

Girls and Women Subordination: Female Genital Mutilation in north-eastern Uganda.

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By

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Declaration

I certify that the work I have submitted is my own effort and all the material in this dissertation which is not my work has been identified and acknowledged.

Signed

Date

Dedication

To my mother, Saada Nalubega, for always being there for us in the absence of our father. She has always made sure we never lack in this life. Her love is sweeter than honey, even the bees envy her.

To my siblings: Kaala, Sharimah, Eddie, Faridah (RIP), Namisha, Jumah, Meddie, Asha, Mariam, and Jamada. I love you guys!

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Abstract

Background

Female genital mutilation/Cutting (FGM/C) is a cultural practice which is practiced in various parts of the world. According to UNICEF, at least 200 million girls and women alive today have undergone FGM. FGM prevalence can be attributed to different factors like culture, sexuality, and many others as it will be discussed in this thesis. Different interventions like Prohibition-FGM laws have been put in place to fight FGM but have not been very effective. People decided to change the way they practice FGM by doing it underground to avoid persecution. The ineffectiveness of interventions like Prohibition-FGM laws has led to a call for new interventions to fight FGM.

Methods

I used qualitative research methods through semi-structured interviews and structured questionnaires. My respondents were fifteen in number.

Results

I found out that my participants perceive FGM in different ways and describe different factors for its prevalence. Furthermore, most of my participants suggested sensitization as the best intervention against FGM.

Conclusion

FGM/C is a culturally embedded practice which is complex because of cultural meanings ascribed to it. This explains why interventions that have been put in place like the Prohibition of Female Genital Mutilation Act (PFGM Act) have failed to stop FGM. This is evidenced by the high prevalence rate of FGM in different parts of the world, particularly in Africa.

Sammendrag

Denne masteroppgaven handler om kvinnelig omkjæring I Uganda. Ifølge UNICEF har kvinnelig omkjæring blitt utført på minst 200 millioner jenter og kvinner. Grunner til det er kultur, seksualitet og mer. Disse grunnene skal forklares I denne oppgaven. Aktorer mot kvinner omkjæring har brukt ulike intervensjoner som lov for å stoppe den tradisjonen men har ikke fått god effekt eller utfall. Derfor trenger samfunnet nye intervensjoner som kan føre til god effekt eller utfall, foreksempel kampanyer hvor mennesker kan få informasjon om

ulemper med kvinner omkjæring. Dette kan bidra til å stoppe kvinnelig omkjæring I fremtiden.

Key Words: Female Genital Mutilation/Cutting; Pokot; Uganda; Social Convention theory; Radical feminist theory; Prevalence rate; Pro-FGM; anti-FGM.

Girls and Women Subordination: Female Genital Mutilation in north-eastern Uganda.

Declaration	i
Dedication	ii
Acknowledgements	iii
Abstract	iv
CHAPTER ONE: INTRODUCTION.	1
1.1 BACKGROUND.	1
1.1.2 Medicalized FGM	2
1.1.3 FGM Practices	3
1.1.4 REASONS FOR FGM	3
1.1.5 CONSEQUENCES	3
1.2 INTERVENTIONS	4
1.2.1 INTERNATIONAL COMMUNITY.	5
1.2.2 NATIONAL LEGISLATION	5
1.2.3 COMMUNITY ROLE	6
1.2.4 NON-GOVERNMENT ORGANISATION ROLE	6
1.3 LIMITATIONS of Fighting FGM	7
1.4 STATEMENT OF THE PROBLEM.	7
1.5 OBJECTIVES	8
1.6 SPECIFIC RESEARCH QUESTIONS.	8
1.7 STUDY AREA AND SCOPE OF THE STUDY	9
1.8 ORGANISATION OF THE THESIS	10
CHAPTER TWO: LITERATURE REVIEW	11
2.1 INTRODUCTION	11
2.2 FGM in African Context	11
2.3 FGM and Culture	13
2.3.1 ASPECTS OF FGM AMONG THE POKOT.	14
2.4 APPROACH	14
2.5 Theoretical Frameworks	15
2.5.1 Social Convention Theory	15
2.5.2 Social-Convention theory and abandoning FGM	16
2.5.3 Four models through which to abandon FGM	16

2.5.4 Limitations of social convention theory	18
2.6. Feminist theory overview	19
2.6.1 Radical Feminist Theory and FGM	20
2.7 A REVOLUTION TO END FGM.....	21
2.8 Using radical feminism and Social-Convention theory to investigate the Pokot	22
CHAPTER THREE: METHODOLOGY	23
3.1 INTRODUCTION.....	23
3.2 Positionality of the researcher	23
3.3 QUALITATIVE DESIGN.....	24
3.4 DATA COLLECTION TOOLS AND PARTICIPANTS	24
3.4.1 DATA ANALYSIS.	25
3.4.2 VALIDITY.....	26
3.5 ETHICS	26
3.6 CHALLENGES.....	27
3.7 RELEVANCE	28
Chapter Four: Perception of the local community on FGM.....	29
4.1 Introduction.....	29
4.2 Traditional Practice (Before PFGM Act and after PFGM Act)	29
4.3 A form of initiation	32
4.4 A Source of Income	34
4.5 Dehumanizing and harmful practice	34
Conclusion	36
Chapter Five: Prevalence rate of FGM in the Community.....	37
5.1 Introduction.....	37
5.2 Culture	37
5. 3 Women ´s Sexuality.....	38
5. 4 Religion	39
5.5 Social pressure and Peer Influence.....	40
5. 6 Long porous border	41
5. 7 Support by individuals	42
5.8 Unemployment	42
5.9 Education	43
5.10 Poor terrain, infrastructure and lack of resources.	45
5.11 Way of Life	46
5.12 Elections.....	47
Conclusion	49

Chapter Six: Role of Community	50
6.1 Introduction	50
6.2 Sensitization	50
6.2.1 Sensitization, an opener to a revolution.	52
6.3 Local leaders	54
6.4 Local Laws	55
6.5 Social media	56
6.6 Scouts or informers	56
6.7 Role of young people	56
6.7.1 Innovation Hack Lab	58
6.8 Limitations of these efforts	59
Conclusion	59
Chapter Seven: Role of government	61
7.1 Introduction	61
7.2 Evaluation of Government Interventions	61
7.3 Education	61
7.4 Ratification of International laws	62
7.5 National Legislation	63
7.6 Before and after legislation	63
7.6.1 Limitations of legislation	64
Conclusion	65
Chapter Eight: Role of NGOs	67
8.1 Introduction	67
8.2 NAWOU	67
8.3 The Spotlight Initiative	67
8.3.1 Roles played by the Spotlight Initiative in Uganda.	68
8.4 Financing	69
Conclusion	70
Chapter Nine: School as a rescue center	70
9.1 Introduction	70
9.2 Kalas Girls Primary School	71
9.2.1 Receiving abused girls.	72
9.2.2 Helping rescued girls.	74
9.2.3 Funding the rescue centre program	75
9.2.4 Challenges of the rescue centre	75
9.2.5 Ending FGM.	76

Conclusion	76
Chapter Ten: Discussion, Conclusions and Recommendations	78
10.1 Introduction	78
10.2 Discussion	78
10.2.1 Overview of findings and Interpretation	78
10.3 Conclusion	81
10.4 Recommendation	83
Bibliography	85

CHAPTER ONE: INTRODUCTION.

Female genital mutilation (FGM) is a cultural practice which is practiced in various parts of the world, especially in Africa and Asia. Those who undergo it are welcomed to society and those who refuse might be disbarred. For feminists, and human rights organisations, FGM is considered a violation of human rights hence calling for an end to this practice. While the issue of FGM has been highlighted as a big challenge, little research on the topic among the Pokot, particularly in a Ugandan context has been carried out. In this regard, this thesis will enlighten on what has led to the high prevalence rate of FGM among the Pokot people in north-eastern Uganda, and interventions that have been put in place by the government, non-government organisations, and community to fight it.

1.1 BACKGROUND.

At least 200 million girls and women alive today in 31 countries have undergone FGM (UNICEF, 2022). It is also believed that the number of girls and women who undergo FGM is slightly higher than we know because minorities who migrate to Europe and North America practice it in secret (UNICEF & Gupta, 2013, p.22). It is also likely that some of the cases of FGM are not reported due to criminalization of this practice in countries like Uganda, Kenya, Ethiopia and many other.

FGM refers to the collective name given to several different traditional practices that involve the cutting of female genitals (Rahman & Toubia, 2000, p.3-5). FGM is mostly done on girls and women between the ages of 15-49. It can also be performed on girls between the ages of four and twelve years of age as a rule of passage to womanhood. It can be done a few days after birth, prior to marriage or after the first pregnancy. In Somalia and Sudan, infant girls may be cut at eighteen months or two years (Rahman & Toubia, 2000, p.3-5).

According to WHO, FGM is classified into four types:

Type I: It involves partial or total removal of the clitoris and or the prepuce (Clitoridectomy).

Type II: It involves partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.

Type III: It involves the narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and or the labia majora, with or without excision of the clitoris (Infibulation).

Type IV: It involves all other harmful procedures to the female genitalia for non-medical purposes. For example, pricking, piercing, incising, scraping and cauterization (WHO, 2008, p.4).

Types I, II, and III FGM have been documented in 28 countries in Africa and in a few countries in Asia and the Middle East. There is also an increase in the number of girls and women living outside their country of origin who have undergone FGM or who may be at risk of being subjected to the practice (WHO, 2008, p.4).

1.1.2 Medicalized FGM

Apart from the above mentioned four types of FGM, there is also medicalized FGM. One can argue that this is not categorized under the four types of FGM by WHO because it is a different way of performing the four types of FGM. Medicalized FGM is a process whereby girls or women are cut by professional health practitioners. These can be doctors, nurses, midwives, or low-level health providers. This risk of medicalized FGM is higher among girls aged 0-14 years than women aged 15-49 years (Kimani et al, 2020, p. 1- 2). This kind of FGM can be done at a health center or home without the notice of the authorities. In Kenya, this kind of FGM is common among the Abagusi and Somali communities. According to a 2014 survey in Kenya, 20% of girls younger than 15 years and 15% of women aged between 15-49 years have undergone this type of FGM (Kimani et al, 2020, p.3). Medicalized FGM is adopted for various reasons that begin from the community to the health providers. For example, reducing the risk of immediate complications, conforming to social norms, financial gains, and social recognition for the health practitioners. Medicalized FGM reduces immediate FGM effects like hemorrhage but cannot prevent long-term effects like psychological and sexual complications associated with this practice (Kimani et al, 2020, p. 3). This kind of FGM is not common in Uganda as the result of the PFGM Act that was passed in 2010. It calls for life imprisonment in case the perpetrator is a guardian/parent or health worker (28 Too Many, 2018, p.6).

One can argue that this kind of FGM undermines all the efforts to end FGM because it sustains FGM as people keep practicing it, but with limited side effects. However, medicalized FGM is not affordable to most of the members of the societies in which this practice is common. Approximately 80% of the population among the Kenyan Pokot is

unemployed (Brown et al, 2016, p. 119). Therefore, it is likely that the majority cannot afford medicalized FGM.

1.1.3 FGM Practices

Girls can be cut alone or in groups. The cutting is usually done by a traditional practitioner who is often an older woman and comes from the family in which generations of women have been traditional practitioners. In some countries it can also be performed by trained health personnel like physicians, nurses, and midwives (Rahman & Toubia, 2000, p.3-5). For example, in Kenya as mentioned Chapter one (1.1.2).

1.1.4 REASONS FOR FGM

FGM is practiced in various parts of Africa for assorted reasons. Most of these reasons rotate around culture or tradition. The practice is common in East African countries like Ethiopia, Kenya, Tanzania, and Uganda. The main reason as to why FGM is practiced in some of these countries is for marriageability and initiation of girls into womanhood (Hughes, 2018, p. 277). In practicing communities, FGM can be viewed as a source of income and wealth for “traditional surgeons”- (women who cut girls) and girl’s family respectively. If a girl is cut, she is ready for marriage and her bride price increases (Mujuzi, 2012, p. 9).

1.1.5 CONSEQUENCES

Consequences of FGM can be both positive and negative. Among the positive consequences of FGM is that a girl who undergoes FGM will be initiated into womanhood and welcomed to society as seen in the justification part. On the other hand, a girl or woman who refuses to undergo FGM will face social pressure and stigmatization. This kind of harassment by the community is because of refusal to respect and follow beliefs and culture. Some communities are conservative, and one risks their family from being barred from all the social and religious activities if they do not comply with the norm. For example, in Adinew & Mekete’s article where a mother could not protect her child from FGM due to community pressure and fear of isolation. She would be isolated in the community if she refused to accept her daughter to undergo FGM (Adinew & Mekete, 2017, p.2-4).

FGM also has health consequences. These can be immediate and long-term consequences depending on the type and severity of the procedure one has undergone. Among the immediate consequences are severe pain, shock, haemorrhage, urine retention, ulceration of

the genital area and injury to adjacent tissue. (Murray, 2013, p.55). If bleeding is prolonged it can lead to anaemia, which may affect the growth of a girl and lead to life-long weakness. Shock can also result from haemorrhage and the trauma of the procedure. Failure to stop bleeding can lead to death (Rahman & Toubia, 2000, p. 8).

FGM can also lead to infection because of using unsterile cutting instruments. Furthermore, when urine gets in contact with the cut area, it can contaminate it hence leading to bacteria within the blood stream. When urine gets in contact with the newly cut area, it is very painful, therefore cut girls will try to retain the urine hence leading to urinary tract infection (Rahman & Toubia, 2000, p. 8).

Type II and III of FGM can lead to long-term severe effects such as chronic pelvic infections and pain during sexual intercourse because the opening of the vagina is narrowed. Women who undergo these types of FGM also get complications during delivery due to the narrow opening and sometimes they must be cut again to make an opening for the child. If this cutting is not done, both the mother and child can pass away during delivery (Rahman & Toubia, 2000, p. 8- 9).

Often, FGM affects enrolment in schools because girls in upper primary and secondary schools are removed from schools to be cut after which they qualify for marriage thus dropping out of school (Mujuzi, 2012, p. 9).

Other consequences of FGM can be psychological, for example regret for taking it because it did not go well and the anxiety caused by FGM procedure just like a patient who is going to be operated (Omigbodun et al, 2020, p. 212-214). One can argue that FGM practice can also lead to psychological problems because it is hidden or done in hiding and unprofessionally which can lead to unwanted events like death.

1.2 INTERVENTIONS

Different interventions have been put in place as a way of fighting this practice. These run from legislation, sensitization, and other social activities which mimic FGM like ARP (Alternative Right of Passage) which is a way of initiating girls into womanhood. This will be thorough explained in chapter 8.3.

1.2.1 INTERNATIONAL COMMUNITY.

African strong leadership on FGM in the 1990s led to growing international awareness about FGM, which led to the recognition of FGM as a fundamental violation of women's rights.

The Committee on the Elimination of Discrimination Against Women (CEDAW) started to monitor states in compliance under the Women's Convention as far as the recommendations pertaining FGM were concerned. The international community has continued to facilitate awareness about FGM in different international conferences, for example the World Conference on Human Rights that was held in Vienna 1993, the International Conference on Population and Development, Cairo 1994 (Rahman & Toubia, 2000, p. 11). It is a result of such conferences that countries passed anti- FGM Acts because they were signatories to organisations like CEDAW which considered FGM as a violation of women's rights. For example, Uganda and Kenya signed such acts in 2010 and 2011 respectively.

The UN also promotes the awareness of FGM at international level. This explains why the UN international day of zero tolerance for FGM, 6th February was formed. It helps to promote the Sustainable Development Goal target to eliminate the practice by 2030 (The Lancet, 2018, p. 401). These efforts by international organisations have led to a decline on the global prevalence by nearly a quarter since 2000 (The Lancet, 2018, p. 401).

1.2.2 NATIONAL LEGISLATION

Countries have focused on the criminalization of FGM as a way of fighting it. FGM is rendered unconstitutional by the Ugandan Constitution. The Prohibition of Female Genital Mutilation Act (PFGM Act) was assented to by the Ugandan president on 17th March 2010 and commenced on 9th April 2010 (Mujuzi, 2012, p. 6-9). PFGM Act is an act aimed at prohibiting FGM, prosecuting and punishing of offenders and protecting girls and women under threat of FGM (Prohibition of Female Genital Mutilation Act, 2010, p. 2).

The government has played a key role in the awareness and sensitization of people about the anti-FGM law. This explains why there is a high rate of awareness about the FGM law in Uganda. The awareness rate stands at 83.9 per cent when all the districts that are known for FGM are combined (UNICEF & UBOS, 2017, p. 19-20).

Ethiopia as well passed the penal code in 2005 that banned FGM. This has led to the drop of FGM from 74% in 2005 to 65% in 2016. Among young girls (overall since no specific age is given in this article) it stands at 24%, and among the Somali ethnic group it stands at 99%

(Adinew & Mekete, 2017, p.2). One can argue that the drop in the statistics of FGM is not because of the penal code, but due to under reporting of this practice to avoid legal consequences. The high rates of FGM among the Somali in Ethiopia is attributed to the role played by the elders in Somali community who are not ready to enforce the law but continue supporting underground FGM practice. This can be seen in the case of the mother who could not protect her daughter against FGM due to social pressure among the Somali community in Ethiopia, regardless of the existence of the penal code.

One can argue that a law alone cannot fight FGM, especially if the law enforcers are not willing to enforce it. This argument can be supported by the persistence of FGM even after enacting laws against it.

1.2.3 COMMUNITY ROLE

Criminalization of FGM is not enough to fight it. This explains why other measures have been adopted in the fight against this practice like the use of elders, church and religious leaders. They can help to fight FGM in society because they have influence. For example, in Uganda, villages like Akariwongo in Moroto district, the elders and religious leaders under their group, St. Bakita Community Group have been in position to influence fifteen villages to publicly declare abandonment of FGM (Mbonye, 2017). The activities of this group are thoroughly discussed in chapter 6.3.1.

1.2.4 NON-GOVERNMENT ORGANISATION ROLE

There is a network of organizations that are playing a distinguished role in the fight against FGM, both international, regional, national, and local. Most of the African organizations are funded by international organizations like the WHO, the United Nations Children's Emergency Fund (UNICEF) and the United Nations Population Fund (UNFPA). These not only provide funds, but also technical and administrative support. They also develop policies that are to be followed in the fight against FGM. Critics say that their policies are westernized because local members of the societies who are directly affected by FGM are not usually involved while developing such policies.

NGOs finance sensitization programs that help to educate people about the effects of FGM and what societies and individuals can benefit from if they abandon this harmful practice. For example, if girls are not cut, they can be able to finish their education and get good jobs. This is done through programs organized and funded by non-government organizations, like for

example ARP in Kenya. ARP is an alternative to initiate girls into womanhood. ARP mimics certain aspects of the traditional initiation process but without the physical cut/mutilation. ARP can help pubescent girls to continue with their education and avoid early marriage because girls will not miss school because of health complications caused by FGM like hemorrhage (Hughes, 2018, p.277).

There are also staff of NGOs that are used to inspire and motivate the young girls on the benefits of preceding FGM and early marriage to pursue their education hence getting good jobs like the NGO staff (Hughes, 2018, p.280).

1.3 LIMITATIONS of Fighting FGM

Some of the initiatives that were put in place have their weaknesses, for example ARP does not have a standardized model like FGM, and it also depends on foreign funding, meaning that if these funders stop in the future, then ARP will also stop.

The main weakness about ARP in Hughes's article is that Christian teachings drive it. In some cases, like in Pokoto, a trainer said that the participants must be Christians first to tell them what is right and wrong. That means that ARP will not help other members of the society who subscribe to different religions like Somalis who are Muslims, yet FGM practice is prevalent among them (Hughes, 2018, p.280-283).

People in FGM practicing communities believe that the aim of Anti-FGM laws is to undermine their culture. Therefore, people are finding ways to preserve their culture like practicing FGM underground or cutting girls or women during delivery.

Other challenges that have made it difficult to end this practice are low capacity of law enforcement officers and limited resources like fuel which make it hard to patrol in FGM practicing communities.

1.4 STATEMENT OF THE PROBLEM.

According to UNICEF, the prevalence rate of FGM is at 1.4% in Uganda. This seems a low figure in the overall context of the country, but in certain communities the rate is quite high.

This thesis seeks to explore what has led to FGM's persistence despite the different initiatives by government and non-government actors. One would have thought that enacting the PFGM Act of 2010 that made this practice unlawful would have led to the limitation of this practice. Unfortunately, FGM has increased in some parts of the country like in the Karamajong region.

I chose to do my research in north-eastern Uganda because of the high prevalence rate of FGM in this part of the country. The prevalence rate of FGM in the north-eastern region of Uganda is at around 4.5 per cent. When the regional prevalence rate is broken down to district level, it will show that there is an even higher prevalence rate of FGM in Nakapiripirit, Moroto and Amudat which stands at 49.2 per cent, 51.1 per cent and 43.0 per cent respectively (UNICEF & UBOS, 2017, p. 22).

1.5 OBJECTIVES

- To know what has led to the high prevalence rate of FGM among the Pokot girls and women.
- To explore the initiatives that have been taken by local communities, NGOs, and government to eliminate this practice.

1.6 SPECIFIC RESEARCH QUESTIONS.

1. What are the social, economic, and political factors that have led to the high prevalence rate of FGM among the Pokot girls and women in Karamoja region?

Sub questions

- What role has low-income levels played in the high prevalence rate of FGM among the Pokot girls and women?
- What role has peer influence as one of the social factors played in the high prevalence rate of FGM among the Pokot girls and women?
- What role have elections as one of the political factors played in the high prevalence rate of FGM among the Pokot girls and women?

2. What role have different stakeholders played in the fight against FGM?

Sub questions

- What role has been played by the government in the implementation of the Prohibition Female Genital Mutilation Act among the Pokot in Karamoja region?

- How has the community helped in the fight against FGM among the Pokot people in Karamoja?
- What role has been played by non-governmental organisations in their fight against FGM?

1.7 STUDY AREA AND SCOPE OF THE STUDY

My study area will be in the Karamoja region where the Pokot people who have one of the highest prevalence of FGM in Uganda live. The overall population is estimated at about 1.2 million people, with about 70 percent residing in rural areas. With more than 27,000 square kilometres, this arid expanse of savannah and bush forms the northeast edge of Uganda where it borders Kenya. The popular language in this area is a Nilotic language called Karamojong, which is mainly spoken in the area bordering the Pokot. The Pokot have their own language and they can also speak Swahili.

This thesis will focus on the Pokot people who live in Amudat district in north-eastern Uganda. They also live in West Pokot and Baringo County in Kenya. The dispersion of the Pokot tribe in both Uganda and Kenya can be attributed to the colonial border demarcations. Today around 1.2 million Pokots make up the overall population in the two countries (Murungi, 2020). They form a section of the Kalenjin ethnic group and speak the Pokoot language which is a member of the Kalenjin language group. Both the Pokot people in Uganda and Kenya belong to the Nilotic ethnic group dependent on nomadic pastoralism. There is a high prevalence rate of unemployment among the Pokot in Western Kenya; only 5 per cent are counted as wage earners. Education enrolment is low, with only 27 per cent of children enrolled in secondary education (Brown et al., 2016, p. 119). I switched to Kenya because I did not have specific statistical information about education and unemployment rates of the Pokot in Uganda. But according to the data that I collected there is a high level of unemployment and low education enrolment among the Pokot in Uganda.

The prevalence rate of FGM among the Pokot in Kenya is between 85 per cent and 96 per cent with infibulation being the most common type of FGM practised (same type of FGM is practiced by the Pokot in Uganda). Infibulation is the FGM type three which involves the removal of the inner and outer labia and suturing of the vulva (Brown et al., 2016, p. 119).

1.8 ORGANISATION OF THE THESIS

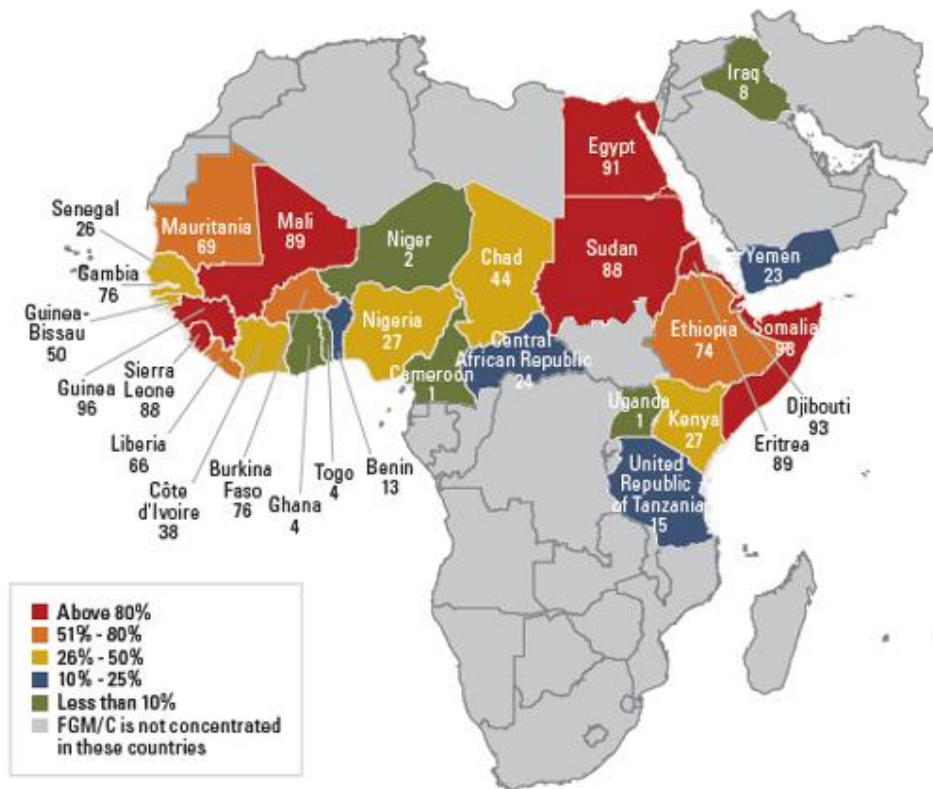
This thesis is organised in ten chapters. Chapter one contains general information about FGM; Chapter two contains the theoretical framework and literature published by different scholars on FGM in Africa and in the global context; Chapter three presents the methodology; Chapter four, five, six, seven, eight, and nine contain the research findings and Chapter ten contains the discussion of the findings from the researcher's view, Conclusions and Recommendations of the study.

CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

This chapter explains the different articles that have been written on FGM and the approaches that they used. In this chapter I will briefly explain the prevalence of FGM in countries like Nigeria, Ethiopia, Kenya, and Sierraleone. Three of these countries have passed the anti-FGM act; Nigeria, Ethiopia, and Kenya whereas Sierraleone did not. This will help me to give an overview of the practice on the African continent.

Below is a map showing the percentage of girls and women aged between 15-49 years who have undergone FGM across Africa.



The above map shows the prevalence rate of FGM across Africa (WHO, 2013). Furthermore, this chapter will be used to discuss the approach and theory that is used in this thesis.

2.2 FGM in African Context

In west Africa, the practice is common in Nigeria among ethnic groups like Igbo, Hausa, Yoruba, and Izzi. The Izzi people live in the southeast part of Nigeria, an area dominated by Christians. Girls and women between the ages of 15-49 undergo FGM in Nigeria for varied reasons. For example, marriageability, hygiene, increase fertility, and to aid in childbirth processes because there is a belief among the practicing communities that uncut women have higher rates of stillbirths because if the baby's head touches an uncut clitoris, death will occur (Omigbodun et al., p. 2020. 212-214).

In Adinew and Mekete's article, the authors discuss the prevalence of FGM in Ethiopia. They use a case of a woman whose child underwent FGM to give an account on FGM in Ethiopia.

In this article, a mother gives an account of her daughter's pain during FGM to attain womanhood and be marriageable. The mother also went through the same experience and thought she would protect her daughter against this painful practice. Unfortunately, she could not save her daughter due to community pressure. She would be isolated in the community if she refused to accept her daughter to go through FGM (Adinew & Mekete, 2017, p.2-4). It is leaders like elders among the Somali community in Ethiopia that continue to drive this practice because they threaten people they are supposed to protect, leading to social pressure and stigmatization. That explains why fighting FGM is complicated because the people who are supposed to enforce the law and protect people in the community are pro-FGM.

In Kenya FGM is common in West Pokot and it is reported to be between 85% - 96% (Brown et al, 2016, p. 118). The reason to the high prevalence rate of FGM in Kenya has been attributed to the politicisation of this practice from the time under colonial administration. Colonial administrators looked at this practice as barbaric and wanted to end it. For the Kenyans they looked at initiatives of colonialists that were aimed at ending FGM as a way of undermining their culture and being forced to embrace the western culture. Therefore, this explains why between 1930's to 1950's practicing FGM became a symbol of resistance to colonialists and part of a re-assertion of African nationalist identity. Even today, government appointed leaders or chiefs in Kenya organise demonstration against anti-FGM campaigns like the enactment of the FGM law in 2011 (Brown et al., 2016, p. 119).

In Sierra Leone, the country still does not have a national law that explicitly prohibits and punishes the practice of FGM although the country is a member of several international human rights conventions which recognize FGM as a violation of human rights. For example,

Sierra Leone signed the convention for the Elimination of Discrimination against Women (CEDAW) in 1988 (Irin News, 2005, p.4). Some politicians also use FGM as a way of persuading ordinary people to vote for them, for example when Patricia Kabbah, the late wife of former president of Sierra Leone, Ahmad Tejan Kabbah, sponsored the cutting of 1,500 young girls during a presidential election (Irin News, 2005, p.3). The reason as to why I discussed FGM across Africa in specific countries was to show that FGM is not religious based. It cuts across all religions. Therefore, one can argue that different members of societies practice FGM regardless of their religion or belief. For example, in Nigeria the practice is common in the southern part of the country, which is dominated by Christians, whereas in Kenya and Ethiopia the practice is more common among Somali communities who are dominantly Muslims. Other FGM-practicing communities like the Pokot in Uganda are not that religious as per our research. Therefore, one can argue that FGM emanates from culture and not religion.

2.3 FGM and Culture

Culture is defined by John Comaroff and Jean Comaroff as the space of signifying practice, the semantic ground on which human beings seek to construct and represent themselves to others- and, hence, society and history. Others define it as a way of life (Hughes, 2018, p. 275). Culture has been discussed as the source of FGM because the practice gives identity or a sense of belonging to a particular group of people.

The definition of culture as the source of FGM led to initiatives to fight the practice from the cultural viewpoint, but this approach encountered opposition from practicing communities as it was seen as undermining their culture. Therefore, the anti-FGM campaigns had to change their approach from viewing FGM as a “barbaric” culture to a normative social norm.

According to Hughes article, the opposition that was met by initiatives that were meant to fight FGM led to a change in rhetoric in the fight against FGM. They stopped referring to FGM as “a barbaric culture,” and began defining it as a normative social norm. This would make it easier to split as the language of implicit othering was toned down. Referring to FGM as a normative social norm, eleven United Nations agencies endorsed a “common approach” to FGM in 2009 (Hughes, 2018, p. 275- 276). This approach was influenced by Gerry Mackie and John Lejeune. It was based on a social convention theory which suggested that FGM as a norm could be abandoned by exposure to “credible new information.” Ideally, the group that has been exposed to this information spreads or transmits it to others in what they referred to

as “organized diffusion.” Eventually, a substantial proportion in the community will have this information which can lead to abandoning FGM (Hughes, 2018, p. 276).

2.3.1 ASPECTS OF FGM AMONG THE POKOT.

FGM is deeply entrenched or embedded in culture (The Lancet, 2018, p. 401). Though this practice is termed barbaric by international community and illegal in national laws, for the communities who perpetuate it is culturally important, for example, the Pokot people in Uganda. Among the Pokot cutting is considered a central rite of passage for girls, and it's marked by a ceremony that leads to transition into womanhood and represents a key step towards marriage and motherhood. Parents and girls are influenced by social norms and community expectations. They believe that cutting secures social and economic security of their girls and families. A girl who has undergone FGM gets a high bride price which can elevate her family out of poverty.

Therefore, culture must come into account to fight FGM among the Pokot. FGM is done as a rite of passage into adulthood for the girls. So, to eliminate FGM, this aspect of rite of passage still must be respected. What can be changed about FGM is to fight against the cutting, but all other aspects of the practice should be maintained like dancing, wearing traditional clothes and blessings from elders. This can be backed by a Kenyan campaigner Noce Lengéte who told The New York Times that *“all other things- the blessings, putting on the traditional clothes, dancing, all that is beautiful. But whatever is harmful, whatever brings pain, whatever takes away the dreams of our girls-let's just do away with that”* (The Lancet, 2018, p. 401).

2.4 APPROACH

This thesis focuses on the causes of the high prevalence rate of FGM among the Pokot in Uganda as earlier mentioned. These causes can be cultural, social, economic, and political as it will be discussed in the findings chapter.

The thesis also focuses on the role played by different stakeholders in the fight against FGM. For example, Government and Non-government organisations. Representatives of these stakeholders were interviewed to know how they regard their role in the fight against FGM. Interviewing these stakeholders helped the researcher to know their understanding of the cultural frameworks and social realities of girls and women who face FGM among the Pokot. Local girls and women who are directly affected by FGM were also interviewed. Women are referred to as the “other” in the Ugandan community regardless of their increased

representation in the Ugandan parliament and level of education. In Uganda, women are relative to men, and women continue to have less access to economic resources and are less likely to complete their education due to harmful cultural practices like FGM and early marriages (Murungi, 2020).

The role of the long-porous border in the prevalence of FGM was also researched. The long-porous border facilitates cross border FGM. Cross border FGM is where girls are taken to the neighbouring country, Kenya, for cutting since law enforcement is weaker on the Kenyan side. Uganda and Kenya have also recently signed an agreement to fight this cross boarder FGM.

2.5 Theoretical Frameworks

This part will focus on theories that help to explain FGM. They provide a better context for why FGM exists and continues to persist even with all the initiatives and policies to fight it.

In the following, I will discuss two theories that can be used to discuss FGM: Social Convention theory and Radical feminist theory. Both these theories will be used to discuss the prevalence rate of FGM and interventions that can be used to overcome it.

These theories were chosen after the data collection process because I thought that they would help me to explain our findings. We could not choose these theories before the data collection process since we did not know the kind of findings that we were to get.

2.5.1 Social Convention Theory

The theory explains how certain harmful social practices self-enforcing social conventions are, why they are universal in a community and why they are strongly resistant to change.

FGM arose under conditions of imperial polygyny (polygamy by men from the upper class or elites) and extreme resource inequality, with powerful elite controlling crucial resources (Shell-Duncan et al, 2011, p. 1276). So, within the context of the elites controlling the resources, FGM may have originated as a means of signalling fidelity to highly polygynous male elites who control great economic resources (Shell-Duncan et al, 2011, p. 1276). Once FGM was adopted and chances of marriage into a higher stratum of society were increased because men from this stratum wanted to marry girls who had undergone FGM, it became diffused to the lower strata as parents tried to improve chances of their daughters getting married into the higher social strata (Shell-Duncan et al, 2011, p. 1276).

Therefore, one can argue that FGM became associated with successful marriages hence explaining why a lot of girls started embracing it. Marriageability continues to be one of the main reasons for maintaining FGM as girls who are not cut think that they will not be married, even some men prefer to marry cut girls since they believe that they do not engage in infidelity because when their clitoris is removed, they lose their libido.

However, the custom originated, as soon as women believed that men would not marry an uncut woman, and men believed that an uncut woman would not be a faithful partner in marriage, the convention was locked in place. A woman would not choose nonmarriage and not to have her own children: a man would not choose an unfaithful partner and not to have his own children (Shell-Duncan et al, 2011, p. 1276)

So, with the social-convention theory one can argue that social factors are one of the causes of FGM; for example, marriage. So, to unlock this convention, members of the society must be sensitised that one can make a successful marriage without FGM.

2.5.2 Social-Convention theory and abandoning FGM.

Gerry Mackie and John LeJeune used social-convention theory to explain how to organise the rapid mass abandonment of a convention like FGM (Mackie & LeJeune, 2009, p. 9). A simple game theory is applied to the social convention theory to make it applicable. A simple game theory means the study of interdependent decision-making. This means that a choice that is made by one member depends upon the choice of another member. In large interdependent group, the choice of each member depends on the choice of all members.

Mackie and LeJeune argue that for social convention theory to be applied to FGM, an initial assumption is necessary, for example, a fundamental norm that *parents love their children and ultimately want to do what is best for them* (Mackie & LeJeune, 2009, p. 9).

2.5.3 Four models through which to abandon FGM

Mackie and LeJeune proposed four models through which Social-Convention theory can be used to abandon FGM.

Social Convention as Coordination Game.

Social Convention is a way in which something is usually done or a way of behaving that is considered correct by most people in society, for example in Sweden they drive on the right

(Mackie & LeJeune, 2009, p. 9). It would be harmful if an individual decided to drive on the left since the choice of driving side is interdependent, no one can change on her/his own because all affected must change together. This model can explain a relation to adoption, continuation, and abandonment of FGM. Family carryout FGM to ensure marriageability of their daughter within the intermarrying group. Therefore, what one family chooses to do depends upon what other families in that community choose to do. No single family can deviate from the convention (FGM), or they risk their daughter not to be married or have a poor marriage (Mackie & LeJeune, 2009, p. 10). This explains why abandoning of FGM can be effective if intermarrying community gives it up together.

Critical Mass, Tipping Point, and Revaluation.

This means that most or all the intermarrying community simultaneously abandon the practice. This means that a relatively small group of first movers, called the *critical mass*, can conditionally resolve to abandon FGM, and then recruit the remaining members of the community to conditionally join in the effort until a large enough portion called the *tipping point* is willing to coordinate on stable abandonment (Mackie & LeJeune, 2009, p. 11). This abandonment should be followed by public commitment from each member of the intermarrying community to ensure that majority of families in society are no longer committed to FGM (Mackie & LeJeune, 2009, p. 12). Therefore, no family will have a reason to start practicing FGM again as FGM will no longer be a pre-requisite in intermarrying groups.

The recruitment of members in the intermarrying group to abandon FGM should be followed up by revaluation of the alternatives of being uncut and cut of which more value should be attached to the former which will increase the critical mass and tipping mass. This can help or motivate recruits to continue persuasive communication so as more people in community abandon FGM (Mackie & LeJeune, 2009, p. 12).

Organised diffusion.

This is a process of transmitting information, persuasion, and mutual deliberation about the advantages and disadvantages of abandonment spreads through existing and created social networks within intermarrying communities. Diffusion can be used in abandoning FGM because FGM is an interdependent practice. Therefore, information on the advantages of abandoning FGM should be spread across groups or societies that practice FGM (Mackie & LeJeune, 2009, p. 12). This can be done through local networks of social relationships.

Coordinated Abandonment and Public Commitment.

Social convention theory predicts that specific strategies facilitate coordinated abandonment, for example foot binding in China that was ended in one generation in urban and coastal China around the beginning of the 20th century. The strategy that was used by reformers had three elements: reformers educated the population by informing them that the rest of the world did not bind women's feet. This presented the natural-foot alternative as thinkable and doable. The second element explained the advantages of natural feet and the disadvantages of bound feet. And lastly, the reformers formed "natural foot societies" whose members pledged not to allow their sons to marry women with bound feet, as well as not to bind their daughter's feet (Mackie & LeJeune, 2009, p. 14).

To attain this abandonment, there needs to be discussion with affected communities (intermarriage communities) where people's attitudes can be changed. These discussions will sensitize people about alternatives to FGM and these alternatives should become highly valued than the previous practice. These discussions should be done with people who are affected by a given practice and should be genuine, for example merits of continuing or abandoning a given practice (Mackie & LeJeune, 2009, p. 14). After discussion, a community decision is done which is supported by a greater part of the intermarrying community. It should not be a top-down decision or command (Mackie & LeJeune, 2009, p. 14).

After the community decision is done to abandon a given practice, public community commitment should be done to ensure that all members in the intermarrying community adhere to a commitment (Mackie & LeJeune, 2009, p. 14). This will enable that everyone sees that most others do abandon a given practise through monitoring of each other. In the long run this will ensure adherence in a community and given practice will be abandoned completely like foot-binding in China.

2.5.4 Limitations of social convention theory

One can argue that social convention theory focuses on marriageability as the main cause of FGM, but according to my research there are different factors which maintain this practice as I explained in chapter 5. Therefore, focusing on only marriageability and ignoring other factors that maintain FGM can make it hard to stop the prevalence of this practice, for example if the Ugandan Government and NGOs focus on only marriageability as the cause of FGM and ignore other factors like peer pressure. Peer pressure is one of the reasons as to why girls and women undergo FGM to avoid being discriminated in society. This explains why all factors leading to

the high prevalence rate of FGM among the Pokot need to be considered and devise interventions to overcome them.

Another limitation or weakness of social convention theory is that it mainly targets intermarrying groups as per its marriage convention. What happens to other groups that are not part of the marriage convention but practice FGM? Therefore, this explains why I recommend that all members in the Pokot community should be included in interventions against FGM, especially the local community which comprises of local leaders. Interventions should be comprehensive to cover many members of society. Society evolves which can make it difficult to fight FGM if we only focus on one angle like marriage convention as social convention theory suggests. Today we have young people who are not interested in marriage but practice FGM for various reasons like peer pressure. So, if we only focus on fighting FGM through encouraging intermarrying groups not to marry cut women, other women or girls who practice FGM for other reasons will be left out. This leads to the continuation of FGM in society.

2.6. Feminist theory overview

According to WHO, FGM has been recognised as discrimination based on sex because it is rooted in gender inequalities and power imbalances between men and women and inhibits women's full and equal enjoyment of their human rights (WHO, 2008, p.10). It is a form of violence against women since it inflicts negative physical and psychological consequences. Due to power imbalances in patriarchal societies, women cannot make an independent decision about this practice though it has lasting effects on their bodies.

Feminist theory focuses on the origin of subordination of women, how it has been done and how it can be overcome. This thesis focuses on how subordination of girls and women is done through FGM. Feminist theory is wide hence split into three different waves of feminism. The first wave of feminism encompassed liberal feminism which advocated for the equality of human individuals regardless of their sex and other distinctive characteristics (Queen, 2016, p. 36). Therefore, one can argue that Liberal feminism advocated for the equality of human individuals regardless of their sex and other distinctive characteristics.

The second wave of feminism included liberal feminism, socialist and radical feminism. This wave of feminism advocates for equality of human individuals as liberal feminism but believes this equality cannot be achieved through legal means, therefore calling for a social revolution to overthrow the patriarchy which will give women economic equality and freedom (Queen, 2016, p. 36).

The third wave of feminism comprises of postmodern feminism, Black feminism, lesbian feminism, and new feminism. It is also referred to as the “de-radicalization” phase because feminist theory reached its radical peak during the second wave of feminism (Queen, 2016, p. 36).

FGM can fit within all these waves, but according to this research, FGM will be analysed from the second wave of feminism using radical feminist theory.

2.6.1 Radical Feminist Theory and FGM

According to Shulamith Firestone who is a radical libertarian feminist, she advocates for a revolution, which will see women become independent and can decide on their bodies. She argues that the origin of women’s oppression and male domination is rooted in the reproductive roles of men and women. She says that women are biologically distinguished from men and their key role is to rear and bear children. The reproduction process affects women emotionally, psychologically, culturally, and physically which explains the fundamental argument of radical feminists that men’s control over women especially their sexual and reproductive lives constitute the most fundamental of all oppression (Firestone, 1970, p. 205).

In societies where FGM is rampant like among the Pokot, culturally women are oppressed because of the culture in such societies. At a certain age, young girls are believed to be old enough depending on their culture. But believing that they are old is not enough to initiate them into adulthood. Therefore, they must undergo FGM as an initiation ritual. After this, they qualify as adults and marriageable. Most of the girls who undergo FGM are married off afterwards to meet their main obligation of giving birth as women. This is one of the reasons as to why radical feminist theory which looks at the oppression of women as the results of their reproduction roles is used in this thesis. According to Omigbodun’s article, pro-FGM people among the Izzi community in Nigeria argue that mutilation of women increases their fertility, limits adultery, and makes women marriageable (Omigbodun et al., 2020, p.212-220).

Therefore, one can argue that the primary beneficiary of FGM is a man and not a woman to whom it is done. Societies where FGM is rampant have a patriarchal culture through which a woman’s body is controlled through certain practices such as FGM.

One can argue that according to Firestone, for women to overcome this oppression like in the Izzi community in Nigeria, they will need a revolution to overthrow the patriarchy. This

research chooses to differ about this revolution based on the data that was collected during the research process. In our interviews, there appeared to be a consensus among the respondents that women, particularly mothers were responsible for enabling FGM as it will be seen in the result chapters.

Therefore, I argue that the type of revolution that can help to overcome FGM is not overthrowing the patriarchy, but a revolution aimed at changing the mindset of the Pro-FGM people. From my expectation, I think this can help society to overcome FGM as people will see its negative effects. This revolution can be achieved through sensitization. This will be further discussed in the third part of feminist theory which suggests ways on how women can overcome oppression. Also, I will describe an example of the St. Bakiita community group which has been able to use sensitization to fight FGM.

2.7 A REVOLUTION TO END FGM

As per the fieldwork that was done, the main cause of FGM is culture, but to fight FGM we do not have to fight people's culture because this will lead to opposition from practicing communities. I therefore argue that a better approach would be to change the rhetoric from culture to social norms. If Anti-FGM activists present FGM as a bad social norm rather than culture, it could be easier to eliminate the practice. To fight FGM as a bad culture might be misinterpreted by practising communities as a fight against all their rituals. Therefore, there is need to be specific and point out FGM as a bad social norm hence making it easier to fight.

Based on my research and on the literature, I believe that getting rid of this norm will need a mindset revolution which can be done through robust sensitization to instruct people about the negative effects of FGM and asking parents, local leaders, schools, government, NGOs, and religious institutions to be part of this revolution. The success of this revolution will be based on the involvement of all stakeholders in the community and sensitization against the bad social norm. This will help future generations not to undergo FGM. This mindset revolution can start from villages, churches, and schools where anti-FGM interventions can become part of tradition and curriculum where its bad effects are taught to community members, pupils and students.

Also, societies should avoid practices like ARP which mimics FGM because it keeps reminding people of what was done before which can make some people want to practice FGM again. Some people do not even embrace ARP because they believe it is influenced by

the western culture which undermines local cultures and perceives them as barbaric. This explains why some people are even opting for medicalized FGM even with increased ARP activities because it does not include cutting.

One can argue that one of the limitations of radical feminist theory is the calling for the overthrow of patriarchy through a revolution. Overthrowing patriarchy might not help to stop FGM because there are many reasons as to why people practice FGM like culture. Therefore, this explains why I call for a mindset revolution through sensitization. This can help to change the way people perceive FGM as culture. But start to perceive it as a bad social norm which in the long run they can stop practicing and this can lead to a free FGM generation.

2.8 Using radical feminism and Social-Convention theory to investigate the Pokot

Basing on the literature and my data collection process, I chose to use radical feminist theory and Social-convention theory to describe the prevalence rate of FGM among the Pokot because they draw on women's sexuality and social factors respectively as the main causes of FGM. Furthermore, they both provide ways in which FGM can be overcome like through a revolution and sensitization. The reasons for prevalence of FGM among the Pokot and how it can be overcome will be discussed in chapter five and six-eight respectively.

CHAPTER THREE: METHODOLOGY

3.1 INTRODUCTION

This chapter will focus on the methods that were used to gather data, analyse the data and challenges faced during the process of collecting data. A qualitative case study methodology was used in this research because of two main reasons. First, I realized that little qualitative research existed on the prevalence rate of FGM among the Pokot in Amudat. I found more quantitative research about FGM among the Pokot than qualitative research. Therefore, my research can help to bridge this research gap. Secondly, I chose a qualitative research study because I wanted to achieve an in-depth understanding of the experiences of girls, women, and men that are affected by FGM.

Qualitative research is also associated with feminism because women's voices can be heard, and they are not treated as objects to be controlled by the researcher's technical procedures (Bryman, 2012, p. 410-411).

3.2 Positionality of the researcher

I was partially an outsider and an insider in my research. I was partially an outsider because I come from the central region of Uganda whereas my research was in the north-eastern part of Uganda. The people from the central and northern region of Uganda originate from the Bantu and Nilotics group of people, respectively. These two groups of people speak different languages that are not related. Therefore, on the one hand being a partial outsider put me at a disadvantage because I could not speak the local language and I was not familiar with the culture of the respondents. Furthermore, being an outsider was also an advantage since it helped me to get confidence from my participants through introducing my personal background and story. This also made answers to the interviews detail-oriented since they knew that I am not familiar with their situation. My position as a researcher with a gender studies background was an asset because it helped me to analyze and think critically on how gender shapes lives among the Pokot.

On the other hand, I was partial an insider because regardless of which part of Uganda one comes from, we are all Ugandans, and we look at each other as one.

3.3 QUALITATIVE DESIGN

This thesis aimed to find out what had led to the high prevalence rate of FGM among the Pokot girls and women in north-eastern Uganda. This research was qualitative in nature, which I carried out with 13 semi-structured interviews as the primary source of data. This qualitative method allows researchers to see through the eyes of the respondents and the meanings they ascribe to events and their environment (Bryman, 2012, p.399). It has been described as a valuable tool for probing beneath the surface appearances (Bryman, 2012, p.400). Given the fact that the aim of this study was to research the experiences and perceptions of individuals, semi-structured interviews are a good form of data collection method since they allow for the greatest amount of flexibility and the richest, most detailed responses (Bryman, 2012, p.471-472).

The research will also use a school which has been working as a rescue center as a case study. Case studies as a research design are criticized because their findings cannot be generalized (Bryman, 2012, p.71). However, in terms of gaining and accumulating knowledge, formal generalization is not the only legitimate method of scientific inquiry, but one amongst many (Flyvbjerg, 2006, p.227). Furthermore, while not essential to its legitimacy, it is in fact often possible to generalize based on a solitary case (Flyvbjerg, 2006, p. 228).

3.4 DATA COLLECTION TOOLS AND PARTICIPANTS

Interviews. Purposive and snowball sampling were the most effective methods to select participants (Bryman, 2012, p.422-424). In total, 13 semi-structured interviews were conducted and audio-recorded upon consent, with the following people: six girls (minors) from the Pokot region who are vulnerable to FGM, woman who work as a “surgeon” among the Pokot, local illiterate leader (woman), two educated men with at least a bachelors degree, two educated women (with a bachelors degree) who migrated from Pokot- Kenya and now resides in Uganda among the Pokot, and one religious leader who is a head teacher or headmistress of a local primary school.

Interviews were conducted in both English and local languages at places where respondents and the researcher felt safe due to the instability in Pokot region. Interviews for minors lasted

between 15 to 30 minutes, whereas for the adults it was a minimum of one hour or sixty minutes. The interviews for minors were short because of the language barrier as they could not express themselves well in English. Even in their local language they felt shy and almost had the same response.

Three question guides were developed: one for the minors, local community (illiterate), and other stake holders (literate). They were both adjustable for flexibility. An interpreter was also used in most of the interviews since the researcher did not understand the local language and minors were not fluent in English. For the educated adults, an interpreter was not used since they were fluent in English hence enabling the researcher to get vast information. Furthermore, two of the structured interviews were done via zoom and one via telephone due to the pandemic.

Structured questionnaires. As a result of covid, the researcher failed to conduct some interviews and used structured questionnaires (instead of a semi-structured interview) for two respondents.

Recruitment. I was helped partly by a local organization called the National Association of Women's Organisations in Uganda (NAWOU) to recruit community members who participated in my interviews because they could easily access people in their communities. I also used social media to search for respondents, like Facebook and Twitter.

Secondary data. The study reviewed documents, articles, and books published on FGM by the Ugandan Government, international and local NGOs, and media outputs, including social media. The secondary data was used to inform and cross-check outcomes of the primary data analyses. These documents helped to generate a deeper understanding of culture, social norms, and how they are related to FGM.

3.4.1 DATA ANALYSIS.

Thematic analysis is a method for analysing qualitative data that entails searching across a data set to identify, analyse, and report repeated patterns. This helps a researcher to create categories or themes from the collected data (Bryman, 2012, p. 580). After my data collection through audios, I started transcribing them word by word. This helped me to form transcripts that I started reading to remove data that I found irrelevant for my research questions.

Removing irrelevant data helped me to summarize my data and therefore I started focusing on the data that I found relevant for my thesis. After the summarizing process, I began coding my data. Coding is a systematic review of material and identifies text elements that provide knowledge and information about themes the researcher has focused on (Johannessen et al., 2021, s. 173). Through coding I managed to build themes through focusing on words that were repeated several times by different interviewees. Bryman argues that repetition is probably one of the most common criteria for establishing that a pattern within data warrants being considered a theme (Bryman, 2012, p. 580). A good example of repetition to make themes in my interviews is when most of the participants mentioned sensitization, so I noted this down as "Intervention against FGM- sensitization" and it became one of my themes. Thematic analysis is one of the methods used to analyse qualitative data, but one common criticism raised against it is that, despite its prominence, it lacks procedural specificity (Bryman, 2012, p.581).

3.4.2 VALIDITY

Validity is a research issue concerning the integrity of the conclusions of a research project (Bryman, 2012, p.47). In qualitative research, this is often broken down into credibility and transferability (Bryman, 2012, p.391). Reliability concerns whether the study results are repeatable (Bryman, 2012, p.46). For qualitative research, this is frequently referred to as dependability (Bryman, p.390). Confirmability relates to objectivity and the degree to which the researcher has allowed personal values or assumptions to inform findings and interpretations. I had my bias as a person, and it is patriarchy that sustains FGM. But I remained objective as a researcher to get valid results.

3.5 ETHICS

During the entirety of the research project, GDPR (General Data Protection Regulation) requirements were adhered to. Prior to beginning data collection, permission was obtained from The Norwegian Data Protection Authority (reference number from NSD- 349934). Interviewees were informed of the purpose of the interview, the research project, and the mutual roles therein, before providing their consent (Bryman, 2012, p.135). They were also informed of their right to decline participation or to interrupt the conversation at any time. Anonymity was guaranteed, and confidentiality assured. Written informed consent was obtained before each interview, which was documented with a signature, and for those who

could not write a thumb was used. People who cannot write in Uganda can use their thumb as a signature. Ink is put on their thumb, and they stamp it on a document as a way of signing. For the minors, consent was got from their parents or guardians. Anonymity was guaranteed, and confidentiality assured by using only descriptive identifiers.

In addition to the signed consents, participants were asked verbally to confirm their willingness to have the audio of the interview recorded (Bryman, 2012, p.438). Upon positive confirmation, recording commenced. The recordings have been stored in compliance with ethical requirements, and, upon transcription, deleted. All transcriptions were anonymized according to GDPR requirements, and all non-anonymized data was destroyed. No direct quotes were attributed to any specific person.

3.6 CHALLENGES.

The first challenge was the instability of the area where I conducted my research. The area is known for being unstable and even on our way to this area the researcher was warned by security personnel that he can continue with his journey, but the area is unsafe. We met roadblocks on the way staffed by the army. The area is close to South Sudan where Karamojong can easily trade in guns to carry out cattle rustling. Cattle rustling is a big problem in this area as pastoralist from Kenya, Turkana cross the border into Uganda, specifically the Karamoja region, to steal cattle. We were lucky not to encounter such.

The language barrier is another main challenge that I faced. I could not understand the language that was used in this area. Therefore, I had to recruit an interpreter who understood the local language in cases where interviewees did not understand English. So, in cases where I used an interpreter, I think I might have lost some information because the interpreter might have left out some valuable information.

Also being a man while interviewing women on a sensitive topic like FGM made it hard for female interviewees to open up because women are always victims of male dominance in their society as Sandra Harding writes (Harding, 1988, p.5-6). Therefore, this can make them uncomfortable in trying to express themselves. So, to make them (women) more comfortable, I tried to be neutral during my interviews and based my interview questions on women's

experiences. This gave my respondents confidence and trust hence leading to more information or data concerning their experience with FGM.

Poor infrastructure and terrain were another challenge. The area is over 400km from Kampala (capital city of Uganda), and we travelled by bus from Kampala to Soroti. From Soroti we had booked a private car to take us to Karamoja, but one hour to reach Soroti, the driver was not answering our calls and he finally told us that he could not take us. We reached Soroti and had to hire another car which was expensive since it was an emergency. We reached Karamoja very late at night and could not conduct any interview that day.

The pandemic did not allow me to conduct some interviews hence opting for structured questionnaires. I was to interview representatives of international organisations, but I got infected with the virus, hence cancelling these interviews. I could not get another appointment hence opted for structured interviews.

The Karamoja region is extremely hot and remote. Among the Pokot the road is dusty which led to flu infection during the research period.

3.7 RELEVANCE

This research could help the Ugandan government and other stakeholders to formulate new policies that can be implemented to overcome FGM.

Chapter Four: Perception of the local community on FGM

4.1 Introduction

This chapter focuses on how the local community in Pokot discerns FGM. Chapter four is one of the themes that was created during the coding and data analysis process. Under this, subsections or categories were created as a result of the data analysis. These subsections explain how FGM is generally perceived among the Pokot. It was easy to develop these themes because most of the respondents had a similar perception about FGM.

4.2 Traditional Practice (Before PFGM Act and after PFGM Act)

FGM among the Pokot is termed as a traditional practice that is passed down from generation to generation. This practice gives a sense of belonging to society and identity to those who practice it as one respondent expressed it. In this section, I will describe how the respondents (the Pokot) perceive FGM and how it was practiced before and after the introduction of PFGM Act in 2010.

Preparation for the ceremony

Maria (not her real name) is a 15-year-old pupil who lives and studies at Kalas Girls Primary school. She no longer stays at home due to the pressure from her parents to undergo FGM. She is one of the girls that was rescued by authorities from Kenya when she went there to undergo FGM. She gave a brief description of how girls were prepared for FGM: *“FGM practice has been passed on from generation to generation. When girls were young, they used to remove their downer teeth, cut their back and below their breasts¹ to show their braveness and as a preparatory procedure for FGM. By the time these girls became of age, they were ready to be mutilated.”*

The aim of those practices before FGM was to prepare girls for FGM as it was more painful than incision.

As far as the preparation of FGM is concerned, I managed to interview Herbert on how the Pokot used to prepare for FGM before the PFGM Act. Herbert is a respected local and opinion leader who represents the government in the Amudat area. He is 50 years old and has watched FGM practiced in the open or in public without hiding. Today he looks at the trend of FGM practice to have changed because today the practice is not done in open due to the

¹ This is referred to as incision

introduction of PFGM Act in 2010. Herbert gave us an overview of how FGM has been practiced through the years.

According to Herbert, *“Girls would regroup themselves in big numbers. The smallest number would be 100 group members. After they go and stay in the bush for two days under the guidance of older women. When they come back home, they are singing war songs, with sowed shields and spears, and designed themselves with colours and look like warriors in movies.”*

One can argue that 100 girls seem a lot, but this was possible before the introduction of the PFGM Act in 2010. Girls would be collected in groups for cutting, this would also motivate others who were not interested in FGM to join such groups as a result of peer and social pressure.

Furthermore, Herbert explained the different activities that girls perform before the final mutilation. He said: *“At their homesteads they perform traditional dances and dance up to very late in the evening. They rest the next day as they are preparing for the long dance. This resting gives room for other girls who did not participate in the first dance room to organise for the long dance.”*

“After the resting day, it is a long dance day which takes place up to late in the evening. Towards the end of the ceremony, elders will organise where the girls will find them to be cut. After the cutting, celebrations would follow, which involved a lot of drinking.”

The preparation stage that I can describe as pre-FGM involved many activities, for example dancing, singing and lectures from elders. These would help to prepare the girls emotionally and physically, for example lectures from the elders would make girls feel that undergoing FGM is a fulfilment of culture. This fulfilment of their (girls) culture would give them a sense of belonging to society. This was because girls who never underwent FGM would be discriminated in society as I will discuss in the later chapters.

After cutting.

After undergoing FGM, girls would go perform other activities that I can describe as post-FGM activities like eating, drinking and dancing. Herbert said: *“Those who are selected for cutting are given to their mothers because they facilitate the cutting and hide their girls. These girls only sing in the evenings. When these girls heal, they graduate, there is a lot of eating, entire community comes together, there is a lot of eating, dancing, drinking. These*

girls are then put in hidden places. They be wearing hide (when a cow is slaughtered, its skin is removed and dried, hence worn as a cloth- this cloth is called a hide) during hiding. Mothers come to change this attire, they also come with ghee to tell their daughter that they are now free to interact in the society. The next day the uncles of the girl, niece, and friends-only men. They parade themselves during the anointing or blessing. Anything can take place from there like marriage.”

FGM was a symbol of adulthood to the girls. This explains why after the healing process these girls could be assembled and if a man found any girl attractive, they could marry them.

Today

According to Herbert the practice has gone underground today because it became illegal after the passing of the Anti- FGM Act in 2010. He said: "*Girls long ago used to group themselves and come and say that they are ready. Elders would assemble them, sort out the old ones, and leave young one. Today all young girls are cut. It is no longer guided. It is also no longer recognised because traditional dances must take place at the eve of the cutting. Today it is hard* (meaning difficult to carry out FGM.)”

Herbert argues that FGM no longer involves celebrations like before. For example, they used to have celebrations like dancing before the cutting and gatherings at the eve of the cutting and after cutting. Therefore, the absence of these activities today during FGM makes people feel that the practice lacks validity (what Herbert described as “no longer recognised”). The practise was a way of bringing society together through all those kinds of celebrations, but today it is only cutting that is done, after which the girls who underwent FGM go in hiding/underground to avoid the law.

On the other hand, Herbert said that these celebrations still take place but on a smaller scale like in remote-sparsely populated areas which are inaccessible due to poor infrastructures like roads. Herbert claimed that among the Pokot such ceremonies still take place like at night where people group themselves, dance and discuss culture. In such gatherings, anti-FGM members of the community are not allowed or notified about such celebrations because they might inform the authorities.

According to Herbert, “*Long ago it (FGM) was talked about openly, today they hide because it’s illegal. During harvesting period is when girls are cut and heal from there. Form groups*

and hide. After being cut they come back and tell others. The mamma who cuts is given money. The cutters used to wear a cow's skin to show themselves, but they no longer do it."

One can argue that the main difference between the practice of FGM before the PFGM Act and today is that before it used to be done in the open and today it is mostly done in hiding or underground as Herbert explains comprehensibly:

"Before FGM was done openly. Today it is done in hiding because of the law against it. It is the main difference. In town council² it is hard to get FGM case like in villages. Today girls who are not cut can be married. Before it could not happen. Due to sensitization, it has helped to take their children to school hence avoiding FGM. Before girls used to get permission from their fathers. If the father refused, that they were still young, a girl would undress herself and go in front of her father while having a drink with his friends. Finally, the father would accept. But today girls just disappear from home and come back when they are cut since cutting is illegal now."

Before the PFGM Act girls used to ask for permission from their fathers to go for FGM because the practice was done in open. So, the father would either accept or refuse depending on the girl's age. This was because celebrations were done in the open and one's child could not undergo FGM without the family knowing. Today this has changed because the practice is done underground due to PFGM Act. This explains why even younger girls can undergo FGM without anyone knowing because the practice is no longer done in public.

In conclusion, one can say that before and after the PFGM Act, FGM used to be practiced in the open (like whole community was involved) and underground (away from the public) respectively.

4.3 A form of initiation

The local community views FGM as an initiation practice. It elevates girls from childhood to adulthood. This initiation process makes girls mature and ready for marriage.

According to Herbert, *"FGM used to be done on adults of 18 years and above. Today it is kids like 8, 9 years. All this is because of a changing trend in society."* He compared FGM and marriage: *"FGM leads to the passage from childhood to adulthood. After this passage, it*

² Urban centres

shows that a girl is ready for marriage. When a girl undergoes through it, it is a sign that she is now ready for marriage. When a girl is cut, it is an indicator to the opposite sex that someone is ready for marriage. For example, girls of 12 years are getting pregnant since they are being cut early. Some girls cut themselves as early as 9-10 years hence being ready for marriage. So, one cannot stop them from getting married if they have been cut.”

It seems that one of the main reasons as to why younger girls like between the ages of 8-9 are undergoing FGM is because the practice is now underground which makes it to have limited guidelines. Before the PFGM Act all girls, who were to undergo FGM would be grouped in order to avoid cutting younger girls according to Herbert. The older women or “surgeons” would remove young girls from the group. Therefore, this can explain why before PFGM Act only adults were cut whereas today even younger girls are cut due to lack of clear guidelines for the practice. Before, girls could ask their parents to allow them to undergo FGM as it was seen in Chapter 4.2. Today girls can undergo FGM and even heal without their parents' permission.

Another respondent who is a minor, Anne (not her real name) is a 14-year-old girl who has just completed primary school and is waiting to join secondary school. She perceives FGM as a passage from childhood to womanhood. She said: *“It is like a passage from childhood to womanhood. After undergoing it, one can marry. It is the reason she (referring to her friend) went for it. Also be welcomed into groups. For example, mention where one was cut from would give one some pride in case they were quarrelling.”*

This quote shows that some girls undergo FGM to become adults, to get married, and to get a sense of belonging in the community for fulfilling their culture.

According to a survey report, the age at which girls undergo FGM is lower among the Pokot communities (between 14-15 years) compared to the Sabiny in Sebei (between 17-19 years). This report shows that among the Pokot, FGM is still being carried out mostly on adolescent girls as a rite of passage before marriage. Among the Sabiny, FGM is increasingly performed among older married women who did not undergo FGM (Government of Uganda et al., 2020, p.2-3).

Here there is a contradiction between the primary (respondents) and secondary sources about the actual age at which girls undergo FGM. According to the primary source (respondent named Herbert) girls can undergo FGM as early as 9 years whereas for the secondary source,

the age is between 14-15 years. It is possible that there are regional differences, or that the age to undergo FGM has changed recently.

4.4 A Source of Income

According to Mujuzi's article, FGM is looked at as a source of income especially for the "surgeons" (Mujuzi, 2012, p. 9). But our respondents do not agree with this; according to them, FGM is not practiced mainly for wealth or as a source of income. FGM is a traditional practice whose main aim is to initiate girls into womanhood and society at large, as those who are not circumcised face discrimination among their peers.

One of our respondents, Hebert said, *"the circumcisers do not get paid for their services but get a jag of brew and old beads that the young girls were using. They can sell off these beads to local shops. Girls who are cut and uncut use a distinct set of beads. This makes it easy to identify those who are cut and uncut in society."*

One can argue that FGM leads to segregation in society which undermines efforts to end it because those who fear to be segregated in society because of FGM may feel forced into cutting. One respondent called Joanita (not her real name) gave us an overview about this segregation. Joanita is between 40-45 years old and is a local resident of Amudat. She was cut when she was young as a result of peer pressure. Today she is calling for an end to FGM through sensitization.

According to Joanita, *"uncircumcised girls could be seen of their dressing and beads they used to wear, which were got from specific trees. The way they cut their hair. Their clothing is different. After being cut they change dressing. They go to "muchanga" shop and buy beads. Today these beads cost around shs1000000 (\$250). Beads and cows? Girls who are cut call for a higher bride price like many heads of cows."*

According to the primary source (interviews) FGM is carried out for cultural and monetary reasons. For example, the cut girls do not pay money or "surgeons" do not do it for money, but parents benefit in monetary terms if their daughter gets married when cut. Furthermore, "surgeons" can benefit monetarily through selling of gifts given to them like beads

4.5 Dehumanizing and harmful practice

One of my respondents, Jovia (not her real name), who was approximately 45- 55 years old, described FGM as a dehumanizing practice. Dehumanization is where people are seen and

treated similarly to non-humans, for example people with disabilities likened to parasites (Gervais, 2013, p. 4). In dehumanization, a group of people start seeing/treating others as not completely human. This means that attributes such as morality, self-control or emotions are not attributed to others (Gervais, 2013, p. 4). Therefore, the people who are denied such attributes are said to be dehumanized.

One can argue that dehumanization applies to FGM because the emotions and feelings of women like pain are not taken into consideration during this practice.

Jovia described FGM as a tradition she found and underwent. She underwent FGM as a result of pride. When she was growing up, girls would take it as pride to mention places where they underwent FGM, for example during a quarrel. Those who did not undergo FGM never got such pride, therefore explaining why girls used to be influenced to undergo FGM to get a sense of belonging in society or among their peers.

According to Jovia, “during pregnancy, giving birth becomes difficult. Because they cut everything not like the Sabinyi. They cut everything around the private parts and only small hole like the eye of the bird remains. A man going through and a child coming out is a problem. More lives are being lost because of this practice.”

The above quote explains why Jovia termed FGM as a dehumanizing practice because it leads to short-term and long-term effects, for example pain. During the FGM procedure girls are cut without anesthesia which leads to severe pain, and some girls can collapse. Girls still suffer with such pain even at later stages of their lives, for example during sex and birth due to the narrowing of their genitals.

Following the above quote by Jovia, I argue that FGM denotes objectification of women. Objectification is a process through which people are treated as things instead of people (Gervais, 2013, p. 2). For example, in capitalism, employers objectify their employees by reducing them to their work qualities. This means that according to the employer, one qualifies to be an employee according to their capacity to get the job done (Gervais, 2013, p.2). This kind of objectification is faced by women too. Women are sexually objectified by treating them or their body parts solely as an object of sexual desire, for example in pornographic movies where focus is only put on their private parts (Gervais, 2013, p. 3). In this objectification, women are treated as an object or commodity without regard to their other non-observable attributes like thoughts, feelings and desires (Gervais, 2013, p. 3). Sexual objectification leads to self-objectification. Self-objectification is where women view

themselves as objects for use instead of as human beings (Gervais, 2013, p. 3). For example, when women willingly undergo FGM like Jovia who said that she underwent FGM because of her pride.

Another reason why I argue that FGM is a result of sexual objectification of women is because through FGM, a woman is reduced to someone who is obliged to make a man happy. According to some men of the Pokot community, and of other communities where FGM is practiced, FGM reduces the libido of women as their clitoris is removed. The men argue that this will result in women being not adulterous. As a result of this objectification, women began to self-objectify themselves because they think that they are not good women if they are not cut, regardless of all other attributes that they have. This can also explain why this practice continues even after the passing of the PFGM Act.

Conclusion

This chapter focused on how the Pokot in Amudat perceive FGM. The data that was collected suggests that most of the respondents on one hand perceived FGM as a tradition which has been done from generation to generation. Therefore, each generation adopts it from the other. This explains why this practice is like a way of life for most of the Pokot because it gives them an identity and a feeling of belonging to the society like it initiates girls into womanhood. This initiation into womanhood can lead to an increase in the bride price. It appears from my research that women who have undergone FGM carry a high bride price of over forty heads of cattle because it is believed that they are not adulterous. The removal of the clitoris from their genitals makes them lose their libido which makes men believe that cut women do not commit adultery.

On the other hand, there are Pokot who perceive FGM as a dehumanizing practice which leads to severe consequences like acute and chronicle pain. Some of them have undergone FGM and others have not. This group of people who perceive FGM as a dehumanizing practice are looked at as anti-FGM in society and they risk being discriminated against in society. This is because they are against a tradition that has been practiced for generations.

Chapter Five: Prevalence rate of FGM in the Community

5.1 Introduction

This theme was developed before my research, and it was derived from our research question. During our coding and data analysis process, we managed to create categories that were deemed suitable for this part. Furthermore, secondary sources that were used in this part also helped us in developing categories under this theme.

The reasons for practicing FGM are complex and often related to each other. These can be social, economic, religious and political. These reasons are related to beliefs and values that communities uphold. These reasons for FGM can demonstrate socially constructed concepts about gender and sexuality. FGM relies on the belief and value systems in communities for its continuation and justification. In the following sections, I will discuss what has led to the high prevalence rate of FGM in the case of the Pokot.

5.2 Culture

FGM is performed as a rite of passage from childhood to adulthood or womanhood. During this rite girls are equipped with skills as they are being prepared for marriage, for example how to handle their husbands and look after their children. This process of “becoming a woman” maintains the custom and tradition by linking the girl to the role and lifestyles of other women in the society (Rahman & Toubia, 2000, p. 5). Undergoing FGM represents respect for the cultural values that societies subscribe to. This explains why those who undergo FGM are welcomed in society and respected by everyone as opposed to those who oppose it. FGM as a cultural value explains why this practice is still performed from generation to generation because it is a tradition. A tradition that is maintained and passed on from generation to generation as one respondent, Jovia claims, “... a culture I found and underwent it. I learnt about fgm when I was young. I used to see fgm during fgm season. I saw my mother cutting others. I was also cut, after giving birth to my first child, I also became a cutter.”

The above quote explains why FGM is generational in nature. Children learn about FGM from their parents who learnt from their grandparents. Therefore, each generation learns from the previous generation about this practice.

On the other hand, there are members of the society who have abandoned this practice because of its severe effects. They have protected their children from undergoing it and

sensitize the community on why this practise should be abandoned. This will be further discussed in the later chapters.

The following is an excerpt from one of the interviews that were carried out:

According to Herbert: *“FGM is a circumcision or cutting of females. Removal of majora and minora labia. Layer in a female organ. It is a cultural practice among the Pokot. Neighbors like Kadamas in Nakapirpiriti and Tepet in Moroto. They migrated from Pokot. No wonder they have the same practice. It is not only a cultural practice, but a borrowed culture from Pokot. Also, Pokot borrowed from people from Elgon region. So FGM is not part of their original culture, but a borrowed cultural practice.”*

The respondent described FGM as a practice that is driven by culture. This practice has also “migrated” to other areas where it was non-existent before, and then has become part of the culture in those areas. This can be debatable though we do not have reliable sources that give information about the origin of this practice.

5. 3 Women’s Sexuality

According to literature, one of the fundamental reasons for FGM is to control women's sexuality (Rahman & Toubia, 2000, p. 5). In FGM practicing communities, women are objectified, and their bodies are controlled by others. For example, in Egypt and Sudan, it is an honor for a family or clan when a girl gets married when she is a virgin. Therefore, FGM is done to curtail premarital sex and preserve virginity (Rahman & Toubia, 2000, p. 5). In countries like Uganda and Kenya sexual “purity” is a concern in some tribes like among the Pokot which leads to FGM. FGM is also performed on girls and women to reduce their sexual demands on her husband which allows him to have several wives. One of the male respondents, Andrew (not real name) who lives among the Pokot gave his view on this. He is one of the young-educated people who are fighting FGM among the Pokot. He is 25 years of age and works with a local non-government organization that helps with people’s livelihood through providing them foodstuffs. He is a role model among the Pokot society because he is educated and sensitizes young people about FGM.

Andrew said, “... since most of the Pokot men are pastoralists, they encouraged women and girls to get cut because that would protect from infidelity as their husbands were away in search for grass for their animals and trading, for example in cattle markets.”

Therefore, among the Pokot, FGM intends to reduce women’s sexual desires which is aimed at protecting marital fidelity, in the interest of male sexuality. This even gives confidence to men that their wives cannot be involved in infidelity because their sexual drive is “sterilized” when their clitoris is cut.

5. 4 Religion

Often, FGM is a cultural practice that is not directly related to religion. FGM predates the arrival of Christianity and Islam in Africa, and it is not a requirement of any religion. FGM is practiced by different members of different religions like Christianity, Islam and Jews (Rahman & Toubia, 2000, p. 6). Some people argue that the practice is attached to Muslims due to an interpretation of a hadith. Hadith are sayings of Prophet Mohammed (PBUH) and is the second source for Islamic law after the Quran which is the primary source. During the international Conference on Population and Reproductive Health in the Muslim World at Egypt’s Al Azhar University, Islamic scholars argued that harmful practices like FGM are a result of misunderstandings of Islamic provisions (Rahman & Toubia, 2000, p. 6).

Among the Pokot, religion does not facilitate FGM. The Pokot belong to different religions and none of them supports FGM as Andrew said, “People have different religions, but I have not seen any religion that supports FGM, Even the bible discourages it. Religious leaders using their teachings because God being the controller of everything. Practicing FGM which is against God is a sin. Indirect message from religious leaders to their congregations, giving message of God. Use Gods word to change their heart.”

In the above quote Andrew distances religion from promoting FGM and argues that he has not seen any religion that supports this practice among the Pokot. But he thinks that religion can be used as a way of fighting FGM, for example religious leaders can preach to their followers that FGM is a sin. This can prompt them (followers) to abandon this practice in the long run as Andrew claims, “Religion is one of the main drivers of change in relation to the practice of FGM in these communities. Having reached the entire population, including the most remote and disadvantaged areas, religious institutions need to be engaged to accelerate change, since they are listened to and respected in communities.”

Another respondent, Herbert differed as he argued that some pro-FGM people argue that the practice is God given:

“Traditionally they believe that cutting women is their God given practice. When they are cut in case of bleeding- they believe there is a witch doctor hunting for these girls. Therefore, they slaughter animals as sacrifice.”

He did not align his argument with any religion; therefore, one can argue that no religion approves FGM among the Pokot though believing that FGM is God-given makes it to have a religious motive. Before the coming of Christianity and Islam to Africa, people had their traditional beliefs or religions. This can explain why some Pokot argue that the practice is God-given though they are neither Muslims, nor Christians.

5.5 Social pressure and Peer Influence

In a community where most women are circumcised, chances are high that uncircumcised women will be discriminated and as a result will get circumcised because circumcision is a component of social conformity. Those who practice it will be welcomed in society and for them, it will be easier to get married since men prefer to marry circumcised women. Girls who refuse to get circumcised risk being expelled from their respective communities and endure bullying from their already circumcised peers. This can torment girls psychologically and make them surrender to circumcision as two respondents commented:

Translator: *“Joanita said that FGM was a particularly good thing for them. Uncircumcised women were not welcomed in the society. What made her do it was peer influence. For example, after circumcision, cut women and girls used to celebrate, hold festivals hence influencing others to get cut. Those cut used to be given meat after cutting goats and cows during festivals. This influenced her to ask her to go and be cut.”* This was a woman in her early forties explaining what influenced them during the time that she underwent FGM.

According to a minor, Racheal (not her real name) who is 17 years old, she first heard about FGM when she was eleven years old. She got to hear about FGM from her parents and friends.

Translator: *“According to Racheal, people were saying that FGM is good. Friends were saying, the mothers. When you go for FGM, you will be married, you will be a good friend. If you do not go for fgm you will not be a good friend.”*

Another respondent, Tinah (not real name) is sixteen years old and recently finished primary school. When I interviewed her, she was on vacation and waiting to join secondary education. She gave an account of a scenario which happened in their village where a married uncut girl was forced into FGM because of pressure from her family. Pressure from family or society can be termed as social pressure. Tinah said:

Translator: “... Like a girl who was married to a man, and she had not undergone FGM. The co-wife who had undergone FGM was abusing her that she was smelling because she had not cut that thing which makes her smell. That she has bad luck and should not be touching anything in the house. So, the uncut woman consulted her husband and mother. So, the pressure made this girl to undergo FGM after marriage.”

Lucy who is a program's director at NAWOU (National Association of Women's Organisations in Uganda) narrated to us her experience with FGM.

“Another experience is that the after protecting the girls not to get pregnant is not enough, because as soon as they get married, it depends on the family they are joining, some of them force these girls into circumcision, most especially co-wives and mother in laws through insults and intimidation. That means follow up of uncircumcised girls still needs to continue even after their marriage.”

From these quotes it becomes clear that one of the main reasons for the high prevalence of FGM among the Pokot is social and peer pressure. If the society can be educated about divergence, it would help to reduce on the cases of FGM because of social and peer pressure. Community members could be taught that it is everyone's right to do what they think is good for them and respect each other. It would also help to have constructive debates about FGM in society where members discuss the pros and cons of FGM. This can help to overcome FGM as pros of uncut women and girls supersede those of cut women.

Furthermore, with an open-minded society, uncut women will not be bullied hence avoiding being forced into FGM.

5. 6 Long porous border

As a result of the long porous border between Kenya and Uganda, people can easily cross to both countries without notice from the authorities. This has led to an increase in FGM. This can be termed Cross Border FGM (CB FGM). Cross border FGM is where girls and women cross from Uganda to Kenya to undergo FGM. This is facilitated by the existence of the long

porous border between the Pokot in Uganda and Kenya. This makes it easy for girls and women to run away and undergo FGM in Kenya as it is alleged that the Kenyan ban on FGM is not enforced as strictly as in Uganda.

Herbert undermined the argument that the long porous border is facilitating FGM. He said: *“There is no cross-border problem since they do not have Pokot-Ugandan or pokot-kenyan. Though there are 90% of pokot in Kenya and 10% in Uganda.”* What Herbert meant is that the Pokot both in Kenya and Uganda look at each other as one. Therefore, one can argue that even without a long porous border, the Pokot in both countries would enjoy free movement and communication because they have the same culture and language.

I would like to differ with Herbert on this because I interviewed two women who were both born in Kenya but live in Uganda and have families in both countries. They argued that the existence of the long-porous border and having families in both countries makes it easy for girls to cross to Kenya to undergo FGM.

5.7 Support by individuals

Another reason why FGM is still a challenge is because of the help that is given to the girls by individuals. For example, girls with relatives in Kenya can cross and undergo FGM from there because Kenya is not that strict on FGM and these girls can be hidden by their relatives until they heal and return to Uganda. Some girls can be helped by their mothers to undergo FGM as Herbert further asserts:”

“Some girls during the harvesting period of maize, they cut themselves with the help of their mothers who ensure that no one has seen them. When they (authorities) find out their parents helped them, the girls say that they were helped by their friends.”

Therefore, one can argue that individuals facilitate FGM because they do not report perpetrators to the authorities and help girls to be cut, for example mothers and “surgeons” who carry out the operation.

5.8 Unemployment

Unemployment is one of the reasons that facilitate FGM among the pokot like Andrew said upon being asked about the reasons that facilitate FGM, replied are: *“Unemployment and illiteracy level. Unemployment leads to an idol mind. Leads to fgm since people do not have what to do especially the ladies, no commitment to pursue. They have gatherings where they braid their hair in the local way, unproductive discussions due to idleness. Leads to unfruitful*

discussions like are you really a woman. ¾ are circumcised and ¼ are not circumcised. ¼ feels inferior hence ending up undergoing circumcision due to pressure and discrimination.”

5.9 Education

80% of the people I interviewed argued that lack of education is one of the reasons that has facilitated FGM among the Pokot. Uneducated parents or guardians look at their daughters as a source of income or object which can make them rich through marriage. For a girl to get married she must be mature or a woman. To attain this womanhood, she undergoes FGM which initiates her into womanhood and makes her ready for marriage. Girls who are circumcised get a higher bride price; this explains why most uneducated parents want their daughters to be cut because they become a source of income

On the other hand, education can be a source of wealth for girls. It can be used as an intervention against FGM. In Graamans article, the authors describe education as a “Circumcision of the brain” (Graamans et.al, 2019, p. 6). Their argument is that education can transform girls into women instead of FGM. Through education can girls be empowered and are then likely to increase the male-female balance. Education will help women and girls to be aware of their rights and defend these rights, and future educated generations might be willing to fight FGM more compared to the less educated generation today.

Education is also a source of wealth where educated girls can get jobs after school and help their families. Education will promote economic stability among women after being employed in the job market. Therefore, this will undermine FGM as a source of wealth for the family because educated uncut girls can provide for their families.

One can ask the question: how will these poor communities who look at marriage as a source of income afford education? In Uganda, there is free education for primary and upper secondary school provided by the government of Uganda, therefore school fees should not be a problem. Also, NGOs like NAWOU fund girls' education. There is a popular school in the Pokot area called Kalas Girls Primary school which has played a significant role in educating girls in this area. The program officer of one of the organizations that helped me in my research went to the same school. After university, she went back to her community to encourage more girls to go to school and fight FGM. This program officer is called Lucy (not her real name) who is approximately 35-45 years old. She graduated from one of the main universities in Uganda. She was born in Kenya among the pokot, and migrated to Uganda as a young girl and settled among the pokot in Uganda. Therefore, she can speak English,

Swahili and the local language of the pokot used both in Uganda and Kenya. She is a role model among the pokot especially to the girls. She managed to survive the social pressure, finish her education and got a job. Most of the girls that were interviewed look up to her and they want to become like her.

According to Lucy: *“the best way to deal with the practice is by using education as an approach of dealing with the practice by supporting the education through scholarships/bursary, why?”*

“Because the girls who are exposed to the practice are those at home and not educated, it's rare that you can find a girl who has been to school being circumcised because while in school they are empowered with information on FGM.”

Near Kalas Girls primary, there is a boys' primary school called Kalas Boys primary school where boys are taught about the negative consequences of FGM. This can help boys to be sensitized about the dangers of FGM. They will grow up and might not demand to marry a circumcised girl which in the long run undermines FGM because one of the reasons it is practiced is because men demand circumcised women. This will also have an impact on pastoralist lifestyle since boys will be in school. Boys who were believed to be bright by their parents were never sent to school, but instead became pastoralists. Those who were not believed to be bright were instead sent to school. So, education was more for the less privileged and marginalized than the privileged as Andrew argues:

“... in most schools in this place they are now trying to let them understand gender rights and feelings. Before schools were scarce, people could move very far for education which was only sponsored by NGOs by then. Education still was meant for less privileged or marginalized people like the incapacitated who later came up to help the society after their education, these are serious advocates for women and girl's rights.”

What Andrew meant in the above quote was that education was meant for those who were believed not to become beneficial to society like the lame (incapacitated). In the long run, those who were undermined or believed not to become beneficial to society became helpful to society as a result of finishing their education. These are now helping society, for example through sensitization about FGM.

Lucy also supported the role of education in fighting FGM. She said:

“Promoting inclusive quality education is also important. Education creates higher aspirations for girls and tends to reduce their interest in FGM. Education also tends to delay the age at which girls marry, which provides them with more choices and autonomy when it comes to their futures.”

In short, lack of education facilitates FGM whereas education combats it. Uneducated people often see young girls as a source of wealth through marriage. Cut-married girls call for a higher bride price, therefore girls will be encouraged to undergo FGM by their parents to get wealth from them in form of bride price which is over forty heads of cattle.

That is why education can be used to fight FGM through sensitizing pupils and students about the dangers of FGM. Furthermore, education can be used as a source of wealth instead of FGM. When girls finish their education and get jobs, this will help them to create wealth for their families from the salaries that they get. Therefore, in the long run education can be looked at as a source of wealth instead of FGM.

5.10 Poor terrain, infrastructure and lack of resources.

The poor infrastructure and the terrain in the Pokot area makes it difficult for the police to enforce law in this region, especially in the villages. Some parts of Karamoja are mountainous and others form a rift valley like in the Pokot region. This type of terrain has made it difficult to establish good infrastructures like roads. Therefore, this can explain why parts of this area have poor roads which are dusty and full of potholes as we saw during our research, making transport difficult. Herbert said that:

“In the rainy season it gets worse because of floods in this area. This makes it exceedingly difficult and costly for the police, which even operate on a low budget, to enforce this law. It is easy for the police to enforce law in the urban areas, but difficult in the rural areas due to poor road network. Some areas are inaccessible, and this is where perpetrators of FGM hide and do their practice without facing any arrest. Most of the girls who live in the villages are cut because it is hard for police to get such people and apprehend them due to the remoteness of the areas where they stay which cannot even be accessed by motorcycles.”

According to Andrew: *“Sometimes the police cannot go to some areas due to lack of fuel. The lack of funds makes it difficult to collect evidence that can help in prosecution of perpetrators like medical reports.”*

Therefore, the government needs to improve the infrastructure in this area and increase the police budget which will make it easy to enforce the FGM Act. In areas that have high FGM rates, the government can produce FGM police teams whose role will be specifically to fight FGM. Such teams should have well trained police officers as far as FGM is concerned and have a special budget. This can make the fight of FGM easier. Also, the prison department should have a specific FGM police to sensitize convicts in FGM cases about the dangers of this practice. By the time these people leave prison, they will be anti-FGM and can help in the fight against FGM in their respective communities. They can become role models or champions of change in the fight against FGM. If this is not done, after the release of these perpetrators, they might continue with this practice because they will be arguing that they were persecuted for practicing their culture. Lucy also referred to the lack of investments and infrastructure as one of the reasons why FGM has not been eliminated: *“FGM is practiced in communities that are geographically difficult to access and where social services are limited. For example, most of the FGM practicing districts lack accessible schools and health services.*

Women and children trek very long distances to access health and education services; some schools convert classrooms into boarding facilities, which do not meet the minimum requirements for such facilities.

There is need for continued advocacy with the government to accelerate the development and provision of basic social services in hard-to-reach and remote areas in Karamoja and Sebei and across borders.”

This again demonstrates that people in remote areas where basic services are lacking, are more likely to continue with FGM than people in better connected areas.

5.11 Way of Life

According to Andrew, the way of life of the Pokot is facilitating FGM. The pokots are known for pastoralism. They migrate from one place to another in grasslands for their cattle as Andrew says:

“... they migrate to peaceful lands where nobody will stop them from doing fgm. ... easy to migrate because of free land. ... move to hidden places which are in accessible like bushes and with no roads. Nobody knows what happens in deep communities which are inaccessible. They do not have roads. If good roads are built, they migrate to a more remote area. Thorny

vegetation, they do not cut trees hence thick vegetations and bushes for hiding hence making it inaccessible. Only use short cuts.”

“Usually, the whole family migrates. Migration has made them not to build permanent structures. When misfortunes befall, they migrate. They have capacity to build houses because they usually have many animals but prefer to migrate.”

The above quotes explain the prevalence of FGM among the Pokot due to the pastoralist lifestyle of some Pokot. They move from place to place in search of grass for their animals. Therefore, they do not even build permanent houses because they know that they will migrate at a particular time. This helps FGM to prevail because it becomes difficult for authorities to follow up such people in case, they are reported for FGM. Furthermore, they move to inaccessible areas which are bushy or with no demarcated roads. This explains why even another respondent, Herbert said that some of the Pokot still carry out FGM celebrations because in such remote and inaccessible areas they cannot be found. They carry out FGM celebrations at night. This way of life and existence of free land makes it hard to fight FGM because people can easily migrate to new areas and in that way stay far from government interference.

5.12 Elections

Elections can be another reason that facilitate FGM in Africa, for example in Sierra Leone as seen in Chapter two of this thesis. In the case of the Pokot, elections are indeed also one of the reasons for the high prevalence rate of FGM in this area. Due to the popularity of this practice among the people because it is part of their culture, politicians support people to do it to gain votes, though not openly. Even those who oppose it cannot talk openly against it because they fear that they might be voted out of office as they will be seen as a threat to the Pokot’s culture. Andrew said:

“Local leaders fear to be voted out hence shying away from fighting fgm. No leader has ever come out to challenge it openly.”

Therefore, one can argue that the shying away by leaders from openly fighting FGM can lead to an increase in the prevalence of FGM.

The Ugandan president is given mandate by the constitution of Uganda to appoint representatives in all Uganda’s districts. They can help in the fight against FGM because they do not go through elections as Herbert said:

“... (name of the government representative removed) came up with proposal to force or ensure all girls go to school.”

“But these meet obstacles like tribalism from the local people and leaders since they are looked at as “foreigners” because the president usually appoints RDC’s (Resident District Commissioner) in a particular region from other regions. For example, the president appointed a Muganda (from central Uganda) as a RDC in Pokot (Northern Uganda) whose name I will not mention. The central and northern people are different in terms of culture and language. The local people looked at this RDC as an agent against their culture and they planned to assassinate him

“... the local leaders or chiefs were planning to assassinate him (government representative) because of his proposal. The daughter of the chiefs undergoes FGM. What about other local people?” (Asks Herbert)

The local people argue that such Baganda (people from the central region of Uganda) are employed in their region to fight their culture. They say that the Baganda people kneel before their Kabaka (king) and nobody stops them, so why not also let the Pokot to practice their culture.

Therefore, one can argue that FGM is used as a political tool during elections which undermines the fight against FGM.

“According to Andrew, an elected leader who is fighting fgm will not be voted back. His opponent describes them as someone who is torturing the same people who voted him, therefore, using fgm as a tool to win an election.”

During elections, candidates promise people that they will be free to practice their culture without any disturbance. They do not say it directly that they will let people practice FGM because the practice is illegal, but they use the word “peace” according to Andrew.

“What happens you know they come in the name of peace. And peace means doing something according to the wish and will of one another. Something without distraction or disturbance.”

In this case peace means that people will be practicing their culture without any disturbance from authorities as leaders who are meant to fight the practice will be supporting it indirectly as a way of winning elections or keeping themselves in power.

Conclusion

This chapter explained eleven factors that have led to the high prevalence rate of FGM among the Pokot. These included: elections, way of life, poor terrain and infrastructure, education, unemployment, support by individuals, long porous border, social pressure and peer influence, religion, women's sexuality, and culture. They all play a role in the prevalence of FGM apart from culture. Culture is the main reason that has led to a high prevalence of FGM among the Pokot and can also be linked to all the other factors. FGM is termed as a tradition that creates identity for the Pokot. Those who undergo it fulfill their culture and get a sense of belonging in the community. Those who refuse to undergo it are termed as anti-traditional and risk being discriminated against in society. This leads to social pressure and peer influence from those who underwent it to those who have not. Therefore, some girls will end up undergoing FGM as a result of this pressure.

Perceiving FGM as a culture or tradition makes it very difficult to fight it, for example when people who want to fight FGM try to stop the Pokot from practicing it. The Pokot who are pro-FGM also argue that it is unfair that they are stopped from practicing their tradition yet other tribes like Bagishu in Eastern Uganda continue to circumcise men. Therefore, anti-FGM efforts are termed as discrimination and suppression of the Pokot. This explains why some respondents no longer believe that there is a genuine campaign against FGM. For example, Herbert said: *"We are only pretenders! Something which is in the community is extremely hard to fight!"*

He argued that a practice that is in the community is hard to fight because it becomes part of them. He came to this conclusion after talking to his 10 friends who, together with him, were fighting against FGM for a period of 10 years. They all confessed to him that their women or wives were cut, but they did not know how. Therefore, Herbert concluded that tactics for carrying out FGM had changed, from community to individual. He meant with that, that FGM was no longer carried out in groups like before, but individually like in hiding, for example a mother who individually takes her daughter to the "surgeon". This happens especially in the rural areas. Girls who do not undergo FGM are those that are in school or protected by their guardians or parents.

Chapter Six: Role of Community

6.1 Introduction

This chapter focuses on efforts or interventions made by the community to combat FGM. These efforts can emanate from society as an entity or individuals like leaders in the community. This theme was derived from research questions on the role played by different stakeholders in the fight against FGM. Each of the below sections discusses a certain section of the community that turned out important in the fight against FGM. They resulted from the coding and data analysis process, except for the category of local leaders which was already mentioned in the research question. Furthermore, I will be using both primary and secondary data in this chapter. Secondary data will be used mostly in the role of young people in fighting FGM because I do not feel that I got enough information about this from my respondents.

6.2 Sensitization

This is the process whereby a community can be made aware of FGM. For example, people can be informed about the implications of FGM such as long-term health issues or loss of life during the procedure. In the long run this can influence members of society to abandon this practice. All my respondents agreed that the best way to fight FGM is through sensitization which can enlighten communities about the dangers of FGM. Most of my participants participate in sensitization programs about FGM in their respective communities and encourage their children and peers to attend them. In these programs, attendants sit in groups to discuss FGM. Sensitization can be helpful because some people do not even know why they are practicing FGM. They just practice it because their predecessors were doing it. Below are some of the responses from my respondents regarding sensitization in the fight against FGM.

Deborah:

Translator: *“We never used to see FGM as danger as bleeding was seen as an accident. She said that today cutting is done by unexperienced people hence leading to increased death or negative effects. The best way to fight FGM in their society was through open dialogue or sensitization in villages where there is high prevalence of FGM compared to urban centres.”*

Jovia:

Translator: *“People should be told that uncut [women] easily give birth and cut [women] find it difficult to give birth. They tell it to people in their society through sensitization.”*

Anne:

Translator: *“Lcl chairman (local leader of a particular village) and informers help in the fight against FGM. They tell people to stop fgm through mobilisation.”*

Herbert:

“International organisations bring international approach to locals. I think it would be better to empower locals and fight fgm like women and young girls to do sensitization. Women should be empowered and locals because they are behind fgm.”

Andrew:

“Sensitization through radio to tell them the impact of fgm. For example, it was mainly done for marriage. Girls should be told that education can be a source of wealth instead of marriage.”

Lucy:

“Government should move to the community from boardrooms- sensitization. Create informers in the community since the practice is being done underground. Using young girls in sensitization to tell fellow friends.”

Racheal:

Translator: *“In town council it is hard to get fgm case, maybe in villages. Today girls who are not cut can be married. Before it could not happen. Due to sensitization, it has helped to take their children to school hence avoiding fgm.”*

Joanita:

Translator: *“... sensitization like talking to people.”* This is a short sentence because I only needed to highlight that Joanita supported sensitization as a way of fighting FGM like other respondents.

Government can also encourage this sensitization through education. For example, FGM can be made part of the curriculum and in that way increase pupils' and students' knowledge about this practice which in the long run can help them to abandon FGM and become anti-FGM campaigners.

6.2.1 Sensitization, an opener to a revolution.

In order to achieve an FGM-free community, sensitization should be at the core of all interventions aimed at creating an FGM-free community. An example of how sensitisation has helped to overcome FGM is the St. Bakita Community Group. I used secondary data to explain the role of the St. Bakita Community Group in Amudat district.

St. Bakita Community group is a group that operates in Amudat district. It has members from different parts of the district, for example Akariwon village, Tapac sub-county, and Moroto district. These areas have representatives in this group, and these include; elders, religious leaders, and kraal leaders. The group began its operation in 1992 and leads the UNICEF's campaign to end FGM (Mbonye, 2017). The group has a chairperson, Elia Lomiat who is a respected local leader and role model for the ant-FGM campaign. This group meets weekly to assess its strategy and achievements. The leader of this group has ten daughters of whom four experienced prolonged bleeding after cutting and major complications during childbirth as a result of FGM. This encouraged him to join the campaign against FGM that helped him to protect or save his other, younger, six daughters against FGM (Mbonye, 2017).

The main strategy or campaign that was used in the fight against FGM in the case of the St. Bakita Community group was sensitization. Through sensitization, the number of girls that were cut every day in Akariwon village (Tapac subcounty) reduced from 100 girls to zero. The sensitization campaign was conducted through door-to-door, home to home sensitization drives, community dialogues, and religious leaders who used the church to sensitize the people about the dangers of FGM. For example, through Sunday sermons, and catechism classes where anti-FGM messages were passed to young girls and boys (Mbonye, 2017).

It is through sensitization that FGM rates reduced in Tapac sub-county. The sub-county has over 60 villages, but today 15 villages have publicly declared abandonment of the practice. The community Development Officer of Moroto District testified about the role of sensitization in fighting FGM.

(Mbonye, 2017) *“All the villages in the sub-county used to practice FGM, but because of the increased sensitization led by the communities themselves, more and more villages continue to publicly declare dropping the practice.”*

Therefore, the success of this sensitization process in Tapac sub-county shows that using sensitisation as the main intervention in the fight against FGM can lead to a free FGM-community. If the St.Bakita Group Community has managed to see 15 villages abandoning

FGM with the financial support they get from UNICEF for their activities, it means that if such an intervention is supported by government, and all members of a community are involved in them, this can lead to an FGM-free community in the long run. Since the campaign is done by community members, people do not feel that an outsider is fighting their culture, which happened when it comes to some interventions like the PFGM Act where community members were left out in the entire process of making this law.

One can argue that the St. Bakita Community Group applied the four models through which Social- Convention theory can be used to abandon FGM. FGM is a social convention in the areas where this community group was operating, therefore one individual abandoning it would not make much difference which made a few community members to come together. They came together from a family a level and then influenced other families in the community to abandon FGM. The initial families and community members who accepted to abandon FGM can be referred to as the critical mass or first movers. These first movers recruited other members in the community which led to a tipping point that led to several villages abandoning FGM. These made public commitments to ensuring that every member of their communities and other communities abandon FGM through sensitization on the advantages of abandoning FGM in what Mackie and LeJeune refer to as organised diffusion. Therefore, such coordinated abandonment and public commitment can lead to a full abandonment of FGM in societies as foot binding in China.

One main obstacle to these four models is how community can maintain abandonment of harmful practices like FGM. One can argue that public declaring of abandoning FGM is easier than maintaining it. One can publicly declare abandoning FGM but practice it in silence as per Uganda's country director of UNICEF, Dr. Munir Safieldin; *"In some communities, despite the declarations, girls and women continue to be cut in hiding."*

Therefore, this calls for a formation of a team that will ensure that those who declare abandoning FGM maintain it through monitoring. Communities and members who continue to engage in FGM after publicly abandoning it can be held accountable to ensure that girls and women remain uncut after public declarations of abandonment of FGM. This can be done through strengthening existing community surveillance systems and creating accountability mechanisms at the community level to ensure that the declarations translate into girls and women not being cut.

6.3 Local leaders

The community plays a key role in the fight against FGM. This role is facilitated by the anti-FGM local leaders and members of the society who coordinate with the authorities or police to apprehend perpetrators of FGM. These perpetrators can be the “surgeons,” but also all others who are engaged in facilitating this entire process. Among the Pokot, the elders are always leaders and are highly respected even more than the law. People can easily follow what they say, more than what the law says. Therefore, this explains why they must be part of interventions against FGM.

Deborah (not real name) is a local leader and an elder in her village. She leads campaigns against FGM in her community. She is approximately 50- 55 years. She described elders as the gatekeepers of culture:

“Community elders who are the gate keepers of the traditions and social norms.”

The role of elders is seen in the fight against CB (Cross-Border) FGM. Uganda and Kenya are collaborating in the fight against CB FGM and signed a cross-border declaration to end this kind of FGM. This declaration was signed in February 2021 during the celebration of the International Day for Zero Tolerance of FGM in Alale, West Pokot County in Kenya. The parties that were involved were elders from the Pokot community from both countries since they are highly respected in their communities, and government representatives from both countries. The aim of this declaration is to eliminate FGM and protect girls and women from this practice. This declaration was welcomed in these communities since the local leaders or elders were involved.

The cultural leaders are there to protect our women and girls from the harmful practices such as FGM. Their voice is the most respected in society, so they influence the community to choose a safer rite of passage for girls. As government and in partnership with our development partners and our neighboring Countries we are at hand to accord you all the required support (Kosgey, 2021).

Involving local leaders will help to avoid government initiatives against FGM to be perceived as discrimination and suppression of the Pokot because these local leaders can easily communicate to their respective communities about the aims of such initiatives.

6.4 Local Laws

Villages make local laws to help in the fight against FGM. These laws are to be followed by all members of a particular community. For example, one of my respondents who is a local leader said that she made customary or by-laws in her village as a way of fighting FGM. She encouraged and forced most parents to take their children to school since Uganda has universal education where children study for free. Elisabeth (not real name) who is a 23-year-old woman from Pokot Kenya, who migrated to Uganda in 2005 with her parents. She has attended her primary and secondary education in Uganda. She is currently attending college. She has played an important role in the fight against FGM, for example she played in a movie to sensitize her community against FGM when she was 12 years old.

Elisabeth said:

“During the harvesting period girls used to be taken out of school and cut. It is easy to cut girls during the harvesting period because they spend days on farms hence making it easy to cut them and heal without the authorities knowing.”

Some leaders who make such laws face challenges in community, especially those who are appointed by president like RDCs (Resident District Commissioner) because they are regarded as “foreigners” fighting and undermining local culture. For example, there is one RDC who faced death threats when they attempted to fight FGM.

“A Resident District commissioner (RDC) called ...(anonymised) who came up with proposal to force or ensure all girls go to school. But the local leaders or chiefs were planning to assassinate him because of his proposal. The daughter of the chieftains undergoes fgm. What about other local people?”, asked one of the local leaders in support of FGM.

People become averse to change when change is not initiated by individuals who are not part of their social arrangements. The moment local people know that force of change is “foreign,” they ignite resistance. For example, religious missionaries in Kenya faced this problem when they tried to influence people to abandon their Indigenous practices like FGM (Graamans et.al, 2019, p. 4). Those fighting FGM among the Pokot face the same problem.

Therefore, one can argue that members of society are central in all initiatives aimed at changing cultural practices. If these members are not involved, they will oppose changes because they term it as a fight against their culture. Therefore, government and NGOs can use local people in all their initiatives against FGM, for example, during the setting up of policies

and their implementation. Government representatives like RDCs should be from these regions to limit resistance against FGM interventions

6.5 Social media

According to one respondent, Herbert, the Pokot community has also initiated local efforts to fight FGM in both countries. For example, in 2020, a WhatsApp group called “Kenya Uganda anti-FGM Forum” was formed. In this group, local members of the society would work with the authorities to identify girls suspected of having crossed to Kenya to undergo FGM. This group showed positive results as between April and October 2020, they managed to rescue 37 girls from undergoing FGM in Kenya.

6.6 Scouts or informers

This is a community policing strategy which helps communities to fight crime. It is very common in Kenya under the name “Nyumba Kumi”. Nyumba Kumi is a strategy of anchoring community policing at the household level and is aimed at bringing the local community together in a pursuit of common ideals such as safe, sustainable and prosperous neighborhoods (Mwendwa et al., 2020, p. 10). Among the Pokot, they also use this strategy. They have informers or scouts, especially in remote areas, to monitor and report when the practice was occurring so that those responsible can be held accountable. Among the Pokot, these informers are called “semsem” as Elisabeth said,

“In fact, social media and “semsem” (informants) can help in curbing the activities by alerting the security through collecting information or data secretly. They inform the security organization, like local defense, that there is this and that around such and such a place. These people are not known in the area (the informers work undercover).”

Therefore, one can argue that some of these strategies are systematic. For example, when informers find perpetrators of FGM, they can report to authorities through social media.

6.7 Role of young people

Young people are involved in the fight against FGM, for example young men in Kenya. Young men proposed the use of social change programs to end FGM, use of leaders with a neutral character in the fight against FGM and culturally affirmative approaches which did not denigrate local culture and practices (Brown, et al, 2016, p. 122). They wanted the use of community champions; those who were seen as role models in the society like doctors and teachers who had married uncut women and were living a successful life. This would

motivate young people to also start marrying uncut women which can erode the myth that uncut women come with bad luck since there are those who married them and who are successful (Brown, et al, 2016, p. 122). They also wanted the involvement of local governance structures in the detection and prosecution of response for those involved in FGM. For example, local area groups, popularly known as “the Nyumba Kumi” (Brown, et al, 2016, p. 122- 123).

In Uganda among the Pokot, young people who are survivors of FGM began advocacy against FGM, for example, Chelimo (Okiror, 2018). Chelimo underwent FGM as a twelve-year-old. She was influenced by peer pressure and abuse from her community. She believed that not undergoing FGM was a shame, and that she would not get married (Okiror, 2018). Therefore, she underwent FGM to overcome such fears.

Chelimo was influenced by the challenges like pain that she underwent after FGM to become an advocate against FGM. This advocacy would help her to protect her four young sisters against FGM. Therefore, she joined forces with other survivors to campaign against FGM in both Uganda and Kenya. They formed a 20 members group called the Yangat Youth Group, which is aimed at teaching, sensitizing the communities, and mentoring young people about FGM and early marriage (Okiror, 2018). The group runs its cross-border missions quarterly which help to encourage girls to keep in school and prevent early marriage and FGM.

In my interviews, I interviewed two young people between the ages of 20-25. One was a woman, Elisabeth and the other a man, Andrew. Andrew finished college in Kampala (Capital City of Uganda) and went back to work among the Pokot. He works with a local organization that helps to improve the livelihood of the local people through providing food stuffs. He told me that he helps to sensitize his aagemates about the dangers of FGM and what role they can play in fighting it. He thinks this sensitization can help to change the mindset of these young people to abandon FGM. Andrew does this sensitization as an individual, therefore one can argue that his intervention covers a small area.

On the other hand, Elisabeth is a college student in the eastern part of Uganda, Mbale. In primary school she got an opportunity where she acted in a movie, “Cut that Thing”, which sensitizes people about the dangers of FGM to young girls. Currently she is not actively engaged in activities against FGM because of school, but she can sensitize people about the dangers of FGM when it is necessary, for example in their group discussions at school.

6.7.1 Innovation Hack Lab

UNFPA (United Nations Population Fund) organized a Hack Lab event where participants were to come up with a technological innovation. This innovation was to help girls and women who have faced or are at risk of FGM to receive services and support they needed. This would help to address the challenges of poor access to services by survivors of FGM.

The FGM innovation Hack Lab is a youth-led initiative that was launched in September 2021 by UNFPA East and Southern Africa Regional Office, in partnership with the UNFPA-UNICEF Joint Program on the Elimination of FGM and the Spotlight Initiative Africa Regional Program. More than 100 innovative ideas of how to address FGM were received from young people in 18 countries across Africa and narrowed down to ten through a competitive selection process (UNFPA, 2022).

Uganda was represented by two innovators, Joseph Mulabbi and Deborah Nassanga. The former and later came up with Axces Mobile App and HerStory App respectively. Axces Mobile is an internet-free app that enables the user to make a toll-free call to a community volunteer (village volunteer agent) and report the occurrence of FGM. The agent then identifies the type of service required and connects the survivor with a service provider. Mulabbi's inspiration for Axces Mobile comes from a personal experience. Mulabbi's friend lost a sister while they were in school as a result of FGM. She died as a result of hemorrhage. She could not access medical care in time because the nearest health center was 20 km away and with a poor road network (UNFPA, 2022).

Therefore, Mulabbi promised to come up with an innovation that would help in the fight against FGM, hence Axces Mobile.

Furthermore, Nassanga also created an application, HerStory as a result of her personal experience. She lost a family member as a result of FGM. Therefore, she came up with this app that enables girls and women to report FGM anonymously (UNFPA, 2022).

Technological innovations are vital in the fight against FGM but have limitations, for example, language barriers and illiteracy. These two applications were in English which could limit some people from using them because many of the Pokot in Uganda are illiterate and do not speak English. Therefore, the apps will not be accessible to them.

Furthermore, financial constraints limit the maintenance of such applications. They can easily be launched but are often unsustainable. I tried to search for both applications on play store and application store, unfortunately I did not find any.

6.8 Limitations of these efforts

The different stake holders in the fight against FGM have produced different avenues or measures to stop this practice like legislation, sensitization and more. But the results of these measures are still minimal compared to their goals. This can be attributed to the different views of FGM among the Pokot. On one hand, we have the pro-FGM people who argue that those who practice it have a right to practice it, since it is their culture. On the other hand, we have the anti-FGM people who look at it as being barbaric and as suppression of women's rights. Therefore, we have two groups that argue for and against FGM in terms of rights hence leading to an ethical dilemma. This ethical dilemma also happens in Kenya between the "Modernists" and "Culturalist". "Modernists" are those who want to stop FGM as they describe it as barbaric whereas "Culturalists" are those who want to maintain FGM since they term it as their culture. "Culturalists" look at "Modernists" as having an agenda to erode a local, ethnic identity. These "Modernists" are supported by foreign NGOs in their campaigns against FGM. This explains why "Culturalists" are fighting them since they look at them as foreigners undermining the local culture (Brown, et al, 2016, p. 122).

The fight against FGM also faces a problem of contradictions when those who are in the fight against FGM also support it. For example, local chiefs in Kenya were to help in fighting FGM but are married to women who have undergone FGM. This makes the fight against FGM incredible since such local leaders are viewed as insincere and inconsistent which leads to questioning their ability and attitudes towards fighting FGM (Brown, et al, 2016, p. 122).

Conclusion

In this chapter I focused on the role of community in fighting FGM among Pokot. I named different stakeholders in society that help in the fight against FGM, for example community groups, local leaders, local laws, social media, scouts/informers, young people, and technical innovations. All these can help in the fight against FGM through sensitization. Sensitization is the best way that was proposed by community members as a way of fighting FGM.

Furthermore, through sensitization communities and their members can be informed about the dangers of FGM which can influence them to abandon FGM. A case in point is the ST. Bakita Community Group that influenced 15 villages to abandon FGM through sensitization. But some people like the current UNICEF Director in Uganda claim that this abandonment is not genuine because some of these communities that declared the abandonment of FGM still

practice it. But I think this can be stopped if follow-up teams are set up to follow up communities that declared abandonment of FGM. This can help to give more sensitization to those who continue to practice FGM. In case they persist on practicing FMG they can be apprehended. These interventions also need time to yield or achieve their goals. FGM is a practice that has been practiced for many years from one generation to the next, therefore it requires patience to fight such a practice as Lucy said: *“Another experience of FGM practice is that no intervention of one or two years can help reduce cases of FGM that is a cultural practice that took them years to build, there is need for enough time to reduce the practice that is culturally attached in the community.”*

Chapter Seven: Role of government

7.1 Introduction

This theme was derived from the research questions and other categories under this chapter were created during the coding and data analysis process. This part is mainly based on secondary data as we failed to get a government representative. The interview that was supposed to take place was cancelled as the result of the pandemic, we tried to get another digital interview but failed, so we sent a structured questionnaire that was not filled in at the time of writing this thesis.

Government has a responsibility to protect its citizens and their property. All citizens must be treated equally regardless of their gender. Therefore, as government it must ensure that it protects women and girls against violation of their rights, for example, stop FGM.

7.2 Evaluation of Government Interventions

The government plays a distinguished role in the fight against FGM, for example passing interventions like the PFGM Act but must also evaluate these interventions to assess their effectiveness. For example, in 2021 Uganda held a regional meeting on ending cross-border FGM. Among the countries that participated were Kenya, Somalia, Ethiopia, Tanzania, and Uganda. All these countries were represented by ministers in charge of Gender and Women Affairs. This meeting also included other stakeholders who help in the fight against FGM, for example, UN, UNICEF, traditional, cultural, and religious institutions. The purpose of the meeting was to assess the impact of legislation that the participating countries passed in the fight against FGM and to adopt the Regional Action Plan on cross-border female genital mutilation, 2019-2024 whose goal is to enhance cross-border collaboration between Ethiopia, Kenya, Somalia, Tanzania, and Uganda to end FGM by 2030 (Mutuuzo, 2021, p.2- 3). In this meeting, they highlighted the limitations of the fight against FGM like Covid 19, ineffectiveness of the laws since people started performing FGM underground, discrimination of married women who have not undergone FGM, and lack of rehabilitation centers for those who underwent FGM (Mutuuzo, 2021, p. 4).

7.3 Education

Government provides free education through which children can be sensitized about the dangers of FGM like through Kalas Girl's and Kalas boy's primary schools. From these primary schools, Pupils can afterwards attend Pokot secondary school. Education can help to reduce the prevalence rate of FGM as Lucy narrates: *"The best way to deal with the practice*

is by using education as an approaching of dealing with the practice by supporting the education through scholarships/bursary, why? (Lucy asks) Because the girls who are exposed to the practice are those at home and not educated, it's rare that you can find a girl who has been to school being circumcised because while in school are empowered with information on FGM.”

Therefore, one can argue that through education the prevalence rate of FGM can be reduced, but the Pokot have very few schools which can limit this intervention. The district (Amudat district) has only two secondary schools as per Andrew: *“Amudat district has only 2 secondary government aided schools and no private schools there. May be there is they are trying to build a communal secondary school. It is called Rollo starting up with senior one and senior two.”* Andrew said that there are only two government schools in Amudat district and no single private school, but the government is building a new one.

According to the above quote, one can argue that there is a need for the government to increase the number of free schools in this area, which in return will also increase the number of students attending schools. This is because schools will easily be accessible, therefore students will not have to travel or walk long distances to attend schools. I would have also recommended the private sector to establish schools in these areas but due to elevated levels of poverty, the biggest number of parents cannot afford school fees which can make private schools not viable.

7.4 Ratification of International laws

Uganda ratified the United Nations Convention on Elimination of Discrimination against Women (CEDAW) in 1985 and the Convention on the Rights of the Child (CRC) in 1990 (Namulondo, 2009, p. 44). Therefore, Uganda being a signatory to these conventions means that the Ugandan Government has an obligation to protect the rights contained in these conventions. For example, Article 2f of CEDAW calls on States Parties to take immediate steps towards eliminating discriminatory practices, and abolishing or modifying existing regulations, which constitute discrimination against women (Namulondo, 2009, p. 10).

The CRC protects the rights of children from all forms of physical or mental violence, abuse, and neglect of children. Furthermore, CRC states that States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children (Namulondo, 2009, p. 10- 11).

It is as a result of these international conventions that Uganda came up with national laws in the fight against FGM like the PFGM Act as explained in chapter 1.2.1. More of these acts and laws are explained in the following part.

7.5 National Legislation

As a way of fighting FGM, the Ugandan government passed the anti-FGM act in 2010 which criminalized this practice. The act accurately describes what FGM is and punishments that can be gotten by its practitioners if found guilty, for example life imprisonment for those who perform aggravated FGM. Aggravated FGM is described as the type of FGM which can lead to death, disability, HIV, and carried out by a health practitioner (28 Too Many, 2018, p. 3).

There are also other laws which address harm caused by the practice of FGM. For example, The Children's Statute of Uganda (1998) which was also amended in 2016 is another legislation that has been put in place by the Ugandan Government to fight for children's rights. Female genital mutilation infringes on the rights of girl children as evidenced in the fact that most children do not give consent to undergo the procedure. Section 7 of the amended act states that, "a child has the right to be protected from any social or customary practices that are dangerous to the child's health" (28 Too Many, 2018, p. 3-4).

There is also The Penal Code Act 1950 which provides under section 219 that any person who unlawfully does grievous harm to another commits a serious crime subject to punishment (28 Too Many, 2018, p. 4).

In 2019 the Ugandan police arrested and charged 18 suspects to court for aiding and abetting FGM. They were arrested in the Sipi region (Eastern part of Uganda) after police got tips on their plan to carry out FGM. The police also realized that these cases of FGM stem from a concern about family honor like mothers who had been cut were seen suitable to grace their son's circumcision (traditional male circumcision) ceremonies hence influencing their daughters to undergo FGM as a way of protecting their future (Uganda Police, 2019). The police do not work alone, but are assisted by community leaders, teachers, and health workers who report cases of FGM that surface during their duties.

7.6 Before and after legislation

Before legislation, FGM was practiced openly. Practicing communities used to organize big ceremonies as it was seen in chapter four (The perception of the local community). After legislation, the practice has gone underground since perpetrators fear to be arrested. This explains why pastoralists who practice FGM among the Pokot keep migrating to very remote

areas which are not easily accessible. This gives them freedom to practice FGM without intervention from the authority as it was seen in chapter five (5. 10).

7.6.1 Limitations of legislation

The law has led to some cases of arrest and conviction of perpetrators of FGM, but its implementation and enforcement remains a challenge. The practice continues in remote areas of Uganda and is performed underground or in secret. According to media reports, there have been many reports, but few prosecutions. Isolated cases have been reported. For example, in 2014, two women were charged under the FGM Act 2010 for procuring and participating in the practice on seven girls in Moroto District. They were sentenced to between three- and ten years imprisonment. Five people were sentenced to four years in prison for performing, procuring, and aiding FGM in Kapchorwa District (28 Too Many, 2018, p. 7).

Recent data suggests a decline in FGM prevalence rate on the national level, but when this rate is broken down to regional level, the results are alarming as it was explained in the statement of the problem in chapter 1.4. For example, in the eastern and north-eastern regions, prevalence remains extremely high. This has been attributed to the failure to implement the law because of the following factors.

Communities are not aware of the contents of the law and the government has not done enough on sensitization. During the development of this law, members in societies that are highly affected by FGM like the Pokot were left out. Only after developing this bill, its framers then went to areas that are known for this practice to get their views about it.

One can argue that these people (FGM practicing communities) should have been consulted before developing this bill. Some areas like in the north-eastern Uganda were even never consulted. If members of these societies had been consulted and directly participated in the framing of this law, sensitization would have been easier because key persons like local leaders from those areas would have had more knowledge about it. They would easily carry out sensitization in their respective areas which could help to pass on information about this law. This sensitization could become generational, and, in the end, it could help government and civil society not to spend a lot of funds in sensitization. Unfortunately, this was not done, explaining the lack of awareness about the contents of this law in the FGM practicing communities.

According to the people that I interviewed, they think that the law is good in fighting FGM, but they told me that some community members perceive it as a suppression and

discrimination of their culture. Therefore, one can argue that this creates an ethical dilemma because some members believe that they have a right to practice their culture of FGM, whereas on the other hand we have members who perceive FGM as suppression and mistreatment of girls and women. This ethical dilemma can explain why some Pokot still practice FGM in silence or underground as Lucy narrates: *“My experience of FGM is that ever since the Act was enacted it has gone into hiding, it’s no longer being practices in an opening, it implies that people already know that the law is in place and fear to be arrested.”*

Therefore, the reason as to why some Pokot continue to practice FGM even after the introduction of PFGM Act is because they perceive this law as a suppression of their culture. They think this law inflicts on their right of practicing their culture.

Furthermore, this law is in English yet the biggest percentage of people in the Pokot area do not speak English. This makes it difficult for them to understand this law because they do not understand English. Therefore, the government needs to translate it into local languages in this area so that people can easily understand it. Furthermore, government should highly invest in education so that the future generations do not have to go through language barrier problems which makes eradication of illegal acts difficult. At school children can learn English which is the official language of Uganda.

Some of the respondents like Lucy criticized the government on the implementation of the law: *“Another issue is implementation of the law on the government side is not so much strong, a lot of work is being done by the implementing partners who have deadlines, not until the government set aside some funds specifically for FGM implementation that when it will be sustainable enough.”* What she meant is that the government is not doing enough to implement and sensitize the people about PFGM Act. She argued that civil society is doing more sensitization work than the government

Therefore, one can argue that the government should increase its funding in sensitizing communities about the PFGM Act instead of leaving this role only to the donor partners or civil society. The government should also help FGM survivors to get justice by ensuring that perpetrators do not go unpunished like not facing justice.

Conclusion

This chapter focused on the role played by the government in the fight against FGM. Most of the data that was used in this chapter was secondary due to the failure to get a government

representative. I got sick on the day I was supposed to have an appointment with this representative, and I failed to get a second appointment. The main role that has been played by the government is the passing of the PFGM Act in 2010. This has helped to reduce the prevalence rates of FGM, though some community members still practice FGM underground. Unfortunately, the government has been criticized for its weakness in the implementation and sensitizing of people about this law. This can explain why some community members perceive it as a suppression of their culture because the law has turned FGM into an illegal practice.

Chapter Eight: Role of NGOs

8.1 Introduction

This theme was derived from research questions. Its categories are derived from the research process and were created during the coding and data analysis phase.

NGOs play a distinguished role in women's emancipation. These are both local and international organizations, which collaborate to achieve their goals. For example, UN funds activities of NAWOU, a local organization that helps in the fight for women's rights.

Also, UN Women plays a distinguished role in the fight for women's right in Uganda through different projects, for example The Spotlight Initiative.

8.2 NAWOU

The National Association of Women's Organizations in Uganda (NAWOU) is an umbrella of women's right organizations in Uganda. These organizations focus on gender and human rights, economic rights, health, women and the environment, and leadership.

The mission of NAWOU is to promote the growth of a strong women's movement in Uganda that advocates for the rights of women and enhance their social-cultural, economic and political status. In addition to that, NAWOU advocates for a just society through its programs dedicated to peace and security in the lives of women. Furthermore, it promotes economic empowerment and aims to strengthen women's participation and representation in leadership and decision making.

NOWOU helps in the fight against FGM through sensitization and education. All the minors that were interviewed had scholarships from NAWOU. It supports their education at KALAS Girls Primary School like buying for them school needs like books, uniforms and many others. Such local organizations therefore already play an important role in supporting education and women's empowerment and can therefore be helpful in reducing the prevalence of FGM.

8.3 The Spotlight Initiative

The spotlight initiative is a global initiative of the United Nations which has received generous support from the European Union. Its aim is to eliminate all forms of violence against women and girls.

It launched with a seed funding commitment of €500 million from the European Union, it represents an unprecedented global effort to invest in gender equality as a precondition and driver for the achievement of the Sustainable Development Goals.

The initiative responds to all forms of violence against women and girls, with a particular focus on domestic and family violence, sexual and gender-based violence and harmful practices, femicide, trafficking in human beings and sexual and economic (labor) exploitation. The initiative was launched in 2017. In Uganda it started operating in 2018 and it was officially launched on international Women´s Day, 8 March 2020.

8.3.1 Roles played by the Spotlight Initiative in Uganda.

In Uganda, the initiative supports interventions to fight FGM through UN Women. I managed to get this data from Eva Sibanda who is the communications director for UN Women in Uganda. According to Sibanda, Spotlight is implemented in 7 districts of Uganda including Amudat, Arua, Kampala, Kasese, Kitgum, Kyegegwa and Tororo, in line with the 2030 Agenda for Sustainable Development. Spotlight is supporting working with elders to consider and put in place alternative rituals that do not infringe on the rights of women and girls, to replace FGM. This includes sending girls to school as an alternative to FGM.

The initiative has helped to increase awareness about violence towards girls and women through its awareness campaigns on essential services for VAWG (violence against women and girls) and harmful practices. Through this initiative girls and women who survive violence are given temporally shelter. The awareness program by the Spotlight initiative helped to increase awareness on VAWG in communities as Sibanda said: *“Increased awareness on VAWG and sexual and reproductive health and rights, empowering adolescents and youth and supporting the uptake of services. Spotlight support has helped elevate the importance of access to health services for survivors of VAWG with a 60.5 percent increase in the demand for Emergency Shelters.*

Upholding the principle of “Leaving No One Behind,” the program focuses on communities at high risk of violence, including refugees, adolescents, in-and out of schoolgirls, women and girls with disabilities, and those living with HIV/AIDs”.

Through this program, community elders or leaders were engaged or sensitized about the dangers of FGM and given an alternative; education that could help to overcome this

practice. The elders are considered as gate keepers of culture among the Pokot; therefore, one must engage them in interventions aimed at helping their respective communities because they are highly respected which makes it easy to disseminate information to their people. Unfortunately, I am skeptical about this program because none of my interviewees among the Pokot talked about it though the data gathered from my structured questionnaire showed that the initiative had reached 5,960,000 people country wide.

8.4 Financing

This is one of the main roles of NGOs in their fight against FGM. They provide funds which can be used to support activities that can help to overcome FGM. For example, education and sensitization in Uganda and ARP in Kenya. In Kenya NGOs fund ARP (Alternative Right of Passage). ARP is an alternative to initiate girls into womanhood. ARP mimics certain aspects of the traditional initiation process but without the physical cut/mutilation. ARP can help pubescent girls to continue with their education and avoid early marriage (Hughes, 2018, p.277).

ARP has its weaknesses like it does not have a standardized model like FGM, and it depends on foreign funding (NGOs), which means that if these funders stop in the future, then ARP will also stop. ARP is also based on Christian teachings. In some cases, like in Pokoto, a trainer said that the participants must be Christians first to tell them what is right and wrong. That means that ARP will not help other members of the society who subscribe to other religions, for example, Somalis who are Muslims. For Kenya, Hughes showed that this will limit the fight against FGM, as some members of the society who practice it will be left out by this intervention against FGM (Hughes, 2018, p.280-283). One can argue that ARP may not work among the Pokot because it is based on Christian teachings yet most of the Pokot do not subscribe to this religion as per my collected data.

During ARP girls are initiated into adulthood or womanhood. This aspect of FGM is undermined by the globalized moral panic around FGM that does not include understanding of the function that FGM ceremonies have in communities. The initiation or graduation concerns not only an individual girl, but her entire extended family and community. This initiation is common in age-organized societies like Maasai and Samburu where personhood and identity are developed as people ascend in hierarchy which is based on age. For example, from childhood to adulthood and elderhood (Hughes, 2018, p. 278). Therefore, women had to

be cut as a maturation ritual to ascend in status, for example, a cut Maasai woman can upgrade herself to her husband's higher rank.

In Hughes's article, he quotes Corinne Kratz

“Initiation is a formative experience, the grounding of an irrevocable equality among women or among men: all share equally in the ritual knowledge of the initiated. Solidarity created through shared experience and knowledge is fundamental in creating the ritual community.”

In Kenya ARP is done as an alternative to FGM to initiate girls into womanhood and ascend in hierarchy in community which can help to create equality in society as cut women acquire the same status as men. In Uganda ARP is also performed mainly for initiation of girls into adulthood, but this practice is not that common as in Kenya.

Conclusion

All Anti-FGM stake holders like NGOs and government condemn FGM as a deep-seated “barbaric culture belief” that must be eradicated. FGM is framed as “a problem of African culture,” which African feminists and scholars have criticized. Portraying FGM as a problem of African culture undermines efforts to fight it because it will be seen as an abuse to the culture of FGM practicing communities. As a result, practicing communities will continue to practice FGM due to the anger of undermining their culture. For example, from 1928-1931 in colonial Kenya, Protestant missionaries attempted to eradicate FGM in central Kenya but failed due to opposition from locals who termed it as an attack on African traditions (Hughes, 2018, p. 275).

Therefore, that explains why FGM should be classified as a harmful norm in culture which needs to be eradicated, not as a harmful culture.

Chapter Nine: School as a rescue center.

9.1 Introduction

This theme was created during the research process due to the challenges that were created by the pandemic to the researcher. Therefore, I decided to make it part of this research because it was in the media, and I also thought that the pandemic influenced FGM as a result of closure of schools.

The categories under this theme were developed during the coding and data analysis process.

During the pandemic, schools were closed in Uganda for more than two years which provided school children with more free time than usual. This led to an increase in the number of young girls who underwent FGM, early marriage and pregnancies. Schools were not only a place for studying, but also protection for girls against FGM, early pregnancies and marriages. According to the United Nations Population Fund Agency (UNPFA), at least 644,955 teenage pregnancies were recorded during the Covid-19 lockdown in Uganda from March 2020 to September 2021. The number of recorded pregnancies was five times higher than the number of cumulative COVID-19 positive cases that were reported since 2020 (The Independent, 2021). According to World Vision, six months before Covid-19, 593 girls under the age of 18 reported sexual violence compared to 860 girls six months into the pandemic (World Vision, 2022, p. 6). Therefore, one can argue that the closure of schools led to an increase in violence against girls.

9.2 Kalas Girls Primary School

In this section both primary and secondary data will be used to elaborate on the role of Kalas Girls Primary School in the fight against FGM. The school receives girls who run away from violence, for example FGM, forced marriage and many others. Some of this violence is orchestrated by their parents, for example Theresa Cherop whose parents wanted her to get married. Cherop found her parents arguing when she came back home. She did not know the genesis of the quarrel and felt timid to intervene, but she kept on hearing her name. After a while, she realized that her father wanted her to get married, yet her mother wanted her to continue with her studies. She was a primary seven student waiting to take her exams before she proceeds to secondary education (Murungi, 2020).

Cherop tried to intervene to calm the situation down but was asked to keep out of the matter by her father. When she persisted to calm the situation down, her father got aggressive and wanted to beat her up. She ran to the police station to seek protection. She narrated her situation at the station and was given protection (Murungi, 2020).

Furthermore, her father was apprehended for trying to marry an underage girl as Theresa was 14 years old. In Uganda, it's illegal for girls under the age of 18 to get married. They are categorized as minors.

According to the data collected through interviews, one of the main reasons as to why underage girls experience forced marriage is as a result of cultural norms like virginity. Among the Pokot, virginity is an important aspect of marriage. Girls who are virgins and

illiterate call for a high bride price among the Pokot. For example, a girl like Cherop who was assumed to be a virgin because she was young, and illiterate would go for 35 to 40 heads of cattle. This explains why some parents want to marry off their underage girls.

Such disagreements lead to break up of families and it can affect minors psychologically and socially as they do not have a permanent place to seek sanctuary, or they do not have the courage to report their parents who are forcing them into marriage or FGM to authorities. But for Cherop, she was lucky (I am using the word lucky because there are many abused girls who do not get help) because she got help from the police in form of apprehending her abuser and getting sanctuary. The sanctuary is not the police station, but Kalas Girls Primary School where abused girls or those at the risk of getting abused seek and get protection.

Kalas Girls Primary School is a government funded school that focuses on educating girls. It has also been used as a sanctuary or rescue center since 2008. The school is surrounded with a ring of barbed wires and trees. It is located within the premises of the Kalas Catholic Church in Kalas Ward, Amudat town council.

The school is under the leadership of a religious leader called Sister Proscovia Nantegge whom I interviewed by telephone. Nantegge is a sister from Gogonya Sisters College along Entebbe Road, Uganda. She was sent by her college to Moroto diocese to carry out missionary work. She is currently working as a head teacher at Kalas Girls Primary School.

9.2.1 Receiving abused girls.

According to Nantegge, the school currently has 55 girls under its protection. The girls came to the center as a result of abuse or being at the risk of abuse, for example early marriages, FGM and others. That is why even during holidays, the girls were still at school because they could not go back home to avoid abuse.

These girls are delivered to the school by police, or they come by themselves. Nantegge said: *“Well, we work hand in hand with the police. The police receive them, and at times I receive them from the school gate. But I cannot take them in. So, I direct them to the police station, or I ask someone to take them. At the police station, they make statements and then returned to the school. So, all the numbers of the girls who are here, are also registered at the police.*

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The above quote means that the police and the rescue center work hand in hand, for example when police get abused children or those who are facing abuse like Cherop, they take them to the rescue center. Furthermore, the rescue center ensures that all the girls that it receives have been to and are registered by the police. This explains why the girls who come directly to the center are sent to the police for registration. This helps the rescue center and police to have proper follow-up of girls and coordination.

During Covid-19, the number of girls at the rescue center increased from 50 to 80. This can be attributed to the closure of schools for almost two years as the result of the pandemic. This led to a high risk of FGM and early marriages because it hindered the monitoring of girls. The girls could easily be cut and healed without anyone knowing. Therefore, Kalas Girls Primary School decided to focus more on giving protection to girls who were running away from their families to avoid undergoing FGM or forced marriage. This explains why the number of girls at the sanctuary increased during the pandemic. As Nantegge said: *“During Covid-19, the number of girls came to 80, but they could come and go. You know at times they are forced to get married. So, u realise that as individuals they will be having a boyfriend whom they wish to marry. And yet their parents get them old men. Parents do not care, they are only after, for example if someone has enough cows, is rich. That is their point of focus. Of which you realise that girls at their age would not wish to marry those old men. And those old men usually have many women like five. So, when these girls come to the rescue centre and are asked which number are they (wives are named according to number), they say number four, five or six. Usually very young girls between 14-15. Some who come here have their boyfriends. So, they run away from home to the rescue centre.”*

This shows that girls do not only run away from home because of FGM, but also forced marriage.

According to Nantegge, girls leave or run away from the sanctuary after a certain period for personal reasons, for example, to go to their boyfriends or to be cut. Nantegge gives a good example that we already talked about in the previous chapters: the six girls who were rescued from Kenya when they went there to undergo FGM during the pandemic. Nantegge said: *“During the pandemic, a group of girls decided to get cut because they were not studying which created plenty of free time for them, but they did not have the money. Therefore, they got engaged in maize trading hence saving enough money to help them to buy equipment that is used in FGM like razorblades, money for the “surgeon”, and transport to travel to Kenya.*

Fortunately, six of these girls were caught in Kenya and returned to Uganda. This was because of the increased coordination between the members of the Kenyan and Ugandan community with the help of the police. When these girls were identified in Kenya that they had gone for FGM as they were looking for a surgeon, members in the society notified the Kenyan police which arrested them and returned them to Uganda before undergoing FGM.”

From this quote it becomes clear that not all girls are forced into FGM, some want to do it willingly. This explains why six of these girls that were brought to the sanctuary, only two are still at the sanctuary according to Nantegge. Nobody knows where the four girls went. They might have looked for other ways to undergo FGM since it was their main objective, or they may have got married to their boyfriends.

9.2.2 Helping rescued girls.

The primary and secondary obligation of the school is to teach pupils and help rescued girls respectively. The rescue centre program is not the core obligation of the school, but it is done as co-operate social responsibility. The rescued girls face psychological problems. Therefore, the school gets counsellors for the girls to help them psychologically. Furthermore, the school provides free education, shelter, mattresses, food, and clothes to these girls.

Nantegge said: *“As an individual, I make them feel like they are at home. I do not make them feel tortured like in their hearts. So, I create for them a favourable environment. I encourage them to be in class. Of course, I do not have much to provide because I do not have. So, what I do, I connect them to different organisations. There are some organisations which can help these girls. For example, can provide clothes, books and mattresses. I also contact the district probation officer (a person responsible for helping children when they come in conflict with the law or when their (children) rights are infringed upon) who can lobby for these girls in government. For example, get for them food from the government like recently when government was providing food in the Karamoja region under the office of the prime minister. The officer ensured that also the school got some food aid. They also organise people who can come and talk to the girls, who support them psychologically and emotionally. Because they need to be talked to. Counsel them.”*

The above quote means that girls who come to the rescue centre undergo rehabilitation through counselling programs that help them psychologically. They are given basic needs like food, clothes, shelter and free education. Such programs can help these girls to overcome the trauma that they went through when their rights were about to be abused like through

forced marriage or FGM. It can also help them gain a different perspective on what FGM entails, and why it is harmful.

9.2.3 Funding the rescue centre program

The rescue centre program is aided by the government through UPE (Universal Primary Education) program where pupils receive free education at all government sponsored schools. The government does not give extra funding to the school as a rescue centre. The rescue centre also receives support from NGOs like Wealth Hunger based in Moroto, and UNICEF that supports small organisations like NAWOU. These provide aid in the form of food, scholastic materials and free education. Wealth Hunger started a program called Accelerated Learning Program (ALP). This is a program where rescued girls get free education as teachers are paid by the organisation. This program usually happens during school holidays. Some of the girls that come to the rescue centre have never been to school, therefore such a program helps them to catch up with other students through getting these extra lessons. It would be useful if the school should have special classes for the rescued girls, being taught separately from other pupils, especially those who have never been school, but this cannot happen due to limited funds. All pupils at the school must attend the same classes as other pupils.

9.2.4 Challenges of the rescue centre

The main challenge of the rescue centre is lack of enough funding. The rescue program is aided by NGOs and by the government. This is not enough when one compares it to the needs of the rescued girls. For example, some girls need medical attention when they fall sick, but there is no near government hospital where they can be taken. When asking what the rescue centre lacks, Nantegge said: *“Lack of medical facilities like when girls get sick. We need a government aided hospital. I feel very bad when a girl is sick, and I cannot help. »*

Lack of justice for the rescued girls is another challenge. Most of the girls who come to this rescue center have been abused, but the police do not follow up on their cases. Nantegge said: *“Lack of justice for these girls. A young girl is defiled, and nothing is done. Have never seen anyone coming here to follow up cases.”*

Some of the other challenges faced at the rescue center are the language barrier. For the head teacher, Nantegge cannot speak the local language, so she mentioned the language barrier as a problem: *“you see someone who is psychologically disturbed but I cannot help them due to language barrier.”*

The language barrier hinders communication between her, the rescued girls and the community at large because a large percentage of the Pokot cannot speak English fluently. But she is learning the local language and Swahili which are widely used in this area. This will help her to be able to communicate effectively with the community.

Another challenge that Nantegge mentioned is the lack of religion among the Pokot, which has made it difficult to sensitize the people through the church. Nantegge said: *“I think people have done enough, but it's hard to use religion as these people are not interested in religion. They are more traditional and harder heartened (conservative). There are things we cannot allow in church, for example having more than one woman. They cannot allow that. I have only seen one church wedding in the four years I have been there.”* Therefore, in most cases the church cannot be used as a platform to reach people for sensitization, and church teachings are likely not accepted by people who are not Christians, nor interested in Christianity.

9.2.5 Ending FGM.

Nantegge argues that the best way to overcome FGM is through sensitization, but she is also skeptical of whether this can end FGM. Nantegge said: *“Continue sensitizing people, but since it is a tradition, it is very difficult. Cutting makes girls to fit in society.”* Nantegge concludes that even though all these initiatives are put in place to fight FGM, it is hard to stop this practice because it is a tradition for the Pokot. Nantegge concluded, *“Me as an individual I think it is not going to be easy to fight this tradition (FGM).”* She said that sentence with a tone of someone who is trying hard to stop something, but at the same time feeling that they do not think they can fight it. It sounded like she already had given up on it. This demonstrates how strong FGM as a cultural practice is among the Pokot, and that much more work is needed to eradicate it.

Conclusion

Covid-19 led to an increase in the number of girls undergoing FGM, due to the closure of schools which created free time for pupils. Therefore, these girls could easily be cut and heal without anyone noticing it. During school days, it is very easy to notice if a girl is cut because they can miss school for some days during the healing process. But thanks to Kalas Girls Primary School program of working as a rescue center, several girls were saved from FGM and other abuse like forced marriage because the school gave them protection. The school has its challenges like lack of funds and language barrier to some individuals. I think the

government should appoint a headteacher who can speak one of the local languages. This can make communication and mobilization easy at school and community at large.

Chapter Ten: Discussion, Conclusions and Recommendations.

10.1 Introduction

The purpose of this chapter is to give an overview of the key findings of my research, an interpretation of findings, and a closing summary.

10.2 Discussion

The practice of FGM remains prevalent across Africa. Uganda has comparatively lower rates than its neighbouring countries but demonstrates substantial variations among regions or villages within the north-eastern part of the country. This study highlights the continued high prevalence of FGM among the Pokot in North-Eastern Uganda. The study found that the perceived meaning and cultural significance of FGM has changed over the years, for example, beliefs that girls who were not cut would not find a husband are now contested because even uncut girls can easily get married. However, as we have seen in the example of the rescue centre, FGM remains a popular practice in the Pokot area; young girls sometimes willingly undergo it.

10.2.1 Overview of findings and Interpretation

Before focusing on the main aim of my thesis, I had to get a brief overview on how the Pokot perceive or understand FGM. I used both primary and secondary data to educate myself on this. This was divided into four themes: a traditional practice, a form of initiation, a source of income, and a dehumanizing and harmful practice. This data suggests that the Pokot term FGM as a traditional practice that defines their culture and gives them belonging to their society. This practice has existed for long as it is passed from generation to generation. Others look at this practice as a source of income, for example the “surgeons” as per the secondary data (Mujuzi, 2012, p. 9). Primary data suggests that the “surgeons” do not get paid money for this activity but are given brew or goods such as beads as a form of appreciation. But one can argue that this is also a form of payment, although not in terms of money. One can describe this as barter trade where a surgeon provides a service and is paid in form of brew.

Other people regarded FGM as a dehumanising and harmful practice. These were both the Pokot and non-Pokot people. It was described as a harmful practise because of its severe side effects like pain during delivery due to the narrowing of the vagina and haemorrhage after cutting. Among the Pokot who do not support FGM is Herbert who did not succumb to social pressure to cut his daughters. He has managed to raise his daughters uncut and encourages his

family members and society at large to stop practicing FGM. There are other non-Pokot people who perceive FGM as a bad practise like the former RDC of Amudat who risked losing his life because of fighting FGM. According to the data that I collected, it is rare for those fighting FGM to be killed or mistreated. This can explain why Kalas Girls Primary School has been working as a rescue centre for many years without being attacked by locals.

Based on literature and further substantiated by our own findings I identified eleven reasons that have led to the high prevalence of FGM. These were presented and discussed in chapter five. In this part I choose to highlight five factors that I think are the main cause of the high prevalence rate of FGM: culture, sexuality, social pressure and peer influence, long porous border, and education.

According to Mackie and Lejune who used the social-convention theory, the main cause of FGM is marriage whereas according to the research that was carried out in Senegal and Gambia it is peer pressure (Shell-Duncan et al, 2011, p. 1281). In my research I found out that there are many reasons that maintain FGM as seen in chapter 5. I think that culture can be defined as the “engine of FGM” among the Pokot. According to my research, culture is one of the main causes of FGM because through FGM as a rite of passage (initiation process to adulthood), a girl becomes an adult. When a girl undergoes FGM, she is regarded an adult and ready for marriage. So, every girl that is born among the Pokot is at risk of FGM because that is how society has constructed their sexuality. This can also be attributed to the nature of the jobs of some Pokot men, pastoralism (makes them to be away from home for long) which can make them to prefer women who underwent FGM for marriage because they think that when a clitoris is cut, women lose sexual feelings. They argue that FGM will stop women from committing adultery because they no longer have libido.

One can argue that some Pokot think that the way a girl's sexuality is constructed among them is traditionally true, there is some diversity where not all parents agree that their daughters should undergo FGM to become adults. Therefore, some prefer their daughters to not be cut and finish their education which can help them to get better opportunities like jobs after their education. A good example of this diversity is Lucy who did not undergo FGM and finished her education. She is currently working as a programs co-ordinator as earlier mentioned at NAWOU. She continues to instil this diversity among the Pokot by encouraging girls and their parents to educate their daughters for a better future where girls can be employed as a result of their education.

Women or girls who refuse to get cut will face peer influence or peer pressure (find examples in chapter 5.5). This pressure can exist in the larger community but also on a small scale, in marriage. One can argue that this kind of social pressure or stigmatization for people who do not want to conform to culture (FGM) is like a punishment aimed at forcing community members to adhere to FGM tradition. Therefore, out of fear, some people will end up undergoing or supporting FGM to avoid being barred in society. This echoes a study about FGM in Guinea, which found that some girls and women underwent FGM because of social pressure and fear of social punishment (Doucet et al, 2020, p. 10). On the other hand, there are girls who do not undergo FGM especially with the help of their parents, for example Herbert who protects all his daughters against FGM. Some communities have also abandoned FGM as a result of sensitization. Still, some people continue carrying out FGM secretly and it is therefore difficult to know how widespread the practice still is.

Another aspect that reinforces the continuation of FGM among the Pokot is lack of education. This leads to unemployment and makes it hard for the community members to change their mindset about this practice because they term it as their tradition and source of wealth. It is a source of wealth for the girl's family as mutilated (undergone FGM) and virgin girls call for a high bride price between 35- 50 heads of cattle. Therefore, in the quest to make their families "richer", parents and girls feel encouraged undergoing or supporting FGM. If there were high levels of education in the community, they would look at education as a source of wealth because after school, girls or boys would have higher chances to get jobs with which they could support their families financially. Therefore, in the long run FGM can disappear as education becomes a source of wealth as it increases employment opportunities.

The data analysis identifies the long-porous border as another main cause of a high prevalence rate of FGM as was seen in chapter 5. The border gives freedom of movement to the Pokot in Kenya and Uganda. Since Uganda is stricter on FGM than Kenya, girls travel to Kenya to undergo FGM, for example the girls that were caught in Kenya during the pandemic. In our data we realised that the Pokot in Kenya and Uganda use the same language: Swahili and Pokoot which makes communication easy. Therefore, easy communication and freedom of movement makes it easier for girls or women to travel to Kenya to undergo FGM. This can be overcome if authorities in both countries cooperate. It is as a result of this cooperation that the six girls that went to Kenya for FGM were identified.

All respondents were asked to propose a way forward in fighting FGM. Most of the respondents proposed sensitization as a way of ending FGM. Sensitization means creating awareness among the Pokot that FGM is harmful. How shall we term FGM in our sensitisation process? Our data suggests that the Pokot term FGM as a culture or tradition, but when preaching against FGM, it is useful to change the rhetoric. FGM should be termed as a bad social norm to avoid an ethical dilemma.

The sensitization process can lead to a revolution that can change the mindset of the Pokot for generations and can potentially end FGM if more community members begin to fully understand the side effects of this practice. Therefore, this kind of revolution will differ from what Firestone in 1970 proposes in the fight against patriarchy. She calls for a revolution that involves demonstrations that will overhaul society and create a new hierarchy where women will enjoy equality without subordination. In the case of the Pokot, I call for a revolution where the Pokot's mindset can be changed through robust sensitization as I explained in chapter 2.3.5.

Sensitization has an envisaged problem due to the different perceptions of FGM among the Pokot. On one hand, those who practice FGM because it is culture can be sensitized through education about the harmful consequences of FGM. On the other hand, those who practise FGM for money or wealth might refuse to abandon it like "surgeons" who cut girls for money, and parents who marry off their daughters for wealth in terms of bride price that comes with a cut girl if she is getting married as seen in chapter five regarding the prevalence of FGM. Therefore, this calls for other avenues of fighting FGM like creation of employment opportunities by government so that those who maintain FGM as a source of wealth can get an alternative means of revenue and wealth. Our findings show that the Pokot community is underdeveloped compared to other parts of the country like the central region. This development is in terms of infrastructures like roads, health centres and education. This explains why it is hard to enforce PFGM Act because some areas are inaccessible. Therefore, it can be difficult to apprehend and trace those who practice FGM.

10.3 Conclusion

Based on the interviews and literature review, it can be concluded that:

There are two sides to FGM as a practice: the pro-FGM and anti-FGM. On one hand, the pro-FGM look at it as their identity that needs to be done to fulfill one's culture. Those who undergo it are socially welcomed in society and those who refuse are discriminated against. On the other hand, the anti-FGM look at it as a human rights abuse and a harmful practice in terms of health.

There are various initiatives that have been put in place to fight this practice. These are on international, national and local level as it was discussed in some of the chapters of this thesis. Most of these initiatives lacked community involvement or the local people (those affected by FGM). For example, the PFGM Act of 2010 that was passed by the Ugandan government was made before the consultation of the community. This can explain why people still practice FGM regardless of its criminalization.

Therefore, one can argue that the community should be involved in all initiatives aimed at fighting FGM. For example, sensitization against FGM should involve the local people. This will lead to success of initiatives. This can be evidenced by the role played by the St. Bakiita group that has managed to sensitize over 10 villages out of FGM. Community opposes initiatives that it is not involved in. This opposition can be indirectly, for example practicing FGM underground where the authorities cannot find the practitioners.

There is lack of political commitment among some of the Pokot local leaders who do not speak against the practice openly because they fear to lose their political positions as people will not vote them. Political leaders like RDC who are directly appointed by the government face opposition from the community and some risk losing their life if they try to hold FGM practitioners accountable.

On a positive note, there are local leaders like village leaders who are willing to fight FGM, some of them have even passed by-laws to help in fighting FGM; for example, a by-law prescribing that all girls of a certain age should be in school because of the presence of free education. Therefore, a parent cannot complain that they do not have the financial muscle to take their children to school.

According to my study, it can be concluded that there is need for three aspects to work together. These include the government, community and the law. All these can work together through sensitization programs. Through sensitization, the government and other actors like NGOs can teach the community about the law. This will help to avoid scenarios where the

community term the law as an initiative against their culture, but rather an initiative against a bad norm, FGM.

Finally, one can argue that according to social-convention and radical feminist theory women are oppressed as a result of their sexuality. Women are perceived as objects and have no control over their bodies. This explains why they are subjected to practices like FGM. Girls and women believe such practices define their culture and without them, they will lose their cultural identity. This explains why I propose a mindset revolution through sensitization where societies will be taught how harmful these practices are and can abandon them without affecting their culture. This sensitization can be done in describing such practices as bad norms which can be eliminated without affecting culture. This change in rhetoric is crucial because FGM/C is a culturally embedded practice which makes it complex because of cultural meanings ascribed to it, for example FGM is a cultural identity among the Pokot. Therefore, this can make it challenging for the Pokot to listen to people who sensitize them about abandoning FGM if they are referring to this practice as barbaric.

10.4 Recommendation

To protect girls and durably end FGM, stake holders especially government need to set up support groups, rescue centers, and community policing structures where girls and women who stand against cultural practices like FGM can seek refuge and protection. Kalas Girls Primary School was the only rescue center that helps abused girls. On top of that, it is carrying out this initiative as a secondary task. That explains why it lacks some essentials for abused girls like counselors. These girls need counselors and psychologists to help them psychologically and emotionally.

Interventions need to be assessed periodically. For example, an intervention that works today may not necessarily work in the future. When the PFGM Act was passed in 2010, FGM was practiced in the open. Therefore, the government assumed that it would easily arrest those who are involved, but today it has gone underground. Therefore, the government must change its interventions like introducing underground policing to tress those who practice FGM underground.

Anti-FGM initiatives should start using love as a lever of change. Parents love their children and want the best for them, they do not want them to suffer. FGM procedure is very painful which is against paternal instincts regarding protection of their children. Therefore, one can argue that the feelings of parents who take their children for FGM should be considered.

They should not be portrayed as monsters who lack love and empathy. This can give them room to change and abandon FGM.

One can argue that to overcome FGM, government must focus on development of the Pokot area. Development will lead to establishment of infrastructures like tarmac roads, industrialization and education facilities. The Pokot can abandon FGM as a result of this because they will have stable jobs that will be used to generate wealth instead of focusing on FGM and girls as a source of wealth. For example, most of the Pokot men are pastoralists meaning they have large herds of cattle that they move from place to place in search for greener pastures; government can establish meat processing factories in these areas. This can help those who practice pastoralism among the Pokot to change their ways of life from pastoralism to stable life as they will be having stable jobs.

One can argue that having stable jobs can lead to a stable life like having a permanent home. This will make it easier to identify those who practice FGM compared to the nomadic life of some of the Pokot.

Bibliography.

28 Too Many. (2018). Uganda: *The Law and FGM*. Retrieved from [https://www.28toomany.org/media/uploads/Law%20Reports/uganda_law_report_v1_\(may_2018\).pdf](https://www.28toomany.org/media/uploads/Law%20Reports/uganda_law_report_v1_(may_2018).pdf)

Adinew, Y. M., & Mekete, B. T. (2017). "I knew how it feels but couldn't save my daughter; testimony of an Ethiopian mother on female genital mutilation/cutting." *Reproductive Health*, vol. 14: 162.

Brown, E., Mwangi-Powell, F., Jerotich, M., & Le May, V. (2016) Female Genital Mutilation in Kenya: *are young men allies in social change programmes?* *Reproductive Health Matters*, 24:47, 118-125. doi: [10.1016/j.rhm.2016.06.002](https://doi.org/10.1016/j.rhm.2016.06.002)

Bryman, A. (2012). *Social Research Methods*. Oxford: Oxford University Press.

Doucet, M. H., Delamou, A., Manet, H., & Groleau, D. (2020). Beyond will: the empowerment conditions needed to abandon female genital mutilation in Conakry (Guinea), a focused ethnography. *Reproductive health*, 17(1), 61. Retrieved from <https://doi.org/10.1186/s12978-020-00910-1>

Firestone, S. (1970). Excerpt: "[Conclusion: The Ultimate Revolution](#)": *The Dialectic of Sex. The Case for Feminist Revolution*. A Bantam Book. 205- 242.

Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative inquiry*, 12(2) ,219-245, doi: [10.1177/1077800405284363](https://doi.org/10.1177/1077800405284363)

Gervais, S. J., Bernard, P., Klein, O., & Allen, J. (2013). Toward a unified theory of objectification and dehumanization. In *Objectification and (de) humanization* (pp. 1-23). Springer, New York, NY. [doi-org.ezproxy.uio.no/10.1007/978-1-4614-6959-9_1](https://doi.org/10.1007/978-1-4614-6959-9_1)

Prohibition of Female Genital Mutilation Act 5 Mutilation Act 2010. (2010, April 9th). The Uganda Gazette No. 21 Volume CIII. Retrieved from <https://www.parliament.go.ug/cmisis/views/23497356-2691-44c4-90f9-9bacb7cc8202%253B1.0>

Government of Uganda, Uganda Bureau of Statistics, & UNICEF. (2020, September). Female Genital Mutilation (FGM): *A policy brief*. Retrieved from https://www.unicef.org/uganda/media/8931/file/FGM%20Evidence%20from%20Uganda_Policy%20Brief_12%20October%202020.pdf

Graamans, E. P., Zolnikov, T. R., Smet, E., Nguura, P. N., Leshore, L. C., & Have, S. T. (2019). Lessons learned from implementing alternative rites in the fight against female genital mutilation/cutting. *The Pan African medical journal*, 32, 59, doi: [10.11604/pamj.2019.32.59.17624](https://doi.org/10.11604/pamj.2019.32.59.17624)

Harding, S. (Ed). (1988). *Feminism & Methodology: Social Science Issues*. Indiana University Press.

Hughes, L. (2018). "Alternative Rites of Passage: Faith, rights, and performance in FGM/C abandonment campaigns in Kenya." *African Studies*, vol. 77(2): 274-292.

IRIN NEWS. (2005, March 17). Female Circumcision is vote winner. Freetown. 1-6. Retrieved from <http://www.irinnews.org/PrintReport.aspx?ReportId=53443>

Johannessen, A., Tufte, P. A., Christoffersen, L. (2021). Introduksjon til samfunnsvitenskapelig metode (5. utg). Abstrakt.

Kimani, S., Kabiru, C.W., Muteshi, J., Guyo, J. (2020) Female genital mutilation/cutting: *Emerging factors sustaining medicalization related changes in selected Kenyan communities. PLoS ONE, 15(3). doi.org/10.1371/journal. Pone.0228410*

Kosgey, N. (2021, February 6). Kenya – Uganda Signs Declaration to End Cross Border FGM. Retrieved from <http://www.psyg.go.ke/?p=3311>

Mackie, G., & LeJeune, J. (2009). Social dynamics of abandonment of harmful practices: *A new look at the theory.*

Mbonye, P. N. (2017). Protecting Girls from Harm and Danger. Retrieved from <https://www.unicef.org/uganda/stories/uganda-community-and-religious-leaders-spearhead-campaign-against-female-genital-mutilation>

Mujuzi, J. D. (2012). Female Genital Mutilation in Uganda: A Glimpse at the Abolition Process. *Journal of African Law, 56(1)*, 139–150. Retrieved from <http://www.jstor.org/stable/41709955>

Murray, A. F. (2013). From Outrage to Courage: *The Unjust and Unhealthy Situation of Women in Poorer Countries and What They are doing About It.*

Murungi, P. (2020, September 14). Turning Schools into rescue centers. Retrieved from <https://www.monitor.co.ug/uganda/news/education/turning-schools-into-rescue-centres--1938494>

Mutuuzo, P. R. (2021, November 25). Cross Border Female Genital Mutilation (Report presentation). At the closing of the third high level inter-ministerial meeting on cross border female genital mutilation, Kampala, Munyonyo, Uganda.

Mwendwa, P., Mutea, N., Kaimuri, M.J., De Brun, A., & Kroll, T. (2020) “Promote locally led initiatives to fight female genital mutilation/cutting (FGM/C)” lessons from anti-FGM/C advocates in rural Kenya. *Reprod Health, 17 (30).* <doi.org/10.1186/s12978-020-0884-5>

Namulondo, J. (2009). Female Genital Mutilation: A Case of the Sabinu in Kapchorwa District Uganda. Retrieved from <https://munin.uit.no/bitstream/handle/10037/2340/thesis.pdf?sequence=1>

Okiror, S. (2018, February 6). I believed no man would marry me if I did not cut: battling FGM in Uganda. Retrieved from <https://www.theguardian.com/global-development/2018/feb/06/battling-fgm-uganda-kenya-zero-tolerance-female-genital-mutilation>

Omigbodun, O., Bella-Awusah, T., Groleau, D., Abdulmalik, J., Emma-Echiegu, N., Adedokun, B., & Omigbodun, A. (2020). Perceptions of the psychological experiences surrounding female genital mutilation/cutting (FGM/C) among the Izzi in Southeast Nigeria. *Transcultural psychiatry*, 57(1), 212–227. doi.org/10.1177/1363461519893141

Queen, C. C. (2016). *Female Genital Cutting/Mutilation: An explanatory Study of the Psychological Health Outcomes in Tanzania*. University of Pittsburgh.

Rahman. A. (Ed)., & Toubia. N. (Ed). (2000). *Female Genital Mutilation: A Guide to Laws and Policies Worldwide*. Zed Books London. 1-14.

Shell-Duncan, B., Wander, K., Hernlund, Y., & Moreau, A. (2011). Dynamics of change in the practice of female genital cutting in Senegambia: testing predictions of social convention theory. *Social science & medicine*, 73(8), 1275-1283. doi.org/10.1016/j.socscimed.2011.07.022

The Independent. (2021, December 5). Uganda's Teenage Pregnancies Five Times Higher than Covid-19 Positive Cases. Retrieved from <https://www.independent.co.ug/ugandas-teenage-pregnancies-five-times-higher-than-covid-19-positive-cases/>

The Lancet. (2018). Changing culture to end FGM. *The Lancet (British Edition)*, 391(10119), 401–401. [https://doi.org/10.1016/S0140-6736\(18\)30151-X](https://doi.org/10.1016/S0140-6736(18)30151-X)

Uganda Police Force. (2019, January 28). Police Intensifies Anti FGM Operations. Retrieved from <https://www.upf.go.ug/police-intensifies-anti-fgm-operations/?fbclid=IwAR2ILOUbtX80JbXNNFIIZpeMZ54raGkJ08dUo1wxyCy92DI8aJUD9pVuLVQ>

UNFPA. (2022, January 2022). Death of a friend's sister from female genital mutilation inspires award-winning app. Retrieved from <https://esaro.unfpa.org/en/news/death-friends-sister-female-genital-mutilation-inspires-award-winning-app>

UNICEF & UBOS. (2017). Female Genital Mutilation/ Cutting Survey Report. Retrieved from https://www.unicef.org/uganda/media/1766/file/FGM_C%20survey%20report.pdf

UNICEF. (2022), May). Female Genital Mutilation (FGM). Retrieved from <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>

United Nations Children's Fund, & Gupta, G. (2013). Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change. *Reproductive Health Matters*, 21(42).

WHO. (2013, JANUARY 2). Percentage of girls and women aged 15 to 49 years who have undergone FGM, by country. Retrieved from <https://www.who.int/multi-media/details/percentage-of-girls-and-women-aged-15-to-49-years-who-have-undergone-fgm-by-country>

WHO. (2008). Eliminating female genital mutilation: *an interagency statement UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO*.

Retrieved from

https://www.un.org/womenwatch/daw/csw/csw52/statements_missions/Interagency_Statement_on_Eliminating_FGM.pdf

World Vision. (2022, January). Child protection and the Covid-19 response in Uganda.
Retrieved from https://www.wvi.org/sites/default/files/2022-02/UGANDA_Case%20Study_Final.pdf