



Not Just Marriage and Motherhood

An alternative rite of passage that’s replacing female genital mutilation in Kenya gives girls new options

A LINE OF TEENAGE MAASAI GIRLS STOMP SNEAKER- AND SANDAL-CLAD FEET IN PERCUSSIVE unison, chanting a rhythmic, high-pitched song. Their dance is part of the jubilant closing ceremony of the three-day community-organized Alternative Rite of Passage, held this past August at Itilal Primary School in Kajiado, in southern Kenya. The area is home to the semi-nomadic, cattle-herding Maasai.

For the Maasai girls, wearing white purity scarves and ornate necklaces and bracelets with beaded geometric designs, the event signals a profound cultural shift. Unlike their older women relatives, these girls have not undergone female genital mutilation or cutting (FGM/C), an entrenched practice affecting untold generations that has been used to signal the transition to womanhood and imminent marriage. The celebratory ARP ceremony parallels the three-day rite of passage that conventionally accompanied FGM, helping smooth community acceptance among older generations. The adolescents themselves have embraced the change, wearing ribbons around their foreheads reading “No FGM.”

“After undergoing FGM/C [during adolescence], a girl will drop out of school, get married, get pregnant,” says Dr. Joachim Osur, a medical school dean and the technical director at Amref Health Africa, a 63-year-old community-based health care nonprofit. “Their future in terms of getting jobs and income goes.” With ARP marking girls’ coming-of-age, a different future opens: education and a career, not just marriage and motherhood. “I’m very happy I’m not going through the cut,” says 15-year-old Jane Nkoitai. “I want to continue my education and become

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A jubilant rite of passage takes place in Kajiado, Kenya, this past August.

a doctor and change the community.”

The three days are packed with activities for the 545 female and 88 male participants. They hear lectures on life skills, adolescent sexual health, sexually transmitted diseases and the consequences of FGM. They are also given emergency numbers to call for help if they fear a family member is planning to have them cut.

Eradicating FGM has been on the feminist agenda for about 50 years. In 1980, *Ms.* ran one of the first articles on FGM published in the *Global North*; that same decade, pioneering Ghanaian British activist Efua Dorkenoo founded a global movement to outlaw FGM in many countries. In 1994, the International Conference on Population and Development (ICPD) in Cairo formed a plan of action that included ending FGM. Yet despite these efforts, myths about FGM persist, and until fairly recently many human rights groups avoided the issue, under the guise of respecting cultural differences.

Often incorrectly attributed to Islam or Christianity, the practice actually predates both religions. The ultimate form of patriarchal practice, it's intended to make sexual intercourse so excruciating that a husband is assured his wife will not stray. In many communities, girls and women who don't undergo FGM are shunned for being “unclean.” When performed in surgical/hospital settings, as some countries permit, the procedure carries implicit approval that perpetuates the practice. But whether performed with sterilized or unsterilized cutting implements, it can lead to complications such as infections, fistulas and cysts; hinder urination and menstruation; and cause childbirth

complications and even death.

There are different classifications of FGM/C. Type 1 is clitoridectomy, or removal of all or part of the clitoris. With Type 2, in addition to the clitoridectomy, the inner and sometimes outer labia are removed, while Type 3 is infibulation, which narrows the vaginal opening by removing and repositioning the inner or outer labia. Type 4 involves cauterizing, pricking, piercing and performing other harmful nonmedical procedures to the genital area. About 200 million women and girls alive today have undergone FGM/C, while another 4.1 million girls every year are at risk of being cut, and their number is increasing, according to the United Nations Population Fund. Per the report “Kenya: The Law and FGM,” about 43 percent of Kenyan women ages 15 to 49 who have undergone FGM/C had the procedure between the ages of 10 and 14.

Osur has observed that FGM is on the decline in Kenya. In the Kikuyu community in south-central Kenya, for example, the rate is about 15 percent, according to a government health survey from 2014. However, Kenya's Somali ethnic community has an FGM rate of 94 percent, and 78 percent of Maasai girls are still cut, despite Kenya passing a law in 2011 prohibiting the practice, Osur says. (Hoping to push this trend in the opposite direction is another Kenyan doctor, Tatu Kamau, who filed a petition with the government seeking to overturn the country's ban and allow women 18 and older to choose to undergo FGM. The petition, which has reached the Nairobi High Court, was adjourned until December and, at press time, remained undecided.)

Women's empowerment grows with the help of other women, and none is more influential than someone who was once the community

“cutter,” making anywhere from 500 to 1,000 Kenya shillings (about \$5-\$10 U.S.) per cut. Maria Lupempe, formerly a traditional birth attendant and midwife, stopped cutting two years ago, increasingly disturbed by the slow healing following childbirth among women who had undergone the practice. Now she is a leader in the anti-FGM/C movement. “I am very strict that the ladies from my area don't get cut,” Lupempe says.

It's taken several years to convince elders in Kajiado County, between Nairobi and Tanzania, to cease the practice, says Corazon Aquino of Amref Health Africa. Amref has undertaken water, sanitation and other projects at schools and villages across the nine African countries in which it operates. Aquino says these projects were used to build trust with the local elders. Then, gradually, the idea that cutting was dangerous was introduced.

Itital village elder Daniel Kimayo, carrying a ceremonial beaded stick with giraffe tail hair to whisk away insects, says he fully supports ARP: “Uncut girls are going to university and doing very well.” Kimayo's wife and one of his five daughters have undergone FGM/C; the other four have not, which “they are happy about,” Kimayo says.

In November 2019, Kenya, Denmark and the U.N. Population Fund convened the Nairobi Summit on ICPD25, marking 25 years since the Cairo conference and looking to make good on the ICPD's promises. Among those commitments: “Zero sexual and gender-based violence and harmful practices, including ... zero female genital mutilation.”

Kenyans may not have accomplished that yet—but they're working on it.

—ROBERTA STALEY