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MARGINALIZATION OF COMMUNITY VOICES IN FIGHTING FEMALE CIRCUMCISION

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Female circumcision, also known as female genital mutilation, female genital cutting, female genital surgery, or female genital ritual (FC/FGM/C/S/R) (Cook et al., 2003; Gruenbaum, 2001; Ehrenreich and Barr, 2005; Johnsdotter and Johansen, Introduction, 2020; Nnamuchi, 2012), has many definitions, but the World Health Organization provides the most common: "all procedures that involve partial or total removal of the female external genitalia, or other injury to the female genital organs for non-medical reasons" (WHO, 2008).

The practice is ubiquitous. It's been practiced by different groups of people in different parts of the world for centuries, and on women and girls of all ages.

The reasons for carrying it out are also diverse and vary from culture to culture (Althaus, 1997; Davis, 2001; EL, 2019; Gruenbaum, 2001; Nyansera, 1995; Sanderson, 1981). While some communities state that circumcision suppresses sexual impulses perceived to be excessive, other communities believe it will enhance sexual sensitivity or enjoyment (Ahmadu, 2005). It has been documented extensively from an anthropological, medical, legal, feminist, and postcolonial perspective (Leonard, 2000; Quichocho, 2018).

It was not a matter of international concern until fairly recently; denunciation of the practice started during the scramble for Africa, and it continues to date. The persistence of this practice is often attributed to imbalanced power relations which perpetuate patriarchal communities (Tamale, 2008; World Health Organization & Department of Reproductive Health and Research, 2008), but this frames women in the communities that continue the practice as helpless victims – a frame that inadvertently reaffirms these imbalances (Bawa, 2012). This leaves any efforts to end the practice outside this frame unexplored.

This chapter explores the way the "intelligibility gap" excludes successful community-led interventions, such as those in Kisii, from current intellectual debates. With critical discourse analysis, the chapter will examine both the

DOI: 10.4324/9781003316701-15

observer and the observed – or the social practices involved in the production of scientific and other knowledge and the ways female circumcision, as well as the sexuality of circumcised women, is represented in current literature, the asymmetry created by anti-FGM activists' claims and how these women and girls are not helped on the ground in many states. It will conclude with findings from the fieldwork in Kisii that emerged using PAR.

Critical Discourse, Power, and Female Circumcision

Identities are built and shaped through discourse and, therefore, could always be different (Baaz, 2005; Dele, 2020). Discourse can be used as a tool to develop preferred social cognitions that serve dominant group interests (Dele, 2020; Van Dijk, 1993). These dominant discourses limit understanding and dictate what is acceptable and legitimate behavior and action. This simultaneously excludes alternative knowledge and models of behavior (Dele, 2020; Fairclough, 1989).

Fuambai Ahmadu, a defender of female circumcision, stated:

> The anti-FGM activists have access to the media, and they have enormous resources, so they're able to influence the media in such a way that most of the women who support the practice cannot. Even if they did, a lot of them are illiterate, so they can't even speak the necessary language, and they cannot respond to charges of backwardness and barbarity.
>
> *(Goldberg, 2009)*

In the case of female circumcision, the analysis involves examining aspects of gender hierarchical relations that influence the actions of Western states and international organizations that widely address the issue.

Feminism, Human Rights, and Female Circumcision

Many feminists see female circumcision as a ritual that perpetuates gender inequality and subjugation in practicing communities (Nnamuchi, 2012). There is a presumption that girls and women who are circumcised don't choose autonomously (Meyer, 2000).

Female circumcision, however, was no different from male circumcision in many parts of Africa when the colonizers arrived. Both forms were rites of passage. In Kenya, the colonizers founded church schools in the late 1920s that started banning children whose parents did not renounce female circumcision. This was not due to health concerns but because the custom was considered barbaric (Njambi, 2004; Thiong'o, 1965), and the denunciations were part of a broader disregard for Indigenous people, as Kenyatta (1938) explains in the case of Gikuyu of Kenya (Kenyatta, 1938). While land ownership was fundamental to manhood, the colonizers took most of the land and confined the community to reserved areas (Gust, 2014).

The feminist movement in the 1970s revived the debate on female circumcision. Fran Hosken began writing about the practice in her newsletter, *Women's International Network News*. Her report on female circumcision, published in 1979, was influential in persuading the international community, including the World Health Organization (WHO), to begin efforts to end the practice. Hosken also coined the term "female genital mutilation" and its acronym, "FGM," to replace the term *female circumcision* (Fee, 1980; Hosken, 1979). The Minority Rights Group (MRG), a London-based international human rights organization, wrote and published a report on female circumcision (McLean et al., 1980). Efua Dorkenoo collected facts about the practice, which she presented to the United Nations Commission on Human Rights (UNHCR). These were then collated to a revised MRG report which placed female circumcision on the agenda of the UN Human Rights Commission as a human rights issue (Dorkenoo and Elworthy, 1992).

These campaigns drew international attention, but they failed to include the communities that practice clitoridectomy, excision, infibulation, or other forms of genital ablation or manipulation. As a result, African women boycotted a female circumcision panel during a forum of international non-governmental organizations (NGOs) (Savané, 1978).

This tension continues between those opposed to FGM in all forms and those who defend the right of women to practice initiation rituals that include female circumcision (Gruenbaum, 2020). Some scholars argue that "campaigns against [female circumcision], which have relied heavily on demonization, have picked up where European colonial missionaries left off" (Mutua, 2001). Others call for intersectional analysis of women's vulnerability, thus framing female circumcision as a "symptom rather than a cause of women's troubles in a society" (Abusharaf, 2000, p. 156; Abu-Lughod, 2002; Crenshaw, 1991; Hankivsky, 2014; Käkelä, 2020, p. 81).

While *intersectionality* has become something of a buzzword and scholars usually put emphasis on traditional hierarchies of power (mainly the power men have in the community), structural inequalities related to education, economic status, and health opportunities are not taken into consideration.

Some scholars have asserted that female circumcision should not be treated as an isolated phenomenon "but should be located in the context of women's wider welfare needs, including access to resources, control over food production and financial independence" (Käkelä, 2020, pp. 81–82; Women's Caucus of African Studies Association, 1983). Female circumcision lies at the intersection of many facets of a woman's identity. However, these perspectives are regularly overlooked.

Medicine and Female Circumcision

Female circumcision is often dismissed as either serving no medical purpose or even presenting a medical risk. Several scholars still state that the practice is carried out using unsterilized knives, scissors, razors, or pieces of glass (Frissa,

2011; Meyer, 2000; Miller et al., 2005; Odukogbe et al., 2017; Wakabi, 2007; World Health Organization, 2000). However, many communities are using health-care professionals to perform the practice with appropriate precautions for hygiene (Gruenbaum, 2020; Kimani et al., 2020). When the practice is performed in a medical setting, as are legally sanctioned practices such as vaginoplasty, labiaplasty, or penis enlargement, this medical setting is then still condemned and challenged as an obstacle to stamping out the practice. These aesthetic practices, however, are not legally defined as mutilation (Kimani and Kabiru, 2018; Miller, 2020). Furthermore, female circumcision is not meant to include cosmetic genital surgery (World Health Organization and Department of Reproductive Health and Research, Eliminating female genital mutilation: An interagency statement – OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO, 2008), a position that has been repeatedly challenged (Boddy, 2016; Johnsdotter, 2019; Johnsdotter and Johansen, 2020).

In the WHO definition and understanding of harm, all the myriad forms are collapsed into a single set, which is severely condemned (World Health Organization and Department of Reproductive Health and Research, Eliminating female genital mutilation: An interagency statement – OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO, 2008). Efforts to promote a purely cosmetic procedure involving a minor cosmetic incision far less destructive than commonly practiced male circumcision, for example, have been harshly attacked and actively opposed (Gruenbaum, 2020).

The occurrence and procedure of the different types of female circumcision depend on ethnicity, geography, and status (Abusharaf, 2006). The cultural context explains their various applications, thus the social relations, norms, values, and principles relative to the communities that practice female circumcision (Gruenbaum, 2020; Gruenbaum, 2001).

Scholars also assume that practicing communities, mainly non-Western cultures, are homogeneous and static – unlike Western culture, where constant change and evolution are taken as given (EL, 2019; Walley, 1997). "The idea seems to be that for Western (white, middle class?) women and girls, [where changes in the genitalia are permitted and facilitated], it is their choice" (Gruenbaum, 2020, p. 51), but for women and girls in communities that practice female circumcision, it must be that they are victims (Gruenbaum, 2020). Janice Boddy calls this "the hypocritical narrative of African barbarity that persists in the righteous West" (Boddy, 2016, p. 64). Further, the same adverse consequences of similar severity, regardless of the method or type of cutting or the circumstances in which the cutting is performed, are raised in literature (Earp and Johnsdotter, 2021; Earp, 2019; Johansen et al., 2013).

While female circumcision is seen as a violation of women's health, most medical studies on sexual function show no statistically significant difference in sexual function between those who have undergone female circumcision and those who have not (Catania et al., 2007; Johnsdotter, 2018).

Regarding sexual health, views of sexuality when it comes to female circumcision have been developed in a Western context and are putatively scientifically based (medical research and care guidelines) in different studies (Dele, 2020). While this is a narrow view, it is dominant, especially in the medical field. The communities that practice female circumcision embed sexuality in cultural and religious frameworks (Connor et al., 2016; Johnsdotter, 2018).

While the anti-FGM campaign discourse looks at the sexual well-being of both circumcised and uncircumcised women and girls, there is implicit bias among health-care and legal professionals. In many countries, insurance does not cover clitoris reconstruction for women who have undergone female circumcision, because the initial cutting is considered to be cosmetic surgery (Johnsdotter, 2019). Inconsistencies in legislation and inequalities in the quality of care are reflections of existing unequal power relations (Dele, 2020, p. 12). Thus, the fight against female circumcision has been politically organized into systems of power which encourage some individuals and activities while suppressing others (Dele, 2020; Rubin, 1992), evidenced by inconsistent criteria – definitions and delineations of inclusion and exclusion – where the practice is concerned (Johnsdotter & Johansen, Introduction, 2020).

By emphasizing the implications and barbarity of the practice, these studies constantly distance themselves from the socio-political and economic contexts of wider violations of women's rights (Abusharaf, 1995). The individuals subjected to female circumcision universally fit into one distinct social location, gender. The Inter-African Committee on Traditional Practices affecting the Health of Women and Children (IAC) has even adopted a simple concept: "universal solutions to universal problems" (Inter-African Committee on Traditional Practices (IAC), 2021). However, the other dimensions of the individuals experiences, type of circumcision, socio-economic position, culture, religion, geographic location, and age are all varied (Mathews, 2011).

Laws and Policies on Female Circumcision

Discourse on stopping female circumcision has been effective in motivating support for advocacy campaigns and zero-tolerance legal measures (Earp and Johnsdotter, 2021). Most countries where the practice is performed have adopted legal frameworks prohibiting it (Muthumbi et al., 2015).

Female circumcision is generally conducted on minors, who cannot provide informed consent. However, most legislation makes female circumcision a crime at any age, so consenting adults cannot engage in the practice either (Miller, 2020). Five women over the age of 18 were arrested for undergoing the practice in Kenya (Muchui, 2019; Murithi, 2019). Further, the issue of consent is commonly revoked as a distinction between cosmetic genital surgery and female circumcision (Johnsdotter & Johansen, Introduction, 2020).

The modification of female genitalia in light of current legislation and medical practice shows inconsistencies in relation to women of different ethnic backgrounds. Even the pricking of the clitoral hood is condemned where

female circumcision is concerned, while reduction of clitoral tissue in Western female genitalia is legal and accepted (Johnsdotter and Essén, 2010). Moreover, as Earp states, Westerners are permitted to go through vaginoplasty while African immigrants are denied reinfibulation after childbearing (Earp, 2016).

Countries like Sierra Leone, Libya, and Somalia are being pressured to create laws that prohibit female circumcision. "In the Global North, enforcement of anti-FGM laws 'to keep girls safe' has at times resulted in family separations, examination of girls' genitals without parental knowledge, and denial of freedom to travel" (Gruenbaum, 2020, p. 51; Guel, 2017; Mestre and Johnsdotter, 2019). Receiving countries are also becoming skeptical about female circumcision cases and questioning the legitimacy of asylum seekers' claims (Gruenbaum, 2020).

Various organizations like End FGM European Network, as well as scholars from different Western countries, have worked hard to share best practices and new ideas, hoping that the "tipping point" for female circumcision will be achieved soon, with rapid, widespread abandonment of all forms of the practice (End FGM European Network, 2021b; Gruenbaum, 2020; UNICEF, 2010).

While these best practices are often celebrated as successes, there is little, if any, evidence that they improve women's lives. Indeed, women who seek asylum to protect their daughters from female circumcision report that host governments question why they had not relocated elsewhere in their countries of origin (personal interview). In this case, governments frame the practice as a private matter. Women are also accused of lying about their circumstances, thus operating from a presumption of guilty until proven innocent (Anderson et al., 2014; Souter, 2011). Furthermore, migrant women are tightly controlled in Europe by systems that restrict their income, employment, places of residence, and living conditions. These restrictions illustrate how the continuum of structural violence characterizes women's lives even after migration and reflects Europe's hardened approach to immigration.

While Articles 3 and 8 of the European Court of Human Rights require states to provide effective protection to victims, the court itself has ruled that applicants who were at risk of female circumcision should be sent back to their countries of origin (Ameh v United Kingdom, 2017; Collins and Akaziebie v. Sweden, 2007; RBAB v The Netherlands, 2016). These actions create barriers to help-seeking and unmask the international and state-level reluctance to consider the practice as grounds for asylum. The very system which was built to allow women to seek safety inflicts harm, which prevents the actualization of these women and girls to relocate from what is considered violence.

The inability to challenge female circumcision has been framed as a characteristic of the affected women, but it is also reflective of the spaces they occupy. Feminists recognize the ways female circumcision enforces gender discrimination and focus on community values, suggesting that eradication efforts should focus on choice and attitudinal change, but they do not challenge the ways cultural constructions of womanhood become normalized in wider social orders

and political, legal, and economic systems, like the ones mentioned earlier. Gendered and racial inequalities contribute to the continuation of the practice. Eradication efforts should focus on oppressive gendered and racial expectations which have become institutionalized to limit women's wider opportunities in the society (Käkelä, 2020; Wade, 2011).

Female Circumcision in Kisii, Kenya

Among a few communities, female circumcision is alive and well in Kenya despite efforts and legislation to end it since the 1920s, including a commitment by the president to terminate the practice by 2022 (Bhalla, 2019), and reports note a substantial decline in prevalence in the country. While there is no specific reason given for the decline, it is attributed to increasing education, urbanization, migration, improved economic status, and women's empowerment (Dalal et al., 2018; Mwendwa et al., 2020; United Nations Children's Fund, 2013).

Key contributions are also linked to scholars and organizations like UNICEF, WHO, and IAC which are praised for engaging with local dynamics to challenge old norms and embolden communities to accept new patterns, like alternate rituals and well-publicized public declarations, in addition to offering medical advice, laws, or even human rights education (Gruenbaum, 2020). The aim of the research was to examine how the community views female circumcision, whether the laws led to the decline and whether they make any efforts to overcome the practice.

Circumcision is considered part of an initiation process called Chiniangi, a rite of passage from childhood to adulthood for both girls and boys. When it comes to responsibility for the act, it is adult women who have young girls circumcised and, conversely, adult men who have young boys circumcised. Most of the men who were interviewed stated that it is not men controlling the circumcision of girls. If looked at in terms of power relations, it is the adults who have power over the children. Participants stated that male circumcision was still considered a rite of passage, but female circumcision was not being openly practiced because of the law. None of the participants who were interviewed, including the leaders, knew the specifics of the law, for example, how much fine one would pay or how long one would be jailed if caught practicing female circumcision (Kenya Law Reports, 2011). Some participants also used the term *FGM*, saying they heard it from local organizations, but didn't know what it stood for.

While some interviewees stated that they would not let their daughters be circumcised, others said that the procedure was milder at present than in the past and was done as a symbol of initiation. Participants also stated that girls were circumcised at a younger age than previously. The findings further demonstrated the adoption of medicalization in the community, which participants stated is mainly driven by hygiene. Literature and similar studies mention that communities turn to medicalization because of concerns about complications related to circumcision and its criminalization (Kimani and Kabiru, 2018; Kimani et al., 2020, p. 9; Kimani and Kabiru, 2018; Kimani and Shell-Duncan,

2018; Shell-Duncan, 2001; World Health Organization, Global Strategy to Stop Health-Care Providers from Performing Female Genital Mutilation, 2010).

An essential lesson from the research is that cultures cannot be isolated from the broader social context and structural factors (Eriksen, 2005; Racine, 2003). During a focus group meeting, women stated that they did not want their daughters to be circumcised because of challenges in parturition. However, when asked if circumcision had affected them during childbirth, they all said they were not affected. Instead, they were far more concerned about the struggle for their families' survival; thus, for most of the participants, the main concern was to become economically independent (personal interviews).

PAR shifts the focus from merely conducting research within communities to actively engaging these communities in an effort to identify, address, and find means of redressing their own problems. The foundational nature of participatory research involves continuous learning and adaptation. Therefore, when women in the focus group also stated that they had joined self-help groups to assist each other financially, the research adapted this, and the aim was expanded to explore whether and how women are empowered economically (and otherwise) through the self-help groups. We investigated what benefits, if any, the community received from these groups and what challenges or barriers they faced. We also wanted to find out if one of the barriers was culture-related, thus tying it back to female circumcision as a cultural practice.

Based on interviews and observations, the women in the community were heavily reliant on social networks, and female circumcision was approached in a different sense than in isolation, as the anti-FGM campaign discourse often suggests (Käkelä, 2020; Shell-Duncan et al., 2011). The practice is looked at in line with social relations and inequalities of the everyday because it is integrally linked to economic, political, and social realities of daily life, and the interconnected challenges are addressed. Participants stated that a local organization provided workshops to the groups where it combined adult education with lessons on female circumcision. Thus, educating women (and men) within the groups had an indirect effect on female circumcision, because they were then asked to act as agents and speak with their families and neighbors (personal interviews).

Participants described widespread corruption as a barrier to state protection from various issues, including female circumcision. Because perpetrators would bribe authorities, women had little to gain in seeking help from them. This suggests that the silence surrounding female circumcision and other forms of violence against women is not only a cultural issue but is also maintained through the normalization of gender-based violence, which represses women's calls for action. Abusharaf (1995, p. 53) notes that "women are not merely subordinated because their genitals have been excised, in other words not because of the practice itself, but because of the values, ideologies, and the politics attached to the practice."

While the Kenyan government claims it is striving to streamline measures for efficient implementation of the 2011 Prohibition of FGM Act by sensitizing communities, participants confirmed that no government officials had come

to talk to them about the practice. The only people we observed who briefly touched on the subject in mabaraza (public meetings) were local administrative leaders. However, there is little consistent effort by the government to educate them on why these protections are in place, so they are left with no resources or real capacity to implement the law. Yet the Anti-FGM Board CEO stated that hostility from the communities that still carry out this practice had put Kenya's goal of ending the practice by 2022 in jeopardy (Njaaga, 2021). Further, while IAC has national committees that are supposed to raise awareness at the grassroots level (Hosken, 1998; Inter-African Committee on Traditional Practices (IAC), 2021), the Kenyan national committee (Kenya National Council on Traditional Practices), is inactive (AI Index, 1997). This is another example of the top-down approach failing to create substantial change at the community level because it provides solutions that are out of touch with everyday realities on the ground like lack of other reproductive care or increased number of teenage pregnancies (personal interviews).

However, the Office of Director of Public Prosecutions (ODPP) has created county anti-FGM committees to fast-track implementation of the presidential directive to end female circumcision by 2022 and engage in sensitizing communities across the country. Another measure put in place establishes an anti-FGM unit of 50 prosecutors in the 22 hotspot counties (Njaaga, 2021).

As participant interviews highlighted, initiatives, including ending female circumcision, are discontinued due to lack of resources; sustained involvement of local NGOs and faith-based organizations implementing these initiatives is also missing. Most programs are small, receive only time-limited or no financial or technical support from the national government, thereby making them unsustainable. While cases have been brought to court regarding female circumcision, there has been no prosecution from Kisii (Murithi, 2019).

Interviews revealed a more holistic understanding of the phenomena through activities managed by local organizations and volunteers working with the community in various capacities. For instance, the Fulda Mosocho Project trains community members on a value-centered approach. The project coordinator explained how they teach about reproductive organs in the Kisii language using models; they then offer attendees the chance to decide whether to circumcise or not. Teachers are also recruited volunteer community members whose training enables them to address their neighbors. Using the Kisii language to reach listeners is important because some speak neither Swahili nor English, the two national languages. The local idiom ensures reception of vital information.

This important project, funded by the German NGO Lebkom (End FGM European Network, 2009/2020; Lebkom, 2021), started training in Mosocho before expanding to Marani and Kisii South regions. Regrettably, information recommending use of the Kisii language is not included in the Lebkom website or in any reports. Instead, they get "anti-FGM experts" from Germany. Furthermore, the project has not yet begun working with doctors and nurses in the region even though literature and interviews showed community members using the services of health-care workers to circumcise girls. The fact that this

information is also missing from the Lebkom website and reports illustrates how successes stemming from work by women (and men) in local and grassroots capacities often go unmentioned when progress in development is recorded.

Interventions by the Fulda Mosocho project and other community-based organizations in Kisii commonly consist of training girls, often in seclusion, and a public celebration which marks the conclusion of the ritual. The training itself often aims at empowering initiates to take charge of their reproductive and sexual health and rights, and the ceremony functions as a public statement of abandonment of the practice. The promising aspect of this approach is the involvement of community members in designing the project and the entry point it can provide to promote dialogue in the community, starting with the family. However, participants revealed that most girls who had participated in the training had already undergone female circumcision at an earlier age (personal interviews). The government should therefore focus on providing resources to these organizations to train girls to resist the practice for their future daughters.

Because peer pressure, including a desire for inclusion in social groups, seems to enable female circumcision in the Kisii community, it might also be repurposed toward resistance. Girls who are uncircumcised are called *egesagane* by the circumcised. Community-led interventions by local volunteers used to empower both girls and boys in primary (middle) schools could counteract this bullying. The volunteers have integrated the issue of female circumcision into a wider learning package, including aspects covering everyday issues like hygiene, teenage pregnancy, alcoholism, and problem-solving. While these unpaid workers began intervening before the pandemic, they continued during the crisis: a post on the Lebkom website touts having promoted hand hygiene (End FGM European Network, 2021a; LebKom, 2021).

Despite these activities, integration of community members remains scanty. The marginalization of community women from the political processes that are driving legislative and health reform strategies, as well as their successes, can reinforce misguided studies about prevalence of the practice and the use of experts (Moreau and Shell-Duncan, 2020). Thus, we must recognize the need for more nuanced conceptualizations of women's agency and participation, as their actions do not exist in a vacuum but are instead exercised both in relation to and as a response to specific conditions. Female circumcision, therefore, cannot be addressed in isolation, because it is a social norm that governs the behavior of the women in the community. It should be seen "within a broader context based on a comprehensive understanding of how the practices are linked to other cultural and social norms and other practices" (CRC/CEDAW Joint Recommendations, 2014, §58).

For instance, Kisii women control their own labor, using methods of collective organization to form self-help women's groups (Robertson, 1996) that, along with community education and awareness-raising by local organizations and individual volunteers, try to dismantle the economic, social, and political barriers women face in challenging their daily situations (Käkelä, 2020). Combinations of factors are apparently working together for change. While

another current trend includes men in fighting female circumcision (LebKom, 2021; MenEngage Alliance, 2021; Mwebia, 2021), the findings show that Kisii women have been innovating their own unique way to get men on board. Participants stated that with the financial benefits they got from the self-help groups, they would buy household goods or pay school fees for the children. When the men saw this, they decided to either form their own self-help groups or join the women. These actions need to be included in debates on gender relations. As one project manager stated, "We are part of this world. We have our own experiences and insights and want to contribute to the debates on female genital cutting" (Bavel, 2020, p. 1071).

Conclusion

Female circumcision can, in some circumstances, be a health issue and a women's rights issue, and recently, a development issue. Focusing on these overlooks the social norm aspect that requires understanding concepts such as culture, colonialism, migration, and globalization as well as social, economic, and political issues that put the women's bodies at risk. I acquired a reasonable understanding of the complex social, cultural, historical, and legal features of female circumcision and discovered how hotly it was debated even among the people in Kisii community. I also realized that while both international and national laws, policies, and initiatives show that the rights of women and girls are important, in practice, these women and girls don't receive the protection they deserve. Thus, rights tend to be merely lip service recycled by governments, some organizations, and scholars.

The meaning of practices like female circumcision is historically embedded in power relations that are constantly changing in response to conjoined local and global dynamics. However, while some changes are acknowledged, modifications of custom made by the practicing communities are not. Some scholars argue that legislation is not complemented by measures to influence communities' cultural and religious expectations within their comprehensive social context; changes realized at the local level also tend to be overlooked.

This failure to recognize gender-based violence as rooted in and sanctioned by wider systematic discrimination of women compounds the dismissal of work done by women (and men) in the communities that practice female circumcision. "We need to [extricate] and coherently [realign] these issues in a meticulously nuanced way . . . [as the] component of resolving what is already a highly charged polemic" (Nnamuchi, 2012, p. 88). We must continue interrogating our own motives for doing this. As Scheper-Hughes urged:

> We have to ask ourselves (again and again, it seems) why we choose (and why we choose to award) the topics that we do in light of who we are and how we are positioned (individually, culturally, and politically) vis-à-vis those we turn into the objects of our study.
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> *(Scheper-Hughes, 1991, p. 26)*

References

Abu-Lughod, L. (2002). Do Muslim women really need saving? Anthropological reflections on cultural relativism and its Others. *American Anthropologist*, *104*(3), 783–790.

Abusharaf, R. (2000). Revisiting feminist discourses on infibulation: Responses from Sudanese feminists. In B. Shell-Duncan, et al. (Eds.), *Female "circumcision" in Africa: Culture, controversy, and change* (pp. 151–166). Lynne Rienner Publishers.

Abusharaf, R. M. (1995). Rethinking feminist discourses on female genital mutilation: The case of the Sudan. *Canadian Women Studies*, *25*, 2–3.

Abusharaf, R. M. (2006). *Female circumcision: Multicultural perspectives*. University of Pennsylvania Press.

Ahmadu, F. S. (2005). *Cutting the anthill: The symbolic foundations of female and male circumcision rituals among the Mandinka of Brikama, the Gambia*. Doctoral Dissertation. London School of Economics and Political Science. University of London. https://ethos.bl.uk/OrderDetails.do?uin=uk.bl.ethos.420979

AI Index. (1997). Female Genital Mutilation: Contact Organizations & Advocacy Groups Inter-African Committee (IAC) On Traditional Practices; Comité Inter-Africain (CI-AF) sur Les Pratiques Traditionnelles. https://www.amnesty.org/en/wp-content/uploads/2021/06/act770091997en.pdf.

Althaus, F. A. (1997). Female circumcision: Rite of passage or violation of rights? *International Perspectives on Sexual and Reproductive Health*, *23*(3), 130. www.guttmacher.org/journals/ipsrh/1997/09/female-circumcision-rite-passage-or-violation-rights

Ameh v United Kingdom. 59727/13 (European Court of Human Rights March 2, 2017).

Anderson, J., et al. (2014). *The culture of disbelief: An ethnographic approach to understanding an under-theorized concept in the UK asylum system*. Refugee Studies Centre, University of Oxford.

Baaz, M. E. (2005). *The paternalism of partnership: A postcolonial reading of identity in development aid*. Zed Books.

Bavel, H. V. (2020). At the intersection of place, gender, and ethnicity: Changes in female circumcision among Kenyan Maasai. *Gender, Place and Culture, A Journal of Feminist Geography*, *27*(8), 1071–1092.

Bawa, S. (2012). Women's rights and culture in Africa: A dialogue with global patriarchal traditions. *Canadian Journal of Development Studies*, *33*(1), 90–105. http://dx.doi.org/10.1080/02255189.2012.664545

Bhalla, N. (2019, November 12). Kenya pledges to end FGM by 2022 – ahead of global target. *Reuters*. www.reuters.com/article/us-kenya-women-fgm-trfn-idUSKBN1XM2GN

Boddy, J., et al. (2016). The normal and the aberrant in female genital cutting: Shifting paradigms. *HAU: Journal of Ethnographic Theory*, *6*(2), 41–69.

Catania, L., et al. (2007). Pleasure and orgasm in women with female genital mutilation/cutting (FGM/C). *The Journal of Sexual Medicine*, 1666–1678.

Collins and Akaziebie v. Sweden, 23944/05 (2007, March 8). *European court of human rights*. https://hudoc.echr.coe.int/eng#{%22itemid%22:[%22001-79864%22]}

Committee on the Rights of the Child (CRC)/Committee on the Elimination of Discrimination against Women (CEDAW) Joint Recommendations. (2014). Joint general recommendation/general comment No. 31 of the Committee on the Elimination of Discrimination against Women and No. 18 of the Committee on the Rights of the Child on harmful practices (2014), CEDAW/C/GC/31-CRC/C/GC/18, 14 November 2014. http://goo.gl/I8z8U7

Connor, J. J., et al. (2016). Sexual health care, sexual behaviors and functioning, and female genital cutting: Perspectives from Somali women living in the United States. *Journal of Sex Research*, *53*(3), 346–359. https://doi.org/10.1080/00224499.2015.1008966

Cook, R. J., et al. (2003). Reproductive health and human rights: Integrating medicine, ethics and law. *Oxford Scholarship Online*. https://doi.org/10.1093/acprof:oso/9780199241323.001.0001

Crenshaw, K. (1991). Mapping the margins: Identity politics, intersectionality, and violence against women. *Stanford Law Review*, *43*(6), 1241–1299.

Dalal, K., et al. (2018). Adolescent girls' attitudes toward female genital mutilation: A study in seven African countries. *F1000 Research*, *7*, 343. https://doi.org/10.12688/f1000research.14142.1

Davis, D. S. (2001). Male and female genital alteration: A collision course with the law? *Health Matrix*, *11*(2), 487–570.

Dele, A. K. (2020). Representation of the "Other": Discourse of female circumcision. *Journal of Midwives* (Malmo University), *51*.

Dorkenoo, E., & Elworthy, S. (1992). *Female genital mutilation: Proposals for change*. Manchester Free Press.

Earp, B. (2016). Between moral relativism and moral hypocrisy: Reframing the debate on "FGM". *Kennedy Institute of Ethics Journal*, *26*(2), 105–144.

Earp, B. (2019). The child's right to bodily integrity. In D. Edmonds (Ed.), *Ethics and the contemporary world* (pp. 217–235). Routledge.

Earp, B., & Johnsdotter, S. (2021). Current critiques of the WHO policy on female genital mutilation. *International Journal of International Relations*, *33*(1), 196–209.

Ehrenreich, N., & Barr, M. (2005). Intersex surgery, female genital cutting, and the selective condemnation of "cultural practices". *Harvard Civil Rights-Civil Liberties Law Review*, *40*, 71–140.

EL, G. (2019). The challenge of female genital mutilation. *Scientific Journal of Research and Reviews*, *1*(3), 2687–8097. https://doi.org/10.33552/SJRR.2019.01.000512

End FGM European Network. (2009/2020, January 1). www.endfgm.eu

End FGM European Network. (2021a, March 31). LebKom – Taking the Challenge "Covid 19" with creativity and confidence. https://www.endfgm.eu/news-en-events/news/lebkom-taking-the-challenge-covid-19-with-creativity-and-confidence/

End FGM European Network. (2021b, August 1). News and events. *End FGM European Network*. www.endfgm.eu/

Eriksen, T. (2005). How can the global be local? Islam, the West and the globalization of identity politics. In O. Hemer, et al. (Eds.), *Media and glocal change. Rethinking communication for development* (pp. 25–40). CLACSO.

Fairclough, N. (1989). *Language and power*. Longman Inc.

Fee, E. (1980). The Hosken report: Genital and sexual mutilation of females, Fran P. Hosken. *Journal of Women in Culture and Society*, *5*(4), 807–809.

Frissa, M. M. (2011). Reproduction of power: A critical discourse analysis on female circumcision. *Faculty of Social Sciences, University of Ottawa*. https://ruor.uottawa.ca/bitstream/10393/19962/3/Mogga_Frissa_Merertu_2011_thesis.pdf

Goldberg, M. (2009, April 17). Rights vs. Rites. *The American Prospect: Ideas, Politics & Power*. https://prospect.org/features/rights-versus-rites/

Gruenbaum, E. (2001). *The female circumcision controversy: An anthropological perspective*. University of Pennsylvania Press.

Gruenbaum, E. (2020). Tensions in motion: Female genital cutting in the Global North and South, then and now. In S. Johnsdotter (Ed.), *Female genital cutting: The global North and South. Centre for Sexology and Sexuality Studies* (pp. 23–57). Malmö University.

Guel, O. (2017, January 27). Detenidos y separados de sus hijas por una ablación genital inexistente: Cataluña revisará el protocolo contra la mutilación tras aplicarlo por un error de diagnóstico. *El Pais*. https://elpais.com/ccaa/2017/01/28/catalunya/1485616989_147479.html

Gust, O. (2014, November 20). Mau Mau, anti-colonialism and "female genital mutilation". *Notches*. https://notchesblog.com/2014/11/20/mau-mau-anti-colonialism-and-female-genital-mutilation/

Hankivsky, O. (2014). *Intersectionality 101*. The Institute for Intersectionality Research & Policy, Simon Fraser University.

Hosken, F. P. (1979). *The Hosken report: Genital and sexual mutilation of females*. Women's International Network News.

Hoskins, I. (1998). Speaking out: An interview with Berhane Ras Work, president, the Inter-African Committee. *Ageing International*, *24*(4), 85–97. https://doi.org/10.1007/s12126-998-1027-4

Inter-African Committee on Traditional Practices (IAC). (2021). About IAC. http://iac-ciaf.net/about-iac/.

Johansen, R., et al. (2013). What works and what does not: A discussion of popular approaches for the abandonment of female genital mutilation. *Obstetrics and Gynecology International*, *2013*, Article 348248. https://doi.org/10.1155/2013/348248

Johnsdotter, S. (2018). The impact of migration on attitudes to female genital cutting and experiences of sexual dysfunction among migrant women with female circumcision. *Current Sexual Health Reports*, *10*(1), 18–24.

Johnsdotter, S. (2019). The growing demand in Europe for reconstructive clitoral surgery after female genital cutting: A looping effect of the dominant discourse? *Droit et Cultures*, *79*(1), 141–166.

Johnsdotter, S., & Essén, B. (2010). Genitals and ethnicity: The politics of genital modifications. *Reproductive Health Matters*, *18*(35), 29–37.

Johnsdotter, S., & Johansen, E. B. (2020). Introduction. In S. Johnsdotter (Ed.), *Female genital cutting: The global North and South* (pp. 7–21). Centre for Sexology and Sexuality Studies, Malmö University. https://doi.org/10.24834/isbn.9789178771240

Käkelä, E. (2020). Rethinking female genital cutting: From a culturalist to a structuralist framework for challenging violence against women. In S. Johnsdotter & R. E. B. Johansen (Eds.), *Female genital cutting: The global North and South* (pp. 79–101). Centre for Sexology and Sexuality Studies, Malmo University.

Kenya Law Reports. (2011). Prohibition of female genital mutilation act. *Kenya Law Reports*. http://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/ProhibitionofFemaleGenitalMutilationAct_No32of2011.pdf

Kenyatta, J. (1938). *Facing Mount Kenya: The traditional life of the Gikuyu*. Secker and Warburg.

Kimani, S., et al. (2020). Female genital mutilation/cutting: Emerging factors sustaining medicalization related changes in selected Kenyan communities. *PLoS ONE*, *15*(3). https://doi.org/10.1371/journal.pone.0228410

Kimani, S., & Kabiru, C. (2018). Shifts in female genital mutilation/cutting: Perspectives of families and health care providers. *Population Council*. https://knowledgecommons.popcouncil.org/cgi/viewcontent.cgi?article=1560&context=departments_sbsr-rh

Kimani, S., & Shell-Duncan, B. (2018). Medicalized female genital mutilation/cutting: Contentious practices and persistent debates. *Current Sexual Health Reports*, *10*(1), 25–34.

Lebkom e. V. (2021, August 1). *Lebkom, E.V. Fulda-Mosocho-Projekt: Genitalverstümmelung erfolgreich beenden!* www.fulda-mosocho-project.com/

Leonard, L. (2000). Adopting female 'circumcision' in Southern Chad: The Experience of Myabé. In B. Shell-Duncan & Y. Hernlund (Eds.), *Female "circumcision" in Africa: Culture, controversy, and change* (pp. 167–191). Lynne Rienner.

Mathews, B. (2011). Female genital mutilation: Australian law, policy and practical challenges for doctors. *Medical Journal of Australia*, *194*(3), 139–141. https://doi.org/10.5694/j.1326–5377.2011.tb04197.x

McLean, S., et al. (1980). *Female circumcision, excision and infibulation: The facts and proposals for change*. Minority Rights Group.

MenEngage Alliance. (2021). Kenya – MenEngage Boys and Men for Gender Equality: Africa. https://menengage.org/region/africa/.

Mestre, R. M., & Johnsdotter, S. (2019). Court cases, cultural expertise and "female genital mutilation" in Europe. *Studies in Law Politics and Society*, *78*, 95–113.

Meyer, D. T. (2000). Feminism and women's autonomy: The challenge of female genital cutting. *Metaphilosoph*, *31*(5), 469–491.

Miller, J. (2020, November 17). Intersectional analysis of FGM/C in Victoria, Australia. *Medium*. https://medium.com/@jamesconormiller/intersectional-analysis-of-fgm-c-in-victoria-australia-41ba66398c67

Miller, M., et al. (2005). *Changing a harmful social convention: Female genital mutilation/cutting*. UNICEF Innocenti Research Centre.

Moreau, A., & Shell-Duncan, B. (2020). Tracing change in female genital mutilation/cutting through social networks: An intersectional analysis of the influence of gender, generation, status, and structural inequality.

Muchui, D. (2019, September 6). Five women jailed for three years for undergoing FGM. *Nairobi News*. https://nairobinews.nation.co.ke/life/five-women-jailed-for-three-years-for-undergoing-fgm

Murithi, O. (2019, September 6). Five women jailed for 3 years for getting circumcised. *The Sunday Standard*. www.standardmedia.co.ke/eastern/article/2001341007/five-women-jailed-for-3-years-for-getting-circumcised

Muthumbi, J., et al. (2015). Female genital mutilation: A literature review of the current status of legislation and policies in 27 African countries and Yemen. *African Journal of Reproductive Health*, *19*, 32–40.

Mutua, M. (2001). Victims and saviors: The metaphor of human rights. *Harvard International Law Journal*, *42*, 201–245.

Mwebia, T. (2021). Men End FGM. https://tonymwebia.co.ke/menendfgm/

Mwendwa, P., et al. (2020). Promote locally led initiatives to fight female genital mutilation/cutting (FGM/C). Lessons from anti-FGM/C advocates in rural Kenya. *Reproductive Health*, *17*(30).

Njaaga, D. (2021, June 22). ODPP unveils new measures in fight against FGM. *The Standard*. www.standardmedia.co.ke/national/article/2001416333/new-measures-in-fight-against-fgm

Njambi, W. (2004). Dualisms and female bodies in representations of African female circumcision – a feminist critique. *Feminist Theory*, *5*(3), 281–303.

Nnamuchi, O. (2012). 'Circumcision' or 'mutilation'? Voluntary or forced excision? Extricating the ethical and legal issues in female genital ritual. *Journal of Law and Health*, *25*(1), 83–119. www.law.csuohio.edu/sites/default/files/academics/jlh/nnamuchi_final_version_of_article-1.pdf

Nyansera, B. K. (1995). *Female circumcision: Its persistence among the Abagusii of Kenya*. Kenya Institute of African Studies.

Odukogbe, A. T. A., et al. (2017). Female genital mutilation/cutting in Africa. *Translational Andrology and Urology*, *6*(2), 138–148. www.ncbi.nlm.nih.gov/pmc/articles/PMC5422681/

Quichocho, J. (2018). *Through the Yoruba lens: A postcolonial discourse of female circumcision*. https://digitalcommons.du.edu/etd/1468

Racine, L. (2003). Implementing a postcolonial feminist perspective in nursing research related to non-Western populations. *Nursing Inquiry*, *10*(2), 91–201.

RBAB v The Netherlands, 7211/06 (European Court of Human Rights. June 7, 2016).

Robertson, C. (1996). Grassroots in Kenya: Women, genital mutilation, and collective action, 1920–1990. *Signs*, *21*(3), 615–642. http://www.jstor.org/stable/3175173.

Rubin, G. (1992/1984). Thinking sex: Notes for a radical theory of the politics of sexuality. In C. Vance (Ed.), *Pleasure and danger: Exploring female sexuality* (pp. 267–293). Pandora.

Sanderson, L. (1981). *Against the mutilation of women: The struggle to end unnecessary suffering* (p. 117). Ithaca Publishers.

Savané, M. A. (1978). Why we are against the international campaign. *International Child Welfare Review*, *40*, 38–39.

Scheper-Hughes, N. (1991). Virgin territory: The male discovery of the clitoris. *Medical Anthropology Quarterly*, *5*(1), 25–28. http://www.jstor.org/stable/648958

Shell-Duncan, B. (2001). The medicalization of female "circumcision": Harm reduction or promotion of a dangerous practice? *Social Science and Medicine*, *52*(7), 1013–1028.

Shell-Duncan, B., et al. (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.

Souter, J. (2011). A culture of disbelief or denial? Critiquing the refugee status determination in the UK. *Oxford Monitor of Forced Migration*, *103*, 48–59.

Tamale, S. (2008). The rights to culture and the culture of rights: A critical perspective on women's sexual life in Africa. *Feminist Legal Studies*, *16*, 47–69. https://doi.org/10.1007/s10691-007-9078-6

Thiong'o, N. W. (1965). *The River Between*. Heinemann.

United Nations Children's Fund. (2010). The dynamics of social change: Towards the abandonment of female genital mutilation/cutting in five African countries. *Innocenti Research Centre*. www.unicef-irc.org/publications/pdf/fgm_insight_eng.pdf

United Nations Children's Fund. (2013). *Female genital mutilation/cutting: A statistical overview and exploration of the dynamics of change*. UNICEF.

Van Dijk, T. (1993). Principles of critical discourse analysis. [Electronic version]. *Discourse & Society*, *4*(2), 249–283 (254, 261, 279–280).

Wade, L. (2011). Learning from "female genital mutilation": Lessons from 30 years of academic discourse. *Ethnicities*, *12*(1), 26–49. https://doi.org/10.1177/14687968114196.

Wakabi, W. (2007). Africa battles to make female genital mutilation history. *Lancet*, *369*, 1069–1070. https://doi.org/10.1016/S0140-6736(07)60508-X

Walley, C. J. (1997). Searching for "voices": Feminism, anthropology, and the global debate over female genital operations. *Cultural Anthropology*, *12*(3), 405–438.

WHO. (2008). Eliminating female genital mutilation: An interagency statement. *World Health Organization*. https://apps.who.int/iris/bitstream/handle/10665/43839/9789241596442_eng.pdf;jsessionid=67DAB3E1DC0CACB10D56A02D84CF755C?sequenc=1

Women's Caucus of African Studies Association. (1983). Position paper on clitoridectomy and infibulation. In M. Stanley, et al. (Eds.), *Genital cutting and transnational sisterhood: Disputing U.S. polemics* (pp. 1–4). University of Illinois Press.

World Health Organization. (2000). *World Health Organization fact sheet*. www.canadiancrc.com/circumcision/circumcision_WHO_FGM_fact_sheet_241_JUN00.aspx

World Health Organization. (2010). *Global strategy to stop health-care providers from performing female genital mutilation*. World Health Organization.

World Health Organization & Department of Reproductive Health and Research. (2008). *Eliminating female genital mutilation: An interagency statement – OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO*. WHO Press. http://apps.who.int/iris/bitstream/handle/10665/43839/9789241596442_eng.pdf;jsessionid=C584EFCE383157C48C3F8F8B4E8D5FFC?sequence=1