

Master's Thesis

The end of Emuratare: integrating local vision in programmes to prevent female genital cutting

An anthropological study into the perceptions of Maasai girls in the Kajiado district, Kenya, on the role of female genital cutting in their lives and community, and the way in which these perceptions can be included in programmes to prevent this custom.



Lianne de Vries

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Master's Thesis Social and Cultural Anthropology

Lianne de Vries

Student number 1429906

Lianne.devries@quicknet.nl

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Supervisor: Dr. E.A.C. Bartels

Second assessor: Drs. B. G. Keuper



vrije Universiteit amsterdam



The role of (Western) feminists is not to be in front,
leading the way for other women, but in the back *supporting*
the other women's struggle to bring about change.

Kenyan anthropologist Achola Pala-Okeyo

Clarification of the title – Emuratare means circumcision in Maa language, the language Maasai speak.
Image on the cover – Painting by Joseph Ndambo of Maasai women standing and sitting in front of
manyatta's, the houses women build themselves. Source: <http://www.artexchangeafrica.com/shop>

Acknowledgements

Naserian or “the lucky one” is what the Maasai called me, and lucky I felt during three months of field research in Kenya. I have seen, heard and felt amazing things, and have been surrounded by wonderful people. Men, women, boys and girls have guided me, taught me, have kept me company and showed me their country. In particular I am very grateful for the willingness of the Maasai girls to share their personal stories and thoughts. You were great!

My stay in Kenya would not have been possible without the help and guidance of AMREF Flying Doctors in the Netherlands and Kenya. I would like to express my gratitude to Robina, Sammy, Eddah, David, Kyra, Jolande, Woutine, Jacqueline and my two interpreters. Asante sana!

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Executive summary

This thesis is the outcome of field research conducted in light of the Master's programme Social and Cultural Anthropology at the Vrije Universiteit of Amsterdam. This study examined the emic-perspective of Maasai girls between 13 and 23 years old on female genital cutting in their community in the Kajiado district in Kenya. Furthermore these perspectives have been used to determine which aspects should be included in a programme to prevent FGC in the Kajiado district. A prevention programme of AMREF Flying Doctors focused on health and rights has functioned as an example. The author claims that we first need to understand why people practice FGC before we can convince them to abandon it. To achieve a change of culture, necessary to end the practice of FGC, a prevention programme needs to relate to the views of the people that practice it.

Three months of field work were conducted in Magadi and Loitokitok, two subdivisions of Kajiado district. Different methods of data collection were used: documentary analyses, (participant) observation, interviews and focus group discussions. Extensive conversations were held with twenty girls about their daily activities, education, children, marriage, their dreams in life, circumcision, uncircumcised women, possible consequences of circumcision, reasons for circumcision, their opinion about circumcision and the prevention of the custom. Their accounts are the basis of this thesis.

The main findings stress that Maasai girls, both circumcised and uncircumcised, go through a human struggle between security and freedom or the argument between community and individuality. The girls themselves present this as a struggle of identity. Being a traditional Maasai woman (security and community) vs. being a good Christian (freedom and individuality). In order to become a Maasai woman girls need to be circumcised, because only when they are circumcised they will find a husband that can provide them social status (being a wife and a mother) and the security of belonging to the community. But the circumcision of girls is not mentioned in the bible. Christians are even against FGC.

This clash is a reason to both regret being circumcised and choosing to remain uncircumcised. Girls that want to remain uncircumcised have found their own way to achieve this and convince their fathers. Programmes to prevent FGC that focus on health and rights, like that of AMREF, provide the tools for these fights and should be very much aware of their role. For one girls have the need to find a new sense of belonging. Their traditional security of belonging is what they risk when they do not undergo circumcision. Modern institutions like the church, school and NGO's can provide a new form of security. Educated girls have found their own way to overcome the difference in explanatory models. By changing the models of their fathers they are slowly achieving a change of culture.

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List of abbreviations

AMREF	African Medical and Research Foundation
CAFS	Centre for African Family Studies
CIA	Central Intelligence Agency
FGA	Female genital alterations
FGC	Female genital cutting
FGM	Female genital mutilation
KADU	Kenya African Democratic Union
KANU	Kenya African National Union
MFS	Mede-financieringsstelsel (financial support development organisations receive from the Dutch government)
MYWO	Maendeleo Ya Wanawake Organization (a Kenyan non-profit women's organization)
Narc	National Rainbow Coalition
NGO	Non-governmental organisation
ODM	Orange Democratic Movement
PATH	An international non-profit organisation focused on health
PIA	Priority Intervention Area
WHO	World Health Organisation

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Table 2 Reasons why girls wish they were not circumcised

Table 3 Respondents

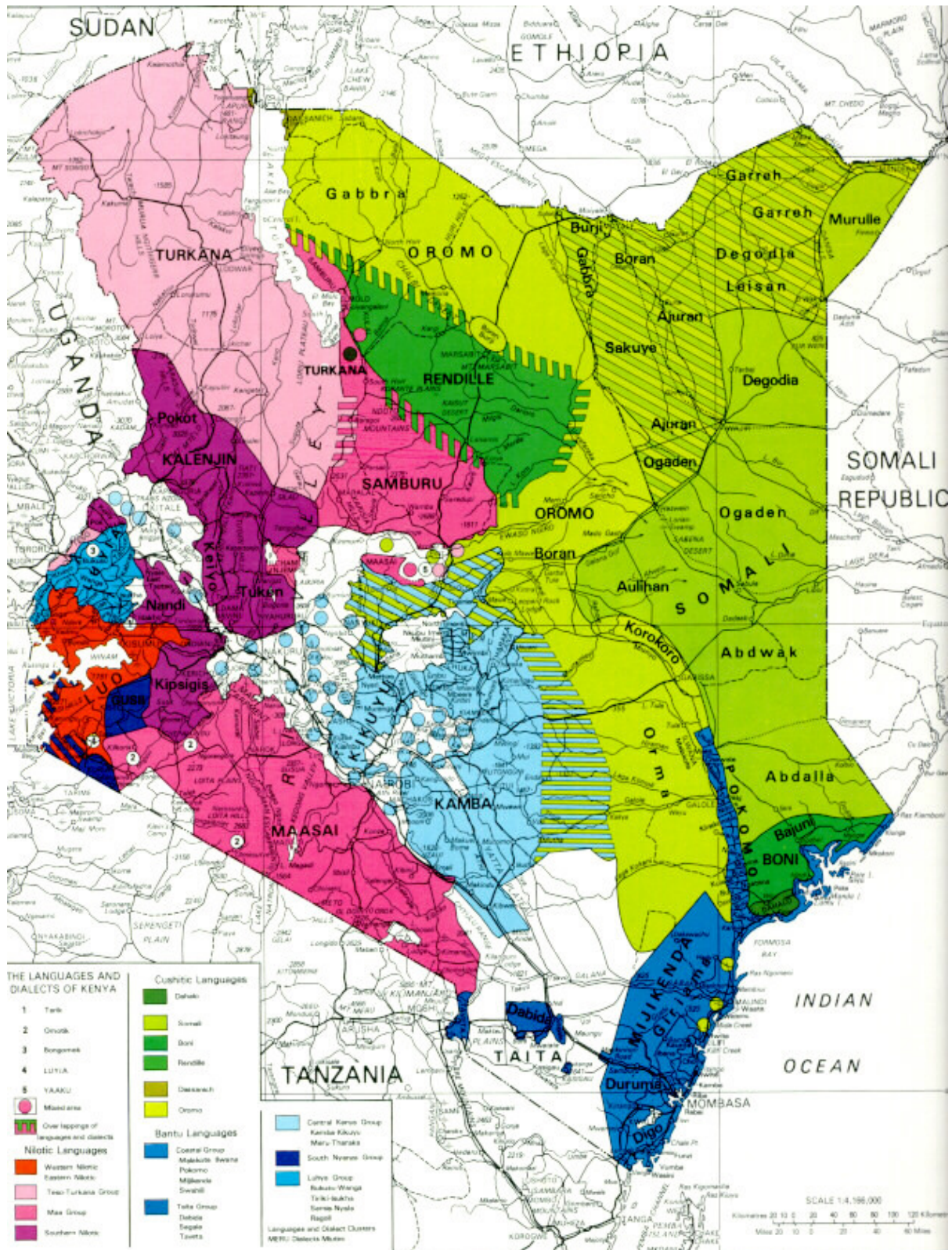
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Map 1 Kenya



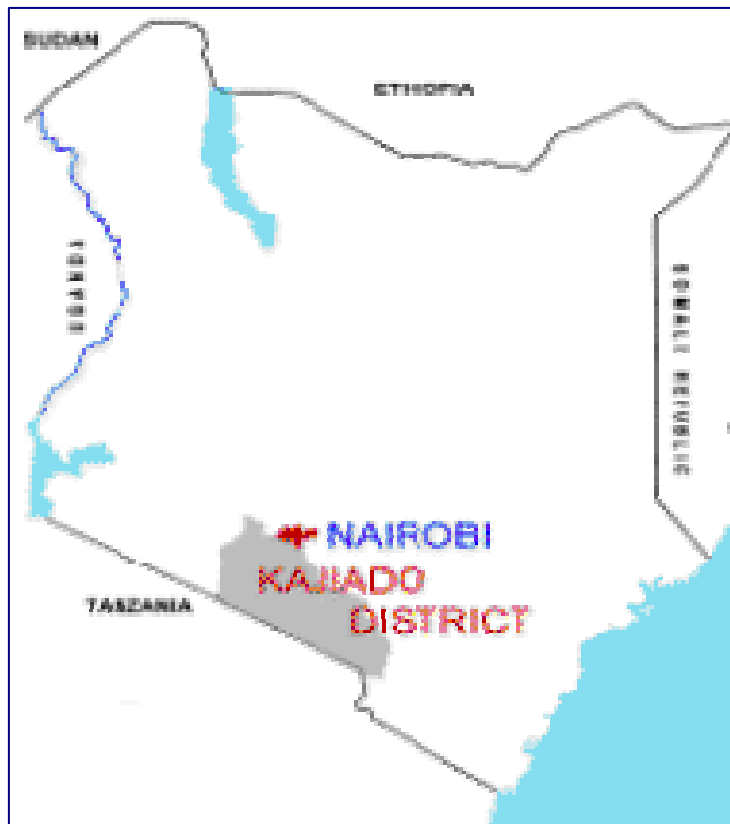
Source: <http://www.worldtravels.com/images/map/Kenya>

Map 2 Languages and dialects of Kenya



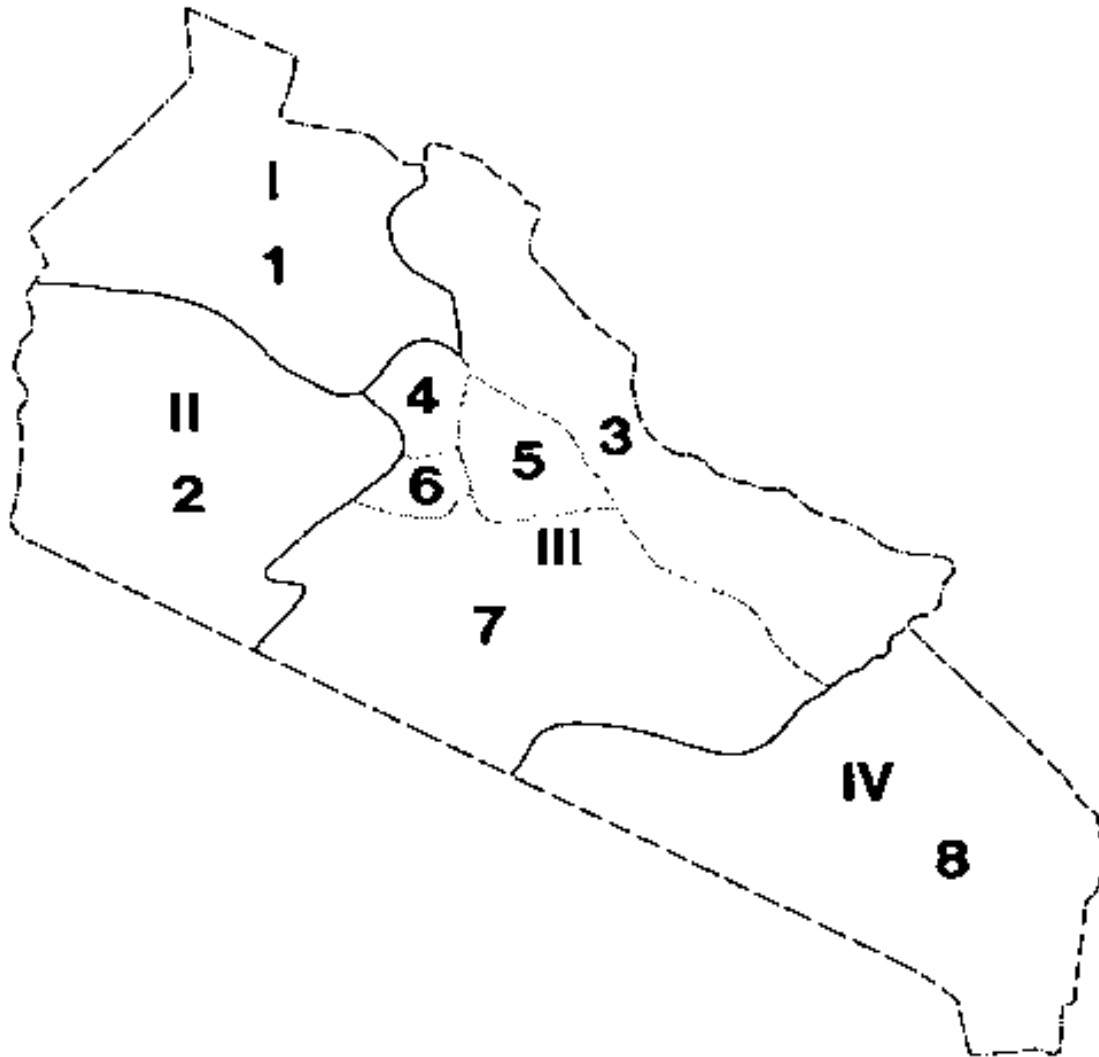
Source: http://www.brinq.com/projects/kenya/dialect_map.jpg

Map 3 The Kajiado district



Source: <http://www.kajiado-district-dev-trust.org.uk/kajiado.htm>

Map 4 Research areas Magadi (II) and Loitokitok (III)



Divisions

- I Ngong
- II Magadi
- III Central
- IV Loitokitok

Sections

- 1 Keekonyokie
- 2 Loodikilani
- 3 Kaputiei
- 4 Ildaal
- 5 Dala le Xutuk
- 6 Purko
- 7 Matapato
- 8 Misongo

Source: <http://www.fao.org/Wairdocs/ILRI/x5552E/x5552e05.htm>

Map 5 Research locations



Source original map: <https://www.cia.gov/library/publications/the-world-factbook/maps/ke-map.gif>

June of 2006, BBC News reported a tragic case of female genital cutting¹ in Irindi, Kenya. A fifteen-year-old girl performed circumcision on herself and eventually bled to death. The girl decided to circumcise herself after her mother had refused to let her undergo the procedure. For not being circumcised the girl was teased by her age mates and called names. To end these harassments and become like the other girls she tried to remove part of her external genital organs, which eventually led to her death (BBC News 2006). This case brings to light the excluding function that female genital cutting can fulfil. According to this, girls are not just being circumcised out of tradition, and cultural and esthetical reasons. The custom also prevents a girl from being isolated and excluded. As soon as girls are circumcised they become part of the community. This news article changes the roll of the circumcised girl from a victim of tradition to an agent, choosing to be circumcised to belong to the community.

The agency² of young girls, although the other side of the story, is also stressed in the following news article, again reported by BBC News. It describes the case of around eight hundred girls trying to escape female genital cutting by hiding from their parents in the south-west of Kenya (BBC News 2003). Churches and non-governmental organisations (NGO's) in the area shelter the girls, who ran away from their homes. These churches and NGO's state that the girls were not stimulated or helped to run away, but that they just have been taught about the dangers of female genital cutting. According to the coordinator of one of these NGO's the authorities are of no help. This although female genital cutting was outlawed in Kenya among young girls in 2001. It is reasoned that girls above the age of sixteen are able to make their own decision concerning circumcision (ibid.). One could say that even within the law the agency of girls on this matter is stressed.

This notion of agency is often excluded from Western visions on female genital cutting though. Women that have undergone circumcision are portrayed as mutilated victims of a backward tradition. Any type of the practice is here seen as patriarchal oppression, neglecting the role women often play in the maintaining of female genital cutting in their communities. In addition Westerners seem to forget that female genital cutting was also practiced in the West in the nineteenth century (Oostlander 1996,

¹ In this thesis the term 'female genital cutting' will be used as a concept to cover all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

² Following Giddens (1998) I see agency and structure as to undistinguishable concepts. Structure determines how much power an individual has in a certain situation, or how much agency that person has.

Reyners 1993, Lightfoot-Klein 1989). In this day and age it was common to remove the clitoris of (young) women with psychological or sexual “problems”; like hysteria, epilepsy or nymphomania. Nowadays Western surgeons perform surgeries that remove (part of) the labia minora or tighten the vaginal opening of young girls or women in order to make them more beautiful. By bringing this up I want to show the double standards of morality on the domain of female genital cutting. Essén en Johndotter state this as follows: “[European]-Africans are tacitly accused of being trapped in primitive culture and pictured as potential ‘mutilators’ in public discourses, while evidence is weak or nonexistent. At the same time, genital alterations in non-African women seem to be widely accepted” (2004: 613).

In this thesis I want to move beyond making these kind of easy value judgements, but be context-sensitive. I conducted research in the Kajiado district in Kenya to understand why female genital cutting is practiced in Maasai community. In this district where mainly Maasai live the number of circumcised girls remains high, around ninety percent, while in the rest of Kenya the number dropped till thirty percent (Muluma 2006). Girls are circumcised in early puberty when they are thirteen or fourteen years old. Unlike most young girls that undergo circumcision when they are approximately seven years old, Maasai girls are very much aware of the procedure they have to undergo to become a woman. For this reason I did not see the girls I spoke with as (potential) victims of female genital cutting, but also as agents that can prevent the custom from taking place. Some girls actually did prevent their own circumcision. How these girls experience being circumcised or remaining uncircumcised will be elaborated on in this thesis. I aim to give these Maasai girls a voice within the debate on female genital cutting, in which Westerners are overrepresented. If we do not understand why people practice this custom and what it means to them, how are we supposed to convince them to abandon it all together?

The abandonment of female genital cutting is part of a reproductive health programme for nomadic youth, as the Maasai are, in the Kajiado district run by the African Medical and Research Foundation (AMREF)³. With this four year programme, from 2007 to 2010, AMREF wants to contribute to the reduction of maternal and childhood mortality by improving reproductive health care for both male and female youngster, 10-24 years old. AMREF uses this reproductive health and rights perspective to approach female genital cutting. FGC causes increased risk of bleeding and infection during childbirth and a delivery can even be fatal to the woman and the child (Unicef 2006). Because girls have the right to be able to attain the highest level of sexual and reproductive health, rights are violated when a girl is circumcised. Through the reproductive health programme of AMREF nomadic youth is made aware of the dangers of performing female genital cutting and the rights they have to remain

³ AMREF is a health development organisation which is focused on Africa. See methodology for more information on AMREF.

completely healthy. But is this enough to achieve a change of culture that is necessary to end the practice of female genital cutting? To achieve this, prevention programmes have to link up with the views of members of the communities that perform female genital cutting. In these communities reproductive rights, for example, might not be that self-evident. This is why I did not just study the Maasai girls' perspectives on FGC, in this thesis I go one step further by using these perspectives to determine what these girls experience as negative aspects or consequences of FGC in order to contribute to programmes that try to prevent the custom. I would not have chosen to do so when I would have found out that Maasai girls are very proud of FGC as a part of their community. I would not have wanted to betray the girls that very openly talked to me about such an intimate subject. But I found out that the girls were struggling with and rethinking the custom themselves! None of the girls wanted their (future) daughters to undergo the procedure they went through! A few others already fought against circumcision and managed to remain uncircumcised.

This combination of studying the emic-perspective on female genital cutting and using certain aspects from these perspectives in order to contribute to a suitable prevention programme led to the following research question:

How do Maasai girls between 13 and 23 years old in the Kajiado district in Kenya perceive the custom of female genital cutting in their community and which aspects of these views can be integrated in a programme to prevent female genital cutting in order to make it more successful⁴?

Sub-questions

- 1) What does the custom of female genital cutting look like within Maasai community?
- 2) How do Maasai girls perceive (their own) circumcision?
- 3) What relation is there according to Maasai girls between female genital cutting and identity?
- 4) What are according to Maasai girls reasons to be or not to be circumcised?
- 5) What ways are there according to Maasai girls to end female genital cutting in their community?

Before elaborating on the views of Maasai girls on female genital cutting in their community, approaches to female genital cutting, identity and prevention are outlined in chapter II. In chapters III and IV the setting of this research and its methodology are presented. The stories of the Maasai girls are presented and analysed in chapter V. With the last chapter I conclude this thesis by outlining the findings and answer to the research question.

⁴ In my view a prevention programme is more successful when it captures the views of the people it is aimed at.

I have found that Maasai girls, both circumcised and uncircumcised, go through a human struggle between security and freedom and between community and individuality. The girls themselves present this as a struggle between two identities. Being a traditional Maasai woman (security and community) vs. being a good Christian (freedom and individuality). This clash is a reason to both regret being circumcised and choosing to remain uncircumcised. Girls that want to remain uncircumcised have found their own way to achieve this and convince their fathers. Programmes to prevent FGC that focus on health and rights, like that of AMREF, provide the tools for these fights and should be very much aware of their role. For one girls have the need to find a new sense of belonging. Their traditional security of belonging is what they risk when they do not undergo circumcision. Modern institutions like the church, school and NGO's can provide a new form of security.

Literature review & Theoretical concepts

Within the debate on female genital cutting different views or discourses are to be distinguished. These discourses do not only deal with the search for the right term to name the custom, they differ in their way of classifying the different types of the custom and emphasize other aspects, for example international rights or health issues. All these aspects will be dealt with in this chapter. The focus will be on the prevention of female genital cutting with the goal to achieve a change of culture. It will be stressed that in doing so there should be attention for the local meaning attached to the custom, in this case the vision of Maasai girls.

DEFINING THE CUSTOM

As already made clear in the introduction, I make use of the term ‘female genital cutting’ to refer to all different types of procedures involving (partial or total) removal of or other injury to the external female genital organs. I choose to apply this term because I find other terms, as ‘female circumcision’⁵ and ‘female genital mutilation’ overgeneralizing. As the editors of the book ‘Genital Cutting and Transnational Sisterhood’ state: ‘[s]uffice it is to say that ‘female circumcision’ as a blanket term to cover FGC is misleading because it makes a false analogy to the much more minor operation performed on men and then places all FGC in this category, minimizing the impact of sometimes drastic and harmful cutting. Meanwhile, ‘female genital mutilation’ as a term errs in the other direction, assuming that all FGC is mutilating’ (James and Robertson 2002: 7). Besides this, using a term like ‘female genital mutilation’ is very judgemental and can lead to antagonizing people. It carries the assumption that parents deliberately hurt their daughters. By making use of a neutral term like ‘female genital cutting’ I want to prevent this from happening. ‘Female circumcision’ on the other hand implies an analogy with male circumcision, while female genital cutting can be far more damaging. The dangers involved with the procedure should not be ignored. So I use female genital cutting as a general term which includes all procedures. This general term can be divided into four types, as the World Health Organisation (2007) does as follows⁶:

⁵ I did get the advise to use the term female circumcision while communicating with locals, as this is the term mostly used in Kenya.

⁶ It should be noted that this classification entails simplification and cannot reflect variations in actual practice.

- Type I – partial or total removal of the clitoris and/or the prepuce (clitoridectomy)⁷

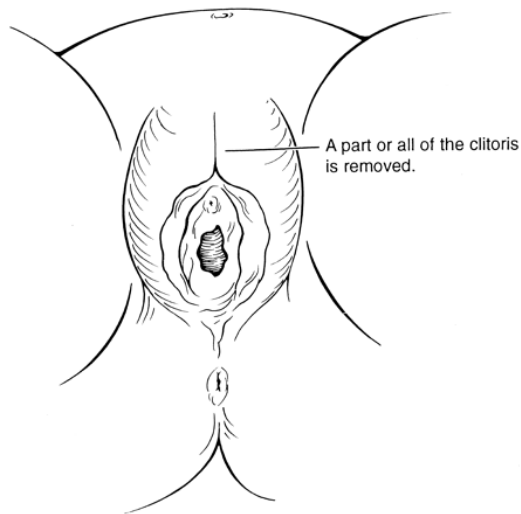


Figure 1 Result type I FGC

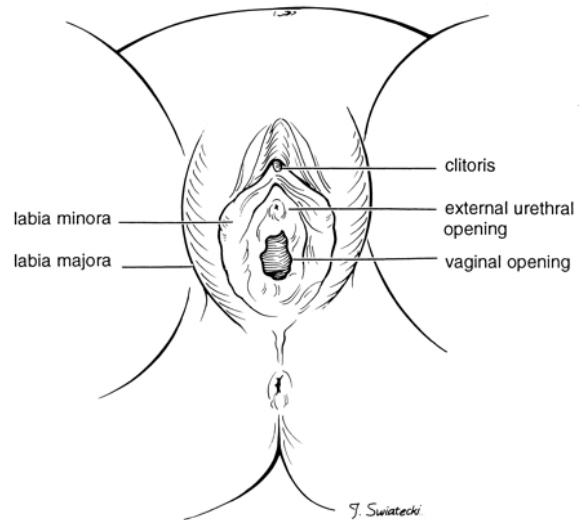


Figure 2 Normal female genital anatomy

- Type II – partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision)

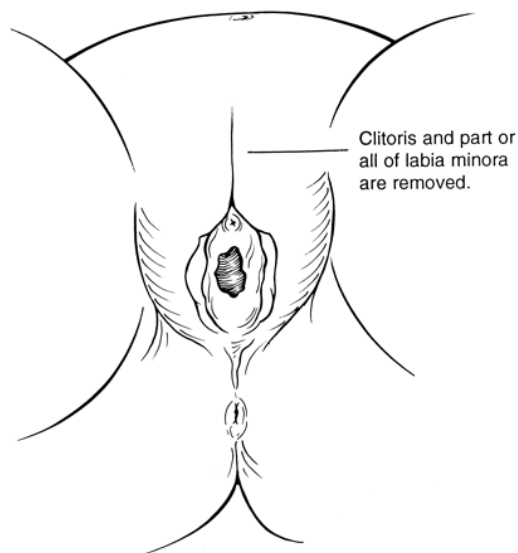


Figure 1 Result type II FGC

- Type III – Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or labia majora, with or without excision of the clitoris (infibulation)

⁷ Source figures: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;102/1/153>

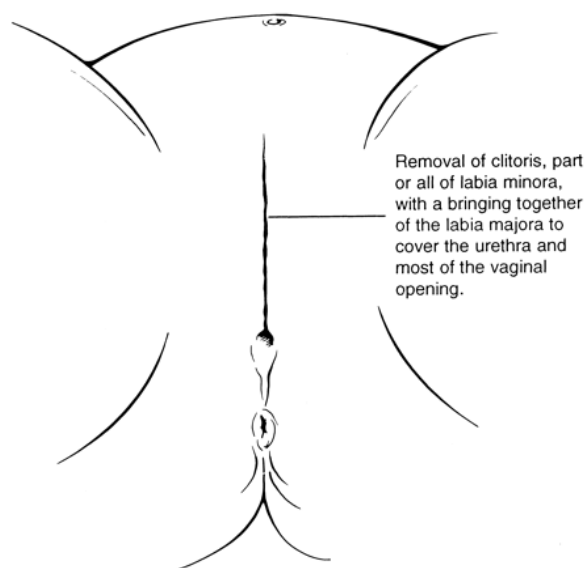


Figure 2 Result type III FGC

- Type IV – all other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

Type I and II, clitoridectomy and excision, are the most common ones⁸. According to estimations by the World Health Organisation in up to ninety percent of all cases these types of female genital cutting are practised. The third type, often called infibulation or pharaonic circumcision⁹, is the most extreme form and constitutes about ten percent of all procedures (World Health Organisation 2007). Besides these four types the terms defibulation and reinfibulation are to be distinguished. The first term, defibulation, refers to the enlargement of the opening of the vagina or to the ending of the obstruction, generally before marriage or having a baby. Reinfibulation is, for example after giving birth, narrowing the vaginal opening again (Pharos 2005).

Female genital cutting is generally performed on girls between four and twelve years old, although in some cultures girls are circumcised a few days after they were born or just before they get married. It often serves as a rite of passage to womanhood ‘or defines a girl or woman within the social norms of her ethnic group or tribe’ (Creel 2001: 3). Girls may undergo the procedure alone or with a group of other girls from their community. Traditional elders are typically the ones that carry out the genital cutting. The instruments used are: razor blades, kitchen knives, glass, sharp rocks, scissors and scalpels. Not only the type of genital cutting and the age at which a girl is circumcised differ, different traditions and rituals surround the custom. These ceremonies may occur over several weeks, girls receive gifts and their families are honoured. ‘The ritual serves as an act of socialization

⁸ Also practiced in Maasai community. More information in chapter V.

⁹ Interestingly, infibulation is called Sudanese circumcision in Egypt (Reyners 1990: 43). Apparently no country wishes to be associated with the origin of this type of female genital cutting.

into cultural values and an important connection to family, community and earlier generations' (Creel 2001: 6). According to Creel (2001) three shared aspects of these ceremonies are to be distinguished: educational (learning her place in society and new role as a woman, wife and mother), physical (undergoing physical pain to prove she is capable of assuming her new role) and a vow of silence (not speaking about her experience during the ceremony) (ibid.). In spite of these similarities stressed by Creel, female genital cutting is practiced by people from all educational levels and social classes, by residents from urban and rural areas and among different religious and ethnic groups (ibid.). So there is a great variability from country to country and from community to community regarding female genital cutting.

PAST TILL PRESENT

When and where the custom of female genital cutting originates is up till today not with certainty determined. Most scholars assume that the practice started in Egypt, from where the custom spread through trade routes¹⁰ (Bartels 1993: 2). Some of them refer to the custom of pharaohs to pin the labia majora of their slaves as the origin of infibulation (Bartels and Haaijer 1992: 47). Both the oldest text and female mummy were found in the Nile valley, evidence that women were circumcised before Christ. This first textual evidence of the practise of female genital cutting dates from the fourth century before Christ, the mummy that underwent excision dates from the sixteenth century before Christ. So for at least 3500 years women have been circumcised in different ways (Bartels 1993: 2). These days the custom occurs in 28 African countries¹¹ and some countries in the Near East and Asia (Pharos 2006). As an outcome of migration also girls in Western countries are being circumcised. A recent publication of Unicef states that a total of more than 130 million girls and women underwent a type of female genital cutting (Unicef 2006). Every year three million more run the risk of undergoing the procedure. Thoughts about making an end to this custom have to involve this historical aspect and the knowledge that it has survived several big social and cultural changes. It is also important to realize though that communities that historically did not practice female genital cutting are now slowly adopting some form of the custom. Leonard (2006) for example reports about a similar development in Chad.

From the fact that the first evidence of the practice of female genital cutting dates from four centuries before Christ, can be concluded that the custom does not emerge out of Christianity or the Islam. This does not mean though that practising groups feel that female genital cutting is not related to religion. According to Bartels and Haaijer religious reasons do contribute to the survival of the custom, for example because groups live with the idea that the procedure is prescribed in the Koran (1995: 46). But not only Muslims practise female genital cutting, although it is tempting to conclude

¹⁰ It has to be stressed though that not all groups that came into contact with female genital cutting actually integrated it.

¹¹ See appendix I on page 62 for a map of Africa with the prevalence of FGC.

there is a relation between Islamization and practising female genital cutting when looking at a map of Africa. This is weakened by the fact that in the Northwest of Africa, in countries like Morocco and Tunisia, girls are not circumcised, while this area was Islamized in the second half of the seventh century (Reyners 1993: 46). Besides, the Islamization of central Africa only occurred in the nineteenth century, when girls had been circumcised there for centuries. That female genital cutting is not an Islamic tradition is confirmed by the fact that on the Arabic peninsula and in Asian countries with a Muslim tradition, female genital cutting never has been introduced (ibid.). The custom has spread though as a result of this imagined link, for example towards Indonesia (Van der Kwaak e.a. 2003: 16).

So not all Muslims let their daughters undergo female genital cutting, but the people that do are also not all Muslims. Put differently, also for example Christians and animists practise female genital cutting (Oostlander 1996: 9). The custom is also known in the Western world. Oostlander (1996), Reyners (1993) and Lightfoot-Klein (1989) give examples of female genital cutting as practised in the West in the nineteenth century. In this day and age it was common to remove the clitoris of (young) women with psychological or sexual “problems”; like hysteria, epilepsy or nymphomania (Oostlander 1996: 9). The last two authors take this a step further. Reyners by giving the example of the sect of Skoptsy in central Europe that practised female genital cutting in the eighteenth and nineteenth century. The founder Ivanov and his followers performed some recommendations from the Evangelical of Mathew literally. These texts advised them to remove parts of the body that tempted sins. Men were castrated and women lost their clitoris and one or two breasts (Reyners 1993: 50). According to Lightfoot-Klein not only members of sects underwent this kind of enlarged procedure. She states that this also occurred in the medical world until the 1880s, where a clitoridectomy had been combined with an ovary removal surgery. Clitoridectomy as a single procedure was performed in mental hospitals until 1935, but continued even in the late twentieth century at least until the 1980s, when her book was published, as a cure for premarital sexual activity and masturbation (Lightfoot-Klein 1989: 181). Lightfoot-Klein gives the following example: ‘From Germany I have received the report that there still are similar cases among German nationals as well. One involves a German woman [...] This woman brought her 15-year-old daughter to a German gynaecologist to be excised “because of excessive masturbation.” She had been excised herself at the same age for similar reasons, she reported.’ (ibid.). Nowadays Western surgeons still perform surgeries that remove (part of) the labia minora or tighten the vaginal opening of young girls or women. These kind of surgeries are related to images of beauty. In a migrant situation these surgeries make it very difficult to define what female genital cutting is.

REASONS FOR GENITAL CUTTING

Because the traditions surrounding female genital cutting and circumstances under which it is performed differ per community also the reasons to perform it are likely to differ. Creel (2001) states though that there are similarities: ‘many practicing communities believe that it preserves the girl’s virginity and protects marital fidelity because it diminishes her sexual desire’ (6). Reasons might be giving pleasure to the husband, maintaining good health, purity, religion and achieving good social status. At the core of all this is making the girl marriageable. When a girl is circumcised she attracts a good bride price and she will in this way benefit her family. Parents want their daughter to have a stable life and a place in the community. Their status and value are connected to their role as source of labour and producers of children (ibid.). So not being circumcised can have major consequences for the girls: they have no access to status nor a voice in the community.

To understand the role of female genital cutting in society Creel designed a ‘mental map’ or conceptual framework¹². ‘This mental map shows the psychological and social reasons, and the religious, societal, and personal (hygienic and aesthetic) beliefs that contribute to the practice. These beliefs involve continuing longstanding custom and tradition; maintaining cleanliness, chastity, and virginity; upholding family honour (and sometimes perceived religious dictates); and controlling women’s sexuality in order to protect the entire community’ (2001: 6-7). According to Creel also the communities in which the mental maps work are important to understand why girls are circumcised. She explains that communities have a range of ‘enforcement mechanisms’ to ensure that girls undergo female genital cutting (ibid.: 7). These mechanisms for example include the unwillingness of men to marry an uncircumcised woman and local poems and songs that stress the importance of the custom. Women may even face divorce when their man finds out they are not circumcised. But it also works the other way around. Girls who do undergo female genital cutting receive gifts, public recognition and respect. When girls do have a choice in the matter, this can be a reason to voluntarily choose to undergo female genital cutting (ibid.).

¹² See following page.

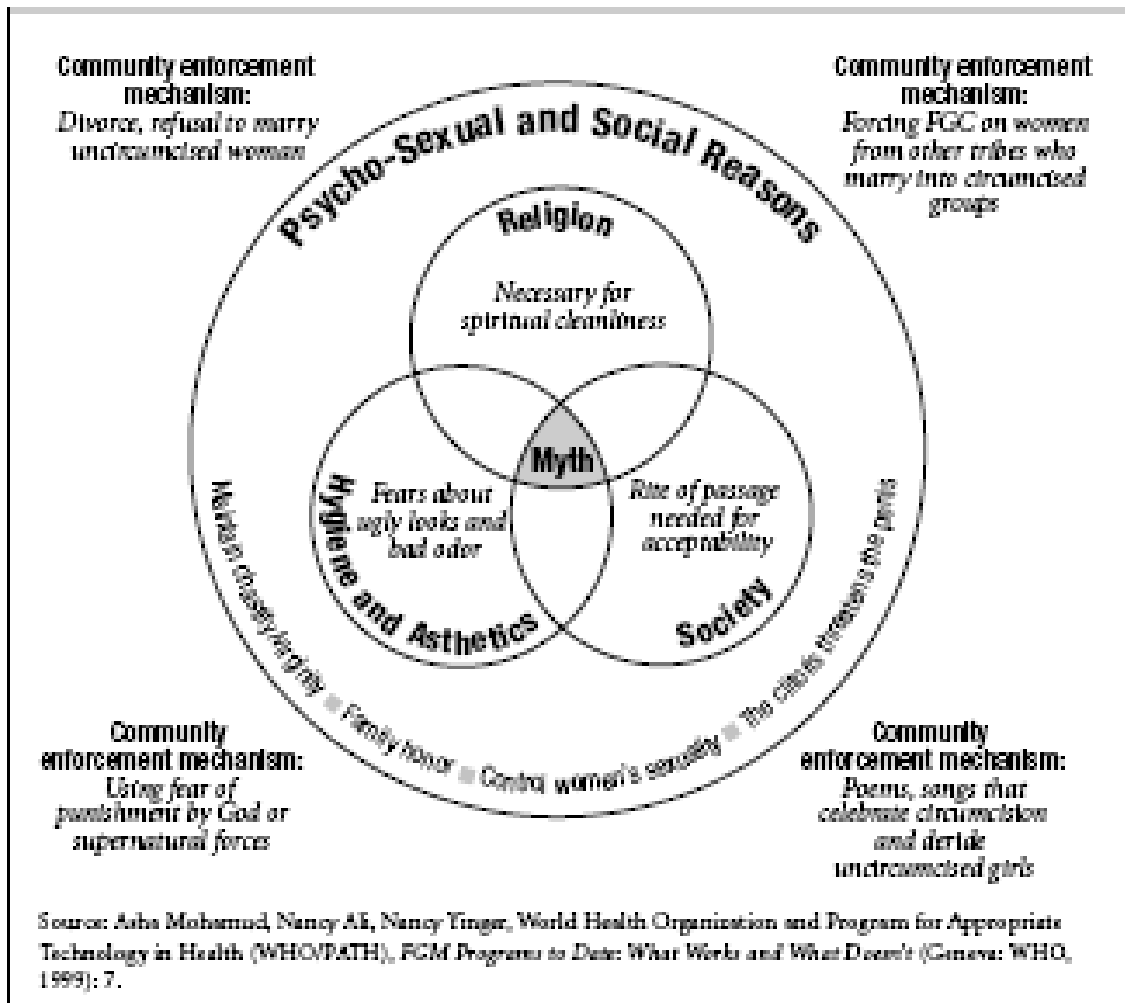


Figure 3 Mental map Creel

In this conceptual framework, which seems to include every important dimension of reasoning, social-economic reasons are forgotten. As Oostlander does realize, to the practitioner female genital cutting is a source of income and status (1996: 20). That this is an important aspect is confirmed by the fact that prevention programmes focus on educating and training practitioners for alternative sources of income. One could also place attracting a good bride price in this social-economic dimension. Van der Kwaak (1992) describes this as follows: ‘An indirect reason for the maintenance of female circumcision [in Somalia] thus can be its alleged contribution to the village economy. The practices of infibulation, defibulation and re-infibulation makes this contribution in several ways. First of all there is the payment of the bride price (*yarad*), which contributes to the economic prosperity of the village. Secondly, the circumcisers receive a substantial sum for carrying out the operation’ (ibid.: 783).

Right in the middle of the mental map of Creel stands ‘myth’. In a lot of communities myths surround the custom of female genital cutting. Vermaat (2000) for example describes these myths of the Bambara of Mali. This ethnic group believes that children come into the world with both a male and a female soul. The female soul of a boy lives in the prepuce and the male soul of a girl in the clitoris. Without the removal of these souls children will never be able to grow up. When a woman is

not circumcised and has sexual intercourse, the clitoris can according to the Bambara kill a man or make him impotent (Vermaat 2000). Van der Kwaak (1992) gives other examples of anthropologists who 'symbolically interpreted' the removal of genital organs. '[In Somalia t]he parts of the female genitalia that are removed are called *kintir*, which is synonymous with *awle*, meaning something like 'with father'. It is believed [...] that the genitalia of the girl and the penis of the boy are both acquired in a patrilinear way' (ibid.: 782). By means of the cutting the hard, male parts are removed and a woman becomes soft and feminine. Boys are made more masculine by removing their prepuce (ibid.). '[...] the clitoris is seen as a small penis and therefore a vestige of maleness; the prepuce of the penis is seen as a vaginal fold and therefore a vestige of femaleness' (Vissandjée 2003: 118).

CONSEQUENCES OF GENITAL CUTTING

Female genital cutting can have serious health consequences. These can be divided into short-term and long-term consequences, and physical and psychological consequences. Examples of short-term consequences are severe pain, fear, the loss of too much blood, shock, infection, injuries to tissue and organs and tetanus (Said Naleie 1997: 7-8, Creel 2001: 3, Reyners 1993: 29). On the long term infections can spread and affect the ovaries and Fallopian tubes and lead to infertility. The scar can cause constant pain when sitting, walking and having sexual intercourse. Not only the woman but also the man can experience having sex as unpleasant and painful (Reyners 1993: 33). Other long-term effects may include cysts and abscesses, and urinary incontinence (Creel 2001: 3). When circumcised women do get pregnant they can run into difficulties during childbirth. Female genital cutting causes increased risk of bleeding and infection, according to an investigation by Unicef (2007). A delivery can even be fatal to the woman and the child. The type of female genital cutting the mother underwent determines the chance of survival of the baby. When the genitals of the mother are partly removed, as is the case within Maasai community¹³, the chance that the child dies immediately after it was born is fifteen percent higher than that of children from uncircumcised women (ibid.).

Besides the described physical consequences a lot of women seem to experience sexual and psychological effects. Van der Kwaak e.a. state for example that girls tend to get introvert and quiet after the procedure, and can suffer from eating disorders and anxiety attacks (2001: 16). Information and research on these kind of effects are rare though, and the evidence concerning these effects are mixed. According to Yount and Abraham (2007) the evidence is mixed because of varied study designs and the difficulty of measuring the outcomes cross-culturally.

It is important to realize that there are different factors that determine the extent of the health effects of female genital cutting. A girl that underwent a mild form of circumcision is likely to experience less severe consequences than a girl that underwent infibulation. But not only the type of the custom, also the experience and tools of the practitioner, hygienic conditions and access to health

¹³ See chapter IV for more detailed information on female genital cutting within Maasai community.

care partly determine the extent of experienced health effects as a result of female genital cutting (Oostlander 1996: 17). The traditional nature of a lot of practices makes it likely to catch an infection. This can happen when instrument are not properly sterilized, when the same instrument is used to circumcise more than one girl, or when droppings of animals are used to stop the bleeding (Reyners 1993: 31). Also because razorblades or knives are used several times researchers have postulated an association between female genital cutting and HIV/AIDS. Yount and Abraham (2007) claim that the custom can also increase a woman's risk of HIV infection by elevating her risk of physical trauma. 'For example, more severely cut women may experience greater trauma during coitus, which may cause injuries to and alterations in the vaginal surface that enhance transmission. Type III forms of cutting also may preclude vaginal coitus, requiring women to perform anal intercourse instead' (ibid.: 75).

IDENTITY AND GENITAL CUTTING

As has become clear by now female genital cutting can be a way to become a woman and earn ones place in the community. The relation between female genital cutting and identity is stressed by several scholars. Here I will discuss the writings of three: Bartels (1993), Vissansjée (2003) and Van der Kwaak (1992). According to Bartels (1993) the circumcision of girls can be seen as a marking ritual. In a marking ritual distinctive characteristics of identities are expressed. By means of circumcision children change from a still sex neutral creature (not yet human) to a sexual creature (a human being) and they obtain a place within the social categories of their own community (Bartels 1993: 9). The ritual can be seen as a marking of ethnic groups and as the marking of men/ women. A marking ritual expresses identity, but at the same time states an antithesis (us against them). This kind of ritual marks boundaries of groups and categories (ibid.). So the social context, including man/ woman relations, ought to be concluded in the analyses of female genital cutting.

Before discussing the two other authors, I will elaborate on the concept of gender identity. Biological and social differences between men and women are distinguished in social sciences. This allows us to focus on the social differences between men and women. 'Sex' is the term used refer to the biological difference. 'Gender includes the social attributes associated with being a woman or a man in a particular society' (Woodward 2000: 44). According to Woodward gender identities are shaped by many different factors: individual and collective and social and biological factors. She also claims that the way we construct identities is influenced by a set of feminine and masculine characteristics and traits we associate with gender categories (ibid.: 44). All societies have ways to differentiate between men and women.

Gender identity as any other domain of identity is shaped by self-categorization and the categorization of others (Eriksen 2002). Identity does not just express how one sees oneself, but also the image others have of you. One can identify with a certain group, but the acceptance of other group members is necessary. This acceptance is dependent on the experience of similarities and

commonality. 'It involves especially the interaction between how people see themselves and how others see them; it involves identification and projected identity' (Van der Kwaak e.a. 2003: 26 – own translation). Because it concerns the result of an interaction, is the assumed identity variable. This makes identity formation not only a human, but also a dynamic concept. Besides this, identity has an emotional level. 'The word "identify" is telling: it signifies that the relationship between the individual and the representation has an emotional quality, an "empathy", as well as a feeling of sameness. This is important to identity; it has a real feeling of personal involvement. Identity matters, at a personal level as well as a social one' (Woodward 2000: 47).

According to Vissansjée gender does in practice bring 'out the differences that exist between the roles and responsibilities defined for women and for men, respectively; their social status; access and use of resources; and the social codes that determine their behaviour' (2003: 116). Van der Kwaak describes in her article 'Female circumcision and gender identity: a questionable alliance' the relation between infibulation en gender identity in Somalia (1992). The identity of women is here related to marriage and the bearing of children, the two aspects Somali women derive their status from. By performing infibulation young girls are kept pure and, as a matter of speech, are made a virgin. Married women are kept faithful this way. So the purity of women is safeguarded and female sexuality is controlled through infibulation (ibid.: 781). Van der Kwaak stresses that the segregation of the sexes starts with female genital cutting in Somali society. 'This is where gender asymmetry begins which is evident in all aspects in Somali life. Not only in the access to power and knowledge in society, but also in such things as the distribution of food' (ibid.: 782). One could argue that gender categories are produced and maintained through female genital cutting.

In his exploration how female genital cutting relates to gender identity and the acculturation process in Canada, Vissandjée (2003) confirms the statements of Van der Kwaak. 'The discourse of the majority of the women and men interviewed makes clear that these practices are an integral part of the culture's social values, and they aim at controlling women socially and sexually. Indeed, at an unconscious level, reducing sensibility in women is seen as a way of ensuring virginity until marriage and fidelity thereafter and, within given contexts, as necessary in order to make sure that a women is considered 'suitable' for marriage. These practices are inscribed within a process of division of social roles along the lines of gender, in which women's role as mother and wife is granted utmost importance' (Vissandjée 2003: 117).

HUMAN SECURITY

It has been made clear that female genital cutting is connected or even a part of gender identity formation. But what does it mean to be a circumcised woman? Here I will state that female genital cutting by serving as a rite the passage in womanhood brings the security of belonging to a social category and a community. The concept of human security will be used here as an analytical tool. This concept first emerged on the international scene in the United Nations Human Development Report of

1994. 'The argument of the UN was that the concept of security was too narrow and focussed on threats to the state and national sovereignty. The UN called for a broader view of security focussed on the individual or community not the state. In this way the human security approach parallels the shift in economic development and international law from instrumental objectives (such as growth, or state rights) to human development and human rights. In doing so the human being becomes the "end" of development' (Winslow 2003: 5). So the contribution of the human security perspective appears to be the focus shift from the nation state to the individual or (small) community (Commission on Human Security 2003). Fuduka-Parr states this as follows: 'The human security concept differs from [...] other perspectives by focusing more sharply on the downside risks that can threaten the well-being of all people, both affluent and poor. Furthermore, it focuses on the well-being and dignity of people rather than on the protection of national borders' (Fuduka-Parr 2003: 1).

As stated in the research programme of the department of Social and Cultural Anthropology of the Vrije Universiteit, human security has a physical and an existential dimension (2004: 2). The first, physical dimension is connected to the definition of human security from the 1994 United Nations Development Report as 'freedom from want' and 'freedom from fear'. It 'contains aspects of economic, ecological, social and physical well-being and which are generally associated with the fields of development and governance, traditionally the domain of social anthropology. Depending on the specific context, important dimensions of this notion of human security are sustainable livelihoods, e.g. through sustainable natural resource management; protection against all forms of violence; the complex linkages between migration – crossing state boundaries – and citizenship – as membership in states; the articulation and enactment of various (often conflicting) rights, and participation in processes of conferring or claiming of rights and the adjudication of ensuing (political) conflicts' (ibid.).

The second, existential dimension of human security includes cultural, cognitive, emotional, religious and symbolic dimensions. 'Existential security is sought in the human attempt to make sense of this world and man's (M/F) place in it, in relation to family, community, society and the wider cosmos through meaning and processes of signification. The notion of existential security is embedded in a Geertzian definition of culture as a model of and for the world [...] The quest for existential security can be linked with and expressed through issues of national, ethnic, gender and religious identity as ways in which people create collective meanings, traditionally within the purview of cultural anthropology' (ibid.).

In the same report it is stressed that although both dimensions can be distinguished on paper, they are interrelated in practice. 'It is a truism in the tradition of anthropological holism that in order to survive physically people constantly (re)create the bonds that tie them together and separate them. People create – and are part of – the groups, communities and networks that physically sustain and protect them through symbolic, cognitive, affective and ritual processes, often glossed as identity, culture, recognition, validation, affirmation, values, etc. Where people have to work together in order

to achieve a common goal, culture comes into play. The quest for physical security is thus predicated on a more or less successful effort at creating some measure of cultural security' (ibid.).

Female genital cutting can be linked to both physical insecurity and existential security. On the one hand it causes serious health consequences and on the other hand it provides the security of belonging to a community. Choosing not to be circumcised means preferring health security¹⁴ and equals the freedom of choice and individualism. The security of belonging to and being part of a group is given up. It turns out to be very difficult to make this kind of a decision. Bauman describes this human struggle as follows: 'The argument between security and freedom, and so the argument between community and individually, is unlikely ever to be resolved and so likely to go on for a long time to come; not finding the rights solution and being frustrated by the one that has been tried will not prompt us to abandon the search – but to go on trying. Being human, we can neither fulfil the hope nor cease hoping' (2001: 5). Bauman sees humans as divided between security or community and freedom or individually. We want both but can not have both at the same time. Gaining a bit freedom means missing out on community. But both are needed and complete each other: 'security without freedom equals slavery (and in addition, without an injection of freedom, proves to be in the end a highly insecure kind of security); while freedom without security equals being abandoned and lost (and in the end, without an injection of security, proves to be a highly unfree kind of freedom)' (Bauman 2001: 20).

DISCOURSES PREVENTION OF GENITAL CUTTING

In the 1960s the World Health Organisation (WHO) was the first organisation to take a position against female genital cutting. Creel (2001) describes this first phase in the prevention of female genital cutting as follows: '[The WHO] began efforts to promote the abandonment of harmful traditional practices like FGC in the 1970s, focusing largely on gathering information about FGC's epidemiology and health consequences and speaking out about FGC at international, regional, and at national levels' (4-5). In the 1980s several actions were recommended by the WHO: 'Governments should adopt clear national policies to end FGC, and educate and inform the public about its harmful aspects. Anti-FGC programs must consider the practice's association with difficult social and economic conditions and respond to women's needs and problems. Women's organizations at the local level should be encouraged to take action' (ibid.: 5). In the beginning the WHO addressed female genital cutting only in terms of health, but this changed in the 1990s. 'FGC gained recognition as a health and human rights issue among African governments, the international community, women's organizations, and professional associations' (Creel 2001: 5). By now several African and Western countries, that are confronted with female genital cutting as a result of migration, have enacted laws that criminalize the practice of female genital cutting (ibid.).

¹⁴ Although one can also argue that choosing to belong to a community will provide a certain health security: a marriage will prevent hunger.

Medical discourse

Just within the approach of the World Health Organisation already two discourses are to be distinguished. The most central and important one is the medical discourse: female genital cutting exacts a heavy toll in damage to health. This is also the approach governments tend to relate to (Van den Idsert 2001: 49). Health is here seen as an universal concept. Every parent wants his or her children to be and remain healthy. Learning about the physical and psychological consequences circumcising ones daughters might have, should lead to a change of behaviour. Such campaigns against female genital cutting are often integrated in reproductive health programmes¹⁵.

As Geelhoed states: 'Reproductive health matters. Human reproduction has profound physical, psychological, social and cultural significance for people. Many understand it to be not only the source but also the purpose of their life, and their hope for a better future' (2003: 9). The concept of reproductive health not only includes family planning, but all aspects of human sexuality and reproductive health needs during the various stages of life cycle (Padmadas 2000: 14). The United Nations defined the concept in 1994 as follows: 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to reproductive systems and its processes' (ibid.). Here, when discussing female genital cutting, the reproductive health of young women occupies a central place. Their reproductive health can be defined as the ability to undergo pregnancy and childbirth safely and to experience a successful outcome of pregnancy resulting in maternal wellbeing and child survival.

It can not be stated that all types of female genital cutting have (the same) consequences on the domain of reproduction. This approach unfortunately often fails to distinguish between the different types and their possible consequences. Infibulation, the most severe but least common form of female genital cutting, is emphasised. As Van den Idsert states: 'The majority of females do not undergo infibulation and campaigns that use the latter to describe the health risk associated with all the different alterations, do not convince the majority of the public they are trying to convince' (2001: 49). Education about the health risks of female genital cutting alone can also lead to the medicalization of the practice, as Creel stresses (2001).

Human rights discourse

These reproductive health needs are related to reproductive health rights. According to Geelhoed these rights contain 'the basic right of couples and individuals to responsibly decide on the number and timing of their children, and to have access to the information and means to do this, to be able to make these decisions free from coercion, violence, and discrimination, and to be able to attain the highest level of sexual and reproductive health' (2003: 10). As is illustrated by the vision of the WHO, female

¹⁵ The MFS programme of AMREF is an example.

genital cutting is often seen as a much broader human rights issue. Four claims need to be distinguished.

- The right to health and bodily integrity

This right touches upon the medical discourse and is influenced by the Western idea that physical bodies should be managed by medicine and that pain should be avoided at all costs. In the communities where girls undergo female genital cutting this might not be that self-evident, as perceptions of health are determined by social, cultural and economic circumstances, life style, the quality and accessibility of health services and the status of women (Padmadas 2000: 16).

- The rights of women

Article 5(a) of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) calls for States to take ‘all appropriate measures to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all 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’ (Dorkenoo 1994). At the fourth United Nations conference on women in Beijing in 1995 female genital cutting was classified as a form of violence against women, in line with rape and sexual violence (Van den Idsert 2001: 46). Any type of the practice is here seen as patriarchal oppression and the women are portrayed as victims, neglecting the role women often play in the maintaining of female genital cutting in their communities.

- The rights of the child

Several activists have claimed that practicing female genital cutting is a form of child abuse. ‘In the 1959 UN declaration of the Right of the Child, advocated that each child be given the opportunity to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity’ (Van den Idsert 2001: 46-7). Forgotten is the fact that female genital cutting in the practicing communities is a part of this development. Parents are not abusive but act in the best interest of their daughter. Another issue at stake here is that of consent (Dorkenoo 1994). Children would at all times be forced to undergo the custom, neglecting the desire of these children¹⁶ to belong to the community and go through the same procedure as their friends went through.

¹⁶ Off course depending on the age at which the girls undergo female genital cutting in a certain society.

- Freedom from torture

The United Nations Convention Against Torture and other Cruel Inhuman or Degrading Treatment or Punishment (CATCID) made female genital cutting appear as a form of torture. ‘Torture was defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person’ (Van den Idsert 2001: 47). The custom is presented here as if aimed at intentionally harming the girls. This can lead to antagonising people.

These claims that female genital cutting is a violation of international human rights are not unanswerable by the practitioners. The right of people to participate fully in their cultural system was namely first recognised as a human right in the 1948 Universal Declaration of Human Rights. ‘Everybody has the right to freely participate in the cultural life of their community’ (Van den Idsert 2001: 48). In several communities this would include female genital cutting. ‘Article 1(1) of the Declaration of the Principles of International Cultural Cooperation, asserts that “Each culture has dignity and value, which must be respected and preserved” (ibid.).

Besides this, the formal legislation as result of the violation of human rights seems not to be the key to ending female genital cutting. According to Van den Idsert attempts to outlaw the custom have often resulted in public protest and an increase of the practice (ibid.). The WHO gave in 1999 an overview of programmes to prevent female genital cutting that had taken place and acknowledged that general laws to prohibit the custom were unsuccessful. Van den Idsert also illustrates that female genital cutting can not be seen as discrimination against women. Males are circumcised as well and this is even practiced in a professional medical setting. ‘For FGA¹⁷ to fall under this definition, it must meet two principal criteria: first, it must occur distinctly to females, secondly: it must prove to directly contribute to impairing equity compared to males. GA does not only occur to females, as all nine ethno-linguistic groups in Eritrea also practice Male Genital Alterations (MGA). MGA is furthermore medicalized, and sometimes performed in a professional medical setting. This immediately raises the question why females do not have the same rights of accessing these services. Is it not a violation of female rights to systematically deny them medical facilities that would reduce or eliminate health consequences?’ (ibid.: 48).

Culturalism vs universalism

Protecting basic human rights (including the right to health) can be described as one position in the debate about female genital cutting, the other position being cultural relativism or respecting cultural diversity. Van den Idsert describes these positions as follows: ‘[cultural relativism] rests on the widespread argument that a people’s value system results from a learning process and this learning process is context-specific. Values are therefore relative to the society in which they occur; they are

¹⁷ FGA stands for female genital alterations.

not universal and they cannot be applied universally. We should therefore respect diversity of values in all societies. [Universalism] argues that certain values and rights are so fundamental that they are universal and apply in principle to all societies or people indiscriminately' (2001: 4-5). Female genital cutting is assumed to be a deeply rooted traditional practice and a means of suppressing women in patriarchal societies. Assuming so equals neglecting communities that have recently adopted the practice of female genital cutting¹⁸. Leonard proves southern Chad to be an example. Female genital cutting was found to be a first-generation practice, dating back no longer than twenty years (Van den Idsert 2001: 42). The second assumption portrays women as passive and suppressed victims, ignoring their agency to fight the practice and their possible influence in the continuation of the custom. Universalism as an approach systematically excludes difference and over-emphasizes what people have in common. These similarities are measured by Western values and norms. Van den Idsert feels that this focus on similarities might even have serious consequences: 'The most unfortunate outcome of not acknowledging diversity is that the "dialogue" is replaced by a "monologue" of aggressive and insulting discourse, which results to the supporters and practitioners of FGA refraining from discussing the topic all together' (ibid.: 5).

Cultural relativists on the other hand neglect similarities between cultural systems and are reductive as they elaborate on diversity. As a result cultural systems are often represented as if they are autonomous, single systems with members who act static and fixed. According to Van den Idsert this focus on difference can lead to the marginalization of people and their customs, and the process of 'othering'. 'Marginalizing people leads to the process of "othering", which is the process of only acknowledging different and disregarding similarities by focusing on the "exotic", which creates artificial categorisations in fields that are naturally continuous' (ibid.: 45). In spite of the process of othering cultural relativism provides a more adequate starting point for understanding reasons and/or cultural factors behind the practice of female genital cutting.

I position myself between universalism and cultural relativism, which allows me to go beyond making easy value judgement but gives me a chance to be context-sensitive. Because I aim to be context-sensitive I critique the direct applicability of Western medical and human rights approaches. The range of negative health effects of female genital cutting elaborated on by the medical approaches is not applicable to the milder forms of the custom, and the human rights approaches often just portray female genital cutting as a tradition of underdevelopment and backwardness in which women have no say. Most important these approaches do not leave any room for understanding why female genital cutting is practiced in a certain community and what it means for girls to be or not to be circumcised in that community. If we do not understand why people practice this custom and what it means to them, how are we supposed to convince them to abandon it all together?

¹⁸ And change of 'the traditional practice'.

CULTURAL CHANGE

To make an end to female genital cutting a change of culture is necessary. Freeman distinguishes two camps of anthropological approaches to cultural change. 'There are those that prioritise structural or systemic factors and there are those that prioritise individual action' (2002: 1). She describes an ethnographic case in Ethiopia where the actions of the same individuals lead to the change of a system in one situation and no change in the other. Based on this finding she concludes that both the individual and the systemic factors of change need to be understood (ibid.). In her book she tries to synthesise both approaches to cultural change and achieve a more complete understanding of cultural change. She summarizes her new model of cultural change as follows: '[...] cultural change will take place in a local social system when the consequences of actions of individuals or groups of individuals in other local social systems provide new opportunities for certain individuals to improve their lot. Being maximisers, these individuals will probably try to change their actions so as to exploit the new opportunity to their benefit. Other individuals will most likely contest these changes because they stand to lose from them. This will result in conflict and disputes. Each disputant will use all the rules and resources available to him or her to try to resolve the conflict in their own favour. [...] One of the resources available to both disputants in most cases, however, will be the procedures of communal dispute resolution that are used in that local system [...] The final outcome of the dispute and hence of the initial attempted change will be influenced both by the distribution of resources between the disputants and by the particular procedures of communal dispute resolution and decision-making. The outcome may be either the upholding of tradition (i.e. agreeing to do things the way they were done before) or the micro-transformation of structure (i.e. agreeing to do something new). This outcome will then feed back to influence further action. If the outcome happened to be the micro-transformation of structure then the new rule agreed upon would form part of the new set of rules and resources that other individuals could then draw upon when deciding how to act. It would thus change the context of further action. If it changed the context in a way that did not provide any new opportunities for individuals further to improve their lot then it would not lead to any further change. If, however, it changed the context in such a way that it did provide new opportunities for certain individuals further to improve their lot, then these individuals would probably act so as to exploit these opportunities and the cycle of disputes, resolution and possible micro-transformation would go round again. In this way incremental micro-transformations can iterate and eventually result in overall systemic transformation' (Freeman 2002: 19-21).

How can this model of Freeman be applied to the case of female genital cutting? How can one bring about cultural change? According to Freeman's ideas individuals have to be made aware of the benefits of not being circumcised in order to change their actions. When deciding to do so they will walk into others objecting. The outcome of a possible conflict has to be micro-transformation and eventually an overall systemic transformation. To make people aware of the benefits of not being circumcised their ideas surrounding female genital cutting need to be changed. Here the theory of

Kleinman (1980) can be of use. His explanatory models elaborate on the medical anthropological concepts *disease* and *illness*. The concept disease relates to the vision of the doctor in attendance. Illness is the concept for the view of the patient (Hoffer 2005: 144). So doctors and patients have different views on sickness and health. Interaction and communication are based upon these views. When they are sharply divided this can lead to communicational problems (ibid.: 145). Kleinman identifies these different views as explanatory models. 'Explanatory models are the notions about an episode of sickness and its treatment that are employed by all those engaged in the clinical process. The interaction between the EMs [explanatory models] of patients and practitioners is a central component of health care. The study of practitioner EMs tells us something about how practitioners understand and treat sickness. The study of patient and family EMs tells us how they make sense of given episodes of illness, and how they choose and evaluate particular treatments. The study of the interaction between practitioner EMs and patient EMs offers a more precise analyses of problems in clinical communication. Most importantly, investigating EMs in relation to the sectors and subsectors of health care systems discloses one of the chief mechanisms by which cultural and social structural context affects patient-practitioner and other health care relationships' (Kleinman 1980: 105). So Kleinman developed a conceptual model to study health systems. These systems are according to him socially and culturally constructed. He calls this the cultural construction of the clinical reality. Here Kleinman elaborates on the 'Social construction of reality' of Berger and Luckman (ibid.: 35). Berger and Luckman deal with the question how the social reality is created by people. This process would occur by means of institutionalisation and the legitimization of knowledge. Knowledge is objectified and therefore passed on to others, for example to the next generation. Because reality is constructed by people, several realities can exist and these can be open to change (ibid.: 36). Attitudes and norms concerning health, the clinical reality, is like cultural construction a part of the social reality. Within the conceptual model of Kleinman the explanatory models are most important. The personal and social experience they indicate are partly conscious and partly unconscious. Besides this the explanatory models are diffuse and unconnected. This means they can be adapted to a certain situation or after the distribution of new information (ibid.: 109-111). It is more likely that the model of the patient changes than that of the practitioner, that is more constant.

These ideas of Kleinman developed for health care, can also be applied to the prevention of female genital cutting. The two explanatory models here are that of the practitioners and that of the opponents. These models indicate the ways in which the practice of female genital cutting is experienced by both groups. Practitioners will consider the custom valuable, as it has a function in society related to marriageability, status and honour. Opponents on the other hand see female genital cutting as dangerous and degrading. A clash between these two views is not equal. The opponents have been able to lay on rules to make an end to the practice, for example by means of prohibition, in the hope of changing the explanatory model of the practitioners. Because, according to Kleinman, a change of the model would mean a change of culture. An explanatory model is after all a cultural

construction. To bring about a cultural change force, for example through a prohibition, is not the best way. Practitioners need to have the feeling that it was their own choice to change.

The Setting: Kenya & the Maasai

The aim of this chapter is to provide the reader with background information on Kenya and the Maasai, which is essential to understand the setting in which this research has taken place and to frame the stories told by the Maasai girls as presented in chapter V.

INTRODUCTION

The republic of Kenya is situated in the east of Africa and borders the Indian Ocean and Somalia to the east, Ethiopia to the north, Tanzania to the south, and Uganda and Sudan to the west (see map 1 on page x). Kenya is inhabited by almost 38 million people and is fourteen times the size of The Netherlands. These inhabitants belong to over 70 ethnic groups that all have their own language (official languages are English and Kiswahili). The majority of Kenya's Africans fall into two language groups: the Bantu and the Nilotic. The Bantu people arrived in East Africa from West Africa after 500 BC, and include the Kikuyu, Meru, Gusii, Embu, Akamba and Luyha. Nilotic speakers migrated into the area from the Nile Valley some time later. This group includes the Maasai, Turkana, Samburu, Pokot, Luo and Kalenjin (see map 2 on page xi for the largest groups and their languages). The Kikuyu, Luo and Luyha are by far the most numerous groups and the Kikuyu and Luo hold the most positions of power and influence in the country. Generally speaking most Kenyans outside the coastal and eastern provinces are Christians, while most of those on the coast and in the east are Muslim. Muslims make up 10 percent of the population, Christians 78 percent. In the more remote areas you'll find a mixture of Muslims, Christians and those who follow their ancestral tribal beliefs (CIA 2008).

A BRIEF HISTORY OF KENYA

Kenya has been dominated by different invaders. Muslims from the Arabian peninsula and Persia began to visit the coast from the 8th century onwards, as part of their annual trade migration around the Indian Ocean. Many set up trading posts along the seaboard and intermarried Africans. This created the culture that later became known as Swahili, which is still an influence on the coast today. At the end of the 15th century the Portuguese were determined to break the Ottoman Turks' grip on trade with the Far East. In 1498 Vasco da Gama stopped in (at what is now called) Malindi on his way to India, scouting out the territory and leaving a navigational pillar. Although a full-scale invasion was staged and they came to dominate the coast, the Portuguese experiment was never a great success. Collecting 'tributes' from the Swahili usually required brute force and all attempts to convert the Muslims to

Catholicism were a failure. The Portuguese grip on the East African coast came to an end in 1698 when Mombasa fell to Baluchi Arabs from Oman. A few attempts were made to regain power but by 1729 the Portuguese had left the Kenyan coast for good. The Omani Arabs remained in control of the East African coast until the arrival of the British and Germans in the late 19th century, who came to make an end to the East African slave trade. Although control of the coast was largely sewn up, especially the Rift Valley and the Aberdare highlands were largely impregnable to outsiders due to the Maasai and other warlike tribes. The front of the Maasai began to crack in the late 19th century, following a brutal civil war between the Ilmaasai and Iloikop groups and the arrival of rinderpest (a cattle disease), cholera, smallpox and famine. Because of this the British were able to negotiate with the *laibon*, the chief or spiritual leader of the Maasai, allowing them to build a railway line right through the heart of Maasai land. With the completion of the railway the headquarters of the colonial administration was moved from Mombasa to Nairobi and white settlers began to occupy the fertile highlands north of Nairobi. Their interests clashed with those of the Maasai which made the colonial authorities pressure the *laibon* to restrict the Maasai to two reserves, one on either side of the new railway. In 1910 they were forced to just use the southern reserve. Although the Maasai suffered the worst annexations of land, the Kikuyu from highlands around Mount Kenya came to nurse a grievance about their alienation from the land, which led to a movement to reclaim Kenya. This movement was led from the 1930s by Johnstone Kamau (later known as Jomo Kenyatta) who went to become Kenya's first president in 1963.

AFTER INDEPENDENCE

Kenyatta led Kenya from independence until his death in 1978. Under his presidency Kenya developed into one of Africa's most stable and prosperous nations. The opposition KADU party was voluntarily dissolved in 1964. While Kenyatta is still seen as one of the few success stories of Britain's withdrawal from empire, he made some faults. For example opponents of his regime who became too vocal frequently 'disappeared' and Kenyatta favoured his own tribe (the Kikuyu's). In 1978 Kenyatta was succeeded by his vice president Daniel arap Moi, a Kalenjin. Moi's regime was stable compared to situations in surrounding countries, but it was also characterised by nepotism, corruption, arrests of dissidents and censorship. In 1982 the Kenya African National Union publicly banned opposition parties. Moi acceded to internal and external pressure for political liberalization in 1991. The ethnically fractured opposition failed to defeat KANU during violent elections in 1992 and 1997. In 2002 Moi stepped down after peaceful elections. Mwai Kibaki, running as the candidate of the multiethnic, united opposition group (National Rainbow Coalition), defeated KANU candidate Uhuru Kenyatta¹⁹. Fights between members of the Narc, accusations of corruption and economic problems made defectors form a new opposition coalition, the Orange Democratic Movement. This coalition

¹⁹ The son of Jomo Kenyatta. Uhuru means independence in Kiswahili.

defeated the government's draft constitution in a popular referendum in 2005. In December 2007 Kibaki was re-elected, but charged of manipulating the elections. ODM candidate Raila Odinga claimed a victory. This unleashed two months of violence in which 1,500 people died. In late February 2008 the United Nations made the two men share power by making Odinga prime minister.

THE MAASAI

The Maasai are well known semi-nomadic pastoralists from Kenya and Tanzania, the Great Rift Valley of East Africa, where they have been living for over 2500 years. Maasai means literally speaker of the Maa language (Van Nieuwenhuijzen 1996: 20). Their distinctive dress and adornment makes them recognizable. The Maasai live communally and rely on their herds for subsistence. Hauff gives the following definition of pastoralists: 'people who derive most of their income or sustenance from keeping domestic livestock in conditions where most of the feed that their livestock eats is natural forage rather than cultivated fodders and pastures' (2003: 5). Although some agricultural products were always part of their diet, Maasai nowadays more frequently engage in small scale cultivation. Cattle remains the most important aspect of Maasai culture though. 'They are involved in rituals and ceremonies, they maintain relationships within families and between different clans, and they produce food. In essence, they are the Maasai's livelihood' (ibid.: 6). A man's cattle belongs to his clan. The Maasai are a patrilineal society in which clan membership is inherited by the father (ibid.). Males control cattle holdings, but women are also involved in the process. Men receive cattle through their mother and women manage livestock. Hauff summarizes this: 'By being "owners" and managers of houses, women control the main areas of productive and reproductive activities and this role constitutes the basis of their autonomy and gives them a strong identity as pastoralists' (ibid.: 7). Houses are part of a *boma*, a 'circular cluster of dwellings enclosed by a fence' (ibid.: 5). Here usually three or four families or domestic groups, compromised of a man, his wives and children, live together.



Figure 6 Boma: a gathering of manyatta's

THE KAJIADO DISTRICT

The Kajiado district, located in the Rift Valley Province of Kenya, is predominantly inhabited by Maasai. The district has a population of around 400,000 of which more than half is Maasai. It covers an area of approximately 21,903 sq. km., which is almost half the size of The Netherlands (Kajiado District Development Trust 2006). The population density is sparse, about nineteen people per sq. km. The district is bordered by Tanzania to the southwest and the districts of Taita Taveta (to the southeast), Machakos (to the east), Nairobi (to the northeast), Kiambu (to the north) and Narok (to the west). It is divided in seven administrative divisions: Central, Magadi, Ngong, Isinya, Mashuru, Loitokitok and Namanga (see map 3 on page xii and map 4 on page xiii). Nearly 92 percent of this land is classified as suitable for livestock production or ranching, and only about 1.5 percent is considered suitable for raising crops. The region is very dry. There are two wet seasons, the 'short rains' between October and December and the 'long rains' between March and May. In recent years these wet seasons were not that wet though. This has effected the semi-nomadic pastoralist lifestyle of the Maasai. Other disruptions are ongoing land adjudication and sub-division of group ranches leading to individual land tenure system. 'This has increased the rate of land sales thus opening to immigration especially in the relatively high agricultural potential areas of the district to farming communities from other parts of the country' (ibid.). 'It has been observed that land sold out is mainly in high and medium potential areas thus pushing the local pastoralists to drier parts of the district. On the other hand, urban centres have experienced rapid population growth due to rural-urban migration causing high population densities' (ibid.).

MAASAI AND IDENTITY FORMATION

The age-grading system is a distinctive characteristic of Maasai culture (Spear and Waller 1993: 140). 'All males and females are graded according to age and their age-grade determines what they can and cannot do. The age-grade system provides a framework for allocating tasks and resources and determines the timing of events, such as marriage. Females move through the age-grades and are circumcised individually, while males move through them and are circumcised with their age-sets (a more specific age grouping)' (ibid.). Traditionally girls marry within a year of their circumcision. This is shortly after they are biologically ready to have children.

Males marry several years after their circumcision, this is related to increasing the size of their herds and taking responsibility for their role in society. Besides this difference males have an age grade more, they have three: *ilayiok* or 'uncircumcised boys', *ilmurran* or 'circumcised young men' (*moran* in Swahili), and *ilpayiani* or 'elders' (ibid.: 23). The change to another age grade (from herdboy to warrior to elder) is expressed through powerful rituals and bonds male age mates for life. They, to some extent, even share sexual services of their wives. The life of a Maasai woman is greatly involved with that of her husband and of her children, and before marriage with that of her parents and brothers. The last ones, especially her father, decides who she will marry. This can't be a member of

her father's age set or someone from her one or mother's clan (ibid.: 24). After marriage she first lives with a co-wife or her mother in law 'to get a feel for her husband and the others in the domestic group and the routines of the family' (ibid.: 25). Her own home that she builds herself, later becomes her domain.

MAASAI AND HUMAN SECURITY

In a previous section of this chapter already some changes were described that affect the way of life of the Maasai in the Kajiado district. Rapid changes in human experience often create insecurity. Hauff identifies two factors that threaten traditional Maasai culture: 'the loss of herding land due to development strategies stemming from "the tragedy of the commons" and their cultural practices concerning women and girls, which are under attack from national governments and the international community' (2003: 2). According to Hauff already some damage is done to the traditional Maasai culture and more change is to be expected. 'Maasai's access to land in the future is uncertain, but failed policies from the past have already affected Maasai culture. Although some Maasai have increased their wealth, education, or cattle holdings, for the most part these policies have had a negative effect on traditional Maasai life. Due to the reduction in territory because of population increases and conservation measures, the Maasai are experiencing an increase in wealth differentiation, sedentary living styles, and different economic opportunities. These effects are interrelated and contribute to the increase in inequality in Maasai society and the breakdown of Maasai cultural systems' (ibid.: 17-8).

PREVENTION OF GENITAL CUTTING IN KENYA

In Kenya the national female genital cutting rate is 38 percent. This means that 38 percent of the Kenyan women between the age of fifteen and nineteen years old has been circumcised (Ministry of Health, Kenya 1999). There exists considerable variability among ethnic groups though. At least twelve ethnic groups practice female genital cutting with prevalence ranging from 43 percent to 97 percent (Creel 2001: 8). Among the Maasai and the Kisii female genital cutting prevalence is relatively 89 and 97 percent. Among other groups, such as the Kamba, Kikuyu, Meru/ Embu, Taita/ Taveta, Kalenjin and Somali, the prevalence rate ranges from 33 percent to 63 percent. In a few groups such as the Luo and the Luhya, female genital cutting prevalence is less than two percent (ibid.: 11). In 1999 the Kenyan Ministry of Health developed a National Plan of Action for the Elimination of FGM to end the practice by 2019 (Ministry of Health, Kenya 1999). 'Kenya's campaign against the practice of FGM on other fronts, includes the adoption of various Plans of Action that view FGM as a violation of human rights against women and girls and the ratification of the various conventions on the Rights of Women and Children' (ibid.: 9). The Ministry of Health formulates the goal of this national plan as follows: 'To accelerate the elimination of female genital mutilation in order to

improve the health, quality of life and well being of women, girls, families and communities in Kenya' (ibid.: 12). These four objectives go with it:

- 1) to reduce the proportion and prevalence of girls and women who undergo any type of female genital mutilation.
- 2) to increase the proportion of communities supporting the elimination of FGM through positive changes in attitudes, belief, behaviour and practices.
- 3) to increase the proportion of primary, secondary and tertiary health care facilities that provide care, counselling and support to girls and women possessing physical and psychological problems associated with female genital mutilation.
- 4) to increase the technical and advocacy capacity of institutions, agencies and communities in development, implementation and management of FGM and elimination programs.

In 2001 the Children's Act made female genital cutting illegal for girls under seventeen (Richardson 2006). According to Richardson this Children's Act is not well known or understood by many communities and is there little support for enforcement of the law. The threat of imprisonment can even lead to driving the practice underground in some communities (ibid.). Taking into account the fourth objective of the National Plan can prevent this from happening. The Ministry of Health identifies several NGO's that have developed approaches to end female genital cutting. Creel (2001) describes one of them, a community-based, and according to her successful, programme focussed on the development of alternative rituals to substitute for the traditional cutting ceremony. 'The first alternative rites of passage program "Ntanire Na Mugambo" ("Circumcision by Words" in Swahili), developed by MYWO and PATH, took place in Meru, Kenya in 1996. The program collects the traditional wisdom imparted to girls when they are circumcised, adapts these messages to encourage positive female traditional values without the physical and psychological damage caused by FGC, and includes a five-day seclusion period to teach girls adult values and behaviours (Taylor 2003). This culminates in a one-day, coming-of-age ceremony that includes feasting, gift giving, and the presentation of graduation certificates' (Creel 2001: 22). The programme began with only twelve families in a village in Tharaka Nithi district, but grew to 200 families in the same district in one year. Although maybe not that easy to determine, none of the girls who participated in the alternative ceremonies seem to be circumcised and together with their families they are a core group strongly motivated to recruit others. Four years after the first ceremony in 1996, nearly 3,000 girls have undergone an alternative rite-of-passage ceremony (ibid.). The success of this kind of ceremonies to end female genital cutting is the combination of building on the positive community values underlying the custom and promoting dialogue among family members about this and related topics.

But the fight against female genital cutting in Kenya is much older than this. Debates about FGC in Kenya began in the 19th century, when Christian missionaries urged local administrators under British control to abolish it (Yount and Abraham 2007: 74).

This methodological chapter outlines the research scene and the research methods that were used in order to collect the needed data. In addition, it contains a reflection on my position in the field as an anthropologist and dilemmas I experienced during the three months of fieldwork.

WORKING WITH A NGO

Because of the sensibility of the subject and possible difficulties while gaining access to Maasai community, I chose to work with an organisation that is already known by the Maasai, AMREF Flying Doctors. AMREF is a health development organisation which is focused on Africa. The organisation saw the light in 1957 under the name 'Flying Doctor Service of East Africa', founded by three surgeons. Nowadays AMREF works in seven countries across Africa: regional offices in Uganda, Tanzania, South Africa, Ethiopia and Kenya, and field offices in Somalia and Sudan. Twelve national offices in Europe and North America support the programmes in Africa, by primarily raising funds. AMREF describes its own mission as follows: 'AMREF's mission is to improve the health of disadvantaged people in Africa as a means for them to escape poverty and improve the quality of their lives' (AMREF 2006). To achieve these six areas of focus Priority Intervention Areas (PIAs) are distinguished: (1) HIV/AIDS, TB and Sexually Transmitted Diseases, (2) Malaria, (3) Safe Water and Basic Sanitation, (4) Family Health, (5) Clinical Services, Disaster Management and Emergency Response, and (6) Training and Health Learning Materials. The programme on reproductive health care among nomadic youth that my research focused on falls within the PIA family health. AMREF's work on this PIA includes sexual and reproductive health, maternal health, childhood health and education (ibid.). All these aspects are related to (the consequences of) female genital cutting. Besides this clear relation, the three core strategies applied by AMREF appealed to me. These are the following: (1) Capacity Building (providing communities with tools they need to help themselves), (2) Operational Research (ensuring that the development lessons are learnt from the work that they do and replicated) and, (3) Advocacy (giving people a voice). I have experienced that AMREF truly works hand-in-hand with local communities, as was my aim. It should also be mentioned that ninety-seven percent of the AMREF staff is African.

Working with, and not for, an organisation had a lot of benefits. AMREF agreed to arrange my accommodation and transport. Besides this I was free to make use of the AMREF facilities.

Unfortunately this also made me depend on the AMREF schedule and eventually ended up delaying me. I got to spend only the last month in the area I initially wanted to conduct my research. Another disadvantage of working with an organisation is having to deal with its intentions and targets.

This means that I had to run my research tools by my AMREF supervisor and that several attempts followed to try and influence these tools and the content of my research. Luckily I was persuading enough and in the end was able to conduct the research as planned. Part of my questions were even included in a baseline study conducted by the Centre for African Family Studies, a NGO that conducts courses and provides research and consultancy services hired by AMREF (CAFS 2007). By means of the baseline study key information was gathered at the beginning of the programme so that after four years of activities judgements can be made about the results and possible development. In this case about four hundred boys and girls living in Magadi and Loitokitok were interviewed about sexuality, HIV/aids and female genital cutting²⁰. This data provided me with some interesting quantitative information. Two local female Maasai interpreters arranged by AMREF, one in each subdivision, helped me to collect more qualitative data.

RESEARCH SCENE

Due to the delay of the MFS programme of AMREF my research started in Nairobi, the capital of Kenya, where I stayed at a guesthouse. These unexpected weeks I spend trying to construct a local vision on female genital cutting by searching for African literature on the subject, but also to get familiar with AMREF's goals and way of working by visiting projects and having conversations with African and European AMREF staff, amongst others about their view on female genital cutting and prevention strategies. A third activity was questioning youngsters, both circumcised and uncircumcised, living in Nairobi about the subject. To most of them I only spoke once, but one of the girls even became a key informant. This Kikuyu girl had spend most of her life living in Maasai land and could tell me a lot about social structures and Maasai traditions. Besides this she was circumcised herself and was very open in telling me about it. Communicating with these age mates made me discover the boundaries of a conversation about such a sensitive topic and served as a way to prepare myself for the 'actual fieldwork'.

From the largest city of Kenya I moved to Magadi, a subdivision of the Kajiado district and in the heart of Maasailand. The small town of Magadi is purely a company town for staff that works at the soda-extraction company and their families. Although the lake is worth a visit, this place is rarely visited by tourists.

²⁰ See appendix II for questions from the baseline survey.



Figure 7 Magadi Lake



Figure 8 Loitokitok subdivision

The most mineral-rich of the soda lakes, it is almost entirely covered by a thick encrustation of soda that supports many flamingos and other water birds and gives the landscape a weird (lunar) appearance. The soda crust is formed when the mineral-rich water, pumped up from the hot springs deep underground, evaporates rapidly in the 38°C temperature to leave a mineral layer. The factory ‘harvests’ this layer and extracts sodium chloride and sodium carbonate. The facilities in Magadi town are limited and there are no motels etc. to be found. AMREF staff found me a place to stay, the home of a divorced Luhya woman and her son. From here the AMREF driver picked me up and drove me, my interpreter and part of the consultancy team to the remote areas of Magadi district. I had planned to visit schools in the two areas and find part of

my respondents there, but April turned out to be a holiday month. The alternative was visiting bomas without making appointments and just asking the head of the household whether there were girls between thirteen and twenty-three years old that we could interview. Sometimes we walked long distances in order to find respondents, but other times we were lucky. Because the baseline study of AMREF was conducted in the same subdistricts, chiefs were already aware of and gave permission to do research in the selected areas. Female inhabitants would welcome us into the bomas by providing chai, hot chocolate or some mead. Together with the respondent the interpreter and I would find a quiet place within the boma (most of the times under a tree sitting on a piece of wood or a can, or inside one of the small manyatta’s) to conduct the interview. The selection of respondents was no different in the second subdistrict Loitokitok²¹. Loitokitok town is at the border with Tanzania on the slope of Kilimanjaro. I spend the nights in a hotel in town, on a two-hour-drive from my research area. Most of the interviews were conducted in the bomas the girls lived in, three were conducted in a local ‘restaurant’ or shop.

RESEARCH METHODS

While linking the understanding of female genital cutting in a certain setting with the content of prevention programmes, this research can be defined as ‘applied social research’. ‘Applied research is concerned with using the knowledge acquired through research to contribute directly to the understanding or resolution of a contemporary issue’ (Ritchie and Lewis 2003: 24). To be able to do

²¹ Source figure 8: <http://www.videoreporter.nl/magadi.jpg>
Source figure 9: http://www.olifants.de/7Z_Kilimanjaro.jpg

so I focused on qualitative research methods. Ritchie and Lewis define qualitative research this way: ‘qualitative research is a naturalistic, interpretative approach concerned with understanding the meanings people attach to phenomena (actions, decisions, beliefs, values etc.) within their social worlds’ (ibid.: 3). In qualitative research different data collection methods are used. I have made use of (participant) observation, interviews and focus groups, and documentary analysis, in order to gather data concerning both the experiences of Maasai girls and the content of the AMREF programme.

Documentary analysis. Before involving actual respondents to gather data I planned to search for articles et cetera written by African scholars about female genital cutting. I hoped that studying these existing documents would provide me with data concerning the local discourse on female genital cutting and the prevention of the custom. Unfortunately it turned out to be very difficult to grasp these kinds of documents. I did manage to find and study some, but these were not enough to construct the local discourse. Besides some African articles I have studied documents describing AMREF’s vision and plans concerning the MFS programme.

Participant observation. The most well-known qualitative research method used by anthropologists is participant observation. ‘The researcher joins the constituent study population or its organisational or community setting to record actions, interactions or events that occur’ (ibid.: 35). This allowed me to study phenomena as they arose, for example on the domain of social structures. It also gave me the opportunity to gain additional insights through experiencing phenomena myself, like by attending church services, helping to fetch water and prepare *chai*²².

Observation. This method was another opportunity to record and analyse behaviour and interactions as they occur, although not as a member of the study population as during participant observation. But it did allow events, actions and experiences to be seen through my eyes, often without any construction on the part of those involved. During both observation and participant observation the anthropologist is his or her own research instrument. This might have affected the collection of data by filtering and processing according to my own worldview and expectations.

Interviews. To gather more detailed and in-depth data I used interviews. ‘They provide an opportunity for detailed investigation of people’s personal perspectives, for in-depth understanding of the personal context within which the research phenomena are located, and for very detailed subject coverage. They are also particularly well suited to research that requires an understanding of deeply rooted or delicate phenomena or responses to complex systems, processes or experiences because of the depth of focus and the opportunity they offer for clarification and detailed understanding’ (Ritchie and Lewis

²² East African tea with a lot of milk and sugar.

2003: 36-7). This description of Ritchie and Lewis confirms that interviews were well suited for the investigation of the experience and personal stories of the Maasai girls behind female genital cutting. I used mainly semi-structured interviews, besides the 'normal' informal unstructured interviews with for example my interpreters, youth from Nairobi and AMREF staff. In this way the same key questions were asked, while staying flexible. In total I conducted twenty in-depth interviews, ten in each subdivision. I talked almost two hours to each girl about their daily activities, education, children, marriage, their dreams in life, circumcision, uncircumcised women, possible consequences of circumcision, reasons for circumcision, their opinion about circumcision and the prevention of the custom²³.

Focus groups. Gender roles and images of femininity, as socially constructed, were suitable for group discussion. According to Ritchie and Lewis '[Focus group discussions] provide a social context for research, and thus an opportunity to explore how people think and talk about a topic, how their ideas are shaped, generated or moderated through conversation with others. Because group discussions allow participants to hear from others, they provide an opportunity for reflection and refinement which can deepen respondents' insights into their own circumstances, attitudes or behaviour. They also provide an opportunity for direct and explicit discussion of difference as it emerges in the group' (ibid.: 37). I managed to organise two focus group discussions, one in Magadi and one in Loitokitok. These groups both times involved eight respondents, Maasai girls between the age of thirteen and twenty-three years old. While sitting on cow skin or a piece of wood I ask the girls to think and discuss about things to be proud of being a Maasai girl/ woman and things to be less proud of. This was not only a great way to learn about Maasai culture, but the girls (as I hoped they would) brought up female genital cutting themselves. Before discussing the subject by identifying good and bad sides and reasons to be and not to be circumcised, we have talked about Maasai female identity. To refine their views I have applied enabling and projective techniques: vignettes and word association. Vignettes are 'short descriptions of a particular circumstance, person or event', or a hypothetical case (ibid.: 129). Ritchie and Lewis state that they can function as 'a way of getting people to talk hypothetically about what they would do in a particular situation, or to explain how general principles or views they have expressed might be modified in different circumstances' (ibid.). I told the girls about Samburu women in the north of Kenya who built their own village where no men are welcome and fight female genital cutting, and I have asked their opinion about this case (Haworth 2003). I have also asked their view on an alternative rite of passage. The word association technique I have used to define male and female characteristics²⁴.

²³ See appendix III on page 65 for the questionnaire.

²⁴ See appendix IV on page 72 for questions asked during the focus group.

LIMITATIONS AND CONSIDERATIONS

While the concepts of reliability and validity were developed in the natural sciences, the concepts have relevance for qualitative research since they help to define the strength of the data (Ritchie and Lewis 2003: 270). ‘Reliability is generally understood to concern the replicability of research findings and whether or not they would be repeated if another study, using the same or similar methods, was undertaken’ (ibid.). The extent to which replication can occur in qualitative research has to be questioned though. Anthropologists for example are their own research instrument when applying participant observation. ‘The validity of findings or data is traditionally understood to refer to the “correctness” or “precision” of a research reading’ (Ritchie and Lewis 2003: 273). Triangulation can be a way to influence the validation of findings. ‘Triangulation assumes that the use of different sources of information will help both to confirm and to improve the clarity, or precision, of a research finding’ (ibid.: 275). Although I planned to use (and actually did use) different methods to collect data, I expected that in this research the sensibility of the subject would affect the validity. I figured not only the taboo on female genital cutting would make it difficult to discuss, but also my own background. This made me worry about the data collection.

Because the baseline study was conducted during the period I conducted my own research I had the opportunity to travel with the consultancy team consisting of Maasai men and women. These men and women were very helpful, willing to look at my questionnaires and help me to do a pretest. Before this pretest I discussed with several people who would be the most suitable person to conduct the interviews with the Maasai girls; me or a Maasai girl from within the community. I was worried about the possible influence of my Western appearance on answers on the one hand and not having any influence at all by training someone to do the interviews. Besides this having a girl from the same community asking the question would also lead to desirable answers in one way or another. During the pretest I made sure that the respondent could ask me questions as well after the interview. The first thing the girl asked me was whether I was circumcised myself. Her questions made me realise that female genital cutting was a self-evident phenomenon to her and she was not aware of negative opinions towards the custom. This would mean that I could do interviews with Maasai girls myself, because my background and skin colour were not of that big an influence as I expected²⁵. From that moment on I decided to do at least half the interviews myself and would search for a Maasai girl whom I would give instructions and could conduct the other half. Doing so I would have the opportunity to compare the gathered data. This turned out different because I could not find a suitable girl for the job and ended up conducting all the interviews myself. As already stated above my background might have influenced the given answers, as might have the presence of a Maasai interpreter.

²⁵ At least not on the uneducated girls.

Something else that may have influenced the collected data is the communication with and through an interpreter. I worked with two different interpreters, both female, young and Maasai. In Magadi a young mother of two children was hired by AMREF to help translate my questions into Maa language. She was circumcised herself at the age of fourteen and did not know any of the respondents. Although her Maa was fluent, her knowledge of English was limited. Explaining which kind of information I needed from the respondents took a lot of precious time. Even when it all seemed clear answers did now and then not link up with the questions I asked. In the second subdistrict AMREF arranged for a eighteen year old girl to be my interpreter. She had just graduated high school and her English was excellent. Her father was well educated and for that reason (according to herself) she was not circumcised. Enthusiastic as she was she talked to several girls living and/or working in the neighbourhood about the possibility to conduct an interview. This resulted in arranged interviews with some of her friends and neighbours. These girls may have been aware of the fact that the interpreter never had been circumcised, which may have influenced their answers. Not all subjects were easily discussed. Both interpreters found it for example difficult or even inappropriate to ask respondents about their sexual experience. These situations made me analyse my questionnaire after every interview. Which questions led to misunderstandings or difficult situations, and how could I rephrase them or would it be necessary to leave them out all together? In order to enhance the ability to discuss sensitive topics like sexuality I chose not to record any of the conversations I had with the respondents. I also felt that carrying a tape-recorder (and thereby showing off my possession of luxury items) would create a bigger gap between the respondents and I. This meant though that I had to take notes during the interviews and write out these notes the same day or the day after. To be able to quote the answers the respondents gave I have carefully edited my notes to enhance their readability.

The views of Maasai girls

I was very young, so I remember very little. I did not bleed that much. My grandmother was the one who circumcised me after a nurse gave me an injection. There were a lot of people to celebrate. They all ate together. I felt helpless. Not so much because I was against it, but because of the pain. [...] I do nothing now, but when I was not circumcised I would have chosen not to be. Female circumcision is not advised in the Bible.

Margaret, 20 years old, Loitokitok

The findings presented in this chapter will contribute to understanding how Maasai girls between 13 and 23 years old experience the custom of female genital cutting in their community. How did they experience their own circumcision? What are reasons for them to be or not to be circumcised? Do they see ways to end the circumcision of girls in their own community?

FEMALE GENITAL CUTTING IN MAASAI COMMUNITY

Within Maasai community both boys and girls are circumcised. The girls undergo clitoridectomy, partial or total removal of the clitoris and/or the prepuce, that makes them ready for (arranged) marriage. So also in Maasai community female genital cutting has to do with making a girl marriageable. This does not mean though that girls have to remain a virgin until they marry²⁶. Before Maasai girls are circumcised and get married they are free to enjoy the company of warriors (*moran*). Female genital cutting serves traditionally as a way to regulate these relations and prepare the girls for rules and obligations of married life. The procedure is performed in early puberty when the girls are thirteen or fourteen years old. Traditionally it is an elderly woman of the local community who performs the procedure with a razor blade. By means of circumcision Maasai girls (*intoyie* or uncircumcised) become women (*inkitok*)²⁷. Although the custom still serves as a rite of passage into womanhood today, some changes have occurred. Educated girls, for example, often remain in school after their circumcision and marry when they are in their late twenties. A lot of these girls are converted to Christianity which makes them less free to enjoy the company of warriors. Another example of change is the fact that nowadays some girls are circumcised in local clinics and do not have to experience pain.

²⁶ This seems to be changing because a lot of girls are Christians nowadays, which affects their sexual behaviour.

²⁷ Intoyie and inkitok are the two age grades women have in Maasai community.

BASELINE SURVEY AMREF

As already explained in the methodology chapter AMREF gathered key information by means of a baseline study at the beginning of the programme so after four years judgements can be made about the results and possible development on the domain of reproductive health. About four hundred boys and girls living in Magadi and Loitokitok were interviewed about sexuality, HIV/aids and female genital cutting. I will present AMREF's main findings on female genital cutting here. For one, only 10 percent of respondents with sisters reported having an uncircumcised sister. This means that 90 percent of the girls are circumcised. According to the youngsters it was most of the times the father of the girl that decided she had to undergo circumcision²⁸.

Decision maker	Total %
Mother	29
Father	62
Grandmother	8
Uncle	1
Auntie	0
Brother	3
Sister	0
Other	1

Table 1 Decision maker FGC

Not all girls are happy with this decision though. AMREF states that 32 percent of the girls they interviewed said that they wish they were not circumcised. Half of the girls who disagreed with the practice said it was painful while 44 percent said it is against the rights and dignity of a woman. A third of those girls who regretted having been circumcised said that the practice has lost its significance. Other reasons given by more than 20 percent of the girls who wish they had not been circumcised include preventing sexual satisfaction, hearing messages against FC, limiting education, and being against their religion.

Reason	Total %
Medical complications	16
Painful personal experience	57
Against rights and dignity of women	44
Prevents sexual satisfaction	27
Limited my education	22
Against religion	21
Might lead to infertility	10
Has lost its significance	33
Ridiculed by peers	6
Have heard messages against FC	25

Table 2 Reasons why girls wish they were not circumcised

²⁸ Both tables presented here under paragraph Baseline Survey AMREF come from AMREF's report.

Marriage prospect was the main reason both girls and boys gave for circumcision. Any girl who is not circumcised in the community risks not getting a husband and being ostracized. In both divisions where the survey was conducted, girls felt that cultural traditions and beliefs surrounding female circumcision were mainly in the control of men who strongly believed that an uncircumcised girl was still a child not ready for marriage.

MY OWN RESPONDENTS

The data I gathered is for the most part consistent with the data from AMREF's baseline survey: most of the twenty girls I spoke with were circumcised; it was most of the times their father who made this decision; a lot of them (more than 32 percent) were not happy with this decision mostly because of the painfulness of the experience and it being against their religion. The differences between my data and that of the baseline survey are caused by difference in sample size and different backgrounds of the interviewers. The baseline survey was conducted by local Maasai men and women of different ages. My being white, female and young may have influenced the conducted data in another way than the background of the Maasai men and women has. In the table below I have listed the characteristics of my respondents.

<i>Respondent</i>	<i>Age</i>	<i>Circumcised</i>	<i>Married</i>	<i>Number of children</i>	<i>Educated</i>	<i>Location</i>
Jen	19	yes	yes	2	no	Magadi
Purity	17	yes	no	-	yes	Magadi
Sharon	13	not yet	no	-	yes	Magadi
Anna	13	not yet	no	-	yes	Magadi
Diana	16	yes	no	-	yes	Magadi
Elizabeth	14	no	no	-	yes	Magadi
Simentoi	17	yes	no	-	yes	Magadi
Maninko	±20	yes	yes	3	no	Magadi
Noontawua	±18	yes	yes	2	no	Magadi
Sinet	15	yes	no	-	yes	Magadi
Njambi	±23	yes	yes	5	no	Loitokitok
Dorkas	18	no	no	-	yes	Loitokitok
Judith	23	no	no	-	yes	Loitokitok
Sophie	19	no	no	-	yes	Loitokitok
Margaret	20	yes	no	-	yes	Loitokitok
Rachel	18	no	no	-	yes	Loitokitok
Jacklyne	18	no	no	-	yes	Loitokitok
Loyce	18	yes	yes	1	no	Loitokitok
Joyce	17	yes	yes	-	no	Loitokitok
Esther	20	yes	no	1	yes	Loitokitok

Table 3 Respondents

The average age of the girls I spoke with is 17.8 years old. Not all the girls knew exactly how old they were though. Twelve girls were already circumcised, two were not circumcised yet but expected not to be able to convince their father not to circumcise them. The six others did talk to their parents and were able to save themselves of being circumcised. Of the twelve circumcised girls six were married. Five of the married girls had children. The married girl that did not had just got married. Two girls had a child before marriage which is frowned upon. One of these girls had a second child with her current husband. Her husband does not recognize her first born. This little boy is raised by his grandparents. All six girls that were married off were uneducated. The fourteen others were in school and the circumcised ones remained in school after their circumcision. All twenty girls were Christians. I did not find mayor differences between the two subdivisions of the Kajiado district²⁹.

THEIR OWN CIRCUMCISION

Sitting under a tree on a stool or simply on cow skin, I listened to the personal stories of circumcised Maasai girls. I could have summarized these stories, but I have chosen to present them here like they were told to me.

*Jen, 19 years old, Magadi*³⁰

I was circumcised before I had my first baby³¹. I was fourteen. It was everybody's choice. I was not forced. I thought I was old enough because my age mates were already circumcised. There were a lot of women together that day. We slept together. My mom was there and girls of the same family. The evening before our heads were shaved and very early the next morning water was poured over us to wash the girl off. Circumcision is practiced in front of the house on cow skin. Milk is poured on the wound. You're just being told that you are a woman now and that is it. I was blessed by the old men in the community with beer and milk coming from their mouths. I got some cattle because I acted brave when the knife first hit me.

Purity, 17 years old, Magadi

I am already circumcised. I was 14. I wasn't forced. It was in 2003, in April. There were two of us, a relative and I. We are of the same age. She was married off. I was not, but it is a rite of passage. You have to go through it whether you like it or not. And I felt like it was the right time for me. My parents did the preparations. They told me the day before. A small group of women were there with me. They gave advise to the circumciser and held my legs. One was standing at the back. The circumciser is around 40 and is respected in the community for the work she does. It hurt but they poured milk on the wound and that helped. I had to be brave, otherwise I would hurt myself even more. Afterwards there

²⁹ These subdivision were selected by AMREF.

³⁰ These quotes are the translations made by my interpreters during the interviews and focus group discussion, which I have written down as carefully as possible.

³¹ Jen is one of the girls that had a child before marriage.

is a big ceremony that includes dancing. The age mates of your father bless you and friends visit you with gifts. We drank juice and ate biscuits. My parents got goats and sheep. We wore black sheets and special ornaments to show everybody we were circumcised. My mom took care of me and about a month later they shaved my head. I felt normal again after two weeks.

Diana, 16 years old, Magadi

I'm already circumcised. I was 14. My parents decided for me. I was not informed. I came from school late in the evening and then they told me that the following morning I would be circumcised. I was forced. I did not want it. My mother was there with me. It was at my home. I was the only girl. They poured milk at my wound. My head was shaved. I got a new name in the evening and the elders came to bless me. Other people came too and they danced. My friends brought things over and kept me company. And I got black new clothes and a crown. My father got sheep.

Simentoi, 17 years old, Magadi

I was 13 when they circumcised me. I had no choice, my father decided. There were four women. A specialist, one woman at the back and two holding my legs. I was very brave. I did not scream. My mother was there too, but she was not holding me. She was in the entrance. They shaved my head and I was given milk and blood to drink. I also had to eat fat to make me strong so I could quickly recover. I got to wear black clothes and a crown.

Maninko, around 20 years old, Magadi

There was about a year between my circumcision and the day I got married. Someone booked me that is why I was circumcised. My mother gave me the advise to stay still. In her eyes that was decisive of what would happen. They shaved my head and I was very scared because I was young. There was not much bleeding. Milk and butter was poured over the wound to lessen the pain. My wrists were tied together. Afterwards there was a celebration. People came to eat and drink together.

Njambi, around 23 years old, Loitokitok

My father decided that I should be circumcised when I was 12 so he could get me a husband. I did not have a choice. It happened on a Sunday morning. They gave me a cold bath. I was circumcised near the entrance at my grandmother's. Afterwards they took me inside of the house. They mixed my blood with milk and gave me fat to drink. I wasn't allowed to cry or scream. You're despised when you do that. They ridicule you. You will never find a husband.

Noontawua, around 18 years old, Loitokitok

They shaved my head and an animal was slaughtered. The operation took place very early in the morning. Milk was poured on the wound. We all ate together. The day after a sheep was slaughtered

and they gave me it's fat to drink. I had to nurse myself. I used salty water and urine to clean the wound. My mom was there to take care of me.

In the above descriptions there is a difference between those of educated and those of uneducated girls. The uneducated girls have accepted circumcision as a part of their lives. They knew they had to be circumcised to become a Maasai woman and to get married. That is, as Jen puts it, "the best place to be when you are not in school". This does not mean though that these girls do not regret their circumcision. Educated girls have been taught about female genital cutting and have more knowledge on possible health effects and the law against FGC. They have a stronger opinion on FGC. Most girls did not have the time to discuss this with their parents or others though, because they only found out that they were going to be circumcised the day before.

IDENTITY STRUGGLE

Both circumcised and uncircumcised girls did struggle or still struggle with a clash between two identities: being a Maasai woman vs. being a Christian. In order to become a Maasai woman girls need to be circumcised but the circumcision of girls is not mentioned in the Bible. Christians are even against FGC. The girls have told me that this is the main reason why they regret being circumcised. Remaining uncircumcised means having difficulties finding a Maasai husband though, and to gain social status a Maasai woman needs a husband to get married and have children. Van der Kwaak describes the same construction in Somali community: "A Somali woman acquires dignity and power by 'becoming' a virgin, by becoming an 'object' for which a bridewealth should be paid, by being a wife, by being opened by her husband and bearing his children. But beyond all these precious achievements lies a provocative paradox: infibulation, which brings this all within reach of the woman, is at the same time considered (from the silenced inside female view) to be humiliating and painful. Within the inside view the paradox is solvable: everything has its price; the price of identity is infibulation" (1992: 783). Also in Maasai community girls have accepted this price of gender identity. The uneducated girls were married off after their circumcision to an older guy they have never met. At first they are scared and sad, but after some time they are happy and proud to be a wife and a mother.

Maninko, around 20 years old, Magadi

I am not sure about the years. I guess I've been married for about ten years. I remember people celebrating. I was taken to the cowshed and was given livestock. I felt happy because I had come to build my own home. My husband and I never knew each other. I was just forced by my father. When I came we started to get to know each other. Now we go along smoothly. [...] I have grown up. I can choose something for myself. I am a woman now because I have my own children.

Loyce, 18 years old, Loitokitok

I didn't wear a kanga, but real clothes. I was brought to the new boma. There were many people to celebrate. I cried because I had to leave my family. Morans were dancing and singing. [...] My husband just went to my father and asked for his daughter. My father agreed. So he just told me he was going to marry me. It is okay now. Most of my age mates are married. I don't have to look after the animals anymore and I don't play with other girls. I have household tasks. I am a mother now.

Jen, 19 years old, Magadi

I've been married for two years. My husband is a farmer and he owns cattle. He is about ten years older than I am. He loves me and the baby. At first I really did not like it. I had never met him. My father just said this is your husband. But now I'm happy. I have to follow the rules of my husband, but at least I have my own property, and a husband and a child. I am happy to be the one who is taking care of the family.

Njambi, around 23 years old, Loitokitok

The day before men brought dowry, cattle. A ram was slaughtered. I watched everything happen. My mom made me beads. I cried and didn't sleep that night. I kept thinking about how my life would change. I hardly knew him. Morans were singing. Then we walked to the other boma, my new boma, I was still crying, I was very afraid. When I arrived in the boma of my husband they gave me a child to live with so I could practice. [...] It is not very bad, because of the freedom. I have my own children now. But it's bad when my husband gets drunk and beats me up. [...] If I had the choice I would just stay at my father's home and take care of the animals. And then I would just build my own home. And maybe get pregnant by mistake and have just one child.

In these four stories motherhood is praised. Even though Njambi would have chosen not to get married at all, she did want a child. All the girls I spoke with wanted children, at least four of them. Children are a very important possession in Maasai community. Especially boys because they stay within the family, girls are married off. Women are worthless when they do not bear children. They become outcast.

Sharon, 13 years old, Magadi

My children would be able to help me. They can fetch firewood etc. I would have a secure future, because they could make money and support me. My husband would respect me. [...] When I would not be able to get children I would find a way to get one. Maybe raise a child of a friend. I would have no value in the community without a child.

Anna, 13 years old, Magadi

The children can help me when I'm older. When I become a mother I will receive respect from the community. Your name changes when you become a mom. A good mother respects her husband. The more you give the more you will be respected in the community. [...] When I do not get any children? I would be very lonely. People will not respect me. I don't want that to happen.

Judith, 23 years old, Loitokitok

Not having children at all would be terrible. I would be discriminated.

Rachel, 18 years old, Loitokitok

I would be very lonely. In the culture of Maasai you won't be respected. Your husband will look for another wife.

Jacklyne, 18 years old, Loitokitok

It will not be good without children. Without children it is no family. I would feel very bad. People would think I am not a good wife. That I don't respect my husband. A good family must have a child.

Educated girls that have distanced themselves from female genital cutting are at risk of not finding a Maasai man that wants to marry them. Men see uncircumcised girls as children. They will befriend them but they do not want to marry them. Age mates will think less of a man when he does.

Uncircumcised girls depend on those men who are educated or Christian, this is a small group. A group of modern Maasai men. Another solution is marrying a man from a different tribe, where girls are not circumcised. Although this is very difficult for the girls to deal with, one of the girls cried telling me she was afraid never to find a husband, it helps them to know that the church also disapproves of FGC. Circumcised girls find it hard to learn that the church opposes to something that has been done to them. It makes them wish they were not circumcised in the first place. The girls experience being a Christian as being a modern citizen.

Jen, 19 years old, Magadi

Religious leaders are against female circumcision. This makes me wish I was not circumcised, because it is a bad thing.

Purity, 17 years old, Magadi

The church wants it to end. I think that is a good thing. [...] I feel sorry that I am circumcised, but I have to accept it now.

Simento, 17 years old, Magadi

Church says we should follow the bible. So we should just let boys undergo circumcision. I wish this time could have been back then, when I was circumcised, I blame my mother. She is a Christian herself, why did she not fight for me?

Dorkas, 18 years old, Loitokitok

There is nothing in the bible about it. I think telling people might help to convince them to stop female circumcision. It did help me.

Sophie, 19 years old, Loitokitok

The church says they don't allow the circumcision of girls. This made three girls from this community choose not to be circumcised. [...] Even if they say I have to be circumcised I am happy with my decision, because other Christians also chose not to be.

REMAINING UNCIRCUMCISED

All girls confirm that less girls are circumcised in Maasai community now than ten years ago. Most girls feel this has to do with education. More parents are educated and let their daughters make their own decision. The girls themselves are also in school, even when their parents are uneducated. These girls have to put up the biggest fight to remain uncircumcised. But what makes it all worth to remain uncircumcised? Around 90 percent of the Maasai girls is still circumcised. Being uncircumcised makes you an exception. This leads to harassments. Besides being teased by age mates, it is very difficult to find a husband and to earn social status the traditional way. But these educated girls have learned the disadvantages of FGC, the possible health effects. They know FGC has no value, it does not add anything. They know they have the right to remain uncircumcised. Mostly, the church opposes to the custom and they want to be a good Christian. Christianity is seen as a modern religion, a sign of modernity and civilisation.

After they have decided for themselves that they do not want to be circumcised, they have to confront their parents. Some girls do not have to go through much trouble. Their parents are educated and are easy to convince. It is striking that girls do not tell their parents about their experience of two clashing identities. When talking to their parents girls use a health perspective, arguments against FGC they have learned at school. The girls realize that their fathers (and sometimes also their mothers) do not recognize their personal struggle. Although many youngsters (especially girls) have converted to Christianity, almost no men have because this would affect their power.

Rachel, 18 years old, Loitokitok

It is a must in this area, but you lose a lot of blood. You can find a husband from another tribe. That is better than to be circumcised. [...] My dad was not there to force me. The moment I told my mom that I was not ready to be circumcised she said it was no problem.

Dorkas, 18 years old, Loitokitok

My parents gave me a choice. And I chose not to be circumcised. [...] I think circumcision has to stop, because it is torture and dangerous. Most of my friends disagree, because it's shameful to go against your parents. [...] I have heard stories about severe bleeding and girls that died after circumcision. It may affect a girl's period and it can hurt more when you have sexual intercourse. [...] They must have understood the bible wrong. It is not in there!

Judith, 23 years old, Loitokitok

The girls in our community are undermined. They are not worth a thing and they are not educated. They live under their husband's control. He takes care of the money and makes the decisions. This should be equal. That is what I would like to accomplish. [...] I also fight against female circumcision. There has been a lot of research and it has no value. In school I started to see this and the risks of circumcision. So I told my parents and they were fine with it. They are learned, so they have the same opinion. [...] Maasai men do not want to marry me, but men outside of the Maasai community love uncircumcised girls. They enjoy sex more. There is a way to make them happy. Women are more sexy when they have a clitoris. When a man touches it they feel more like making love. It also stretches when you give birth.

Sophie, 19 years old, Loitokitok

My grandmother forced me, but I said I didn't want it. She said I would never find a husband and that I wasn't a woman. I said I am learned and I know the disadvantages of circumcision. She said okay, but maybe they will tell me again that I need to be circumcised. I know that I will decide for myself. [...] I would like girls to remain uncircumcised and I would like to help the uneducated ones.

Elizabeth, 14 years old, Magadi

My father took me to another boma. They prepared for my circumcision. Everything was ready and then I was supposed to be married off immediately. But I chose to run away. So I escaped my circumcision and a husband. I decided to ask the teachers for help. My father came to school and complained. In the end he abused the teacher. Then they decided to jail him.

Anna, 13 years old, Magadi

I'm not circumcised yet and I don't want to be. I've already talked about it with my father and I think it is going to be a fight. I have told him all the complications I could think of, like that it gives complications during delivery. My oldest sister still isn't circumcised, so maybe my father has accepted our opinion.

THE POWER OF MEN

Fathers are the ones to be convinced not to circumcise their daughters³². Men are the ones that can give the girls their traditional social position as a wife and a mother. An uncircumcised wife or daughter can hurt the reputation of a man. The pressure of his age set can be crucial. None of the girls I spoke with wants her daughters to be circumcised, but she also realizes that she will not have the last say in this. Her husband will.

I have asked the girls who are more in favour of FGC men or women. These are some of the answers I got.

Anna, 13 years old, Magadi

Men. Because they feel the pressure of other men of their age group. It can influence their status when they have uncircumcised daughters or marry an uncircumcised woman.

Sinet, 15 years old, Magadi

Men. They don't want to marry uncircumcised girls.

Diana, 16 years old, Magadi

Men. Because it will bring shame between the father and daughter and between his age mates. You can't go against age set. Because something bad will happen.

Esther, 20 years old, Loitokitok

Men. They think other men will ridicule them.

Margaret, 20 years old, Loitokitok

Men. They are the ones with power. Their voice is heard.

³² Off course FGC would no longer exist if they were no female circumcisers to continue the practice.

Girls are very much aware of the power of their (future) husbands in the decision to circumcise or not circumcise their daughters. One could say that the fight to let their daughters remain uncircumcised (and their own struggle) is also a fight against the power of men. Some have accepted not going to be able to win others have made plans to save their daughter.

Jen, 19 years old, Magadi

I don't want my daughter to be circumcised, because it is not in the bible. But I think my husband does want our daughter to be. He is not a Christian. He thinks women are of more value when they are circumcised. He says it is just part of our culture. He will not listen to me or her. Her dad will make the choice for her.

Purity, 17 years old, Magadi

I don't want my daughter to be circumcised, so I will have to find a Christian man. He will understand. I would tell him about the possible consequences of circumcision.

Sharon, 13 years old, Magadi

My daughter will be the only one to decide. I will try to convince my husband that it has no value to circumcise girls and that she has the right to make her own decision.

Margaret, 20 years old, Loitokitok

Together with my husband I will decide. He will see that it has no value. She will not undergo circumcision. When he does force her I will look for an organisation that fights for the rights of girls and if I really have to I will let him go to jail!

MESSAGES AGAINST FGC

Girls hear messages against FGC on the radio and they learn about it at school. My interpreter told me that because teachers are respected they use school children to spread the message against FGC. Also a chief or a pastor can talk to the girls about FGC, and sometimes even NGO's visit their communities to explain the disadvantages of FGC.

Jen, 19 years old, Magadi

There is an organisation in town that is trying to make it stop, because there is no result or difference, it just hurts. [...] I think they should start with men, because they are the head of the household.

Purity, 17 years old, Magadi

I have heard messages against female circumcision on the radio, on KBC. They said that it had to stop because of the diseases. They have also taught us about it at school and also talked to our parents about in.

Anna, 13 years old, Magadi

The pastor told us there was nothing about female circumcision in the bible and the chief told us that it is prohibited to circumcise girls. There also came a youth organisation to church. They taught us about the possible health consequences of circumcision. They taught us the same thing at school, that it is not good for your health.

Maninko, around 20 years old, Magadi

I have heard messages against female circumcision from within the community. There is a radio system. They told us that we should leave female circumcision, because of diseases. I would increase problems.

Sinet, 15 years old, Magadi

My mother went to Magadi township and heard that it is prohibited to circumcise girls and that it is bad.

Sophie, 19 years old, Loitokitok

In high school I found out that it isn't good. My best friend was circumcised and she told me the disadvantages. In class 6 some ladies came from Nairobi to tell us about FGM, as they called it. They gave us a workshop about giving birth while being circumcised, sickness and sexuality. On the radio I heard a story about a girl that escaped her circumcision and never returned to her community.

Margaret, 20 years old, Loitokitok

On the radio I heard a story about parents going to jail after circumcising their daughters. But it does not help, it is still going on.

Jacklyne, 18 years old, Loitokitok

Educated people have been to seminars. They say it is not good to circumcise girls, because they will experience difficulties during delivery. On the radio they told about a seminar against female circumcision and the possibility of getting aids.

Rachel, 18 years old, Loitokitok

The Maasai doctors in the mobile clinic are against it. They move from one family to the other to teach about circumcision in the circumcision months. Most circumcisions occur in April and December, because of the holidays.

Diana, 16 years old, Magadi

There have been school meetings and teachers talk about it at parents day. Girls are most of the times circumcised during the holiday period. Teachers are then too late to report, but they do ask questions. Parents need to explain their actions.

There is a big difference between the knowledge that educated and uneducated girls have. The educated girls are able to name all kinds of possible health consequences of FGC and know that the custom is prohibited in Kenya. The uneducated girls have sometimes heard some negative rumours about FGC but do not know where they came from or what to believe. Some girls for example thought that circumcision made their delivery easier instead of more difficult. The only thing they know for sure is that there is nothing in the bible about FGC. As explained earlier, the religious argument is not enough to keep a girl from being circumcised. Fathers do not relate to this problem. Uneducated girls simply do not have enough knowledge to fight FGC, knowledge educated girls use as a tool in discussing FGC. It is remarkable though that none of the girls personally knew girls that have experienced health effects, other than severe blood loss and fainting, as a result of their circumcision. The girls also do not seem to fear these possible effects themselves. It is possible that health effects are not that severe or common. Maasai do practice a slightly mild form of FGC.

PREVENTION STRATEGIES

Inspired by the messages they have heard against FGC, mostly educated girls have thought of ways to end the circumcision of girls in their community. Their advises consist of a combination of punishment, cooperation between different leaders of Maasai community, and education.

Purity, 17 years old, Magadi

I feel that education can make a difference. Telling people about the risks involved might work.

Anna, 13 years old, Magadi

The government has to come up with clear rules and put behind bars the parents that still let their daughters undergo circumcision. This can be an example or warning to others.

Rachel, 18 years old, Loitokitok

The only way is to punish the ones who circumcise. So when you hear that a girl is about to be circumcised you have to report it to the police.

Elizabeth, 14 years old, Magadi

The only way I can see is to educate more girls. Educated girls can protect themselves.

Simentoi, 17 years old, Magadi

Big meetings should be held with chiefs, parents, the government and school girls. Together they should talk about this issue, so that everybody could hear. The government should take measures.

Dorkas, 18 years old, Loitokitok

Parents may not hear their child, but listen to what the government has to say.

Judith, 23 years old, Loitokitok

In this area? Prohibition and laws against it. Parents have to be send to jail. That is the only way. Girls have to be educated about circumcision. We have to make them see that circumcision is not a good thing. They can choose to go to the chief for help and be send to special schools.

Sophie, 19 years old, Loitokitok

The prohibition of female circumcision will give girls a choice and the freedom to say yes or no. To be able to stop female circumcision altogether girls and circumcisers should be taught about it. Then it will be easier to convince the parents.

Jacklyne, 18 years old, Loitokitok

It is very difficult. But with the seminars and organisations it will help. And when they hear about the stories how it can go wrong, it can make them stop.

THE PROGRAMME OF AMREF

Girls not simply choose between the security of belonging to Maasai community and health security. To the girls choosing to remain uncircumcised does not equal preferring health security over the security of belonging to a community. It is not a case of physical vs. existential security. The girls go through a human struggle Bauman has described, the argument between security and freedom or the argument between community and individuality. The girls themselves have presented this as a struggle of identity. Being a traditional Maasai woman (security and community) vs. being a good Christian (freedom and individuality). It is between traditional and modern life. It is between being illiterate and

being educated. It is a fight against the total power of men. Choosing to remain uncircumcised means being independent. These girls do not need a man to provide them with social status. They will be educated and therefore respected. Although they are afraid not to find a husband (or to lose security/community). These girls are divided between security or community and freedom or individually. They want both but can not have both at the same time. Gaining a bit freedom means missing out on community. Both are needed and complete each other: 'security without freedom equals slavery (and in addition, without an injection of freedom, proves to be in the end a highly insecure kind of security); while freedom without security equals being abandoned and lost (and in the end, without an injection of security, proves to be a highly unfree kind of freedom)' (Bauman 2001: 20).

Running their prevention programme AMREF needs to keep this bigger picture in mind. The girls deal with a big human struggle. By educating new girls on possible health effects of FGC and making them aware of their rights to freedom and choice, girls need to know that they receive the support of modern institutions like the church, schools and NGO's, that can provide a new sense of community or security. When there is a new sense of belonging, for example to a religious group, girls will have the strength to fight for their rights: remaining uncircumcised, not being married off at the age of 15, and being able to go to and stay in school. To achieve these changes girls need to deal with the power of men. But the girls have found a way to make a step from their explanatory model to that of their fathers: using knowledge on possible health effects³³. The tools (knowledge on health effects and rights) are provided by AMREF, but Maasai girls are fighting this one out for themselves. Because an explanatory model is a cultural construction, following Kleinman, a change in model means a change of culture. This is what is slowly taking place in Maasai community thanks to education. As girls mentioned themselves it is advisable to involve the government, schools, chiefs, the church, NGO's, but also the media (the radio seems to reach a lot of people) in the prevention of FGC.

³³ Most girls that remain uncircumcised have been able to talk to their parents about possible health effects and were able to convince them this way. Not all girls were this lucky. Elizabeth's dad is, for example, send to jail.

This study examined the emic-perspective of Maasai girls between 13 and 23 years old on female genital cutting in their community in the Kajiado district in Kenya. Furthermore I have used these perspectives to determine which aspects should be included in a programme to prevent FGC in the Kajiado district. A prevention programme of AMREF Flying Doctors focused on health and rights has functioned as an example. If we do not understand why people practice this custom and what it means to them, how are we supposed to convince them to abandon it all together? To achieve a change of culture, necessary to end the practice of FGC, a prevention programme needs to relate to the views of the people that practice it.

In the Kajiado district, where mainly Maasai live, the number of circumcised girls remains high, around 90 percent. Girls are circumcised in early puberty when they are thirteen or fourteen years old. Unlike most young girls that undergo circumcision when they are approximately seven years old, Maasai girls are very much aware of the procedure they have to undergo to become a woman. The girls undergo clitoridectomy, partial or total removal of the clitoris and/or the prepuce, that makes them ready for (arranged) marriage. Although the custom still serves as a rite of passage into womanhood today, some changes have occurred. Educated girls, for example, often remain in school after their circumcision and marry when they are in their late twenties.

There is a big difference in the way uneducated and educated girls experience their circumcision. Uneducated girls have accepted circumcision as a part of their lives. They knew they had to be circumcised in order to become a Maasai woman and get married. This does not mean though that these girls do not regret their circumcision. Educated girls have been taught about female genital cutting and have more knowledge on possible health effects and the law against FGC. They have a stronger opinion on FGC.

Both circumcised and uncircumcised girls did struggle or still struggle with a clash between two identities: being a Maasai woman vs. being a Christian. In order to become a Maasai woman girls need to be circumcised but the circumcision of girls is not mentioned in the Bible. Christians are even against FGC. The girls have told me that this is the main reason why they regret being circumcised. Remaining uncircumcised means having difficulties finding a Maasai husband though, and to gain

social status a Maasai woman needs a husband to get married and have children. Circumcision is the price girls pay for the security of belonging to Maasai community. Educated girls that have distanced themselves from female genital cutting are at risk of not finding a Maasai man that wants to marry them. Men see uncircumcised girls as children. They will befriend them but they do not want to marry them. Age mates will think less of a man when he does. Uncircumcised girls depend on Maasai men who are educated or Christian, or men from a different tribe.

The girls go through a human struggle Bauman has described as the argument between security and freedom or the argument between community and individuality. The girls themselves have presented this as a struggle of identity. Being a traditional Maasai woman (security and community) vs. being a good Christian (freedom and individuality). It is between traditional and modern life. It is between being illiterate and being educated. It is a fight against the total power of men, whom they traditionally need to gain a social position. Choosing to remain uncircumcised means being independent. These girls do not need a man to provide them with social status. They will be educated and therefore respected. But on the other hand fear not being able to find a husband (or to lose security/community). These girls are divided between security or community and freedom or individuality. They want both but can not have both at the same time. Gaining a bit freedom means missing out on community.

Programmes to prevent FGC in this area need to realize what these Maasai girls struggle with and how they contribute to this fight. AMREF for example educates girls on possible health effect of FGC and their right to remain uncircumcised. This will not only trigger them to fight for more freedom and choice, it will also hand them tools to fight this fight with. Educated girls have found their own way to overcome the difference in explanatory models of their own and that of their fathers. Explaining their struggle has no use. Almost none of the fathers have converted to Christianity, nor would they be in favour of voluntarily decreasing their own power in the community (and over women). Instead when talking to their fathers the girls use their knowledge on possible health effects of FGC, mostly learned at school. This is remarkable because none of the girls personally knew girls that had experienced severe health effects as a result of FGC and they do not really seem to fear these effects themselves.

By educating new girls on possible health effects of FGC and making them aware of their rights to freedom and choice, girls need to know that they receive the support of modern institutions like the church, schools and NGO's, that can provide a new sense of community or security. When there is a new sense of belonging, for example to a religious group, girls will have the strength to fight for their rights: remaining uncircumcised, not being married off at the age of 15, and being able to go to and stay in school. The tools (knowledge on health effects and rights) are provided by AMREF, but Maasai girls are fighting this one out for themselves. By changing the explanatory models of their

fathers, cultural constructions, they achieve a change of culture. This is what is slowly taking place in Maasai community thanks to education. The girls themselves also see education as good way to end circumcision in their community. According to them educated girls can protect themselves.

Furthermore the prohibition of FGC in Kenya should be made clear to everyone and parents should be punished when they still circumcise their daughters. “Parents may not hear their child, but listen to what the government has to say”. The government should also work together with schools, chiefs, the church and NGO’s so everybody can hear FGC has to be stopped. Because none of the twenty girls I have spoken with wants their (future) daughters to undergo circumcision.

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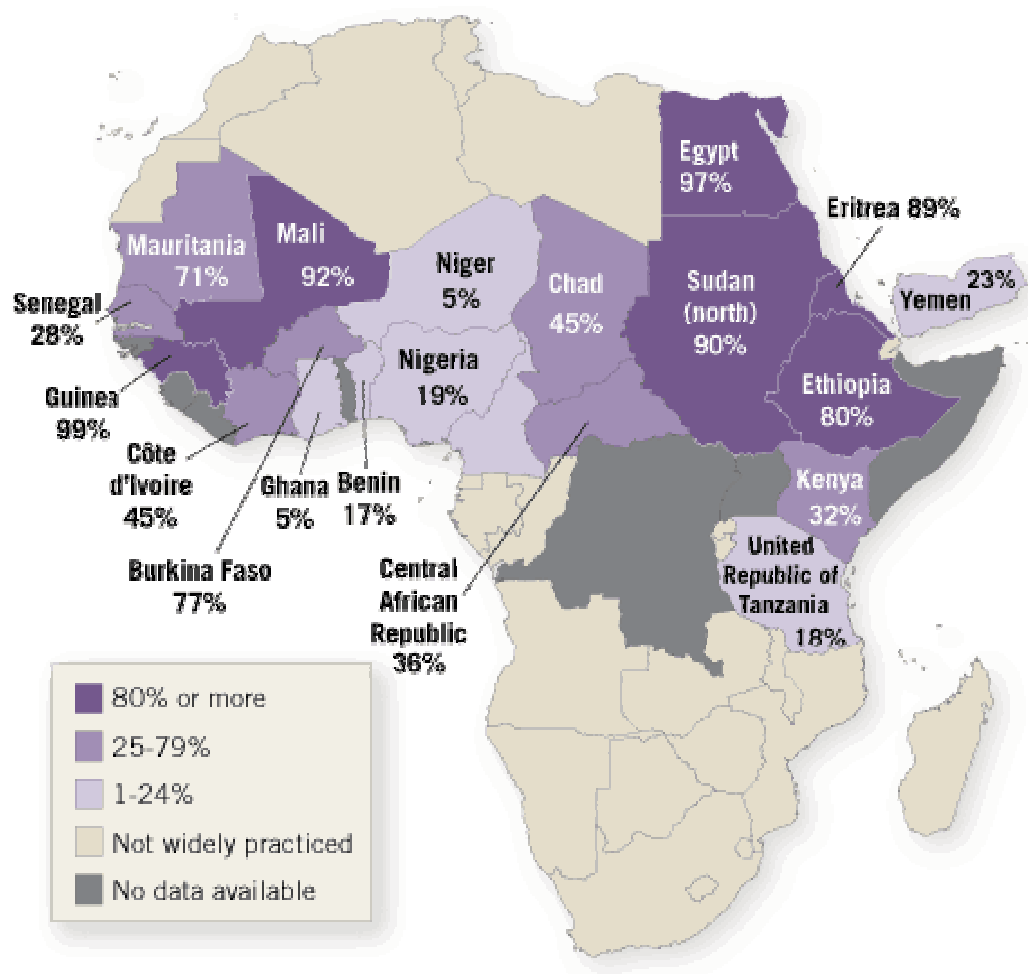
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Appendix I: Map of Africa with the Prevalence of FGC

Prevalence of Female Circumcision

Ages 15-49



Data not available:

Guinea-Bissau, Sierra Leone, Liberia, Togo, Congo, Uganda, Somalia

Communities in these countries also use the practice:

Jordan, Oman, Palestinian Territories (Gaza), Iraq (some Kurdish groups), India, Indonesia, Malaysia

Immigrant communities in these regions also use the practice:

Western Europe, North America, Australia, New Zealand

SOURCE: Female genital mutilation/cutting : a statistical exploration. New York, NY, UNICEF; 2005, World Health Organization

Appendix II: Questions AMREF Baseline Survey on FGC

Module 8: Female Genital Cutting

1. Attitude and Practice towards female Circumcision

- 801 Do you know of any health, psychological or social problems associated with female circumcision?
1 Yes
2 No
- 802 Do you have any sisters?
1 Yes
2 No
- 803 How many of your sisters are circumcised?
Circumcised _____
Uncircumcised _____
- 804 How old were they when they were circumcised?
Sister 1
Sister 2
Sister 3
Sister 4
Sister 5
Sister 6
- 805 Who made the decision that you or your sisters should be circumcised?
(Record all responses given)
1 Mother
2 Father
3 Grandmother
4 Uncle
5 Auntie
6 Brother
7 Sister
8 Other (specify): _____
- 806 Do you wish that you had not been circumcised
1 Yes
2 No
- 807 If yes why do you wish you were not circumcised?
1 Medical complications
2 Painful personal experience
3 Against rights & dignity of women
4 Prevents sexual satisfaction
5 Limited my education
6 Against religion
7 Might lead to infertility
8 Has lost its significance
9 Ridiculed by peers
10 Have heard messages against FC
11 Others (Specify): _____

2. Questions Related to Uncircumcised Daughters

- 809 Who made the decision that you or your sisters should not be circumcised?
1 Mother
2 Father
3 Themselves/herself
4 Church leader

- 4 Brother
6 Sister
7 Grandmother
8 Grandmother
9 Still young
1 Other (specify): _____
2
- 810 Have you or your sister faced any problems in the community because you are not circumcised?
1 Yes
2 No
- 811 If yes, what kind of problems have they faced?
(Record all responses given)
1 Mistreatment
2 Seen as a child
3 Shunned by boys
4 Disrespected
5 Other (specify): _____
- 812 In your view, are there differences between circumcised and uncircumcised girls?
1 Yes
2 No
- 813 What kinds of differences are there?
(Record all responses given)
1 Circumcised are clean
2 Uncircumcised are promiscuous
3 Marriage prospect
4 Social acceptance
5 Acceptance in the community
6 Give pleasure to husband
7 Improved fertility
8 Preserves virginity
9 Prevents immorality
10 Respected in the community
11 Other (specify): _____

3. Interventions

- 814 Have you ever heard of messages against female circumcision?
1 Yes
2 No
- 815 If yes from whom?
(Record all responses given)
1 Community leaders
2 Religious leaders
3 Community workers
4 Radio
5 Posters
6 Relatives
7 Other (specify): _____
- 816 What kind of messages have you heard?
(Record all responses given)
1 FC limits girls education
2 Can still get a husband without being circumcised
3 One can bleed to death
4 Can lead to HIV infection
5 It is a violation of human rights
6 Other (specify): _____

Appendix III: Questionnaire Maasai girls

1 General
1.1 What is your name?
1.2 How old are you?

2 Description day
2.1 What did you do today?
2.2 What will the rest of your day look like?
2.3 Is this what you normally do on a day?
2.4 What would you say is the most important thing you do on a day?
2.5 Can you give an example of a special day? What does it look like?

3 Education
3.1 So you are/ are not attending school currently?
<i>In school (not in school skip to 3.4)</i>
3.2 Do you like to go to school? Why?
3.3 Why do you go to school? (skip to 4 Marriage)
<i>Not in school</i>
3.4 Have you ever attended formal school? (Why not?/ Would you have liked to go? Skip to 4 Marriage)
3.5 What is the highest level of school you have completed?
3.6 When did you quit and why?
3.7 Did you like school? What did you like about it?
3.8 Did you do something in the last few months to earn money for yourself? What?

4 Marriage
4.1 Are you married?
<i>Married (unmarried skip to 4.15)</i>
4.2 For how long have you been married?
4.3 How old were you?
4.4 Could you describe how that day looked like? How did you feel? What did you do? What did you wear?
4.5 What is your husband like? Age/ job?

4.6 Are you his first wife?
4.7 How did you get to know each other?
4.8 How long did you know him when you got married?
4.9 Did you want to get married? Why?
4.10 Who decided?
4.11 How do you feel about married life now?
4.12 What did change?/ What are your tasks now?
4.13 When is a girl ready to marry?
4.14 How were you prepared for marriage? (skip to 5 Children)
<i>Not married</i>
4.15 Do you have a boyfriend or do you already know your future husband?
4.16 When will you get married and who decides this?
4.17 When will you be ready to get married?
4.18 Are you looking forward to it? Why?
4.19 What do you think will change?/ What will be your tasks?
4.20 How will you be prepared for this?

5 Children
5.1 Do you have children?
<i>Yes (no skip to 5.13)</i>
5.2 How many? Boys or girls? How old are they?
5.3 How old were you when you got your first baby? Is this a normal age?
5.4 How did you experience this?/ What did change?
5.5 What do you like/ dislike about being a mother?
5.6 What does a good mother look like/ what does she do?
5.7 Do you want more children? How many? Why?
5.8 What would your life look like without children?
5.9 What would people think of you?
<i>Children but not married (otherwise skip to 6 Dreams in life)</i>
5.10 How do people feel about you having a baby without being married?
5.11 Do you take care of the children alone?
5.12 How do you feel about this? (skip to 6 Dreams in life)
<i>No children</i>
5.13 Do you want children? (Why not?/ What will people think?)
5.14 How many? Boys or girls?

5.15 What is according to you a normal age to have your first baby?
5.16 What do you think will change when you have children?
5.17 What do you think you will like about being a mother?
5.18 What does a good mother look like/ what does she do?
5.19 Would happen when you don't have children at all?
5.20 What would people think of you?

6 Dreams in life
6.1 What are your dreams for the future?
6.2 What do you want to do/ who do you want to become? Why?
6.3 Do you have a role model?
6.4 Do you feel like you could do or be anything/ anyone?
6.5 Who or what would/ could have an influence on this? In what way?
6.6 Is there anything that you would want in the future that you know you can't have or do? Why can't you?

7 Circumcision
7.1 Were you circumcised before you got married?/ Will you be circumcised before you get married?
<i>Circumcised (uncircumcised skip to 7.18 or 7.29)</i>
7.2 How old were you when you were circumcised?
7.3 Who decided that you would be circumcised?
7.4 Did you have a choice?
7.5 Do you remember the day you were circumcised? (Why not?)
7.6 Can you describe that day? How did you feel? (Why not?)
7.7 When did you realize it was the day of your circumcision?
7.8 How were you prepared for it?
7.9 What did you know about it before you were circumcised?
7.10 Who were there with you?
7.11 Who performed the operation? What is his/ her role in society?
7.12 What did he/ she do to you and what was used?
7.13 Did it hurt? Did they give you any anaesthetics? (Why not?)
7.14 Did you look forward to being circumcised? Why?
7.15 What kinds of rituals surround the custom? Do you think these have changed?
7.16 What did the following days look like? Who took care of you?

7.17 How do you experience it now, when you look back? (skip to 8 Origin)
<i>Not circumcised yet (remaining uncircumcised skip to 7.29)</i>
7.18 So you will be circumcised, how do you feel about this?
7.19 Who decides this?
7.20 Will you have a choice?
7.21 How do you think this will be or go?
7.22 Who will be there with you?
7.23 Who will perform the operation?
7.24 What will he/ she do and use?
7.25 Do you think it will hurt?
7.26 Do you look forward to it? Why?
7.27 What kinds of rituals surround the custom?
7.28 What do you think will change after you are circumcised? (skip to 8 Origin)
<i>Remain uncircumcised</i>
7.29 How do you feel about remaining uncircumcised?
7.30 Who decided this?
7.31 What is the reason for it?
7.32 Do you think this will have consequences? What kind of consequences?
7.33 What do you think others will think about you?

8 Origin
8.1 Where do you think circumcision came from?
8.2 When do you think it started?
8.3 How do you think it became part of your culture?
8.4 Can you describe its place in your community?

9 Others
9.1 Do you know of different types of female circumcision? Which ones?
9.2 Do you know of other communities that circumcise their women? Which ones?
9.3 Do you think there is a difference between circumcised and uncircumcised women? Why?
9.4 What do you think it means to be a circumcised woman?
9.5 What do you think it means to be an uncircumcised woman?
9.6 How does this affect femininity?
9.7 How do you feel yourself about being a circumcised/ uncircumcised woman?
9.8 How do you think men feel about circumcised and uncircumcised women?

9.9 Do you think men prefer a circumcised or an uncircumcised woman? Why?
9.10 Who do you think are more in favour of female circumcision men or women? Why?

10 Openness
10.1 How many Maasai women do you think are circumcised? How do you know?
10.2 Do you think this number has changed the last couple of years?
10.3 Do you talk about circumcision with family members or friends?
10.4 What are those conversations like?/ Why not?
10.5 Is it known in the community which girls are circumcised and which ones are not?
<i>When circumcised (uncircumcised skip to 10.11)</i>
10.6 Do you know Maasai women who will never be circumcised?
10.7 Do you think this will have consequences? What would happen to her?
10.8 Will she find a husband? Are there examples you know of?
10.9 Can you think of a reason why girls are not circumcised? Which?
10.10 Do you know stories about girls who have tried to escape or have escaped circumcision? What happens or will happen? (skip to 11 Consequences)
<i>When uncircumcised</i>
10.11 Did running away to escape circumcision ever crossed your mind? Why?

11 Consequences		
<i>When circumcised (uncircumcised skip to 11.13)</i>		
11.1 Did your circumcision affect your physical health in any way? How did it?		
11.2 Do you recognize any of these complications mentioned by other girls? Which ones did you experience after your circumcision?		
Heavy pains	Bleeding	Shock
Infection	Fever	Urinary retention
Tetanus		
11.3 Some girls also mention long term complications. Do you experience any of these as a result of your circumcision? Trouble urinating or during your period?		
Scars	Keloid	Cysts
Abscess	Urine retention	Urinary tract infection
Chronic pelvic infection	Menstrual problems	
11.4 Did or do you experience other problems related to your circumcision? Mentally?		
11.5 Were you sexually active before you were circumcised?		
11.6 Have you been sexually active after your circumcision? Were you afraid? (If yes skip to 11.8)		

or 11.10)
11.7 Are you afraid to have sex after your circumcision? (skip to 11.10)
<i>When sexually active before and after circumcision</i>
11.8 Would you say there is a difference between sex before and after your circumcision? How is it different?
11.9 How do you feel about this difference? Why?
11.10 Were you aware of these health risks circumcision can have? What did you know about it? How did you find out about this?
11.11 Do you know of examples of circumcisions that have gone bad?
11.12 Do these examples/ the possible health problems influence your opinion on the circumcision of girls? Why/ how? (skip to 12 Reasons)
<i>Uncircumcised</i>
11.13 Did you ever hear of consequences of circumcision? (no skip to 11.16)
11.14 How did you find out about this?
11.15 Can you give examples?
11.16 Do you know examples of a girl's circumcision with a bad ending?
11.17 Do you think these health risks can be a reason why parents don't want to circumcise their daughter or girls choose not to be circumcised? (skip to 12 Reasons when circumcised or expected to be circumcised)
<i>Remaining uncircumcised</i>
11.18 Did this play a role in your decision/ your parents' decision not to (let you) be circumcised?

12 Reasons
12.1 Why do you think Maasai girls are circumcised? Can you think of other reasons?
12.2 Does it provide certain rights to be a circumcised woman?
12.3 Is circumcision related to beauty? Do you think circumcised women are more beautiful?
12.4 Is circumcision related to hygiene?
12.5 Can you think about other things circumcision is related to?
12.6 Is there a relation between circumcision and your religion?
12.7 Are there stories being told in your community about the need to circumcise girls? (when circumcised skip to 13 Opinion)
<i>Uncircumcised</i>
12.8 How do circumcised girls look at you?
12.9 Did they ever harass you because you are not circumcised? (no harassment skip to 12.11)
12.10 How did this make you feel?

12.11 Do you think harassment can be a reason for girls to choose to be circumcised after all?

13 Opinion

13.1 Do you want your own daughter to be circumcised? Why?

13.2 Who would have a say in this decision?

13.3 What would be a reason to let her undergo circumcision?

13.4 What would be a reason not to let her undergo circumcision?

13.5 How do you think your daughter will feel about your decision?

Circumcised (uncircumcised skip to 13.9)

13.6 Do you blame someone for letting you undergo circumcision? Who and why?

13.7 Would you choose to be circumcised again today now you know what it is about? Why?

13.8 How did your circumcision change you?

13.9 Do you think it is different for a boy to be circumcised? Why/ how?

14 Prevention

14.1 Have you ever heard of messages against female circumcision? (no skip to 14.4)

14.2 Where did the message come from and what did it say?

14.3 How did this make you feel?

14.4 Do you know that it is prohibited to circumcise girls in Kenya when they are under sixteen?

14.5 How does this make you feel?

14.6 Have organisations visited your community to try and prevent circumcision? (no skip to 14.9)

14.7 How do you feel about this?

14.8 What did they tell you? Was this new to you?

14.9 Do you learn about female circumcision at school? What do they tell you about it?

14.10 Do you think there is a reason why the circumcision of girls has to stop? Why?

14.11 What do you think is a good thing about circumcision?

14.12 What do you think is a bad thing about it?

14.13 Do you think there is a way to stop the circumcision of girls? How?

14.14 What do you think does not work? Why?

14.15 Have there been activities within your community to stop the circumcision of girls? Can you give an example? How do you feel about this?

14.16 Would you like the circumcision of girls to remain a part of your community? Why?

Appendix IV: Questions Focus Group Discussion

- Introduction: name, age, one thing to be proud of being a Maasai girl/ woman and one thing to be less proud of.
- Categorizing different traits as being typically masculine, feminine, both or none. What feminine traits are most important? Are there traits missing that are essential for being a Maasai woman?

Vigorous	Vulnerable	Tidy	Passive
Lucky	Dignified	Playful	Strong
Humane	Crude	Responsible	Co-operative
Tactful	Tender	Unemotional	Robust
Independent	Active	Faithful	Flexible
Weak	Proud	Arrogant	Caring
Benevolent	Modest	Jealous	Acute
Assertive	Intuitive	Individualistic	Cheerful
Irresponsible	Decisive	Unpretentious	Timid
Anxious	Unfriendly	Commanding	Free

- Talking about the difference between being a Maasai girl and woman. Asking who of the occupants are girls and who are women. How can you tell? What are the characteristics of a Maasai woman? Categorizing the same traits again but as being typical for a Maasai girl, woman, both or none. When and how do you become a Maasai woman? What will happen if you don't marry and don't have children? What would your life look like then?
- Assignment: write down good and bad sides of circumcision. Minimum of three good and three bad things.
- Rank these reasons to be circumcised from most important till least important:
 - o All my friends are circumcised
 - o My family wants me to be circumcised
 - o My future husband wants a circumcised girl
 - o They will harass me when I remain uncircumcised
 - o Circumcised girls are more beautiful
 - o To become part of the community
 - o To experience the rituals, ceremonies and gifts that surround a circumcision
 - o To show that I can stand the pain
 - o It is part of my religion
 - o To show that I am ready to give birth and become a mother

Are there reasons missing? Things to be added? Reasons that are not important at all?

- Rank the reasons not to be circumcised from most important till least important:

- It is illegal to circumcise girls in Kenya
- It is my right to refuse to be circumcised
- My future husband doesn't mind that I remain uncircumcised
- My family wants me to remain uncircumcised
- Circumcision can be dangerous for my health
- I don't want to go through the pain
- I am going through an alternative ritual that will prepare me for woman- and motherhood
- I am (social-economically) independent and I don't need a man
- I don't want to get married yet

Are there reasons missing? Things to be added? Reasons that don't play a role?

- Changes: Do you think your mothers or grandmothers would have ranked these reasons in a different way? Why and how? Do you think your position as a Maasai woman is different from theirs? How? What do you think changed? Role education? Different situation in the city? Would you like something to change about your position/ role as a Maasai woman?

- Example Samburu village: Samburu women have established a man-free zone after they fled abusive husbands. The village has flourished and the women are independent. Men are only hired to do hard labour for them. The women earn money by making and selling necklaces and bangles and perform traditional dancing. In the village the girls are not circumcised and the women visit other villages to make others aware of the dangers involved and right to refuse.

What do you think about this? Would you like to live in such a village? Would this work here?

- Alternative ritual: Ten years ago an alternative rites of passage programme started in Meru. These kinds of programmes are focused on the development of alternative rituals to substitute for the traditional cutting ceremony. The traditional wisdom imparted on girls when they are circumcised is collected, these messages are adapted to encourage positive female traditional values without the physical and psychological damage caused by female circumcision, and the programmes include a five-day seclusion period to teach girls about adult values and behaviours. The success of this kind of ceremonies to end female circumcision is the combination of building on the positive community values underlying the custom and promoting dialogue among family members about this and related topics.

What do you think about this kind of alternative ritual? Would you prefer to be circumcised or undergo this ritual? Why? Do you think this would work here?