



universität
wien

MASTERARBEIT / MASTER'S THESIS

Titel der Masterarbeit / Title of the Master's Thesis

„Between Legitimation and Contestation:
A case study on Female Genital Mutilation (FGM) among
the Kuria community in Kenya”

verfasst von / submitted by

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angestrebter akademischer Grad / in partial fulfilment of the requirements for the degree of
Master of Arts (MA)

Wien, 2022 / Vienna 2022

Studienkennzahl lt. Studienblatt /
degree programme code as it appears on
the student record sheet:

UA 066 589

Studienrichtung lt. Studienblatt /
degree programme as it appears on
the student record sheet:

Masterstudium Internationale Entwicklung

Betreut von / Supervisor:

Assoz. Prof. Mag. Dr. Birgit Englert

Acknowledgements

This master's thesis is partly the result of conversations on FGM and related issues I had over the past two years in Kenya and Tanzania. During the respective field-research I was fortunate to benefit from the support and professional guidance of local experts and scientists.

Many thanks...

Asante sana...

Okorebuya...

... to all the Kenyan and Tanzanian people who shared their personal experiences, passion, and life stories with me.

... to my supervisor Assoz. Prof. Mag. Dr. Birgit Englert, who encouraged, challenged, and supported me in a very professional way, who guided me with her experience, flexibility, and openness by giving me assistance and confidence.

... to the CBO *Zinduka* and the NPO *Aktion Regen* for making my research possible by enabling me to conduct it in the Kuria community.

Table of Contents

List of Abbreviations	7
List of Figures	7
Glossary	8
1. Introduction	12
2. Research Methodology	17
2.1 Research Field	17
2.2 Grounded Theory	19
2.3 Methods and Data Collection	20
2.4 Data Analysis	24
2.5 Personal Reflection and Limitations	26
3. Background: Country Profile, History, and Legislations on FGM	28
3.1 Republic of Kenya	28
3.2 Political History	29
3.4 National Legal Framework on FGM	31
3.5 International Legal Framework on FGM	34
4. Setting the Context: Female Genital Mutilation Practices	36
4.1 History of FGM	36
4.2 Terminologies, Types and Effects of FGM	38
4.3 Prevalence of FGM in Africa and in Kenya	42
4.4 Justifications for Practising FGM	47
5. Case Study: The Kuria and their FGM practice	50
5.1 Socio-cultural Practices, Beliefs and Livelihood	53
5.2 Power Structure and Gender Roles	55
5.3 The Kuria FGM Practice	58
5.4 Justifications and Beliefs on FGM among the Kuria	68
5.5. Cross-Border Cutting	71

6. Efforts and Campaigns to end FGM among the Kuria	72
6.1 Alternative Rites of Passage	73
6.2 Media	76
6.3 Education	79
6.4 Kuria Against FGM	81
7. Conclusion	84
8. Bibliography	89
8.1 Primary Sources	89
8.1.1 Interviews	89
8.1.2 Research Diaries	91
8.2 Secondary Sources	91
9. Appendix	100
9.1 Abstract (English)	100
9.2 Abstract (German)	101

List of Abbreviations

ACRWC	The African Charter on the Rights and Welfare of the Child
ARP	Alternative rites of passage
AU	African Union
CBO	Community Based Organization
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
DHS	Demographic and Health Survey
FGM	Female Genital Mutilation
GT	Grounded Theory
KDHS	Kenya Demographic and Health Survey
KBNS	Kenya National Bureau of Statistics
NGO	Non-Governmental Organization
NPO	Non-Profit-Organization
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender based Violence
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

List of Figures

Figure 1: Republic of Kenya

Figure 2: Map of Africa showing the national level of FGM prevalence by percentage

Figure 3: Percentage of girls/women who have undergone FGM in Kenya

Figure 4: Kuria District

Glossary

Abasaari

Cutter or circumcisor in the Kuria language (Research Diary 2, 2022; Tobias Marwa, 2022).

Age-sets

A social category or corporate social group, consisting of people of similar age, who are not defined as kin, however, maintain close ties over a prolonged period, and together pass through a series of age-related statuses. Such sets strengthen social cohesion and integration in society, e.g. Maasai men and women in Kenya are organized in age-sets (Eriksen 2010, 144f).

Alternative Rites of Passage (ARP)

Girls can celebrate their transition to womanhood, experience ceremonies with their peers and learn about their cultural and community values without being cut (Equality Now 2021).

Amanaane

Eight young people, mostly male, who are circumcised before the actual cutting season and whose circumcisions are meant to open the ceremonies. If none of them dies, the season is declared as opened (Research Diary 2, 2022; Tobias Marwa, 2022)

Baraza

Swahili word for a public community meeting normally involving local government officials addressing the people (Research Diary 3, 2022)

Clan

Encompasses people who assume shared descent from an ancestor without being aware of all links. One widespread form is the conical clan, which is hierarchically ordered. Another model is the segmentary clan, which is non-hierarchical (Eriksen 2010, 111f).

Community

Different ethnic groups; people who live in the same place or have certain attitudes and interests in common (The Anti-Female Genital Mutilation Board 2022).

Council of Elders or inchaama

secret council of mystically empowered elders, a conclave (Prazak 2016, 246; Research Diary 2, 2022).

Cross-border cutting/FGM

The practice of moving girls, women, and cutters across national borders to avoid detection and criminal prosecution for performing FGM (Equality Now 2021).

Cutter

A person who performs FGM often traditional practitioners (Equality Now 2021).

Cut and Cutting

Female Genital Mutilation (FGM) (Research Diary 1, 2021/2022; Research Diary 2, 2022)

Cutting season

Period – often during school holidays – when girls are subjected to FGM (Equality Now 2021).

Dowry and bride wealth

The dowry (mainly in European and Asian societies) means that the bride brings gifts from her family into the marriage, often household utensils. It can be seen as a compensation to the man's family for offering the future wife economic support. A bride wealth or sometimes called "bride price" is more common than the dowry, particularly in African communities. The groom's kin are compelled to transfer resources to the bride's kin in return for his rights for her labour and reproductive powers. Paying the bride wealth ensures the rights of the man over wife and children (Eriksen 2010, 117f).

Ekebaaga

Place where boys are circumcised (Research Diary 2, 2022).

Esaaro

Circumcision ceremony and young people who are cut simultaneously (Research Diary 2, 2022; Tobias Marwa, 2022).

FGM survivor

A girl or a woman subjected to FGM (Equality Now 2021).

Ibiaro

Territorial clans; political communities; provinces; territories and groups of people. Territories shared by members of one lineage: in postcolonial society, territories and people of specific administrative locations. Singular: *Ikiaro* (Prazak 2016, 244f).

Irikeenge

Place where girls are cut (Research Diary 2, 2022).

Lineage

Consists of people who can indicate descent from a common ancestor. Historically they are smaller groups than clans (Eriksen 2010, 111).

Saro

FGM in the Kuria language (Sabina Gati, 2022)

Types of FGM according to the WHO (WHO 2022)

- *TYPE I - Clitoridectomy*: Partial or total removal of the clitoris and/or the prepuce (the fold of skin surrounding the clitoris).
- *TYPE II - Excision*: Partial or total removal of the clitoris and the labia minora with or without excision of the labia majora.

- *TYPE III - Infibulation*: Narrowing of the vaginal opening through the creation of a covering seal by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris.
- *TYPE IV - Other*: All other harmful procedures to the female genitalia for non-medical purposes, including pricking, piercing, incising, scraping etc.

1. Introduction

“There is no importance of circumcising a girl. Instead of circumcising their bodies, we should circumcise their heads. Let’s educate our daughters to get a better life in the future.”
(Sabina Gati, Kuria woman, 2022)

The intention of this master’s thesis is to provide an insight into the manifold aspects of Female Genital Mutilation (FGM) among the in Kuria community in Kenya, the practice behind and the efforts to stop it. FGM is a global issue affecting women in different parts of the world, a violation of the basic rights of women and girls and a manifestation of gender inequality and discrimination. It is not only considered as a deeply rooted cultural practice (although the reasoning for practicing and the type of FGM performed may vary from one community to another) but also as one of the major human rights and public health issues in today’s world (Equality Now 2021; Mackie 1996, 999). The evidence of the effects of FGM are internationally recognized and a local practice has roused global concern. The World Health Organization (WHO, 2022) states that FGM compromises all procedures involving the “[...] partial or total removal of the female genitalia or other injury to the female genital organs for non-medical reasons” (WHO 2022; 2008). As a result, not only the wording has changed from Female Circumcision towards Female Genital Mutilation, but a socio-cultural custom has started to be considered as a human rights violation. Debates on international human rights, Western imperialism, medicalization, sexuality, and patriarchal oppression of women have been put on the international agenda. Controversy and misinterpretation of the complex facets of this issue are still going on (Shell-Duncan and Hernlund 2000, 1). The counterargument primarily is that FGM is viewed as socio-cultural practice in affected communities and should not be eradicated or judged “on the basis of foreign values and disputable health effects” (Nyangweso 2007, 20). Certainly, the choice whether to continue or eliminate FGM is no longer in the power of the communities who still perform it. FGM should not be examined separately but the views of affected people have to be integrated to win deeper insight in the practice and its background.

The master's thesis is based on a field study conducted among the Kuria community, which resides in Migori County in the southwest of Kenya and in the Mara region of Tanzania. The field research was conducted in 2021 and 2022 for a period of five months. For this purpose, I spent four months in Kenya (December 2021-March 2022, September 2022) and a couple of weeks in Tanzania (June 2022) as the Kuria live on either side of the national border.

During my stay in Kuria, I was able to gain insight into different perspectives and efforts concerning FGM and to discuss the topic with many Kuria community members who were either for or against FGM. Among them there were female survivors who had changed their minds about the practice and had become anti-FGM activists and role models. The different experiences and reports by a former cutter, members of the council of elders, Kenyan anti-FGM activists, CBO employees and Kuria community members play a central role in this thesis. They can prove the authenticity of individual experiences and illustrate the structure of the Kuria community. Due to my long-term field research in Kuria, I could gather in-depth knowledge on socio-cultural practices, such as FGM and related issues. Furthermore, I got a better understanding of the community's beliefs and convictions, power structures and gender roles.

According to the 2019 Census in Kenya the Kuria have a population of about 305.385, which is around 27% of the population of Migori County („2019 Kenya Population and Housing Census Reports - CAHF | Centre for Affordable Housing Finance Africa“ o. J.). The community is divided into four clans each of them is led by a council of elders. They tend to stick to their customs such as FGM or child marriage for their own cultural gains and beliefs, even though they are officially illegal in Kenya.

According to Kenyan law (The Prohibition of Female Genital Mutilation Act 2011) FGM is considered as a violation of human rights (Government of Kenya 2011). The current Kenyan president and government have declared the year 2022 the endpoint of FGM for their country (The Guardian 2021; Kmietowicz 2019). The governmental endeavours towards ending FGM by 2022 include public consciousness aligns and national media attention. By encouraging public discussion of FGM, by giving a public platform to survivors, anti-FGM activists and those who are at risk and by increasing the state's responsibility, by putting FGM on the media and the political agenda the practice should come to an end. The government has made serious efforts on regional,

national, and international level in order to stop FGM. In order to increase the awareness that FGM means a violation of human rights it has become necessary to alter the narrative and communication respectively (Kmietowicz 2019; UNICEF 2020). Among the Kuria, however, there is still a high percentage of women and girls who have undergone FGM. Every year there is a so-called cutting season for a particular clan in Kuria. The cutting seasons vary from clan to clan. Then most girls that have not undergone the procedure yet, are in constant danger of being cut. Generally, the cutting takes place in November and December but due to covid-19 the date has recently changed and is no longer predictable. According to the Kenya Demographic and Health Survey (KDHS) 96% of the Kuria girls have been exposed to the custom (Kenya National Bureau of Statistics and ICF Macro. 2010). Recently, there have been numerous efforts by grassroot-organizations, anti-FGM activists, and governmental officials to end FGM among the Kuria.

I am aware that FGM is a complex and sensitive topic and I consider it a very demanding and challenging task to work on it in the place where it happens. Moreover, it is a serious and responsible job to write about communities affected by FGM because there is the danger of jeopardizing people concerned and exposing them to extreme risk. Accurate language, the avoiding of euphemisms and clichés are essential. For instance, one should not use the term *circumcision* when describing or referring to FGM because it is misleading. Specific terms, such as *infibulation* should not be applied either to refer to FGM in general.

Scientists who study the practice of FGM are confronted with various ethical issues. As noted by Shell-Duncan and Hernlund (2000) “the very decision to write (or not) about the topic has become a political statement, and so is one’s choice of tone and terminology” (Shell-Duncan and Hernlund 2000, 2). Critical voices mainly argue that the discussion of FGM by people from the global north at the beginning of the new millennium was excessive and paternalistic (ibid). I am aware of this criticism and decided to examine the issue on a wider scale.

In order to prevent a Eurocentric view in this work an emic logic of thought will be applied. Therefore, the terms FGM, the cut, cutting, the Swahili word *ukeketaji* and the

Kuria word *saro* which were used by my research partners will appear in the following to refer to Female Genital Mutilation. The term FGM has been adapted since the early 1990s by the United Nations and the World Health Organization and is internationally acknowledged (Nadessen 2000, 171). In addition, in my experience the term *community* has frequently been used in Kenya to refer to different *ethnic groups*, such as the Kuria and therefore will be repeated to correspond to the emic logic of thoughts.

Literature on FGM is manifold and ranges from anthropology, epidemiology, history, public health, law, social work, psychology to political science. The feminist approach in the African context is quite new, however, pursues to ensure that “women attain respect, dignity, equality and lives free from violence including violence as a result of harmful practices such as FGM [...] which persists in Kuria despite legislation” (Wambura 2016, 89). The thesis is based on a primary data collection of my work accomplished in Kenya. The primary sources consist of the analysis of international conventions and treaties, qualitative interviews, and participant observation. The methodological notes are contained in three different research diaries which can be considered as primary sources. Numerous secondary sources are journal articles, books, ethnographies, reviews, and other respectable sources including newspaper articles (e.g., from *The Guardian*, *The Standard*) and online sources both in English and German. They are introduced to give this work objectivity and academic credibility. Therefore, the approach applied in this thesis is interdisciplinary and multi-sectoral with the aim of bridging the gaps existing among the different sciences and debates and of finding a common denominator. Despite the importance and topicality of FGM there is a tremendous lack of study regarding the practice among the Kuria community in Kenya, which calls for further research. Nevertheless, the purpose of a field study should not question socio-cultural practices in any ethnic community but should provide a comprehensive overview of different aspects and perspectives of the topic. The overall aim of the research remains to find out about the different views on FGM and the practice behind it as well as about the measures taken in order to stop it. Therefore, this thesis is the result of the communication I had the last two years on the socio-cultural custom of FGM and the efforts to end it among the Kuria community.

In the course of this study there have been one research question and two sub-questions in order to organize the analysis of the data:

What is the legitimation of FGM among the Kuria community in Kenya and how is it contested?

Sub-questions:

- What are local patterns of thought and action in relation to FGM?
- What are the consequences, and the influences of international and local discourse regards the practice of FGM in Kuria?

The following chapters will represent the structure of this study.

The following chapter 2 is dedicated to the research methodology applied for conducting this field study. The Grounded Theory is explained as well as the different types of qualitative interviews and their analysis. At the end of this chapter there will be a personal reflection on the whole research process.

Chapter 3 offers background information on Kenya's political history. It gives insight into the national and international legal framework on FGM.

In chapter 4 the history, the different types and the health effects of Female Genital Mutilation practices are described. Its frequency in Africa, especially in Kenya, and various justifications for the practice are examined.

In chapter 5 the Kuria community and their FGM practice and justification for it, their beliefs and their socio-economic activities are portrayed. Further, gender roles and power structures are presented. Finally, the cross-border cutting/FGM issue between Kenya and Tanzania is mentioned.

Chapter 6 illustrates efforts and campaigns to end FGM among the Kuria. These measures comprise so-called Alternative Rites of Passage (ARP) in the form of safe camps for girls at risk, the influence of the media, education as well as the role of Kuria community members who wish to stop the practice.

The result of the thesis is the conclusion in which the research questions are answered, and my personal view and experience regards the topic are expressed.

2. Research Methodology

The following chapter is dedicated to the methodological approach. After introducing the research field, the access to the field and the reason for choosing the Grounded Theory will be illustrated. Furthermore, the applied methods, the data collection, and its analysis will be examined. The chapter ends with a personal reflection, the limitations experienced through obstacles and the way of overcoming them.

2.1 Research Field

The basis of the thesis is a thorough field research conducted among the Kuria community in Migori County in Kenya and in the Mara region in Tanzania. The fieldwork took place in 2021 and in 2022 for a period of about five months. I was living in Kenya from December 2021 until March 2022 where I spent most of the time in the Kuria region for research purposes. Since the Kuria people live on either side of the national border and share the same socio-cultural customs, it seemed essential to gather information on the practice of FGM in Tanzania, too. Therefore, I decided to conduct research in Tanzania which took place in June 2022. To complete the study, it was necessary to return to the research site in the Kenyan Kuria region in September 2022.

Manifold are the reasons for studying the practice of FGM. Generally speaking, FGM is part of the international and national political agenda. It represents a political issue which has become more challenging since the beginning of Covid-19. Many girls and women, especially in Africa, were exposed to an increased vulnerability and thus were more endangered to become involuntary victims of the practice.

As for myself I have always been interested in child protection, children's and women's rights, which made me conduct research on FGM. During my work at a safe camp in Kuria (December 2021 – January 2022) I started developing a true passion for understanding the practice and the efforts of ending it.

Fontein's (2014) attempt to define fieldwork is the following:

"Fieldwork is learnt by doing, but preparation and self-reflection during the process are means by which fieldworkers hone their tools to suit their research projects."

(Fontein 2014a, 60)

At the beginning of the field study, I was working for the Austrian non-profit-organization (NPO) *Aktion Regen* at the *Zinduka* safe camp in Kuria which took place from December 2021 to January 2022. In the course of informal conversations and exchange of knowledge with Kuria community members as well as *Zinduka* staff members the research topic and the concrete focus came into being. As a result, the focus was put on the FGM practice among the Kuria community and the various efforts and campaigns to end it. Consequently, I started to conduct field interviews and had several informal conversations on FGM. The *Zinduka* employees, who mainly belong to the Kuria community helped me to get access to the research field and became my research assistants throughout the whole research study. They introduced me to Kenyan as well as Tanzanian anti-FGM activists, role models, parents who were against FGM, church representatives and governmental employees in the Kuria region. Therefore, I was able to gather lots of information and to have frequent access to the research field. When I came back to the Kuria region in February 2022, I got the chance to speak with Tanzanian and Kenyan anti-FGM activists on the occasion of a big Kuria anti-FGM and cross-border cutting meeting in Kehancha. A month later, in March 2022 I was not only able to conduct further interviews but also managed to visit some interview partners at their homesteads in Kuria West and Kuria East. During my stay in the Tanzanian Kuria region in June 2022 I got another chance to conduct an interview with one of the Tanzanian activists on FGM and the cross-border cutting issue. This time I managed to interview a former cutter as well as the head of the council of elders of one of the Nyabasi Kuria clan. Finally, during my last one-month stay in Kuria which took place in September 2022 I was able to interview the director of the CBO *Zinduka* and governmental employees responsible for children's wellbeing.

This brief description is to introduce the field research, the access to the field as well as to give the reason why the GT approach has been chosen.

2.2 Grounded Theory

I chose the Grounded Theory (GT) for the field study to gain a deeper insight into the practice of FGM in Kenya as well as for the analysis of the empirical data. Another reason why I applied GT is that I stayed in Kenya for a total amount of four months and in Tanzania for a couple of weeks and therefore was able to return to the field of study in order to carry out further research, when necessary. The Grounded Theory is one of the few qualitative methods which shows that research may benefit if the researcher returns to the research field several times if new questions or inquiries arise. It is suitable because it is the “discovery of theory from data – systematically obtained and analysed in social research” (Glaser, Strauss, and Strutzel 1968, 1; Corbin 2021, 27; Morse u. a. 2021, 4). GT provides description, allows interpretations, and facilitates the analysis conceptionally and theoretically. Process and change are two features of GT. This means that theory has explanatory function guiding practice or change. Concepts are created by the context (Corbin 2021, 29; Morse u. a. 2021, 3f). Research question(s) should be action- and process oriented. The data analysis is the chief component of which GT consists (Schultz 2014, 76).

A researcher should not possibly have made up any predetermined hypothesis about the field of interest, to remain neutral and unprejudiced (Corbin 2021, 27f). This will help to achieve a self-reflective approach as well as a general view of the whole research process (Schultz 2014, 75f). I came from outside and had no prejudice at all, which turned out to be very beneficial for the field study. Any concept is an attempt and can be dismissed if not proved to be applicable (Corbin 2021, 36). This procedure will enable the researcher to enter the research area open-mindedly, ready to hear what interview partners say and to give them a voice “[...] while noting how the researcher himself or herself is responding and shaping the research [...]” (Corbin 2021, 42).

The reason for choosing the GT approach was to keep alert regards new aspects and interpretations of the topic during research itself. A stay in Kenya, brought about deeper insight and further research.

Applying GT enabled me to gather specific data and subsequently interpret them. Contemporarily further dimensions of concepts developed and enabled me to plan my future work. I focused on different primary fieldwork methods such as participant observation, informal conversations, open interviews, biographic interviews, semi-structured interviews, expert interviews, and group interviews. Different methods were applied in diverse situations throughout the field study in Kuria depending on the occurring circumstances and situations (Dannecker and Englert 2014; Konopinski 2014).

The applied methods and data collection will be explained in the following.

2.3 Methods and Data Collection

This section deals with the methods applied and the data collection. During my research I was always concentrating on participant observation. By applying participant observation, I succeeded in getting access to the community, which turned out to be a necessary and supportive fieldwork method. It helped me to gain a better understanding of how people behave and interact, what kind of topics they discuss and to discover their views on FGM. In the course of my observation, I found out that my personal experiences corresponded to the method described by Fontein (2014):

“It is a qualitative research method through which the fieldworker takes part in, and so observes, what is going on around them, learning through doing and experiencing as much as through watching and listening [...]. It involves being with people to see how they respond to events as they happen and experiencing for oneself these events and the circumstances that give rise to them.”

(Fontein 2014b, 75)

My role was not only that of an observer or researcher. On the contrary, I got fully involved in the daily routine of some of my interview partners by taking part and supporting them in their daily work as anti-FGM activists, community workers and CBO employees. So, I achieved a better understanding of the research field. According to

Fontein (2014) one is never merely a "participant" or "observer" (Fontein 2014b, 75f). Time permitting, I wrote down my observations in a field diary to be consulted at a later stage of the research process and in order to support the data analysis.

Apart from participant observation different qualitative interviews and conversations became an important part of the research. The total amount of interviews was nineteen. I conducted informal conversations (interviews) with anti-FGM activists, community workers and CBO employees to gain better understanding why people are committed to the topic of FGM and what attitudes they have. "Interviews are a good method for gathering verbal data quickly and fieldworkers will use interviews for different purposes at different moments in their research" (Fontein 2014b, 78).

Moreover, one of my goals has been to discover various practices people employ in the course of their effort to stop FGM in Kenya. It was necessary to study their activities, their reasons and motivation. For this reason, it was of utmost importance to conduct interviews with male and female interview partners. Among them were anti-FGM activists, community workers, survivors as well as CBO employees working in the field of FGM. Additionally, I decided to conduct different forms of interviews such as informal conversations, which in the end turned out to be informal interviews. Different methods were the so-called biographic interview, semi-structured interviews, expert interviews, and group interviews. The choice and adaptation of the suitable form of interview depends on the research interest. During my field research in Kenya, I could gather an enormous amount of information from informal conversations which can be defined as informal interviews (Dannecker and Vossemer 2014, 155f; Jeffery and Konopinski 2014, 25).

I also conducted semi-structured interviews based on a guideline. Applying the qualitative interview based on a guideline was an efficient target-oriented method. Simultaneously such a guideline can be considered as a kind of framework. Expert interviews belong to this category. They are characterized by granting access to a knowledge the interview partners have (Dannecker and Vossemer 2014, 158ff). Expert interviews were conducted with Kenyan anti-FGM activists of either sex.

I created a thematically oriented guideline according to meaningful categories. Not only did I repeat similar questions during numerous interviews but also added ad hoc questions. Deviations caused by narration were likely to happen. Nevertheless, these

semi-structured interviews remained quite flexible because the questions were probe questions.

Biographical interviews, which can also be termed as oral history or narrative interviews, were conducted with survivors of FGM, female anti-FGM activists and with a former cutter in Kuria. Biographical interviews are often used to reconstruct political or socio-cultural phenomena, that lie hidden behind life stories and experiences. During a biographical interview there are no limits to free narrative, the interviewee is invited to speak uninhibitedly and will therefore produce more information the researcher is interested in (Dannecker and Vossemer 2014, 157f).

Moreover, I conducted several group interviews which had not been planned before. On doing so I respected the flexibility criterion. Of course, I had to alter some of the methods and to adapt them to existing conditions. Finally I succeeded in taking advantage of these group interviews (Dannecker and Vossemer 2014, 164f).

According to Joost Fontein (2014) “different interview techniques, contexts and informants can produce very different kinds of interviews,” it is advisable to try different approaches (Fontein 2014b, 83). I have applied different interview methods to gain better understanding and deeper insight into histories, experiences, structures, and future perspectives regards FGM and had the chance of gathering much personal information and autobiographical material. Following the GT advice many of the interviews were open-ended – regardless of the interview method – since they promise denser and richer data (Corbin 2021, 31).

Most interviews were arranged via mobile phone after I had already personally met the interviewees before. Some interviews were not arranged but happened unexpectedly because some individuals addressed me directly as they wanted to share their experiences with me. I usually met my interview partners more than once before conducting the interview beside the former cutter and the representative of the council of elders. Before the interview I briefly explained what the research was about. I asked for the permission to record the interview which was readily given on the phone as well as on the ground. All my interview partners agreed on being recorded or filmed and granted the usage of the information within this thesis. There was only one interviewee whose information I decided not to process for reasons of personal protection and the confidentiality of the collected data.

All interviews were acoustically recorded and some of them were eventually filmed on consent. The majority of the interviews was conducted in English, a smaller part in the Kurian language. These interviews were directly translated into English by local anti-FGM activists or CBO employees. There was, however, one obstacle regards the translation of these interviews. I had to rely on the support of local anti-FGM activists to get translations in both directions. The interviews took a lot of time, and the fluidity of the conversation was considerably obstructed. Of course, I had to fully rely on the accuracy of the translation because I do not speak any of these languages. During my first field work from December 2021 until March 2022 I had the impression that sometimes the translation of my questions was much shorter while the answers in the local languages seemed to be much longer than in English. It is worth mentioning, that the translators were male anti-FGM activists. This fact created a certain degree of tension and inhibition because the interviewees were all women. In June 2022 I made a different experience. Owing to a different translator a better understanding could be achieved and the duration of the translation seemed to correspond to the original.

During all the interviews I aimed to respect the individuality of each voice simultaneously creating “a mosaic – an image made up of unique and separate, even contradictory voices, concepts, and practices – an arrangement of individually shaped and coloured elements that together make a meaning larger than that offered by any single piece, any solo voice” (Zingaro 2016, 13).

After each interview, I took notes concerning external impressions my interview partners made. I observed their body language, facial expression, and the volume of their speeches.

Perhaps these considerations are rather individual and do not have any effect on the results of the interviews. I wish to mention them, though, because they serve to illustrate the setting and the atmosphere of my research.

2.4 Data Analysis

After an introduction of the applied methods, the following is about the data analysis.

“Interpretation does not just come after the gathering of information, but is embedded in the very processes and methods by which it is collected, or rather, generated in the field” (Fontein 2014a, 67). The processing of my data, which I gained from the field research is based on the Grounded Theory according to Anselm Strauss and Barney Glaser whose aim it is so generate a theory out of the collected data (Morse u. a. 2021, 3ff).

At the end of my field research all the interviews were transcribed and evaluated. I decided to choose the procedure of literal transcription (word by word). Hence, short breaks and filling words were mostly left out. I only corrected sentence construction errors and smoothed the style of the interviews (Mayring 2002, 91). I opted for this approach because the focus is on the thematic level. As the majority of the interviews was recorded with a lot of different background noises (animal sounds, people talking in the background, noises of the kitchen etc.) it took quite a long time to properly transcribe them.

Although the research deals with a very sensitive topic, none of my interview partners requested to anonymize their names. The confidentiality of data has always been respected and passcodes have been installed to prevent access from third parties. The recordings were immediately transferred after the interviews from my private smartphone to my private laptop and secured by passcodes.

GT demands that most data consist of interviews, observations, and videos but also other sources such as written policies and documents can be used. It is up to the researcher to decide how to integrate and analyse the further selected materials into the research project (Corbin 2021, 31; Morse u. a. 2021, 5). So, the primary data collection of my field work in Kenya, many secondary sources, such as journal articles, books, reviews, and other respectable sources including newspaper articles (e.g., the Guardian) and online sources in English and German are cited to give academic credibility to this thesis. Secondary research is an integral part applied on all stages of my research. It is the presupposition of the discussion of current debates on FGM and related topics in Africa and particularly in Kenya.

The chief element of the data analysis according to GT is the so-called 'coding', which means that data are disassembled, conceptualised and put together following new principles. According to Strauss and Corbin (1990) 'coding' consists of three different stages. Charmaz (2006), however, differentiates four stages of the coding process. Kathy Charmaz (2006) subdivides the 'coding' into *initial coding* and *focused coding*. The distinction between *initial coding* and *focused coding* is based on segments to which certain codes are assigned. The result of *focused coding* is the production of wider categories. This means that sentence-by-sentence coding is necessary from the beginning. Then the various codes are converted into more comprehensive codes which lead to wider categories. The process from *initial coding* to *focused coding* requires (multiple) interrogation of the data to generate wider categories (Charmaz 2006, 57; Schultz 2014, 82f).

In my work *initial coding* and *focused coding* supported the identifying process of crucial words, word-groups, and concepts of the data material. As for my data the coding process was applied in every interview, examining sentence-by-sentence. This gave me a better understanding for all my data. By conceptualizing distinctive passages of each interview, I discovered codes which I translated. Sorting out word-groups and concepts regards central themes I managed to receive a better view of the data material. Thus, the initial codes could be transformed into comprehensive categories. This was possible because certain codes and categories repeatedly occurred in the interviews. The categories most suitable for analysis became the chief elements of the field research.

The next stage of the coding process is intermediate coding. It is based on connecting the newly organized data material linking it with the categories (Charmaz 2006, 76f; Schultz 2014, 86). In the course of this procedure, I developed subcategories corresponding to the most relevant phenomena.

The final stage of the process, the so-called selective coding, aims at developing core categories after intermediate coding. This selective coding process narrates a story or offers a description of the central phenomena (Schultz 2014, 86). In order to answer my research questions, I selected the most suitable categories for the phenomena I had discovered.

2.5 Personal Reflection and Limitations

This section deals with my personal reflection and limitations I faced during the field research in Kenya. My role was that of a critical observer who listened to different voices, collected several personal stories, and took part in many discussions on FGM in Kuria and in other parts of Kenya. During my field research I found it inevitable to reflect constantly on my personal involvement and general idea of the topic. Generally speaking, the issue of this study is rather demanding because I am a European, white, middle-class woman. It requires constant reflection on assumptions, expectations, and approaches. The reason for this is that a researcher from the global north who conducts field research in the global south has to face the huge gap between observant and observer. In his work "Orientalism" from 1978 Edward Said expresses the same idea arguing that the separation between orient and occident was often used as a tool to "create, reinforce, mystify, manipulate and control the image of the "other", always from the "positional superiority" of the West" (Chowdhry 1995, 27). Furthermore, I learned how to behave as a woman, especially as an "outsider" so as not to cause any offence.

It was part of the reflection process to take notes in so-called research diaries. I kept a research diary about every single field trip and produced three different research diaries. The research diaries made me record my current personal thoughts and challenges. As a result, I was able to simultaneously compare my views on socio-cultural customs and socio-economic structures. The diary helped organizing memories and later gave me the opportunity of controlling the data.

It was quite natural that I had to overcome a few obstacles concerning language. The place where I conducted my research was a remote area where hardly anybody was able to speak English, which limited my information. I would have gained more confidence with my interview partners if I had spoken their language. I felt very sorry for this on the one hand, while – on the other hand – it gave me a closer view of people's character by concentrating on observation rather than on language.

Unpredictable weather conditions also played some tricks on me. On many a day it was impossible to access to the field in Kuria because there the roads are not tarmacked, and heavy rains may make them inaccessible. Some homesteads were

located in such remote areas that they could only be reached by foot. Electricity is available in Kehancha, the town I used to live in during my stay in Kuria, but quite unreliable because of constant blackouts. That is why the central source of domestic fuel has always been firewood.

During my stay I was fully aware that I might get into dangerous situations because of the sensitive issue of my research interest. Luckily, I have never made negative experience except for one incident when I was physically threatened.

Having discussed the research methodology, the following chapter is going to provide an introduction to Kenya's history and to the legislation regards FGM.

3. Background: Country Profile, History, and Legislations on FGM

3.1 Republic of Kenya



Figure 1: Republic of Kenya; Source: Geology 2022

The following chapter provides a survey on the Republic of Kenya, on historical events, international and national policies and legal framework regards FGM. Furthermore, specific characteristics and problems of the country will be discussed.

The Republic of Kenya is an East African country bordered by Somalia, Ethiopia, South Sudan, Uganda, and Tanzania and the Indian Ocean. Kenya has a total population of over 55 million (World Population Review 2022). Its capital Nairobi was founded in 1899 and has been the most important urban centre all over East Africa for decades (Hofmeier 1993, 88; Jedwab, Kerby, and Moradi 2017, 1471). Nairobi is culturally quite

diverse because it attracts migrants from various communities. Administratively the country is divided into 47 counties, each of them ruled by a governor (Kenya National Bureau of Statistics 2017).

Kenya is crossed by the equator, but the climate of many areas is not tropical due to their high altitude. From a narrow coastal strip, the country rises to the central highlands, whose highest mountain is Mount Kenya (5199 meters). Kenya shows various climate and vegetation zones, ranging from the tropical desert in the north to the high mountain region in the centre (Hofmeier 1993, 88).

Moreover, Kenya is characterized by a great diversity of communities as well as by great cultural and linguistic variety. There are about 44 different communities residing in Kenya (UNFPA 2019). Approximately two-thirds of the population speak a *Bantu* language (e.g., Kikuyu, Kamba, Luhya). Other local languages belong to the *Nilotes* (e.g., Maasai, Luo) and to *Kushites* (e.g., Somali) languages. The two official languages, however, are Swahili (since 1974) and English (since the country's independence) (Hofmeier 1993, 89f).

Kenya was extremely poor in the 19th century. With the construction of the Uganda Railway, however, it developed into one of the richest African countries at the time of independence and afterwards (Jedwab, Kerby, and Moradi 2017, 1471ff). Today, Kenya is known as an economic base and great financial centre in East Africa. Since the 1990s Kenya's economy has been steadily increasing and has therefore become the centre of interest for international economy. Most recently, more foreign investments have been made, particularly to get access to further East and Central African markets.

In 2008 the government of Kenya launched a strategy referred to as "Vision Kenya 2030" which entails three key areas: legislation, economy, and society. The "Vision Kenya 2030" aims to create a globally competitive and wealthy future with a high quality of life by transforming it into a newly-industrializing, middle income country providing its citizens a clean and safe environment („Kenya Vision 2030“ 2008). According to the current president Kenyatta (2019) FGM hinders the achievement of the Kenya Vision 2030 goal in socio-economic development (U. Kenyatta 2019).

3.2 Political History

This section discusses Kenya's political history since the 19th century. By 1895 the British Empire established the region as the East African Protectorate and in 1920 made Kenya a British colony in which local residents gained political participation and representation in 1944. During the Mau Mau rebellion (1952-1959) Kenya was driven into a state of emergency against the British colonial power. The central highlands, where the Kikuyu community resides, were predominantly involved. Numerous people of the ethnic group died during the conflict (Hofmeier 1993, 91f; Miller and Yeager 1994, 23; Munene 2012, 115ff). According to Munene (2012) Kenya's post-colonial political history and development has gone through a pattern of socio-political fluctuations (Munene 2012, 115) which the following paragraph is going to illustrate. Kenya gained independence in 1963, became a Republic in 1964 and joined the Commonwealth in the same year. Presidents so far were Jomo Kenyatta (1964-1978), Daniel arap Moi (1978-2002), Mwai Kibaki (2002-2013) and Uhuru Kenyatta (2013-onwards). The next elections will take place in August 2022. According to the Constitution of Kenya (2010) a president is allowed in office for two periods only (Government of Kenya 2010). The country's first president was Jomo Kenyatta, who was elected as the leader of the Kenya African National Union before independence. He remained in power until his death in 1978 and was succeeded by Daniel arap Moi who had been vice-president under Kenyatta (Hofmeier 1993, 93; Miller and Yeager 1994, 38ff). Moi ruled from 1978 to 2002. In 2002 the opposition parties formed the National Rainbow Coalition with Mwai Kibaki being their candidate, who was elected president. While he was in power, Kenya was a republic with a strong president and prime minister. In 2007 the presidential elections were overshadowed by serious irregularities. Kibaki was declared president again, which led to heavy political unrest. The violent crisis resulted in more than 1000 deaths and more than tens of thousands of people were displaced (28TooMany 2013). In 2008 president Kibaki signed a power-sharing agreement creating a prime minister position for Raila Odinga, the leader of the opposition party named Orange Democratic Movement. The new government aimed to create a new constitution with a central focus on Kenya's economic development and an increased awareness of corruption and political violence. The new constitution was approved in 2010, replacing the former dating from the country's independence (Munene 2012, 118; 28TooMany 2013). In the 2013 elections, Uhuru

Kenyatta, the son of Jomo Kenyatta, Kenya's first president, was elected president. He was re-elected in 2017 for the second five-year legislation term and is therefore still in office.

Until recently, Kenya's political climate has been dominated by relatives and friends related to the famous figures of the country, like the Kenyattas, the Odingas, the Moises, the Mudavadis, the Ngalas, the Balalas, the the Wamalwas, the Ntimamas and Konchellas, the Nyamweyas, the Kibakis, as well as the Nyagas (Munene 2012, 9).

Despite the existing potential for social and political conflict, the Kenyan political system has proven remarkably stable and robust in fending off opposition forces, omitting the violent crisis of 2007.

3.4 National Legal Framework on FGM

The following chapter discusses the political and legal framework which the Kenyan government has created in order to end FGM. First of all, the focus lies on national anti-FGM framework and laws for the support and protection of girls and women in need. Secondly, the activities of several international law-making bodies, such as the international human rights conventions, will be described. Since the Second World War, various conventions and treaties have drawn general awareness to harmful customs, such as FGM and declared the practice as dangerous to the health of women and girls (Nadessen 2000, 182). It is a common fact that Kenya has been heavily influenced by bilateral dealings as well as multilateralism because both governmental and non-governmental agencies had followed the guidelines of the International Community before the 1980s when Kenya joined the treaties (Munene 2012, 7; 13). Historically, in the first years after Kenya's independence there was little effort and political will to ban FGM. Early attempts at legal prohibition began during the British colonial administration in 1906 by the Church of Scotland. However, the impacts were weak and no further legal action to abandon the practice was taken in the following decades (Slack 1988, 477). Apart from that, the Church of Scotland Mission lost approximately 90 percent of its members after the demand of abandonment of FGM. Later, during the 1920s and 1930s, the practice of the cut was positioned as being incompatible with Christian missions in Kenya (Kanogo 2005, 77).

During the British rule the colonizers regarded themselves as being responsible for introducing civilization and raising the social level of the population to a higher level. So, *clitoridectomy* or *type 1* of FGM was then viewed as an obstacle in the process of the “evolution of Africans into stronger populations” (Kanogo 2005, 85). There was a contrast between both views. The Africans understood FGM as pillars of their political order while Europeans said that it threatened the imperial health and perpetuated the subjugation of women (Prazak 2016, 17f).

In his anthropological book¹ Jomo Kenyatta, Kenya’s first president, defined FGM as a deeply rooted practice and an essential part of initiation. “The initiation of both sexes is the most important custom among the Gikuyu” (J. Kenyatta 2000, 133). He concluded that abolishing it would mean destroying entire communities. Kenyatta’s book became a defence of the practice. To justify it the author applied the anthropological argument to show “an essentialist view of female circumcision in order to secure political power and the supremacy of men” (Nyangweso 2007, 32).

The first president did not even shrink from taking an oath by which he defended the country’s cultural diversity including the practice of FGM. Initially, he condemned the practice owing to his religious upbringing. Later, however, he ended up supporting FGM probably to comply his political ambitions (Nyangweso 2007, 32).

In 1982, however, his successor, the second Kenyan president Moi, condemned FGM and decided to prosecute its perpetrators. An anti-FGM message was taken up by all media including radio, television and newspapers and daily reports all over the country followed. In the Kuria region, however, this action did not end the practice of FGM, but alternative forms started to spread. Moreover, the fear from the transmission of HIV/AIDS via common cutting procedures rose because unsterile tools were frequently used in the procedure. The “positive result” was that local practitioners received trainings in governmental clinics on sterile operations and the alternative of undergoing the cut in a clinical setting by a cutter became available for girls in Kuria (Prazak 2016, 138f).

Yet, no respective law was introduced (Slack 1988, 477) until 2001, when *The Children’s Act* was passed by the government. This law prohibits the practice of FGM if carried out on minors by criminalizing and penalizing it. Article 14 of the *The Children’s Act 2001* was to guarantee the protection of children from harmful cultural rites which include FGM (Government of Kenya 2001).

¹ “Facing Mount Kenya. The traditional life of the Gikuyu” (first Kenyan edition published in 1978)

In 2010 the government of Kenya passed a new constitution which was of utmost importance for the later implementation of the first anti-FGM legislation in 2011. In Article 28 the Constitution of Kenya (2010) determines that “[...] every person has inherent dignity and the right to have that dignity respected and protected” (Government of Kenya 2010). Article 44 (1) gives every person the right to “[...] participate in the cultural life, of the person’s choice [...]”, the same Article 44 (3) prohibits any individual from compelling another individual to “[...] perform, observe, or undergo any cultural practice or rite” (ibid.).

The ultimate law that prohibits FGM and imposes penalties on perpetrators was passed in 2011. It provided punishment for those who intended to embarrass, ridicule or harm girls and women who had refused being cut. Simultaneously the practice was declared as a human rights violation by the Kenyan government (Government of Kenya 2011; The Anti-Female Genital Mutilation Board 2022). The Prohibition of Female Genital Mutilation Act (2011) was implemented in order to eradicate FGM and to protect the mental and physical integrity of girls and women in Kenya. The *Act* criminalizes any form of FGM performed by anyone including medical professionals. The law entails the following further regulations: cross-border cutting, being in the possession of tools or any equipment used to perform FGM, non-reporting the offence whether planned, ongoing, or committed etc. The penalties for the offence of FGM are severe and can be applied to a wide range of perpetrators (Government of Kenya 2011).

In order to ban FGM the Kenyan government established the mandate for the Anti-FGM board, which is a semi-autonomous governmental agency founded in 2013. Its chief task is to design, supervise and coordinate campaigns favouring the eradication of harmful cultural practices in Kenya (The Anti-Female Genital Mutilation Board 2022).

3.5 International Legal Framework on FGM

In the following section the influence of international law within the legal system of Kenya will be discussed. Originally, international law provided a mechanism which allowed states to preserve their sovereignty and to protect it from external impacts. Most recently, international law has been aiming at a more cooperative approach inviting states to sign declarations, conventions, and agreements. The Constitution of Kenya (2010) allows international law and any treaty that is ratified by Kenya. As a consequence Kenya is obliged to conform to the minimum standards required by international legal norms (Asher 2013, 266; Government of Kenya 2010). So international law is an essential part of Kenya's political framework.

The government of Kenya has signed several international treaties and human rights conventions. Part of the ratified international legal framework contains FGM, which is going to be explained below. Since the early 1990s the UN have been passing several resolutions regards ending FGM that have been recognized by the Kenyan government (Shell-Duncan 2008, 225; The Anti-Female Genital Mutilation Board 2022).

The UN Convention on the Rights of the Child (CRC) from 1989 was the first international body of laws that defined the health, education, and participation of children. It transformed the status of children from objects in need of protection into subjects capable of taking action, rights assigned to children by adults (Fuchs 2020, 46). The CRC is considered as the first international legal framework that makes explicit reference to the practice of FGM as a harmful "traditional" practice and a violation of human rights (United Nations 1989).

The Convention is based on the following four guiding principles: Right to Equal Treatment, Life and Personal Development, Primacy of the Best Interests of the Child, and Respect for the Opinion and Will of Children (Fuchs 2020, 46; United Nations 1989). The convention has been criticized for not respecting socio-cultural and socio-economic factors and for universalizing westernized concepts of childhood (Fuchs 2020, 47).

Comparatively essential is the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted in 1979, which prohibits practices

that harm women and children and discriminate against them. The CEDAW contains obligations that relate to the eradication of FGM and regards it as a form of gender-based discrimination. Thus, Kenya is legally obliged to eliminate practices such as FGM and to adopt appropriate measures (United Nations 1979; Shell-Duncan 2008, 228). According to Shell-Duncan (2008) the CEDAWs international effectiveness is restricted because many human rights conventions are subject to a high degree of exemptions and exclusions (Shell-Duncan 2008, 228).

As the member states of the African Union (AU) were underrepresented during the conception of the UN Convention on the Rights of the Child but they adopted "The African Charter on the Rights and Welfare of the Child" (ACRWC) in 1990 ("African Charter on the Rights and Welfare of the Child" 1990). The aim of the ACRWC was to take into account specific African practices and problems, such as FGM. The ACRWC supported the preservation and strengthening of positive African values and cultural practices, though („African Charter on the Rights and Welfare of the Child" 1990, Article 11).

A further regulation, "The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa" (Maputo Protocol) was ratified by Kenya in 2010. Its Article 5 explicitly prohibits FGM and recognizes the right of every woman to live in a positive cultural context. The Protocol acknowledges FGM as a violation of the girlchildren and women, emphasizing their rights to health care, physical integrity and life (African Union 2005; The Anti-Female Genital Mutilation Board 2022).

Most recently, in 2015, the international community has adopted the "2030 Agenda for Sustainable Development" which comprises 17 global goals. The Sustainable Development Goals (SDGs) were determined by the United Nations General Assembly and are intended to be achieved by 2030. One of them is gender equality which requires immediate action in order to end discrimination and calls on states to end harmful practices, such as FGM or early and forced marriages (United Nations 2015; The Anti-Female Genital Mutilation Board 2022).

4. Setting the Context: Female Genital Mutilation Practices

The following chapter introduces different aspects of FGM practices all over the world, in Africa and in particular in Kenya. It offers insight into the history of FGM, including its different terminologies, types, and health effects. Additionally, its frequency in Africa and mainly Kenya will be discussed. Finally, possible justifications for practicing FGM are presented.

4.1 History of FGM

FGM has been practiced for over 2000 years. Even though its origins are often stated as being obscure, there has been anthropological and historical controversy on how the practice came about. The first documented case dates back to approximately 6000 years ago, long before Christianity or Islam (Slack 1988, 439ff; Walker and Parmar 1993, 82).

Some scholars trace the origin of the practice in the 5th century BC Egypt with *Infibulation* being referred to as „pharaonic circumcision“. The custom is proved by Egyptian mummies of women who were infibulated and pharaonically circumcised (Lightfoot-Klein 1983, 354; Slack 1988, 444). Even the mummies of Cleopatra and Nefertiti give evidence that their clitoris was removed (Nadessen 2000, 171).

As mentioned above, the practice was common before the spreading of Islam as pre-Islamic Arabs performed it. With the flourishing of trade from the Arab countries, FGM was probably introduced in the areas around the Red Sea and Sudan. The further proliferation of Islam was responsible for the existence of the practice in other parts of the African continent (Nadessen 2000, 171).

It is astonishing that researchers date its origin much further back in history, as far as to Stone Age communities in Equatorial Africa. Therefore, the custom may have been an “outgrowth of human sacrificial practices or some early attempts at population control “(Lightfoot-Klein 1983, 354; Slack 1988, 445).

According to Daly (1995) in ancient times FGM may have had a class component. Only women belonging to the upper socio-economic classes as well as relatives of priests and rulers performed it (Daly 1995, 162). Additionally, Slack (1988) assumes that FGM

was initially performed as a “rite of passage” from childhood to adulthood (Slack 1988, 443f).

Several forms of FGM were performed in Europe and the United States between the 1890s and the late 1930s. It was implemented as a “surgical remedy for female masturbation [...] and to control female sexuality” (Slack 1988, 461). After being exposed as a myth FGM declined rapidly again. American women rejected the routine surgical procedure of cutting their new-born girl babies (Slack 1988, 462).

Despite its wide geographical and socio-cultural existence, the practice of FGM has gained little attention in medical or social literature. Accordingly, research has not been conducted until the 19th century. In earlier centuries research on FGM used to be considered as taboo or regarded as bringing dishonour to affected families or communities. No wonder that in some communities there do not even exist proper terms for the practice of FGM (Koso-Thomas 1987, 20; Nadessen 2000, 171; Slack 1988, 439).

Despite all that there are several some myths about FGM. According to Lightfoot-Klein (1989) and Macky (1996) the Bambara community of Mali, for instance, believed that the clitoris would kill a man if it came in contact with the penis during intercourse. In Nigeria, some communities used to believe that a baby would die if its head touched the clitoris during delivery (Mackie 1996, 1009; Lightfoot-Klein 1989, 38f). Additionally, some believe that females are sterile until they have undergone FGM. The practice is believed to increase the number of live births or the cut can improve the hygiene because it is understood as necessary for biological cleaning (Slack 1988, 447).

Until the early 2000s there were social groups who believed that the practice of FGM is justified. According to Nadessen (2000) some communities claimed that FGM was neither a form of torment nor a violation of human rights. Others believed that FGM was a “social leveller” which upholds equality because all females regardless of their educational or socio-economic status were affected (Nadessen 2000, 170f).

4.2 Terminologies, Types and Effects of FGM

Having briefly discussed the history of Female Genital Mutilation, the following is going to present its manifold terminologies, types, and health effects.

A long debate has been going on over the terminology of FGM. Generally, the term used in debates is “female genital surgery”. The majority of African communities applies the term “female circumcision” because it can be directly translated into local languages (Abusharaf 2006, 6). All local terms applied by Kenyan communities can be translated into English as “female circumcision” which implies that it is equivalent to male circumcision (Mohamud, Radeny, and Ringheim 2006, 79). The terminology female circumcision has been criticised for de-emphasizing the gravity of genital operations and for too easily being compared with male circumcision. These critiques prefer the use of the term FGM which is used by the World Health Organization (WHO) as well as by women’s health organizations and human right’s activists. The term FGM offers a clear indication of the harm caused by the practice (Nyangweso 2007, 40ff). Further initiatives, such as the Uganda based Reproductive Education and Community Health Program propose the term female genital cutting (FGC) because it is said to be a more “precise and less value-laden term” (Nyangweso 2007, 41).

In many African languages there is no term describing the practice of FGM. In some local languages however, there are a few words like “Bolokoli, khifad, tahara, tahoor, qodiin, irua, hondo, kuruna, negekorsigin, and kene-kene” which are used to refer to the socio-cultural practice of FGM (Abusharaf 2006, 1).

This linguistic diversity is the reason for numerous misunderstandings and misinterpretations of the practice and opens an escape from taking responsibilities.

In 1997 the World Health Organization developed a typology which was updated in 2007 to provide better understanding of the practice of FGM (Osezua und Edobor 2021).

According to the WHO there are four major types of FGM that vary in degree of severity:

Type 1 (clitoridectomy) is the partial or total removal of the clitoris (the external and visible part of the clitoris) and/or the prepuce (WHO 2022). According to Nadessen (2000) complications such as “excessive bleeding and infections are extremely high” (Nadessen 2000, 172).

Type 2 (excision) includes the partial or total removal of the clitoris and the labia minora, with or without the excision of the labia majora (WHO 2022). Mostly, the labia majora are left and the vagina is not closed either (Nadessen 2000, 172).

Type 3 (infibulation) is the narrowing of the vaginal opening through the creation of a covering seal by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without the removal of the clitoris (Koso-Thomas 1987, 17; WHO 2022). It is referred to as being the most severe form of mutilation (Koso-Thomas 1987, 17; Nadessen 2000, 172; Slack 1988, 441). The remainders of the labia majora are then sutured to leave a vaginal opening that is of no more than matchstick circumference. The *Infibulation* is also known as the so-called “Pharaonic circumcision”. It is most severe procedure and is known to mainly exist in Northeast Africa, in the regions of Somalia, Sudan, South-Sudan, Egypt, Mali, Nigeria, Ethiopia, Chad and Kenya (Lamb 1992, 16; Lightfoot-Klein 1983, 353; Slack 1988, 441).

Type 4 (Other/All other harmful procedures) encompasses all other harmful procedures done to the female genitalia for non-medical purposes, including pricking, incising, scraping, piercing etc. (WHO 2022).

Shell-Duncan and Hernlund (2000) report on so-called “symbolic circumcision”. The researchers refer to practices such as “ritualized marking” in Africa. As an example, they discuss a project in Somalia where approximately 1000 girls have undergone a “symbolic infibulation” in which a small notch was made into the clitoris to produce

some blood drops. Afterwards the girls lie down, their legs bound together, thus simulating a conducted infibulation (Shell-Duncan and Hernlund 2000, 5).

The Demographic and Health Survey (2008-2009) shows that in Kenya the most common type of FGM is “flesh removal” (including *type 1* and *type 2*). It accounts for approximately 83 percent of all the girls and women who have undergone the cut so far (Kenya National Bureau of Statistics and ICF Macro. 2010; Lamb 1992, 16). Eight percent have experienced infibulation, which is the dominant type within the Somali community in Kenya while the rest have undergone other forms or harmful procedures (UNFPA 2019). In Kenya the types vary from community to community and sometimes even from clan to clan (Nyangweso 2007, 32). In most communities which have a high prevalence rate of FGM “parents expect everyone else’s daughters to be cut and believe that others expect their own daughters to be cut” (Grose u. a. 2019, 85). They may also fear sanctions if their daughters remain uncut. Such sanctions might include exclusion from community events or ceremonies, low positions in marriage markets as well as reduced social support from the extended family and the community. It is this fear that might lead mothers to get their daughters cut, although they do oppose the practice themselves (ibid.).

The practice of FGM can lead to immediate complications such as excessive bleeding, severe pain, genital tissue swelling, urinary problems, wound healing problems and in some cases, it may result in death. Moreover, the cut may have long-term effects e.g., repeated infections; urinary problems affecting the bladder, uterus, and kidneys; abscesses, cysts, and ulcers; infertility; menstrual problems; complications during childbirth; infant and maternal mortality; sexual health issues; severe mental health traumata etc. (Lamb 1992, 19; Nadessen 2000, 176ff; Shell-Duncan and Hernlund 2000, 14; Slack 1988, 450ff). The need for later surgeries is another long-term effect. As reported by the Sub County sexual and gender-based violence (SGBV) officer of Kuria East, for instance, the narrowing of the vaginal opening (*type 3*) may lead to the practice of cutting the narrowed vagina later to allow sexual intercourse and childbirth. In some cases, the female genital tissue is stitched again several times e.g., after childbirth. Hence affected women go through repeated opening and closing procedures, further increasing both immediate and long-term risks (Research Diary 1, 2021/2022).

There is also evidence that women who have undergone FGM face substantial difficulties during and/or after childbirth. Their new-borns are more likely to die because of the difficulties caused by FGM. This holds true for women who earlier had an infibulation. Affected women are more likely to have an extended hospital stay, post-partum bleeding, and maternal fatalities (Seidu u. a. 2022, 1f).

Mental health issues or psychosocial problems can for instance be a result of being forced to watch the cutting of other girls (Iosr Journals and Student 2015, 98). In an interview conducted in Nairobi the Kenyan anti-FGM activist Eunice Malawa Ngais emphasized that among the Maasai community it was viewed as normal and even expected to watch FGM being performed on other girls (Eunice Malawa Ngais, 20/2/2022).

Most of the affected communities, however, have been silent about any negative effect of FGM. For a long time women have considered immediate consequences as natural and normal (Nadessen 2000, 175).

4.3 Prevalence of FGM in Africa and in Kenya

More than 200 million girls and women alive today have undergone FGM, most notably in Africa, the Middle East and Asia (WHO 2022). FGM should not be examined by national boundaries, its distribution is best understood by ethnic groups and communities (Shell-Duncan and Hernlund 2000, 7). The practice has been reported in about 28 African countries, including Egypt, Ethiopia, Guinea, Kenya, Mali, Sierra Leone, Somalia, Sudan etc.

Figure 2 shows that the prevalence of any type of FGM in some countries is over eighty percent. Somalia is leading with a rate of 98 percent. According to Hussein (2015) the Democratic Republic of Kongo is the country last in the ranking with a prevalence rate of 5 percent (Iosr Journals and Student 2015, 94).

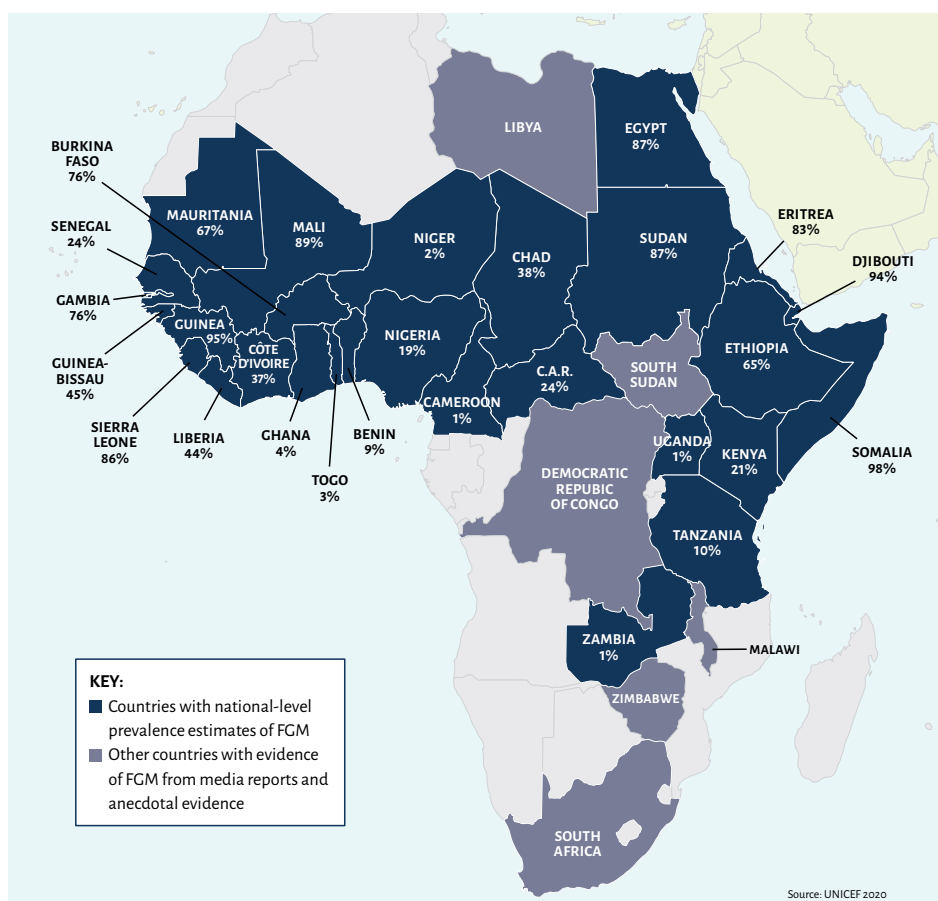


Figure 2: Map of Africa showing the national level of FGM prevalence by percentage; Source: UNICEF 2020

In Kenya, at least 4 million girls and women have experienced the cut and approximately 21 per cent aged between 15 and 49 years have been subjected to have undergone the practice (UNICEF 2020). Similar results can be obtained from the most recent Kenya Demographic and Health Survey (Kenya National Bureau of Statistics 2015). According to Kenya's current president Uhuru Kenyatta (2019), however, it is estimated that approximately 9.3. million girls and women have undergone FGM in Kenya (U. Kenyatta 2019). There has been a decline of FGM among females aged between 15 and 49 from 38% in 1999 to 32% in 2003, to 27% in 2008 and to 21% in 2014 as stated in the Kenya Demographic and Health Survey (Kenya National Bureau of Statistics 2015; U. Kenyatta 2019). The rate of 21% is still valid today. The decline to 21% could be reached owing to the efforts made by several groups, such as the government, local CBOs and NPOs, the International Community, and other development partners. Policies, laws, and strategies have been put into action in order to end FGM within one generation. There is still a high prevalence of FGM among certain communities, such as the Somali with 94%, Samburu with 86%, Kisii with 84% and the Maasai with 78% (U. Kenyatta 2019). There are no official statistics concerning the Kuria community – neither published by the International Community, nor by the Kenyan government – although FGM is highly present among this ethnic group. One reason could be that the area is known as remoted and difficult to reach.

FGM is practiced and often justified by different religions such as Christians, Muslims, or believers of indigenous religions in Kenya. Most communities which perform FGM also practice male circumcision and perceive the process as transition into adulthood (Nyangweso 2007, 20ff). There are only a few ethnic groups, e.g., the sub-ethnic groups of the Luhya who only practice male circumcision (ibid). In Kenya there are around 44 different communities but only five are not affected by the practice of FGM, including the Pokomo, Luhya, Luo, Turkana and Teso (UNFPA 2019). Non affected communities, however, practice their own ways of initiation into adulthood, “such as the removal of the six front teeth among the Luo, and scarification and piercing and pulling ear lobes and lower lips of the Turkana and the Pokot, although these are changing over time” (Nyangweso 2007, 31).

Wambura (2018) shows that Kenya can be considered as a patriarchal society that is putting socio-cultural restrictions on the female way of living (Wambura 2018, 93).

Taboos in women's behaviour include unplanned pregnancies, open discussions about sexuality, certain rituals associated with childbearing etc. According to Crichton et al. (2012) Kenyan mothers find it difficult to inform their daughters about sexual maturation, abstinence, the use of contraceptives and FGM because these topics are considered as taboos (Crichton, Ibisomi, and Gyimah 2012, 21ff).

The decision to have children (female and male) circumcised is in general not only made by mothers, but is regularly effected by the whole household, the community, and the husbands (Achia 2014, 11). The role of grandmothers as decision makers on FGM should not be underestimated either. Their function in hierarchical family structures guarantees the family's social status within the respective community. The practice of FGM is closely tied to family, marriage, childbearing and belonging. Decisions about FGM seem to be grounded in social systems and depend on different social relationships (Grose u. a. 2019, 85). In some Kenyan communities, however, such as the Wardei, located in Eastern Kenya, mothers decide when their daughters should be cut. There FGM is seen as a social norm and as mothers' responsibility to prepare their daughters for marriage (Sifuna, Abagi, and Wasike 2016, 338). The Wardei practise FGM regardless the level of education or socio-economic status of its members (ibid.).

UNICEF (2020) and the WHO (2022) point out that FGM is mostly carried out by so-called traditional practitioners, circumcisers or cutters (UNICEF 2020; WHO 2022; Lamb 1992, 23). In Kenya in 73 percent of the cases FGM is performed by traditional practitioners, mostly by women. They frequently work as birth attendants and are selected owing to their standing within the community. In general, they hold a high social status. Those women chiefly live on the money, gifts, livestock or food they are given for performing FGM (Lamb 1992, 23; Slack 1988, 442). Among the Rendille who reside in Northern Kenya, FGM is not performed by a traditional birth attendant but by a woman who is a specialized circumcizor. The cutter is usually an old woman having the reputation of being careful and observant, cutting quickly and accurately, who acquired her skills by watching many cuttings (Shell-Duncan, Obiero, and Muruli 2000, 115f).

The usage of unsterilized instruments, such as razor blades, knives, scalpels, scissors, pieces of glass, etc. are still common today. Furthermore, girls and women who are

frequently cut without any anaesthesia or antiseptic, which sometimes leads to infections, excessive bleeding, and other complications. In the late 1980s Prazak (2016) noticed in her field research among the Kuria that each girl provided her own razor blade which was unwrapped by the cutter before the operation (Prazak 2016, 123). Affected girls and women are fully aware of what is happening to them (Kabiru and Kimani 2018; Nadessen 2000, 173f; Slack 1988, 452). In some communities' young girls are supposed to undergo the operation without any fear or crying. If a girl resists during the procedure she may have further parts of her genitalia accidentally damaged (Koso-Thomas 1987, 21; Nadessen 2000, 174). Generally, the girl or woman lies on the floor or a mat outside, being held down by several other women. The wounds are usually treated with pastes containing herbs, oil, or with animal dung in order to stop the haemorrhage (Koso-Thomas 1987, 21; Slack 1988, 442).

Within the last decade a new phenomenon, identified as medicalization of FGM has been detected in Kenya and is becoming increasingly common across Africa. Medical professionals perform the cut within a clinic, dispensary, hospital or in a private home. Medical interventions occur in several forms, ranging from the advice of using sterile razors, training traditional practitioners in antiseptic procedures, in the use of latex gloves and in performing FGM in hospitals (Prazak 2016, 124). The simplest way of tackling the matter is dispensing antibiotics, applying anti-tetanus injections and giving sterile razor blades to girls and women to be cut by a traditional practitioner (Shell-Duncan 2001, 1018).

In a few Kenyan communities the medicalization of FGM takes place, such as in the Kisii community, located in the western part of the country. A steady rise has been witnessed since Kenya banished FGM in 2011. Today the country is listed among African countries with a high national occurrence of the medicalization of FGM (UNICEF 2020). Within this community medical personal, dominantly nurses perform FGM at the girls' homes because of the prohibition. There is a great demand for the services because they include the usage of sterile tools and the application of local anaesthetic, which reduces the pain and allows a better controlled cutting (Shell-Duncan 2001, 1018).

In general, the practice of FGM is mostly performed on girls between infancy and adolescence. Adult women may sometimes be subjected as well, especially when they

marry into communities where FGM is common (Lamb 1992, 19; Slack 1988, 442f). According to Mackie (2000) FGM practices differ widely from community to community because it may be performed during infancy, puberty or afterwards, with or without initiation rites, before marriage or as soon as the first child has been born (Mackie 2000, 253ff).

According to UNICEF Kenya (2020) 28 percent of girls and women are cut between five and nine years of age, 44 percent are aged between 10 to 14 and 24 percent undergo FGM at the age of 15 or older. In three percent of the cases the age is unknown (UNICEF 2020). A study conducted by *28tooMany*² (2013) found out that since Kenya implemented the law against FGM and in order to avoid detection some girls are cut earlier, many as babies (28TooMany 2013).

Figure 3 illustrates the percentage of girls and women aged between 15 and 49 years who have undergone the cut in Kenya, by region and shows that it varies considerably in different parts of the country (UNICEF 2020). These regional divergences reflect the diversity of the communities residing in Kenya.

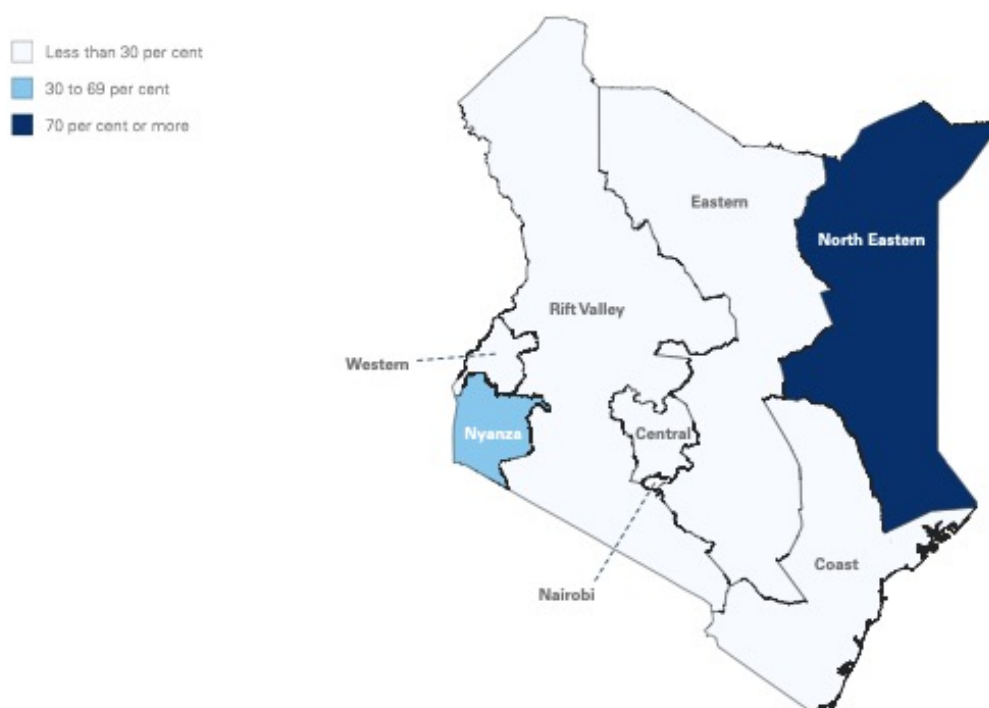


Figure 3: A Profile of Female Genital Mutilation in Kenya; Source: UNICEF 2020

² <https://www.28toomany.org/>

According to the Kenya Demographic and Health Survey (2014) the percentage of girls and women who have undergone FGM is much higher in rural areas than in urban ones. Further, those with lower levels of education are also more at risk (Kenya National Bureau of Statistics 2015).

Moreover, the covid-19 pandemic has seriously jeopardized Kenya's effort towards ending FGM and the government has expressed grave concerns over the rise of recorded cases. School closures were accompanied by reports of hundreds of girls subject to FGM, with some subsequently forcibly being married (Godoy 2021).

4.4 Justifications for Practising FGM

Here possible justifications for practising FGM in Kenya are illustrated.

According to Lamb (1992) the motivations behind FGM are a combination of myths, medical superstitions, and biological ignorance (Lamb 1992, 18). Other scholars add religious requirements, the sexual control over females as well as the need to keep up with socio-cultural practices that have been predominant within affected communities for thousands of years (Slack 1988, 445). Controversially, FGM may be considered as a necessary and honourable socio-cultural custom which allows girls to be fully integrated into the community. Girls and women are made to believe that the community takes precedence and that FGM is an initiation from childhood to womanhood (Kanogo 2005, 79; Lamb 1992, 17; Nadessen 2000, 186). Slack (1988) adds that initially the cut was performed as a "rite of passage" adolescent girls go through for transition into womanhood (Slack 1988, 443f). Those who refuse to undergo the practice, however, are frequently subject to social stigma, such as suffering banishment from the community. Subsequently they cannot be considered as adults (Lamb 1992, 17; Nadessen 2000, 186). In Kenyan communities' transition rites form part of the socialization of young people. Consequently they receive a new social status having entered adulthood by initiation (Nyangweso 2007, 27).

In her essay Slack (1988) points out further justifications of the practice which she places within the communities' socio-cultural, historical, economic, and religious background (Slack 1988, 445). If FGM is deeply rooted in a community, it serves as a "power that helps to bind the community together and provide a source of cultural

identity that is often crucial on small rural communities” (Slack 1988, 448). In some communities the cut is viewed as “an integral part of their cultural identity and something that distinguishes them from other non-practicing ethnic groups” (Equality Now 2021).

Another aspect should not be ignored: the sexual control of females. It establishes another socio-cultural reason behind FGM. A common justification for the practice is to force women into their assigned gender roles as well as positioning them as guardians of the family honour. Particularly, in Muslim communities it is an implicit belief that “a woman’s sexuality is irresponsible and wanton and therefore must be controlled by men” (Slack 1988, 445). According to a study conducted by Equality Now Kenya (2021) FGM is related to perceptions of femininity and modesty. It prevents wives from being unfaithful and curbs the spread of HIV/AIDS. Cutting girls and women is an appropriate means to control their sexuality. Based on these ideas the practice is sometimes prettified as a girl’s preparation for marriage. It may even happen in certain communities that men refuse to marry an uncut girl or woman. (Equality Now 2021). As reported by the Kuria anti-FGM activist Rose Gati on the occasion of FGM ceremonies girls of the Kuria community receive presents or money. Since the implementation of the Kenyan law FGM ceremonies are often carried out secretly in order to avoid prosecution (Research Diary 1, 2021/2022).

In the Wardei community FGM is valued as a mechanism for instilling good moral behaviour in girls and to control their sexual behaviour. Sifuna, Abagi and Wasike (2016) discovered that among the Wardei circumcision to a mother can be compared to “a house that she had locked and nobody could enter so easily” (Sifuna, Abagi, and Wasike 2016, 344). It is astonishing that in some communities anti-imperialism and anti-colonialism function as further reasons for the continuation of FGM. (Wambura 2018, 100).

According to the Sub County sexual and gender-based violence officer of Kuria East FGM represents decent sexual behaviour. It is often linked to virginity and faithfulness during marriage. It reduces married women’s chances of having illicit sexual relations because of the damage to the genitalia existing since the cut. In some groups, a woman is perceived to be cleaner and more beautiful if her genitals are cut. Some body parts, such as the clitoris, which protrudes, are regarded as male and unclean

(Research Diary 1, 2021/2022). Patriarchy and polygamy are factors which seem to justify FGM in order to promote male dominance and female subjugation (Nyangweso 2007, 41).

Finally, religious reasons are sometimes given to justify FGM. In particular amongst some Muslim societies FGM has been introduced where it is regarded as an act of purification and prayer. There it is a common belief that the practice is regulated by the Koran. Reliable studies, however, do not prove any existence of such a law in the Koran. Yet it is widely spread within Muslim societies in Africa. According to Slack (1988) “[...] one of the worst insults in Muslim Africa is to be called “Son of an uncircumcised mother [...]” (Slack 1988, 447).

In short, FGM is a symbol of the inequality between genders and the injustice done to women in order to preserve supposed male dominance and male superiority.

In the past three decades, there has been increasing opposition against the practice of FGM by men and women in affected communities. The belief that the cut is degrading women and girls, that it is often carried out as a result of myths, the concern over pain, physical damage, and even death, are points which all have contributed to its rejection (Slack 1988, 450). According to Mackie (2000) many affected communities have not been aware until the late 1990s that other communities do not do FGM but that the few communities who do not practice it are indecent people (Mackie 2000, 254).

In the case of inter-ethnic marriage FGM can be avoided or encouraged depending on the customs of a community. Rendille women, for instance, whose community practises FGM before marriage, can avoid the procedure if they decide to marry a man from a community where the cut is not compulsory (Shell-Duncan, Obiero, and Muruli 2000, 120).

5. Case Study: The Kuria and their FGM practice

This chapter describes the background and the context of the Kuria community including their historical and socio-cultural values, norms, concepts and believes as well as their FGM practice.

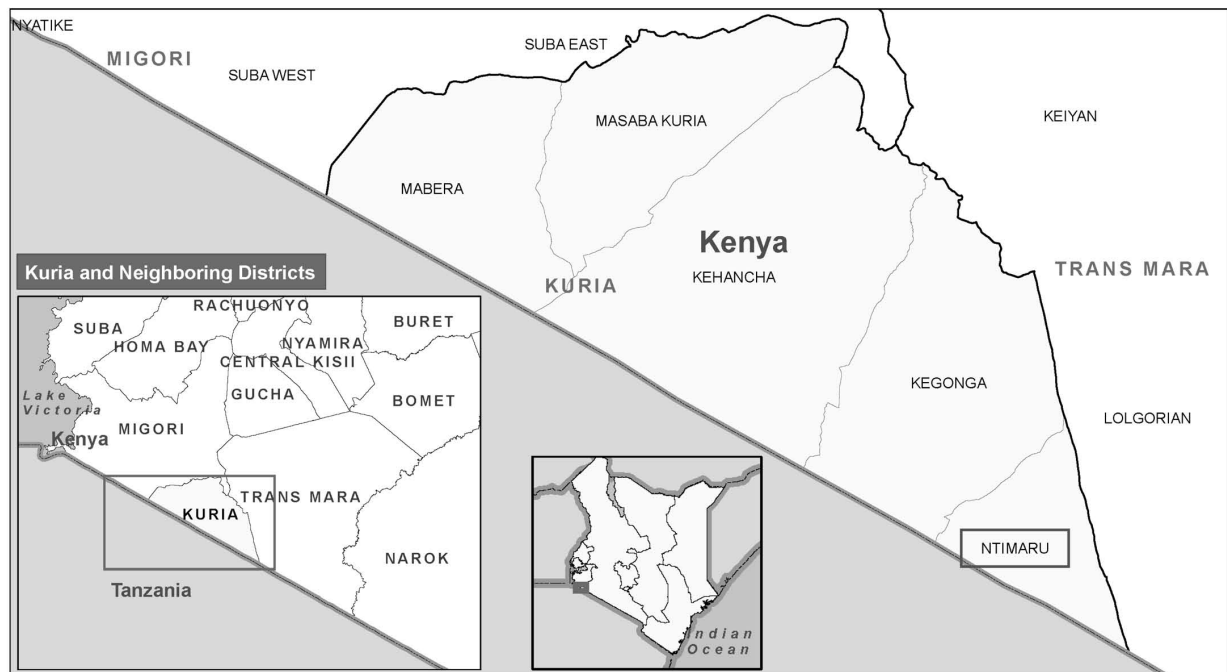


Figure 4: Kuria District; Source: Prazak 2016

When Europeans first entered the Kurian region and began colonization, they encountered a peaceful community. The Kurian people lived in tenable settlements within small territorial communities of about 10.000 – 20.000 people (Ruel 2000, 69f). In 1908 the colonial administrative noted an increase of huts between the former German border and Lake Victoria. Since then, the communities' primary identification feature has been the clan *ikiaaro* (in plural *ibiaaro*).

The Kuria who have a clearly defined territorial boundary are people with a common cultural and linguistic identity but not a political group (Prazak 2016, 20). According to oral tradition the term "Kuria" originates from a common ancestor who was named *muKuria*. He gave identity to several culturally and linguistically related groups within the district (Bernhardsdotter 2021, 47). Kuria describe themselves as "doers of rituals"

because their life is rich in customs and centres on a ritual cycle each community member has to undergo. “The ritual cycle is a central institution that regulates the rhythm of individual as well as communal life and is crucial” for the self-identification as a community (Prazak 2016, 21). FGM is one ritual within this cycle. Each clan carries out the rituals separately and avoids carrying out the rituals contemporarily (ibid).

The Kuria are an ethnic group residing in Kenya and Tanzania. The community lives in Kenya in Kuria East and West which since 1992 have been districts of Migori County (formerly they were part of the Nyanza province). The region borders Migori County in the West, the Trans Mara district in the South-East and Tanzania in the South. The immediate neighbour communities of the Kuria are the Maasai, Abagusii, Ngurueme, Zanaki, Ikoma, Luo, Suba and Kalenjin (Kenya National Bureau of Statistics and ICF Macro. 2010).

Today the Kuria comprise approximately 900.000 people. 300.000 of them live in Kenya, 600.000 in Tanzania. The Kuria speak a language belonging to the Bantu language group. In Kenya the Kuria live in villages, which are headed by a male village elder. The chiefs, who function as district officers, are appointed by the central government, and are expected to maintain law and order in their respective regions. Therefore, they are paid a minimal salary. Generally, each of the administrative leaders are men because women are not allowed to perform a political office within the community (Wambura 2018, 77).

The Kuria are a patrilinear³ community with the most significant link between father and son (Prazak 2016, 34ff). The Kuria of Kenya are composed of four different clans (*ikiaaro*). Each *ikiaaro* is linked to a specific territory. In the Kuria community different lineages belonging to the same clan are not always of the same origin. According to oral traditions some lineages appeared at different stages in a clan. Each *ikiaaro* functions independently when it comes to Kuria internal affairs (Bernhardsdotter 2021, 48). The ethnic group have often been described as composed of four descent groups: The *ikiaario* or clan represents the core, followed by the descent section (*egesaku*),

³ A patrilineage consists of males and females descending along the male line from a common male ancestor (Nyangweso 2007, 26).

the clan segment (*irigiha*), and the lineage (*eeeka*). These four levels have lost their relevance in the 1950s except for the clan and the lineage. The clans remain unchangeable and solid, there is no movement within their hierarchy. The *ikiaaro* establishes the main feature of identification among the Kuria. People speak of themselves as members of an *ikiaaro*, rather than identifying themselves with Kuria, for instance (Prazak 2016, 55). Moreover, each Kuria clan has their own council of elders, called *inchaama* in the Kuria language. It exclusively consists of elderly Kuria men. Membership of *inchaama* is based on inheritance. If somebody's ancestor has been a member of the council of elders, his descendant will automatically qualify because replacement is preferred to new admission. Next, the spirits will decide whether they like the applicant's character or not and conduct the application process. If the spirits do not accept the applicant, they will either send him away or let him die. New members can only be recruited after a member's death (Simon Mahegere; Tobias Marwa, 2022). The *inchaama* is composed of men who have reached the highest level of the hierarchy and who are responsible of performing the so-called elderhood ceremony (Prazak 2016, 214f). The chief duty of the council of elders is to preserve values and norms. Moreover, the *inchaama* protects the community from conflicts, bad spirits and makes sure that children attend school. It controls the community's wellbeing and decides whether a particular year is suitable for the cutting or not. The council of elders rules over the practice of FGM by deciding when it takes place, how and by whom it shall be conducted (Simon Mahegere, 2022). The *inchaama* meets in secret and its members are non-public figures (Ruel 2000, 70). According to my findings, the *inchaama* meetings take place weekly but are conducted in secret if there is an urgent matter (Tobias Marwa, 2022; Research Diary 3, 2022).

The names and locations of the following four Kuria clans in Kenya have been provided by the anti-FGM activist and role model Rose Gati:

- Nyabasi in Kegonga – Kuria East
 - Bwirege in Ntimaru – Kuria East
 - Bukira in Kehancha – Kuria West
 - Bugumbe in Mabera – Kuria West
- (Research Diary 1, 2021/2022)

Each clan identifies with an animal. The zebra is related to the Nyabasi, the elephant to the Bukira. The Bugumbe, who live in Kuria West, associate themselves with the female leopard, the Bwirege, who reside in Kuria East, identify themselves with the male leopard. The name of the Bwirege clan means “hard” in English. According to my interview partners it is a good description of the Bwirege clan because they defend their socio-cultural customs uncompromisingly and do not want to change any of them, including the practice of FGM. The other three names of the Kuria clans in Kenya derive from the ancestors but their meaning is unknown (Paul Meremo Mogere, Tobias Marwa, 2022). Among all the Kuria clans the Bwirege clan is known as the leading clan because it is very numerous and “reluctant to change” (Valerian Mgani, 2022). The Bwirege clan are said to react aggressively towards other clans, especially when it comes to FGM (Valerian Mgani, 2022). If the Bwirege discover that someone gives shelter to a girl who refuses to undergo the cut, there are serious consequences regards their house and family. (Tobias Marwa, 2022).

5.1 Socio-cultural Practices, Beliefs and Livelihood

This section is about socio-cultural practices rooted in myths and beliefs as well as socio-economic activities and livelihood among the Kuria. According to the bishop of the Kegonga of Kuria East there are different cultural aspects, beliefs, and religions among the Kuria. Socio-cultural practices include cooking typical food such as ugali, millet and vegetables and dressing. Originally both men and women used to wear animal skins, a custom which has disappeared. Another aspect is a specific form of dancing competitions in order to entertain the community (Research Diary 1, 2021/2022).

Ancient spiritual beliefs are still alive. They believe in gods. Every morning family elders smear milk to the side of their homesteads where the sun rises, asking the gods to protect them throughout the day. Moreover, there are ceremonies which play a central role in the community. The Kuria perform childbirth ceremonies, initiation rites for different stages of adulthood, dowry or pride price funding rituals, marriage, and death ceremonies. When a child is born, there are ululations to signal the gender of the child followed by the naming ceremony. The initiation rituals include circumcision and FGM

as a form of rite of passage, as the transition from childhood into adulthood. Among the Kuria it is believed that FGM reduces immorality among the women and girls. In marriage ceremonies the married individuals undergo different rituals, such as entering the homestead exclusively through the back door (Research Diary 1, 2021/2022).

Another belief is that women should be beaten preventively to make them respect their husbands and to remain faithful. Early and forced marriages are common. Often young girls are forced to get married to older men who are neither of their choice nor their age but able to pay the bride price to the girl's parents. Girls and mothers cannot refuse the wishes of the head of the household (Research Diary 1, 2021/2022).

In the Kuria community different religious denominations exist side by side. There are the followers of Roman Catholicism which represent the highest percentage. There are the Seventh day Adventists and the Protestants, consisting of many different churches, such as Maranatha, Pefa, Kings Outreach etc. (Research Diary 1, 2021/2022).

Kuria is a very remote area in the southwest of Kenya. In the past century it used to be an area hardly affected by contact with outsiders or other external interventions. This isolated position had an effect on religion, formal education as well as on the economy. Schooling for both sexes is lower than the national average and consequently the chances of employment are lower, too. Infrastructure is poorly developed, the only paved road running from Migori towards the Tanzanian border. The roads for cargo and busses are in terrible conditions and impassable during the rainy season. Fortunately, the Kuria have recently become aware of their economic, political and socio-cultural standards and strive for changes (Prazak 2016, 34f).

The bishop of the Kegonga reports that main socio-economic activities are small-scale farming, cattle rearing, small-scale trading and working in small businesses. The inhabitants mainly grow maize, coffee, and tobacco as well as food crops such as cassava, millet, and sweet potatoes (Research Diary 1, 2021/2022). It is remarkable that there is a strict gender division of work: maize, coffee, and tobacco are men's crops because of they promise better income, while vegetables are grown by women (Wambura 2018, 80). The crops are mainly produced for the local market. The chance of employment is better for men than for women. Women are often tied to the cash-crop production and to agricultural labour (Prazak 2016, 36).

Most Kuria stay within their community for the rest of their lives and never leave the place where they were born. Poor means of transport and low income do not favour mobility. A tiny rich minority, mainly composed of local politicians who trade in cattle and maize may leave the area. The same holds true for a small middle class primarily consisting of teachers. The majority of the Kuria people, however, belong to the lower class facing social problems such as illiteracy, poverty and inequality. Despite these existing disparities people there is no class distinction and people freely interact and engage across class differences (Wambura 2018, 80).

5.2 Power Structure and Gender Roles

This section deals with power structures and gender roles among the Kuria community. In the Kuria community women are regarded as “givers of life, mothers, cares, nurturers and servers” (Wambura 2016, 108). Gender division of labour is common and dominated by a set of taboos. Men are not supposed to sweep the house and women are not allowed to sit on their husbands’ chairs. (Wambura 2018, 79). The council of elders controls sexual behaviour and conduct in the community. It tells the Kuria people what they must do and punishes those who do not obey. Celebrations accompanied by singing and performing rituals are an essential part at every life stage. The songs and performed rituals reflect cultural beliefs and gender roles of the Kuria people (Wambura 2018, 79).

In Kuria, as in many other Kenyan communities’ initiation and other rites are considered a central part of people’s life. It is often argued that FGM persists in Kuria because of the elders’ commitment to traditional customs. They are convinced that FGM guarantees a successful transition into womanhood. The transition should ensure the continuation of the status quo (Prazak 2016, 214ff). According to Prazak (2016) its reason is that elders have experienced few benefits in modern life and wish to protect proven practices. As a consequence of an age-based hierarchy the elders’ perspective is very different from that of young people. In Kuria uncircumcised children are described as “despised” and have no standing in the community and do not gain any recognition for their daily contribution to life (ibid). Before being cut, girls are completely dominated by their fathers only to be dominated by their husbands as soon as they

have got married. Undergoing FGM elevates their status and rights (Prazak 2016, 215f; Wambura 2016, 92). Cut women are regarded as more influential and powerful than uncut ones. This opinion has not changed for ages and is still perceived to be part of life (Wambura 2016, 90ff). FGM is supposed to be a compulsory practice and is an essential requirement for marriage. An uncut Kuria woman is viewed as “unmarriageable” and a threat to the continuation of the family line and even the existence of the whole community (ibid.). Therefore, Kuria men are not likely to propose marriage to uncut women because of their reputation and the danger of becoming a burden to the family. If a Kuria girl or woman refuses to undergo FGM, she can find husband only outside the community. In such cases women often marry into the neighbouring Luo community, where the practice is not performed (Wambura 2016, 110).

Generally speaking, the Kuria are a patriarchal community. Men of all ages are respected like authoritative figures who preserve the power and are perceived as legitimate heirs to social harmony. All decision-making power remains in the hands of men, while women have to assume a subordinate position – a common feature of most patriarchal societies. Men inherit land from their fathers while women do not (Wambura 2016, 91). If a father has no son, it is transferred to one of his brothers. In general, widows are excluded from succession and chased away by the husband’s family after his death so that the inheritance can be transferred to the brother of the deceased (Tobias Marwa, 2022).

Women are obliged to run the house while men are free from such duties. The stereotype of gender division of labour has been intrinsic for generations. As family life and marriage are highly esteemed, desirable and inevitable within the community (Wambura 2016, 91). Marriage is obligatory for both sexes. Unmarried Kuria men or women are stigmatized or even excluded from the community. They are banned from decision making, ceremonies and are viewed as “children” (Paul Meremo Mogere, Tobias Marwa, 2022). One of my Kuria interview partners from the Bwirege clan said it was a duty for Kuria women to get married:

“Women have to choose to be married. That's because God commanded us to do that. They have to be married. That's how it is.”

(Daniel Muita Chacha, 2021)

Historically, the Kuria used to be a polygamous community. Polygamy is a consequence of the high labour demands necessary for farming. It is still common today. Kuria men are allowed to marry as many wives as they can afford and pay the bride price for. Generally, the first wife plays the most important role. Most girls are married after the cut, which takes place very early between nine to thirteen years of age. They either become the young men's first wives or the older men's second, third or fourth wives. This happens if girls have not been asked to marry for a long time. In order to win the pride wealth, the families marry them off to old men eventually. Women are not allowed to choose who to marry, and the decision is made by their fathers. Marriage proposals and agreements on the dowry are only made by men. A mother has to accept a father's decision and has to encourage her daughter to agree (Wambura 2018, 77ff).

In most countries of the global south marriage is a necessity for survival. It is an obligation in most African communities where an unmarried woman will face difficulties for the lack of support of her community or relatives. For this reason, FGM has not been abandoned so far. There is no marriage without being cut, and an unmarried woman may not be able to survive on her own. Among the Kuria FGM is an indispensable requirement for sexual relation with any man. Paradoxically, FGM is responsible for many teenage pregnancies and school dropouts after the cut. Furthermore, girls' parents associate marriage with economic gain and material wealth (Ruel 1997, 27; Wambura 2018, 98). Sometimes Kuria girls are trapped into cutting by elderly women who promise them presents if they undergo the operation. It is not difficult to convince them because girls know that they receive money, umbrellas, shoes, clothes and other gifts from their relatives and friends after the cutting ceremony. Simultaneously the parents and relatives take the opportunity of demonstrating their generosity and social status to the rest of the community (Wambura 2018, 100).

It is not only the girl's family who benefits from FGM but also the cutter because she gains income and social status. She is paid by the parents. Charges increase if the girl is pregnant or cries during the cut, which is regarded as an embarrassment for the girl's family (Wambura 2018, 99). The performance entails a change of status of the girl's parents who succeed in reaching a higher level of the social hierarchy (Bernhardsdotter 2021, 59).

5.3 The Kuria FGM Practice

This sub-chapter is about the practice of FGM as performed among the Kuria. According to Mackie (2000) those who practise FGM are upright, moral, and honourable people who love their children and want the best for them. That is the chief reason why they practise it and that is why they will decide to stop practising it once a safe way of stopping is found (Mackie 2000, 280).

Among the Kuria FGM is understood as an old practice dating back even before the precolonial period. According to Wambura (2016) most of the elderly people report that the cut as well as male circumcision⁴ and their accompanying rituals and ceremonies have been present since the time of their great-grandparents who passed them on to the following generations (Wambura 2016, 91). According to my findings there are different narratives that explain the history of FGM among the Kuria community. Cecilia Wangui, *Zinduka* programme director and an anti-FGM activist explains that one of the most common stories is the following: A very long time ago there was a Kuria man who did not have any male descendants and therefore could not participate in circumcision ceremonies in the community. The man, however, wished to experience the joy of having the community come to his homestead for the celebration after the procedure. Therefore, he introduced the cutting of his daughters (Cecilia Wangui, 2022; Research Diary 3, 2022).

Simon Mahegere, the chairman of the council of elders of the Nyabasi clan, however, explains it differently. The Kuria ancestors are said to have adopted the practice from somewhere, most probably from Egypt where it had been conducted by the pharaohs to tame their wives. The Kuria ancestors copied it for the same reason and to control their wives' libido additionally (Simon Mahegere, 2022).

Despite different narratives about the origins of FGM, the practice has been existing for a long time among the Kuria community. It would be desirable to create new narratives in order to replace the practice.

According to Prazak (2016) both sexes are taught how to become men and women at the early age of five or six to be ready for the transition into adulthood. On the one hand it is presented to them as a promise to improve their status in future, on the other

⁴ Male circumcision is the surgical removal of the foreskin from a boy's penis (Wambura 2016, 91).

hand it appears as a threat because shame could fall on the young people and their families if they cried. The actual cutting procedure is not talked about in families because parents do not wish to increase their children's fear. The procedure itself remains a mystery to children. In order to demonstrate respect to their parents children avoid asking questions about the operation as such (Prazak 2016, 89). Circumcision for boys and FGM for girls are understood as socio-cultural requirements without questioning them. Both sexes are operated on during the same period of time, but separately. (Wambura 2018, 82). According to Prazak (2016) the Kuria people "use the same word (*esaaro*) to describe both [processes], they are well aware that this view is not shared by others" (Prazak 2016, 15).

Most of the reviewed literature as well as UN and WHO statistics on FGM assume that *type 1* is the dominant procedure in Kenya. There are, however, some communities which practise *type 2*. Among them there are the Rendille in Northern Kenya and the Kuria (Shell-Duncan, Obiero, and Muruli 2000, 115f; Wambura 2016, 91).

The practice of FGM in Kuria is organized by the council of elders. This board decides when the next cutting season starts and guides through it with the goal of reaching a safe completion. Generally, a cutting season is declared months or even years before it is conducted (Prazak 2016, 214f; Wambura 2016, 92). Usually, the *inchaama* announces the period at the *baraza* by stating its beginning and ending without specifying whether it is the circumcision of boys or FGM.

"What is announced is the circumcision of boys. But it is a common belief that if a boy is circumcised, there must also be a girl who is cut."

(Valerian Mgani, 2022)

Simon Mahegere, the chairman of the council of elders of the Nyabasi clan explains that there are many signs to be interpreted in order to find out whether a year is safe for the cut or not. Generally, it depends on the flowering of the trees. If trees flower very well, the *inchaama* decides that it is a safe and peaceful year to carry out the practice (Simon Mahegere, 2022).

Before the actual start of the cutting period the *amanaane* (eight male initiates) have to be circumcised in order to open the upcoming season. After their circumcision they will be looked after for three to four days and if none of them dies, the season is declared as safe. If any of them dies, however, the *inchaama* will suspend the next season because it has turned out as not peaceful (Simon Mahegere, 2022).

The timing of the cutting season varies from clan to clan and is decided by each *inchaama* separately. According to Ruel (1959) and Prazak (2016) in the past the cutting seasons were held every four years, but it differed from one *ikiaro* (clan) to the other. (Prazak 2016, 164f). As reported in the first research diary a cutting season takes place every second year (only in the even years) except for the years containing the number 7 (which is considered to bring bad luck or as bad omen). Moreover, the cutting does not take place if the date falls on the 7th of a month in the respective cutting season. Usually, the cutting takes place at the end of the year, from October to December, most preferably during school holidays. Due to covid-19 the date has recently changed and is no longer predictable. In 2021 the council of elders has declared a period during the October school holidays as cutting season. The Bwirege and Bugumbe clan had their cutting seasons from October to December 2021. For the first time the council of elders of the other two clans, the Nyabasi and Bukira declared a period during the long school holidays (approximately seven weeks) in March and April 2022 as the next cutting season (Research Diary 1, 2021/2022).

In his report the bishop of Kuria East explained that among the Kuria community circumcision and FGM are granted by specific Gods asked by the council of elders. The types of Gods that allow circumcision are the following:

- Nyabasi – Binagi
- Bukira – Eresa
- Bugumbe – Mokaregirwa
- Bwirege – Muhumbwa

(Research Diary 1, 2021/2022; Research Diary 3, 2022)

Without the permission of the above -mentioned spirits the cutting season cannot open. It has been a recent decision of the councils of elders of two Kuria clans, the Bukira and the Nyabasi to end FGM. The result has been achieved after special sacrifices to the Gods who have at last agreed with stopping the practice without consequences.

On the one hand, Simon Mahegere revealed that the elders' decision had been brought about by visualising the negative health effects of FGM. The *inchaama* had then changed their minds and requested the spirits to stop the cut. Simultaneously, the *inchaama* influences a high percentage of Kuria with their decisions in any matter. Therefore, many Kuria started to agree with ending FGM. On the other hand, however, he pointed out that abolishing FGM completely would mean a loss of income for the *inchaama* who depended on the money "earned" through the cuttings (Simon Mahegere; Tobias Marwa, 2022).

As a contrast the Bwirege and the Bugumbe clans, however, have not declared to end FGM yet, the Bwirege clan has declared the next cutting season to take place in 2022, beginning by October (Paul Meremo Mogere, Tobias Marwa, 2022).

According to my interviewee Tobias Marwa

"[...] when the Bwirege cut it is terrible and the number of girls is high."
(Tobias Marwa, 2022)

Circumcision for boys and FGM for girls in Kuria take place in the open, at so-called "[...] sacred or specially chosen places within the territory of an *ikiaro* [...]" (Ruel 2000, 71). The *inchaama* chooses the initiates to undergo the procedure first. The first day of the cutting season always begins with the boys. The girls follow them from the second day on. In general, the first ones to be circumcised must come from the *inchaama*'s family and are older children (Tobias Marwa, 2022). At the beginning of the cutting process the oldest children are the first to get cut according to the rules of the community and according to guidelines for appropriate behaviour and patterns of relationships as regulated by the generation class. Class-membership is established at birth and "a man's children are automatically members of the successive class; his grandchildren will then belong to the next class, and the great-grandchildren to the

fourth one. Then, the cycle repeats“ (Prazak 2016, 44). This status is preserved for a lifelong period. Individuals are only allowed to marry within his or her own generation class or with the next alternating group (Prazak 2016, 44f). According to my findings, however, this holds true for Kuria men only. A new generation class of men begins every six years. Kuria girls get into the generation class and age-set of their husbands. They are not allowed to marry a man of the same age-set as their father (Tobias Marwa, 2022).

“Any man can marry any girl. The future husband can be her age-mate, or a girl can become the wife of an old man who is already married.”
(Paul Meremo Mogere, 2022)

As soon as the *inchaama* has decided about the next cutting season, girls are prepared for the ceremony by several rituals, which end with the cut. In general, these preparations begin in the family, months before FGM takes place. There are further rituals that may be performed in preparation of circumcision, such as, walking naked, running with weapons, singing songs which praise the gods, putting pots near the lakes or on top of the mountain to be filled with water as a sign by the gods to determine if circumcision will take place or not (Research Diary 1, 2021/2022).

Invitations to the ceremony are issued by the girl's parents, older siblings, and aunts.

“The family prepares cassava flour [...], firewood [...], they smear the houses with clay [...] and the mothers prepare finger millet yeast flour [...], which is used to make a sour drink [...] the day before. Approximately one week before, the girl gets a colourful piece of cloth, an umbrella, and a dress from her parents which she is obligated to wear when the cutting takes place. On the eve of a girl's circumcision day, her mother and female relatives gather at her home to sing songs [...].”
(Wambura 2016, 92)

They encourage the girl to be brave because by showing fear or crying she would embarrass the entire family. The singing of the female family members continues until the early morning hours, when the girl is walked to the cutting ground to be early in line. Every girl wears a dress and a hat and a *leso* (coloured piece of cloth). Girls are escorted by their aunts, relatives, friends, and neighbours. Parents do not accompany their daughters to the cutting ground. In this case lineage and kinship relations reign over the nuclear family (Prazak 2016, 88). Originally, when there was no resistance to FGM, just one man who belonged to the *inchaama*, accompanied the girls to the cutting ground. Nowadays, however, for security reasons many men are necessary because the community fears that the government might stop the procession. As a side effect the cutting has become more expensive more money being needed for security. My interview partner added that taking pictures or videos of the procession was forbidden because the people involved feared that the images would be published on media or sent to the Kenyan government. If anyone used their phone it would be dismantled by the security guards (Tobias Marwa, 2022).

Before the cutting, the girl's family approaches an aunt – maternal or paternal – to be the personal escort. The girl walks beside her supporter holding an umbrella until they reach the cutting ground. According to my findings, FGM takes place at the cutters' compounds rather than outside in a field. Additionally, mothers are allowed to accompany their daughters (Paulina Robi Ikenge, 2022). After arriving there, the girl must line up and sit down on dry banana leaves. Behind each girl there is a female supporter, who usually is an aunt or female cousin. It is her task to hold the girl to make sure she does not run away if she gets scared. Then the cutter seizes her tools, either a razor blade or a special knife and cuts off the labia minora and the clitoris of every single girl along the line. Since the 1990's it has become acceptable that each girl brings their own razor blade in order to prevent the spread of the HIV virus (Prazak 2016, 123). My findings, however, show that girls are neither offered dry banana leaves to sit down, nor are they allowed to bring their own cutting tools. In former days initiates were allowed to sit on animal skins to be cut, but nowadays they sit on clothes (*leso* or *kitenge*).

As soon as the procedure starts, the girl has to take off all her clothes and is examined by the cutter and relatives to find out whether she is pregnant or not. If an initiate is

pregnant, the *inchaama* is bribed to still permit the cut. In earlier days pregnant girls were excluded from the procedure, but used to be denounced, chased away or even killed by the community (Paulina Robi Ikenge, 2022).

After the cut, each girl is allowed to remain seated for about five minutes before standing up again. No anaesthesia is applied. The operation causes strong haemorrhage and there is a pool of blood left on the place where the girl was sitting (Wambura 2016, 93; 2018, 111f). The cut takes a few minutes, which depends on how cooperative the affected girl is. The severity of the cut depends on the cutter's willingness to follow the girl's family wish. Elderly Kuria women report that today the practice is performed more softly in comparison to the cut they had to undergo themselves (Prazak 2007, 24). In previous times girls were mutilated to such an extent that they were not able to walk for at least three months (Tobias Marwa, 2022). Afterwards all girls stand up and stay in line, in the same order as before. They wear their *lesos* wrapped around their necks and set off back home. The relatives and neighbours wait to escort the girls back home (Prazak 2007, 24).

On the way home men put red ochre on their faces, wear wild animal skins or some even wear Maasai headgear. They wear dresses made of banana leaves, herbs, and shrubs. Men carry shields and shout to praise the girls, while women blow whistles and dance. All way long the girls leave trails of blood because the wounds have not been treated at all (Prazak 2016, 88ff; Wambura 2016, 93). If a girl develops complications on her way back home, the relatives call the cutter because they believe that if the cutter touches the girl, she will be better (Paulina Robi Ikenge, 2022).

After the cut white powder is sprinkled into the initiate's face. The girl receives an umbrella to protect herself from direct sunlight because the loss of blood may make her faint on her way back home (Tobias Marwa, 2022).

“The women sprinkle powder on the faces of the newly circumcised women [...] the powder's whiteness serves to mask their facial expressions because at this time some girls shed tears due to pain caused by walking and blood clotting at the wound and the pain of the cut.”
(Wambura 2016, 93)

The white powder is said to protect the girls from any bad spirit. Moreover, it is a mark to easily identify the initiate (Tobias Marwa, 2022). On the way the escorting group gradually grows and stops for newcomers who can pin money on the girls' hats or praise them for their courage (Prazak 2016, 88f; Wambura 2016, 93).

The local newspaper, the *Nation*, as well as my interview partners confirmed the emerging of a new trend during the cutting festivities. It is carried out in the following way: Kuria girls are dressed up as boys for the cutting ceremony (Circumcising males is legal). According to my findings Kuria are in the habit of changing their tactics regarding FGM. Today girls are dressed up like boys on the occasion and boys get white powder sprinkled on their faces and are also equipped with umbrellas to camouflage the gender difference (Paul Meremo Mogere, Tobias Marwa, 2022). Stakeholders, such as governmental officials and CBOs, are deceived and prevented from stopping the cut before it really happens (Maichuhie 2021).

At the gate of the girl's home cow or goat "[...] blood is sprinkled to ward off evil spirits and the girl is asked to walk over it and get in the house [...]" (Wambura 2016, 93). The girl enters a specially prepared room and is allowed to lie down on a mattress on the floor. At last, she is given some food. She is considered to be a proper woman who is ready to marry after getting better. The celebration, however, continues, no matter if there are complications, such as haemorrhage, and even if the girl dies the feast goes on. Brave girls are rewarded and celebrated and are finally considered as proper Kuria women (Wambura 2018, 112). Those girls, however, who expressed fear or were crying during the operation are neither rewarded, nor is there any singing and dancing but they are left alone and have to walk home on their own (Wambura 2016, 93). What I found out, however, is that celebrations are stopped if a girl dies after the cut. If a girl resists or cries celebrations proceed but her family is fined and has to pay the double amount of money for the cut (Tobias Marwa, 2022).

After the cut the girl goes through a seclusion or liminal period which lasts for two weeks to one month depending on the healing process. The girl is well fed and does not have to do any physical work. During this time the girl is taught how to be a submissive wife, her expected roles and behaviour as a future wife in the Kuria community. The girl learns cooking and child breeding. Girls, however, who have not

undergone the cut are not instructed at all. Generally, the teaching is done by grandmothers and aunts (Wambura 2016, 92f). According to my findings during the seclusion period a girl is not allowed to sleep on a bed but must stay on a mat on the floor. She is not allowed to share food with others, except with some other girl who has been cut at the same time. Furthermore, the initiate is supported by a child, in general a younger sister or female cousin, who shall nurse her (Paul Meremo Mogere; Tobias Marwa, 2022).

During the liminal phase the respective clan is perceived as vulnerable because a new generation of proper women and men is formed (Bernhardsdotter 2021, 56). After the seclusion period the girl moves back from “demons” to normal in a so-called “graduation” ceremony. According to my interviewees Paul Meremo Mogere and Tobias Marwa, both Kuria, it is a common belief that during seclusion period initiates are under demons and controlled by spirits. The “graduation” ceremony takes place once the seclusion period is over and is announced by the council of elders. It is accompanied by Kuria dances and songs (Paul Meremo Mogere; Tobias Marwa, 2022). Moreover, at the ceremony the girl is proclaimed to be ready for marriage, to bring up a family and to interact with the other sex. Girls are then ready to receive marriage proposals and can have sexual relations with men (Wambura 2018, 83). Some girls are even married off on the same day of the “graduation” ceremony (Paul Meremo Mogere, 2022).

If a girl dies after undergoing FGM her body is not buried but disposed of in the bushes. To get rid of the corpse they usually take it to another clan’s area. Generally, the disposal is carried out secretly during the night by strong men selected by the council of elders. Relatives are not allowed to bury the girl to avoid misfortune. Although the cutting ceremonies stop, relatives are not allowed to mourn the death but must remain silent (Tobias Marwa, 2022).

Excursus: Becoming a cutter in the Kuria community

In Kuria being a cutter or female circumcizer is hereditary (Tobias Marwa, 2022). The following section describes the personal history of an old lady, named Paulina Robi Ikenge, a former cutter from the Nyabasi clan in Kuria East. It is remarkable that between 1945 and the 1950s there used to be just one cutter for the whole area. Later, the “spirits recruited” more of them and today each Kuria clan has its own cutters (Simon Mahegere, 2022).

Paulina Robi Ikenge was working as cutter for over thirty years. She had inherited the job from her paternal grandmother. After her grandmother’s death Paulina Robi Ikenge became paralyzed and was not able to walk or stand any more for about three years. After several hospital stays, she was told that she had no illness at all. So, she consulted a witch doctor who explained that the spirits were haunting her to fulfil her grandmother’s wish and to become a cutter. She recovered immediately and went for audition to the *inchaama*. They accepted her plan to become a cutter and sent her home to reflect on her decision. As soon as she was better, she found cutting instruments, such as razor blades, in her house. She informed the *inchaama*, about her findings and was consequently acknowledged as a cutter. After her husband’s consent the *inchaama* ordered her to buy a goat and brew a local drink for them, which she fulfilled. Then, the council of elders sacrificed the goat, blessed her, and equipped her with the respective cutting instruments, including a special set of knives and razor blades. Then she had to pass a test ordered by the *inchaama*. She had to cut the *amanaane* first. She also had to begin her cutting activity by operating her own daughter. If she had not had a daughter or her daughter would have already been cut before, she would have had to cut her granddaughter or the daughter of her in-laws. The important thing is that the first initiates must be very close relatives. Paulina’s first “patients” were monitored for four days after the cut to see whether they were fine. Then the *inchaama* permitted her to continue cutting. During her thirty years’ cutting career the woman cut an enormous number of girls: 30 to 50 on the first day of each season, hundreds of girls in the subsequent two or more weeks.

Paulina Robi Ikenge stopped cutting a couple of years ago when she was arrested by the Kenyan government. She was sentenced to seven years in prison, a period which

made her change her mind. So, today, she has given up cutting completely and her daughters have not become cutters either, nor do they intend to accept their mother's inheritance. Both Paulina and her daughters have become Catholics and do no longer believe in FGM (Paulina Robi Ikenge, 2022).

5.4 Justifications and Beliefs on FGM among the Kuria

It is worth analysing the possible justifications and beliefs on FGM existing in the Kuria community.

The practice of FGM can be seen as a source of power for elderly women (Wambura 2018, 104). Although the practice mainly takes place in patriarchal communities, the female control of the cut gives women a great amount of power (Ahlberg u. a. 2000, 39f). The perpetuation of FGM in Kuria, however, lies in the hands of men. There are cases of initially uncut married women who were forced by their husbands, to get cut (ibid.). For instance, one of my female interviewees is from Migori where FGM is not practiced but was married in Kuria. As she had not been cut, she had to get a divorce and was sent back home.

“They (The Kuria) depend on that culture, and they do want to go on with that culture. But because I'm not Kurian, I can tell them the truth about circumcision, about FGM and the dangers of FGM.”

(Elga Aoko, 2022)

According to Ruel (1997) for a Kuria girl the cut is a kind of foretaste of life. The pain she experienced is meant to prepare her for the difficult adulthood responsibilities, such as birth giving and family life in general (Ruel 1997, 26). A Kuria girl who gets pregnant but is not cut, is regarded as abnormal because she is expected to give birth without having been transformed into a proper woman yet. The community condemns such a girl as a threat. In the past uncut pregnant girls used to be killed and so were the fathers to be if they were found (Bernhardsdotter 2021, 57).

In the Kuria community uncut married women are stigmatised and discriminated against. They are not permitted to perform certain activities, such as picking vegetables

from their neighbours' gardens. It is believed that the vegetables would dry up if they touched them. They are not allowed to fetch water from the communal water source because if they did, the water would be contaminated, and the well would dry up. Nor are they allowed to open or close the cowshed gate of their homestead because people believe the cattle would die if they did. It is another superstition that their baby would die if it touched the clitoris during birth. Due to these beliefs, several women face so much pressure that some of them decide to undergo the cut (Wambura 2018, 114).

According to girls' reports at the safe camp and notes in the research diaries uncut girls face considerable challenges at home and at school. Mobbing and peer pressure are common. They are treated unfairly by other people and by those girls who have undergone FGM (Research Diary 1, 2021/2022).

Initially the cut was performed on girls aged between 12 and 17 (in the early 1990s). The age limit was lowered to girls between nine and fifteen years because older girls are more likely to realise the negative consequences of the cut and to resist (Wambura 2018, 109f).

In December 2021 and in April 2022 a "fathers' forum on FGM" and its effects took place in Kuria. Some of the participants reported that mainly old men were still holding on to the harmful customs. One of the men said that FGM was meaningless and that parents should not let their children undergo the cut. In some cases, fathers who do not let their daughters cut are discriminated against and no longer allowed to take part in community activities. As a result, they may be considered as weak. Instead of protecting their girls they decide for the cut owing to a lack of knowledge and a strong sense of belonging to the community (Research Diary 1, 2021/2022).

One participant added that members of the Kuria community depended on the old clan leaders (council of elders) who were to blame for turning their culture into business. The council of elders cooperates with the cutters and profits financially from the cuttings. If FGM were stopped, their income would be reduced (Research Diary 1, 2021/2022). The Kuria East children officer remarks that today despite the prohibition of FGM the council of elders and the cutters practise FGM for financial reasons. He proposes offering them different sources of income to make them change their minds and give up FGM (Charles Chacha, 2021). Mike Weblen Sonyanga, an anti-FGM activist and Kenyan filmmaker who has been working with the Kuria community for a

couple of years interprets the sharing of the income from the cutting as “a connection, a reunion” of the cutters and the council of elders (Mike Weblen Sonyanga, 2022). Ending FGM among the Kuria is a challenge because

“[...] often they openly come out on the street to celebrate FGM practice without fear. They carry their weapons such as the machetes and the clubs as they celebrate. It seems they come out to show that they can cut the girls, and nobody can stop them because they have the weapons to protect themselves and their culture. [...] However, nowadays the demonstrations and celebrations on the streets with the cut girls is decreasing due to the efforts from the government and local CBOs.”
(Mike Weblen Sonyanga, 2022)

Apart from the financial aspect most interviewees emphasized further issues related to FGM, such as little schooling, early marriages and pregnancies which cause physical problems in childbed (Research Diary 1, 2021/2022). According to the Kuria West children officer cut girls who cannot pursue their education is generally married off too early. As a result, they suffer from serious diseases in childbed because they give birth too early (Janet Robi, 2021).

Research shows that change begins in the family because fathers play an important role in the lives of their daughters. They decide how long their daughters attend school and when they should get married. Therefore it is crucial to make fathers aware of the fact that it chiefly depends on them if FGM is stopped or not (Mwendwa u. a. 2020, 1). According to Prazak (2016) “Kuria regard circumcision as a culturally distinct practice, and thus it is synonymous with being Kuria”(Prazak 2016, 90). The FGM practice ensures the community membership, the right to reside in the Kuria territory as well as benefits and responsibilities deduced from the Kurian identity (Prazak 2016, 90).

The cutting ceremony of the oldest child is most important for a Kuria man because in this way he is accepted as a parent and family head (Prazak 2016, 110). In the Kuria community the cut reflects “the variety of cultural contexts, responses to socioeconomic and political change, and the ideas people hold about identity as mediated by descent, gender, ethnicity, and, increasingly, class” (Prazak 2016, 9).

5.5. Cross-Border Cutting

Now various aspects of the cross-border cutting practice in Kenya and Tanzania are going to be described. A study conducted by the United Nations Population Fund (UNFPA) in East Africa in 2019 shows that cross-border FGM or cross-border cutting as it is called in Kenya, is one of the strategies applied for performing FGM secretly and without any risks of prosecution (UNFPA 2019). Cross-border FGM refers to the practice of taking cutters, girls, and women across national borders to prevent detection and criminal prosecution. Frequently, this phenomenon occurs when a country with strict anti-FGM legislation borders a state where laws are weak and poorly applied. In fact, cutters often travel across borders to undertake FGM and later return to their country of origin in order to prevent prosecution. According to UNFPA (2019) there are five communities which are affected by FGM and reside in more than one region all over East Africa, including the Kikuyu, Kuria, Maasai, Pokot and Somalis. Ethiopia, Somalia, Tanzania, and Uganda do not only share borders but also communities who live on either side of the national border, e.g., the Kuria whose homes are located in Kenya and Tanzania (UNFPA 2019). Because of the geographic peculiarity cross-border FGM has a mutual effect both on those who supply the service and on those who demand it.

Rose Gati, an anti-FGM activist reported that cross-border cutting, as it is called among the Kuria, is often performed in the Kuria community, where girls and cutters are sent across the border to Tanzania because of the “weak legislation” there. As a protective measure, girls were taken across the border to rescue camps as soon as the cutting season had started. Due to the covid-19 pandemic, however, the borders were closed, and no girls or cutters could cross the border. Thus, secret cuttings within the Kenyan Kurian region have considerably increased (Research Diary 1, 2021/2022).

Cross-border FGM meetings for the benefit of local anti-FGM activists, NGOs, and journalists in cooperation with the migration offices of Kenya and Tanzania are regularly organized. They have been taking place for five years. Recently strict police patrols on either side of the border during the cutting seasons have been suggested and shall be implemented by the next cutting season (Tobias Marwa; Valerian Mgani, 2022). One of the key challenges is that only Kenya and Uganda have implemented national laws addressing cross-border cutting. Hence, a lack of stringent regional monitoring mechanisms makes it difficult to stop the practice (Equality Now 2021).

6. Efforts and Campaigns to end FGM among the Kuria

The following chapter examines the regional legal framework by discussing various efforts and campaigns to end FGM in the Kuria community. They comprise the so-called “Alternative Rites of Passage (ARP)” which take place in safe camps. Additionally, the significance of the media, the importance of education and the role of women, men and parents who wish to end FGM are mentioned.

There is little understanding between the people and communities who wish to continue FGM and those who want to end the custom. The views differ so widely, and the angles of discussion are so contradictory that bridging the gulf seems impossible. Women who refuse to undergo the cut often have to face enormous difficulties. They are less desired as marriage partners and in many cases the bride wealth is reduced. Therefore, in the eyes of these women ending FGM would mean a disadvantage regards their rights or status in the community (Prazak 2016, 208).

Sally Engle Merry (2006) examines the practice from the human rights point of view and analyses to what extent the human rights influence daily lives and actions and investigates their violation. She comes to the conclusion that a successful ending of FGM would need a reliable data collection to tailor specific campaigns individually adapted to the affected community (Merry 2006, 39f). As a consequence of their upbringing women and children do not only get insufficient information about their rights and obligations but also adopt a rather distorted view on the behalf, which represents another obstacle in the process of the eradication of FGM (Prazak 2016, 231). The failure of anti-FGM campaigns which took place in the mid 1980's in Kuria did not arouse international attention before 2009 (Prazak 2016, 213). Since then, several interventions and strategies have been implemented to stop FGM in Kuria. Such measures include health risk approaches by addressing health complications caused by FGM, education of traditional practitioners by offering them an alternative income, alternative rites of passage, protection of girls from FGM and from child marriages. The measures also comprise a legal and human rights approach, education, and the usage of the media. It has been criticised that the interventions were implemented in an isolated and uncoordinated way therefore showing little effect (Wambura 2018, 115).

Nevertheless, there are various approaches to stop the practice in this rural region.

6.1 Alternative Rites of Passage

As mentioned above, this section is going to discuss the so-called “Alternative Rites of Passage (ARP)” and their implementation in Kenya, specifically in Kuria. Initiatives to end FGM in Kenya include Alternative Rites of Passage (ARP) and sensitizing on FGM in an affected community (Mwendwa u. a. 2020, 1). The ARP which take place in Kenya are often known as “rituals without cutting” or as “circumcisions by words”. NGOs and international donors in the field of development assistance have implemented the concept of ARP because it offers an alternative transition from girlhood into womanhood without the cut. The first ARP took place in 1996 in Meru situated in the central region of the country. It was organized by the organization *Maendeleo ya Wanawake* in cooperation with the *Programme for Alternative Technology in Health* (PATH). Such rituals can also be found in other parts of Africa, such as in Uganda, Gambia or Senegal. (Hughes 2018, 275ff). An ARP event takes place in form of a ceremony which respects the girls’ rights, human rights and cultural rights and may be understood as newly invented ritual “that aims to replicate aspects of traditional initiation. [...] Culture, social transformation and tradition are being incorporated into a hybridized ritual that its proponents present as evidence of development and modernity, and a ‘harmless’ alternative to FGM” (Hughes 2018, 274). In most Kenyan communities FGM is part of an initiation from childhood into womanhood which may involve the raising of girls’ parents and sometimes even other family members to a higher status level in the community (Hughes 2018, 275). In some Kenyan ethnic groups’ girls are encouraged to undergo this alternative form of transition so that they can continue their education instead of getting cut and ending up in early marriages. However, ARP are still under-researched by both scholars and development practitioners because of lack of access to the research field which is a sensitive setting. They exist in various forms in different communities depending on the NGOs engaged in this area which create their own designs and curricula. It is a challenge to gain acceptance for ARP in ethnic groups that practice FGM in their families but not in a public ceremony. ARP may be parts of larger programmes of community sensitisation, including women empowerment and enforcing education. These programmes may encompass “instructions for initiates (mimicking the teachings

girls traditionally received from older women when they under-went FGM); empowerment programmes; and a period of seclusion (girls are accommodated in boarding schools for the duration of the ARP)” (Hughes 2018, 277). Generally, ARP include ceremonies in which affected girls as well as community members declare their wish to end FGM. This means that there is no standardized model of ARP (ibid.). The central aspect of such rituals is to support and bring change in the practice of FGM for both individuals and communities (ibid.).

According to Prazak (2007) international NGOs introduced Alternative Rites of Passage during the 2004-2005 cutting season in Kuria. About 200 girls were invited to attend workshops instead of being cut. At the end of the workshops, however, the major part of the girls was forced to undergo FGM because no other form of transition had been accepted by the community (Prazak 2007, 19).

Safe camps or safe shelters have been established in the Kuria region for some years. They are physical spaces, or a network of spaces temporarily offering exclusive or incidental safety to individuals. They play a critical role in the child protection system of Kenya, where most of these safe shelters are community-based or run by non-profit organizations.

The Kuria safe camp is a project composed of several stakeholders who are engaged in the Kuria region. It is a long-term project founded a few years ago by the Kenyan CBO *Zinduka*. The safe camp strives for child protection and safeguarding, and promotes Children’s Rights, especially during school holidays in the Kuria community. The safe camp uses a comprehensive or a so-called all-inclusive mode of implementation because it works with multiple stakeholders. They consist of local schools (primary and secondary schools), the local government, local churches, local CBOs, parents, and other community members (Research Diary 3, 2022). They aim at providing quality training, guidance and counselling for the girls and their families on matters concerning FGM. The safe camp follows three guidelines out of the *UNICEF’s Six Elements of Abandonment*. These regulations are the result of field experiences made by Tostan in Senegal and Deir el Barsha in Egypt as well as the reaction to foot-binding in China. They were first published in UNICEF’s Coordinated Strategy to

abandon FGM in one generation (2007). Since then, these *Six Elements of Abandonment* have represented the most effective programmes to transform social norms, such as FGM, and to encourage rapid changes of the practice (UNICEF 2007). Since the implementation of *Zinduka's* safe camps in Kuria the following three elements have been applied to guide the project: Firstly, a “non-coercive and non-judgmental approach in which the focus is fulfilling human rights and empowering girls and women” (UNICEF 2007) has been chosen. Communities should be encouraged to consider the rights of every single member of the community and the methods how these rights can be fulfilled. Secondly, “community awareness of the harm caused by the practice” (UNICEF 2007) by non-judgmental and open dialogues has been roused. One of the aims of the safe camp in Kuria is to give individuals the chance of coming together and sharing their opinions, beliefs, hopes and fears about FGM, without being judged by anyone else. Lastly, the element of providing “an environment that enables and supports change” (UNICEF 2007) has been implemented because change is more likely to happen when all key stakeholders are actively working towards change (Research Diary 3, 2022). These elements have been implemented in every single safe camp and have led to changes regarding FGM.

The camps were founded for girls who refuse to undergo the cut. In the camps the girls receive training on a wide scale. They learn about life skills, they get sex education, information on FGM and personal hygiene, schooling, and education on their rights. They equip girls with more self-awareness, motivation, and goal setting. The overall objective, however, is to provide the girls' safety, to build their confidence and to help them step out of their comfort zone (Research Diary 3, 2022).

An important event taking place at the safe camp is the so-called final graduation ceremony to which parents and relatives of the girls are invited. The girls graduate from the camp by receiving a certificate as well as sustainable hygiene products. Generally, the girls prepare poems, songs and dances or small sketches related to the practice of FGM and express their wish to end it. Stakeholders, including the local government officials, are present at the ceremony and hold a speech in front of the parents, raising awareness of the side effects and dangers of FGM and the importance of education (Research Diary 1, 2021/2022). This event can be viewed as the key element of the ARP which has been implemented in Kuria and shall bring sustainable

change by ending FGM. According to Wambura (2018) most girls in Kuria were able to escape FGM by attending these camps (Wambura 2018, 115f).

In general, the Kuria safe camps take place annually. Due to covid-19, however, the safe shelters took place two to three times a year. They lasted for a period of two to three weeks during the long school holidays and when the council of elders declared the cutting season to be opened. The number of girl participants at the camp varies from camp to camp and depends on the cutting season of each Kuria clan. Before a camp starts, a so-called participant mobilization takes place. As soon as it is over, a phase of evaluation follows. These follow-up activities give the CBO the opportunity to see the girls at their homes and meet their parents. The purpose of home visits is impact assessment, monitoring, and mobilization in order to find out which girls are in danger and should attend the next camp. Even those girls who presumably are not at risk are closely monitored by the CBO (Research Diary 3, 2022).

The safe camps owe their existence to the participation of various stakeholders, such as governmental agencies, activists, and non-governmental organizations. Without these joint efforts sustainable change to end FGM in Kuria would not be possible. Safe camps alone, however, cannot be considered as the crucial factor to end the practice. Thus, the following section will concentrate on the role of the media in this respect.

6.2 Media

As media function as a source of information, an opinion-forming instance and a form of criticism and control (Nohlen and Schultze 2010, 585ff), Kenyan media are responsible for the task of spreading information about FGM. Kenyan media representatives are trained to understand FGM and to regard it as a violation of human rights and a cause of health problems for women. They are encouraged to report accurately on the practice (Mohamud, Radeny, and Ringheim 2006, 85). Since the end of the 1980's there have been constant reports of FGM in the local media.

Most of the professional Kuria people read the newspaper regularly. Thus FGM has also become topical in Kuria for some years (Prazak 2016, 176). National newspapers, such as the *Citizen Digital* reported in 2016 that the Kuria council of elders defended FGM. They claimed that their 'God of FGM' could not be compelled to stop the practice

and demanded that boys and girls undergo the cut for their transition into adulthood. The council of elders stated that the only way to end FGM was to consult about it with their God (Ngari 2016). Since then, changes regarding the practice have continuously been noticed in Kenya's media reports.

In January 2022 *Citizen Digital* published an article saying that almost 300 girls who had been taken to a safe camp in Kuria were rescued from FGM and reunited with their families. According to Janet Robi, Maberia Sub-County officer, the girls escaped from their homes for fear of being cut because they had been informed about FGM and were afraid of what would happen to them (Juma 2022).

According to another report from June 2021 by one of the leading Kenyan national newspapers known as *The Standard*, the United Nations Children's Fund (UNICEF) estimates that over 700 girls underwent FGM in Kuria in 2020, while other sources indicate that the numbers could have been as high as 3000. In 2021 there were speculations that over 500 girls had undergone the practice in Kuria (Chacha 2021).

One could assume, however, that these numbers could even be higher because it seemed that girls had been cut secretly at home during the night while other girls had been taken across the border to Tanzania to be cut there. The fight against the so-called cross-border cutting is a key issue in the campaign to end FGM in Kenya and is also targeted by the government (Anti-FGM board) and organizations such as UNFPA and UNICEF.

The practice of FGM among the Kuria was not only topical for national media but also roused the interest of the international press. Since 2016 *The Guardian* has been regularly reporting about the cutting seasons in Kenya in order to raise public awareness on an international level. The articles which appeared reach from reports to photos of girls parading openly in the streets (2016) on the occasion of their cutting ceremony. Some articles speak about efforts to end FGM in Kuria (2020) or show girls hiding from the cutters (2022) (Horner 2016; McVeigh 2022; Muiruri 2020).

The majority of the Kuria listen to the radio because it is the only available medium in remote areas. Radio shows are mainly held in the Kuria language. In March 2022 the Kenyan CBO *Zinduka* has managed to organize eleven radio shows on Radio Togotane which is the dominant radio channel listened to among the Kuria in Kenya

and Tanzania. It is known that the radio station reaches over 650.000 people within the Kuria community on either side of the border (Research Diary 1, 2021/2022).

Again, the aim of the radio shows was to reach the entire Kuria community to create awareness on FGM and to provide valuable information and knowledge about the issue. The reason for inviting the key players of the community, such as elders, activists, health experts, child protection officers, religious leaders, parents, former cutters, and role models was to guarantee a holistic approach (Research Diary 1, 2021/2022).

The CBO was able to broadcast the Kuria East council of elders (Nyabasi clan from Ntimaru) in Radio Togotane. On that occasion the council boldly and publicly told people to stop FGM. The representatives of the *inchaama* announced that they had offered sacrifices to the 'Gods of FGM' and they had allowed and blessed them to end FGM without any consequences. They then told the community to stop practicing the cut as it did not have any health benefits to women and girls (Research Diary 1, 2021/2022). If you compare the statement of defending FGM pronounced by the Kuria council of elders in 2016 (published by the *Citizen Digital*), you will notice that there has been an immense increase of acceptance towards ending FGM in the community. These changes may be regarded as the result of the combined efforts of several non-governmental organizations, local anti-FGM activists and governmental agencies. Further topics discussed in the radio shows so far have been health effects on FGM, religion, role models, law, and legal framework. Since then, the chief issue has been to stop FGM and to make the media continue representing a significant voice in local discussion on FGM (Research Diary 1, 2021/2022).

Furthermore, national TV channels, such as *Citizen* are also reporting on FGM practice in different Kenyan communities. Social media and social media campaigns play an important role in the process of ending FGM by raising awareness on a global sphere. In 2021 there was a so-called uproar in social media concerning FGM cases in the Kuria region. The leading social media channels working to end FGM are Twitter, Facebook, and Instagram.

Although FGM has been dealt with by local and international media for some years, the access to national newspapers, online newspapers or TV shows is limited among

the Kuria and only available for a small percentage of the community. Most Kuria do neither possess a TV at home, nor do they read national newspapers regularly. Furthermore, it must be pointed out, that most of the Kuria do not speak English, but only the Kuria language and Swahili. Most Kenyan newspapers, however, are written in English. The same applies for TV shows. Therefore, the success of the media towards ending FGM is poor. The radio shows, however, seem to have an impact on the community. The outcome has not been evaluated yet and future studies will show the effect of radio programmes on ending FGM.

6.3 Education

This section discusses the role of education and ending FGM among the Kuria community. FGM is associated with low literacy rates, early marriages, and economical challenges. Further, the dowry is higher for cut girls and so is their family status within the community. Most cut girls among the Kuria are married as soon as they complete primary education. Often uncut girls, however, are allowed to finish secondary education and get married in their early twenties. Generally, uncut Kuria girls perform better at school compared to those who are cut. Usually girls get married right after graduating from secondary school, bear at least one or two children and afterwards return to a training college if they want to (Prazak 2016, 90ff). In many cases FGM has a negative impact on the girls' education. They miss school for several weeks to be cut and for the healing time. For many of those girls the educational path will end for them to be married and start a family. Educated women, however, are aware of the negative health effects caused by any type of FGM and therefore avoid the practice for themselves and their daughters (Grose u. a. 2019; Iosr Journals and Student 2015, 97f). Uncut girls, however, are bullied and called nasty names at school because conformity is compulsory (Research Diary 1 2022).

According to the Kuria children officer of Kuria West the fact that many women in Kuria have little education and no vocational training at all is responsible for the existing prevalence of FGM (over 90%) in Kuria while in the rest of the country the practice is decreasing. The reason for the unemployment of most mothers in Kuria are the cut and early marriage. Most schoolgirls suffer from the pressure exerted by their mothers

who want them to be cut. Moreover, parents cannot afford to send more than one of their children to school. They normally choose a boy. So, the lack of female education contributes to the presence of FGM and poverty. (Research Diary 1, 2021/2022).

The assistant chief of the Kuria region remarked that the only transition a girl undergoes by the cut is into early marriage but not into womanhood. Girls who get married too early and do not finish their education suffer from an early aging process owing to the stress and ailments related to the cut (Research Diary 1, 2021/2022).

According to a married Kuria man,

“[...] an educated girlchild is somebody who can be helpful to the entire community. If you offer schooling to a girlchild you educate the whole community.”

(Jonas Marua Bigege, 2022)

He explains that if girls remain uncut, they usually perform better at school and can be role models for the rest of the community (Jonas Marua Bigege, 2022). Paul Meremo Mogere, a Kuria primary teacher at a mixed school agrees on it. He tries to raise his pupils' awareness on FGM by explaining them the negative physical effects of FGM. He says that

“[...] FGM is not for educated people. It is just for illiterate people. Those girls who go to university are not cut to be sure.”

(Paul Meremo Mogere, 2022)

Tobias Marwa an anti-FGM activist states that

“[...] the illiteracy level in Kuria is high. You find that uneducated families will prefer practicing FGM. We need to invest in education for girls. We have to win this war.”

(Tobias Marwa, 2022)

It is the positive result of school workshops, sensitization in villages involving the elders that changes in favour of ending FGM can already be noticed in Kuria East, where the Nyabasi clan lives. (Tobias Marwa, 2022). Simon Mahegere says that the Nyabasi clan wishes to end the practice and replace it by educational programmes (Simon Mahegere, 2022).

6.4 Kuria Against FGM

The subsequent section tackles the role of women, men and parents ending FGM in the Kuria community. In the opinion of male anti-FGM campaigners in Kenya, the practice cannot be viewed as a so-called women's issue only. In Kenya many men feel the need to express their opinions on FGM. Some male journalists and activists claim that it has become superfluous to raise awareness because by now everyone should know that FGM is a malpractice (Johnson 2022). Journalists and activists claim that in Kenya people know from the media that FGM is illegal. People know about cases of men and women who were jailed because of forcing their daughters to undergo FGM (Mike Weblen Sonyanga, 2022). Other Kenyan men point out that only local activists and local people can bring change because they can talk to young men who will be the future husbands of uncut girls in future. The practice of FGM will stop as soon as men accept giving it up (McVeigh 2022).

Among the Kuria, ending the cutting depends mainly on men because they hold the power in the community. For a long time, fathers and brothers have been forcing their daughters and sisters to undergo FGM presenting the process as a socio-cultural demand of the community. Uncut girls are exposed to much pressure because they cannot be married or fetch little or no dowry. Moreover, uncut girls are ridiculed and name-called by their own parents. They are regarded as inferior human beings and – to please their fathers – they agree to being cut (Research Diary 1, 2021/2022).

Recently Kuria men have started to play key roles in ending the practice. The role of a father as the head of a household is to protect his family and daughters from dangerous practices, such as FGM. Nowadays brothers have started working closely together with security and law enforcement authorities during the cutting seasons and ceremonies. Furthermore, most Kuria men have given up the idea that FGM would

make women more complete, more mature, and more responsible. What gives them the confirmation is the fact that there are uncut women hold powerful positions in the Kenyan government or the private sector today (Research Diary 1, 2021/2022).

Accordingly, men ending FGM is one of the topics discussed in a radio show by radio Togotane. One of the male participants revealed that Kuria men had great influence on ending FGM because they were the decision makers in the community. If they decide that no FGM should be practised in their homes and/or families, there will be no FGM. It is the men who decide whether they want to marry cut or uncut girls and if they all agree to marry uncut women FGM will end (Research Diary 1, 2021/2022).

The same conclusions can be drawn from the interviews. One male interviewee maintains that it is the task of the men to bring knowledge on FGM to their villages. He assumes that many people will react positively (Daniel Muita Chacha, 2022). Another Kuria man emphasizes the function of parents who should bring about a change in the minds of church representatives, members of their communities and of the elders. He also says that local church representatives fight against FGM following the Bible according to which “[...] bad things are not here for us to teach our children” (Jonas Marua Bigege, 2022).

Many Kuria women also feel the need to communicate their thoughts and experiences on FGM although decision making on FGM in Kuria depends mainly on men. Sabina Gati, one interviewee, the mother of three uncut daughters, regards parents as the ambassadors of the abolishment of FGM. They know from experience about the impact of the practice on their daughters’ lives and so they are most suitable for preaching and talking about it. She insists on involving both parents as well as more distant relatives to stop the cut. To achieve a success knowledge on the effects of FGM is essential and can be gained by attending seminars, observing the media and listening to experts. She admits, however, that neither media nor education per se can end the cuttings (Sabina Gati, 2022).

Yet, opinions on parents’ roles may differ from each other. According to the Kuria West children officer “most parents have failed in terms of guiding their children properly” (Janet Robi, 2021). She explains that the cutting season started without the girls knowing. They were only told about presents expecting them after the cut. The parents,

however, were informed. So, the parents must be sensitized in the first place. This process has started in Kuria but it

“[...] is a very big challenge [...] and a long journey and we are not even halfway.”

(Janet Robi, 2021)

Consequently, only a multi-sectoral and participatory approach may end FGM in Kuria. No single effort or campaign is able to stop it. A male Kenyan anti-FGM activist summarizes the effort in the following way:

“I think there's a brighter future, but there are still dark forces in this fight.”

(Mike Weblen Sonyanga, 2022)

7. Conclusion

This chapter is the ultimate result of the research questions including the two sub-questions which may be regarded as supplements. This information is necessary in order to create a holistic picture of the practice of FGM and the efforts of ending it in the Kuria community in Kenya.

“Even though cultural practices may appear senseless or destructive from the standpoint of others, they have meaning and fulfil a function for those who practise them. However, culture is not static; it is in constant flux, adapting and reforming. People will change their behaviour when they understand the hazards and indignity of harmful practices and when they realize that it is possible to give up harmful practices without giving up meaningful aspects of their culture.”

(WHO, UNICEF, and UNFPA 1997)

This quote was published by the WHO, UNICEF and UNFPA in 1997 but is still valid today. Although certain socio-cultural practices may be good and meaningful and should be preserved, other socio-cultural practices exist which need to be transformed or even stopped. In my point of view change means keeping what is good or meaningful and defending it. Therefore, it is worth finding out what is harmful and giving it up. This principle would correspond to the law of natural selection on the one hand and proves that cultures are exposed to permanent change, on the other hand. Moreover, this view comprises the idea of gradual growth and learning.

The practice of FGM is carried out for many complex socio-cultural reasons which vary from one community to another. Debates about the practice depend on contrasting concepts existing between outsiders and people involved. To increase understanding an outsider needs to study local circumstances before drawing conclusions. Those who practise FGM do it because they interpret it as a socio-cultural heritage or norm. It is often performed as a result of community or family pressure or because it may

bring threat and stigma. I have discovered all the above-mentioned reasons among the Kuria community and have tried to analyse and portray them.

Furthermore, FGM has become an intensely discussed topic on the international scene by media, policy-makers, feminists, anti-FGM activists, health care providers, NGOs and international institutions, such as the WHO or the UN. It is surprising that the Kuria region may be viewed as remote, but FGM has led the Kuria community into a globally discussed discourse, therefore the practice is a controversial issue on an international, national, and regional level. The political dimension focuses primarily on the human rights approach and the (public) health one.

This work is about international, national, and regional perspectives of the practice of FGM and the efforts of ending it. It analyses its alleged legitimization and the efforts of contestation. The purpose of the study is to point out new ways of stopping FGM by a multi-sectoral approach.

Consequently, people working on the grassroot-level do not only follow just one of the discussed approaches but rather apply and combine various approaches as it is the case in Kuria. They are the best-informed experts and know about the community's peculiarities when it comes to FGM. They know best how to end the practice. Unfortunately, they depend on domestic and foreign development policies and international donors. International institutions and international development assistance donors should therefore be willing to broaden their perspective and not only see FGM from the human rights point of view but rather cooperate with local CBOs and activists. Efforts towards ending FGM would be most effective if the willingness to change came from the affected community itself.

In Kuria the practice of FGM harms girls' attendance and performance at school and it fails to meet their gender equality rights. Apart from these disadvantages girls are exposed to high physical risks during the procedure and undergo serious dangers during marriage and childbirth. Girls do not complete their education and have little schooling. Early or/and arranged marriages, little access to physical and psychological healthcare are natural consequences. Thus, FGM should not be reduced to its health aspect including its relatedness to diseases such as HIV/AIDS but shall be examined

in relation with customs like early marriages, teenage pregnancies, and school dropouts.

In Kuria it is argued that FGM prepares the girls for marriage and motherhood. The chief argument in favour of the practice is the community's right to practice their culture. In the respective community many things change in a girl's life after being cut. Firstly, FGM is viewed as a rite of passage and simultaneously a proof of adulthood. Secondly, by the cut the girl's status within the community increases. Finally, it shows maturity and positive character representing the most important value of every member of the Kuria community: to establish a family and to leave descendants.

It is true that there are still Kuria community members who do not want to change FGM for innumerable reasons and justifications despite the efforts of international institutions, such as the UN or the WHO and local CBOs or anti-FGM activists. They wish the ceremonies that accompany FGM to continue mostly because they regard it as a preservation of their socio-cultural practices and cultural heritage. Other community members, however, have acknowledged the dangers of FGM and are ready to abandon it.

For a couple of years there have been numerous efforts by various stakeholders to end the practice in Kuria. The Kuria community, however, still remains closely attached to FGM because they regard it as a socio-cultural custom. Moreover, Kuria men are decision makers, spiritual dogmas are highly influential, the education level is low, and most girls are exposed to heavy social and economic pressure to make them accept the practice and believe to fulfil a socio-cultural heritage and requirement. Changing socio-cultural customs cannot happen overnight but takes a lot of time and effort. Raising awareness within the affected community is essential. One can see that FGM in Kuria is closely tied to marriage, a source of economic security and social identity within the community.

The majority of my interview partners agreed that FGM and related issues in Kuria could be eradicated over the next generations. Its ending might be difficult and the process slow. The encouragement to realize a change should either be initiated and supported on the local level. Since most of the interventions to end FGM have been made in an uncoordinated and isolated manner, I see the need for an alternative, participatory and holistic approach.

Moreover, the number of women and girls affected by FGM is not decreasing. According to international reports from the UN or WHO, it has even increased since the Covid-19 pandemic, especially among the Kuria, which shows the power of such an old and deeply rooted socio-cultural practice. International organisations and NGOs should realize that their efforts can be implemented in a particular socio-cultural context but are not fit for every affected community. Therefore, ending FGM can only be achieved by a multi-sectoral approach, individually designed for each community. This research gives insight into the specific case of the Kuria community in Kenya. The emphasis was put on local perspectives rather than on general views of the phenomenon. It shows that in Kuria neither globalization nor efforts on gender equality have had any impact. Kuria community members have not changed their views on socio-cultural practices such FGM and related issues.

This case study can be regarded as a work of social sciences. It is part of development studies, anthropology, human rights advocacy and public health. Since the 1950s only three of the research studies on FGM in Kenya were conducted in Kuria. Therefore, this thesis provides new empirical data. On the one hand it reveals how FGM is justified among the Kuria community and on the other hand it demonstrates how the practice is contested.

The empirical findings encompass deeper insight into the Kuria community power structure, gender roles, and diverse views on the practice of FGM. The findings show some contradictions because not all Kuria clan elders have decided to end the practice and those who pretend to have given up still conduct it secretly to gain income.

Apart from the above-mentioned results, the case study has the potential to be applied by local CBOs and international NGOs who aim to end FGM among the Kuria community. This research study may turn out to be useful for international institutions, such as the UN and the WHO, and in this way create a long-lasting social impact.

Furthermore, this case study tries to contrast international views and local patterns of thought and action.

I have come to the conclusion that the practice of FGM among the Kuria can only be examined by a multi-sectoral, participatory and holistic approach with the aim of

bridging the gaps existing among the different social sciences and debates and of finding a common denominator. According to my findings the cut and marriage are the two most relevant ceremonies in the life of a Kuria girl and seem to be inevitable. Despite all efforts from outside the community refuses to change their customs and even invent new tactics to reach FGM.

It would be necessary to improve education in Kuria where the educational level is lower than the Kenyan average and a huge amount of people still do not know about FGM and its effects. Therefore, different media channels could contribute to this progress and help to bring about change. The Kenyan government could adapt awareness raising on the practice in its educational curriculum. The implementation of the so-called alternative rites of passage, such as safe camps for girls should be favoured and established separately within every respective community. Different income opportunities could be created for cutters or former cutters through governmental or non-governmental working programmes. Moreover, cutters shall not be threatened by punishment, but rather lay down their cutting tools with total conviction and receive recognition by the affected community. Regarding international development policies and international development assistance, donor countries should demand accounts on the provided funds and attach them to strict conditions. Private investors should keep an eye on human rights, health care and educational opportunities.

I have tried to study the issue of FGM among an affected community, the Kuria in Kenya who regard FGM as their socio-cultural heritage. I do not wish to condemn the practice or apologize for it, but it has been my aim to analyse several perspectives and to demonstrate various approaches to end it. The practice of FGM has been challenged for some decades and hopefully it may be stopped in future, however, today it still persists.

8. Bibliography

8.1 Primary Sources

8.1.1 Interviews

Interviews were conducted as illustrated below:

No.	Interviewees	Name	Date and location
1	Children Officer Mabera (Kuria West)	Janet Robi	December 28 th , 2021, Kehancha, Kuria, Migori County, Kenya conducted by Mike Weblen Sonyanga and Katharina M. Zlattinger
2	Children Officer Kegonga (Kuria East)	Charles Chacha	December 28 th , 2021, Kegonga Kuria East, Migori County, Kenya; conducted by Mike Weblen Sonyanga and Katharina M. Zlattinger
3	Fathers/Men	Daniel Muita Chacha	December 29 th , 2021, Kegonga Kuria East, Migori County, Kenya; conducted by Mike Weblen Sonyanga and Katharina M. Zlattinger
4	Fathers/Men	Jonas Marua Bigege	December 29 th , 2021, Kegonga Kuria East, Migori County, Kenya; conducted by Mike Weblen Sonyanga and Katharina M. Zlattinger
5	Anti-FGM Activist, Community Health, and Development Worker	Lester Moitai Metui Linti	February 8 th , 2022, Kajiado, Kajiado County, Kenya
6	Anti-FGM Activist, Captain of Maasai Ladies Cricket team against FGM	Eunice Malawa Ngais	February 20 th , 2022, Nairobi, Kenya
7	Zinduka Programme Director, Anti-FGM Activist	Cecilia Wangui	February 25 th , 2022, Nairobi, Kenya

8	Anti-FGM Activist, Founder and Captain of Maasai Cricket Warriors	Mike Weblen Sonyanga	March 5 th , 2022, Kajiado, Kajiado County, Kenya
9	Anti-FGM Activist in Kuria, Men end FGM	Paul Meremo Mogere	March 10 th , 2022, Tagare, Kuria West, Migori County, Kenya
10	Kuria Anti-FGM Activist	Elga Aoko	March 10 th , 2022, Tagare, Kuria West, Migori County, Kenya
11	Survivor, Kuria Anti-FGM Activist	Gaudentia Gati	March 10 th , 2022, Tagare, Kuria West, Migori County, Kenya
12	Mothers/Women	Sabina Gati	March 11 th , 2022, Masaba, Kuria West, Migori County, Kenya; conducted by Mike Weblen Sonyanga and Katharina M. Zlattinger
13	Mothers/Women	Gaudentia Achieng	March 11 th , 2022, Masaba, Kuria West, Migori County, Kenya; conducted by Mike Weblen Sonyanga and Katharina M. Zlattinger
14	Chairman of the Council of Elders of Kegonga, Kuria East, Kenya	Simon Mahegere	June 9 th , 2022, Sirari, Kuria, Mara Region, Tanzania
15	Former Cutter of Kegonga, Kuria East, Kenya	Paulina Robi Ikenge	June 9 th , 2022, Sirari, Kuria, Mara Region, Tanzania
16	Tanzanian Anti-FGM Activist	Valerian Mgani, Paul Meremo Mogere and Tobias Marwa	June 10 th , 2022, Sirari, Kuria, Mara Region, Tanzania
17	Anti-FGM Activist, Filmmaker, Founder and Captain of Maasai Cricket Warriors	Mike Weblen Sonyanga	September 1 st , 2022, Nairobi, Kenya
18	Kuria Anti-FGM Activist	Rose Gati	8 th September 2022, Kehancha, Kuria, Migori County, Kenya
19	Kuria Anti-FGM Activists	Paul Meremo Mogere and Tobias Marwa	10 th September 2022, Kehancha, Kuria, Migori County, Kenya
20	Zinduka Founder	Antonia Waskowiak	September 26 st , 2022, Nairobi, Kenya

8.1.2 Research Diaries

The research diaries were kept during the research process in Kenya and in Tanzania between 2021 to 2022. The first research diary was conducted between December 2021 and March 2022 in Kenya, while the second research diary was completed in June 2022 during the stay in Tanzania in the Mara Region where the Kuria community is located. The third research diary was written in September 2022 during the final research phase in Kuria, Kenya.

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9. Appendix

9.1 Abstract (English)

This field study focuses on the socio-cultural custom of Female Genital Mutilation (FGM) in Kuria. It demonstrates different perspectives of the practice and discusses multiple efforts of ending it. Still 96 per cent of women and girls undergo the practice of Female Genital Mutilation (FGM) in the southwest of Kenya where the Kuria community lives, although it is illegal according to Kenyan law. FGM is a procedure affecting women in many different parts of the world and represents a violation of the basic rights of women and girls. So far, the issue of FGM has been discussed from the perspectives of human rights and from historical and medical points of view. A multi-sectoral and participatory approach has not been realized yet. Despite the importance of FGM there is a tremendous lack of international and national study regarding the practice among the Kuria community in Kenya.

This master's thesis is based on a qualitative field research in the Kuria region lasting from December 2021 to March 2022. It was completed in June 2022 and in September 2022. Although the study examines FGM on a regional level, it is based on the national and international legal framework. It does not question socio-cultural practices in any ethnic group but should provide a comprehensive overview of different aspects and perspectives of FGM. Therefore, primary data collection is the chief element. The overall aim of the research is not limited to finding out about the different views on FGM and the practice behind it but demonstrates multiple measures necessary to stop it among the Kuria community. The reports of a former cutter and of the council of elders play a central role in this thesis. By illustrating individual experiences and explaining the structure of the Kuria community they represent a first-time social science research.

9.2 Abstract (German)

Die vorliegende Fallstudie untersucht die sozio-kulturelle Praktik der weiblichen Genitalverstümmelung (FGM) innerhalb der ethnischen Gruppe der Kuria, die im ruralen Gebiet im Südwesten Kenias angesiedelt ist. Das umfassende Ziel dieser Masterarbeit ist es, diverse Perspektiven bezüglich der weiblichen Genitalverstümmelung und ihrer Hintergründe in Kuria, sowie verschiedene Maßnahmen und Bemühungen hinsichtlich ihrer Abschaffung aufzuzeigen.

In Kuria sind nach wie vor 96 Prozent der Frauen und Mädchen von weiblicher Genitalverstümmelung (Female Genital Mutilation, FGM) betroffen, obwohl diese nach kenianischem Gesetz bereits seit 2011 verboten worden ist. Diese Praktik ist noch immer weltweit verbreitet und stellt eine Verletzung von Frauen- und Kinderrechten dar. FGM wurde jeweils aus menschenrechtlicher, historischer und medizinischer Perspektive untersucht, ein interdisziplinärer und partizipativer Ansatz in der Sozialwissenschaft fehlte. Trotz internationaler Relevanz der Problematik gab es in diesem Bereich für die rurale Kuria-Region in Kenia eine Forschungslücke.

Die vorliegende Masterarbeit basiert auf einer qualitativen Feldforschung in Kuria, die einen insgesamt fünfmonatigen Forschungsaufenthalt, der in Abständen zwischen 2021 und 2022 durchgeführt worden ist, umfasst. Die Studie untersucht FGM auf regionaler Ebene, stützt sich jedoch auf den nationalen und internationalen Rechtsrahmen. Primärquellen in Form von qualitativen Methoden, wie Interviews und teilnehmende Beobachtung, stellen daher das zentrale Element der vorliegenden Forschungsarbeit dar. Sozio-kulturelle Praktiken wie FGM werden hier nicht in Frage gestellt, sondern die unterschiedlichen Perspektiven und Zugänge analysiert.

Die Analyse der Mikroebene erfolgt aus interdisziplinärer und partizipatorischer Perspektive. Dabei kommen Erfahrungen und Berichterstattungen einer ehemaligen Beschneiderin sowie des Vorsitzenden des Ältestenrates der Kuria zentrale Rollen zu, da diese Einblicke in vorherrschende Gesellschaftsstrukturen und in individuelle Erlebnisse ermöglichen, dass in der sozialwissenschaftlichen Forschung bislang noch nicht ausreichend untersucht worden ist, doch der Klärung bedarf.