



The persistence of Female Genital Mutilation in Uganda's communities: A case for the Pokot and Tepeth communities in Karamoja.

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Acknowledgement

The Cross-Cultural Foundation of Uganda (CCFU) acknowledges with thanks the contributions of the cultural leaders, men and women, former “surgeons” in the cultural communities of the Pokot (specifically in Lochengenge and Jumbe villages in Amudat district) and Tepeth (specifically in Tapac and Lopelipel sub counties in Moroto district) for the invaluable information and experiences shared during the research exercise.

Sincere appreciation also goes to the District Local Government officials (particularly, the Chief Administrative Officer and District Community Development Officer, of Amudat District, the Sub County chief of Tapac Sub County in Moroto district for the support, information and experiences shared with the research team during the study.

CCFU also acknowledges with thanks the contributions of civil society organisations working in Amudat district especially, the Amudat Inter-religious Development Initiative (AIDI) for sharing their experience related to FGM in the district and suggestions for the modification of the practice. Special thanks for providing a religious perspective on the practice of FGM.

Special thanks also go to the health workers at Amudat Hospital and Tapac Health Centre for accepting to participate in this research and sharing information and their experiences on FGM.

CCFU in a special way appreciates the financial support of UN Women Uganda and the Spotlight Initiative to eliminate violence against women and girls in Uganda. This study would not have been possible without their financial contribution.

Executive summary

Female Genital Mutilation/cutting/circumcision (FGM or FGC) is a traditional cultural practice in some traditional societies including in the Eastern region of Uganda among the Sabiny of Kapchorwa, Kween and Bukwo districts, and the Pokot and Tepeth of Amudat and Moroto districts respectively, in Karamoja region. The practice of FGM is strongly associated with rites of passage / transitioning of young girls from childhood to womanhood. Different literature suggests that the practice is deeply entrenched in the traditional cultures of the people that practice it and is closely related to marriage. FGM is closely associated with the increasing cases of child marriage and defilement because once a girl is cut, negotiations for marriage begin immediately regardless of the girl's age. According to the literature reviewed, women who are uncircumcised are forced to undergo the practice for the desire of getting married.

The practice of FGM was outlawed in Uganda by the government when it passed the Prohibition of Female Genital Mutilation Act of 2010. Since then, the practice continues despite the communities being aware of its illegality and the negative consequences on one's health. According to most of the respondents interviewed during the research, the cutting is done secretly

and some of the girls cross the border to the Kenya to be cut and only return after they are healed.

This study, therefore, was aimed at interrogating the reasons for the persistence of the practice despite being outlawed by the government as well as exploring alternative rites of passage which could possibly be adopted to signify the passage of girls from childhood to womanhood. It was further intended to help development actors to design appropriate interventions to address the practice of FGM while respecting the identity of the people in the concerned communities. The study was conducted in two cultural communities of the Pokot of Amudat district, and the Tepeth of Moroto district.

The study findings reveal that FGM among the Pokot and Tepeth is linked to cultural identity, a reason why the practice has persisted even after being outlawed by the government. The attachment of FGM to the cultural communities practicing it is demonstrated by the high level of confidentiality with which it is done; consequently, from the police stations in Amudat, there is little information/statistics on the number of women or girls that have been cut. This has also posed challenges to the implementation of the law. This, therefore, calls for an

objective as opposed to a judgmental approach in dealing with the practice in order to help the people involved to realise the negative consequences associated with the practice.

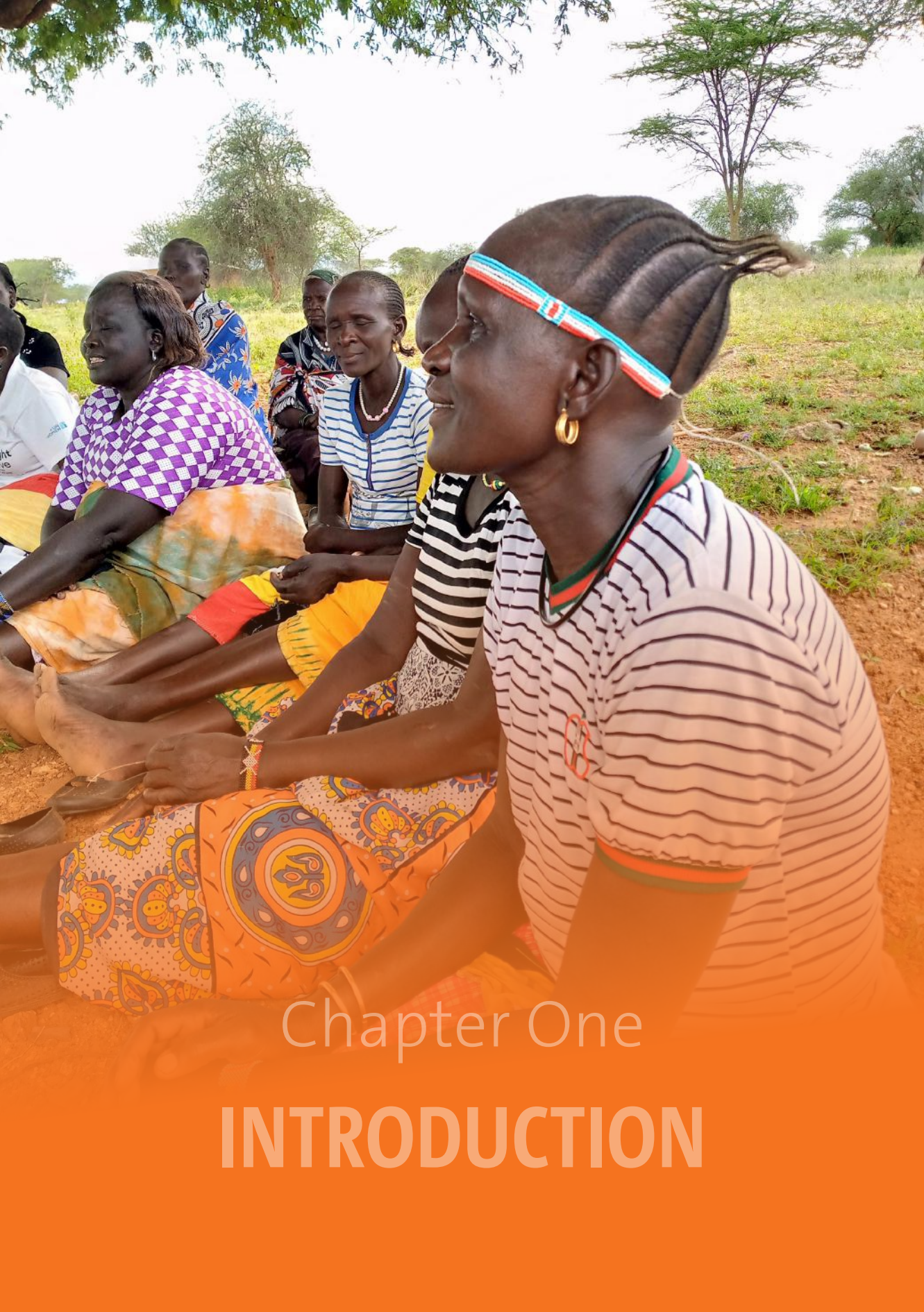
The practice of FGM has undergone significant changes in terms of the process due to the enactment of the law which is punitive rather than reformatory and this has pushed it underground. For instance, while it was done communally in the past, it is now clandestinely done and in some cases, church songs are sung to disguise the practice.

From the study, respondents suggested alternative rites of passage which can be explored and adopted to “graduate” girls from childhood to adulthood instead of FGM. Some of these include; a. Collective/ communal grooming and passing out of girls by the community at *Kipuntogh*, a ceremony which involves *Chepokomerwa* (dance) and *Kilakat* (dressing the girl) where all girls that are of age would be graduated at one function in the whole village characterized by celebration. ‘Lopeikere’ which is likened to a fundraising initiative which they proposed to be done for girls who are of age and have attained a certain level of education.

This they argued, would be a good incentive for the girls to patiently go through the education system as they wait for this ceremony which in their opinion, would be a source of pride to the girls being recognized as is the case with FGM.

Revitalising “Naleyo” among the Tepeth which is a traditional dance which attracts girls from all villages so they can be identified by potential suitors was another alternative rite of passage proposed by the community members.

The respondents strongly fronted education of the girl child to empower them to make informed decision as to whether they would like to undergo the practice or not. The study makes recommendations for joint collaboration between the cultural leaders / and elders and the development partners to sensitise the community members on the dangers of practicing FGM as well as engaging already existing community groups to pass on information to the community. There is also an appeal to the government to make the process of formulation of such laws as the Prohibition of FGM Act more consultative so the event the concerned communities can own and enforce it.



Chapter One

INTRODUCTION

Chapter One

INTRODUCTION

In Uganda, the Prohibition of Female Genital Mutilation Act 2010 outlaws all forms of FGM in Uganda. Despite its criminalisation, the practice is still common among the communities in Sebei and Karamoja. The practice is associated with rites of passage from childhood to adulthood/ womanhood. Since the law was enacted, communities have now resorted to carrying out the practice in hiding and sometimes crossing the border to Kenya to have it done.

According to the Prohibition of Female Genital Mutilation Act of 2010 in Section 2, Female Genital Mutilation (FGM) refers to all procedures that are involved in the partial or total removal of the external female genitalia or other injuries to the female genital organs for non-therapeutic reasons. The World Health Organisation (WHO) categorises FGM into 4 types depending on the severity of the damage to the genitalia; (i) clitoridectomy which involves partial or total removal of the clitoris, (ii) Excision which entails partial or total removal of the clitoris and labia minora, (iii) Infibulation which is the narrowing of the vaginal opening through the creation of a covering seal and (iv) that which includes all other forms

of harmful procedures to the female genitalia for non-medical reasons.

According to WHO, FGM is practiced in over 27 countries in Africa, some parts of the Middle East, America, and Asia (as a result of immigration) . It is estimated that up to 140 million girls and women today have undergone FGM worldwide. Statistics show that West African countries of Niger, Nigeria, Togo, Benin, Ghana, Mali, Senegal, Ivory Coast, Cameroon, Burkina Faso, Mauritania, Liberia, Sierra Leone, Guinea-Bissau, and Equatorial Guinea have the highest percentage of FGM around the world.

In Uganda, the prevalence of FGM is low and is estimated at 1.4% among women and girls between the ages of 15-49. It is mainly practiced by the ethnic groups of the Sabiny (estimated at about 50%) living in the Eastern region, the Pokot (almost universal estimated at 95%) in the Karamoja region in North-Eastern Uganda bordering Kenya. The Sabiny practice Type I and II while the Pokot practice Type III and IV (28 Too Many, 2013).

FGM was first recognized as a human rights' violation by the 1992 Convention on the Elimination of all forms of Discrimination against Women

(CEDAW). Later, other international human rights instruments recognized it as a violation of the right to physical integrity and freedom from all forms of torture, inhumane and degrading treatment and discrimination. Such instruments include; The Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa – the Maputo Protocol (2003), the Convention on the Rights of the Child (CRC) of 1989, which has provisions to protect children from harmful traditional practices, the UN resolution on intensifying global efforts for the

elimination of female genital mutilation (which was adopted in 2012)

It is upon this background that the Cross-Cultural Foundation of Uganda (CCFU) commissioned this study to understand why the persistence of the practice within the Pokot and Tepeth. The research was further intended to generate community driven strategies to modify the practice with a view of abandoning the aspects of causing bodily harm to women while maintaining positive aspects that are associated with FGM

The research exercise

Research objectives

The research largely aimed at interrogating the reasons for the persistence of the practice of Female Genital Mutilation in Karamoja, with specific objectives including:

- Documenting the history, understanding and appreciation of Female Genital Mutilation by the Tepeth and the Pokot in Karamoja;
- Documenting the reasons for its persistence despite its prohibition in 2010.
- Facilitating dialogues by cultural leaders, community members, CSOs and government agencies to generate community led strategies to address the negative aspects associated with FGM.

Methodology

The research was qualitative in nature. It commenced with desk research which focused on existing information on Female Genital Mutilation from textbooks, journals, and websites among other sources. Primary data was collected from the Pokot and Tepeth communities in Amudat and Moroto districts respectively through key informant interviews with selected respondents (who included cultural leaders in the communities, local government officials, opinion leaders and civil society representatives as well as focused group discussions of elderly women and men, young women and men, former surgeons, health workers in Karamoja). The interviews were guided by an interview guide. About 172 people took part in the research through 11 key informant interviews, 8 FGDs and

a community dialogue. Community dialogues were also conducted in Tapac sub-county in Moroto district for purposes of obtaining possible community-led initiatives and strategies to eliminate the harmful aspect of FGM.

Scope

The research was conducted in Amudat district where the Pokot reside and in Tapac sub County in Moroto district where the Tepeth are residents. The choice of location was informed by the fact that from the literature review, it was established that the Tepeth learnt the practice from the Pokot. History traces FGM back to the Pokot who are found in Amudat district before it spread to the Tepeth of Moroto as a result of intermarriages between the Tepeth and the Pokot. The research, therefore, sought to make a comparative analysis of its prevalence and significance among the two communities.

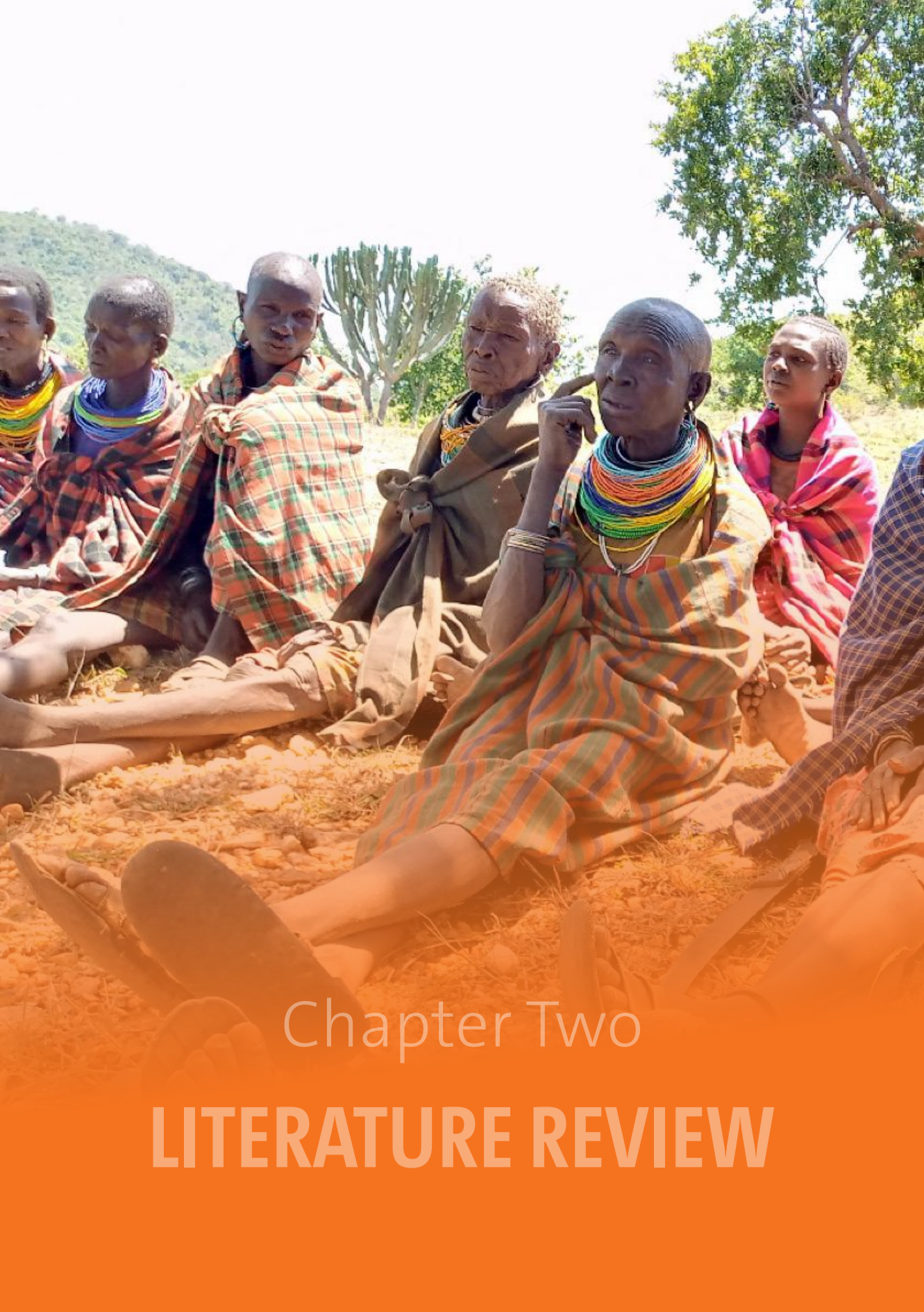
Limitations of the research

Given the sensitive nature of the subject being researched, it was difficult to secure information from some of the respondents especially, the elderly women and men within the community for fear of being arrested. The research team however, was able to build rapport and gain the confidence of the respondents through explaining the reasons for the research and what the information being generated was going to be used for.

The respondents could hardly acknowledge having undergone the practice hence limiting the experience sharing. For instance, during the community dialogue, when asked whether FGM is being practice in their community, the elders denied yet majority of the respondents admitted having gone through the practice.



FGD with elderly Tepeth women in Loperipe, Tapac subcounty



Chapter Two

LITERATURE REVIEW

Chapter Two

LITERATURE REVIEW

Introduction

Female Genital Mutilation (FGM) has been described by World Health Organisation (2020) as all actions that lead to the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. This definition has been widely used by several authors (Shell-Duncan and Hernlund,2000; Abdulcadir et al.,2016). FGM has been classified into four types according to severity of damage to the genitals. These include; firstly, clitoridectomy which involves partial or total removal of the clitoris. Secondly, Excision which entails partial or total removal of the clitoris and labia minora. Thirdly, Infibulation which is the narrowing of the vaginal opening through creation of a covering seal and lastly, which includes all other forms of harmful procedures to the female genitalia for non-medical reasons (Okeke et al.,2012; World Health Organisation.,2020).

The term Female Genital Mutilation (FGM) was adopted at the Third Conference of the Inter African Committee on Traditional Practices Affecting the Health of Women and

Children in 1990 and is currently employed in the World Health Organisation and other United Nations documents to emphasise the violation of human rights concerning the genitalia (Shell- Duncan and Hernlund 2000). At the community level, using the term mutilation can be perceived as being judgmental and condemnatory. Also, Female Circumcision is used by practicing communities because it is a close literal translation from their own languages. (Population Reference Bureau,2001). FGM is commonly performed between the ages of 0 to 15 years and is in many countries linked to rites of passage for women from childhood to womanhood. It is usually performed by traditional practitioners using a sharp knife, razor blade or broken glass (Okeke et al.,2013).

Approximately, 200 million girls and women today have undergone FGM worldwide. (United Nations Populations Fund (UNFPA), 2020; United Nations Children's Fund (UNICEF), 2021a). Within the African continent, FGM is practiced within some communities in about 29 countries, some of which include

Uganda, Kenya, Somalia, Ethiopia, Eritrea, Sudan and west African countries which have the highest percentages of FGM worldwide. Countries include; Niger, Nigeria, Togo, Benin, Ghana, Mali, Senegal, Ivory Coast, Cameroon, Burkina Faso, Mauritania, Liberia, Sierra Leone, Guinea-Bissau, and Equatorial Guinea. In addition, some parts of the Asia, (India, Indonesia, Malaysia, Pakistan and Sri Lanka) Middle East (Oman, the United Arab Emirates and Yemen, Iraq, Iran and the State of Palestine) and America practice FGM. Europe (Georgia and Russia) In South America, certain communities are known to practice FGM in Columbia, Ecuador, Panama and Peru. In various western countries, FGM is practiced among immigrant populations including Australia, Canada, New Zealand, the United States, the United Kingdom and various European countries (UNICEF 2021a; UNFPA, 2020). According to UNFPA (2020), a big challenge is not only to protect girls who are currently at risk, but also to see that girls in the future are freed from the dangers of this practice. This is important because countries that practice FGM have high population growth rates. In 2019, approximately 4.1 million girls experienced FGM. The number of these girls undergoing FGM each year is projected to increase to 4.6 million girls by 2030.

In Uganda, prevalence of FGM is low and is estimated at 1.4% in women and girls between the ages of 15-49. It is mainly practiced by the ethnic groups of the Sabinu (estimated at about

50%) living in eastern region, the Pokot (almost universal estimated at 95%) in the Karamoja region in north eastern Uganda bordering Kenya. The Sabinu practice Type I and II while the Pokot practice Type III and IV (Uganda Bureau of Statistics (UBOS), 2018). Although the overall prevalence of FGM in Uganda has come down from 1.4 percent in 2011 to 0.3 percent, according to the 2016 Uganda Demographic and Health Survey (UDHS), there are pockets of locations where the practice is on the rise (Sserugo, 2020).

The Tepeth who are found in the east of Moroto and north of Amudat district have had historical ties with the Pokot. It is said that the Tepeth learned the practice of cutting female genitals from their neighbours, the Pokot, through inter-marriages. Michael Lotee (2018) argues that whereas the Tepeth have practiced FGM for many years, it is a practice that was borrowed by the Tepeth through intermarriages with the Pokot of Uganda and Kenya.

Data from UBOS (2016) the average prevalence rate of FGM across six districts in eastern Uganda was 26.6% in 2016, much higher than the national average for the same period (0.32%) found in the 2016 UDHS. FGM district-level prevalence ranged from 13% (in Kapchorwa district) to 52% (in Katikakile and Tapac sub-counties of Moroto district). High prevalence rates were accompanied by high awareness rates, with an average of 97% of women having heard of FGM.

Historical Perspective of FGM

The exact origins of FGM are unknown. The theory that the practice originated in the Middle East and the Arabian Peninsula and was then carried on the African continent by Arab traders is highly debated by some scholars (Okeke et al., 2012; Andro & Lesclingand, 2016).

The hypothesis that is widely accepted by the different scholars is that FGM is an age-old practice, perhaps dating as far back as Ancient Egypt, which may have origins in what is now Sudan and Egypt. Knight (2001) notes that there is a divided consensus among the archaeological community regarding whether marks found on Egyptian mummies are evidence of circumcision. Andro & Lesclingand, (2016) sights different scholars who state that the first reference to genitalia excision, recorded on papyrus, dates from the second century BCE in Egypt. Later sources like the accounts of travelers such as the ancient Greek geographer Strabo, who, after traveling to Egypt (approximately 25 BCE), labeled the operation as a customary practice.

Mackie and LeJeune (2009) are of the view that FGM spread from the Western shore of the Red Sea (which is within Egyptian borders) to neighbouring regions of Africa to the south and west. He also establishes a link between infibulation which was the most aggressive type of FGM, around that time the use of the pin was mainly practiced around parts of Eastern and

Northern Africa including; Eritrea, Djibouti, Somalia, Egypt and Sudan. It may also have been practiced on female slaves in Ancient Rome to prevent sexual intercourse and avoid pregnancies, which would have rendered slaves unfit for work.

Despite the uncertainty about its origins, the literature suggests that FGM existed long before the emergence and spread of Islam in Africa, although it was later used to legalise religious justification. FGM is prevalent in communities of Christians (Catholics and Protestants), Jews and animists. In comparison to Judaism and Islam where male circumcision is seen as a covenant between males and God, there is no commandment regarding Female circumcision or excision in all religious books (Andro & Lesclingand., 2016).

In Africa, anthropologists are of the view that FGM existed among “Equatorial African herders as a protection against rape for young female herders; as a custom amongst stone-age people in Equatorial Africa; or as an outgrowth of human sacrificial practices, or some early attempt at population control. There were also reports in the early 1600s of the practice in Somalia as a means of extracting higher prices for female slaves, and in the late 1700s in Egypt to prevent pregnancy in women and slaves. FGM is practiced across a range of cultures and it is likely that the practice arose independently amongst

different peoples aided by Egyptian slave raids from Sudan for concubines and maids, and traded through the Red Sea to the Persian Gulf” (28 Too Many,2013, p.11).

In regards to the western worlds, FGM has also been practiced in form of clitoridectomy and infibulation . These acts were imposed on entire communities as chastity belts. Besides, in the Middle Ages in Europe, a type of mechanical infibulation as different from the scarring practised on female slaves in Ancient Rome was conducted. In the nineteenth century, the pathology of certain sexual practices, mostly female masturbation initiated the practice of surgical clitoridectomy, alleged to cure the ills and deviant behaviour of women who had high sexual libido. This kind of surgery, mainly practised in Europe in a context of repressive medicalization of sexuality, was first performed by a British doctor known as Isaac Baker Brown, who believed it to be an effective cure for female masturbation and hysteria (Laqueur,1992). In recent times, gender reassignment surgery,

which is performed on intersex newborn babies has been called genital mutilation by activists for the rights of those affected. This type of surgery was first performed in the 1950s and is still practised in a few countries, such as France (Andro & Lesclingand.,2016). Within various African cultures that practice FGM, it is considered a passage right from childhood to adulthood and social acceptance (Momoh,2005; Okeke et al.,2013; 28 Too Many,2013). In Uganda, obedience to tribal customs and peer pressure account for existence of FGM (Namulondo,2009). “With some communities considering that it ensures and preserves virginity, marital faithfulness and prevents promiscuity/prostitution. There is a strong link between FGM and marriageability with FGM often being a prerequisite to marriage. FGM is sometimes a rite of passage into womanhood, and necessary for a girl to go through in order to become a responsible adult member of society. FGM is also considered to make girls ‘clean’ and aesthetically beautiful”. (28 Too Many,2013, p.13)

Prevalence of FGM in the Karamoja Sub Region.

Although Uganda has passed laws prohibiting FGM, it remains a rite of passage for girls especially among the Pokot ethnic group, who predominantly live along Uganda (Karamoja) and Kenya’s northern border. According to the Center for Health, Human Rights

and Development (CEHURD) (2015), prevalence of FGM among Pokot girls and women in Amudat (North Eastern Uganda or Karamoja region) runs at about 95% where girls as young as 10 years are circumcised.

Legal and Cultural aspects of FGM

According to the Vienna 1993 declarations, all states are called upon to promote and protect all human rights and fundamental freedoms regardless of their political, economic or cultural systems. However, although the constitution should protect everyone's right to practice their culture, there are some cultural practices, including FGM, which no longer fit in the modern world and are now considered harmful to those who practice. Hence the Ugandan government adopted the prohibition of the genital mutilation act in 2010 (Mujuzi,2012).

The legal strategies employed against FGM adopted three strategies. Firstly, a petition by the Constitutional Court against FGM as a cultural practice. Secondly, a bye-law against the practice by affected districts local government and thirdly, a national law outlawing the practice. However, CEHURD (2015) contended that from the time the law was established, these laws have not been taken seriously. Only two cases had been prosecuted in the Kapchorwa Chief Magistrates Court, and five people were convicted and sentenced to between two-three years in prison. These two convicts were eventually pardoned by the president in 2015.

FGM is deeply enshrined in the traditional and cultural practices of the Kalenjin tribesmen living within the

Karamoja sub region (only circumcised women are allowed to attend male circumcision ceremonies, and other community celebrations, it will attract more bride price) this is coupled with social pressures. For instance, FGM is still prevalent due to “mockery and shaming that uncut married women experience from peers and other wives (in polygamous communities) and to their not being allowed to attend male circumcision ceremonies” (UNICEF,2020, p.5). Hence, uncircumcised married women gradually decide to undergo FGM at an older age to be able to join male circumcision rituals.

One of the strongest challenges in the implementation of the Prohibition of FGM Act (2010) is that a section of the tribes practicing FGM apparently still strongly cherish the practice and continue to cut the girls in hiding. Results from this suggest a strong feeling that the law is too harsh (See). Activists suggested the use of alternative rites of passage as a means of eradicating FGM (Hughes,2018). A study from Kenya indicates that the use of alternative initiation rights has been positively received by the Maasai community and has played a significant role in mitigating FGM (Muhula et al.,2021). However, existing evidence on the effectiveness of such strategies is limited.

Additional Gaps in the Eradication of FGM.

Government approaches to end FGM have driven the practice underground (practiced in secret) “Those families that want their girls to be cut have to find ways of doing so without drawing the attention of the authorities or of those who might report them. This often means performing the practice in hiding, in a private home, under cover of night, in a home community or elsewhere” UNICEF (2021b, p,6)

Besides, the prevalence of FGM within Karamoja can be attributed to cross border migration. Most of these ethnic tribes share relations across borders such as the Pokot people.^{vi}. Due to the harsh laws in Uganda, the Pokot in neighbouring Kenya have been seen to assist Ugandan counterparts to undertake FGM. UNICEF (2021b, p,6) reported that “Sometimes girls and women are taken across against

their wishes; at other times they willingly travel or make the necessary arrangements on their own behalf”.

Other key challenges in implementing the ban on FGM in these areas of Karamoja include the small capacity of police officers, tough terrain that makes patrolling difficult, and limited financial resources. There are also reports that traditional birth attendants (TBAs- local women who assist in home births, cut women and girls during delivery. The TBAs are motivated to cut the girls because it is a source of income for them. Findings from the Guardian (2018) indicate that former ‘cutters’ from among the Pokot tribesmen used to earn 1000KSH for the act. This is approximately 33,000UGX, and about \$9. This calls for the need to provide the former ‘surgeons’ with alternative sources of income ^{vii}.

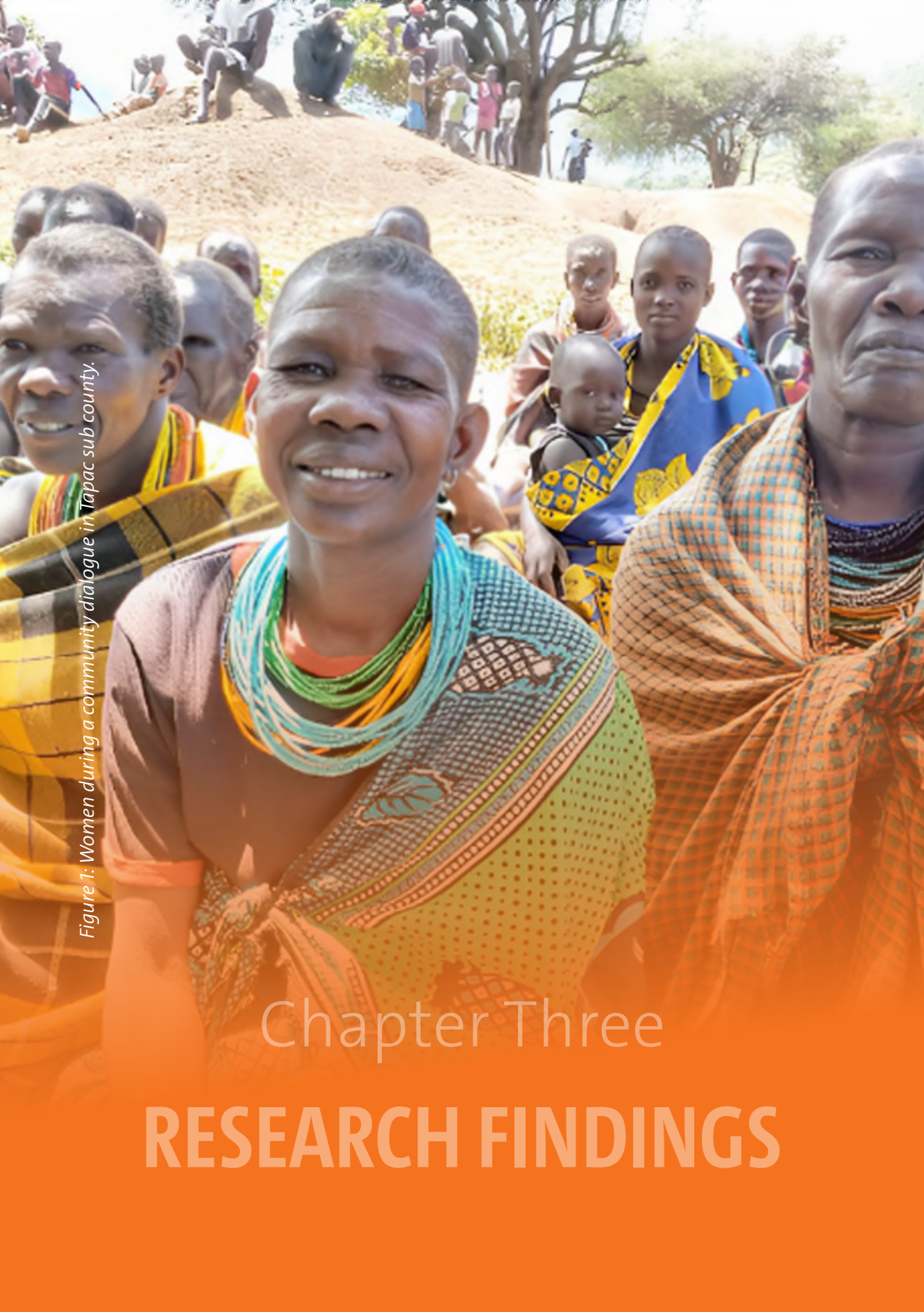


Figure 1: Women during a community dialogue in Tapac sub county.

Chapter Three

RESEARCH FINDINGS

Chapter Three

RESEARCH FINDINGS

Understanding of, and perceptions related to FGM in Karamoja

Female Genital Mutilation/Cutting is a cultural practice that has existed among the Pokot and Tepeth communities of Karamoja since time immemorial. The origin of the practice can be traced back to the Kalenjins (comprised of 7 tribes including the Nandis and the Pokot) who could have initiated it themselves as a way of differentiating a girl from a woman. According to the respondents interviewed during the research, the practice among the Pokot was associated with bride price with the circumcised women attracting more cows (60-100 cows) as compared to their uncircumcised counterparts. Given the pastoralist nature of the Karamojong, it was also intended to reduce the sexual urge of the women to be able to withstand the long periods of time that their husbands spent away while grazing cows. The Tepeth on the other hand embraced this practice from the Pokot of Uganda and Kenya as a result of intermarriages between the two cultural communities. According to participants in an FDG in Lochengenge village in Amudat district, FGM started

when 2 Kalenjin people wanted to be different so they circumcised their daughter and others copied, so that is how the practice started.

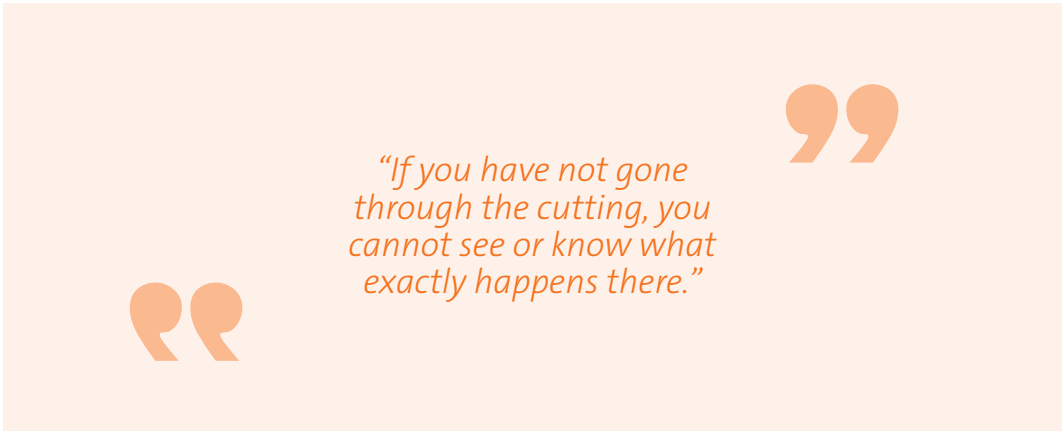
It is perceived as a rite of passage for girls from childhood to womanhood. It signifies a transition from being a girl to a being woman. As such, it is usually carried out on girls of about 14 years of age. Before FGM is carried out, girls among the Pokot go through a series of processes to show that they are ready to undergo the practice; these include removing the 2 lower teeth, putting coal on the toes, cutting/ tattooing the stomach with lines, continuous pinching, all aimed at preparing her for the pain of the knife.

Whilst it is a practice that was usually initiated by the parents, girls intending to graduate to womanhood sometimes request to be cut once they feel their time is right. The preparations usually last about 2 weeks and start with the girl approaching the father to make her intentions known that she is ready to

transition, the father sends her to the uncle. If the uncle gives permission to the girl to be cut, then the father tasks the mother to find a 'surgeon'.

FGM involves organising a ceremony for the girls who are ready to be graduated from childhood to adulthood. On the eve of the cutting, there is trans-night dancing coupled with orientation on what to expect after facing the knife. The girls are informed of the consequences of failing to withstand the pain of the knife. For instance, failing to face the knife brings shame on her family which

was/is demonstrated by removing the bells from the animals so the whole community would know that she could not withstand the pain of the knife hence regarded a disgrace. She would also have to enter the home from the back door. Even the man who married a woman who cried during circumcision was not respected. The FGM candidates are cautioned never to reveal what happens during the ritual of cutting or else they risk being cursed. This was emphasized by one of the health workers interviewed, that;



“If you have not gone through the cutting, you cannot see or know what exactly happens there.”

According to the former 'surgeons' who were interviewed during the research, the actual cutting takes place in the morning and depending on the surgeon, the cutting may include removal of the labia minora and majora in whole or in part. A review is usually done after three days to ascertain whether the cutting was properly done. In case it was not well done, the procedure may be repeated.

Majority of the respondents interviewed during the research noted that Female Genital Mutilation takes place during specific seasons when there is plenty of food and milk. It has to be done during the harvesting seasons so that people have enough food to eat and drink since it is associated with celebration in the community.

The practice of FGM among the Tepeth

From the meetings conducted in Kodonyo and Loperiperi parishes in Tapac sub-county, all the respondents mentioned that FGM/C is a borrowed practice from the Pokot of Uganda and those of Kenya. There are different narratives of how the Tepeth embraced the practice. Some narratives indicate that the Tepeth learned and adopted the practice as a result of intermarriages between the Pokot and Tepeth. Another narrative is that 3 girls from the Tepeth community visited the Pokot community. While there, life was not good for them as they were insulted and humiliated for being smelly and unclean because they were not cut and because they feared being called dirty girls they went for circumcision because a girl/woman who has been cut is considered to be clean. When they went back to their community (Tepeth), they shared information about the practice and later, it was embraced by the majority of the women. The cutting began from Katikekile with the three girls which attracted masses of girls to go and get cut.

Most of the respondents interviewed during the Key Informant Interviews and Focus Group Discussions claimed that the practice was copied by young girls from Amudat among the Pokot and hence they disowned it as being their own practice. As such with the enactment of the law, they claim to have stopped the practice. Surprisingly, however, during an FGD with 10 women, all of them admitted to having undergone FGM claiming that it was out of ignorance. They however, shared

that they cannot do it to their children because of the consequences.

Unlike in Pokot where the girl would get married immediately after being cut, FGM among the Tepeth was not directly connected to marriage. As such, it was common for a girl to undergo FGM but remain home and mature before getting married.

Because of the law, the Tepeth have modified the practice. The dress code, ceremonies/rituals and songs have all been abandoned. The desire for recognition and being assigned responsibilities in society are some of the reasons driving the practice. For instance, according to the Tepeth, the uncircumcised woman cannot be allowed to milk cows, touch granaries or be confirmed for marriage.

It was mentioned by all respondents that whereas FGM was/is there, it is not a practice they are strongly attached to. Initiation ceremonies for men and rain-making rituals/prayers are more important cultural practices to them than FGM. What is more important for men is to marry a woman with good behaviours and one who can bear children than marrying a woman who has been circumcised. Secondly, they all agree that FGM is very expensive for the girl's family because they have to buy her new clothes, beads, food and beer for the community to celebrate. It is for this reason that young people in the Tepeth community rarely value FGM as an important rite of passage for girls.



Elderly and young women from the Tepeth community during a Focus Group Discussion

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children than marrying a woman who has been circumcised. Secondly, they all agree that FGM is very expensive for the girl's family because they have to buy her new clothes, beads, food and beer for the community to celebrate. It is for this reason that young people in the Tepeth community rarely value FGM as an important rite of passage for girls.

Evolution of the practice

The evolution in the practice of FGM was triggered by the enactment of the law in 2010. In the past, FGM was practiced openly with the whole community participating in the preparation process. Girls would be prepared according to age sets and they would be cut during the same season. These girls would dress differently with beads and clothes

that would identify them from the rest of the community. However, with the outlawing of the practice in 2010, the FGM is no longer done publicly. It is done in secrecy with all the associated rituals such as the dressing code, the trans-night dances and songs being abandoned.

“In fact, these days, it is common to find girls cutting themselves or in some instances, they are cut by their mothers.....you find some of the girls singing church songs during the cutting to disguise what they are doing.” KII Amudat DLG

“Those days, there used to be celebrations with the elders, different dressing symbolic that they were going to be initiated. But now, they moved from this and we can only know from the health centres when they go to give birth. They now even go across the borders and by the time they return, they are already healed.” KII Tapac Sub County, Moroto district

The places for cutting of these girls have also changed to the bushes, and gardens among others. There are also increasing cases of girls conniving with their mothers who sneak them across the porous borders to Kenya where they are circumcised and only return when fully healed.

The majority of the respondents interviewed pointed to the fact that the practice had reduced due to the coming of the law and also religion. One

participant noted that the Pokot like their freedom in which case they enjoyed the social aspects of the practice; as such when the law came, some of them especially in the urban areas abandoned the practice for fear of being arrested by the police. Consequently, it is common nowadays to find that parents have given away their uncut daughters while some men are also married to uncut wives. Even the insults and abuses that were directed at the uncut women are reducing. One respondent stated thus;



“We have seen the negative effects of FGM. For example, we have witnessed girls bleeding to death from FGM, and at this point, identity is of less importance”



All the respondents interviewed attributed the reduction in FGM practice to religion; because the religious leaders are condemning it on their pulpits. As such, people that have gone to church

have changed their mindsets towards the practice and they encourage others to drop the practice because it is harmful to the girls' health.

Reasons for the persistence of FGM among the Pokot and the Tepeth



Elderly women from the Tepeth community (Photo by Paul Anyakun)

The high level of confidentiality involved in the practice:

As highlighted in the previous sections, FGM involves activities that are conducted in secrecy. It is no wonder that even when it comes to implementing the FGM law, it is not easy for the law enforcement officers to

arrest the people in the community who are actually practicing it. For instance, it is not easy to get information on when and where the practice is taking place. This has posed challenges of applying law by the authorities such as the police. This was reaffirmed by the Officer in Charge Child and Family Protection Unit of Amudat Police station when he said;



“Much as the practice is ongoing, cases are not reported. Even the few that are reported, there is no evidence and it is really challenging to get hold of the perpetrators”.




The Officer in Charge Child and Family Protection Unit noted that since he came to Amudat in 2018 to date, he has only registered 2 cases of FGM, one in 2018 and another in 2020. He attributed this to the community's awareness that the practice is now illegal and as such, they have gone “silent”. According to him, it is very difficult to get information from the community members. The only data that they now rely on to estimate prevalence is from the health centers where the women go to deliver. This is not conclusive data since some of these women are delivered by traditional birth attendants in the villages and also given that medical workers are under oath according to their professional ethics to keep confidential information


relating to their patients. Likewise, in an interview with the Officer in Charge of Tapac Police station, he confirmed that he had never received a single case of FGM since he was posted to that police station in 2016 and yet they hear information from the community that the practice is ongoing.

FGM provide a sense of belonging (cultural identity)

According to Lokiru Moses Sylvester, the Executive Director of Amudat Interreligious Development Initiative (AIDI), FGM is still persistent because it is more about the cultural identity of the Pokot. He stated thus;



“Cultural identity is much stronger than the law which came with warnings and conditions. If you need someone to do something, you need to help them understand why whatever you are proposing is relevant”.



This was re-echoed by the police officer who noted that this practice is deeply rooted and especially treasured by the elders who are insisting that even their children and grandchildren should uphold it.


The practice is associated with a sense of belonging and earning respect for yourself as a woman, your father, and the whole family at large. Women who withstand the pain of the knife without crying are respected and given names such as “Kaporet”, “Sereto”. The discriminatory tendencies between the circumcised and uncircumcised also push girls into the practice.

During an FGD with young women in Jumbe village in Amudat district, the participants noted that before you get circumcised, no attention is given to


you; but after circumcision, your parents will buy for you clothes and beads to make you look beautiful. Your father will start moving with you and showing you off to people. It is this attention and gifts which entice the girls to go through the practice as emphasized by one participant during an FGD with young men in Jumbe village;

A ‘passport’ for marriage

According to the Pokot, for a girl to be fit for marriage, she had to be circumcised. Consequently, between 30 to 50 heads of cattle were paid for the circumcised as opposed to those who were not. It thus follows that one of the reasons for the persistence of the practice is that it is a source of wealth to the girls’ family. As was stated by one respondent;



“A girl who doesn’t undergo FGM misses nothing. However, if she is married to a man with wives who have gone through it, she will be given all sorts of degrading names and will be termed a girl not a woman.... even the husband will be made fun of amongst his peers”



The accompanying rituals and the final pass out ceremony associated with the circumcision were valued by the girl, her family and community at large. The final pass out ceremony for the circumcised girls was usually a big one and involved drinking and merry-making by the community. It was thus viewed as one which promoted a sense of belonging and unity in the community. The girls who are being passed out as women are given beads, clothes, animals among others as gifts to congratulate them. These gifts are given by the parents, uncles, aunties and other family and community members.

According to participants during a FGD with elderly men in Lochengenge village in Amudat district, the FGC was an opportunity for the man to invite his friends to come to his home and celebrate with him for his daughter that has been circumcised. Socially, when one's daughter has been circumcised,

he will call his fellow age sets (those whom he was circumcised/ initiated with), the mother would do the same to come and celebrate with them. He would therefore sell his cow, go to the shops and buy for the daughter beads and clothes so she could look beautiful for the occasion.

A source of income for some individuals in the communities

One of the major reasons for the persistence of the practice is that it is a source of income for the surgeons who cut the girls. The former surgeons that were interviewed noted that those days when the practice was still vibrant and openly practiced, they were given gifts such as goats, chicken and a special beer made out of honey as a way of appreciating them for cutting their daughter. This was reinforced in the words of one of the respondents who said that;



“It is paying to the surgeons which is why it is still persisting. Even now when it is not being openly done, for the few girls that are being cut, their parents are paying a lot of money for it.”



This was confirmed by another respondent who said that;

“It is a practice that started in Kenya and it became a business both for the surgeons who perform it and the family of the girl since it is a ticket to more cows upon the marriage of their daughter” KII Amudat DLG

Limited understanding of the practice by development actors

The practice is also persisting partly due to a failure to adequately involve local communities in the interventions to address it. The project nature (short term) of

NGO activities has not helped the situation – after the project has ended, the NGOs will disappear yet the practice is ongoing. It was mentioned that many of the whistle-blowers have been frustrated by the police because they hardly follow up on the reported cases due to limited resources.

Implications for development actors



Rev. Jane Chorley during an FGD in Amudat

The study reveals key issues for development actors especially if any strides are to be made in addressing the issue of FGM in Uganda. The desire to implement the law may alone not be enough to address this challenge. The approach used by development actors in the community also leaves much to be desired. Oftentimes, development actors put on subjective rather than objective lenses when they are addressing FGM and the people that are practicing it. That judgmental/ accusation mentality puts the community on guard as they think their culture is under attack. Development actors need to understand the community's perceptions and views as they try to help them deal with the negative aspects associated with the cultural practice. CCFU proposes a step-by-step process for dealing with different cultural controversies including FGM.

Gathering information is important to understand the cultural practice itself, its tenets, its scope and the cultural significance to the people that are practicing it. This could be through research and fact-finding missions. Development challenges are easier dealt with from an informed perspective rather than acting on assumptions.

Development actors need to identify the key actors of the practice of FGM, including the beneficiaries and perpetrators of the practice. This is through adequately engaging the local communities in interventions since they are the ones affected by the practice. The respondents interviewed indicated that NGOs do not involve them in their programmes hence they also opt to sit back and ignore them. This, therefore, calls for full partnership and participatory approaches with

community members and the NGOs if FGM is going to be eliminated. Once the communities are engaged, it is easy for the development actors to establish the local perceptions of the cultural practice as well as the supporting cultural resources. These include the history, values and principles associated with FGM as a cultural practice, the cultural resource persons involved as well as other associated cultural practices linked to FGM.

Participants during a validation meeting for this research in the Amudat district emphasized the need to make use of the available spaces such as the markets where community members can be sensitized about the negative effects of the practice. They argued that the message is easily received by the community members when it is being shared by groups such as the Natukuma group (a famous women's group in Amudat that shares information on different topics) that they are familiar with.

It is important to note that although FGM is practiced by women, it is mainly fueled by men who don't want to marry uncircumcised women. This calls for increased and sustained male engagement to spearhead the campaigns against FGM. The development partners should work closely with the existing male-dominated structures in the community to tackle the challenge.

Community engagement provides room for collectively identifying the challenges/ negative consequences associated with the cultural practice of FGM. This requires the objectivity of the development actors as facilitators of

change to help the communities identify the negative aspects of FGM and to what extent it affects them as individuals and as a community. This way, if any modification is to be undertaken, it will be driven by the owners of the practice as opposed to outsiders.

Consulting the cultural resource persons such as the cultural leaders is also key in working towards a modification of FGM as a cultural practice. This is because the level of confidence of the community members in their cultural leaders makes them best suited to suggest alternative rites of passage to the practice of FGM. The cultural resource persons are also in a position to envisage possible implications of the modification of the practice of FGM.

There is a need to develop guidelines for addressing the cultural practice of

FGM which can be done jointly by the development actors and the community members. This is through setting clear and shared objectives as well as working with the available cultural resources to support the change in the practice with the aim of mitigating the negative aspects associated with the practice. The underlying principle to achieve this is taking a position of respect and allowing for compromise and integration of knowledge from both parties involved.

Such a participatory process is anticipated to result in community driven changes towards the modification of the FGM cultural practice. It also builds ownership of such alternative mechanisms without the community feeling like the development actors are imposing mechanisms which are not part of their cultures.

Proposed Alternative Rites of Passage (ARP)

The respondents interviewed during the research proposed alternative rites of passage to the practice of FGM. Some of the alternative rites of passage proposed include:

Kipuntogh; which combines *Chepokomerwa* (the dance) and, *kilakat* (which involves dressing up girls who are of age). These girls are isolated and groomed on proper hygiene, responsibility, values and how to take care of their families when they get married by their grandmothers and other elders before passing them out as adults.

In relation to the above, the respondents proposed that Villages/ families need to

come together and organise a communal ceremony for the girls who are of age and ready to be passed out into adulthood without necessarily cutting. Almost all respondents interviewed during the research agreed that “indeed we need to come up with a communal ceremony where girls would be recognized as having matured without cutting them”. During these celebrations, girls who are already married but did not undergo FGM should be recognized.


Respondents in Amudat district also proposed adopting “*Lopeikire*” which is a community driven fundraising initiative which is embraced by the community. The argument is that if the rites of

passage are incorporated into this initiative it can be organised as a pass out celebration for girls of a specific age group who have attained a particular level of education.


“*Naleyo*” a traditional courtship dance among the Tepeth was also suggested as an option which could be performed while passing out girls rather than perform FGM. It is at this dance that the girls can get noticed by suitors. This dance is attended by girls from even the nearby villages. During the dance, the girls are dressed in their traditional attire; they sing and dance while the boys identify them. It is up to the boy to pursue the girl after the dance and make arrangements for payment of the dowry. On the other hand, however, among the

Pokot, Naleyo is perceived as promoting FGM because in their community, it is the climax of the cutting ceremony. Thus in Amudat, it was rejected as an alternative rite of passage.

Education of the girl child in these communities would go a long way in reducing the incidences of FGM within the community. Respondents argued that once a girl goes to school, she will be independent and able to make an informed decision of whether she would like to be cut or not. Education also contributes to mindset changes where the girls are empowered to reflect on the benefits of FGM vis a vis the consequences. This was alluded to by one respondent who said that;

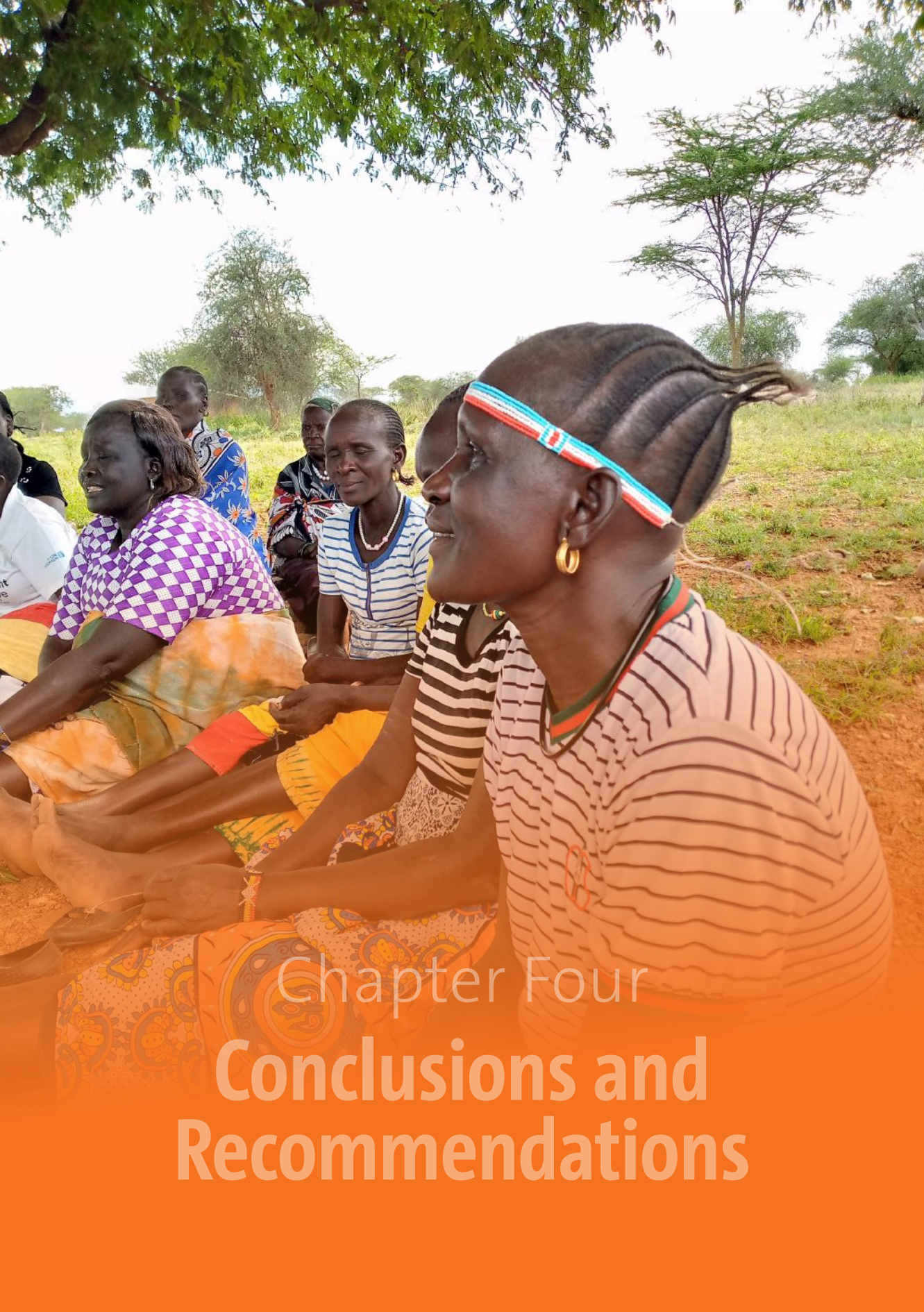


“If all girls in Pokot would go to school, then FGM would be reduced to barely 1% in the community. And since dowry is a contributing factor, the educated girls should be paid for more cows than the uneducated.”



According to a health worker at Tapac Health Centre, the Karamoja community is incentive driven, therefore development actors can explore realistic and appropriate incentives to be given to women and girls who are not cut. This would in turn encourage women / girls to abandon the practice in order to benefit from the incentives in place.

During a validation meeting in Amudat, it was emphasized that it is the responsibility of all implementing partners including parents, churches, elders, civil society organisations to combine efforts and plan together to implement the proposed alternatives. It was proposed that all concerned stakeholders can begin and pre-test the alternative rites of passage with one village as a pilot before spreading to the broader community.



Chapter Four

Conclusions and Recommendations

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Female Genital Mutilation/ Circumcision/ Cutting is a cultural practice that deeply entrenched in the way of life of the Pokot and Tepeth communities researched. The research findings revealed that the practice is associated with cultural identity hence posing a challenge to the implementation of the law against it. Consequently, even the law enforcers such as the police are somewhat frustrated for lack of evidence to prosecute these cases.

The practice is also appreciated differently in the two communities researched. For instance, while the Pokot admit that the practice is part of them and of high cultural significance, the Tepeth contended that the practice was borrowed from the Pokot and was abandoned upon passing of the Prohibition of Female Genital Mutilation Act in 2010. Also while it is a passport to marriage among the Pokot (a girl is ready for marriage once

she has undergone FGM), it is not so among the Tepeth where a girl may remain unmarried even for years after undergoing the practice.

Key drivers of FGM in both the communities include the high levels of confidentiality, and surgeons who are earning from the practice. The respondents interviewed during the study confirmed that one of the reasons why the practice is still persistence is because it is a source of income to the surgeons who perform it. Hence if we are to curb the practice, there is need to address the concerns of these practitioners and create alternative sources of income for them.

Despite the enactment of the Prohibition of Female Genital Mutilation Act in 2010, the Pokot community in Amudat was not consulted but rather the law just imposed on them. This is also a contributing factor to the resistance that the law faces in these communities.

The respondents proposed alternative rites of passage which could be adopted instead of the practice of FGM. According to the elders in the Pokot and Tepeth communities, these need to be trial tested starting with a small community e.g a Sub county or village and if found suitable and useful by the communities, can be replicated in other communities as well. The research also revealed that the elders and cultural leaders have influence in the community and can play a key role in transforming/modifying the cultural practice.

The study thence makes some recommendations which include;

The cultural leaders and elders should embark on massive sensitization of their communities of the negative consequences associated with FGM. This is because they have a lot of influence on their subjects and as part of the community, are less likely to encounter resistance.

Development actors need to adopt more community friendly approaches to addressing FGM. These include

collaborating with them to conduct sensitizations in the communities as well as utilizing already existing community groups to sensitise the community. The approach used by development actors is viewed by the community as more condemnatory and judgmental and has instead swept the practice underground.

The development actors together with the cultural leaders should in consultation with the community members develop guidelines for addressing the cultural practice of FGM. These guidelines should clearly state the dangers associated with the cultural practice, the proposed alternative rites of passage as well as how the proposed alternative rites of passage can be trial tested.

The government should in the process of making/ enacting laws also ensure to consult widely with the relevant stakeholders/ communities that are likely to be affected by the law in question. This will ensure buy in and ease enforcement of such laws within the communities.

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Endnotes

ⁱ Davis (1971) describes chastity belts as one method (mechanical form of infibulation) where rings are passed through the labia majora and fastened with wire or a padlock.

ⁱⁱ Vienna Declaration and Programme of Action, paragraph. 5. <https://www.ohchr.org/en/professionalinterest/pages/vienna.aspx>

ⁱⁱⁱ Uganda adopted the Prohibition of Female Genital Mutilation Act in 2010.

^{iv} Nakapiripirit, Moroto and Amudat in Karamoja, all of which practise FGM extensively.

^{vi} Uganda FGM ban: 'Why I broke the law to be circumcised aged 26. <https://www.bbc.com/news/world-africa-47133941>

^{vii} The Pokot people (also spelled Pokoot) live in West Pokot County and Baringo County in Kenya and in the Pokot District of the eastern Karamoja region in Uganda. https://en.wikipedia.org/wiki/Pokot_people

^{viii} The Guardian 06 Feb 2018. <https://www.theguardian.com/global-development/2018/feb/06/battling-fgm-uganda-kenya-zero-tolerance-female-genital-mutilation>





