[Interdisciplinary Journal of Partnership Studies](http://pubs.lib.umn.edu/ijps)

Volume 1
Issue 1 *Fall, Inaugural Issue*

Article 10

June 2015

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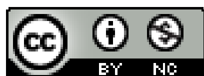
Recommended Citation

Abuya, Kerubo (2015) "Leadership for Cultural Transformation: Addressing Female Genital Mutilation in Kenya," *Interdisciplinary Journal of Partnership Studies*: Vol. 1: Iss. 1, Article 10. Available at: http://pubs.lib.umn.edu/ijps/vol1/iss1/10



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LEADERSHIP FOR CULTURAL TRANSFORMATION IN KENYA: ADDRESSING FEMALE GENITAL MUTILATION

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Abstract

The cultural practice of female genital mutilation persists, with grave implications for girls' and women's health. The cultural reasons behind the practice are complex. It is therefore essential that critique of the practice come from members of the affected communities. This paper presents a thoughtful review of current community views and proposes an alternative cultural narrative using cultural transformation theory to shift community norms.

Keywords: cultural practice; cultural transformation; female circumcision; female genital cutting; female genital mutilation (FGM); leadership; women's human rights

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This year has seen stories of girls who have lost their lives as a result of being subjected to the cultural practice of female genital mutilation (FGM). The deaths of a 13-year-old and a 16-year-old as a result of undergoing FGM were reported in Kenya's Kajiado County (Migiro, 2014a, 2014b). In my community of heritage in Gusiiland (also known as Kisii) in Southwestern Kenya, I have learned about two more deaths (unreported) of girls that occurred over the past two years following complications related to FGM. Deaths have also been reported in other places, including that of 13-year-old Suhair al Bataa in Egypt (Guerin, 2014).

The World Health Organization (WHO) defines female genital mutilation as procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs, for non-medical reasons (WHO, 2014). FGM is also referred to as female genital cutting (FGC) or female circumcision by some, although Dr. Margaret Meme argues that medically speaking, female genital cutting cannot be likened to male circumcision (Meme, 2012). I have participated

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in forums in which some African and non-African feminists and human rights activists have reprimanded me for using the term female genital mutilation, noting that using the term "mutilation" is judgmental to the cultures of practicing communities. As I wrote in "To Speak or Not to Speak: Balancing the Tension of Human Rights and Culture" on Saybrook University's *Rethinking Complexity* blog,

> Is it possible that we might start seeing each other as "human beings" first instead of Africans, Westerners, or Easterners and others, when we describe our lived human experiences? It is possible that we might also acknowledge that there is another perspective, the human experience, and who could best describe an experience than those that have actually experienced it? Having been born into a community in Kenya where a significant number of families continue to practice female genital mutilation and being intimately familiar with this practice, I cannot resist the conclusion that as long as we are using the English language to describe this practice, no one can claim to have the right answer to whether or not to use the term female genital mutilation or female genital cutting. The reason being that at least amongst the Abagusii and, I imagine, also for some other non-native English cultures, there is no direct translation of the local term for this practice into the English language. (Abuya, 2012).

The argument that female genital cutting should not be referred to as "mutilation" was also raised recently in a seminar I was invited to co-facilitate in Kisii County, organized by *Wamama Wa Amani* (*WWA*) or 'Women for Peace' and co-sponsored by the Association of Sisters in Kenya and the Catholic Peace and Justice Commission. We were reminded by a member of the clergy that we must not blindly follow Western methods in addressing the issue of female genital cutting by referring to the practice negatively as mutilation, because it is a ritual that has always had meaning for the community. My response to this argument was in alignment with my Saybrook blog post (Abuya, 2012): as long as we are referring to this practice using the English language, no one has a claim to the correct way of describing it other than those who have actually undergone the procedure.

Most communities that practice FGM cite cultural and religious reasons for performing and continuing the practice. The authors of a 2011 study of FGM in Kisii and Kuria districts of Kenya (Oloo, Wanjiru, Newell-Jones, & Feed the Minds) quote Muteshi and Sass (2005) that “the reasons why some communities circumcise their women are deeply rooted in the traditional culture, driven by a complex combination of psychosexual and social reasons, specific to each context and passed down the generations” (Oloo et al., p. 6).

Findings from a United Nations High Commissioner for Refugees (UNHCR)-sponsored comparative study of the practice of FGM among urban refugees in Kenya from several African countries, in which I participated as lead consultant and action researcher, confirm that culture and religion are the most frequently reasons cited for the practice of FGM (UNHCR Community Services Unit, Nairobi, Kenya, The Hebrew Immigrant Aid Society, & Abuya, 2013). According to James Karanja, head of the Community Services Unit Nairobi, this study’s report was flagged in the 57th session of the UN Committee on the Elimination of Discrimination against Women (CEDAW) in New York (James Karanja, personal communication). Figure 1 shows reasons for practicing FGM by nationality as cited by participants of this study

Figure 1. Nationality Reasons for FGM Practice Crosstabulation. Source: UNHCR Community Services Unit, Nairobi, Kenya, The Hebrew Immigrant Aid Society, & Abuya, 2013)

Nationality	**Reasons for FGM Practice**						**Total**
	Cultural	**Religion**	**Health Benefits**	**Others**	**Reasons Unknown**	**No Response**	
Somali	104	30	4	5	0	5	148
Ethiopia	114	28	6	1	1	3	153
Eritrea	11	1	1	0	0	1	14
Rwandese	4	0	3	0	0	2	9
Burundi	5	0	1	2	0	0	8
Congolese	41	5	12	10	6	17	91
Kenyan	47	7	5	2	1	4	66
Sudanese	1	1	0	0	0	1	3
Others	5	1	0	0	0	0	6
No response	1	0	0	0	0	2	3
Total	**333**	**73**	**32**	**20**	**8**	**35**	**501**

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It is for these deeply entrenched cultural reasons that some political leaders like Kenyan Member of Parliament (MP) Jimmy Angwenyi feel compelled to defend the practice, performed in some counties on an almost universal basis. Journalist Judie Kaberia reports that Angwenyi stated that FGM is an important cultural practice and communities practising it should not be fought with laws (Kaberi, 2014). She quotes Angwenyi as saying, "I wonder why this Parliament wants to criminalise people's culture when in fact we have not made a law to criminalise gay people which is a Western culture. The Kisii culture is that we must have a small cut on our girls." Kaberi reports that Angwenyi, who kept trying to interrupt colleagues who condemned his remarks, was ejected from the House as MPs called for more stringent legislation and more funding of government efforts to fight the practice that continues to happen despite being illegal under the Prohibition of Female Genital Mutilation Act (2011) and the Children Act of 2001 (2010/2007) (Kaberi, 2014).

As a strong advocate against the practice of FGM, I was very encouraged to note that most of Angwenyi's colleagues in Parliament did not agree with him and dismissed his remarks. But Angwenyi's support for FGM on cultural grounds may reflect the views of many people. The United Nations Population Fund (UNFPA)/United Nations Children's Fund (UNICEF) Joint Programme on FGM/Cutting (UNFPA/UNICEF, 2009) states,

> Cultural norms and traditions underpin the belief that FGM/C is necessary to prepare girls for adulthood and marriage. The practice is often seen as part of a process that makes girls clean, well-mannered, responsible, beautiful, mature and respectful adults. FGM/C is often believed to discourage behaviour considered frivolous and impulsive, and hence it is expected to ensure and preserve modesty, morality and virginity. FGM/C is often assumed to reduce women's sexual drive, and thus ensure their self-control. In cases of infibulation, this control is further exerted by effectively creating a physical barrier to sexual intercourse. In societies in which FGM/C is widely practised, it is generally considered an important part of the cultural identity of girls and women, and may therefore impart a sense of

> pride, of coming of age and a feeling of belonging. (UNFPA/UNICEF, 2009, p. vi).

Linah Jebii Kilimo, chair of the Anti-Female Genital Mutilation Board in Kenya reports, “The Kenyan Demographic and Health Survey of 2008 and 2009 indicated… one out of every three women between ages 15 to 49 years had undergone Female Genital Mutilation (FGM), with most communities in Kenya’s Eastern and North rift embracing the female cut. Kenya’s national FGM rate is at 27%, yet high rates remain among certain communities”… noting… the Somali at 98%, Kisii 96% and Maasai at 73%” (Kilimo, n.d.). Kenya is only one of many countries in the world where FGM is practiced. The UNFPA/UNICEF Joint Programme on FGM/Cutting (2009) outlines that WHO estimates that

> Between 100 million and 140 million women in the world today have been cut, and 3 million more girls are at risk each year. Women are subjected to FGM/C in 28 countries in Africa, as well as in Yemen, and it is also practiced by immigrants in Australia, New Zealand, Canada, Europe and the United States. Some forms of FGM/C have also been reported in Central and South America. There are unconfirmed reports of limited incidences of FGM/C in the Islamic Republic of Iran, Jordan, Oman, the Occupied Palestinian Territory (Gaza) and certain Kurdish Communities in Iraq. In addition, the practice has been reported among certain populations in India, Indonesia, and Malaysia. (UNFPA/UNICEF, 2009, p. v.)

In her doctoral dissertation, *Clinical Considerations For Mental Health Professionals Working With Women Who Have Undergone Female Genital Cutting*, Sayida Yasmin Peprah reports that during the 19th and early 20th Centuries, cultures in Europe, the United States, and Australia practiced female genital mutilation, which was referred to as “biomedical clitoridectomy” or “declitorizing” as a way to treat "hysteria, excess sexual drive, insanity, feminine weakness and masturbation" (Peprah, 2009).

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Regardless of the reasons for practicing FGM, it has become increasingly clear that this cultural practice has many harmful side effects and has resulted in the deaths of girls and women. Today, FGM is a recognized human rights violation that undermines girls' and women's right to life (when death occurs as a consequence of the practice), bodily integrity, and personal safety and security, as well the right to protection from torture and cruel, inhuman and degrading treatment. These are all inherent human rights provisions listed in the United Nations' (2014) *Universal Declaration of Human Rights*. A United Nations General Assembly Resolution (A/RES/67/146) "Intensifying global efforts for the elimination of female genital mutilations" was adopted on December 20, 2012 banning FGM worldwide (UN General Assembly, 2013).

More and more countries are attempting to end the practice of FGM by passing legislation to ban and criminalize it. While passing legislation demonstrates countries' seriousness in their attempt to end FGM, enforcing these laws has not been very effective in many places, including Kenya. As countries grapple with the complexity of ending such a deeply rooted cultural practice, they must not ignore the fact that laws, on their own, will not stop FGM. Leaders in government and other spheres have issued calls for communities to stop the practice of FGM, noting that it is illegal and/or citing the health complications associated with the practice.

For example, in December 2013 journalist Benson Nyagesiba reported that Kisii Diocese Vicar General Joseph Obanyi, speaking at St John's Nyabiuto Catholic Church, warned parents against forcing their daughters to undergo FMG. Referring to parents who conspire with relatives in neighboring counties to "sneak out their daughters for the cut", Obanyi stated, "I know some of you have arranged to have your daughters undergo the outlawed practice but I am warning you that the law will soon catch up with you" (Nyagesiba, 2013).

It is critical for leaders like Vicar Obanyi to speak with one voice on matters like FGM that pertain to women's human rights. Obanyi is right to inform his congregation that FGM is illegal. His stand is highly commendable given that this

has not been a clear message in the Catholic Church's social ministry circles in Gusiiland. This stand against FGM was not very clear at an event I attended with some Catholic women earlier this year in Kisii County. More information about this event can be found in my article, "Creating Conditions for Learning and Change When 'Everything You Do is an Intervention'" (Abuya, 2014) on Saybrook University's *Rethinking Complexity* blog.

Like Obanyi, many law makers, local administrators, civil society organizations, women's human rights organizations, and activists have also informed the community that the practice of FGM is illegal. However, besides the fact that it is illegal, other dimensions must be integrated into the process to help people really understand why they should stop practicing FGM. It is also clear that interventions focused on the health complications of FGM have not yielded promising results in ending the practice. The medicalization of FMG as reported by Njue and Askew (2004), and UNFPA/UNICEF Joint Programme on Female Genital Mutilation-Cutting (2010) is a trend in which people turn to health professionals to perform the procedure as a way of addressing health complications resulting from FGM performed by traditional practitioners. The UNFPA/UNICEF report states,

> FGM/C is being increasingly medicalized and supported by some medical practitioners in countries such as Kenya, Djibouti, Ethiopia, Somalia, Sudan and Egypt, where many young women liken the procedure to plastic surgery, considering it a body modification that enhances beauty. This view is echoed by some physicians who use words such as "fashion" or "modern practice" to refer to the medicalization of FGM/C. People use health clinics for a variety of health matters, and FGM/C is perceived by some as a simple, benign "health" procedure. (UNFPA/UNICEF, 2010, p. 33).

While it is essential to note the fact that FGM is illegal, with grave implications for girls' and women's health, it is also critical to apply a human rights lens to anti-FGM interventions, noting the need to create awareness that FGM is indeed a human rights violation. Along with this, we cannot ignore the fact that since FGM is part of a cultural practice or ritual, it should be addressed from a cultural

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perspective. It is critical that all FGM interventions get to the roots of the cultural reasons used to justify cutting, and work through a process of respectfully challenging the assumptions that enable and sustain it, with a goal of cultural transformation that would eliminate the act of genital cutting in this cultural ritual.

During the *Wamama Wa Amani* seminar mentioned previously, I was encouraged to note the enthusiasm of most of the participants in the session I facilitated that included a review of culture and possibilities for cultural transformation. It was wonderful to see participants come to an understanding that culture is dynamic, not static – that it is created by human beings and can therefore be changed by human beings. At the conclusion of the seminar, many people testified that although they had planned to perform FGM on their daughters or granddaughters during the upcoming school holidays, they will not be doing so because of what they learned from the seminar.

This demonstrates the importance of ensuring that ongoing interventions include aspects of culture and cultural transformation within a human rights framework to help create a shift from cultures that perpetuate practices that violate women's human rights to those that uphold our collective human rights and dignity. I propose that this process includes creating awareness and a through understanding of what culture really is and how culture can be transformed. While this paper's focus is not on how to transform cultures, I propose that in order to enable cultural transformation, there must be leadership built around the transformation process, to partner with community members in enabling the change that is required. Sustainable leadership for cultural transformation must be established within our communities if we are to succeed in eradicating cultural practices like FGM that violate girls' and women's human rights.

It is this call to a process, leadership, and action to which I seek to respond through my doctoral research within my community in Tabaka Ward in Kisii County, Kenya, as we seek ways to develop strong and sustainable leadership for cultural transformation for the realization of women's human rights through partnering

with our communities to end harmful cultural practices like FGM. This is an inquiry that I will be glad to share on as it unfolds. Efforts to eradicate FGM were recently emphasized when UN Secretary General Ban Ki-moon visited Kenya in October 2014, "backing a groundbreaking global media campaign led by *The Guardian* to revolutionise how female genital mutilation is reported and perceived across the world, with the aim of ending the practice" (Topping, 2014b).

As I write this article, I am saddened to learn of the passing of Efua Dorkenoo on October 19, 2014. She was a voice for women and girls around the world, spearheading the Africa-led efforts to end FGM for over three decades. Dorkenoo was the Advocacy Director for Equality Now and founder of the Foundation for Women's Health, Research and Development (FORWARD). She dedicated her life to research and advocacy against FGM, not only in Africa but in the U.K. and other places. Dorkenoo's pioneering anti-FGM advocacy, typified by her book, *Cutting the Rose: Female Genital Mutilation—The Practice and Its Prevention* (Dorkenoo, 1994), is a great inspiration, and paved the path we walk today in our efforts to help end the practice of FGM. She helped create a global community of committed women and men—African and otherwise—breaking the silence of the brutality of the practice of FGM. *The Guardian* states,

> The girls' and women's rights campaigner saw the progression of the movement to end FGM go from a minority, often ignored, issue to a key policy priority for governments across the world. Proof of this arrived with the launch of The Girl Generation . . . a major Africa-led campaign to tackle FGM across the globe. (Topping, 2014a).

May we continue to be inspired by Dorkenoo's work, courage, and tenacity, and believe that with hope and commitment to this cause, we can collectively partner with our communities in building sustainable leadership for cultural transformation in efforts to end the practice of FGM, a human rights violation. Efua Dorkenoo was indeed a revolutionary leader in the quest for cultural transformation for the realization of women's human rights. May her soul rest in eternal peace!

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