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# Understanding different positions on female genital cutting among Maasai and Samburu communities in Kenya: a cultural psychological perspective

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## ABSTRACT

This paper presents an analysis of different positions on female genital cutting, either legitimising the practice or challenging it. The framework it offers has been developed from cultural psychological theory and qualitative data collected in Maasai communities around Loitokitok and Magadi, Kajiado County, and Samburu communities around Wamba, Samburu County, in Kenya. Over the course of one month, 94 respondents were interviewed using maximum variation sampling. Triangulation took place by means of participant observation of significant events, such as alternative rites, participation in daily activities and informal talks while staying at traditional homesteads and kraals. The framework adds to understanding of why more contextual approaches and holistic interventions are required to bring an end to female genital cutting.

## ARTICLE HISTORY

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## KEYWORDS

Female genital cutting; change intervention; cultural practices; group belonging; Kenya

## Introduction

Nomadic communities in Kenya still practise female genital cutting<sup>1</sup> (e.g. Van Der Kwaak et al. 2012). This is the case for the Maasai communities around Loitokitok and Magadi, Kajiado County, and Samburu communities around Wamba, Samburu County, visited in this study (Kiage et al. 2014). Maasai and Samburu communities are similar in language and tradition (Spencer 1965). The proportion of Maasai and Samburu women in Kenya who have experienced female genital mutilation or cutting (FGM/C) is reported to be around 78% and 86%, respectively (Kenya National Bureau of Statistics [KNBS] 2015). FGM/C is defined as ‘... all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons’ (World Health Organization [WHO] 2018).<sup>2</sup> There is evidence that female genital cutting is related to short- and long-term health risks (e.g. Obermeyer 2005; Reisel and Creighton 2015).

The practice of female genital cutting is internationally recognised as a violation of human rights (WHO 2008). In 2011, the Kenyan government passed the Prohibition of Female Genital

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Mutilation Act (Kenya Law Reports: Act No. 32 of 2011, 2012). As expected, this Act, in a similar manner to earlier legislation, did not bring an end to the practice. Among the Maasai and Samburu there are strong indications that the criminalisation of female genital cutting has led to it being performed secretly and at younger ages, and to less severe forms of female genital cutting such as pricking or scraping (Kiage et al. 2014). For these communities, female genital cutting is believed to primarily signify a transition into womanhood (Kiage et al. 2014; Mohamed 2011; Saitoti 1980).

However, as Gruenbaum has warned, 'there is in fact no single reason or consistent set of sociocultural determinants for female genital cutting' (2005, 435). While conducting extensive ethnographic research on female genital cutting in Sudan, she noticed that when conducting interviews different reasons for the practice of female genital cutting were given by members of a single community. She suggested that the reasons given in a survey might not even be those that actually motivate an individual to commit to the practice (Gruenbaum 2001, 2005). The reality is often more complex and problematic. For example, Maasai and Samburu girls in Kenya traditionally underwent FGM/C around the age of 12 to 16 as a rite of passage into womanhood, but today increasingly younger ages are reported (Kiage et al. 2014). After undergoing the rite, a girl was considered a woman, and could be married off, also earning her right to bear children (Saitoti 1980). However, today, if she is a minor, such a marital arrangement constitutes a crime (United Nations Populations Fund [UNFPA] 2016).

Van Bavel, Coene and Leye (2017, 2) argue that 'Maasai culture and the practice of female genital cutting are not static but actively challenged and reinterpreted from both outside and within the community'. Based on cultural psychological theory (Voestermans and Verheggen 2013) and informed by discourse analysis (Potter and Wetherell 1987, 1995; Willig 2008), this paper presents an overarching framework that engages with the complexity of FGM/C. It enables the uncovering of more implicit and at times contrasting ways people make sense of or account for the practice. This study has practical implications for designing interventions aimed at ending FGM/C which will also be discussed.

## **Theoretical background**

### ***Agreements, conventions and arrangements***

Voestermans and Verheggen (2013) theorise that feelings of belonging to a particular group, tribe or clan can vary in depth and intensity depending on whether these groups are formed primarily on the basis of agreements, conventions or arrangements (ACAs). Feelings of belonging evoked in members of groups that are formed solely on the basis of explicit agreements tend to be superficial, while groups formed on the basis of arrangements tend to be the ones that most deeply involve people's experience. The term 'arrangement' here refers to 'that very much taken-for-granted environment that people shape themselves, and that in turn helps to shape the behaviours and feelings of people, and even triggers them' (Voestermans and Verheggen 2013, 96). 'Conventions' theoretically mark a middle position. A certain feel is required to know conventions such as when to laugh and when not to, but, with some effort, group members are usually able to articulate them. In the study on which this paper is based, ACAs were used as identifiers of group-belonging in relation to FGM/C.

### ***Discourse analytic approach***

There are no fixed methods by which to map social arrangements. The difficulty a researcher faces is that when asking people why they do what they do, they may be unaware of the implicit ways in which different elements in their environment are arranged to trigger expectations and behaviour. When people talk about their behaviours or beliefs, for example, they often actively construct a reality that suits a particular objective, such as justifying, excusing, challenging or requesting (Potter and Wetherell 1987). However, in doing so, people depend upon the discursive resources available within their culture (Willig 2008). Exploring what these resources are and how they operate can be a starting point to unravelling social arrangements. This analysis does not and should not preclude an analysis of what people do within their actual and tangible environment, which goes beyond mere talk and text. Examining discursive resources in combination with the organisation of time and space, architecture, adornments, tools, mannerisms and dance, and how these trigger expectations, emotions and behaviours, constitutes an analysis of social arrangements.

### ***Dynamics of change***

In an empirical study, Willig (1998) showed how discursive constructions of sexual activity have implications for actual practice through the positioning of the subject (see also Davies and Harré 1999). Willig goes so far as to make suggestions on how to open up new discursive spaces that may affect practice in the direction of safer sex. Inspired by her study, the authors of this paper go one step further and propose that the dynamics of change are to be found in the overlapping discursive spaces of discourses and counter-discourses. Discourses are not to be conceptualised as isolated bubbles of meaning, nor are they ever watertight (Parker 1992). Even discourses that construct the same discursive object differently by legitimising or challenging it can be similar in other respects. For example, FGM/C can be constructed as a health risk within a medical discourse or as a preventive measure against disease and misfortune within a more traditional discourse. Both discourses are concerned with and construct cause-and-effect relationships, albeit in radically different ways.

The same people can draw upon different and even opposing discourses to justify, excuse or challenge female genital cutting as a matter of course. In some cases, in an attempt to harmonise these contradictions, new meanings are constructed, and alternative practices are adopted. In the light of the framework presented in this paper, we will critically discuss interventions aimed at ending FGM/C, such as alternative rites. These rites initiate girls into womanhood without the girls undergoing the cut – an intervention aimed at ending FGM/C by harmonising different perspectives and avoiding a ‘culture clash’.

## **Methods**

### ***Site selection and sampling***

Data collection took place within a one-month timeframe at the end of 2016 in several communities in the areas surrounding Loitokitok, Magadi and Wamba. In these areas, alternative rites of passage are implemented during the school holiday period. These areas were also chosen because the Maa-speaking populations that live in them all have similar traditions related to, for example, the *morans* (the young male warriors) and female genital cutting

**Table 1.** Respondents by age and gender in three research areas.

Respondents	Loitokitok	Magadi	Wamba	Total respondents
Girls (9–17 years)	11	7	2	20
Boys (9–17 years)	4	2	0	6
Women (18–39 years)	11	7	1	19
Men (18–39 years)	10	7	1	18
Elderly Women ( $\geq 40$ years)	9	6	2	17
Elderly Men ( $\geq 40$ years)	7	6	1	14
Total Respondents	52	35	7	94

(Spencer 1965). Collecting data in these specific areas was deemed suitable for building an overarching framework, rather than undertaking comparative analysis or cross-cultural research.

Interview respondents were targeted through maximum variation sampling. They were not only selected on the basis of age and gender, as represented in Table 1, as an effort was also made to include people with a variety of community roles and vocations. Most, but not all, of the younger interviewees (9 to 17 years) attended school. All of the older men ( $\geq 40$  years) in the sample were pastoralists, some of whom also held municipal governance positions. The older women were midwives, teachers, small business owners, women's rights activists or had traditional roles around the household. This picture is similar to the men and women aged 18 to 39 years in our sample, with the addition that some of the younger men and women were students and the proportion of women working as primary school teachers was relatively high.

The necessary information for selection was obtained through key informants and members of our own research team. Ninety-four respondents volunteered to be interviewed. This relatively high number was needed to achieve saturation and allow us to build an overarching framework.

## **Data collection**

### **Interviews**

The interviews were semi-structured around themes such as work, health, gender, change, important others, pleasure and issues respondents themselves deemed important in relation to the main theme of female genital cutting. All of the interviews were conducted by the principal investigator (EG), who was always accompanied by a translator conversant in both Kiswahili and Maa if respondents did not speak English well enough.

The interviews lasted between 30 to 90 min. Respondents were interviewed individually. All of the interviews were audio-recorded and transcribed, anonymising names and exact locations. By building rapport, paying attention to cultural sensitivity and careful probing, the interviewer found that many respondents were willing to share intimate personal experiences on topics such as sexual orgasm, adultery, personal losses and their hopes and disappointments.

### **Participant observation**

During the course of the study, the principal investigator attended several significant events and took part in a variety of activities, such as meetings of community-based organisations, religious ceremonies, a two-day male circumcision ceremony, multiple overnight stays at

traditional kraals, visits to cattle markets and three alternative rites of passage ceremonies in Loitokitok, Magadi and Wamba, respectively. During or immediately after these activities and events, field notes were made that were later worked up into an expanded observation protocol.

### **Data analysis**

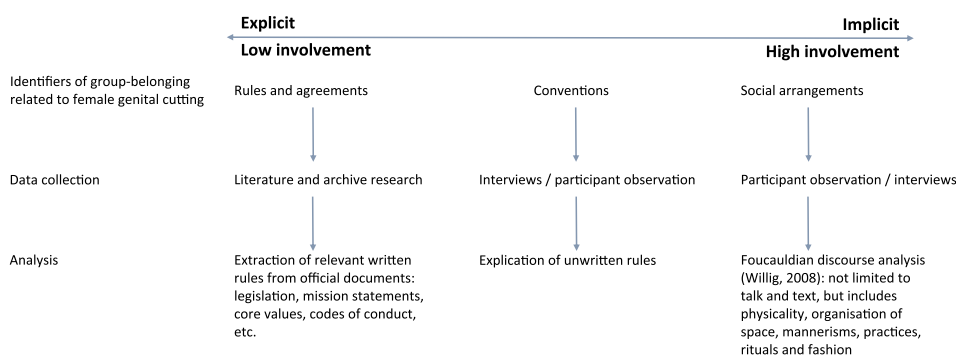
Documentary analysis also took place. The main documents analysed for formal perspectives on female genital cutting were an interagency statement (WHO 2008), the Prohibition of Female Genital Mutilation Act (Kenya Law Reports: Act No. 32 of 2011, 2012), a vision statement on ending female genital cutting by 2030 (Amref Health Africa 2017) and a draft version of the indigenous Maa constitution of 2017. Relevant conventions could be extracted from the interview transcripts.

To uncover the social arrangements pertaining to female genital cutting among the Maasai and Samburu communities visited in this study, discourse analysis was conducted on 48 interview transcripts that were deemed suitable for further analysis. The other interview transcripts either lacked depth or scored too high on social desirability. Considering the still relatively high number of interviews and in light of the aim of this study, Willig's (2008) six-step approach to conducting Foucauldian discourse analysis was chosen over methods suggestive of more steps or conceptually more complex forms of analysis (e.g. Kendall and Wickham 1999; Parker 1992).

After selecting fragments in which female genital cutting is talked about and constructed, an attempt was made to locate these constructions within wider discourses. A next step involved exploring how these discourses were deployed within the transcripts and the subject positions they facilitated. Positioning the subject allows for the mapping of possible behavioural patterns – in other words, an outline of what behavioural opportunities subjects have by being located or having located themselves within a particular discursive frame. Finally, a tentative delineation of what subjects feel or experience within these discursive frames could be made. The discourses, as well as the subject positions that could be taken up within them, were further refined and sharpened during peer-debriefing sessions within the research team. Findings were triangulated with what was observed in the field and also compared to the existing literature.

In June 2017, the results of the study were presented to all of the participants in the area around Loitokitok, at which some of the community leaders from the other research areas were also present to attend a workshop. This was done by the principal investigator, who was assisted by a translator, by means of presentations, posters and focus group discussions. The feedback the principal investigator received led to minor revisions.

The theoretical framework, methods of data collection and data analysis are summarised in Figure 1. Relevant conventions were explained by gatekeepers, key informants and respondents. By becoming aware of these conventions at an early stage in the study, especially those on the practice of active dissimulation or concealment from outsiders, the principal investigator was able to dig deeper into social arrangements related to female genital cutting.



**Figure 1.** Analysing identifiers of group belonging.

### **Ethics statement**

The Ethics and Scientific Review Committee (of AMREF Health Africa in Kenya)<sup>3</sup> approved this research protocol (REF: AMREF-ESRC P277/2016) on 27 October 2016. All of the interviewees were required to sign an informed consent form. If the interviewee was below the age of 18, a legal guardian was required to give permission on behalf of the minor. Prior to participant observation, community consent was obtained from a leading figure, who then informed all members of the group, family or community about the researcher's presence and the subject of the research.

### **Results**

The different discourses within which constructions of female genital cutting were found to be embedded are presented below. Within the ACA framework social arrangements are denominated by their corresponding discourse. In the space available here, we can only present a general outline, since a detailed report of the analytic stages is not feasible within the scope of this paper. Our goal though is to show how these different discourses and counter-discourses interact to effect change.

#### **Using discourse analysis to map social arrangements**

In total, seven discourses emerged from the analyses, three legitimising the practice of female genital cutting, and four challenging the practice (Table 2).

Constructions of female genital cutting related to marriageability, bride price or cutting as a service provided by a traditional birth attendant locate it within an *economic discourse* of supply and demand that legitimises the practice. In many accounts, marriageability was provided as the rationale for cutting, either as a means of survival for a young uneducated woman or as a requirement for fathers to exploit their daughter's bride price:

If she [one of my daughters] is educated, if I do not rush for circumcision, she will also get married and I will go there and demand dowry. So, I will get my wealth anyway. But if you get her circumcised you can marry her off right away and get livestock and wealth quicker. That is it. (Michael, Magadi, elder, pastoralist, 4 December 2016)<sup>4</sup>



**Table 2.** Summary discursive constructions, discourses and counter-discourses.

Discursive Construction of FGC	Discourse	Pro or Counter FGC
Business/Job, Precondition for Marriage	Economic	Legitimises FGC
Sinful Act, Shedding of Innocent Blood	Religious	Counter-Discourse
Rite of Passage, Must-Do	Martial-Pastoralist	Legitimises FGC
Health Risk, Mutilation	Medical	Counter-Discourse
Cleansing Ritual	Magical	Legitimises FGC
Violations of Human Rights	Modernistic	Counter-Discourse
Inability to Experience 'Sweetness' of Love	Love/Intimacy	Counter-Discourse

Traditional birth attendants also share in the responsibility for cutting the girls. One interviewee justified her choice of vocation by describing the limited opportunities otherwise available to her:

What else could I do? When my husband passed away, I had no cows, I owned no land. To me it was something like a business opportunity. (Bernadette, Loitokitok, widow, former circumciser, 17 November 2016)

In another account, the rationale given was to reduce the costs associated with the ceremony:

My elder sister was promised in marriage. So, I was circumcised with my elder sister, together. My father said: 'It would be a loss if I circumcise her and let you wait for next year'. Because they will prepare a ceremony. So, it will be expensive for him to circumcise me at some other time. (Nancy, Magadi, teacher, 1 December 2016)

In yet another description, it was the anticipation of costs that might arise if a girl becomes pregnant that played a role:

If she [daughter] becomes pregnant and delivers [while being uncircumcised] I need to compensate the midwife with a goat. (Patrick, Magadi, elder, pastoralist, 5 December 2016)

Christian *religious discourse* provides constructions of female genital cutting as something sinful or unnatural. A young woman who ran away from home to avoid circumcision recalls utilising this to try to convince her father:

Why should I do this? I was born like that. God did very well. He gave me all parts of my body. (Abigail, Magadi, nursing school, uncircumcised, 5 December 2016)

The same young woman explained her resilience in the following manner:

Always He [God of the Bible] gives you something that matches your strength. The way of your strength is the way of your challenge. So, I say: 'No, I have to fight for it!' (Abigail, Magadi, nursing school, uncircumcised, 5 December 2016)

Rites of passage often involve an element of pain or austerity. For the Maasai and the Samburu people, the endurance of pain and discomfort mirrors heroic stories of great warriors and fearless hunters (Saitoti 1980; Spencer 1965). A particular *martial-pastoralist discourse* constructs the pain experienced during circumcision, whether of a boy or a girl, as something desirable and a crucial part of the rite.

It was so painful. You cannot imagine. But there is nothing you can do about it. You cannot cry, because you do not want to be seen as a coward. (Grace, Loitokitok, widow, former circumciser, 25 November 2016)

The same martial-pastoralist discourse legitimises demands on married women's chastity in circumstances whereby husbands are often away minding cattle for weeks on end. This,

in combination with a certain mistrust of women's ability to exert control over their sexual urges, legitimises a procedure that is assumed to reduce sexual desire.

We Maasai ... we don't trust our women. If you leave the homestead and you come back, she will sleep with other men. If you do not circumcise her, she will run away at night looking for sex like a prostitute. (John, Magadi, elder, pastoralist, 2 December 2016)

Constructing female genital cutting as a health risk on the other hand draws upon a *medical discourse*. This discourse contrasts with an indigenous discourse that constructs female genital cutting as healthy. For lack of a better word, we term this a *magical discourse* because of the erroneous cause-and-effect inferences it makes, which outsiders would deem superstitious. It is nonetheless crucial to have an understanding of this discourse, because it offers subject positions that resist change, with resistance stemming from an existential fear of misfortune or curse by the ancestors:

It is our tradition. We know this. It is true. So, if a girl who is not circumcised becomes pregnant, she is chased away ... she will go to the forest where wild animals will attack her ... she will die. She cannot give birth in the homestead. That cannot be. If she is a girl that is not circumcised but still becomes pregnant, this girl will bring disaster to the boys. So, what we normally do is to chase away the girl. (William, Loitokitok, elder, pastoralist, 22 November 2016)

A more *modernistic discourse* challenges female genital cutting by constructing it as a violation of human rights and a barrier to progress. Modernistic discourse may be distinguished from medical discourse by being much broader in scope. It entails a particular way of thinking about human rights and the benefits of education and progress as a matter of course. This discourse incorporates concerns over imposing Western values and ideas on other cultures (e.g. Khamasi 2015). It is here, in the overlapping discursive space between this modernistic discourse and the martial-pastoralist discourse that alternative rites have emerged as a new practice, with the aim of ending female genital cutting while honouring tradition and thereby avoiding a culture clash.

A *discourse on love, care and intimacy* challenges female genital cutting by constructing it as the inability to experience the sweetness of love:

Yah ... [whispering] the senses are destroyed. You see, when I look at my husband ... yes, I feel like loving him ... but when you are cut, that urge of sex is not there and it is that which brings a family together. It is very important. But ... mmm ... it is very hard for me ... even to this day. It takes out that urge for loving. (Mary, Wamba, teacher, university education, circumcised, 7 December 2016)

This same interviewee expressed concern that the consequences of being circumcised could very well extend to her nuclear family. At the time, her husband was only married to her; however, circumstances could change:

When you indulge in sex it does not bring you that pleasure. Yeah ... they [orgasms] are not there. And that is why a Samburu man who has a woman of my age, they go and marry the second one, because they are looking for that sweetness in sex. But they can't get it. They get the second one, but she is circumcised. They get a third one ... They go on like that until they grow old and sometimes have fifty wives [laughing]. (Mary, Wamba, teacher, university education, circumcised, 7 December 2016)

Although the majority of the female interviewees who were circumcised confided that their urge for sex had diminished after they had been circumcised, one interviewee who was circumcised disputed that the cause of this diminished urge lay in the physical effects of the procedure. This perspective resonates with some of the literature on the issue (e.g. Ahmadu

and Shweder 2009). According to her, reduced desire is caused by trauma as well as by misconceptions about the physical effects:

When a girl is cut, that is when the clitoris is cut, only the upper part is removed, meaning that some roots of the clitoris remain. So, this does not reduce the urge to have sex, but what affects girls during sex is the trauma; the psychological issue of ... when I have sex, maybe I will not enjoy sex, because I am cut. That is according to teaching. (Charity, Kimana, teacher, single mother, circumcised, 23 June 2017)

Having succinctly outlined the different discourses, conceptualised more broadly to include their interrelationship with practices and tangible artefacts, it is then possible to relate them to specific forms of social arrangement (Table 3).

Based on the above analysis, in Figure 2 we outline a framework that might enable different stakeholders to locate the discourses that emerged from the data in an integrated manner.

### ***Opportunities for change***

As can be seen in Figure 2, the discursive spaces in the overlapping areas of discourses and counter-discourses have been given descriptive terms. While we do not claim that these terms comprehensively cover the dynamics present within each of these spaces, nor imply that they point to clear-cut forms of interventions, they do highlight different issues that need to be addressed in the design of more holistic programmes to eliminate female genital cutting.

During a meeting of women's rights activists, the first author asked the group what they thought was the most important thing in life. Different women mentioned 'dressing', 'housing', 'food', 'unity' and 'peace', respectively. In one-on-one interviews, these same themes were frequently mentioned. One father, who was still shifting between various positions on whether female genital cutting needed to be abolished, articulated his primary goal in life in the following manner:

It is simple. I want my daughters to live a happy life. I want them to finish their school. Some can even become pilots if they want. I want them to do research like you are doing. So, they must go to university. I want a very good life in all my kids ... also the girls. (William, Loitokitok, elder, pastoralist, 22 November 2016)

The term *well-being* is used here to signify the overlapping discursive space between economic discourse and the discourse on love and intimacy. This is because in the interviews with proponents of female genital cutting, who were mostly older interviewees, it became apparent that even when deploying economic discourse to account for female genital cutting, this by no means implied that the practice took place without concern for the girl's well-being. In many cases, it was done precisely because interviewees were concerned about their daughters' well-being. However, while probing the effects of female genital cutting on love relationships, whether parental or conjugal, it became clear that the economic reasons given for female genital cutting, apart from becoming outdated, do not outweigh the grief this practice causes. This is apparent below, where William, the same father as above, expressed regret about past actions:

Actually, I did not send her [oldest daughter] away ... she ran away because I insisted she'd be circumcised. But I do not want my other daughters to run away like that ... my opinion on

**Table 3.** Agreements, conventions and arrangements.

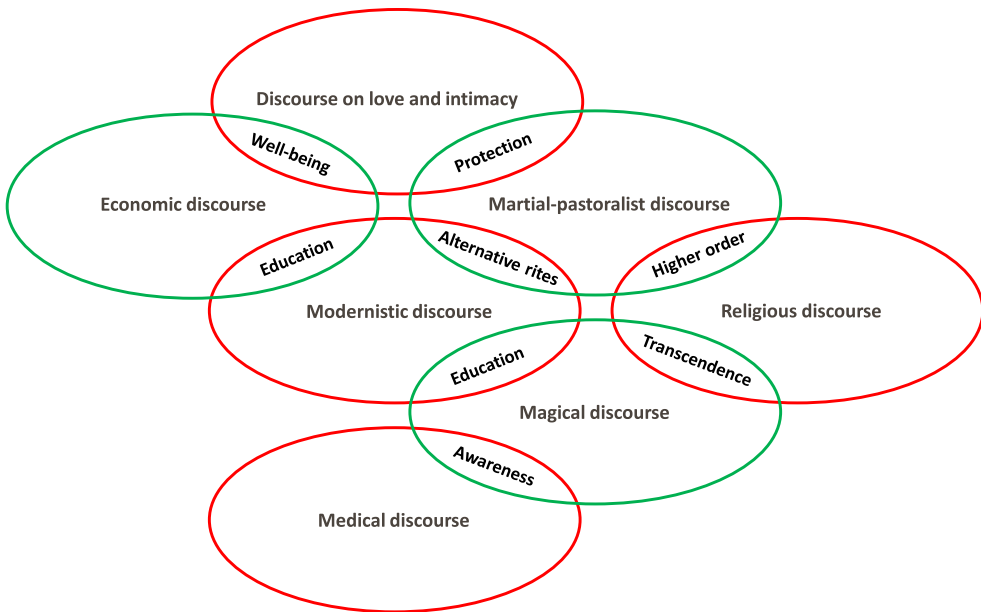
Agreements	Conventions	Arrangements <sup>b</sup>
<p><b>Eliminating Female Genital Mutilation: An Interagency Statement (WHO 2008)</b></p> <ul style="list-style-type: none"> <li>Female genital mutilation is a violation of human rights</li> <li>Female genital mutilation has harmful consequences</li> </ul> <p><b>Prohibition of Female Genital Mutilation Act [Kenya Law Reports: Act No. 32 of 2011, 2012]</b>Part IV-Offences, FGM is an offence and includes:</p> <ul style="list-style-type: none"> <li>Aiding and abetting female genital mutilation</li> <li>Use of premises to perform female genital mutilation</li> <li>Possession of tools or equipment</li> <li>Failure to report commission of offence</li> <li>Use of derogatory or abusive language</li> <li>Procuring a person to perform female genital mutilation in another country</li> </ul> <p><b>Our Vision to End FGM/C by 2030 (Amref Health Africa 2017)</b></p> <ul style="list-style-type: none"> <li>Ending child marriage</li> <li>Promotion of sexual reproductive health and rights</li> <li>Education for all</li> <li>Maternal health</li> <li>Promotion of gender equality</li> <li>No 'less harmful form of FGM/C'</li> <li>Community-led and community-driven cultural alternatives for FGM/C (alternative rites of passage)</li> </ul> <p><b>Indigenous Maa Constitution 2017 (in process)<sup>a</sup></b></p> <ul style="list-style-type: none"> <li>Education is a girls' right</li> <li>Alternative rites are a viable alternative to female genital cutting</li> </ul>	<p><b>Maasai unwritten rules</b></p> <ul style="list-style-type: none"> <li>Be careful what you say to outsiders</li> <li>Outsiders are never allowed to alter our traditions</li> <li>Women are valued, but can never be equal to men</li> <li>Always protect your women and children</li> <li>Someone who cannot endure pain is a coward</li> <li>Respect the elderly</li> <li>Livestock is wealth</li> <li>Be beautiful and adorn yourself</li> <li>Always greet and take your time to 'make stories'</li> <li>Share everything with the community, especially with your age set</li> </ul>	<p><b>Economic</b></p> <ul style="list-style-type: none"> <li>Female genital cutting as a business opportunity</li> <li>Related themes: bride price; polygyny; marriageability</li> <li>Observations: cattle markets; kraals; small shops; agricultural farms</li> </ul> <p><b>Religious</b></p> <ul style="list-style-type: none"> <li>Female genital cutting as sinful or against the will of God</li> <li>Related theme: civilisation vs tradition</li> <li>Observations: churches; open-air masses; schools</li> </ul> <p><b>Martial-pastoralist</b></p> <ul style="list-style-type: none"> <li>Female genital cutting as a rite of passage</li> <li>Related themes: honour; survival</li> <li>Observations: boy circumcision; alternative rites of passage; scarification</li> </ul> <p><b>Medical</b></p> <ul style="list-style-type: none"> <li>Female genital cutting as a health risk</li> <li>Related theme: scientific evidence</li> <li>Observations: hospitals; nurseries; awareness campaigns</li> </ul> <p><b>Magical</b></p> <ul style="list-style-type: none"> <li>Female genital cutting as a cleansing ritual</li> <li>Related theme: power of the curse</li> </ul> <p><b>Modernistic</b></p> <ul style="list-style-type: none"> <li>Female genital cutting as a violation of human rights</li> <li>Related themes: gender equality; progress; technology</li> <li>Observations: alternative rites; schools; housing; devices; fashion</li> </ul> <p><b>Discourse on love and intimacy</b></p> <ul style="list-style-type: none"> <li>Female genital cutting as inability to experience playful love</li> <li>Related themes: extramarital affairs; domestic abuse; child marriage</li> <li>Observations: casual conversations; theatre plays</li> </ul>

<sup>a</sup>Historically, this has been an unwritten constitution and could therefore be placed under the column denoting conventions.

<sup>b</sup>Uncovered by means of discourse analysis and participant observation; descriptions with keywords are not complete, but intended to give a general impression.

FGM has changed ... I am very close to my daughters. (William, Loitokitok, elder, pastoralist, 22 November 2016)

Just as with female genital cutting, positions on polygyny, marriageability and the inheritance of property by male primogeniture can alter within this discursive space. In a similar vein, *protection* at the discursive overlap between the discourse on love and intimacy and the martial-pastoralist discourse indicates that people who draw upon a discourse of honour,



**Figure 2.** Discourses on female genital cutting (green) and counter-discourses (red).

strength and fearlessness where male dominance is set as a matter of course are not necessarily loveless people, despite the practice of female genital cutting being perceived as particularly cruel by people unfamiliar with this martial-pastoralist discourse. Although conceptually discourse on love and intimacy could be characterised as feminine, and martial-pastoralist discourse as masculine, this does not mean that women predominantly draw upon a discourse on love and intimacy and men upon a martial-pastoralist discourse. It was found that members of both sexes drew upon both discourses. And although the discourse on love and intimacy seems to be subjugated, it gains momentum and strength irrespective of who uses it. The *morans*, for example, are perceived as protectors of the community, which they have a duty to defend. However, some *morans* are now taking a stand as champions of change in the 'fight' against female genital cutting as 'their sisters' keepers'. Thereby, they have taken up their traditional role as protectors but given it new content, harmonising two opposing discourses.

*Alternative rites* at the discursive overlap of the discourse of modernity and martial-pastoralist discourse highlights a search for interventions that seek to avoid a 'culture clash'. However, one question that needs to be addressed in this regard is whether these rites are truly understood as alternative rites of passage and not, for example, as alternatives to rites of passage or rites of delayed passage. From observations, interviews and informal talks, it appeared that girls who underwent the alternative rites of passage did not feel themselves to be women, nor were they considered women by others. This opinion was shared by some sceptical interviewees and expressed by an elder in the following manner:

How can you do a ceremony if you don't circumcise your girl? What is the use of that? It is not the same. (Peter, Magadi, elder, pastoralist, 4 December 2016)

At the alternative rites of passage ceremonies observed in this study, a promise is made that the girls attending can remain girls a little longer and will not be married off. The adage 'Just

don't cut, all else will stay the same' does not seem valid and is therefore surely overly simplistic. In feedback of the results of this study in June of 2017, the need to critically examine traditional notions of femininity and actively construct new ones became apparent. 'Passage to what?', was the question put forward during a group discussion. The need to involve more men was also emphasised. They must learn and adopt new roles as the younger generations of women become educated and will demand more voice.

*Transcendence* at the discursive overlap of magical discourse and religious discourse highlights the dynamic of change, whereby Maasai or Samburu are told by pastors or missionaries not to fear the curse of their ancestors but rather the wrath of God for continuing a practice that is performed against His will.

*Higher order* at the discursive overlap of martial-pastoralist discourse and religious discourse highlights the influence of Christianity on the most confidential of cultural practices. Although cultural elders, who as the guardians of tradition frequently deploy martial-pastoralist discourse, facilitate open-air sermons held at their kraals, according to one key informant, these elders stand in opposition to religious leaders on key issues such as those related to female genital cutting and moranism. In turn, religious leaders tend to view cultural elders as 'illiterates' and a somewhat 'backward' class of men. An observation that seems to underscore this difference is that preachers, even those of Maasai origin, never wore traditional attire, even when present at traditional ceremonies.

*Awareness* at the discursive overlap of medical discourse and magical discourse highlights the possibility of interventions aimed at creating awareness of sexual reproductive health. It is often assumed that creating this awareness challenges traditional beliefs about health, but this is not necessarily the case:

It is all FGM, FGM, FGM. Our kids are being taught negative things about circumcision. I don't see anything bad about it. Why are you people telling me not to do this practice? You see, I am careful, because I fear the law. I don't want trouble. But I have cut so many girls and I have never seen anything bad happen. Some girls bleed, but no one has died. All these complications you people are talking about, I have never seen it. (Grace, Loitokitok, widow, former circumciser, 25 November 2016)

Finally, *education* was brought up in many accounts as crucial in challenging discourses that legitimise female genital cutting. Where economic discourse overlaps with modernistic discourse, it is often argued that a daughter yields more value if she is educated. If a father is patient, does not circumcise his daughter and enables her to get an education, she will eventually be able to earn money that will benefit the entire family. Therefore, if she is educated she is worth more than the one-time value of a bride price. This reasoning also helps fathers to save face, when they might otherwise be ridiculed by their peers for allowing their daughters not to undergo circumcision. However, this purposive reframing of a girl's value is problematic. It implies that a girl still needs to compensate others to obtain what is hers to begin with – namely, her bodily integrity as a birth-right. Education framed in this manner buys the girls some time but offers no guarantees against being circumcised at some later stage.

## Discussion

By using discourse analysis to uncover implicit social arrangements, we were able to develop an analytic framework that engages with female genital cutting in an integrated manner.

This framework can, we believe, be used to communicate about the different and sometimes opposing positions people take in relation to FGM/C. Understanding these different positions and integrating them into an overarching whole is helpful for the design of more holistic interventions.

Various non-governmental organisations and governments in Africa have worked tirelessly to eliminate female genital cutting (Skaine 2005). However, legal prohibitions and awareness campaigns about sexual reproductive health and rights have met with limited success and might even be misguided. Repeatedly emphasising human rights and the possible health risks associated with FGM/C will have a limited effect if people still have other social concerns (Boyden 2012) influencing their decisions, such as those related to marriageability, honour and shame. As Willig (1998, 385) stated: 'It is important to examine the relationship between a source's and a recipient's discursive frames in order to understand the impact of a message.'

Interventions to eliminate female genital cutting must be aligned with these frames in order to resonate with a specific target-group. Boyden (2012) argues that alternative rites are an important part of more contextual approaches to change. Our analysis supports such a position by placing alternative rites in the overlapping discursive space of a modernistic discourse and a dominant martial-pastoralist discourse that legitimises female genital cutting as a rite of passage. Enforcing the law, creating awareness and providing education remain crucial elements within an integrated approach to change. Each element must be in place if the abolition of female genital cutting is the goal. Similarly, circumventing religious discourse and the levers of change this particular discursive frame offers would drastically decrease the effect of an integrated approach aimed at people for whom religion is a central aspect of life. The more holistic the approach to change, the fewer options proponents of female genital cutting will have. They will be presented with alternative perspectives and options everywhere they look.

Integrating the results of discourse analyses into Voestermans and Verheggen's (2013) cultural psychological framework, as in Table 3, helps to better understand why merely making rules and enforcing them will not guarantee success. The explicit and external order imposed may be in opposition to more immediate and experience-based social arrangements that are more difficult to articulate but feel very real and natural. This dynamic can even be observed between different social arrangements, as in the account of a former circumciser, a staunch proponent of the practice, who considered that the rite carried little risk, but confided that within the privacy of her own home and with the tutelage of her own daughters she preferred to perform less traumatic forms of circumcision that carry less risk and are less painful. In discourse analytic terms, at times, the subjugated discourse on love and intimacy here takes precedence over a more dominant martial-pastoralist discourse that sets the rules (note the semi-written Maa Constitution in Table 3). Transgression of this traditional martial-pastoralist order proved to be an important theme throughout this research, especially in relation to loving relationships, most notably romantic love.

There are several limitations to the empirical study underlying this framework, mainly in relation to the timeframe for data collection and the generalisability of findings. Firstly, the data were collected during a four-week period in areas where one particular organisation is implementing and/or facilitating alternative rites of passage. Although the authors assume that most social arrangements are relatively stable, the framework presented in this study can best be conceptualised as a snapshot capturing the state of events at a certain time. The

replication of this study at different times in the same areas, or via additional longitudinal designs, will allow change over time to be more reliably captured.

## Conclusion

Overall, the aim of this paper has been to design and present an overarching framework on different positions that can be held in relation to female genital cutting based on empirical data, and to discuss possible implications this framework might have for the design of interventions in these communities. By undertaking feedback sessions on this framework with the participants of this study, and also by using it as an educational tool in different settings (schools, universities and workshops on anti-FGM/C and gender equality), participants were able to better reflect on their own constructions of FGM/C and what these imply for their interaction with people who construct female genital cutting differently. As for implications for practice, this framework shows why and how one-sided approaches do not work, whether they are alternative rites, awareness campaigns, legislation or economic incentives. As other researchers on female genital cutting have argued (e.g. Boyden 2012; Gruenbaum 2001, 2005), more contextually developed approaches and the design of holistic interventions are required.

## Notes

1. The *Maa* term for both male and female genital cutting is *emorata*. In this paper, the term 'female genital cutting' is used, alongside 'circumcision' and common abbreviations such as FGM, FGC or FGM/C (female genital mutilation/cutting).
2. Female genital cutting is classified into four types (WHO 2008). It has been established that the communities visited in this study practise type 1 (clitoridectomy), type 2 (excision) and increasingly type 4 (pricking, scraping, etc.) (Kiage et al. 2014).
3. The ESRC is accredited by the Kenyan National Council for Science and Technology to perform the ethical review for research protocols involving human subjects.
4. Interviewees have been given fictional names to preserve their anonymity.

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