



Gender Transformation & Empowerment

RESEARCH ON THE SOCIAL NORMS THAT PERPETRATE FEMALE GENITAL MUTILATION (FGM/C) AND ITS IMPLICATIONS ON WOMEN AND GIRLS IN UGANDA:

A CASE STUDY OF AMUDAT DISTRICT



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Acknowledgment

The Uganda Women's Network (UWONET) would like to appreciate Diakonia-Sweden for the financial support that facilitated the study. Appreciation is extended to the respondents who participated in the process for providing their time to share with the study team their views on FGM/C and proposed recommendations on how to end the practice.

Our gratitude to the study team that compromised of 2 consultants– (Ms Susan Bakesha and Ms. Jane Ocaya–Irama), the 4 research assistants and 2 coordinators and interpreters from Amudat district.

Special appreciation goes to Ms Ritah Aciro, the Executive Director–UWONET and Ms. Susan Labwot (Programme Coordinator, Women's Leadership and Democratic Governance) for the overall guidance and coordination provided during the study.

We hope that the study findings will inform strategies to successfully eliminate the FGM/C practice from Amudat district and the Karamoja sub–region.

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List of Acronyms

CDO	Community Development Officer
CEDAW	Convention on Elimination of All forms of Discrimination against Women
CSOs	Civil Society Organizations
DCDO	Deputy Community Development Officer
DHO	District Health Officer
FGD	Focus Group Discussions
FGM/C	Female Genital Mutilation/Cutting
JLOS	Justice Law and Order Sector
LCs	Local Councils
MGLSD	Ministry of Gender Labour and Social Development
NER	Net Enrolment Rate
NGOs	Non-Government Organizations
RDC	Resident District Commissioner
TBAs	Traditional Birth Attendants
TC	Town Council
UNFPA	United Nations Population Fund
UWONET	Uganda Women's Network
VAWG	Violence against Women and Girls

Executive Summary

Female genital mutilation/circumcision (FGM/C) is a worldwide concern affecting many ethnic groups. It is estimated that around 140 million women and girls undergo some form of FGM/C worldwide. Female genital mutilation (FGM/C) is most common in Africa and the Middle East where 125 million girls and women aged between 15 and 49 years old have been cut in these regions.¹

In Uganda, FGM/C is practiced by the Sabiny in the districts of Kapchorwa, Kween and Bukwo where 50 percent of women and girls undergo FGM/C. Among the Pokot who are found in the districts of Amudat, Nakapiripirit and Moroto, 95 percent of women and girls undergo the practice. While cognizant of the strides that the government of Uganda has made towards the protection of women and girls against FGM/C practice, through the enactment of relevant legislation (the FGM/C Act 2010), this has not translated into real gains for many women and girls. This lays a basis for documentation of evidence on the social norms, beliefs and attitudes that perpetuate FGM/C.

There is growing global consensus that more effort is needed to understand the social norms that perpetuate VAWG such as FGM/C in different settings, in order to be able to drive positive social norm change.

The overall objective of the study was to identify and understand the social norms that perpetrate VAWG in Uganda and in particular FGM/C in the Karamoja sub-region (Amudat district) and generate strategies to inform UWONET's campaign to reduce the practice.

The study was informed by the following specific objectives:

- Identify the nature of FGM/C being practiced in Amudat district and its patterns.
- Identify and analyze the social norms that perpetrate FGM/C in Amudat district.
- Examine the level of community perceptions of the practice and its consequences.

¹ UNICEF 2013: A Statistical overview and exploration of the dynamics of change

- ➡ Examine the level of appreciation (understanding and implementation) of the Prohibition of Female Genital Mutilation (FGM/C) Act 2010, the legal mechanisms that are in place to provide redress for the victims (focusing on availability and access to justice).
- ➡ Map out stakeholders at local and national level in the campaign against FGM/C and their areas of focus, strategies employed and gaps.
- ➡ Recommend community based interventions that can be adopted by UWONET to empower citizens to develop new social norms to reduce the practice and influence policy process at district and national level.

The study was conducted in Amudat district in the Karamoja sub-regions. Amudat district was selected because it is the hub of the FGM/C practice in the sub-region and presents the bigger picture about the practice.

The study employed both qualitative and quantitative methods of data collection. The qualitative processes involved key informants that were purposefully selected from religious leaders, cultural leaders, medical personnel, former surgeons, women and girls that have undergone or susceptible to the practice (women and girls), local government leaders and technocrats, women leaders, judicial officers and civil society actors. Quantitatively, data was collected from 200 respondents that were randomly selected from the area of study.

The study revealed the following:

- ➡ The Pokot practices type 3 nature of FGM/C also referred to as pharaonic circumcision or infibulation. This involves the excision (removal) of all of the external genitalia—clitoris, inner lips (labia minora) and outer lips (labia majora). The stumps of the labia are then fixed together with only a small hole left for urination and menstruation. Before sexual intercourse and birth, the vagina is opened again through a very painful process.
- ➡ This is practiced at a high rate of 82%, with a variance between rural and urban: Loroo (91%), Amudat Town Council (73%).
- ➡ Although the parents (father and mother) are largely responsible for the decision to cut their daughters, there were reports that in case they refuse to do so due to the fear of prosecution, the girls organize and cut each other in order to comply with the peer pressure.
- ➡ The community cherishes the practice despite their knowledge of its negative implications to the girls' and women health throughout their life time. The desire to preserve the practice is based on various social

norms including preserving cultural identity, the girls' virginity before marriage, enforcing fidelity among married women, hygiene, social honor and acceptance and better marriage prospects.

- ➔ While a significant number agree (50.5% Loro) and (49.5%–Amudat TC) agree that FGM/C should be stopped, the sanctions that perpetrate the practice such as social exclusion, ostracism or even violence, girls and women family despised by the community
- ➔ Over 90% of the community members are aware of the legislation against the practice and the penalties for the perpetrators. Although legislations is an important step towards ending the practice and its implementation sends a strong message that the practice is not acceptable, it creates new dynamics that complicates the process of identifying and punishing the perpetrators and saving the victims from harm. The study revealed that due to the fear of prosecution of the perpetrators, the practice is carried out 'underground' making it hard to regulate and control.
- ➔ Although the legal and institutional mechanism to address cases of FGM/C exists through structures like the Local Council (LC), the Police Family and Child Protection Unit, the Magistrate Court, their effectiveness is constrained by various challenges. These include: inadequate facilitation since government provides no funds for FGM/C activities, inadequate human personnel at police to respond to FGM/C cases, political interference, lack of evidence required to handle FGM/C cases expeditiously and conclusively, lack of access to courts of law due to long distances, loss of interest in cases by witnesses due to long legal processes and fear of community reprisal, cross border challenges whereby the girls' cross to Kenya to be cut and return after healing.
- ➔ Most of the interventions by the district stakeholders focus on raising awareness on the legislation against the practice and the health complications resulting from the procedure. Interventions that address individual perceptions and social transformation as means to end the practice is limited.

Recommendations

Ignite community activism to develop alternative and new norms and values

This can be done by conducting regular community discussions/conversations with regard to the social norms that perpetuate the practice. The discussions should involve smaller and separate groups for men, women, young girls and boys in and out of school, elders and other influential figures in the community, should be participatory nonjudgmental, allowing participants to

reflect on the different norms that inform the practice of FGM/C and suggest actions for change. The groups should be facilitated by people that are knowledgeable on the subject (gender, sociology, medical and human rights). Gender sensitivity should be observed when selecting facilitators for each group. The small groups should then culminate in the community dialogues that include everybody to be held twice a year.

Address the myths that promote the practice

The study found out that the FGM/C practice largely thrives on the myths that have been passed on from generation to generation and internalized by the Pokot people. Such myths that need to be challenged include the following: uncircumcised women and girls smell and whatever they touch gets dirty, a man that sleeps with an uncircumcised woman gets dirty, uncircumcised women cannot control their sexual desire, marriage is the only value attached to a woman, uncircumcised women are not brave, uncircumcised women do not give birth.

Strengthen and support the role of the church in the campaign against the practice

Religion was said to be a factor in determining whether or not one was circumcised. It was revealed that girls whose parents had embraced Christianity² were less likely to be exposed to FGM.³ According to Rev Jane Chorey, an activist, it is important to use the church as a platform to campaign against the practice. She has been doing this during her church sermons using biblical scriptures which indicate that circumcision is meant for men not women. She proposes that the same information should be given to children that attend church to change their mindsets against the practice. Religion can be instrumental in changing the practice since majority (66%) of the Pokots are Christians.

Conduct awareness on Women's rights

- ➡ Discuss women's rights in a localized manner. This maybe approach from the religious point of view that human rights are God given and cannot be taken away by another person. Hence rights of the girls/women as human beings to enjoy a life free of pain should be upheld and taking it away is a violation of the law (religious).
- ➡ Conduct gender awareness sessions to promote community understanding and appreciation of equality and non-discrimination.

² This was commonly cited among the Anglican Church. this is mainly because of the work of Rev. Cheroy, an activist against FGM

³ Interview with Mid wife Amudat Health Centre IV

- ➡ Conduct sessions that promote self-awareness, self-worth and confidence for women and young girls.

Conduct a rigorous media advocacy

Develop a comprehensive media strategy against the practice focusing on the following:

- ➡ Assessment of the most accessible means of communication amongst the various categories of the community members.
- ➡ Training media practitioners to appreciate the issues and them in manner that promotes abandonment.
- ➡ Conduct interactive radio programs- in Pokot and Swahili languages; carry out on-spot messages that provide alternative behavior and social norms.
- ➡ Carry out creative and educational theatre aimed at promoting social transformation against the practice.
- ➡ Design Posters/bill boards with FGM/C messages and display them in public places such as health centers, schools, police posts, markets, churches, road sides, boarder posts etc.
- ➡ Design and display messages that address the need to end the practice in school compounds, and other public places such as health centers and local government institutions.

The Justice, Law and Order Sector (JLOS)

The Police

Advocate for:

- ➡ FGM/C toll free line and encourage the victims and surgeons to report cases directly to the authorities
- ➡ Recruit more personnel to in the CFPU, especially women to focus on FGM/C cases
- ➡ Advocate for more resources to the Family and Child Protection Unit
- ➡ Improve documentation of FGM/C cases
- ➡ Provide protection to individuals and families that abandon the practice.

Magistrates Court

- ➔ Advocate for the establishment of a magistrates court in Amudat district to reduce the distance to Nakapiripirit and Moroto and improve access to justice.
- ➔ Improve and strengthen case management.

National level advocacy (JLOS)

- ➔ UWONET to influence JLOS structures under the JLOS working group to address issues of FGM/C.
- ➔ UWONET to use the study findings to input into JLOS strategic plan (SIP IV) that is currently under development.

Education

- ➔ Create awareness to address social perceptions that are negative towards education in general and education of the girl child in particular.
- ➔ Participate in the ongoing process by the MoES to review the Education Sector Investment Plan (ESIP) and Government White Paper on Education and input on what needs to be done in Amudat in order to improve the education status of the girl child and women.
- ➔ Establish a well-equipped and facilitated reception center that provides a complete package to address the needs of the victim including legal aid, and psycho-social support and counseling to deal with trauma (this is a long term strategy).

Documentation

- ➔ Strengthen documentation and sharing on FGM/C cases. National statistics such as the Uganda Demographic and Health Survey (UDHS) and Uganda Bureau of Statistics (UBOS) should capture the trends and patterns of FGM/C.
- ➔ Establish data collection mechanisms to monitor progress–Link the issue of early marriage/ defilement to FGM/C to support generation of data on the prevalence; and health personnel collating data.

Exposure visits:

Also take on a cross-border approach so that a consolidated approach is taken to address FGM/C on both sides of the border.

1.0

Background and Introduction of the study

Female Genital Mutilation/Circumcision (FGM/C) is a worldwide concern affecting many ethnic groups. It is estimated that around 140 million women and girls undergo some form of FGM/C worldwide. Female genital mutilation (FGM/C) is most common in Africa and the Middle East where 125 million girls and women aged between 15 and 49 years old have been cut in these regions.⁴

In Uganda, FGM/C is practiced by the Sabinu in the districts of Kapchorwa, Kween and Bukwo where 50 percent of women and girls undergo FGM/C. Among the Pokot that are found in the districts of Amudat, Nakapiripirit and Moroto, 95 percent of women and girls undergo the practice. While cognizant of the strides that the government of Uganda has made towards the protection of women and girls against FGM/C practice, through the enactment of relevant legislation (the FGM/C Act 2010), this has not translated into real gains for many women and girls. This lays a basis for documentation of evidence on the social norms, beliefs and attitudes that perpetuate FGM/C.

A formative research was commissioned by the Uganda Women's Network (UWONET) to inform advocacy strategies to influence full implementation of the FGM/C Act, to improve the protection mechanism (both formal and informal) for women and girls at risk of being cut. This initiative is supported by Diakonia Sweden through a three year project being implemented by UWONET titled, 'Enhancing women's economic agency and reducing social tolerance to GBV in Northern and North Eastern Uganda in the districts of Abim, Agago, Amudat and Kaabong.

The three year project is in line with UWONET's strategy 2014–2018, under thematic areas I, II and III on Women's Leadership and Democratic Governance, Women's Rights and Access to Justice and Women's Rights, Economic Justice and Empowerment respectively. The project aims to achieve three outcomes namely; i) strengthening access to economic opportunities for women that will spur socio-economic movement by the women and

⁴ UNICEF 2013: A Statistical overview and exploration of the dynamics of change

migration from saving clubs to enterprises, ii) Enhancing accountability mechanism for protection of women's rights from social injustice and iii) Strengthening institutional capacities of national and district CSOs to deliver on women's rights, gender equality; meaningfully engage on reforms to address social injustice and women's economic empowerment.

1.1. Why the research

There is growing global consensus that more effort is needed to understand the social norms that perpetuate VAWG such as FGM/C in different settings, in order to be able to drive positive social norm change. A social norm is a collectively shared belief about what others in the group actually do (what is typical) or what others in the group ought to do (what is appropriate). Social norms are maintained by forms of positive and negative social regulations. Those who violate or fail to meet the social norms within a given reference group are likely to experience sanctions or punishment by the group, whereas those who comply may be rewarded.⁵

Social norms are inherently gendered and determine what typical and appropriate behavior is for men and women within a reference group (which may be a family, community or wider society). Gender norms are a category of social norms that shape for example how men and women perceive themselves, how they behave within relationships, expected roles for men and women in the family and the distribution of power and resources in the household.⁶

Having a clear understanding of social norms and VAWG promotes long-term change and is important in ensuring that the campaign does not cause further harm or risk by inadvertently perpetuating the existing violent norms or behaviors. Interventions that aim at addressing VAWG through social norm change must be evidence based and theory driven, thus the proposed campaign. In this regard, UWONET commissioned a formative research on FGM/C in Amudat district in order to provide a clear understanding of the problem and inform its subsequent campaign and advocacy strategies on the issue.

5 Mackie and LeJeune (2009), Innocent Working Paper: Social dynamics of abandonment of harmful practices: A new look at the theory. Special Series on Social Norms and Harmful Practices published by UNICEF. Page 20.

6 Ibid

1.2. Overall Study Objective

The overall objective of the study was to identify and understand the social norms that perpetrate VAWG in Uganda and in particular FGM/C in the Karamoja sub-region and generate strategies to inform UWONET's campaign to stop the practice.

1.2.1. Specific Objectives:

The study was informed by the following specific objectives:

- ➔ Identify the nature of FGM/C being practiced in Amudat district and its patterns.
- ➔ Identify and analyze the social norms that perpetrate FGM/C in Amudat district.
- ➔ Examine the level of community perceptions of the practice and its consequences.
- ➔ Examine the level of appreciation (understanding and implementation) of the Prohibition of Female Genital Mutilation (FGM/C) Act 2010, the legal mechanisms that are in place to provide redress for the victims (focusing on availability and access to justice).
- ➔ Map out stakeholders at local and national level in the campaign against FGM/C and their areas of focus, strategies employed and gaps.
- ➔ Recommend community based interventions that can be adopted by UWONET to empower citizens to develop new social norms to stop the practice and influence policy process at district and national level.

1.3. Scope of the Study

The study was conducted in Amudat district. Amudat district was selected because it is the hub of FGM/C practice in the Karamoja sub-region and presents the bigger picture about the practice. Amudat comprises of 3 sub-counties, and 2 sub-counties were selected for the study. These included Amudat Town Council and Loroo sub-county. The two sub-counties were selected based on their locations; Amudat town council is in the urban center while Loroo Sub-county is rural based and is located near the Uganda-Kenya boarder. The two locations were selected in order to understand the existing rural –urban dynamics with regard to the FGM/C practice and the strategies required to address issues in each location.

1.4. Study Population

The research involved different categories of people in Amudat district including:

- a. Heads of religious organisations–Anglicans, Roman Catholics, Muslim, Pentecostal, Seventh Day Adventists.
- b. Cultural heads or chiefs.
- c. Medical professionals–DHO, selected medical officers and midwives at the referral hospital.
- d. Former FGM/C Surgeons.
- e. Young people–from youth groups, schools or district youth representatives; both male and female;
- f. Parents–mother and father-identified and sampled from district councillors.
- g. Local government leaders and technocrats–Chairperson and Speaker, Probation, CDO and Gender Officer.
- h. Women leaders (politicians) and activists in the district.
- i. Judicial Officers–Magistrates, Police, Prison etc.
- j. CSOs engaged in the campaign to reduce FGM/C/C (UNFPA and ZOA).

1.5. Sampling

Key informants were purposefully selected targeting individuals and groups that have a stake in ending the practice to participate in the face to face interviews and focus group discussions. These included religious leaders, cultural leaders, medical personnel, former surgeons, women and girls that have undergone or susceptible to the practice (women and girls), local government leaders and technocrats, women leaders, judicial officers and civil society actors.

The selection from each category was as follows:

Table 1: Sample, category and size

	Category 1⁷	No
a)	Heads of religious organizations (one person from the Anglican faith and , representative of the Inter-religious Development Initiative)	2
c)	Medical professionals–DHO, and a midwife from Amudat hospital	2
d)	Former Surgeons	5
e)	Young people –selected from youth groups, schools or district youth representatives; both male and female (10 males and 20 females). The 20 girls were mainly part of the rescued group at Kalas Primary school while a few were picked from the out of school	30
f)	Parents–mother and father-identified and sampled from district councillors (10 males and 10 females)	20
g)	Local government leaders and technocrats–RDC and–Probation Officer	2
h)	Women leaders and activists in the district	4
i)	Judicial Officers –Magistrate, and Police	2
j)	CSOs engaged in the campaign to end FGM/C (TPO, IRDI, Vision Care, Milliniu Promise, and ZOA)	5
	Total	72

⁷ It should be noted that the selection of the respondents was highly dependent on their availability and willingness to participated in the study

2.0

Research Design and Methodology

2.1. Data Collection Approaches and Tools

The research employed both qualitative and quantitative data collection techniques and the following steps were taken during the research process.

- a. Inception activities:** This mainly involved inception meetings with the technical persons from UWONET in charge of the programme for purposes of building consensus on the proposed process and method of work, preliminary literature review, preparation of comprehensive research tools, develop data processing procedures and data analysis plan. The research tools were submitted to UWONET for review and approval prior to field work.
- b. Documentary review:** Documents relevant to the study were reviewed to generate secondary data. These included among others the following: international and national publications on FGM/C, international, regional and regional instruments against such as CEDAW, UN reports on FGM/C, Anti FGM/C Act 2010, the 1995 Constitution, and the Gender Policy, among others.
- c. Semi- structured Questionnaire:** A semi structured questionnaire was administered to 200 respondents with equal representation based on gender and location. The questions aided the research in understanding the demographics, knowledge, attitudes and norms that influence FGM/C practice, as well as the knowledge on the existing law against the practice. The questionnaire was administered by a group of trained research assistants⁸ from Amudat Town Council and Loroo sub-county.
- d. One-on-one key informant interviews (KII):** were conducted with key people that influence culture and traditions in Amudat district. In order to enhance response rate, appointments regarding date, time place and subject of the interview were made prior to the interview and at the convenience of the respondents.

⁸ Gender was considered when selecting the Research Assistants, with females administering the questionnaire to female respondents while the males attended to the male respondents.

- e. **Focus group discussions:** These were held with young people, parents and women leaders/activists in the 2 sub-counties. The focus group discussions comprised of 8 to 10 participants each were held. The FGD were separated according to age and sex in to order to encourage openness during the discussions. The separation was also intended to generate gender disaggregated data that informs the existing social norms, beliefs and attitudes that perpetrate FGM/C and inform approaches for future interventions.
- f. **Observation of relevant:** of relevant naturally occurring events was done to strengthen the information obtained. These included interview environment, nonverbal expressions, physical appearance and any other unintended happenings relevant to the study.

2.2. Study Limitations

The study team faced the flowing limitation during the process:

- In some cases, especially during focus groups discussions, the respondents were suspicious of the process thinking that it was intended to identify and report the perpetrators to the authorities. This required a lot of persuasion to convince them to participate in the group discussions. The research team engaged local residents as research assistants to collect quantitative data and convince participants in FGD to share the required information.
- According to local culture, women do not address men. The team had to negotiate with the respondents and sought for permission to address them before conducting the FGDs.
- The time of the study in Loroo sub-county coincided with the marketing day. Although this allowed many people to attend the FDG, it was difficult to sustain their attention, particularly during the administration of the questionnaire. This called for the exercise patience and persistence in order to collect the required information.
- Limited access to documented information for reference. This applied to all actors in the district and at national level. All NGOs in the district were not willing to share their reports (annual reports, brochures, posters etc) on the work done on FGM/C. The Probation Officer at the district refereed the team to the MGLSD, which also referred the team to UNICEF, the main funder of FGM/C activities in Amudat district. By the time this report was written, the team had not secured an appointment with the officials in charge of the FGM/C programme.

3.0

Findings of the Study on FGM in Amudat District

3.1. Socio demographic information

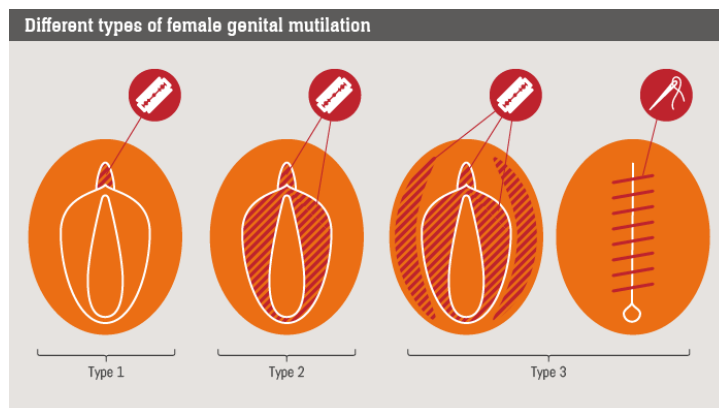
A total of 200 respondents responded to a semi structured questionnaire, of which majority 83.5% belonged to the Pokot tribe, 72.5% were within the age of 20-40, 66% belonged to the Christian faith (Roman Catholic and Anglican church), and 64.5% were illiterate (could not read and write) and majority of the girls were cut between the age of 6-14 (52%), followed by 14-19 (40%).

Amudat is one of the poorest districts. Loroo sub-county was said to exhibit extreme poverty with high incidences of alcoholism and stone mining as the major activity. Amudat district registers the lowest figures in access to education with a Net Enrolment Rate (NER) of 19% and 17% for girls and boys respectively in primary school and 0% NER in secondary school.⁹ According to the Education Statistical Abstract (2015), Amudat district has only 2 secondary schools with only 57 students in total and student enrolment stops at senior three. The low education levels are attributed to the poor perception towards education especially the girl child.

3.2. The nature of FGM/C being practiced in Amudat district and its patterns

Amudat district is predominantly occupied by the Pokot community who are found on the Kenyan side of the border as well. The nature of FGM/C practiced in this community as described by the respondents is type III. This involves the excision (removal) of all of the external genitalia –clitoris, inner lips (labia minora) and outer lips (labia majora). The legs of the girl are then tied together resulting into the vaginal orifice sealing leaving a very small opening for urine and menstrual flow. It usually takes 2 to 3 weeks for the entire process to take place with the girls legs tied for the entire duration. The effects are profound on her entire lifetime.

Figure 1: Types of FGM



Source: [wwwlinks: #endFGM: The scope of the problem in graphics and numbers](#)

The World Health Organisation differentiates between four different types of FGM. The type that is performed is often linked to ethnicity.

80 percent of women are cut in a type 1 or type 2 way. Type 1, also called sunna circumcision, equals cutting away parts of or the clitoris. In type 2 cases, the clitoris and the inner labia (parts or the whole) are cut away.

Type 3 is performed in 15 percent of FGM cases. In this type of mutilation, also referred to as pharaonic circumcision or infibulation, the whole (or parts of the) outer genitals are cut away. The stumps of the labia are then sewn together with only a small hole left for urination and menstruation. Before sexual intercourse and birth, the vagina is opened again. In some severe cases it is sewn closed again afterwards.

Type 4, which does not appear in the diagram, refers to 5 percent of FGM cases and is any other procedure where the female genitals are cut or injured - this could be pricking, notching, stretching the clitoris or labia, burning or scraping the vagina, or burning the inside with chemicals or herbs to narrow the vagina. Any form of FGM is condemned as a violation of human rights of girls and women.

Source: [wwwlinks: #end FGM: The scope of the problem in graphics and numbers](#)

The procedure is done using different instruments but the most common reported was sharp curved arrows and razorblades. The practice was said to be dominant in the rural areas as opposed to urban communities. In an interview with the midwife of Amudat Health Centre IV, it was revealed that out of every 10 women from the rural areas who go to the health center to deliver a child, 8 have been circumcised. The ratio was said to be far less for women from urban areas because most of them have achieved some level of education. It was observed that education is a factor in determining the incidence of FGM/C with the less educated more likely to be exposed to FGM/C. It was also attributed to the migrant tribes from other parts of the country that mainly live in urban centers. Actual cutting is largely conducted by women, commonly referred to as surgeons with skills derived from their predecessors.

Table 2: Who does the cutting?

Who does the cutting of the girls					
			Sub County		Total
			Loroo	Amudat T/C	
Who does the circumcision of girls	Traditional practitioners (surgeons)	Count	95	76	171
		% within Sub county	95.0%	88.4%	91.9%
	Trained traditional birth attendants	Count	0	1	1
		% within Sub county	.0%	1.2%	.5%
	Village women	Count	5	9	14
		% within Sub county	5.0%	10.5%	7.5%

The surgeons receive payment for their work which is in form of cash and or gifts such as goats and cows. Therefore the practice acts as a source of income to these women. Before enactment of the law against FGM/C, the surgeons were public figures known to everyone, but now most of them work clandestinely and those that do not hide claim to be reformed.

3.3. The decision to conduct FGM/C -the blame game

Field findings revealed that the decision to cut the girls is taken by either the mother alone (36.8%), fathers alone (2.2%), both parents-mother and father (36.8%) and the girls themselves 24.3%). Further probing during

FGDs revealed that all parties accused each other for carrying out the practice. While the father blamed the mothers and their daughters, the mothers and children blamed the fathers.

'Our husbands demand that the girls are cut because they want to marry them off and get cows'. Women FGD.

'Some times, it is our wives that connive with their daughters, send them to Kenya and cut them without our knowledge. By the time you know, she has recovered,' FGD with men.

'The girls demand for it and sometimes organize among themselves and cut each other if you refuse to get them a surgeon', FGD with men.

'It is our fathers that make the decision to cut us. Our mothers have no right to make any decision at home' FGD with the rescued girls.

Individual interviews revealed that the blame game is a result of fear of being arrested since the law punishes those that abet the practice. However, all parties especially parents contribute to the process, with fathers having an upper hand given the returns they accrue after marrying off the girls. The girls' decision to accept being cut applies within the social context which punishes those that shun the practice through social pressure and exclusion. According to the Probation Officer from Amudat district, ***'The girls' decision to be circumcised is a result of the enormous social and psychological pressure received from the family members and their peers (boys and girls)'***. Therefore interventions aimed at ending the practice should design and apply different actions for each of the parties involved at the level of decision making (mothers, fathers, boys and girls).

3.4. The FGM/C season and the current trends

Previously FGM/C was carried out after a bumper harvest, which usually happened between the months July to September. It was during this time that families had a lot of food and the resources required to conduct the celebrations that accompany the event. It was a big event that involved feasting, drinking, exchange of gifts and merry making and members of the community looked forward to it. Members of the men focus group shared their feelings about the FGM/C season with nostalgia.

'It was like when the President has come to visit. There were many people. We would drink a special brew, dance and feast for a week. And for the girls (the candidates), it was like a graduation ceremony for them.'

However, since the enactment of the Anti FGM/C Act in 2010, followed by massive sensitization about the law, the practice went underground and took on another trend and dynamics. It is now carried out at any time during the year, making it difficult to monitor and document. Although most of the respondents in FGDs and individual interviews confessed to have abandoned the practice, quantitative investigations revealed that the practice is still ongoing at a high rate although with some variance between the rural (Loroo) and urban centers (Amudat Town Council). Respondents were asked whether they had knowledge of any girl in their community that had been cut in the recent past and the following were the findings.

Table 3: Knowledge of girl that has been cut

Knowledge of girl that has been cut?					
			Sub county		Total
			Loroo	Amudat T/C	
Do you know of any girl that has been cut in your community during the last 2 years?	Yes	Count	91	73	164
		% age	91.0%	73.0%	82.0%
	No	Count	9	27	36
		% age	9.0%	27.0%	18.0%

The figure in the table above indicated that majority (91% in Loroo and 73% in Amudat Town Council) of the people knew about a girl that had been circumcised within their community, implying that the practice still going on at a higher rate. Individual interviews revealed that the practice is perpetrated by the social norms, values and beliefs that govern the Pokot community.

The social norms, values and beliefs that perpetrate FGM/C

Various social norms, values and beliefs were advanced by the respondents in support of the practice. These included: the quest for cultural identity, rite of passage, the need to suppress women's sexual desire and enforce fidelity, promote hygiene, preparing girls for marriage, instilling pride and value among young girls.

a) Cultural Identity

Several respondents attributed the practice of FGM/C to cultural identity. It is one of the practices that identify the Pokot from other tribes. *'We do it because our ancestors did it, it is our thing, it our culture and there is*

nothing you can do with culture.' These were sentiments that were voiced by both men and women during almost all key individual interviews and focus group discussions. However, there were voices albeit very limited that proposed the change of culture if it exerts harm to the people. *'Our ancestors cannot decide for us what to do now,'* commented a respondent during one of the focus group discussions. The rest kept quiet when asked whether they agreed with his suggestion.

b) Rite of passage

Through FGM/C, girls graduate from childhood to womanhood. It is actually a sign that a girl is ready for marriage at whatever age it is performed. As already indicated above, most the girls are cut between the ages of 6 -14 years. According to the respondents, most of the girls are married off immediately after being cut. This point to the high possibility of child and early marriages under such circumstances. Early marriage is a factor that leads to high school drop out for girls, high teenage pregnancy, maternal and infant mortality rates.

c) The need to suppress women's sexual desire to enforce fidelity

FGM/C is perceived within the historical context logic that reveals that the practice was instituted during ancient times when men would go to raid cattle for long periods of time (3 months and more) leaving their wives behind. Upon return, they would find them impregnated by other men and in some cases their relatives. This would cause conflict and violence within families. In this context, FGM/C was instituted as a means of controlling women's sexual desire while the men were away. *'When the clitoris is removed, she will not have appetite for those things (meaning sex),'* commented an elderly man during a FGD. The practice has however persisted even though cattle rustling has ended which reveals the deep rooted desire for men to control women's body and sexual while glorifying infidelity among men. *'Women that are not cut are loose; they can sleep with any man.....and no man can stand that. For us men we are free to sleep with any woman and there is no problem. Culture allows us'* Men FGD.

The study also found out that polygamy is widely practice among the Pokot and most of the men feel insecure that their wives if uncut might turn to other men for sexual satisfaction. *'We marry many women, what will happen with the other women when I am spending time with their co-wives. Will they wait for me.....uh, what if I travel to Mbale or Kampala to visit my relatives, will I find them intact.....?'* This was expressed by men during a focus group discussion.

On the other hand, the women were not sure whether they can stay faithful to their spouses or that their daughters would keep their virginity if they are not cut. Due to socialization, most of them had internalized the notion that uncut girls and women have insatiable sexual desires yet it was important for them to be chaste. *'I have 3 daughters, 2 are cut but I have decided not to cut the young one.....but I am worried, I do not know whether she will manage....'*, lamented one woman during a FGD. Putting the burden of fidelity and chastity to girls and boys while allowing the boy and men to enjoying sex before and outside marriage reveals the discriminatory nature of the practice and how it perpetrates sexual and gender based violence against women and girls. It also reveals the level at which the women and girls have adapted to it and conform to its demands. Interventions should focus on reversing the adapted preferences among the women and girls while creating gender awareness to inculcate the values of equality and non-discrimination among men and women, boys and girls.

d) Hygienic reasons

The study found out that the Pokot girls and women that are not circumcised are considered to be dirty and smelling¹⁰. For instance it was revealed that uncircumcised women attracted ridicule and rebuke from their in-laws and co-wives who consider them to be dirty. The co-wives might even refuse their husbands to enter their huts to citing protecting themselves from the smell from the uncut woman. This often leads to social pressure on the uncircumcised woman to get cut. During a focus group discussion with the men, one of the respondents affirmed to this perception; *'I tried marrying a woman that was not cut but she left me because my other 2 wives were always disturbing her. They could not relate with her....they would always be abusing her that she is not clean.'*

However, discussions with key informants revealed that the notion of women being dirty could be attributed to the scarcity of water in the sub-region. Due to water scarcity, most women take long to take a bath, which often results into bad odour. *'You see our place does not have a lot of water and sometimes women take 2 weeks without taking a bath. This makes them smell.'* Commented an Official from one of the local NGO.

Field observations revealed that due to the gender division of labour among the Pokot, the women have a heavier workload compared to men, which constraint their time for self-care. The men on the other hand have a lot of spare time which is used for leisure, and taking care of their personal hygiene. This was evident during the FGDs when all the men (more especially young men) that attended the meetings were smartly dressed,

with well-kept hair, clean clothes and shoes, often in possession of a comb and toothbrush to keep up their appearance. Poor hygiene may not be a result of not being cut but lack of access to water and time for self-care. Provision of water sources such as bore holes especially in the rural areas and knowledge on self-care would help the women to address the issue of hygiene. The water and sanitation facilities in public place such schools and health centers should address the special needs of the girls and women especially with regard to menstrual management and hygiene.

e) Marriage ability and source of wealth

The link between circumcision and marriage further perpetuates the practice, with circumcised girls attracting a dowry of 40+ heads of cattle as opposed to uncircumcised girls who are paid for less. This was reported as a major factor advanced by parents, particularly the fathers who are always in a hurry to acquire more cows through marrying off their daughters, and circumcision is a pre-requisite for marriage. Marriage highly regarded within the Pokot community and since FGM/C is a pre-requisite for marriage, parents and most especially the mothers face enormous social pressure to have their daughters circumcised. *'If your daughter is not circumcised, she will not get married. So we have nothing to do. We want our daughters to get married because if she doesn't, the family is not respected..'* FGD with women.

The same pressure is exerted to the girls who feel obliged to undergo the practice in order to be accepted among peers and the community and also prepare for marriage.

f) Pride and honor to the candidates

FGM is associated with seasons of plenty, feasting, special alcoholic brews for the men. The circumcised girls receive special gifts, attire (clothes and beads), espouse special hair styles and are given names which institute in them a sense of pride and accomplishment. The circumcised girls are referred to as *mirarem* (a name that institutes a sense of pride) while those not circumcised were known as *chepto*; a title considered derogatory. According to the girls, this name calling by the boys would force them to undergo FGM.¹¹ In addition, the boys say they cannot marry someone who carries a sack (clitoris) in her body.

Given the above, it can be argued that the FGM/C practice is highly diffused with the socio-cultural norms, values and beliefs of the Pokot which relate to gender, sexuality and marriage. The social dynamics are perceived within a patriarchal framework which promoted gender inequality and condones the abuse of the rights of women and girls. The women and girls on the other hand have internalized the oppression and express high

¹¹ FGD with girls and women, Jumbe Village

levels of adopted preferences for the practice despite its negative effects on their lives. The next section discusses the notion in detail.

3.2. The level of community perceptions of the practice and its consequences

The level of community perception of FGM is high; and reports from respondents indicated high pattern in terms of practice despite the enactment of the laws against it. This was illustrated by reports from the health center which showed that for every 10 women that come for delivery, 8 are cut¹². The girls at Kalas Primary School rescue center noted that girls are forced to be cut by their parents. They enumerated the reasons as to why they ran away from their homes which included early marriage and FGM.

At a FGD in Amudat Town Council, participants revealed sentiments indicating that FGM practice persists because 'it is part of their culture'¹³. There is social pressure for a girl/woman to be cut through "*abuse from husbands, in-laws and co-wives*". A circumcised girl brings in wealth for the family while men would claim that an uncircumcised woman is "not strong and not tight enough." FGM is also perceived to make sexual intercourse for the male pleasurable while doing exactly the opposite for the female.

3.2.1 Consequences of FGM

Although the practice still persists, the community is cognizant of its negative consequences but just choose to ignore them.

Table 4: Consequences of FGM

Type	Loroo (n=100)	Amudat TC(n=100)	Total(N=200)
Bleeding and pain during circumcision	91(50.8%)	88(49.2%)	179(89.5%)
Infection and painful menstruation	76(73.8%)	27(26.2%)	103(51.5%)
Pain during sex intercourse and at giving birth	67(63.8)	38(36.2%)	105(52.5%)
Mental illness	0(0%)	30(100%)	30(15%)
Complications during birth	13(100%)	0(0%)	13(6.5%)

¹² Interview with Susan Chuwai, AIDI

¹³ FGD Rural Women at Amudat District Headquarters

According to the above data, the common complications that women and girls face after undergoing FGM/C include bleeding and pain during cutting, infections and painful menstruation, painful sexual intercourse and complications during child birth. There are variations between the rural and urban centers probably because those in and near the urban centers seek help from hospital. One other major difference noted in the urban center is the relationship between FGM/C and mental illness. This may be as a result of the trauma experienced by the girls and women due to the multiple injuries and complications resulting from the procedure.

3.2.2. Painful sexual intercourse

Women in the FGDs spoke about the pain during sexual intercourse and described in graphic detail how their bodies would not be prepared for this since their vaginal openings were too small and the surrounding tissue not elastic enough but scarred. For many, their first encounter is remembered with a lot of pain. Because of the tightness of their vaginas, a cow horn would be used to probe and enlarge their vaginal openings. If this did not work, their vagina would be cut open by their grandmother while men hold them down. Their husband would then have sexual intercourse with them in the presence of the men that are holding the woman down¹⁴ –while the wound is fresh to ensure that he would be able to penetrate her body. This painful and traumatic experience of sex is something that constantly remained etched in their minds and persisted into the pain of child birth when their bodies would again be cut deeply for the baby to be born. For those who delivered at the health Centre–this required the skills of a trained professional who understood their situation and had the skill to help these women deliver. These women would have to be stitched but register multiple scarring every time they give birth. As the midwife indicated, one of the nurses assigned to Amudat hospital from another region where FGM/C is not practiced ran away from the station saying that she had never seen anything like this before and could not cope with it.

3.2.3. Complications during and after child birth

The women who do not deliver at the hospital face more difficulty because most of the Traditional Birth Attendants (TBAs) do not have the facilities and skills of stitching. As a result, their bodies remain with deep gashes and scarred tissue that would take up to three months to heal. Many of them lose their babies due to obstructed labour, some have ruptured uterus while some develop fistula due to not delivering with the help of a trained professional. Many of the women indicated that they deliver at a health facility when they are having

14 FGD Kamesoi Women's Organisation

their 4th or 5th child. After their bodies had been cut several times during child birth, their reproductive organ is deformed and what remains is a large gaping space surrounded by large amounts of keloid-like scarred tissue.

3.2.4. Pain and loss of blood

Some girls bleed profusely during the procedure and lose their lives due to the immense loss of blood. Remedial measures to address the loss of blood include giving them the blood of a bull to drink but this seemed to be more mythical than effective in addressing the blood loss. Taking a girl to a health facility in this state is now not possible because of the fear of arrest due to the law.

3.2.5. Early marriage

The effects of FGM/C are exacerbated by early marriage—the girls' bodies are cut then they are defiled in the name of early marriage before their bodies are ready for sexual intercourse. The link to early marriage is said to be due to arranged marriages—a practice that still exists. During FGD with girls and women in Jumbe Village, Amudat Town Council some of the girls as young as 15 years, had already been cut and were married and pregnant. Only 2 girls in the group one 8 years old and the other 12 were in school and had not been cut. In the group of 8, 4 of the girls/ young women in the age group of 15-20 had been cut secretly after the law came into place.

3.2.6. Social attitudes towards FGM

An interrogation about the attitudes that promote the practice revealed a conflicting pattern. While most respondents supported the abandonment of the practice, further analysis revealed a desire to punish those that did not conform to the practice, with rural and urban variations presented below.

Table 5: Social attitudes towards FGM

What is your response to the following statements?				
Statement	Agree/disagree	Loroo (n=100)	Amudat TC(n=100)	Total(N=200)
Uncircumcised girls or women should not be accepted in our society	Agree	1(100%)	0(0%)	1(0.5%)
	Disagree	99(99%)	100(100%)	199(99.5%)

What is your response to the following statements?				
Statement	Agree/disagree	Loroo (n=100)	Amudat TC(n=100)	Total(N=200)
FGM is traditional practice that should be stopped	Agree	99(50.5%)	97(49.5%)	196(98%)
	Disagree	1(25%)	3(75%)	4(2%)
FGM is good traditional practice that should be maintained	Agree	1(33.3%)	2(66.7%)	3(1.5%)
	Disagree	99(50.3%)	98(49.7%)	197(98.5%)
FGM prevents girls from having sex before marriage	Agree	1(14.3%)	6(85.7%)	7(3.5%)
	Disagree	99(51.3%)	94(48.7%)	193(96.5%)
Girls should be circumcised in order to get married	Agree	1(25%)	3(75%)	4(2%)
	Disagree	99(50.5%)	97(49.5%)	196(98.5%)
FGM is a religious requirements that should be done	Agree	1(33.3%)	2(66.7%)	3(1.5%)
	Disagree	99(50.3%)	98(49.7%)	197(98.5%)
Girls that are not circumcised bring shame to the family	Agree	3(75%)	1(25%)	4(2%)
	Disagree	97(49.5%)	99(50.5%)	196(98.5%)
It is only circumcised girls that qualify to become full women	Agree	2(22.2%)	7(77.8%)	9(4.5)
	Disagree	98(51.6%)	92(48.4%)	190(95%)

Table 6: Sanctions to FGM

What happens to girls that refuse to be cut?			
Response	Loroo(n=100)	Amudat TC(n=100)	Total(N=200)
Chased away from home	61(100%)	0(0%)	61(30.5%)
Punished by parents	68(98.6%)	1(1.4%)	69(34.5%)
Not to get married	91(92.9%)	7(7.1%)	98(49%)
Not respected as adult women	90(52.6%)	81(47.4%)	171(85.5%)
Not participate in family activities	85(95.5%)	4(4.5%)	89(44.5%)
Abused by those who are circumcised	0(0%)	17(100%)	17(8.5%)
Married off to old men	2(100%)	0(0%)	2(1%)

The conflicting attitudes revealed the new dynamics adopted by the community in an attempt to protect the practice. Based on individual interviews and FGD, most of the respondents claimed to have abandoned the practice. This can be attributed to the fear of imprisonment as proposed by the Anti FGM/C law. It is therefore important for activists to understand these new dynamics and design interventions that will not cause further harm and apprehension but ignite community empowerment to be able to recognize the need for change and spearhead the process of change.

3.2.6. The Anti FGM/C Law and its impact

Since its enactment in 2010, there has been a lot of community awareness conducted by various civil society and government actors in the district. Currently, due to sensitization on the law, the practice is carried out in hiding; with the traditional socio-cultural symbolism associated with the practice no longer evident creating new dynamics and practices to protect the culprits.

Table 7: The dynamics of the practice after the enactment of the law against FGM

Before the Law coming into force	After the law coming into force
Pre-FGM/C ceremonies such as dancing, drinking festivities, singing were conducted in the public	Totally abandoned
Designated public places for the ceremony	Cutting is done in private places (in homes, gardens, or hill tops), usually inaccessible to modern means of transport such as motorcycles, cars or bicycles
Cutting was done in communities within the country	Some girls are sent by their parents or run on their own across the border to Kenya to get cut and return after healing
Ceremony conducted in public and attended by members of the community	Private ceremony involving a few people normally close family members and the surgeon (cutter)
Conducted during harvest season, usually between July and October	No season attached to the ceremony, can be done any time since there is no need for public celebration
Differentials in dress code, necklaces, hair styles, names between the cut and uncut girls	Neutral dress code, necklaces, hair style, names for both the cut and uncut girls

There were varying claims and perspectives on how FGM is currently conducted-ranging from the practice carried out by the girls themselves in the bushes with a girl with a strong heart doing the cutting¹⁵, to the girls going across the border to Kenya to be circumcised where the law is believed to be more lax, to surgeons and the old women continuing to carry out the practice. This last scenario was implied when in an FGD with former surgeons, they noted that one of their members was arrested in 2014 and imprisoned for 6 months for carrying out the practice. She was said to be released on intervention of the local area MP. The group noted that they welcomed her release but urged her not to repeat the action because it could potentially bring the entire group into disrepute. On the issue of girls cutting themselves, the students at Kalas Girls Primary School refuted this noting that girls know that when you are cut you can bleed and die. They know the negative implications. This implies that girls cannot cut themselves as was suggested. The claims and counter claims point to the fear to be arrested by both the perpetrators and the victims. It is therefore important to develop interventions that address the problem beyond the legal approach.

3.3. The level of appreciation (understanding and implementation) of the Prohibition of FGM/C Act 2010, legal mechanisms in place to provide redress to the practices (looking at availability, and access to justice).

3.3.1. Community awareness of the law and its implications

Majority (93.5%) of the respondents were aware of the fact that FGM/C is a criminal act and is punishable under the laws of Uganda. This is a result of the sensitization and awareness programs and activities that have been undertaken by CSOs in Amudat district and Karamoja sub-region as a whole. Though commendable, the fear of being arrested and prosecuted has brought about new dynamics that surround the practice. The rules of the game have changed and the practice is now performed underground as stated in the earlier section. The main challenge is that it is now difficult to know the current trends of the practice since majority of cases are not reported.¹⁶ The legal mechanisms to seek redress are faced with various challenges that affect their effectiveness and efficiency.

a) Fear of reporting culprits

It was reported that since the practice takes place in the community, the local leaders such as the LC I are always aware of what is happening in their area and are expected to report to police. However, due to fear of

¹⁵ FGD with girls and women, Jumbe Village

¹⁶ Interview with OC Child and Family Protection Unit

reprisals from the community they choose to ignore the issue¹⁷ in order to protect themselves and win favors from the community members. To illustrate this, point it was noted that in 2013 in Kaptutonei, a police officer revealed an informant on FGM/C to the public and the community threatened to attack him.

Field findings revealed that 51% of the respondents especially those from rural areas (Laroo sub-county) were not ready to report cases of FGM/C yet that is where the incidences of the practice are higher.

Table 8: Reporting perpetrators of FGM

Would you report any one that cuts their daughters					
			Sub county		Total
			Loroo	Amudat T/C	
Report any one that cuts their daughters	Yes	Count	48	68	116
		% age within Sub county	49.0%	88.3%	66.3%
	No	Count	50	9	59
		% age within Sub county	51.0%	11.7%	33.7%
	No response		2	23	25
					12.5%

A number of reasons were advanced as to why people would not report culprits as presented in the table below.

Table 9: Reasons for not reporting perpetrators of FGM/C

Why wouldn't you report someone engaged in FGM/C?		Frequency	Percentage
Valid	For fear/ security reasons	47	23.5
	Don't know where to report	2	1.0
	The culture and community still adore a lot	5	2.5
	It is the work of the leaders	3	1.5
	Their family shall ask for compensation	3	1.5
	Total	60	30.0
	No response	140	70.0
Total		200	100.0

Fear of personal security due to community reprisal was mentioned as the main reason for not reporting culprits. Important to note was that majority (70%) of the respondents were not willing to respond to this question indicating the sensitivity of the issue.

During individual interviews and FGDs, it was reported that because of this fear, some of the FGM/C Community Monitors (NGOs) and Caregivers (Churches) that were identified by the NGOs and Churches to report cases of impending FGM/C to the police are double faced. Upon detecting the crime, they call Police and direct them to the place where the incident is about to take place, at the same time warn the perpetrators of their pending arrest so that they run away before the police arrives. This was shared by the Police Officer in charge of Family and Child Protection Unit (FCPU). The same sentiment was echoed by an Official from ZOA, one of the NGOs that is involved in rescuing girls from being cut. This is done because of the monitors fear to face community reprisal, yet they feel obliged to report to the NGOs that recruited them, making the process of reporting complicated. This calls for developing new and innovative strategies to streamline to rescue process that protects both the victims and members of the community that report the crime that is about to be committed.

b) Inadequate facilitation for judicial process

There is a gap between the reported cases and those that are subjected to the due process of the law. For instance, according to Vision Care, this year, it was reported that there were 34 cases in Loroo Sub County while the Amudat Inter-religious Development Initiative reported to have received 42 cases. However, according to

the State Attorney, only 1 case file had been forwarded to the prosecutor's office in Nakapiripirit. According to the state Attorney and the CSOs that support the prosecution of culprits, there is a challenge of bringing both the victim and the perpetrators or culpable persons to face the law. For instance, when cases are reported, sometimes the culprits get away because of lack of evidence—the girls run away and hide or the cutters cross the border and hide. In instances where the police does manage to obtain the evidence, the challenge is then to ensure successful prosecution by facilitating the witnesses to attend court sessions in Nakapiripirit Grade II Magistrates Court or Moroto Chief Magistrates Court, both of which are located over 50km and 100km away from Amudat respectively. The difference in filing cases in these two courts was not clear. However, it was noted that since most cases of criminal nature take long to be disposed off, most witnesses loose interest or do not turn up in court because of lack of facilitation for transport or fear of exposure to the community. It was proposed that government considers establishing a magistrate's court in Amudat district in order to ease the burden of distance and improve access to justice.¹⁸

3.3.2. Punishing suspects

According to the State Attorney in Nakapiripirit district, court does not grant bail for FGM/C suspects. In case of no evidence, the defendant spends 6 months on remand. To the community, this is considered as imprisonment even if the defendant is acquitted. Although this action works as a deterrent to those intending to commit the crime, it taints the image of the individual in the community and creates fear among the community. Subsequently few would report cases of FGM/C in a bid to protect their own.

The State Attorney for Nakapiripirit Magistrates Court revealed that a few successful prosecutions have taken place. He described how a young girl and her sister successfully testified against their father in court. While the father tried to deny his involvement, the girls challenged him and provided enough evidence that was used to prosecute him. The State Attorney noted that although there was high awareness of the law against FGM/C, there are no facilities to protect the witnesses and this renders them vulnerable to community reprisals. He proposed the establishment of reception Centre's to protect the victims.

3.3.3. Cross border challenges

According to Lokut Nyanga, the Officer in Charge of the Police Child Family Protection Unit in Amudat, they arrest those involved in abetting the case—the father and mother as well as those who fail to report—these may be local leaders, neighbors, family and friends. In 2016, Police obtained one conviction, the father of a victim who was sentenced to 7 years. This case was handled by the Chief Magistrates Court in Moroto. Most cases do not go to the logical conclusion because there is no evidence. Either the girls or the surgeon (cutter) are said to have run to Kenya. The Police is stuck with files that are pending and waiting for the victims or culpable persons to be found so as to proceed with prosecution. In 2015, they had 11 reported cases, 5 went to court while 6 are pending. In 2016, so far 6 cases have been reported with 5 of these in Loroo and all 5 cut by the same person. All 6 surgeons are said to have crossed to Alale in Kenya where there is poor implementation of the law and no community policing. These cases are still being pursued.

3.3.4. Inadequate facilitation to enable successful prosecution

The police department is not adequately funded and relies on the DPC for fuel to carry out rescue missions. Even this support is inadequate to handle the task at hand. This remains a challenge since the Child Welfare and Family Protection Unit which handles such cases solely relies on donations to carry its activities. It was noted that government does not provide funds for FGM/C activities. This was re-echoed by the Probation Officer, Amudat District. This alludes to the fact that the law was passed without putting in place mechanism for its implementation. This is an area that requires support and advocacy from CSOs and other stakeholders in the campaign against the practice.

3.3.5. Misrepresentation/interpretation of the law

Although community awareness of the law was noted to have been effective, it is important to provide information on the actual sanctions in the law i.e. arrest and imprisonment. The girls at Kalas Girls Primary School, noted that FGM/C is still going on; but some have stopped because they are afraid of being arrested. Police told them that they will cut off the hands of the cutters/ grandmothers. While this may have been aimed to instill fear in the population, it can act as a deterrent to report the culprits because of fear of the repercussions.

It was further found out that the respondents did not know that the law protects those that choose to abandon the practice (Article 11 and 12). Awareness activities need to amplify these specific articles in order to address the issue of stigma, social pressure and exclusion of those that choose to abandon the practice.

Table 10: Knowledge of the Prohibition of FGM/C Act

Can you mention any law you know that prohibits FGM/C in Uganda		Frequency	Percent
Valid	Anti FGM/C act 2010	65	32.5
	The parents, the village chairperson and the tradition surgeon are arrested.	2	1.0
	Child protection act	6	3.0
	Total	73	36.5
	Non response	127	63.5
Total		200	100.0

The study findings revealed that very few (30.5%) respondents could quote the exact name of the law while majority (63.5%) did not respond at all, citing the possibility of not being familiar with its contents. This calls for innovative and creative ways of disseminating and sharing of the contents of the Anti FGM/C Act 2010.

3.3.6. Political interference

It was noted that one of the impediments to implementation of the law is political interference. Politicians and in particular area Members of Parliament were reported to play a big role in obstruction of justice. Once arrested, some politicians swing into action and use their leverage to get the suspects out of jail. In some cases they process police bonds for the arrested persons who later use the opportunity to escape to Kenya.

3.4. Stakeholders at local and national level in the campaign against FGM/C and their areas of focus, strategies employed and gaps

This section provides information on CSOs and agencies in Amudat district that are engaged in the campaign against the FGM/C practice, their program areas, and the gaps that need to be addressed and or strengthened. The gaps provide a niche for organizations such as UWONET that intend to design interventions to contribute towards the ongoing initiative.

A number of CSOs, government departments and agencies were identified and the field team interacted with them during the study. These included the local, national and international NGOs and CBOs, Faith-based organizations, the Justice Law and Order Sector–Police, Prosecutors and Magistrates, District Local Government Administration–Probation Office, District Political leadership–RDCs Office, health center and Schools. The stakeholders are organized into an FGM/C Working Group which comprises the DCDO and representatives of the different stakeholder groups. The table provides a summary of their work on the campaign against FGM/C and the gaps identified.

Table 11: Stakeholder Mapping

Name of stakeholder	Area of Focus	Gap
District Probation office	➔ Community sensitization ➔ Receiving reports, referral	➔ FGM/C activities are not funded by government (activities funded by donor which is not sustainable) ➔ Limited skills in documentation about the issues of FGM/C ➔ No support beyond receiving and referral of cases to reception center
Vision Care Foundation	➔ Community sensitization about the effects of the practice and the law against the practice ➔ Cross boarder dialogues ➔ Training community change agents	➔ Limited coverage due to limited funding ➔ No documentation
TPO	➔ Community awareness on children's rights and effect of FGM/C, anti FGM/C law ➔ Psych-social council ➔ Corrective surgery to women that have been deformed ➔ Support groups ➔ Creating awareness of the end user (men) about the negative effect of FGM/C	➔ Limited coverage ➔ Poor documentation on FGM/C activities

Name of stakeholder	Area of Focus	Gap
Office of the RDC	➤ Spearheaded the “GO BACK TO SCHOOL” campaign which is the main reason the girls at Kala ran away from their homes in search of education	➤ No budget beyond the campaign to support the girls enroll and stay in school
Health center (midwife)	➤ Awareness creation about the dangers of FGM/C, especially during antenatal and delivery.	➤ Heavy workload ➤ No systematic documentation on FGM/C ➤ Handling complication related to child birth.
ZOA	➤ Receiving and referring rescued girls ➤ Support to rescued girls in terms of education ➤ Community monitors ➤ School mentors ➤ Reconciliation meetings between parents and rescued girls ➤ Support to police in terms of transport to pick girls from villages and to court ➤ Community awareness on human rights ➤ Promote male involvement ➤ Counseling of survivors ➤ Children’s parliament	➤ School support is limited to primary school ➤ Limited geographical coverage ➤ No legal aid ➤ Some areas are not accessible ➤ Uncontrolled border movements – how to handle the politics of FGM/C
Kalas Girls Primary School	➤ Reception Centre for girls who have run away from early marriage and FGM/C.	➤ Congestion ➤ Limited support to the girls ➤ Cannot handle girls beyond primary school

Name of stakeholder	Area of Focus	Gap
Amudat Inter-religious Development Initiative Comprises 5 churches: COU, Full Gospel, Pentecostal Assembly of God, Lutheran and Catholic And 1 mosque: Islamic faith	➔ Community awareness on the dangers of FGM/C and Anti FGM/C Law ➔ Dialogue with parents ➔ Male change agents –using those that have married uncircumcised women	➔ Limited coverage ➔ Inadequate documentation ➔ Few reception centers ➔ No support beyond rescue
Police- Child Welfare and Family Protection unit	➔ Community awareness ➔ Rescuing survivors ➔ Filing and following up cases	➔ Limited funding –entirely depends on donors ➔ No cooperation from witnesses ➔ Limited support to follow up cases- facilitation of witnesses
DPP	➔ Prosecution ➔ No bail for culprits as a deterrent action	➔ Lack of cooperation from witnesses leading to dismissal of cases
Church of Uganda	➔ Use scriptures to campaign against the practice	➔ Individual and community transformation requires a lot of time and patience

Other Challenges

Data and documentation

One of the key challenges faced by the stakeholders was the lack of documentation on FGM/C activities and follow up of cases in court. While several respondents indicated that data is available, the study team could not access it. For instance, the Probation Officer indicated that they submit data on FGM/C on a monthly basis to the MGLSD but the CDO who was not at the station had this data. The study team contacted the MGLSD but received scanty information and was referred to UNICEF the main funder for FGM/C programs and activities in the district. The team sought permission from UNICEF to access the information but was never granted. A similar experience was registered from UNFPA and the NGOs that operate in Amudat district. The team relied

on the information generated during the face to face interviews. It is proposed that future interventions should focus on establishing a resource Centre that is accessible to the public.

IEC Materials

The noticeable absence of FGM/C messages for the general public and in key areas in the district that are part of the FGM/C response was evident. For instance, the rescue Centre, Kalas Girls Primary School had signs strewn throughout¹⁹ the school compound on various aspects of children's rights except FGM/C. Further, at the police family protection unit, one poster indicated the various ways in which violence against women and children is perpetuated including battery, child labour, denial of education and sexual harassment, but, there was no mention of FGM/C. This absence of IEC materials on FGM/C in one of the national epicenters on the practice raises concern since materials form an integral part of continuous sensitization and awareness creation in efforts to work towards social change.

3.5. Recommendations on community based interventions

The study makes the following recommendation that can be adopted by UWONET to empower citizens to develop new social norms to end the practice as well as conduct district and national level advocacy to end the practice.

3.5.1. ignite community activism to develop alternative and new norms and values

This can be done by conducting regular community discussions/conversations to interrogate the social norms that perpetuate the practice and create new norms to end it. The discussions should involve smaller and separate groups for men, women, young girls and boys in and out of school, elders and other influential figures in the community, should be participatory nonjudgmental, allowing participants to reflect on the different norms that inform the practice of FGM/C and suggest actions for change. The groups should be facilitated by people that are knowledgeable on the subject (gender, sociology, medical and human rights). Gender sensitivity should be observed when selecting facilitators for each group. The small groups should then culminate in the community dialogues that include everybody to be held twice a year.

The discussions/conversations could interrogate the following:

Infidelity (Unfaithfulness in marriage):

- Origin/Motive/reason for the practice—absence of men/warriors from home for long periods of time due to cattle rustling vs. the current situation where there not more reason for men to be away from home. Is the practice still relevant?
- Is it fair to punish only one party? Who initiates the relationship? How about invoking and strengthen the traditional punishments for men that sleep with young girls and married women.
- Unfaithfulness is a personal choice and not necessarily related to being uncut- use role models to illustrate.

Women's Social Status

- What does it take for one to be considered brave?—are there ways through which people can be considered brave other than being exposed to physical harm?
- Explore other values to consider when preparing a girl for marriage other than FGM/C—hard work, respectful, educated etc.

Economic issues: (bride wealth)

- Bride price as a means of sharing and not amassing wealth— one pays to marry and uses the same cows to pay bride price for the girls' brothers to marry from another family.
- The more women a man marries the more cows he gives away, thereby reducing his wealth which is shared between many wives and children- likely to result into poverty.

Health issues:

- Reflect on the health challenges and pain faced by the cut women during the consummation of marriage, and the delivery of children (is it desirable for both men and women) compared to the uncut (based on the biological facts of the female anatomy)-multiple cuts resulting into deformation of the female genitals.
- Sexual satisfaction with the cut vs. uncut women, loss of tightness that was the originally desired, hence the need to marry more women. Is this preferable?
- What is the linkage between hygiene and FGM/C -what does it takes for one to be clean- regular bathing and wearing clean clothes vs. cutting.

3.5.2. Address the myths that promote the practice

The study found out that the FGM/C practice largely thrives on the myths that have been passed on from generation to generation and internalized by the Pokot people. Such myths that need to be challenged include the following: uncircumcised women and girls smell and whatever they touch gets dirty, a man that sleeps with an uncircumcised woman gets dirty, uncircumcised women cannot control their sexual desire, marriage is the only value attached to a woman, uncircumcised women are not brave, uncircumcised women do not give birth.

3.5.3. Strengthen and support the role of the church in the campaign against the practice

Religion was said to be a factor in determining whether or not one was circumcised. It was revealed that girls whose parents had embraced Christianity²⁰ were less likely to be exposed to FGM/C.²¹ According to Rev Jane Chorey, an activist, it is important to use the church as a platform to campaign against the practice. She has been doing this during her church sermons using biblical scriptures which indicate that circumcision is meant for men not women. She proposes that the same information should be given to children that attend church to change their mindsets against the practice. Religion can be instrumental in changing the practices since majority (66%) of the Pokots' are Christians.

3.5.4. Conduct awareness on Women's rights

- ➡ Discuss women rights in a localized manner. May approach it from the religious point of view that human rights are God given and cannot be taken away by another person. Hence rights of the girls/women as human beings to enjoy a life free of pain should be upheld and taking it away is a violation of the law (religious).
- ➡ Conduct gender awareness sessions to promote community understanding and appreciation of equality and non-discrimination.
- ➡ Conduct sessions that promote self-awareness, self-worth and confidence for women and young girls.

3.5.5. Conduct a rigorous media advocacy

Develop a comprehensive media strategy against the practice focusing on the following:

²⁰ This was commonly cited among the Anglican Church. this is mainly because of the work of Rev. Cheroy, an activist against FGM/C

²¹ Interview with Mid wife Amudat Health Centre IV

- ➔ Assessment of the most accessible means of communication amongst the various categories of the community members.
- ➔ Training media practitioners to appreciate the issues and them in manner that promotes abandonment.
- ➔ Conduct interactive radio programs- in Pokot and Swahili languages; carry out on-spot messages that provide alternative behavior and social norms.
- ➔ Carry out creative and educational theatre aimed at promoting social transformation against the practice.
- ➔ Design Posters/bill boards with FGM/C messages and display them in public places such as health centers, schools, police posts, markets, churches, road sides, boarder posts etc.
- ➔ Design and display messages that address the need to end the practice in school compounds, and other public places such as health centers and local government institutions.

3.5.6. The Justice, Law and Order Sector (JLOS)

a) The Police

Advocate for:

- ➔ FGM/C tool free line and encourage the victims to report cases directly to the authorities.
- ➔ Recruit more personnel to in the CFPU, especially women to focus on FGM/C cases.
- ➔ Advocate for more resources to the Family and Child Protection Unit.
- ➔ Improve documentation of FGM/C cases.
- ➔ Provide protection to individuals and families that abandon the practice.

b) Magistrates Court

- ➔ Advocate for the establishment of a magistrates court in Amudat district to reduce the distance to Nakapiripirit and Moroto and improve access to justice.
- ➔ Improve and strengthen case management.

3.5.7 National level advocacy

a) The Justice Law and Order Sector (JLOS)

- ➔ UWONET to influence JLOS structures under the JLOS working group to address issues of FGM/C.
- ➔ UWONET to use the study findings to input into JLOS strategic plan that is currently under review.

b) Education Sector

- ➔ Create awareness to address social perceptions that are negative towards education in general and education of the girl child in particular.
- ➔ Participate in the ongoing process by the MoES to review the Education Sector Investment Plan (ESIP) and Government White Paper on Education and input on what needs to be done in Amudat in order to improve the education status of the girl child and women.
- ➔ Establish a well-equipped and facilitated reception center that provides a complete package to address the needs of the victim including legal aid, and psycho-social support and counseling to deal with trauma (this is a long term strategy).

3.5.8. Strengthen Documentation and sharing on FGM information

- ➔ Advocate for National statistics such as the Uganda Demographic and Health Survey (UDHS) and Uganda Bureau of Statistics (UBOS) should capture the trends and patterns of FGM/C.
- ➔ Establish data collection mechanisms to monitor progress–Link the issue of early marriage/ defilement to FGM/C to support generation of data on the prevalence; and health personnel collating data.

3.5.9. Exposure visits

Also take on a cross-border approach so that a consolidated approach is taken to address FGM/C on both sides of the border.

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