5-2015

Female Genital Mutilation: The Case of Kisii People in America

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by

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A Starred Paper

Submitted to the Graduate Faculty of

St. Cloud State University

in Partial Fulfillment of the Requirements

for the Degree

Master of Science

May, 2015

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TABLE OF CONTENTS

Chapter I: INTRODUCTION

This paper begins by discussing the topic of Female Circumcision, the sociological theory behind the practice and why it continues today despite efforts to end the practice. The World Health Organization (2000) defined Female Genital Mutilation (or Female Genital Cutting) as a surgical procedure involving partial or total removal of the external genitalia or other injuries to the female genital organs for cultural or non-therapeutic reasons. Female genital mutilation is classified into four major types.[1] This paper focuses on the continuing practice of Female Circumcision that is extreme and causes physical and psychological harm, (from here on will be referred to as FGM) the social factors contributing to the continuance of the practice within certain immigrant communities and the seeming end to the practice in others. What does it mean for the movements or campaigns involving the advancement of women?

The majority of cases of FGM are carried out in 28 African countries. In some countries (e.g., Egypt, Ethiopia, Somalia, and Sudan), prevalence rates can be as high as 98%. In other countries, such as Nigeria, Kenya, Togo, and Senegal, the prevalence rates range between 20 and 50%. It is more accurate, however, to view FGM as being practiced by specific ethnic groups, rather than by a whole country, as communities practicing FGM straddle national boundaries (World Health Organization, 2000).

Female circumcision became an issue in the 1920s when the reports of "the primitive practices" of the natives were sent back to Britain. Conflict happened in the missions in the rural

[1] The common forms of female genital cutting in colonial Kenya were the following: the removal of all or part of the clitoris; the clitoris and all or part of the labia minora; the clitoris, the labia minora and all or most of the labia majora. In the latter case the 'cut edges are stitched together so as to cover the urethra and vaginal opening, leaving only a minimal opening for the passage of urine and menstrual blood'. The two first forms are known as clitoridectomy or excision, the third as infibulation. In Kenya the two first forms were and are by far the most common. Female 'Circumcision' in Africa: Culture Controversy and Change, ed. Bettina Shell-Duncan and Ylva Hernlund, Boulder and London, 2000, p. 4, 7.

areas near the capital of Nairobi. In these areas, Colonial authorities had always been aware of the custom and had tolerated the cutting. In the 1920s, the powerful Protestant missions put pressure on the Kenya Government to outlaw female circumcision because of its harmful effects on women's health and for reasons of the dignity and equality of women. But for the Kenyan, this rite of passage delineated right from wrong, purity from impurity, insiders from outsiders, and it constituted the deep structure of the Kikuyu society. The controversy involved debate between international, national, and local groupings and between different versions of tradition and modernity. An emerging African nationalist modernity that incorporated elements of social organization and traditional customs, such as female circumcision, was for a while in line with the thinking and political approach of the colonial regime. A different 'scientific' and egalitarian modernity was pushed by reformist forces in the British political system and Protestant missions in Kenya (Bodil-Folke, 2008).

Since the 1970s, FGM has developed into a legitimate topic of scientific inquiry and popular discussion, cutting across disciplines and audiences, and often sparking bitter debate and international controversy. Even the term itself has been attacked and dismissed for being a crude analogy, insinuating intent to harm (Rahman & Toubia 2000; Shell-Duncan, & Hernlund 2000).

The United Nations Population Fund (UNFPA) estimates that 120 to 140 million women have been subject to this harmful and dangerous practice, and 3 million girls continue to be at risk each year. The 2010 UNFPA reports that the practice seemingly continues because it is sustained by social perceptions, the belief that a girl who does not undergo cutting will bring shame to the family leading to the family's exclusion from the community. The girl that is not cut is not considered marriage material and if she cannot marry and bear children then she is

thought to not have a purpose within the society. The UNFPA report supports Denniston and Milo's assertion that, social induction, including the prospect to marry within one's culture, is of the utmost importance and people will adhere to whatever practices that will keep them in good standing within the community (Willis, 2000).

Chapter II: THE KISII PEOPLE

Chatterjee (2014) wrote that research into the practice shows that FGM is practiced by different ethnic and religious groups within the country in different ways. FGM is far more prevalent among the Somali (98%), Kisii (96%), and Maasai (73%) communities. As a result, FGM is also geographically unevenly spread in Kenya and; it is more visible in rural areas than in urban areas.

This paper focuses on the Kisii people also known as AbaGusii. Gusiiland is located in western Kenya, about 30 miles (50 kilometers) east of Lake Victoria. Abundant rainfall and very fertile soils have made Gusiiland one of the most productive agricultural areas in Kenya. Since 1989, the Gusii as a single ethnic group have occupied the Kisii and Nyamira districts of southwestern Kenya. The Kisii are one of the most economically active communities, tea, coffee, and bananas being the major cash crops of the area. The 2010 census puts Kisii as the seventh largest tribe in Kenya. Also the Kisii have the highest proportion of circumcised women in any Kenyan society, with an estimated 97% of adult, Kisii women having undergone the operation (Demographic and Health Survey, 2008).

In many cultures, the transition to adulthood from childhood is marked by an initiation ceremony. For the Kisii, initiation rituals are performed on both boys and girls. The ceremonies take place annually around the completion of the harvest and can last from October to December. The girls' ceremonies are usually before the boys' and both culminate in circumcision. In the past, initiation rites for both sexes were performed in late adolescence as preparation for marriage or, in other words, to make the adolescent marriageable (Silberschmidt, 1999).

During her time in Kisii, Silberschmidt (1999) was allowed to observe a ceremony for the girls in the village. Her telling of the events of that day give us a brief glimpse of what the girls' experience.

> Each girl to be initiated wakes up her mother at dawn and ask for a hen or two shillings as payment for the operator. The mother typically pinches the girl and tells her that she is still too young. The idea is to test her seriousness and courage. If the girl insists on going with her age-mates, she leaves the house naked except for a cloth on her shoulders and is accompanied by her mother. At the place of the ceremony, a crowd of women surround a stone on which the girl who is to be operated on is seated. For every operation, a woman comes behind the girl to support her, firmly holding the girl's hands over her eyes so that she does not see what is going on. The operator applies some white flour to the girl's private parts and expertly and swiftly cuts off the head of the clitoris. As soon as this is done the crowd of gathered women gives a trilling noise, gaily singing and dancing. The girl is then led over to a shed to squat and bleed. After all of the girls have been circumcised and the operator paid, they are led to their respective homes. On the way, obscene songs are sung, indicating that the girl is now too big to be inhibited or embarrassed. At home, she is again asked to squat behind a granary or bush until her mother has cooked for her and the crowd gathered in the homestead. Then in the afternoon, groups of initiated girls gather in a house of one of the mothers of the novices for a month-long seclusion. It is during this time that the parental generation transfers the responsibility of regulating premarital sex and initiating the process of mate selection to the group of peers. Sexual intercourse is now permitted but it is understood that the girl should not become pregnant. (p. 63)

It is important to note the different connotations for Kisii boys and girls. While the girls are taken to be circumcised by their mothers and then kept hidden away for a time to be taught the ways of womanhood, the boys are taken away from their mothers and fathers, made to face the circumcision alone. Initiation for boys encourages them to be self-reliant, disciplined, and responsible to their family. The different responsibilities emphasized in these traditional rituals have not been adjusted for present lives and realties (Silberschmidt, 1999). Before the British began their colonial rule, the roles of both sexes were clear. Women bore children and tended to the farms to provided food for their children and men. Men concerned themselves with defended

their land and herding the cattle. The invasion of the colonial power drastically altered the precolonial social and economic structure (Silberschmidt, 2001).

Commodities and Exchange Values

Land in Kenya forms the basis of people's spirituality as well as their social and economic standing and well-being. There is a direct link to the value of a girl and whether or not she is circumcised or not. When Protestant missionaries attempted to have circumcision abolished by the colonial government in the 1930s, there was a religious sect that believed that they were calling for the abolishment of circumcision in an attempt to depopulate the land so that the colonizers would be able to take over the land (Kanogo, 2005). To them, there was a direct link to circumcision, a girl's marriage ability, her ability to procreate and control over the key economic asset, which is land (Kanogo, 2005). These points make the Kenyan woman a commodity in the eyes of Marx. A commodity is an object, something that satisfies a human want in one way or another (Marx, 1999). A commodity does not have control over itself and when it is taken to market. A woman as a commodity has no other purpose or goal than those given to her by the expectation for her to fulfill her cultural obligation. Also, like other commodities, a woman has both exchange values and use values. This is seen in the practices of bride prices and dowry (Hartstock, 2004). The colonist, in an effort to simplify their burdens as colonizers, attempted to take control of the issue of dowry by creating laws that would deal with the complications that came from the overlapping of traditional customs and the legal system imposed by the colonizers. They were attempting to separate the women from their roles as property, among other things. The Christian missionaries saw the practice of dowry as "uncivilized" (Kanogo, 2005). The laws that were put in place were in hopes of bringing the

practice to an end. But part of the reason that dowry was such an entrenched cultural institution was economic; a girl child was viewed in terms of the potential capital gain of her father.

Dowry placed a heavy burden on young men, especially those men that were caught up in the opportunities that colonial intervention had brought to the country. Young men were now farther away from home for work. If they were able to raise the money to pay a bride price, the issue of purchasing the cattle and getting it from one point to another was a difficult one (Kanogo, 2005). As Kenya moved toward becoming a more modern society, socio-economic conditions began to change. Women were moving away from being a seen as just a commodity. The efforts of the missionaries succeeded in untying women from the obligations that were tied to her bride price. More and more women were now leaving situations that they had been essentially sold into. The new laws put in place by the colonial government caused a reworking of the dowry structure. A woman now did not have to worry about the husband she just left going after her family for the money he had paid for her. Women were able to move into more urban areas and establish independent homes (Kanogo, 2005).

Economic and cultural changes have helped Kenyan women move toward the elimination of female circumcision. Now that Kenyan women were able to leave situations that were not good for them or their children. The women began to be heavily involved in organizing themselves to improve their situations. When women decided to leave, they were also leaving the old way of life and traditional practices. This meant that they were no longer adhering to the customs of their particular tribe/clan. Puberty rites that included circumcision were rapidly being abandoned (Robertson, 1999). The capitalist system that was created in Kenya had the unexpected slight benefit for the Kenyan woman. The Kenyan woman could now go out and

become a wage worker like her male counterparts. She was now in control of her labor and could use it as a commodity for her advancement.

Education is a main reason that people drop practices that may be thought of as "primitive" or backward. The research conducted by the MIRP institute shows that Kenyans in the diaspora are well educated and economically successful. Also more than one in four are in the nursing profession. Both women and men understand the negative physical and physiological effects of the practice on young children, but is that enough to stop communities from stopping the practice all together? Many people that may be against the practice and would not impose it on their own children might not be vocal within the community about ending the practice for fear of being shunned from the community. We know that being outsiders in a new world, staying within the community is important. Many if not all people when faced with the scientific facts about the negative impact of FGM on women's bodies and minds cannot deny that the practice is dangerous and harmful. But is that enough? We see that many, despite being fully aware of the effects of FGM, continue to subject young women and girls to the practice. Even after leaving their home countries where FGM was a necessary ritual to insure a girl and her family stays woven into the community.

Kisii People in America

> Even though cultural practices may appear senseless or destructive from the standpoint of others, they have meaning and fulfil a function for those who practice them. However, culture is not static; it is in constant flux, adapting and reforming. People will change their behavior when they understand the hazards and indignity of harmful practices and when they realize that it is possible to give up harmful practices without giving up meaningful aspects of their culture. (World Health Organization, 1997)

The number of Kenyan born people in the United States has grown considerably in the past 20 years, making the United States the second most common country of destination for

emigrants from Kenya. Historically Kisii people were farmers, but in the past 20 years many have chosen to move into more urban areas and have focused on education. The MPI's report shows that until recently most Kenyans coming into the United States did so to pursue higher education. Education and advances in economic standing have been thought of as tools in the fight against FGM. Considering that, the Kisii people have made considerable advances in these areas it is hard to understand the sustained presence of FGM. A significant minority (up to 20%) still practice a monotheistic religion that pre-dates colonialism and the arrival of missionaries. The majority (around 80%) are Christian, with influences from traditional indigenous religion remaining. It could be argued that the practice of FGM continues because of tradition and a sense of community, particularly as it distinguishes minority Kisii from their historically hostile neighbors the Luo, who do not practice (Okoth, 2003).

Chapter III: FEMINISM

The western feminist movement has had a large influence on the focus on FGM as a violation of women's rights. With large immigrant populations entering these countries for decades, western governments have been forced to take some sort of stance against the practice. To protect the thousands of young girls that could be and are affected. (Dorkenoo & Elworthy, 1992; Hosken, 1989; World Health Organization, 1997).

For example, Canada has long granted asylum to women who were fleeing their countries to escape being cut. In the United States, it was not until 1994 that the U.S. took a stand when it offered Fauziya Kasinga political asylum from Togo. At 17 years old she ran away from home to escape mutilation. Kasinga was able to make her way to the U.S., but upon her arrival she was arrested and sent to prison for 1 year for illegal entry. Her case requesting asylum due to threat of FGM was dismissed as "not credible." It was not until the media exposed her plight was she freed. Kasinga's case not only marked a turning point in U.S. immigration law but "became a lightning rod for growing legislative and media attention, awakening the nation to a dangerous and painful practice that is the social norm for women in many central African countries" (Jones-Bibbs, 1997).

Due to the lack in comprehensive and rudimentary studies of immigrant experiences and concerns undertaken by host governments, it is reasonable to assume that western governments have chosen to take a haphazard and side-line approach toward FGM. As Rahman and Toubia (2000) noted, "there is little data about either the number of these immigrants or the prevalence of FC/FGM amongst them…Furthermore, apart from judicial cases there is no systematic documented evidence of the practice in immigrant settings" (p. 7). The ongoing process of

globalization promotes an urgent need for raising awareness not just in the U.S. but world-wide about individual cultural practices. Governments and all associated bodies have a responsibility to protect immigrant populations residing in the west: this protection is equally dependent upon a program of affirmative action which also seeks to educate the native population about FGM.

Maguigan (1999) said that, the question she addresses is not whether efforts should be made to eliminate the practice, but whether these new statutes provide the appropriate tools to combat FGM among immigrants in the United States and in other countries. Maguigan also paid particular attention to anti-FGM laws, and says the problem is not that statutes are unlikely to keep women and girls safe, but that they are guaranteed to drive the practice underground and increase the danger to those on whom it is performed. Cultural change is inevitable. Immigrants may try to hold on to important aspects of their culture in order to preserve a sense of ethnic identity but cultures will become modified when people make such major moves from one country to the next. The practice of FGM has been carried over but it encounters a growing resistance from social, health and law services and even within the communities as women and men become come more educated and learn about alternative options. How do countries like the United States and Canada tackle these issues of gender inequality and human rights within the immigrant communities without marginalizing the new members of the community?

Gunning (2002) also wrote about the responses to legislation against FGM in the immigrant communities of California. There were those that were not against FGM and cited the usual reasons for the continuance of FGM. But there were those who were against and might have always been against FGM but were not as loud. By western standards they might as well have been silent. The people who chose not to voice their opinions loudly, did so for various

reasons. One reason is the discomfort of speaking about such things in somewhat public forums. The silence could also have been because of the fear, mentioned above, of being ostracized by the new community they have pieced together in a new country.

In their study, Shell-Duncan and Hernlund (2000) pointed out that FGM captures popular imagination and triggers emotional responses. They show that it is impossible to offer simplistic solutions or answers, and they attempt to show the importance of the intersection of global discourse and local practice. They have also tried to raise questions about exotic and seemingly cruel traditions and also about the assumptions of scholars concerning medicine, female bodies, and the right to speak. Shell-Duncan et al. argued that many scholars assume that practitioners of FGM are viewed as barbaric and backwards, which angers the practitioners and makes them defensive. It is undeniable that many (not most) Western scholars seem to take and view things that are culturally different from their own cultures as "backwards."

And yet, Rodriguez (2008) pointed out that during the 19th and 20th centuries, circumcision was done as remedy to what were considered "sexual disorders" at the time. The disorders being chronic masturbation, sexual disaffection, and also women who showed too much interest in sex. Doctors "corrected" a clitoris in an unhealthy state using surgeries– removing the adhesion between the clitoris and its hood, removing the hood (circumcision), or removing the clitoris (clitoridectomy), in order to correct the woman's sexual instincts. FGM in the west did not go to the extreme of infibulations**.** This observation is interesting in that we see a tolerance for the practice and it was seen as practical and healthy for a woman's sexual and mental health. But arguably the same harm was being done to these women and children without their consent as African women. These were socio-cultural practices under the false pretense of

biomedical science to control those women at that time. In general, women's health was not nor has ever really been left in the hands of the women themselves. Instead husbands, parents, and doctors were the ones at liberty to choose what was healthy for them, although there was no evidence of medical efficacy with the procedures.

The question here is why are second generation African/Kenyan women that have left the third world and are in search of a more modern way of life, interested in holding on to the customs that their mothers had been told were hindering their advancement as women? Those customs and traditions that were branded as "primitive" and "barbaric?" Bransfield (2003), in her thesis, tries to understand how female circumcision is able to exist within the context of immigrant societies. She performed two case studies in Canada and the United States. Her research led her to believe that, the tension that comes from the cultural clash that happens to new immigrants could actually be between immigrants and their children. Both of her case studies showed the two views of the immigrants. In the first group, she found second generation Africans living in America that were for the practice and saw it as a way to hold on to the traditions of their old homes and reject the dominant American values. The second study that focused on women in Canada found a range of opinions, but for many women who had been part of the practice in their home countries, found that it was easier in their new home to be against it. At that time health authorities in Italy, France, Britain, and Scandinavian countries had reported that an estimated 40,000 women of African origin had undergone the practice and more young girls were at risk (Hundley 2002). In the United States more than 150,000 women and young girls had been cut. This presents a new dimension to the study of the practice.

Contemporary Thoughts on Female Circumcision

The controversy of female circumcision involves diverse struggles over the control of women their agency and their sexuality. During colonial times it came about as a result of the changing political climate. The female body was put at the center of refashioning the modern Kenyan woman. The colonizers initiated campaigns aimed at ending the practice, but failed to involve the women they were trying to "protect." Debates were had by the elders of the communities. Kanogo (2005) told the story of Agnes, a young Kikuyu girl who did not want to leave the other girls in her age group getting ready for the transition to womanhood. The Christian members of her family had rejected the tradition of female circumcision as condition for joining the church. Agnes ran away from home to be circumcised. The Christian members of her family were angry that Agnes had jeopardized their new position within the church. The non-Christian members of her family were not so upset that she had gone through with the circumcision but rather that she had not done so in the proper way, which was to ask permission from the males in her family that could give her the go ahead. On the positive side, this created a forum for women; for the practice or against. For the first time were able to choose for themselves what they wanted to do with their bodies (Kanogo, 2005). The slight improvement of life for the Kenyan women was not an expected outcome. Historically women's oppression has been material in capitalism. Some contemporary theorists attempt to construct a Marxist analysis of the women's oppression and class exploitation in capitalism. The feminist debate first sought to establish the reasons that capitalism increased the subordination of women in non-capitalist sectors; that is, male workers were able to leave and work in cash crop productions. Leaving the women to continue with the peasant economies: women were used as productive and

reproductive labor (Roberts, 1983). Women were able to work the land and birth the workers for the land. This was great for the capitalist since this did not involve any more investment from him. But this caused the women to be doubly oppressed in the capitalist system. Women had been subordinate to their male counterparts in pre-capitalist and capitalist social formations through gender relations and by capital. But the sexual division of labor pre-capitalism called for an arbitrary allocation of tasks rather than a reflection of social relations of gender. The subordination of women is not, in fact, an effect of capitalist modes of production but of gender relations themselves (Roberts, 1983). African women might be able to recognize how gender shaping has affected their lives but the African woman has had to struggle against the oppressive sexual identities of their own cultures as well as those imposed by western ideas of what a woman's role should be within a society (Roberts, 1983). The common victimization narrative is often privileged at the expense of a thorough consideration of the systemic nature of oppression itself. Cole (1980) wrote that without denying the influence and indeed the importance of tradition and culture and without oppression and class exploitation in capitalism. The feminist debate first sought to establish the reasons that capitalism increased the subordination of women in non-capitalist sectors; that is, male workers were able to leave and work in cash crop productions. Leaving the women to continue with the peasant economies women were used as productive and reproductive labor (Roberts, 1983). Women were able to work the land and birth the workers for the land. This was great for the capitalist since this did not involve any more investment from him. The experience of the African woman is one of pain that women can feel from the bigoted attitudes and behavior. With this overwhelming evidence that the condition of

women in society if fundamentally a reflection of economic structures and dependency (Cole, 1980).

Obstacles to the Fight

The fight to end FGM has been going on for some time now. A review of the literature brings about two major questions. In all this time and with the level of effort/work that has gone into the eradication movements has there been any actual progress? Why is it hard to find records/stories of the success of the movement? Often times in media we only hear the stories of the horror and survivors telling their stories. But rarely are there stories about the success of the eradication movements. Is that because they have not been successful? Would not a bringing more stories of success not help the movement more?

Female circumcision has been researched and presented to be a practice that is backed by religious and traditional customs and as necessary for the initiation of young women in to womanhood in the societies it is practiced. It promotes social cohesion and is viewed by custodians of the culture as an essential traditional practice that must be protected from the onslaught of misguided modernizing influences. Those that do not submit to the practice then run the risk of being ostracized from their community (Abusharaaf, 2006). The controversy over female circumcision involves a diverse struggle over the control of women and their bodies (Kanogo, 2005). The strategies that have been most used to address the issue of female circumcision have been community-level campaigns that have served to educate the people about the physical health risks portraying it as an assault on their fundamental right to bodily integrity (Abusharaaf, 2006).

The anti-female mutilation campaign in the United States has left a lot to be desired. Clare Robertson, after spending time in Kenya researching the economic practices of women, returned to the United States to find that in the United States, the information available about FGM had been collected using sloppy methods and was not a true representation of what was happening with African women. The impression was that FGM was something that all African women practiced (Robertson, 1999). One of the issues is the use of the term "mutilation." Attention to language is vital in understanding the political and ideological debates that surround the circumcision (Abusharaaf, 2006). In 1985 during a UN conference in Kenya, African women reacted angrily when the term "mutilation" was used. The use of the term "mutilation" created hostility and was considered to be the colonial tones of western feminist. "The use of the emotive term "mutilation" in the presence of women survivors, and the revulsion expressed by international activists who considered women who had undergone FGM to be 'incomplete' or 'disabled,' appeared to be another form of abuse" (Pickup, Adair, & Sweetman, 2001). Recognizing the hostility generated by the term, many scholars and field workers instead prefer to use the terms Female Circumcision or Female Genital Cutting. However, these have also been criticized for appearing to trivialize its severity. Female circumcision, only, refers to the mildest form of operation which affects a small percentage of the millions of women who undergo the practice (Baden, 1992).

These terms have provoked debate as well as the language and the discourse which many consider to be both judgmental and sensationalistic–as something "outside the realm of Western civilization," words such as barbaric, strange and disturbing a harrowing rite a practice which essentially disregards the dignity of women and girls. Understandably, these descriptions have

provoked strong resentment from African and Arab women who oppose the view that only Western leadership can introduce a change to this "barbaric" practice. Nnaemeke (2001) wrote "The images that are shown of African and Muslim women in books, magazines and films about circumcision are disturbing and insulting" (p. 174). Those that practice believe that they are not harming their daughters in their quest to become women and contributing members to the society. In order to have people reevaluate their traditions a high level of sensitivity is required. All the terms used by the Kenyan community equated the circumcision of females to that of the males. Also discussion of this topic is taboo in the culture.

Agustin (1988), in her study of migrant sex workers, pointed out that the movements need to understand the problem through the eyes of the people that are being "helped." Western feminism has proved to be not so concerned with the actual Kenyan women that are involved in the practice. They would have to then trouble themselves with learning about the women their history and the cultural reasoning behind the practice. This might prove to be too arduous of a task for them. Instead the western feminist is only interested in the areas of female circumcision that can fuel them further in their self-serving missions. Western feminists continue to struggle hierarchies among women, and deconstruct their sanctification in order to eradicate privilege, at least in theory. They look more for the symbols within gender systems wanting take apart their meanings (Robertson, 1999). Development schemes have really only offered the western ideals of femininity and domestic ideals for women; they have left no room for the Kenyan women to fulfill their own cultural identities as women. There is a double struggle that Kenyan women must face is against both the western and indigenous cultural identities. The western feminists have tried to dictate the sexual standards and cultural aspirations of non-western women. They

have created ideas of what is acceptable feminism and have imposed them on the women of other cultures (Roberts, 1997).

In order to work effectively to eradicate Female Genital Mutilation, an understanding must be had of who participates in the decision about circumcision and a balance must be struck between "well" meaning outsiders and the people of the community. Ending the harmful practice of mutilation is a goal that may be achieved by concerted efforts at the grassroots level that include the entire community (Mohamud, 2006). In 1989 Hosken researched female cutting in Africa and spoke about the importance of including men in the efforts toward eradication. The desire of modernization provides a unique opportunity for men to teach their African brothers that these genital mutilations are not acceptable. Only men can reach their African counterparts on this subject--especially since sexuality is involved, to teach them the biological facts in a persuasive way and from their own experience. Unfortunately, no one has ever really tried to reach African men who make all the decisions in each family about the truth regarding female genital mutilations. Men also have been left out where family planning programs are concerned--which are all imported by Development and Population experts (Hosken, 1989).

Chapter IV: OTHER COUNTRIES AND FGM

In 1982 Sweden was the first country to ban FGM in 1999; that ban was extended to include circumcision that was performed in other countries. Since that time it has been a struggle when it comes to the application of the laws. In the past 20 years there have only been two convictions. An FGM specialist discovered that in a group of recently arrived immigrants, all the girls had been cut. The specialist called for compulsory gynecological checks for all children in the country. A pilot program in the district of Norrköping, an area with a large immigrant population, was started. School nurses were trained to question young girls about whether they have been circumcised whenever they come in for treatment or a checkup; parental permission not being needed in these instances. If the girls do say that have been cut then they are sent to social services and the family is investigated.

Anissa Mohammed Hassan, the Somali woman who co-led the program called for the policy to be rolled out across Sweden, said the girls were surprised that their health problems could be treated. "They thought that their problems were shared by all the girls in the whole world. But when I said that in Sweden you can get help for this, many girls came to the school doctor, saying 'please can you help me,' and one after another they asked for help themselves, and that was fantastic."

But even with the seeming success of the program, the problem that media encounters shows itself. There were some that felt the Swedish media did a poor job of reporting. The initial report/story claimed that "every single girl in a school class of 30 had turned out to be circumcised." News outlets around the world picked up the story. But in the girls were new to country and had come from countries that have high numbers of FGM and had been circumcised

in their home countries. Some within the community took offense to these reports. Anthropologist Sara Johnsdotter was quoted in the article saying, "Personally, I think it is dangerous. It is harmful to the girls and women affected. It is the wrong kind of attention and it's stigmatizing them further." This happens every few years and a new push or a revitalization of the campaigns begins.

The European Parliament adopted its first Resolution on FGM in 2001 (2001/2035[INI]), which condemns FGM as a violation of human rights. FGM is forbidden under general criminal law provisions in many EU countries. Although a number of both criminal laws and child protection laws have been implemented in some European countries, the implementation of the law still remains difficult (Leye, 2007).

In 2003 Portugal began its policy on FGM. It was the Second National Plan against Domestic Violence 2003–2006, and it mentioned FGM. The first Portuguese Programme of Action for the Elimination of FGM, which grew from the EC Daphne project called Developing National Action Plans to prevent and Eliminate FGM, was incorporated into the Second National Plan for Equality, Citizenship and Gender 2007–2010. The Second Programme of Action for Elimination of FGM 2011–2013 is being created and incorporated into the Fourth National Action Plan for Equality, Gender, Citizenship and Non-discrimination 2011–2013 (Current situation of female genital mutilation in Portugal 2013:3).

In an October 22, 2010, BBC broadcast, Dr. Comfor Momah stated that FGM is widespread in London, and in her clinic she sees about 350 women and children with FGM-related problems every year and that she performs reversal procedures in about 100 cases every year. The broadcast was titled "The Rise in FGM in London." In a related story, according to an

online magazine titled Mail Online, police forces throughout the UK were asked to carry out an investigation on the extraordinary scale of FGM for the past decade. Some politicians feel that the immigrants have also compromised the UK culture by importing some of their other cultural practices; for example, wife beating and forced marriage; however, they asserted that KGM is especially unacceptable, as it curtails women's sexual urges. The two studies here, although not scholarly, do succeed in telling us about how the incidence of FGM is said to be increasing, specifically in the UK In 2014 at a summit on FGM and child marriage in London, the Obama administration announced it would conduct a major study into FGM to establish how many women are living with the consequences of FGM in the United States and how many girls are at risk. The administration said they would create a preliminary working group on FGM, with a mission of measuring the extent of FGM in the United States and coming up with concrete plans to tackle it.

In years past, health and social service officials may have been reluctant to address the issue of FGM but the pilot program in Sweden and the laws put in place in the UK show that countries are no longer being held back by fears of being cultural insensitivity or being perceived as racists when it comes to tackling these issues. This is in part because the immigrants (Somalis/Kenyans) themselves are the ones to head these movements.

Gunning (2002) wrote about the delicate balance that is needed between governments and the immigrants they are attempting to help with legislation. In 1996 Gunning worked with a local African refugee community group in California. Along with the passing of legislation in Washington, California also passed anti-FGM laws. The federal bill is directed at circumcisers while the California bill includes circumcisers and parents Gunning found that in the making of

these laws, no real research had been done on the issue. There was no evidence of testimony or the people that gave said testimonies. No African organizations or people seemed to be involved in the research or writing of the bill. Instead of a Congressional hearing to provide information and perspective on the issue at a hand. A conference was held and it happened to be the same the day the bill was signed into law by the president. Gunning noted that "Participants had little, if any impact on the bill's creation and substance. Even well-meaning American feminists-black and white-did not apparently think it important to consult with African feminists in any serious fashion or even to inform the rightful and knowledgeable leaders of the struggle against FGM" (Gunning, 2002, p. 116).

The bills were merely symbolic and did not and have not brought about significant change. Because they failed to include the people they were intending to help. Instead what has happened, Gunning (2002) wrote, is Micro aggressions appear to be on the rise. African immigrants are reporting more stories of people stopping them to ask if they have been mutilated, doctors caring for African girls will perform unnecessary genital examinations, pregnant circumcised women have felt humiliated in hospitals. These things only lead to a greater distrust of health services

Gunning (2002) made the point that, "The American feminists might have been encouraged to view African women in more realistic and respectful ways had they understood and respected the complex cultural contexts within which the surgeries are embedded. Rather than focusing on criminal laws and rushing to punishment (p. 122)." Gunning believes that if American feminists black or white are able to respect other women in their historical and cultural

complexities there will be greater unity among women. This will be helpful to create laws that can be effective for women everywhere (Gunning, 2002).

Current Issues

FGM has been on a steady decline in most of the countries where it is performed, but with international migration on the rise what was once an issue that seemed only to affect developing countries, is now found its way to where ever immigrants settle.

> The number of women and girls at risk of FGM/C in the United States is expected to increase in the future, as the foreign-born population from Africa increases. Given the rapid growth of the youth population in developing countries, improving the well-being of girls has become a priority for many international organizations that promote gender equality and higher standards of living across the globe. Ending harmful practices against women and girls in developing countries could have a measurable impact on the well-being of immigrant families around the world. (Mather & Feldman-Jacobs, 2015, p. 1)

In an article for the New York Times, Turkewitz (2014) wrote about the phenomenon of Vacation Cutting. "Vacation cutting," is something that has been happening within immigrant communities in various countries for some time. There is concern that this practice of sending young boys and girls back to the home country to undergo initiation rituals has been in the rise in the past few years. A major issue is that there is no current data on those that are being affected. FGM statistics being used are from data collected for the 2000 census. The number of women affected at that time was stated as 228,000. According to the Census Bureau, in the past 20 years the number of African immigrants has more than doubled. The Center for Disease Control reports that at least 150,000 to 200,000 girls in the U.S. are at risk of being forced to undergo cutting. The CDC says "at risk" because there are no actual records of the practice, only estimates.

Even though the federal law passed in 1996 banned FGM in the United States a loophole failed to address the transport of girls to their home countries. In December of 2012 the United States congress passed the "Transport for Female Genital Mutilation" law, an amendment (1088) to the National Defense Authorization Act. The law was passed a day after the United Nations adopted a resolution calling for a global ban on FGM. In the United States, if a person is found to be guilty of subjecting a girl that is under the age of 18 to Vacation Cutting, that person may be fined or even imprisoned for up to 5 years (Clifton & Feldman-Jacobs, 2014).

Vacation cutting is an issue for a state like Minnesota that has a large African immigrant population. The most recent reports from the Population Reference Bureau lists California as the state having the largest number girls at risk for FGM with 56,872; New York is second with 48,418; Minneapolis and St. Paul came in third with 44,293 girls that are at risk (Clifton & Feldman-Jacobs, 2014).

Chapter V: CONCLUSION

The ending of FGM means more than just stopping the cutting of young girls, which is the most important goal. As advocates for the end of the practice, we must also acknowledge that it is also about the process of moving away from deep-seated cultural rituals that have had an impact on the standings of girls and women within that society for hundreds of years. More light must be shed on this. Since FGM is still a very taboo topic and is usually only spoken about behind closed doors, if at all, among the community. It is difficult for individuals to gauge the consensus in the community on the topic. Instead of risking their reputations and standing in the community, parents might just continue the practice in their new communities or engage in "vacation cutting" by sending their children to their respective countries.

What is certain is that more research must be done and more data must be collected. Over the past 20 years there have been many successes in the fight to end FGM, but many of the programs have not been assessed; also many of those programs were grassroots and in rural areas. The programs focused on the education of non-educated people and traditional practitioners and some health care providers. Nafissatou and Ian Askew wrote about strategies for encouraging the abandonment of FGM in West Africa, mainly in the countries of Burkina Faso and Mali. In their essay they detailed the strategies that have been tested and evaluated in those countries.

What can be taken away from the essay is that, the way forward lies in implementing interventions that are based on a thorough understanding of the communities involved and on facilitating grassroots involvement in the process of social change. It is important that the strategies are based on a comprehensive understanding of the values, beliefs, practices, and rules

of social interaction that prevail in the community. Understanding the ways in which community consensus in favor of FGM is sustained and can be overturned in practice will enable those concerned with ending FGM to identify appropriate and effective strategies. With more systematic research, the cause and effect relationships between intervention activities and desired outcomes have a better chance of being successful (Abusharaf, 2006).

REFERENCES

Abusharaf, R. (2006). Introduction: The custom in question. In *Female Circumcision; Multicultural Perspectives.* Philadelphia, PA: University of Pennsylvania Press, pp. 1-24.

Agustin, L. (1988). *Sex at the margins migration, labour markets and the rescue industry*. London: Zed Books Ltd.

Baden, S. (1992). The position of women in Islamic countries: Possibilities, constraints, and strategies for change. Report prepared for the Special Programme WID. Netherlands Ministry of Foreign Affairs: Institute of Development Studies.

Bodil-Folke, F. (2008). Jomo Kenyatta, Marie Bonaparte, and Bronislaw Malinowski on clitoridectomy and female sexuality. *History Workshop Journal 65*, 23-48.

Bransfield, E. (2003). *Female genital mutilation*. Retrieved from http://www.users globalnet.co.uk/~lavie/fgm/dissertation.html.

Chatterjee, S. (2014*). Female genital mutilation—When will it end?* Retrieved September 20, 2014, from http://www.huffingtonpost.com/siddhart-chatterjee/female-genital-mutilation_6_b_5851806.html.

Clifton, D., & Feldman-Jacobs, C. (2014). Female genital mutilation cutting: Data and trends update. Retrieved from www.prbl]org/Publications/Datasheets/2014/ fgm-wallchart-2014.aspx.

Cole, J. (1980). Women in Cuba: *The revolution within the revolution. In comparative perspectives of third world women: The impact of race, sex and class*. Beverly Lindsay (Ed.). New York: Praeger.

Demographic and Health Survey. (2008). *Kenya demographic and health survey, 2008-09*. Retrieved from http://www.measuredhs.com/pubs/pdf/FR229/ FR229.pdf.

Dorkenoo, E., & Elworthy, S. (1992). Female genital mutilation: Proposals for change. *Minority Rights Group International Report, 92*(3), 41.

Gunning, I. R. (2002). Female genital surgeries: Eradication measures at the western local level—a cautionary tale. In S. M. James, & C. C. Robertson, *Genital Cutting and Transnational Sisterhood: Disputing U.S. Polemics*. Urbana, IL: University of Illinois Press.

Hartstock, N. (2004). Women and/as commodities a brief meditation. *Canadian Women's Studies Journal, 23*(34), 13-17

Hosken, F. (1989). *Female genital mutilation: Strategies for eradication*. Retrieved from: www.nocirc.org/symposia/first/hosken.html.

Hundley, T. (2002, June 2). *Immigrants bring practice of female circumcision to Europe*. Knight-Ridder/Tribune News Service.

Jones-Bibbs, T. (1997). United States follows Canadian lead and takes an unequivocal position against female genital mutilation. *Tulsa Journal of Comparative & International Law*, p. 4275.

Kanogo, T. M. (2005). *African womanhood in colonial Kenya, 1900-1950*. Athens: Ohio University Press.

Leye, E. (2007). An analysis of the implementation of laws with regard to female genital mutilation in Europe. *Crime, Law, and Social Change, 47*(1), 1-31.

Maguigan, H. (1999). Will prosecutions for 'female genital mutilation' stop the practice in the U.S? *Temple Political & Civil Rights Law Review*, p. 8391.

Marx, K. (1999). *Capital: A new abridgment*. D. Mclellan, (Ed.). Oxford University Press.

Mather, M., & Feldman-Jacobs, C. (2015). Women and girls at risk of female genital mutilation cutting in the United States. Retrieved May 3, 2015, from http://www.prb.org/Publications/Articles/2015/us-fgmc.aspx.

Mohamud, A. (2006). Community-based efforts to end female genital mutilation in Kenya: Raising awareness and organizing alternative rites of passage. In *Female Circumcision.* Philadelphia, PA: University of Pennsylvania Press.

Nnaemeke, O. (2001). If female circumcision did not exist, western feminism would invent it. In: *Eye to Eye: Women Practicing Development Across Cultures*. S. Perry and C. Schenck (Eds.) London: Zed Books Ltd.

Okoth, K. (2003, March 1). *Kenya: What role for diaspora in development?* Retrieved January 1, 2009, from http://www.migrationpolicy.org/article/kenya-what-role-diaspora-development.

Pickup, F., Adair, S., & Sweetman, C. (2001). *Ending violence against women: A challenge for development and humanitarian work*. Oxford.

Rahman, A., & Toubia, N. (2000). *Female genital mutilation: A guide to laws and policies worldwide*. London: Zed Books Ltd.

Roberts, D. (1997). Killing the black body: Race, representation, and the meaning of liberty. New York: Panteon Books.

Roberts, P. (1983). Feminism in Africa: Feminism and Africa. *Review of African Political Economy, 27*(28), 175-184

Robertson, C. C. (1999). Cultural materialism: Reflections on a theoretical odyssey from Africa to the West Indies. *Journal of Women's History, 11*(1), 167-180.

Rodriguez, S. W. (2008). Rethinking the history of female circumcision and clitoridectomy: American medicine and female sexuality in the late nineteenth century. *Journal of the History of Medicine and Allied Sciences, 3,* 323.

Shell-Duncan, B., & Hernlund, Y. (Eds). (2000). *Female "circumcision" in Africa: Culture, controversy and change*. London: Lynne Rienner Publishers.

Silberschmidt, M. (1999). *Women forget that men are the masters: Gender antagonism and socio-economic change in Kisii District, Kenya*. Uppsala: Nordiska Afrikainstitutet.

Silberschmidt, M. (2001). Disempowerment of men in rural and urban east Africa: Implications for male identity and sexual behavior. *World Development, 29657,* 671.

Turkewitz, J. (2014). A fight as U.S. girls face genital cutting abroad. The New York Times, p. 113.

Willis, M. S. (2000). Genital mutilation: On perception, practice, and policy. *Journal of Sex Research, 37*(3), 291.

World Health Organization. (1997). *Eliminating female genital mutilation*. An interagency statement by OCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, and WHO.

World Health Organization. (2000). *Female genital mutilation–fact sheet no. 241*. Retrieved from www.who.int/inf-fs/en/fact241.html.