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Tracing the roots and routes
of FGM discourses:
A nodal ethnography of the anti-
FGM domain

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Thesis Abstract

This thesis traces the historical origins of arguments and advocacy against what many activists now call ‘female genital mutilation/cutting’ (FGM/C). It provides an ethnographic analysis of the means by which these arguments against ‘FGM/C’ were spread, received, experienced and reworked by actors located at unique conjunctures of social hierarchies, political situations, and cultural histories. Building on postcolonial feminist critiques of the double standards and colonial legacies in the contemporary anti-FGM/C campaign, my thesis examines the politics of knowledge production within what I call the global anti-FGM domain. Drawing on ‘traveling theory’ (Said 1983), I go beyond questions of *what* has been omitted and with what consequences, to explore *how* it has been omitted and what can be learned from including it (Bhambra 2020).

My fieldwork took the form of a ‘nodal ethnography’ (Hodgson 2011a, 18) of the transnational anti-FGM/C domain and involved archival research and participant observation among NGOs, at conferences and workshops, and among a Maasai community in rural Kenya. I took Kenya as my starting point because the country has historically been and remains today the stage for anti-FGM efforts and contestations over such efforts. My findings complicate the notion that the anti-FGM campaign embodies the imposition of ‘Western’ values onto African communities. Beyond continuities between colonial and contemporary efforts to end female genital surgeries, my findings show the transformations in the anti-FGM campaign throughout the last century, and in particular how historically-specific social hierarchies and prevailing political and epistemological contexts shaped different expressions of the anti-FGM discourse. The latest discursive change in the anti-FGM campaign emphasises the need for ‘cultural sensitivity’ and ‘community-led’ change and, in doing so, hides ongoing power hierarchies in who gets to define ‘FGM/C’. I argue that it is the dynamic adaptability of the anti-FGM campaign that allows for continuity despite resistance and critiques.

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This journey would not have been possible if not for my family and partner; it is to them that I dedicate this milestone.

Glossary

Swahili

askari	police officer, soldier
dini	religion
hoteli	hotel, inn, restaurant
kimaasai	Maasai-style (adjective)
kimila	traditional (adjective)
kisasa	modern, recent (adjective)
mila	tradition
mzungu	European, white person
pole pole	slowly
pwani	beach, coast
serikali	government
shemeji	sister-in-law
sheria	law
shuka	bed sheet, loin cloth; often used to refer to the striped and checkered fabrics used by Maasai to wrap around their bodies
ugali	stiff porridge made of maize flour
ukeketaji	circumcision, cutting
utamaduni	culture

Maa

emurata	circumcision
enaikuti	meat eaten by the women during a female circumcision ceremony
Eng'ai	God, Maasai deity
endito (pl. intoyie)	young, uncircumcised girl
enkerai (pl. inkera)	child
emanyata	settlement, usually for ceremonies; colloquially used to refer to ceremonies
emonyorit (pl. imonyor)	chain
enanka pus	blue shuka
esiangiki (pl. isiangikin)	young, circumcised woman
esipolioi (pl. isipolio)	person in liminal phase after circumcision
Eunoto	ritual that marks the transition from <i>ilmurran</i> (warriors) to junior elders
koko (pl. nokoko)	grandmother
olayioni (pl. ilayiok)	young, uncircumcised boy
olkuak	tradition
olaigwenani (pl. ilaigwenak)	Maasai cultural leader
ormurrani (pl. ilmurran)	Maasai warrior
yeyo (pl. noyeyo)	mother
olker kiteng	ram slaughtered for ceremonial occasions (instead of ox)
oreteti	fig tree sacred to Maasai

Acronyms

ANT	Actor-Network Theory
ARP	Alternative Rite of Passage
CBO	Community-based organisation
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CEP	Community Empowerment Program
DfID	Department for International Development
DHS	Demographic and Health Surveys
ECWD	Education Centre for Women in Democracy
FGC	Female Genital Cutting
FGM	Female Genital Mutilation
FGM/C	Female Genital Mutilation/Cutting
KSW	Knowledge Sharing Workshop
LRP	Loita Rite of Passage
MICS	Multiple Indicator Cluster Surveys
NGO	Nongovernmental organisation
S.A.F.E.	Sponsored Arts For Education
SAP	Structural Adjustment Programmes
SDG	Sustainable Development Goal
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Prologue

Loita, August 2018: We were seated on the cow skin bed in Nasieku's¹ house, the ceiling too low for an adult to stand upright, the only light coming from the chinks in the roof made out of branches and cow dung. Nasieku, a woman in her late 20s, was busy mixing water, milk, sugar and tea leaves above the crackling fire in the middle of her house. Behind Nasieku, on a low wooden stool, sat her mother and, next to me on the cow skin bed, her grandmother. With a thin branch in her right hand, Nasieku's daughter – a toddler still wonky on her chubby legs – tried to chase away chicks pecking on a dried corncob.

Over a steaming cup of sweet chai, Nasieku's mother told me about the circumcision ceremony that turns Maasai girls and boys into women and men. The three generations of women – all circumcised – shared memories of their circumcision ceremonies; the excitement they had felt in the days running up to their circumcision, the bravery they had shown during the procedure, and the animals and other gifts they had received to celebrate their initiation and reward their courage. Despite the pain of the surgery, the three women only held positive memories of their circumcision. Nasieku's mother recalled how proud she had felt to become a woman that day, and how differently she had been treated from that day onwards. 'As a little girl, you are bullied and people tell you what to do,' she said, 'but as a circumcised woman people respect you.' Smiling mischievously, Nasieku's grandmother added that circumcision makes you feel soft, smooth, and clean down there. She put her hand on my knee, looked me straight in the eye, and said: 'Don't listen to what people in Nairobi tell you about female circumcision. It is not bad, it does not kill us. It is good, we like it, it is our culture.'

Nairobi, February 2018: Elisa handed me a saucer with boiled sweet potato, a sausage, and a beef samosa. We used the short coffee break during Kenya's first national conference on ending female genital mutilation (FGM) to catch up on life and work events that had occurred since we met each other half a year earlier at a workshop on FGM in Arusha, Tanzania. At that workshop, Elisa had told me about female circumcision in her community and how she, as a 14-year-old girl, had caused a stir in her family by refusing to be circumcised. Her teacher had told her that female circumcision is, in fact, the mutilation of women's bodies and a human

¹ All names are pseudonyms, except for the names of public figures, like politicians and CEOs of NGOs.

rights violation. Elisa had decided that she would not undergo the cut upon witnessing her circumcised age-mates dropping out of school and marrying men twice their age.

Elisa introduced me to two of her friends and age-mates who, like her, attended the national conference as delegates of national NGOs working to end FGM in Kenya. When I asked them why they had become activists on the matter of FGM, Maria responded by telling me her own experience with female genital mutilation. I could tell from Maria's smart wine-coloured dress covered in shimmering beads and her matching beaded head jewel that she was a Maasai woman of a certain social standing. She started her story by telling me that her parents were illiterate and that she grew up as the oldest daughter of her father's third wife in a remote village in Kajiado County. 'I accepted to be mutilated because I didn't know any better,' Maria told me, 'and it was the most traumatising day of my life.' She told me in detail about the rusty blade in the shaking hands of the old circumciser, the ululating of the women that drew out her screams, the puddle of blood she found herself in, the agony she felt when trying to urinate after the cut, and the lonely days she spent – in pain and all by herself – recovering in the dark house of her mother. 'That is why I do this work so that no girl has to go through the pain I have gone through. FGM is torture, and it must stop.'

Seleyian, who had been listening to Maria's story, responded that her experience had been different. As a Maasai woman, her circumcision had followed the same procedure as Maria's, yet she had not experienced it as traumatic. 'The pain was awful,' she said to us, 'but I felt proud that I had been courageous, and I was excited about the gifts my father gave me.' It was only later in life, when she had come to Nairobi to study, that she had started opposing female circumcision which, at that point, she had started calling female genital mutilation. 'My community had lied to me,' Seleyian explained, 'they had told me that circumcision is done for girls to become women. In Nairobi, I started learning about feminism and then I understood that this thing I used to call circumcision is sexual mutilation. It is not a culture; it is the patriarchy's way of oppressing women.'

Nairobi October 2017: Lasoi emailed me in the spring of 2017, introducing herself as a Maasai woman, University College London (UCL) alumna, and potential PhD prospect at one of the University of London schools. She had come across my profile page on the SOAS website and, as a Kenyan who wrote her master's thesis on female genital mutilation, she thought it would make sense to connect and share findings – and so we did. When, in October 2017, I arrived at Nairobi to do my fieldwork, Lasoi and I agreed to meet in an Eritrean coffee bar in an upmarket neighbourhood of Nairobi.

Carrying a designer bag by the famous Kenyan painter Michael Soi under her arm, a Maasai *shuka*² fashionably draped around her shoulders, her long braids decorated with hair jewellery, Lasoi looked thoroughly cosmopolitan. We had barely introduced ourselves when Lasoi slammed a picture of a young, bare-chested Maasai woman on the table, making our coffees spill over. ‘What do you think of this?’ she requested. Without waiting for an answer, she continued: ‘I bought this postcard in London, I know the family of this girl, and I am pretty sure she nor her parents know that her nude picture is being sold in Europe. I’m even more sure that she has never received a single dollar for this! Imagine me taking a nude pic of a British minor and selling it in Kenya. The audacity!’

Lasoi and I bonded over our interest in Black feminist thought as we sipped our lattes. It felt as if, based on my understanding of postcolonial and Black feminist thought, she judged me worthy of hearing her perspective on female circumcision. She told me how she, as the daughter of highly educated parents, had chosen to not be circumcised. While it had been hard for her brothers at first, her family had supported her decision. Lasoi had gone on to get her degree in development studies from the University of Nairobi and then secured a place on the Master’s programme in Development Studies at UCL. She had felt inspired especially by Mohanty’s *Under Western Eyes*. ‘I remember reading Mohanty’s critique of how Western discourses on FGM always present African women as victims of their men, sexually oppressed, barbaric cultures,’ Lasoi told me, ‘and I thought of my mother and my grandmother and all the women I love, and they are all strong women who love their culture, they are not victims.’ In London, Lasoi also became part of a network of African students at UCL, SOAS, and other universities that came together now and then to discuss the works of anticolonial scholars, the Rhodes Must Fall movement and debates on decolonising the curriculum. It was during this period that Lasoi became wary of the anti-FGM discourse she had heard so many times in Kenya to the point that she had internalised it. ‘That is when I decided that I wanted to be cut,’ Lasoi told me, looking me straight in the eye as to catch my response or daring me to question her choice, ‘like a big, fat middle finger to this whole colonial sector trying to decide for African women what we need.’ I never asked whether, upon returning to Kenya, Lasoi got circumcised. After all, an African woman’s genitals – as Lasoi had made sufficiently clear – are none of my business.

² Kiswahili for ‘bed sheet, loin cloth’ (Chuo Kikuu cha Dar es Salaam 2014, 437). Often used to refer to the striped and checkered fabrics used by Maasai to wrap around their bodies. Shuka are often red with blue, but also exist in purple, orange, and green.

London, February 2019: When I met Zainab over coffee in London for the first time, I had been following her on social media for over two years. Under the name *Cut the Crap*, Zainab questioned and challenged anti-FGM activists and organisations tweeting ‘essentialist and sensational statements on FGM’. On her various social media accounts, Zainab challenged what she called the ‘dominant narrative on FGM’ and demanded the right for circumcised women to define their own experiences. ‘Calling me “mutilated” is as racist as calling me [n-word]’, she tweeted. I introduced myself and my research to Zainab over social media. Every so often, Zainab sent me articles, invitations for upcoming events, and opinion pieces that questioned and criticised the ‘mainstream’ anti-FGM discourse and its wider sector.

Zainab told me her own life story when we met in a coffee bar in London, a couple of years after connecting online. As a Kenyan girl of Somali ethnicity, Zainab had been circumcised for religious reasons in Kenya at the age of 7. The procedure had taken place in a hospital under local anaesthesia and Zainab did not have any negative memories of the day. When Zainab was 9 years old, her family moved to the United Kingdom (UK), where Zainab has lived since then. Although she had never experienced negative consequences of her circumcision, around the time she and her husband wanted their first child, she grew worried: ‘I heard all these campaigns about FGM, that it takes away your sexual pleasure and that it is dangerous for childbirth.’ Zainab asked her gynaecologist whether her circumcision would complicate the birth, which her gynaecologist didn’t think would be the case. Her daughter was born without any complications. However, the events immediately after her daughter’s birth were extremely traumatising for Zainab. ‘Before I even had had some time with my daughter, she was taken away and two social workers came marching in, with no respect for how I was feeling or my privacy’, Zainab told me. They started interrogating her about her circumcision and inquired whether Zainab and her husband were intending to circumcise their new-born daughter. ‘It was utterly humiliating and unfair,’ Zainab said, ‘I never chose to be circumcised in the first place; it was decided for me, as part of my culture.’

By speaking about her own experience, Zainab soon learned that other Somali women in the UK had had similar experiences with healthcare workers, social workers, and the police. Together, they founded a group to advocate against FGM-related sensationalism and racial profiling. ‘I am not propagating female circumcision,’ she said, ‘but they need to stop targeting us, they need to stop lying about us because no one of the Somali community in the UK still does female circumcision, and the rules need to be the same for everyone: if children cannot consent, baby boys shouldn’t be circumcised. And if adult English women can choose cosmetic

surgeries for cultural beauty standards, adult African women can choose circumcision for our cultural standards.’ Zainab did not circumcise her daughter, but she hopes that one day, her adult daughter will choose circumcision for herself as a way of honouring the culture of her ancestors.



The experiences with female circumcision or female genital mutilation (FGM) are perhaps as many as there are circumcised women. Yet, over the decades a narrative that stresses the harm and undesirability of the practices³ has come to dominate the global imaginary. This standard position has been contested from feminist, subaltern, postcolonial and decolonial locations. Critics have drawn on women’s diverse and divergent experiences with female genital practices to redress the omissions, silences, and double standards in the various discourses that have been dominant at certain times in certain places. In addition, critics have warned that anti-FGM efforts often result in resistance among communities that embrace female circumcision, and in other unintended consequences. Building on these epistemological and political critiques, my thesis examines the politics of knowledge production within what I call the global anti-FGM domain. Following Bhambra (2020), I go beyond questions of *what* has been omitted and with what consequences, to explore *how* it has been omitted and what can be learned from including it. Why does the dominant narrative on FGM look the way it does? Why and how were certain elements included and others excluded? Who gets to decide what female genital surgeries are called and how they are defined? How have the multiple critiques from feminist and anticolonial locations affected the narrative and the wider anti-FGM domain? And how do different discourses and their contestations affect the women defined variably as victims or perpetrators of said practices?

This thesis traces the origins and journeys – the ‘roots and routes’ (Bhambra 2020, 455) – of ideas and narratives related to female genital surgeries. It accounts for the historical origins of arguments and advocacy against what many activists now call ‘Female Genital Mutilation’ (FGM) and provides an ethnographic analysis of the means (personal histories, professional connections, funding sources, convenings, and more) by which these arguments (and approaches to changing the practice) were spread, received, experienced, and reworked

³ The chapters in this thesis will unpack the conceptualisation of female circumcision or FGM as a single practice, rather than a range of genital surgeries done in different ways and for different reasons.

according to unique conjunctures of local, national, transnational social hierarchies, political situations, and cultural histories.

My fieldwork took the form of a ‘nodal ethnography’ (Hodgson 2011a, 18) of the global anti-FGM domain and involved archival research, in-depth interviews, and participant observation among NGOs, at conferences and workshops, and among a community practising female circumcision. Taking Kenya, which has historically been and remains today the stage for anti-FGM efforts and fierce contestations over such efforts, as a starting point, I trace the genealogy of the global campaign against FGM. I draw on ‘travelling theory’ (Said 1983) to examine how discourses, theories, and models related to FGM travel between temporal and geographical locations, from offices and conference rooms in Dakar, Florence, London, and Nairobi where national and international experts draft plans and policies to end FGM, to the homes of their Maasai ‘beneficiaries’ living in the Loita Hills of southern Kenya, a several hours drive from the nearest paved road.

My thesis does not advocate for the abandonment of FGM nor do I intend to trivialise FGM and its potential consequences, or celebrate counternarratives as anticolonial resistance. Instead, my analysis accounts for various experiences and connected histories of knowledge production related to FGM. I examine how different discourses on female circumcision and FGM are constructed, contested, and promoted. I pay attention to power hierarchies that shape who gets to define what constitutes ‘FGM’, but equally to the agency of differently positioned actors in contesting, appropriating, changing, and adopting ‘dominant’ discourses.

My work speaks to a broader body of postcolonial feminist scholarship that studies the ways in which gender, race, and other intersecting axes of difference have shaped, and continue to shape, colonialism and its legacies. Specifically, my work fits within studies of the ways in which first colonial officials and missionaries and later transnational agencies have sought to intervene in the lives of African women, particularly with regards to their bodies and sexualities. Responding to Sylvia Tamale’s (2020, 2) call for the need to be critical of ‘the histories of normative concepts that are presented as ahistorical, universal and neutral’, my thesis critically examines how notions such as ‘FGM’, ‘tradition’, ‘development’, and ‘science’ have been mobilised to legitimise ‘intimate interventions’. In doing so, I aim to contribute to challenging ‘over-generalized, colonial-inspired accounts’ of the lives, bodies, and traditions of African women and contribute to a transnational feminism that is ‘meaningful to different women in different places’ (Njambi 2007, 706).

Introduction

In 2012, the United Nations General Assembly adopted a Resolution on intensifying global efforts to eradicate female genital mutilations⁴. The Resolution came into existence after five decades of intensive lobby work by African women and Western feminists. As the main policymaking organ of the United Nations, the General Assembly's Resolution lent its authority to the transnational movement to eradicate FGM. In 2015, the eradication of FGM became a target under Sustainable Development Goal (SDG) number 5 on Gender Equality. Annually, multiple millions of US dollars are invested in what Richard Shweder has called the 'global campaign' against FGM: 'an international movement with the aim of creating and enforcing universal norms defining alterations of the female genitals as fundamentally intolerable' (Shell-Duncan 2008, 225). The UN and international NGOs working to end FGM indeed define FGM as an inherently harmful practice that violates the rights of girls and women and constitutes a threat to their physical, psychological, sexual, and reproductive health.

As the stories in the prologue to this thesis show, a wide variety of practices carried out for different reasons and in different ways, lie behind this single definition of FGM. Women (and men) from communities that practise female genital cutting have different experiences with the cut, as well as different aspirations for the future of those practices. Furthermore, whereas the globally dominant conceptualisation frames FGM very much as a gender issue, for women like Lasoi and Zainab, the anti-FGM campaign is inseparably intertwined with race and colonialism.

Since the late 1980s, African and postcolonial feminists have criticised the 'single story' of the anti-FGM campaign for homogenising and essentialising the multiple and divergent experiences of women from communities that practise a form of female genital cutting. These scholars identified *what* has been left out: they criticised the blind spots, Eurocentrism, and double standards of the anti-FGM campaign. For example, they challenged the insinuation of the anti-FGM campaign that 'infibulation' (a type of cutting whereby the full external genitalia are removed and the wound is sealed with only a pinhole for passing urine and menses) is widespread, by showing that the vast majority of practising communities perform a less severe form of female genital cutting. They also challenged the idea that women

⁴ United Nations General Assembly, Resolution 67/146 on Intensifying global efforts for the elimination of female genital mutilations, A/RES/67/146, 20 December 2012.

were simply the passive victims of these practices by showing the ways in which women organise, participate in, look forward to, and feel proud of circumcision.

My thesis builds on and contributes to this body of scholarship by examining the question of *how* these insights – about the heterogeneity of female genital cutting practices and women’s experiences and aspirations – have been left out from the dominant anti-FGM discourse. I am interested in the dis/continuities in the anti-FGM campaign and its underpinning discourse. How has a campaign against female circumcision initiated by Europeans in African colonies maintained relative stability until today, particularly despite the many critiques from (African) postcolonial feminists since the 1990s? How has the campaign changed over time, for what reasons, and to which effects, especially for the women (and men) targeted by the campaign?

My thesis provides an historical account of arguments and advocacy against FGM and an ethnographic analysis of how these arguments and attempts to end FGM were spread, received, negotiated, and reworked. My work challenges the normativity and universality of the concept of FGM by analysing its historicity, situating it within specific temporal and geographic locations, and examining the politics of knowledge production around the concept.

This endeavour is important because the anti-FGM campaign’s failure to represent the diverse experiences of women from practising communities has a number of harmful implications. On a discursive level, the portrayal of ‘FGM’ as a homogenous, inherently harmful practice continues a colonial legacy of portraying African cultural practices as backward and barbaric (Nnaemeka 2005). The spread of a hegemonic anti-FGM discourse also displaces Indigenous knowledges on female genital cutting practices and reinforces a knowledge hierarchy in which transnational epistemologies trump Indigenous ones. On a material level, anti-FGM efforts based on this representation of FGM are often experienced as aggressive impositions of ‘outsider’ values and can have unintended consequences. In Kenya, for example, the anti-FGM law of 2011 and accompanied police crackdowns have caused FGM to be carried out in secret and at an earlier age, and have discouraged healthcare seeking behaviour among families who fear prosecution (Van Bavel 2020). In the United Kingdom, policies and police interventions to ‘safeguard’ girls from FGM have resulted in racial profiling of African, particularly Somali, diaspora communities (Karlsen et al. 2019).

My thesis fits within the body of scholarship on gender and colonialism that studies how Eurocentric discourses on gender, race, sexuality, and other intersecting axes of difference constructed African women as simultaneously dangerously deviant and victims of barbaric cultures. These constructions legitimised colonial interventions in the lives, practices, and

bodies of African women and their families. It also fits with the feminist postcolonial scholarship that identifies continuities between the colonial ‘civilisation’ mission and contemporary ‘development’ efforts to save African women from ‘traditional practices’. In what follows, I provide a non-exhaustive overview of these two bodies of scholarship on which my thesis builds and to which it contributes. I start by discussing colonial interventions in the lives of African women, with attention to the role of European women. I then move on to contemporary development concerns with ‘harmful traditional practices’ and the role of Western feminists in campaigning against said practices. I discuss the critiques of postcolonial feminist scholars who have pointed out parallels between colonial and contemporary interventions meant to ‘save’ African women. I then turn to the topic of this thesis, female genital mutilation/cutting, and discuss how the topic has been studied by other scholars.

Colonial intimate interventions

Until the 1980s, much of the scholarship on the colonisation of Africa and its legacies was written from male perspectives (Ghosh 2004, 737; Jones 2011, 23). From the 1990s onwards, a body of scholarship on gender and colonialism emerged that centred on the insight that colonialism was thoroughly gendered: colonial encounters influenced gender relations in the Metropoles and colonies, and women and men (both African and European) experienced colonialism in profoundly different ways (McClintock 1995; Stoler 1991; Miescher 2015; Ghosh 2004). Importantly, much of the ‘civilisation’ mission focused explicitly on women’s bodies and practices.

African women – their bodies and practices – were contrasted with European ideals and found to be significantly Other: a threat that had to be managed in order to maintain the moral order in and control over the empire (Tamale 2011, 15). In many precolonial societies, African women had considerable power and took up roles that Europeans considered to be in the realm of the ‘public’ and thus ‘male’ domain – a distinction that was foreign to precolonial African societies (Hodgson 2001; Mianda 2002; Saidi 2010; Arnfred 2014). Colonial officials and missionaries attempted to ‘rescue’ African women into the safety of the domestic sphere and under the control of their husbands and the colonial state. In doing so, the power and independence women in many African societies had enjoyed were undermined, leaving many African women disenfranchised and marginalised (Amadiume 1987).

Women’s bodies – their sexuality and reproduction in particular – became the battlefields of imperial control (i.a. Summers 1991; Hunt 1999; Thomas 2003; McCurdy 2001).

These power struggles, however, were masked by biopolitical discourses about concerns for the health and wellbeing of African women. African women were perceived as sexually deviant and less than fully human, but also as victims worthy of saving. Missionaries sought support for their rescue mission by sending out letters to the colonial Metropoles with heart-breaking stories about the situation of women and their children, and hopeful news on the progress made by colonial and missionary interventions. These ‘intimate interventions’ (cf. Summers 1991) were framed as genuine concerns with the health and wellbeing of the ‘natives’, and the protection of African women from ‘backward’ practices, such as female circumcision, marriage at an early age, and ‘wrong’ birth practices. In reality, these interventions served colonial interests and relationships between colonisers and colonised remained patronising and dehumanising (Summers 1991). Legitimation and support for the interventions were also amassed through the use and spread of ‘scientific’ evidence. I place ‘scientific’ between inverted commas to emphasise that ‘science’ was (and still is) not objective or neutral, but was infused by Eurocentric epistemologies and racist conceptualisations of Africans as lower beings on the hierarchy of human evolution (McCurdy 2001). For example, Nakanyike Musisi (2002) shows how the findings of a medical doctor and his wife connected to the Church Missionary Society lay the basis for the medical structure in colonial Uganda. They were concerned about the supposedly ‘deformed pelvises’ of Baganda women and its implications for childbirth and the growth of the population.

Colonial officials constructed an image of a population in crisis, insisting that interventions were necessary to prevent the extinction of African populations, including in Uganda (Summers 1991; Musisi 2002), Tanganyika (McCurdy 2001), Congo (Hunt 1999), and Mozambique (Gengenbach 2002). Colonial governments pointed at African women as the culprits for the ‘population problem’. They considered African women’s ‘immoral’ sexual behaviour and resulting venereal diseases (Summers 1991; McCurdy 2001; Levine 2003; 2010), their less or underdeveloped pelvises (Musisi 2002), and their wrong birthing and breastfeeding practices (Hunt 1997; 1999) the cause of the relatively low birth rate and slow population growth. Ironically, colonialists were quick to forget the many deaths caused by forced labour, disenfranchisement due to land alienation for the colonial project, and diseases imported from Europe and/or spread by Europeans (including syphilis).

Colonialists also intervened in African marriage practices that were different from the European ideal of the monogamous marriage between husband and wife, such as polygyny, levirate marriages, and woman-to-woman marriages (Amadiume 1987; Tamale 2011, 19). In Kenya, colonial officials tried to put a stop to marriages involving a ‘child bride’ (Shadle 2016;

Cloward 2016). ‘Scientific’ evidence on the health consequences of prepubescent girls giving birth and heart-breaking stories about young girls having to marry men five times their age was used to win over the support of the Metropole for efforts to eradicate the practice.

Colonial officials and missionaries were also extremely concerned about female circumcision (Thomas 2000; 2003; Njambi 2007). For one, circumcision was associated with ‘backwardness and savagery, an example of the primitive sexuality of colonized peoples and their cruelty to women’ (Levine 2010, 13). Yet more importantly, colonialists perceived female circumcision as a severe health problem that threatened women’s reproductive capacities and therefore the growth and health of the nation. In Kenya especially, female circumcision served as the battleground for struggles between Kenyan nationalists and the British colonisers (I will elaborate on this in chapter 2).

African women’s ‘deviance’, measured against the Eurocentric ideal of the chaste Victorian woman and of ‘scientific’ health practices, required interventions to ‘adjust’ women’s behaviour, bodies, and practices to ensure the health, continuity, and morality of the empire. The ‘intimate interventions’ described above reflect what Michel Foucault (1998) has termed ‘biopolitics’: reproductive and population ‘problems’ were actively constructed by colonial officials and missionaries with the goal of tightening socio-political and moral control over the colonised. ‘Scientific’ evidence was used to justify these interventions as objective, rational, and necessary, hiding the political interests of the colonisers. ‘Scientific’ evidence was also produced by anthropologists who studied cultural practices (such as circumcision, polygyny, levirate marriages), compared them to the European standards of sexuality and relationships, and found them to be primitive, harmful, and in need of fixing (Tamale 2011, 19). Philanthropic propaganda, which narrated the pitiful situation of African women, was used to gain support from the Metropoles for these intimate interventions by missionaries and colonial officials.

Although long overlooked as actors of empire (Chaudhuri and Strobel 1992), European women played a significant role in these intimate interventions. Influenced by emerging feminist ideas in the early 20th century, European women began to take up more active roles in the imperial project, and particularly in projects targeting colonised women. Colonial and missionary women formulated their actions in terms of feminist concerns with their ‘sisters’ in the colonies and, while this altruistic concern might have been sincere, it was also embedded in Eurocentric and racist conceptions of women in the colonies and strongly infused with self-interest.

Antoinette Burton (1991) named this phenomenon ‘imperial feminism’ and attempted to untangle its logic by looking at British suffragists’ writings on Indian women. She argued that British suffragists actively portrayed Indian women as their ‘feminist burden’, claiming that they, as European civilised women, had a responsibility towards their oppressed sisters. By doing so, they positioned themselves as rightful citizens of the imperial nation and made a claim for suffrage. They portrayed Indian women as a backward, homogenous collective of passive victims and warned the Metropole that the opponents of suffrage were ‘barbaric’, for they wanted to reduce British women to the status of Indian women. Burton argued that British feminists did not experience any contradiction in ‘international sisterhood’ and ‘imperial suffragism’ because of their internalised ideas of western superiority.

Susan Thorne (1999) made a similar argument for British women’s involvement in missionary work. She argued that British women were reminded of their special responsibility and moral obligation towards their sisters in the colonies. Missionary tracts motivated women in the Metropole to ‘rescue’ their sisters from the ‘patriarchal abuses’ of their ‘primitive’ men and ‘traditions’. These tracts listed ‘heart-rending details of female infanticide, child marriage, forced prostitution, polygamy, widow burning, and the like’ (60) – practices that today are listed in the United Nations Fact Sheet on ‘Harmful Traditional Practices’ (OHCHR 1995). Thorne concluded that the representation of the degraded female Other in the colonies and the perceived responsibility for European women to help, provided British women with ‘unprecedented opportunities for negotiating the terms of their own subordination, negotiations that gave the missionary feminists a direct and positive interest in maintaining middle class hegemony, white supremacy, and the imperial status quo’ (60).

Gender, development, and colonial continuities

Colonialism and its effects did not end when African countries gained flag independence in the 1960s and 1970s. The effects of centuries of subordination and exploitation of Africa by European forces continue today to such extent that one might argue colonialism never really ended, but simply changed form. Sylvia Tamale (2020, 34–35) argues that ‘today, Africa is indirectly dominated by institutions such as the World Bank, the International Monetary Fund (IMF), the World Trade Organization (WTO) and multinational corporations which run the neocolonial machinery and wield significant power on the global landscape.’

Similarly, postcolonial feminists argue that contemporary ‘development’ concerns show strong continuities with colonial ‘civilisation’ concerns. Sylvia Tamale (2011, 16) draws

parallels between colonial concerns with the ‘population crisis’ and the late 1960s and 1970s panic about the so-called ‘population explosion’ in the global South, suggesting that the solution of ‘development’ has replaced the colonial focus on ‘civilisation’. She also criticises the obsession of Western social anthropologists and women’s rights advocates with ‘traditional practices’ for reflecting colonial and missionary rescuing discourses (Tamale 2011, 19). The edited volume by Chia Longman and Tamsin Bradley (2015) critically interrogates the concept of ‘harmful cultural/traditional practices’. The concept was solidified in the United Nations Fact Sheet on ‘Harmful Traditional Practices Affecting the Health of Women and Children’ (OHCHR 1995). The Fact Sheet lists various ‘cultural’ or ‘traditional’ practices that the UN considers to be ‘harmful’ to women and girls, including ‘female genital mutilation (FGM); force feeding of women; early marriage; the various taboos or practices which prevent women from controlling their own fertility, nutritional taboos and traditional birth practices; son preference and its implications for the status of the girl child; female infanticide; early pregnancy; and dowry price’ (OCHRC 1995, 1). Many, if not all, practices on the list were equally problematised by colonial officials and missionaries. Longman and Bradley suggest that the ‘harmful traditional practices’ concept stems from a colonial tendency to vilify ‘tradition’ and ‘culture’ and portray women in the global South as its ‘passive victims’, and thus continues harmful discourses on Africa and cultural practices. Caroline Archambault (2011), for example, questions the ‘early marriage’ discourse as applied to the situation of Maasai girls in Kenya. She describes how stories of young girls ‘escaping’ early marriage are often portrayed as ‘a struggle between conservative patriarchs and the individual right of young girls to education’ (632). Such a simplistic portrayal, she argues, presents early marriage as the outcome of evil tradition, while in fact – as her research among the Maasai community she studies shows –, it is rather an adaptation strategy to livelihood insecurities caused by continued political marginalisation and land alienation.

Archambault and Longman and Bradley built on an established body of postcolonial feminist scholarship on the ways in which the West continues to infantilise and dehumanise women in the Global South. In her influential article *Under Western Eyes*, Chandra Talpade Mohanty (1984) argues that academic feminist development literature constructed the ultimate ‘Third World Woman’ as a passive victim of culture and tradition, incapable of negotiating power structures and in need of saving by the West. Similar critiques are formulated by: Gayatri Chakravorty Spivak (1988) who argues that Southern women are considered the ultimate ‘subaltern’, incapable of understanding, let alone voicing, their own needs; Uma Narayan (1997) who criticises representations of ‘third world women’ as victims of static ‘third world

cultures’; and Lila Abu-Lughod (2002) who argues that Muslim women are constructed as ignorant victims of their religion and contrasted with free and independent secular women. In the same vein, Wendy Harcourt (2009, 28) describes how, over the past two decades, the field of gender and development has increasingly focused on women’s bodies as subjects of development, as such creating the ‘generic gendered female body’, i.e. ‘poor women with an expertly understood set of needs and rights’. Saba Mahmood (2012) challenges the idea that feminism or women’s liberation holds the same meaning universally; not all women aspire to liberal values (autonomy, equality, etc.) promoted by Western liberal feminists. She illustrates her argument through an ethnographic case study of Egyptian women who aspire to piety and a wilful submission to Allah and shows how liberal conceptualisations that link ‘agency’ to notions of self and autonomy, are blind to different forms of ‘agency’, for example agency as choosing to submit to a religious regime.

This body of scholarship also shows the continued complicity of western feminists. Authors like Cheryl McEwan (2001) and Jawad Syed and Faiza Ali (2011) have pointed out alarming similarities between ‘imperial feminist’ and contemporary ‘development feminist’ discourses and projects. According to Syed and Ali (2011, 358), many contemporary ‘development feminists’ do not only portray themselves as, and congratulate themselves for, being ‘white saviours’, but also assume themselves to be ‘authentic representations of the Other women.’ In doing so, they ignore the voices of the women they claim to represent, and their self-interest in participating in such projects.

My thesis is interested in the dis/continuities between colonial and contemporary interventions in the lives of women. Particularly, I want to understand how, despite three decades of critiques of the Eurocentric and colonial nature of much of the contemporary development discourses on African women and ‘traditional practices’, little seems to have changed. To make this endeavour feasible, I chose to focus on female circumcision — or, as many activists call it today, female genital mutilation/cutting (FGM/C).

Female circumcision – female genital mutilation/cutting

Instrumental literature supporting the global campaign against FGM

The history of attempts to end female circumcision dates back to colonial times. Most existing scholarship points at early 20th century Kenya for the first missionary and colonial officials’ attempts to eradicate the practice (i.a. Thomas 2003; Njambi 2007; Anderson 2018). As was

the case for child brides, polygyny, and birthing and breastfeeding practices, missionaries and colonial officials justified their opposition to female circumcision with ‘scientific’ evidence. Missionaries in Kenya kept notes on the types of female circumcision and associated complications in childbirth they came across in their work. In the 1940s and 1950s, Sudanese medical doctors wrote reports and booklets on female circumcision as it occurred in Sudan, its potential health complications, and the reasons given by Sudanese men and women as to why they valued and continued the practice⁵. In the 1960s and 70s, medical doctors in Sudan, Somalia, and Nigeria started documenting complications in medical journals. It was Fran Hosken (1982) – a USA journalist and feminist – who became famous for compiling the first comparative report with data on FGM – types, health consequences, age at circumcision, reasons, and so on – from multiple African countries.

Since then, the body of academic and grey literature supporting the global campaign against FGM – what I call ‘instrumental’ literature – has expanded rapidly, resulting in thousands of articles, reports, books, blog posts and opinion pieces on the topic. A first strand within the instrumental body of literature has worked to map the prevalence of FGM worldwide or in specific countries and regions (El Dareer 1982; Hosken 1982; Egbuonu 2000; Saleem et al. 2013; UNICEF 2013a; Achia 2014). A second strand focuses on the medical (Epstein, Graham, and Rimsza 2001; Kinuthia 2010; Tarr-Attia, Boiwu, and Martínez-Pérez 2019), reproductive and obstetric (Morison et al. 2001; Banks et al. 2006; Adam et al. 2010), psychological (Whitehorn, Ayonrinde, and Maingay 2002; Mulongo, Hollins Martin, and McAndrew 2014; Knipscheer et al. 2015), and psychosexual (Lightfoot-Klein 1989; El-Defrawi et al. 2001; Ibrahim, Ahmed, and Mostafa 2012; Buggio et al. 2019) health implications of FGM. Some articles within this strand have advocated for better health care for women with FGM, especially immigrant women in Western contexts where health practitioners are generally less familiar with the practice (Leye et al. 2008; Kaplan-Marcusán et al. 2010; Abdulcadir, Rodriguez, and Say 2015). A third strand has focused on (changes in) attitudes towards FGM as well as factors associated with support for FGM, such as gender, educational background, rural versus urban residency, and religion (Gage and Van Rossem 2006; Shell-Duncan and Herniund 2006; Leye et al. 2008; Rahlenbeck and Mekonnen 2009; Alo and Gbadebo 2011; Shell-Duncan et al. 2011a; Omolase et al. 2012; Sagna 2014; Cloward 2016).

⁵ The booklet *Female Circumcision in the Anglo-Egyptian Sudan* was published in 1945, *Egypt and Sudan*, UK National Archives, Foreign Office 371/73668.

Anthropologists and cultural studies scholars have tried to provide a better understanding of the diverse female genital surgery practices through ethnographic research into the social, cultural, religious, and health-related reasons for and institutions surrounding female circumcision (Kratz 1994; Johson 2000; Antonazzo 2003; Gruenbaum 2001; Vissandjée, Kantiébo, Levine, and N'Dejuru, MSc 2003; Ali and Strøm 2012). For some communities, especially in East Africa, female circumcision takes place at puberty, around the same time as male circumcision, and is part of an initiation ritual that turns girls into women. This is the case for, among other ethnic groups, the Maasai (Spencer 1988; Hodgson 2001), Samburu (Spencer 1965; Graamans et al. 2019), Okiek (Kratz 1994), Gikuyu (Njambi 2007) and Kuria (Oloo, Wanjiru, and Newell-Jones 2011) people of Kenya and Tanzania. For these communities, female circumcision is a prerequisite for marriage: an uncircumcised woman is considered a girl, regardless of her actual age and physical development, and therefore unfit to be married or to bear children. In fact, a pregnant uncircumcised woman is a dangerous anomaly that must be remedied through aborting the pregnancy or quickly circumcising the woman. Muslim communities in Africa that practise FGM usually do so as early as a couple of weeks after birth, and mostly for religious reasons and to preserve the virginity of the girl (Boddy 1982; Gruenbaum 2001; Newell-Jones 2017). The Mandinka of West Africa cut their daughters around the age of five for religious reasons and, most importantly, social acceptance (Diop et al. 2004). In Sierra Leone, young adult women can enter secret women's societies called 'bondo' through circumcision (Ahmadu 2020).

Many anthropologists studying female genital cutting practices call for more nuance and attention to cultural differences within the global campaign against FGM. However, they often frame this call for more nuance as vital to ending FGM. For example, Ellen Gruenbaum (2005, 429) starts her article on the socio-cultural dynamics of female genital cutting by asserting that 'the goal of abolishing female genital cutting [...] requires that the socio-cultural dynamics of the practice be well understood if behavioural change is to be accomplished.' Similarly, editors Sedgh, Jackson and Ibrahim (2005, 425) open the special series on FGM published by the journal *Culture, Health & Sexuality* with:

Efforts to end the practice have met with limited and scattered success [...]. We continue to know very little about the complex social institutions that support this practice, the magnitude of the health and psychosexual consequences associated with it, or effective means of eliminating it. [...] It is this information gap that the papers presented in this themed symposium address.

In addition to framing their socio-cultural analyses of FGM as instrumental to ending the practice, anthropologists have also worked for (research) NGOs translating academic scholarship into ‘non-technical language that can help inform policy-makers, donors, programme planners, and other key stakeholders’ (Shell-Duncan, Naik, and Feldman-Jacobs 2016, 2), and NGOs and UN agencies have drawn on this body of knowledge to develop their programmes.

Finally, a fifth strand of research has evaluated anti-FGM programmes (Diop and Askew 2009; Mottin Sylla and Palmieri 2011; Family Support Institute, Kenya 2012; Berg and Denison 2012; Kiage et al. 2014; Varol et al. 2014; Galukande et al. 2015; Esho, Karumbi, and Njue 2017; Droy et al. 2018; Waigwa et al. 2018; De Cao and La Mattina 2019) to learn ‘what works and what does not work’ in the fight against FGM and to develop ‘more effective’ approaches to end FGM (Monahan 2007; Mackie 2009; Johansen et al. 2013; McChesney 2015).

This instrumental body of literature on FGM is meant to contribute to ending FGM and thus cannot be separated from the global campaign against FGM. In addition, the authors of this body of literature often wear multiple hats: some of them are simultaneously researchers, activists, and consultants or employees for NGOs or UN organs and are thus part of the transnational networks that make up the global campaign against FGM. Some articles and reports belonging to this body of literature will be discussed throughout the ethnographic chapters in terms of what they did – and continue to do – for the global anti-FGM campaign.

Critical literature interrogating the global campaign against FGM

Early efforts to eradicate female circumcision in colonial Kenya were the topic of debate in Kenya and the Metropole on whether and to what extent ‘outsiders’ were allowed to interfere with indigenous practices⁶. The establishment of the United Nations after World War II provided the platform on which female circumcision – soon renamed to female genital mutilation – would become a global health concern. The rapid expansion of the global campaign against FGM since the 1970s sparked heated debates at the intersection of feminist and anticolonial theory. Following the contours of the universalism versus cultural relativism dispute, these debates centred on epistemological questions of who can define, judge, and

⁶ I discuss these debates in detail in chapter 2.

(attempt to) change ‘cultural’ practices like female circumcision (Brennan 1989; Leonard 2000; Boddy 2007; Wade 2012). The expansion of the anti-FGM campaign in the 1970s took place in the context of Second Wave Feminism in the West which was characterised by the notion of ‘global sisterhood’, or the idea that women around the world are united in their oppression under patriarchy. Western feminists like Fran Hosken and Mary Daly made female circumcision into the ultimate symbol of women’s oppression and mobilised other Western feminists to condemn and work to eradicate the practice (Daly 1978; Hosken 1982). Various scholars recall how absolute condemnation of FGM was the norm, and how alternative perspectives were silenced (Gruenbaum 2001, 22; Hale 2005, 211). Wairimū Ngarūiya Njambi (2004, 325), for example, recalls being asked by the chair of a panel at a feminist graduate student conference to ‘withdraw [her] presentation, as some attendees feared [her] paper was offering not a condemnation but rather a positive view of female circumcision.’

Writing from a cultural relativist perspective, various anthropologists and anticolonial feminist scholars have since criticised the Western ethnocentrism of the global anti-FGM campaign as well as the ‘moral panic’ which precluded more complex understandings of female genital surgeries. In addition, they have described the multiple ways in which ethnocentric representations of and interventions in female circumcision cause harm, and have called for the inclusion of subaltern perspectives on female circumcision. I engage with specific critiques and how they have influenced the global campaign throughout the chapters of this thesis. Here, I first provide a short overview of critiques of the global campaign against FGM as well as the broader debates in feminist and postcolonial scholarship, (medical) anthropology, and anthropology of development they derive from. My aim is not to give an exhaustive overview, but to organise existing critiques in a way that allows me to position my contribution and the debates my thesis seeks to move forward. I organise the review into two interrelated categories: epistemological critiques questioning the politics of knowledge production and representation related to FGM, and political critiques of the unintended and often harmful consequences of anti-FGM legislation, campaigns, and interventions.

Epistemological critiques

For over half a century, social and medical anthropologists have sought to lay out the vast variety in female genital surgeries – their meanings, the socio-cultural and political institutions they are part of, procedures, ages at which girls are circumcised, surrounding ceremonial elements – to come to a more complex understanding of female circumcision practices (Boddy

1982; Shell-Duncan and Hernlund 2000; Gruenbaum 2001; Shweder 2002; Vissandjée, Kantiébo, Levine, and N'Dejuru 2003; Abusharaf 2006; Hernlund and Shell-Duncan 2007a; Talle 2007a; Prazak 2016). In line with postcolonial critiques of Western representations of women in the Global South and Muslim women as victimised Others which I discussed in the previous section (Mohanty 1984; Spivak 1988; Narayan 1997; Abu-Lughod 2002; Harcourt 2009; Mahmood 2012; Abdulcadir et al. 2012), postcolonial feminist scholars have criticised Western feminist discourses on FGM for being imperialist, racist, and sexist in nature, vilifying African cultural practices and immigrant communities, and reducing circumcised women to passive victims in need of saving by 'liberated' Western feminists (Savane 1979; Lorde 1984, 66; Lane and Rubinstein 1996; Hetherington 1997; Boddy 1998; Nnaemeka 2005b; Korieh 2005; Kirby 2005; Hale 2005; Nwankwo 2005; Obiora 2005; Rogers 2007; Tamale 2011; Smith 2011; Kea and Roberts-Holmes 2013; Longman and Bradley 2015; Hopgood 2016). The chapters in *Female Circumcision and the Politics of Knowledge – African Women in Imperialist Discourse*, edited by Obioma Nnaemeka (2005) all explore how sexism, racism and colonialism work together to vilify African cultural practices, with female circumcision as the ultimate scapegoat. Scholars have argued that the dominant discourse on FGM is shaped by Western opponents (Cohen 2005), whose opposition to the practice is based on assumptions rather than reliable evidence (Shweder 2002). Wairimũ Ngarũiya Njambi (2007, 692) explicitly criticises the hegemonic discourse of FGM (and the term itself) for being based on 'presumptions about western women's liberation in contrast to "third world women's" oppression', and for siding with 'colonial rulers who attempted to eradicate female genital practices, while turning a blind eye to the brutality of colonialism itself.' In her book *Gender, Justice, and the Problem of Culture*, Dorothy Hodgson (2017, 126) shows how colonial and contemporary discourses on FGM are both rooted in the same problematisation of 'culture' and 'racialized assumptions about the inherent vulnerability and victimhood of rural, illiterate African women'.

Some authors have referred to the heightened concern with FGM as sensationalism and a 'moral panic' (Parker 1995). They have furthermore argued that Western feminists' concerns with FGM are based on ethnocentric understandings of the body, pain, childhood, consent, gender equality, women's empowerment, and feminism (Lane and Rubinstein 1996; Boddy 1998; Dellenborg 2004; Bell 2005; Lionnet 2005; Ajayi-Soyinka 2005; Njambi 2007; Sulkin 2009; Davis 2009; Dellenborg 2009; Fusaschi 2014; Earp 2016), and have demonstrated continuities between colonial and contemporary discourses on female genital surgeries (Boddy 1998; Erlich 1991; Walley 1997; Boddy 2007; Rogers 2007). According to Liselott Dellenborg

(2004, 89), Lane and Rubinstein (1996, 35) and Boddy (1991, 16–17) the Western ‘obsession’ with genital surgeries has more to do with Western socio-cultural meanings of liberation and emancipation linked to sexuality and the clitoris, than with the practice itself.

Speaking from their position as circumcised women and anthropologists, Khamasi (2015) and Ahmadu (2000) have criticised the global anti-FGM campaign for its ethnocentrism, and for ignoring the multiple experiences of circumcised women and silencing their voices. This has raised questions about who can speak for whom, with some anthropologists arguing that ‘insiders’ should decide whether FGM should be changed or ended in their communities (Gruenbaum 1996; Walley 1997).

Anthropologists have used empirical evidence to challenge ethnocentric assumptions on FGM, such as the assumption that all forms of ‘FGM’ are extremely harmful to women’s health (Obermeyer 1999), that FGM is done to suppress women’s sexuality (Diallo 2004), and inevitably causes sexual dysfunction (Ahmadu 2007; Dopico 2007; Catania et al. 2007; Bagnol and Mariano 2009; Esho, Karumbi, and Njue 2017). Scholars have also pointed out the double standards in evaluating female circumcision versus male circumcision (Goldman 1997; Shweder 2002; Fox and Thomson 2009; Frisch et al. 2013; Darby 2015), cosmetic genital surgeries (Jeffreys 2005; Johnsdotter and Essén 2010; Davis 2009; Ahmadu 2017), and gender reassignment surgeries (Ehrenreich 2005; Ingham 2019).

Taken together, this body of scholarship suggests that the global campaign and the literature supporting it reflect ethnocentric and imperialist notions, wrongly conceptualise ‘FGM’ as a homogenous practice, take for granted the need for its eradication, and in doing so, ignore and erase the diverse and divergent experiences of women from communities that practise female genital surgeries. Based on these critiques, some scholars and activists have called for more culturally sensitive campaigns and interventions to end FGM, whereas others have questioned the desirability of global action to eradicate FGM, defending the cultural relativist stance that outsiders should not interfere and that change needs to be locally driven to be meaningful.

Political critiques

Besides epistemological critiques, anthropologists have formulated political critiques of the unintended consequences of the global campaign against FGM (Hodgson 2001; Oboler 2001; Gruenbaum 2005; Østebø and Østebø 2014). Resembling insights from post-development theory (Escobar 2012; Ferguson 1990), this body of literature argues that anti-FGM efforts are

a way of exercising power as they attempt to impose Western values upon African communities. Furthermore, interventions that lack ‘local’ support and cultural sensitivity are said to likely do harm. Unintended consequences identified by this body of literature are the shift from public to secret circumcisions, often with the loss of surrounding ceremonial elements (Hernlund 2000; Antonazzo 2003, 474; Shell-Duncan et al. 2013; Van Bavel 2020); a decrease in healthcare seeking behaviour for fear of prosecution under national anti-FGM legislation (Antonazzo 2003, 473; Monahan 2007, 28; Van Bavel, Coene, and Leye 2017); the reinforcement of female circumcision as an identity marker and source of resistance to outsider interference (Thomas 2000; Antonazzo 2003, 473; Njambi 2007; Winterbottom, Koomen, and Burford 2009); cutting at a younger age when girls are less capable to resist and/or their absence at school will not cause suspicion (Winterbottom, Koomen, and Burford 2009, 56); FGM increasingly being carried out by medical practitioners in response to messaging on health consequences of the practice (Shell-Duncan 2001; Njue and Askew 2004; Refaat 2009; Shell-Duncan, Njue, and Moore 2018); mass circumcisions in response to the announcement of anti-FGM legislation to ensure daughters are circumcised before the practice becomes illegal (Antonazzo 2003, 473); prioritising FGM at the expense of needs identified by communities (Hodgson 2011b); sexual dysfunction following from internalised ideas around sexual mutilation and dysfunctional genitalia (Esho 2012; Johnsdotter 2018); and racial profiling and invasive interventions among diaspora communities in Europe due to suspicion of FGM being carried out (Karlsen et al. 2019; Johnsdotter and Mestre i Mestre 2017; Johnsdotter 2019). This body of literature thus points out the unintended harm that anti-FGM legislation and interventions can cause. However, most authors do not denounce anti-FGM efforts altogether, but rather advocate for ‘better’ approaches, which are more ‘culturally sensitive’ and ‘community-led’ (Aberese Ako and Akweongo 2009).

Research objectives and theoretical framing

My thesis builds on the above epistemological and political critiques of the global campaign against FGM. In addition to what has been left out of the discourse on FGM and to what effect, I also ask how it has been left out and to which consequence. My thesis seeks to answer the question as to how certain ideas, discourses, and models related to female genital surgeries emerge and gain global legitimacy, whereas others remain marginal or are actively silenced. How, if at all, do the epistemological and political critiques discussed in the previous section affect and change the discourse? Who gets to define how female genital cutting practices are

perceived and portrayed? Has the anti-FGM discourse changed as it travelled through time and between geographical locations, and if so, under which influences and to what effect?

Social scientists who have grappled with similar questions have drawn heavily from Foucault's work on 'discourse' (Foucault 1977; 1981; 1991; 1998). Foucault was interested less in the meaning of discourses and more in the role discourses play in constituting power. He examined how hidden power relations authorise some and subjugate other discourses, determining what can and cannot be known, thought, and said. Anthropologists drawing on a Foucauldian notion of discourse have examined the social consequences of international development discourses (e.g. Escobar 2012; Ferguson 1990; Pigg 1992; 1993). Mosse (2005, 4) describes this body of literature as arguing that

like those of colonial rule, development's rational models achieve cognitive control and social regulation; they enhance state capacity and enhance bureaucratic power (particularly over marginal areas and people); they reproduce hierarchies of knowledge (scientific over indigenous) and society (developer over the 'to be developed'), and they fragment, subjugate, silence or erase the local, all the while "whisk[ing] these political effects out of sight" through technical discourses that naturalise poverty, objectify the poor and depoliticise development (Ferguson 1994).

Some of the 'critical' literature on FGM I discussed above similarly argues that the anti-FGM campaigners impose Western values onto subaltern people and, in doing so, silence local discourses and cause harmful consequences. This critical body of literature on FGM has provided rich insights and worked to redress the omissions, silences, and double standards in the knowledge on FGM. However, in defending 'local' or 'African' perspectives on female circumcision against 'global' or 'Western' anti-FGM interference, this body of literature risks reinforcing the constructed divide between the global campaign against FGM versus local communities, ignoring African anti-FGM activism and Western scepticism of the anti-FGM campaign and homogenising both sides of the divide. 'Western' is taken to be synonymous with 'powerful', yet little explanation is given of how exactly this Western discourse is being imposed upon others. Saida Hodžić (2017, 22–23) has called this perspective on FGM the 'fallback position' of anthropology:

This position recognizes neo-colonial elements in contemporary campaigns by their characteristics as imposed from above, bound to fail, and producing greater violence

and harm. In contrast it sees meaningful and successful social transformation as local, emplaced, and self-motivated. [...] the fallback position states that the local and the social are sites and sources of meaningful social change and that governmental, statist, development, and, especially, outside interventions are prone to failure and to doing more harm than good. [...] We should think of this fallback position as an anthropological and feminist safe place that readily generates consensus against the zeal to reform the global South: no one will be offended by an argument made from this position, and everyone will recognize anthropology within it.

Hodžić identifies five main limitations of this fallback position, which I found to be strikingly pertinent to my study. The first two limitations are on a political level. First, the fallback position places anthropologists outside of global anti-FGM efforts, as such erasing the fact that anthropologists have greatly contributed to and participated in anticutting campaigns. Anticutting activism has drawn from anthropological accounts of female genital cutting in the development, evaluation, and revising of their programmes, and anthropologists have worked closely with or inside NGOs and UN organs committed to ending FGM. The second political limitation of the fallback position is that it ignores that anticutting activists and global feminists subscribe to, perform, and co-opt the epistemological and political critiques formulated by anticolonial feminists and anthropologists. Indeed, the Western anticutting activists I interacted with at conferences and in the offices of several NGOs all emphasised the need for culturally sensitive campaigns and opposed ‘the racist sensationalism and neocolonialism of the earlier generation of Western feminists’ (23).

The three remaining limitations are analytical in nature. Hodžić writes that the anthropological fallback position can predict failure and describe why people continue to cling on to female circumcision; it cannot, however, explain why female circumcision is waning and why so many people from cutting communities are thus letting go of it. Her critique is particularly pertinent for Kenya, where according to Demographic and Health Survey (DHS) data, the national prevalence of FGM has steadily decreased from 32% in 2003 to 21% in 2014 (DHS 2014). Second, the fallback position assumes that Western women and men are the primary agents of anticutting campaigns and thus erases African campaigners from the analysis. Finally, whereas recent anthropology of development has gone beyond theories of the simple imposition of Western discourse onto postcolonial communities and acknowledged the frictive, co-constituting nature of (development) encounters, anthropology of FGM has

remained behind in conceptualising anticutting campaigns in terms of Western imposition versus African resistance.

Hodžić's critique of the 'fallback position' of anthropology fits with a more recent body of scholarship within the anthropology of development that argues that the Foucauldian approach leaves little space for contingencies, disjuncture, and the agency of actors (Latour 1999; Mosse 2005; Lewis and Mosse 2006). This body of literature – what Mosse (2005, 6) called 'the new ethnography of development' – is 'distinctly uncomfortable with monolithic notions of dominance, resistance, hegemonic relations and the implications of false consciousness among the developed (or the developers)'. The new ethnography of development pays attention to the work that goes into producing, negotiating, and stabilising 'dominant' discourses; it 'reinstat[e]s the complex agency of actors in development', 'revise[s] the false notion of all-powerful Western development institutions' and pays attention to 'the complexity of policy [...] and the diversity of interests behind policy models' (Mosse 2005, 6).

Whereas most of the anthropological literature on FGM has either studied the practice itself, or the unintended discursive and material consequences of anti-FGM efforts, my thesis joins Hodžić (2017) in ethnographically studying the anti-FGM *campaign*. Hodžić's study started from the premise that the global desires to end cutting are well known, but that African desires to end cutting have largely been overlooked. Her ethnography takes Ghanaian efforts to end cutting as a point of departure. African activists feature prominently on the global anti-FGM stage but, Hodžić argues, 'they are only given a platform when they can be slotted into very specific and narrow, uplifting roles: the activist girl, the reformed teacher, the optimistic Imam or social worker' (Hodžić 2019). Participation in the global anti-FGM domain thus requires the stripping of their complexity and the ethical dilemmas they face. Hodžić's ethnography pays attention to this complexity and these ethical dilemmas and 'accounts for the work of Ghanaian anti-cutting activists, their historicity, the life worlds and subjectivities they engender, and the modes of reflection, immanent critique, and disidentification they set in motion' (Hodžić 2017, xi).

My ethnography of the anti-FGM campaign focuses on the production and travel of ideas, discourses, and models for FGM abandonment. It accounts for the myriad interests, socio-political contexts, ideologies, material conditions, critiques and reflections that shape and shaped different expressions of anti-cutting sentiments and policies. Rather than a Foucauldian approach – with a focus on how other discourses are silenced, power executed, and with what consequences –, I follow the new anthropology of development and move beyond notions of

‘hegemony’ and ‘imposition’ and examine how ideas, discourses, and policies travel and change throughout their journeys.

I use ‘travelling theory’ (Said 1983) to push forward this conversation in the anthropology of development. ‘Travelling theory’ provides the tools to look explicitly at what happens not only when ideas or discourses arrive at a new location, but also at what happens ‘along the way’: the adaptations, appropriations, feedback loops and changes, as well as the disjunctures, resistances, and disappearance of certain ideas and theories. Edward Said’s (1983) study of how theories move between academic disciplines and through time is often cited as the foundational work on ‘travelling theory’. Said challenged the notion of theories as stable and belonging to a certain original context by arguing that theories are always ‘a response to a specific social and historical situation of which an intellectual occasion is part’ (237). Theories, because they constantly transform and acquire new meanings as they travel, reflect the historical and local contexts in which they emerged and through which they travelled.

James Clifford (1989, 5) criticised Said’s theory for being too linear and emphasised the importance of paying attention to the ‘feedback loops, the ambivalent appropriations and resistances that characterize the travels of theories, and theorists, between places in the “First” and “Third” worlds’. Theories, he argued, are always ‘appropriated by readings, local experiences and political agendas from several “third world” and “minority” as well as feminist locations’ (ibid). Clifford (1997) also pointed out that, like human travellers, travelling theories cross some but not other boundaries. For example, Western theories often remain within English speaking academic spaces, and theories from global peripheries often do not make it into those same spaces. Like human travellers, travelling theories will experience less or more resistance in their travels depending on their class privilege, geographical origin, and so on. A similar point was made by Caren Kaplan (1996, 103) who argued that the ‘travel’ of theories and theorists should be considered ‘as part of the legacy of imperialism’ and ‘as part of the politics of cultural production in transnational modernities and postmodernities’.

Czarniawska and Sevón (2005, 9) have drawn attention to the fact that theories cannot travel by themselves but need to be picked up, transported and translated by (human and nonhuman) actors. These actors have personal and organisational interests, operate from a specific socio-political location and ‘transform concepts according to very particular intellectual, epistemological, political and historical requirements’ (Neumann and Nünning 2012, 9). The meanings of ideas, theories and discourses are thus not fixed or inherent, but emerge from the way they are interpreted, appropriated, and used.

One of the central questions of the travel paradigm has been why certain ideas or discourses travel while others don't and why some ideas take root in some contexts and not in others (Behrends, Park, and Rottenburg 2014, 1; Dongchao 2017, 1). To answer these questions for the case of feminist theory and praxis, Min Dongchao (2017, 6–7) developed an 'alternative travelling theory', which pays attention to the people who welcome, adopt, or reject theories that travel; to the material conditions (including funding bodies) that influence the production and travel of theories; and to the role of power and influence that underpin what does and what does not travel. Çapan and Zarakol (2018, 128) furthermore suggest that 'the different experiences of colonialism condition [...] the motivations for favouring some over others (also see Mohanty 1983, Narayan 1998)'. They suggest two avenues for exploring 'travelling theories':

One option is to focus on how theories in the 'core' were translated into other contexts and the conditions under which they travelled through 'the colonial difference'. The agency of the 'East' in adopting, translating and reconceptualising these theories should, however, not be overlooked (Bilgin, 2008; also see Chow, 2006). A second focus should be on theories and ideas that have been silenced even though their existence was constitutive of the theories that are assumed to have originated in the 'core'. (Çapan and Zarakol 2018, 128)

This thesis takes both avenues. I trace the different expressions of the anti-FGM discourse throughout the history of the anti-FGM campaign. I look at how a transnational network of UN agencies, academics, and development professionals produces and diffuses a 'culturally sensitive' approach to end FGM, and what happens to this approach and its underpinning discourse as they travel through the colonial divide. I also examine the journey of a counternarrative to the anti-FGM discourse that remains marginal, yet at times succeed to disrupt the flow of the dominant discourse. The travel paradigm allows me to go beyond binaries between global and local, centre and periphery, developed and underdeveloped and beyond assumptions about the direction of travel or the inherent power of the travelling object. Anne McClintock (1995, 15) argues that such binaries – coloniser-colonised, self-other, dominance-resistance, metropolis-colony, colonial-postcolonial – are 'drawn historically from the metaphysical Manicheanism of the imperial enlightenment itself' and therefore 'run the risk of simply inverting, rather than overturning, dominant notions of power.' Rather than a linear idea of imposition – by the global onto the local, or the West onto 'the rest' – travel

theory allows for circularity, feedback loops, and the messiness of travel. Without denying direction or global hierarchies of power, the travel paradigm encourages the researcher to examine ruptures, resistances, and moments in which theories travel in unexpected directions.

Beyond ‘travelling theories’, ‘travel’ as a conceptual paradigm has been applied to concepts (Bal 2002; Olson 2012), ideas (Czarniawska and Sevón 2005; Weisser et al. 2014; de Wit 2016), things (Cook and Harrison 2007), policies (Peck and Theodore 2010), discourses (De Wit 2015; Popkewitz, Diaz, and Kirchgasser 2017), technologies (Porto de Albuquerque et al. 2013), and models (Rottenburg 2002; Behrends, Park, and Rottenburg 2014). In my thesis, I trace ideas, discourses, theories, policies, and development models. These entities flow into one another (theories reflect certain discourses and in turn influence policies and development models), hence I use them interchangeably and borrow conceptual insights from the travel literature where I see fit. Rather than a single, static discourse, I conceptualise the FGM discourse as plural and dynamic, finding many forms of expression in different contexts and by different actors. I follow Mikhail Bakhtin (1981) in conceptualising discourse as being shaped by socio-historical contexts and in dialogue with its intended audiences.

I draw on the literature on the ethnography of development and ‘travelling’ to examine where and by whom discourses and theories on FGM are produced, how they are made (or not made) to travel, and what happens to them as they arrive to or move through new temporal and geographical locations. Who and for what purposes produces discourses, theories, and policies on FGM and models for its abandonment? How do these discourses, theories, policies and models reflect certain interests, ideologies and cultural beliefs? Why do some discourses and models travel well, while others do not? How is the difference in the ability to travel tied up with identity and material conditions? What happens to theories, discourses, policies, and models as they arrive in new contexts – be it from the university to the NGO, or from UN agencies to grassroots organisations? In examining these questions, I pay special attention to disjuncture, contingencies, and the messiness of the travel of theories, discourses, and policies.

Methodology

Nodal ethnography of the un-sited field

'Where to travel' and 'what is worth seeing there' is nothing but a way of saying in plain English what is usually said under the pompous Greek name of 'method' or, even worse, 'methodology'. The advantage of a travel book approach over a 'discourse of method' is that it cannot be confused with the territory on which it simply overlays. A guide can be put to use as well as forgotten, placed in a backpack, stained with grease and coffee, scribbled all over, its pages torn apart to light a fire under a barbecue. In brief, it offers suggestion rather than imposing itself on the reader.' (Latour 2005, 17)

'Travelling' theory, as the name suggests, sends researchers on a journey following or accompanying the studied object on its travels. Travelling theory intersects with actor-network theory (ANT) – a theoretical and methodological approach to conducting social scientific research that is sometimes called the 'tracing' methodology. Actor-network theory – in particular, as formulated and applied by Bruno Latour – also underpins the ethnography of development as conducted by David Mosse. As I draw on travelling theory and the ethnography of development, a few basic ontological principles of ANT also inspire this study. I borrow from actor-network theory its focus on networks of connections between human and non-human entities in explaining the social. Actor-network theory, as it was originally formulated in Science and Technology Studies, was concerned with examining how scientific facts are created by networks that give them credence and acceptance (Callon 1986; Latour and Woolgar 1986; Law 1992). This approach to scientific facts embodied a reversal of how science was commonly thought of: 'Rather than starting from the idea that people are persuaded about facts because the facts are true, ANT suggested that facts are true because people are persuaded' (Scott-Smith 2013, 4). ANT thus shifted the question from *whether* facts are true or not, to *why* and *how* they become accepted as truths. Answering these questions required researchers to trace the genealogies and journeys of 'facts', as well as the power struggles and disagreements that went into the production of the facts, but which are made invisible through its stabilisation. Elaborating this insight beyond Science and Technology Studies, ANT stipulates that social phenomena are the result of connections between human and non-human actors. The task of the social scientist is to trace these connections in order to explain phenomena.

There are four elements of ANT which are particularly pertinent for my study. First, ANT acknowledges that both humans and nonhumans, actors and actants respectively, can have agency. Second, ANT insists on 'generalised symmetry' or the idea that differences

between entities (people, objects, animals, machines, etc.) are generated in the network of connections, rather than inherent to the nature of the entities (Callon 1986). Within a polemic debate (like the debate on who can represent and decide on 'FGM'), symmetry allows for the analysis of different sides of the debate without taking a moral stance.

Closely related to the symmetry principle is that ANT insists that 'power' and 'success' are not inherent but need to be explained. If a certain discourse on FGM or a certain model for FGM abandonment is 'successful', this is the result of the aligning of the interests of various actors into a large and stable network. Understanding the success of a certain discourse or model thus becomes a matter of examining the making and maintaining of the network that supports said discourse or model. Similarly, power is not inherent to certain discourses or actors but becomes the effect of durable networks. This conceptualisation of 'power' offers a way of going beyond the *a priori* description of 'the Western FGM discourse' as being powerful, with 'Western' and powerful essentially serving as synonyms. This does not mean that ANT denies differences or power hierarchies, but rather than assuming these *a priori*, empirical evidence for such differences and hierarchies needs to be found through fieldwork. The same is true for 'truth' claims: ANT goes beyond modernist and postmodernist conceptualisations of the 'truth' in asserting that truth does exist but changes over time. Like all other phenomena, truth is in itself shaped and reshaped by forces which need to be traced and explained through fieldwork.

Finally, for actor-networks to be established, connections need to be made between actants. For such connections to be established, actants need to be 'translated' to fit into the actor-network theory. Translation is understood as negotiations, persuasions, manipulations, and other acts of changing an actant (either done by others or by the actant itself) to fit with the larger actor-network.

Researchers studying networks and/or travelling things have often opted to conduct multi-sited ethnographies as proposed by George Marcus to 'examine the circulation of cultural meanings, objects, and identities in diffuse time-space' (Marcus 1995, 96; see for example Weisser et al. 2014; de Wit 2016). To empirically study how discourses and models of FGM and its abandonment gain power and travel over time and through space, I too found myself on the move between various temporal and geographical locations and tracing the connections between them. Marcus (1995, 101) warned that multi-sited ethnography should not be seen as shifting the focus away from the often privileged subaltern perspective of ethnography. Anthropologists studying FGM – faithful to anthropology's commitment to cultural relativism – have often defended community, emic, or 'insider' perspectives on FGM and judged 'outsider' or Western interventions for causing unintended (harmful) effects. By conducting

multi-sited ethnography, I do not aim to merely add the perspectives of other, non-subaltern actors, but to expand ‘what is ethnographically in the picture’ (102). This means looking at the many variations and innovations in the anti-FGM discourse that cannot be captured in terms of local support for and a global fight against FGM. It means acknowledging that neither ‘subaltern’ nor ‘dominant’ perspectives exist as homogenous, delimited entities but co-constitute each other.

Over the last 25 years, various scholars have elaborated on Marcus’ proposal of multi-sited ethnography, each drawing attention or adding nuance to a particular aspect. Joanna Cook and colleagues have warned against understanding multi-sited ethnography as achieving a ‘holistic, global view’ that transcends the limited, particular view of single-sited research (Cook, Laidlaw, and Mair 2009, 47). As an alternative to the implicit holism of ‘multi-sited’ ethnography, they propose the idea of the ‘un-sited’ field. The ‘un-sited’ field acknowledges that there is no *a priori* field – determined by either geographical boundaries or by ‘a different set of “larger” but equally bounded “cultural forms”’ (ibid, 57) – that can be studied in its entirety by studying in different geographical spaces. Instead, the field is determined by the ethnographer’s theoretical interests and her rather arbitrary access to people, places, and networks. I find the idea of the un-sited field compelling because it emphasises that, one, my goal is not to map the entire international FGM domain and, two, ‘my field’ is the outcome of my own interests and connections.

In addition to my field being ‘un-sited’, I found it useful to think of my study as a ‘nodal ethnography’ (Hodgson 2011a, 18) and of my multiple sites (or rather, the multiple places of my un-sited field) as ‘nodes’ in the network of intersecting actors and journeys that I chose to study. Dorothy Hodgson coined the term ‘nodal ethnography’ as an alternative for ‘multi-sited’, which ‘presume[s] the existence of distinct geographic “sites” and [does] not specify the connections among those “sites”’ (18). Hodgson defines the ‘major nodes’ as the key players and key sites of the nodal ethnography. The major nodes of my network were predetermined by my theoretical interests. Other, unanticipated nodes came into the picture through a combination of theoretical interests and access (see below).

Ghassan Hage (2005) has questioned the feasibility of studying different field sites with the same ethnographic depth of a single-sited ethnography. Marcus anticipated this concern in his 1995 article when he wrote that multi-sited ethnography brings with it the methodological anxiety that multi-sited ethnography is not possible without ‘attenuating the kinds of knowledge and competencies that are expected from fieldwork’ (Marcus 1995, 100). According to Hage, the ethnographer is faced with ‘the choice of either doing an ethnography

of X_1 in relation to A or X_2 in relation to B and so on or to do an ethnography of the relation between X_1, X_2, X_3 and X_4 ' (Hage 2005, 466). Marcus' (1995, 100) response to this anxiety is that different research questions or topics require different forms of ethnography:

To do ethnographic research, for example, on the social grounds that produce a particular discourse of policy requires different practices and opportunities than does fieldwork among the situated communities such policy affects. To bring these sites into the same frame of study and to posit their relationships on the basis of first-hand ethnographic research in both is the important contribution of this kind of ethnography, regardless of the variability of the quality and accessibility of that research at different sites.

He suggests that we should not think of multi-sited ethnography as giving up the ethnographic depth of the single site, but as adding value because of its potential to study new questions. In order to understand the connections between different spaces and how discourses, ideas, and models of FGM travel between them, I had to understand how these ideas and models emerged and were conceptualised in separate spaces in the first place. What would have lain outside of my purview if I had chosen to spend a year among the Maasai community that was the target of a certain FGM abandonment project? As seen from within this community, anti-FGM discourses and eradication projects seemed foreign – associated with either non-Maasai Kenyans or Westerners – and relatively 'finished' products. Lacking insight in the history of the FGM concept and certain approaches to abandoning it, the more subtle ways of negotiating and appropriating discourse and practice would have been more difficult for me to see. Multi-sited ethnography cannot capture the entire FGM domain – and this was not my goal. Instead, the question I set out to answer was how discourses travel, are translated, and why and how some gain more legitimacy than others. Including multiple places, then, was not meant to place 'the local' (e.g. change in FGM among a Maasai community) in 'the global' (e.g. UN policy). Instead, it was a way of eschewing the illusion of there being such *a priori* distinction in the first place, and of starting from the assumption that differences (between the local and the global, between dominant and subaltern) need to be explained and not assumed (see Latour 2005, 172 on 'flattening out' the social; Blok 2010).

Studying different places brought with it the challenge of multiple positions. Interlocutors sometimes read me as an independent PhD researcher, at times as the supervisee of my Kenyan supervisor, and at times as a representative of the organisations I volunteered

for. Moving around in a network of partner and donor relations posed the continuous challenge of conflicting allegiances and different actors being curious about the workings and positions of other actors. Their inquisitiveness made it difficult, at times, to balance their demand for knowledge with research ethics around anonymity. The organisations I conducted research with and which I discuss below have partner or donor/grantee relationships with each other. At times, different organisations had different interests or expectations of these relationships. When staff members of one organisation insisted on talking about partner organisations, donors, or grantees, I simply listened and suggested they should discuss their questions and concerns directly with the other party. I did experience that one organisation became less transparent to me once I became more closely involved with their partner organisation.

More emotionally demanding were the personal relations I built in the various field sites. Physically leaving one location would mean that many of my daily interactions transfigured into a constantly ringing phone. Many of these phone calls were simple greetings and curious questions about where I was and when I would come back. Other calls, however, brought troubling news and asked for emotional or financial support. Ghassan Hage (2005) describes how the thickening of his ethnographic fields became ‘socially, psychologically and analytically demanding and exhausting’ (466). He goes as far as to question whether multi-sited ethnography is therefore humanly feasible. I agree that maintaining relationships in multiple locations can be demanding and, at times, exhausting. Rather than being unfeasible, however, I suggest that such situation demands heightened reflexivity of one’s positionality and multiple, perhaps conflicting, relationships, as well as a consciousness of one’s own social, physical, and emotional needs and limits.

Fieldwork and ethical considerations

I began my fieldwork in London in June 2017 as a research intern for Orchid Project⁷, a small⁸ UK-based charity with the mission of ending female genital cutting worldwide. My agreement with Orchid Project was that I would volunteer as a full-time research intern for two months

⁷ I identified three UK-based NGOs working on FGM and contacted them via email. Two of them responded that they were happy to accept me as an intern and both were appropriate sites to start my fieldwork. However, one of them was moving offices during the period I sought to do my internship; hence I chose to start my fieldwork at Orchid Project.

⁸ When I joined Orchid Project, the team consisted of five permanent staff. During my time as an intern, one employee left the organisation and three were hired. Two of the newly hired employees left again within less than a year. In 2019, Orchid Project’s CEO transitioned to founder and ambassador and a new CEO came on board.

(later extended to three months⁹) as a way of conducting participant observation within a UK-based anti-FGM organisation. My participant observation provided me with an understanding of the main actors, discourses and various models for FGM abandonment within the global anti-FGM campaign. The network I ended up tracing was also largely determined by Orchid Project's position within the domain and the connections I could establish with other organisations and actors due to my role as Orchid Project intern.

The second node in the network was SAFE Maa – the Maasai branch of the international, Kenya-based NGO Sponsored Arts For Education (S.A.F.E.) – and the Maasai community in which SAFE Maa operates. A partner organisation and grantee of Orchid Project, SAFE Maa raises awareness on HIV/AIDS and advocates for the abandonment of female genital cutting among the Maasai community of the Loita Hills in southern Kenya. Studying SAFE Maa and its interactions with Orchid Project and the local Maasai community provided insight into how discourses, policies and development models travelled between international and grassroots organisations. Orchid Project partners with several 'community-based' organisations in various African countries and India¹⁰. I chose an organisation in Kenya because of the role the country and its anticolonial struggles (to which female circumcision was central) play in contestations of anti-FGM campaigns and the imaginary of anticolonial resistance (I elaborate on this in chapter 2). In addition – and I could not have anticipated this when developing my research project – in 2017, Kenya became the stage for the world's first juridical contestation of the constitutionality of the country's anti-FGM legislation (I elaborate on this in chapter 5). Of the various Kenyan community-based organisations Orchid Project partners with, I chose SAFE Maa for three reasons. First, because of my previous research experience in neighbouring Maasai communities on the Tanzanian side of the border (Mfereji, Monduli Juu, Mto Wa Mbu, Oloirobi, Malambo, Wasso) and my modest knowledge of Maasai culture and Maa language. Second, because of the instant and inexplicable affinity I felt with some of the organisation's staff¹¹ and, third because SAFE Maa welcomed me to observe their work and facilitated my access to the Maasai community in the Loita Hills. I participated in two 'knowledge sharing workshops' co-organised and co-facilitated by Orchid Project and

⁹ At the end of my two-month internship at Orchid Project, a senior employee was leaving and, with her, a lot of the factual knowledge on FGM. I was asked to stay on board for another month to soften the transition and orient her replacer. I negotiated that, in return, Orchid Project would facilitate and sponsor my participation in Tostan's training (see below).

¹⁰ FGM/C is also practised and fought against in countries in the Middle East and Asia, and among diaspora communities in Europe, Australia, and the USA. The focus of the anti-FGM domain was initially only on Africa, and only more recently is data being gathered and are activists from these regions given space within the domain.

¹¹ I met SAFE Maa's project manager Sarah Tenoi at a workshop in Arusha, Tanzania, organised by Orchid Project and co-facilitated by Sarah. I later met the rest of the team at a second workshop, this time in Narok, Kenya, co-organised and co-facilitated by Orchid Project and SAFE Maa.

SAFE Maa in which I observed how a certain discourse on and model of FGM abandonment was made to travel. In contrast to my role at Orchid Project, I did not do volunteer or other work for SAFE Maa. In Loita, I was alternately hosted by SAFE Maa and by the family of my research assistant. My relationship with her family and SAFE Maa formed the basis of most of my relationships and learning in Loita. My association with SAFE Maa – an NGO widely known in Loita for its work against female genital cutting – might have influenced how people understood my intentions. However, from previous experiences I knew that some people might assume that I, as a European, oppose FGM regardless of my association with SAFE Maa. In addition, my purpose was not to evaluate SAFE Maa's effectiveness in ending FGM in Loita. Rather, I wanted to understand how SAFE Maa positions itself within Loita and the anti-FGM debates that are happening there.

My stay in Loita was cut short by Q fever that progressed into severe pneumonia. I ended up spending just over a month in Loita. While I, of course, felt disappointed that I spent a much shorter time in Loita than I had anticipated, ten months of previous ethnographic research among Tanzanian Maasai communities made me familiar with Maasai culture and, as it turned out, with some Loitai who I had met some years earlier at the market on the Tanzanian side of the border. In Tanzania, I had also participated in several three-day circumcision ceremonies in Mto Wa Mbu (Manyara), Oloirobi (Ngorongoro), and Malambo (Loliondo). My previous experience and relationships allowed me to intensively immerse myself in events and conversations right from the beginning. It is this intensity of excursions into people's lives, rather than the length of the researcher's physical presence in a certain space, that allows for good ethnography (Pink and Morgan 2013, 352). I remained in touch with SAFE Maa staff and several Loitai through telephone and social media and I returned to Olmesutie in February 2019 to attend the Public Declaration of the abandonment of female genital cutting, organised by SAFE Maa, the Loita leadership and ex-circumcisers. I planned to return to Loita in April 2020 to follow up on what had happened after the Declaration and to present and discuss my analysis so far. However, due to Covid-19, the Kenyan government closed the borders in March 2020, and I had to cancel my trip. I did have follow-up conversations via phone and social media.

The third node became Tostan, an international Senegal-based NGO that organises 3-year nonformal education programmes for villages in Senegal and other countries in West Africa. Despite its proven impact on a range of variables like literacy, numeracy, increased female representation in politics, birth registration, and so on (i.a. Diop et al. 2004), Tostan is most famous for the success of its programme in encouraging community-wide abandonment of female genital cutting. Orchid Project dramatically changed its own discourse and approach

to female genital cutting after learning from Tostan (see chapter 4) and now advocates for and diffuses Tostan's model through workshops with community-based organisations in several African countries and India. Orchid Project sponsored various organisations, including SAFE Maa, to attend a 10-day training by Tostan on its nonformal education programme, with a particular focus on the abandonment of female genital cutting. Tostan also played an important role in the production of the so-called 'social norm theory' on female genital cutting, as well as UNICEF's guidelines for FGM abandonment which are based on this theory (see chapter 3). I included two visits to Tostan in Senegal (the headquarters in Dakar and Tostan's national department in Thiès) to get a deeper understanding of the organisation that played an important role in producing and spreading a theory on and model for the abandonment of FGM which is now highly influential. I interacted with Tostan first as Orchid Project intern, then as a participant in their 10-day training¹² (February-March 2018), and finally as a research fellow¹³ at their international office in Dakar (July 2018). The good rapport I built with Tostan also facilitated my access to staff at the UNICEF *Innocenti* Research Centre in Florence that played an important role in developing the social norm perspective on FGM.

Finally, the fourth node was Kenya's national anti-FGM domain, consisting of national and international NGOs working to end FGM in Kenya, activists, the semi-governmental Anti-FGM Board, as well as the conferences, campaigns, and policies that emerged from this domain. I attended Kenya's first (2018) and second (2019) national conference on FGM, as well as Pan-African and local conferences, workshops and seminars on FGM for activists, NGO representatives, and medical practitioners, organised by the Anti-FGM Board, the Girl Generation, and the Africa Coordinating Centre for the Abandonment of FGM. I interviewed politicians, journalists, health practitioners, scholars, activists, and NGO staff involved with FGM in Kenya and kept track of mentions of FGM in Kenya's newspapers and on television. I also followed the ongoing court case in which Kenyan medical doctor Tatu Kamau petitions against Kenya's Prohibition of Female Genital Mutilation Act, and conducted interviews with journalists, witnesses, and lawyers on the case. I also had two phone conversations with Kamau herself, but unfortunately, she refused to comment on the content of the case while it was

¹² I negotiated that Orchid Project facilitated and sponsored my participation in Tostan's training in return for the fact that I agreed to extend my two months of full-time volunteering to three months as to help the organisation transition between programmes managers.

¹³ Sponsored by the Hilton Prize Coalition, my role was to aggregate and summarise academic and grey literature on the impact of Tostan's programme on female genital cutting. The fellowship allowed me to return to Senegal and spend more time with staff of Tostan International at the organisation's headquarters in Dakar.

ongoing. These varied experiences in Nairobi formed the basis of extended fieldnotes on Kenya's national anti-FGM domain.

In addition to these different geographical nodes, I also traced discourses through temporal locations. I, therefore, conducted archival research at the British National Archives in Kew and the Kenyan National Archives in Nairobi. I consulted, among others, documents by the Church of Scotland, African Affairs Department, the Attorney General's Office, the Community Development Department, and Circulars from various counties.

Ethical approval for my study was obtained from the SOAS Ethics Committee and the Kenyan National Committee for Science, Technology and Innovation. Except for in conversations with NGO staff, I avoided asking individuals from FGM-practising communities questions about the cutting status of women for legal and ethical reasons. With 'legal', I refer to the fact that I did not want to bring my interlocutors, translator, or myself in a legally awkward position in a context in which failure to report instances of FGM is punishable by law. In terms of ethics, while many women spontaneously talked about their circumcision status, I believe that this is potentially sensitive information which should not be assumed to be given, even more so in a highly polemic context. Given that my thesis is not meant as a mapping of FGM prevalence nor an evaluation of the 'effectiveness' of anti-FGM projects, I was not concerned with individuals' cutting status. In addition, as a highly politicised topic and with myself – a white European woman – often being assumed to oppose FGM, such questions would likely have been answered in (what interlocutors would have believed to be) socially desirable ways (Askew 2005).

All interviews were subject to verbal informed consent and participants received an information sheet including my contact details. In cases of participant observation, I worked to ensure that all people involved were aware of my identity and interests as a student researcher. I informed the CEOs and staff of Tostan, Orchid Project, and SAFE Maa that I could not guarantee the anonymity of their organisations and staff. I told the same to key figures in the Kenyan anti-FGM scene, such as the members of parliament and medical doctors who collaborated on getting more comprehensive anti-FGM legislation passed (chapter 5). I also did not hide the name of the village where SAFE Maa has its office and organised the public declaration, because the name of the village is on the organisation's website and in newspaper articles on SAFE Maa's public declaration. I gave interlocutors who were not easily identifiable the choice to include their real name or a pseudonym of their own choice (Scheyvens and Storey 2003, 146). I made fieldnotes in Dutch in booklets or on my password-protected laptop in a password-protected document.

In terms of reciprocity, I volunteered for Orchid Project and worked on an evaluation paper that would support the advocacy work of Tostan. I did not work for SAFE Maa, but an article I published based on my research in Loita (Van Bavel 2019) can be useful for their advocacy work or to attract donors. I made clear to the various organisations that my thesis would speak to academic debates on the politics of knowledge production around FGM, and would not be an evaluation of FGM programmes nor an attempt to better understand FGM practices in a certain location, and thus might not easily lend itself to ‘improve’ programmes or support advocacy of Tostan, Orchid Project, or SAFE Maa. My research assistant and I made clear to interlocutors in Loita that they would not be reimbursed for participating. I did bring back print photos and other small gifts people asked for (like a beaded bracelet from Samburu) as tokens of gratitude when I returned to Loita in February 2019.

Scheyvens and Storey (2003, 149) write that researchers are often in positions of power in relation to most of their participants. In my experience, power differences were dynamic. At Orchid Project, I was the intern who had to learn everything, and my colleagues had the power to decide what I would learn, for example by excluding me from certain meetings or requiring me not to write about certain topics. On the other hand, my colleagues were aware that I had the power to represent them and I did experience that the founder and CEO was initially worried that I would criticise her and her organisation. In the Maasai community of Loita, I found myself in a position of power in terms of access to money, education, and other resources. However, being a young, single woman with limited proficiency in Maa language and depending on the hospitality of the community to some degree redressed this power imbalance (see also Razavi 1993, 156). Maasai society is organised in a gerontocratic way, meaning that some older interlocutors (both male and female) asserted their authority over me.

Lee-Treweek and Linkogle (2000, 1) write that ‘researchers are often well versed in outlining the importance of protecting participants [...] however, the issue of their own [...] safety and welfare needs is often thought through in a cursory manner or in an ad hoc contingent fashion once in the field.’ In preparing for fieldwork, I had anticipated unforeseen events, such as losing fieldnotes due to technical failure and challenges around getting the right research permit and access to certain people and places. I could, of course, not have foreseen the tragic death of my boyfriend, his brother, and our friend in an aeroplane crash in the *Empakaai* crater in Ngorongoro, Tanzania, during the first month of my fieldwork in November 2017. I have decided to reflect in-depth on the methodological and epistemological implications of coping with grief and trauma during fieldwork and writing elsewhere (Van Bavel 2020). In short, my grief and trauma influenced what ended up constituting my field. Grief and trauma made it

impossible for me to return to certain places that reminded me of my boyfriend. The visibility of my grief, on the other hand, humanised me in the eyes of interlocutors, at times redressed some of the power imbalances between researcher and researched, and formed the basis for close relationships with interlocutors who had dealt with sudden loss themselves and/or took it upon themselves to take care of me (see also Myerhoff and Littman 1985). Being the bereaved girlfriend of a Tanzanian man, at times also changed my position and relation to interlocutors. In Tanzania and Kenya, many people started referring to me as *shemeji* or sister-in-law after finding out, even if they had no links to my boyfriend's family. In naming me sister-in-law, they placed themselves in a role of responsibility towards me. But the mental and emotional work that comes with processing grief and trauma also left me with less time for other activities I had planned (such as extensive Maa learning), led to returning sickness while in the field, and made it difficult to return to certain fieldnotes and the memories attached to them.

Research Assistance, Language, and Terminology

I conducted most of my interviews and participant observation in English (Orchid Project, international conferences), French (Tostan, UNICEF Senegal), or a combination of English and Swahili (Nairobi). I learned enough Maa to amuse Loitai. A mixture of Swahili and basic conversational Maa was sufficient for my daily interactions with Loitai. For in-depth interviews with Loitai, however, I was assisted by my research assistant Scola, a college-educated Maasai woman in her late twenties. Scola had previous experience as 'community researcher' for several NGOs. We discussed in detail the nature of my research project and her role as interpreter and research assistant. We agreed that I would direct the interview and that she would translate as directly as possible. I studied some of the vernacular that we expected to come up during the interviews so that I would have some grasp of what was being said. Together, we identified who we would be interviewing, ensuring to include different demographics and key informants (circumcisers, cultural leaders, midwives, church leaders, teachers, government officials, etc.) and set our agenda. We agreed on a daily wage and on the number of interviews we would do per day.

Outside Loita, I conducted interviews and participant observation without the help of a research assistant. I gained access to Tostan and SAFE Maa through their relationships to Orchid Project. In Nairobi, I established connections through my Kenyan supervisor Dr Tammary Esho (a sexologist with FGM expertise at the Technical University of Kenya and the Africa Coordinating Centre for the Abandonment of FGM), through introducing myself to key

actors at the various conference I attended, through being introduced by interlocutors I was already in touch with, or through reaching out and introducing myself via social media. In-depth interviews were audio-recorded and, when in French, English or Swahili, verbatim transcribed by me. I double-checked the translations from Maa to English of relevant excerpts with a Maa teacher in Nairobi.

Debates on female genital surgeries are characterised by a wide variety of terms used to refer to the practices and the words different actors use often reflect their position within these debates. British colonial officials and missionaries initially referred to the practices as ‘female circumcision’, but in the 1970s the US American feminist Fran Hosken popularised the term ‘female genital mutilation’ (FGM), arguing that ‘circumcision’ wrongly implies parallels with male circumcision and therefore minimises the harm and torture that FGM entails. In the late 1990s, some actors – mainly African women and African and international organisations working with communities where female circumcision takes place – rejected the term female genital *mutilation* for its judgmental connotation. Instead, they proposed female genital *cutting* or FGC as a more neutral description of what happens, while still avoiding the term ‘circumcision’ which would imply similarities between male and female circumcision. Senegal-based NGO Tostan was – and remains today – one of the main defenders of the term female genital cutting (see also chapter 3). Some (African and Western) feminists opposed ‘cutting’ because they felt that the term was meant to sanitise and minimise the harm caused by the practices. UNICEF and other organisations opted for the compromise term ‘female genital mutilation/cutting’ (FGM/C) to capture both the experience of women who feel mutilated and those who find offence in the term ‘mutilation’ and to reflect the human right perspective which considers the practice as mutilation. In my writing, I try to remain faithful to the terms that different actors use. This means I switch between different terms throughout my thesis. The different terminology can be difficult for the reader but employing the terms people use provides insight into how discourses on female genital surgeries travel and take on different forms.

Positionality, Analysis, and the Writing Process

Who we are and from where we speak is highly relevant for the intellectual projects we are likely to pursue...[these questions] influence the research questions we deem to be interesting, the projects we judge to be important, the scholars we choose to read and to cite, and the metaphors we use to describe the phenomena we observe. (Moya 2011, 79-81)

The illusion of objectivity and neutrality in research has long been debunked. Feminists have argued that quality research requires eschewing any illusion of ‘objectivity’ or ‘neutrality’ and, instead, reflecting honestly on how our subjectivities influence the research topics we choose and the findings we produce. Our orientations as researchers are strongly influenced by our positionality, which in turn is influenced by our gender, class, race, geographical location and other axes of difference (Harding 2005; hooks 2010), but also about our own unique experiences (Robertson 2002). My inquiry into the politics of knowledge production reflects my own journey as a white, European feminist: from a teenager appalled by and committed to ending FGM to a ‘gender and diversity’ studies graduate with a growing awareness of the harmfulness of ‘white feminism’ and interest in postcolonial theory and critique.

My doctoral research was strongly influenced by postcolonial feminist scholarship and, particularly, critiques of the colonial continuities within Western feminism and development, and the problematic nature of the globally dominant anti-FGM discourse. However, confronted with the stories of women suffering the consequences of FGM, I have grown wary of critical accounts that minimise the consequences of FGM in the interest of unsettling taken for granted assumptions about FGM. There were instances where witnessing the grief, anger, and trauma reminded me that what, for me, was a question of the politics of knowledge production, for many women, was about their bodies and the violence inflicted on them. Yet simultaneously, confronted with the experiences of women suffering the consequences of homogenising anti-FGM discourses and policies – ranging from being denied bodily autonomy to racial profiling –, I remain critical of essentialist discourses and approaches based on it. Throughout my doctoral research, I was therefore committed to understanding the diverse and divergent ways of experiencing and thinking about female genital cutting practices.

I agree with Jennifer Robertson (2002) that we must be careful that ‘reflexivity’ is not limited to clarifying one’s location based on essentialised ‘ready to wear’ identity-categories. The identity-categories I use to label myself – white, European, female – did not determine my position in the field in predictable or straightforward ways, because the people populating my field were ‘quite proficient at assigning labels and creating positions of their own for others and themselves’ (ibid, 791). Some Maasai interlocutors in Loita assumed that, as a white woman, I indeed opposed FGM by default. Others saw in me an unaccompanied, unmarried young woman and were more concerned with my wellbeing than with my opinions on female circumcision. Anti-FGM activists in Kenya and Senegal assumed to have an ally in me in their fight against FGM. I worked to make it clear that the goal of my research was analysing the anti-FGM campaign, rather than contributing to it per se. Aware of anthropological critiques

of ‘outsider interferences’, some Orchid Project staff were at first slightly uncomfortable with a potential ‘critic’ in their midst. The ways people responded to my presence was often informative in itself.

At Orchid Project, I felt the need to contribute substantially to the organisation as a way of proving that it had been the right decision to take me on board. At times my volunteer self threatened to overshadow my research self (Garthwaite 2016). I experienced how simply being part of a team can shift one’s focus to the system goal of helping one’s team succeed. On the 19th of June 2017, I wrote in my fieldnotes:

When I finished writing the brief [on the medicalisation of FGM], it suddenly struck me that I have been so focused on collecting articles, reading, summarising, and writing this brief that I haven’t really questioned what it is the team – and I’m part of it! – is doing. The excitement about Orchid having these conversations with the WHO is so contagious that my focus has shifted to contributing to the teamwork. Being part of a team can really draw you in...

‘Exiting’ the field was (and remains) challenging. The boundary between ‘fieldwork’ and ‘writing up’ was necessarily blurred: the transnational phenomena I studied continued happening and media debates and conferences I attended were just as much part of my research as the participant observation I did in Loita. As such, my research continued after returning to London and until I completed the final draft of this thesis. In addition, shared experiences and emotions made me deeply attached to some of the people I interacted with during fieldwork. I strongly identify with David Mosse’s (2006, 937) statement that ‘closeness makes writing more difficult.’ In writing up my thesis, I have experienced discomfort and even guilt in emotionally distancing myself from and objectifying people who have become friends. I worry about how my writing will affect the relationships I have built and have come to cherish over the course of my doctoral studies. I share these concerns with many ethnographers, who have described how ethnography consists indeed of ‘messy, complicated, and often emotionally fraught interactions’ (Hume and Mulcock 2004, xviii). David Mosse (2006) describes ethnographic writing as potentially ‘anti-social’, as it turns relationships into data and colleagues and friends into objects for critical analysis.

How we interpret what our interlocutors tell and show us is also strongly influenced by our positions: we make sense of the world through a worldview which is shaped by our experiences and our position in terms of gender, race, class, geographical location, and other axes of difference. Anthropology as a discipline cautions against imposing one’s own experiences and understandings of the world onto others. ‘Such warnings against facile notions

of universal human nature,' Renato Rosaldo (1993, 171) says, 'can be carried too far and harden into the equally pernicious doctrine that, my own group aside, everything human is alien to me.' He says he hopes to 'find a balance between recognizing wide-ranging human differences and the modest truism that any two human groups must have certain things in common.' It is this commitment to balance that underpins my research. To be more susceptible to these 'wide-ranging human differences', I have worked to expand my worldview by reading, listening to, and engaging with the insights of anthropologists and (African) postcolonial feminists who challenge Eurocentric notions of gender, development, modernity, FGM, and so on. It is a continuous and undeniably incomplete process of challenging and widening my own thinking.

I am conscious of the fact that I take part in the processes of knowledge production on FGM which my thesis critically examines. The irony of being yet another white, European woman studying female genital cutting has also not escaped me. In her influential article *How Native is the Native Anthropologist*, Kirin Narayan (1993, 671) has demonstrated the limitations of arguing that only 'insiders' can study their own communities. She suggests that it is impossible to make a clear distinction between outsider and insider, and that it is more productive to see 'each anthropologist in terms of shifting identifications amid a field of interpenetrating communities and power relations' (ibid). I agree with her argument, and perceive myself as an insider, to some extent, in the transnational community that speaks, writes, and thinks about female genital cutting. At the same time, however, I remain conscious of the fact that the Maasai women who were so generous to tell me about their intimate lives will not have the opportunity to interview women in London about theirs. I have worked to remain conscious of these power imbalances and my position. I do not take the privilege to tell other people's stories for granted and I have tried to do justice to the stories, perspectives, and realities of the people I engaged with. In the end, however, the story I tell in this thesis is mine, shaped by my worldview which, in turn, was influenced by my unique position and the knowledge I have been exposed to. The resulting thesis is a fallible attempt at interpreting the observations I made as I moved through the global anti-FGM domain and thus calls for interpretative humility. My aspiration for this thesis is that it contributes to 'forging links between different knowledges that are possible from different locations' (Gupta and Ferguson 1997, 39).

Thesis argument and structure

The last century has seen the expansion of the global anti-FGM campaign, with a particular acceleration of international anti-FGM efforts in the last three decades. Researchers have produced a body of instrumental scholarship that has supported anti-FGM efforts, but over the last three decades, an increasing number of epistemological and political critiques of the anti-FGM campaign and its underpinning scholarship have been formulated by anthropologists, anti-colonial feminist scholars and African women. Taken together, the critical scholarship has criticised the global anti-FGM campaign for authorising Western and silencing subaltern discourses on female circumcision and for imposing Western values onto African communities. While these critiques are very important in redressing global inequality in knowledge production and interventions related to female circumcision, they also risk implying a discursive divide between Africa and the West, homogenising both sides of the divide, and assuming the coherence and hegemony of a 'Western' anti-FGM discourse and a lack of African agency. My thesis builds on these critiques but wants to push them forward by challenging some of the implicit assumptions. I do this by drawing on the ethnography of development and travelling theory, which allow me to lay bare the contingencies, messiness, collaborations, and feedback loops that go into producing discourses, theories, and policies and making them travel. Travel theory still allows me to discuss power, but power is no longer all-consuming and hegemonic but needs to be worked out.

I show the fallacy of the discursive divide between pro-female circumcision and anti-FGM by examining the many different reasons for and ways of opposing the cut as well as the many different responses to anti-FGM efforts. I also show that pro-female circumcision and anti-FGM do not map onto the West versus Africa (there have always been Africans who opposed the cut and Westerners who were critical of anti-FGM efforts), and challenge this divide in itself by examining the collaborations between Western and African actors. I show that the creation of a single, global discourse on FGM and the wholesale imposition of that discourse are not possible. Furthermore, the agency of African actors goes beyond resisting anti-FGM attempts (Bending and Rosendo 2006): African actors feature prominently in the global anti-FGM domain, they initiate programmes, actively look for collaborations with and funding streams from Western actors, and have their own perspectives on how cutting should be addressed. Others co-opt anti-FGM rhetoric to redirect funding streams. Again others negotiate the ongoing change or resist it altogether by looking for ways to circumvent anti-FGM mechanisms.

In complicating the discursive divide between pro-female circumcision Africa and the anti-FGM West and challenging notions of the imposition of Western values, I do not mean to

deny the influence of the West on the global anti-FGM domain nor the existence of global hierarchies. I aim to pay attention to the more subtle ways in which global, national, and local developments contour people's experiences, thoughts and actions: rather than being determined by these forces, people do have the agency to shape their thoughts and actions within these spaces. I thus depart from *a priori* assumptions about the hegemony of an all-powerful 'Western' discourse and look at the transnational work that various actors invest in producing, stabilising, and contesting certain discourses.

Chapter 1 discusses how female circumcision is being challenged and negotiated among the Maasai community of the Loita Hills in southern Kenya. The chapter gives a short overview of the history of the Maasai and the various forces that have impacted the area and their livelihoods; explains the role cutting plays in the social organisation of Maasai society; and shows how various forces – education, class aspirations, age, religion, and the law – on the one hand, and organisational policies/programmes on the other – are shaping responses to cutting in often contradictory ways. FGM is a practice that tends to be understood through binary perspectives, i.e. a rite of passage that is essential to the maintenance of cultural integrity or a barbaric and backward act that damages the health and reproductive rights of girls. This binary aligns with familiar oppositions that anthropology has critiqued (i.e. traditional/modern; western/indigenous; culture/nature etc.). This chapter shows the fallacy of this binary by highlighting how the Maasai of Loita complicate these assumptions. It also starts to show that it is impossible to construct a linear storyline about where influences come from. The following chapters explore that question – how changes in Loita (at the grassroots level) connect to changes elsewhere – in-depth.

To understand how change at the grassroots level in Loita connects to developments on the national and international level, the following chapters trace how theories, policies, and models for FGM/C abandonment travel between temporal and geographical locations. In chapter 2, I 'zoom out' to look at the wider history and global context to see how changes in Loita fit within the history of the global campaign against FGM. The chapter traces the genealogy of the anti-FGM campaign and shows how opposition to FGM was expressed differently in accordance with the socio-political context of various key moments in the history of the anti-FGM campaign and the interests and sensitivities of actors inhabiting those moments. To produce a coherent discourse that would convince additional actors to support the campaign, those already opposing female circumcision selectively and strategically in- and excluded 'facts' into the anti-FGM discourse. The first part of the chapter is based on archival

research and secondary literature and shows how British Protestant missionaries in Kenya and feminists in London tried to convince the British government to ban female circumcision in the colonies by arguing that female circumcision would harm population growth. The British government initially agreed but, prioritising ‘peace’ in the colony over ending female circumcision, the government changed its mind when a ban on female circumcision led to unrest among the Kikuyu people of central Kenya. The second part of the chapter is largely based on UN documents and secondary literature and looks at the production of the global anti-FGM campaign in UN spaces after WWII. The chapter shows that the anti-FGM discourse as articulated today by UN agencies and other high-profile international agencies carries the discursive layers of its historical trajectory: FGM is framed as a health issue (the early 1930s-1960s), an expression of women’s subordination (1970s-80s), and a human rights violation (1990s, early 2000s). The chapter also shows how female circumcision would remain a ‘sensitive’ topic throughout the institutionalisation of the anti-FGM campaign in UN spaces. In the 1950s and 1960s, the WHO initially refused to take action on the matter despite requests from African women, arguing that the topic was ‘cultural not medical’ and therefore outside the realm of the WHO. Western feminists in the 1970s, however, were much more confrontational in their approach and caused heated debates about who should and should not define the problem of FGM and its solutions. The confrontations they caused set the stage for the emergence of a new approach to ending FGM; an approach that would be ‘culturally sensitive’ and ‘Africa/community-led’ and thus overcome accusations of cultural imperialism by the West. This approach was called the ‘social norm-based approach’ to ending FGM/C and is the topic of chapters 3 and 4.

In chapter 3, I show how the social norm-based approach to FGM/C emerged in a context in which (African) anticolonial feminists and anthropologists grew increasingly critical of the Western ethnocentrism underpinning the discourses on FGM of certain Western feminists. I describe how a transnational network with UNICEF at its core developed the approach based on academic theory and the field experiences of NGOs, especially Tostan. With its emphasis on cultural sensitivity and community-led change, the social norm perspective promised the solution for the problem of Western imperialism of previous discourses and approaches and was accepted by even the sternest (anti-colonial) critics of the anti-FGM campaign. However, in appropriating a ‘culturally sensitive’ and ‘community-led’ approach the network reproduced the binary it sought to dismantle. The approach was initially developed by Senegalese women; it subsequently became appropriated by international development institutions and was made legitimate in policy circles through the efforts of academics and

professionals in UN spaces – most of them tied to institutions in the Global North. Despite its emphasis on a ‘community-led’ approach to ending FGM/C, the salience of the global north in defining the parameters of FGM/C and in producing and diffusing policies for its abandonment retains the structural power of Western institutions. The ‘culturally sensitive’ social norm-based approach aimed to redress the dominance of Western actors in defining FGM/C and its solutions. Yet, through the process of turning academic theory and field experiences into UN guidelines, the global power hierarchies were reproduced, and these power hierarchies became hidden from sight by a rhetoric of cultural sensitivity and (African) community leadership.

Chapter 4 examines how the transnational network that produced the social norm-based approach to FGM/C tries to convince other actors in the anti-FGM domain to adopt this approach, and how the network is helped in these efforts by NGOs like Tostan and Orchid Project. I trace how the social norm-based approach ended up in the Loita Hills of Kenya. In doing so, I challenge the notion of the ‘wholesale’ imposition of the social norm-based approach onto an African community by showing the work different actors put into making the approach travel and the many transformations the approach goes through as it travels from one actor to another. I argue that Western funding streams do play a role, but so does the affective dimension of workshops and trainings in which participants become convinced of the social norm approach because testimonies related to the approach ‘touch’ them or resonate with their own experiences. The chapter challenges the passivity implied in critiques of the West ‘imposing’ values onto Africa by showing the agency of the various actors involved and the many forms of collaboration.

Chapter 5 continues to complicate the notion of wholesale imposition of a Western hegemonic discourse onto Africa. The first part of this chapter shows how Kenya’s Prohibition of Female Genital Mutilation Act of 2011 was the outcome of a convergence of various Kenyan and international actors with their own interests. The second part of the chapter discusses the ongoing court case in Kenya in which a female medical doctor wants Kenya’s Anti-FGM Act to be called unconstitutional because, according to her, the Act infringes on women’s right to culture, health, and gender equality. Her case drew international attention and mobilised activists all over the world to defend the Act and the wider anti-FGM domain against her accusations. At the same time, Kamau found support among circumcised women in the diaspora in the UK and USA whose struggles around FGM are similar to, yet different from Kamau and the Kenyan women she represents. The chapter illustrates that, despite global hierarchies in the production and diffusion of theories and policies on FGM, actors in the peripheries of the global anti-FGM domain can – and do – disrupt the flow of theories and

policies on FGM. At the same time, however, it demonstrates the work that anti-FGM actors put into re-establishing the anti-FGM discourse and subjugating deviant perspectives.

Finally, chapter 6 brings us back to Loita and examines what happens when the historical, global, and national discourses discussed in the previous chapters touch down in a rural Maasai community where female circumcision is practised and contested. I trace the genealogy of a public declaration of FGM/C abandonment in Loita facilitated by SAFE Maa and show that, rather than a local implementation of Tostan's programme, SAFE Maa's programme was co-constituted in response to unpredictable local developments and the actions of other actors, such as the government and the Protestant Church. These local developments against which SAFE Maa developed its approach were in itself already influenced by historical and national developments. Resistance against anti-FGM efforts among Loitai were not only due to reluctance to let go of an important cultural practice, but also inspired by historically-induced fear of cultural erosion and distrust towards the government and 'development' organisations. The chapter also shows the contingencies that went into the production of SAFE Maa's programme: the organisation came into existence after a chance encounter between a British actor and Maasai teacher and it were the unpredictable police crackdowns and the presence of other, more 'aggressive' anti-FGM actors that created the opportunity for SAFE Maa to promote an alternative rite of passage as the way of protecting Maasai culture. SAFE Maa thus did not 'translate' the social norm-based approach to fit with the Loita context. Rather, they developed their own programme which was later articulated in social norm terms.

Chapter 1. Changes in female circumcision among the Loitai Maasai of southern Kenya

Introduction

Ore Ittunganak le taata neeta ngarn naijo nooltunganak liopa.

People who live today have the same names as people who lived in the past.

It was Nashuru, an old woman from Olmesutie – a small village in the Loita Hills of southern Kenya – who shared this proverb with my research assistant Scola and me. Nashuru was a well-respected woman in the village due to her old age and her rich knowledge of Maasai history and culture, and I visited her several times over the course of my fieldwork in Loita. She estimated her age at 80 years old, but if she would have said 100, I would have believed her just as easily. Her eyes were cloudy and had sunk back in the folds of her parchment skin. After handing over a cup of hot *chai*, she looked at me and said: ‘Tell me what you want to know, *enkerai lai* (my child).’ She talked and talked, seemingly taking great pleasure in telling about what Loita was like when she was young to such an eager audience. When she arrived at the topic of changes she has witnessed, her voice dropped. That is when she shared the proverb and explained that, while the Maasai living today still have the same names as their ancestors, they are not the same kind of people: ‘We are forgetting our culture. First, they took our land, then they tried to take our culture. And now, *pole pole* (slowly), our own children are forgetting what it means to be a Maasai.’ When I asked what it means to be Maasai to her, she touched her clothes and jewellery, the large holes in her earlobes, the beaded earrings dangling from her helixes, her two missing lower incisors, and said:

Maasai are people of cattle. We circumcise our sons. We circumcise our daughters. We sing and we dance. We pray to *Eng'ai*¹⁴, we celebrate *Eunoto*¹⁵. But nowadays, these things are getting lost. They took away our land. We don't have enough land for our cows, so we grow maize and beans. Our sons are circumcised in hospitals, our daughters aren't circumcised at all. We pray in churches instead of under trees; our boys graduate from school instead of warriorhood. Our culture is getting lost.

¹⁴ Maasai deity

¹⁵ Ritual that marks the transition from *ilmurran* (warriors) to junior elders.

Scola, sitting next to me, shifted her weight on the low stool she was seated on, an apologetic smile on her lips. As a college-educated woman and an active member of the Protestant Church, she was part of the changes Nashuru was lamenting. In contrast to Nashuru, Scola saw these as good developments that would move her family and community forward. She had long decided her daughter would never be circumcised.

Female circumcision or FGM tends to be understood through binary perspectives. It is described as either a rite of passage that is essential to the maintenance of cultural integrity or as a barbaric and backward act that damages the health and reproductive rights of girls. Much of the literature on the unintended consequences of anti-FGM efforts reinforces this binary by focusing on anti-FGM efforts and the resistance of communities who value their cultural practice and want it to remain unchanged. The ethnography in this chapter shows the fallacy of this binary by exploring the many contingent and dynamic opinions on female circumcision and responses to anti-FGM efforts in Loita. Like Dorothy Hodgson (2005, 18) has done for Maasai (women)'s conversion to Catholicism, I move beyond the 'crude dualism [between] "resistance" and "adaptation"' and notions of "hegemony" and "imperialism" and pay attention to 'the more subtle (and sometimes not-so-subtle) interplay of agency and structure, culture and political economy, ideas and practices' that shape negotiations over female circumcision in Loita. I examine cross-cutting pressures that lead people to make different decisions about female circumcision, based on historically-induced fears of cultural erosion, class aspirations, age, and religious and legal proscriptions. I show that the responses to the anti-FGM efforts of the government, Protestant Church, and NGOs are contingent and dynamic (even within families and individuals) depending on how people perceive their lives within these wider societal forces.

The chapter starts by introducing the village of Olmesutie, the Loita Hills and the Loitai Maasai inhabiting this area. I describe what female circumcision among the Maasai of Loita entailed before the changes of the last decade or so. I then move on to discuss the factors, identified by Loitai interlocutors, that influenced changes in the practice. In doing so, I also show how different Loitai respond differently to these influences and the changes they inspire, thus complicating the binary between anti-FGM versus pro-female circumcision.

Olmesutie and the Loita Hills

Every Saturday is market day in Olmesutie, a small village in the Loita Hills in the South of Kenya, only a few kilometres as the crow flies from the Tanzanian border and inhabited mainly by Maasai people. Traders from surrounding villages arrive early in the morning to display their merchandise on the rickety wooden constructions in the village square: vegetables, oranges, second-hand clothes, tennis shoes, pots and pans, and of course the colourful *shuka* and beads so characteristic of Maasai dress and adornment. The buzz of the market drowns out the bleating of sheep and goats that, together with a few cows and bulls, are being traded just outside the village centre.

I arrived in Olmesutie on a late afternoon in July 2018, when most vendors had started packing up, but the village centre was still crowded with people socialising. I was lucky to get a lift in S.A.F.E.'s Range Rover to cover the 290 km from Nairobi to Olmesutie, the last 140 km of which consist of bumpy dust roads that turn into rivers in times of heavy rain. After every turn of the road, a new breath-taking landscape emerged. 'You should have seen this ten years ago,' Nick – a British actor living in Kenya for close to 20 years and founder and director of S.A.F.E. – told me, 'it was full of lush green trees, it was an absolute paradise.' A century ago, the Loita Hills were a montane forest, but much of the forest was destroyed by fire (Sinclair 2012, 13) and, more recently, through deforestation by people looking for firewood. Today, the Loita Hills are largely grasslands with patches of forest. The nearby Loita Plains consist of savanna and pastoral grazing grounds.

As the founder and director of S.A.F.E., Nick had been coming to Olmesutie for nearly two decades and, when he got out of the car, he was quickly surrounded by people greeting him. Alice – a British woman in her late 20s and S.A.F.E.'s programme director – and I attracted more curious faces. An older woman reached out her hand to greet me, but instead of taking it, I bowed and let her touch the crown of my head – the appropriate way for a younger woman to greet an older person, which I learned during my previous stays in Maasai communities. The crowd around us responded with surprise and laughter. I caused more hilarity when I responded to the woman's question of how I am doing with '*sidai naleng*' (very well, Maa). 'Kisongo!' the woman said, pointing at me. Kisongo is the name of the Maasai section (*olosh*, pl. *iloshon*) that lives in Tanzania and among whom I carried out previous research. I learned the little Maa I speak during my stay with Kisongo Maasai and, clearly, it showed. A man I estimated in his early 30s explained to me that the Loitai Maasai say *sidai oleng*, not *naleng* like the Kisongo. Each Maasai subgroup is characterised by its own appearance,

customs, dialect, and has its own leaders (Hodgson 2005, 8). Since the establishment of the border between Kenya and Tanzania by colonialists, the Loitai live divided between Kenya and Tanzania.

Map. The Maasai and Maa-speaking Peoples in 1977

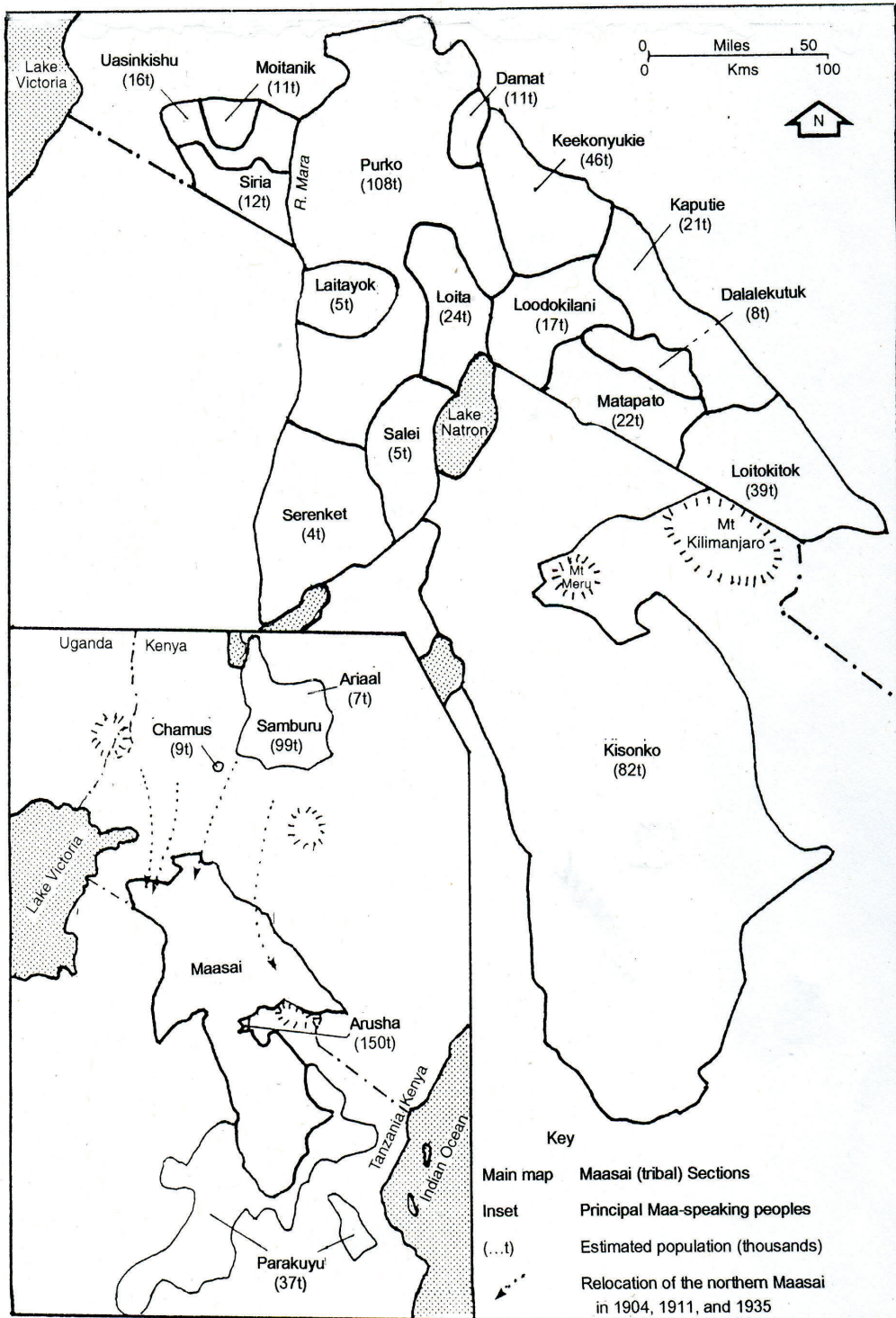


Figure 1 The Maasai and Maa-speaking peoples in 1977 Source: Spencer (2003, xvi) <http://www.tandfebooks.com/isbn/9780203583524>

The man who explained the difference in dialect wanted to know where I learned to ‘greet and talk like a Masai.’ I told him that I spent some time in Loliondo, on the Tanzanian side of the border. I explained that I don’t work for S.A.F.E., but that I am a PhD student interested in Maasai culture. A man in his 50s who had been listening in on the conversations said: ‘I have seen you at a ceremony in Tanzania some years ago.’ I was convinced he confused me with another *mzungu*¹⁶ and was perplexed when, at the market a week later, the man showed me a video on his phone of myself and my then research assistant at a circumcision ceremony not far from Loliondo.

The centre of Olmesutie consists of a handful of shops and tiny restaurants made out of wood and corrugated iron. The shops sell basic necessities and often-used items, such as flour, rice, oil, sugar, tea leaves, matches, *shuka*, blankets, and tennis shoes with rubber soles. Some of the shops have small solar panel-driven batteries where clients can charge their phones for a small fee. The biggest shop of the four is run by one of the few Kikuyu families in the area and provides M-Pesa¹⁷ services. Next door is one of the three little *hotelis*¹⁸ that offer *chai*, *chapati*, and *rolex* (egg omelette wrapped in chapati). A few meters down the road is a simple gas pump, sheltered from the sun and rain by sheets of corrugated iron. The shops behind the gas pump sell motorcycle parts and offer repair services. Next door, in a small room with walls covered in cardboard, the local barber gives his customers a clean shave, and around the corner a Kikuyu seamstress tailors, repairs, and irons clothes. A little bit outside the centre is Olmesutie’s only dispensary where a nurse treats small injuries and illnesses or refers people to one of the clinics or hospitals in Narok – if they can afford it. Every morning, young children from nearby homesteads roam around the village centre selling fresh milk.

Maasai are widely known as proud pastoralists. In her book *Once Intrepid Warriors*, Dorothy Hodgson (2001) critically interrogates how the image of the Maasai as (male) pastoralists came into being from the late 19th century onwards. Before colonial interference, Maa-speakers complemented their pastoral diet with products obtained through barter trade with nearby farmers and hunter-gatherers and also did agriculture themselves. European colonisers with their own ethnocentric understanding of ‘bounded’ ethnic groups moved Maasai into arid lands that were only viable for pastoralism and where the Maa-speakers became isolated from other ethnic groups with whom they traded before. Hodgson (2001, 173)

¹⁶ The Tuki Swahili-English Dictionary translates *mzungu* (plural *wazungu*) as ‘European’ (Chuo Kikuu cha Dar es Salaam 2014, 354), but *mzungu* is widely used to refer to white people.

¹⁷ M-Pesa is a mobile phone-based money transfer service which is widely used in Kenya to store and transfer money and to make payments.

¹⁸ Kiswahili for hotel, inn, restaurant (Chuo Kikuu cha Dar es Salaam 2014, 170).

writes that, despite this more complicated history in which Maa-speakers combined different livelihoods, ‘through the years, many Maasai, especially men, have come to embrace the pastoralist ideal as fiercely, if not more so, than state officials, yet fewer and fewer can afford to subsist solely as herders.’ In Loita, most families combine pastoralism with agriculture. Formally educated Maasai who found employment in tourism, conservancy, or NGOs also combine this with pastoralism and agriculture and often employ young men and women to look after their cattle and work their land (see also Hodgson 2001, 186). Some people, like Nashuru, perceive the combining of agriculture and pastoralism as a necessary evil, the lamentable outcome of a long history of land alienation, and a sign of the erosion of Maasai culture.

The history of land alienation and marginalisation by colonial and independent governments does not only explain why Maasai are seen and see themselves as pastoralists, but it also explains the suspicion among many Maasai towards development and fear of cultural erosion – two elements that are important to understand how Loitai respond differently to changes in and attempts to end female circumcision. Various scholars have described how, since the 19th century, Maasai have experienced continuous land alienation and socio-political marginalisation under the colonial and later independent governments of Tanganyika/Tanzania and Kenya (Campbell 1993; Fratkin 1997; Hodgson 2001; Hughes 2006). The arrival of British and German colonial rule in Kenya and Tanzania respectively at the end of the 19th century coincided with drought, disastrous epidemics and wars between various pastoralist sections in the Rift Valley (Spear 1993, 14). Colonisers worsened the precarious situation of pastoralists in the Valley by drawing up boundaries right through the middle of their communities to create German East Africa (Tanzania) and British Kenya, dividing the Loitai over the two countries and cutting off pastoralists from dry grazing grounds, water sources, and contact with those living on the other side of the border. In both Kenya and Tanzania, pastoralists saw their land reduced to make room for settlers (Hodgson 2001, 52; Hughes 2006). Historian Lotte Hughes (2006) describes in detail how, in 1904, Maasai in Kenya were robbed of the best part of their land and moved into two reserves. While they had been promised that this new land would be theirs permanently, the British moved them again seven years later – at gunpoint – into a single reserve that was arid and full of stock diseases, resulting in the death of hundreds of Maasai due to exposure, disease and famine. Official narratives emphasised that the moves were for the wellbeing of the Maasai – for example, to avoid stock diseases –, but Hughes shows the role that settler interests played.

The long-term consequences of the inequity of land tenure, alienation of dry-season grazing grounds, and restriction of pastoralist movement were dramatic: during the drought of

1929 pastoralists all over the Rift Valley suffered heavy stock losses. Yet, colonial administrators did not acknowledge their culpability but blamed pastoralists for ‘overgrazing’¹⁹ pastures (Campbell 1993, 260; Hodgson 2001, 59). Drawing on the structural-functional account of the ‘cattle complex’ (Herskovits 1926), colonisers saw pastoralists as ‘irrationally traditional’ for keeping ‘superfluous’ stock and ‘overgrazing’ and used this irrationality to justify the continuous land alienation. In Kenya, the colonial government argued that privatisation would lead to more ‘rational’ pasture management (Campbell 1993; Homewood and Rodgers 2004).

Maasai were later deprived of more land – including important water and pasture resources used as dry-season areas – with the creation of game parks in the 1950s (Campbell 1993, 260–62; Fratkin 1997, 243). In both countries, the Maasai and their livestock were excluded from the game parks because of conservationist beliefs that livestock competed for resources with wildlife and consequent fears of losing foreign revenue through tourism (Homewood and Rodgers 2004).

After the Second World War, international power shifted from Europe to the USA and the League of Nations was replaced by the United Nations. It is in this context that USA president Truman first used the word ‘development’, formulating the responsibility of Western countries to support the growth of ‘underdeveloped areas’. The new goal was no longer ‘civilisation’, but economic ‘development’ through assisting local economies to become more ‘productive’ (Lepenies 2008, 205).

Among pastoral societies in East Africa, colonial attempts to extract surplus from native economies as part of the ‘development’ process translated into livestock production services that aimed to achieve higher cattle offtake. In Kenya, the colonial administration started a process of subdivision of parts of Maasai territory into individual ranches (Campbell 1993). Various authors have described how all sorts of colonial interventions to ‘help’ pastoralists – from privatisation, via destocking programmes to water projects – resulted in more land or water resource alienation and a general worsening of pastoralist livelihoods (see for example Campbell 1993; Lane 1996; Hodgson 2001; Homewood and Rodgers 2004). Colonial

¹⁹ The fear of ‘overgrazing’ was based on lack of understanding of Maasai rationale. First, the fact that Maasai – like most pastoralist societies – share grazing resources, does not mean that every individual has unlimited access to resources; instead, access to and use of resources are dictated by Maasai systems of rights and responsibilities that colonial authorities failed to understand. Second, Maasai aimed to increase their herds in good years against the anticipated losses of bad years, as such potentially putting more pressure on grazing grounds in certain times (Campbell 1993, 260; Lane 1994). Pastoralists’ (in)ability to produce livestock for the market strongly depended on climatic conditions: drought and epidemic caused declining herds and made it irrational for pastoralists to sell cattle. Colonial administrators failed to understand pastoral rationale and blamed the so-called ‘cattle complex’ (i.e. the keeping of cattle because of its social value, see Herskovits 1926) for their perceived irrational behaviour.

‘development’ policies were not only paternalistic and humiliating in ignoring pastoralist concerns and portraying them as backwards, irrational and resistant to change, they also prioritised colonial economic development over pastoralists’ economic or general welfare. Colonial self-interest, combined with a lack of understanding of pastoralist rationales and society led to continuous land alienation, increasing constraints on pastoralists’ ways of life, and a growing mistrust among pastoralists towards the government and the ‘development’ apparatus (Hodgson 2001, 138).

The post-Independence governments continued colonial policies. The Kenyan and Tanzanian governments considered pastoralists ‘less developed’ and as standing in the way of ‘development’ and tried hard to make nomads settle hoping they would become ‘civilised’ (Fratkin 2011, 3). The Kenyan government drew its lessons from the failure of the individual ranches to support the whole population, but, with the help of USAID and the World Bank, demarcated *group* ranches instead (Campbell 1993, 264). Fratkin (2001, 12) argues that, afraid to lose even more land to the state or other ethnic groups, many Kenyan Maasai accepted the group ranch system. In the 1980s, the Kenyan government awarded titles of much of common Maasailand to private owners, mostly cultivators, again with the support of the World Bank and its Structural Adjustment Programmes (Fratkin 2001). The result of this continuous privatisation of land, Fratkin argues, was the permanent loss of common grazing land for the Kenyan Maasai. At the same time, game parks in both Tanzania and Kenya continued to expand, further compressing Maasai and other peoples who had been banned from these parks since colonial rule. The combined effects of population growth among the Maasai, immigration of farmers, continuous privatisation, and the extension of the area enclosed in national parks makes it increasingly difficult for Maasai to meet their subsistence needs and to live up to their cultural ideal of being ‘people of cattle’ (Campbell 1993, 264; Hodgson 2001, 59). In recent years, the increasing alienation of land, combined with ongoing drought, have pushed pastoralists into desperate situations, prompting some herders to invade foreign farms (Mutiga 2017) or even to kill foreign ranchers (The Guardian 2017). The long history of betrayal, loss of land, and marginalisation has made many Maasai suspicious of the government and ‘development’ and fearful for the loss of Maasai culture and identity²⁰. This suspicion and fear influence how many Maasai respond to changes related to female circumcision.

²⁰ Hughes (2005) argues that the fear of extinction is contradicted by the Maasai population growth, yet ‘the notion is attractive to a community that believe itself to be besieged’ (14). The fear of loss of Maasai culture and identity has also been shared by Western authors writing about them. Jan Voshaar (1998) – a Dutch missionary stationed in the Loita Hills who, after many years, left the Church and became a fierce defender of Maasai culture – laments the ‘de-culturalisation’ of the Loita Maasai

Land alienation and the privatisation of land have also led to the increasing importance of class. Spear and Waller (1993, 14) wrote almost three decades ago that '[c]lass has clearly become an increasingly major factor in Maasai society today as control over land becomes at least as important as that over cattle; education and work elsewhere supplants the socialization of the *murrani*²¹; and farming or ranching for the market replace subsistence herding.' I tentatively describe a section of Loitai as 'middle class', while acknowledging the limitations of the term 'middle class' in Africa (see also Spronk 2014; Neubert 2016; Southall 2018). I follow Spronk (2014, 99) who draws on Weber's conceptualisation of class in describing 'middle-classness' in Kenya as resulting from the interconnections among '(1) access to education and the resulting salaried occupations, (2) consumption patterns and lifestyle choices, and (3) modern self-perceptions.' I use 'middle class' to describe this section of Loitai relatively to other Loitai and not in relation to, for example, the middle-class young professionals living in Nairobi whom Spronk describes. Middle-class Loitai have enjoyed some level of formal education and make a modest living from a combination of agriculture, pastoralism, and employment in tourism, conservancy, or the NGO sector. Although relatively 'wealthy' in comparison to other Loitai who live from subsistence farming and pastoralism, their economic status is often uncertain and can change rapidly, in which case they fall back on subsistence farming and pastoralism (see also Neubert 2016). Middle-classness in Loitai was visible in consumption patterns and lifestyle choices. My research assistant Scola, for example, alternated between 'Western' clothes and Maasai fabrics, but instead of having them tied around her shoulders, she had them tailored into a dress and adorned with shimmery beads. Whereas most Maasai women shave their heads bald, Scola kept her hair long and straight. Like other Loitai of similar standing, and in contrast to the more common houses made of branches and cow dung, her family lived in a modest brick house with several spaces, sofas, wooden beds with mattresses, solar panels and an LG TV on a glass cabinet. Unlike most children, her children were very used to being around white people. Giggling at the absurdity of what she was about to ask, Scola's daughter wanted to know whether it is true that *wazungu* eat raw cabbage, an anecdote her mother had told her after her recent visit to Sweden. Scola and her husband both went to college and complemented pastoralism and subsistence agriculture with their incomes from working for international NGOs. They aspired to a

under colonial rule and at the hand of missionaries. Already in 1901, Sidney and Hildegard Hinde (1901) titled their book 'The Last of the Maasai', a title which was re-used for the famous coffee table photo album found in every Kenyan souvenir shop (Amin, Willetts, and Eames 2004). Such theories and titles reflect and reinforce the fear among Maasai that their culture and existence are under constant threat.

²¹ *Ormurrani* (plural *ilmurran*) is Maa for warrior.

‘modern’ lifestyle and Scola’s most important goal was to make sure her children would have a good education.

Education plays an important role in the making of ‘middle-classness’ (Spronk 2014; Neubert 2016; Southall 2018). The educational level of Maasai in Kenya remains relatively low in comparison to other ethnic groups. Kenya’s Demographic and Health Survey of 2014 estimated that 16% women and 13% men in Narok county had no formal education, 38% women and 33% men had some primary education, 17% women and 22% men completed primary education, 12% women and 11% men had some secondary education, 10% women and 14% men completed secondary education, and 7% women and 8% men did ‘more than secondary’ education (DHS 2014, 36). The DHS also showed that twice as many women and men in rural areas as in urban areas have no education (DHS 2014, 26). Disaggregated data for Loita are lacking. As a rural area 4-hours’ drive from Narok, it is probable that the levels of educational attainment are lower. Olmesutie has three schools, of which two were built by the government and one by a European NGO. Besides economic reasons, access to education is also influenced by Maasai’s historical relationship to education. Under colonial rule, formal education opportunities for Maasai were sparse. In 1911, two Maasai schools were set up in Narok and Kajiado but only boys were welcome and the focus was on the production of ghee and skins for the world market; literacy and numeracy were secondary (Bogonko 1983, 5–6). Not all families supported the education of their sons, either because they needed them to look after the family’s cattle and/or because they feared that education would turn their children into ‘Swahilis’ (Bogonko 1983, 6; see also Hodgson 2001, 128). Suspicion of the government and its schools made Maasai embrace formal education much later than many other ethnic groups in Kenya. While some of that suspicion lives on among Loitai today (especially older Loitai), most families now consider the formal education of their children as an important vehicle to improve the socioeconomic situation of their extended families (see also Hodgson 2001, 183). Educational levels among younger generations of Loitai are therefore higher than among elder Loitai. Despite the widely shared aspiration for upward social mobility, Loitai at the lower echelons of society did question the authenticity of Maasai who have embraced *ormeek*²² elements like formal education, employment, and Swahili clothes (see also Hodgson 2001, 252) and worried about or blamed them for eroding Maasai culture.

²² Dorothy Hodgson (2005, 12–13) explains the Maa word *ormeek* as ‘a derogatory term for “Swahilis” or non-Maasai, that is, those Africans who wore “western” clothes, were educated, spoke Swahili, worked in the government, or were baptized.’

Central to Maasai religion is a deity called *Eng'ai* who manifests herself through nature and its elements (Hodgson 2005, 25). Maasai use natural substances in their religious beliefs and practices. They contribute meaning to elements like grass (welcome, peace, blessing), milk (fertility), and blood (strength, vitality), and read *Eng'ais* mood and will from rain, drought, and the wind (ibid, 26-31). Natural substances like milk, honey, and blood are often used in ceremonies – for example, circumcision ceremonies – and symbolise the associations between *Eng'ai*, adulthood, and fertility. An increasing number of Loitai, especially women²³, has embraced Christianity. In the early 1900s, the Africa Inland Mission in the region of Narok attracted a handful of Maasai (Waller 1999). From the 1940s onwards, Catholic missionaries would arrive in Maasai areas of Kenya. By the time of my fieldwork in Loita in 2018, various Churches had extended their presence throughout the Loita Hills. Christian Loitai could now choose between the Full Gospel Church, Maranatha Church, African Gospel Church, African-Initiated Church, Catholic Church, and the Kenya Assembly of God Church. The majority of Maasai in Loita, however, continued to adhere to Maasai religion, often in combination with Christian elements. Maasai religion is so intertwined with Maasai socio-cultural organisation that the boundaries between ‘culture’ and ‘religion’ – in itself arbitrary and Eurocentric categories – are often blurred. In conversations with Loitai, many used the word *dini* (Kiswahii for religion) to refer to Christianity and *mila* (Kiswahili for tradition) to refer to elements that could also be described as ‘Maasai religion’.

Maasai social relations are built around age and gender²⁴, and circumcision of boys and girls plays an important role in this (see Spencer 1988; Hodgson 2001). The next section focuses on circumcision, especially of girls, and the role it plays in Maasai social organisation. It is based on conversations with Maasai elders. Although many of the elements I describe still apply today, the following section is written in the past tense to reflect the ongoing changes.

Emuratare oo intoyie (circumcision of girls)

Circumcision of Maasai boys and girls happened at the onset of puberty and functioned as a rite of passage from childhood into adulthood. Circumcision was a prerequisite for marriage and parenthood. Circumcised young women could be married shortly after being circumcised,

²³ In *The Church of Women*, Dorothy Hodgson (2005) explores in-depth why many more Maasai women than men converted to Christianity.

²⁴ In *Once Intrepid Warriors*, Dorothy Hodgson (2001) challenges the notion that Maasai society is inherently patriarchal and shows how colonisers, acting upon their Victorian notions of gender, actively disenfranchised Maasai women.

whereas circumcised young men would first go through a phase of warriorhood before graduating into junior elders. In addition to the coming of age of boys and girls, the circumcision of one's child also raised the status of the parents. Circumcision was thus not an isolated event, but part of a number generational rites that were central to the gender- and age-based organisation of Maasai society (Koomen 2014, 253).

Before circumcision, young boys (*olayioni*, pl. *ilayiok*) looked after goats, sheep, and calves and later, when they were a bit older, herded the cattle. Circumcision graduated young men into *ilmurran* or warriors who protected the community. All *ilmurran* who were circumcised during the same time interval belonged to the same age-set with its own unique name²⁵. Approximately every fifteen years an age-set was closed and, for a year or so, no boys were initiated. In the past, warriorhood entailed going to war with and stealing cattle from other ethnic groups, protecting the community, and killing lions to show bravery. Killing lions and stealing cattle are now illegal and, due to the high penalties for breaking the law, no longer practised. Today in Loita, many young men continue going to school after circumcision. Some families, however, do not send (all) their children to school, often because a lack of economic resources forces them to keep some children at home to help with herding and/or working the land. Young men who cannot remain in school after being circumcised live a warrior lifestyle instead. When they are not herding cattle, they sing and dance at cultural ceremonies or disappear into the forest with an animal from one of the *ormurrani*'s family for a couple of days in a so-called 'meat camp', from which they only return when the whole animal has been devoured and their strength replenished.

Men who belonged to the same age-set were bound together in a special brotherhood based on solidarity and equality. Until the day they graduated to elders, warriors were expected to never eat or drink without the presence of another warrior. From warriorhood, men transitioned to elders and finally to senior elders. Men could start marrying once they had gone through the *Eunoto*. Maasai were polygynous. Maasai men with a lot of cattle (and, more recently, land) married more wives who would look after the cattle and work the land.

Women did not have age-sets but went through life phases that were associated with their reproductive capacity. Whereas men went up the gerontocratic ladder through graduation

²⁵ Age-sets are divided into a senior or right-hand side (circumcised first) side and a junior or left-hand side (see also Hodgson 2005, 36). While the right-hand and the left-hand side belong to the same age-set, the right-hand side will take an intermediate step towards elderhood (and can start getting married) while the left-hand is still being initiated. The age-sets alive at the moment, from oldest to youngest: Inyankusi – Iseuri – Irkiseyia (Irantai right, irkitoip left) – Irkishili right, irbuluka left – Irompoi (Ilkinyaku left, Oolmeshuki right) – Ilmelita. The Ilmelita are the current warriors; the right-hand side had its *Eunoto* (transition from warriors to junior elders) ceremony in August 2019; the left-hand side is not yet being initiated.

of the entire group, women followed a more individual path in which being circumcised, becoming a mother (*yeyo*, pl. *noyeyo*), having one's son become a warrior, and becoming a grandmother (*koko*, pl. *nokoko*) were important milestones. Circumcision turned girls (*endito*, pl. *intoyie*) into young women (*esiangiki*, pl. *isiangikin*) who were ready for marriage and childbearing. Uncircumcised girls played around the homestead, helped their mothers with domestic chores, and when they were old enough, took care of younger siblings and helped with collecting firewood and water. Girls engaged in sexual 'play' with the *ilmurran* before they were circumcised (Talle 2007b). An uncircumcised girl was considered a child and socially not licensed to have a child. Parents thus made sure to have their daughters circumcised before their menarche. Individual families decided when they would circumcise their daughters, but most circumcisions took place at the end of the rainy season (when pastures are rich, medical plants plenty, and people are close to home) or, more recently, during the December school holiday (which gives the girls time to heal without missing school). Girls were circumcised by women trained by their own mothers who were circumcisers. The women who performed the cut were also those who assisted other women during childbirth. After the liminal phase that followed circumcision and which involved remaining in her mother's house to heal and gain strength, the circumcised young woman or *esiangiki* was ready to be married and have children. Female circumcision was thus deeply tied to ritual transformation from childhood to adulthood and to heterosexual marriage. Marriage, in turn, served as a social connection between extended families, a safety net, and a means of legitimising children and inheritance.

Interlocutors in Loita described the 'traditional' female circumcision ceremony (that is, the ceremony as done before the recent changes discussed below) to me as follows. In preparation of the three-day ceremony in which a girl becomes a woman, four women bought sugar and fetched water to brew alcohol. On the first day of the ceremony, an ox (or later ram, *olker kiteng*²⁶) was slaughtered and eaten by the women and girls (the women ate the *enaikuti*, which is special meat for the mother, while the girls were given one leg, special roast, and two ribs). In the evening, the women looked for pieces of eggshell to make bracelets for the children, medicinal plants to tend to the wound, a small nut which would become part of the necklace for the circumcised girl, and a sacred *oreteti*²⁷ tree which would be put against the house of the mother whose daughter would be circumcised. The heads of the initiate and her

²⁶ Interlocutors explained that, in the past, an ox was slaughtered but that, over time, the community had agreed to slaughter a ram instead for ceremonial occasions.

²⁷ A parasitic tree which is sacred in Maasai indigenous religion.

mother were shaved. Together with one chosen woman and girl, the girl who would be circumcised went hunting locusts as a way of blessing the girl to have as many descendants as the population of locusts. The second day of the ceremony started with the initiate giving her uncle a female sheep. The girl was then given a chain and a blue *shuka* by the women, and the elders were served liquor. The third day was the circumcision day. In the morning, cold water was poured over the girl before she was made to sit on a sheepskin in the entrance of her mother's house. She was held down by three women – one on each leg, and one at the back – while the circumciser cut away the protruding part of her clitoris and part of her labia minora. After the surgery, the initiate was carried onto the bed of her mother where she would stay to heal. She was given a mixture of blood and fresh milk to gain strength. The women prepared *enaikuti* (special meat for the mother) again, but this time smeared its fat on their heads as a sign of unity. Meanwhile, the elders outside were served liquor again and the *ilmurran* celebrated the initiate with songs and dances, while the parents of the girl received blessings from those attending the festivities.

Changes in female circumcision in Loita²⁸

Aud Talle (2007a, 91) has suggested that 'female circumcision belongs to what Pierre Bourdieu calls the habitus of social life – actions inscribed in body practice and moral form, and which are reproduced without much further reflections.' However, in Loita, female circumcision is moving from the realm of the taken for granted into a topic of much debate and controversy. In informal conversations and interviews, Loitai of different classes, ages, religious affiliations, and genders said that female circumcision is changing. The type of circumcision ritual described has become less prevalent over the last decade. Interlocutors' narratives suggested that, while some families have given up the cut altogether, others continue but often do so in

²⁸ While my focus in this chapter is on recent changes in female circumcision among the Loitai – this is, changes among the generation of girls who are now in their teens or early twenties –, this does not imply that female circumcision before that was a static, unchanged requisite from long past times. As is true for all expressions of culture, female circumcision practices have changed over time and adapted to new contexts. Maa-speakers probably adopted female circumcision from other ethnic groups in the Nile Valley in 2000 AD. It is likely that other groups in the Nile Valley practised infibulation of women as a way of ensuring virginity among the women of the Pharaoh's harem and/or in female slaves (Mackie 1996). Missionary and colonial office reports suggest that Maasai in the late 19th and early 20th century practised excision of the clitoris and labia minora, without sewing the wounds into a seal that closes the vaginal opening (Waller 1999). Furthermore, Maa-speakers did not value virginity in their brides: Aud Talle (2007b) explains how girls are expected to be 'opened up' through gradual penetration by warriors before they are circumcised and can get married. While this has been changing strongly over the last decades due to more Maasai aspiring to monogamous and 'modern' romantic relationships, traditionally a husband could send his virgin bride back to her parents, who would call for a warrior to 'open' her up for her husband. If indeed other Nilotic people infibulated women to ensure their virginity, Maasai adopted the genital cut but transfigured it into excision and incorporated it into initiation rites as parallel practice with male circumcision. This is only one example of the probably many changes the practice underwent long before the changes of the last decade, and even long before the arrival of Europeans to East Africa.

secret to avoid prosecution. The type of cut is changing as well, with more families opting for the less invasive *kisasa*²⁹ cut, either to better hide the practice and/or to minimise health risks for the girl (see also Antonazzo 2003; Winterbottom, Koomen, and Burford 2009; Shell-Duncan et al. 2011; Graamans et al. 2019; Graamans et al. 2019). The three-day circumcision ceremonies for girls are thus becoming less common, and only trusted ‘insiders’ will know if and when a girl has become a woman through circumcision.

Changes in female circumcision also influence marriage practices which serve as social connection between extended families, a safety net, and a means of legitimising children and inheritance. While more young men are slowly accepting to marry uncircumcised women, their families might not always agree. Young men who do marry an uncircumcised woman without the approval of their family risk losing their family’s economic and moral support. Some young men were aware of this risk but said that their formal employment allowed them to take care of their nuclear family. Moreover, a young man who married an uncut woman said that, over time, his family tried to restore their bond, hoping to benefit from the relative wealth the man built up through formal education. This shows how changes in female circumcision and in formal education and employment together influence marriage practices and family ties.

Mothers and grandmothers of the girls who are of circumcision age experience these events – that is, not cutting, cutting less, or hiding the cut – as significant changes since they were young. A 67-year-old grandmother told me, while offering me *chai* in her house, that back in her days it was unimaginable that a girl would not be cut:

She would bring shame to her family. No man would agree to marry her, because she would still be considered a child, even though she would be 40 years old. And even if she would find a husband – which woman would help her during childbirth? [...] The blood of an uncircumcised girl is impure and can curse you if it touches you.

In what follows, I describe the different actors, identified by Loitai, that influence these changes in female circumcision and discuss the heterogeneous responses to these actors. In the first section of this chapter, I showed that fear of cultural erosion and loss of Maasai identity, upset

²⁹ *Kisasa* is the Kiswahili word for ‘modern’ or ‘contemporary’, literally ‘of now’. It is used by Maasai and other ethnic groups in East Africa who practice female circumcision to refer to a relatively recent, often less invasive type of cutting. In case of the Loitai, *kisasa* refers to the removal of the tip of the external part of the clitoris. Loitai use *kimaasai* (Kiswahili for ‘Maasai-style’), *kimila* (Kiswahili for ‘traditional’), or *olkuak* (Maa for ‘traditional’) to refer to the type of cut that was common before the recent changes, which was described to me as removal of the external part of the clitoris and (part of) the labia minora.

around continued socio-political marginalisation and a sense of Maasai culture being attacked by government and development organisations, and aspirations for modernity and development co-exist. It is within this context that attempts to change female circumcision and reactions to these attempts should be understood. Intersecting factors – such as age, gender, class, educational level, religious affiliation, and a history of socio-cultural marginalisation – lead Loitai to make different decisions about female circumcision and to respond differently to efforts to end the cut in Loita.

There are indeed Loitai who secretly continue to cut and thus clearly resist anti-FGM efforts. However, there are more perspectives among Loitai than either considering female circumcision as a rite of passage that is essential to the maintenance of cultural integrity versus seeing it as a barbaric and backward act that damages the health and reproductive rights of girls. The ethnographic material that follows shows the heterogeneity of reasons for and ways of opposing FGM or embracing female circumcision, and the heterogeneity of responses to anti-FGM efforts.

The Kenyan government and the Prohibition of Female Genital Mutilation Act of 2011

A number of factors have influenced changes related to female circumcision that have happened over the last decade, one important factor being Kenya's Prohibition of Female Genital Mutilation of 2011. The Act criminalises all forms of FGM, as well as the failure to report incidents of FGM taking place (I elaborate on the Act in chapter 5). During fieldwork among Tanzanian Maasai communities in 2016, I participated in several three-day circumcision ceremonies but chose not to witness the actual cutting because I believed my presence would be intrusive. I decided against attending ceremonies in Loita: with the illegality of FGM (including failure to report), the increase of police crackdowns in the area, and my high visibility as researcher on FGM, I believed that I might put interlocutors at risk of being targeted by police. This was much less the case in Tanzania, where FGM is only illegal on a person under the age of 18 years old and police crackdowns were rare at the time. Yet even if I had wanted to attend girls' circumcision ceremonies in Loita, it would probably have been impossible to do so. 'There are no traditional circumcision ceremonies for girls anymore,' John told me, 'because the government is against it and people are scared of being imprisoned.'

John was one of the older *ilmurran* in Loita who dropped out of school at an early age. He worked part-time for SAFE Maa (see chapter 6) and, in his free time, he showed me around Loita. In his eagerness to show me as much of Maasai culture as possible, John took me to

several ceremonies – a wedding, a male circumcision ceremony, a naming ceremony, and a graduation ceremony of junior elders. One afternoon, we visited a homestead where that same morning two young men had been circumcised. We arrived in time to witness the women dance around the cow skins laid out for each of the boys. The mother led her sons outside, one by one and covered under a heavy blanket, and made them sit on a cow skin for the old men to examine the wound. Everlyn – a part-time staff member of SAFE Maa whom I had grown particularly close to – pulled me into the circle of dancing women. ‘Did any girl get circumcised today?’ I asked Everlyn, knowing that girls and boys who belong to the same homestead and who are of circumcision age are circumcised on the same day. ‘I haven’t seen any girl,’ Everlyn said, ‘but nowadays we can never be sure.’

On another day, John and I attended a wedding ceremony at a homestead at two hours walking distance from Olmesutie. Upon arrival, the groom and head of the homestead seemed concerned about my presence. He asked to speak to John in private first. After a few minutes, they came back, and the man welcomed me. I handed him the presents for the wedding (tea leaves and sugar) and thanked him for his hospitality. John pulled me aside and explained that we were welcome as long as I promised not to take any pictures or videos. The groom did not give a reason for his prohibition on photography, and I at first assumed he – like other Maasai in both Tanzania and Kenya – was concerned that I would sell or publish the photos. Later that afternoon, however, I noticed another possible reason for why he did not want me to take photos. Together with Everlyn and her friends, I was watching the warriors dance and sing when I saw a young girl in a dark *shuka* come out of one of the houses. She was wearing a diadem made of blue beads with silver chains with colourful beads at the ends dangling until just above her eyes. I recognised her adornment as the outfit worn by recently circumcised women (*esipoloi*, pl. *isipolio*). I looked at Everlyn who gave me a meaningful look and slightly nodded her head. Later that day, away from the other women, I asked whether the girl had been circumcised or whether she had gone through an ‘alternative rite of passage’ as promoted by SAFE Maa (see chapter 6), where the entire ceremony is done but without the cut. Everlyn responded:

We can’t be sure. Perhaps they cut her, perhaps they didn’t. [...] If they cut her, they did it some time ago so she can walk today. They probably did it in the middle of the night so only the mother and the circumciser know. And they will probably have done *kisasa*, so the girl recovers quickly. In that way, she can just pretend she is staying

inside because she has the flu. After a week, she is recovered. Today, people see her walk around at the ceremony, so they won't suspect she was circumcised.

When I later told Amos – one of SAFE Maa's project managers – that I was not sure how to interpret what I had witnessed, he said:

It's not just you. Nowadays, no one really knows what is happening because people are hiding their true intentions and actions because they fear someone will tell the chief and they will end up in prison. We are in a transition phase, and no one can know for sure what is happening.

Loitai interlocutors seemed to agree that the secrecy around the practice was largely due to the law, which people interchangeably referred to as *sheria* (Swahili for law) and *serikali* (Swahili for government). Until recently, the Prohibition of FGM Act – while known of by most Loitai³⁰ – felt rather far removed from their daily lives. In 2017, however, the Kenyan police organised crackdowns on FGM in Narok County following the death of a girl through circumcision. While these crackdowns did not reach the more remote area of Olmesutie, the news – of the crackdowns and the imprisonment of the girl's parents and circumciser – did reach the village and instilled a widely held fear of prosecution in the community.

Some Loitai – those who already opposed FGM, often due to their educational background or Protestant belief – supported these efforts. One young woman said she had not been circumcised due to the Anti-FGM Act. She was 22 years old, had finished Form 4, and came from an area closer to Narok where the police had carried out crackdowns. Girls in her village would tell the chief if their parents were planning to circumcise them, and so her parents did not force her to be circumcised. She moved to Olmesutie after her marriage. 'People here [in Olmesutie] only discovered that I haven't been cut when I gave birth,' she told us, 'they wanted to cut me, but I refused, and my husband refused too. He is learned and works in Transmara.' This example indicates how education, class, and age intersect and influence how people perceive changes related to female circumcision.

A couple of interlocutors said that the law had perhaps prevented local government representatives from cutting their daughters because the cost of being discovered would be too

³⁰ UNICEF data of 2017 show that 87% of Maasai girls and 80% of Maasai women were aware that FGM/C has been abolished in Kenya (UNICEF 2017a, 46). Disaggregated data for Loitai are not available.

high. A neighbour of the village chief, a 26-year-old married woman with a college education who knows him and his family intimately, said:

[The village chief] is very traditional and really loves the culture. But because he works for the government, he is not circumcising his daughters, even though in his heart he might want to. If he would do it, and he would be caught, it would cost him his job.

A formally educated young man, whom I interviewed at his house in Olmesutie, said that the law might have changed people's behaviours, but not their attitudes:

Those who were already against FGM – those from school –, they are happy with the law. Maybe one or two people stopped because of the law. But for most people, the law just made them do FGM in secret.

The secrecy and ambiguity around female circumcision which I experienced at the male circumcision ceremony and wedding ceremony I attended together with John, was also voiced by Loitai of various backgrounds in informal conversations and interviews. Some people mentioned that families cut their daughter in the middle of the night, and simply announce a couple of weeks later that the initiation had already taken place. In such cases, other ceremonial elements would be abandoned and the girl's initiation into adulthood would largely be reduced to the physical cut. Some said that families cut their daughters weeks before organising a circumcision ceremony for their sons. On the day of the ceremony, the family would still do the ceremonial elements for both the sons and daughters, but without the cut which would risk prosecution. While many participants said that Loitai have shifted to a less invasive cut ('*kisasa*') due to the growing awareness of health risks, others said that the less invasive cut also heals quicker and is, therefore, more easily concealed. A grandmother who wanted female circumcision to continue and whom I interviewed at her home said:

I used to like *olkuak*³¹ [style circumcision] because it is our tradition. But now I see that *kisasa* is good because the girl only stays in bed for a few days and then she walks. So it is easy for the mother to lie and say that [her daughter] has a cold. With *olkuak*, the

³¹ Loitai use *olkuak* (Maa for 'traditional'), *kimaasai* (Kiswahili for 'Maasai-style') or *kimila* (Kiswahili for 'traditional') to refer to the type of cut that was common before the recent changes, which was described to me as removal of the external part of the clitoris and (part of) the labia minora.

girl stays in bed for much longer and then people start asking questions and perhaps tell the nurse or the chief.

Her quote also implies that there are people in the community who think girls should not be circumcised and who are ready to report their neighbours to the authorities. Indeed, the anti-FGM law was thus supported by Loitai who already opposed the cut – often because of their educational background or religious affiliation. However, the law only seldomly convinced Loitai who supported female circumcision to change their mind. A woman I spoke to during a circumcision ceremony explained why, according to her, the law had not made people change their mind:

The government uses force without explaining why we need to stop. For the Maasai, circumcision has always been a good practice, so we don't understand why they say that it is bad and we need to stop it. From one day to the other, we were told we would be jailed for doing something we have done for as long as the Maasai have existed! (married woman, 41 years old, primary education)

A nurse working in Olmesutie said that, in addition to not changing people's attitude on FGM, the law at times made families delay in bringing their daughter to the hospital in case of complications following FGM. A medical doctor who worked at different locations throughout Maasai communities in Narok and whom I talked to at the second national conference on FGM in Narok town in 2019 told me the story of a girl who had haemorrhaged for two days before they finally brought her to him:

By the time I saw her, she had lost consciousness and her situation was critical. It is only thanks to God that we had a car available and managed to bring her to the hospital in Narok just in time to get blood transfusions. I thought she would die. It was a miracle she didn't. This could have been avoided if they had called on me straight away. I could have sutured her wounds. But her parents were scared to be taken to jail, so they postponed, and the girl almost lost her life.

Nonetheless, the doctor said that the law is important 'to make clear to the people that FGM is not good.'

Loitai thus had different opinions on and responses to Kenya's Anti-FGM Act and these different opinions were influenced by factors like gender, age, educational level, religious affiliation, and socioeconomic position.

Nongovernmental organisations: SAFE Maa and Tasaru Ntomonok Initiative

Besides the law, Loitai mentioned two NGOs as actors campaigning against FGM in Loita. I discuss the first NGO, SAFE Maa, in-depth in chapter 6. For now, it suffices to know that SAFE Maa has its office in Olmesutie, consists of 12 local men and women, and uses song and dance performances to initiate dialogue on female genital cutting. In conversations I had in Olmesutie in July and August 2018, people were generally very positive about SAFE Maa. Some interlocutors said that they had either stopped cutting or were considering stopping female circumcision due to the conversations they had had with other community members facilitated by SAFE Maa. SAFE Maa was often compared to other anti-FGM actors – the government, the protestant Church, and another NGO called Tasaru Ntomonok Initiative – and found to be more respectful of the community and Maasai culture. As I will show in chapter 6, Loita residents, especially elders, were more amenable to SAFE Maa's approach because it was less intrusive in contrast to Tasaru, the government, and the Church. A woman in her 50s whom I interviewed at her home in Olmesutie said:

The government tries to force us. The Church wants to do away with Maasai culture. [...] Tasaru, they talk bad about parents to our daughters and they take our daughters away from us. But SAFE Maa, they are from Loita, they understand the community and respect our culture. They don't use force. They are patient. They talk to us in the right way. They say: 'We will not force you.' They just share information with us. So we like listening to them, and then we talk to each other about what they said. Slowly, slowly, some people might come to agree, and they might change.

The second NGO, Tasaru Ntomonok Initiative, runs a rescue centre based in Narok town, a 4-hour drive from Olmesutie. The centre was founded by Agnes Pareyio, a Maasai woman who, after having been circumcised against her will, vowed to protect other girls from the cut. Tasaru offers shelter to girls who have run away from home to avoid FGM or early marriage, and lobbies with the families of runaway girls to keep them in school and not cut them.

While most Loitai I spoke to had heard of the rescue centre and knew what it did, only a handful knew a family whose daughters had gone there. Some explained that the centre was simply too far for girls to get there. Others believed that, even if girls would want to avoid the cut, it would be too much of a sacrifice to run away from their families and community. Opinions on the rescue centre itself varied. Some praised Pareyio for advocating for girls' education. Others said that Tasaru is unnecessarily polemical. A woman in her mid-30s and mother to three daughters told me over a cup of chai in her home:

They turn our daughters against us. They tell them that their parents are ignorant and bad. Our daughters come home telling us that we want to abuse them.

A man in his late 40s who had worked for Tasaru in the past said that rescue centres are popular with Western donors. He had left the centre because he felt uncomfortable with how this approach affected the girls' relationships with their families and wider community. He explained:

I believe that rescuing is too radical. It only causes more problems. It is better to teach fathers, mothers, boys and girls. All of them need to get information so that girls don't get discriminated and aren't forced to make this painful decision of running away from home.

A 19-year-old man without formal education, whom I interviewed at his home near Olmesutie, said that his brother had married a woman who had remained uncircumcised because she had run to Tasaru when her parents were organising her circumcision. In Olmesutie, I did not meet any girls who had been to Tasaru. At the national conference against FGM in Narok in 2019, however, I spoke to five girls and young women who resided at the centre at the time and who told me their stories of escaping FGM and early marriage by running away to Tasaru. One of them said:

Without Tasaru, I would be married to an old man and now have two babies. Because of Tasaru, I could finish secondary education and I am now waiting to go to university.

I also met the 16-year-old Catherine from a village not far from Narok town. Without waiting for my questions, she automatically started repeating a narrative I had become familiar with by

now: she was about to be forced into circumcision and marriage and then Tasaru saved her and sent her to school. I had heard many versions of this narrative by different girls at workshops, seminars, and conferences in Kenya. They often sounded rehearsed and seemed to have as their main goal convincing donors to continue (or start) funding the organisation.

When I asked Catherine some more questions, a more nuanced story emerged. She told me that, when she finished primary school, her parents did not have the means to send her to secondary school. They told her that she would stay home and help around the house until her father could find money to pay for her school fees. ‘I waited for two years, but I could see my father was struggling. I was just at home, doing nothing. I went to my mother and said: “Let me get circumcised and marry. At least I won’t be at home being idle.”’ Her mother, however, had heard of the rescue centre. Instead of arranging for her circumcision, she went to discuss her situation with the chief. The chief, at his turn, informed the centre that Catherine would be circumcised and married off because her parents could not afford school fees, to which the centre immediately sent an *askari* (police officer) to Catherine’s home to pick her up and bring her to the centre. While Catherine’s ‘rehearsed’ narrative made her look like the passive victim of her culture rescued by Tasaru, her personal story showed the agency of her mother and herself in using the rescue centre for their own goal of obtaining secondary education. To Catherine, the real issue had been missing out on education and not the cut: she did not necessarily support the anti-FGM narrative but used it strategically to get an education.

At the intersection of class, education, age, gender, religion, and place

The above discussion highlights how demographic characteristics – like age, class, educational level, and religious affiliation – influence how people respond to anti-FGM efforts. Most interlocutors said that ‘learned’ Loitai more often oppose FGM than Loitai without formal education and that the former more often remain uncircumcised than the latter³². As I noted in the first section of this chapter, class and educational level intersect, with wealthier Loitai being able to afford education for their children. Education also intersects with age: the educational level of Maasai of younger generations is higher (DHS 2014, 35). In addition, teaching against FGM has only been added to the school curriculum in the last decade and so only younger generations of formally educated have received lessons on FGM in school. The principal and

³² Similarly, support for and prevalence of FGM/C are lower among people with formal education in other communities in Kenya (DHS 2014; Achia 2014; UNICEF 2017a) and in other African countries (Babalola et al. 2006; Asekun-Olarinmoye and Amusan 2008; Alo and Gbadebo 2011; UNICEF 2016; for an exception, see De Cao and La Mattina 2019).

two teachers of two secondary schools in and nearby Olmesutie said that lessons on FGM are included in the curriculum as part of discussions on human rights. A teacher who teaches these lessons to his students told me during a conversation at his office:

We teach our students that female genital mutilation harms women's health and is a human rights violation. [...] For example, it causes pain, excessive bleeding, infections, HIV infection, keloids, fistulae, and it can make it hard for the woman to deliver her baby.

Some secondary school students said that they oppose FGM because they learned about the health risks. However, it is not only education but the way that education intersects with class aspirations that creates differential responses to FGM. As experts by experience, Maasai women know of the health risks of female circumcision and, as I mentioned in the previous section, Loitai are aware that FGM is illegal in Kenya without having to attend school. Formal education makes them part of a different socioeconomic group of 'learned' Maasai, to whom a different set of rules and expectations applies. While many with a formal education undoubtedly agree with the content of the anti-FGM discourse, the discourse has also become a tool for social stratification and marks middle-class distinction in Kenya (see also Dongchao 2017). A 16-year old schoolgirl in Form 4 at the secondary school in Olmesutie said that she had not been circumcised, but her 15-year-old sister had been. When I asked why, she explained that she had convinced her parents that circumcision was not necessary for her, because she would finish her education and find an educated husband. Her sister, she further explained, had dropped out of school due to her low grades and, as a result, she would likely marry a man without or with less formal education and follow the 'traditional' customs that prepare a girl for womanhood and marriage, including female circumcision. Similarly, a 40-year-old mother to two girls of circumcision age whom I interviewed in her house not far from the centre of Olmesutie said:

I personally no longer want to do girls' circumcision because nowadays it can be bad for their health. [Whether we will circumcise them] will depend on whether we can pay for school until they finish form 4. [Why?] If they are educated, they will find an educated husband who doesn't mind that she is not circumcised.

Education itself thus became a proxy for the cut, releasing girls and their families from the expectation of conforming with the cut. In a conversation with a 33-year-old man and father to two young girls at his house, he said:

Who cares anymore about whether she is circumcised or not if she is learned? People will respect her because maybe she is a doctor or a lawyer. Or maybe she will work for one of those NGOs and she will help her people.

Making it more explicit, he added: 'The [circumcision] rules don't apply for those who have a good education.' A young woman studying at the University of Nairobi explained that, for her, it had been easy to remain uncircumcised and to keep her future daughters uncircumcised:

See, when you go to Nairobi to study, you no longer have to do all the things they do in the village, all the ceremonies and traditions. Normally, in the village, they see you as a girl when you are not circumcised, and they won't respect you. But they see me, and they know I live in Nairobi and study at the university, so they respect me for that.

While the connection between education level and the propensity to practice FGM is evident, it is by no means universal. Not all girls or women with (parents with) secondary or higher education remain uncircumcised, nor all men with formal education oppose the cut. A young man attending Form 4 at the time of our conversation said that he would want to marry a circumcised woman because he did not want to be the first one in his family to marry an uncircumcised woman. Similarly, an 18-year old woman studying to become a nurse – whom I interviewed in English at her mother's house in Olmesutie – said she would rather continue the practice, despite learning that FGM is harmful to the woman and her child in her studies. At a ceremony, I had an informal conversation with a dozen young men who, at that time, were attending secondary school. Our conversation was largely in Kiswahili, but while I used the Kiswahili term *ukeketaji* (cutting), the boys used 'FGM' in their responses. One of them said he would rather marry an uncircumcised wife because he learned at school that FGM can cause complications, but that 'the elders are the problem' because they insist on FGM. Another boy explained that 'if I tell my father that I want to marry an uncircumcised woman, he will beat me.' Others nodded to confirm. Someone else again said that a man could pretend his wife is circumcised, but the others objected, saying that the other women would discover the secret during childbirth and would cut her then, to which the first responded that he would bring her

to the hospital instead. Whereas some Loitai felt that the expectations around female circumcision do not count for the ‘learned’, some of the learned did experience said expectations. This example also further demonstrates the role of age-related power dynamics in Maasai society: whereas youth might embrace the changes in female circumcision – due to their educational level or other factors –, they are aware that, generally, the older generations are more adamant about continuing the tradition. Class, educational level, and age thus intersect and influence people’s responses to anti-FGM efforts.

Gender did not seem to predict people’s attitudes towards cutting. Some older women seemed more adamant that female circumcision should continue. This is perhaps unsurprising, as the initiation ritual is in the hand of elder women who indeed oversee matters of adulthood, marriage, and reproduction. These women might perceive the end of female circumcision as undermining their authority. However, other women of the same generation did want female circumcision to end. Similarly, among men of their generation opinions were divided, as was the case for younger men and women.

Religious affiliation also played an important role. Interlocutors mentioned the church, and in particular the Protestant church, as an important actor advocating for the abandonment of FGM in Loita. In the eyes of my interlocutors, the biggest difference³³ between the Catholic and Protestant Churches was that the latter condemns all ‘traditional’ Maasai practices, such as attending Maasai ‘traditional’ ceremonies and even wearing particular Maasai garments. Catholic church leaders, on the other hand, allowed Maasai and Christian elements to exist side to side. Both Catholic and Protestant Church leaders I spoke to said that female circumcision, unlike male circumcision, is not mentioned in the Bible and therefore not accepted by Christianity. Yet, while Protestants actively opposed FGM and (threatened to) ban those who cut their daughters, the Catholic Church took a more condoning stance. In an informal conversation over a cup of *chai* in the town centre of Olmesutie, catholic Priest Peter told me:

We don’t think FGM is good, but we don’t exclude people from the church for it. We want them to learn more and more about the word of God. They can then decide themselves to stop that practice. But we don’t exclude.

³³ Country-wide, there is a small difference visible in prevalence rate between Catholics (69%) and Protestants (65%) (UNICEF 2017a, 32).

The Protestant Church, on the other hand, was much more vocal about its condemnation of the practice. Protestant churchgoers told me that their pastors occasionally mentioned female circumcision as violating church laws. A woman in her twenties, whom I interviewed at her house nearby Olmesutie, explained:

Maybe they don't mention female circumcision this week, but he will tell us that Maasai traditions are impure and not good because they are not in the Bible³⁴ and are not accepted by God. So you automatically know that female circumcision is one of those traditions that we need to leave.

Protestant Loitai agreed that it is impossible to circumcise one's daughter and still be a Protestant. This difference between the Protestant and Catholic Church has remained stable since the early 1900s. Christian opposition to female circumcision in Kenya dates back to the early 1900s when Protestant missionaries started education against female circumcision in mission churches and schools in central Kenya where the Kikuyu and Meru people lived (see also chapter 2). Church opposition to female circumcision in areas where Maasai lived started much later. In the early 1900s, the Africa Inland Mission in the region of Narok only had a handful of regular attendees. Richard Waller (1999) explains how the Mission only succeeded in attracting people whose Maasai identity was uncertain which, in turn, affected the reputation of the Church as being no good place for decent Maasai. When, in the 1930s, the Africa Inland Mission told its mission stations to have church members sign a public declaration against female circumcision, the head of the mission at Siyabei in Maasailand was reluctant to comply because he feared that his very small congregation would collapse. In his view, 'it was wrong to punish people for defending a custom which the mission had hitherto accepted, however reluctantly, and which they did not see as "un-Christian"' (Waller 1999, 103). From the 1940s onwards, Catholic missionaries would arrive in Maasai areas of Kenya. However, the Catholic Church did not try to eradicate female circumcision because it did not think that 'the initiation process had any effect on one's ability to be a good Catholic' (Boulanger 2008, 65).

Whereas most Protestant Loitai I talked to said that they agreed with the Protestant stance against FGM and said that they did not circumcise their daughters, some also said that 'others' might perhaps pretend not to cut in order to be seen as a good Protestant while, in fact,

³⁴ Those reading the Bible in Maa might, however, not agree that female circumcision is not mentioned. Richard Waller (1999) writes that, in the Maa translation of the Bible, the Virgin Mary is referred to as *esiangiki*, which implies that she has been circumcised. However, I did not hear this argument in Loita.

they cut in secret. In a conversation with two midwives – one of whom a Protestant –, I was told that people lie about the cutting status of their daughters to each other. Both midwives had also performed circumcisions in the past. One of them had stopped when she converted to Protestantism; the other one continued. The Protestant midwife explained:

I know people from Church who continue cutting their daughters, even after they have been Saved. They won't tell me. They will lie and say that they have given up female circumcision because it is impure. But then I talk to my friend [the other circumciser present during the conversation] and she tells me that she was the one who circumcised the daughter of that family a few weeks ago.

A Protestant man in his late thirties explained the dilemma to me. He converted to Protestantism only a few years earlier as the only one in his family. He was confident that, with time, he would convince his wives and relatives to join him to the Church but understood that the process would take time.

For now, I cannot change their mind and on my own I cannot stop them from doing it. What I did: I travelled to town when the ceremony happened because, me, as a Christian, I cannot take part in it. I want nothing to do with it.

Not all Protestants agreed with the Church on the matter of female circumcision. Subscription to Protestant ideology is not the only and/or complete reason for people to join the Church and being member of a Church does not mean that one agrees with all that is preached (see also Hodgson 2005). Nalari, a woman in her 70s, said:

I started going to church because my daughter wanted me to. She is very active in the Church. At first, I didn't like it because they said bad things about Maasai culture. But I returned for my daughter, and also because of the songs and because I meet my friends there. They still say those things about Maasai culture, and I still don't like it, but I just don't listen.

Her daughter, who had been present when her mother shared this with me said that more women of her mother's generation perhaps don't accept everything the Church says, 'but we keep inviting them anyway because they might learn a thing or two and change a little bit.'

Nalari said that she wants female circumcision to continue and that she wants her granddaughters to be circumcised.

At the time of an *emanyata* ceremony that took place in August 2018, Protestant Church leaders warned that those who would attend the ceremony would be banned from the Church for six months. Maasai ‘traditions’ like this and other ceremonies were said to be impure and heathen, and therefore inappropriate for Protestants. At the *emanyata*, however, John pointed out a few dozen Protestants. When I asked one of them – a woman in her early thirties and the wife of the age-set to whom the *emanyata* belonged – about it, she laughed embarrassedly and said: ‘I left the Church to come to the *emanyata*. But I will go back to the Church when the *emanyata* is over.’

Some Loitai mentioned that they felt upset and angry at the Protestant Church for calling Maasai ignorant and impure and trying to do away with Maasai culture. One Saturday, when I was doing my weekly grocery shopping at the market, a car arrived, blasting gospel music from its speakers. Before long, people had gathered around the car and were listening to a man with a bible in his hand screaming through a low-quality microphone. The sound system distorted his voice so badly that I had difficulties understanding what he was screaming about. Then I noticed that the atmosphere had changed; some women had a deep frown in their foreheads, others were clicking their tongues in annoyance. Alex – a recently hired employee of SAFE Maa, a university graduate, and my age-mate – explained to me what was happening: ‘The pastor told us to give up our retrogressive cultural practices, like the circumcision of girls, and not everyone is happy with that message.’ Where a few minutes before people had been singing and dancing together to the music, the crowd now looked divided with some clapping and nodding and others walking away shaking their heads. I was surprised to see Naserian and Nashipai among the women walking away with disapproving faces. Less than a week earlier, we had attended a (male) circumcision ceremony together. At the ceremony, Naserian had told me that her daughters were still young but that, when their time would come, she would prefer *not* to cut them: ‘Perhaps we can just pretend to cut her, but not really because I don’t want her to bleed much or have difficulties when giving birth.’ Nashipai had agreed. They had seemed sincere in their wish to see female circumcision end, and I was therefore surprised to see them disapprove with the pastor’s message. I did not get the chance to ask them about it: upon seeing me, Naserian – her eyes fiery – exclaimed: ‘Forget what I said last week, I *will* circumcise my daughters. This is our culture! My grandmother was circumcised, my mother was, I am, and so will my daughters. No one can take this away from us!’ Before I could process what had happened, Alex told me:

I think, the Church... More and more people are becoming Protestant and then give up female circumcision. But by being very harsh about it, and calling people ignorant, they will not succeed to convince those who are not Protestant yet. It's normal; no one wants to be called ignorant. And people are already scared that Maasai culture will end now that so many people are converting. I am afraid that the church will make our [SAFE Maa] work harder because they make people feel defensive.

This vignette starts to show the role of a fifth element that intersects with education, age, class, and religious affiliation: what I refer to as 'place'. As I mentioned in the first section of this chapter, the long history of land alienation and socio-political marginalisation has instilled fear of cultural erosion among Maasai, together with suspicion towards attempts to 'develop' the Maasai. Fear of cultural erosion and loss of Maasai identity inspire much of the resistance among Loitai against anti-FGM efforts. I will elaborate on this in chapter 6.

Conclusion

The chapter described a number of anti-FGM actors in Loita, all with their own motivations for and ways of opposing the cut. It showed the heterogeneity of responses to these anti-FGM efforts and how these responses are influenced by the intersecting axes of class, education, age, religion, and place. These observations start to complicate the epistemological critiques which I summarised in the introduction to this thesis and which, taken together, imply a divide between pro-female circumcision African communities versus global anti-FGM efforts. First, those opposing the cut in Loita – the Kenyan government, the Protestant Churches, and NGOs – do so for slightly different reasons and use different approaches. For the government, cutting is a breach of the law which needs to be punished through legal sanctions. The Church considers the cut to be unchristian and ostracises those who refuse to abandon the cut from their midst. The NGOs SAFE Maa and Tasaru consider FGM a health concern and human rights violation and try to end the cut by respectively stimulating community dialogue or encouraging girls to run away from the cut. Secondly, there is no homogenous community that unanimously supports female circumcision. Loitai have different opinions on the changes related to female circumcision that are taking place and on the different approaches used by different actors. These different opinions are influenced but not determined by educational

attainment, religious affiliation, class, and age. In addition, individual opinions are dynamic and can change through encounters with new information or new developments.

To understand how change at the grassroots level in Loita connects to developments on the national and international levels, the following chapters trace how discourses, policies, and models for FGM abandonment travel between temporal and geographical locations. Chapter 2 starts with tracing the genealogy of the anti-FGM campaign.

Chapter 2. A genealogy of the global campaign against FGM

Introduction

During my internship at Orchid Project, I was asked to aggregate and summarise academic and grey³⁵ literature on the health implications and ‘medicalisation’ of FGM. The resulting brief would inform Orchid Project’s policy on the matter. In medical anthropology, medicalisation refers to the process of turning human conditions into medical conditions that can be prevented, diagnosed, and treated. Within the anti-FGM domain, however, medicalisation refers to FGM being carried out by a medically trained professional and/or in a hospital setting. In many countries where FGM is practised – Kenya being one of them – medicalised FGM is on the rise. Most anti-FGM actors, including Orchid Project, strongly oppose medicalised circumcision. As I found during the desk-based research for Orchid Project, various authors suggest that the medicalisation of FGM is an unintended consequence of anti-FGM campaigns’ emphasis on the health risks of FGM (Shell-Duncan 2008). Anti-FGM projects have educated communities on the health risks of FGM assuming that once people were made aware of its health implications, they would abandon the practice (Hernlund and Shell-Duncan 2007b). In some instances, however, this emphasis on health risks has encouraged people to turn to medicalised FGM as a way of minimising health risks while continuing the practice (Shell-Duncan 2008, 226–27).

According to the WHO, FGM has short-term complications (like severe pain, excessive bleeding, genital tissue swelling, fever, infections e.g. tetanus, urinary problems, wound healing problems, injury to surrounding genital tissue, shock, death); long-term implications (like urinary problems, vaginal problems, menstrual problems, scar tissue and keloid, sexual problems), obstetric implications (like childbirth complications), and sexual and psychological consequences (WHO 2018). The list of health risks published by the WHO is used in anti-FGM campaigns and repeated in many articles and reports on FGM. Given how widely circulated and taken for granted these risks are, I found it surprising that various scholars assert that the list of FGM risks is largely based on anecdotal evidence and case studies that report on exceptional conditions (Obermeyer 1999, 81; Morison et al. 2001; Obermeyer 2003). More

³⁵ Literature produced by UN agencies, national governments, and international and local NGOs.

rigorous research suggests that the health risks of FGM listed by the WHO and repeated by academics and activists are generalised and exaggerated. For example, health risks of type III FGM³⁶ are often wrongfully portrayed as being common consequences of type I and type II FGM as well. If FGM is opposed based on its health implications, but its health implications are in fact less severe and rarer than often assumed, then what does this imply for the health-based argument against FGM? Obermeyer (1999, 94) writes:

Are female genital surgeries different from [cosmetic surgeries and male circumcision] because of what they excise – an organ whose sole purpose is sexual enjoyment, compared to a somewhat less indispensable piece of skin? Do they differ from the latter because of who makes the decision – the person herself versus her parents? And if so, then is the harm less in the exact consequences of the operations than in the fact that they are carried out without the true consent of the individual?

I was eager to discuss these insights with the Orchid team, as I agreed with Obermeyer that they raised important questions about the foundation of opposition to FGM. My colleagues found these findings interesting but were much less keen on reflecting on what the potential exaggeration of health implications meant on an organisational level. ‘This is interesting,’ the CEO thanked me, ‘but let’s focus on what we tell our donors: cutting is harmful to women’s health, but a health approach alone is not enough because it will lead to medicalisation, and that is why we need a human-rights based approach.’

Orchid Project is interested in the ‘facts’ that ‘provide activists with more convincing arguments against the continuation of the practice’ (Obermeyer 1999, 97). This is not an expression of the organisation’s ill will or poor functioning, but rather a structural issue of the wider development sector which affects all development organisations to a certain extent. A member of Orchid’s fundraising team articulated this as follows:

³⁶ The WHO’s typology of FGM classifies practices into four main categories. These categories are now widely used by activists, organisations, governments, and scholars. Type I. Partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals, with the function of providing sexual pleasure to the woman), and/or the prepuce/clitoral hood (the fold of skin surrounding the clitoral glans). Type II. Partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva). Type III. (Often referred to as infibulation). Narrowing of the vaginal opening with the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora. The covering of the vaginal opening is done with or without removal of the clitoral prepuce/clitoral hood and glans (Type I FGM). Type IV. All other harmful procedures to the female genitalia for non-medical purposes, for example pricking, piercing, incising, scraping and cauterization. (WHO 2018)

The major donor audience for charities working on FGM are often composed of slightly sexist, slightly racist white men, and because we have an organisational imperative to survive by getting funding from them, we use simplistic stories about how they are “saving poor African women”, and not more nuanced stories about the complexity of the topic. [...] I think that's the major donor audience for almost all charities in the Global North, but FGM attracts a little bit more interest from conservative donors as it feeds into narratives of barbarism and so on.

‘The more complex development problems become,’ David Mosse (2004, 641) writes, ‘and the more uncertain the relationship between policy prescription and development outcome, the more necessary are simplifying models of change and detailed planning and management procedures.’ Orchid Project’s new CEO seemed to unconsciously operate on this insight, in that she often refused to engage with information that would disrupt a streamlined narrative. ‘Sometimes,’ she said, ‘knowing too much prevents you from acting.’ The size of the team multiplied by three over the two years after I conducted participant observation in their office. Neither the hiring process nor the organisational action plan prioritised bringing in more expertise on FGM into the organisation. New staff were hired because of skills that would contribute to the growth of Orchid as a development organisation; not because of their understanding of FGM.

In retrospect, I realise that I misunderstood the role of a researcher in a development organisation. Trained as an academic researcher and without previous experience in the professional development sector, I naively assumed that my role was to translate academic knowledge to the organisation to contribute to fulfilling their self-acclaimed role as FGM *expert*. It took me a while to understand that Orchid Project’s success and authority as FGM expert does not depend on ‘getting the facts right’ but on ‘getting the right facts.’ Drawing on Bruno Latour, David Mosse (2004, 646) writes that ‘the success of policy ideas or project designs is not inherent (not given at the outset) but arises from their “ability to continue recruiting support and so impose ... [their] growing coherence on those who argue about them or oppose them” (1996, 78).’ Facts that contribute to a linear story without contradicting evidence are more useful in convincing actors to support the anti-FGM campaign. Facts that run counter to Orchid Project’s streamlined narrative are interesting on an individual level, but not useful on an organisational level. It is in Orchid Project’s interest to find facts that support their policy, which will then help them to enrol actors by aligning their interests with Orchid Project’s mission (Mosse 2004, 646). That FGM does not always have severe health

consequences seemingly undermines the importance of investing in eradicating FGM. That health-based approaches to ending FGM contribute to the medicalisation of FGM, on the other hand, still allows for an interpretation of FGM as a health concern requiring urgent action *and* implies that the required action should not *solely* be health-based. This narrative supports Orchid Project's promotion of a human rights-based approach³⁷ to ending FGM, which *also* includes (but is not limited to) health education. The brief that I had been asked to write on the health risks and medicalisation of FGM had been 'aimed at abolishing the practice, rather than toward scientific inquiry' (Obermeyer 1999, 85).

At Orchid Project, our common task – I had found out – was to produce narratives, backed up by existing evidence that would help convince donors, partners, and other supporters to financially or otherwise support the organisation. This is not a criticism of Orchid Project. Rather, I believe this to be true to various extents for the wider anti-FGM and, by extension, development domain. As David Mosse (2004, 649) says: 'development policy ideas are important less for what they say than for *who* they bring together, what alliances, coalitions and consensus they allow, both within and between organizations (cf. Latour, 1996: 42-3).' Building on these insights, this chapter argues that throughout history, discourses on female circumcision and later FGM were produced not so much to capture complexity but to convince other actors and win their support. Throughout the history of the global campaign against FGM, various actors have chosen to include 'facts' that would help them to enrol actors and grow the movement. Which elements become included in the anti-FGM discourse is not based on their inherent value or the will to have a nuanced understanding of FGM, but rather on how instrumental they are to strengthening the anti-FGM campaign. Mosse (2004) has convincingly argued that development policy does not direct practice but legitimises it. Success is not the result of well-executed policy, but of project outcomes being explained back into coherent policy narratives. Coherent narratives help to enrol actors, and the more actors are enrolled, the stronger and more dominant the project becomes. However, the enrolment of many actors, each with their own interests, also means that constant translation work is required to maintain coherence in the face of contestations. Drawing on Mosse's insights, I argue that the FGM

³⁷ Human rights-based approaches to ending FGM use a human rights framework, in which FGM is seen as a violence against women and a violation of the rights of the child, the rights of women, the right to be free from torture, and the right to health and bodily integrity (Shell-Duncan 2008, 227). Human rights-based approaches often include education on human rights and empowerment of individuals to protect their own rights and those of others. The Community Empowerment Program by Senegal-based NGO Tostan is an example of a human rights-based approach to ending FGM/C. I elaborate on Tostan's programme, and how it is promoted by Orchid Project, in chapter 2.

discourse of the global anti-FGM campaign is not meant to capture the complexity of FGM, nor is it directed at the development of ‘good policy.’ The discourse that underlies the anti-FGM campaign needs to be convincing because it aims to enrol actors in order to strengthen and grow the anti-FGM campaign.

This chapter describes key moments in the history of the production of the global campaign against FGM. Discourses on FGM that have gained global traction do not necessarily owe their ‘success’ to inherent characteristics like scientific rigour or comprehensiveness. Calling a discourse ‘Western’ – as some postcolonial critics have done – also does little to explain *why* this discourse has become so powerful. As this chapter will show, those opposing female circumcision at different periods throughout the last century translated their opposition to fit with the socio-cultural understandings and political sensitivities of their time and worked to align the interests of those they aimed to convince (Bakhtin 1981). In producing a coherent discourse that would convince additional actors to support the campaign, those already opposing female circumcision selectively and strategically in- and excluded ‘facts’ into the anti-female circumcision discourse.

In what follows, I trace the historical production of discourses underpinning the (now global) campaign against FGM, starting with missionary, and later government, opposition to female circumcision in colonial Kenya. I then describe how the emergence of the United Nations after the Second World War provided a platform for the further expansion of FGM as a global (development) concern and the re-articulation of opposition to FGM in terms of gender equality and human rights. I show how, over the last century, the anti-FGM campaign gained global legitimacy due to the constant addition of discursive layers reflecting and responding to sensitivities of the times, which allowed for the continuous enrolment of new and powerful actors, as such strengthening the movement.

Contestations around female circumcision in colonial Kenya

This section on contestations around female circumcision in colonial Kenya draws on colonial government and missionary documents that are kept in the UK National Archives in Kew, London, and the Kenya National Archives in Nairobi, and on the body of secondary literature by historians who have interpreted and analysed those same archival sources (i.a. Pedersen 1991; Thomas 2003; Anderson 2018). History is not simply an objective fact; it is created and reproduced by those writing about it through the selective in- and exclusion of sources and the interpretations of the author. As is the case with any knowledge production, archival

researchers *construct* their own narratives based on the fragmented information found in archival materials (Brereton and Gannett 2011, 677). In addition, the archival documents I used for this section are mostly written by colonial officials and missionaries. As such, they recount history from a certain perspective and with certain interests. Lynn Thomas (2003) has offered unique insights into how these struggles over female circumcision were experienced by Kenyan people by conducting oral history research with Meru women and men who witnessed and participated in these events in the early 20th century. In analysing the archival documents for my own research, I have drawn heavily on her contextualisation and critical insights. This section does not claim to be a ‘factual’ rendering of what happened in central Kenya in the early 20th century. The goal is to show how different actors used different discourses to convince others of the importance of ending female circumcision or of the importance of non-interference with cultural practices, and how these discourses changed when interests changed.

Missionary opposition to female circumcision in central Kenya

The best-documented early efforts in East Africa to end female circumcision were those carried out by British missionaries and colonial officials in Kenya around the turn of the 20th century. While attempts to end female circumcision were also carried out in colonial Sudan, I am focusing on British efforts to end female circumcision in colonial Kenya because the controversy that resulted from anti-female circumcision bans would influence the actions of colonial officials in Sudan and, later, of United Nations organisations and their members. In addition, my discussion of early struggles over female circumcision in colonial Kenya provides a context against which the following chapters – on similar struggles in contemporary Kenya, also with the involvement of British and other non-Kenyan actors – can be understood.

Female genital practices should not be understood as static requisites of an undefined past that were passed on from generation to generation and remained unchallenged until the arrival of Europeans. Female genital practices likely travelled from the Nile Valley, where some scholars believe they originated³⁸ (Mackie 1996, 1003), to other parts of Africa. As

³⁸ While the origins of female circumcision are uncertain, there is some consensus among scholars that the practice likely originated in the area of Egypt and Sudan. A medical booklet called ‘Female Circumcision in the Anglo-Egyptian Sudan’, written and published in the 1940s, says that the practice ‘has probably been adopted from the pre-Islamic inhabitants to the Nile Valley’ (UK National Archives, Foreign Office 371/73668). In the second century before common era, geographer Agatharchides of Cnidus wrote about ethnic groups of the western coast of the Red Sea and said that one group excised its women ‘in the manner of the Egyptians’, suggesting that the Egyptians were already known to circumcise their women (Widstrand 1964). The Greek geographer Strabo wrote about circumcision in Egypt in 25 B.C.E., saying ‘this is one of the customs most zealously pursued by them [the Egyptians]: to raise every child that is born and to circumcise the males and excise the females’ (Knight 2001, 318). Operations performed on girls are mentioned in Greek papyrus dated 163 B.C.E. kept

descendants of Nilotes from southern Sudan (Lamphear 1993), Maa-speakers likely brought female circumcision with them on their journey from the Nile Valley to the Rift Valley (Mackie 1996). The type of female circumcision that took place in the Nile Valley thousands of years ago and which is still widely practised in that region today is infibulation. Some theories suggest that infibulation was meant to ensure the virginity and sexual exclusivity of the women in the harem of the pharaoh³⁹ (ibid). Kenyan descendants of the Maa-speakers, like Maasai and Samburu, largely practice excision (with a recent trend towards clitoridectomy, see chapters 1 and 6). According to the oral traditions⁴⁰ of Samburu and Maasai in Kenya, their communities have practised excision (not infibulation) for as long as they remember. Rather than to preserve women's virginity, female circumcision is part of an initiation ritual that prepares girls for womanhood. If Maa-speakers indeed brought female circumcision with them from the Nile Valley, they thus likely altered the severity of the practice and incorporated the practice in their existing socio-cultural customs, investing it with new meanings (see also Mackie 1996). Kikuyu oral history suggests that they adopted female circumcision from Maa-speaking peoples (Ogot 1976), most likely to make their daughters suitable to Maa-speaking men in a context in which Maa-speakers were the most prestigious and powerful group, controlling most of the resources (Sutton 1993, 46–48; Mackie 1996, 266). In addition to being dynamic before the arrival of European colonisers, female circumcision continued to be contested from within practising communities even during colonial times. Thomas (2003, 31) gives the example of a colonial officer writing in 1913 about youth in Mwimbe, Kenya, objecting to the local way of cutting and preferring a less severe operation, suggesting that 'female initiation was the subject of local debate even before colonial interventions commenced.' Local communities thus undoubtedly contested, altered, and abandoned female genital practices independently of

in the British Museum (Kouba and Muasher 1985, 95). The oldest known reference is by Herodotos, the Greek historian, who describes male and female circumcision in Egypt around the middle of the fifth century B.C.E. (ibid). The geographic distribution of female circumcision today seems to confirm that it originated on the western coast of the Red Sea, 'where infibulation is most intense, diminishing to clitoridectomy in westward and southward radiation' (Mackie 1996, 1003). Others have argued that female genital practices do not have a single origin but developed independently in different locations (Dorkenoo 1994, 34) or that, on its travels from the Nile region to other parts of Africa, infibulation as practised in the Nile Valley may have merged with already existing genital practices (UN Commission on Human Rights 1986). Fuambai Ahmadu's (2000, 295), for example, places the origins of male and female circumcision among the Kono of Sierra Leone in Kono cosmology about the inherent bisexuality of human beings, rather than in the Nile Valley.

³⁹ Mackie (1996) suggests that infibulation was initially associated with higher social classes and that families on lower social echelons took over the practice to make their daughters suitable marriage candidates for men from higher social classes. Over time, however, various ethnic groups likely integrated female circumcision with their own existing socio-cultural institutions, reshaping both the surgery and its meaning.

⁴⁰ On many occasions, I was told by Maasai and Samburu (often elderly) interlocutors that their communities have practised female circumcision for as long as they remember, and that they brought it with them on their journey from the North to Kenya and Tanzania.

European influence. Such indigenous efforts, however, remain largely undocumented (Rahman and Toubia 2000, 9).

The first European attempts to end female circumcision in Kenya were carried out by Protestant missionaries who believed that female circumcision ‘violated standards of Christian behaviour and [thus] had to be condemned and eliminated’ (Kratz 1994, 342). Their target populations were mostly the Kikuyu who lived in central Kenya where there were a lot of mission posts. For Kikuyu boys and girls, initiation through circumcision and its associated rituals meant promotion to the status of men and women with new rights and responsibilities. Initiation introduced men and women into age-grades that formed the core of the socio-political organisation of society. Those initiated within the span of a few years belonged to the same age-set. Male circumcision involved the removal of the foreskin. Female circumcision mostly involved the removal of the clitoris, labia minora, and part of the labia majora⁴¹. After circumcision, boys and girls – now young men and women – spent several months in seclusion to allow the wounds to heal and to learn important life skills and lessons. Among those were lessons on sexuality, where men and women learned about sexual pleasure and techniques to control fertility (Thomas 2003; Njambi 2007). After returning from seclusion, the young men and women would be ready for marriage and parenthood.

Mission documents suggest that not all European missionaries agreed on the urgency of ending female circumcision⁴². Catholic and Methodist churches showed little concern with the practice. Protestant missions, on the other hand, publicly condemned the ‘heathen’ practice and the associated rituals that involved sexual play⁴³. The Presbyterians of the Church of Scotland Mission (CSM) in Kikuyu were the first to start ‘systematic teaching against the practice’ among converts in 1906⁴⁴. With several missionaries being concerned about female

⁴¹ Missionaries and colonial officials assumed for a long time that the majority of Kikuyu women had undergone the ‘minor’ type of female circumcision, which involved the removal of the clitoris. A large-scale research carried out on behalf of the Colonial Government in 1930, however, suggested that the vast majority of women had undergone the ‘major’ operation, involving the removal of the clitoris, labia minora, and parts of the labia majora. (Drummond Shiels, Under-Secretary of State for the Colonies, London, to Duchess of Atholl, member of the House of Commons, London, 1 January 1931, UK National Archives, Colonial Office 533/394/11.) An important caveat is that genital surgeries differ between individuals, depending on region, family preference, and the circumciser who carried out the procedure (see also Askew 2005).

⁴² Church of Scotland, Memorandum prepared by the Kikuyu Mission Council on Female Circumcision, 1 December 1931, UK National Archives, Colonial Office 533/418.

⁴³ Some missionaries found the surrounding rituals involving sexual play more offensive than circumcision in itself. To prevent missionary-educated boys from partaking in the ‘objectionable ritual prescribed by Kikuyu custom,’ missionaries performed male circumcisions at the mission. Dr. Philp of the Church of Scotland Mission in Tumutumu tried to use the same approach to female circumcision. Instead of doing it himself, he invited a Kikuyu circumciser to perform the surgery on three Kikuyu girls on the mission grounds. Upon witnessing the operation, however, Dr. Philp found it to be ‘so brutal and revolting that this attempted compromise was abandoned’ and ‘an active policy of teaching against the custom’ was pursued instead (Church of Scotland, Memorandum prepared by the Kikuyu Mission Council on Female Circumcision, 1 December 1931, UK National Archives, Colonial Office 533/418.)

⁴⁴ Church of Scotland, Memorandum prepared by the Kikuyu Mission Council on Female Circumcision, 1 December 1931, UK National Archives, Colonial Office 533/418.

circumcision, the topic was invariably brought up during the Conference of Missionary Societies in British East Africa in 1918. The discussion resulted in a resolution stating that ‘the Allied societies should unite in absolutely forbidding the circumcision of girls in their Missions, and [...] Government should be approached to legislate for its abolition among the heathen’ (Gration 1973, 136). In September 1922, the Alliance of Protestant Churches passed a resolution that called upon missionaries to use ‘all their influence to get the practice abolished’⁴⁵. The various Protestant missions passed resolutions forbidding circumcision of Christians and girls under their guardianship. These resolutions, however, were largely ignored by converts, apart from ‘senior church elders of long standing, or young catechists and teachers whose future was closely bound up with the missions’ (Anderson 2018, 9). Prioritising the growth of the church and aware of the custom’s importance to Kikuyus, most missionaries refrained from confronting the larger congregation on the matter.

Missionary pressure results in an unimplemented governmental ban

While some missionaries in Kenya adopted a *laissez-faire* stance on the issue, others were actively engaged in pressing for the eradication of female circumcision. The latter followed the agreement of the Conference in 1918 and pressured the British government to abolish female circumcision in Kenya. Whereas their own opposition to female circumcision was largely based on concerns about both the heathen and sexual character of female circumcision and its health implications, in their appeal to the government missionaries emphasised the latter. This emphasis on the health aspect of female circumcision suggests that missionaries recognised that the framing of the issue mattered: they knew that colonial officials were more concerned with the political and economic interests of the Empire than with the unchristian ways of the ‘native’ population. Missionaries used their experiences at mission hospitals to argue that the major operation caused complications during childbirth and threatened the life of both mother and child. The matter of risks to women’s and new-borns’ health resonated with the government’s concern about its reputation: within a eugenic political context where the wellbeing and growth of a colony’s population was believed to reflect the government’s vitality, colonial officials watched population growth and health closely (Thomas 2003, 24).

Chief Native Commissioner Maxwell urged the Native Councils to adopt ‘the milder form of the practice’ which according to ‘careful investigation’ was ‘unlikely to be followed

⁴⁵ Ibid.

by any serious effect'⁴⁶. The 'major'⁴⁷ type of circumcision, however, was found to have 'disastrous results not only to the birth-rate but to the physical [sic] and vitality of the tribe'⁴⁸. Missionaries and colonial officials were familiar with the 'minor' type, as clitoridectomies had been performed in Euro-American contexts as a cure for masturbation and 'hysteria'⁴⁹. But this familiarity was not the main reason why the colonial government only banned the major form. Colonial officials were concerned that banning a practice that held socio-cultural importance would stir discontent among the 'natives.' Determined not to cause unrest, Maxwell concluded his circular emphasising that 'there is no idea of total prohibition but merely a desire, in the interests of humanity, native eugenics, and increase of population, to revert to the milder form of the operation, which is indeed more in keeping with ancient tribal usage'⁵⁰.

The other reason why the idea of ending female circumcision resonated with government interests was economic and related to the availability of labour for white settlers in the colony. In 1902, the Colonial Office had decided to encourage immigration of British people from the metropole to the East African Protectorate to develop commercial agriculture in the area. The rapid increase in the white settler population – from 2,000 in 1905 to 12,000 in 1926 – led to complaints about the lack of labour supplies (Thomas 2003, 12). In this context, the circumcision ceremony in which both men and women were involved and that took several months to complete was seen as interfering with the flow of labour (Kershaw 1997, 190).

As was the case in many parts of the colonised world, neither missionaries nor colonial administrators were radical social reformers. While they framed their actions as a concern with the health and wellbeing of Kenyan women and their babies, both missionaries and the colonial government had their own particular, often institutional, interests. Different missionaries and different governments had different interests and views at different times. Protestant missionaries wanted to transform heathen people into good Christians, while the British

⁴⁶ Circular Letter No. 28 from Native Affairs Department to all Senior Commissioners, 23rd August 1926, UK National Archives, Colonial Office 533/392/1: Kikuyu Central Association – Political Activities.

⁴⁷ The 'minor' form of female circumcision referred to 'the removal of the clitoris'. The 'major' form referred to 'the removal of not only the clitoris but also the labia minora and half the labia majora together with the surrounding tissue.' (Attachment to the letter to the Lord, consisting of circular of 1926 to all Senior Commissioners, Circular Letter No. 28 from Native Affairs Department to all Senior Commissioners, 23rd August 1926, UK National Archives, Colonial Office 533/392/1: Kikuyu Central Association – Political Activities.)

⁴⁸ Circular Letter No. 28 from Native Affairs Department to all Senior Commissioners, 23rd August 1926, UK National Archives, Colonial Office 533/392/1: Kikuyu Central Association – Political Activities.

⁴⁹ Isaac Baker Brown recommended clitoridectomy as treatment for masturbation but was expelled from the Obstetrical Society in 1867. Two British surgeons at the Charing Cross Hospital wrote in 1917 that they had performed a clitoridectomy on a 'young woman suffering from "distress and remorse at her own evil ways, which she found impossible to check"' (Sheehan 1981; Masson 1986; Jalland and Hooper 1986; Pedersen 1991, 672).

⁵⁰ Circular Letter No. 28 from Native Affairs Department to all Senior Commissioners, 23rd August 1926, UK National Archives, Colonial Office 533/392/1: Kikuyu Central Association – Political Activities.

government wanted to improve the reputation of the British colonial project by improving the health of the ‘natives’ and wanted to ensure availability of labour for white settlers. The British government’s main concerns, however, were to improve the reputation of Britain’s colonial project on the international stage and to maintain peace to keep the colony governable. This explains why the government showed little concern with the fact that the ban on the major form of female circumcision was rarely implemented. That Local Native Councils passed these resolutions in the first place had likely more to do with their position in a political system of indirect rule than with their sincere support for the ban⁵¹. Displeased with the government condoning attitude, some Protestant missionaries opted for a more militant stance. When one of the Kikuyu girls at the Gospel Mission School at Kiambu was taken by her family to be circumcised, the mission’s Reverend and his daughter took the case to the court. The Magistrate, however, had to dismiss the charge of ‘grievous hurt’ because the girl in question testified that she had consented to the procedure (Anderson 2018). The case received much indignation on both sides. Many Kikuyu felt that the colonial government had gone too far in interfering in Kikuyu socio-cultural life. On the side of the missionaries, much indignation existed over the lightness of the sentence: ‘the judgement indicated that consent nullified any prosecution against a circumciser for a “grievous hurt”, thereby seriously reducing the protection that the missions had believed to be afforded by the law’ (Anderson 2018, 15). Infuriated by the court’s decision, Doctor Arthur of the Church of Scotland Mission sent an article to the East African Standard ‘explaining the circumstances of the occurrence, and showing the implications of the judgement’⁵².

It is this article that lay at the basis of the controversy that would follow and which, today, is still referred to as the ‘female circumcision controversy’. A week after its publication, the president of the Kikuyu Central Association (KCA) sent a letter to the Chiefs of Kikuyu country, stating that he ‘discovered’ a law that said that ‘circumcision of girls is done away with’ and that ‘anyone who circumcises will be fined, or if the fine is not forthcoming, they will be imprisoned’⁵³. In misrepresenting Arthur’s *call for a ban* as an *already-established law*, the president of the KCA did not make any distinction between missionaries and the

⁵¹ Lynn Thomas (2003, 24) writes that ‘colonial officials designed [Local Native Councils (LNCs)] to be a part of the indirect-rule system, which aimed to govern colonial populations, whenever possible, through indigenous authorities. [...] As the British district commissioners who presided over them held full veto power, LNCs operated as tightly controlled venues for political expression.’ The LNCs probably passed resolutions in response to pressure from colonial officers. Discontent among the Kikuyu showed that ‘the Native Council had not had the people behind them when they passed the resolution (Report of the Native Affairs Department 1929 Section 2. Paragraph 38, UK National Archives, Colonial Office 533/418/2).

⁵² Extract from the East African Standard, 10 August 1929, UK National Archives, Colonial Office 322/1067/1.

⁵³ Letter from the President of the Kikuyu Central Association, 17 August 1929, UK National Archives, Colonial Office 533/418/2.

government, perhaps deliberately so. He called upon the chiefs to ‘be ready’ for when the law would be enforced⁵⁴.

The KCA’s threat, however, did not discourage missionaries from hardening their stance on the matter and refusing communion to Christians unwilling to openly swear against female circumcision (Pedersen 1991, 648)⁵⁵. This, of course, only added to the agitation among Kikuyu. Students in mission schools rebelled against their teachers. Congregants left the church *en masse* and founded independent schools and churches, leaving the missions virtually empty (Peterson 2004, 110). Some Kikuyu, however, remained at the missions, but they were insulted and intimidated by those opposing missionary interference. Masses of people gathered on mission stations to sing the *Muthirigu*, a song which ‘ridiculed and abused the missionaries, the government and especially those Kikuyu chiefs who had supported the action against clitoridectomy’ (Anderson 2018, 17).

The involvement of the KCA in the controversy turned the issue political. The Association had initially focused on returning Kikuyu lands appropriated for European settlement and had shown little interest in missionaries’ opposition to female circumcision. Upon seeing how the issue mobilised people, however, they framed it within a bigger KCA agenda of anti-colonial resistance. Jomo Kenyatta, Secretary of the KCA and later the first president of independent Kenya, initially supported educational initiatives to end female circumcision. Kenyatta had been sent to London to represent the views of the KCA on the Native Lands Trust Bill⁵⁶. Upon returning to Kenya and seeing the support for the practice, he changed his stance and defended the practice as a crucial social institution of Kikuyu culture. Kenyatta warned politicians in London that political pressure to abolish the practice would ‘have the very opposite of the desired effect’ as it would cause people to attach ‘accentuated importance to the maintenance of this custom’⁵⁷. In *Facing Mount Kenya*, his anthropological study of the Kikuyu people, Kenyatta would later go on to describe female circumcision as ‘the very essence of an institution which has enormous educational, social, moral, and religious implications’ (Kenyatta 1965, 128). What had started as a reaction against missionaries’ interference in the custom, now became ‘entangled with long-standing Kikuyu grievances about mission influence and access to land’ (Pedersen 1991, 651). The KCA mobilised Kikuyu

⁵⁴ Ibid.

⁵⁵ See Anderson (2018, 16) for a detailed description of measures taken by different missions.

⁵⁶ Confidential letter from the Government House in Nairobi to Colonial Office, 12 October 1929, UK National Archives, Colonial Office 533/392/1.

⁵⁷ Letter from Jomo Kenyatta to the Secretary of State for the Colonies, 22 January 1930, UK National Archives, Colonial Office 533/394/10.

discontent with colonial interference with female circumcision for their broader agenda against colonial interference in general. Until today, critics of anti-FGM efforts in Kenya and beyond cite and celebrate Kenyatta as the defender of female circumcision against outsider interference.

Dr Arthur had sent the letter from his role as a missionary at the Church of Scotland Mission. In the language the KCA used in its circular, however, the boundaries between missions and government became blurred. The government, which had always prioritised maintaining peace over ending female circumcision, blamed the missions for causing the upheaval with their militant actions. The Kenyan Governor forced Doctor Arthur to resign as Nominated Representative of African interests in the Legislative Council in an unsuccessful attempt to dissociate the government from the controversy⁵⁸. The government's withdrawal from the anti-female circumcision network further weakened an already weak network. The health argument had failed to maintain the government's enrolment in the network because the government prioritised political stability and control over preventing potential health consequences of female circumcision.

London gets involved: new Labour government, female parliamentarians, and humanitarians

By the end of 1929, new actors – each with their own beliefs and interests – became involved in the matter as the controversy made its way into the Colonial Office and the House of Commons in London. The Colonial Office in Downing Street had been informed of the controversy happening in the winter of 1929-1930 through letters sent by the Kenyan Governor⁵⁹. Yet, this awareness would not keep the Secretary of State from pressuring the Kenyan government to expand the ban on the major form to the total abolition of female circumcision⁶⁰.

London's commitment to expanding legislation on female circumcision in the colonies was the outcome of new actors appearing on the scene, with new commitments and promises to uphold. The Labour government that took office in June of 1929 had expressed its commitment to 'native paramountcy' (Pedersen 1991, 655). In December 1929, 'native rights' activists brought up the topic of 'colonial policy in relation to coloured races' in the House of

⁵⁸ Church of Scotland, Memorandum prepared by the Kikuyu Mission Council on Female Circumcision, 1 December 1931, appendix 7, UK National Archives, Colonial Office 533/418.

⁵⁹ Kikuyu Central Association – Political Activities, 1929, UK National Archives, Colonial Office 533/392/1.

⁶⁰ The ban of 1926 only criminalised circumcision beyond clitoridectomy, and only if it had been performed without the consent of the girl (Thomas 2003, 24).

Commons. After the Government had reaffirmed its commitment to ‘native paramountcy’, two female parliamentarians, the Duchess of Atholl and Eleanor Rathbone, took the floor and argued that ‘the British government [should] be held responsible not merely for equal rights *between* races but also for guaranteeing equal rights between Black women and Black men and for “protecting” women from “barbaric” practices’ (ibid, 656). The Duchess argued that the current government policy banning only the ‘major’ operation was not adequate, as one could never be sure of the extent of cutting that happened. Instead, the practice should be abolished in its totality. The Duchess’ question in the House was backed by a letter from the National Council of Women of Great Britain, stating that the Committee ‘feel[s] very strongly about this [and hopes that the House] will continue to give attention to this matter’⁶¹.

The involvement of the British National Council of Women and female parliamentarians is no coincidence. Among bourgeois feminists of the period, a strong sense of responsibility for their colonial ‘sisters’ existed. The birth of the women’s movement in Britain in the late 1850s had largely coincided with, and had therefore strongly been influenced by, the expansion of colonialism (Burton 1991). Behind the public transcript of saving brown sisters, Burton argues, was the hidden transcript of obtaining the right to vote on the ground that women in the colonies ‘needed their political influence and their feminist example – two kinds of patronage which they claimed only British *women* could provide’ (ibid, 48). Similarly, they justified their participation in the colonial project on the ground that they, as women, were better placed to understand the plight of their sisters in the colonies. European women’s concern with women in the colonies was both self-serving and patronising. In the words of Susan Pedersen (1991, 679):

while British feminists had sought political emancipation with the claim that women's interests could not be adequately “represented” by men, they had few scruples about “speaking for” African or Indian women whom they had never consulted.

That the Duchess of Atholl brought up the topic for discussion in the House gave the government of the colonies an additional element for consideration: the growing awareness among the general public that female circumcision was being practised in the British Empire. The health and general wellbeing of the ‘natives’ in the colonies had been part of Labour’s political campaign. That female circumcision continued in the British empire could create the

⁶¹ Letter from the National Council of Women of Great Britain to M.P. Dr. Drummond Shiels, 18 December 1929, UK National Archives, Colonial Office 533/392/10.

impression among the public in the Metropole that the British government was failing to live up to its promises to look after the wellbeing of Africans in their colonies and, in particular, to protect African women. On the 8th of January 1930, a few weeks after the question by the Duchess of Atholl and the letter by the Women's Council had brought the topic to discussion in the House of Commons, the Secretary of State for the Colonies wrote a letter to the governor of Kenya and asked for a further ban on female circumcision. The Secretary of State ensured the Governor that he understood the sensitivity of the issue but insisted that 'public opinion will not be content with the measures hitherto taken'⁶². The proposed change in the Penal Code would make all major forms of female circumcision illegal, regardless of the consent of the person undergoing the cut.

The Governor of Kenya initially agreed to this change. Assuming that most Kikuyu did the 'minor' form of female circumcision, he believed that criminalising the major form regardless of consent would not change much. At the same time, the ban would please London and missionaries in Kenya. However, when the results of an investigation on female circumcision showed that most circumcisions were, in fact, 'major', the Governor immediately withdrew his support. The proposed amendment would mean that almost all Kikuyu would become punishable under the new Penal Code. Critically aware of the 'disturbing effect' this would have on the Kikuyu population, the Governor advised in an urgent telegram to Downing Street that it would be unwise to proceed with the amendment of the Penal Code⁶³.

Recognising that political turmoil caused by a forceful ban threatened the Empire, the female parliamentarians and humanists in London dropped their demand for a total ban, prioritising the wellbeing of the Empire over their desire to see female circumcision eradicated. Instead, they proposed the alternative approach of education and propaganda to discourage all forms of female circumcision. The government in Kenya agreed, but this promise proved to be mostly a strategic move to please the Duchess. A new circular was sent out to the local administrative officers in May 1931, yielding as little change as the one sent out in 1926

⁶² Dispatch from the Secretary of State for the Colonies to the Governor of Kenya, 8 January 1930, UK National Archives, Colonial Office 533/392/10: 'It is undoubtedly the case that feeling in regard to this evil is growing in this country. Great prominence has been given to the matter recently by the Questions and Debate in the House of Commons, and I have reason to think that public opinion will not be content with the measures hitherto taken. I need hardly say that I realize the necessity for caution in anything which will be regarded as interference with native customs of this kind; and I appreciate the reasons which have led your Government to adopt the present policy, which is to induce the tribes concerned to substitute for the more brutal form of operation the less harmful form which, I gather, has older tradition to commend it in the eyes of the natives. But there is the practical difficulty, which seems insuperable, of insuring that the operation, if allowed to continue in any form, will in fact be restricted to the extent desired; and I cannot but feel that the object to be aimed at should be quite definitely the total abolition of the practice in any form whatever. I am anxious therefore that you should consider with your advisers whether action might not now be taken to this end.'

⁶³ Drummond Shiels, Under-Secretary of State for the Colonies, London, to Duchess of Atholl, member of the House of Commons, London, 1 January 1931, UK National Archives, Colonial Office 533/394/11.

(Pedersen 1991, 677). Once again, the government's prioritising of maintaining stability in Kenya overrode their commitment to ending female circumcision. And once again, their withdrawal from the anti-female circumcision network made the network small, weak, and incapable of ending female circumcision, except among a handful of mission-educated young women.

That imperial interests overrode missionary and feminist concerns with female circumcision became evident again when, in 1934, colonial officials in Meru *enforced* the practice at an earlier age, hoping it would decrease the rate of abortions in the area (Thomas 2003, 40). Colonial officials believed that abortions were responsible for the low population growth in Meru and that lowering the age of initiation would combat abortions. Among the Meru, girls were circumcised around the age of 13 to 14 years old. Only circumcised girls were socially considered mature and allowed to give birth. It was a taboo for uncircumcised girls to give birth, and therefore such pregnancies were often aborted. Lowering the age of initiation, colonial officials believed, would ensure that all girls would be circumcised before they would become fertile, as such reducing the chances of (abortions of) pregnancies in uncircumcised girls.

In 1934, against the decision of the Colonial Office that female circumcision should be discouraged through education and propaganda, District Commissioner Lambert convinced the Meru Local Native Council to pass a resolution that said that every parent or guardian of every girl had a duty to initiate her through circumcision before she reached sexual maturity (*ibid*, 42). Many parents refused to initiate their daughters before puberty, as earlier initiation resulting in earlier marriage would mean loss of her labour for the family. On various occasions, headmen and tribal police resorted to forced mass excisions that were called *kigwarie* or 'the one which was unexpected' because they happened unannounced. According to Thomas (*ibid*), colonial officials were aware of these events but did not mention them in official documents as they severely breached the official policy to discourage female circumcision.

A last attempt to ban excision in colonial Kenya happened in Meru in 1956. The Mau Mau rebellion and the resulting state of emergency from 1952 to 1960 lent government officials unprecedented power to interfere in local communities, in turn giving some people the confidence that a ban on excision would finally be possible. Lynn Thomas (2003, 92–93) describes how collaboration between an ambitious district commissioner and a group of mission-educated Meru resulted in a ban on female circumcision in Meru District which responded to the different interests of the different actors involved in passing it:

[The ban was passed by] a cadre of *Njuri Cheke* and [African District Council⁶⁴] members, [...], all of whom had been educated at Protestant mission schools and had renounced excision. [The *Njuri Cheke*] sought to distance the Meru from the Kikuyu in the wake of the Mau Mau rebellion, and to express gratitude for the government's having declared Meru a separate land unit. They also sought to eliminate a practice that white missionaries had long found "repugnant" and that a small but growing number of local Christians found unnecessary.

The ban was massively defied by girls of initiation age. Thomas warns that it would be too simplistic to understand this defiance as purely anti-colonial resistance as part of the Mau Mau rebellion. Rather, 'the Mau Mau rebellion and the accompanying state of emergency created the context within which girls and women decided how to defy the ban' (ibid, 93). Because of the harsh punishments under the Emergency state, parents and circumcisers were often reluctant to oppose the ban and thus refused to circumcise their daughters. Anxious about not being initiated into womanhood, girls said that they would 'circumcise themselves' – a statement that gave this generation the nickname *ngaitana* or 'I circumcise myself.' In practice, girls went to the bush to circumcise each other or, upon arriving in the bush, found older women waiting for them to perform the surgery. Girls used razor blades rather than the traditional knife for the surgery. Other rituals that normally surrounded excision were largely abandoned. Girls who were 'circumcised' by their peers often only had incisions around their vulva; upon seeing these attempts at circumcision, older women often did carry out the 'proper' procedure and thus reclaimed authority over initiation rites. Defiance itself, however, was largely inspired by girls' fear of being denied adulthood and the pressure they experienced from peers who had already been circumcised. Whereas initiation was normally done around 13 or 14 years old, even girls under the age of 8 were included in the *ngaitana* movement. The ban, rather than ending the practice, encouraged a wave of excisions in Meru, including girls much younger than the traditional circumcision age.

⁶⁴ Previously 'Local Native Council'.

International post-war concerns with female circumcision

‘Cultural, not medical’: the WHO refuses to take action on FGM

The emergence and expansion of the United Nations after the Second World War provided the stage on which female circumcision would gradually become defined and established as a global concern⁶⁵. Already in 1958, the Commission on the Status of Women – a functional commission of the United Nations Economic and Social Council (ECOSOC) dedicated to gender equality and the empowerment of women – asked the World Health Organization to investigate the issue of female circumcision. The WHO turned down the request, saying that the matter was ‘cultural, not medical’ and therefore outside its jurisdiction (Jain 2005, 29). With the ‘female circumcision controversy’ in Kenya still fresh in mind, the WHO and national governments in the Global North all retreated from intervening in female circumcision because they felt the issue was too culturally sensitive (Brennan 1989, 376), interventions would be perceived as outsider interference (LY-Tall 2003, 125), and were therefore bound to fail.

According to Rahman and Toubia (2000, 10), African women’s groups organised educational campaigns about the health effects of female circumcision throughout the 1960s and 1970s, and doctors in Sudan, Somalia, and Nigeria started documenting complications in medical journals. In 1960, a seminar in Addis Ababa brought together ‘women from the countries and territories of Africa’ to debate obstacles to women’s participation in public life, with female circumcision being one of the obstacles discussed (UN 1961). It was agreed that ‘while it was the duty of all African women to further the development of African culture by supporting those rich and varied qualities which were of value not only to Africa but to the world, they should join in condemning those customs which were deleterious to health and indeed dangerous; for they led to backwardness, not progress’ (ibid). One participant called upon the WHO to ‘show that this mutilation has no medical justification and that rather it is harmful to health and should be abolished forever’ (UN 1961, 18). The WHO, however, continued its stance of non-interference (Hosken 1982, 59).

Hodgson (2011, 142) describes the African women who participated in UN forums on women’s issues as ‘elite, educated urban women – often activists, lawyers, and academics from dominant ethnic groups.’ These elite women, Hodgson suggests, ‘tended to share the modernist

⁶⁵ Detailed historical overviews of national, international, and transnational policies on FGM can be found in, amongst others, *Female Genital Mutilation. A Guide to Laws and Policies Worldwide* by Anika Rahman and Nahid Toubia (2000) and in *Empty Promises? Compliance with the Human Rights Framework in relation to Female Genital Mutilation/Cutting in Senegal* by Annemarie Middelburg (2016).

perspectives of their Western feminist counterparts – that indigenous women like Maasai lived as victims in patriarchal worlds shaped forcefully by the drudgery of endless household labor, domestic violence, and primitive “cultural” practices like polygyny, arranged marriage, and female genital modification’ (ibid). Indigenous, rural women without formal education, and from minority ethnic groups were absent and spoken for by these elite women.

Feminism and the UN Decade for Women

The feminist wave of the 1970s put female circumcision on the agenda of feminists in Europe and the United States of America. Writing from a Western feminist perspective, they described female genital *mutilation* as the ultimate expression of misogyny and patriarchy (see for example Daly 1978; Hosken 1982), and saw it as the ‘white woman’s burden’ to save African women from the atrocity. The expansion of feminism in the 1970s was also reflected in the UN Decade for Women, a period from 1975 to 1985 with heightened international attention to women’s issues⁶⁶. In 1979 – almost two decades after African women at the seminar in Addis Ababa had called upon the WHO to take action – the WHO Regional Office for the Eastern Mediterranean in Khartoum convened the *Seminar on Harmful Traditional Practices Affecting the Health of Women and Children* (OHCHR 1995). The seminar became a milestone in the production of FGM as an international concern: it was the first time that the WHO officially ‘condemned FGM as a serious health risk which should be abolished, and called upon medical personnel to refrain from performing FGM’ (WHO 1979, annexe II, page 2). The conference is seen as a pivotal moment in the history of the global campaign against FGM as the ‘WHO gave its name and credibility to NGOs and campaigners working directly in the field’ (Dorkenoo 1996, 142).

Middelburg (2016, 146) writes that USA feminist Fran Hosken’s presentation of her report on FGM was ‘influential in persuading the WHO to take action in the field of FGM/C’⁶⁷. Brems (2001, 117) suggests that the international campaign against FGM was initiated by Western feminists. Rahman and Toubia (2000, 10) also mention Hosken and her report, but

⁶⁶ Three UN sponsored World Conferences on Women took place during this decade. The first World Conference of the International Women’s Year in Mexico City (1975) resulted in the drafting of the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) – the first international legal instrument defining what constitutes discrimination against women and until today a very important document for women’s rights activists worldwide. The second World Conference on Women took place in Copenhagen in 1980 and the third in Nairobi in 1985. (Middelburg 2016, 147)

⁶⁷ Lane and Rubinstein (1996, 35) write that ‘Fran Hosken was traveling in Africa during 1973 when a chance remark about female circumcision literally changed the direction of her life. She writes, “When I began to realize the magnituded and the horror of the problems I was dealing with, I could not stop, or I would not be able to live with myself.” Subsequent to this ephiphany, Hosken began lobbying the World Health Organization and numerous other international agencies, wrote extensively about the custom for scientific and popular journals, and began a newsletter that she continues to publish.’

then continue to say that ‘a strong presence of women from several African countries led a vote to end all form of the practice’. The question of who drove the agenda – Western or African women – remained important throughout the rest of the history of the global campaign against FGM. Sandra Hale (2005, 216), for example, writes that at the UN Fourth World Conference on Women in Beijing in 1995,

the difference between the number of workshops directly about female circumcision and the number of presentations on the panels was staggering. [...] The visibility of the topic was pointed out to me by any number of feminists who saw this as evidence of the compelling nature of the problem. I was alarmed that no one mentioned how many of these workshops were sponsored by Western-controlled international agencies with their own agendas!

Claims about beginnings are claims to power (Foucault 1994 [1966]). Critics and supporters of the global campaign against FGM have located the beginnings of UN involvement in FGM with respectively ‘Western feminists’ versus ‘African women’, in attempts respectively to discredit the global campaign as a Western ethnocentric, imperialist project or to prove its legitimacy as a truly global partnership and collaboration between Western and African women. The WHO understood how claims to beginnings are claims to power: when, in 1979, the WHO finally took action on the matter, it emphasised that it had only done so at the explicit request of national governments of countries where FGM was practised. This framing – of the WHO responding to African (women’s) demands – provided a solution to the WHO’s wariness that its involvement with FGM would be perceived as outsider interference in a culturally sensitive issue. The African elite women who participated in the UN Decade for Women helped frame the agenda. At the same time, however, their involvement was tokenised and used to justify the UN’s involvement with FGM – granting permission on behalf of ‘African women’ as it were –, as such warding off in advance critiques of cultural imperialism⁶⁸. In addition, the

⁶⁸ In colonial Sudan, the involvement of Africans (men, in the case of Sudan) was similarly used to legitimise interference with female circumcision. When British women lobbied for a ban on female circumcision in Sudan in the 1940s, the Foreign Office warned that government pressure may do more harm than good. A representative of the National Women’s Council responded to the Foreign Office that the case of Sudan was different because the demand for intervention came from the Sudanese themselves: ‘When the problem arose in East Africa in the late twenties, the missionaries were trying to impose their ideas upon a primitive and backward people who were satisfied to let things continue in the traditional matter. [...] In the Sudan, on the other hand, the natives have themselves asked for Government assistance to stamp out the practice, and this has not been forthcoming’ (Irene Ward 1944). The natives Ward referred to were mainly male doctors and other elite men. The extent to which these men represented the interests of circumcised women was not questioned. E. Hills Young to Miss Irene Ward, UK National Archives, Foreign Office 371/41433, 3rd of October 1944.

WHO narrative overlooked that it had ignored the demands of those African women who called for action in 1960: FGM only became a global concern when the WHO finally took action, not in response to the demands of African women in 1960s, but during a period characterised by increasing involvement and pressure of Western feminists opposing FGM. And when the WHO finally took it on, they emphasised strongly that it had been a response to African demands, shielding itself from the accusation of Western imperialism. As I will show in chapter 3, the involvement of African women (and men) in anticutting activism – now often termed ‘community-led’ or ‘African-led’ – is still used to justify the involvement of ‘outsider’ individuals, organisations, and governments. Questions about how representative these women (and men) – be it the elite African women at UN seminars, or the groups of people who support anti-FGM projects – are of ‘African women’ or ‘the community’ more general are seldom asked.

Similarly, supporters and critics of the global campaign have respectively sanitised or emphasised the conflicts that went into conceptualising FGM as a global concern. In the 1960 seminar in Addis Ababa, African women had condemned female circumcision practices for being harmful to the health of women but simultaneously acknowledged the ‘rich and varied qualities [of African cultural practices] which were of value not only to Africa but to the world’ (UN 1961, 18). In the 1970s, however, Fran Hosken, Mary Daly and other Western feminists introduced a radical ‘eradication now!’ paradigm and refused to call the practices anything else but female genital *mutilation* (Gruenbaum 2001, 22). These feminists framed female circumcision as the ultimate expression of women’s subordination under patriarchy and ignored any socio-cultural relevance that practising communities would attribute to the practice. Hosken is often credited with replacing ‘female circumcision’ with ‘female genital *mutilation*’⁶⁹. Some African women criticised such framing for being culturally insensitive and ethnocentric⁷⁰ (Hale 2005, 210). During the UN Mid-Decade Conference on Women in

⁶⁹ The term ‘mutilation’ to refer to female circumcision practices was already used in the early 1900s. For example, a woman of the Church of Scotland Mission in Kenya suggested the definition ‘the Sexual Mutilation of Women’, which was adopted by the Kenyan Missionary Council in 1929 ‘as conveying a truer idea of the nature of the operation than the customary expression “female circumcision”’. Hosken’s famous report, however, contributed to the more widespread use of the term.

⁷⁰ The report of the African regional preparatory meeting for the UN Decade for Women condemned international campaigns against female circumcision for being insensitive to ‘the complexity of the African situation.’ At the same time, however, the report explicitly condemned female circumcision. Similarly, Marie-Anglique Savane, president of the Association of African Women for Research and Development based in Senegal, wrote in 1979 that the association condemns FGM but that Western ‘crusaders’ against FGM ‘have fallen back on sensationalism, and have become insensitive to the dignity of the very women they want to “save”’. They are totally unconscious of the latent racism that such a campaign evokes in countries where ethnocentric prejudice is so deep-rooted. And in their conviction that this is a “just cause”, they have forgotten that these women from a different race and a different culture are also human beings, and that solidarity can only exist alongside self-affirmation and mutual respect’ (Savane 1979). Sudanese surgeon Nadia Toubia did use the term ‘mutilation’ and supported international action, while also rejecting the ethnocentrism of North Americans and Western Europeans (Hale 2005, 210).

Copenhagen in 1980, African women called out a few Western women who spoke against the practice for being ‘condescending and confrontational’ (Rahman and Toubia 2000, 10). In an attempt to reclaim space to discuss the topic, away from Western ethnocentrism, African NGOs and activists came together in Dakar in 1984. This meeting resulted in the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC), which would branch out into affiliates in 26 African countries working to educate national governments and the general public on the harmful effects of female circumcision (Rahman and Toubia 2000, 10). The ways in which these conflicts are represented by different actors are not neutral and often serve certain purposes. Critics of the global campaign have emphasised the divide between Western and African feminists as proof of the ethnocentric and imperial nature of the campaign. Rahman and Toubia (2000, 10) write that ‘unfortunately that incident [at the conference in Copenhagen] is still registered as the great schism between Western feminists and African cultural conservationists in a crude reading of the historical facts and a biased attempt to fuel the fire of cultural conflict.’ The West/Africa divide is, at times, also emphasised for instrumental reasons: some African actors have emphasised their ‘Africanness’ in their requests for financial support, claiming that African problems should be solved by Africans and not by outsiders. As I will show in chapter 3, these sensitivities continue today and ‘outsider’ actors working on FGM readily emphasise the ‘African-led’ nature of their programmes to justify their involvement in the campaign and their funding requests.

The way in which FGM became included in the UN agenda reflected the (second wave) feminist beliefs of that time. No longer referred to as female circumcision, the practice was now considered a mutilation of women’s genitalia and sexuality and the ultimate expression of women’s subordination under patriarchy. Liselott Dellenborg (2004, 89) locates this link between genital cutting and women’s subordination in understandings of the clitoris that are specific to the second feminist wave in the West⁷¹:

to cut a woman’s clitoris not only means a mutilation of her body and a reduction of her capacity to feel sexual pleasure, but also deprives her of her femininity, since the

Toubia said: ‘The West has acted as though they have suddenly discovered a dangerous epidemic which they then sensationalized in international women’s forums creating a backlash of over-sensitivity in the concerned communities. They have portrayed it as irrefutable evidence of the barbarism and vulgarity of underdeveloped countries... It became a conclusive validation to the view of the primitiveness of Arabs, Muslims, and Africans all in one blow’ (Freeman 2018).

⁷¹ In 1966, Masters and Johnson published an article in *Human Sexual Response* which debunked Freud’s idea of the mature vaginal orgasm and emphasised the centrality of the clitoris in women’s sexual pleasure (Korieh 2005, 113). The right to sexual pleasure became an important part of Second Wave Feminism, and the clitoris came to symbolize women’s (sexual) liberation.

capacity to experience orgasm from a Western point of view makes a woman more of a ‘real’ woman. Furthermore, given the importance attached to sexuality as closely related to personal identity and self-fulfilment, the excision of the clitoris also has the implication of a ‘mutilation’ of a woman’s potential for liberation in a more extended sense.

Despite contestations from various feminist and anticolonial locations, the understanding of FGM as sexual mutilation, a cruel expression of patriarchy, and a feminist issue remains common today.

FGM and Human Rights

The 1990s saw the further expansion of the global human rights movement and greater attention to the representation of women’s rights. Within this context, female circumcision – now widely referred to as ‘female genital mutilation’ or FGM⁷² – became reframed as a human right violation (Shell-Duncan 2008; Middelburg 2016, 152). In 1993, the Declaration on the Elimination of Violence Against Women (DEVAW) explicitly framed FGM as a form of ‘violence against women’⁷³ (Middelburg 2016 152). Half a year earlier, the World Conference on Human Rights in Vienna had stressed that all forms of violence against women are human rights violations (Middelburg 2016, 151). Defining FGM as a form of violence against women thus established FGM as a human rights violation. FGM’s status as a violation of the rights of women was reinforced at the fourth World Conference on Women in Beijing in 1995.

Part of the reframing of FGM as a human rights issue was thus due to the expansion of the concept of human rights and the more explicit inclusion of women’s rights as human rights. At the same time, however, the global campaign against FGM sought to actively ‘divorce itself from a health framework’ because the health-based campaign against FGM had not provided the hoped-for results (Shell-Duncan 2008, 225). The health-based approach to ending FGM had assumed that, if people were made aware of the adverse health consequences of FGM, they

⁷² In the 1990s, the Inter-African Committee on Traditional Practices (IAC) adopted ‘FGM’, arguing that ‘female circumcision’ wrongly implied similarities between male and female circumcision, thus minimizing the harmfulness and unacceptability of the latter. On the advice of the IAC, the World Health Organization (WHO) followed suit and adopted FGM in its communications (Kaplan et al. 2017, 30). The term had gained popularity ever since the 1970s, and since 1994, it became used in UN documents (UNFPA 2019a).

⁷³ Article 2(a) of the DEVAW: ‘Violence against women shall be understood to encompass, but not be limited to, the following: (a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation.’

would abandon the practice. However, people from practising communities are often aware of potential health consequences but consider these a risk worth taking ‘in light of the social and cultural importance of the practice’ (ibid, 226). Additionally, much of the discourse on FGM health consequences is based on extreme cases. The discrepancy between these alarmist discourses and the experiences of communities who practice FGM undermined the credibility of anti-FGM campaigns. Finally, the emphasis on the health consequences of FGM inadvertently led to the medicalisation of FGM. While some women from practising communities believed that medicalised circumcision was an acceptable form of risk reduction, the global campaign largely rejected medicalisation, assuming that medicalisation would make communities less likely to abandon and even grant legitimacy to the practice – assumptions which were not backed by the existing evidence (Shell-Duncan 2001) and which have recently been challenged by empirical evidence from Egypt where medicalisation goes hand in hand with a decrease in FGM prevalence (Van Eekert et al. 2020).

FGM’s reframing as human rights concern was thus both a reflection of this specific moment in time in which women’s rights became established as human rights and a response to the need of the global campaign against FGM to oppose the practices on more than just a health basis. Rather than replacing the health framework, however, the human rights framework was added as a discursive layer and, until today, the health argument remains an important foundation for opposition to FGM. That the health discourse is persistent is also evident from the WHO’s failed attempt to temper sensationalist accounts of FGM health consequences. Aware of how the emphasis on health risks of FGM had contributed to the medicalisation of the practice, the WHO published an article in 2006 on the ‘obstetric outcomes’ of FGM. The goal of the study was to ‘counter the sensationalist discourse’ that contributed to medicalisation ‘by developing “technically sound policies”’ (Hodžić 2013, 92). Ironically, the resulting article was widely interpreted as proving the severe health risks and deathliness of FGM. Saida Hodžić (2013) describes in detail how the publication process transformed uncertain research findings into a confident argument, which was then given meaning by the wider public as confirming existing discourse on the detrimental health implications of FGM. Rather than debunking the alarmist health discourse on FGM, the WHO publication reinforced FGM’s framing as a severe threat to the health and life of women and their babies.

With FGM as a human rights violation, critiques of the ethnocentrism of Western feminists turned into questions of how ‘universal’ human rights really are (Brennan 1989; Brems 2001; Lionnet 2005; Fusaschi 2014; Ahmadu 2017). Drawing from cultural relativism,

these critics argued that ‘cultural practices [such as female circumcision] have a legitimate function indigenous to the culture and that judging these practices according to international norms imposes outside values upon the society’ (Brennan 1989, 368). Human rights proponents defended their position by arguing that human rights are ‘universally accepted norms’ and therefore do not impose Eurocentric views (ibid). Cultural relativists, on the other hand, countered that the Universal Declaration of Human Rights has its roots in the West and reflects Western values and norms.

First UN Joint Statement on FGM reflects discursive layers

In 1997, the WHO, UNICEF and UNFPA published their first ‘joint statement on FGM’, reflecting the discursive layers that emerged in the decades leading up to the statement. The statement conceptualised FGM as a health concern, an expression of gender inequality, and a violation of the human rights of women:

Female genital mutilation reinforces the inequity suffered by girls and women [...]. The arguments against female genital mutilation are based on universally recognized human rights, including the rights to integrity of the person and the highest attainable level of physical and mental health. (WHO 1997, 1)

The statement marked another important milestone in the production of FGM as a transnational concern, as it solidified the elimination of FGM as the shared duty of the WHO, UNICEF and UNFPA, with the WHO being responsible for the production of health-related knowledge and guidelines for health care workers, UNICEF for providing support for community-based organisations, and UNFPA for reviewing national policies and data collection (WHO 1997, 17–19). In warning anticutting activists and professionals ‘neither to criticize nor to condemn’ communities that practise FGM, the statement reflected an awareness of the continued sensitivity of the topic⁷⁴.

Besides the UN Joint Statement, activists, nongovernmental organisations, government offices, and UN agencies have produced innumerable reports, policy papers, articles, website posts, letters, emails, guidelines, graphs, informational booklets, posters, and so on that focus on ending FGM/C. At the workshops and conferences on FGM I attended, we were given

⁷⁴ In 1999, the Special Rapporteur on Traditional Practices warned against the risk of ‘demonizing cultures under cover of condemning practices harmful to women and the girl child.’

goodie bags with t-shirts, bracelets, caps, pens, and notebooks with anti-FGM messages. Medical practices in the UK display leaflets on FGM next to information on antibiotics. In the washroom cubicles of British airports, large posters encourage girls to report to the authorities if they are being taken abroad to be circumcised⁷⁵. Virtually every bookshop in the UK has a number of autobiographical accounts of circumcised women in its non-fiction section. Hundreds of documentaries and short films have been produced on the topic. Together, these material objects contribute to the stabilisation of the global campaign against FGM and ensure its continuity independently of the flow of humans (Latour 1992). Perhaps among the most important objects in stabilising the campaign was the resolution to eradicate FGM adopted by the UN General Assembly in 2012⁷⁶, as well as the inclusion of the elimination of ‘all harmful practices’ including FGM as a target under Sustainable Development Goal number 5 *Achieve Gender equality and empower all women and girls* (SDG 2016).

FGM as a social norm

In the late 1990s and early 2000s, FGM became increasingly understood as a social norm. Responsible for providing community-based organisations support in their fight against FGM/C, UNICEF started promoting a social norm-based approach, including human rights education, to end FGM/C. Chapter three elaborates in detail on how a transnational network – consisting of UNICEF, academics, and NGOs – combined social theory and practical experiences of NGOs to articulate this social-norm based approach and convinced other actors in the anti-FGM domain to adopt this approach. The social norm-based approach gained traction over the last two decades. It is also the approach that ties together the nodes of the network I studied: Orchid Project, Tostan, and SAFE Maa.

FGM and neoliberalism

A final development is that FGM became embedded in a neoliberal development paradigm. In 2010, the WHO published a study that estimated the financial costs of female genital mutilation in six African countries. The study concluded that ‘beyond the immense psychological trauma

⁷⁵ One campaign by a UK-based charity tells girls to put a spoon in their underwear if they think they are taken abroad to be circumcised; the spoon would set off the alarm at the security check at the airport and, by localising the spoon at the girl’s genitals, the police would understand it as a case of potential circumcision (Beswick 2018).

⁷⁶ The resolution was unanimously approved by all 194 Member States (UN Women 2012). While General Assembly resolutions are non-binding recommendations, their advocacy and symbolic power should not be underestimated. The General Assembly is the main deliberative, policymaking, and representative organ of the UN.

it entails, FGM imposes large financial costs’ and that ‘the cost of government efforts to prevent FGM will be offset by savings from preventing obstetric complications’ (Adam et al. 2010). During my participant observation at Orchid Project, I was asked to virtually attend an event in which the World Bank and the International Center for Research on Women disseminated the findings of their study on the economic costs of child marriage. Here too, the conclusion was that ‘ending child marriage is not only the morally right thing to do but it is also the economically wise thing to do.’ As far as I am aware, the Orchid team was not familiar with the 2010 study on economic costs of FGM at the time I was working with them. The advocacy team marked lobbying for a study on the economic costs of FGM as a priority in its action plan. ‘Imagine,’ the CEO said, ‘if we can go to a Head of State and say: “Look, this is the amount of money you will make if you invest in ending FGC now.”’” Another example of the economic framing of FGM is a study disseminated during the Nairobi Summit on ICPD25⁷⁷ in Nairobi in November 2019. The press release on the study stated that ‘ending female genital mutilation will require \$2.4 billion for interventions related to education and changing social norms in 31 priority countries. The research shows that just \$95 can prevent a girl from having her genitalia cut for non-medical reasons’ (UNFPA 2019c). On the 6th of February 2020 – the annual International Day of Zero Tolerance to FGM – the WHO released an ‘interactive tool developed by WHO to visualize current health care related costs of FGM’ (WHO 2020). The tool suggests that the medical needs of circumcised women cost the global economy \$1.4 billion USD. In response to the WHO’s cost calculator, Orchid Project’s CEO stated: ‘These costs make clear that investment to end FGC will result in [a] huge benefit for all. But more resources are needed to accelerate grassroots abandonment of the cut’ (Orchid Project 2020b).

Conclusions

Over the last century, the international movement to end female circumcision has grown from the efforts of individual missionaries in central Kenya to an international network including national governments, transnational organisations, international nongovernmental organisations, donors, activists, researchers, transnational and national laws, policy documents and reports, and so on. That the anti-female circumcision (and later anti-FGM) discourse travelled from early 20th century Kenya to the spaces of UN organs today is because it kept

⁷⁷ ICPD stands for the International Conference on Population and Development. ICPD25 refers to the 25th anniversary of the conference which was held for the first time in 1994.

being picked up by various actors (each with their own interests) at various moments in various places (each characterised by its own beliefs and sensitivities).

In the colonial period, it was mainly Protestant missionaries, colonial officials, British feminists and humanitarians, and Kenyan anticolonial activists who produced and contested discourses on and against female circumcision. The discourses these actors produced were meant to convince others to join the campaign and to further other interests. Protestant missionaries, for example, were most concerned with the heathen character of female circumcision. Aware of the government's interest in (an outward positive image of) the health of the 'natives', missionaries emphasised the health implications of female circumcision in their appeal to the government. British women's demand to be included in the decision-making on female circumcision was framed as a concern with the plight of their 'sisters' in the colonies. At the same time, however, this involvement was a way of advancing their influence in the British imperial project. In supporting the Chief Commissioner to abolish female circumcision, the Meru Native Council had the interest of dissociating themselves from the Kikuyu in the hope of being rewarded with land rights for their loyalty.

Different actors had different interests and different phases were characterised by different priorities and sensitivities. Discourses and policies changed and shapeshifted in response to these changing interests and sensitivities. While the new Labour Government initially committed to banning all forms of female circumcision as a way of living up to its campaign promises, it quickly changed its mind in light of the unrest in the colony, prioritising political stability over ending female circumcision and emphasising that only the 'major' form entailed health risks. Similarly, Kenyatta changed his stance – from supporting education against female circumcision to celebrating female circumcision as the cornerstone of Kikuyu society – upon realising that defending female circumcision would win him and his party the support of public opinion.

After World War II, and with the establishment of the United Nations, female circumcision steadily made its way onto the international political agenda. African women tried to get the WHO to take action on the matter in the early 1960s, but it was only in 1979 – when Western feminists joined in – that the WHO got involved. Since then, the WHO – and later UNICEF and UNFPA – have been at the centre of the transnational network formulating FGM-related discourses and policies. The FGM discourse as described in UN documents – as a health concern, a form of gender inequality, and a violation of human rights – reflects the historical trajectory of the anti-FGM campaign and the different interests and beliefs that, at different moments throughout its trajectory, went into the production of the discourse.

The chapter also shows how the understanding and portrayal of female circumcision (and later FGM) became detached from its socio-historical context. For the Kikuyu of central Kenya, as is the case for the Maasai (see chapter 1 and 6), female circumcision is part of important ritual transformations from childhood to adulthood. Circumcision prepares woman for marriage, which places them in extended families that serve as safety nets. Giving up female circumcision therefore affects marriage, kinship relations, social security, the recognition of children and inheritance. This context is o

Claims to the beginnings of the global anti-FGM campaign are claims to power, and my description of this history is no exception to this. Rather than giving a ‘factual’ rendering of this history or arguing for or against the campaign, my goal was to show that the messiness of this history does not sit easily with claims to either the ‘Western’ or ‘African’ nature of the movement. Locating the beginnings of the campaign in missionary efforts in colonial Kenya risks erasing the fact that African communities altered, adapted, and likely abandoned forms of female circumcision before the arrival of Europeans. Emphasising that ‘African women’ demanded the WHO to take action risks ignoring the fact that the WHO only took action some two decades later when African women were joined by a powerful movement of European and US American feminists. As this chapter showed, the production of the global anti-FGM campaign occurred through negotiation and collaboration between actors from the Global South and North. However, as I will continue to demonstrate in chapter 3, these collaborations do not do away with global power hierarchies in the production of knowledge.

Furthermore, this chapter challenges essentialist notions of ‘Western’ versus ‘African’ discourses on female circumcision. Protestant missionaries wanted to see an end to female circumcision, whereas Catholic missionaries largely condoned the practices. The British government put pressure on colonial officials in Kenya to ban female circumcision, but the latter were often more concerned with maintaining peace in the colony. Feminists and humanitarians in Britain pressured the government to eradicate female circumcision, while anti-imperialists criticised the government’s interference with indigenous practices. Some Kenyans joined the Protestant Church and opposed female circumcision, while others sternly opposed any interference with the practice. Kenyatta went from supporting education against female circumcision to celebrating the practice as the cornerstone of Kikuyu society. African women and medical doctors later demanded the WHO put female circumcision on its agenda. Throughout the further history of the UN’s work on FGM, women and men from all continents have contributed to shaping the agenda. At the same time, and as I will elaborate on in chapter

5, people from both the Global South and North have also criticised the global anti-FGM campaign and defended the right of women to freely choose female genital surgeries.

Nonetheless, sensitivities around the West/Africa or Global North/South divide still influence the global campaign today. The backlash the British experienced when trying to ban female circumcision in central Kenya made following generations of Western anticutting activists and professionals more conscious of potential risks of culturally insensitive interference. The WHO refused to take a stance on the matter without the explicit demand from governments and activists from countries in which female circumcision takes place, and until today, anti-FGM organisations justify their activities by emphasising that they are ‘African-led’, even if the organisation is based in the West, largely staffed by Westerners, and funded by Western donors. This emphasis on the importance of ‘African-led’ and ‘culturally-sensitive’ initiatives provides the context in which a ‘social norm-based’ approach would gain traction. Chapters 3 and 4 trace the production, expansion, and travel of this social norm-based approach.

Chapter 3. A ‘culturally-sensitive’ approach to ending FGM/C: The production of a social norm perspective on FGM/C

Introduction

On the 6th of February 2018, on the International Day of Zero Tolerance to FGM, Kenya’s Anti-FGM Board organised the country’s first national conference against FGM. The conference lasted three days and brought together Kenya’s main stakeholders on the matter, including members of parliament; the national Anti-FGM Board; lawyers and prosecutors; representatives of international and national NGOs and community-based organisations (CBOs); medical doctors; representatives of UNICEF, UNFPA, and the WHO; religious leaders; journalists, and academics. I listened to panellists talk about the war against a backward, primitive and retrogressive practice and advocate for strict punishments for those continuing the cut. Panellists and attendees got into heated debates about who is really to blame for perpetuating FGM: mothers and grandmothers who put pressure on their daughters, the men who refuse to marry uncut women or the circumcisers who gain socioeconomic benefit from cutting.

A panel on the second day of the conference titled *Understanding FGM from a Gender and Social Norms Perspective*, with panellists from UNICEF, The Girl Generation, and World Vision, adopted a different tone and expressed doubts about the approaches that had been discussed in the conference: forceful approaches, such as prosecutions, send the practice underground and discourage families from seeking healthcare for their daughters for fear of being prosecuted in case the doctor discovers she has been cut⁷⁸. ‘Positive deviance’ approaches, in which girls are encouraged to stand up against the wishes of their families and communities, the panellists argued, put too much pressure on girls and cause tensions in families and communities. The use of judgemental language (‘barbaric’, ‘retrogressive’) and of shocking images make people from practising communities defensive and unwilling to engage. Instead, a panellist explained:

⁷⁸ Anthropologists have formulated similar insights (i.a. Hernlund 2000; Antonazzo 2003; Monahan 2007; Winterbottom, Koomen, and Burford 2009; Shell-Duncan et al. 2013; Van Bavel, Coene, and Leye 2017) and, as this chapter will show, these insights have influenced the production and positioning of the social norm perspective on FGM/C.

we approach people in a friendly manner. We don't use [words like] 'barbaric', we don't use shocking images, we don't stigmatise. We don't want a backlash. We want everyone at that table to talk about how we got here and where we want to go. [...] If you talk to elders and you tell them it is a backward behaviour, they will walk out on you. They hold it so dear; it is their culture.

The panellists on this panel all approached FGM as a social norm: families cut their daughters because everyone does so, everyone is expected to do so, and deviating will result in stigmatisation and exclusion of the girl and her family. Social norms are held in place by the entire community, and therefore it is unproductive to blame a single subgroup. According to this panel, no intervention will end the cut if it fails to change the social norm that keeps it in place. A panellist representing World Vision explained that an Alternative Rite of Passage (ARP) approach – which mimics 'traditional' coming-of-age rituals but omits the cut – will only have results if accompanied by community-wide social norm change:

ARPs can only have results if they are used together with community dialogues. If you use ARP, make sure that the parents of the girls also say no to the cut; that the men in that society are willing to marry uncut girls; and that the parents of these men will accept an uncut daughter-in-law. If the social norm stays the same, then after graduating from your ARP, the girl will still experience pressure to be cut.

A year later, on the 4th and 5th of February 2019, I attended Kenya's second National Conference against FGM in Narok together with Amos Leuka, one of the two project managers of SAFE Maa – an organisation working to raise awareness on HIV and end FGC among the Maasai community living in the Loita Hills in the South of Kenya⁷⁹. After a few hours of welcoming Kenyan politicians, listening to calls for more prosecutions, and watching a shocking play involving a seemingly dead body being carried off stage wrapped in a bloody sheet, Amos turned to me and said:

All this talk, and nothing about the communities. Nothing is going to change if we sit here talking about them instead of with them. They judge our communities without

⁷⁹ SAFE Maa is the Maasai team of S.A.F.E. (Sponsored Arts For Education), a Kenyan NGO and UK charity that uses the performing arts and community programmes to raise awareness on issues like HIV, religious extremism, environmental issues, and female genital cutting.

taking the time to understand why communities do it, or what they think should happen. [...] No surprise that so many communities show resistance if you call them evil and stupid.

On my other side sat Julia Lala-Maharajh, the founder and then⁸⁰ CEO of the British charity Orchid Project, a partner and donor organisation to SAFE Maa. She too frowned at the judgemental and condemning tone of the conference. Like the panellists on the panel on social norms at the conference in 2018, SAFE Maa and Orchid Project disagree with what they see as aggressive approaches to ending FGM. Instead, they believe that FGM – which they call female genital cutting or FGC – can only be ended through a ‘social norm-based approach’.

This chapter takes a closer look at the production of this social norm-based approach to FGM/C. In chapter 2, I mentioned that the social norm perspective on FGM/C emerged in the early 2000s as one of the discursive layers that were added to explaining what FGM entails and how it should be ended. I also argued that various expressions of the anti-FGM discourse carry in them the socio-political context in which they emerged. In this chapter, I show how a network of academics and development professionals formulated a social norm-based approach to FGM/C in a context in which anthropologists and anticolonial feminists grew increasingly critical of the Western ethnocentrism in the then prevailing discourses on and approaches to FGM. The social norm perspective was constructed – and even accepted by the sternest critics – as the culturally sensitive and community-led alternative to then prevailing anti-FGM campaigns which were criticised for being ethnocentric and culturally imperial.

Yet, despite this attempt to move from Western ethnocentrism and cultural interference to more culturally sensitive and locally-led change, the reproduction of global hierarchies proves persistent. Orchid and Tostan’s ‘origin myths’ emphasise that it was Senegalese women and a male village chief who, within the context of Tostan’s programme, came up with the approach that lay the foundations of the social norm approach to ending FGM. However, as this chapter shows, the approach gained legitimacy after it was picked up and articulated in academic and UN terms by scholars and professionals tied to institutions in the Global North. Its ‘African’ origins, then, came to legitimise the approach – inspired by, among others, field experiences in Senegal, but ultimately formulated by a network of actors tied to Western

⁸⁰ Later in February 2019, Orchid Project announced that Julia would transition to the role of founder and ambassador. In August 2019, Grethe Petersen became the new CEO of Orchid Project.

institutions – in a context in which anti-FGM campaigning was suspect of Western imperialism.

I start with describing the ‘origin myth’ of the social norm approach to FGM as recounted by Orchid Project and Tostan and show how this narrative serves certain goals but at the same time hides the parallel developments and multi-directional influences that went into the production of the social norm approach. I then offer an alternative account of the production of the social norm perspective. I look at how a transnational network consisting of UNICEF, academics, and development professionals together articulated the social norm perspective. This account is not ‘more true’ than the origin story told by orchid and Tostan; it simply allows me to draw attention to parallel developments; the influence of academia and, in particular, anthropology; the interests that go beyond ending FGM/C and that played a role in shaping the perspective; and how actors in different racialised and spatial positions are attributed different roles in the defining of the parameters of FGM/C.

Origin myth

During my first days as a research intern at Orchid Project in June 2017, a member of staff explained to me that Orchid Project uses a social norm-based approach to FGM which the organisation, in fact, strictly refers to as ‘female genital cutting’, never mutilation. I was told that ‘cutting’ was a more direct translation of indigenous terms used for the practice and that it was less judgemental and therefore less alienating for communities that value the practice. I – and other new staff joining the team while I was interning at Orchid – were told the story of how a woman from the USA, Molly Melching, developed a nonformal education programme for Senegalese villagers and later included lessons on female genital cutting, which resulted in villages coming together and publicly declaring an end to the practice in their communities. I was given a hardcopy of Molly’s biographical book *However Long the Night* authored by Aimee Molloy (2013) to get a deeper understanding of the programme that had inspired Orchid Project.

The book tells the story of how young Molly arrived in Senegal to study French Literature at the University of Dakar and then fell in love with the country and its people. Under the mentorship of the famous Senegalese scholar Cheikh Anta Diop⁸¹, Molly wrote a master’s

⁸¹ Cheikh Anta Diop was a Senegalese historian and anthropologist who is most famous for his Afrocentric research; for example, he argued that ancient Egyptian culture was in fact Black African culture. The University of Dakar was named after him: Cheikh Anta Diop University.

thesis on the role of indigenous languages in development. Upon graduation, and with the support of the Peace Corps, Molly implemented her ideas in practice and started a centre in the middle of a poor neighbourhood in Dakar where she taught children how to read and write in indigenous languages, using children's books she either translated from French or wrote and drew herself. In February 1991, she registered the nongovernmental organisation Tostan⁸², whose mission was, and remains today, to offer villagers – many of whom have not or only briefly attended formal education – nonformal education in their mother tongue with the goal of empowering communities to work towards the future they envision.

Only a few years later, in 1995, did Molly include the topic of female genital cutting in a new module on women's health. The book emphasises that Molly had her reservations about including the topic because she was aware of how sensitive the issue was, even more so if outsiders tried to interfere. It was only after the insistence of three Senegalese women that Molly gave in. The three women had been involved with the research in preparation of the module and they, in turn, said that women in the villages had come to ask them to include female genital cutting.

The inclusion of lessons on female genital cutting in the module inspired the women of the village of Malicounda Bambara to publicly declare an end to cutting in their village. Here too, the narrative emphasises that Molly and the Tostan team had initially been nervous about how other villages would react to the decision of the women of Malicounda Bambara. Nevertheless, as an organisation committed to empowering villages to make their own decisions, they had supported the women. Initially, the women met a lot of resistance and accusations of colluding with the West in trying to end the tradition of female circumcision. Yet, they did not back down.

The book goes on to tell about Demba Diawara, the village chief of Keur Simbara who gave Tostan the insight that one village cannot abandon the cut without involving all the villages it intermarries with. Demba explained to Molly that parents circumcise their daughters so that they are marriageable. As long as the families they intermarry with are not prepared to accept an uncircumcised wife or daughter-in-law, parents will not stop circumcising their girls for they fear it would ruin the future of their daughter. Together with his nephew Cheikh and niece Duusu Kouyata, Demba set out to talk to relatives and friends in the villages his village intermarried with. Although their message was initially often received with disbelief and anger,

⁸² She chose this name to honour Cheikh Anta Diop who had taught her that the Wolof word 'Tostan' means 'the hatching of an egg, the breakthrough moment when a chick emerges from its shell'.

they noticed that people became more willing to listen each time they returned to their village. Demba's insight lay the basis of Tostan's 'organised diffusion', the component of Tostan's programme that aims to maximise the reach and impact of the classes by having participants in Tostan's programme 'adopt' other villagers and share what they learned in class with them. To reach people in other villages, diffusion is also stimulated through 'social mobilisation agents' who visit villages all over Senegal to share the lessons learned from Tostan and invite them to join the movement to abandon female genital cutting, child marriage, and other 'harmful practices'.

From my colleagues at Orchid Project, I learned that Tostan had not only inspired Orchid Project; more importantly, Tostan's programme lay at the basis of UNICEF's guidelines for the abandonment of FGM/C meant to support community-based organisations to develop effective programmes to discourage people from practising FGM/C. What made Tostan so unique and inspirational, according to my colleagues at Orchid Project, was its commitment to community-led change respectful of local cultures.

Oral historians agree that memories are not 'passive reposit[or]s of facts', but 'active process[es] of creation of meanings' (Portelli 2006, 37; see also Pillemer 2000; Roseman 2006; Allison 2006; Draaisma 2012). Here, I am interested in the emphasis on the African-led and culturally sensitive nature of Tostan's programme in how Tostan's history is narrated, both in Molly's biographical book and by Orchid Project. As I showed in chapter 2, when female circumcision started being discussed in UN spaces from the late 1950s and 1960s onwards, the WHO and governments in the Global North still had fresh in mind how female circumcision became central to the anticolonial movement in Kenya and thus recognised the need for 'cultural sensitivity'. In the 1970s and 80s, Western feminists advocating against FGM were accused of Western imperialism and the victimisation of African women. Western interference and judgement of 'Other' cultures remained a sensitive issue throughout the history of the global campaign against FGM.

During my internship at Orchid Project, I observed that Orchid's staff – all Western women, most of them white – were self-consciously aware of this history and their own position as white, Western women with the privilege and power to intervene in other cultures. When I contacted Orchid Project to conduct participant observation in their office as a research intern, the CEO was hesitant. She later told me that, although I – 'thank God' – turned out to be different, she often felt uncomfortable around anthropologists and other academics, one of the reasons being what she perceived as animosity towards Western professionals in the anti-FGM sector. When, in June 2017, I started my research internship at Orchid Project, the

organisation consisted of five Western women. Through conversations with my colleagues at the office, it became clear that other Orchid staff also struggled with the question whether they, as ‘outsiders’, should be involved in trying to end FGC in the Global South⁸³. The narrative that the social norm-approach was really the initiative of Senegalese women and that Orchid and UNICEF just help spread an African initiative seemed to assuage their concerns about being Eurocentric and imperial. One of Orchid’s staff articulated this as follows:

Sometimes I wonder whether we are doing exactly that: white people telling Africans what to do about a practice we probably don’t understand as they do. But then I tell myself: we didn’t come up with this approach. It is really the women in Malicounda Bambara who came up with it. So it is African-led, and we are just sharing what is happening in other parts of Africa. Other organisations can decide what they do with that information.

In telling me and other new colleagues at Orchid Project the story of Tostan, the emphasis was always on the fact that Tostan does not impose but merely supports villages to achieve their own goals and respects local cultures in doing so: Tostan is mainly African-led (‘Molly was the only non-African member of staff for the first 15 years of Tostan’s existence’, said Orchid’s programmes manager) and it was Senegalese women who demanded Molly include FGC in the curriculum (‘Molly was reluctant at first because it is such a sensitive issue and outsiders shouldn’t interfere’, said Orchid’s CEO).

A black British woman who joined Orchid Project after I started my internship left again within half a year. She told me that she had felt like the token black woman in an organisation of white feminists ‘because we all know it’s a no-no to have an all-white staff in development.’ She had felt uncomfortable with the power imbalances between the organisation and the women from practising communities:

Orchid was advocating against FGC on behalf of women no one in the office had ever met. We were coming up with all these ideas in our London office, and after 4 months I still had not met one person from a practising community. [...] A survivor came to see [the CEO] but [the CEO] didn’t feel like meeting her. I felt like: “So you are

⁸³ Orchid Project chose to focus on ending FGC outside of the UK, because the London-based NGO FORWARD was already working on ending FGM/C among diaspora communities in the UK.

speaking for somebody, but you don't want to make time for them. Rich donors, you'd spend a weekend with them, but not an hour for someone who exactly went through it." I felt like: this is wrong, we are campaigning on behalf of 'these people,' but they didn't even have names; we didn't know much about their culture. It just felt very removed. [...] Still, they would call it 'community-led' or even 'African-led'.

Orchid Project staff seemed sincerely invested in the idea of change having to be locally driven and culturally sensitive. However, not everyone agreed that the organisation acted that way. Beyond the question of intention, the emphasis on Orchid's approach being 'African-led' and 'culturally sensitive' legitimised the involvement of a London-based organisation with Western staff in the movement against FGM.

In what follows, I offer an alternative account of the production of the social norm perspective. I look at how a transnational network consisting of UNICEF, academics, and development professionals together articulated the social norm perspective. I start my narration of the emergence of a social norm perspective with UNICEF, not because I believe this to be the 'actual' starting point – there is no one starting point in a network of nodes and there is no one node driving the agenda –, but because doing so shows an alternative picture. This alternative picture allows me to draw attention to parallel developments that led up to the articulation of a social norm theory on FGM; the influence of academia and, in particular, anthropology; the interests of various actors behind the production of a social norm perspective on FGM that go beyond simply ending FGM; and, finally, the roles of actors in the Global South and North in defining the parameters of FGM and producing policies for its abandonment.

Çapan and Zarakol (2018, 128) suggest that those studying 'travelling theories' should focus on 'theories and ideas that have been silenced even though their existence was constitutive of the theories that are assumed to have originated in the "core".' Contrary to the more common erasure of insights from the periphery that influence theories in the 'core', the story of the production of the social norm-based approach to FGM/C shows how the 'peripheral origins' of the approach become magnified and the involvement of other actors – theories and people linked to northern institutions – minimalised, as a way of defending the approach and those adhering to it from accusations of Western ethnocentrism and imperialism. Despite the significant influences of African actors on the social norm-based approach, the approach gained global legitimacy and reach after it was articulated in academic theory and UN policy by academics and professionals connected to institutions in the Global North. While the social

norm approach aimed to dismantle the binary between the West and the South, in theorising and institutionalising an African-led approach, it ended up reinforcing the divide.

An alternative genealogy of the production of the social norm approach

In chapter 2, I showed that the emergence and expansion of the UN after WWII provided a platform for the making of FGM into a global concern. I argued that, through the years, discursive layers were added to the global understanding of what FGM entails and why it should be eradicated. FGM – defined as all female genital surgeries for non-medical reasons but, in practice, largely referring to genital surgeries on female bodies read as black, rural, not formally educated, and traditional – became framed as a health concern, an expression of gender inequality and women’s subordination, and a violation of human rights. These discursive layers were reflected in the first ‘joint statement on FGM’ co-published in 1997 by the WHO, UNICEF, and UNFPA (WHO 1997). The statement also delegated separate responsibilities to the three UN agencies in line with the agencies’ respective ‘special strengths and focus’ (ibid, 17). Whereas the WHO would be responsible for the production of health-related knowledge and UNFPA for reviewing national policies and data collection, UNICEF was tasked with providing support for community-based organisations working to end FGM/C.

In 2002, the UNICEF headquarters established a new expert group on Gender and Harmful Traditional Practices, which would focus explicitly on ending child marriage and female genital mutilation. The offices that would deal with harmful practices were the UNICEF headquarters in New York and the Innocenti Research Centre in Florence⁸⁴. They aimed to combine academic theory with concrete field experiences to develop programming guidelines which would support community-based organisations in their work to end harmful practices. For the guidelines on ending FGM/C, UNICEF brought together prominent academics and professionals with expert knowledge on the matter, including anthropologist Ellen Gruenbaum renowned for her book *The female circumcision controversy: an anthropological perspective* (2005); Bettina Shell-Duncan and Ylva Hernlund, both prominent scholars on FGM/C and co-

⁸⁴ UNICEF Innocenti Research Centre in Florence, Italy, was established in 1988 to strengthen the research capability of the United Nations Children Fund and to support its advocacy for children worldwide. The Centre helps to identify and research current and future areas of UNICEF’s work. Its prime objectives are to improve international understanding of issues relating to children’s right and to help facilitate the full implementation of the United Nations Convention on the Rights of the Child in both industrialised and developing countries. (UNICEF 2005, iii)

editors of two much-cited anthropological edited volumes on FGM/C: *Female "circumcision" in Africa: culture, controversy, and change* (Shell-Duncan and Hernlund 2000) and *Transcultural bodies: female genital cutting in global context* (Hernlund and Shell-Duncan 2007a); and Gerry Mackie (1996), the political scientist who is accredited with applying social norm theory to FGM. Development professionals mentioned were, among others, Tostan's founder Molly Melching and Samira Ahmed, a Sudanese activist who is accredited with initiating the 'Saleema' initiative against FGM/C in Sudan. Through combining academic theory and field experiences, this transnational network aimed to explain the complex issue of FGM/C and to formulate evidence-based guidelines that would support community-led organisations in their work to end FGM/C⁸⁵.

In what follows, I describe how the network drew from academic theory and NGO field experiences, especially Tostan's, in developing social norm-based guidelines to end FGM/C. I show that the production of these guidelines, rather than a linear evolution from theory to practice, was characterised by parallel developments that reflect wider trends in academic social theory and the development sector.

Academic theory

Social norm theory has its origins in the discipline of sociology⁸⁶. Throughout the 1980s and 1990s, social norm theory made it into the work of academics and professionals trying to understand and change behaviours that negatively impact people's health, such as alcohol and tobacco abuse (Berkowitz 2005). When, in 1996, Oxford scholar Gerry Mackie published his article in which he compared FGM to footbinding, he thus applied an existing conceptual framework – understanding harmful behaviours through a social norm lens – to footbinding and FGM (Mackie 1996). In addition to explaining why parents who love their daughters submit them to such painful procedures, the article argued that FGM could be ended in the same way that footbinding in China had ended. Mackie suggested that if families had a chance to openly discuss their thoughts and feelings on FGM in a non-judgemental environment, they would then discover that other families might also secretly oppose the cut, in which case the families could decide together to no longer cut. If enough families decided to not cut their daughters and to allow their sons to marry uncircumcised girls, the sanctions for deviating

⁸⁵ 'Saleema - Initiative to Stop FGM/C in Sudan'. Accessed 22 January 2019. http://saleema.net/what_is_saleema.php.

⁸⁶ Early sociologists like Emile Durkheim (1895) and Talcott Parsons (1937) studied how social norms influence people's actions. Anthropologists have studied how social norms operate in different cultures (i.a. Geertz 1973).

would be less severe. If enough families joined together in abandoning FGM, the social norm would shift, and non-circumcision would become the new social norm (Mackie 1996).

In 1998, two years after publishing his article, Mackie read an article in the International Herald Tribune about a village in Senegal that had publicly declared an end to FGM (Kiderra 2015). The decision had apparently come after the women of the village had participated in a nonformal education programme organised by the NGO Tostan, in which the women could openly discuss their thoughts and feelings about FGM. Excited to have found practical evidence to support his hypothesis, Mackie reached out to Tostan's founder Molly. In one of our conversations during my visit to Tostan in Senegal, Molly told me how she got excited at discovering a theory that could help her understand and explain what was happening in Senegal. A theory by a political scientist at Oxford lent scientific credibility and would help Tostan to convince other NGOs, donors, critics, and the media. She told me that a representative of UNICEF's country office in Senegal at that time had not understood what 'these public declarations' were about and therefore had not been keen on funding them. When Molly told the UNICEF representative about Mackie's study, however, he responded: 'A PhD candidate at *Oxford*?! Well, this must be right then!' The connection with Tostan also benefited Mackie: before learning about Tostan, he had sent his paper to 25 different international agencies, but none had responded (Kiderra 2015). Tostan's programme outcomes validated and legitimised his theory and, together with Molly and Demba Diawara he would further develop the social norm theory underpinning Tostan's approach. Mackie became recognised as the expert on a social norm-based approach to ending harmful practices like female genital cutting and would later be consulted by, among others, UNICEF and Population Council (ibid).

The expansion of social norm theory as a way of understanding and changing people's behaviours in the 1990s also influenced the expert teams at the UNICEF headquarters in New York and in Florence, Italy, which were responsible for developing approaches to change harmful practices such as open defecation, child marriage, and FGM/C. In exploring academic theory and field experiences, UNICEF was particularly receptive to those that also engaged with social norm theory because it fit with their own understanding of how best to approach the issue.

In addition to social norm theory, UNICEF also looked into wider anthropological writing on FGM/C to understand the socio-cultural context of FGM/C. In developing UNICEF's guidelines on FGM/C abandonment, the research team at UNICEF's Innocenti Research Centre combined Gerry Mackie's social norm theory on FGM/C with anthropological studies on FGM/C by prominent anthropologists such as Bettina Shell-Duncan, Ylva Hernlund,

Ellen Gruenbaum, and Carla Obermeyer, scholars affiliated to USA universities and renowned for their research on FGM/C, to understand and describe the social dynamics of FGM/C.

Field experiences

As noted, for the development of its guidelines on FGM/C abandonment, UNICEF combined academic theories with field experiences. UNICEF's Innocenti Research Centre examined the work of different NGOs⁸⁷ with promising results in ending FGM/C and identified the elements that were key to their successes. The Project Officer of the new expert group at the headquarters in New York visited NGOs with promising results and the Innocenti Research Centre invited some of these organisations to join the academic experts at the consultations in Florence in October 2004 (UNICEF 2005, iii). One of these organisations was Tostan in Senegal. One of the principal researchers on the project at the Innocenti Research Centre told me in an interview via Skype that Tostan's on-the-ground experience was very important for the Centre to make the fundamental link between theory and practice, and to translate this into guidance for programming. Tostan was of interest to UNICEF for several reasons. First, its promising project outcomes and, in particular, its success in decreasing the prevalence of FGC. Second, with its participatory, community-led, and human-rights based approach, Tostan's programme fit with the sensitivities of the international development domain at that time. Third, Tostan's narrative and programme were already strongly influenced by and articulated in terms of social norm theory (due to Tostan's close collaboration with Gerry Mackie), and thus fit well with UNICEF's framework and eased UNICEF's task of linking theory and practice. Besides social norm theory, Tostan's work was also already deeply infused with social theory. Molly told me during a call in April 2019 that Tostan's programme developed through trial and error, and without her knowledge of theories on development and participatory education. Throughout its history, however, academics involved with and/or studying Tostan's programme have contributed to understanding and articulating Tostan's work through concepts and theories from the social sciences. One of these scholars is Diane Gillespie, Molly's sister and associate professor in the social sciences at the University of Nebraska (Gillespie and Melching 2010). In its explanations of its programme, Tostan also refers to, among others, Paulo Freire's (1970)

⁸⁷ Tostan in Senegal; Programme for Accelerated Social Transformation in Sudan; Coptic Evangelical Organization for Social Services (CEOSS) in Egypt; Centre for Education, Development and Population Activities (CEDPA) in Egypt; The German Agency for Technical Cooperation (GTZ) in Senegal; Maendeleo Ya Wanawake (MYWO) in Kenya; Pharos among the Somali diaspora in the Netherlands.

‘pedagogy of the oppressed’, Martha Nussbaum’s ‘capabilities approach’ (Nussbaum 2001; 2011), and Arjun Appadurai’s (2004) theory on ‘the capacity to aspire’. At Tostan’s trainings, where staff from other NGOs can learn about Tostan’s programme, participants receive a handout with ‘relevant background readings’ with references to theories by Appadurai, Nussbaum, Mackie, Freire, but also to analyses of Tostan’s programme by social scientists (i.a. Cislighi 2013; Johansen et al. 2013; Easton, Monkman, and Miles 2009). UNICEF, actively looking to combine theory and practice to develop guidelines, found in Tostan an on-the-ground experience which had already been (and continued to be) articulated in academic theory.

UNICEF’s 6 elements for FGM/C abandonment

From the combining of academic theory and field experiences, UNICEF’s research team at Innocenti developed guidelines for the abandonment of FGM/C that were published in the *Innocenti Digest*⁸⁸ - *Changing a Harmful Social Convention: Female Genital Mutilation/Cutting* in 2005. The *Digest* clearly reflects a social norm perspective on FGM/C:

In communities where it is practised, FGM/C is an important part of girls’ and women’s cultural gender identity. The procedure imparts a sense of pride, of coming of age and a feeling of community membership. Moreover, not conforming to the practice stigmatizes and isolates girls and their families, resulting in the loss of their social status. This deeply entrenched social convention is so powerful that parents are willing to have their daughters cut because they want the best for their children and because of social pressure within their community. The social expectations surrounding FGM/C represent a major obstacle to families who might otherwise wish to abandon the practice. (UNICEF 2005, vii).

The *Digest* explains why FGM/C persists (it is a social norm) and how it can be ended (through a social norm-based approach). It states that, through combining ‘concrete field experience, together with insights from academic theory and lessons learned from the experience of

⁸⁸ The Innocenti Digest on FGM/C is part of a series of Innocenti Digests produced by the Innocenti Research Centre with the goal of providing ‘reliable and accessible information on specific rights issues’ (UNICEF 2005). Other Digests have been published on intercountry adoption, child domestic work, early marriages, and other child right issues.

footbinding in China’, the Digest identified ‘six key elements’ that can contribute to ending FGM/C (UNICEF 2005, 13). These six elements are:

1. A non-coercive and non-judgemental approach whose primary focus is the fulfilment of human rights and the empowerment of girls and women.
2. An awareness on the part of a community of the harm caused by the practice.
3. The decision to abandon the practice as a collective choice of a group that intermarries or is closely connected in other ways.
4. An explicit, public affirmation on the part of communities of their collective commitment to abandon FGM/C.
5. A process of organized diffusion to ensure that the decision to abandon FGM/C spreads rapidly from one community to another and is sustained.
6. An environment that enables and supports change.

A UNICEF staff member, who was Chief of Child Protection at the time of its publication, recalled that the *Innocenti Digest* on FGM/C was UNICEF’s most widely shared *Digest* and that it ‘beat all UNICEF’s publishing records’. As a document developed by UNICEF and prominent academics and professionals in the field, it became widely seen as the key reference document for those working on FGM/C.

A couple of years later, in 2007, UNICEF’s headquarters in New York requested the Centre for Research in Human Development and the Population Council in Dakar to conduct a long-term evaluation of Tostan’s programme in three regions in Senegal to assess the impact of the programme on, among other things, the prevalence rate of FGM/C among girls (UNICEF 2008). In providing ‘rigorous’ – that is, following ‘internally formulated truth tests’ (Haas 1992, 23) – evidence of Tostan’s impact on FGM/C, the report of the study which was published in 2008 played an important role in strengthening the legitimacy of a social norm-based approach to ending FGM/C.

In 2008, ten UN agencies⁸⁹ co-signed an interagency statement on *Eliminating female genital mutilation*, as such lending the transnational authority of the United Nations to this approach. Acting on the Interagency Statement, UNFPA and UNICEF launched a Joint Programme on eliminating female genital mutilation, which became the UN’s main instrument to promote the abandonment of FGM/C (UNICEF-UNFPA 2014, 2). The Joint Programme

⁸⁹ OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO

was funded by the governments of Austria, Iceland, Ireland, Italy, Luxembourg, Norway, Switzerland and the United Kingdom and has been implemented in 15 African countries. The Joint Programme is currently in its third phase and a human rights and social norm-based approach has remained central to all three phases (2008-2013; 2014-2017; 2018-2022: UNICEF-UNFPA 2014; UN Joint Programme 2018; UNFPA 2019b).

In 2013, UNICEF published a statistical overview which analysed all available DHS and Multiple Indicator Cluster Surveys (MICS) data on FGM/C through a social norm lens (UNICEF 2013b). The statistical overview had wide press coverage, including an article on the first page of the New York Times which used the term ‘female genital *cutting*’ instead of mutilation (Dugger 2013). In addition to aggregating data, the statistical overview was meant to demonstrate the magnitude of the problem and get governments, donors, and organisations to care, while at the same time providing the solution to the problem of FGM/C. The statistical overview is often cited in reports and articles on FGM/C. Its importance as a material object in solidifying the social norm perspective is reflected in what a colleague at Orchid Project told me while handing me a hardcopy of the statistical overview on the first day of my internship: ‘This is basically like our Bible. It contains all the facts on FGM/C.’ In chapter 5, I critically interrogate the construction of ‘facts’ underpinning the anti-FGM campaign.

Social norm approach and terminology

Organisations and activists who support the social norm perspective on FGM/C often use the term ‘female genital cutting’ (FGC) or the combined term ‘female genital mutilation/cutting’ (FGM/C). The annexe of the interagency statement explained why some UN agencies started using the combination term ‘female genital mutilation/cutting’ in their documents (WHO 2008, 22):

From the late 1990s the terms “female genital cutting” and “female genital mutilation/cutting” were increasingly used, both in research and by some agencies. The preference for this term was partly due to dissatisfaction with the negative association attached to the term “mutilation”, and some evidence that the use of that word was estranging practising communities and perhaps hindering the process of social change for the elimination of female genital mutilation.

The evidence mentioned in the annexe came from Tostan which found that the term ‘cutting’ was ‘less judgemental and value-laden’ and ‘more effective for engaging groups in dialogue around this practice’ (Tostan 2013). Similarly, UNICEF followed Tostan in using the term ‘abandonment’ instead of ‘eradication’ because the latter is considered a negative word that implies a disease or plague that has to be stamped out⁹⁰. Abandonment, on the other hand, underscores the agency of people in making an informed choice about what they want to keep and what they want to leave behind (Easton, Monkman, and Miles 2003, 451; Nnaemeka 2005a, 36). UNICEF and UNFPA chose to use the compromise term ‘female genital mutilation/cutting’ to ‘capture the significance of the term “mutilation” at the policy level and, at the same time, to use less judgemental terminology for practising communities’ (WHO 2008, 22). However, ‘in view of its significance as an advocacy tool’ (ibid), the interagency statement chose to use ‘female genital mutilation’. Whereas UNICEF and UNFPA initially continued using the combined term FGM/C, in 2019 both UN agencies changed back to FGM, arguing that “‘female genital mutilation” more accurately describes the practice from a human rights viewpoint’ and that it is more in line with the trend in high-profile documents (by, among others, the UN Secretary-General, the European Parliament, the African Charter on Human and People’s Rights) to use FGM rather than FGC or FGM/C (UNFPA 2019a).

Discussion: alternative genealogy, alternative insights

This alternative genealogy of the production of the social norm perspective on FGM provides new insights. First, throughout the history of the anti-FGM movement, anthropological insights into the socio-cultural contexts of FGM/C have greatly inspired the production of approaches to (end) FGM (see also Hodžić 2017, 23). As I mentioned in the introduction to this thesis, a lot of anthropological writing on FGM has been framed in instrumental terms, that is, as contributing to ending FGM⁹¹. Even so-called ‘critical’ anthropological analyses of the

⁹⁰ A handout titled ‘Useful Tostan Terms’ distributed at the 10-day training on Promoting Community Wellbeing explains that ‘we never talk about eradicating FGC or fighting against FGC because we have found that fighting against tradition counters efforts toward actual abandonment. Tostan always uses words such as ‘abandoning’ FGC in favour of the health of those in their communities.’ During the training, Molly explained that ‘eradication’ also implies that change is forced from outside, while social norm change cannot be forced; it has to come from inside. Molly also said that research has shown that the use of ‘widespread’ has the opposite effect, because it implies that everyone does it, to which people respond with: ‘So why shouldn’t I?’ Tostan chooses to emphasise the change that is already happening and to invite people to join the positive movement.

⁹¹ Anthropological scholarship has contributed to the anti-FGM campaign for various reasons. One, some anthropologists subscribe to the goal of ending FGM/C and have used their research skills to actively contribute to the movement. Two, academic journals often require authors to formulate policy relevance and, according to some anthropologists writing on FGM/C whom I interviewed, it seems to be the implicit norm to frame one’s research, even when critical of anti-FGM campaigning, as contributing to ending FGM. One anthropologist added that not complying with this norm can result in being called an anthro/apologist or ‘even racist, for not caring about the genitals of brown girls.’

unintended consequences of ‘outsider’ anti-FGM developments have ultimately influenced the anti-FGM domain to develop ‘better’ approaches to ending FGM: the focus of the social norm approach’ on ‘cultural sensitivity’ and ‘community-led’ change is meant to move the anti-FGM campaign away from Western ethnocentrism and cultural imperialism.

Secondly, the alternative genealogy sheds light on the parallel developments that happened in academia and among various NGOs implementing anti-FGM programmes in the field. These parallel developments challenge the linearity of the narrative as related to me by my colleagues at Orchid Project and as represented in Molly’s biographical book. While a more linear version of events – from Tostan’s practice to Mackie’s social norm theory to UNICEF guidelines – emphasises the important contributions of Tostan to the development of the social norm perspective (a perspective which now is considered by the UN and other major international actors as the most efficient and most morally correct approach to ending FGM/C), it also obscures the messy and multidirectional influences within the network that produced and legitimised a social norm approach. Rather than one node driving the agenda, parallel developments took place in different spaces simultaneously. A linear narrative also hides the transformations the social norm approach went through as it travelled through institutional and geographical locations, as well as the multiple interests invested in the social norm approach that go beyond ending FGM/C. I elaborate on how the social norm approach changes throughout its travels in chapter 4.

Thirdly, the alternative genealogy uncovers global hierarchies in the production and legitimisation of knowledge and policies on FGM. Despite the emphasis Orchid Project and Tostan place on the fact that it was the Senegalese women of Malicounda Bambara, and the Senegalese village Chief Demba Diawara who really lay the foundations of the social norm approach to FGM/C, the approach only gained wider legitimacy after it became articulated by the transnational network made up of UNICEF, academics, and professionals working on FGM. These academics (like Mackie, Shell-Duncan, and Gruenbaum), professionals (like Melching), and lead researchers at UNICEF are all tied to institutions in the Global North, suggesting that, as James Clifford (1997) argued, the production and travel of theories are bound up with notions of race and geographical location. Their professional training and reputation for expertise, including the symbolic capital of Oxford and the UN, granted legitimacy to the knowledge and actions of the transnational network. Looking at the role of this transnational network in making the social norm perspective into a globally recognised approach sheds light on whose knowledge is considered valuable. This does not only speak to whose knowledge counts but also suggests that the label ‘African-led’ has come to justify the

involvement of non-African actors (within a context of scepticism of Western involvement with FGM). The term ‘African-led’ points to the agency of Africans in developing the social norm approach. At the same time, however, it also hides that, for Demba’s insight to gain global legitimacy, it needed to be translated by actors who are globally read as authoritative and legitimate. As this chapter shows, in practice, this meant academics, professionals, and the UN, most of whom are from and/or affiliated with institutions in the Global North.

Fourthly, this genealogy shows that the social norm perspective was shaped by wider trends in development at the time. With its emphasis on being African-led, participatory, and based on a human rights framework, the social norm approach to FGM/C reflects and fits with the sensitivities and trends within the wider development sector in the 1990s and 2000s. The 1990s saw the emergence of participatory approaches as a response to the ‘impasse’ in development in the 1980s following the failure of the neoliberal agenda and its structural adjustment programmes (SAP) to decrease inequality and poverty (Schuurman 1993). The social norm perspective’s emphasis on the community having to choose collectively to abandon FGM/C reflected and fit with this emerging emphasis on participatory development. The 1990s also witnessed a shift towards human rights-based approaches to development. Tostan’s human rights-based nonformal education, as well as the wider social norm approach’ focus on human rights education, followed this development. In formulating one’s approach to ending FGM in line with what was current orthodoxy in the development sector at that time, actors were probably also more likely to gain funding. In practice, actors who were best able to formulate their approaches in line with the sector’s convictions were often connected to institutions in the Global North.

Finally, the social norm perspective positions itself as the culturally sensitive alternative to previous discourses and approaches that were criticised for being ethnocentric and culturally imperial. However, the cultural relativism in the social norm perspective also serves a political purpose. As I showed in chapter 2, throughout its history the global campaign against FGM has had to deal with critiques of Western cultural imperialism. In addition, many anti-FGM organisations struggled with community resistance to anti-FGM efforts. Community-led abandonment of FGM/C promised to address both concerns: if the abandonment of FGM/C was led by (large parts of) communities, they would not likely resist it, and anti-FGM actors could then position themselves as *supporting African/community-led change* in response to accusations of *imposing Western values* upon communities in the Global South. In Cook and Kothari’s edited volume, *Participation: The New Tyranny* (2001), scholars showed how the fashionable rhetoric of participation could be less participatory than claimed and how the

rhetoric of participation served to legitimise the exercise of power. I suggest the social norm approach, with its rhetoric of cultural sensitivity and people-led change, works in a similar way. The criticism that anti-FGM is cultural imperialism is directed at anticutting activists and NGOs, but by co-opting that criticism into their own rhetoric, they can then position themselves as ending FGM in a culturally sensitive way. With this co-opting of cultural relativism and anthropological speak, Tostan convinced even the more critical anthropologists and anti-colonial scholars of its approach. For example, in the edited volume *Female circumcision and the politics of knowledge: African women in imperialist discourses*, editor Obioma Nnaemeka and contributors criticise ‘white feminists’ and Western organisations for interfering with African practices (Nnaemeka 2005b). Tostan, however, is mentioned as an exception to this criticism and as an example to be followed (Nnaemeka 2005a; Lionnet 2005). This is not to say that cultural relativism and participation have simply been co-opted with the explicit purpose of legitimising continued cultural imperialism. Supporters of social norm approach whom I interacted with were sincere in their commitment to community-led, culturally sensitive change, and, as I will show in chapters 4 and 6, the social norm approach resonates with people from practising communities trying to end FGM in their communities. A large body of literature demonstrates the effectiveness of Tostan’s approach is encouraging the abandonment of FGC and shows that villagers are generally very positive about Tostan (Diop and Askew 2009; Van Bavel 2018a; Cislighi 2019). Yet, what the rhetoric of ‘community-led change’ hides is that, in practice, social norm-based programmes, like Tostan’s, do also spread content (‘FGM can lead to infertility and fistulae’) and are facilitated in ways that encourage people to think and act in certain ways (see also chapter 4). As I will show in chapter 6, ‘community-led’ in practice can refer to a specific *part* of the community, that is, those who want to abandon FGM/C according to the rationale of the social norm perspective, and often, non-abandonment is not really an option but rather a reason for more and longer ‘awareness raising’.

Conclusions

The social norm perspective was produced by combining social norm theory from the social sciences, anthropological insights into the socio-cultural context of FGM and anthropological critiques of Western ethnocentrism of previous approaches, and field experiences of organisations that used a combination of human rights education and empowerment activities

to encourage communities to choose to abandon FGM/C. Of these NGOs, the most influential one was Tostan which had already gone a long way in articulating its approach in the language of sociological and anthropological theory. The production of the social norm perspective, with its emphasis on being ‘culturally sensitive’ and ‘community-led’, responded to critiques of ethnocentrism and cultural imperialism in the sector. However, the social norm perspective, as adopted by UN agencies, reproduced the binary it sought to dismantle: while the approach was originally developed and implemented by Senegalese villagers, it subsequently became appropriated by international development institutions and was made legitimate in policy circles through the efforts of academia and UN agencies. In the process of appropriation, the conception of FGM/C and its abandonment assumed different meanings that reflected reigning policy discourses. The nature of the binary is different but the salience of the global north in defining the parameters of FGM/C and producing and diffusing policies for its abandonment nonetheless retains the structural power of western institutions.

The following chapter looks at how different actors made the social norm-based approach to FGM/C abandonment travel.

Chapter 4. The travels of the social norm perspective

Introduction

In the introduction to the previous chapter, I noted that certain actors at Kenya's first and second national conference against FGM presented themselves as adhering to a social norm-based approach to ending FGM/C and contrasted this position with more 'harsh' approaches in the Kenyan anti-FGM sector. The chapter then traced the production of this social norm-based approach. Besides producing and controlling information on FGM/C, the transnational network consisting of UNICEF, development professionals, and academics also diffused this information and tried to convince other actors, especially community-based organisations, to adopt the approach in their work. In chapter 6, I examine how the social norm-based approach influenced the work of SAFE Maa in Loita. For this organisation to be influenced, however, the social norm perspective had to travel. How the network and other actors within the anti-FGM domain made the social norm approach travel and convinced other actors to adopt it is the focus of this chapter.

The previous chapter showed that, in producing the social norm-based approach to FGM/C, the network filtered out what they believed to be the key components of the programmes of Tostan and several other NGOs and combined them with insights from academic theory. The goal was to produce a report with key elements that grassroots organisations could implement in their own work to effectively end FGM/C. That report became the UNICEF *Innocenti Digest* with the 6 elements for FGM/C Abandonment. The production of this report shows the awareness that key elements are more easily implemented than an entire programme; or to paraphrase Mieke Bal (2002): concepts travel more easily than theories – and I would add, models – because they can more easily be detached from their original contexts.

In this chapter, I examine what it took for the social norm-based approach to arrive at and influence a Kenyan grassroots organisation, SAFE Maa. Post-development scholars, such as James Ferguson (1990) and Arturo Escobar (2012) analysed the travel of development approaches in terms of 'imposition' of top-down approaches versus resistance by local communities. Since then, anthropologists of development such as David Lewis and David Mosse (2006) have paid attention to the messiness, the back-and-forth, and contingencies in the ways development approaches travel. I draw on the latter approach and suggest that, besides

funding streams and opportunities, emotion and affect play an important role in diffusing the social norm-based approach.

I first discuss Tostan's training and why the organisation decided to teach 'key components' of the programme, rather than its entire programme. In the second part, I look at Orchid Project's 'knowledge sharing workshops' (KSW) that are based on a combination of UNICEF's 6 elements of abandonment and Tostan's work as remembered and taught by Orchid's programmes manager who attended Tostan's training in 2015. The filtered down key 'concepts' of Tostan's approach – like cultural sensitivity, positive messaging, and community-led change – travelled more easily than the entire model. Besides material objects (reports, documents) and the content of trainings and workshops, the affective dimension of workshops played an important role in making the concepts travel. Participants in Tostan's training felt moved by the stories of villagers – stories of loss and pain, but also of communities coming together to bring positive change – and, especially for participants from FGM/C-practising communities, these stories resonated with their own experiences and concerns. Mieke Bal (2002) argues that concepts only stay 'alive' if people (from scholars to lay people) use them. Arnoud Langendijk (2002) argues that for something – in this case, the social norm perspective – to gain global reach and legitimacy, it needs to be taken up by actors in different localities. Drawing on both, I argue that key concepts of the social norm approach – and, in particular, the 'culturally sensitivity' and 'community-led change' aspects – travelled, were taken up by people in different localities, and thus gained global reach, because the concepts resonated with people's sensitivities and because the way they were taught touched people's emotions.

This chapter continues to show how the social norm approach changed as it travelled. It was reformulated to fit in reports, to be easily taught in trainings and workshops, and to fit with the interests of other NGOs and their donors. It also changed because of how and what people remembered and taught and this, in turn, was influenced by what these actors find important and what resonates with them. In tracing the travel of the social norm perspective, this chapter also shows that there is not one linear trajectory. Instead, the journey has multiple branches and parallel developments that sometimes come back together in locations further down the stream.

Trainings and workshops as travel vectors

Documents published by UNICEF, like the *Innocenti Digest* and the statistical overview, played an important role not only in legitimising and authorising but also in spreading the social

norm perspective. UNICEF presents its Innocenti Digests as sources of ‘reliable’ information on specific children’s rights issues (UNICEF 2005, iii) and many reports and articles – including articles that take a more ‘critical’ stance – refer to the Digest or other UN-produced documents to set the scene or provide ‘trustworthy’ statistics on FGM/C. In addition to reports, trainings and workshops played an important role in making the social norm perspective travel to Kenya. In the specific journey I trace – this is, to SAFE Maa – a training by Tostan and a workshop organised by Orchid Project were important travel vectors.

Tostan’s training

The UNFPA and UNICEF Joint Programme on FGM/C funded Tostan to go into other African countries to train local organisations to implement Tostan’s programme. However, practical constraints – funding, logistics, the capacity of organisations, organisational commitments to sector-specific rather than holistic approaches – made it hard for these organisations to implement Tostan’s entire programme. Instead, Tostan decided to offer trainings at the Tostan Training Centre in Thiès, Senegal, on what they believed to be the key concepts of their programme so that organisations could incorporate these into their existing programmes rather than implementing Tostan’s programme in its entirety. Indeed, concepts travel more easily than entire programmes or models (Bal 2002). Through village visits, participatory activities, and deep, personal involvement of the participants, Tostan tries to convince anti-FGM/C advocates – be it individual activists or representatives of NGOs working on FGM/C – of its programme and the wider social norm-based approach.

I attended Tostan’s 10-day training on ‘Promoting Community Wellbeing’ in Thiès, Senegal, between February and March 2018. This specific training was the result of a collaboration between Tostan, Orchid Project, and Girls Not Brides⁹² and was funded by the latter two. Sponsored by two organisations working to end respectively FGM/C and child marriage, the focus of this training was more explicitly on how Tostan’s programme can stimulate the abandonment of harmful practices. The participants – sponsored to attend the training by Orchid Project and Girls Not Brides – were all staff of organisations that work on FGM/C and/or child marriage in East Africa. I had attended the preparation meeting between Orchid Project and Girls Not Brides at the latter’s offices in London, where the organisations

⁹² Girls Not Brides is the largest international organisation working to end early and forced marriages founded by The Elders. In 2007, Nelson Mandela brought together human rights advocates, elder states people, and peace activists in an international NGO called The Elders. They describe themselves as ‘an independent group of global leaders working together for peace, justice and human rights’ (The Elders 2020).

had decided to only send East African participants to this specific training in the hope that, upon returning to their countries in East Africa, the participants would form a network of organisations using a Tostan-inspired social norm-based approach in their work on FGM/C and child marriage. At a later stage, such a network could perhaps train other organisations working on FGM/C and child marriage in East Africa to adopt the social norm approach. As noted in the previous chapter, Tostan's programme is built around human rights-based nonformal education and has a holistic approach: the goal is to empower communities with knowledge (i.a. on human rights, hygiene, health) and skills (i.a. numeracy, literacy, political leadership) and the reported outcomes of the programme include more women in higher education and political leadership positions, cleaner villages, less violence, community-wide conflict resolution, the construction of village hospitals and schools, higher age at marriage, and so on. On request of Orchid Project and Girls Not Brides, the focus of the training was not so much on Tostan's holistic programme and this range of outcomes, but rather, on what elements of that programme can do to end FGM/C and child marriage.

The classes at Tostan's training were participatory and designed in such a way that we, the participants, could experience parts of the Community Empowerment Program (CEP) ourselves. The first day of the training was entirely dedicated to getting to know, first, each other and, then, the work we do. During the wrap-up session at the end of the first day, Molly asked us what we did that day and why. A participant remarked that we had only talked about ourselves, and not learned anything about Tostan yet, to which Molly responded:

At Tostan, people come first. Before we start teaching or asking you to do things, we first want to know you. Who are you? What are your dreams? What are you passionate about? What do you want from this training? [...] We do the same in the villages so that people know that the programme is there for them and that they come first.

We learned about the structure of Tostan's programme on the second day of the training, during a session called *Introduction to the Tostan CEP*. Tostan's facilitators – Molly, Birima, Dame, and Yussuf, who all had experience as CEP facilitators in villages in Senegal and Guinea-Bissau – took turns leading the sessions and often used their own experiences as examples. The facilitators guided us through (the shortened versions of) the activities villagers do in the CEP, allowing us to experience for ourselves how learning happens in Tostan's programme. For example, in a session called *The Importance of Visioning*, we were told that Tostan does not set predefined goals; it is the community that decides on what they want for their future. We

were invited to think of ourselves as a village and to choose a name for our imagined village. Our group chose the name *Ubuntu*. Before we started the exercise, Molly asked why it is important to ask communities what they want for their future, to which a participant answered: ‘We might work with different cultures who might have different desires, so we should not impose our own idea on them.’ We were then asked to name the positive aspects of our village: ready to learn, understanding, patient, helpful, engaged, hardworking, and so on. In the next phase, we were asked what about our village could be improved. Molly divided us into two groups and asked the groups to draw the desired situation of our village related to respectively infrastructure and values. The first group drew a village with houses, health services, school, water, latrines, and so on. The second group drew a heart symbolising love and friendship, a peace symbol symbolising peace and peaceful conflict resolution, a circle of people holding hands to symbolise community and collaboration, and so on. After the groups presented their drawings to each other, Molly asked us to list the qualities of people who can reach the desired situations we drew. The qualities we named – hardworking, ready to learn, patient, engaged – strongly overlapped with the positive aspects of our village we listed at the beginning of the exercise. ‘See,’ Molly concluded comparing the two lists, ‘we have everything we need to reach our goals.’ With Molly taking up the role of Tostan facilitator and the group taking up the role of a village going through the CEP, we gained an experiential understanding of how this first session of the CEP works to empower (it builds people’s confidence that they have what it takes to reach their goals) and build a strong sense of team spirit among the group. The take-away lesson was that Tostan does not tell villagers what to do, but merely supports them in achieving their own goals. Yussuf Sané, the national coordinator of Tostan Guinea Bissau and one of the facilitators at the training articulated this as follows: ‘The goal of the Community Empowerment Program is not to develop communities, but to empower communities so they can develop themselves.’ Various participants said that this statement made an impression, and many referred to it repeatedly as the core of what made Tostan’s approach not only effective but also morally sound.

In addition to the lessons in the classroom at Tostan’s training centre in Thiès, we also visited two villages that went through the CEP previously. Both of these visits made a strong impression on all of us, and participants agreed that hearing about Tostan’s programme from villagers who had gone through it, not only made the theoretical lessons come to life, but also convinced us of the positive influence the programme has on villages. We visited the village of Soudiane on the third day of the training. The villagers received us with music and dance as we sat on plastic chairs under a big neem tree in the centre of the village. Men and women took

turns telling us about their experience with Tostan's CEP and how their village decided to abandon female genital cutting and child marriage. They showed us the vision they had drawn for their village and explained how they had achieved their goals and then developed new ones. When they reached the topic of female genital cutting, Mariamatou, one of the women who participated in the CEP spoke to us in a serious voice:

Don't fool yourself: excision is a problem. We suffer so much. We used to say [our suffering] is God's will, and not due to the cut. We didn't know better because we were born into this. With Tostan, we understood that [our suffering] is [caused by] the cut and not God's will.

Tears started rolling down her cheeks as she continued her story:

I lost two daughters to excision. When I told my story in Tostan's class, other women said: 'Me too.' And that is how we started talking and decided to stop this practice. [...] [Losing my daughters] was very hard. Especially my 7-year-old daughter. Other women took her to be cut without telling me. She died when I was far away. My daughter was buried before I made it home. I could not even see her.

Valeria, seated next to me, wept quietly. She came from a practising community in Kenya. I didn't know if her tears were for Mariamatou, for herself, for the women she loves, or a child she lost. Perhaps for all of them. I do not want to sensationalise the pain of these women, nor victimise them. I do, however, want to convey how powerful these visits were in convincing training participants of the urgency of their work to end FGM/C and of the effectiveness of Tostan's programme. For myself, this moment felt like a reality-check; confronted with the real-life suffering of these women, my interest in discourses and academic debates around cultural imperialism felt artificial, of little relevance. On the way back to the training centre, everyone was quiet, seemingly lost in thoughts and emotions. Linda, a Kenyan woman in her early twenties and representative of a Kenyan women's rights organisation, said to me:

In Kenya, beneficiaries sound like they were coached by the organisations or donors to say certain things. But these women spoke straight from their heart. How people talk about it says something about how they own it; you can't teach this, [you can] only experience it.

Back at the centre, we learned that the CEP is built around human rights principles. To understand how Tostan teaches about human rights in the villages, we stepped back into our role as the village of Ubuntu with Molly as the facilitator. She held up a drawing of people peacefully resolving conflict, representing the human right to be free from violence. We were asked whether we have experienced or witnessed violence and whether violence will help us achieve our desired community. We were invited to share our own experiences with violence. We were vulnerable together, shared tears and laughter, hugged each other, and spoke words of praise and comfort. Molly told us that this is perhaps the most important session of all:

It is in this session that women often share their experience with FGC for the first time. Mariamatou [the woman who lost two daughters to circumcision] could share her story with us because she has shared it for the first time in a small group she trusted – just like we can talk here about very intimate things because we have come to trust and love each other.

The invitation to be vulnerable together strengthened the bond of our group beyond measure. Like the visits to the villages, experiencing sessions of the CEP ourselves gave us an experiential and affective understanding of the CEP that no theoretical class could achieve and, in doing so, worked to convince us that Tostan's programme is not only effective but also moral.

Tostan organised its first training in 2015. Among its participants was Amos Leuka, one of SAFE Maa's project managers⁹³, who had been sponsored to attend the training by Orchid Project. Molly described the first training as a 'hotchpotch', meaning that it wasn't yet as structured and sequential as it is today:

For example, Gerry Mackie happened to be in Senegal, so we asked him to present his social norm theory. Well, it wasn't the time or the place for him to do social norm theory. You don't start the seminar with social norms because it is not that easy to understand. Now, we wait until the 5th day of the training to introduce social norms, and by then, the participants already intuitively understand its importance.

⁹³ SAFE Maa's other project manager, Sarah Tenoi, was pregnant at the time and therefore did not join Amos. Two of SAFE Maa's outreach officers – one man and one woman – attended Tostan's training in the following year.

Since then, Molly has restructured the training based on her facilitating experiences in such a way that participants understand and are convinced of Tostan's programme by the end of the training.

Amos hadn't been fazed by what, according to Molly, was still a piecemeal training. He could not get enough of the training and asked Molly for extra information. Molly shared Tostan's entire programme with him. Later, at the office of SAFE Maa in Loita, Amos described to me how touched he had been by the testimonies of Senegalese villagers who had changed their community for the better after going through the CEP. As a Maasai man himself, he had immediately understood the importance of approaching communities with respect and without judgement. A member of staff of Orchid Project who had attended the training with him recalled how she had struggled to understand Mackie's dense theory in the afternoon heat. Next to her, however, Amos had been seated on the tip of his chair, taking in every word. Asking him about it later, Amos told me:

I just knew what [Mackie] said was true. I thought: 'Yes, this is it! This is how it works in my community.' I did not know 'social norms' before, but I knew that what he said was true because I recognised it from my own community.

Tostan's approach influenced SAFE Maa's programme (chapter 6). Staff from East African organisations who attended the same training as I, have since shared examples of how they have implemented lessons learned from Tostan in their work in a WhatsApp group called *Ubuntu* (after the name we chose for our village during the training) and meant to maintain contact with each other. For my peers at the training I attended and for Amos, the affective dimension played an important role in making key elements of Tostan's programme travel: workshop participants felt touched by the testimonies of villagers who went through Tostan programme, these testimonies resonated with the experiences of people from FGM/C-practising communities, and the content of the programme – in particular its emphasis on respect for culture and community – resonated with their understanding of how change should happen.

In the wake of the 'turn to affect', scholars such as Bartky (1997) and Chabot-Davis (2004) have written about the role of affect and emotion, and in particular of 'empathy', in encouraging social change. The underlying premises of their work are that individuals or groups who are made to feel empathy 'will be so profoundly affected that they will never be

the same again: their views of the world will be radically transformed, as will their behaviour and actions, in the interests of greater social justice' (Pedwell 2017, 4). However, Carolyn Pedwell (2017, 12) suggests that affect or emotion alone are not enough to bring about lasting change. She points at the role of 'habit' and environmental factors in impeding lasting change. Attendees of the training I attended in 2018 took Tostan's concepts with them to their organisations in East Africa. All reported back that they had shared their new-found knowledge with their colleagues and implemented some or all concepts in their programmes. However, some also mentioned that the structure of their existing programme, their position in the organisation's hierarchy, or the priorities of their donors, made meaningful change difficult. One person said that they had tried to implement Tostan's insights for a couple of months, after which they had gravitated back to their old ways. She said: 'Perhaps if all of our staff had gone to the training, and if we had the freedom to do what we want, and also the funding, then it could be possible. But not everyone experienced what [my colleague] and I experienced in Senegal, and also, we have our donors to respond to.'

Other trainings organised by Tostan were attended by people from and/or that work in communities that do not practice FGM/C or child marriage. During a call in April 2020, Molly, full of excitement, told me about delegates from Greenland who were drawing on Tostan's lessons on social norm theory to reformulate their approach to tackle climate change. Besides the trainings, Tostan also regularly welcomes donors (among them, high-profile donors like Hillary Clinton and Melinda Gates) to witness the workings of their programme (in particular public declarations) in real life, with the goal of convincing them of the programme's relevance. The key concepts of Tostan's programme as taught in Tostan's training thus travel in many directions and change as they are interpreted, co-opted, and rearticulated throughout their different trajectories. I acknowledge these different branches but here I focus on the flow of elements of the social norm-based approach to SAFE Maa and back. This trajectory also has its own side branches (via UNICEF's report and Orchid Project) which come back together at moments (in Orchid Project's workshop and at the work of SAFE Maa).

Orchid Project and its Knowledge Sharing Workshops

Orchid Project was not part of the transnational network that produced the social norm perspective on FGM/C, as the organisation did not exist yet. During the first years of its existence, Orchid Project became influenced by Tostan and later started playing a role in making the approach travel. Orchid's founder Julia Lalla-Maharajh first learned about Tostan

from then Executive Director of UNICEF Ann Veneman, who advised Julia to ask advice from Tostan's founder Molly Melching.

Before meeting Molly, Julia had used an approach to FGM which was very different from the social norm perspective. Julia first learned about FGM during her volunteer trip to Ethiopia in 2008. Upon returning to London, Julia volunteered with existing NGOs, spoke about the matter on Trafalgar Square and walked around the South Bank with her lips seemingly stitched up and covered in fake blood, hoping to shock people into caring. Less than a year after returning from Ethiopia, Julia won a YouTube competition for human rights activists. The prize was an opportunity to present her cause to high-profile politicians, philanthropists and celebrities at the World Economic Forum in Davos. In her submission for the YouTube competition, she looked straight into the camera as she said:

Right now, in about 40 countries in the world, it takes about 44 minutes for a struggling little girl to be held down. It takes 44 minutes for a rusty razor blade or a shard of glass to cut out her clitoris and labia. It takes 44 minutes for that bleeding wound to be stitched up tight till there is only the tiniest hole left. That girl is aged about 6. I am wondering whether you know any 6-year-olds?

In Davos, Julia organised a panel discussion on female genital mutilation and spoke to high-profile and high-net-worth individuals like Bill Clinton, Melinda Gates, Queen Noor of Jordan, and David Cameron. One of the high-net-worth individuals invited Julia to speak at his birthday party and asked his guests to contribute to Julia's cause as his birthday gift. The gifts of his guests were the first significant contribution to what would become the charity *End FGM Now*. The first decade of its existence, *End FGM Now* would mainly rely on donations of rich individuals. These donors were often businessmen with little knowledge of FGM but a desire to 'do good', whether out of altruism, to promote a philanthropist self-image, or to offset taxes.

It was also in Davos that Ann Veneman had advised Julia to speak to Molly. Her meeting with Molly brought about a radical shift in Julia's perspective. She set off to witness Tostan's work in Senegal and The Gambia and, deeply inspired by what she saw, she changed the name, discourse, and approach of her organisation. *End FGM Now* was renamed to *Orchid Project* and 'FGM' was replaced by 'FGC'. A post on the charity's website⁹⁴ explained this discursive shift:

⁹⁴ The post was removed in an update of the website in 2019.

The more involved you get in this debate, the more you understand that to start from a position of judgement and blame with the communities involved means that you are unlikely to get change where it matters – at the community level. We can think what we like in the Western world, but unless we are willing to work with and be really sensitive to change on the ground, very little will happen where it matters.

This is also why you might have noticed that we've stopped using female genital mutilation and started using the phrase female genital cutting. This is also in recognition that we want to work with affected communities and be sensitive to their needs. If we label something as "mutilation" before we've even started to discuss the issues with these communities, we've already passed a value judgement. This is not an apologist's stance, it is one of respect and pragmatism.

Orchid Project also replaced sensational messages and shocking images with photos of smiling girls and women and positive messages about change being on its way. When, during my time as a research intern at the office, another NGO forwarded a report with a bloody razor blade on the cover page, my colleagues responded with disdain and made it clear to me that Orchid Project would never use such 'insensitive' images. One of my colleagues then mentioned a poster campaign by *28 Too Many* as another example of what Orchid Project would never do: the posters depicted bloody country flags with parts removed and sewed back together. The campaign was called 'disgusting' by various actors in the sector but also won a prestigious advertising award in Cannes (Sanghani 2015). Orchid's CEO, Julia, also expressed embarrassment at thinking back of how she had walked around the Southbank with bloody lips: 'I didn't know any better then, but I am deeply ashamed that I did that.' Orchid Project thus actively positioned itself in the social norm 'camp' of the wider anti-FGM sector. It reaffirmed this position in expressing scepticism towards organisations that use so-called 'positive deviance' approaches that encourage individual girls to go against the wishes of their families and communities. For example, Orchid Project largely rejected so-called 'rescue houses'; shelters for girls who run away from the cut and/or early marriage. Through the lens of a social norm perspective, rescue centres fail to change the social norm in the wider society and therefore runaway girls will still face stigmatisation and social exclusion.

Orchid Project presents its work as based on three pillars: 'partner[ing] with trailblazing grassroots organisations, [sharing] knowledge and best practice to accelerate change [and advocating] among governments and global leaders to ensure work to end FGC is prioritised'

(Orchid Project 2020a). Beyond ensuring that ending FGC is prioritised, Orchid Project’s advocacy team tries to convince governments, global leaders, and donors to adapt, support, or invest in social norm-based initiatives to end FGC. Orchid’s CEO told me that the organisation played an important role in convincing the Department for International Development (DfID) in the UK to use a social norm-based approach. In 2013, the UK made ‘the largest donor commitment to ending FGM internationally’ (DfID 2019, 3). DfID’s programmes *Towards Ending Female Genital Mutilation/Cutting in Africa and Beyond* (April 2012 to December 2018) and *Supporting the Africa-led Movement to End FGM: Phase II* (April 2019 to March 2014) support the UN Joint Programme on ending FGM/C and thus take on a social norm-based approach to FGM/C (DfID 2013; 2019). Remarkably, in its first phase starting in 2013, DfID used the compromise term ‘female genital mutilation/cutting’. According to Orchid Project’s CEO, her organisation played an important role in convincing DfID of the importance of using non-judgmental language. By choosing the compromise term, the United Kingdom deviated from the European Union that uses *mutilation* to refer to the practices. However, such gains are always fragile in a context in which other actors, with their own perspectives, equally try to influence high-profile institutions: under the pressure of other British anti-FGM organisations (among them, FORWARD⁹⁵), in 2019 DfID changed to female genital *mutilation*. A footnote in the business case for this new phase of the programme explained that the use of the term ‘FGM’ is meant to ‘to reflect the extreme harm done by the practice and the fact that it violates girls’ and women’s human rights and bodily integrity’ (DfID 2019, 1). The footnote continued saying that DfID respects the position of those using ‘cutting’ as a less judgmental alternative, but nonetheless does not use the word in the business case.

DfID continued to support a social norm-based approach to ending FGM. It seems little surprising that the UK government would embrace an approach that emphasises the need for cultural sensitivity and community-led change. Chapter 2 showed how British interference with female circumcision in colonial Kenya resulted in the ‘female circumcision controversy’ in central Kenya. In the 1950s and 1960s, the WHO – uncomfortably aware of this history – was reluctant to engage with FGM stating it was a cultural issue and therefore interference was inappropriate. Several actors in the British anti-FGM scene believed that the awareness of this uncomfortable history made the British government delay to take action on the matter until 2013. On the 8th of March 2013, the International Women’s Day, David Cameron announced

⁹⁵ The London-based NGO FORWARD focuses on ending FGM/C worldwide and among diaspora communities in the UK.

that the UK would make the largest international investment ever to fight FGM. Reporting on the event, the Independent wrote (Forster 2013):

The UK government has been wary of being accused of modern-day colonialism under the guise of international development, as Lynne Featherstone admits: ‘FGM has been considered too taboo and, frankly, too difficult to tackle.’

With its emphasis on ‘cultural sensitivity’ and ‘community-led change’, the social norm perspective gave the UK a way of getting involved without burning its hands: by emphasising that they *support* – not impose – *culturally sensitive* and *African-led* change, they protect themselves against accusations of ‘modern-day colonialism’.

For its second pillar (partnering with grassroots organisations), Orchid Project identifies grassroots organisations whose approach leans towards a social norm-based approach to FGM/C. An important aspect of Orchid Project’s partnership with Tostan is its funding of the ‘social mobilisation’ aspect of Tostan’s programme. Tostan does not have the resources to implement the CEP in every village in Senegal or wider West Africa. The organisation therefore tries to maximise the impact of its CEPs through ‘social diffusion’: participants in the CEP ‘adopt’ other villagers with whom they share their newly acquired knowledge. In addition, Tostan recruits so-called ‘social mobilisation agents’ who receive extra training to reach out to relatives and friends in other villages, share the knowledge they acquired in the CEP with them, and invite them to join the movement to abandon FGC and child marriage. Orchid Project chose to fund the social mobilisation aspect of the programme rather than the entire CEP. When, during one of the meetings between Tostan and Orchid Project staff which I attended in Senegal, one of Tostan’s staff asked why Orchid Project does not fund the CEP, Orchid responded that they too answer to their own donors who have expressed a singular interest in ending FGC. Orchid Project also started its partnership with SAFE Maa because their approach fits with the social norm perspective but, as I will elaborate on in chapter 6, Orchid project also contributed to articulating SAFE Maa’s approach in social norm terms.

Under the pillar of ‘sharing knowledge and best practice’, Orchid Project sponsors activists and organisation staff to attend Tostan’s training and organises its own ‘knowledge sharing workshops’ (KSW). Orchid’s knowledge sharing workshops last 5 days and are based on a combination of UNICEF’s 6 elements of FGM/C abandonment, elements from Tostan’s training, and additional activities (like drama, drawing, and discussion) to help participants understand new concepts. What is taught in these workshops are key concepts and ideas, and

not Tostan's entire model. Which concepts travel not only depends on what was written down in UNICEF's report, but also on what Orchid's programme manager recalled and found relevant from the Tostan training she attended in 2015. The content was then adapted again to fit the 5 days and to be teachable to the target audiences.

I attended two of Orchid's workshops, one in Arusha, Tanzania, in September 2017, and one in Narok, Kenya, in March 2018. The workshop in Arusha brought together the staff of organisations working among different ethnic groups in the Arusha and Manyara regions of northern Tanzania. At the Narok workshop, participants consisted of the entire SAFE Maa team and Maasai staff from other organisations that work among Maasai communities in the Narok and Mara regions of southern Kenya. Both of these workshops were co-facilitated by staff from Orchid Project and SAFE Maa and a consultant trainer and facilitator in education.

Participants in Arusha and Narok remarked that, in comparison to other workshops and conferences on FGM/C, Orchid's workshop had left a deeper impression due to the participatory activities they used. There were differences between the two workshops in how well Orchid's message diffused. For example, a Tanzanian woman who participated in Orchid's workshop in Arusha rejected the use of 'cutting' instead of 'mutilation' ('cut sounds very light, as if it were the same as male circumcision'), and said that 'sometimes being aggressive is good if you want to wipe out something like FGM.' At the second workshop by Orchid Project which I attended in Narok, participants were clearly impressed and inspired. I attribute this difference to the differences in the tightness of the group and to how well the perspective fit with the individual and organisational interests of the participants. At the workshop in Narok, all participants were Maasai themselves and worked to end FGM/C in their own community. Shared culture, shared experiences with marginalisation based on ethnicity, and the shared goal of ending FGM/C in their own community, as well as family- and other connections between the participants contributed to the formation of a close group in which people said they felt safe to share their thoughts and learn from each other. At the workshop in Arusha, by contrast, NGO representatives worked among different communities and had different ethnic backgrounds, many of them from communities that do not practice FGM/C. Though participants in both workshops were dedicated to the cause, the personal experiences of Maasai participants with FGC seemed to make the matter more urgent. In addition, at the Narok workshop, SAFE Maa's project managers Sarah Teno and Amos Leuka took on a much more prominent role in facilitating discussions. Their deep understanding of Maasai society and the challenges of grassroots activists made it possible for them to articulate concepts and insights in terms that resonated with the audience. As I noted for Tostan's training as well, part

of what made concepts appealing to participants and thus helped their travel was the affective dimension of the workshop, or the ability of the content and the facilitators to ‘touch’ people.

As the co-organiser, SAFE Maa wanted the workshop in Narok to lay the basis for a network of organisations working with Maasai communities and to encourage the organisations in this network to use a non-judgemental and social norm-based approach. I asked Amos on the night before the start of the workshop what he hoped would come from it, to which he responded:

In Kenya, people use words like ‘barbaric’ and ‘retrogressive’. They attack the culture. Kenya has the highest decrease in FGM, so some people say that this aggressive approach is working. But we can see in the communities that people are also resisting. They are cutting in secret, at a younger age. And the culture gets lost. [...] You cannot force people to stop something they find important. [...] First, people from other tribes came to tell us to stop. But now, it is even our own people who say that our culture is bad. It hurts me to see that all these organisations try to brainwash people into hating our culture. [...] I want us to come together as Maasai and come up with our own ways to end this practice, without attacking our people and without throwing away our culture. Like Tostan did in Senegal.

The element of being non-judgemental resonated most strongly with the workshop participants. Being Maasai themselves, they could give many examples of instances where Maasai had been insulted and called ‘backwards’ and even ‘ignorant’. The whole group agreed that such insults and judgemental words left them feeling humiliated and hurt. One of the participants, a pastor who in the past had worked for a rescue centre for girls who ran away from FGM/C and/or early marriage, shared that he had used such words before:

My experience is that, when you use such words, people will feel angry at you and they will refuse to listen. I did what [other Kenyan anti-FGM activists] did, but I noticed that it didn’t work. And now I understand why.

One of the cultural leaders (*olaigwenani*, pl. *ilaigwenak*) shared his experience with an anti-FGM organisation showing a video of a Samburu girl being circumcised. Clearly still upset at the event, he said:

It was very painful to see the video of the Samburu girl. She did not agree to be filmed. Whoever made that video, they abused that child, the community, the children of the Maasai, and all of us in general. [...] When our women tell us about the consequences, I listen and learn. When someone shows us a video like that, I get upset and hurt and don't listen.

The participants felt very strongly about this element. They agreed that most organisations in Kenya use very judgemental and aggressive approaches which hurt the communities. Some blamed the government for only coming to the communities 'to blame and arrest us, but not to explain.' Others also reflected on their own actions. Seleyian, a Maasai woman in her late 20s and founder of an organisation working to end FGM/C in the Mara region, said:

I have a challenge for myself and my fellow activists. FGM was never done in secrecy in our communities. What did we do wrong? Did we condemn them into silence? Were we too harsh? Maybe we judged and put so much fear and shame in the community, that now they don't dare to speak out anymore.

At the end of the workshop, and at their own initiative, the participants invited journalists to the location of the workshop to further spread their message on the importance of approaching communities in a non-judgmental and respectful way. Their message was broadcast on national television and radio and repeated in a newspaper article titled *NGOs advocate approach change on fight against FGM* (Kenya News Agency 2018). In the newspaper article, Amos was quoted as saying:

The previous approach to the vice has not succeeded in most areas because the anti-Female Genital Cut crusaders have been using 'harsh' language such as barbaric, backward and retrogressive thus harming the war against the vice.

Seleyian was quoted as saying:

The Maa community feels bitter when 'outsiders' come and condemn the vice. They feel belittled and revenge by continuing with the practice but with locals who understand their dialect, we are empowering them on the need to leave the cut and continue with other parts of the culture.

Amos later told me that, while the journalists had not explained all the nuances well in the article ('They wrote 'war' and 'fight'; I would never use those terms. '), the most important outcome of the exercise had been that

We could feel that we have a voice too. We don't have to follow Nairobi. We can tackle this issue in our own way. We are from the communities; we know our culture and our people. We are in the best position to help our community end FGC. Others should learn from us.

SAFE Maa's project managers Sarah and Amos had co-facilitated several of Orchid Project's knowledge sharing workshops. The rest of SAFE Maa's team and the three cultural leaders attended the workshop to share their own experiences with other attendees, but also to learn from the workshop content and the other participants. SAFE Maa chose to invite three cultural leaders to attend the workshop so they would get ideas from others but also so they would feel they too have a role to play and thus co-own the movement. This strategy seemed to work as, half a year later, Amos told me that the three cultural leaders who had attended the workshop had become extra involved in SAFE Maa's work. 'I know that for you it is seems normal,' Amos told me, 'but for these men, it was a special experience to be part of that workshop, stay in a nice hotel in Narok – it gives them some prestige, you see?' I met one of the cultural leaders again during my time in Loita. I was having a cup of chai in a small bar in the village centre when he walked in and waved at me full of enthusiasm. I invited him back to the SAFE Maa office to have a quiet environment to talk. Without a prompt by me, he started talking excitedly about Orchid's workshop, summing up all the things he remembered (which seemed to me to be everything), and giving examples of how he has been using activities and new knowledge (on FGM/C health effects, for example) in his interactions with other cultural leaders, his family, and the wider community. I elaborate on how Tostan's training, Orchid Project's workshop, and the wider social norm-based approach influenced the work of SAFE Maa in chapter 6.

Conclusions

Chapter 3 showed how a transnational network with UNICEF at its core produced a social norm-based approach to end FGM/C based on a combination of academic theory and field

experiences of NGOs, especially Tostan's. The transnational network also contributed to making the approach travel; from theory to practice to more refined theory, from villages in Senegal to other countries in Africa and Asia, from NGO policy to UN guidelines. In this chapter, I traced one such trajectory which took the social norm approach to the Loita Hills of Kenya and involved Tostan, UNICEF, Orchid Project and SAFE Maa.

To facilitate travel, UNICEF translated the social norm-based approach into 6 key elements that grassroots organisations can implement in their existing programmes. Tostan also translated its programme into a 10-day training on what the organisation believes to be the core elements that make Tostan's programme effective. Together with Girls Not Brides, Orchid Project asked Tostan to further translate its training to focus explicitly on how those core elements of Tostan's programme can be implemented in existing programmes to end FGM/C and child marriage. Orchid Project sponsored activists and staff of NGOs in East Africa to attend Tostan's workshop and helped them set up 'plans of action' to ensure that these organisations would implement the lessons from Tostan in their own work. In addition, Orchid Project organised its own 'knowledge sharing workshops' in which participants learned about UNICEF's 6 elements for FGM/C abandonment and about how Tostan's programme encouraged thousands of villages in West Africa to abandon FGC. The funding for the development of UNICEF's 6 elements for FGM/C abandonment, as well as for the training by Tostan and the workshops by Orchid Project, all come from donors in the global North. Global funding streams thus play an important role in diffusing the social norm-based approach.

The chapter further shows that, besides these funding streams and simplified content of the reports, trainings, and workshops, the affective dimension of trainings plays an important role. Concepts travelled most easily when participants felt touched by stories of hardship or positive change and when they felt that these stories and other content resonated with their own experiences. However, as argued by Carolyn Pedwell (2017), existing habits and environmental limitations, complicate lasting change and, a year later, a number of East African staff reported that their attempts to implement Tostan's insights in their own organisations had not had the lasting effect they had envisioned.

The chapter further shows that the object that travelled changed in the process of making it travel more easily. Contents were changed to be clearer and more concise, and thus easier teachable and implementable. On the other hand, what people remember and forget played a role as well and this, in turn, is influenced by what resonates with people. Throughout its travels, the social norm perspective functions as what Anders Blok (2010, 906) has called a 'grey box' or boundary object: an object which enjoys 'enough stability to acquire

commensurable meanings in-between social words, but enough flexibility to accommodate to concerns of political and economic elites, NGOs, mass media, and public constituencies.’ The social norm perspective is recognisable in Tostan’s programme, in the UNICEF guidelines, in Orchid’s knowledge sharing workshop, in the newspaper article following Orchid’s workshop and, as I will show in chapter 6, in SAFE Maa’s work. Yet, Orchid’s workshop is not the same as Tostan’s training, and SAFE Maa’s programme in Loita is not the same as Tostan’s programme in Senegal. While many of the key concepts travelled along, the social norm approach was translated along the way: from Tostan’s holistic education programme with the abandonment of FGC as *one* of the many possible outcomes to key elements that can be interpreted in different ways and incorporated into single-issue programmes to end FGC, to a participatory workshop on these elements, and so on. It is this flexibility to adapt to different contexts and to accommodate a range of interpretations that makes the social norm-based approach a successful traveller.

The social norms perspective on FGM/C is gaining more support in Kenya, with especially the larger international organisations (e.g. UNICEF and UNFPA, The Girl Generation, World Vision) advocating for this approach. However, SAFE Maa and others who use a social norm perspective still consider their approach ‘different’ from the mainstream approach in the Kenyan anti-FGM sector, which they describe as aggressive, judgemental, and revolving around prosecutions. The social norm approach underwent big changes throughout its travels between theory and practice and between Senegalese villages, UN offices and Kenyan organisations, yet its influence is strong enough to fashion an alternative to the mainstream approaches to ending FGM in Kenya.

In showing the work of various actors that went into making the social norm approach travel to Kenya, the chapter also challenges ideas of the straightforward imposition of ‘Western’ discourses onto passive African communities. The next chapter further challenges notions of imposition and examines the ways in which Kenyan actors produced and contested Kenya’s Prohibition of Female Genital Mutilation Act.

Chapter 5. Ruptures in the journey: Contestations over the Kenyan Prohibition of FGM Act of 2011

Introduction

In July 2017, Kenyan medical doctor Tatu Kamau filed a petition to overturn the Kenyan Prohibition of Female Genital Mutilation Act of 2011. In her petition, she wrote that the Act infringes on women's right to culture, to the best attainable health, and gender equality. The Anti-FGM Act prohibits medically trained professionals from performing surgeries on female genitalia for non-medical reasons and prescribes imprisonment for life for a medically trained person who causes the death of another person through an act of female genital mutilation. According to doctor Kamau, the criminalisation of medicalised FGM denies 'willing adult women access to the highest attainable standard of health including the right to health care' (Kamau 2017, 3). Male circumcision and its medicalisation are not only legal but actively promoted by the Kenyan government in a campaign that links male circumcision to reduced risk of HIV infection. In criminalising female but not male circumcision, Doctor Kamau argues, the Act also discriminates against women. Finally, Kamau believes that the Act infringes on women's right to participate in the cultural life of their choice. In her petition, she writes:

14. It is the petitioner's belief, which belief is widely shared among communities, that no particular culture is superior to another and when examining issues of ethics, morality, law or politics, all cultural beliefs are equally valid and the truth itself is relative, depending on the cultural environment.

15. That each community has the liberty to practice any culture that is native and relevant to that society without the imperialist imposition from another culture that holds a different set of beliefs and/or norms.

In an interview with the Kenyan newspaper Daily Nation, Kamau is quoted saying that the term 'mutilation, [coined by] Westerners, is a label given to us by those who do not understand it' (Muthini 2018). She added that British colonisers started criminalisation of practices that hold

meaning to the African communities practising them and that the Anti-FGM Act is a further ‘entrenchment of Western culture.’ She claimed to speak on behalf of ‘communities that practise female circumcision and for the women who have been jailed for carrying out the rite’⁹⁶.

Kamau is not the first one to oppose anti-FGM legislation and interventions based on the assumed ‘Western’ character of the anti-FGM discourse. When Senegal passed anti-FGM legislation in 1999, critics argued that the Senegalese government had only done so to ‘please American sensitivities’ to ensure the continuation of USA aid to Senegal (Economist 1999). In the introduction to this thesis, I divided the body of critical literature on FGM into epistemological and political critiques and asserted that the latter, drawing on post-development theory, largely criticises the anti-FGM campaign for being a culturally imperial project which imposes Western ethnocentric discourses and values onto subaltern communities and, in doing so, ‘fragments, subjugates, silences or erases the local’ (Mosse 2005, 4).

In the previous chapters, I showed that the history of the anti-FGM cannot neatly be divided into Western anti-FGM campaigning and African resistance and defence of female circumcision. In this chapter, I continue interrogating this critique by examining the production of and contestations around Kenya’s Prohibition of Female Genital Mutilation Act of 2011. The first part of the chapter describes how the Act came into being and challenges the critique – as formulated by Kamau for Kenya and by The Economist for Senegal – that national anti-FGM legislation in African countries is merely an entrenchment of Western values and/or to please international sensitivities. Shell-Duncan (2013, 2) writes that this portrayal of Senegalese anti-FGM law as ‘an imposition of Western values on an African nation’ overlooks ‘the long history of debate on female genital mutilation/cutting (FGM/C) among Senegalese intellectuals and the leadership of Senegal in the international human rights movement.’ In this chapter, I show that the linearity implied by this top-down description of the production of national anti-FGM legislation ignores the agency of African actors and Africa-West collaborations: the Act was the initiative of two Kenyan women with very personal reasons for opposing the cut who were joined by national professionals and together found support in the global anti-FGM campaign. However, these collaborations took place within a wider context in which Western funding and international discourse encourage anticutting attitudes and practices, and discourage perspectives that deviate from anticutting sentiments.

⁹⁶ Constitutional Petition No. 244 of 2019 [Formerly Machakos High Court Petition No. 8 of 2017]: Judgement by Achode, Kimondo and Muigai on 17 March 2021.

The second part of this chapter looks at actors that oppose or challenge the anti-FGM campaign and the discourses underpinning it. These actors criticise the anti-FGM discourse for silencing subaltern voices. Dongchao writes (2017, 7) that ‘the inclusion of theories that do not travel is important for understanding both what does travel and, more broadly, the power relationship involved in cross-cultural exchanges.’ Çapan and Zarakol (2018, 129) write:

what happens when theories do not travel and why it is that some travel while others do not. Is it ‘the colonial difference’ that makes some theories that do not travel ‘invisible’ to the mainstream?’ (Mignolo 2000, 175) [...] The pattern of such disappearances is important in figuring out how the ‘colonial’ difference and geopolitics of knowledge work to enable/disable certain ideas, concepts and theories from travelling.

As I showed in the introduction, anthropologists and anti-colonial feminist scholars have worked to recover these silenced voices. My focus here is on how certain actors go beyond discursive critiques and mobilise around these critiques to try to change laws and policies. I start with Dr Tatu Kamau’s ongoing court case against Kenya’s Prohibition of FGM Act. Despite her position in the margins of the global anti-FGM domain, Dr Kamau’s court case has caused national and international anti-FGM actors to mobilise to defend Kenya’s Anti-FGM Act and the wider global opposition to FGM. Kamau uses the rhetoric of ‘human rights’ and ‘gender equality’ to challenge Kenya’s Anti-FGM Act. I then examine a small but growing transnational network of circumcised women and their (academic) ‘allies’ that support Kamau and others who strive for women’s autonomy over their bodies and the right to choose circumcision. Actors in this transnational network use their personal experiences (as circumcised women) and empirical evidence to challenge the core assumptions of the anti-FGM campaign by destabilising the taken for granted ‘facts’ that underpin the anti-FGM discourse.

The chapter thus examines subaltern discourses that, according to political critiques of the anti-FGM discourse, have been silenced, ignored, and erased. I look at the struggles of adherents to the anti-FGM counternarrative in having their voices heard but simultaneously show that, despite their marginal position, they can and do disrupt the flow of the anti-FGM discourse. The chapter further nuances the notion that the anti-FGM discourse is imposed upon African countries by examining the initiatives of Kenyan actors in producing the anti-FGM Act, as well as the North-South collaborations in both producing and contesting the Act. In

doing so, I show that actors at the margins of the global anti-FGM domain can and do disrupt the flow of dominant discourses, and I analyse the work the transnational anti-FGM movement puts in to subjugate these disruptions.

The making of the Prohibition of Female Genital Mutilation Act of 2011

The foundations for the Prohibition of Female Genital Mutilation Act were laid in the early 1970s when a primary school teacher in Marakwet East told an 11-year-old girl about a place called Nairobi, where women are not circumcised and drive their own cars. The 11-year-old girl was Linah Jebii Kilimo. She was the only daughter among her mother's eight children. Like most people in her community, Jebii had never gone beyond the hills surrounding her village. Life in Marakwet took on a simple, rural pattern. Most people were small scale farmers, growing beans, maize, and potatoes in the highlands. Some people held a couple of cows, goats, and sheep. When Jebii was not in school, she would go down to the salt lick, gather salt, and then climb back up the rim with a heavy bag of salt on her back. On other occasions, she would help her mother with chores around the house. Stories about unfamiliar places, like Nairobi where women drove cars, always fired Jebii's imagination. Whenever planes departing from Nairobi headed to Europe passed through the skies above Marakwet, Jebii's teacher would tell the class: 'Do you see those planes? They go to a place called London. And it's only the educated who go to London.'

Seated across from me in an Eritrean coffee bar in Nairobi, now 56-year-old Jebii Kilimo told me how her younger self began to see remaining uncircumcised as key to obtaining a good education. Growing up in Marakwet, she had thought of female circumcision as a normal event that would prepare her to be a wife and mother. Her teacher's stories about life and customs in other places, however, changed her mind:

In class 4, I first realised that FGM had consequences – not for one's health, but for my education. I understood that only the educated could drive cars in that magical place called Nairobi and take a plane to London. To me, driving a car symbolised empowerment. We had to carry the salt on our backs, and a car would make those chores easier. That, to me, was empowerment. I was like: "If I want to drive a car, I shouldn't

be cut.” To be educated, I needed to make sure I remained in school. And to remain in school, I needed to avoid being circumcised.

In Marakwet, female circumcision is part of a ceremony called *sonok* that initiates girls into womanhood. After being circumcised, girls remain in seclusion (*kapkoro*) during which older women teach them community traditions and how to be a good wife, daughter-in-law, and mother. When they come back from seclusion, girls between nine and fourteen years old are socially considered women ready for marriage and childbearing. *Sonok* happens in cohorts, with a number of girls being initiated together. The first time that Jebii was supposed to go to the *kapkoro*, she cried and refused to go. Her parents didn’t make a problem out of it: she was still young, and her time would come. By the time Jebii reached Form 3, however, her parents decided that it had become time for her to be initiated. Among the Marakwet, younger girls cannot be initiated before their older sisters have been initiated. As the oldest daughter and still uncircumcised, Jebii was now blocking the way for her half-sisters, the daughters of her father’s second wife. When her brothers came to school to take Jebii to the initiation event that was happening in her village, she ran away. Adult Jebii, recounting her story to me, remembered this as the saddest moment in her life:

I didn’t know where I wanted to go. I just wanted to run away from the cut. I just knew that my future would be destroyed. After the cut, no more education, no more cars to carry my luggage.

Jebii found refuge at a Christian camp of the Word of Life missionaries in Chewoyet, West Pokot County, some two hours by car from her village. As evangelists, the Word of Life missionaries fiercely oppose female genital cutting and other ‘heathen’ practices⁹⁷. Having lost her only daughter, Jebii’s mother grew sick of sadness. She reproached her husband for chasing Jebii away with his insistence on initiation. Eager to regain peace at home, her father sent Jebii’s brothers to look for her and promised that, if she would agree to come home, no one would pressure her to be circumcised. Her family kept their promise. Jebii went back to school

⁹⁷ Protestant Churches largely prohibit female circumcision and other ‘heathen practices’, while Catholic Churches have a more condoning stance. See chapters 1 and 6.

and completed Advanced Level Education and later obtained her Diploma in the management and control of HIV/AIDS at Kenyatta University⁹⁸.

Young Jebii had refused to be circumcised, not because of the pain or health risks of circumcision, but because she believed it would mean the end of her education and thus the end of her ambition to one day drive a car or fly to London. It was at a training by the Education Centre for Women in Democracy (ECWD) that she first learned about the health risks of what the trainers called ‘female genital mutilation’. The trainers made use of graphs and images of FGM health effects developed by FEMNET⁹⁹. Remembering the diagrams, graphics, and stories she read in the resources shared by FEMNET, Jebii told me: ‘I could relate to them. I said: “I think I saw those in the village.” Prolapse of the uterus at birth, I had seen it in my village.’ Learning about those health consequences, Jebii became more committed to the issue. She said to herself: ‘We have been cheated for too long by our cultural norms, and yet [FGM] is not necessary. I will go to parliament and make a law prohibiting FGM.’

Jebii was not the first since Kenyan independence to advocate for a ban on female genital mutilation. Kenya’s first president, Jomo Kenyatta, initially continued the colonial government’s policy to encourage people to adopt the ‘lesser cut.’ Anti-colonial activists, however, opposed all interference in Kenyan culture prompting Kenyatta to change his stance for fear of losing political support. In *Facing Mount Kenya*, his anthropological study of the Kikuyu people, he described female circumcision as ‘the very essence of an institution which has enormous educational, social, moral, and religious implications’ (Kenyatta 1965, 128). Kenya’s second president, Daniel arap Moi, however, issued an official statement against female genital mutilation in 1982, after fourteen girls died from FGM-related complications (Canada 2000). In 1989, a governmental ban prohibited government-controlled hospitals and clinics from practising FGM. The increased attention to FGM on the international stage in the 1990s was mirrored with new efforts to ban FGM in Kenya. In 1995, a female member of parliament tried to outlaw the practice, but her motion was defeated. In 1999, the National Plan

⁹⁸ She worked in a bank for 12 years but resigned to go into politics. In 2003, Kilimo was elected as Member of Parliament for Marakwet East. ‘Upon realising the enormous task of leading people,’ Kilimo recalls, ‘I decided to do a diploma in the management and control of HIV/AIDS at Kenyatta University. I thought I needed to understand the dynamics of the scourge since I saw within my society the scary consequences of loss of lives [...] and wanted to address it.’ Kilimo then did a degree in Counselling Psychology with the goal of developing herself as a ‘just leader.’

⁹⁹ FEMNET – also the African Women’s Development and Communication Network – was founded in 1988 and describes itself as ‘a pan-African, membership-based feminist network based in Nairobi’ (FEMNET 2017). FEMNET explicitly carved out a space in the international arena for African-led activism and action on gender equality issues. At the Beijing Conference in 1995, FEMNET issued a statement, saying that: Our vision is that we the African women will reclaim, reconstruct and transform Africa, on the basis of gender equality, giving credence to the principles of democracy and human rights; mobilizing and utilizing human and other resources; and take our rightful place in the global arena, on the basis of equality with other nations, from now into the future, in partnership with our men, girls and boys.

of Action for the Elimination of Female Genital Mutilation emphasised the importance of education and outreach to end FGM (Prazak 2016, 18). Two years later, the Kenyan Parliament decided that education alone was insufficient and made carrying out female genital mutilation on anyone under the age of 18 a criminal offence under the Children Act of 2001 (ibid). Only a few court cases resulted from the law and it was soon criticized for being ineffective (Oloo, Wanjiru, and Newell-Jones 2011).

Kenya's Children's Act of 2001 protects all minors from FGM. Jebii Kilimo, however, wanted a more comprehensive ban on FGM which would criminalise FGM regardless of the girl or woman's age and consent. 'Adult women are pressured to undergo the cut too,' she told me, 'and the Children's Act does not protect them.' The Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) – which Kenya ratified in 1984 – played an important role in Kilimo's campaign for a more comprehensive ban on FGM. CEDAW requires states 'to take all appropriate measures, including legislation, to modify or abolish existing laws, regulation, customs and practices which constitute discrimination against women' (Article 2 (f)). Anticutting campaigners have generally interpreted FGM as constituting discrimination against women and therefore falling under CEDAW. The CEDAW Committee has confirmed this understanding on various occasions, for example when calling for awareness-raising campaigns on FGM or when calling upon the government of Chad 'to provide for sanctions against perpetrators of violence against women, including FGM' (Khosla et al. 2017). Recounting her thoughts when she first learned that Kenya had ratified CEDAW, Kilimo told me:

I said to myself: "Why are we being told we have to be circumcised, while our country has ratified all these international laws, especially CEDAW, and signed the universal human rights declaration?" That's when I said: "No. I want to go to parliament and get a law on this issue." I didn't want other girls to go through what I went through.

In 2003, she became Member of Parliament for Marakwet East. This was also the start of her campaign for a more encompassing ban on FGM. 'It wasn't a one man's show,' Kilimo told me, 'I really appreciate the work of the doctors and gynaecologists of this country, in particular doctor Jaldesa of Nairobi University, as well as the development partners like UNFPA and UN Women, and all our local NGOs.' She explained that with the support of then-Deputy Director for Gender and Social Development Protus Onyango and financial resources of the African

Union, she organised a forum in parliament where experts could explain the health and social implications of FGM to the members of parliament who would ultimately decide on the issue:

I didn't know all those other consequences. All I knew was that FGM curtails education, and that is why I wanted it to stop. But those medical doctors came to explain what the effects are on the health of women and their babies. NGOs came to share their experiences in communities: how uncut girls are ostracised, how FGM results in no education which then results in poverty, and so on.

It was Professor Guyo Jaldesa, a Kenyan obstetric gynaecologist and leading medical researcher on FGM health consequences, who shared his knowledge with members of parliament. Jaldesa comes from an ethnic group, the Borana people of northern Kenya, that practises FGM¹⁰⁰. Growing up in a community that universally practises female circumcision, he initially did not question the practice. It was during his Master's in Gynaecology and Obstetrics at the University of Nairobi in 1998 that he first came across information on the negative health implications of FGM and that his interest in the topic grew. His first study on FGM looked at the psychosexual consequences of FGM on women attending a gynaecologist clinic in northern Kenya. He presented his findings at the Kenya Obstetrical and Gynaecological Society Annual Conference 1998, and later at a conference in Harare, Zimbabwe, by the East, Central and Southern Africa Association for Gynaecologists and Obstetricians. At the conference in Harare, he was approached by WHO researchers who were working on a study into the obstetric outcomes in women with FGM in six African countries and agreed to be one of the researchers leading the study. The study was published in 2006 in *The Lancet* and would become one of the most influential pieces of evidence of the health risks of FGM for advocacy work by anti-FGM activists. I mentioned in chapter 2 that this study by the WHO and published in *The Lancet* was meant to 'counter the sensationalist discourse' that contributed to medicalisation 'by developing "technically sound policies"' and that, ironically, the resulting article was widely interpreted as proving the severe health risks and deadliness of FGM (Hodžić 2013, 92).

¹⁰⁰ The Borana are traditionally nomadic (though increasingly permanently settled) pastoralists living around Isiolo, Tana River, Garissa, Moyala and Marsabit Districts in northern Kenya. Most Borana are Muslims, with some following traditional religion and worshipping Waqa. The Borana practise FGM – mostly type III – for religious reasons (28 Too Many 2013, 22). According to prof. Jaldesa, Borana girls are usually cut between the ages of 6 and 10.

In the process leading up to the Prohibition of FGM Act, Professor Jaldesa told me, he and his team organised several trainings on the health implications of FGM for chairpersons of parliamentary committees and parliamentarians from practising communities. They used the 2006 WHO study published in *The Lancet* to ‘demonstrate scientifically that FGM has negative health consequences for women and their babies.’ With this peer-reviewed WHO study, Jaldesa recalled, ‘we were able to convince the parliamentarians that [FGM] is not useful, and [that] therefore they should come up with laws to prohibit it.’ Parliamentarians who participated in the trainings were asked to share their learnings with other parliamentarians. Jaldesa and his team made sure to include Kenya’s two main rival political parties: ‘We arranged it so that one side would move the motion and the other side would second the motion so that it would be supported from both sides.’ Kilimo and Jaldesa both emphasised the importance of this preparatory work with parliamentarians. Jaldesa explained:

When [the proposal] went to parliament, to the floor of the House, it had an easy save because, number one, everyone was convinced that [FGM] was harmful and they knew [its] consequences and, number two, each party had actually contributed to the bill so there was no opposition for political reasons.

As part of the process to convince parliamentarians of the importance of passing more comprehensive legislation on FGM, Honorary Sophia Abdi Noor, member of parliament from Garissa County, gave a personal testimony on FGM in parliament and organised a breakfast meeting with male leaders from pastoralist societies in which they discussed FGM and the harm it does to women. As a Somali woman from north-eastern Kenya, Noor underwent FGM for religious reasons at the age of seven years old. Of the seven girls who were cut that day, two lost their lives and Noor herself haemorrhaged. Noor was one of the few women in her community to attend college. She acquired a Diploma in Community Development and started advocating against FGM in the 1980s. As a panellist at the first national conference on FGM in Nairobi in February 2018, Noor told the attendees how hard it had been to speak out against FGM:

It was a taboo, something that was not allowed to be talked about in my society. [...] I was seen as a mad woman [for talking about it]. My mother was very embarrassed. She said I was an animal and that she regretted giving birth to me: “What have I done? I brought madness to this world!”

In an interview I did with Noor during lunch break at the conference, Noor told me how she had brought Sheikhs to her community who said that the Qur'an does not mention female circumcision. However, community members were not easily convinced: those who know the Qur'an through memorisation rather than reading defended the conviction that the Qur'an does require male *and* female circumcision. In 1995, after working for several international organisations – including the UNHCR, World Vision, CARE International, MSF-Spain, and Oxfam –, Noor founded Womankind Kenya¹⁰¹, an organisation that aims to improve the lives of pastoralist girls and women in Kenya. Noor wanted to go to parliament to introduce legislation that would improve the rights of women and girls. However, when she sought office in 1997, her nomination was cancelled due to cultural and religious arguments that women should not lead a Muslim community (WISE 2020). In 2008, however, she did manage to become a member of parliament: due to her experience on women's issues, she was given the opportunity to sit in the select member community that revised Kenya's constitution.

The constitution is not 100 per cent, but the issues I feel very passionate about are now captured: issues of minorities, of women, of equality and of human rights. We lobbied so hard for women's issues. God knows how much we struggled, together with Kilimo. We were able to put a clause that says: every law that is ratified by Kenya becomes part of Kenyan law. It is because of this clause that, in 2012, so many laws on women issues became Kenyan laws.

Kilimo, Jaldesa, and Noor all had their own personal and professional reasons to advocate for more comprehensive legislation against FGM. Young Kilimo associated female circumcision with the end of a girl's education and with feelings of loneliness following ostracism for refusing to be cut. For Noor, the cut meant indescribable pain, haemorrhaging, and possibly even death. Kilimo and Noor drew from their own experiences as women growing up in female circumcision-practising communities and wanted more comprehensive legislation to protect other girls from sharing their fate. Prof Jaldesa became involved in the making of the Anti-FGM Act because of his professional position as a medical specialist on FGM and its health consequences. As a man from a female circumcision-practising community, he initially took the practice for granted. Sujata Patel (2016, 200) draws attention to how 'teaching and learning

¹⁰¹ <http://www.womankindkenya.org/>

processes, the designing of research questions and [...] the methods and methodologies being used; [...] the formulation of criteria adopted for accepting articles for journals and books, and ultimately [the] defining what and where one publishes and what is academic excellence, influence the travel of epistemes.’ Indeed, throughout his gynaecology studies, Jaldesa adopted an understanding of female circumcision that reflects the global anti-FGM discourse. The expectations and norms of academia and the professional anti-FGM sector make it more likely to frame research findings in line with the dominant anti-FGM paradigm. That education can change people’s opinion on female circumcision is not only so within the medical disciplines. In Kenya, like in most countries where female circumcision is practised¹⁰² higher education levels are correlated with lower support for FGM (DHS 2014; Achia 2014; UNICEF 2017b). While many with a formal education undoubtedly agree with the content of the anti-FGM discourse, the discourse has also become a tool for social stratification and marks middle-class distinction in Kenya (see also chapter 1).

In developing the Anti-FGM Act, these Kenyan actors could draw from a wide range of resources provided by the existing transnational anti-FGM network: international policies and treaties like CEDAW, studies that provide evidence of FGM’s harmfulness like the 2006 WHO study, financial resources provided by the African Union, UNFPA, UN Women and other donors, and the support of NGOs like FEMNET, World Vision, AMREF, and others. The anti-FGM network has produced numerous policy documents and treaties with the explicit goal of encouraging national anti-FGM legislation (and thus for the anti-FGM discourse to spread widely). Within the UN Joint Programme for FGM/C Abandonment, UNFPA’s role is to ensure that countries produce and implement appropriate and comprehensive anti-FGM legislation. Noor, Kilimo and Jaldesa also readily found support in Equality Now, an international Human Rights organisation with the mandate to ensure fulfilment of Kenya’s International Obligations. While the influence of international pressure, financial benefits, or the threat of sanctions on the Kenyan government’s decision to pass the Anti-FGM Act was not explicitly mentioned, interlocutors did acknowledge that in passing the Act, the Kenyan government would appear ‘modern’ on the postcolonial global stage.

Kenya’s Prohibition of Female Genital Mutilation Act of 2011 resulted from grassroots initiators seeking financial and other support from the global anti-FGM campaign. The contingencies and the multiple directions that characterise the production of the Act challenge

¹⁰² (Egbonu 2000; Gage and Van Rossem 2006; Asekun-Olarinmoye and Amusan 2008; UNICEF 2016; Newell-Jones 2017; Tarr-Attia, Boiwu, and Martínez-Pérez 2019)

the unidirectionality implied in critiques of the Western imposition of the anti-FGM discourse onto the South. However, the presence of the global anti-FGM campaign, UN resolutions, a large body of scientific evidence supporting the anti-FGM discourse, and funding streams to support action against cutting, make it very likely for actors opposing the cut to find the necessary support and for their actions to be guided in a certain direction. As I will show in the next section of this chapter, those critical of the anti-FGM discourse cannot rely on a similar network.

The Prohibition of Female Genital Mutilation Act came into effect on the 4th of October 2011. In the eyes of Kenyan and international anti-FGM activists and organisations, the passing of the bill marked an important step for the movement, as the government's official commitment added legitimacy to their struggle to end all forms of what they considered to be female genital mutilation in Kenya and beyond. Noor was cited in *The Guardian* as saying that, while 'men got their independence in 1963', women finally 'achieved independence from the cruel hand of society' on the day the Act was passed (Boseley 2011). Zeinab Ahmed, UNICEF's child protection specialist in Kenya was cited as saying that 'this bill gives an indication from government [that] it is not just a cultural practice that can go on. The government has taken a bold step and will not tolerate any more violations' (Boseley 2011).

The Act is a federal law and criminalises all forms of female genital mutilation, regardless of the age or consent of the girl or woman (Kenya 2011). The Act is much more far-reaching than most other national anti-FGM laws. It criminalises the performance of FGM, including by medical practitioners; procuring, aiding and abetting the practice of FGM; procuring a person to perform FGM in another country; allowing the use of premises for FGM; the possession of tools and equipment for the purposes of FGM; failure to report awareness of FGM to a law enforcement officer, whether the procedure is in progress, has already occurred or is planned; and the use of derogatory or abusive language against a woman for having not undergone FGM or against a man for marrying or supporting that woman (articles 19 to 25). The Act also makes explicit that consent is not a defence in any of these offences. Penalties include imprisonment for a minimum of three years and/or a fine of at least 200,000 shillings (close to USD 2,000). In the case that FGM results in death, the maximum sentence is life imprisonment.

Contesting the Prohibition of FGM Act

Kenya's Anti-FGM Act was contested from various locations for cultural and political reasons, both during its development and after it was passed. Resistance to the anti-FGM Act has been common among all Kenyan communities that practise female circumcision. This resistance has manifested in 'public protest, increasing medicalisation, greater secrecy as the practice moves underground, cutting girls at a younger age before they have the capacity to object, together with foot-dragging and non-compliance with the law' (Hughes 2018, 279). I described similar forms of resistance among the Loitai in chapter 1. In June 2014, over 3000 Maasai women gathered in Kajiado county to campaign in favour of the cut and against the Anti-FGM Act of 2011 (K24 TV 2014; Kaberia 2014). One of the women addressing the crowd denounced anti-FGM efforts as 'outsider' interference and emphasised that the law would not stop Maasai women from performing their culture. Lotte Hughes (2018, 288) who, in March 2015, held focus group discussions with women who attended the protests, writes that

they expressed anger at government controls and the heavy-handed way prosecutors had descended on their community; genuine bafflement as to why successive governments had left the Maasai alone, only to suddenly "crack down", as they saw it, on certain cultural practices; acceptance that FGM must eventually stop, but insistence that they would decide this in their own good time, and not in response to force; the belief that FGM is a women's right and enhances women's social status, and is not forced on them by men.

Some communities, like the Kuria of southern Kenya, continue to openly defy the Anti-FGM Act by organising public mass circumcisions every two years. Police and Kuria anti-FGM activists on the Tanzanian side of the border told me during my visit to an anti-FGM organisation in Tarime in November 2017 that they found it impossible to stop these events because of the fearlessness of Kuria warriors and their preparedness to use violence to stop people from interfering with their tradition. In December 2019, a Kenyan newspaper reported on young girls in West Pokot resorting to 'circumcising each other after elderly women circumcisers shunned the practice following a government ban' (Shanzu 2019).

Beyond resistance to the Act, different actors also co-opted the act for political purposes (Bending and Rosendo 2006). Kilimo suggested that male members of parliament from Kisii opposed the act because of its political implications: with the majority of Kisii people supporting female circumcision, political leaders feared losing votes for supporting a ban on FGM. A news article published by the Institute for War & Peace Reporting reported that when

the issue was debated in the Kenyan Parliament a few days after the protests, members of parliament from FGM-practising communities called for the ban to be lifted (Kaberia 2014). Jimmy Angwenyi, member of parliament for Kitutu Chache North, was quoted as saying: ‘I wonder why this parliament wants to criminalise people’s culture; the Kisii culture is that we must have a small cut on our girls’ (ibid). The political nature of struggles around FGM became evident again five years after the passing of the ban. Around the time of the district elections in Marakwet in 2016, 1,200 girls were circumcised, causing the death of one girl and the hospitalisation of several others¹⁰³ (Ndanyi 2016). Member of Parliament Kilimo who passed the bill believed that her political opponents in the district elections encouraged the circumcisions to humiliate her and prove her lack of authority. However, it would be wrong to understand this case as women’s bodies simply being used for political purposes: a young woman who was among the girls being circumcised in Marakwet in 2016 said that she had wanted to be circumcised and that she had not participated for political reasons, but because she saw this as an opportunity to practise her culture.

These expressions of opposition to attempts to end female circumcision are not new or exclusive to the Anti-FGM Act of 2011. In her autobiographical book, Maria Kiminta recalls how the elders of the Maasai community issued a statement to the authorities in defiance of the Children’s Act of 2001 arguing that ‘female circumcision is a cultural right reserved exclusively by the tribe’ and warning ‘the central government that it had no business telling them to stop’ (Kiminta and Levin 2015, 13). Similarly, Hughes (2018, 279) writes that discussions in preparation of the reform of Kenya’s constitution in 2010 showed ‘Kenyans’ deeply conflictual views of FGM’, including: ‘those who practice FGM should be severely punished; FGM should not be practised for health reasons; communities should be allowed to practices their traditions, including circumcision of boys and girls; and the constitution must allow communities to circumcise children out of respect for culture.’ In chapter 2, I described similar forms of opposition in response to colonial attempts to ban female circumcision. People ignored the ban, continued circumcising girls away from the eyes of missionaries and colonial officials or even publicly defied such bans through mass circumcisions. Just like members of parliament from Kisii in 2011, Jomo Kenyatta and his colleagues at the Kikuyu Central Association (KCA) defended female circumcision in the early 20th century to ensure political

¹⁰³ Such mass circumcision in defiance of anti-female circumcision bans resemble the mass circumcisions among Kikuyu and Meru girls in response to bans on female circumcision by the colonial government in the early 20th century. The same was true in Sudan, where a law passed by the colonial government in 1946 resulted in collective and secret circumcisions of girls (El Dareer 1982). Recent bans in Sudan and Senegal also led to mass circumcisions by families who wanted to ensure the circumcision of their daughters before the law would be implemented.

support from his Kikuyu community. The case of young girls in Pokot circumcising each other resembles the *Ngaitana* movement among young Meru girls in colonial Kenya (Thomas 2000, see chapter 2). Opposition to anti-FGM legislation is not unique to Kenya: because of the socio-cultural importance of female circumcision, practising communities around the world have often shown reluctance to give up the practice (Shell-Duncan et al. 2013).

Machakos Constitutional Petition No. 8 of 2017

History shows that attempts to end FGM have always been met with resistance by those wanting to continue their cultural practices and that such resistances have been co-opted for political purposes. What makes Dr Tatau Kamau's court case unique is that she has taken these struggles to court (a space with higher international visibility) and is using the rhetoric of 'human rights' and 'gender equality' which underpins the anti-FGM discourse to challenge that same discourse. Her counternarrative went beyond emphasising the meaning of female circumcision to practising communities and the right to culture. It used the same language as the anti-FGM discourse – like 'human rights' and 'gender equality' – but challenged what exactly human rights and gender equality entail when it comes to female circumcision. The anti-FGM discourse says that FGM is a human rights violation, infringes on women's health, and perpetuates gender inequality¹⁰⁴. Kamau, however, argued during an interview for KTN News that criminalising adult women for adhering to cultural practices that have meaning to them infringes on their human right to practise the culture of one's choosing:

Once you reach adulthood, there should be no reason why you cannot make this decision. If women can decide to drink, to smoke, women can join the army, women can do all sorts of things which might bring them harm or injury, and yet they're allowed to make that decision. [They can make] this decision [for] female circumcision [too]. (KTN News Kenya 2018)

In prohibiting adult women from choosing to undergo circumcision, the Act, according to Kamau, infringes on Article 18 of the Universal Declaration of Human Rights, which protects the right to 'manifest his religion or belief in teaching, practice, worship and observance'

¹⁰⁴ 'FGM reinforces the inequity suffered by girls and women [...]. The arguments against female genital mutilation are based on universally recognized human rights, including the rights to integrity of the person and the highest attainable level of physical and mental health' (WHO 1997, 1).

(United Nations 1948). In one of her submissions to the court, Kamau referred to the decision of the South African Constitutional Court in *Barkhuizen vs Napier* – a decision which was approved by the High Court in Nairobi –, that ‘self-autonomy, or the ability to regulate one’s affairs, even to one’s own detriment, is the very essence of freedom and a vital part of dignity’¹⁰⁵.

In addition, she argued that the criminalisation of medicalised FGM denies ‘willing adult women access to the highest attainable standard of health including the right to health care’ (Kamau 2017, 3). During the KTN News interview, she continued saying that ‘once [a woman] has made that decision [to be circumcised], she should be able to access the best medical care to have it done’ (KTN News Kenya 2018). Replying to an Affidavit of the Federation of Women Lawyers, Kamau furthermore argued that ‘[...] if willing women can be accorded the opportunity to be circumcised by qualified medical practitioners then the complications complained of will not be experienced’ (Kamau 2018a, 3).

Kamau also challenged the idea that FGM is an expression of gender inequality. She argued that, on the contrary, the anti-FGM Act discriminates against women by criminalising female but not male circumcision. According to Kamau, female and male circumcision are each other’s equivalents and carry parallel and complementary socio-cultural meanings in practising communities. In summary, Kamau wanted the Court to call the anti-FGM Act unconstitutional for violating consenting adult women’s right to culture, health, and gender equality. In addition, she wanted the government to dissolve the Anti-FGM Board which was established under the Anti-FGM Act of 2011. The Board is a semi-autonomous government agency with the mission of advocating against FGM, creating awareness, and coordinating anti-FGM initiatives in Kenya. Kamau argued that the Act is unconstitutional and ‘if the [Anti-FGM Board] is created by an Unconstitutional Act, then the said body is unconstitutional as it enhances infringement of women’s rights to cultural life of their choice’ (Kamau 2018c, 2).

Kamau filed Machakos Petition 8 of 2017 on the 24th of July 2017. In the first version of her petition, she wrote ‘willing *young* women’ and ‘adult *young* women’ on several pages (Kamau 2017, 4). During the first hearing, in November 2017, Kamau’s opponents – mostly anti-FGM organisations that focus on child rights – accused Kamau’s proposal of violating the human rights of children. Kamau, however, responded that her petition did not concern minors. In an amended version of the petition (20 November 2017), she crossed out the word ‘young’

¹⁰⁵ A.N.N v Attorney General, High Court Nairobi Pet 240 of 2012 [2013] eKLR, where the court cited with approval the decision of the South African Constitutional Court in *Barkhuizen v Napier* (CCT 72/05) [2007] ZACC 5.

and underlined the word ‘adult’ throughout the petition, as well as the sentence ‘adult women who are capable of giving consent’ (Kamau 2017, 3, 4, 6). She emphasised in an interview with KTN News that her petition only concerns adult women and that, if the Anti-FGM Act of 2011 would indeed be annulled, the Children’s Act of 2001 would continue to protect minors from FGM (KTN News Kenya 2018).

On the 14th of June 2018, Justice David Kemei determined that Kamau’s petition raised ‘substantive matters of the law’ and that the case should be heard before an uneven number of judges. The three-judge bench that was allocated consisted of Justices Lydia Achode, Kanyi Kimondo and Margaret Muigai. The Petition was renamed Petition 244 of 2019. The case involved Kamau as petitioner and three respondents: the attorney general, the Anti-FGM Board, and the office of the director of public prosecution. In addition, ten organisations signed up as interested parties. Of these ten interested parties, nine were nongovernmental organisations that opposed Kamau’s petition and defended the Anti-FGM Act¹⁰⁶. The tenth party was John Kiplangat Arap Koech, a Kalenjin elder and chairperson of the Sarun Amabet Welfare Association, who supported Kamau’s petition. The association is concerned with the preservation of community culture, custom, and heritage, as is reflected in its name ‘sarun amabet’ which means ‘save it before it gets lost.’ Katibu Insitute, and Kenya Legal and Ethical Issues Network on HIV & AIDS¹⁰⁷ (KELIN) and the Initiative for Strategic Litigation in Africa¹⁰⁸ (ISLA) were listed as friends of the court¹⁰⁹. Two extra parties, defending a cultural relativist view of female circumcision, applied to be included on the side of the petitioner: Urumwe Cultural Group¹¹⁰ from Kiambu and cultural anthropologist Odhiambo Gor. Gor

¹⁰⁶ Equality Now, the National Gender and Equality Commission (NGEC), the Federation of Women Lawyers (FIDA), Samburu Girls Foundation, Msichana Empowerment Kuria, Kenya Women’s parliamentary Association (KEWOPA), Center for Rights Education and Awareness (CREAW), Men for Equality Between Men and Women (MEMW), AMREF Health Africa in Kenya.

¹⁰⁷ The NGO KELIN was established following a workshop in Accra, Ghana, which focused on creating country-based networks that intersect law, ethics, human rights, and HIV. Its goal is to advocate for a holistic and rights-based system of service delivery in health and for the full enjoyment of the right to health by all, including the vulnerable, marginalized, and excluded populations in these four thematic areas.

¹⁰⁸ The Initiative for Strategic Litigation in Africa (ISLA) is a Pan-African and feminist led initiative that aims to contribute to the development of jurisprudence on sexual rights and women’s human rights on the continent by providing expertise on strategic litigation.

¹⁰⁹ The court can choose to consider a friend of the court or *amicus curiae*, i.e. an individual or organisation which is not a party to the case but who provides information and expertise to assist the court.

¹¹⁰ The only information available online about Urumwe Cultural Group in Kiambu is that they made a presentation for a Taskforce Report on Forest Resources Management and Logging Activities in Kenya. Kiambu was mentioned again a few months later, when the Kenyan archbishop warned against a group called Gwata Ndaĩ that had been ‘advocating for outdated cultural practices such as female circumcision’ (Gachane 2020). The group responded with a statement that the group ‘seeks and promotes solutions to social, cultural and environmental challenges for the benefit of the community through integration of cultural values in all aspects of developments’ (Charagu 2020). The statement did not make an explicit mention of female circumcision. A male spokesperson of Gwata Ndaĩ said to me via email that ‘FGM and Tatu Kamau [...] are things concerning women which [he] hate[s] to discuss’ and that he does not know about the Urumwe Cultural Group.

argued that the court itself is ‘a Westernized forum that is incapable of determining the question of culture.’ However, their applications were rejected because they had failed to meet the deadline.

Hearings took place on the 24th and 25th of October 2019, the 17th of December 2019, the 5th of March 2020 and finally the 8th of October 2020 (electronically due to the Covid-19 pandemic). Witnesses representing the Respondents and Interested Parties made arguments in defence of the Anti-FGM Act. Their arguments largely touched upon five themes. The first set of arguments revolved around health risks associated with FGM. Kamau responded that allowing medicalisation would solve this concern. She argued that the prohibition of medicalised circumcision forces ‘women to be circumcised by traditional circumcisers hence exposing them to [...] physical, psychological, and emotional consequences’ (Kamau 2018b, 3) and that medicalisation would resolve this concern. Josephine Kulea, the founder of the Samburu Girls Foundation, argued that Maa communities would not embrace medicalisation because female circumcision is a cultural practice. Kamau retorted that other practising communities would and already have embraced medicalisation and that it would be a ‘violation of the rights of women from other circumcising communities to be compelled to follow the preferences of the Maa communities in disregard of their own preferences’ (Kamau 2018j, 2). In addition, she argued that Section 19 of the Prohibition of Female Genital Mutilation Act states that ‘a surgical operation on another person which is necessary for that other person’s physical or mental health’ is no offence under the Act (Kenya 2011, 11). This section allows sexual reassignment procedures. Kamau argued that a sexual reassignment procedure is an act of mutilation according to the definition and that it ‘should not be acceptable over female circumcision’ (Kamau 2018g, 2), thus using anti-FGM language to strengthen her counternarrative. In addition, she argued that the deponents failed to explain why ‘female genital surgeries conducted by gynaecologists and plastic surgeons for cosmetic purposes in developed countries are legitimate and yet female genital surgeries in Africa are criminalized’ (Kamau 2018h, 2). In response to a statement by Prof Guyo Jaldesa on behalf of the Attorney General about the right to health care services, Kamau argued that genital surgeries for men are allowed while the ‘Act expressly forbids access to health care services for genital surgeries for women’ (Kamau 2018h, 2).

The second set of arguments touched upon the issue of consent. Some testimonies, like those on behalf of AMREF and the Attorney General, said that FGM happens to young girls who are incapable of consenting to the practice as part of an initiation ritual into adulthood, which is often followed by school drop-out and early marriage. Carolina Ncharo, a Maasai

woman from Kajiado, testified on behalf of the Federation of Women Lawyers (FIDA Kenya) that she underwent FGM at the age of twelve years old, that the procedure had to be repeated because ‘it was not performed well’ the first time, that it was ‘the most painful feeling’ she had experienced in her life, and that it took her a month to recover during which period she missed school (Ncharo 2018, 2–3). In response, Kamau repeated that her petition only concerns adult women and that minors will still be protected under the Children’s Act of 2001 if the Anti-FGM Act is repealed. Testimonies on behalf of the Public Prosecutor and the Samburu Girls Foundation argued that adult women do not choose to undergo FGM but are forced by men or the society at large. Kamau’s response was that women who are forced to undergo FGM are protected under Article 44(3) of the Constitution and the Penal Code which prevent ‘any person to compel another from observing, undergoing or performing any cultural practice or rite’ (Kamau 2018e, 2) and that, in contrast to Maa society, women from other practising communities are able to consent to female circumcision. In addition, Kamau retorted that the Act violates the constitution because it ‘compels the women from the circumcising communities to practice a culture copied from non-circumcising communities’ (Kamau 2018e, 2).

Various witnesses mentioned that FGM violates women’s right to dignity. Kamau responded that, on the contrary, the Act denies women who derive dignity from circumcision their claim to respect and acceptance (Kamau 2018j, 2). To the claim that FGM is a harmful cultural practice, Kamau responded that culture changes and that cultural practices like female circumcision can be modernised rather than abandoned. One of the deponents testifying on behalf of AMREF Health Africa argued that the Maa community has already abandoned harmful cultural practices like ear piercing and the removal of the two front teeth. Kamau responded that, as was the case with these practices, female circumcision ‘can also be phased out without criminalization’ (Kamau 2018f, 2).

Other witnesses argued that FGM discriminates against women, to which Kamau responded that male and female circumcision are each other’s parallels and therefore female circumcision is not discriminatory of women. Using the language of gender equality, she argued that the Act discriminates against women because it criminalises female but not male circumcision, and explicitly prohibits medical staff from performing female circumcision while men can get medically-safe circumcisions in hospitals (Kamau 2018i, 2).

Finally, witnesses on behalf of the Public Prosecutor, Equality Now, and the National Gender and Equality Commission defended the Anti-FGM Act by stating that, in enacting this law, Kenya fulfilled its international obligations. Indeed, actors on the defence side were

confident that the Act could not be repealed as it is in line with international resolutions. Friends of the court ISLA and KELIN advised the court that ‘in enacting the anti-FGM, Kenya has acted in line with the International standards requiring it to enact gender sensitive legislation to prevent, protect against and respond to FGM. Additionally, they argued that Kenya has acted in line with the standards set out in the African Human Rights system and in the practice of comparative African states’ (ISLA 2019). Kamau responded that the Act was enacted ‘without due regard to the will of people of Kenya’ and ‘without considering its constitutionality’ (Kamau 2018d, 2).

After two covid-19 related postponements, the verdict was finally rendered on the 17th of March 2021. The three-judge bench decided that Kamau’s Petition was ‘devoid of merit’ and thus dismissed all charges. On the matter of choice, the judges argued that Kamau’s ‘assumption is that anyone above the age of 18 years undergoes FGM voluntarily’ (Judgment 2021, 48). Based on the testimonies, however, they found that this is not the case, as women from practising communities or who marry into said communities experience social pressure to be cut and punitive sanctions, including stigma and exclusion, if they refuse to be cut. ‘Women,’ they argued, ‘are thus as vulnerable as children due to social pressure and may still be subjected to the practice without their valid consent’ (48-49). The judges furthermore argued that consent cannot be invoked because ‘no person can license another to perform a crime’ (57).

In response to Kamau’s claim that women from circumcising communities should have access to medicalised circumcision like their male counterparts, the judges responded that the expert witnesses and the testimonies of two women who suffered health complications after medicalised FGM demonstrated that ‘medicalisation does not mitigate harm’ (50). They also agreed with the expert witnesses that no medical staff is trained to perform FGM and that carrying out the operation goes in against the Hippocratic Oath.

In response to Kamau’s claim that the Act discriminates against women, the judges acknowledged that Kenyan legislation on male and female circumcision differentiates between men and women. However, differentiation only amounts to discrimination if it is unreasonable and arbitrary. The judges said that they were ‘not convinced that said discrimination was unreasonable’ and pointed at the alleged health benefits of male circumcision versus the harm of FGM as a reasonable justification for differentiation.

The judges concluded that, ultimately, the case was about balancing the right to culture with the rights to life, equality and freedom from discrimination, human dignity, freedom and security of the person, and the highest attainable standard of health and reproductive healthcare

(51). They recognised that ‘cultural rights intertwine with human rights in certain social spaces, and are not easy to separate’ (51). However, they concluded that ‘despite the rights enshrined in Articles 11, 32 and 44 of the Constitution relating to culture, religion, beliefs and language, the rights can be limited due to the nature of the harm resulting from FGM/C to the individual’s health and well-being’ (54).

Ironically, Kamau’s Petition will lead to more comprehensive legislation against FGM. Kamau argued that it is unfair that wealthy women can obtain cosmetic genital surgeries whereas rural women are not allowed to practise their culture. The judges found that the Anti-FGM Act indeed does not include what the WHO defines as ‘Type IV FGM’ and that, therefore, ‘a lacuna is created that hampers the effective enforcement of the Act’ (55). They therefore ordered the Attorney General to propose amendments to the National Assembly ‘with a view to prohibiting *all* harmful practices of FGM (emphasis added)’ (80).

One could argue that Kamau missed a number of opportunities to argue her case more strongly. For example, she could have drawn from existing scholarship that challenges the taken for granted notion that male circumcision is inherently beneficial and all forms of female circumcision are inherently harmful (i.a. Goldman 1997; Shweder 2002; Fox and Thomson 2009; Frisch et al. 2013; Darby 2015; Earp 2017). Indeed, at several points the judgement says that she failed to provide evidence for her claims (e.g. on page 72).

Perhaps more importantly, however, the legal logic of the courtroom is profoundly different from the decolonial logic underpinning Kamau’s grievances. Kamau raises epistemological questions that are ultimately about who gets to decide on women’s bodies – questions that have been raised by postcolonial feminists whose works I discussed in the introduction to this thesis (i.a. Nnaemeka 2005; Njambi 2007; Ahmadu 2020). The judges, on the other hand, approach these questions from a legal perspective and refer to existing national and international legislation. They did not engage deeply with Kamau’s argument that the Anti-FGM Act is an imposition of ‘outsider’ values, or that in fulfilling its international obligations, Kenya had not sufficiently considered the will of the people of Kenya. These questions touch upon the nature of law and whose interests it represents. As has been argued by anthropologists and postcolonial feminists, in East Africa, ‘customary’ law, religious law, and state law exist side by side and are intertwined (Baines 2010; Schlee 2013; Tamale 2020, 132). While officially state legislation trumps customary law, community members might disagree with state legislation and prioritise customary law. Ultimately, the case embodies a decades-old debate between cultural relativists and universalists, with at its core the question of how

universal the Universal Declaration of Human Rights really is and who gets to decide on women's bodies.

Kamau's case shows the strength of the anti-FGM campaign and its resilience to challenges. Kamau sought to disrupt the anti-FGM campaign by pricking holes in the dominant discourse, challenging taken for granted 'facts', and using the language of human rights and gender equality to challenge the premises of the anti-FGM campaign. However, these attempts mobilised an extensive network of national and international anti-FGM actors to defend the anti-FGM campaign. These actors worked hard to undo Kamau's disruption, subjugate her claims and restate the claims that FGM is an inherently harmful practice that discriminates against girls and women and violates their human rights.

All Women are Free to Choose: a counternarrative network

Kamau started the petition alone, though she claimed to be acting on behalf of women from female circumcision practising communities who wanted to remain anonymous. In October 2019, two years after she filed the petition, Kamau received support from an organisation called All Women Are Free to Choose (AWAFC, registered in Maryland, USA) (Ahmadu 2019). AWAFC was co-founded by Dr. Fuambai Sia Ahmadu and her younger sister. Fuambai Ahmadu is a Sierra Leonean and US American social anthropologist who underwent excision in her early 20s as part of the traditions of her ethnic group, the Kono, in Sierra Leone. On her website, Ahmadu writes that 'as a circumcised woman who has worked and lived with thousands of circumcised women', she felt she had to do something to counter the 'damage [...] caused by aggressive anti-FGM campaigns and legislation' (Ahmadu 2019). With damage, she refers to the 'discrimination and racial profiling of women and men in immigrant communities in western countries, especially Muslim communities', and the 'deep psychosocial and psychosexual impact of FGM media stereotyping' (ibid). AWAFC advocates for the right of women to decide on their own bodies and challenges negative stereotyping of anti-FGM campaigns. AWAFC now has a branch in Sierra Leone (Sierra Leone Women are Free to Choose or SLWAFC¹¹¹) and in The Gambia (Gambia Women are Free to Choose or GWFC¹¹²). Ahmadu also created SiA Magazine¹¹³, a magazine that aims to be 'a safe forum

¹¹¹ <http://www.awafc.org/slwa-fc.html>

¹¹² <http://www.awafc.org/gwa-fc.html>

¹¹³ <https://siamagazine.com>

for circumcised women’ to share experiences, concerns, and celebrate positive circumcision experiences.’

AWAFC started supporting Kamau’s court case in October 2019 (Ahmadu 2019) through raising funds through a Go Fund Me page titled “*She is Our Voice*” Supporting Dr Tatu Kamau (Ahmadu and AWAFC 2019). The description section of the Go Fund Me page states that:

For the past fifty plus years, well financed anti-FGM campaigns – often relying on sensationalized, random internet images of dirty razor blades, screaming women, girls and even babies being held down etc. – have created a false metanarrative about female circumcision as “mutilation” or a form of sexual oppression and extreme violence against girls and women. These images of FGM – as a barbaric, sadistic, patriarchal maiming of girls and women to deprive us of sexual enjoyment – do not remotely reflect the personal experiences of the vast majority of us affected women or the deeply felt patriarchal aspects of our societies that recognize the inherent right and capacity of women to sexual pleasure and, yes, orgasm.

Dr. Kamau is described as ‘a quiet, humble hero, fighting for our rights to equal dignity and, importantly, to our own voices.’

Over the years, Ahmadu has created some visibility for the counternarrative to the anti-FGM discourse. She has appeared in an interview by Tucker Carlson on Fox News in the USA, was interviewed together with British Somali anti-FGM Activist Nimco Ali on BBC HARDtalk, and appeared on SBS-TV in Australia. She also served as an expert witness in Detroit, Michigan in the USA’s first federal FGM case. Dr. Nagarwala, a doctor from the Indian Dawoodi Bohra community in Detroit, was arrested in April 2017 for performing *khatna* on two minors (Padela and Duivenbode 2017). *Khatna* involves the ritual nicking of a girl’s clitoral hood and is seen by the Dawoodi Bohra as an Islamic requirement in parallel with male circumcision. Ahmadu testified in front of a jury of USA citizens about the different types of female circumcision and the religious and cultural meanings of these practices for different communities. She explained ‘how and why the notion of FGM does not describe the Bohra practice of *khatna* and does not fit the US legal definition of FGM’ (Ahmadu 2019). In December 2019, a federal judge in Detroit declared the nation’s FGM law unconstitutional (Baldas 2019).

Fuambai and other activists challenging the dominant anti-FGM discourse have connected in a network that encompasses various continents. Together, they created the 'Female Genital Surgery Advisory WhatsApp Group', described in SiA Magazine as a group of 'well-educated, professional circumcised women opposed to negativity of anti-FGM campaigns' (SiA Magazine 2017, 13). The group consists of circumcised women, mainly from diaspora communities in the UK and USA, and researchers, mainly social anthropologists, who are critical of how female circumcision is represented in academia and the international development sector.

I learned about the network when I interviewed Zainab, a British woman from the Kenyan Somali diaspora who is active on social media under the name *Cut the Crap*. On Twitter, she writes: 'Calling me "mutilated" is as racist as calling me [n-word]'. Zainab started a blog after her own traumatic experience with health care workers in the UK. Zainab underwent medicalised circumcision in a Kenyan hospital and did not experience it as traumatic or problematic. She and her family moved to the UK when Zainab was nine years old. She did not have any health complications during, or in the years following the procedure. Just before Zainab got married, she went to see a GP to ensure everything was okay:

I had internalised these messages about FGM causing sexual dysfunction and complications during childbirth. I asked my GP to refer me because I was very worried. And the doctor said: you are fine, there is no problem, you can just have intercourse.

When she gave birth to her first child, a daughter, Zainab was interrogated about her intentions regarding the circumcision of the girl. She recalled the event as traumatic:

This was a moment that I was very weak, tired, disoriented from losing blood from postnatal haemorrhage and I was breastfeeding my daughter. A number of staff congregated in the room I was in for this 'child chat meeting', and they talked about FGM. And I can only describe to you what happened in the room as inhumane: my needs, which should have been priority to social or health care workers, were secondary to the need to interrogate me. They wanted to know about my FGM, and whether I intended to mutilate my child. I felt so humiliated. I became so distraught. I felt so pressured.

Zainab was referred to social workers, to whom she had to explain that she had never consented to undergo FGM, that it had been the culture of her parents, and that she had no intentions of cutting her daughter. A few years after this experience, she set up a webpage as a platform for alternative voices and for women with similar experiences to connect. Zainab and guest bloggers share their own experiences with being circumcised to counter what they call a sensationalist discourse on FGM. Furthermore, they call out the racial profiling and discrimination of their communities by the British police and social services and point out the harm that is done to their communities:

Children are taken from their homes and families. Their friends see them being taken aside at school and start to think something is wrong with them. Children even become scared of their own parents! They say they advocate for children's rights, but what they are doing is more damaging. Who is going to counsel these women and their children, for the intimidation, humiliation, and degradation they faced?

Zainab is part of a growing network of women in the UK who are unhappy with how their communities are targeted by anti-FGM activists. According to them, the majority of the Somali community in the UK has long given up on FGM yet continues to be unfairly stigmatised and targeted.

One of the women in the network, Waris, worked for FORWARD when she was younger. FORWARD is the largest British NGO that focuses on FGM in the UK and beyond. She left FORWARD later because of the stigmatising tones of the anti-FGM campaign:

As a social worker, I got involved with the community and I saw how the FGM narrative has an impact on our community. [...] Racial profiling, families are being stopped at airports, they can't go on holiday like normal people. Anti-FGM campaigners are telling all these lies, [for example] that thousands of girls in the UK are at risk. Nimco Ali says she was taken to Somalia to be cut, but she was actually cut before her family came to the UK. These are all lies to create hysteria and to get more funding.

The network now supports individuals who feel treated unfairly by health care providers, social workers, police and the court. One example is a Somali couple in their early 20s whose baby girl was taken away from them and put in foster care with a white British family, according to

Zainab out of suspicion that the couple would cut the girl. In addition, they have collaborated with the University of Bristol on a study into the experiences of the Somali community with FGM-safeguarding approaches, which concluded that ‘considerable work [is] to be done by local and national authorities to undo this damage and prevent further traumatising and victimisation of both individual Somali families and the community as a whole’ (Karlsen et al. 2019).

Both women felt that anti-FGM efforts in the UK are not solely about FGM, but feed on and reinforce anti-immigrant, racist, and Islamophobic beliefs. Zainab mentioned the example of a Ugandan mother who, in 2019, became the UK’s first person to be convicted for performing FGM on her 3-year-old daughter. According to various newspapers, the mother had ‘tried to silence the police with witchcraft spells including one involving cow tongues pierced with nails’ (Batha 2019). ‘I don’t know what happened there,’ Zainab said, ‘but it’s clear that these stories fit perfectly with how the UK thinks about female circumcision and Africans: we are barbarians who believe in witchcraft and butcher our daughters for irrational cultural beliefs.’ Zainab herself received house visits by the British police after she criticised the school of her daughter for ‘traumatising 5-year-old kids with age-inappropriate talks about FGM.’ She added that, in addition to being traumatising, messages that link FGM to African cultures and Islam instil racist and Islamophobic beliefs in young children. The police did not find anything to hold against her, but the experience in itself had been intimidating. Her case resembles that of Suriya Bi, a Muslim teaching assistant who was ‘sacked for objecting to 11-year-olds being shown graphic footage of the 9/11 attacks’ (Perraudin 2017). The link between anti-FGM and Islamophobia was also made by a British woman from the Zimbabwean diaspora who briefly worked for an anti-FGM organisation. She commented on Nimco Ali’s – a British woman from the Somali diaspora and one of the UK’s most vocal anti-FGM activists – support for Boris Johnson, leader of the Conservative party (Sturges 2019):

I’ve always found it disturbing, that in the UK, it seems that right-wing politicians are always eager to get involved in discussions around FGM. The cynic in me feels like they gravitate towards these issues due to latent Islamophobia and believing that Western culture is inherently superior to all others.

In the Netherlands, the Dutch-Somali anti-FGM activist Ayaan Hirsi Ali who wrote about her experiences with FGM (Hirsi Ali 2008) later became a member of parliament for the national, right-wing populist People’s Party for Freedom and Democracy, and worked closely with the

party's leader Geert Wilders who is widely known for his anti-Islamic and anti-immigration stance. On multiple occasions, Ali has explicitly linked FGM to Islam and called Islam an inherently violent religion (Roberts 2013; Hirsi Ali 2016). In Belgium, the Sierra Leonean-Belgian anti-FGM activist Assita Kanko joined the Flemish nationalist, conservative political party New Flemish Alliance and stated that she supports the policies of the party's migration spokesperson Theo Francken, who came into disrepute for having ties with the ultra-right, neo-Nazi group *Schild & Vrienden* (Shield & Friends) (Schneider 2018).

According to Lasoi – the Kenyan Maasai UCL alumna who initially opposed FGM but changed her mind after studying in London –, it is no coincidence that Kamau receives support from African diaspora women living the West. She said:

When you are living in the West as an African woman or as a Muslim, you are constantly confronted with the double standards and racist undertones in debates about FGM. It makes you question what the real intention behind these anti-FGM campaigns is. Is this really about helping African women, or is FGM just an excuse for their anti-immigration, racist, and Islamophobic politics?

Saida Hodžić tried to have a chief in Ghana comment on the critical perspectives of anticutting campaigns, but he responded that 'the dissidents' Hodžić was looking for are in the USA, not in Ghana (2017, 4–5). I had a similar encounter with Maria, a highly educated Kuria woman who underwent the cut at the age of 13. When I asked for her opinion on critiques of the anti-FGM campaign, she said that those critiques are formulated by African diaspora women and scholars in the West and reflect Western concerns with racism:

I empathise with their fight against racism in the West, but I wish they would not undermine our struggles here. I get angry when I read another comment on how this fight against FGM is a Western fight. So what are we? Brainwashed silly Africans? Aren't we the ones who underwent this practice? They are more concerned with protecting *our* culture – it is not even their culture – than with supporting us to protect our bodies.

Her comment resembles critiques of how static notions of 'African culture' have been weaponised by conservatives to deny certain groups – women, the LGBTQ+ community – the rights they advocate for (see for example Tamale 2011; 2014). Hodgson (2001, 234) similarly

shows how Maasai men who have mobilised around ‘indigenous rights’ have ‘justified the exclusion of women by appeals to “tradition” and “culture”.’ In an opinion piece in Al Jazeera, the Ugandan scholar Sylvia Tamale (2014) writes that

The mistaken claim that anything is un-African is based on the essentialist assumption that Africa is a homogeneous entity. In reality, however, Africa is made up of thousands of ethnic groups with rich and diverse cultures and sexualities. As appealing as the notion of African culture may be to some people, no such thing exists. Moreover, even if we wanted to imagine an authentic African culture, like all others, it would not be static.

Maria saw in some of the ‘anticolonial’ critiques of the anticutting campaign an attempt to ‘colonise Africa again’ by ‘reducing everything we do to Western brainwashing’ and by ‘forcing us to forever stay the same.’

Besides circumcised diaspora women, the group also consists of anthropologists who have written about female circumcision and the anti-FGM discourse from a critical perspective, such as Richard Shweder (USA) and Sara Johnsdotter (Sweden), and retired nurse Bríd Hehir (UK) who came across female circumcision during her volunteer work in Ethiopia in the 1980s and started a website called *Shifting Sands*¹¹⁴ where she posts opinions and critiques on the dominant anti-FGM discourse and FGM-related court cases. These authors and other scholars, often anthropologists, have tried to destabilise the anti-FGM campaign by debunking the taken for granted ‘facts’ on which it is built by providing contradictory evidence. In chapter 2, I argued that different expressions of the anti-FGM discourse throughout history reflect the different interests and socio-political contexts of certain times and spaces. I also showed that ‘evidence’ and ‘facts’ on female genital practices were strategically in- and excluded to formulate a narrative that would be convincing to enrol other actors – be it governments, donors, the WHO. Adherents of the counternarrative to the anti-FGM discourse have pointed out the double standards, contradictions and omissions in different expressions of the anti-FGM discourse (I discussed these critiques in the introduction to this thesis).

Zainab prided herself that the network has made some wins: a federal judge in Detroit declared the nation’s FGM law unconstitutional and the research report by the University of Bristol has pushed the police of Bristol to reconsider its approach to safeguarding girls from

¹¹⁴ <https://www.shiftingsands.org.uk>

FGM. She said she was not sure what the outcome of Kamau's court case would be, but she said that 'at least, people have had to listen to her arguments and think about them, that's already something.' On their go-fund-me page, AWAFC writes that Kamau's chances of having the Anti-FGM Act in Kenya repealed are small:

We know that the odds are stacked against Dr. Kamau – anti-FGM campaigning is a lucrative, multimillion dollar global aid industry – but we believe in the struggle for bodily autonomy, self-determination, religious freedom, and gender equality on OUR terms as African or Muslim women. (Ahmadu and AWAFC 2019)

AWAFC is the world's first (and, to my knowledge, only) non-profit organisation that solely focuses on challenging the dominant anti-FGM discourse. The network that has been mobilising around AWAFC over the last 6 years is young (AWAFC was founded in 2014), small in size, and has few financial resources¹¹⁵. The counternarrative network does not have the support of international treaties, UN agencies, and thousands of local, national and international NGOs. In addition, decades of anti-FGM campaigning have strongly shaped public opinion in the West, as well as among urban elites, the formally educated, and those from non-practising communities in the Global South. Many now see opposition to anti-FGM as the only morally right stance on female circumcision. AWAFC writes:

Only those few women in our communities who are willing to echo or champion the FGM narrative about female circumcision or declare that they are victims or survivors of FGM are given a voice in mainstream media. The FGM donor industrial complex deliberately ignores years of dispassionate, independent medical evidence that challenge its dominant narrative about the purported physical and psychosexual harm of female circumcision practices. (Ahmadu and AWAFC 2019)

SiA Magazine has had its social media pages blocked which, according to Ahmadu, was the result of work by Nimco Ali and other UK-based anti-FGM activists. Video fragments of her interviews on BBCTalk and Fox News show how she is repeatedly silenced mid-argument. Zainab experienced the house visits by the British police after criticising the school of her

¹¹⁵ AWAFC's campaign received \$50,000 USD in 2016 (SiA Magazine 2017, 14), in comparison to the multiple millions USD dollars that are invested in the anti-FGM aid industry yearly.

daughter for ‘traumatising 5-year-old kids with age-inappropriate talks about FGM’ as intimidation. In an interview in a coffee shop in London, she told me:

Only one opinion on FGM is acceptable. It reminds me of that essay by Binyavanga Wainaina: “How to write about Africa.” It has to be dramatic and exaggerated and full of stereotypes. Anti-FGM activists are distorting the story to fit their own agenda. [...] We are not saying we don’t believe or don’t care about women who feel mutilated and traumatised – we do care. But there is one single narrative which is advocated, and it is not the whole truth – far from! And any discourse that challenges that single anecdote is being suppressed.

Her critique resembles Farid Alatas’ (2003) argument that it is harder for alternative voices from subaltern positions to challenge or be read alongside established knowledge produced in the global North. However, it is not just the position of the speaker that matters, but also the content of the message. Bettina Shell-Duncan is a US American anthropologist working on FGM/C who has worked with Population Council and other international organisations. However, when in 2015 *The Atlantic* published an interview with her titled *Why Some Women Choose to Get Circumcised* (Khazan 2015), the backlash she received was so severe that she did not do any more interviews until at least 2018, when I contacted her to talk about the controversy. Radical feminist Hilary Burrage who published several books about female genital mutilation called her an Anthr/Apologist and wrote: ‘When will this comforting denial of the truth finally become a matter of shame for those who promote it? FGM is vile, patriarchal child abuse’ (Burrage 2015). These examples also show once more that people are not neatly on one or the other side of the debate: Shell-Duncan is widely celebrated for her contributions to the movement against FGM/C but also has her concerns. It also shows, like Hodžić (2017) has shown for Ghanaian anticutting activists, that the stern opposition that is required by the anti-FGM campaign hides or suppresses the ethical dilemmas and concerns that many anticutting activists have: on the one occasion that Shell-Duncan opened up about these concerns, she was publicly shamed and attacked.

My own SOAS blog post titled *FGM: Zero tolerance to what?* (Van Bavel 2018b) on the occasion of the International Day of Zero Tolerance to FGM on the 6th of February 2018 was shared by British Member of Parliament Sarah Champion accompanied by the words: ‘Staggered that a woman is comparing women having their genitals pierced to FGM. One is

free choice, the other is child abuse & gendered violence'¹¹⁶. Her followers called me an idiot, said I was completely missing the point, wondered whether I 'actually know what it involves', and attacked my institution, SOAS, for being the 'world centre for moral relativism.' Kamau has been called a crazy attention seeker, and some anti-FGM activists have gone so far as to threaten to take legal action against her. Nimco Ali wrote on Twitter: 'The [Kenyan] law not only bans FGM but also says anyone promoting should and will be arrested. On that note, I am starting a campaign to have [Tatu Kamau] arrested'¹¹⁷.

These attempts to silence the counternarrative, together with the fact that the counternarrative network is younger and possesses fewer resources, explain why the counternarrative remains less influential. Importantly, the counternarrative is also less coherent. In strategically in- and excluding 'facts', the anti-FGM discourse has become a streamlined and coherent narrative that leaves little room for ambiguity and therefore is convincing. The counternarrative tries to embrace the complexity, diversity, and plurality of women's experiences with the many different forms of female genital surgeries done for different reasons in different contexts. Furthermore, the opposition to the anti-FGM discourse expresses itself in localised struggles: from struggles over women's rights to culture in Kenya to fighting anti-immigrant, racist, and Islamophobic policies and racial profiling in the UK. Whereas the anti-FGM discourse has one central demand ('End all forms of FGM worldwide'), the counternarrative acknowledges that different communities, people, or places may have varying agendas, which in some cases might be irreconcilable. Those adhering to the counternarrative do not necessarily support all forms of female circumcision. Waris, for example, did experience her own circumcision as traumatic mutilation and sees no reason why the practice as done in Somali should continue. Others want to see a division between different types of female circumcision according to age, consent, and meaning of the practice. According to them, an adult woman undergoing excision as part of an initiation into a secret woman's society should not be treated like a 5-year old being infibulated to ensure her virginity. Even Zainab, who hoped her own daughters would follow Somali culture and choose circumcision, emphasised that minors should not be cut and that only the girl herself can make that choice, without the pressure of her parents or the community. As Ruba Salih (2010, 67) has argued for Middle Eastern women in the diaspora, circumcised women in the diaspora, 'albeit from diverse political standpoints, contribute to the creation of public arenas for discussing the

¹¹⁶ <https://twitter.com/SarahChampionMP/status/963431738633523200>

¹¹⁷ <https://twitter.com/nimkoali/status/957236770055344128>

discrimination that women experience by taking into account the local, national and transnational scales that produce their legal, social and cultural conditions.' Zainab, Waris, Kamau, Ahmadu, and the wider network of All Women Are Free to Choose, advocate for a more nuanced discourse on female circumcision, one that does not stigmatise but acknowledges the multiple experiences of circumcised women and respects women's agency and bodily autonomy.

Conclusion

In line with post-development theory as articulated by scholars such as Escobar and Ferguson, anthropologists and postcolonial feminists have criticised ‘the West’ for ‘imposing’ anti-FGM discourse upon Africa (Nnaemeka 2005b). However, using Kenya’s anti-FGM Act as a case study this chapter showed that ‘imposition’, and the power and unidirectionality that the term implies, do not capture the agency of Kenyan actors who initiated the Anti-FGM Act, nor the collaborations between local, national, and international actors that went into both its production and contestation. The Act was the initiative of Kenyan women from female circumcision-practising communities with their personal reasons to oppose the cut. They found support among Kenyan politicians and academics (with personal and professional reasons for supporting anti-FGM legislation), the Kenyan government (with the interest of following international resolutions and appearing ‘modern’ on the postcolonial global stage), the African Union and Pan-African women’s organisation FEMNET, and in the international anti-FGM campaign and its policies, evidence, and funding streams.

The imposition of a discourse in a Foucauldian sense implies that subaltern discourses would be silenced. This is, however, not the case. Attempts to ban female circumcision, both in colonial and independent Kenya, have been received with resistance by people from practising communities to whom female circumcision is an important cultural practice. As was the case in colonial Kenya, politicians have at times co-opted this resistance against anti-FGM efforts for their own political agendas. In addition, actors at the relative margins of the anti-FGM campaign find ways of disrupting the anti-FGM discourse. Kamau’s court case challenged Kenya’s Anti-FGM Act and its underpinning discourse, and thus forced actors in Kenya and beyond to, at least, engage with questions around the double standards and lack of empirical evidence for some of the core premises of the anti-FGM campaign.

Kamau initially operated on her own; still, her actions caused the large-scale mobilisation of national and international anti-FGM activists, policies, evidence, and reports. She later found support in circumcised women in the diaspora in the UK and the USA and their academic allies. That many of her supporters are African diaspora living in the West is perhaps little surprising: the Islamophobic and xenophobic undertones of much anti-FGM efforts are most evident there. It is still too early to know the outcome of Kamau’s court case. AWAFRC, however, has had some small successes, for example with the court case in Detroit and with the study on racial profiling related to the cut in Bristol. Yet, as I noted in chapter 2, to convince actors and align their interests, a coherent discourse is important. One of the challenges that

the counternarrative network faces is that in embracing the complexity and heterogeneity of female circumcision practices and experiences, it inherently defends a complex, multi-layered discourse which is not easily articulated in a single paragraph or sentence. As I showed in chapter 2, it is the coherence of the anti-FGM discourse which allowed anticutting activists to align the interests of an increasing number of actors and thus make the anti-FGM campaign grow in size and influence. In addition, the network has fewer resources and has to work up against the established anti-FGM campaign and its many silencing mechanisms. While these issues make their discourse travel less smoothly, the counternarrative network can – and does – at times disrupt the anti-FGM campaign. However, the court case also shows the power and resilience of the transnational anti-FGM movement to re-establish its order and logic despite critiques.

In the following and final chapter, we return to Loita where, as I showed in chapter 1, various actors have different opinions on cutting and what should be the future of the cut. The chapter examines what happens when the historical, global, and national discourses discussed in the previous chapters touch down in a rural Maasai community where female circumcision is practised and contested. The focus is on the work of SAFE Maa and its alleged ‘social norm-based’ approach to ending FGM/C in Loita.

Chapter 6. SAFE Maa

Introduction

On the sixth of February 2019, the dusty village of Olmesutie in the Loita Hills of Kenya formed the stage of an event of – according to those involved – extraordinary historical importance. Throughout the morning, children, women, and men came walking down from the hills into the dale where Olmesutie lies. A journalist would later write that more than a thousand people attended the event (Zhu 2019). According to the blog post of Orchid Project’s founder, the figure was closer to three thousand (Lalla-Maharajh 2019). Whatever the exact number was, the one thousand white plastic chairs, set in clean rows under white marquees, overflowed with people. Women who did not find an empty chair sat down on the dry grass, their backs straight and legs stretched in front of them. Some absent-mindedly braided blades of dried grass, while others were absorbed in passionate discussions, gesticulating fervently and causing their many beaded bracelets to jingle melodiously. Men without a seat stood around, leaning on herding sticks or each other. Anticipation hung in the air: today, the cultural leaders (*ilaigwenak lemaa*¹¹⁸), women leaders¹¹⁹ and ‘traditional birth attendants’¹²⁰ of the Loita Hills would publicly declare the end of the circumcision of girls (*emuratare oo intoyie*).

The event was organised by SAFE Maa, the Maasai team of a nongovernmental organisation called S.A.F.E. (a Kenyan NGO and UK charity, receiving most of its funding from British trusts and foundations), which uses arts to raise awareness on topics like HIV/AIDS, religious extremism, environmentalism, and female genital cutting in different regions of Kenya. SAFE Maa operates in the Loita Hills and uses songs – the traditional medium for information transfer among Maasai – to raise awareness and encourage dialogue on HIV and AIDS, and female genital cutting. When the team started in 2007, their activities

¹¹⁸ SAFE Maa uses the term ‘cultural leaders’ (also ‘traditional leaders’) to refer to an existing group of male community leaders whose role it is to oversee respect for Maasai culture – *ilaigwenak (lemaa)* in Maa. Five cultural leaders are recruited from every age set, and they are selected because they are considered to be ‘pure’ and thus to make trustworthy leaders.

¹¹⁹ SAFE Maa attaches great importance to the representation of women in leadership positions. When SAFE Maa involved the cultural leaders (an existing, all-male category in Maasai society) in its work on female genital cutting, the team actively sought to include as many women leaders. These women do not hold an ‘official’ position within Maasai society, but they are considered community leaders and respected for their leadership and trustworthiness. I will elaborate on who they are and how SAFE Maa involved them later in this chapter.

¹²⁰ ‘Traditional birth attendants’ (TBA) is a term used in development speak to refer to lay midwives. In Maasai society, circumcisers and birth attendants are often the same women. The TBAs at the public declaration in Loita were thus also ex-circumcisers.

focused on HIV and AIDS. In 2012, on the initiative of one of the project managers, Sarah Tenoi, SAFE Maa expanded to also include female circumcision.

Led by SAFE Maa's project managers Sarah Tenoi and Amos Leuka, a procession of cultural leaders, ex-circumcisers and lay midwives followed by the rest of the SAFE Maa team and their colleagues from SAFE Samburu¹²¹, warriors of SAFE Moran¹²², and children from neighbouring schools, made its way out of the SAFE Maa compound, through the arch of palm trees installed at the gate. The head of the procession held up a banner reading *Erikoo Loitai empalata emuratare oo ntoyie* with its English translation underneath: *Loita leads FGM/C Abandonment*. The procession sang Maasai songs as they made their way into the middle of a large circle of spectators and soon the crowd joined in.

The crowd fell silent as the Loita leadership and traditional birth attendants formed a circle. Together, they blessed the Loita Rite of Passage – an alternative ceremony that initiates girls into adulthood without circumcision – and announced that, from then on, cutting one's daughter would go against the decision of the cultural leaders and therefore against the culture itself. After the blessing of the Loita Rite of Passage, Kenyan and Tanzanian cultural and women leaders and traditional birth attendants took turns explaining their commitment to ending female circumcision and their reasons for supporting the Loita Rite of Passage. As Amos addressed the crowd, he spoke Maa and emphasised that, despite the presence of government officials, press cameras, and international delegates, this event was organised by the community and for the community. He thanked the cultural leaders, traditional birth attendants, and the women of Loita: 'Without your courage, honesty, and determination, we could not have come this far.' The speeches were followed by songs and poems recited by school kids and performances by the teams of SAFE Samburu, SAFE Maa, and SAFE Moran.

SAFE Maa chose the 6th of February for the public declaration because of its international importance. Since 2003, the annual International Day of Zero Tolerance to Female Genital Mutilation is celebrated on this date. SAFE Maa invited Kenya's national Anti-FGM Board (a semi-governmental agency that overlooks anti-FGM efforts in Kenya), as well as major stakeholders in the Kenyan movement to end FGM/C as honorary guests to the event. The year before, in February 2018, Kenya's first national conference on FGM had taken place in Nairobi on the 6th and 7th of February. This year, the Anti-FGM Board, who organised the

¹²¹ SAFE Samburu is the Samburu branch of S.A.F.E. SAFE Samburu raises awareness on HIV and AIDS and female genital cutting among Samburu communities in northern Kenya.

¹²² SAFE Moran works together with SAFE Maa in Loita. The team consists of Maasai warriors. I describe the team and their work in depth in this chapter.

conference, decided that the second edition of the conference would take place on the 4th and 5th of February in Narok, the capital of the county in which the Loita Hills are located and much closer to Olmesutie. On the 6th of February, the Anti-FGM Board and other conference participants could then travel from Narok to Olmesutie to attend this historical moment. The fact that the Anti-FGM Board – a government body – had adapted the timing and location of the conference in order to be present at the Loita Public Declaration reflected the importance of the event. Addressing the crowd, the chair of the Board congratulated the Loita community for organising the first truly community-led Declaration of FGM/C abandonment in Kenya.

Though the initiative was spearheaded by SAFE Maa, it was the outcome of long-term inter-organisational dialogue and made possible by the funding of several Western-based donor organisations, among them Orchid Project. Orchid Project’s founder attended the Loita Declaration and described her experience in a blog post on the organisation’s website: ‘As a proud partner of S.A.F.E. and a supporter of their work to end cutting in Loita, it was electrifying to witness.’ Orchid Project sponsored several members of SAFE Maa’s team to attend a training by Tostan in Senegal. On the day of the declaration, Amos explicitly mentioned Tostan as an important contributor to the success of the Declaration:

I learned from Tostan. And when I came back to Loita, I shared what I learned from Tostan to my organisation and my community. And all this journey and success is because of the learning I got from Tostan. [...] So I always give all the respect to Tostan for what they have done to me and my community.

Tostan posted a blog post titled *Kenya’s First Public Declaration Led by Tostan Training Center Participants* and wrote that the organisation ‘feels honored to have played a role in the process leading to this collective decision by Masai communities to abandon [female genital cutting]’:

SAFE Maa leaders [...] had participated in the Tostan “Promoting Community Wellbeing” Training in Senegal. After the training, they reported back that they had successfully used many aspects of the Tostan human rights approach, program content, participatory methodology, and organized diffusion strategy for ending harmful traditional social norms in their grassroots work.

The image that emerges is one of SAFE Maa, sponsored by Orchid Project, learning from Tostan and implementing Tostan's programme in Loita.



I first learned about SAFE Maa and their work during my internship at Orchid Project. The Orchid Project team presented SAFE Maa as a community-led organisation that uses a social norm-based approach to end FGC which was hugely inspired by the work of Tostan. I was told that Orchid Project started its partnership and donor relationship with SAFE Maa because their approach seemed to be in line with the social norm-based approach to ending FGM/C. As the then programmes manager said:

It was just a perfect fit. I don't think they used the term 'social norm' at the time, but their approach was exactly that. They used community dialogue, a non-judgmental approach. They didn't tell the community what to do but just wanted to get people talking about it. It came from within the community, and in a way that uses and respects Maasai culture.

The programmes manager also told me that, in 2017, SAFE Maa established a warrior team called SAFE Moran. She explained SAFE Moran's role with reference to Gerry Mackie's theory on how social norms related to FGC are linked to marriageability and to Demba Diawara's insight that for a community to abandon FGC, all communities that they intermarry with should be involved in the decision:

As a social norm linked to marriageability, parents are scared to give up FGC because they think their daughters won't get married. So SAFE works with Moran who declare that they want an uncircumcised wife. [...] It is like Demba Diawara's theory: families will only feel comfortable giving up the cut if they know young men and their families will still be willing to marry their daughters.

At a team meeting which I attended during my first days in Olmesutie, Narok County, in July 2018, the SAFE Maa team informed the CEO and programme director of S.A.F.E. about Orchid's Knowledge Sharing Workshop they (and I) had attended in Narok in March 2018. The team remembered the activities very well and gave examples of how they had since

implemented certain activities in their own workshops and school clubs. Each member of staff gave an example of a lesson which they recalled from the workshop, and together they reconstructed all ‘six elements of FGM/C abandonment’ developed by UNICEF and taught by Orchid during the workshop in Narok (see chapters 3 and 4). When I later made one of the office spaces into my temporary home, I noticed two papers taped to the wall which I recognised as handouts by Orchid Project. One of the sheets was an explanation of social norm theory, the other listed UNICEF’s six elements of FGM/C abandonment. In my conversations with SAFE Maa team members, as well as during the team meetings I attended, the team said that Orchid’s workshop had been great and influenced their work a lot. Project manager Amos was very enthusiastic about the training he received from Tostan, sponsored by Orchid Project, and the important influence it had on SAFE Maa’s work.

My initial impression was that SAFE Maa was implementing a social norm-based approach, inspired by Tostan and translating it to fit with the context of Loita. However, upon closer examination of SAFE Maa’s trajectory and the wider context in which it operates, the implied linearity of the notion of implementation and translation was contradicted by the many parallel developments, contingencies, and influences from multiple directions. As the chapter will show, SAFE Maa often adapted its programme to respond to unpredictable local developments (e.g. police crackdowns), drew inspiration from other Kenyan NGOs (e.g. the ‘alternative rite of passage’ approach which has been used in Kenya since the 1990s), and (re)positioned itself in response to anti-FGM efforts by the government, another NGO named Tasaru Ntomonok Initiative, and the Protestant Church. David Mosse (2004, 639) reminds us that ‘although development practice is driven by a multi-layered complex of relationships and the culture of organizations rather than policy, development actors work hardest of all to maintain coherent representations of their actions as instances of authorized policy’. The narrative on SAFE Maa which I first encountered at Orchid Project’s office indeed hides the multi-layered and multi-directional influences that shaped SAFE Maa’s programme.

This chapter seeks to illustrate what happens when global and national discourses, policies, and models touch down in a rural Maasai community where female circumcision is practised and contested. I show that SAFE Maa’s public declaration with which I opened this chapter should not be understood as a local implementation of Tostan’s programme. As I have shown in chapters 3 and 4, Tostan’s model shapeshifted as it was re-articulated in UN guidelines and again in the trainings and workshops organised by Tostan and Orchid Project. This chapter shows that, although the SAFE Maa team felt inspired by the social norm-based approach to FGM/C, SAFE Maa’s programme developed in response to unpredictable local

developments and was driven by a multi-layered complex of relationships. I show how the presence of other actors (especially the Church, NGO Tasaru, and the anti-FGM law) and unpredictable events (such as police crackdowns resulting in heightened fear of cultural erosion) created the context in which SAFE Maa could position itself more strongly as the ‘culturally sensitive’ alternative to ending female genital cutting. The case of SAFE Maa thus escapes the neat storyline of an international discourse that is adapted to or imposed upon a local setting. Instead, international and national discourses, developments, and models intersect with local ones under particular conditions. I thus situate changes in female circumcision in Loita within a wider historical trajectory and show how they are connected to changes on the national and global levels.

I start with the origins of SAFE Maa as recounted to me by its founders Nick and Amos, followed by the moment in which Sarah, supported by other SAFE Maa women, proposed to address the issue of female genital cutting. I then use a series of ‘critical events’ in the history of SAFE Maa, defined by Veena Das as events that rework ‘traditional categories’ and prompt ‘new modes of action’ to come into being (Das 2004, 4): the introduction of an ‘alternative rite of passage’ (ARP), the founding of SAFE Moran, and police crackdowns. Finally, I note that notions of ‘culture’ were central to all three critical events and interrogate what the concepts of ‘culturally sensitive’ and ‘community-led’ change mean and do for SAFE Maa.

SAFE Maa: origins and work on female genital cutting

SAFE Maa and awareness-raising on HIV and AIDS

As mentioned earlier, S.A.F.E. was founded by Nick Reding, a British actor who has lived in Kenya for nearly two decades. I first met Nick at the Orchid Project office in London and contacted him again when I arrived in Kenya in November 2017. A jovial man in his mid-50s, Nick regularly gave me updates on S.A.F.E. and invited me to come to observe their work¹²³. In July 2018, I joined him and his two colleagues from the S.A.F.E. headquarters – a British woman in her late 20s and a Kenyan man from Mombasa in his early 30s – on their trip from Nairobi to Olmesutie to meet the SAFE Maa team for debriefing and setting the agenda for the upcoming months. Nick and his colleagues stayed in Olmesutie for a week. They set up their

¹²³ In January 2018, I travelled to Wamba and Archer’s post in Samburu East to observe SAFE Samburu (the Samburu team of S.A.F.E. which was inspired by SAFE Maa).

tents in the garden of SAFE Maa's compound and warmly welcomed me in their midst. During the day, I observed the team meetings and made use of the opportunity of the entire team being present to interview SAFE Maa staff. In the evenings, I joined the headquarters team around the bonfire and marvelled over the gourmet-style dishes which Nick conjured up on a small camping stove in the middle of our circle of tents. One of the evenings, Nick told me the story of how he founded S.A.F.E..

Nick first arrived in Kenya in 2001 on the invitation of a Kenyan paediatrician and assistant professor at New York University. The paediatrician was specialising in paediatric HIV and wanted to open a specialised clinic in the public hospital in Mombasa to offer services to mothers and children. 'I had travelled quite a lot in Africa before, so I wasn't, you know, a Western bleeding heart too badly,' he said to me, 'but there are things about a public hospital that are quite surprising.' What stayed with him most was the frustration he felt at the lack of public health education, in particular on HIV. 'One smart and intelligent woman after the other would come into the public hospital and they would know nothing about HIV,' Nick recalled, 'This is 2001, so you are twenty years into the epidemic now and this is Mombasa, the second-largest city of one of Africa's most developed nations.' He started asking around what his profession – theatre and education – was doing about the issue. He had worked as an actor in the field of education and knew, in his words, 'the emancipatory power of a good educational play.' He learned that there had been one or two plays on the topic, but neither of them had succeeded to capture the crowd's attention. 'A good play is the most exhilarating thing, but a bad play is excruciating.' Determined to do better, he worked with an existing theatre group in Mombasa and together they brought a play about the stigma surrounding HIV into the streets of Mombasa. The reactions, Nick recalled, were full of praise. Chiefs, women's groups, county officers – all of them loved what they did. Explaining why their play became such a hit, Nick said:

We were providing crucial education. And it wasn't rocket science: we just had a cracking good story and all the information was in the play. We had characters that people recognised, played by performers who came from their community. And we made people laugh – the most powerful tool, particularly around stigma.

This was the beginning of what would become SAFE Pwani, with *pwani* (Swahili for coast) referring to the coastal city of Mombasa where the organisation was active. S.A.F.E later expanded its work into the slums of Nairobi under the name SAFE Ghetto. It was around that

same time that Nick was invited to attend a Maasai *Eunoto* ceremony, a graduation ceremony through which warriors become junior elders, in the Loita Hills on the border with Tanzania. Nick and a handful of other visitors found themselves in the middle of some 10,000 Maasai from all over Kenya and Tanzania to celebrate the graduation. They were welcomed by the elders and assigned a translator who would explain what was happening. That man was Amos.

During my stay in Olmesutie, Amos and the other members of SAFE Maa were extremely busy with the preparations leading up to the public declaration that would take place in February 2019. But Amos and I had an inexplicable connection from the first time we met at Orchid's workshop in Narok in March 2018, and Amos made sure to call or visit me whenever possible. One evening, when Amos joined me to have dinner at the SAFE Maa offices, he told me how he and Nick had founded SAFE Maa together. He had met Nick during the *Eunoto* ceremony, where he had been assigned by the cultural leaders to welcome the guests and explain to them what was going on. Amos and Nick had gotten along very well. Amos had told Nick that he was a teacher by education and that he dreamed of educating his community on HIV. While HIV had long found its way into the Loita Hills, no one – neither governmental or non-governmental organisations, nor schools or churches – had started talking about the virus or how transmission happens and can be prevented. Happily surprised at their common interest, Nick told Amos about the work he was doing in Mombasa and Nairobi. He was not sure whether theatre would work well in this community, but songs and dance like in the *Eunoto* ceremony clearly stirred the enthusiasm of the whole community. 'That is exactly what our songs are for,' Amos had replied to Nick's idea, 'they are traditionally a way of passing information.' The two decided to start a local branch of S.A.F.E.. Amos went out to recruit women and men from Loita whom he knew to be concerned with the wellbeing of the community and extroverted enough to perform in front of people and hold their attention. One of the men he recruited was Shashon. Having killed seven lions with his spear, Shashon was allowed to wear the lion's manes to exhibit his bravery. It was he who had led the songs and dances during the *Eunoto* ceremony. 'Everyone loves the warriors who kill a lion, especially the women. It shows their bravery. Men like that are really admired,' Amos told me. Amos also asked Sarah Tenoï to join, a primary school teacher whom he knew to be a keen social activist and committed to her community. With Sarah and Amos as project managers and an equal number of men and women from Loita as performers and outreach officers, SAFE Maa was born.

After months of planning and rehearsing, SAFE Maa did its first performance on HIV at the market in Olmesutie. They had included shields and spears, knowing how people

normally loved seeing these objects. But that day, two-thirds of the audience ran away as if their ears would get injured by the messages if they stayed an extra minute. ‘It made me doubt whether we should be doing this,’ Nick told me, ‘but Amos was determined: “They need to hear this message. They need to understand about transmission.”’ Amos was convinced that, with time, people would listen and realise the importance of their message. And he was right: within eighteen months, SAFE Maa had to set up a condom-distribution centre to keep up with the high demand for condoms.

From HIV to female genital cutting

Sarah joined the team because she supported the cause of raising awareness on HIV, but she also came with her own agenda. At the age of 13 years old, Sarah haemorrhaged and almost lost her life after a botched circumcision. Sarah told me her story when we first met at Orchid’s knowledge sharing workshop which she co-facilitated in Arusha in September 2017, and which I helped organise and attended as an Orchid Project intern. She was a warm and cheerful person in her early 30s who did not seek to be the centre of attention, yet when she spoke, she exuded confidence and leadership. She was a firm believer in the importance of gender equality and women in leaders’ positions. ‘I could have died that day’, Sarah told me, ‘but it was not my time yet.’ After her own traumatic experience with female circumcision, Sarah wanted to protect her daughters and the other girls of her community from the practice. She had always wanted to work on the issue, but when Amos invited her back in 2001 to work with them on HIV she had accepted, patiently awaiting the time to bring up her other concern.

Upon witnessing the transformation SAFE Maa had brought to the community in relation to HIV and AIDS, and reminded of her own traumatic experience when hearing a girl being cut in the village, Sarah decided it was time to bring up her own concern with her colleague project manager Amos. ‘Witnessing Sarah’s fear and pain,’ Amos recalled, ‘I understood how deep of a scar the practice had left on her and when she said that SAFE Maa should perform about female genital cutting, I agreed.’ The women of SAFE Maa knew of Sarah’s wish to work on FGC and supported her. Some of them had experienced complications from circumcision themselves and all of them knew of relatives or friends who had suffered because of it. Christine – a SAFE Maa outreach officer and performer who joined the team in 2008 – told me:

[Sarah and I] came up with this because we have seen the complications. I witnessed a girl being cut and she almost died. She bled a lot and she was taken to Narok hospital to be given blood. The same happened to my aunt. We attended also different workshops than the SAFE workshops – from USAID, Afya Tu, Afya Plaza – and we were discussing with them about the issues concerning FGC and HIV also. And then I came to realise it is better for us now, as SAFE, [to advocate against FGC]; although it will be hard for us to talk to the community, but some years later, it will come to change. So Sarah and I discussed this, then we told Nick, and then we discussed it as a group, as a SAFE family, and that's how we started working on it.

Nick remembered he was wary of taking on a topic that was impossible to talk about at that time:

If HIV had been so difficult, how do we talk about female circumcision? But, of course, my answer was yes. S.A.F.E. is community-led, and if someone wants to tackle an issue within their community, we will do our very best to facilitate that.

For their male colleagues, however, it was more difficult. Having a full-time job with SAFE Maa – the organisation that brought positive change related to HIV – had given them a respectable position in the community. All of a sudden, they were being asked to speak out on a topic that was so taboo that even mentioning it was risking losing their respectability. As members of a community that attaches great importance to circumcision, some staff of SAFE Maa had to change their own opinions first. A male outreach officer told me:

At first, I was not very happy to talk about this topic. I also thought it was a good tradition. But SAFE Maa, we are like a family, so the women started sharing their experiences, like infections and too much bleeding when giving birth, and stories of their relatives. I had no idea! It made me curious. I asked my own wife. At first, she was embarrassed. She said: 'Why do you want to know about women's business?' But one day she told me things and they were the same things as what [the female colleagues at SAFE Maa] had told me, and she said it was the same for her sisters. And the other men of SAFE Maa did the same. So when we came back, we said to the women: we didn't know, but now we know and we agree it should end.

The story of how SAFE Maa was founded and how the team came to focus on female genital cutting shows the contingencies and various interests that went into it. SAFE Maa was born from a chance encounter between a Kenyan and British man, both with an interest in raising awareness on HIV and AIDS, and the latter in a position to channel British funds to support such efforts in Loita. The switch in focus from HIV to female genital cutting was the initiative of Sarah and the other women of SAFE Maa, who all had their very personal reasons for opposing the cut. While they readily found support in Amos, the other men of SAFE Maa were initially reluctant to talk about such a taboo topic. In the beginning, their involvement with the topic of female genital cutting was more influenced by loyalty to SAFE Maa and job security. Although Nick agreed that female genital cutting should stop, his narrative emphasises that he was also initially wary but of course supported this ‘community-led’ initiative. His narrative reflects an awareness – which I also noticed in Molly (Tostan), Julia (Orchid Project), and other Western professionals working on FGM/C – that ‘outsiders’, especially Westerners, should not interfere with a cultural practice like female circumcision; the only appropriate role for an ‘outsider’ is to support community-led change. As Saida Hodžić (2017, 23) writes, anticutting activists and global feminists subscribe to, perform, and co-opt the critiques of Western interference with FGM/C formulated by anticolonial feminists and anthropologists.

SAFE Maa performances on female genital cutting

After agreeing to start working on female genital cutting, the SAFE Maa team got to work to develop a new song-based performance on the topic. Before bringing their new performance on female circumcision to the markets, SAFE Maa needed the permission of the Council of Elders. The Council ruled that SAFE Maa could not talk about female circumcision in public. This posed a real barrier since SAFE Maa’s approach is based on performing in public spaces like marketplaces. Well aware of the power and influence of the Council, SAFE Maa respected the Council’s verdict. Due to SAFE Maa’s contribution to the community’s wellbeing through its work on HIV, Amos had been granted a place in the Council. For two years, Amos would mention the issue during every single meeting. ‘Why do you keep bringing this up,’ an elder, fed up with Amos’ question, had asked one day, ‘don’t you know this is a woman’s issue?’ Amos simply replied: ‘Because we need your permission before we can work on it.’ In 2010, after two years of persistently raising the issue, the Council half-heartedly permitted SAFE

Maa to talk about the cut in public. ‘But if it goes wrong, this one is on you,’ they had warned him.

The team knew there was much at stake, but the more they had talked openly with each other about the challenges women face because of the cut – pain, infections, loss of blood, keloids, tears and other difficulties during childbirth –, the more determined they had become to continue with their plan to raise awareness on female genital cutting. The team composed a song in which a group of people supporting female circumcision enters a discussion with people who want the practice to end. At the beginning of the performance, two equally sized groups stand facing each other, taking turns to sing their reasons for respectively supporting and opposing female circumcision. The ‘traditionalists’ sing that an uncut woman is not clean, not a true Maasai, and cannot lead the community. The ‘progressives’ retort that uncut girls are clean, have more chance to be educated, and therefore make excellent leaders. As the song proceeds, some of the female circumcision supporters cross over to the group promoting an end to the practice. At the end of the performance, the group promoting change is larger than the group defending female circumcision, and the two groups agree to keep discussing the matter. At this point, the audience is invited to join the discussion and asked to comment on what they just witnessed. ‘With something so culturally significant as this tradition, you can’t go in telling people what to do,’ Amos explained to me, ‘by representing both the pro- and anti-arguments on stage, we wanted to start the conversations: “We all know that there are different opinions on our tradition. We are not telling anyone to change their mind or to stop, but let’s just talk about it.”’

People responded in the same way as they had done to the first performances on HIV: disbelief, anger, and refusal to engage. It was hard, in particular for the men, to speak out against female circumcision publicly. Kencha – a SAFE Maa outreach officer and performer – remembered how people had called him a hypocrite. ‘Isn’t your mother circumcised? Didn’t you marry a circumcised wife? Then why are you coming to tell us to stop circumcision?’ they would say.

As had happened with HIV, over time SAFE Maa succeeded in breaching the taboo and, gradually, more Loitai became willing to listen to their message and discuss the matter. At the time I arrived at Olmesutie, some 8 years after the team first performed on female genital cutting, the performance was received with enthusiasm. I witnessed SAFE Maa perform for the first time at the Saturday market in Olmesutie on the day I arrived from Nairobi. Dressed in matching outfits and adorned with beaded jewellery, six women and five men of the SAFE Maa team stood in a half-circle, divided into two groups, around two microphones. Everyone

at the market had gathered in a large circle around the performers, and even some vendors had temporarily left their goods or stood on top of their rickety display tables to have a better view. People stood on their toes or had climbed on the roofs of the few vans parked nearby to see the performance, some of them pointing their mobile phones to snap photos or record videos. Bystanders laughed at the jokes that were worked into the performance and at the indignant reactions of the pro-female circumcision side when one of their members left to the anti-side. At the end of their performance, the audience was buzzing with discussions and laughter.

Besides market performances, SAFE Maa also does evening performances in the homesteads of extended families. A few days after witnessing the performance at the market in Olmesutie, I joined the team on one of its home performances. On our way there, squeezed between two heavysset women in the middle of a row of 5 in the backseat, and thankful for my neighbours for buffering me from the worst of the jolts as we hurtled down a bumpy road, Kencha told me: ‘We do these performances at night to make sure everyone is at home. During the day, the women are away to fetch water or wood, and the men are herding the cattle, but at night the whole family is home and done with their chores.’ The journey in itself was an adventure, with the passengers loudly debating which path to choose, the warriors sometimes getting out to push a tree trunk off the road, and the driver laughing at the agitated protests of the women who thought he drove way too fast for such narrow winding roads close to the abyss.

Upon arrival, the team set up the spotlights, microphones, and amplifiers and played loud Maasai music to let the surroundings know that an event was about to happen. Children came running from all corners of the homestead and started dancing, all the while giggling and pushing each other to move closer to the centre of the stream of light. Amos came looking for me to come inside one of the family’s houses. ‘It is way too cold to be waiting outside,’ he said, handing me a cup of hot chai. I asked him how SAFE had chosen this family to come for their performances, to which Amos answered:

There is a lot of preparation that goes into this. We have been coming here for weeks to talk to the family about who we are and what we do. We only come to do the whole performance if the elders of the homestead have agreed. This family is very nice. The father really understands the importance of what we do. He says he is ready to stop FGC, and that we should come and tell the women.

The performances inspired the same reactions among the crowd as they did at the market: giggling, hiding their faces in embarrassment during the talks about sex, HIV, and FGC, looking at each other in disbelief. As the team packed up, Naserian – a SAFE Maa outreach officer and performer – came to ask me what I had thought of it. ‘I wish I could read the thoughts of the audience,’ I said, ‘they were laughing so much.’ ‘They will be talking about this all night, and tomorrow, and the rest of the week!’ Naserian answered proudly.

In my conversations with Loitai, several people told me that they had watched the performance and participated in the conversations several times over the years. While most had not changed their mind on female circumcision immediately, people said that SAFE Maa had broken the taboo to discuss the issue. ‘We talked about the songs [of SAFE Maa] with the women at home, and when we went to collect firewood, we found other women were talking about it too,’ a woman in her late 30s told me. With an increasing number of Loitai becoming willing to discuss the issue, SAFE Maa started organising separate workshops for men, women and youth to share information and exchange ideas and to continue the conversation on female genital cutting in Loita.

Getting people to talk about the issue was SAFE Maa’s first step towards changing the practice. In what follows, I describe three ‘critical events’ – all unpredictable local developments – that influenced the further course of SAFE Maa’s work. SAFE Maa drew inspiration and encouragement from various directions but developed its programme in the first place in response to local interests, concerns, and developments.

Three critical events that changed SAFE Maa’s mode of action

An Alternative Rite of Passage

In the first phase of SAFE Maa’s work on FGC in Loita (2010-2012), SAFE Maa thus used the format of performances which they had also used to initiate discussion on HIV to now have the community talk about female genital cutting. After two years, the team started promoting an ‘alternative rite of passage’ (ARP) or ‘ritual without cutting’ that would replace the traditional ceremony. Here, SAFE Maa’s narrative – both in its official communications and in my conversations with team members – suggests that lay midwives (called ‘traditional birth attendants’ by S.A.F.E. and the wider development sector) suggested the ARP as a potential solution for female genital cutting during one of SAFE Maa’s workshops. It seems likely, however, that the midwives or the SAFE Maa facilitators of that workshop, were inspired by

the ARPs that were already taking place (among Maasai and other ethnic groups) in other parts of Kenya. The first ARP in Kenya was organised in Meru in 1996 by the country's leading women's development organisation *Maendeleo Ya Wanawake*¹²⁴ in collaboration with PATH (Programme for Alternative Technology in Health) (Muteshi and Sass 2005). Since then, international NGOs AMREF and World Vision have been the main development organisations using ARPs in their work to end FGM/C in Kenya, including among Maasai communities (Hughes 2018; Graamans et al. 2019).

From 2012 onwards, the traditional birth attendants (who also performed the cut) in SAFE Maa's workshops started discussing the pros and cons of an ARP as a tool to bring change in Loita and what such an ARP in Loita would look like. The women discussed the elements and their meanings of the 'traditional' initiation ceremony and agreed that a girl is, in fact, already considered a woman when she puts on the *emonyorit* (chains) and *enanka pus* (blue *shuka*¹²⁵), which happen on the second day of the ceremony¹²⁶. They agreed that, on the third day, the girl would still be held down by three women on the sheepskin, but instead of cutting her clitoris, in an ARP ceremony the traditional birth attendant would pour fresh milk – a substance associated with the Maasai deity *Eng'ai*, adulthood, and fertility (Hodgson 2005, 24) – over her thighs, symbolising the cleansing that traditionally happened through the cut. By having traditional birth attendants agree among each other on what the new ritual would look like, SAFE Maa made sure that the authority of the ritual remained in their hands and that they would not lose the status and revenue that comes with initiating girls into womanhood – two concerns that have often proved a challenge for organisations trying to convince circumcisers to 'drop the knife'¹²⁷. From 2012 onwards, SAFE Maa introduced the ARP in all its workshops as a solution developed by (ex-)circumcisers and traditional birth attendants and thus a valid replacement for the 'traditional' ceremony.

In describing ARPs as organised in Kenya by World Vision and AMREF, Lotte Hughes (2018) writes that, while these ARPs are said to preserve positive cultural elements while doing away with the bad ones (like FGM), the 'cultural elements' in the ARPs she attended were newly socially engineered forms of culture (e.g. candlelit ceremonies, customised initiates'

¹²⁴ Kiswahili for Women's Development.

¹²⁵ Kiswahili for sheet, loin cloth, or sash worn around the waist or over the shoulder to the opposite hip.

¹²⁶ For a description of the entire ceremony, see chapter 1.

¹²⁷ A popular approach to ending FGM/C is to convince circumcisers to stop performing the cut. These initiatives often involve 'training and financial support [...] for exercises to help them find sources of income other than performing FGM' because giving up circumcision means a loss of revenue and status (Johansen et al. 2013, 4).

headbands) rather than ‘traditional’ cultural elements¹²⁸. Orchid Project was sceptical of the effectiveness of ARPs which they saw as designed by outsiders. The programmes manager told me:

People we work with in Kenya say that it is often the same girls attending [the ARPs of other NGOs] over and over again. They sometimes call these ARPs ‘fattening camps’ because girls and their parents get nice food and goodies for participating. Some even said that the organisations know but don’t do anything about it because they want to reach their quota of X number of girls who went through the ARP.

SAFE Maa does not organise group ARPs with lessons, speeches, or certificates. The ARP proposed by SAFE Maa is exactly the same ceremony as was done in Loita before: the family of the initiate (not SAFE Maa) organises the ceremony, there are no NGO-branded banners or goodies, and no newly added empowerment programmes and lessons. The only difference from the initiation ceremony of previous generations is that the physical cut is replaced with the pouring of milk over the initiate’s thighs. In comparing the ARP of SAFE Maa to the ARPs of other NGOs in Kenya, Orchid Project programmes manager said that SAFE Maa’s ARP ‘really respects and preserves the culture’ whereas the ones by AMREF and World Vision are more ‘a roadshow developed by outsiders.’ In the eyes of Orchid Project, it was this cultural sensitivity, together with a non-judgmental approach and the involvement of the ‘whole community’ which made SAFE Maa’s programme different from the others and an example of ‘culturally sensitive and community-led change’. As identified by UNICEF’s *Innocenti Digest*, the culturally sensitive and community-led approach also reflects a social-norm based approach to FGM/C.

When SAFE Maa started promoting the ARP, the organisation was not yet partnering with Orchid Project and none of its team members had yet heard of Tostan’s programme. SAFE Maa’s attempts to initiate dialogue in the community through a non-judgmental song performance were thus the outcome of SAFE Maa’s understanding of the community and experience with tackling a taboo issue (which, in turn, was inspired by SAFE Pwani’s success

¹²⁸ Based on her study of ARPs in Kenya, Lotte Hughes (2018, 277) writes that ARPs are ‘ideally offered as part of a larger programme of community sensitisation, education and female empowerment’ and ‘can include a number of components: instructions for initiates (mimicking the teachings girls traditionally received from older women when they underwent FGM); empowerment programmes; and a period of seclusion (girls are accommodated in boarding schools for the duration of the ARP).’ She describes the two World Vision ARPs she attended as consisting of intense instruction on a wide range of topics, including ‘culture; society and tradition; harmful traditional practices; drug abuse; women’s rights; ‘Bible’; good health and disease prevention (including HIV/AIDS); self-esteem and awareness; good morals; and education’ (ibid, 282).

in initiating conversations on HIV through theatre performances) – and not a local implementation of one of the elements of a social norm-based approach to FGM/C. SAFE Maa’s ARP seems to be inspired by ARPs as done by other NGOs in Kenya but without their engineered elements and brought back under the authority of women, particularly (ex-) circumcisers and lay midwives. Rather than implementing a social norm-based approach, SAFE Maa and the ‘traditional birth attendants’ thus developed the ARP approach in response to the local situation (Loitai were now talking about FGC and looking for an alternative) and inspired by the ‘alternative rite of passage’ implemented elsewhere in Kenya.

Who will marry our daughters?

A second critical event that promoted a new mode of action in SAFE Maa was the concern expressed by parents in SAFE Maa’s workshops that their uncircumcised daughters would not find husbands. SAFE Maa had continued to organise workshops – separate ones for men, women, young men, and young women, but also mixed ones – to keep the conversation on female genital cutting going. Participants in these workshops received information on the health and human rights aspects of cutting and were asked to discuss their thoughts on the ARP and to identify potential pitfalls of this approach. Christine explained to me that parents had been concerned about the future of their daughters if they went through the ARP:

People said to us in the workshops: Okay, we now agree that it is better to stop cutting our daughters. But if we let our girls go through the ARP, who will marry them? So you see, the parents said that it was not enough for them to do the ARP. It was also necessary that the young men accept the ARP.

Together with the worried parents, SAFE Maa’s team concluded that it would be important to have young men oppose the cut and commit to marrying uncut women in order to make parents feel safe to leave their daughters uncut. SAFE Maa figured that the most important group to get on board would be the *ilmurran* or warriors who are perceived as ‘guardians of the culture’. Amos told me:

The Moran¹²⁹ are very popular in society, especially among women. They are seen as strong and brave, and as the guardians of our culture. With them, we can say: ‘Look, these are the people who really love the culture and who really follow the culture until today. But they agree to marry uncut girls.’

The SAFE Maa team thus decided to create another team consisting of warriors which would be called SAFE Moran. David, a SAFE Maa outreach officer and performer, explained to me how he and Amos approached warriors during the workshops and told them that they – himself and Amos – had only just graduated as warriors when they started SAFE Maa, thus using reputational capital rather than moralistic arguments to convince the warriors. Some of the warriors showed interest in getting involved with SAFE Maa and, for half a year, voluntarily facilitated workshops with other warriors. After a six-months trial period, SAFE Maa employed twelve of them to perform in the market and facilitate workshops with warriors. David added:

Before, the role of the Moran was to kill lions, raid cows, and go to war. Today, this is no longer possible so it is better for them to do some income generation so they can prepare their future life. SAFE is one way of doing that.

The SAFE Moran’s warriors whom I talked to, however, emphasised other reasons for joining the team. Central to their narratives was a reimagining of their role as warriors and protectors of the Maasai. A 16-year-old *ormurrani* articulated that feeling as follows:

We used to be the warriors and we used to raid cattle. But there are no more fights and cattle raiding, so we need a new role in society. We have always protected our people from harm, so I see talking about HIV and female circumcision now as a way of protecting our people. Some say: how can an *ormurrani* talk about stopping female circumcision? But I see it as exactly the work for an *ormurrani*; I am caring for the wellbeing of my society.

Warriors find themselves in an ambiguous position. Although they are still seen as the proud guardians of Maasai culture, their role as protectors of the community has waned in a context where war with other ethnic groups no longer exists. As I noted in chapter 1, today more youth

¹²⁹ Moran is the anglicised version of *ormurrani* or warrior (pl. *ilmurran*).

in Loita attend secondary school and education is gaining importance as a marker of class and status. Young men who become warriors are often sons of families who cannot afford education for (all) their children. Warriors are thus respected as guardians of the culture, but also find themselves on the lower echelons of a social stratification which, increasingly, is defined by educational level. In addition, the ferocious reputation of the *ilmurran* is waning and various interlocutors voiced the opinion that today's warriors are less strong and brave than in the past. The reasons they identified were that they no longer had to fight other peoples, the younger age of the warriors (parents used to wait to circumcise their sons until they were old and brave enough to go to war), circumcision under local anaesthesia, and a diet that no longer consists of only meat, blood and milk, but also *ugali*¹³⁰, rice, and vegetables. Within this context, SAFE Moran offers a respectable position and not only increases economic but also social and cultural capital. The warriors of SAFE Moran are part of a respected organisation in Loita connected to an international organisation, and through this organisation, they have travelled to Nairobi and Samburu County and interacted and collaborated with cultural leaders, government officials, and international partner organisations.

Christine told me that SAFE Moran's performance was an immediate hit. 'Our people love the warriors, and even more when they sing', she explained, 'and they could not believe that the warriors were saying they want to marry uncut girls.' I witnessed SAFE Moran perform on the same day as I saw SAFE Maa perform for the first time: at the Saturday market when I first arrived at Olmesutie. In their performance, the SAFE Moran sang about the dangers of female circumcision and proclaimed that they will marry an uncircumcised bride when their time to marry comes. The women in the audience responded passionately, reminding me of a boyband audience. After both performances ended, the teams started storing away the microphones and amplifiers, and the crowd dispersed back into the market. Christine took me for a walk around the market. We heard some people still humming the SAFE songs. Three women stopped Christine and asked whether it is true what the warriors said: 'Will they really marry uncut girls?' Christine responded affirmatively. 'See,' Christine told me as we walked on, 'it makes people curious; it makes them talk. And when they go home to their villages, they will tell their relatives and friends what they saw at the market today, and that is the way our message goes further and further.'

As noted in the introduction to this chapter, Orchid Project programme's manager explained the founding of SAFE Moran to me with reference to social norm theory and, in

¹³⁰ Stiff porridge made of maize flour (Chuo Kikuu cha Dar es Salaam 2014, 500).

particular, to Gerry Mackie and Demba Diawara's insights that female genital cutting is a social norm linked to marriageability and that individual families can only give up the practice if families they intermarry with confirm that they will accept uncircumcised wives and daughters-in-law. In 2017, when SAFE Moran was founded, team members of SAFE Maa had already attended Tostan's training and learned about Mackie's and Diawara's insights. However, in SAFE Maa's narrative, SAFE Moran was a response to parents' concern that their daughters would remain unmarried.

Police crackdowns

In August 2017, local government authorities embarked on a series of 'crackdowns' on FGM in Narok County. The crackdowns came in response to the death of a girl following her circumcision. 'The parents of the girl and the circumciser who cut her are in jail until this day', Scola, my research assistant, told me. The news of the girl, the fate of her parents and the circumcisers, and the crackdowns that followed reached Loita. 'Since then, I have not heard of any girl being circumcised in Olmesutie,' Scola told me. The events had a significant influence on how female circumcision was talked about and carried out in Olmesutie and its surroundings, and thus also on the work of SAFE Maa. SAFE Maa's progress report of the period August 2017 to January 2018 stated:

The FGM/C programme entered a new phase during late 2017, due to an increase in activity from the authorities to enforce the law around FGM/C. This has resulted in, for the first time in Loita, indications that the practice could be driven underground. The outreach team report that people are suddenly being cagey with them, and are not speaking freely about their decisions. In other areas where the law has been enforced girls have been cut in secret, without any of the cultural celebration that is so important in the rite of passage, and resistance to abandonment has increased. (S.A.F.E. 2018, 1)

During my fieldwork in Loita, I experienced that caginess at times. Many people talked (seemingly) freely. Others assumed that, as a European woman, I automatically opposed FGM and were therefore wary of talking about their own involvement with FGM, as the following fragment from my fieldnotes illustrates:

The first woman we interview today is a midwife and an (ex?) circumciser. A bundle of maize is drying on the wall. Her firewood is stocked behind two vertical poles in her little house. Scola and I sit on a bench in the entrance, she sits on a cow skin bed and lights the fire. The smoke passes by us to leave the house, my eyes are teary. Her jewellery rings in the rhythm of her stirring the cooking pot of chai. A chicken and her chicks try to come inside the house looking for a grain of corn; she sends her toddler to chase away the birds. When my eyes are used to the darkness, I notice a pink plastic rack with tin cups, plates, and spoons. She takes her time; first wants to know who I am, where I am from, why I want to talk to her. [After we leave,] Scola says she is scared that I will report her. The woman said she doesn't circumcise anymore, but Scola says she certainly does. Scola sees the interview as wasted because she wasn't honest, but to me, it was very informative.

In response to the crackdowns and the consequent secrecy, SAFE Maa decided that it was time for the cultural leaders to publicly take a stance on the matter. In 2018, SAFE Maa organised a meeting with all Loita cultural leaders (*ilaigwenak*, sg. *olaigwenani*) from Kenya and Tanzania. Five men per age-set are chosen to be cultural leaders, based on their trustworthiness and leadership positions. Together, these men of different generations, mediate conflicts and organise important events, such as the *Eunoto* and other graduation ceremonies. As Goldman and colleagues (2014, 156) write, the cultural leaders or '*ilaigwenak* have historically been trusted to be honest and sincere, respected for their communication and mediation skills, and feared for their ability to curse the entire age-set or clan in question.' The involvement of Tanzanian leaders was important because some families were taking their girls to be cut in Tanzania, where the risk of prosecution is perceived as lower than in Kenya. In the more inland areas of Ilmartin and Antisekera more families were doing the alternative rite of passage but in Olmesutie, on the border with Tanzania, families found it harder to give up the cut because they intermarry with families in Tanzania where female circumcision has changed less. *Ilaigwenak* are all men, and the fact that an all-male leadership would decide on the 'women's issue' of female genital cutting did not sit well with the team, and especially Sarah. SAFE Maa also invited women who have influence in the community (among them, *mamakijjis*) and who had been supportive of SAFE Maa's work. By involving influential women, SAFE Maa wanted to ensure gender equality in the leadership – gender equality is key to all SAFE Maa's activities –, lift the status of these women leaders in the community, and recognise their contribution to the work of SAFE Maa and the ongoing changes related to female genital cutting. The team

also believed that women leaders would help mobilise more women and could help SAFE Maa make sure that the expectations of women regarding the declaration and wider changes were being met. Gender equality is important to the entire SAFE Maa team and, in particular, to Sarah, who expressed resentment at how Kenya, and in particular Maasai society, is run by men.

It was the first time since 1992 that all Loita cultural leaders came together, making the gathering into a meeting of historical importance. The meeting participants discussed the trend that was taking place in Kenya and Tanzania: police crackdowns were sending female circumcision underground and, as a result, the ceremonial elements were getting lost. SAFE Maa appealed to the cultural leaders' responsibility to 'protect the culture' and asked them to support the alternative rite of passage that SAFE Maa had developed together with ex-circumcisers and traditional birth attendants. Amos told me:

We told them: You are the cultural leaders and your task is to protect the community and to preserve Maasai culture. This secrecy, cutting in secret, is threatening our culture. When people cut secretly, they are not continuing the culture, because they don't slaughter the sheep, they don't brew liquor, they don't go hunting for locusts. So how is this still culture? So then I told them about the ARP. I asked the women elders when exactly a girl is considered a woman – is it the cut or something else? And they said 'it is when she gets the blue *shuka* and the chain'. We discussed a lot, and in the end, everyone agreed that the real culture is those things, the *shuka*, slaughtering of a sheep and all – not the cut.

The cultural leaders' response was more than what the team had hoped for: they decided that, since they were all gathered together for the first time in almost three decades, they would use the opportunity to bless the ARP. And so they did, making the ARP the culturally sanctioned way to go from childhood to womanhood and making it unacceptable to discriminate against an uncircumcised woman who had gone through the ARP.

One of the cultural leaders, a man in his 50s whom I interviewed at his home close to Olmesutie, told me he had been convinced that female circumcision should end for a long time, partly due to the work of SAFE Maa but also due to the messages from the government as well as from his formally educated children. Another cultural leader, a man in his 70s, told me had remained reluctant to abandon female circumcision until 2017. When I asked what had made him change his mind, he said:

I am a cultural leader. As cultural leaders, our task is to look after our community, to resolve conflicts, to see to justice, to make difficult decisions in times of drought, and to protect the culture. When the police started imprisoning families for cutting their daughters, our people started hiding the circumcision of girls. They no longer did the ceremonial elements, like the slaughtering of the cow and inviting their relatives and neighbours to come feast with them. You have seen our ceremonies in Tanzania, so you know what they are like. But all of this is getting lost. [...] I must agree with what SAFE Maa is telling us: we better keep the ceremony and leave out the cut than keep the cut and lose all the rest.

In his narrative, the pressure to end FGM appeared as a drought, an omnipresent and unescapable power to be reckoned with, and within this context, the ARPs became the best alternative.

SAFE Maa organised a public declaration, described in the introduction to this chapter, in which the cultural leaders would publicly declare an end to female genital cutting and reaffirm their blessing of the alternative rite of passage, which became renamed to ‘Loita Rite of Passage’ (LRP). Christine explained the rationale behind this name change to me as follows:

We want to emphasise that it is no longer an alternative culture, it is *the* culture. Loita girls will now graduate through the Loita Rite of Passage. The old way is no longer accepted by the cultural leaders.

As noted in chapter 3, public declarations were first done by Senegalese villagers who went through Tostan’s programme. In Tostan’s programme, villagers usually come to the decision to declare an end to the practice after learning about human rights and women’s health and discussions of the health implications experienced by women. In Loita, the convergence of different factors – police crackdowns, a history of socio-political marginalisation leading to a widely shared fear of cultural erosion – resulted in a change in the logic underlying anti-FGM: embracing a new rite of passage became the way of protecting ‘Maasai culture’ against further erosion. SAFE Maa’s public declaration was thus not the direct implementation or translation of Tostan’s programme but brought into being by a highly contingent and fluid convergence of travelling models, national developments, and local interests and developments. These multi-layered and multi-directional influences that went into the production of SAFE Maa’s

programme are hidden from view by a coherent narrative that portrays SAFE Maa as the implementation of a social norm-based approach.

The ‘right’ kind of change: interrogating ‘culturally-sensitive’ and ‘community-led’ change

The previous section shows how SAFE Maa developed its programme in response to local developments, at times with inspiration from other actors, and thus challenges the linearity implied in notions of imposition, implementation, or translation. Chapter 1 challenged the discursive divide between local communities that defend female circumcision against ‘outsider’ actors that oppose FGM and showed Loitai’s varied responses to anti-FGM efforts. The responses of Loitai to the public declaration were varied as well¹³¹. The cultural leaders and SAFE Maa team felt proud and optimistic that fewer girls in Loita would face the cut in the months and years to come. In the weeks after the declaration, the team said that they received a lot of positive feedback from people who had attended the ceremony. Some simply complemented the hard work they had done, and the success of the ceremony. Others said that the presence of government officials and international delegates had made them realise that the movement to end FGC is in fact much larger than SAFE Maa: some of them said they felt proud that Loita was pioneering the community-wide abandonment of FGC in Kenya and that people from across the world came to witness this moment.

In the months following the Declaration, however, SAFE Maa also experienced negative reactions to the Declaration. Some people said they felt tricked: SAFE Maa had claimed to be on the side of the community and to work through dialogue rather than coercion. Now, they felt that their hand had been forced because, with the cultural leaders involved, it would become very difficult for people to continue cutting. Others – many of them living in more remote areas with lower formal educational levels – expressed their upset at the cultural leaders for making this decision on their own and then simply announcing it to the people. According to them, the cultural leaders should have visited all families in Loita to discuss the matter and hear their reasoning before deciding.

¹³¹ My plan to return to Loita in April 2020 for follow-up on this question was cancelled due to covid19. This section is therefore based on SAFE Maa reports and on calls and virtual chats with members of SAFE Maa and Loitai with whom I am still in touch via social media.

Actors opposing the cut also have different and shifting¹³² reasons for and approaches to ending FGM/C. After the public declaration, various chiefs reported that the church and the government – two actors that also want to end FGM/C – were actively discouraging people from embracing the Loita Rite of Passage: the former because they believed the entire ceremony should be abandoned and the latter because they believed the LRP was used to cover up real circumcision (S.A.F.E. 2020, 12). Government officials reported to SAFE Maa that some families use the Loita Rite of Passage as a cover-up for the circumcision of their daughters. Chief Masarie from Olmesutie, for example, said that some community members cut the girls, then do a Loita Rite of Passage ceremony a week later (ibid).

The presence of these different opinions generated contestations over what the ‘right’ change is. Although the Protestant Church played an important role in challenging FGC in Loita (see also chapter 1), SAFE Maa felt resentment about their contribution. SAFE Maa’s report of January 2020 said:

The church has been advocating against the cut and the LRP. Approximately 30% of the Loita community are identifying as Christians, and many are now choosing to abandon every cultural rite and practice. As the influence of the church grows, it is beginning to threaten the very existence of the cherished Maasai culture. This in turn is causing those who are reluctant to change to hold on even more tightly to their culture, and they see any move to abandon FGM/C as being against the culture.

For SAFE Maa, the ‘right’ change is change that does not ‘threaten’ Maasai culture, or in other words: ‘culturally sensitive’ change. As this chapter shows, culturally sensitive change does not mean that the culture remains the same. Culture is always in flux, dynamically adapting to new developments and SAFE Maa operates in a context in which ‘the culture’ surrounding female circumcision has intensively been negotiated and remade since colonial times. The ARP is also a new cultural form which incorporates elements of how the initiation ritual was before the developments of the last decade following anti-FGM legislation, as well as newly developed elements, such as pouring milk over the initiate’s thighs. Just like the Church, SAFE Maa actively tries to change ‘culture’. SAFE Maa’s claim to culturally sensitive change is thus not based on preserving the culture *as it was*, but on the distinction that is being made between

¹³² SAFE Maa initially began working on female genital cutting out of the desire, mainly of the women, to protect the health and bodily integrity of women. Because of local developments, and in particular police crackdowns, that rhetoric changed to embracing an ARP as a form of cultural preservation.

getting rid of ‘bad’ culture (FGC) versus preserving ‘good’ culture (the ceremony). This distinction between ‘good’ and ‘bad’ culture reminds of the call of African women participating in the seminar in Addis Ababa in 1960 to ‘support the rich and varied qualities’ of African cultures, while also ‘condemning those customs which were deleterious to health and indeed dangerous’ (OHCHR 1995). In deciding what ‘good’ culture is, SAFE Maa consulted with ‘the community’, making the change not only ‘culturally sensitive’ but also ‘community-led’.

This raises questions about who ‘the community’ is. SAFE Maa’s story shows that something genuinely ‘community-led’ was happening in Loita, but at the same time, the idea of ‘community-led’ is complicated. SAFE Maa owes its existence to funding streams channelled to Loita by a British man who, through his position, is connected to trusts and foundations in the UK. The focus on female genital cutting was the initiative of a Maasai woman connected to SAFE Maa and its funding streams, who acted not out of a sense of moral justice but, initially, out of her personal experience of the health dangers of the cut and a desire to protect the bodies of women around her. In looking at whom SAFE Maa consulted in developing a new cultural practice, it becomes clear that ‘community’ does not include all Loitai. The cultural leaders, ex-circumcisers and lay midwives, and the men and women who want Maasai culture-minus-the-cut to continue as unchanged as possible are considered as making up the ‘community’. Loitai who want cutting to continue are considered community members who simply need more ‘awareness raising’ until they too embrace the alternative rite of passage. Protestant Loitai who want to see the ceremony disappear too are not considered to be part of the ‘community’ in the narrative used by SAFE Maa and its partners and donors, despite making up a considerable part of the Loitai. This apparent paradox was not addressed nor resolved by SAFE Maa.

‘Culturally sensitive and community-led change’ as a strategic tool

SAFE Maa’s focus on ‘culture’ is, on the one hand, born out of the team’s personal commitment to preserving Maasai culture. As Loitai themselves, the team shares the sentiment of the community that Maasai identity and culture are under threat. Amos felt this desire to protect Maasai culture even more strongly because his late father was a cultural leader and he, Amos, wanted to continue his legacy. On the other hand, this emphasis on culture also proved an important strategic tool to convince others – cultural leaders, community members, but also partner organisations – to support the change SAFE Maa tried to effectuate. SAFE Maa appealed to the cultural leaders’ role to protect Maasai culture. The presence of other actors

who are perceived as a threat to Maasai culture – and in particular, the recent police crackdowns – contributed to a context in which SAFE Maa could position itself as the protector of culture and formulate an argument against FGC in the language of cultural preservation.

In addition to convincing the cultural leaders, SAFE Maa also used the culture argument to convince the wider society. I witnessed how the culture argument resonated with the sensitivities of many people at the *emanyata* ceremony I attended in August 2018. The *emanyata Orkinyaku* was organised by the *Ilkinyaku* age-set who were graduating from junior elders (the stage after warriorhood) to elders. Cultural ceremonies like this are a hugely important part of Maasai cultural life. Hundreds of Maasai travelled to the place of the ceremony, among them also people working, studying, and living in urban areas who, for the occasion, exchanged their ‘Swahili’ clothes for Maasai clothes and participated in the various ceremonies.

The organisers of this *emanyata* had welcomed SAFE Maa to address the participants of the *emanyata* about female genital cutting. SAFE Maa’s entry to the settlement followed the same pattern as any other community group visiting the *emanyata*. Dancing and singing, they made their way into the kraal in the middle of the settlement, where they were joined by the women and men of the manyatta. The people of the *emanyata* lined up, men and women separated, and the SAFE Maa team went around to greet every single person. SAFE Maa’s team estimated that some eight hundred people were in attendance at the time of their visit, among them the graduating age-set and their wives, mothers, and mothers-in-law, as well as school students who could attend the event due to the school holidays.

After the greetings, everyone gathered just outside the kraal, as the master of ceremony repeated words of welcome to SAFE Maa. Before SAFE Maa could say something, a local government official took the floor and said: ‘FGM is forbidden by Kenyan law. We will arrest every girl who undergoes it, as well as the parents and circumcisers!’ The audience looked serious and defensive. A drunk old man yelled: ‘*Ati*¹³³?! Stop female circumcision?’ followed by a disapproving spit. Amos thanked the government official, and then addressed the audience:

We stand between the government and the community. We don’t believe in forcing you to stop female circumcision. Because then you get responses like what the old man just

¹³³ Exclamation word, often used to express surprise or to double check whether one has understood correctly. Can be translated as ‘Hey’ or ‘Hah?!’ (Chuo Kikuu cha Dar es Salaam 2014, 19).

said. SAFE doesn't arrest or judge the community. We respect the culture and the people, and we have only come to give advice and education on why more and more people are saying it is better to leave circumcision of girls behind. Then you can make up your own mind.

I saw people nodding in agreement while Amos spoke his words and, at the end of the speech, his audience applauded. Amos then went on to tell the attendees about the Public Declaration they would organise on the 6th of February 2019. He explained the Alternative Rite of Passage: what it entailed, how it had been developed by the traditional birth attendants, and how it had been approved and blessed by the cultural leaders. He then emphasised that SAFE Maa and the cultural leaders introduced the ARP as a way of maintaining the culture while protecting girls from the cut. This statement was received with another round of applause and some women cheering in agreement. One of the cultural leaders in attendance then addressed the crowd, encouraging them to follow their cultural leaders in accepting the ARP.

The culture argument was also a welcome extra discursive layer to convince those women and men for whom the more common health and illegality arguments (which SAFE Maa also used in its workshops) were unpersuasive. Obermeyer (1999) has argued that exaggerated statements on the health impacts of FGM/C might undermine the credibility of anti-FGM campaigns because they simply do not align with the lived experiences of the target audience. Commenting on a workshop on FGM/C she had attended in Narok (she did not remember who had organised it), a 30-year-old woman told me:

They lie to us. They say female circumcision kills women. They say it makes us infertile. They say all those things. Now tell me, if this kills us and makes us infertile, and our ancestors already did this, then how comes there are still Maasai alive today?

The fact that FGM/C is illegal in Kenya did not seem to change people's attitudes on FGM/C much. Instead, many families resorted to cutting in secret. As I mentioned in chapter 5, the women (and men) who joined the protests in Kajiado against the government's interference with female circumcision felt it was unfair that a government that did not seem to care about providing education, health care services, and water sources for Maasai communities would now interfere with cultural practices. Their sentiments echo those of the Tanzanian Maasai women's organisation MWEDO, described by Dorothy Hodgson (2011b), that looks to improve the health, education and wellbeing of Maasai women, and for whom ending FGM/C

is simply not a priority. The sentiment was also shared by some people in Loita. A woman in her 60s whom I interviewed at her home, said:

Why should we listen to the government? What have they ever done for us? They say we should stop because it is bad for our health. You know what is bad for our health? No grazing grounds. No clean water sources. No hospital nearby.

Although health impacts and the illegality of FGM/C were discussed in SAFE Maa's workshops, these elements were less present in the narratives of SAFE Maa, the cultural leaders, and Loitai I talked to during my time in Olmesutie. The police crackdowns kicked off a new era for SAFE Maa in which they resorted to new tactics and a new rhetoric on why it would be in the best interest for the community to embrace the ARP. The narrative that was prominent at that time emphasised that the cut was already under attack (by the law, the Church, and other NGOs such as Tasaru) and that, within a context in which aggressive attacks had driven people into secrecy, the ARP would be the better alternative because at least the other cultural elements would be preserved. This narrative seemed to resonate with the concerns of many Loitai. It therefore seems possible that certain Loitai, especially elders, were amenable to SAFE Maa's approach as a more acceptable, less intrusive (and social damaging) way forward because of its contrast with Tasaru, the law, and the Church.

Beyond Loita, the culture argument also resonated with the sensitivities of Western donors and NGOs (like Orchid Project) – sensitivities which revolve around respect for culture and community-led change and which I described in depth in chapter 3. On the eve of the public declaration, I asked some of the SAFE Maa donors and board members who were present why they had chosen to support the work of S.A.F.E., and SAFE Maa in particular, financially or otherwise. A donor – a white European man – told me that he saw in S.A.F.E. an example of 'development done the right way.' When I asked him to elaborate, he said:

It comes from the people themselves. It was not imposed by the West. Some organisations try to get rid of people's culture, but the culture is not the problem. I mean, look around you, the culture is beautiful. And that is what I appreciate so much about S.A.F.E.: not only do they respect the culture; they actively work to preserve the culture while trying to end elements that are harmful.

The emphasis on cultural sensitivity and community-led change allowed Orchid Project to articulate SAFE Maa's approach in the language of the social norm perspective. Independently of where the ideas for SAFE Moran and the public declaration may actually come from, Orchid Project's narration constructs SAFE Maa, at least implicitly, as receiving ideas and models from Tostan. In this narrative, Orchid Project is an important intermediary because they sponsored SAFE Maa to attend Tostan's training and because they too organised workshops in which they further diffused the social norm perspective. NGOs like Orchid Project have to prove their worth to funders and themselves, so in discussing the success of SAFE Maa they emphasise the elements that came from them. In chapter 4, I showed that the social norm perspective seems to travel as a 'boundary object' or 'grey box' which changes as it travels but still keeps an element of recognisability (Blok 2010). SAFE Maa's programme could be described as one of the many Alternative Rite of Passage approaches in Kenya. Instead, Orchid Project actively worked to suppress the messy convergence of multiple influences and local developments and articulate it in line with the social norm perspective.

Conclusions

Rather than simply implementing Tostan's programme in a different context, SAFE Maa's public declaration reflected the intersection of myriad actors, institutions, and travelling ideas. SAFE Maa's programme, while inspired by elements from other programmes (such as the ARP and public declaration) developed in response to local developments ('key events'). These local developments, in turn, were connected to national and global developments: the police crackdowns which created the context in which SAFE Maa could promote its LRP as a way of preserving the culture were in itself the result of national anti-FGM legislation and, as shown in chapter 5, Kenya's anti-FGM Act was the result of the coming together of national and global interests and developments.

The chapter further shows the many different opinions on female circumcision and how to address it, if at all, further challenging the discursive dichotomy between pro-female circumcision local communities and anti-FGM attempts by 'outsiders'. Actors opposing the cut do so for different reasons, and even for a single actor (like SAFE Maa) the underlying logic for opposing FGC can change, dynamically adapting to new developments and the presence of other actors. The presence of these different opinions generates contestations over what the 'right' kind of change entails. From the perspective of SAFE Maa and its partners and

donors, the ‘right’ change is change that is culturally sensitive. As I noted above, ‘culturally sensitive’ does not mean that culture remains the same. Rather, a distinction is being made between ‘bad’ culture (cutting) and ‘good’ culture (the surrounding ceremony), with the former to be abandoned and the latter protected. SAFE Maa invited ex-circumcisers and lay midwives to decide which elements should be retained and appealed to the authority of the cultural leaders and women leaders to legitimise this new version of the initiation rite. The organisation then went on to win the support of community members by presenting the ARP as the best chance of preserving Maasai culture in a context in which Maasai culture is perceived as being under attack from different angles. Indeed, the presence of other actors whose approaches are considered ‘aggressive’ also contributed to making SAFE Maa’s work the acceptable, less intrusive alternative. In addition, the involvement of ex-circumcisers, lay midwives, the cultural leaders, women leaders, and parts of the community that endorse the ARP (either because of health or culture arguments) allows the approach to be deemed ‘community-led’. SAFE Maa’s community-led change is then juxtaposed with other actors – mainly the government and the Church – who try to impose change upon the community and, in doing so, threaten Maasai culture and identity. This juxtaposition also shows who is in- and excluded from the ‘community’: despite Protestants making up a considerable part of the Loitai, they are seemingly not considered to be part of the ‘community’ in the narrative of SAFE Maa and its partners and donors, which emphasises the need for ‘community-led’ change.

Rather than existing side by side, the different actors and their discourses co-constitute each other. The approaches of other actors – especially the Church, the law, and Tasaru Ntomonok Initiative – that many Loitai experience as a threat to the culture shape the context in which SAFE Maa can position itself as the culturally sensitive alternative to ending FGM/C. The unpredictable police crackdowns allowed SAFE Maa to formulate the abandonment of FGM/C as a way of preserving Maasai culture and protecting it from the many enemy forces, both historically and today. The culture argument helped SAFE Maa gain support for the LRP from cultural leaders (by appealing to their responsibility to protect Maasai culture) and from a significant number of Loitai. Some Loitai embraced the LRP as a way of continuing an important ceremony without cutting their daughter. Others saw in the LRP a chance to continue both circumcision (secretly) and the ceremony (openly but disguised as an LRP). SAFE Maa’s work on FGC is thus able to accommodate different justificatory frameworks and retain its coherence. Despite the myriad interests and perspectives different actors hold, SAFE Maa’s declaration is sufficiently flexible to accommodate this diversity. The Public Declaration allows these diverse perspectives to co-exist, in part because of the reputational capital of the

SAFE Maa, but also because the organisation is not wedded to a particular justificatory framework (health, human rights, marriage). Instead, it is sufficiently expansive and elastic to create unity among diversity.

Beyond the cultural leaders and people of Loita, the culture argument also resonated with Western donors and partner organisations. As became clear in chapters 2 and 3, ‘cultural sensitivity’ has been both a precondition and a justification for outsider interference with female genital practices in Africa throughout the history of the anti-female circumcision and later anti-FGM movement. The insistence on ‘culturally sensitive and community-led change’ within the anti-FGM sector also serves to construct certain forms of change as the ‘right’ kind of change; in this case, the abandonment of the cut but not the rest of the ceremony.

That SAFE Maa’s culturally sensitive and community-led approach can easily be articulated within a social norm perspective is also due to the expansive and elastic nature of the perspective. As I showed in chapter 3, UNICEF’s research teams detached key concepts from the particularities of Tostan’s programme, combined them with wider sociological and anthropological insights and produced six key elements (or concepts) for FGM/C abandonment. The elasticity and fluidity of SAFE Maa’s programme allow the alignment of many interests and thus contribute to the organisation’s success in winning community support. Similarly, detached from its original context and filtered down to six ‘key concepts’, the social norm-based approach allows for different interpretations and approaches to be claimed, if successful, as examples of a social norm-based approach.

Conclusion

Throughout the last century, colonial efforts to end female circumcision in Kenya have grown into a transnational, multi-billion industry consisting of UN agencies, NGOs, development professionals, academics, healthcare providers, lawyers, and more. From the beginning onwards, the campaign and its underpinning discourse have received resistance and critiques. While these critiques and resistances have not been able to undermine the campaign, they did influence the underpinning discourse and the approaches promoted by the campaign. My thesis shows that the anti-FGM campaign could continue to exist and thrive because of its ability to dynamically adapt to multiple interests and incorporate critiques.

My findings thus both confirm and complicate the claims of postcolonial (feminist) scholars, such as Nnaemeka (2005), Njambi (2007), and Tamale (2011) who argued that contemporary anti-FGM arguments and approaches show continuities with colonial attempts to eradicate female circumcision in Africa. The campaign indeed shows continuities in that FGM is portrayed as inherently harmful, that scientific evidence is used to legitimise interventions, and that horrific stories about the cruelty of the cut are used to shock people into supporting efforts to end the practices. While words such as ‘barbaric’ and ‘primitive’ are no longer acceptable, a teleological worldview still underpins anti-FGM arguments: FGM is considered a ‘harmful tradition’ which has no place in the ‘modern’ world. These continuities between colonial and contemporary efforts to end female circumcision, however, do not mean that the anti-FGM campaign has had a free pass throughout its history, nor that nothing has changed and that the critiques of postcolonial scholars and African feminists have not had any impact. Throughout its history, critiques and resistances pushed the anti-FGM campaign to change its rhetoric and approach and it is precisely its shapeshifting ability that allowed the campaign to continue and expand.

At moments, these critiques and resistances reached a level that pushed anti-FGM campaigners to either withdraw or dramatically reconsider their tactics. The first time was in colonial Kenya in the early 20th century. At the initiative of Protestant missionaries, colonial officials tried to ban the ‘major’ form of female circumcision in central Kenya. However, the unrest that followed made the colonisers reconsider as they prioritised stability and peace in the colony over ending female circumcision. The new Labour government that took office in 1929 gave in to the continued pressure of Protestant missionaries and feminists in Britain and made a second attempt to ban female circumcision. The large-scale resistance that followed

this latter attempt fuelled nationalist sentiments in Kenya and resistance against the colonial regime.

The female circumcision controversy in late colonial Kenya threatened to make an early end to the anti-female circumcision campaign. However, with the establishment of the United Nations and the World Health Organization, elite women from different African countries lobbied for the WHO to put the eradication of female circumcision on its agenda. With the political unrest in Kenya still fresh in mind, the WHO was reluctant to take a stance on the matter. In the 1970s, 'female genital mutilation' became a major concern for Western feminists. In the light of the second feminist wave and its focus on sexual liberation, the clitoris became a symbol of women's liberation and, consequently, female genital mutilation was seen as the ultimate symbol of women's oppression under patriarchy. The weight of the burgeoning feminist movement pushed the WHO to overcome its reluctance and to take on responsibility in ending the 'global health concern' of FGM. Still uncomfortably aware of culturally sensitivity of the topic and its potential to cause indignation, the WHO emphasised that it had acted on the explicit demand of African women and with the support of African nations. The lobby work of African elite women and Western feminists thus not only made sure that anti-female circumcision efforts would continue, but it also shifted the responsibility for these efforts to a UN platform from where these efforts would start expanding into a transnational campaign. The anti-FGM events, discourses, and actors discussed in this thesis have relevance beyond Kenya and embed Kenya, together with Senegal, in a transnational system.

The increased attention to female genital mutilation in the 1970s and 1980s was accompanied by critiques by (African) postcolonial feminists and anthropologists who called out the Eurocentric and colonial nature of the anti-FGM crusade and its underpinning discourse. In the 1970s, anti-FGM crusaders saw sexism and patriarchy as the main enemy and considered 'culture' complicit in the oppression of women. In the early 1990s, Black feminists criticised white feminists for prioritising gender and turning a blind eye to race and other axes of oppression, and demanded attention to the intersectionality of gender, race, class, and other differences. In that same vein, postcolonial feminists criticised Western development feminists for Othering and dehumanising women in the Global South as the ultimate victims of their 'backward' cultures. The critics of anti-FGM efforts of the 1970s were arguably facing a bigger challenge than their counterparts in the early 20th century: the latter 'only' faced the British government which, all in all, would always prioritise political stability over ending female circumcision. In the second half of the 20th century, however, the anti-FGM campaign had become the realm of the United Nations and the postcolonial feminist critics were no match for

the national governments, international and national nongovernmental organisations, development professionals, academics, and donors that now supported the anti-FGM campaign. However, their critiques fit within a wider climate of increased attention to intersectionality, recognition of indigenous rights and the right to culture, and a shift in international development towards participatory, bottom-up approaches. It is within this wider climate that postcolonial critiques of the anti-FGM campaign were able to, if not undermine the anti-FGM campaign, at least stimulate a shift in the anti-FGM discourse and approach. The campaign's rhetoric moved away from fighting against 'culture' as the culprit of women's harm, towards distinguishing between 'good' and 'bad' culture. The resulting 'social norm-based approach' emphasised the need for cultural sensitivity, and for African- and community-led change.

The continuity in the anti-FGM campaign over the last century is therefore due to its ability to overcome resistances, its capacity to discursively incorporate critiques, and its adaptability to new socio-political sensitivities and interests. In short, it is the anti-FGM campaign's dynamism that allows for continuity (Feierman 1990). Besides continuity through time, the campaign also demonstrates continuity through space. After FGM became a transnational concern from the 1960s onwards, UN agencies, NGOs, and activists have worked to align anti-FGM discourse and practice across the world. UN resolutions and treaties, workshops and conferences, articles, blog posts, news broadcasts, pamphlets and flyers, (international) collaborations between organisations and actors all contributed to streamlining the language and approaches used by different actors at different levels across the world. The result is relative homogeneity in how FGM is defined and understood. While there is some diversity in approaches to ending FGM (positive deviance approach, community-wide abandonment, ARP, rescue centres, and so on), the underpinning discourses and the ultimate goal are largely the same: FGM is understood as a single, inherently harmful practice that violates women's rights and needs to be fully eradicated.

My findings also show that this continuity through time and space does not happen automatically, as the notion of 'imposition' seems to imply, but instead requires the work and collaboration of a range of actors. These actors function as brokers translating the anti-FGM campaign to overcome resistances, incorporate critiques, meet the interests of an ever-increasing number of supporters, and to make the campaign fit with new socio-political contexts. My thesis studied in detail the work contemporary actors invest into constantly (re)producing the anti-FGM discourse in the face of challenges, making it travel to new locations, and continuously gathering new supporters for the cause. This 'reproductive' work

takes place simultaneously at the transnational, national, and local levels. On the transnational level, my findings show that a network made up of academics and development professionals with UNICEF at its centre combined sociological and anthropological theory, field experiences from NGOs working to end female genital cutting in African countries, and development ideologies that were current at the time (attention to human rights and participatory bottom-up development), to develop a new approach to ending female genital cutting. This new approach emphasised the need for cultural sensitivity and community-led change and therefore overcame the critiques of eurocentrism and colonialism that had plagued the anti-FGM campaign. On a national level, my findings show how national and international NGOs and activists, circumcised women, lawyers, gynaecologists and other medical professionals mobilised medical and sociological evidence, personal stories, the authority of international treaties, and the logic of the law to defend Kenya's Anti-FGM Act against Kamau's claims and, by extension, wider critiques of the anti-FGM campaign. On a local level, my study showed the work a group of Maasai men and women, with the support of Maasai 'cultural leaders' and a British charity and donors, put into aligning their goal of ending female genital cutting with the interests of different subgroups of the community. The anti-FGM campaign thus does not spread automatically but is made to travel by actors who work hard to overcome resistances and challenges, to fit the anti-FGM agenda with local sensitivities and interests, and to do away with deviant perspectives by either convincing dissidents to change their mind, or by subjugating their perspectives.

Over the last century, the actors producing, spreading, and defending the anti-FGM campaign have increased in number and diversified. Whereas in early 20th century Kenya, the campaign against female circumcision was largely carried by European missionaries, colonial officials, and feminists in the Metropole, today there are UN agencies; international and national NGOs and charities; professional development staff; activists and journalists; specialised research centres and academics; private, corporate, and government donors; and more involved in the campaign. Besides its size, it is also the participation of powerful institutions, such as UN agencies, national governments, and large donors such as the Melinda and Bill Gates Foundation, that lends authority and power to the transnational anti-FGM campaign. Importantly, the actors supporting the anti-FGM campaign have also diversified in terms of race and geographical location. In colonial Kenya, only a handful of Black Kenyans supported attempts to end female circumcision, most of them being educated at mission schools. Since the 1960s, more Africans have joined the movement, including in leadership positions at different levels. Like the growth in size and the support of powerful institutions,

the racial and geographical diversification of anti-FGM supporters strengthened the legitimacy of the campaign. The participation of Africans in the anti-FGM campaign, especially in leadership positions, helped to counter accusations that the campaign is a neo-colonial project that simply imposes Western values onto African communities. However, the presence of more Africans in the campaign did not make the question of representation obsolete, and power hierarchies in terms of educational level, class, and social capital continue to play a role. I return to this point below.

As mentioned before, in response to the critiques of the 1980s and 1990s, the major players in the anti-FGM campaign (such as UNICEF, UNFPA, DfID, AMREF, and others) shifted towards a more ‘culturally sensitive’ and community-led (on the local and national levels) or African-led (on the international level) approach. However, my findings show the limitations of these claims to cultural sensitivity and community- or African-led change. Awareness of the need for cultural sensitivity has, to some extent, always been part of anti-female circumcision efforts. Colonial officials in early 20th century Kenya were very aware that female circumcision held great socio-cultural importance for the communities practising it. It is this awareness that made colonial officials proceed rather cautiously with banning only the ‘major’ form of female circumcision. They were well aware that disrespecting people’s cultures would aggravate people and lead to opposition. The African elite women who, in the early 1960s, demanded that the WHO take action on FGM simultaneously emphasised the richness of African cultural practices and that theirs was a call to eliminate the bad but preserve the good cultural elements. Similarly, the call of the current social norm-based approach for cultural sensitivity does not mean that ‘culture’ cannot be changed. Culture is constantly in flux. However, there are certain changes that are deemed culturally sensitive, while others are not. For example, according to external evaluations, Tostan’s three-year ‘community empowerment programme’ in West Africa brings change on a number of ‘indicators’, including increased registrations at birth, more women in education and political positions, fewer girls being married at an earlier age, and a decrease in girls being circumcised. Tostan’s programme is widely considered as culturally sensitive, including by postcolonial critics of the anti-FGM campaign (i.a. Nnaemeka 2005). The reason is that the programme is said to give communities the tools to make their own decisions. Similarly, SAFE Maa (as well as its partners and donors) considers its approach to be culturally sensitive. Cultural sensitivity is not about not changing the culture (the Loita Rite of Passage as promoted by SAFE Maa changes the physical cut to the pouring of milk), but about the ‘community’ owning and promoting this change, rather than

‘outsiders’. In the words of Saida Hodžić (2017, 22), change is considered meaningful and culturally sensitive when it is locally driven, in other words, when it is ‘community-led’.

Yet, my findings show that the idea of ‘community’ is also complicated. In Loita, references to the ‘community’ do not include Protestant Maasai who want the entire ceremony to go or those who promote ‘aggressive’ approaches to ending FGM, such as the enforcement of the Anti-FGM Act and the rescue centre in Narok. Furthermore, the assertion that the abandonment of female genital cutting in Loita is community-led also does not take into account those Loita who do not want to abandon the cut nor its wider ceremony. The attitude of not wanting to abandon female genital cutting is not accepted as an end point; rather, those who take up this position are perceived as a yet-to-be-convinced target group. Similarly, the notion of ‘African-led’ change is ambiguous. In comparison to the early 20th century, more African women and men participate in the transnational anti-FGM campaign, including in leadership positions. However, there is only space for those who indeed agree with and support the anti-FGM campaign the way it is. The Africans who disagree or hold an alternative perspective on what the future of female genital cutting on the continent should be, are not given a platform. For example, Dr Tatu Kamau is an African woman who represents the interests of other African women from communities that practise female circumcision. She envisions a future where adult Kenyan women can choose to undergo a medicalised version of female circumcision, as is available for men. She sees medicalised female circumcision as a way to allow women to continue cultural practices that are meaningful to them while reducing the associated health risks. Nonetheless, her alternative perspective is ridiculed and subjugated within the so-called ‘African-led’ campaign on FGM. ‘Community-led’ and ‘African-led’ refer to those community members and Africans whose perspective and approach conform to the agenda of the transnational anti-FGM campaign. That same campaign works hard to change the mind of dissidents and, if that fails, to silence their opposing voices.

Furthermore, the term ‘African-led’ portrays African people as a homogenous category. As I mentioned, the African women who attended the seminar in Addis Ababa in 1960s were all relatively wealthy, formally educated, and held similar liberal and feminist views as their Western counterparts. The question, then, is how representative these women and their aspirations are of rural women from circumcision-practising communities. Similar to what Kirin Narayan (1993) argued for ‘native’ anthropologists, one’s ‘race’ and geographical background alone are not the only factors that influence whether someone is an ‘insider’ and can speak on behalf of others. Factors such as class, educational background, ethnicity, urban or rural livelihood, and social capital all play a role as well. Similarly, many of the African

women (and men) leading the anti-FGM campaign today are formally educated and ‘middle’ class. Nonetheless, the campaign has become more democratic with more lower-class people with little or no formal education joining the campaign as activists or NGO staff, either out of conviction or for the job opportunity it offers. In fact, the shift towards ‘community-led’ change has encouraged INGOs and their donors to actively seek out people who more convincingly embody ‘community’. At conferences in Kenya, for example, NGOs often invite girls from rural areas to testify about either the horrors of being cut or the educational and personal progress they have made thanks to having been rescued from the cut. The anti-FGM agenda is thus no longer solely driven by Western feminists and African elites. However, this does not mean that everyone everywhere can be part of, let alone influence, the anti-FGM campaign. Access might no longer be limited in terms of race, geographical location, educational level or class, but social capital – and especially connections to national and international organisations – play an important role, and often, if not always, these organisations are funded by Western donors. Those who oppose FGM will find it easy to find support due to the significant presence of anti-FGM organisations worldwide. Those who want female circumcision to continue or have an alternative vision for its future development (e.g. medicalised female circumcision) will have more trouble finding support, and are facing a huge transnational network with many actors and a lot of funding.

The question of who gets to define FGM and decide on its future is a question of power. As my thesis findings show, power cannot simply be mapped onto the West versus Africa. The power to contribute to defining ‘FGM’ lies in access, means, and the capacity to formulate claims in an internationally recognised language. Race and geographical locations are no longer the only factors that determine whether one has this access. Nonetheless, location remains salient because social capital in the form of connections to Western funding streams remains important.

My thesis is part of a wider conversation about continuities between colonial and contemporary interventions in the lives of women. Part of this endeavour is being critical of ‘the histories of normative concepts that are presented as ahistorical, universal and neutral’ (Tamale 2020, 2). This is important in order to dislocate Eurocentric conceptions of African practices and continue to challenge the legacy of colonialism in deciding on the bodies of African women.

Postcolonial feminists have argued that there are continuities between colonial and contemporary anti-FGM efforts, and that the anti-FGM discourse does not represent all women’s voices. But my thesis shows how continuities in the anti-FGM campaign and its

underpinning discourse are possible despite critiques and resistance. Continuities don't just happen; they require the intensive work of a large and powerful network. It is exactly because the campaign dynamically adapts to challenges that the core goal (i.e. ending FGM) can continue through different socio-political climates and sensitivities. My thesis thus draws attention to the fact that the latest transformation, with its rhetoric of cultural sensitivity and locally led change might not be dramatically different from previous versions: there are still power imbalances (besides race and location, education, social capital, and class have become more salient) and the full eradication of all forms of female genital cutting remains the only acceptable goal. The changes that have taken place so far have remained neatly within the established agenda of the anti-FGM campaign. Importantly, the diversification of the anti-FGM campaign in terms of race, geographical location, class, educational level, rural/urban livelihood has not translated into a diversification of perspectives on FGM. Furthermore, the change towards a rhetoric of cultural sensitivity and community-led change makes it harder to criticise the campaign. It contributes to a discursive divide between 'them back then' (i.e. previous generations of Eurocentric, colonial anti-FGM campaigners) versus 'us today' (supporters of culturally sensitive and community-led social change). The anti-FGM movement thus acknowledges previous mistakes, but implies that these concerns are no longer issues today. However, underneath this discursive change, the homogenous definition of FGM and the goal of ending all forms of female genital cutting have remained unchanged and alternative perspectives remain unheard.

Understanding the mechanisms that ensure that the anti-FGM campaign continues and that critiques are pushed aside or become co-opted without significant change is important if the goal is indeed a transnational feminism that is 'meaningful to different women in different places' (Njambi 2007, 706). Understanding these mechanisms allows us to appreciate the pervasiveness of the anti-FGM campaign and to be awake to superficial changes in rhetoric and approach which do not alter the core of the campaign nor its premises. It is my hope that this awareness can contribute to a discussion on what meaningful change would entail and how, if at all, policy on female genital cutting can become more inclusive of the many forms of female genital cutting and women's diverse experiences. This inclusivity is important, first, to undo the epistemic violence of a discourse that homogenises and generalises all practices as one, does not value the meanings indigenous communities attach to different practices, and ignores the futures these communities envision for these practices. It is also important because, as existing scholarship has shown, many current anti-FGM efforts are not supported by people in rural areas and have unintended consequences, such as sending the practice underground,

discouraging healthcare seeking behaviour, and leading to the racial profiling of diaspora communities in Western countries (i.a. Antonazzo 2003; Monahan 2007; Winterbottom, Koomen, and Burford 2009; Shell-Duncan, Njue, and Moore 2018).

A more inclusive approach to female genital cutting does not mean replacing the anti-FGM discourse with an equally essentialist celebration of all forms of female circumcision. As is the case with homosexuality in some African countries, an essentialist rhetoric of protecting ‘African culture’ imagined as a static entity can become misused to deny women and minority groups their rights (Tamale 2014). Nor is it the goal to trivialize FGM and the many harmful consequences it can have for girls and women. Postcolonial calls for acknowledging the different forms of female circumcision and the diverse experiences of women should not be understood – let alone be misused – to undermine the work of African women and their supporters towards the future they aspire to. The growth of the campaign against FGM in Africa shows that many Africans, especially youth, aspire to a future where girls are not cut, and it would be simplistic and paternalistic to say that their aspirations are the result of false consciousness due to the imposition of ‘Western’ values. The continued power hierarchies in the anti-FGM campaign discussed in this thesis by no means mean that the anti-FGM campaign is ‘un-African’. The notion of Africanness in itself reinforces the divide between Africa and the West which this thesis sought to dismantle.

Beyond the case of FGM, my thesis sheds light on how colonial legacies and power hierarchies are reproduced in contemporary development interventions, especially those targeting African ‘cultural practices’ and women’s bodies. At its core, it speaks to the dynamic, ambiguous and ever evolving ways that African women’s bodies lie at the centre of political and social change. This thesis is my contribution to the decolonial project of uncovering persistent power hierarchies in the ways in which African women are portrayed and treated with the ultimate goal of eroding hierarchies and making feminism relevant to the different experiences of different women in different places.

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Annex: Kenyan research permit

THIS IS TO CERTIFY THAT:
MS. HANNELORE VAN BAVEL
of SCHOOL OF ORIENTAL AND AFRICAN STUDIES, UNIVERSITY OF LONDON, Lage Weg 31-2322 Minderhout, has been permitted to conduct research in All Counties
on the topic: TRACING THE CONSTRUCTION AND DIFFUSION OF THE CONCEPT OF HARMFUL TRADITIONAL PRACTICES - A MULTI-SITED ETHNOGRAPHY OF INTERNATIONAL EFFORTS TO ERADICATE FGM AND EARLY MARRIAGE IN KENYA.
for the period ending: 29th August,2018

Permit No : NACOSTI/P/17/80571/18920
Date Of Issue : 29th August,2017
Fee Received :Ksh 39480




[Signature]
Applicant's Signature

[Signature]
Director General
National Commission for Science, Technology & Innovation

THIS IS TO CERTIFY THAT:
MS. HANNELORE VAN BAVEL
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for the period ending: 17th August,2019

Permit No : NACOSTI/P/18/80571/24401
Date Of Issue : 17th August,2018
Fee Received :USD 400



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Applicant's Signature

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Director General
National Commission for Science, Technology & Innovation