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Gender masked or self-inflicted pain: female circumcision, eradication and persistence in Central Kenya

Introduction

Female circumcision persists despite a growing body of knowledge about its health and psychological harm. It persists also within contexts of substantial efforts to prevent it (WHO 1994). The concept – female genital mutilation – is currently used in part to reflect the pain and damage inflicted on girls and women. We however refer in this paper to ‘female circumcision’ as the term we used to communicate with our research subjects.

This paper is about female circumcision, as it is currently practised in Central Kenya. The first part attempts to recast the meaning of female circumcision, and specifically looks at it within a framework of social normalisation processes, what it implies for women and men as actors within unequal power relations, and in relation to specific eradication efforts. The paper then examines the male responses to eradication efforts using examples from Eastern Africa and attempts to show that contrary to being passive, men are indeed central actors. Finally, the paper describes the research process through which female circumcision emerged as a research issue within a research project whose aim was prevention of HIV/AIDS among the young people and the empirical data generated.

While female circumcision is deeply embedded in cultures where it is practised, its persistence reflects more the preventive approaches used since the early Christian missionary campaigns. In Kenya as elsewhere in Africa, the missionaries took an uncompromising stand (Natsoulas 1997, Murray 1974, Groves 1948-58) and collaborated with the colonial administration to outlaw female circumcision (Hayes 1975, Thomas 1996, Natsoulas 1998). Missionary doctors in particular played a central role in the eradication campaigns in Kenya (Philp 1925), a process that occurred also in Sudan (Dorkenoo 1994).

Not all missionaries were however opposed to female circumcision. The denominational competition meant that not even the Protestants who were more prejudiced against African customs agreed on any one moral issue (Githiga 1996). For the Catholic missionaries, what mattered most was that their African converts should affirm that Catholicism represented universally the whole truth about the Christian faith (Mugambi 1989, Beidelman 1982).

The missionary ban on female circumcision was resisted, at times violently, and was used by the nationalist movement in Central Kenya to justify breaking away from the mainstream church, to form the Independent Church that allowed female circumcision. Because of this resistance, the missionaries and the colonial administration compromised by allowing what they called a minor operation to continue in health facilities using trained midwives so as to avoid infections (Natsoulas 1998). The missionaries nevertheless succeeded in eradicating the public celebrations, the dances, the songs and the feasting which imparted sexual knowledge to the initiated girls and gave meaning to the ritual (Ahlberg 1991, Githiga 1996). To the missionaries, the public celebrations were extremely obscene and local chiefs were instructed to disperse or fine those participating. Like most development programmes, these eradication efforts gave little attention to the meanings attached to female circumcision, its value as perceived by those practising it or its specific social organisation.

This notwithstanding, the eradication process was not without consequences. It questioned a custom pre-dating, according to Lane and Rubinstein (1996), Christianity and Islam and although the practice persists, its form has changed. In Central Kenya, the separation of parts that formed the whole custom meant for example, that without public visibility, the physical operation, the very aspect of the ritual that was the centre of controversy from a public health perspective, ironically persisted secretly. Thomas (1996) observes that the 1956 ban in Meru similarly reduced female circumcision to a clandestine excision. A similar process of change is reported in Mali (Dorkenoo 1994) and Tanzania (Shuma 1994). This dislodging of female circumcision from its complex social and cultural context makes any intervention including research difficult. Moreover, by allowing the operation to take place in health facilities, using trained midwives, female circumcision was not only medicalised. The boundaries were also expanded to incorporate health professionals as operators. Finally, the focus on women as victims and as perpetrators inflicting pain on other women and the assumption that educating women about its harm would lead to eradication failed to understand the complex gender power links. This too has ironically made men appear passive and powerless in the practice or its prevention.

What is female circumcision?

Female circumcision as surgery

Female circumcision in almost all cases is a surgery involving the removal of female genital organs. It ranges from clitoridectomy – the removal of the prepuce or hood of the clitoris; excision – the removal of the clitoris and all or part of the labia minora; to infibulation which involves the removal of the clitoris, the labia minora and most of the labia majora. In the last procedure, the two remaining sides of the vulva are sewn together leaving only a tiny opening for

the passage of urine and menstrual blood (Toubia 1993). As a surgery without anaesthesia, the pain is, as many women describe, excruciating (Dirie and Miller 1999). Moreover, bleeding and infections are complications that may occur immediately, while complications during sexual intercourse, menstruation, pregnancy, labour and childbirth are long term and irreversible. (Toubia 1993, Dorkenoo 1994, Jones et al 1999)

The social and cultural meaning

From a sociological and cultural perspective, female circumcision is a practice of unknown origin, and although religion has been used to justify it, recent evidence suggests it pre-dates Christianity and Islam (Lane and Rubinstein 1996). It is a practice for transforming girls and women. In societies where the ritual is a pubertal rite of passage, as in Central Kenya, it enacts a symbolic rebirth into adulthood, after which girls are expected to assume the behaviours of adult women, including the expected sexual behaviour. Among the Kikuyu, the ritual is simply referred to as *kugimara* – to become or make adult. Where it takes place before puberty, the ritual, as Kwaak (1992) argues, transforms a girl into a virgin. In this context, female circumcision is to do with how women's bodies and sexuality are viewed and controlled.

We thus conceptualise female circumcision as one of the myriad of forms in which gender power relations are manifested in varied contexts. Age-based power is considered by some as equally or more important (Hayes 1975) and indeed, female circumcision is in some societies the basis on which women acquire authority and status (Ahlberg 1991, Thomas 1996). However, this age-based power and authority still operates within the framework of socially normalised gender power relations.

Gender is the socially constructed meaning of the sexual differences between women and men and a principle that not only allocates social power to women and men. It also shapes their identities and perceptions, interactional practices and the forms of social institutions created (Schwartz and Rutter 1998, WHO 1998, Wilton 1997, Annandale 1998, Okin 1989). Foucault (1984) stresses that societies control sexuality through construction of a dichotomised or gendered sexuality with the female sexuality being subordinate.

Although rarely explicitly stated especially at the macro-level¹ sexual control in essence is the control of sexual desire and pleasure. The basis of this avoidance in western societies is according to Hubbard (1997), the Christian linking of sexuality with sin and marriage the only legitimate boundary for sexual activity. The colonial intervention imposed this Christian morality on societies in Africa, many of which, though having a moral system that similarly prohibited sexual activity before marriage, had a more open attitude towards sexuality and used collective gaze as the major form of control. The missionary ban of the elaborate celebrations that accompanied the physical operation or what Evans-Pritchard (1965) called public obscenity can be seen as the Chris-

tian confrontation with the open but highly and morally regulated sexuality among the Kikuyu.

In some societies, the initiates were and may still be secluded for weeks outside the home with strong female secret societies in charge (MacCormack 1982). The Kikuyu however had an open ceremony where all women in a clan witnessed the girl's operation and participated in the ensuing celebrations, dances and songs which, mostly ridiculed men and their sexuality, but also praised the initiates for being brave (Ahlberg 1991, Githiga 1996). This collective participation by women is part of what we call the public 'gaze'. The operation was a tense moment, as the initiates were not expected to cry or show any sign of fear (Githiga 1996). Those circumcised together formed an age-group which ensured that age-mates behaved as socially prescribed (Kenyatta 1938). The newly initiated were allowed to participate in dances, sleep together and engage in *ngwiko*, a form of controlled sexual activity without penetration. To avoid penetrative sex, the young people again used a form of public gaze where many couples slept together in one room, thus preventing those who may be tempted from having full sexual intercourse (Ahlberg 1991). In the case of full sexual intercourse, the girl, according to women in this study, could enter her mother's house only after a public cleansing ceremony, to remove the taboo and prevent ill health arising. This again was a form of public gaze for shaping sexual behaviour.

The missionaries and others intervening in this area made little attempt to understand the Kikuyu sexual morality, the enforcing mechanisms, or the way they were socially intertwined. Instead, the open attitude and the public gaze were interpreted to mean that the Kikuyu and many similar societies in Africa had no moral value attached to sexuality (Ahlberg 1994). This misinterpretation has guided many of the interventions in the area of sexual and reproductive health including fertility control and HIV/AIDS (Caldwell et al. 1989).

Sexuality among the Kikuyu and many colonised societies in Africa thus entered the realm of Christian moral discourse and control, in essence silencing a moral system where public gaze was an important regulating strategy. The moral system, which is itself a social construction, defines for the actors the rules of conduct, how the rules should be enforced, and assigns rewards and punishments. It thus offers the actors a frame of reference or as Ruonavaara (1998) argues a sense of identity, space to act but also boundaries for their actions. With the disruption of the public gaze system, regulation of sexuality became problematic. The women in particular have had to bear the sexual controls from the remnants of a distorted African moral and little-accepted European Christian moral systems, both of which have, in varying degrees viewed the woman's body as problematic.²

Female circumcision should thus be understood in the context of social norms, including how norms shape and normalise behaviour. For the control of sexual desire and pleasure which is also intertwined with the biological state of

procreation, societies have designed rules or norms defining the appropriate male and female sexual behaviour. Norms are learned and reinforced through everyday social interaction, at the same time as they shape and influence the social interaction and behaviour (Berger and Luckmann 1967). Through this everyday interaction, norms are confirmed. In turn they normalise behaviour and relationships, including relations of power. In this way, control of female bodies and sexuality is normalised. Foucault's (1976) analysis of control in medicine and his conceptualisation of normalisation as the modern method of control applies also to female circumcision. Over time, it is taken for granted that cutting the clitoris is the normal way to transform a girl into the socially constructed woman. This is however not to imply that norms are static. As they shape and normalise behaviour, norms are also shaped and transformed by the actors, creating a process where actors, norms and systems interact in a dynamic way (Burns et al 1985).

Because the operation is the responsibility of women, and the ensuing ceremonies exclude men, it is often seen as an oppression of women by women themselves. Hayes (1975:620) for example writes:

...it is the women, curiously enough, who directly and positively perpetuate it despite the pain, risk and complications. Older women, in particular, are strong advocates of it... In the final analysis then, it is largely the women who insist on perpetuation of infibulation.³

However, female circumcision is, as indicated, governed by social norms and played within socially defined gender roles, and women are merely playing a normalised role.⁴ Devaluation of women and the over valuation of men is normalised through a long process that starts at the family level during childhood and continues through the school system, and at the job and society in general (White 1996, Eder et al. 1995, Okin 1989, Wyatt 1997). During the socialisation process, women internalise and act according to the picture created of them. Part of the knowledge imparted to girls during the circumcision ceremony was how to be well behaved and submissive to the husband. This is a form of organising control, where the controlled also execute the control. The oppressor in this context, though similar to a football referee, is unlike the football referee invisible, and therefore hard to identify. This invisibility may differ depending on the specific ways it is organised. Compared to European societies with hierarchical social organisation and patriarchy being more overwhelming (Amadiume 1997), many African societies have had dual or parallel social systems with mother centred or matriarchal type of households. The woman and her children thus constituted an economic unit. This, as Amadiume (1997) argues, provided space for women to exercise some control over household affairs and husbands had for example to negotiate to get part of surplus food produced by women (Clark 1980). It does not however mean that women were not subordinated. In this type of social organisation, the control by fathers and husbands was perhaps even more invisible.⁵ When changes are introduced, the

positions of different actors however become visible because they start redefining their position. Female circumcision illuminates this point. The strongest opposition to the eradication efforts has in our view come from men. Only then has their active role become visible in this socially normalised practice.

The social normalisation of female circumcision

Positive as well as negative presentations are used in most societies practising female circumcision, to create willing actors, or force them into conformity thus justifying, normalising and enforcing the practice.

The positive presentation

Female circumcision is presented as a custom or tradition, and a religious rite, for ensuring purification, family honour, cleanliness, good health, marriage, fertility, virginity protection, prevention of promiscuity, enhancement of sexual pleasure for the husband, maturity, social discipline and group or community solidarity. While this list concerns basic issues of societal organisation and being, most reasons mentioned appear to be for the benefit of men and suggest a strong link with male sexuality.

The operation is moreover an occasion of celebrations and jubilation for the entire family and the community members. It includes feasting, songs and dances, feeding the initiates on special foods and offering them gifts. A study of four communities in Kenya (PATH/Kenya 1993:10-11), observes that:

Girls ... look forward to circumcision period because it is a time of joy, happiness and festivities both at home and in the community. There are many visitors, feasting, dancing, freedom, and an abundance of good food. It is a time when requests are honored and promises kept. They are also given special treatment, showered with gifts and granted favours.

Hayes (1975) described similar ceremonies and gift giving in Sudan. In Somalia although the operation is an event of great significance in the life of women, and women may allow themselves some nice food during the day of operation, there are no elaborate celebrations (Warsame et al 1985).

The celebrations have been interpreted variously. It is argued for example, that the singing or ululating straight after the operation is for drowning the screams from the girl (Hayes 1995). This may be so where the operation is on infants and very young girls. In societies such as the Kikuyu where it is a pubertal rite of passage, crying or any sign of fear during the operation lowers the family honour and status (Githiga 1996).

The operation transforms also the status of the parents. Kikuyu women for example, moved up the hierarchy from the low status *Kang'ei* to the more authoritative *Nyakinyua* age-group after the circumcision of their first child. Thomas (1996) describes a similar upward movement among Meru women.

The negative presentation

Pressure is exerted on girls by creating fear and discrediting female genitals and behaviour of uncircumcised women. Among the Somali and many other societies, the clitoris is for example, considered evil (McLean and Graham 1985). If not removed, it would endanger the life of the woman. In Egypt, it is believed the clitoris would grow and dangle like a penis if not cut (Dorkenoo and Elworthy 1994). In other areas, it is believed an uncircumcised woman cannot conceive or give birth and if she does, she experiences birth complications.

Uncircumcised women are considered unclean, impure and childish. Among the Kikuyu, such a woman is referred to as *kirigu* – thing or object of little value (PATH/Kenya 1993, Kenyatta 1938). Dorkenoo and Elworthy (1994) speak of similar valuations in Egypt where uncircumcised women are socially ostracised.

The practice is one of inclusion and identity. The girl gets social recognition as a full member of society. However, the same is used to exclude the uncircumcised. Newly circumcised girls are expected to abuse and pressurise the uncircumcised in part to instil fear, but also knowledge that they too must be circumcised. With the disruption of the established order, it is now no longer a question of when the girl would be circumcised but rather whether or not she will. As circumcision moves underground, circumcised girls are identified, not by witnessing or publicly celebrating the operation, but by observing a change in their behaviour and network of friends. The eradication efforts have similarly destabilised the normalised male invisibility as the next section indicates.

Male responses to eradication efforts

Men are portrayed as passive actors in female circumcision. However, recent developments, and the male response to eradication, suggest that the seeming male passivity is just the way gender power relations and control are organised and manifested. Whether it is the African dual or European hierarchical systems, male power control is invisible. But what may appear a normal pattern of behaviour or a relationship is an arena of power play. When the socially created norms are intact, there is a certainty that informs the various actors in their roles. When norms are disturbed, the certainty is eroded and the social actors engage in recreating the environment in interaction with each other and with the disturbing and the disturbed phenomenon.

This is not to say that women have not resisted. Women have and continue to resist. In 1956, Meru women in Eastern Kenya were involved in what is known as *ngaitana* (Thomas 1996). Young women threatened and did circumcise themselves as an act of resistance to the ban on clitoridectomy by the colonial male leadership. In Central Kenya, women circumcisors cut a larger part of the genitals as an act of resistance to the missionary ban on clitoridectomy (Murray 1974). In other areas for example Egypt, women have argued in favour of cir-

cumcision which they claim offers them some space to negotiate with men, to avert male violence and to get access to resources controlled by men (Seif El Dawla et al 1998). But whatever resistance women have mounted, it is becoming clear that men have dominated the opposition to eradication efforts.

In Kenya, Sudan and Egypt, the early eradication attempts were resisted with men taking a leading position (Ahlberg 1991, Dorkenoo and Elworthy 1994, Lane and Rubinstein 1996, Natsoulas 1997). The Catholic priests living in Egypt in the seventeenth century banned female circumcision. Egyptian male converts however declined to marry uncircumcised women, forcing the College of Cardinals in Rome to rescind its decision (Lane and Rubinstein 1996). Similarly, the male dominated nationalist movement in Kenya used the ban on female circumcision to mobilise the people to resist colonial rule⁶ also forcing the missionaries to compromise in ways discussed earlier (Murray 1974, Ahlberg 1991). More recently, when the Uganda Government considered outlawing the practice among the Sabin people, the male elders passed a law requiring all women to undergo circumcision. Many, including mature women, were forced to circumcise (Elijah 1999).

Perhaps the most glaring evidence of men's dominant role is the re-emerging form of female circumcision in Central Kenya where married and previously uncircumcised women are now being forced mostly by their husbands to circumcise. The HIV/AIDS epidemic and the discourses portraying women as the main carriers of the virus seem to be a factor in these developments. According to women in our study, migrant husbands force their wives to circumcise, the aim being to reduce sexual lust and therefore sexual activity while the husband is away as a strategy to prevent HIV transmission. In the same area, a new religious sect advocating for a return to the African traditions has similarly argued that female circumcision is necessary in making women well behaved thus preventing female prostitution and HIV/AIDS, which in their view has increased because of failure to circumcise women. Ezzart (1995) has observed similar trends in Egypt, where previously uncircumcised, married women are forced by their husbands to circumcise during childbirth also to make them well behaved. As in Kenya, male labour migration, and the participation of women in labour market outside the home are mentioned as important factors in female circumcision in Egypt (Seif El Dwala et al 1998).

These responses suggest that men are not passive and for any effective prevention, the gender power relations, the specific ways they are masked by the normalisation processes which in turn mask the reality within which female circumcision takes place, must be understood (Hinds et al 1992). To focus on women as victims and perpetrators, or to just isolate the medical complications arising from circumcision is to miss the complex and socially constructed meanings, the power relationships, and the social norms, which define for example, the proper woman.

So far we have attempted to present a general framework within which we view female circumcision, indicating also why efforts to prevent it have not succeeded. The following sections discuss our research process, how the issue of female circumcision emerged and our major observations.

The research process

The paper is based on empirical data collected within a research process that started in 1992 aimed at HIV/AIDS prevention among the young people. The study site was in Murang'a District, an agriculturally high potential area in Central Kenya, inhabited by the Kikuyu who practice female as well as male circumcision (Ahlberg et al.1997). Our assumption was that prevention of HIV/AIDS could make sense only when the meanings attached to sexuality and its social organisation were well understood.

The prohibitive silence on adolescent sexuality in this area and the long incubation period that makes the link between HIV infection and sexual activity impossible had methodological implications. It required for example, exploring methods that help break the silence, facilitate dialogue and create space for people to address the prohibitive silence. It also implied using methods to enable the researchers and the research subjects to interact more closely and to collaborate in the research process (Agar 1986, Farquhar 1999, Elden and Chisholm 1993, Greenwood and Levin 1998).

The process started by mapping the community to identify relevant community groups and networks, generate locally based knowledge on communication techniques, social organisation and social meanings of sexuality. We explored and used expressive techniques including poems, proverbs, past cultural practices, role-play and video. The study of female circumcision was not initially planned, but as is common in an emergent research design (Agar 1986), female circumcision emerged from data generated through the question and answer method as an important concern of young people.

The question and answer method was used after realising the difficulties faced by the young people in expressing themselves verbally on issues of sexuality even after using a video film to break the ice and pose the problem. In one school there was little time for group discussion after the video show. The pupils were nevertheless asked to write questions and issues they would like discussed in the group later. They then asked many more questions of intimate nature. After further piloting, 4290 (2267) girls and (2023) boys, 11-20 years from a sample of 15 primary and 14 secondary schools were asked to write anonymously questions about sexuality, growing up, their bodies, and sexually transmitted diseases or questions they could not ask their parents, teachers or other adults because of fear or shame.

Female circumcision emerged from this data as a major concern of the pupils. The main concerns were why some girls are circumcised and others not; whether female circumcision was good or bad and who is sexually more plea-

surable – the circumcised or the uncircumcised girl. The phrasing of the questions suggest that the role or meaning of female circumcision is currently confusing. We therefore included it as an issue in the feedback process. The feedback process entailed presenting and discussing our observations with parents, teachers and health workers. In this process, some of our observations were validated, some were disputed but more information was generated and the emerging features of female circumcision crystallised.

During a feedback session in one of the women's groups the research team had collaborated closely, the new form of female circumcision where married but previously uncircumcised women are now being forced by their husbands and the community around them to circumcise, emerged. Once this form of female circumcision surfaced, more detailed information was obtained through group discussions and individual interviews with group members.

Additional data were gathered from a religious sect advocating the revival of the African traditions. Previously uncircumcised women are similarly forced to circumcise when their husbands convert. We mapped the area using a variation of the snowball technique starting with contacts we had established over the years, to locate the religious groups and their leaders, 36 religious groups, together having 439 churches or a place of worship were identified. Interviews were conducted with both leaders whenever possible and with the members. More information was gathered through participating in church services, the main concern being to identify which groups encouraged female circumcision. The following sections present findings from interviews with the women's and the religious groups.

Findings from women and women's groups

Female circumcision according to women is like male circumcision, still practised, although it is slowly disappearing:

Nitumatwaraga tutigukana ona gutuika ti muno. Nimatwaragwo kuria Munjini, na kuri aruithia aingi to ucio wagweta. – We would not deny. We take them, although not so much. They are taken to Munjini and there are many more female circumcisers not just the one you have mentioned.

It is not a group ritual and only one razor is used on each girl. The chance of transmitting HIV is thus small. When the use of the razor blade was discussed one woman remarked:

Nindirethithimukwo ndaririkana rurarako rwa kanyui. – I get that prickly feeling when I think of a razor cut.

The women also indicated that female circumcision was a method for suppressing female sexuality, as expressed in the following quote from a group discussion:

Gutiri mweka tondu muruu na utari muruu, gutiri utakugia ihu. No ningi aria aruu mari kaha. Aria matari aruu ni ahiu muno tondu ona handu ha gwehwo ni anake, nio mathiaga kumetha. – There is no difference between those who are circumcised and those who are not because both become pregnant before marriage. But it is a little better with those who are circumcised. Those who are not circumcised are too hot. They are the ones who hunt the young men instead of being hunted as the custom is.

The same was expressed in an individual interview in the following way:

For the girl-*kurua kana kugimara* – (to circumcise or to become adult) means the same thing. She is free to speak and to mix with men. Those who are not circumcised are not easily caught. But if an uncircumcised girl tastes a boy (have sex), she goes crazy and will never stop. I am talking from experience because I have seen it (her three daughters are not circumcised). If on the other hand she does not taste, she lives until the right time. The circumcised are allowed to mix with men, but even after tasting, they do not get as wild as the uncircumcised ones. It seems sex and circumcision are linked together.

According to an elderly woman in another group:

...being with an uncircumcised woman is like having two men.

This point was elaborated with specific examples of girls from Christian families whose sexuality was considered uncontrollable. Girls from one family were in particular said to have had sex with many men including a cripple just because they were uncircumcised and therefore too hot.

The new form of circumcision where adult women are forced to circumcise emerged spontaneously during a group discussion with women. Those mostly affected are women marrying from outside the area and those whose husbands are migrant workers. Those from outside the area are exposed to enormous pressure to prove their circumcision status. Some women get circumcised, just to get accepted and avoid being pressured, while others resort to other strategies as indicated below. Although the mother-in-law was said to be important in this, the husband is usually the main source of information about his wife. When a husband and wife have a quarrel, the husband blames the wife for apparently not having been taught manners expected to be imparted during circumcision. According to the women, the husband would abuse the wife saying:

Wee mitugo yaku no ta ya kinyamu kiu. – Your behaviours are just like those of that thing!

In this area, an uncircumcised woman is referred to as a *kirigu* and in conversation she is just referred to as *kiu* or that thing. This allows everybody to know she is uncircumcised. The way foreign women are pressured was narrated in the following quote:

I myself had suffered because being an outsider; I was labelled a *kirigu*. My husband's family too did not want me. They said I am not circumcised and neither can I farm. They kept wishing that my husband had married a local girl. Moreover, they say that I do not know how to talk.⁷ You see, I just talk to people according to the way they ask their questions. If they are stupid, I give stupid answers. People in this area believe in this thing. You can imagine a teacher and friend of mine took her daughter secretly without telling me. I

only came to know from other people. When she later circumcised her son, she informed me.

In another interview, the pressure on women who marry from distant areas was reported in this way:

They refer to us as *cia Nyahururu* (meaning those uncircumcised things from Nyahururu). Yes, their men love us. I do not know why their men love us so. You should see the way women from here are beaten – I mean those circumcised ones – and we are only loved.

She told about some of the strategies used by the foreign women to counter the pressure:

You see we realised that women who come from this area are united. We therefore formed a group of women from distant places.

Our attempt to establish the magnitude of female circumcision had little success because the operation is extremely secret. The women nevertheless thought it was decreasing, the evidence being the existence of uncircumcised women. It is however according to them easier to count the families where daughters were not circumcised. For those where circumcision continues, one could only guess from the sudden change of behaviour on the part of the girl. The primary school teachers said they only suspected girls were operated after seeing a change in behaviour and networks of friends. An attempt to obtain information from a circumciser was unsuccessful too because she became terrified and feared being reported to the authorities. Others indicated that visits are made at night and that those undergoing circumcision use distant circumcisers where they are not locally known. Suppressing sexual desire and good behaviour emerged from women as major factors in female circumcision.

Findings from the religious groups

Most Christian denominations including the Catholic Church are now opposed to female circumcision. The Independent Church has similarly lost the basis on which to continue supporting female circumcision, although as its leadership indicated, it neither actively prohibits it:

Female circumcision was an important feature in the African resistance to the colonial rule... Those who disagreed with the colonialist's church... broke off to form the Independent Church. At the outset it was just a movement resisting the colonial rule and the subsequent erosion of the African culture... After independence the question of female circumcision faded in prominence. The practice, however, continued until President Moi took over power... the chiefs announced that female circumcision was banned... But then you see the chiefs have not been so keen on enforcing the ban because they too come from among us... It would be very difficult to eliminate it among the Kikuyu... as more and more followers of the Independent Church are accepting to get saved, female circumcision is no longer in the interest of the church.

The newly formed religious group known as 'Thaai' is however actively advocating a return to the Kikuyu traditional form of worship and customs including

female circumcision. Adult but previously uncircumcised women are now forced to circumcise as one follower says:

The Thaaï sect intends to revive a way of life guided by the old Gikuyu traditional custom. Only then can we expect blessings from *Mwene Nyaga* our God. We shall get the riches and the peace that we wish for. Everybody should accept and engage in their respective trades as revealed to them (by a diviner). These are the occupational categories to which we are born for example; the rain maker, those who curse our enemies, the soldier who defend our community, the circumciser, the ruler, the diviner etc. It was revealed to me that I am a circumciser. I am only waiting to be ordained, then I will start slashing them with zeal.

There is a belief that each person should answer the call for which they are born to fulfil. Some women are born to be circumcisers and if they refuse, they would be punished. The attempt to establish the prevalence of female circumcision, was similarly frustrating. Judging however from what is narrated by a member of the sect, the practice appears to be increasing as more people convert into the faith:

She has been away for the past three days performing the operations in another area. My brother's wife too was a born circumciser. She slashes them around here. Her mother too is a circumciser. ... Since August last year, 300 females from my village have been circumcised. Sometimes the circumcisers come from as far as Nakuru and camp around here then the initiates are handed over to her. Those girls who have already undergone the rite move from house to house ferreting out potential initiates and assemble them for the ceremony. Mothers too join in pointing out those of their daughters who are ready for the cut. The young girls are huddled in the garden where the circumcision takes place.⁸ Female circumcision is a simple operation and it takes no time. You see all the people around here support female circumcision ever since last August. Even married women 50, even 60 years volunteer themselves for the cut. Some do so at the request of their husband; but no woman really needs goading around here. They are really touched by the spirit of Thaaï.

The reasons given by the male respondents for circumcising women are similar to those discussed by women. They include proper behaviour and sexuality. According to one follower:

Women should also get circumcised otherwise they would have disgusting behaviour. An uncircumcised woman can, for example, serve you tea using her own breast milk.

This seems to be an extreme behaviour, but perhaps it was meant to show just how badly behaved uncircumcised women are. According to another follower:

It is very important that a girl gets circumcised. It makes her chaste and as a wife she is faithful. She doesn't go out there giving it to everyone who stretches his hands. It also prevents girls from selling sex because they get self-control. They respect their husbands. Circumcised girls are well behaved; for example when girls from a distant place come to this area for a crusade we shack up together in my *kiumbu* (room or separate house for men) and no sexual contact is entertained. Neither would the wives of those of us who are married be suspicious of husbands who give accommodation to such girls in their homesteads.

Women marrying from outside the area are similarly pressured to prove their circumcision status. Those not circumcised are forced to choose to circumcise if they wish to remain, failing which they have to leave.

If a man takes a girl who is unknown around here for a wife, the girls flock in and strip her, to inspect whether she is circumcised. Those who are not, have to choose between the knife or abandoning their husbands.

Discussion and conclusions

This paper has attempted to answer the question why female circumcision persists despite increasing knowledge about its harm to women's health. We argue that the persistence is not due to being deeply rooted in the social and cultural systems where it is practised. Rather, it is the failure to base eradication on an understanding of the meaning of female circumcision, the gender power dynamics within which it is placed, the social normalisation of power and control and the way these are socially constructed and organised.

The eradication efforts have however transformed a practice that among the Kikuyu was a public action controlled and regulated through the public gaze into an individual, secret action. The elaborate and sexual educational ceremony became a simple act of cutting the clitoris, the very aspect that poses a threat to women's health. In our view, it is the invisibility that female circumcision has assumed that makes prevention challenging.

The failure to base eradication on a proper understanding of its complex social context and meaning is however not unique to female circumcision. It is a problem inherent in the biomedical model that focuses on disease and disease agents and not the complex social meanings and contexts or as Agar (1996) argues, on disease ecology. As is commonly the case, it was assumed that health education would make women aware of the medical complications and persuade them to make rational decisions and stop mutilating each other. Since female circumcision emerged as a research issue in the context of our research on HIV/AIDS prevention among young people, it is imperative to highlight the seeming paradox within HIV/AIDS prevention itself. Health education aimed at persuading individuals to make rational decisions and change their sexual behaviour, has similarly been the main strategy to halt the spread of HIV/AIDS. The education campaigns have raised a great deal of awareness about the transmission of HIV/AIDS. However, this has not been translated into sexual behaviour change (Ahlberg 1994, Carael et al 1991, Wilton 1997, UNAIDS 1998).

The prevention activities were limited in the way they were conceptualised and implemented. From the start, the focus was on 'risk groups' mainly homosexual men, female prostitutes, and intravenous drug users (Schiller et al 1994, Wilton 1997, Doyal 1996, Foreman 1999). Focusing on socially marginalised groups blocked the understanding of the risks faced by women and men in the normal heterosexual relations and the difficulties women in such relationships encounter – especially in negotiating for safer sex including condom use with

men. Because a great deal of research has focused on female commercial sex workers, (Showalter 1992) it has reinforced the belief that women are the carriers of the virus. It is in this context that we can understand the resurgence of female circumcision. As expressed by both women and male religious respondents, female circumcision is expected to impart proper behaviour in women. The religious sect was explicit about the need to restore proper behaviour broken by women not being circumcised. This would in turn reduce prostitution and HIV transmission. Once again, these interventions made the men invisible, although it is evidently clear that it is men who determine whether sex takes place and whether a condom is used (Ondego 1999, Foreman 1999). Foreman argues that women are vulnerable because they have limited opportunities to protect themselves, while men are at risk because they deliberately refuse to be careful.

In female circumcision and HIV/AIDS, the major problem therefore is the use of decontextualised knowledge. This arises when agents transfer one type of knowledge from one context to another, or when they disregard local forms of knowledge. The modernisation process has, since the age of enlightenment in the seventeenth and eighteenth centuries, been guided by the belief in a linear form of development, mostly based on science and the technological capacities of science (Porter 1998). It was assumed that solutions to most problems including the complex social problems such as sexuality could be solved through technological fixes (Ahlberg 1994, Fleischacker 1999). In our view, one solution lies in reorienting the design of interventions including research to allow generation and use of more contextualised knowledge.

Our research process was in part an attempt to address this gap. A major aim was to explore methods that facilitate self-expression among women and men and along generation thus enabling the people to discuss issues of sexuality. In the process female circumcision emerged as a research issue, indicating the form female circumcision is re-surfacing and the violence that is experienced by women in the context of the HIV/AIDS epidemic and prevention.

Finally, the process and the methods explored and used in this study helped the research subjects to reflect on themselves and their history, thus gaining a more vivid picture of the problem of adolescent sexuality. Parents, teachers and other groups understood better that the challenges they faced from their adolescent children could not solely be blamed on the children as the tendency has been. The adolescents were equally living within the same paradoxical situation of prohibition and silence, resulting from the changes taking place. The silencing of the circumcision ritual meant also that the adolescents similarly continue to be transformed into adults without the relevant information on the meaning of the ritual. More importantly, as parents and others reflected on themselves, their history and the changes taking place around them, they were empowered to conceptualise what they and others in the community could do. They for example, suggested that sex education should be introduced early in

the school system. They also considered accepting as unnecessary any physical operation for the girls and suggested that boys should continue to be circumcised but that it should be separated from *kugimara* or making adult. This is perhaps the dialogic level at which the prevention of female circumcision should start.

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Notes

1. Instead, pragmatic forms of justification such as health promotion, welfare, and population control are used. Schwartz and Rutter 1998).
2. The nineteenth century syphilis and now AIDS discourses, have framed the woman's body as the one which is tempting for men (Showalter 1992). Similarly, female circumcision can be seen as an attempt to erase the seat of sexual desire and pleasure.
3. Beidelman (1997) similarly disputes Rosaldo's thesis that women are oppressed by men and argues that the main oppressor among the Kaguru women in Tanzania are other women.
4. This form of oppression, is by no means unique to female circumcision. Studies on domestic violence show that women are socialised to blame themselves when their husbands or men in their lives become violent (Lerner 1988).
5. With the imposition of the European type of patriarchy, the dual system and the space it offered women has however diminished with far reaching consequences, particularly in the area of sexuality.
6. While the male responses need to be understood in the context of the wider colonial context, using female circumcision to mobilise the community still indicates dominant role of men in the ritual.
7. How to talk properly was one of the issues girls and boys learnt during circumcision.
8. It seems also that the group circumcision ritual is still practised. If one razor is used to cut all the girls without sterilising it, this could have implication for the transmission of HIV/AIDS.

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