

Female genital mutilation assignment



**ASSIGN
BUSTER**

Female circumcision is the practice of ceremonially altering the appearance of a young girl or woman's vagina using various types of genital cutting. The extent of circumcision practiced varies by geographical region. The procedures range from minimally invasive (pricking, slicing, or removal of the clitoral hood) to extremely invasive (excision of the entire body of the clitoris and all or most of the protruding genitalia, and nearly complete occlusion of the vaginal opening [infibulation]).

Young girls and their families face a variety of traditional, social, religious, medical, and economic factors which influence the decision to obtain a circumcision. In recent times, controversy over the practice of female circumcision has led to denunciation and its rejection by many cultural groups and legal institutions. It remains, however, commonly practiced in Africa and parts of Asia where it is seen as a rite of passage and/or a religious obligation. In 1989, the General Assembly of the United Nations adopted the Convention on the Rights of the Child. This convention, which was opened for signature, ratification, and accession to all member states, and obtained force in 1990, highlights the obligations that government bodies have to secure certain rights for minor children in their constituency.

The Republic of Kenya ratified the UN Convention on the Rights of the Child in 1990 and, in 2001, adopted their own legislation to fulfill those obligations. While the UN Convention does not expressly denounce female circumcision, the Kenyan Children Act of 2001 directly states in Section 14: Protection from Harmful Cultural Rites, etc: “ No person shall subject a child to female circumcision, early marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child's life, health, social

welfare, dignity or physical or psychological development. ” In the approximately ten years since its adoption, controversy has surrounded the Children Act.

The act prohibits underage girls from obtaining a circumcision, but adult female circumcision is still permitted. Many communities, particularly those in rural areas, continue to practice circumcision on minors, despite or in ignorance of the new law, and penalties for underage circumcision vary widely in enforcement and severity. Interested parties hold a multitude of positions on the topic of female circumcision, including those who support its criminalization and those who oppose it. There are also groups which find the Children Act insufficient or ineffective and propose a variety of alternatives. For the purposes of this case study, you will imagine that, upon its tenth anniversary, the Children Act will come up for reevaluation by the judiciary.

At that time, the judiciary will hear arguments from interested parties which express one of the following opinions: 1. 2. 3. 4. The act, in its current form, is sufficient and should not be altered. The act should be amended. The act should be repealed and replaced. The act should be repealed and not replaced. 2 **ACTIVITY** You have been assigned by your instructor to one of the following interested parties. For the purpose of this case study, you should consider yourself an advocate and representative of the group to which you have been assigned. You should aim to adopt the perspective of that group in order to present its view in its strongest and most persuasive form.

Since this is a role playing activity, it is important to stay in character whether or not you agree with the position you are representing. In order to

best represent your interest group, it may be helpful to browse the materials provided for all parties, not only yours. This will give you the opportunity to prepare yourself for possible objections and counter arguments which may be made during the presentations. Each interest group will prepare a short (5-10 minute) presentation of their particular position. Students are asked to consider how their assigned group would respond to the above piece of legislation, and whether their interest group is likely to support it in its current form, suggest modifications to the bill, or move to dismiss the bill entirely.

Students should make their group's position clear within the context of the presentation. The following are possible interest group positions: 1. 2. 3. 4. The act, in its current form, is sufficient and should not be altered. Give support for this position. The act should be amended. Suggest possible revisions. The act should be repealed and replaced. Suggest other possibilities. The act should be repealed and not replaced. Give support for this position. Please keep in mind that you are not arguing for or against the practice of female circumcision. Rather, you are arguing for or against the Children Act, which bans the performance of circumcision on minors.

Your primary concern is the adequacy and legitimacy of the act, not the practice itself. **ACTIVITY SCHEDULE 1.** Read the background materials provided. 2. Read the materials provided for your interest group. Note: You are not required to read material from all of the different interest groups, only the group to which you have been assigned. 3. Get together with other members from your group to prepare your presentation. Discuss strategies for effectively presenting your groups position and countering questions or

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objections which may be raised by classmates from different interest groups. In preparing your presentation, you should pay attention to the mission or the aim of the interest group you represent.

You should consider the way in which the current version of the Act might promote or thwart the interest group's mission or broader objectives, and how (if possible) it could be improved. 4. After preparing their presentations, all groups will re-assemble. Each group will present its case to the other groups. Members of the audience will have a brief opportunity to pose questions or to raise objections after each presentation. 5. After all presentations have been made, there will be time for students to discuss the activity and share their own personal positions and opinions.

3 INTEREST GROUPS
INTEREST GROUP 1: MAENDELEO YA WANAWAKE ORGANIZATION (MYWO) In Swahili, “ Maendeleo Ya Wanawake” means “ progress/liberation for women. The Maendeleo Ya Wanawake Organization (MYWO), founded in 1952, is a non-profit voluntary women's organization with a mission to improve the quality of life of the rural communities, especially women and youth in Kenya. One of MYWO's principle programs is “ Advocacy Strategy for the Eradication of Female Genital Mutilation in Kenya. ” As a grassroots organization comprised of Kenyan women, MYWO recognizes the cultural significance of female circumcision rites. While MYWO strongly denounces the mutilation of the bodies of any individual, especially young women and children, it aims to eradicate these practices in the most culturally sensitive way possible, in order to prevent loss of tradition or cultural identity.

MYWA has been active in promoting an alternative form of circumcision, often called “ Circumcision Through Words” which eliminates genital cutting

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from the ceremony. These alternatives have had some success. Members of this interest group will argue for the strongest possible measures against female genital mutilation, both for girls and adult women. More information about MYWO can be found at: <http://mywokenya.org/> INTEREST GROUP 2: KENYAN GOVERNMENT REPRESENTATIVES In 2001, the Kenyan government adopted the Children Act, a piece of legislation that condemns the practice of female circumcision on minors. The government has received criticism, however, from anti-FGM activists who feel that the legislation is not strong enough in its punishment of offenders.

Several Kenyan government Cabinet Ministers, including Beth Mugo, the Minister of Health, and Esther Murugi, the Minister of Gender and Children Affairs, have spoken in favor of the Children Act's objectives, but have also urged some reforms. Yet dissent from circumcising constituents, disagreement in the legislative bodies, and general ambivalence toward the practice has, thus far, hindered any further legislation to either strengthen the Children Act, or implement another act to protect adult women (over the age of consent) from potential FGM threats. Members of this group will argue that the Act is an excellent means for eradicating FGM, but only if local enforcement is strengthened, stronger criminal consequences are established, and violations are sought out and prosecuted. More information can be found at: <http://www.gender.go.ke/> and <http://www.statehousekenya.go.e/government/health.htm>

INTEREST GROUP 3: AFRICAN WOMEN ARE FREE TO CHOOSE (AWA-FC) The AWA-FC is a recently (2009) formed organization of African women that supports and respects the rights and dignity of African women, as well as their freedom to choose

whether or not to be circumcised, or circumcise their children. The most popular public statement by AWA-FC has been issued in response to an event in Sierra Leone whereby the Bondo Sodality of Women, an exclusive, circumcising community in Africa, was accused of kidnapping and 4 publically humiliating four Sierra Leonian journalists who were allegedly reporting on the practice of “ female genital mutilation. While the statement briefly addresses this event, the majority of it refers to Western scholarship about female circumcision and provides scholarly support in favor of circumcision rites for males and females. Members of AWA-FC include:

- Fuambai Ahmadu, PhD, is a Sierra Leonean/American scholar who has devoted the past fifteen years to the research and study of the symbolic and cultural meanings of both female and male initiation practices in Africa. Dr. Ahmadu is an associate professor for the Department of Comparative Human Development, at University of Chicago. As an adult, Dr. Ahmadu elected to travel to Africa to be circumcised as a part of her cultural heritage.
- Sunju Ahmadu is a Sierra Leone native and film student. Sia Finoh is the founder and president of Free Education for Africa, Inc. whose purpose is to help rebuild the educational system in African countries that have been devastated by armed conflict. Members of this interest group will argue that prejudices against the practice of female circumcision, accompanied by Western notions of bodily integrity and female sexuality, have seriously harmed African women whose cultural, religious, and feminine identities are inalienably tied to the practice of female circumcision. For more information, see: http://www.thepatrioticvanguard.com/article.php3?id_article=3752 and <http://www.digitaljournal.com/print/article/266940>

INTEREST GROUP 4: INDIVIDUALS OPPOSED TO CRIMINALIZATION Students assigned to this interest party represent a multitude of individuals who are not organized or adequately represented by a single, cohesive institution or organization. For the purposes of this assignment, students will imagine themselves as a free association of diverse individuals including scholars, religious leaders, lobbyists, and private citizens. Whether or not members of this group support female circumcision practices, they realize that the practice is deeply embedded in culture, and eradication has very real personal, physical, socio-political, and religious implications, not all of which may be desirable.

Given the complex nature of the female circumcision question and the sensitivity required to discuss the issue with circumcising communities, members of this group promote alternative rites of passage, and may speak against circumcision; however, they also see criminalization of circumcision as a very dangerous option that has negative consequences for individuals, particularly young girls, as well as families and communities. Members of this group will argue that strict penalties for practicing female circumcision do more harm than good, by instilling fear in communities and requiring circumcisions to be done in secret, an often dangerous option, and particularly one which may cause continued violence, and even death. For more information, see: <http://www.digitaljournal.com/print/article/266940> 5

INTEREST GROUP 1: MAENDELEO YA WANAWAKE ORGANIZATION October 24, 2009 Home Reproductive Health Women & Development Economic Empowerment Education

FGM – Advocacy Strategy For The Eradication Of Female Genital Mutilation In Kenya Maendeleo Ya Wanawake Organization (MYWO) has been

implementing community education to accelerate the elimination of female circumcision as a barrier to women's rights, health and advancement .

Female circumcision has negative consequences on the physical and psychological health of women. MYWO is addressing such gender-based issues that have negative reproductive health consequences. In 1991, MYWO signed an agreement with the Population Crisis Committee (PCC) to carry out the survey on traditional practices that affect the health of the women and their children. MYWO carried out the research in four districts; Kisii, Meru, Narok and Samburu. HIV & AIDS Gender & Governance

The study was specifically designed to: Collect data on three practices; female circumcision, child marriage and nutritional taboos that affect the health of the women and children in Kenya. Establish an information baseline on these traditional practices that affect the health of women in the selected areas. Identify topical areas to follow-up further in focus group (qualitative research) to assist in the design of an educational strategy/intervention.

Provide data that can be used by policy makers in the areas of law, health and education as appropriate. Campaign against FGM FGM – Advocacy For the Eradication of Female Genital Mutilation Girls protesting against FGM Girls protesting against FGM

The study found that 89. 6% of the women in the four districts has undergone various types of circumcision. The operation is usually done on girls aged between 8-13 years but occasionally on older or younger girls. It is usually performed by traditional circumcisor in the village or bush using

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unsterilized instrument like razor blade or traditional knives. This study confirmed that FGM continues widely as it is perceived to be an important aspect of a girl's social, moral and physical development, allowing passage from girlhood to womanhood, bestowing respectability on her and generally permits her to be a fully participating member of the society.

On the basis of these findings MYWO designed a package of suitable IEC interventions for each district. All activities planned for the initial phase of implementation were developed based on the findings of the MYWO research studies and included a variety of innovative community education and mobilization approaches. These include: community debates and discussions; school education; home visits; alternative rituals; modern and traditional media; the use of role models and peer education. The project plan was developed by MYWO together with local branches of MYWO. It was designed to utilize and strengthen the existing MYWO structure as far as possible.

Implementation of the project is carried out by MYWO project staff and volunteers who, with guidance from the headquarters, work with community change agents, schools, other non-governmental organizations (NGOs) and government ministries; such as Health and Education. Each of the four districts has a project coordinator who works closely with the MYWO field worker, MYWO members, volunteers and community groups. A project manager, who coordinates the entire project, and a programme assistant manager are based at the MYWO head office. The project plan includes activities which are implemented at national and district level. At the national level activities include: 6 <http://mywokenya.org/research.html> verall <https://assignbuster.com/female-genital-mutilation-assignment/>

programme planning; networking; recruitment and training of district staff; curriculum and materials development; national awareness raising and advocacy seminars; national media outreach and advocacy; monitoring and supervision. District activities focus on community mobilization and sensitization, such as: the organization of meetings with different social groups and include awareness campaigns in the districts; identification of community change agents; training of peers and volunteers; development of alternative rituals and practices. These activities are undertaken by the district teams with guidance from the national MYWO/FORD Foundation team. The foundation has made financial contributions and technical support to the FGM eradication project as part of its efforts to promote women's health.

Women and girls are the primary target groups and beneficiaries of the project. However, to enhance the effectiveness of the project, there is need to reach other equally influential sub-groups such as opinion leaders, men, youth (both in school and out of school) as well as circumcisors and medical practitioners (both modern and traditional). Target group segmentation is based on the specific situation of each district, including age and focus.

Achievements The programme has expanded to four new districts; Nyambene, Tharaka Nithi, Muranga and Nandi districts. The overall goal of the project is to bring about behaviour change so as to eliminate FGM.

The project has influenced many individuals, families, opinion leaders, organizations and institutions (the church, local administration, schools, the ministries of Health and education, the legal system, parliament, the media and MYWO itself) which all have great importance and influence in the

society and have responded positively and joined in the activities that are being undertaken as illustrated by the following: In each district there are individuals and families who have said no to female circumcision. The foundation for change has been laid. FGM has been debated in parliament. The project has also stimulated debate on the issue from grassroots to national level. The project has also influenced media groups knowledge and perceptions on the issue of FGM and its coverage has increased during the years. Schools have embraced the project positively. Change agents have been able to sensitize other community members in various settings such as home visits, churches and women group meetings.

People are seeking information about FGM as indicated by visits to project offices for information, demands for visits from the unsensitized areas, demand for return visits and enquiries from other countries, researchers and projects. Alternative Rites Of Passage MYWO has found an alternative rite of passage, where girls are put in a class of their own, secluded and thoroughly educated on matters relating to adulthood and maturity. When they are ready, the girls graduate and are considered adults. This solution has worked in the districts that FGM programme covers. This points to the fact that the problem can be tackled if society is thoroughly educated and sensitized on the subject. Once the society as a whole understands and accepts the problem and the benefits of available alternatives, no one will have to go through circumcision or Female Genital Mutilation (FGM).

The solution therefore lies in studying the communities, the roots of the ritual and proposing alternatives. From there thorough education and sensitization of the people can begin. Education and awareness campaigns

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and a patient respect and understanding of the community's customary beliefs are the only key to total eradication of the practice. Rite of passage Girls who have gone through the rite of passage Areas of Operation: Kisii, Nyambene, Samburu, Meru, Tharaka Nithi, Meru South, Narok, Muranga and Nandi districts Maendeleo ya Wanawake Organization Kenya, 2007 7 HOME INTEREST GROUP 1: MAENDELEO YA WANAWAKE ORGANIZATION Africa News Service (Durham)

Kenya: Alternative Rite to Female Circumcision Spreading in Kenya Malik Stan Reaves New York — A growing number of rural Kenyan families are turning to an alternative to the rite of female circumcision for their daughters. The new rite is known as 'Ntanira na Mugambo' or 'Circumcision Through Words'. It uses a week-long program of counseling, capped by community celebration and affirmation, in place of the widely criticized practice also known as female genital mutilation (FGM). Next month, residents of some 13 villages in central Kenya will celebrate the fourth installment of this increasingly popular alternative rite of passage for young females. The first Circumcision Through Words occurred in August 1996, when 30 families in the tiny village of Gatunga, not far from Mount Kenya, ushered their daughters through the new program.

Some 50 families participated in the program in December followed by 70 families this past August. Circumcision Through Words grows out of collaborations between rural families and the Kenyan national women's group, Maendeleo ya Wanawake Organization (MYWO), which is committed to ending FGM in Kenya. It follows years of research and discussion with villagers by MYWO field workers with the close cooperation of the Program <https://assignbuster.com/female-genital-mutilation-assignment/>

for Appropriate Technology in Health (PATH), a nonprofit, nongovernmental, international organization which seeks to improve the health of women and children. Headquartered in Seattle, PATH has served as technical facilitator for MYWO's FGM program, providing the methodologies and other inputs to help carry it forward.

FGM is practiced in about half of the rural districts of Kenya, part of a larger international population of more than 100 million women who are believed to be subject to varying forms of FGM across Africa and parts of western and southern Asia. FGM is generally grouped into three categories: incision, the cutting of the hood of the clitoris; excision, the cutting of the clitoris and all or part of the labia minora; and infibulation, the removal of the clitoris, the adjacent labia (majora and minora), and the sewing of the scraped sides of the vulva across the vagina, except for a small opening. In rural areas, circumcision rites are usually carried out by traditional practitioners using crude instruments and little or no anesthetics. Urban dwellers and the more affluent are more likely to seek out professional health care providers.

While in some cultures the circumcised include infants a few days old, most of the affected girls are between the ages of 4 and 12, according to a statement announcing a UN joint plan of action against FGM. The health consequences of FGM can range from serious to deadly. " Short-term complications include severe pain, shock, hemorrhage, urine retention, ulceration of the genital region and injury to adjacent tissue," according to the UN release. " Hemorrhage and infection can cause death. Long-term complications include cysts and abscesses, keloid scar formation, damage to the urethra resulting in urinary incontinence, dyspareunia (painful sexual

intercourse), sexual dysfunction, urinary tract infection, infertility and childbirth complications. ” Yet female circumcision encompasses more than the practice itself.

It is often a deeply entrenched in the culture, wrapped in a complex shroud of assumptions, taboos, and beliefs that impact a woman’s social status and personal identity. Indeed, it seems the central defining achievement of *Circumcision Through Words* is not that it saves young women from the dangers of FGM but that it captures the cultural significance of female circumcision while doing away with the dangerous practice itself. “ People think of the traditions as themselves,” said Leah Muuya of MYWO. “ They see themselves in their traditions. They see they are being themselves because they have been able to fulfill some of the initiations,” said Muuya in “ Secret and Sacred,” a MYWO-produced videotape, distributed by PATH, which explores the personal dangers and harmful social results of FGM.

The tape explains that female circumcision has traditionally signaled when a young woman is ready for the responsibilities of adulthood. In answer to that, *Circumcision Through Words* brings the young candidates together for a week of seclusion during which they learn traditional teachings about their coming roles as women, parents, and adults in the community, as well as more modern messages about personal health, reproductive issues, hygiene, communications skills, self-esteem, and dealing with peer pressure. The week is capped by a community celebration of song, dancing, and feasting which affirms the girls and their new place in the community. Indeed, after witnessing the community’s response to the first celebration, MYWO Chair

Zipporah Kittony said she was “overjoyed” and believed it was a critical achievement in their efforts to eradicate FGM. The original proponents of the new rite have since incorporated and are seeking support from international donors in order to continue and expand their efforts. Indeed, it was such broad-based cooperation that led to the effort’s creation in the first place. In addition to the initiative of the local population, the development of Circumcision Through Words is rooted in cooperation between the national women’s group and PATH. Under MYWO’s direction, the groups conducted surveys in 1990 and 1991 that examined the dimensions of FGM in four districts of central Kenya.

Funding came from several international donors including the Ford Foundation, the Moriah Fund, Population Action International (PAI)/Wallace Global Fund, Public Welfare Foundation, and Save the Children – Canada. MYWO and PATH have also developed public awareness campaigns that spread information on the harmful effects of female genital mutilation. According to Dr. Asha Mohamud, a PATH Senior Program Officer focusing on FGM, the two organizations agree that information, education, and public discussion are more effective tools against FGM than direct, prohibitive action. That became clear recently after Kenyan President Daniel arap Moi declared his intent to abolish the practice. “It led to a terrific backlash,” she said, including 19 November 1997 8 <http://allafrica.com/stories/printable/200101080370.html> ircumcisions in the middle of the night and a rush to circumcise girls at a younger-than-usual age, in an effort to beat the ban. Accompanying this Kenyan initiative is an international effort to increase global pressure on the issue. In April of this year, the World

Health Organization, UNICEF, and the UN Population Fund announced a joint plan to significantly curb female genital mutilation over the next decade and completely eliminate the practice within three generations. Many governments have outlawed the practice in their own territories, including the United States in September of last year, while they seek strategies to manage the problem. The U. S. Department of Health and Human Services is working through the Centers for

Disease Control and the Immigration and Naturalization Service with a host of non-governmental organizations to develop the means to help thousands of African females at risk within its borders. However, such efforts are complicated by criticism from some within the African community who see such actions as racist and intrusions upon African cultural practices. Efforts like Circumcision Through Words offer a promising approach to resolving this controversial issue, at least within practicing communities, said Dr. Mohamud, since there are many people who would like to end the practice yet are not able to face the social ostracism that would entail.

Yet, despite the continuing successes of Circumcision Through Words, proponents of traditional circumcision are still numerous in these communities. “ You cannot change Culture overnight,” said Peter Kali, District Officer in the Gatunga area of Kenya, during the recent celebration.

Copyright © 1997 Africa News Service. All rights reserved. Distributed by AllAfrica Global Media (allAfrica. com). AllAfrica – All the Time 9 INTEREST GROUP 1: MAENDELEO YA WANAWAKE ORGANIZATION Girls flee circumcision in Kenya At least 300 girls in south-western Kenya have fled from home and

sought refuge in churches in a bid to escape forced female genital mutilation (FGM).

The girls, some as young as nine, are at two rescue centres in rural Nyanza province, police told the BBC. Female circumcision is banned in Kenya, but remains common in some areas where it is considered to be part of a girl's initiation into womanhood. The traditional ceremonies take place between November and December. Security The girls in Kuria District are now in the care of the two churches and Maendeleo Ya Wanawake, a women's organisation. " There are some parents who are against that [FGM practice] but they get pressure from these traditional people " Police commander Paul Wanjama Police are providing security at the centres to ensure that the girls are not forcibly removed or harassed.

Beatrice Robi, Maendeleo Ya Wanawake's district chairperson and a gender activist, says that at least 200 girls are undergoing circumcision in the district a day. She said she had found a seven-year-old girl who had just been circumcised. " There are more girls who are still in their homes and they are undergoing it [circumcision], whether it is voluntarily or they are being forced," she told the BBC. She says her organisation along with the local churches and authorities have been trying to convince the community to stop the practice and rescuing girls from forced circumcision. Paul Wanjama, the commanding officer in Kuria District, says girls in the region usually flee to the rescue centres until the season ends.

He said that in some cases, parents encourage the girls to go to the rescue centres to avoid being circumcised. " There are some parents who are

against that [FGM practice] but they get pressure from these traditional people,” he told the BBC. Legal action Girls who undergo circumcision feel that they are ready for marriage and do not go back to school when the term begins in January leading to a high drop-out rate, Mrs Robi said. 10 <http://newsvote.bbc.co.uk/mpapps/pagetools/print/news.bbc.co.uk/2/hi/africa/7766806.stm?ad=1> She appealed to other girls to seek refuge in the centres until the end of the traditional ceremonies and praised the local police for their support.

Mr Wanjama says some cases of forced circumcision had been reported to the police and legal action has been taken. The FGM operation involves the partial or total removal of the external genital organs. The UN World Health Organization (WHO) says it leads to bleeding, shock, infections and a higher rate of death for new-born babies. In Africa, about three million girls are at risk of FGM each year, according to the UN. Story from BBC NEWS:

<http://news.bbc.co.uk/go/pr/fr/-/2/hi/africa/7766806.stm> Published:

2008/12/05 12: 24: 52 GMT © BBC MMIX 11 INTEREST GROUP 2: KENYAN

GOVERNMENT REPRESENTATIVES KENYA: Female genital mutilation cases rise 12/28/2007 | Equality Now NAIROBI, 21 December 2007] – December is commonly known to be the season when a large number of genital mutilations of girls occur in Kenya. This year the numbers have been significantly higher than usual for a number of reasons: the focus on elections by the media and other institutions, reluctance of male political leaders to speak out against FGM and the negligence of Kenyan authorities to enforce the law. Activists on the ground believe that parents are taking advantage of this situation to mutilate their daughters. Afraid that they may

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be circumcised when they return home during the holidays, hundreds of girls are fleeing to rescue centres from schools.

As a result, the rescue centres have been filled to capacity. International human rights organisation Equality Now condemns the sudden surge in mass mutilations and the failure of authorities to enforce the law and protect girls from the cutting. Partners of Equality Now's Fund for Grassroots Activism to End FGM (FGM Fund) who are working in and around Marakwet district in Kenya have been overwhelmed with the cases they have received and have information that more girls are scheduled to be mutilated next week. A significant problem faced by activists is transportation and their inability to reach the villages where the FGM is expected to occur.

Elaborating on the political situation and isolation faced by activists in Marakwet, Hellen Toroitich from Marakwet Girls and Women Project says, "The provincial administration is not saying anything and we have been left alone. The male political aspirants are not in a position to help for fear of losing votes." Although Kenya passed a law prohibiting FGM in 2001, Kenyan authorities have been slow to implement the law. According to Ken Wafula from Center for Human Rights and Democracy, "There is a need to train chiefs and their assistants and equip them with relevant legal knowledge and materials like the Children Act, which they don't have." According to a 1996 study from WHO, the prevalence rate of FGM in Kenya is 50 per cent.

While the practice seems to be decreasing in urban areas it continues to be a common occurrence in rural areas. Jessica Neuwirth, President of Equality Now, said, "Authorities in Marakwet must take strong and immediate action

against perpetrators and would-be perpetrators. They need to send parents and circumcisers a loud and clear message that such blatant disregard for the law will not be tolerated. Legal action is needed to ensure that those who have cut the girls are held accountable while those girls who have not yet been cut are effectively protected. ” fundamental human rights allyear is external day – are to have suffering the At least two million girls every violation. harmful genitalia of at risk of women.

More than million girls and women around the 6, 000 are traditional girls and undergone FGM, cutting and/or information of part or (FGM) the world each estimated practice that entails FGM. a 130 of Further genital Female

removal mutilation 12 INTEREST GROUP 2: KENYAN GOVERNMENT

REPRESENTATIVES Capital News Alarm over FGM cases in private clinics BY

CATHERINE KARONG'O Update 96 days and 12 hours and 2 minutes ago

NAIROBI, Kenya Jul 20 – The government has raised concern over the rise in

Female Genital Mutilation (FGM) being done in hospitals. The Head of Family

Health at the Ministry of Public health Dr Josephine Kibaru said on Monday

that the practise was especially taking place in private clinics but also

involved some government health facilities. In some places parents are

arranging with health workers to go to their homes and do it there so that

they don't go to the hospitals or anywhere where people will notice. So this

health worker is like a consultant in the home,” Dr Kibaru said. “ This is

worse because it is making it look like it is a good thing and we are saying it

is even worse than the quacks doing it out there,” she added. The 1998

Kenya Demographic Health Survey (KDHS) showed that 50 percent of all

female genital cuts in Kisii and Nyamira districts which are notorious for the

practise were done by trained doctors, nurses or midwives. Thirty nine percent were conducted by a traditional circumciser and 11 percent by a traditional midwife.

There are now fears that the figures could be much higher and the government is in the process of conducting another demographic survey. Marakwet East MP Linah Jebii Kilimo said there was need to entrench FGM in the constitution to criminalise it and make it a human rights issue. “ The Children’s Act protects only up to the age of 18 then what happens after that? ” the MP posed. “ We have had cases where women are circumcised when they are giving birth and there are some communities where if you die before being circumcised, they will cut you when you are dead. It’s as though it’s a crime not to be cut,” she said. Mrs Kilimo pointed out that educational campaigns had been left to Civil Society organisations <http://www.capitalfm.co.ke/news/newsPrint.php?newsID=5195> hich did not have the capacity to conduct continuous awareness. “ When NGOs go (to create awareness) its one day or a week. They hold community meetings then leave. We need somebody to live amongst these communities and tell them about the effects of Female Genital Mutilation,” she said. “ The government has not done much because you don’t find government officers talking about it,” she added. UNICEF Regional Advisor – Child Protection, Margie De Monchy said continued practise of FGM was a continuous violation of the rights of a child. She observed that it had fatal consequences often causing deaths of the first babies born of women who had gone through the cut. Studies by the World Health Organisation in 2006 on FGM confirm that women who have been subjected to the practise are significantly more likely

to experience difficulties during child birth that can even lead to death,” she said. Ms Monchy noted that this impeded on efforts to reduce maternal mortality. A World Health Organisation (WHO) representative Dr Joyce Laboso said the 2004 KDHS showed that 32 percent of women and young girls in Kenya still underwent FGM. “ Medicalisation of FGM makes it look like it’s an acceptable practise and we cannot allow it,” she said. 2009 Capital News. Capital Group Limited. All Rights Reserved. 14 INTEREST GROUP 2: KENYAN GOVERNMENT REPRESENTATIVES Capital News Minister wants tougher anti FGM action BY BERNARD MOMANYI

NAIROBI, September 8 – The war on Female Genital Mutilation and Cut (FGM/C) will not be won in Kenya unless the law is amended to impose stiffer penalties for offenders, a Cabinet Minister said Monday. Gender and Children Affairs Minister Esther Murugi said there was urgent need to amend the Children’s Act and impose life imprisonment for offenders, including parents, relatives, and husbands. Medical practitioners and traditional healers would also find themselves on the receiving end in the proposed amendment. The Minister said the law had become the greatest impediment to the fight against FGM/C, arguing that it was ‘ too lenient’ on offenders. “ May be we need to jail a few offenders for life to send a strong message,” she said at a forum on anti-FGM/C in Nairobi.

Murugi tabled what she termed as ‘ shocking statistics’ of a government study that was funded by the United Nations Population Fund (UNFPA) and Population Council on the prevalence rate amongst communities practicing the act in Kenya. In the latest statistics, the Abagusii, Kuria, Maasai and Somalis are rated at 90 percent followed by Taita and Taveta at 62 percent.

The Kalenjin are rated at 48 percent, Embu (44) while Meru was 42 percent. The 2007 report further indicated that some ethnic communities did not practice FGM/C, notably the Luo, Luhya, Turkana and Teso which recorded a prevalence of one percent each. “ In Central Province, we used to think there was no more circumcision, but the rate has now gone up to 27 percent,” she said. “ This is alarming, and we need an urgent solution to put this to a halt because our girls are being forced to undergo the cut. ” 15

Murugi said her ministry was putting up a spirited campaign in the affected areas to sensitise people on the effects of the practice. She also accused the police of frustrating the war against FGM/C ‘ because they do not respond in time to arrest offenders’. “ We have had situations where the police are called to rescue a girl undergoing the act and they say it is a domestic matter that do not need their attention. This is one of the frustrations my officers undergo at the ministry,” she said, citing a recent incident in Narok. She added: “ And that is why we need the law to be amended to make this act a serious criminal offence. ” Murugi said she would be taking up the issue with women who appear to support FGM/C with the influence of their husbands. That is why I am telling women to stop doing things for the sake of doing things. They should look at the effects. It is time they realised that the FGM/C does not add any value to their lives,” she said. A participant invited to speak at the forum caused laughter when she said ‘ it was a criminal offence to pluck out that which was created by God. ‘ FGM/C is seen internationally as a violation of many women’s and children’s rights, such as health, to be free from gender discrimination, to life and to freedom from torture including the inherent dignity of a person. It is practiced as a right of

passage amongst girls aged between 12 and 17 years in many ethnic communities in Kenya.

Section 14 of the Children’s ACT outlaws FGM/C, stating that; ‘ no person shall subject a child to female circumcision, early marriage or other cultural rites, customs, or traditional practices that are likely to negatively affect children’s life, health, social welfare, dignity or physical or psychological development. ‘ This law has limitations in that it protects girls only up to the age of 17 years and does not protect women from being forcefully circumcised. “ By placing FGM/C within the Children’s Act, it is seen as a children’s issue rather than being of wider significance and therefore carries little weight,” Murugi protested. The UNFPA-funded report also faults the Kenyan law for the increased prevalence in the country. “ It is not a stand-alone law and the absence of FGM/C legislation in the Sexual Offences Act is a lost opportunity as it may be more effectively implemented within this framework,” it states. 2009 Capital News. Capital Group Limited. All Rights Reserved. 16 INTEREST GROUP 2: KENYAN GOVERNMENT REPRESENTATIVES FGM: Girls urged to sue their parents BY CORRESPONDENT NYERI, August 13 – Girls who have been forced to undergo Female Genital Mutilation (FGM) and early marriage should sue their parents for compensation, according to a magistrate in Nanyuki. Hannah Ndung’u, Nanyuki’s acting senior principal magistrate, urged minors on Tuesday to make applications so that they can receive compensation from their parents.

Speaking during an alternative rite of passage event at the Al’Jijo primary school in Laikipia North district, Ndung’u expressed hope that penalties to be imposed against rogue parents would help eradicate the retrogressive

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practices. But the lawsuits, she observed, should be filed before the girls attain 18 years of age. Ndung'u noted that the penal code illegalises any violation of children's rights, especially where their bodies would be harmed. Ndung'u said that a defence of child's consent cannot be taken by the courts, since the Children's Act considers children to be psychologically unable to make any decisive move on their future lives, particularly where their rights would be violated. The magistrate said that the courts are ready to assist offended children, through awarding them compensations that would rebuild their dreams in life.

Every year, said the coordinator of Yiaku (minority community) Peoples Association (YPA) Jennifer Koinante, hundreds of girls are withdrawn from schools and married off after being cut. Kointante said the retrogressive practice had rendered local women illiterate, since they do not go past primary school level. Koinante, whose Association organised the event that saw 56 girls graduate through the alternative rite, said the training would now be reflected towards parents and boys, who remain a threat to the development of girls. Parents, she said, force their daughters to take part the cut, while morans target the girls for sex after they are circumcised. 17

INTEREST GROUP 2: KENYAN GOVERNMENT REPRESENTATIVES HOME Kenya: Murugi Proposes Life Term for FGM Culprits Fred Mukinda 8 September 2008

Nairobi — People who practise female circumcision should be jailed for life, a Cabinet minister has proposed. The practice, according to Gender and Children Affairs minister Esther Murugi, was entrenched in all but four communities in Kenya and the prevalence was alarming. Ms Murugi said previous attempts by the Government as well as local and international

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organisations bore little success, going by the number of incidents reported. “ Past interventions have been a drop in the ocean, going by the statistics. FGM must be seen as a violation of human rights,” said the minister. The highest figures were recorded among the Somali, Kisii, Kuria and Maasai communities.

The prevalence rate in these communities averages 90 per cent . Others were Taita Taveta (62 per cent), Kalenjin (48 per cent), Embu (44 per cent) and Meru (42 per cent.) The rate was lesser among the Kikuyu with 34 per cent and Kamba at 37 per cent. The Luo, Luhya, Turkana and Teso communities do not practise FGM, according to the statistics. The minister was launching the National FGM Coordinating Committee, a body empowered to provide a common guide for all those involved in the fight against the practice. She said the Government still supported other methods aimed at ending deep-rooted traditional beliefs that encouraged female circumcision.

The State and non-governmental organisations would continue campaigns to inform the public about the negative effects of the female cut, Ms Murugi said. Legal measures The Sexual Offences Act, the Children’s Act, the National Commission on Gender and Development Act, the Affirmative Action Bill and the Domestic Violence Bill are some of legal measures aimed at curbing the vice. Alternative rites of passage have also been organised for girls and traditional circumcisers educated on alternative means of earning income. “ But we’ve noted a trend whereby parents are taking their daughters to be circumcised secretly in hospitals, thus frustrating our efforts,” said Ms Murugi.

Monday's launch at a city hotel was attended by, among others, representatives of the United Nations Population Fund. Copyright © 2008 The Nation. All rights reserved. Distributed by AllAfrica Global Media (allAfrica.com). 18 INTEREST GROUP : Statement by African Women Are Free to Choose (AWA-FC), Washington DC, USA February 20, 2009 Statement by African Women Are Free to Choose (AWAFC), Washington DC, USA It is with great concern that we, members of the newly formed African Women Are Free to Choose We are concerned about recent accusations Bondo sodality of women . Though we do not violence or intimidation we are also deeply affected by the inflammatory impact Female Genital Mutilation (FGM).

We declare categorically that this language and an assault against our identities as women, our prerogatives to womanhood including determining for ourselves what bodily ethnic groups that practice female and male initiation our societies. We declare that thus far the representation of female circumcision (FC) – its social and in terms of gender and female sexuality and impact, if any, on reproductive well being has been over the last thirty years dominated by a small but with the enormous backing, if not outright instigation of powerful personalities. Through aggressive use of the media to portray African women as passive victims of barbaric, patriarchal African societies, their efforts have succeeded in objectivity of such institutions as WHO and UNICEF, among other taken the lead role in promulgating anti-FGM policies and Through political pressure from first world countries on whose aid they continue to depend countries have introduced anti-FGM of the majority of affected Thus far, the negative medical or health claims about various forms of FC have been disputed 19 as grossly exaggerated by several

independent medical researchers and practitioners. The claims that various forms of FC reduce or eliminate sexual desire and feeling in women have also been disproven as FC was designed by men to control women's sexuality is a western feminist myth African gender models of male and female complementarity and of our own creativity, power and agency as adult women in the social world.

The assertion that FC violates the rights of children falters in the face of male circumcision (MC) to protect against HIV infection in Southern African women also have some of the lowest rates of HIV infection. We remind the world that all that is being said today about FC – barbaric, dangerous, reduces sexual pleasure, parochial – has also been said about male circumcision by its detractors, usually and conveniently, by those who are themselves uncircumcised. With the zealous support of some cultural insiders, who openly resist global eradication policies and continue to define and celebrate FC as not ended and is even desired and being repackaged as "vaginas" by affluent segments of the very population of Africa. We recognize the legitimacy of claims of the minority of circumcised African women who view in a negative light. Like the minority of circumcised men who have organized to emphasize their experiences of unnecessary pain and We have no problem with these women organizing to seek change or even their own bodies as mutilated.

However, these women must take their case to the bulk of others who are circumcised and convince them of their worldview through peaceful, democratic and lawful means. If, where and whenever they fail to convince the majority, the minority must respect the choices and freedom of the bulk of practitioners to positively define their own experiences and bodies. This is

a key cornerstone of any modern liberal, democratic and plural society.

While we respect and do not support the coercion of the minority to uphold a tradition they find offensive, we certainly will not allow the minority to impose their will and worldview on the majority of women who are circumcised and their prerogatives as parents to make this decision for their children, both male and female.

The minority of uncircumcised women have the freedom to remain uncircumcised if they so wish (and many do request circumcision); already circumcised who wish to abandon the practice, we advocate for and stand with overnment their rights to not circumcise their own children. rue, non-coercive abandonment. 20 tern education and modernization can replace our ancestral rites western educate As we honor our communal female spirit, let us seek ways to (re)educate our critics and to correct their misunderstandings and biases about female sexuality attempts to allow the vilification of our own practices while our critics overlook or turn a blind eye to their own. Let us be united as African women to stand against any attempt to deny us our cultural rites and rights as adults equal to any other adult in the world whatever their religion, race, and country of origin.

You can contact us and we will be happy to advise on culturally sensitive approaches. We can also provide you with lists of independent (i. e. non-activist) researchers and experts who are prepared to address any issues you have concerning FC as it pertains to health, human rights, cultural meanings and so on. We support the free flow of information so that women can be informed on both sides To the Inter -African Committee (IAC) that has declared February 6 Zero-Tolerance to FGM Day, we do not know you, you

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have not made yourselves known to us, we have not elected you, you do not represent us and your organization has no legitimacy in the eyes of the masses of grassroots women across the sub-Saharan African belt. initiation practices and we will challenge whatever global international official status to decide what happens to our bodies over against our knowledge and We ask that you not ignore the blatant racism which underlies the zealotry of western feminists in abolishing FC but not MC, in marking African women's bodies and sexuality as mutilated, while remaining quiet on other forms of women's bodily and even similar genital surgeries. Their agenda is not really about our bodies, circumcised or not; it is about justifying theirs In that Victorian era, when white European women were defined as sexually repressed they projected their fears (in complicity with their husbands) onto African women who were viewed as sexually licentious and immoral.

Today, to the extent that the descendants of these women view themselves as sexually liberated (calling attention to their external clitoris as the phallic symbol of theirs and so all women's liberation and autonomy) they project their fears of past repression onto circumcised African women, who given their deliberate excision of the external clitoris, are conveniently marked as sexually repressed and passive. As circumcised women are already defined by white women and in comparison with them as mutilated, no one has bothered to ask what it is that circumcision symbolizes to African women. This would require a great leap of faith that Africans, not the least African women, have constructed, defined and continue to reproduce a meaningful social world, worthy existence and defense, outside of dominant European socio-cultural and religious Whatever case, my sisters, while we will not

interfere with your rights to promulgate the superiority of western gender norms, cultural and aesthetic women the world over, we will not allow you 21

We cannot end without acknowledging the sincere efforts of those circumcised and uncircumcised women, insiders and outsiders, activists, scholars, medical researchers and so on who believe in the equality of individuals and cultures and have tempered their individual beliefs with a commitment to evidence-based interventions and research that do not prejudice or stigmatize individuals, entire groups and cultures. We will, however, insist on the rights of African women to continue their traditions if they so choose and will challenge and protest any unjust laws and policies that unfairly discriminate against them. We will step up to organize and sensitize affected girls and women to the full range of their human rights and not just the ones anti-FGM activists choose to share with them. Believe that open and honest woman to woman dialogue and collaboration with policies and interventions that protect the rights of minorities to dissent and majority to rule as well as the dignity of the individual to choose what happens to her (or his) own body.

This is not a subversive idea or a radical one, it is the principle of pro-choice and respect for privacy applied to African women; it is the same principle that supports genital and bodily piercings, though others may see this as mutilating and repulsive; it is the same principle that invokes sympathy for gender confused individuals and supports their right to radical surgery to change their genitalia and gender. As for those girls too young to give consent, we must accord to their parents the same rights we accord to the

parents of boys in neonatal male circumcision and not discriminate on the basis of gender, religion, ethnicity or country of origin.

We will work with willing stakeholders on all sides to determine appropriate ages of consent in varying socio-cultural contexts depending on how majority is determined for decision-making in other important life-crises or stages of development. None of this will be easy and western feminist opposition seems daunting, but from today we, African feminists, educated and illiterate, professionals and rural rice farmers, Christian, Muslim and followers of traditional religion, take the important step to begin speaking up for ourselves in local, national and international contexts in support of our global rights. Contact Persons: Fuambai Ahmadu, PhD cell (202)904 -0023; email: com Sunju Ahmadu cell (202) 446-7280; email: com Sia Finoh (301) 213-5639; email:com
Photo: Fuambai Ahmadu. 22

INTERST GROUP 4: INDIVIDUALS OPPOSED TO CRIMINALIZATION RESOURCE

1: EXCERPTS FROM Female Circumcision: The Interplay of Religion, Culture and Gender In Kenya BY MARY WANGILA In Kaptumo, Kenya (2003), “ Leah Yatich, a class seven pupil of Kaptumo primary school, died at the hand of a traditional circumciser... The girl died from excessive bleeding... Leah’s parents could not take her to Kapsabet hospital because they risked arrest, since female circumcision was pronounced illegal in Kenya. ” Nifa Chepkoech, the village circumciser, “ was killed by people who stormed her home. She had become notorious for killing young girls during circumcision” (p. 1).

Wangila recalls reading several news reports similar to the following published by Daily Nation, a Kenyan newspaper, “ A 13-year-old girl who was admitted to hospital after being circumcised died yesterday. The girl was taken to Tenwek mission hospital last week when she bled profusely after the operation. She was said to have been diabetic and was one of the six girls who underwent the rite secretly at Kamundugi village in Singiroi Division, Bomet District. ” Furthermore, young girls and women have reported to have secretly circumcised themselves or each other in defiance of the laws against female genital mutilation. Wangila writes, “ Abandoning this practice was and is still equated with Europeanization and deculturation. This has led most Kenyans who claim to be patriotic to embrace this practice.

Both the tension and the complexity of this issue are clearly articulated by Lynn Thomas, who explains that some girls ran to the bush and circumcised one another in defiance of the government’s ban of the practice and of their own parents, who feared breaking the law” (p. 32). 23 INTERST GROUP 4: INDIVIDUALS OPPOSED TO CRIMINALIZATION RESOURCE 2: BY: PUBLISHED: ACCESSED FROM: ACCESSED ON: KENYA SHOCK AT MUTILATION DEATH BBC News June 23, 2006 <http://news.bbc.co.uk/2/hi/africa/5109094.stm> August 13, 2009 Kenyan villagers have been shocked by the death of girl who bled to death after trying to perform female genital mutilation (FGM) on herself. Pamela Kathambi did the procedure on her own because she was being teased by her friends for not being circumcised in the remote village of Irindi. Her mother told the BBC that she had refused to allow her 15-year-old to undergo female circumcision last year.

FGM is banned in Kenya, but remains common in some areas. In some communities it is believed that circumcision will maintain a girl's honour and is part of a girl's initiation into womanhood. Julia Kanuu said she found her daughter lying in her bed on Sunday, complaining of a stomachache and she had asked for some tea. It was only after the tea had been made that Pamela admitted what she had done to herself. " She used to be called names by her age mates and friends – ' mukenye' – the name given to uncircumcised ladies," Mrs Kanuu said. " I realized that girls who are not circumcised have gone ahead with education and are doing well in life so I didn't want her to be circumcised. The BBC's Wanyama Chebusiri says scores of villagers were milling around the family's homestead discussing the issue in low tones a day after her burial on Wednesday. " Pamela's death is a loss to the village because she was a very hard-working lady who would have studied and become someone in the future," one woman said. A local chief in Meru district, central Kenya, said this was the first instance of self circumcision he had heard about and the government had stepped up its anti-FGM campaign. 24 INTERST GROUP 4: INDIVIDUALS OPPOSED TO CRIMINALIZATION RESOURCE 3: BY: PUBLISHED: ACCESSED: ACCESSED ON: FEMALE GENITAL CUTTING AMONG THE SOMALI OF KENYA AND MANAGEMENT OF ITS COMPLICATIONS Guyo W.

Jaldesa, Ian Askew, Carolyne Njue, Monica Wanjiru Funded by USAID

February 2005 [http://www. popcouncil.](http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/Kenya_Somali.pdf)

[org/pdfs/frontiers/FR_FinalReports/Kenya_Somali. pdf](http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/Kenya_Somali.pdf) August 13, 2009 There appears to be an increasing interest among the Somali community [of Kenya] for medical staff to perform FGC, especially in Nairobi. Among the

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health workers, three of the 18 interviewed in North Eastern and 15 of the 26 from Nairobi reported having been approached to perform FGC, and most of them claimed to have been approached more than once. Awareness of the health complications is the main reason. This has been facilitated among those living in Nairobi through exposure to media messages and interactions with other cultures.

When the health providers were asked what they would do if they were requested to perform FGC, 12 out of the 18 in North Eastern and nine out of the 26 in Nairobi said that they would counsel the parents against it.

However, three in North Eastern and five in Nairobi said that they would carry out the procedure or would refer the parents to a known practitioner.

The remainder said they would either turn down the request or report the parents to the authorities. Almost all of the health workers who reported having cut girls said that they used antibiotics and anti-tetanus injections and that the girls went home immediately after the procedure. The families paid about Kshs 500 (US\$ 6. 50).

The service providers insisted, however, that they were not doing it for the money but to provide a safer service and to prevent medical complications. There did not seem to be any significant difference in the way the community regarded girls cut by health staff and those cut by the traditional circumciser. This reinforces the observation that FGC is not a rite of passage requiring socially endorsed behaviors, including the use of traditional practitioners. What is important is that the girl is cut prior to puberty – by whom, how, and where are not as important. Training of traditional birth attendants (TBA) to perform safe motherhood functions, both by NGOs and <https://assignbuster.com/female-genital-mutilation-assignment/>

health ministry staff, seems to have contributed to increasing their role in medicalizing FGC in the Somali community.

According to most health workers, even if they themselves refuse to perform FGC, the practice will continue through the TBAs, who are often the traditional practitioners as well. A TBA from Mandera said, " I was trained in 1979, I have certificate for TBA. ... I saw it that there were trained health workers and TBAs who could use local anaesthesia, repair the tears and I was one of them. People liked my work and I saw myself assisting people. As time went by I used this practice to supplement my income and it has remained so since then. " (FGC practitioner, Mandera) When the traditional practitioners were asked where they got their medical supplies from, those 25 in Nairobi said that they bought them from the local chemist with no difficulty. These supplies include lignocaine for local anesthesia, scissors, and antibiotics for infection prevention. " Blades, scissors, everything that is used in the local hospital we buy in the chemist. Local anaesthesia for stopping bleeding, ampicillin if girl gets infection. " (Traditional practitioner, Nairobi) They also said that they had learned how to give injections, and one practitioner from Nairobi reported learning how to use chromic catgut for stitching girls from her training as a TBA. She also used surgical spirits for cleansing the site, a substance not usually used to clean the genitalia.

Given that FGC is recognized as a violation of several internationally recognized human rights, was recently criminalized in Kenya, and that medical hospitals have a policy forbidding its staff from performing FGC, this study sought to document the Somali community's perceptions of women's

and children's rights in relation to FGC. Some religious leaders interviewed...
did not regard infibulation, or any form of FGC, to be