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Legislation against girl circumcision: a cultural psychological understanding of prohibition

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Introduction

In Kenya, the Prohibition of Female Genital Mutilation Act¹ was passed in 2011. This law calls for a complete ban on girl circumcision. Community policing structures are in place to help with enforcing these and other laws.² Several non-governmental health organisations, *Amref Health Africa* being one, have committed themselves to making people abandon girl circumcision.³ Amref Health Africa works closely with the Kenyan government but adopts a stronger focus on building rapport and creating dialogue with and within practising communities, for example by organising awareness campaigns on sexual and reproductive health and rights (SRHR) and facilitating support groups.

The rationale for the abolition of girl circumcision, usually constructed as female genital mutilation (FGM) to imply unnecessary damage to the female genital organs, is based on an articulated stance backed by universal human rights and medical reporting. From this perspective, it makes perfect sense to work on policies, regulations and rules that prohibit girl circumcision and make people aware of the negative health consequences of this practice. Change, however, is not just a matter of activating rules and having good arguments. Since 2009, Amref Health Africa pinned its hopes on alternative rites of passage (ARP) to account for affective aspects of girl circumcision. ARP is intended as a rite that mimics the original

one, but without “the cut” and without the girls having to be married. In 2016, we conducted qualitative research into the changeability of girl circumcision and ARP’s cultural embeddedness amongst Maasai and Samburu communities in Kenya⁴. We needed a framework that enabled us to map opposing perspectives, legal and those off the record, and integrate that with how people themselves make sense of their lives.

A cultural psychological perspective

Cultural psychologists Voestermans and Verheggen⁵ stress that rules and regulations are formal, explicit and easy to articulate. They explain that articulation and involvement are inversely related dimensions. Rules, being explicit and formal, are plotted high on the dimension of articulation, but low on the dimension of involvement. This means that although rules can be activated relatively easily, this does not automatically imply that people will be committed to act upon them. Even if people are aware of the law and the underlying arguments for implementing it, they can still have other considerations. These are not necessarily “considerations” that people are consciously aware of. Voestermans and Verheggen⁵ go further to explain

*The research protocol was approved by the Ethics and Scientific Review Committee of AMREF Health Africa in Kenya on 27 October 2016 (REF: AMREF-ESRC P277/2016).

that people within tightly knit communities not only have formal rules upon which they base their actions but also shape their behaviour in more subtle ways on the basis of social arrangements. These involve people more deeply in their respective communities but are difficult to articulate. A social arrangement is “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” (p.96).⁵ A social arrangement is also that environment in which the highly embodied learning of preferences, emotions and taste takes place. A social arrangement is not abstract and formal, but tangible and affective. It templates an embodiment that is not in need of words. As such, social arrangements are juxtaposed against rules, which are abstract and cognitive. Social arrangements are formed over longer stretches of time, sometimes generations, as is the case with those arrangements in which the practice of girl circumcision takes place and in which related behaviours and emotions are automatically triggered.

One example of this juxtaposition can be provided from our study.⁴ The elderly men we spoke to strongly condemned, as adult circumcised men, the act of having sexual intercourse with a girl child. For some, the cut-off point to determine whether a girl reached adulthood or not was not a specific age set by the law, but determined by whether she was circumcised or not. One man explained that the intense revulsion that would accompany the act of having intercourse with an uncircumcised girl would prevent him from ever committing such a terrible act. The revulsion this interviewee anticipated is automatically triggered within an arrangement that needs deeper understanding and suspended judgement on the part of those that attempt to bring about change.

Girl circumcision serves a variety of functions within local social arrangements on the basis of which members of a community attune their behaviour. These functions do not disappear as soon as a new law is passed and might be very different across communities that practice girl circumcision. Meanings ascribed to girl circumcision differ even within communities⁶ and change over time.⁷

Future directions

Our experience in using a framework to map multiple perspectives leads to a number of

reflections for the future.⁸ It is crucial not to generalise and roll out one-size-fits-all programmes – contextualising the design and implementation of change interventions is required to end the practice of girl circumcision. If the social arrangements in which people shape their behaviour are not understood and accounted for, change initiatives of any kind will not result in the desired effect. Alternative approaches can be sought, such as the ARP. However, ARPs are insufficiently researched and their precise effects unknown.⁹ Although it is commendable that an effort is made to lever change in ways that accounts for the way people themselves shape their lives, there remain questions on how secular, traditional and religious discourses are reconciled in implementation.¹⁰ Based on our study amongst Samburu and Maasai communities, we can confirm what staff on the ground have always known and what is mirrored in the existing literature,¹¹ that a whole range of questions needs to be addressed and acted upon if change is to happen, such as how traditional birth attendants, the ones that circumcise, are going to make a living, how to respectfully challenge superstitious beliefs about health, how to address the practice of pricing daughters for marriage by fathers, to mention just a few. The re-shaping of intimate sexual relations also needs to be addressed, if change is to become firmly embedded. Of course, these changes are not to be initiated by outsiders or modelled according to some transplanted set of values. Again, this has everything to do with the highly embodied and subtle shaping of preferences, emotions and taste that inevitably will take time. Any one-sided approach, whether from a legal, policy, public or community health perspective, will only have transient results and might at times even have unintended consequences, such as people (successfully) advocating for the medicalisation of girl circumcision or the invention of new and secretive ways of continuing girl circumcision in a way that avoids prosecution. Radical and holistic approaches that account for the entire social arrangement in which girl circumcision is practised are warranted, if we strive for change that lasts.

Conclusion

Countries worldwide have made progress by putting legislation in place that explicitly prohibits the practice of girl circumcision. Alongside the

implementation of new laws, governments and non-governmental health organisations have initiated awareness campaigns to convince practising communities to abandon this practice. However, what is often overlooked in the design and implementation of interventions aimed at ending girl circumcision is that this practice has distinct functions within local social arrangements on the basis of which community members shape their lives. If these functions and social arrangements

are not accounted for, legislation, law enforcement and awareness campaigns will stall and can even have unintended negative consequences.

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