



Rites And Wrongs: Are we Going the Right Way About Ending FGM?

By Lotte Hughes and Katy Newell-Jones



There are reports from some parts of Kenya that 30 per cent of high school girls have been missing from class. This may be the result of Female Genital Mutilation/Cutting (FGM/C), marriage, pregnancy, the cost of school fees, or a combination of these factors. The [Orchid Project](#) reports similar findings, although its survey was published last September and the situation may well have worsened since then:

“The impact of COVID is huge,” says Charles Leshore, who formerly worked for a leading Kenyan health NGO that campaigns against FGM/C. He is also a board member at a school in Kajiado, and has seen the negative impacts there and across the county. “COVID and school closures have significantly erased a lot of good work [around FGM/C] and more girls have succumbed to teenage pregnancy, FGM/C, depression and mental health issues.”

The issue goes well beyond Kenya. [Judy Gitau](#), Regional Coordinator for Africa for the NGO Equality Now (whose Africa office is in Nairobi) warns: “Schools are generally safe spaces for girls and those not in school are more vulnerable to human rights violations, including sexual and labor exploitation, human trafficking, female genital mutilation, early pregnancy, and early and forced marriage. Schools provide a channel via which violation or threats can be reported and action taken. This pandemic has shut down this key source of safeguarding”

With a couple of exceptions, this article will not name any other NGOs from this point on to avoid seeming to show favour or disfavour.

Our starting point is that this is an opportune moment to pause and ask whether anti-FGM/C strategies have been working. This will be our main focus, with particular reference to Alternative Rites of Passage (ARP, explained below). One of the authors (Hughes) has researched this subject academically, while Newell-Jones has empirical knowledge of it as a development practitioner. We shall also refer to FGM/C as “the cut”, which is the colloquial expression, at least in East Africa. Efforts to end the practice take many forms, of which ARP is only one.

FGM/C in Kenya: laws and incidence

FGM/C has been outlawed in Kenya since 2001, first under the Children Act 2001 and later under the Prohibition of FGM Act 2011. It was further proscribed (by implication, not by name) in the Constitution of Kenya 2010 (CoK), which banned harmful cultural practices without specifying what these are. Although the CoK upholds rights to culture, it also says that these cannot include harmful cultural practices. Under the 2011 Act, an Anti-FGM Board of Kenya was established, with a remit to spearhead anti-FGM/C efforts nationwide. Despite this legislation, and the efforts of the Board, the practice continues. According to the Kenya Demographic and Health Survey 2014, 21 per cent of all Kenyan women aged 15 to 49 years have been circumcised. This compares to 38 per cent in 1999; the rate is steadily falling. The incidence is, however, much higher in certain communities, e.g. 94 per cent among the Somali and 78 per cent among the Maasai. Worryingly for campaigners, FGM/C is increasingly becoming medicalised, meaning it is being performed in secret by medical practitioners in a child’s home or in government health facilities. Medicalisation was highlighted in the court [case brought by medical doctor Tatu Kamau](#), which she recently lost. In 2018, UNFPA reported that 20 per cent of FGM/C in Kenya was performed by medical professionals, compared to 77 per cent in Sudan and 12 per cent in Nigeria.

What are Alternative Rites of Passage?

This relatively new approach to tackling FGM/C was developed by NGOs and some communities. It has become increasingly popular in Kenya and Tanzania, and with international donors that fund anti-FGM/C work. At least ten NGOs in Kenya run ARP programmes, or have done so in the past. ARP is only believed to be effective in communities where FGM/C traditionally involved initiation into womanhood, not those in which pre-pubescent girls, even babies, undergo it. This is because NGOs seek to use ARP to replicate girls’ initiation, but without the cut. As Christine Alfons, Founder of SAFE Engage Foundation, explained to us: “ARP is more effective in communities where the cut is done towards the marriage time. In Kuria, girls are cut way back before they are ready for marriage, so we don’t need ARP, it adds nothing and takes many resources.”

ARP is known colloquially as a “ritual without cutting” or “circumcision by words”. There is no standard model, but it usually consists of two parts: a training session or sessions, for girls and sometimes boys, followed by a public graduation ceremony where the participants declare that they have renounced FGM/C. The participants include not only girls and boys but also their parents (though not all parents attend, or even oppose FGM/C), elders, other members of the community, and VIPs who can include police chiefs, teachers, faith leaders, representatives of the county council and the Anti-FGM Board. ARP usually takes place during the school holidays, to coincide with the “cutting season”. Most cutting is carried out in the long school holidays in November-December, April, or July-August with local variations.

ARP was first developed in Kenya by Maendeleo ya Wanawake in collaboration with PATH (Programme for Alternative Technology in Health), in the Tharaka area of Meru in 1996. The few

studies on ARP that exist all cite this pioneering work, but without being able to access the original data, and in the absence of follow-up studies, it is difficult to draw conclusive lessons from it. ARP remains highly under-researched, both by scholars and development practitioners, and research access is difficult to negotiate. The [Anti-FGM Board](#) acknowledges that more research is needed.

ARP training sessions

The training or educational element of an ARP is arguably much more important than the final ceremony, though media coverage, NGO reports and the Anti-FGM Board pay far less attention to this. For PR purposes, it's not sexy or eye-catching and nor is it deemed newsworthy.

The training sessions, when combined with longer-term community sensitisation and other measures that form an integrated multi-pronged approach, are vital if attitudes and behaviour are to change. Evidence that they actually achieve those aims, however, is hard to find, largely because no long-term evaluations have been carried out on the educational element. We only know of two NGOs that hold quizzes some months later to test how much children remember about the anti-FGM/C messages. It is difficult to access the training, and requests to see curricula and teaching materials are often declined. The following observations are mostly based on Hughes's experience of sitting in on training sessions run by two major NGOs that *did* allow access, where she took verbatim notes with the aid of local translators.

The training sessions usually take up to a week, sometimes two, and often take place in girls' boarding schools where the girls stay for the duration of the ARP. (If boys are included, they usually stay in boys' boarding schools nearby.) The curriculum can include: traditional culture (good and bad), harmful practices, the law and FGM/C, health and hygiene, food and nutrition, sexuality and reproductive health (including sexually transmitted diseases), drug abuse, human rights, violence against girls and women, self-esteem, the bible/Christian faith (if the community concerned is Christian), and "good morals".

ARP graduation ceremonies

These are days of high excitement, celebration and expectation. For the children, it's a chance to dress up, perform songs and dances, and laugh with their friends. It often starts with a parade to the venue, the girls and boys (if they are involved) striding along carrying NGO-branded banners, singing songs about stopping the cut. Journalists and camera crews are out in force, scrambling for visuals and soundbites. Some parents (not all attend) sit separately, looking slightly baffled as the ceremony unfolds. In some ARP ceremonies, parents publicly declare they will not cut their daughters. Hours of speeches from NGO staff, pastors, elders, health workers, teachers, law enforcers and VIPs have tested most onlookers' patience by mid-afternoon. The graduates are presented with certificates towards the end of the day: the girls' certificates confirm their personal commitment to remain "cut free", the boys' certificates confirm their commitment to keeping their sisters and future daughters "cut free". Musical performances by the children, and cultural artistes, are highly entertaining and the poems and songs written and performed by children can be very moving.

What are the challenges and weaknesses of ARP?

Besides those already mentioned, these include:

On the training: There is, from observation, wide disparity in the quality of the teaching, with some trainers (rarely professional teachers, not that this would necessarily be appropriate) clearly unprepared and ill-equipped to teach. Many trainers are outsiders, rather than members of the

community concerned, though some NGOs do take care to include “grassroots” people. The mode of delivery can resemble brainwashing, while some of the content jars with the avowed aim of empowering girls to make their own choices about their bodies and future lives. For example, the trainers repeatedly tell girls to “be obedient”, especially to men, parents and elders, yet these are often the very people who want to see the practice continue, and who force girls to undergo FGM/C and child marriage.

The emphasis on obedience, this time to God, is repeated in the lessons about faith, and features throughout the programmes run by faith-based NGOs. (We refer only to Christian NGOs here, and have not studied the approach taken by Muslim ones; there is less uptake of ARP in Muslim communities.) It is drummed into the children that FGM/C is a sinful act, it displeases God, is “the devil’s work”, and so on. Some Christian NGO staff defend this approach on the grounds that faith is a key vehicle for messaging, and that it’s important to point out, to a predominantly Christian audience, that the bible does not condone or even mention FGM/C (though it does endorse male circumcision). Some scholars also see the use of religious discourse as helpful in certain situations, noting how “many participants drew inspiration from the Bible in a way that enabled them to cope and deal with adversity”.

But how can biblical arguments convince non-believers? Furthermore, they encourage people to stop practising FGM/C for biblical rather than, say, health and human rights reasons. Fear of divine retribution for “sinfulness” hardly suggests a sincere change of heart. As a 45-year-old Maasai Pentecostal pastor’s wife who took part in a focus group discussion (mediated by Hughes in a Kajiado village in March 2015) said: “As a Christian I have to obey what the law says. As a good Christian, unless something is against the word of God I will do it. But if it’s clear in the Bible that it’s wrong, I can’t continue [to support FGM/C].” Earlier in the discussion, this woman had said she used to “love” FGM/C before she was “born again”.

Good work to tackle FGM/C is undoubtedly being done by some faith-based NGOs and individual churches but it tends to be undermined by what may be called “fire and brimstone” religiosity. This was very evident at some training sessions we observed. [The emphasis was on fearing God, confessing sin, and families being excluded from church if they cut their daughters.](#) Evangelical pastors also lead entire sessions that resemble religious services at some ARP ceremonies. However, both Christianity and Islam believe in the perfection of God’s creation of man and woman, which can lead to powerful anti-FGM/C messages. As one clergyman trainer put it: “What God created in human beings was complete, nothing to be added or subtracted . . . God made us perfectly. So those people who come and cut those parts are doing a wrong thing.”

NGOs say that the lessons on culture and tradition are meant to mimic the instruction that girls traditionally had before or after they were cut. But back in the day, girls were taught by older women to be good wives and mothers, to obey their husbands at all times (even if they beat them), to be sexually submissive, and so on. How does this type of message equip today’s girls to become empowered women, and to challenge gender stereotyping? Clearly, it does not. Hence there is a fundamental contradiction here, for example between lessons on traditional culture and those on children’s and human rights. Girls taking part in ARP told us that they were confused by contradictory messaging.

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[Some scholars have previously noted that telling youngsters that education will bring wealth and high social status is not realistic.](#) We concur. Many of the children we saw in these classes clearly come from very poor families and are highly unlikely to make it past primary school, never mind enter college. Yet a repeated refrain by several trainers was along the lines of, "if you get educated, you can become a pilot, lawyer or doctor, become an important person like me, travel the world, the sky's the limit!" This isn't helpful, and may raise false expectations that will soon be dashed, or leave some girls thinking that the ARP training doesn't apply to them.

Curiously, the Board's [Guideline for Conducting an Alternative Rite of Passage](#) pays little attention to the education component of ARP, but focuses largely on the final ceremony. It gives no detail of what a recommended curriculum might look like, but simply says the training should centre on sexual reproductive health and rights, and subsumes under this "life skills, awareness of sexual and gender-based violence, children's rights and essential hygiene". It adds, "Boys and girls are also taken through traditional values, customs and beliefs that positively impact their response to ARP." This begs the question: but what if the community's "cultural stakeholders" (who tend to be older men) favour an entirely different set of values and customs that contradict those of ARP? Moreover, a top-down directive from a national body aligned to government is the very opposite of community ownership, and does not augur well for community buy-in - especially in historically marginalised communities such as the Maasai and Samburu, where fear of and antagonism towards government is entrenched.

Views are divided on the use by some NGOs of shockingly graphic videos showing children, even babies, being cut. We believe these are abusive in themselves, and doubly abuse the children shown undergoing the cut. Community members in Kuria in 2015 declared after watching a video of a girl undergoing a very severe type of cut, "but we do not cut like that, our girls are back playing within two days". Instead of convincing them to abandon FGM/C, the video seemed to reinforce their belief that the way they themselves perform the cut is not harmful. Some NGO staff defend the use of such videos in order to show the grim reality to children who may otherwise disbelieve it. Says Charles Leshore: "The videos bring reality and deep reflections on what FGM/C is, and its negative impact."

What parts of the training seem to work best? The use of culturally-specific African proverbs went down well. So did the use of humour. So did lessons in West Pokot given by someone calling herself "Mrs Culture", who spoke passionately about the blight of FGM/C on her own life; the girls loved her honesty and warmth. Lessons on children's rights were informative about the constitution and the UN Convention on the Rights of the Child, but were contradicted by repetition of the exhortation to "obey your parents". Interactive sessions on FGM/C facts and myths were also well received.

On the graduation ceremony: Many NGOs claim, amidst media fanfare, to have "saved" large numbers of girls from FGM/C, simply because they went through an ARP. The Anti-FGM Board itself claims, among its list of key achievements in 2011-14, to have "graduated 10,000 girls through ARP", which implies that they were "saved". But NGOs admit that some participating girls have already been cut, and that some girls also attend ARPs several times in succession. Why? Because they are fun events, where girls who may not have much freedom at home get the chance to hang out with their friends, dress up, sing and dance, and eat better food than they get at home. Some ARPs in Kuria have been dubbed "[fattening camps](#)" for that reason.

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There are very odd elements in some ARP ceremonies, such as the cutting of a huge iced cake at one

in Maasai country, and the presence of some Miss Tourisms in high heels and mini-skirts who were presented as role models for uncut girls. (With great respect to the people concerned, who were obviously sincere, what have scantily-clad beauty queens - which is what Miss Tourisms essentially are - got to do with ending FGM/C and offering realistic role models? Given the widely-held myth that uncut girls are more promiscuous than cut girls, beauty queens in minis and heavy make-up seem to be entirely inappropriate role models.) The day often ends with a free meal, but it was notable, at several ARP ceremonies, that VIPs et al. were served superior refreshments to everyone else in a separate venue.

What relationship does all this have to traditional initiation rites? Very little. The ceremonies include [“pick-and-mix notions of pastness, culture, social transformation and tradition . . . incorporated into a hybridised ritual”](#). Some scholars have questioned whether these rites are not in fact better understood as alternatives *to* rites of passage, or rites of delayed passage, for [“girls who underwent the alternative rites of passage did not feel themselves to be women, nor were they considered women by others”](#). Some may argue that all this is fine, that the means justify the ends. It would be fine if there was any evidence that they did, if these high-cost events were sustainable, and if there was proof that the whole community fully embraced and endorsed them. Thus far, robust evidence is lacking, and sadly, reports that [some girls are still cut even after attending an ARP](#) are common.

On ARP overall: ARP can be highly divisive. The selection processes for girls frequently lack transparency and fail to reach out-of-school girls who are most at risk, and most likely to benefit from engagement. Reports are common of priority being given to the daughters of community leaders. Moreover, the girls are often from one or two schools rather than from across the whole community. From an NGO's point of view, it is far easier logistically to work with a few schools, and with families whose girls are in school, and who (in some cases) have already decided not to cut their daughters.

In its introduction to the 2018 Guideline, the Board recognises that “such alternative rites were neither accepted by the communities where they were conducted nor held for uncut girls only”. The intention of the Guideline is to ensure “community involvement in the planning and execution of alternative rites of passage, reduce undue costs, give more meaning to the alternative rituals and hold the communities together in the eradication of female genital mutilation”. These intentions highlight some of the significant shortcomings of ARP. Apart from those already mentioned, they also include the fact that ARP tends to be delivered *to* communities, rather than developed and implemented *by* them. The external funding often far exceeds what communities could raise themselves, once external funding ends. Such a model is therefore unsustainable. Furthermore, the alternative rituals - though they include traditional elements such as elders' blessings - are usually newly created and unfamiliar to younger generations and community elders alike.

There are contradictions within the Guideline. In the Foreword, Board chair Agnes Pareiyo states that the aim of ARP is to maintain all traditional culture with the exception of the cut. However, culture is not static ([as the March 2021 ruling in the Tatu Kamau legal case made clear](#)), but is an evolving tapestry of beliefs and attitudes linking different aspects of community life. FGM/C is one aspect of culture, which is closely linked to the status, identity, role and life opportunities of girls and women. Abandoning FGM/C needs to be more than just replacing the act of cutting with another ritual. The community awareness and empowerment programme which precedes the ARP ceremony needs to reflect the aspirations of the community, with a strong emphasis on the role and life opportunities of girls and women.

Secondly, there is a contradiction between the attempt on the one hand to harmonise and standardise ARPs by suggesting a set of criteria to be met and steps to follow, while on the other hand encouraging communities to develop and own the process. The Guideline lists things which

communities should lead on, but all within a prescriptive framework. This drive for consistency contradicts the guiding principle of being community-led, and is likely to increase the feeling that ARP is externally driven, rather than community owned.

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The Guideline recognises ARP as “not a standalone approach but a product of community dialogue and school engagements”. This statement in itself highlights one of the key challenges, namely that the ARP ceremony is seen as the vehicle of change, that somehow the ceremony itself changes beliefs, attitudes and opinions in relation to FGM/C. In section 3.9 the Guideline talks about “a productive ARP that delivers the desired change not only to the girls but also to the community”. There is no evidence that the ARP ceremony itself actually brings about change. At best, the ceremony is a means of consolidating, celebrating and communicating change that has previously taken place as a result of education, awareness-raising and community dialogue. As Seleyian Partoip, Founder of Murua Girl Child Education Program, told us, “We see the ARP ceremony as a way of reducing the stigma against the girls who have not been cut. If we can reduce this stigma then maybe more families will make the move to not cutting their daughters.”

The Guideline describes how the community and its leadership needs to be “fully mobilised” and that this process “may take at least six months” prior to an ARP. It usefully lists community dialogue, capacity building, school outreach programmes and cultural learning and exchange as means of community mobilisation. However, it implies that this process is quite straightforward, whereas in reality this is where the real challenge lies, in encouraging dialogue about the harmful effects of FGM/C and supporting the community in taking the decision to abandon it.

When is ARP likely to be most effective?

The activities which appear to result in attitudinal change in relation to FGM/C are those which take place in communities, regardless of whether the community holds an ARP ceremony. They include awareness-raising and intergenerational dialogue on the direct and indirect impact of FGM/C, the associated sanction and benefits imposed by the community and the links to girls’ education, child marriage, etc. Equally important is the active engagement of the youth in discussing their own aspirations for their future. As Christine Alfons told us, “We are the youth, leading change in our community. The whole community needs to be empowered and mobilised on why to abandon the cutting, as girls alone can’t manage to say no to FGM. And one change needs to lead to others about the roles of men and women in our society.”

Some community organisations in Kenya have developed alternative models of ARP which are proving to be more effective than the model that we, and others, have critiqued. The new models have incorporated some of these features: a steering/planning committee that consists primarily of community members greater involvement of youth in the development, implementation and evaluation of the ARP model; community engagement throughout the year which is holistic, based on dialogue rather than instruction, and involves the whole community; the education/mobilisation programme has a consistent message of empowered decision-making, rather than obedience, and redefines the role, status and life opportunities of girls and women, irrespective of whether they are cut; the ARP ceremony is not introduced until there is sound evidence of change towards the abandonment of FGM/C within the community; resourcing for the ARP ceremony comes from within the community, using resources which would have been used for the traditional cut.

Given the lack of evidence that ARP actually works, more longer-term evaluation and research is needed. The Anti-FGM Board is responsible for the monitoring and evaluation of ARPs in Kenya, and its Guideline includes a framework for this. Board representatives often attend ARP ceremonies. In the light of reports of girls still being cut after participating in an ARP, and priority given to girls from more privileged backgrounds, it would be useful if the Board collected and published data on these and other issues.

ARP is being overused in contexts where it is unlikely to succeed, but may be useful in specific contexts when it is community driven *and* where the community is already changing, and where plenty of mobilisation has already taken place. Most scholars and practitioners agree that community ownership of the process of ending FGM/C is vital to achieving this goal. It follows that ARP should be community owned too, if it is to be continued at all as an anti-FGM/C strategy. Ideally, ARP should be totally community-run without outside intervention; only then will it be sustainable.

Above all, young people themselves need to be more involved in this process. With donor funding being slashed as a result of COVID-19, and the cutting of overseas aid budgets such as that of the UK, the pressure for “magic bullet/quick fix” solutions increases. Reducing gender-based violence, including FGM/C, is likely to remain a priority in the current global climate; however, with reduced budgets it is even more important to ensure funds are spent wisely and approaches like ARP are robustly evaluated and applied only where there is evidence of effectiveness.

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