Chapter 8
The Female Genital Mutilation Economy and the Rights of the Girl Child in Northeastern Uganda

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8.1 Introduction

Female genital mutilation or cutting (FGM) is one of the oldest forms of child rights abuse in 28 countries in Africa, Uganda inclusive (28 Too Many 2013; Morison et al. 2001). In these countries, over three million girls are at the risk of dehumanizing "torture" and "harm" annually because of FGM (Gruenbaum 2001; Sagna 2014). There are cultural and context variations in the way the cutting is done. The cutting may involve total or partial removal of external female genitalia and other forms of injury to the female genital organ for non-medical reasons (World Health Organization 2008).

Several African countries have taken initiatives to eliminate FGM. In Uganda, for instance, the government criminalized it through enacting and ratifying local and international laws and conventions. The notable ones include the 2010 FGM Act, the 1985 Convention on the Elimination of All Forms of Discrimination against Women, and the 2010 Protocol to the African Charter on Human and Peoples'

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Rights on the Rights of Women in Africa (Mujuzi 2012). Other initiatives include massive community awareness on the health risks of FGM, provision of alternative livelihoods to FGM surgeons, promotion of girl child education, and, among others, propagation of alternative rites of passage (28 Too Many 2013). All these initiatives have been implemented by the government of Uganda in partnership with a plethora of local, national and international agencies.

Despite all the above mentioned measures, FGM persists in the northeastern communities of Uganda, particularly among the Sabiny, Pokot, Kadama and Tepeth who occupy the current districts of Kapchorwa, Kween, Bukwo in Sabiny region and Amudat and Moroto in the Karamoja region. Following the passing of the FGM 2010 Act, the prevalence of FGM in the northeastern region of Karamoja rose from 1.8 % in 2006 to 4.8 % in 2012 (Uganda Bureau of Statistics, & ICF International Inc. 2012). While its incidence declined from 2.4 % in 2006 to about 2.3 % in 2011 (28 Too Many 2013), FGM is still prevalent in 50 % of all Sabiny women above 15 years (Uganda Bureau of Statistics & Macro International Inc. 2007; Uganda Bureau of Statistics & ICF International Inc. 2012). Nationally, the estimated FGM prevalence for females aged 15–49 years is 1.4 % (Uganda Bureau of Statistics & ICF International Inc. 2012). This is considered relatively low, but it represents an increase from the estimated prevalence of 0.6 % in 2006 (Uganda Bureau of Statistics& Macro International Inc. 2007). Although in the communities that practice FGM, over 80 % of women and girls are affected. The increasing prevalence of FGM in Uganda, amid surveillance and other strategic efforts to eradicate it, led us to question the motivation of its perpetration. This chapter contributes to an understanding of the socio-economic drivers of FGM in a poorer and more remote environment of Northeastern Uganda. Drawing on the lived experiences of Pokot and Sabiny children in the 4 districts of Northeastern Uganda, it examines the local economy of FGM and how it perpetuates and sustains the practice in these communities.

Whilst several studies in Sub Saharan Africa explain the persistence of FGM in terms of deeply entrenched moral, religious and cultural norms and values such as identity, marriageability, chastity, fidelity and rite of passage into womanhood (Odoi et al. 1997; Sagna 2014; Shweder 2000; Munir 2014); we argue that the economic motives and imperatives of its perpetrators significantly sustain FGM in these communities. We show that fathers, elders and surgeons, among other perpetrators, condone FGM not only for its moral, symbolic and other social values, but also because of its perceived economic benefits such as increasing the capacity of the family *kraal* -- an enclosure where animals, especially cattle, are kept, which in this context reflects the value that people in this region attach to owning many animals (see also Mafabi 2011). Given these benefits of FGM, the risks to the health, education and sexual and reproductive rights of the girl child, although widely acknowledged, are largely disregarded. The objective of this chapter is to review and discuss some of the major reasons behind the continued prevalence of FGM in spite of the legislation and other response mechanisms to address FGM practices.

8.2 Methods

This study was mainly exploratory and descriptive, drawing from qualitative interviews and discussions with the main actors involved in the practice of FGM, those affected and other key informants with information about the practice. Data were collected in the districts of Kapchorwa, Kween, Bukwo and Amudat. The research process was highly participatory involving a variety of relevant stakeholders and partners at different levels. The study used a multi-stage purposive sampling strategy at the national, district, school and community. At the national level, data were collected from several civil society and non-governmental organizations. At the district level, the team visited all the project districts of Kapchorwa, Kween, Bukwo and Amudat. Discussions were held with district officials in charge of children's issues including the Probation and Social Welfare Officers (PSWOs), Police Child and Family Protection Unit (PCFPU), the Resident District Commissioner (RDC), District Education Officers (DEOs), Chief Administrative Officers (CAOs), Community Development Officers (CDOs) and local leaders that address reported cases of child abuse. Other agencies (NGOs) working on areas of rights promotion and the protection of children against violence and traditional harmful practices at the district and sub-county levels were also interviewed. In undertaking qualitative methodologies, rather than commencing with a pre-determined sample size, we relied on the saturation theory which pre-supposes that we recruit participants continuously up to the point where similar information continues to recur (Pergert 2008). We employed four methods namely: focus group discussions (FGDs), key informant interviews (KIIs), observation and secondary data analysis through document review.

As such, the team conducted 13 focus group discussions, comprising of 8–12 participants with parents, the general community, child protection committee members and children in selected sub-counties. In addition, 50 KIIs were held with teachers, head teachers, members of parents/teachers associations, school management committees, PSWOs, CAOs, CDOs, and DEOs. The team also interviewed other duty bearers including police officers in the Child and Family Protection Unit, staff of community-based organizations and nongovernmental organizations (NGOs) operating in the study districts, members of Child Protection Committees at different local government levels, and other opinion leaders in the communities.

Finally, the study team carried out documentary reviews including: police reports (to establish the prevalence of FGM in the districts), project documents (including the project work plan and log frame, project background documents etc.), working papers, journal articles and grey literature on strengthening community-based child protection systems, and protection and rehabilitation of children who have experienced violence.

In terms of analysis, KIIs and FGDs were transcribed in verbatim into Microsoft Word. Unique identifiers were assigned by gender and number to the informants for confidentiality. All transcriptions were translated into English. Data were then coded and analyzed using NVivo QSR; a qualitative text analysis software of grounded theory.

8.2.1 Ethical Considerations

Informed consent was obtained from all respondents prior to the interviews. Study participants were informed about the purpose of the study and the scope of the issues in the FGD and interview guides. While the study did not go through a formal ethical approval process, it adhered strictly to the child protection codes of ethics and practices of the agencies that sponsored it. Action Aid Uganda, Uganda Child Rights NGO Network and Uganda Society for Disabled Children all have very elaborate child protection policies which guide both their staff and researchers whom engage with children on their behalf. Confidentiality was ensured in data management, and only aggregate information without subject identifiers is reported. All data were secured in a safe location accessible only to the study team. Permission was obtained from the relevant Ministry and local government units in the districts where the study was conducted.

8.3 Findings/Results

8.3.1 Manifestations of FGM Among the Pokot and Sabiny

Since FGM was outlawed in 2010 by the Act of Parliament, there is a feeling that the tradition is dying out. However, our results show that the tradition may have merely evolved in the ways it is practiced. Cases involving cross-border dealings and undercover practices that do not only endanger the lives of those involved but perpetuate the practice were reported in both Amudat and Sabiny, home of the Pokot and the Sabiny respectively.

A study commissioned by Action Aid International Uganda in 2014 shows that 19 % of participants in Amudat have experienced FGM (Ochen et al. 2014). While the figures were lower at 15 % in Kween, 7 % in Kapchorwa and 5 % in Bukwo, they, like those of Amudat, are many times higher than the national average of 1.4 % (Uganda Bureau of Statistics and ICF International 2012). In the communities we studied, there are contrasting perceptions on the prevalence of the practice. In the leadership circles for example, FGM is perceived to have reduced in scale, while individuals within the community perceive FGM to have merely gone underground. In Sabiny, the incidents of FGM are perceived to be currently minimal amongst children, but shifting to married young women/mothers. Given the high incidence of early marriages in these areas, some of the so called young women/mothers may still be children. This trend is mainly perpetuated by husbands who desire circumcised women to reduce the likelihood of extramarital affairs.

> "The men here lack confidence and fear competition. Once the women are mutilated the men feel secure, as not many men, especially the elite, are interested in mutilated women." (Interview with district leader, Bukwo)

This desire is accompanied by societal pressures and stigma against uncircumcised girls and women. Besides being constantly mocked, their sociality is constrained.

> "Uncircumcised girls cannot be allowed to collect cow dung for beautifying their houses from the neighbourhood. They are also not allowed to socialize with others who are already circumcised." (FGD with parents, Kween)

> "My mother told me that if I don't circumcise, I will not be allowed to socialize with my friends and even get a man in future." (FGD with school children, Kapchorwa)

> "Some of us who are not circumcised, we are bullied a lot by the community members especially our age-mates- boys and girls who are already circumcised. They say we have seven private parts and that we smell a lot because we are not circumcised." (FGD at Kalas Girls Primary School)

According to one district official in Bukwo, about 90 % of the women and girls succumb to the pressures of husbands and the community at large. In several of the cases the girls and women are circumcised immediately after delivery. The cutting is normally disguised as part of postnatal care for the mother.

> "Some ladies are taken for FGM after delivery so that the responsible authorities are not alerted about what is going on. This still puts their lives at risk because of the associated health hazards." (Elder, Kween)

Whilst men are identified as the key perpetrators of FGM in both Sabiny and Pokotland, in the latter case fathers and the larger family are the main players.

> "In Bukwo, FGM is mainly engineered by the husbands (it's a weapon of domination), whilst in Amudat, it is the girl's family." (Local leader, Bukwo)

In both these two communities, the tradition is perpetuated by a patriarchal system of social organization that promotes the social, political and economic dominance of males. The main decision makers on key social and economic issues, including marriage and the negotiation of bride price, this system are the fathers. For instance, we found that some mothers did not wish to have their girls circumcised or married off at a tender age, but they had no say because of their low social positions.

> "We are abused because our mothers are not allowed to talk on our behalf. Once a woman gets married and produces children, beating starts. They start saying that after all I was forced to marry you or I was just helping you by getting married to you because nobody was willing to take you. Since I have paid my cows, you have no voice. Therefore, most mothers who wish their children to study encourage them to run away to school." (FGD, Kalas Girls' Primary School)

Parents and community members also use gifts to lure girls to undertake FGM. .

> "Here, most people, especially parents and relatives, persuade the young girls into the FGM practices because of the gifts they give them during the ceremony." (Elder, Bukwo)

Threats of divine sanctions particularly, illnesses are also used to make girls submit to FGM.

> "Some parents here especially in the rural areas deceive their children that if you don't get cut, you easily fall sick and can easily get diseases." (Elder, Kween)

In some cases, FGM is deliberately executed in secluded places, such as the wilderness and remote villages. It is no longer the public ceremony it used to be in the past. The native communities of both Amudat and Sabiny are aware of the provisions of the 2010 FGM Act and the surveillance by the police and other local actors such as the Resident District Commissioner (RDC) that followed its enactment. To avoid anti-FGM operations, cutting ceremonies are now discreetly conducted in hard to reach areas.

> "In the past, cutting was a public function associated with a lot of celebration. The celebration would go on even when the girls healed. But nowadays it is done inside the huts which are built in the bushes very far from the town." (Elder, Amudat)

For the Sabiny evading surveillance at times means crossing over to Pokotland to have the children circumcised there. There is also a tendency to disguise FGM activities as banal assignments handed down to children by well-meaning parents. One elder in Kween indicated that parents may pretend to be sending their daughters to the wilderness to collect firewood when in actuality they are sending them to FGM surgeons operating within the wilds.

We also found that when the surveillance team in the districts becomes a deterrent, the children are sometimes taken as far as Western Kenya, where the surveillance is relatively lax, to be circumcised.

> "FGM is still stealthily being conducted and some girls from Amudat cross to Kenya for FGM while others go deep in the villages where there are no access roads." (In charge, Family and Child Protection Unit, Amudat)

> "We have girls running to Kenya to have it done and coming back once they are well and we have some who have run away from the practice and reported almost being forced into it." (In charge, Family and Child Protection Unit, Kapchwora)

These revelations suggest that FGM is probably more prevalent than it is reported and/or acknowledged. The shifts could be viewed as adaptations to the extensive campaigns against FGM from civil society organizations and the constant surveillance instituted by the law enforcers to monitor the practice in the area.

8.3.2 Circumcise, Get Married and Give Me Cows

Cattle remain the primary measure of wealth among the Sabiny and Pokot. For prestige, wealth and a medium through which males in the family obtain wives, individuals and households accumulate and maintain cattle at all costs. As such, bride price is one of the major ways through which Pokot and Sabiny households accumulate and replenish cattle. Bride price constitutes items brought by a prospective groom (or his family) to the prospective in-laws as part of the negotiations for marriage. It mainly comprises money, cattle, goats, clothes, household items, jewelry, and other such important items. Between 5 and 12 heads of cattle among the Sabiny may be paid as bride price, but it can go as high as 60 heads among the Pokot (28 Too Many 2013). Other items included in bride price include goats, sheep and

money. This makes girls a valuable source of the much valued symbols of wealth and prestige, the cattle. Our findings, for instance, show that families and fathers in particular support circumcision and early girl child marriages primarily for this reason. The symbolic and moral values of FGM do not appear to be the main basis of their decisions to circumcise and marry off girls as many field discussions reflected.

> "We are banks of cows where the community is expecting to get cows. Each one of us will cost 35 cows and above so long as one is beautiful, young, hardworking and when you get married you will be the one to do all the work in the home like building, cooking, fetching water, burning charcoal and collecting firewood for domestic use and for sale." (FGD, Kalas Girls Primary School)

> "My brother of recent told me to get circumcised and marry to bring cows home because our family does not have many cows. He said I had all the qualities of a good wife but I refused. I really want to study." (FGD, Kalas Girls Primary School)

> "When I was young, a disease affected my right leg and arm and I became lame. My father refused when my mother wanted to take me to hospital. To him it was a waste of money. It was my maternal uncle who took me to hospital and when I became fine he left me under the care of a nurse called Norah who actually put me in school and even provided for all my needs. When she passed away in 2013, I was taken in by the Resident District Commissioner (RDC). (Within the political administrative structure, the RDC is a representative of the President/head of state of the district. He is responsible for monitoring implementation of government programs in the district.)When my father later on came to town, he got me when I was fine and fully grown, he started convincing me to go for FGM and get married, because he needed cows. I refused because I want to study and to become a nurse." (FGD, Kalas Girls Primary School)

> "Parents usually disregard education for the girl child, circumcise and marry them off as young as 13 years so as to get gifts and money." (Head teacher, Kween)

The economic motives of parents and guardians are further evident in the manner that opportunistic relatives rush to adopt orphaned girls less because they genuinely want to help them, but more because of the wealth they anticipate to reap when they marry them off.

> "Orphans are taken care of by their guardians who just use them as source of labour and wealth during marriage." (Local leader, Kween)

Benintendi (2004) indicates that the Sabiny always included the scarcity of marriageable women in the negotiations for bride price. In a similar vein, the high legal stakes associated with FGM practices today may have further increased the bargaining power of families with circumcised girls. Fathers are, therefore, keen on having their girls cut before finding a suitable suitor for them. It is partly on this basis that, as perceived by a district leader in Bukwo, fathers are "traders who look for the highest bidder after having their girls circumcised." The sexual and reproductive interests of girls do not matter, for they are given away to the man who offers the highest number of cows whether they like him and/or are interested in marriage or not.

While probing this, we came across cases of young girls whose fathers had forced them to leave school to prepare for marriage against their will. These tendencies were particularly notable amongst the Pokot in Amudat. An FGD participant in

primary seven related how her father had stopped her from going to school when she was in primary four because he felt the time was ripe for her to start learning domestic chores in preparation for marriage. Her pleas to continue schooling had fallen on deaf ears until the RDC of Amudat learned of her case and took her to school against the will of her father. This RDC employs coercive means to enroll and keep girls and boys in school, or to rescue girls from FGM. There are 2 mission schools within Amudat town (one for boys and another for girls) where the children are enrolled and provided with food and scholastic materials. They stay at school for much of the year, including holidays, and only go home at the end of the last term of each academic year. The RDC also monitors their parents to ensure compliance with education.

In another case, an 8-year old primary one pupil of Cheptapoyo Primary School in Amudat district, Susan, was forcefully grabbed from class by her father when her mother, intrigued by her interest and good performance, insisted on keeping her in school. Susan was the first of four siblings, but the only one in school at the time. Her home was in Kalekitiok village, about five kilometers away from the school. She was brought to the boarding section by her mother in 2014. His argument was that she should stay home to learn domestic chores rather than waste time at school.

Among the Pokot, the time girls invest in learning domestic work is factored in to the bride price as they are 'marketed' for the highest bidder. Educated girls do not reap many cows. The years spent in school reflect inexperience and little investment in becoming a 'good wife'; one who can effectively execute all the domestic tasks including the construction of a house for the new family singlehandedly.

This explains why fathers, such as Susan's, withdraw girl children from school before they get too far. When fathers are satisfied with the girls' capacity to execute domestic chores, they are circumcised and given to the highest bidder.

> "After FGM, you are forced to get married. It does not matter whether you are 10 years, 12 years or even 11 years." (FGD, Kalas Girls Primary School)

The high economic value of circumcised girls partly explains why parents determinedly take them through FGM even when they are fully aware of its opportunity cost, particularly, the risk of imprisonment, to their health and to their education.

8.3.3 Reciprocity and Solidarity

Bride wealth from marrying off daughters does not only benefit immediate family members. Like in other parts of Uganda, marriage is a communal activity. For this reason bride wealth is shared among the girl's parents, other clan members and non-kin associates such as friends.

> "Girls are traditionally meant for cows and these cows are shared by the clan members and friends. Eventually your parents don't get many animals but also gain from other clan members and friends when their daughters get married." (FGD Kalas Girls Primary School)

This system of mutual benefit and reciprocity could explain the solidarity with which communities in both Amudat and Sabiny aid and cover up FGM practices. A police officer in Amudat explained that their anti-FGM operations often abort, because the perpetrators are tipped off by community members. Even the local political and cultural leaders (elders) with whom the police collaborate commonly conspire with perpetrators to obliterate evidence. He told of an incident in which the police were tipped off by the community about some girls being circumcised, then they rushed to the scene and found a knife, blood and porridge but the girls and the surgeon had already taken off. They could not identify the surgeons or parents involved for prosecution. Neither could they get their collaborator, the Local Council One (LC1) chairperson of the area, who seemed to have vital information about the perpetrators to testify in court. He added that LCs not only hardly report cases of FGM and forced marriages to the authorities but also coach children to lie when perpetrators are arrested. It should be noted that the Local Council One is the chairperson of the village and therefore the most senior government representative at village level. Thus they are expected to enforce compliance to the legislation in place. In this case, the LC seemed to have abdicated his duty, possibly in return for some monetary inducement.

Whilst one of our respondents attributed such collusion to the cohesiveness of and strong traditional values that obligate Pokot to protect each other, our results suggest that such actions may be motivated by money and other material things from perpetrators. A couple of children in Amudat indicated that they found it hard to seek the assistance of elders when they were forcefully circumcised because, in the words of one of them, "most times they want something and so whoever takes something wins the case." Another police officer reported a case of a LC1 chairperson who refused to give evidence against the father who had been implicated in circumcising his daughter when he promised to share with him the cattle he anticipated to get after marrying off the girl.

In Kween, an officer working for Action Aid indicated that LC1 committees solicit money from perpetrators to help them cover up FGM and other child rights abuse cases. These findings strongly suggest that a wider community of the Pokot and Sabiny, including community leaders, benefits directly from FGM. These economic benefits could partly explain their reluctance and connivance to abandon and sustain the practice, respectively.

8.3.4 FGM Is a Matter of Economic Survival

Besides fathers and spouses, FGM surgeons are arguably the other key perpetrators of female circumcision among both the Sabiny and Pokot. Surgeons are no ordinary community members. Their prestigious role is a preserve for members of particular families ordained by the spirits to perform a function that is central to the cultural heritage of both the Sabiny and Pokot. Therefore the involvement of surgeons is indispensable to the continuity of FGM; it simply cannot take place without them.

Their service is, nonetheless, not free. It is appreciated in cash, other goods or resources, or both. We were informed that besides money FGM surgeons may receive cows, goats and chickens for their services.

Circumcising girls was the main source of livelihood for the FGM surgeons before it was outlawed. In recent years, several initiatives have been taken to dissuade surgeons from conducting FGM. Notable among them is their sensitization about the health and legal implications of FGM and the initiation of alternative income generating activities to encourage them to abandon the practice. Reach-Uganda, an anti-FGM NGO, for instance, gave cows to surgeons in the Sabiny region to entice them to denounce the practice.

However, current measures have not been able to deter all surgeons from conducting FGM. Our findings suggest that their defiance is largely connected to the enormous economic benefits of FGM in view of the high levels of poverty that afflict most surgeons and the community at large. The FGDs we conducted with them revealed that they were fully aware about the legal and health implications of circumcising females. They also acknowledged that the practice was at the heart of their heritage, and therefore, difficult to stop but cited its *lucrativeness* as the primary reason they could not resist from indulging in it. When asked for their role in the promotion of FGM, a middle-aged surgeon from Amudat explained their dilemmas as thus:

> "We really fear the practice nowadays because of the law against it. But we can't say that the practice has stopped. Some of us are still involved in it because it is a good business. You get money, cows and even goats from it."

Another surgeon participating in the same FGD added,

> "We accept and support the government and NGOs initiatives against girl child circumcision which has brought a lot of harm. But we the surgeons have benefitted from it so much that it is not easy for us to stay without it."

A highlight of the monies and material valuables surgeons are usually given in exchange for their service can help us put their dilemmas into perspective. Among the Sabiny, FGM surgeons earn between 10,000–20,000 Uganda shillings (about $4–8 US Dollars), a hen, cow, and goat per girl circumcised. Among the Pokot, a surgeon may receive up to 600,000 Uganda shillings (about $150–200 US Dollars) or a cow per girl circumcised. Surgeons also are offered local brew which is a non-verbal way of thanking the surgeon for honoring the invitation. It should be noted that depending on the actual locality, there is almost no difference in costs incurred by the Sabiny and Pokot. The Sabiny tend to put more emphasis on the cows, hens and goats while the Pokot prefer to state the costs in monetary terms. It could be that it is more culturally acceptable among the Sabiny to converse about rewards to the surgeons in form of animals (and hens) than money.

In a region endemic with chronic poverty and lack of meaningful alternatives, the economic prospects the practice of FGM offers to surgeons are simply too difficult to resist. This was the view of most of our respondents. During an FGD with parents in Kween, an elderly gentleman attributed the persistence of violence against children (including FGM) in rural areas to poverty. He explained that surgeons were, for

instance, always practicing FGM because they were given money and other things like goats and local brew for their services. An official in the education department of Kapchorwa also attributed the persistence of violence against children to poverty and pointed out that surgeons always campaign for FGM because they earn money and gifts from the practice. In Amudat, a group of elders cautioned that FGM could only be reduced if surgeons were given money or involved in 'serious' income generating activities by NGOs or government. They opined that surgeons were apparently benefitting a lot from the practice, and that it was the main source of livelihood for the majority of them. All these views suggest that for the surgeons the continuity of FGM is more a matter of economic survival than mere cultural preservation.

8.4 Discussion

FGM is a critical child rights concern in Pokot and Sabiny communities. Lack of awareness of legislations against it can neither adequately explain its continued existence, nor can one convince the world now that FGM communities are not aware of the gruesome level of child rights abuses associated with it or its reproductive health effects. The cultural, religious and aesthetic justifications for FGM among other explanations are important, but they also may mask the importance of economic explanations. Our findings strongly suggest that the economics of FGM largely explain why FGM persists (Uganda Bureau of Statistics and ICF International 2012) despite decades of interventions against it and community experiences with its lifetime of side effects. The major interventions implemented against FGM in Uganda include: legislation against it; Back to School and Stay in School campaigns implemented in 2012 by the civil society jointly with the state and other development partners; and the introduction of alternative rites of passage that involve training girls in wifehood, sexuality and reproductive health issues such as HIV/AIDS without necessarily having them undergo FGM.

There are many non-economic arguments that offer explanations for the survival of FGM, but we argue that they are secondary and have alternative explanations. For example, one may want to argue that as nomadic hunters FGM was introduced in the Sabiny and Pokot communities to tame sexual libido in women and for easy control of when, with whom and how they have sex (Opesen 2016). This however, is rebuttable with one livelihood question: why does it exist among the "Pipa tich," the non-nomadic dichotomy of the Pokot that cultivate? Also, why is it that while the Sabiny are no longer nomadic, the practice continues in 50 % of their girls secretly in the hills or across the border? Certainly, the men are settled home now and FGM women with their known limited libido cannot meet their sexual urge and frequency expectations. This is partly the reason men are polygamous in these communities (28 Too Many 2013; Namulondo 2009; Nalaaki 2014).

FGM also has been explained as traditionally making a positive contribution to socialization into adulthood, age sets and age grades. However, like other parts of the world, socialization has shifted from the homestead to school, peers and media.

From the perspective of space and place dynamics, however, it is also possible to argue that there is a lot of inequality in access to education opportunities in this region vis-à-vis the rest. This partly explains why, for instance, only 12 % and 6 % of the male and female population respectively in Pokot region is literate compared to at least 65 % in the rest of the country (Uganda Bureau of Statistics & ICF International Inc. 2012).

This makes it important to emphasize the value of contextualizing interventions. The failure of current interventions to eliminate FGM may be partly due to their failure to contextualize their designs and implementation mechanisms. To the realists, for example, the argument is that the outcome of any intervention is a product of its mechanisms (design issues) and context within which they may be implemented (Gombachika et al. 2012). This probably explains why FGM has come down to 50 % in the Sabiny community with the current interventions favored by peace and settled life, but stayed at 95 % in the Pokot community (28 Too Many 2013; UNICEF 2013) where insecurity and nomadism are still high and hinder access to formal education, FGM law enforcement, and discussions for behavioral change. To bring FGM to zero, there is need to contextualize these and more innovative interventions from space, which claims universal application of interventions, to place which treasures context specificity and sensitivity of interventions (Bukuluki 2013; Sachs 1992). Sachs (1992) argues that universalistic cultures do not subscribe to any place; they are space rather than place centered. He postulates that their mental style is not linked to any place but "rests instead on the concept of space" (1992: 219). He aptly states that "universalists aspirations are space centered while localists world views are mainly place-centered" (Sachs 1992: 219). This distinction demonstrates the tension between the protagonists of cultural relativism and universalism in development studies (also see Bukuluki 2013). More so, we argue for the need to nurture and create space for hybridity that emerges out of the negotiation between cultures rather than suffocate it in favor of the local context or universals. Legislation against FGM as an FGM intervention should, in its design and implementation, not ban the FGM cultural processes that benefit masses through socialization and religious symbolism, when there are no viable and adequate alternatives in place. Let there be a cultural dance. Let the people drink. Let them socialize but forbid cutting, otherwise resistance becomes inevitable. Because in its current design even these processes are prohibited, resistance has been high with the trend of FGM rising in Karamoja from 1.8 % to 4.8 % after the passing of the FGM bill in Uganda in 2010 (Uganda Bureau of Statistics & ICF International Inc. 2012). When Kenya enacted a similar law in 2011, there were protests and cross border attempts to subvert the law, and FGM increased (Nalaaki, 2014; Namulondo 2009; Salonen 2012). We also underscore the fact that the current alternative rites of passageput in place by NGOs, mainly REACH and ZOA, are still not accepted or even recognized by the community because of the feeling that they are prescriptive and not contextualized (Opesen 2016). Contextualizing them means negotiating with, training, and co-opting the divinely ordained actors and specialists to deliver the alternative rites of passage curriculum in situations synonymous with FGM in the traditional setting, not in urban settings like Amudat town (Opesen 2016). In his critique of the current rites of passage that award initiates graduation certificates,

Opesen (2016) locates the ridicule piled at these alternative rites of passage on the fact that they are done in the hotels of Amudat town not in the *kraal* or in the wild and by religious leaders, civil society and health workers who are not traditionally recognized or spiritually ordained. Certification of graduates in place of FGM has not helped the process either, for it is still perceived by warriors as fraudulent and many still pay more bride price for the FGM girls even when it comes with negative sexual and reproductive health consequences like fistula or labor complications (Opesen 2016). It has not also worked for economically rational parents who continue to take the risk of taking their daughters through the blade as a tool for determining higher bride price rather than certification in the alternative rites of passage. Economically rational surgeons also do not want to miss out on money, livestock and gifts that come with a successful FGM process. Unfortunately, most of the current intervention approaches are also largely influenced by the western biomedical positionality that prefers only incorporation, rather than dialogue and partnership/collaboration with local resources and stakeholders (Ventevogel 1996). Incorporation methods do not provide the opportunities for dialogues to look for the good things in a culture and discuss how best to retain the good ones and discard bad cultural practices, leaving society isolated. Such approaches can bring oppositions and resentments and limit program success (see also Mgbako et al. 2010). A dialogue approach provides more space for interaction and dialogic engagement, which can generate community consensus. In recognition of this limitation, UNESCO developed a cultural approach that emphasizes the need to identify cultural resources and harmful cultural practices, building on cultural resources and discouraging harmful practices to minimize the limitations in the current biomedical legalist approach that for decades has failed (Bukuluki 2013; Sengendo et al. 2000).

In the context of the patriarchal society within which the FGM tradition operates, economic empowerment of women and attempts to address the poverty of the mind need to be given attention that is contextualized to changing places and times. In Pokot and Sabiny communities, for example, this will not only reduce school dropout for FGM as parents are more willing to sell livestock to meet school fees, but women will also have a say on harmful practices like FGM. Unfortunately, it is evident that most FGM interventions have long neglected these core issues of transformation and change. Some interventions have also bypassed the local leadership that understands the context best. This has generated general lack of political will to stop FGM and other forms of violence against children in the local leaders. Several key informants observed this among their local council committee members who became only interested in child rights initiatives championed by the civil societies that they expected to give them monetary benefits.

8.5 Conclusion

Overall, any discussion of the persistence of FGM in Pokot and Sabiny communities must give primacy to the key role of FGM economics and how it is translated in culturally acceptable ways. Further, to address limitations of current FGM

interventions and to uproot this tradition in Pokot and Sabiny communities, attention should be paid to the extent FGM is situated within these cultural and economic contexts. There is a need to rethink current responses to FGM with a view to developing more culturally appropriate interventions. Alternative sources of earning a livelihood for the practitioners is a pressing need. Efforts should also have a focus on sustainable community mobilization and sensitization in order to change community attitudes towards FGM.

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