



**FEMALE GENITAL MUTILATION**  
**A Case of the Sabinu in Kapchowra District, Uganda**

*SOA-3902*

*by*

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**DECLARATION**

The work that I have submitted is my own effort. I certify that all the material in the dissertation which is not my own work has been identified and acknowledged. No materials are included for which a degree has been previously conferred upon me.

Signed...  .....

Date.. 27.05.09 .....

## DEDICATION

To my ever loving mother, Faith Essy Kalikwani for always being there and sharing all the happy and sad moments in my life, for always encouraging and putting me on the right path. I love you mom and could never ask for another mother.

*“A mother is the truest friend we have, when trials heavy and sudden, fall upon us; when adversity takes the place of prosperity; when friends who rejoice with us in our sunshine desert us; when trouble thickens around us, still will she cling to us, and endeavour by her kind precepts and counsels to dissipate the clouds of darkness, and cause peace to return to our hearts.” ~Washington Irving*

To my sisters: Jacqueline, Diana, Priscilla, Tabitha and my brother Silas for all the support and prayers.

*“Siblings are the people we practice on, the people who teach us about fairness and cooperation and kindness and caring - quite often the hard way.” ~Pamela Dugdale*

To my niece Faith and nephews Arnold, Jonah and Timothy, you are the future leaders of tomorrow and I love you.

*People learn through experience if they meet life honestly and courageously. This is how character is built. ~ Eleanor Roosevelt*

To my cousin Godfrey, thank you for all the help.

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## **ABSTRACT**

Female genital mutilation/cutting/circumcision (FGM or FGC) are terms used to incorporate a wide range of traditional practices that involve the partial or total removal of the external female genitalia basically for traditional and cultural reasons in mostly African societies. This study addresses the perceptions of this practice and looks at different efforts by the Community Based Organisations and Government to eliminate this traditional practice among the Sabinu people of Kapchorwa District in the Republic of Uganda.

This study was conducted in Kapchorwa District among selected Sabinu people and organisations working to eliminate the practice. In executing this study, both qualitative and quantitative methods were used. Qualitative methods used included individual interviews; key informant interviews; telephone interviews and focus group discussions. Secondary data was also used in this study.

The findings revealed that there are divided opinions about female genital cutting among the Sabinu. There are those who are in favour of the practice, while others are against the practice. The assumed consequences of performing the practice or not performing it play a big role on the different perceptions held by the people. A big segment of the local community, together with the Uganda Government is involved in efforts to bring about change in the community by eliminating the tradition.

This thesis indicates that perceptions held by those who are in favour of the practice are based on a number of motivating factors, tradition topping the list. There are various efforts that are being employed by the local community as well government to eliminate the tradition in Kapchorwa. As a result of these efforts, there has been a change in the community; however this does not yet mean that the tradition has been eliminated.

## **TABLE OF CONTENTS**

DECLARATION.....	ii
DEDICATION.....	iii
ACKNOWLEDGEMENT.....	iv
ABSTRACT.....	v
TABLE OF CONTENTS.....	vi
LIST OF APPENDICES.....	viii
LIST OF FIGURES.....	viii
LIST OF TABLES.....	viii
LIST OF ABBREVIATIONS.....	viii

### **CHAPTER ONE: INTRODUCTION..... 1**

1.1 BACKGROUND.....	1
1.2 STATEMENT OF THE PROBLEM.....	2
1.3 OBJECTIVES.....	2
1.4 SPECIFIC RESEARCH QUESTIONS.....	3
1.5 STUDY AREA AND SCOPE OF THE STUDY.....	3
1.6 ORGANISATION OF THE THESIS.....	4

### **CHAPTER TWO: LITERATURE REVIEW.....5**

2.1 INTRODUCTION.....	5
2.2 SOCIAL THEORY AND FEMALE GENITAL MUTILATION.....	6
2.3 JUSTIFICATION FOR THE PRACTICE.....	7
2.4 CONSEQUENCES.....	9
2.5 INITIATIVES.....	10

### **CHAPTER THREE:**

#### **METHODOLOGY..... 13**

3.1 INTRODUCTION.....	13
3.2 RESEARCH PARADIGM.....	13
3.3 CASE STUDY DESIGN.....	14
3.4 SELECTION OF PARTICIPANTS.....	14
3.5 DATA COLLECTION METHODS.....	15
3.6 SECONDARY DATA.....	17

3.7 REFLECTION ON THE FIELDWORK.....	18
3.8 LIMITATIONS DURING THE FIELDWORK.....	19
3.9 RELIABILITY AND VALIDITY OF DATA.....	19
3.10 ETHICAL CONSIDERATION.....	19
<b>4.0 CHAPTER FOUR: PERCEPTIONS OF FEMALE GENITAL MUTILATION.....</b>	<b>21</b>
4.1 INTRODUCTION.....	21
4.2 TRADITIONAL PRACTICE.....	21
4.3 A FORM OF INITIATION.....	25
4.4 A SOURCE OF PLEASURE.....	26
4.5 SOURCE OF INCOME.....	27
4.6 HARMFUL TRADITIONAL PRACTICE.....	28
4.7 DEHUMANISING PRACTICE.....	30
4.8 HUMAN RIGHTS VIOLATION.....	31
<b>5.0 CHAPTER FIVE: EFFORTS BY THE LOCAL COMMUNITY.....</b>	<b>34</b>
5.1 INTRODUCTION.....	34
5.2 SENSITISATION PROGRAMMES.....	35
5.3 ALTERNATIVE RITES OF PASSAGE (ARP).....	38
5.4 THE CULTURE DAY.....	39
5.5 PEER EDUCATORS.....	40
<b>6.0 CHAPTER SIX: ROLE PLAYED BY THE GOVERNMENT.....</b>	<b>44</b>
6.1 INTRODUCTION.....	44
6.2 RATIFICATION OF INTERNATIONAL CONVENTION.....	44
6.3 LEGISLATION.....	44
6.4 GOVERNMENT INSTITUTIONS.....	45
6.4.1 Uganda Human Rights Commission.....	45
6.4.2 Ministry of Gender, Labour and Social Development.....	45
6.5 LEGAL INSTRUMENTS.....	46
6.5.1 The Constitution of 1995.....	46
6.5.2 The Children’s Statute.....	46
6.5.3 The Penal Code Act.....	47

6.6 OTHER ROLES.....	47
<b>CHAPTER SEVEN.....</b>	<b>49</b>
<b>CONCLUSION.....</b>	<b>49</b>
<b>RECOMMENDATIONS.....</b>	<b>51</b>
<b>REFERENCES.....</b>	<b>53</b>
<b>APPENDICES.....</b>	<b>57</b>

### **LIST OF APPENDICES**

Appendix 1: Interview guide informants at national level.....	57
Appendix 2: Interview guide for local organisations.....	57
Appendix 3: Interview guide for the community (Sabiny people).....	58
Appendix 4: Focus group interview guide for girls/women.....	58

### **LIST OF FIGURES**

Figure 1: Interview with Martin Chelangati at REACH.....	16
Figure 2: Cross section of one of the FGD groups.....	17
Figure 3: Illustration on REACH wall.....	25
Figure 4: Circumcised girls undergoing healing.....	29
Figure 5: Girls being circumcised in the open.....	30
Figure 6: Illustration on REACH wall.....	31
Figure 7: Girls participating in the Cultural day.....	39

### **LIST OF TABLES**

Table 1: Summary of informants contacted .....	15
Table 2: Statistics of circumcised girls .....	22

### **LIST OF ABBREVIATIONS**

AIDS	Acquired Immune Deficiency Syndrome
ARP	Alternative Rights of Passage
CEDAW	Convention on Elimination of all Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
FGC	Female Genital Cutting/Circumcision



FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FORWARD	Foundation for Women’s Health & Development
HIV	Human Immune-Virus
NGOs	Non Government Organisations
PATH	Programme for Appropriate Technology in Health
REACH	Reproductive Educative and Community Health Programme
SEA	Sabiny Elders Association
UHRC	Uganda Human Rights Commission
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
USE	Universal Secondary Education
WHO	World Health Organisation

**Key terms:** Female Genital Mutilation, Circumcision, Cutting, Human Rights, Perceptions, Initiative, Traditional Practice, Government and Kapchorwa.



## **CHAPTER ONE: INTRODUCTION**

Female genital mutilation is a traditional practice which is said to be a violation of human rights of girls and women. This thesis tries to provide a human rights perspective on this contested phenomenon and looks at efforts that are being used to eliminate this practice. Considering the fact that this is a traditional practice, change in practicing communities is slow. It will take commitment both by the Government and Non Government Organisations involved in the struggle of changing the perceptions of the practice in the communities.

### **1.1 BACKGROUND**

The term to define the practice of female genital mutilation has undergone a number of changes. Boyle (2005:41) writes that WHO adopted to use the term female circumcision because this practice was referred to as a social and cultural issue as opposed to a medical issue.

According to Shell-Duncan et al (2000:6), the term female genital mutilation (FGM) was adopted at the Third Conference of the Inter African Committee on Traditional Practices Affecting the Health of Women and Children in 1990 and is now used in the World Health Organisation and other United Nations documents to emphasis the violation of human rights involved. At the community level, using the term mutilation can be viewed as being judgemental and condemnatory. Female Circumcision is used by practicing communities because it is a close literal translation from their own languages (Population Reference Bureau 2001:3). In 1996, the Reproductive-Educative and Community Health Programme (REACH), a United Nations Population Fund programme, opted to use female genital cutting (FGC) instead of female genital mutilation which was thought to imply excessive judgment by outsiders as well as insensitivity towards individuals who have undergone the procedure, (Ni Mhordha 2007:5; Shell-Duncan et al 2000:6). For purposes of this study, the terms female genital mutilation (FGM) and female genital circumcision/cutting (FGC) will be used alternately.

The global picture estimates that between 100-140 million girls and women have undergone FGM, and at least 2-3 million girls a year are at risk of undergoing some form of procedure worldwide, (WHO 1997a; WHO 1997b:3; WHO 2008b:1; Momoh 2005:5). As a result of immigration this practice is also common in the African immigrant communities in North America, Europe, Australia and New Zealand (WHO 1997a; WHO 1997b:3; WHO 1998:18).

In Uganda there is one group of people called the Sabiny that practices FGC to initiate girls into adulthood. It is also seen as an expression of cultural identity and a sacred ritual sanctioned by ancestors and protected by cultural beliefs (WHO 1999:116).

## **1.2 STATEMENT OF THE PROBLEM**

Female genital mutilation has been perpetuated over generations by social dynamics that make it very difficult for individual families as well as individual girls and women to abandon the practice. Even when families are aware of the harm female genital mutilation can bring, they continue to have their daughters circumcised because it is deemed necessary by their community for bringing up a girl correctly, protecting her honour and maintaining the status of the entire family (WHO 2008b:5-6). Acknowledging that the tradition brings shame and stigmatization upon the entire family and prevents girls from becoming full and recognised members of their community if not practiced, the United Nations has labelled female genital mutilation as one of the harmful cultural practices that need to be eliminated in society not only in Africa but also in the African immigrant communities in Europe.

This inquiry seeks to explore the perceptions of a community in regard to female genital cutting and to examine the initiatives developed by the local communities in their struggle to fight this practice. In addition, it is aimed at exploring the role played by Government in eliminating FGC.

## **1.3 OBJECTIVES**

- To establish the local community's perception of female genital cutting.
- To explore initiatives taken by the local community to abolish the practice.

- To find out the role played by the Government in the fight against female genital cutting.

#### **1.4 SPECIFIC RESEARCH QUESTIONS**

- What views are held by the different members of the community about female genital mutilation?
- What initiatives have been put in place by the local community to abolish this practice?
- What is Government doing to eliminate female genital circumcision?

#### **1.5 STUDY AREA AND SCOPE OF THE STUDY**

As my study area, I chose Kapchorwa where the Sabiny who circumcise women in Uganda live. Kapchorwa is a district in eastern Uganda which shares its borders with the districts of Mbale in the West and South, Nakapiripit in the North and the Republic of Kenya in the East and South (Uganda Bureau of Statistics 2002). The Sabiny who speak Kupsabiny, belong to an ethnic group called the Nilotics. The different ethnic groups have varying customs and values which shape their behaviour and way of life.

Isolated by geography, poverty and/or low levels of development the Sabiny community which lives in widely dispersed rural communities is the only community known to circumcise women in Uganda. They are fiercely protective of their culture and this is most probably the heart of the reasons as to why this practice continues. The mountainous terrain in the district makes transport and communication very difficult. The primary occupations are raising cattle and peasantry farming.

As a result of migration, this practice has spread to other surrounding areas in Uganda like Moroto, Nakapiripit, Bugiri, Bukwo, Isingiri, Kamuli, Pokot, Masindi as well as Kamwenge.

The study covered the perceptions held by the Sabiny as regards female genital mutilation. Primary and secondary sources were used in the process of data collection (see Chapter three pages 15-16 for details). This was done between the periods of

November 2007 when the research project was formulated at Gothenburg University in Sweden and December 2008 - January 2009 when the fieldwork was conducted.

The research gathered information on what the local community (organisations) were undertaking, in the struggle to end the practice as well as the various efforts being carried out by the Government. The informants included Sabinu girls and women, local organisation employees from the Reproductive Educative and Community Health Programme (REACH); the Sabinu Elders Association (SEA); and employees from the Uganda Human Rights Commission (UHRC). Other resource persons in Kapchorwa district were contacted like the Town Clerk and a health worker. Informants contacted were mainly Sabinu girls and women and also the opinion of men was sought (See Chapter three page 15).

## **1.6 ORGANISATION OF THE THESIS**

My thesis is organised in seven chapters. Chapter one contains general information about the study in the global context; Chapter two contains literature published by different scholars on FGM; Chapter three presents the methodology; Chapters four, five and six contain the research findings and Chapter seven contains the Conclusion and Recommendations of the study.

## CHAPTER TWO: LITERATURE REVIEW

### 2.1 INTRODUCTION

Female genital mutilation is the collective name given to several different traditional practices that involve the cutting of female genitals for cultural or any other non-therapeutic reasons, (Toubia 1995:9; WHO 1997a; WHO 1997b:1; WHO 2008a; WHO 2008b:1; Shell-Duncan et al 2000; FORWARD 2002:2; UNFPA 2007:1).

From the studies that have been conducted, four different types of female genital mutilation have been identified, (WHO 1997b:1; WHO 1998:6-8; WHO 2008a; WHO 2008b:4; FORWARD 2002:2; UNFPA 2007:3; Shell-Duncan et al 2000:4-5). These include;

- 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 appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulations).
- Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

About 28 countries in Africa are said to be practicing FGM. According to *The Hosken Report* published in 1979, which showed a global review and country by country estimates of the prevalence of the practice, some countries like Somalia have an estimated prevalence of about 98% while countries like Uganda have an estimated prevalence of about 5% (Skaine 2005:36-37). The presence of increasing numbers of refugees and immigrants from countries where female genital mutilation is practised it is spreading in non practicing countries among the immigrant communities. Some of these countries include Norway, Denmark, Netherlands, Sweden, United Kingdom and France (WHO 1997b:3; WHO 1998:18-19).

While there is no religion that requires this practice, it is widely practiced in Morocco, Sierra Leone among the Muslims and among the orthodox Christians in Ethiopia.

However this procedure is not practiced in Iran, Libya or Saudi Arabia which are Muslim countries, (Toubia 1995:21). In Uganda female genital cutting is practiced among the Sabinu for purely traditional reasons.

## **2.2 SOCIAL THEORY AND FEMALE GENITAL MUTILATION**

Female genital mutilation is a deeply rooted historical, cultural and religious tradition that has been the subject of considerable debate. Baron and Denmark (2006:339), argue that from a human rights point of view it is an unsafe and unjustifiable practice that violates bodily integrity; and feminists argue that it is an inhumane form of gender-based discrimination that capitalises on the subjugation of women, yet nations that endorse the practice define it as an integral feature of the culture.

In social theory, the intention to perform a particular act is seen as a consequence of the relative weight of attitudes and normative considerations. Packer (2005:224) argues that attitudes are determined by beliefs about the consequences of a particular behaviour. Normative considerations consist of social pressure to perform or not to perform a particular behaviour. The norms on which these considerations are based are communicated by important 'others' through socialisation and social interaction and the individual's motivation or desire to comply with these (ibid).

Similarly Barth (1982:14) argues that human behaviour is shaped by consciousness and purpose. It is explained by the utility of its consequences in terms of values held by the actor and the awareness on the part of the actor of the connection between an act and its specific results. The perception of other people in the community shapes one's behaviour and way of life.

Jenkins says that,

“Individuals are unique and variable, but selfhood is thoroughly socially constructed: in the processes of primary and subsequent socialisation, and in the ongoing processes of social interaction within which individuals define and redefine themselves and others throughout their lives” (Jenkins 1996:20-21).

Socialisation therefore plays an important role in the development of values and this affects the way people behave later in life.



Change and mutability are endemic in all social identities but they are more likely for some identities than others. In cases where locally perceived embodiments is a criterion of any social identity, fluidity maybe the exception rather than the rule (Jenkins 1996:21). For the case of female genital mutilation, change is bound to be slow because of the fact that its justification is embedded in the culture of the people practicing it.

Individuals seek to comply with the belief they perceive the significant leaders of their community hold, notably that girls should be circumcised. The theories referred to above explicitly incorporate the influence of the immediate social context on individual behaviour, (Packer 2005:224). A web of socio-cultural norms where a person lives affects their behaviour and decision making, (ibid: 224-225). In Africa social and cultural norms remain strongly in favour of female circumcision. The family and community are the most significant transmitters and guardians of norms. It is through the family that the practice of female circumcision is maintained and upheld as a tradition, (ibid).

In looking at FGC the idea of universality and cultural relativism of human rights needs to be addressed. According to Kwateng-Kluyvitse (2005:61), if human rights are not made universal, states could place their traditions and cultural practices above international standards. Cultural relativists however argue that efforts of international organisations like the UN to end the practice are dangerous examples of ethnocentric meddling.

### **2.3 JUSTIFICATION FOR THE PRACTICE**

Momoh (2005:9-10) says that in societies that practice female genital mutilation a number of cultural elements are present. According to her these include particular beliefs, behavioural norms, custom rituals, and social hierarchies, religious, political and economic systems. She goes on to write that culture is learnt and children learn from adults. Female genital mutilation has been supported by centuries of tradition, culture and false beliefs and it is perpetuated by poverty, illiteracy as well as the low status of women in societies (ibid).

Lightfoot-Klein (1991:38), argues that custom, the penalty for not practicing which is total ostracism, make up some of the reasons for female genital mutilation. According to Lightfoot-Klein other reasons for female circumcision seem to be the same in most African societies and are based on myths and ignorance of biological and medical facts. To some practicing communities, the clitoris is seen as repulsive, filthy, foul smelling, dangerous to the life of newborns and hazardous to the health and potency of the men (ibid).

Sarkis (1995) writes that some of the reasons advanced for FGM include family honour, cleanliness, protection against spells, insurance of virginity and faithfulness to the husband. Simply terrorizing women out of sex are sometimes used as excuses for the practice of FGM.

Other scholars have associated the justification for this practice with a manifestation of deep rooted gender inequality that assigns the female gender in an inferior position in society and has profound physical and social consequences, (Yoder, P. et al 2004:10-12; WHO 2008b:5).

FGM is practiced because it is seen as a rite of passage from childhood to adulthood. The cultural significance of the practice is seen to be the preservation of chastity and to ensure marriagabilty of the girl child. The roots of the practice run deep into the individual's psychology, sense of loyalty to family and belief in a value system (WHO 1998:2). The above justifications are similar to what Gollaher (2000:198) writes about the reasons advanced for circumcision. These closely relate to perceived benefits circumcision comes with.

Social pressures in communities where most women are circumscised provide an environment in which circumscion becomes a requirement for social acceptance hence the continuous practice (Centre for Reproductive Rights 2003:8). Toubia (1995:37) summarizes the reasons as follows: beauty/cleanliness, male protection/approval, health, religion and morality.

Tamar Wilson as cited in Ni Mhordha, (2007:7), summaries the reasons for practicing FGM as: “the enhancement of women’s femininity by excising masculine traits; the marking of ethnic boundaries; the limitation of women’s excessive sexual desire; and to purify women, ‘readying’ them for their overwhelmingly important reproductive role.”

FORWARD (2002:3) argues that,

“The reasons for FGM are diverse, often bewildering to outsiders and certainly conflicting with modern western medical practices and knowledge. The justifications for the practice are deeply inscribed in the belief systems of those cultural groups that practice it.”

Horsfall and Salonen of Godparents Association argue that although there are some consistencies they should not be seen as sufficient for allowing the practice to continue.

## **2.4 CONSEQUENCES**

FGM is a procedure which causes a number of health problems for women and girls. Despite the fact that there is little documentation on the social, psychological and psycho-sexual effects of the practice, anecdotal evidence of women’s experiences shows that FGM affects women adversely in these areas of their lives (FORWARD 2002:5).

(WHO 1997b:2; WHO 1998:28-30; WHO 2008a; WHO 2008b:11), documents some of the implications of female genital mutilation on the health of girls and women. Although no study has been undertaken, it is assumed that death can occur as a result of over bleeding, pain, trauma or severe infection. Other consequences include: severe bleeding, shock, injury to neighbouring organs, urine retention, infection, painful sexual intercourse, painful menstruation and complications in labour and delivery (ibid).

The Population Reference Bureau (2001:16) notes that FGC can cause harmful health effects for women, including haemorrhage, infection, pain, fever, difficulty urinating,

and shock. FGM is a man-made problem that causes grave damage to women (Toubia 1995:13-14).

## **2.5 INITIATIVES**

Over the years a number of initiatives have been formulated to deal with the issue of female genital mutilation in the different countries where it is practiced. Missionaries, colonial administrators as well as governments of certain countries like Sudan and Egypt have tried to deal with the problem of female genital mutilation (Lightfoot-Klein 1991:43-44; Centre for Reproductive Rights 2003:10). There has been a change in approach to dealing with female genital mutilation to information, education and communication campaigns. Innovative methods such as the use of music, theatre and films are being used (Walker and Parmar 1993).

### **2.5.1 International interventions**

According to Newman and Weissbrodt (eds) (1996:3) a number of treaties have been signed to establish the universal standards by recognising fundamental rights and require governments to take action to ensure these rights are observed. Strong legal basis to abandon FGM is found in treaties such as the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC) (WHO 1998:51).

CEDAW strongly promotes the rights of women and specifically addresses discriminatory traditional customs and practices (WHO 1998:51). Article 2f calls on States Parties to take immediate steps towards eliminating discriminatory acts or practices as well as, “to modify or abolish existing regulation, customs and practices which constitute discrimination against women.”

In Article 5, State Parties are obliged to, “modify the social and cultural patterns of conduct of men and women, with a view to achieve the elimination of prejudices and other practices which are based on the idea of the inferiority or superiority of either of the sexes or on stereotyped roles for men and women”.

States Parties are obligated in Article 10 to ensure that women have, “access to specific educational information to help to ensure the health and well-being of families”. Article 12 of CEDAW says that States Parties are obligated to, “take all appropriate measures to eliminate discrimination against women in the field of health care...”

In the CRC, Article 19 protects children from, “all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation,” and this applies to FGM. In Article 24:3, CRC makes mention of harmful traditional practices by saying that, “States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.”

### **2.5.2 National Legislations**

The practice is forbidden under many national Constitutions. For example, in Ethiopia, the 1994 Constitution explicitly prohibits harmful traditional practices, including those that oppress women and cause them physical or mental harm. The Constitutions of Ghana, Guinea and Uganda contain similar prohibitions in the provisions therein. In a number of other countries, including Chad, Mali and Niger, FGM is addressed as an injury, in the context of criminal law (UNICEF 2005:29).

It should be noted that female genital mutilation is illegal under any criminal code that punishes bodily injury (WHO 1998:56). Lack of will to apply such interpretation to the criminal code and make it applicable to female genital mutilation drives many to call for specific national laws to prohibit the practice (WHO 1998:56). In 1946 under British colonial rule, Sudan introduced such specific legislation to address the issue of female genital mutilation but only for infibulations, while other milder forms were not mentioned. The first independent African state to come up with a law against female genital mutilation was Ghana in 1994 (WHO 1998:56).

According to Bentzen and Talle (2007:11) the bottleneck in spite of present legislation is the implementation of the laws as well as lack of political will as seen in the research carried out in some African countries.

Domestic legislation prohibiting female circumcision as a strategy in eradicating this practice is often insufficient, according to Packer (2005: 234). According to her, in Egypt the practice still continues despite legislation prescribing that doctors defying the law will be imprisoned and stripped of their license.

In non-practicing countries where there are communities of immigrants coming from practicing countries, a number of initiatives have been put in place to eliminate the practice. In Sweden efforts are under way to eliminate female genital mutilation among the Somali immigrant community. Female genital mutilation has been illegal in Sweden since 1983 (WHO 1998:56). Guidelines have been developed for health workers and the media is being used to raise awareness about female genital mutilation (World Population Monitoring 2002). United Kingdom, Australia and Norway followed suit in 1985, 1994 and 1995 respectively.

In United Kingdom alone, despite the adoption of the prohibition of Female Circumcision Act, the British Medical Association estimates that 3000-4000 young girls are circumcised in Britain every year according to Packer.

### **2.5.3 Community Involvement**

If female genital mutilation is to be abolished, community-based initiatives need to be implemented. In Senegal, for example Tostan, an international NGO specializing in non-formal education, has developed and refined an approach that is based on the promotion of human rights (Skaine 2005:209-214). It embodies key elements necessary to change a social convention at the community level, including collective action, public declaration and organized diffusion. With the support of UNICEF and in collaboration with the government, it has been implemented in over 1,500 communities in 11 regions of the country. In Burkina Faso, the NGO Mwangaza Action has adapted and applied the Tostan Community Empowerment Programme in 23 villages (The Tostan Programme 2007:2; FRONTIERS Final Report Washington, DC; Population Council 2007:25).

In Uganda, the UNFPA continues to carry out a programme known as REACH to combat the practice through education. The programme has received strong support from the Government as well as support from local leaders from Kapchorwa. It emphasizes close cooperation with traditional authority figures and peers.

## **CHAPTER THREE: METHODOLOGY**

### **3.1 INTRODUCTION**

Methodology illustrates the choices undertaken in the process of carrying out an inquiry. Silverman (2005:99) defined methodology as, “choices we make about the cases to study, methods of data gathering and other forms of data analysis, etc., in planning and executing a research study,” while Somekh and Lewin (2005) link methodology to rules followed in an inquiry.

### **3.2 RESEARCH PARADIGM**

This inquiry was exploratory, descriptive and qualitative in nature. It was exploratory because it sought to explore the perceptions and views of local community towards female genital cutting, initiatives taken by the civil society and government to put an end to the practice.

Descriptive because it endeavoured to describe the local community’s perception of female genital cutting and initiatives taken by the local community and government to abolish this practice.

Qualitative because it sought to provide a deeper understanding of social phenomena than would be obtained from purely quantitative data and endeavoured to bring out the feelings, perceptions and opinions of the people. This study sought to explore the subjective understanding of social reality rather than statistical description or generalized ideas. The research was aimed at exploring the real life situation of the Sabiny in relation to female genital cutting while in the field. Blaikie (2000:251) states that qualitative research is committed to viewing the social world: social action and events from the view point of the people being studied; that is discovering their socially constructed reality and penetrating the frames of meaning within which they conduct their activities.

### **3.3 CASE STUDY DESIGN**

Case study research is associated with the investigation of a particular place, community, setting or organisation (Patton 1990:53-54). This particular research sought to establish the perceptions of the Sabiny about female genital cutting and the initiatives that have been put in place to abolish this practice. Case studies are preferred, “because they provide a suitable context in which certain research questions are answered,” (Bryman 2004:51). The Sabiny community, staff of Sabiny Elders Association (SEA), the Reproductive Educative and Community Health Programme (REACH) and the Uganda Human Rights Commission which are working to end FGM were interviewed.

### **3.4 SELECTION OF PARTICIPANTS**

The informants who took part in the study were purposively selected because either they were directly involved in the fight against female genital mutilation, or they were personally affected by the practice.

The Sabiny constituted the main informants for the study. One group was of Sabiny girls and women who have undergone FGM. The other group was composed of girls and women who have rejected the practice.

A third category constituted employees of organisations who work in the struggle to end this practice.

Most of the informants met during the fieldwork were those against the practice as opposed to those for the practice. Some of the informants in favour of the practice declined to the interviews most probably because of the by-law that has recently been passed.

In this particular study, women formed the largest number of respondents, however men especially those in formal positions participated in the inquiry. Thirty nine of the participants were women while six of the participants were men. The table below shows a summary of the informants.



**Table 1: Summary of informants contacted**

<b>Sex</b>	<b>Sabiny groups</b>	<b>REACH</b>	<b>SEA</b>	<b>UHRC</b>	<b>Individuals</b>	<b>Total</b>
<b>Male</b>	0	1	1	2	2	<b>6</b>
<b>Female</b>	28	2	1	1	7	<b>39</b>

### **3.5 DATA COLLECTION METHODS**

Choosing methods that empower the researcher and researched is important because they allow for a deeper understanding and the complexities and challenges the unequal power relations (Limb and Dwyer 2001). Interviews, focus group discussions and reviewing of existing data were used.

*Interview guides* were developed and these helped guide the flow of the interviews (See appendices 1, 2, 3 and 4 on pages 57-58). Interview is the most widely employed method in qualitative research because they allow a thorough examination of experiences, feelings or opinions (Kitchin and Tate 2000:213). These interviews took a semi structured format because the perception of the informant was important to this research and semi structured interviews allowed for flexibility (Bryman 2004:321). Relevant information was gathered in a short time, a variety of issues were discussed, multiple views were collected and clarity was sought.

*Individual interviews* were conducted with the Town Clerk of Kapchorwa, a health worker, a circumcised woman, two uncircumcised women, one circumcised girl and three uncircumcised girls.

*Key informant interviews* helped bring out the perceptions, feelings, attitudes and experiences of both the women and girls who have/have not undergone through the practice of female genital mutilation and people who worked for the various organisations in Kapchorwa. People interviewed included two staff members from REACH, two staff members from SEA and one human rights officer from UHRC. Unfortunately interviews with the ‘surgeons’ in Kapchorwa were not possible. Field notes that related to body language, gestures and other facial expressions were noted during the interview process.

**Figure 1**



**Interview with Martin Chelengati at REACH** Source: Photo from fieldwork in Kapchorwa

*Telephone interviews* were used for key informants who were not reached on a face to face basis (Holestein and Gubrium 2003). Some of the people contacted included two human rights officers from the UHRC in Kampala and one staff member from REACH.

Telephone interviews helped to collect data on the perceptions and what was being done to end the practice of female genital mutilation by the different initiatives in place. According to Sapsford and Jupp (1996:94), telephone interviews are increasingly becoming a choice in data collection because of their speed and comparative cheapness though non verbal communication is missed out.

*Focus Group Discussions* was specifically employed to the female informants who had been involved/not involved in the practice of female genital mutilation. Focus group discussions brought out feelings, attitudes, perceptions and experiences that were not revealed in individual interviews. Four focus group discussions were held. These included a group of six girls and another group of eight women who had been circumcised as well as a group of six girls and another group of eight women who had not been circumcised. Because of the significance of age differences, girls and women

were separated because some information for instance on sexual practices would not be revealed if both groups were there.

The challenge with focus group discussions was that not all informants in the focus group discussions participated equally. However, probing was employed as much as possible.

**Figure 2**



**Cross section of one of the FGD groups** Source: Photo from fieldwork in Kapchorwa

### **3.6 SECONDARY DATA**

Secondary information was used to gather information on the practice of female genital mutilation. This also related to efforts put in place to eliminate the practice. A number of reports and publications from various UN documents like UNICEF and WHO publications, reports from local organisations like REACH and Sabinu Elders Association were reviewed for policies and initiatives.

A substantive amount of information was also collected from news papers articles and journals. It was especially useful for me that two major publishers released many reports on female genital mutilation during my fieldwork. As Stewart (1984:14) argues, secondary data provides a comparative tool for the research. This helped to

compare existing data with raw data for purposes of examining differences or trends. However the limitation of using secondary data is that such information may be collected for purposes different from the current research (Stewart 1984:14).

### **3.7 REFLECTION ON THE FIELDWORK**

Reflection here refers to a critical look at events before and after the fieldwork to re-examine experiences while in the field. The fieldwork process is about craftsmanship, innovation and sometimes emotions. Under reflection, issues related to positionality, cross cultural research, Insider outsider perspective and proper phrasing of questions are discussed respectively.

Personal attributes influence the fieldwork process especially in cross-cultural research (Holmes 1998; Limb and Dwyer 2001:87-97). The research was carried in a different cultural setting and region in contrast from where I come from. The culture, traditions, practices and language are different. Holmes (1998:10) notes that, “recent works in cross-cultural research have influenced the need for researchers to be recognizant of how ethnic or cultural identity affects the research process.” Prior exploration of how to carry out cross-cultural research, reading about the ways of life, attitudes, cultures and traditions of the Sabiny before starting the fieldwork was done. I also tried to minimise association with local authorities for fear of being resented by some participants.

In this study I was treated as an outsider because of the region where I come from, the language spoken, level of education and the light complexion of the skin compared to the Sabiny. The insider-outsider perspective was an advantage as well as a disadvantage to the study. The people thought solutions to their problems would be offered and confidentially would be maintained. Some time was spent at REACH which was the contact place and a number of informants frequented the place. Because of the short time period, I was not able to gain confidence enough to be treated as an insider. The outsider perspective put me in an inferior position in relation to gaining access to some information and deeply personal experiences. Short field studies bring into play the outsider perspective (them) as opposed to the insider perspective (us).

Limb and Dwyer (2001:58) urge researchers to be aware of emotional responses that may arise from those who have experienced trauma and marginalized groups. The impending danger of formulating emotionally arousing questions is well established in the literature and was not a surprise.

### **3.8 LIMITATIONS DURING THE FIELDWORK**

As I did not speak the local language, during fieldwork an interpreter was hired. However some information could have been lost in the process. There was also some rejection and reluctance among the participants I met in the field like the “surgeons” who did not agree to the interviews.

### **3.9 RELIABILITY AND VALIDITY OF DATA**

Hammersley (1992a:67) in Silverman (2001:225) explains that reliability refers to the degree of consistency with which instances are assigned to the same category by different observers. To produce reliable results, credible qualitative research methods like interviews, Focus Group Discussions and literature review were used in the inquiry.

Methodological triangulation was used to produce valid results (Silverman 2005:210). Field notes were taken as a reference point for purposes of validity. Some authors argue that validity can be attained by replicating the findings of the study under the same conditions; however for qualitative studies it is not possible even with the same informants and research questions.

### **3.10 ETHICAL CONSIDERATIONS**

Ethics are moral codes that are meant to be followed while doing research. They are binding hence need to be adhered to irrespective of the circumstances surrounding the research; they remind us of our responsibilities to the people being researched (May 1997:54).

For purposes of this research, Non Governmental Organisations dealing with FGM were contacted for permission. In most cases, permission given was verbal. Permission was also obtained from the Town Clerk of Kapchorwa. According to Faden and Beauchamp (1986) participants can make informed decisions only if they have substantial understanding and adequate apprehension of the research. Informants were asked of their free will to take part in the research without forcing or coercing them after informing them of the purpose of the inquiry. The option to withdrawing from the research was also explained to the informants.

It is important for researchers to keep the information they get confidential especially for issues that are sensitive. Anonymity was important because this is a sensitive topic and it is quite controversial which ever way one looks at it, it is embarrassing and causes a lot of discomfort to talk about in public. For the above reason, May (1997:55) emphasizes that “confidentiality and anonymity of research participants must be honoured unless there are clear overriding reasons to do otherwise.”

One other ethical issue that was considered was the Do no harm principle. Researchers should avoid inflicting harm to their informants. This should be based on the degree of risk as well as the weight of the consequences that may flow from the research, (Israel and Hay 2006). Researchers must act in the best interest of their informants. This principle was observed by trying to formulate questions to participants that would not cause stress, anxiety or bring suffering to the participants.

During the interview process and focus group discussion, field notes were taken. At the end of each day, time was taken off to look at the data collected and reflect on it. Data collected was read over and over again and arranged in themes according to the research questions outlined in chapter one. This is what Holsti (1969) calls content analysis while Baxter (1991) calls this interpretative content analysis. The next chapter presents the first section of the analysis of the findings.

## **CHAPTER FOUR: PERCEPTIONS OF THE LOCAL COMMUNITY**

### **4.1 INTRODUCTION**

Female genital mutilation locally known as “wonsetap koruk” is practiced in the remote mountains of Kapchorwa district where the Sabiny people live (Refer to Chapter one). The way the Sabiny perceive female genital mutilation is complicated. It greatly depends on two factors namely; the reasons given for its continuation and consequences of not undergoing it. It is unrealistic to assume that all the perceptions of female genital cutting can be exhausted with this short study because they are many and they vary depending on who is contacted. On the onset it can be said that the situation of female genital mutilation involve a number of notions for its existence.

The practice has been widely publicized by the national media. Messages about the negative consequences of the procedure are usually published. Information from REACH revealed that public knowledge of the practice gained momentum after Jane Francis Kuka, who refused to get circumcised, was appointed Minister of State for Gender and brought the issue to the limelight in 1996. Subsequently, some educated Sabiny joined the international community to fight the practice. As a result of the media coverage, the president was prompted to pledge his alliance in the struggle to end this practice in the area, and this attracted more media attention (see section below on Cultural day page 39).

### **4.2 TRADITIONAL PRACTICE**

According to Martin Chelangati, one of the field mobilizers with REACH and other local informants, female genital cutting as is the preferred term among the Sabiny, is practiced in the month of December of every even year on girls mostly at the age of puberty. Initially a three week festival accompanied the circumcision where girls stayed in the family homestead and prepared for the initiation. There was feasting and merry making. Secrets and history of the tribe were told to the candidates before initiation after a night of dancing and singing. However this has all changed because of not only the national but also international controversy surrounding this procedure

as regards to human rights. The type of procedure carried out in Kapchorwa depends on the surgeon performing the procedure. According to Rosemarie Skaine a sociologist, in her book entitled, *Female Genital Mutilation: legal, cultural and medical issues*, Type I or Type II (see Chapter two page 5) are the most common types of procedures performed on the Sabinu girls and women. This is similar to what is described by (Shell-Duncan et al 2000:4-5) and (WHO 1998: 6-8).

Statistics about the numbers of girls and women circumcised every even year are very hard to access. This is because there are no records kept on the numbers of girls and women initiated by the ‘surgeons’, some girls are not forced to go for circumcision, in most cases this practice is done in rural areas with poor accessibility and also because it is conducted under covers because of the massive campaign against it in the area. However information revealed that in 1998 in Tingey county, 193 out of a total of 5762 girls (3.3%) were circumcised while in Kween county 473 girls were circumcised out of 3027 (13.5%) between ages 14-30 years (Owuor 2000:1). Skaine (2005:236) has argued that according to anecdotal figures only 5% of all the women in Kapchorwa are circumcised.

The table below shows findings from research conducted by REACH on the number of girls circumcised over the years in Kapchorwa District<sup>1</sup>.

**Table 2: Statistics of girls circumcised**

<b>Year</b>	1998	2000	2002	2004	2006	2008
<b>Number</b>	965	621	622	594	426	007

**Source: *Daily Monitor*<sup>2</sup> (December 4<sup>th</sup> 2008)**

As regards to the figures of 2008, there seems to be a drastic drop in the numbers. This can be attributed to the reasons given above coupled with the fact that local government passed a by-law abolishing FGC. This may also be a case of fear of punishment.

<sup>1</sup> The figure for 2008 was sent to me after the field work.

<sup>2</sup> Daily Monitor is one of the national newspaper publications in Uganda.



Female genital cutting forms part of the culture and traditions of the Sabinu and it is an old custom with a very mysterious origin. Martin Chelangati said this about the origin of this practice, *“the Sabinu people were pastoralists so they had to move from place to place looking for water and pasture for the animals. This meant leaving their wives and families behind for long periods of time. The women resorted to finding other men because their husbands were not coming back. Therefore in order to control their sexual desires, circumcision was started and it developed into a traditional practice to date.”* There are different myths about the origin of this practice, not only in Kapchorwa but also in other communities that practice FGC. An article in *The Daily Monitor* (December 4<sup>th</sup> 2008), states that, *“legend has it that circumcision was used by jealous men to keep their wives out of adultery.”* This over time developed into a practice that is held so dear by the practicing communities.

Female genital circumcision is referred to as a traditional practice because it has been maintained from one generation to the next similar to what Skaine (2005:7) writes about traditional practices in Africa.

In a focus group discussion with circumcised women, one of them said, *“when I was growing up, I heard of this practice from my grand mother, mother and aunties when my elder cousins were being prepared. They told me that one day I would also have to be involved in the tradition because that was what was expected of me.”* Some years ago, girls were told that it was expected of them to get circumcised, that was the tradition, no questions asked. In the same group another circumcised woman said, *“I was circumcised because that year, it was the girls in my age group that were being circumcised, so I did not want to be left out.”* Peer pressure has a lot to do with girls getting circumcised, however this trend is changing. If a girl belonged to a certain group and she was not circumcised then that meant that she was left out of that particular group similar to what WHO (1998:2) writes about. *“Traditionally when a girl starts to develop breasts, she has to be circumcised, that is how things are done here,”* according to one of the circumcised girls interviewed. Tradition is one of the most powerful notions given for practicing female genital mutilation and it is cited for maintaining the procedure. In a study in Sierra Leone on the reasons for undergoing the practice, 56% of the women attributed their decision to tradition, 23% cited the

need for social acceptance while 11% attributed their decision to religion, (Packer 2005:227).

In an article in *The New Vision*<sup>3</sup> (January 13<sup>th</sup> 2009), there was a statement related to the procedure being part of the Sabinu tradition that read, "... certain people have been campaigning against female genital mutilation, something that we found our forefathers practicing." This goes to further explain why female genital cutting is perceived as a traditional practice by those Sabinu who are advocating for its continuation.

Comfort Momoh, a midwife in the United Kingdom working with girls and women who have been affected by this procedure, as seen in her book *Female genital mutilation*, argues that female genital mutilation is seen as a way of securing the future of daughters because uncircumcised girls are not desirable on the marriage market this belief is held by many Sabinu as well. Momoh argues that older women perceive female genital cutting as a way of continuing the fabric of their society and those who do not follow this tradition are condemned, socially isolated and a disgrace to their families, (Momoh 2005:10).

Elements of culture as seen in societies where female genital mutilation prevails include particular beliefs, behavioural norms, customs, rituals, social hierarchies and religious, political and economic systems, (Momoh 2005:1). Children learn about their ways of life from adults similar to what Jenkins (1996:20-21) writes about socialisation. In communities that practice female genital mutilation, the practice is supported by tradition, culture and false beliefs and it is perpetuated by poverty, illiteracy, low status of women and inadequate healthcare facilities (ibid).

Traditionalists argue that the practice gives dignity to the traditional Sabinu woman, and ignore the reports produced by the UN as regards to physical and mental health risks for women who have undergone the procedure. Being a source of dignity in this case is relative because to the human rights activist this is not the case, as illustrated by the writing on the wall of the offices of REACH and SEA in Kapchorwa.

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<sup>3</sup> The New Vision is another national newspaper publication in Uganda

**Figure 3**



**Illustration on REACH wall**

**Source:** Photo from fieldwork

### **4.3 A FORM OF INITIATION**

*“A woman stays a girl until she has been circumcised, for me I will stay a girl because am not circumcised,”* said one of the girls who was not circumcised. *“It does not matter how old you are, if you are not circumcised then you are still a girl and you are not known in society,”* said one of the circumcised women in a focus group discussion. Female genital mutilation serves as a rite of passage among the Sabinu girls and women from childhood to womanhood and they are socially accepted as women not only by other women but also by men in the society. This relates to what Toubia (1995:37) gives as reasons advanced for the practice.

*“Circumcision among the Sabinu is carried out to initiate a girl into adulthood. A female who is not circumcised may not perform certain duties in the family. These include milking a cow; climbing into the family granary and at worst they are not permitted to get married. Circumcision makes them mature and ready to get married it also prepares them for other roles,”* *The New Vision* (January 13<sup>th</sup> 2009). In another article in *The New Vision* (January 1<sup>st</sup> 2009), there was this statement from one of the circumcised girls featured in the article, *“I am now a woman. In our culture a woman is worthless if she is not circumcised. Uncircumcised women are prohibited from doing certain community services.”* It is important to note that prior to the

circumcision there are a number of rituals done. *“Girls are taught a number of things like how to take care of a home, look after their husbands and look after a family,”* from a focus group discussion of circumcised girls.

If a girl or woman is circumcised then she is of age to get married said circumcised girls in a focus group discussion. In an article in *The New Vision* (January 1<sup>st</sup> 2009), a Sabinu girl is quoted to have said this, “I am now ready for marriage. I will continue with school but if a rich man offers dowry for my father, I will marry him.” In patriarchal societies where women have no autonomy, power or education status, marriage is a means of survival and security (Momoh 2005:1).

During the fieldwork, there was interesting revelation as regards to circumcision and marriage. In an interview with one of the circumcised women, she said that one of the reasons for having allowed to undergo the procedure was because her boyfriend at the time told her he would get married to her only if she was circumcised, however after undergoing the procedure, he said he did not want to have anything to do with her.

#### **4.4 A SOURCE OF PLEASURE**

In a focus group discussion of circumcised women, one of them said that there is a belief that female genital mutilation is supposed to bring pleasure to men. According to one of the women in that group, female genital mutilation is closely associated with virginity of the girl before marriage and faithfulness after marriage. According to her marriages of circumcised women tend to last longer as compared to those of the uncircumcised women. This is a myth that has been held in the community and it is believed to be true. She associated her 23 years of marriage to her husband to the fact that she was circumcised. When a girl is circumcised, it is believed that she will not have sex until she is married; this does not only bring pleasure to her family but also to the family of her future husband.

In an interview with a health worker, he said that circumcision leads to loss of interest in sex and therefore this means that the women will remain faithful to their husbands. One could however argue that the cause of loss of interest in sex could be associated

with the independence of women as opposed to circumscion. Studies have revealed that there are high chances of sex being painful as a result of the procedure. Chelangati said that in the older days men were advocates for the procedure; however this has greatly changed over time.

#### **4.5 SOURCE OF INCOME**

I was not able to conduct interviews with the ‘surgeons’ and as a result information on this particular issue was gathered from interviews conducted earlier in publications. In an interview found in *The New Vision* (January 13<sup>th</sup> 2009), Kokop one of the ‘surgeons’ in Kapchorwa said female genital mutilation was something they depended on for everything. She earns Shs 80.000/= (eighty thousand shillings only), a goat and a jerry can of local brew for every operation she does. According to that article, she has been in position to pay dowry for her children as well as construct a house using the money she gets from carrying out the procedure.

Momoh (2005:10) says that employment opportunities for women in communities that practice female genital mutilation are limited and therefore performing this procedure is their alternative source of revenue. This is true for some women in Kapchorwa. In another article in *The New Vision* (13<sup>th</sup> January 2009), one of the caretakers of the girls in Kapchorwa echoes the same issue as regards to the source of income. According to her, taking care of the girls both before and after circumscision is the only way she can put food on the table. Her children have been able to go to school as well as being able to construct a small hut as a result of taking care of these girls. For every girl she initiates she gets Shs 40.000/= (forty thousand shillings only) or a higher fee if she initiates a girl from a rich family, a jerry can of local beer and a cock.

In a telephone interview with an employee of REACH, it came out strongly that the people involved in carrying out the procedure do so because of the benefits that they receive. The ‘surgeons’ are given money, cocks and local beer as a sign of appreciation and they have taken this up as a form of employment. Like Toubia, the author of *Female Genital Mutilation: A Call for Global Action*, argues that the money the ‘surgeons’ get is their only source of income and therefore telling them to abandon

the practice would require some form of financial compensation for the loss of income (Toubia 1995:47).

“If they want me to stop female genital mutilation, provide me with iron sheets and two heifers. I will sell the milk to get some money. Our girls were promised scholarships and a girls school but these promises were never fulfilled,” *The New Vision* (January 13<sup>th</sup> 2009). This is an example of the relationship between female genital mutilation and economic factors. Because of poverty, illiteracy and low status of women it is hard for people to give up their only source of income in exchange for nothing.

#### **4.6 HARMFUL TRADITIONAL PRACTICE**

Female genital mutilation is a harmful practice that needs to be dealt with, said all the uncircumcised girls and women in their different focus group discussions. The main arguments put forward for doing away with this tradition are the negative consequences associated with the practice. One of the uncircumcised girls said the procedure was conducted under poor conditions. She said that the operation was carried out in an open space that was sometimes muddy because of the rains or dusty because of the sunshine. Another girl said that the knives and razor blades used were not treated and sometimes shared. This could lead to spread of diseases like AIDS. However, when asked about the use of knives or razor blades for the circumcision, girls who had been circumcised said that different instruments were used for the different girls and so the chance of spreading the diseases does not arise.

One of the circumcised women said that this practice was associated with a lot of blood loss as a result of the cutting. She said that for her she had over bleed and she thought that she was going to die. One of the girls who had been circumcised said that she felt a lot of pain because there was no pain medication given. She went on to say that if she had children, she would never let them go through what she went through. This is an example of the change in attitude as a result of experience (see consequences of FGM page 9).

In an interview with one health worker in Kapchorwa, he talked about cases with complications such as unhealed wounds due to the traditional methods of healing. There is no medical attention given. If a girl is lucky, health assistance can be sought if the wound does not heal traditionally. Some unlucky girls suffer from infection the rest of their lives. One wonders, “Where is the right of the child to enjoy the highest attainable health as contained in Article 24:1 of CRC, or is health a state of mind?”

**Figure 4**



A circumcised girl is put in a hut to undergo treatment for three days. Some girls suffer from bacterial infections

**Circumcised girls undergoing healing** Source: *The New Vision* (January 1<sup>st</sup> 2009)

Another uncircumcised girl in the focus group discussion talked about a lady she knew who was circumcised and was not able to walk after the procedure. Skaine (2005:23-28) and Momoh (2005:7-8), document some of the effects of female genital mutilation on the health of women which range from short term effects like excessive bleeding to long term effects like psycho-sexual effects. Female circumcision therefore is one of those harmful traditional practices that have been left to continue as a result of cultural values and norms, (*UN Fact Sheet No 23*). Like in other communities, FGM in Kapchorwa is associated with several physical and psych-social effects. Besides dropping out of school and getting married early, girls and young women who have undergone FGM are predisposed to a number of health risks, (WHO 1999:116).



We should however keep in mind that these are diverging views on this practice. *The New Vision* (January 13<sup>th</sup> 2009), quotes a statement that illustrates that not everyone considers female genital mutilation to be harmful. It reads “some people are against our culture and that is absurd. We have never been against any one’s customs but if someone is saying that ours is bad, then how right are theirs.”

#### 4.7 DEHUMANISING PRACTICE

“She lay on an old sack spread on the dirty ground, her legs spread wide apart. An old woman with dirt-smudged fingers bent over with razor blades. A man stood at her head holding it between his feet so she could not move. A crowd of mainly children curiously stared as the old woman cut bits of her private parts,” *The New Vision* (December 23<sup>rd</sup> 2008).

**Figure 5**



**Girls being circumcised in the open**      **Source:** *The New Vision* (January 13<sup>th</sup> 2009).

Female genital mutilation is a dehumanising act because of the way it is conducted. In most cases the girls do not give consent to be circumcised. Their parents, mostly mothers decide on their behalf when it is time for the initiation. The whole procedure maybe carried out in the open for all participants to see.

In the focus group discussions with circumcised and uncircumcised girls, many expressed the view that the practice was dehumanising. One of the girls who is not circumcised said that the procedure is dehumanising because the girls are treated like



animals as a result of the way they were handled. *“The girl to be initiated has to be held down using a lot of force, men are stronger than women so they hold the girls down. I don’t want to talk about my experience because it was very painful and it brings back frightening memories,”* said one of the circumcised girls. Another uncircumcised girl said that the whole procedure is carried out without any kind of pain relief and even after the procedure, no pain medication is given. The wound is supposed to heal by its own using urine, she said. In other words there is nothing humane about the way this procedure is carried out and even after the operation, the girls are left without any medical attention.

#### 4.8 HUMAN RIGHTS VIOLATION

**Figure 6**



**Illustration on REACH wall**

**Source:** Photo from fieldwork in Kapchorwa

When you pull into the compound of the offices of REACH and SEA, on the wall there is this poster painted in red, *“FGM IS A HUMAN RIGHTS VIOLATION.”*

From a human rights perspective, female genital mutilation is a violation of human rights especially those of girls and women. *“These women and girls who are circumcised are not in position to enjoy their health because of the complications that the procedure brings to them,”* said Chelangati. In this case their right to health is violated as a result of the procedure. Although no statistics are available on the

number of women who die as a result of having undergone the circumcision, a number of studies have shown that this procedure could result into death hence violating the right to life.

However in the interviews and focus group discussions conducted with both the uncircumcised and circumcised girls and women, one thing that came out clearly was that my informants did not have enough information to connect this practice to human rights. Human rights are looked at as a new term that does not make sense to them. In as much as human rights are being violated by this procedure, this knowledge is clearly lacking among the Sabiny girls and women talked to. Their objections are more related to the complications that come after the procedure than to considerations about human rights. There is a considerable distance between perspectives advocates through NGOs and the people on the ground. This is illustrated in *The New Vision* (January 1<sup>st</sup> 2009), “it pains me when people come here saying they are fighting for our rights yet they are making money out of us.” To many Sabiny female genital cutting is a ritual that is believed to have benefits for the girls and women and not a violation of human rights.

International Human Rights Conventions like the Convention on Elimination Discrimination Against Women (CEDAW) and Convention on the Rights of the Child (CRC) see female genital mutilation as a traditional practice which violates women’s and children’s rights. In a joint statement by WHO (2008a), it was documented that female genital mutilation violates women’s physical and psychological integrity and that it was an impediment to health, well being and life when the procedure resulted into death. This practice is seen as a ghastly form of child abuse since children have no say whatsoever about the practice, Abusharaf (2006:11). The best interest of the child is quite relevant, if circumcision brings in a lot of bride wealth for the family and causes a number of health complications to the circumcised girl, then whose best interest are we talking about. Secondly the majority of the cases of girls mutilated are forced into the practice without their permission and consent.

When a woman undergoes FC/FGM, she is a victim of discrimination based on sex that compromises the recognition and enjoyment of her fundamental rights and liberties (Centre for Reproductive Rights 2003:15-16) as contained in Article 1 of

CEDAW. It is argued by Corrine Packer a human rights activist that human rights and human dignity and life they protect are universal values that transcend all cultural rites (Packer 2005:231). Culture alone is not admitted as a valid limitation on these rights. Criticism against female circumcision is not against the culture and tradition per se, but against the violations of human rights that it constitutes (ibid). Shell-Duncan et al (2000:1) point out that “female circumcision” has become “female genital mutilation” and a “traditional practice” has become a “human rights violation”.

In talking about cultural relativism, Freeman (2002:109) argues that the principle of respect for persons does not entail that we ought to respect all aspects of cultures, and therefore cultures that endorse the violation of human rights can not demand our respect simply because it is part of a tradition.

## **CONCLUSION**

Internationally FGM is seen as a clear manifestation of a gender based human rights violation which aims to control women’s sexuality and autonomy (FORWARD 2002:11). FC/FGM is seen as a violation of children’s rights because it is performed on girls who are not in position to give informed consent (Centre for Reproductive Rights 2003:18).

Like Abusharaf (2006:7) says,

“Understanding the reasons behind these practises, however, does not imply that we should close our eyes to the effects of the practice on women’s bodies. Rather such knowledge helps us understand why this rite has met with approval of its adherents for thousands of years.”

When the health and well being is threatened then something needs to be done. The next chapter focuses on the efforts undertaken by the local community to eradicate the practice bearing in mind the different reasons and perceptions held.

## **CHAPTER FIVE: EFFORTS BY THE LOCAL COMMUNITY**

### **5.1 INTRODUCTION**

The Sabiny Elders Association (SEA) is an association that was formed in 1992 by male and female elders of the Sabiny in Kapchorwa. The purpose of its formation was to:

- Unite the Sabiny people and promote peaceful development
- Ensure that local problems would be solved locally
- Protect the Sabiny culture by preserving songs, dances, funeral and marriage rites and other positive customs and eliminate the old harmful traditions including female genital cutting.

In 1998, SEA was given recognition from the United Nations Population Fund (UNFPA) for its efforts in the fight against FGC. A building was constructed with this award money to house their offices and other Non Governmental Organisations that are involved in the struggle to do eliminate this tradition.

There is the Reproductive Education and Community Health Programme (REACH), which is a pilot project that was initially funded by the UNFPA in 1996 to fight this practice in Kapchorwa. Ugandan women activists like Francis Jane Kuka and Beatrice Chelangati, now the Coordinator of the programme, led by Francois Farah who was then director of the UNFPA developed this programme to serve the people of Kapchorwa. Today REACH and SEA work hand in hand.

The objective of REACH is to fight the practice of FGC through educational programmes while upholding the good objectives of the practice and improving the reproductive health conditions. Since 1996, REACH operated as a project under UNFPA funding. In 2007 it gained the status of a Non Governmental Organisation. REACH uses the community based approach to deal with the issue of female genital cutting. Like McCulloch (2005:120), REACH emphasises that community based approaches involve the participation of the people themselves in efforts to improve their lives and the provision of technical and other services which encourage inventiveness, self help and mutual support which makes it more effective.

## 5.2 SENSITISATION PROGRAMMES

Information from REACH revealed that sensitisation programmes are run in the community to provide information on the dangers of the practice of female genital cutting while promoting the health of women. Like George Cheborion the chairman of SEA and teacher by profession said, *“As a young man I approved of the practice but I changed my mind when I learnt of the harm this practice has on the young women.”* Sensitising the community on the dangers this practice poses to their health has a great impact in as far as efforts to eradicate it are concerned.

Boyle (2005:243) reports on a case in Senegal, the Tostan project where it is said that about 174 villages have renounced female genital mutilation. This has been achieved through a sensitisation programme similar to the project run in the Sabiny community.

Beatrice Chelangati, attributes the decline in numbers of girls and women circumcised to the sensitisation programmes that have been conducted in the community. This was reflected in a report she presented on 30<sup>th</sup> December 2008, at the 13<sup>th</sup> Annual Sabiny Cultural day which was held at Boma grounds in Kapchorwa, Uganda. The report stated that 426 girls (28%) underwent circumcision in 2006 as compared 621 girls (43.5%) who had undergone circumcision in 2000 (refer to table 2 presented in Chapter four page 22). The way these figures are arrived at is not properly documented and this makes it hard to establish the different percentages of the number of girls circumcised every season. It is important to bear in mind that with the passing of the by-law, the people practicing FGC could be doing it underground; girls might refuse to go for treatment in case of complications and not report to officials for fear of being caught. This is a concern also expressed Muteshi et al (2005:21) about legislation.

In an interview with one of the field mobilizers working with REACH, he said that in his village, for the season of 2008, no girl had been circumcised and he attributed this to the sensitisation programmes being carried out by REACH. We also saw in the previous Chapter in Table 2 on page 22 a sharp decline in numbers for 2008. However, as a result of shortage of funds, facilitating officials to go the villages and

ascertain the number the number of girls who have been circumcised is a problem since FGC is illegal.

According to Beatrice Chelangati, a considerable number of “surgeons” have denounced the practice, *The Daily Monitor* (December, 4<sup>th</sup> 2008) and this may have had an impact on the numbers as well.

In sensitising the community, there is need to have everyone in the community on board especially the men who are responsible for decision making in most families. Like Packer (2005:238) writes the tradition of foot binding in China was eliminated because men were educated and young men across China began to insist on marrying girls with unbound feet. Men maintain control over many traditional practices in Africa, they typically pay for their daughters to be circumcised, negotiate the marriages of their daughters and receive the bride-price, (ibid: 238). Men are therefore important change agents in this struggle to end female genital circumcision and should not be left out. Hosken, an activist against female genital circumcision quoted by Packer (2005:239-240) has this to say about the involvement of men in the fight against this practice,

“The next critical issue that needs to be examined is the responsibility of [female circumcision] by men. She affirms that, ‘men are in control of everything in Africa, especially women and children...’ [Female circumcision] is a marriage requirement demanded by men, therefore the practice continues.”

An article by UNFPA entitled, *Struggling to end Female genital cutting in Uganda*, REACH is using the community based and multi sectoral approach in its efforts to eliminate FGC. The article talks about the people involved in the implementation of the programme and these include church leaders, village elders, local politicians, youth and most important of all, the women who perform the procedure and depend on it for their livelihoods.

Ellen Gruenbaum an anthropologist writes about the importance of grass root approaches which might not achieve international fame but their efforts are significant, (Gruenbaum 2001:178). The efforts of REACH can not be ignored in the fight against female genital cutting because they are directed to the local people.

In all the focus group discussions, it was expressed that eliminating female genital cutting would be done through increased sensitisation about the dangers of the practice. One of the uncircumcised girls said, “*I heard about the dangers of this practice from a programme that was organised by REACH in my area. That is when I decided that I would not be circumcised because I did not want to suffer in the name of culture.*” Another girl who is circumcised expresses the same idea in an interview in *The New Vision* (January 1<sup>st</sup> 2009). She reckons that the idea of sensitising the community will end circumcision. This illustrates that telling the community about the dangers of this traditional practice makes a difference in the community.

However as a result of lack of funds, REACH is no longer carrying out any sensitisation programmes in the community says Beatrice Chelangati, *The New Vision* (January 20<sup>th</sup> 2009). This is bound to have a number of implications as regards to the practice. As a result of stoppage in the sensitisation programmes, cases of female genital cutting in the year 2008 season seem to have increased as compared to the previous years in other areas, for example in Bukwo (another district where female genital cutting is being practiced by the Sabinu who live there). This was expressed not only by the employees at REACH but also by the girls and women that I talked to.

Although through the sensitisation programmes, the number of girls being circumcised has reduced, it is reported that because of unkept promises, ‘surgeons’ who had denounced the practice have now resorted back to the practice because to them circumcising girls is a source of income. A good case to note is that of Ms Kokop (mentioned in Chapter four page 27) who is said to have denounced circumcision and laid down her tools as seen in an article from UNFPA (*ibid*), however in *The New Vision* (January 13<sup>th</sup> 2009), the same lady argues that because REACH did not keep its promises, she reverted to circumcision.

This is significant because even if these people know and have knowledge of what will happen to them if they are circumcised, they still continue to follow this tradition. I therefore conclude by saying that female genital circumcision among the Sabinu has close relationships with the socio economic situation of the people in that area. There are a number of push factors that motivate girls to be circumcised like poverty, social acceptance in the community and tradition.

In an interview with one of the circumcised women, she said that if REACH had started doing its work earlier before she was circumcised, she would never have accepted to be circumcised because then she would have known the side effects that she is experiencing since the day of circumcision. She now volunteers in the community telling the young girls about the dangers of female genital circumcision.

### **5.3 ALTERNATIVE RITES OF PASSAGE (ARP)**

According to Martin Chelangati, REACH has borrowed a leaf from one of its counterparts in the district of Meru district in Kenya who have an organisation called “*Maendeleo Ya Wanawake*” (Development for Women) and running an alternative to female genital circumcision called ‘Circumcision Through Words’ (*Ntanira na Mugamba*). Gruenbaum (2001:195; Muteshi, J. et al, 2005:27-29) mention of groups of families that bring together their daughters of an appropriate age to spend a week in seclusion and they are taught about their traditions as regards to their roles as women and future parents, messages on health and hygiene, reproductive issues, communication skills, self-esteem and dealing with peer pressure. Community celebrations of feasting, singing and dancing affirm girls’ transition to their new roles. Gruenbaum argues that such approaches recognize that female circumcision has deep cultural significance and if that significance can be preserved while the actual cutting is discontinued, then change can be seen.

Martin Chelangati said, “*We organise seminars and trainings for girls who are coming of age to be circumcised.*” A number of issues are discussed during these seminars and trainings like home economics, counselling, family life, and education of children, trauma management and many other things. These are similar to the things talked about during the initiation preparation. “*Graduation ceremonies are organised and certificates are given out before the children are ‘passed out’ (graduate). ‘Sometimes gifts are given to the girls,’*” said Martin Chelangati.

The purpose of this alternative ritual is to replace female genital cutting with other less aggressive rituals. What is done in the trainings and seminars is symbolic of the traditional practice where the girls upon being ‘passed out’ are referred to as women in the community. There is a chance the girls will not be fully considered as women



by the traditionalists who hold onto the traditional practice, but to the girls themselves they are considered as women.

Packer (2005:236) argues that campaigns must be sustained to address the importance of the cultural values. The values that are attached to the traditional practice need to be maintained. The alternatives that have been developed by the Sabiny people include symbolic gift giving, singing, dancing and other traditional festivals which mark a girl's initiation as a full fledged member of the community thereby honouring their cultural values, (ibid).

#### 5.4 THE CULTURE DAY

A Culture day was established with the help of SEA and REACH to celebrate the positive aspects of the Districts traditions. It coincides with the opening of the circumcision period according to Martin Chelangati. The Cultural day is celebrated annually in Kapchorwa and usually prominent people in the government are invited to show their support, *The Daily Monitor* (December 4<sup>th</sup> 2008).

**Figure 7**



**Girls participating in the cultural day** Source: *The Daily Monitor* (December 4<sup>th</sup> 2008)

Information from REACH and SEA revealed that in 1998 the President of Uganda attended the Cultural day in Kapchorwa to support the efforts of the people who were

fighting female genital circumcision in the district. His presence can be interpreted in two ways. On the national and international scene, his presence could have meant commitment by the Government to the cause of fighting this traditional practice. However the traditionalists who treasure this practice may have viewed his presence as a sign of outside interference in their traditional affairs.

According to the focus group discussions, usually different Non Governmental Organisations, Local Government as well as the Sabiny residents gather at the district ground on the Cultural day and celebrate aspects of Sabiny culture. Activities include plays and dramas on a number of issues like female genital circumcision, family life, HIV/AIDS and family planning. Rituals of the tribe are also demonstrated, usually by the elders. The Cultural day is celebrated to bring about the positive attributes of the Sabiny culture and give people a sense of pride.

The people who are against the practice are the ones who get involved in the cultural day to provide an alternative to festivals that mark the beginning of the circumcision ceremony. Cultural day is aimed at promoting the positive aspects of the Sabiny culture, while highlighting the dangers of the negative aspects. The presence of high ranking government officials in the district may have contributed to the abandonment of the circumcision festivals in public. It may, however, have caused a transition to private ceremonies in secluded places or behind closed doors.

## **5.5 PEER EDUCATION**

In its efforts to fight FGC, REACH had a programme for ten years that encouraged education of girls. This was done through scholarships that were given to the girls to enrol in schools especially after primary level. The programme was established to help girls who would otherwise drop out of school. After being circumcised, the only thing on their minds was marriage because that is what they were prepared for during the initiation ceremonies. This was before the introduction of Universal Secondary Education (USE) a government policy that was implemented in 2006.

Martin Chelangati described how the programme was being implemented by mentioning the incentives as follows: two girls from each of the 54 parishes of the

district were selected on two conditions. First the girls vowed not to be circumcised and secondly that they would act as peer educators in the schools and also in their parishes on the dangers of circumcision on condition that their fees was subsidized. This programme was sponsored by UNFPA together with REACH which was implementing it.

It is important to note that there are other organisations in the district that are paying fees for the girls. One of the best known organisations is the Godparents Association which promotes cultural change through education since 1998, *The New Vision* (July 30<sup>th</sup> 2002). However for some girls this is not the case. In *The New Vision* (January 1<sup>st</sup> 2009), recently circumcised girls reckon that education and being in school is not important to them. They argue that if rich men come and want to marry them because they are now ‘adults’, they will willingly drop out of school.

The purpose of educating these girls was to promote cultural change by empowering the girls through the education. Most of the girls are from families that can not afford payment of fees and marrying off their girls is the only way of providing for their families. Even when the girls do not want to drop out of school, the circumstances may force them to do so.

The use of peer educators seems to be an effective way of passing on the message to the younger generation because the peers are of the same age bracket and therefore bound to be listened to as compared to the older generation. It is assumed that when people have the right information, they would be in position to make the right decision, although right in this case might be relative depending on the circumstances.

REACH is using peer educators to inform girls of their age group in the community about the dangers of female genital mutilation. In an article in *The New Vision* (11<sup>th</sup>, February 2005), Beatrice Chelangati said that by that time the programme boasted of 354 peer trained advocates who vowed not to be circumcised and promised to tell other girls about the dangers associated with female genital circumcision and its implication on their health.

In *The New Vision* (13<sup>th</sup> January 2009), there is a good lesson to learn as regards to efforts in fighting female genital circumcision. Jackline Chelmo, a Sabinu young woman who shunned circumcision after hearing about the evils in school got married after she dropped out of school and faced a number of problems as a result of financial hardships. Her husband abused her whenever he got home drunk and threatened to leave her because his fellow men used to laugh at him. Her mother-in-law used to say that the son had made a mistake marrying a learned girl who had no respect for culture, so even though she did not want to be circumcised, she went in to be circumcised as a result of social pressure (ibid). In the efforts to fight female genital mutilation, this shows the complexity and challenges faced in the struggle to end the practice. Understanding the motivating factors (push factors) that force these girls to be circumcised even when they know of all the dangers is paramount. This was also talked about by the girls talked to while in the field.

In the focus group discussions of circumcised girls and women, a lot was said about REACH not keeping its promises of providing scholarships for girls in the villages and therefore once they dropped out of school, the only solution to their problem was circumcision so that they could get married and thus help the financial situation of their families.

Although REACH has tried to eliminate female genital cutting through educational scholarships, it brought a number of challenges as well. It is argued by the circumcised girls and women I talked to that they have heard of stories of girls who were promised scholarships but REACH did not come through with their promises and this has hampered on the success of their efforts to fight female genital cutting. This is echoed and confirmed in a statement found in *The New Vision* (January 1<sup>st</sup> 2009), “*my daughter was promised a scholarship to study in Kampala, but they did not come back.*” This last statement maybe a case of misunderstanding because according to the information from REACH, the scholarships were given to girls to study in Kapchorwa and change the community there and not leave the District.

It is possible that these scholarships could have been promised by other Organisations that pay scholarships for girls who are ‘running away’ from the tradition of the tribe. My analysis shows that it is hard for people who have little or no education to make a

distinction between different organisations. Nevertheless this sense of disappointment has a number of implications not only for REACH and SEA but also for other organisations involved in the fight against female genital circumcision. Trust is lost and not much can be done without trust. Despite all the successes the programme has encountered in the previous years, like the saying goes, “one rotten tomato spoils all the rest.” This might just be the case for REACH. As a result of no funding, REACH stopped the scholarships after nearly ten years and this had severe implications on its efforts to fight female genital cutting.

## **CONCLUSION**

It can be concluded that the ideas behind the efforts to end female genital cutting are noble, however, the practical challenges of implementation needs to be addressed if these efforts are going to be effective.

## **CHAPTER SIX: ROLE PLAYED BY GOVERNMENT**

### **6.1 INTRODUCTION**

Governments have responsibilities of protecting their citizens against a number of things that affect their wellbeing. Female genital mutilation is one of the practices that need to be addressed by the government because it has negative consequences on the girls and women affected. In Uganda, the Government has played a number of roles in elimination of this practice as will be discussed below.

### **6.2 RATIFICATION OF INTERNATIONAL CONVENTIONS**

Uganda ratified the United Nations Conventions on Elimination of Discrimination against Women (CEDAW) in 1985 and the Convention on the Rights of the Child (CRC) in 1990. These Conventions have articles that call upon Governments to protect the rights contained in these Conventions. As already discussed in Chapter two on page 10, ratification of these International Conventions can be said to be a first step for Governments to eliminate harmful traditions as well as having a standard legal basis for formulation of national legislations.

### **6.3 LEGISLATION**

The Government has not come up with a specific law prohibiting this tradition but a number of other instruments contain clauses to this effect.

In the District of Kapchorwa a ban on FGC was made in 1989 but it did not go to the national level. According to the Town Clerk of Kapchorwa, another by-law was passed in 2008 abolishing FGC in the district. This could be looked at as a step in the right direction as far as eliminating this practice is concerned. However there is a lot of scepticism surrounding the effectiveness of this by-law. The Town Clerk, the Coordinator of REACH and Martin Chelangati, argue that the District Council can not impose serious punishment for criminal offences. This is the responsibility of the

Central Government through Parliament. For the by-law to be effectively implemented, it needs to be passed at the national level.

According to Herbert Sabila, a Member of Parliament for Tingey County, an ordinance adopted from the by-law is now pending discussion in Parliament, *The New Vision* (January 20<sup>th</sup> 2009). He is positive that coming up with a law will help eradicate the practice of female genital mutilation. However his counterpart, Johnson Toskin, Member of Parliament for Kongasis County argues that coming up with this law is useless because female genital mutilation is a cultural fulfilment and nobody forces the women to undergo the circumcision (ibid). This position is contradictory to the information gathered from the field.

## **6.4 GOVERNMENT INSTITUTIONS**

### **6.4.1 The Uganda Human Rights Commission (UHRC)**

The Government of Uganda has a number of institutions in place that indirectly work to abolish female genital mutilation. The UHRC is a Constitutional institution whose mandate is to promote human rights of the citizens in Uganda. This is clear evidence of the Government's determination to eliminate all forms of violations of Human Rights in the country, FGC inclusive.

According to the human rights officers interviewed, the UHRC is involved in sensitising the Sabiny community on human rights generally and also how female genital mutilation is a violation of women's human rights. It provides information on the dangers in a bid to inform young girls about the consequences of this practice.

### **6.4.2 Ministry of Gender, Labour and Social Development**

The Ministry of Gender, Labour and Social Development is another institution that plays a big role in fighting female genital mutilation directly and indirectly in Kapchorwa. REACH receives funding from the Ministry to help carry out sensitisation programmes in the communities as well as involvement of officials from the Ministry in undertaking sensitisation in the community.

It is also responsible for the submission of reports to the Committee on the Elimination of Discrimination against Women as contained in Article 18 of CEDAW. It prepares its reports through consultation with a number of organisations involved in the promotion of human rights (Ministry of Gender, Labour and Social Development 2009)

## **6.5 LEGAL INSTRUMENTS**

### **6.5.1 The Constitution of 1995**

The 1995 Constitution of Uganda (Uganda Government 1995) contains Chapter four which is essentially a Chapter that provides for protection and promotion of fundamental and other human rights. In Chapter four of this thesis, it has been argued that female genital mutilation is a violation of human rights specifically, rights of the child and women.

The laws of Uganda forbid certain acts that are related to female genital mutilation. Article 32(2) of the Constitution prohibits customs and traditions that are against the dignity, welfare or interest of women and Article 44(a) prohibits any derogation of the right to be free from torture, cruel inhumane or degrading treatment.

Article 34 provides for the rights of children and Article 34:1 states that in addition to laws enacted in the children's best interests, care of children by their parents or those entitled to them by law is paramount.

### **6.5.2 The Children's Statute**

The Children's Statute of Uganda (1998) is another legislation that has been put in place by the Ugandan Government to fight for children's rights. Female genital mutilation infringes on the rights of girl children as evidenced in the fact that most children do not give consent to undergo the procedure. Section 8 of the Uganda Children Statute states that, "a child has the right to be protected from any social or customary practices that are dangerous to the child's health."



### **6.5.3 The Penal Code Act**

In *A simple booklet on Harmful Traditional Practices* (2008:18-20) published by Law and Advocacy for Women in Uganda, it is stated that the Penal Code Act prohibits the infliction of unlawful grievous harm upon persons, the unlawful wounding of another by making an incision that pierces any exterior membrane of the body and the commission of negligent acts that are likely to spread infectious disease. The latter includes the case of using the same razor blade or knife to cut more than one woman, a practice that puts the victim at risk. It contains several provisions that render female genital mutilation a criminal offence.

Section 219 provides that, “any person who does grievous harm to another commits a felony and is liable to imprisonment for seven years.” Section 222 provides that, “any person who unlawfully wounds another commits a misdemeanour and is liable to imprisonment for three years.” Section 236 provides that, “any person who commits an assault occasioning actual bodily harm commits a misdemeanour and is liable to imprisonment for five years”.

Female genital mutilation is criminal as it inflicts grievous harm on the girl or woman. Further more it does not matter whether the girl or woman consented to the cutting, this is because Section 226 provides that, “consent by a person to the causing of his or her own maim does not affect the criminal responsibility of the person by whom such maim is caused” (ibid). This means that whoever does the cutting is committing a crime regardless of whether the girl or woman has consented to the procedure.

## **6.6 OTHER ROLES**

The fact that Government officials are involved in the annual Sabiny cultural day celebrations is a sign of commitment in the struggle against female genital circumcision in Kapchorwa. In 1998, the President together with the Vice president of Uganda expressed support to the struggle by attending the cultural day and addressing the residents of Kapchorwa. Their presence did not only motivate the people involved in the fight against female genital mutilation, it also led to a lot of media coverage on the issue in the country.

Universal Secondary Education can be seen as an indirect and direct effort on the side of the government in the struggle against female genital mutilation. Government implemented the policy of secondary education in 2007. According to the uncircumcised girls talked to in the focus group discussions and individual interviews, girls who might have dropped out after primary education have hope to continue with their education. They assumed that girls will be able to make more informed decisions as regards to their life when it comes to culture and the practices involved therein.

## **CONCLUSION**

As discussed above, although there is no specific law that addresses the issue of female genital mutilation specifically, there are a number of legislation, instruments and institutions that play a vital role in elimination of this tradition. If only the already established laws were effectively executed, there would be a change. However in coming up with a specific law there is need to think about how this law will be implemented. Like Packer writes, “the existence of legislation is at the least, one step toward the eradication of female circumcision because it establishes standards as a matter of law and thereby creates a framework for implementation of public policy,” (Packer 2005: 235-236). However as already mentioned in chapter two, in coming up with a specific legislation, it should not be forgotten that most national criminal codes make female genital mutilation illegal but the implementation is still lacking. As seen in the words of Baroness of Scotland in (Mohammad 2005:135),

“Law on its own will not stop it (female genital mutilation), its just one of the ingredients that we need to have to make sure the change that we aspire to happen actually takes place”.

## **CHAPTER SEVEN: CONCLUSIONS AND RECOMMENDATIONS**

### **CONCLUSIONS**

Based on the interviews, focus group discussions and review of literature, it can be concluded that:

Female genital cutting among the Sabiny is a traditional practice that is deeply embedded in their culture. Those in favour look at the custom as a form of cultural identity and a sacred ritual that is sanctioned by ancestors and protected by cultural beliefs and myths. But it is also a contested practice. The justification among those against the practice is mainly related to health concerns of the girls and women who are coerced to undergo the procedure as a result of social pressure from the community.

At the global level, female genital mutilation is seen as a violation of Human Rights. However in the communities practicing this procedure, human rights arguments yield little results when used as a key point in the struggle to end FGM. Rights of another person can not be sought to be protected if the affected person does not know about these rights or believe in them and how they can be protected.

Gruenbaum (2001:199-200), argues that human rights came into the picture to safeguard people from governments that were violating their rights. However in some situations like that of female genital circumcision, the government is not the perpetrator, a particular group violates such rights among themselves.

Newman et al (1996:351) write that;

“In traditional cultures - at least the sorts of traditional cultures that would readily justify cultural deviations from international standards - people are not victims of the arbitrary decisions of rulers whose principal claim to power is their modern instruments of force and administration.”

Human behaviours and cultural values, however senseless or destructive they may appear from the personal and cultural standpoint of others, may have meaning and

fulfil a function for those who practice them. However, culture is not static but it is in constant flux adapting and reforming. People will change their behaviour when they understand the hazards and indignity of harmful practices and when they realise that it is possible to give up harmful practices without giving up meaningful aspects of their culture (*Joint Statement by the WHO/UNICEF/UNFPA, 1996* in Gruenbaum 2001:198).

The efforts of the pioneers in the struggle to end female genital mutilation should not go unnoticed. They involve the participation of all in the community in a bid to address social norms, perceptions, beliefs and attitudes. My study shows then that complete elimination of FGM is a complicated procedure because there are many vested interests to perpetrate the practice and changing perceptions and attitudes is a slow, long and arduous process. Intensive sensitisation of practicing communities is the most effective way to reduce this practice though this might be against the wishes and cultures of peoples practicing it.

Legislation without political commitment and other proactive interventions (media campaigns, community education and empowerment programmes) is ineffective. However legislation provides an official platform to back up positions of opponents of female genital mutilation by empowering them with the necessary legal support. In my study, most of the information was collected from people and organisations that are *against* the continuation of FGC; however there is also need to work with those who are *for* the practice. The objective must be to come up with a neutral ground that does not violate the rights of those involved and yet maintains the sense of cultural identity and prestige FGC brings.

From my study, it can also be concluded that in the struggle to eliminate FGC, there is need for the three levels in society to work together. Understanding the justification for the continuation of the tradition, formulating initiatives with these justifications in mind, and involvement of the government are all prudent efforts for change. The one thing that can unite all the three levels is the law.

The debate about FGC is part of a general debate about cultural relativism. Abusharaf Rogaia Mustafa, of the Pembroke Centre for Teaching and Research on Women at

Brown University argues that cultural rights activist use culture as an excuse for committing acts of violence against women in the name of culture (Abusharaf 2006:10). The Human Rights perspective stipulates that freedom to manifest one's religion or beliefs should be subject to limitations necessary to protect the fundamental rights and freedoms of others WHO (2008b:10).

## **RECOMMENDATIONS**

The fact that REACH and SEA are initiatives by the local people in the area, means that their efforts have higher chances of bringing about change as people consider them their own. However, there is still need to continue involving all the stake holders like the 'surgeons', girls, women, government officials, religious leaders as well as men for better results and make sure promises are kept. It is therefore recommended that these efforts should be supported and encouraged by the government and all stake holders should be involved so that they become more and more effective as they are owned by all.

REACH and SEA have played a big role in the sensitisation of communities about FGC and its adverse effects as well as involvement in other activities to eliminate the practice. However because this is deeply engraved in the culture of the people, change is bound to be slow especially in rural areas because of problems of accessibility. It is therefore recommended that intensive sensitisation programmes especially in the rural areas be continued in a bid to encourage behavioural change.

The alternative rituals and Cultural day are initiatives aimed at affirming community identity and positive aspects of culture which boosts self esteem in the community while preventing physical and psychological harm to women and girls. They involve the participation of the whole community, a sense of ownership and belonging is created and this has a great impact on the success of these initiatives. It is therefore recommended that these very interesting initiatives that appear to be yielding results should be continued and strengthened so that the struggle to eliminate FGC in the community is enhanced.

It is clear that by using peer educators, REACH uses already established social institutions in the community to send the message about FGC. From the information gathered, using peers is an effective way because they are used at school as well as in the community while on holiday. It is recommended that peer participation be continued and numbers should be increased to boost girl child participation in education which will result in informed decision making by women at all levels.

The Local Government in Kapchorwa has come up with a by-law which is hopefully going to be turned into a specific law abolishing FGC. This can be said to be a step in the right direction. However issues to do with its implementation need to be addressed because if the people involved in the practice are the implementers, then success is bound to be on a limited scale and bringing in outsiders has its own complications. It is therefore recommended that sensitisation of the communities about the implications of the law be taken as a matter of importance to all stake holders and in particular the implementers of the law. This will help to make the law effective and to assist in the elimination of FGC.

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### **Word count 16033**

**My research has mostly been descriptive and in order to put across the message, there was need to use more words than allowed. I have trimmed it to the best of my knowledge and further trimming will render the research meaningless. It's for the above reason that I have exceeded the agreed upon word limit by 1033.**

## APPENDICES

### Appendix 1: Interview guides for key informants at national level

#### Background information

- Name of key informant
- Position or title
- For how long have you worked with the institution?

#### Key questions

- Tell me about your organisation.
- Are you familiar with the government policy as regards to female genital mutilation?
- Tell me more about your programs concerning female genital mutilation?
- How effective is this policy in reducing the practice?
- Have you handled any complaints concerning this practice?
- What strategies have been put in place by this institution to fight this practice?
- What are some of your achievements?
- What are some of the challenges faced in dealing with this issue?
- Any suggestions in relation to future strategies?

### Appendix 2: Interview guides for local organisations

#### Background information

- Name of organisation
- Location
- Name of contact person

#### Key questions

- Tell me about your organisation.
- For how long has it been in operation?
- Tell me about female genital mutilation (what it is, why is it practiced, how is the practice perceived in the community, are there any changes in attitudes as regards to this practice).
- Tell me about the government policy on female genital mutilation.
- Tell me more about the programs/projects and/activities are you involved in?
- For what reasons are you involved in those programmes?
- Is this practice on the decrease/increase? Why?

- How effective are these programs/projects/activities in reducing female genital mutilation?
- What are some of the alternative rites of passage that have been proposed in communities that practice FGM/C?
- What is being done to involve men, religious leaders in these efforts?
- Tell me more about some of your achievements.
- What are some of the challenges faced in doing your work?
- Any suggestions in relation to future activities/programmes and/projects.

### **Appendix 3: Interview guide for the community (Sabiny people)**

#### **Key questions**

- Can you tell me about female genital cutting?
- Tell me more about your experience?
- Do you think it is a good idea to abolish this custom?
- What do you think can be done to replace this practice among the people?

### **Appendix 4: Focus group discussion interview guide for girls/women**

- How do you feel about circumcision?
- Do you know of any problems associated with circumcision?
- What are your feelings about the programmes that REACH and SEA are running in the community?
- How do you feel about government involvement in the elimination of circumcision of women?
- What can be done differently both by the local organisations and governments in this fight against FGC?
- Are you involved in any programmes in the community that are aimed at eradication of FGC?
- Can you tell me some of the challenges faced in eradication of circumcision?

