. There is little doubt that criminalization of Female Genital Cutting has had a profound unintended consequences on female circumcision rituals. Despite the fact that the law is an important tool to fight against FGC, fear of the law has pushed the practice of genital cutting underground. We see here a

process where the law and the anti-FGC campaign have reduced a once-flamboyant and educational rite of passage that brought whole communities together to a criminal act shoddily committed in the black of night. Not all community members oppose the FGC clause. Some believe that the law is the only way to break through a tough tradition and to reach those who are most resistant to change.

[FGD with elders] Researcher: *“What challenges have you come across when sensitizing your fellow community members against female circumcision?”*

[Participants]: *“Wazee¹⁸ are the most reluctant, [they] completely refuse and say; ‘where will we go when you deny us our culture? We can’t be Kikuyu or white’. For these hardened people, we use the law as our basis.”*

[FGD with women]: *“Stigma is the problem. Once it is gone, we will be okay.”*

[Researcher]: *“What will remove stigma?”*

[Participants]: *“The law.”*

There appears to be a dichotomy of views between the community members who are relying on the weight of the law to support their unpopular views, and the rest of the community that sees the law as an assault to their way of life. The latter sentiment is most prevalent in the most remote pockets of the population where few or none in the community have received training on the impact of female circumcision. In one such village, the villagers were not even

¹⁸ The Swahili term for old men or elders

aware that a clause prohibiting *morata*¹⁹ existed in the constitution and demanded that the team go back and ask the president, Hon. Uhuru Kenyatta, to scrap that law. It was apparent that these villagers knew little of the constitution, and had trouble envisioning how such a document, located many kilometres away in the city, had anything to do with their lives. All in all, the anti-FGC clause is often cited during community training to bolster the anti-FGC campaign and support individuals who fear being attacked by the larger community for their minority view against female circumcision.

3.3.2 Politicians as a stumbling block to the fight against FGC

In the course of collecting data in Samburu County, one fact became undoubtedly clear—politicians remain a significant obstacle in the fight against Female Genital Cutting in the region. In this community that remains deeply rooted to its customs, denouncing female circumcision is political suicide. Almost all the parties I spoke with lamented about the lack of political support from local politicians, who are primarily concerned with maintaining and growing their voter base. The Director of Public Prosecutions, Mr. Solomon Naulikha, was especially frustrated: “We don’t try to reach politicians; they don’t help,” he lamented before quickly dismissing that line of questioning. Multiple other officials I spoke with would reiterate Solomon’s words; none had hope that the situation would change in the near future. The few politicians who dared question the status quo did not last very long in office.

Political apathy is in turn viewed by locals as validation for female circumcision; a call to keep fighting for the community’s right to self-determination. During a training session held for women in Wamba town, one woman stood up when the topic of politicians was brought up: “Leaders hold big parties feigning birthday celebrations, or house warming, but really it is

¹⁹ The Samburu term for Female Genital Cutting

female circumcision happening in the background. If these leaders don't change, how do you expect the small people to? We have no problem, when they change we will." Sceptical as to whether these politicians, whose children school in expensive schools around the country, would encourage their girls undergo circumcision, I sought out politicians' children to inquire about the matter. Those that were willing to open up about female circumcision said that their politician fathers do in fact hold parties (such as the one described by the women above) where the community can come to witness an underground circumcision, but that genital cutting never occurs. Sometimes, when there is need for proof of the deed by showing spilled blood, the girl's thigh will be cut. I asked whether any of their friends (whose parents were also politicians) had been circumcised to which they responded that none of their friends get cut, but that it was important for the community to believe that they had undergone the rite.

Given all I had heard about politicians, I sought out a member of County Assembly, Hon. Rebecca Lengupaye, to discuss the politician perspective. Hon. Lengupaye received me in the county's parliament chambers, an impressive velvet and gold room. Hon. Lengupaye began with a disclaimer: Of the twenty members of the County Assembly, only nine were women, and only those nine (and especially herself) were pushing for the issue of female circumcision to be discussed in county assembly. "FGM is a taboo topic that greatly affects votes. Leaders will never speak up against FGM," she asserted. When I asked about politicians' duty to protect the wellbeing of their constituencies, she pointed out that Samburu County is dirt poor and that on the endless list of priorities, access to food, clean water, and decent health care often trump the FGC agenda. "*Msituambie mambo you FGM, msituharibie culture yetu* [don't tell us about FGM, don't destroy our culture] is a common response that politicians resort to when the subject of female circumcision is brought up. It struck me as odd that politicians would argue that

Female Genital Cutting, practiced near-universally in their constituency, is a non-issue when they often went to such great heights to ensure that their own daughters were never circumcised. And yet, given the intimate link between politics and economic wellbeing, one can speculate the motivations for many politicians who remain adamant to change. In this community where marginalization and poverty are rampant, there exist very few avenues for success, politics being the most assured one. Apart from a few successful businessmen, politicians remain the top earners in the county. Securing one's political place thus assures economic wellbeing. In the meantime, the anti-FGC movement continues to suffer serious blows from the politically conservative point of view, especially since so many community members listen to and respect the political leaders.

3.3.3 The role of multi-ethnicity in changing community views on FGC

The Turkana are a Nilotic ethnic group native to the Turkana District and neighbors to the Samburu. These two communities rarely get along, their disputes frequently erupting in bloody clashes. The cause of their discord is said to arise from cattle rustling. At the height of the conflict, in 2012, forty-six people lost their lives and close to eleven thousand were displaced from their homes. The Turkana are discussed in this analysis because unlike the Samburu, they do not practice Female Genital Cutting, and therefore offer an interesting and compelling counter-example in the regions where they are close neighbors with the Samburu.

In Baragoi, a small town in northern Samburu County, Samburu-Turkana tension has been high for a number of years. Presently, the town is teeming with soldiers tasked with keeping the peace. In the two days that I was in Baragoi, gunshots could be heard reverberating in the dead of night, mingling with the sound of music and inebriated chatter from the pub below, where soldiers congregate nightly. While in Baragoi, I sat down with a Women Group to discuss

female circumcision and the difference between the two communities' understanding of the cut. "Everyone here knows that Turkana women can give birth today and go back to work tomorrow. But the Samburu women, they are sick for a month after having a baby. It was said before that it is because the Turkana are strong, but now we know it is because Turkanas do not circumcise their women," the women explained.

The Turkana birthing experience is much less fraught with complications because unlike the Samburu, Turkana mothers are less likely to tear during a natural birth. When the female genital organ is mutilated, the scab that develops over the wound causes the vagina to lose its elasticity resulting in tearing, hemorrhage, obstructed labor, and obstetric fistula (in the most extreme cases) during labor. To further complicate matters, many Samburu women, as a result of poverty and marginalization, give birth in their homes alone or with assistance from a Traditional Birth Attendant (TBA). In many instances, TBAs do not possess the necessary skills to handle obstructed labor or hemorrhage due to tearing. For these reasons, child and maternal mortality rates in Samburu County remain alarmingly high. In this context, the Turkana present a powerful counterexample of how mothers who have not been circumcised have an easier and healthier birthing experience. Indeed, the community cannot deny that the survival rates of Turkana newborns and their mothers rival those of the Samburu tenfold.

Furthermore, to the extent that the Samburu believe that only sons born of circumcised mothers can become leaders in the community, the Turkana present a compelling counter-narrative. The Samburu bear witness to the fact that even though Turkana men are born to uncircumcised women, one would be hard-pressed to find anyone that doubts the legitimacy and formidability of Turkana leaders.

Finally, the Turkana are also used as an example to counter the belief that female circumcision enhances womanhood and thus fertility. During one community mobilization session, the trainer asked community members to consider demographic statistics: “If circumcising women really increases fertility, how come the Samburu population is only 250,000 while the Turkana, who don’t do the same, have 1.4 million people?” I saw many thoughtful nods and looks of concern at this revelation. I had overheard several anxious conversations in the village with regard to the growing Turkana population. There was apprehension that the expanding Turkana population posed an increasing threat to the security of the Samburu. To have the changing county demography be attributed to female circumcision, I suspected, was highly provocative. Many community members present in the session were interested in exploring those statistics further, which led to a productive conversation on obstructive labor, fistulas, and maternal mortality.

Leveraging ethnic politics between the Samburu and the Turkana can be a powerful strategy that can advance the anti-FGC campaign, since these the Turkana present a living example in what is for the most part a mono-ethnic district. In fact, different regions of the county are receiving the anti-FGC message in vastly different ways depending on whether or not Turkanas are present in the region. Weeks after my conversation with the Women Group in Baragoi, I sat down with the District Education Officer Mr. Nicolas Lenaiyasa to discuss the Ministry of Education’s role in the anti-FGC cause. He said that in his experience, he found that in towns like Baragoi and Archers Post in which the Turkana and the Samburu co-exist, the anti-FGC cause has been met with very little resistance. “This is not the case in Wamba”, he said. “In Wamba, there are no Turkanas.”

4. Discussion

4.1 The complex relationship between the NGO and an FGC-practicing community

A key finding of this study has been that the NGO's training on Female Genital Cutting is leading to changes in attitude and practice among the small pockets of the population that have undergone training. Similar to previous studies conducted on Alternative Rites of Passage, training in the Samburu community is correlated with increased reproductive health knowledge and the willingness to explore alternative rites²⁰. Specifically, community members that were trained by Amref Health Africa were capable of clearly articulating the effects of female circumcision including hemorrhage, risk of infections, obstructed labor, and death. Some also brought up loss of sexual sensitivity, and trauma. Furthermore, trained community members were more vocal about the need to eradicate genital cutting of women than those who had not received training. Finally, some trained community members have been found to adopt and implement their own alternative rites that include gently pricking the clitoris or cutting the thigh of an initiate for the symbolic purpose of spilling blood.

In addition, from in-depth interviews with key informants, it became clear that multiple stakeholders are relying on NGOs—Amref and World Vision—for community sensitization and mobilization. These include but are not limited to: Kenya's Ministry of Health, the Ministry of Education, The Office of Public Prosecutions, The Department of Culture & Social Services, and the local County Government. When I asked informants from each of these departments to elaborate on their strategy for addressing Female Genital Cutting in the county, they all referenced Amref Health Africa and World Vision's trainings. Additionally, many of my key

²⁰ See Chege et al., 2001

informants had themselves been trained by Amref. The NGO is thus filling a key knowledge gap in the community.

Yet, NGO work is not without its challenges. Chief among them is the impact of monetary incentives in such a marginalized community. Amref Health Africa hands out small stipends to community members who attend training, and to school officials who recruit girls to participate in the Alternative Rite of Passage program. For a given training session, participant allowances could range from Ksh.1000 to Ksh.4000 (\$10 - \$40): This is in a county where 73% of the population subsists below the poverty level—\$1.25 a day (the national percentage living below the poverty line is 47%)²¹. It comes as no surprise that NGO training sessions are very popular. It was not uncommon for three times the number of community members invited to a given training session to show up—friends often reached out to each other when it was confirmed that there would be a stipend and lunch provided. For example, at a training session organized by Amref Health Africa for young men in Wamba town, the participants voiced their discontentment at the amount of the allowance they heard they would receive (\$10) because during the session held on the previous day, their female peers had allegedly received \$15. Later during the day as I casually chatted with the head chef in charge of the lunch and snack menu, she remarked that I should not seem so surprised at the ruckus that transpired in the morning: “They are all here for the money, didn’t you know? Many of them will go back and marry circumcised girls, they don’t care about the training.” On a separate occasion, during a visit to a school where a group of girls had denounced FGC and undergone Amref’s Alternative Rite of Passage, the teachers in charge of the program complained that they were not receiving enough ‘motivation’ to want to continue supporting that cohort of girls in absence of NGO presence. The

²¹ Information from Kenya Country Fact Sheet, 2011: <http://www.slideshare.net/Abetum/kenya-county-factsheetsdec2011>

teachers elaborated that by motivation they meant allowances and trips to neighboring Tanzania. Having heard Amref had sponsored a group of community leaders to attend training sessions in Tanzania they wondered why they had not been considered for the trip.

The ethics of using incentives when working with impoverished populations has been widely discussed (London et al., 2012; Nama & Swartz 2002). Of concern is that the desire for an incentive is so strong that a recipient knowingly acts contrary to deeply held values and beliefs. While it is true that incentives are drawing attention to Amref's anti-FGC cause, the challenge is in deciphering which community members are involved with NGO activities because they are genuinely interested in supporting the anti-FGC cause and which ones are there simply for the money. This is in itself not a significant challenge because if training truly has the impact that it appears to have, the message should reach the majority of participants regardless of their motivations for attending the sessions. Incentives become counterproductive when the community cannot dedicate its energies towards the cause without the monetary incentives, as in the latter example with the teachers. The reality is that Amref Health Africa only has a handful of staff implementing the Alternative Rite of Passage in the vast county of Samburu, and largely lacks the manpower to take lead on all the projects they have initiated. This community's dependence on NGO resources is therefore particularly troubling and threatens long-term sustainability of the anti-FGC cause when the NGO will eventually pull out.

The success of NGO work in Samburu is also threatened by the fact that projects in many non-governmental organizations are usually short-term and donor-driven. Amref's Alternative Rite of Passage project in Samburu is funded by the Dutch Postcode Lottery, and was designed to run from July 2013 to June 2016. In these three years, the program has the hefty goal of

“[contributing] to the abandonment of Female Genital Cutting in Samburu County²².” It is a goal that the NGO will not achieve by their deadline. Indeed, it is a goal that may not be attainable in the foreseeable future given the present status of female circumcision in Samburu. One has to wonder how the NGO arrived at such a target, taking into account their limited funding and human resources. For the NGO to truly believe that this goal was attainable, there had to have been significant simplification and ignorance of the issue from the genesis of the project. This is an alarming fact because it suggests a lack of fundamental knowledge in the tradition of female circumcision in this particular county, a fallacy that may yield long-term unintended consequences.

Furthermore, donor targets for this project are myopically focused on the present and on figures—the number of community members trained and the number of girls graduating through ARP. In the monthly reports that I was tasked with preparing, numbers dominated the write-up. Occasionally, there was a small box provided where a success story or two was to be fit. Donors also demanded that the report have two pictures attached at the end as visual proof of the work being done on the ground. In this milieu of meeting ambitious donor number targets, almost no time is dedicated to monitoring and evaluation (both qualitative and quantitative). The NGO rarely goes back to evaluate the impact of their one-day training. This study has documented the impact that training appears to have on community members, basic information that the NGO should have, but does not. Hence, the NGO operates blindly, without interrogating the impact of training on years and years of learnt cultural norms.

In addition, the NGO chronically undermines the potency of stigma as a threat to the success of the anti-FGC cause. During the Focus Group Discussion with girls that had

²² Information obtained from Amref’s website: <https://amrfhrtg.wordpress.com/2013/07/13/alternative-rite-of-passage-scale-up-samburu-jul-2013-jun-2016/>

denounced female circumcision and had undergone Amref's Alternative Rite of Passage, they spoke in length about the stigma they had been suffering from their peers and from older community members. The girls revealed that there were no support structures provided either by the NGO or by their school, and that the NGO had not followed up on their status since the ARP ceremony. Amref had not been back to carry out follow-up training, nor provide psychological guidance to the girls. As a result, the pressure from their parents and the community to undergo circumcision was weighing down on them. "My father is pressuring me to be circumcised, I'm still not sure whether or not it will happen," one girl revealed. Without social and psychological support, these girls—who lack social and economic agency—are crumbling under the pressure exerted on them by a largely traditional society. Furthermore, to the extent that these girls are now aware of the short and long-term consequences of female circumcision, it is important to consider what happens when they have to contemplate having to engage in the procedure after all. These girls may experience anxiety and stress different than those who are unaware of the health risks of female circumcision.

The myopic tunnel vision of the NGO was also evident when I spoke with the County Deputy Director in the Department of Culture and Social Services, Mr. Stephen Lekimain. "A rehabilitation center is in budget to fill the gap left by NGOs. What happens when [girls who reject FGC] want to continue with education? Will the NGO pay for that? NGOs have no exit strategy." The danger of focusing on a short-term, numbers-driven approach in addressing an issue as sensitive as Female Genital Cutting may not be explicitly apparent in the short term, although there have been warning signs in the past, such as when there are organized community protest and mass circumcision rampages²³. In the long term, the myopia of NGOs may have

²³ See <http://www.nation.co.ke/oped/Opinion/Female-Genital-Mutilation-Kenya-Women/-/440808/2620748/-/view/printVersion/-/4f9vbyz/-/index.html>

deleterious unintended consequences, particularly on young girls who remain the most vulnerable to the potential negative outcomes of a female circumcision intervention gone awry.

4.2 Alternative Rite of Passage Intervention: Is there community buy-in?

In theory, the Alternative Rite of Passage intervention is revolutionary because it is designed to address the two most important components of female circumcision rituals: The rite of passage from childhood to womanhood, and the crucial involvement of the community in the process. Alternative Rites of Passage thus allow communities to both maintain the beneficial components of initiation rites, as well as protect girls and women from stigma by ensuring that the larger community bears witness to their adherence to agreed-upon rules of membership. In the words of elders from the Samburu community: “Female circumcision will never end, it is the cut that will end. We will follow tradition without the knife. We must have Alternative Rite of Passage, which is an easier pill to swallow for such a traditional community.” In theory, therefore, the intervention appears to be culturally suitable to the goal of abandonment of female circumcision.

In practice, the Alternative Rite of Passage intervention is riddled with dysfunctionality. Young girls, who are key in the process, especially end up receiving the short end of the stick. According to the theory of the intervention, teachers who have been trained extensively on female circumcision, ARP, and other regressive cultural practices in the Samburu community such as beading and early marriage, are tasked with recruiting a cohort of prepubescent girls to participate in the intervention. The identified girls, under the guidance of this teacher, form a club scheduled to meet regularly over the course of a school year to discuss issues pertinent to FGC including the female reproductive system, the cut itself, child and human rights, importance of girl-child education, and the Alternative Rite of Passage. It is theorized that after months of

training and guidance, young girls would be ready to reject female circumcision and opt for an Alternative Rite of Passage.

The reality on the ground is that very few schools recruited by the NGO adhere to this regime of training and mentorship. In absence of NGO monitoring and evaluation, schools drop the ball on the project, only picking it up close to the grand Alternative Rite of Passage ceremony (usually held in December at the end of a school year), when NGO officials come knocking on doors and providing lunch allowances. This means that at the time of the Alternative Rite of Passage ceremony, the girls have barely received any information prior to the ceremony. Nevertheless, they are taken through a three-day crash course of what they were supposed to have learnt over twelve months, and expected to publicly denounce female circumcision, a rite that they have been taught to swear by since childhood.

The dissonance discussed above became apparent during a Project Implementation Team (PIT) meeting held in the Amref offices to prepare for the 2014 end-of year Alternative Rite of Passage ceremony. The Project Implementation team comprises representatives from various stakeholders including the Ministry of Health, the Ministry of Education, Kenya's anti-FGM board, Faith Based Organizations, and Civil Society Organizations. These representatives were familiar with Amref's ARP program, and had participated in community mobilizing and training to some degree. The main agenda of the meeting was to plan the grand Alternative Rite of Passage ceremony to be held in Wamba town in December, where NGO intended to train and graduate 515 girls in the course of five days. The PIT pointed out that managing a group of 515 teenage girls would be a logistical nightmare, and after several minutes of back and forth, two cohorts of 300 and 250 girls were settled upon. When the excitement had died down, I inquired whether the PIT believed that five days was sufficient to challenge mentalities around female

circumcision that had been developed and nurtured since childhood. I was informed that this five-day training was but supplemental. “A supplement to what?” I probed. “The girls undergo continuous training in their individual schools in the course of the year in FGM clubs,” one PIT member responded. A deafening silence fell over the room as a few people shifted in their seats. “Well they are *supposed* to have undergone training during the year,” she corrected. More silence. A pastor who was present representing Faith Based Organizations broke the silence to address the elephant in the room. He urged his fellow PIT members to truthfully acknowledge that training in schools rarely occurs, and pointed out the need for more strategic follow-up the following year. The dysfunction of ARP implementation means that Alternative Rite of Passage ceremonies are more sensational than they are an integral part of a ‘new culture’. Amref’s five-day training was more likely to be a symbolic event for the girls than an educational one, and one that in the end had no impact on whether or not the girls would end up circumcised.

Days later in a meeting with Kenya’s anti-FGM Board representative, Ms. Severina Lemachokoti, to discuss the effectiveness of the NGO’s Alternative Rite of Passage intervention, her expert opinion was that the ARP process was wholly insufficient to shift girls’ mindsets vis-à-vis female circumcision: “A few days of training are not enough to make a lasting change and many girls participate in ARP simply for the celebrations and afterwards go back to their normal lives,” she asserted. She gave the example of the previous year where Amref graduated a cohort of girls, and a few weeks later, World Vision ended up training and graduating the same group. “Clearly something is going wrong,” she added. As a trained psychologist, Lemachokoti believes in mentoring girls and getting to know them before talk on female circumcision even begins. Given the sensitive nature of the subject, and the degree to which girls believe in the rite, it would take months of dedicated and deliberate training and mentorship to challenge fundamental

beliefs. Furthermore, the girls' parents have to be involved in the process from the onset. Indeed, Lemachokoti observed that parents of many of the girls who participated in the Amref graduation ceremonies each year believed their children were going away for a school trip, and it is only after returning with an NGO-stamped 'STOP FGM' certificate that the parents became aware that their children had participated in an Alternative Rite of Passage ceremony. For these parents, their children might as well have gone for a mundane school trip; the certificate and the ceremony that begot it have little meaning in their quotidian lives.

Thus, reception of the Alternative Rite of Passage intervention in the Samburu community is ambivalent at best. One reason behind this may be the fact that the majority of the community remains uninformed of the impact of Female Genital Cutting and the possibility of an alternative rite. Furthermore, weak monitoring and evaluation on the part of the NGO means that the organization is unable to effectively track its impact in the community. In the end, the ARP intervention is operating blindly, unsure as to who is truly listening and buying into the intervention. Prazak's analysis of Alternative Rites of Passage in the Kuria community is important to reiterate here. When 281 out of a total of 289 ARP initiates were circumcised upon returning to their communities in Kuria District, Prazak argued that it was because the Alternative Rite of Passage failed to seriously consider local points of view. He argued: "Cultural continuity requires competing interests to reach a consensus about which items of traditional behavior are dropped and which are maintained because they are central to cultural identity²⁴." In present day Samburu, community and outsider perceptions of what constitutes female wellbeing continue to be in war. The majority of the community remains convinced that female circumcision is the sole path to womanhood and respectability, while international NGOs

²⁴ Prazak, M. (2007): Prazak's ethnography of Kuria female circumcision practices are discussed in further detail in the 'literature review' section of this study.

are rooted to the belief that cutting of females is a form of mutilation and violence against girls. For these contending views to begin being bridged, culturally competent training has to be scaled up to reach far more people, it has to be consistent, and has to engage monitoring & evaluation. A three-year project, such as the one Amref Health Africa is currently conducting in Samburu County, is chronically insufficient to achieve the goal which it envisioned at the onset— abandonment of Female Genital Cutting in the entire county—and may in fact have grave unintended consequences when the NGO pulls out of the community just as critical conversations about the possibility of abandoning female circumcision are just beginning to burgeon.

5. Conclusions and recommendations for policy

This qualitative study sought to conceptualize the ways in which stories and understandings of Female Genital Cutting in Samburu County in Kenya have changed (if at all), in light of Amref Health Africa's Alternative Rite of Passage intervention program. Results indicated that for the few groups that have had dedicated training on the harmful effects of FGC and possibility of Alternative Rites, there is increased reproductive health knowledge, and in some instances training has led to changing circumcision practices (from genital cutting to genital modification). Community members that had been sensitized were able to articulate the deleterious effects of FGC and were more likely to assert that the tradition should be discontinued because of the harm it conferred on young girls. Shifts in attitude vis-à-vis female circumcision were found to be more present in regions where multiple ethnic groups co-exist. In such multiethnic groups, the Samburu community is able to draw comparisons between the health of its circumcised women and that of non-circumcised women from other ethnic groups such as the Turkana.

However, since training has only reached a small segment of the population, the majority of the community remains largely unaware of the dangers of female circumcision. This majority segment is firmly pro-circumcision and views the rite as a normal, unproblematic, way of life. Their belief in the importance of adhering to ritual is further bolstered by politicians' reluctance to confront the topic of female circumcision fearing that they will lose votes. To the extent that Alternative Rite of Passage interventions are only successful when the majority rallies against female circumcision, there remains insufficient community buy-in for the intervention to succeed in the Samburu community. From the onset, this study theorized that in rural, underdeveloped, FGC-practicing societies where the most of the community remains rooted in its traditions, ARP could only succeed if training were scaled up to reach the majority of the population. As Mackie, Melching, and Prazak have all argued, rites that are tied to marriageability can only be abandoned collectively, when there is community-wide consensus (Mackie, 1996; Molloy, 2013; Prazak, 2007).

Just as importantly, vigorous monitoring and evaluation (M&E) is key in anti-FGC interventions. To not undertake M&E is to open up an already vulnerable intervention to a host of unintended consequences including severe backlash and the possibility of driving female circumcision underground. This paper has found that poor M&E on the part of the NGO has blinded it to the on-the-ground challenges of continuous training of young girls in schools. Erroneously assuming that girls are engaged in a thorough training program up to twelve months prior to the grand graduation ceremony, the NGO places its efforts on preparing for the grand ceremony at the end of the year where anywhere between three hundred and five hundred girls are graduated within a week's time. This paper has found that the majority of ARP initiates do not undergo sufficient training prior to graduation and thus argued that the grand graduation

ceremonies, although attended by many community members and prominent political figures (such as Kenya's first lady Mrs. Margaret Kenyatta), are more a sensational affair than truly meaningful ceremonies. There is no guarantee that ARP initiates will remain uncircumcised in the long-run, especially when their parents and the larger community remain untrained and unconvinced that girls can become women without the cut.

Young girls, who remain central to the conversation about Female Genital Cutting and Alternative Rites of Passage, require long-term training and mentorship months before the grand ARP ceremonies. This is because young girls grow up being told that female circumcision is the rite that will transform them into respectable women in the society and allow them numerous benefits including marriage, childbearing, leadership, and social status. They therefore regard female circumcision with much pride and belief; the kind of belief that takes months if not years, to challenge. At the same time, these girls bear witness to the stigmatizing shaming of young women who reject circumcision. For these reasons, any intervention that is serious about making a lasting impact in FGC-practicing communities needs to dedicate time and resources towards mentoring young girls long-term, and offering them psychological support post the ARP ceremony when they return to their communities as 'social deviants'. The role of monitoring and evaluation in ensuring that training is reaching the intended population in the intended manner cannot be overemphasized. Quantitative data on the reach of the intervention should be complemented by qualitative data that traces the changes in attitudes at the community level, and the readiness of the community to adopt Alternative Rites of Passage long before ARP ceremonies are organized.

Furthermore, this study has discussed the ways in which small pockets in the Samburu community, reluctant to completely let go of female circumcision, are secretly resorting to

genital alteration techniques, specifically pricking or nicking the clitoris. In this community where female circumcision is decades from being fully abandoned, genital alteration methods appear to be a conceivable transition that allows communities to protect their girls from the harmful effects of full excision, while navigating and negotiating the difficult process of changing set beliefs. As one Women Group put it: “These days we don’t carve girls like potatoes as was done in the past. We just prick very gently for some blood to spill and it’s done. Men are not aware of it.” Spilling of blood during circumcision rituals in this community was also cited by a group of elders as a necessary component of the rite, further making a case for genital alteration as a transition stage before full abandonment. Thus, for the few groups practicing pricking/nicking, genital alteration is seen as a suitable compromise that protects young girls from the negative effects of traditional circumcision. At the same time, since the larger community believes that circumcision has occurred, girls are protected from the stigma, shame, and ostracization that come with outright rejection of FGC.

In a recent study published by two American gynaecologists that appeared in the *British Journal of Medical Ethics*, authors Arora and Jacobs make a case for Female Genital Alteration (FGA) methods. They argue that in communities where there is a strong majority belief in female circumcision, advocating for FGA procedures is an important harm-reduction strategy since these have minimal or no impact on reproductive capacities and sexual satisfaction. They posit: “To accommodate cultural beliefs while protecting the physical health of girls, we propose a compromise solution in which liberal states would legally permit *de minimis* FGA in recognition of its fulfillment of cultural and religious obligations, but would proscribe those forms of FGA that are dangerous or that produce significant sexual or reproductive dysfunction.” (Arora & Jacobs, 2016) While their recommendation is targeted towards governments of countries where

Female Genital Cutting is near –universal such as Egypt, Somalia, and Sudan, countries like Kenya could also benefit from Female Genital Alteration methods. This is because whereas the national prevalence is only 21%, in the few communities where FGC is still practiced, prevalence is extremely high—96% among the Kisii, 73% among the Maasai, 98% among the Somali and Rendille, and near-universal among the Samburu. In these hot spots, FGA can go a long way in reducing harm as communities transition towards abandonment of female circumcision.

As an organization, Amref Health Africa stands firmly against genital alteration practices. In a recent email to National Public Radio, Amref’s Dr. Githinji Gitahi criticized Arora and Jacob’s article. Dr. Gitahi, a physician with a speciality in OB-GYN, argued: “It is important to understand that FGM has no medical benefits and as such, to advocate for any form of it is to miss the point” (Cole, 2016). Given the breadth of experience Dr. Gitahi has had working with the Samburu and Maasai communities, it is surprising that he would take such a hard stance. Female circumcision is years, perhaps decades, from being completely abandoned, and harm reduction is sometimes all one can work with in communities that are so adamant about the rite. Furthermore, to the extent that FGA methods pose no significant long-term risks to the health of girls and women, it is incorrect to classify them under the umbrella of ‘FGM’. NGO-approved or not, however, small pockets of groups in the Samburu community have adopted and are carrying out localized forms of genital alteration, a testament to their agency, self-efficacy, and openness to change.

While controversial, FGA methods present a viable harm reduction option for rural communities where prevalence of female circumcision remains near-universal. Future research should attempt to map the effectiveness of Female Genital Alteration methods in rural,

marginalized communities using indicators such as community perception vis-à-vis FGC, number of girls cut versus nicked, and willingness to engage in Alternative Rites of Passage. On the other hand, International NGOs looking to work in such communities for short periods of time need to understand communities' histories and cultures to be able to realistically predict the effectiveness of Alternative Rite interventions. It is imperative for non-governmental organizations to operate with a long-term vision in mind by mapping out diffusion of innovation, detecting and instrumentalizing first adopters, and identifying alternative genital modification methods being adopted in the regions in which they work. To this end, key stakeholders such as Civil Society Organizations, Faith Based Organizations, and various government offices need to be well versed with training and advocacy best practices, since these are the groups that will likely take over the duties of the NGO in the long run.

Limitations of the Study

This study was conducted in the insulated Samburu County of northern Kenya and as such, the results of this study may not be fully generalizable to the rest of the country.

Furthermore, I was unable to guarantee the honesty of participants' responses especially since I was working under Amref Health Africa, the very NGO I was asking participants to criticize. I am therefore unsure whether participants were compelled to say what they thought the NGO wanted to hear. To mitigate this bias, I conducted in-depth Key Informant Interviews with officials from various departments including the Ministry of Education, the Kenya Anti-FGM Board, the County Assembly, the Office of Public Prosecutions, Department of Gender & Social Services, and Amref Health Africa. Accounts from these informants supplemented information obtained from Focus Group Discussions. The key informants tended to be more critical of the NGO than community members, either for the reason mentioned above, or because these are

individuals that occupy important positions and thus regard the NGO as their peer as opposed to an authority figure. Criticism from key informants was therefore a crucial addition to this study, and informed much of the study's discussion.

6. Appendix A: Focus Group Discussion Questionnaires

QUESTIONNAIRE : ELDERS

- 1) What is your role in the community?
- 2) What does the culture of FGC mean to you?
- 3) What is the importance of FGC in the Samburu community?
- 4) What good or bad has FGC done to the girls of this community?
- 5) Were you trained by AMREF?
- 6) What did AMREF teach you about FGC?
- 7) Were you aware of this information before the training?
- 8) What is the biggest lesson you took away from the AMREF training regarding FGC?
- 9) Have you shared this information with the community?
- 10) What methods have you used to share this information in a culturally acceptable manner?
- 11) How did the community react to the information you shared with them?
- 12) How did the community react to you taking a stance against FGC?
- 13) Would you allow your girls to undergo FGC? Why or why not?
- 14) What is your understanding of ARP?
- 15) Would you encourage your daughters and granddaughters to participate in the ARP program? Why or why not?
- 16) Do you think ARP is the ideal approach as an intervention?
- 17) How can the ARP approach can be improved and made more accessible to the community?
- 18) In your opinion, what is the future of FGC in this community?

QUESTIONNAIRE: WOMEN

- 1) What is your role in the community?
- 2) What does the culture of FGC mean to you?
- 3) What is the importance of FGC in the Samburu community?
- 4) During your time, was there any choice of an alternative to FGC?
- 5) What was your experience with FGC?
- 6) What good or bad has FGC done to the girls of this community?
- 7) What made you decide to be trained by AMREF about FGC?
- 8) What did AMREF teach you about FGC? Were you aware of this information before the training?
- 9) What is the biggest lesson you took away from the AMREF training regarding FGC?
- 10) Have you shared this information with your daughters or friends?
- 11) What methods have you used to share this message?
- 12) How did the community react to you taking a stance against FGC?
- 13) Would you encourage your daughters, your granddaughters, nieces, etc. to participate in the ARP program? Why or why not?
- 14) Are ARP girls valued less in the community? How do other women treat them?
- 15) Are there ways the ARP approach can be improved?
- 16) Do you have any fears for the daughters you have not circumcised?
- 17) In your opinion, what is the future of FGC in this community?

QUESTIONNAIRE: ARP-GRADUATED GIRLS

- 1) Are you all in primary school?
- 2) Were you all born in Samburu?
- 3) What is your role in the community?
- 4) What does the culture of FGC mean to you?
- 5) Describe the female initiation ceremonies.
- 6) What is the importance of FGC in the Samburu community?
- 7) What good or bad has FGC done to the girls of this community?
- 8) Were you all trained by AMREF?
- 9) What had you learnt about the cut before AMREF came to your school?
- 10) What did AMREF teach you about the cut?
- 11) Do you think girls should be cut? Why or why not?
- 12) Who have you shared the information AMREF gave you with?
- 13) How have you shared it?
- 14) How did your friends react to you taking a stance against FGC? And your family?
- 15) How are you treated in the community since taking a stance against FGC?
- 16) Do you feel like ARP is a good thing to be done?
- 17) Would you encourage your sister, cousin, friend, etc. to participate in the ARP? Why or why not?
- 18) Are there ways the ARP program can be improved?
- 19) What do you think is a good way to spread the message about FGC in your schools?
- 20) Have you ever heard of anyone undergoing FGC from the group that graduated from ARP in 2014?
- 21) Have you ever heard of anyone dropping out of school from the group that graduated from ARP in 2014?
- 22) Did ARP change your lives? How or how not?

QUESTIONNAIRE: BEADED GIRLS

- 1) What is your role in the community?
- 2) What does the culture of *morata* mean to you?
- 3) What is the importance of *morata* in the Samburu community?
- 4) What good or bad has *morata* done to the girls of this community?
- 5) Were you trained by AMREF?
- 6) What did AMREF teach you about *morata*?
- 7) Were you aware of this information before the training?
- 8) What is the biggest lesson you took away from the AMREF training regarding *morata*?
- 9) Will you share this information with the community?
- 10) How will your friends react to you taking a stance against *morata*? And your family?
- 11) How will the community react to you rejecting *morata*?
- 12) How will *morans* treat you now that you have rejected *morata*?
- 13) Is there a difference between cut and uncut women? In terms of their roles as women.
- 14) Would you encourage your future daughters, nieces, et cetera to participate in the ARP program? Why or why not?
- 15) In your opinion, what is the future of FGC in this community?

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