

**THE POLITICS OF KNOWLEDGE ON AFRICAN  
SEXUALITIES AND ITS EFFECT ON WOMEN'S  
HEALTH:A CASE OF THE SABINY FEMALE  
GENITAL MUTILATION**

By

**GYAVIIRAKISITU**

**214581860**

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(Pietermaritzburg Campus)**

**SUPERVISOR**

**DR. LILIAN C. SIWILA**

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## **DECLARATION**

As required by University regulations, I hereby state unambiguously that this work has not been presented at any other University or any other institution of higher learning other than the University of KwaZulu-Natal, (Pietermaritzburg Campus) and that unless specifically indicated to the contrary within the text it is my original work.

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**GYAVIIRAKISITU**

**Date :...../..../....**

As candidate supervisor I hereby approve this dissertation for submission

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**DR. LILIAN C. SIWILA**

**Date: ...../..../...**

## **CERTIFICATION**

We the undersigned, declare that we have abided by the College of Humanities, University of KwaZulu-Natal's policy on language editing. We also declare that earlier forms of the dissertation have been retained should they be required.



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**GARY STUART DAVID LEONARD**

**2015/02/27**



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**GYAVIIRA KISITU**

**2015/02/27**

## **DEDICATION**

I formally dedicate this dissertation to my mother Pherister Nabisubi, and to my sisters Leocardia, Fauster, Caroh, and Veronica. Together, they have played a crucial role in my life and in informing my experiences while writing this academic work.

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## ABSTRACT

The purpose of this study was to understand ‘What knowledge matters’, and ‘Whose knowledge matters in the study of African sexuality and in particular female genital circumcision. The Sabinu peoples of Uganda practice the tradition of *wonsetapkorukor wosho* as a rite of initiation for girls. This practice is elsewhere understood as female genital cutting, female genital circumcision or female genital mutilation. Discussions on African sexuality and female genital circumcision have taken either a Western perspective or an African point of view. Since the practice is understood differently, the values attached to it differ as a consequence of the wide range of opinions. In certain ways it is considered as a determinant of who has a normal sexuality or a normal body; distinguishes girls from women; confers true femininity as opposed to masculinity.

Amidst these discussions, the aspect of women’s health is peripheral and marginalized. Instead discussions seem to be limited by issues of language, naming, and standpoints by which various bodies of knowledge argue their different positions. Communication between the various sides of the debate is also minimal. Despite the claims that female genital circumcision is harmful to women’s health attempts to eradicate it are faced by resistances. Through an African feminist approach to the politics of knowledge on African sexualities, in this study I argue that the discourses on African sexualities and in particular those on female genital circumcision affect the understanding of women’s health. Second, the different approaches employed in the discussions of female genital circumcision evaluate the practice using different scales of values which affect the understanding of health through what they neglect or take for granted.

**Key Terms:** *African Sexualities; Clitoris; Female Genital Circumcision; Female Genital Cutting; Female Genital Mutilation; Initiation; Politics of Knowledge; Primitivism; Sabinu; Sebei; Uganda; Women’s Health; Women’s Reproductive Health; Women’s Rights.*

## **GLOSSARY OF ACRONYMS AND ABBREVIATIONS**

<b>AGHA</b>	Action Group for Health, Human Rights and HIV and AIDS
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>AIM</b>	Africa Inland Mission
<b>ASC</b>	African Studies Centre
<b>ATP</b>	African Traditional Practices
<b>AU</b>	African Union
<b>CCA</b>	Culture-centred Approach
<b>CCFU</b>	Cross-Cultural Foundation of Uganda
<b>CIA</b>	Central Intelligence Agency
<b>COSATU</b>	Congress of South African Trade Unions
<b>EASSI</b>	Eastern African Sub-Regional Support Initiative for the Advancement of Women.
<b>FGC</b>	Female Genital Circumcision
<b>FGC/M</b>	Female Genital Circumcision/Mutilation
<b>FGM</b>	Female Genital Mutilation
<b>FGM/C</b>	Female Genital Mutilation/Circumcision
<b>HIV</b>	Human Immunodeficiency Virus
<b>AIC</b>	The Inter African Committee
<b>ICPD</b>	International Conference on Population and Development

<b>INERELA+</b>	International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS
<b>ICPD</b>	International Conference on Population and Development
<b>MCHU</b>	Maternal And Child Health: Uganda
<b>NCIP</b>	Netherlands Centre for Indigenous Peoples
<b>NGO</b>	Non-Governmental Organisation
<b>PAK</b>	Philosophical Association of Kenya
<b>PHC</b>	Primary Health Care
<b>PRB</b>	Population Review Bureau
<b>RCI</b>	Religio-Cultural Identity
<b>SIM</b>	Society Individual and Medicine
<b>SRH</b>	Sexual and Reproductive Health
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>STI</b>	Sexually Transmitted Infection
<b>TBA</b>	Traditional Birth Assistant
<b>UDHS</b>	Uganda Demographic and Health Survey
<b>UNDRIP</b>	United Nations Declaration on the Rights of Indigenous Peoples
<b>UN</b>	United Nations
<b>UNICEF</b>	United Nations International Children Emergency Fund
<b>UTS</b>	Uganda Traditional Societies
<b>WHO</b>	World Health Organisation

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# CHAPTER ONE

## INTRODUCTION TO THE STUDY

### 1.1. Introduction

This study seeks to engage with the discourses on African sexualities with particular consideration given to Female Genital Circumcision (FGC) and how it affects the understanding of women's health. Within this introductory chapter, I intend to provide a background to the study, a statement of the problem, as well as the purpose, significance and outline of the study. I will also present the theoretical framework and the methodological approach that I have used in the study. The findings of the study highlight the aspect of health with regard to FGC as a contestable phenomenon and the fact that the FGC debates seem to revolve around three critical devices, namely, voices, naming and language.

The discourses on African sexualities have taken two major approaches. The first approach has attempted to study African sexualities in relation to the assumed health complications and oppression of women. For example, Caldwell, Caldwell, and Quiggin attempted to study the "social context of AIDS in Southern Africa" (1989:185) as it related to African sexualities and its contribution to issues of health. Additionally, the perspective of the World Health Organisation (WHO) on practices such as FGC, labia minora elongation, considers such practices as detrimental to women's health. A second major approach used in the academic discourse on African sexuality is one which attempts to critique the negative approaches on African sexualities and thereby reconstruct African sexualities perception from a positive perspective (Amadiume 2007; Nnaemeka 2005; Tamale 2006). For instance, even though WHO categorized the practice of Labia elongation as a type IV female genital mutilation Tamale's (2006:95) findings indicate contrary. The elongated labia among the Baganda women "enhance the erotic experience of both male and female...may be a source of immense pleasure to the couple...self-identifier for the Baganda women-the stand of legitimacy for a 'true' muganda woman" (2006:95).

The implications of these two major approaches on African sexualities also differ. The negative approach that links African sexual practices with health complications and the subordination of women seems to imply that the understanding of sexuality in the context of African sexuality needs to be deconstructed and reconstructed according to the Western model of sexuality. This approach seems to argue that the subordination of women is perpetuated through the current state of African sexualities. On the other hand, an approach that promotes a positive perception of African sexualities seems equally to argue that African sexualities are celebrated and empowering and should be perceived within cultural contexts.

FGC has been approached contentiously within the discourses on African sexualities. The first discourse to be mentioned is described in terms of a medical and rights-based approach (Lightfoot-Klein 1989;Dirie&Lindmark 1992;Brady 1999;Starrings&Karugendo 2005; Oba 2008; Ahern-Flynn 2013).Dirie&Lindamark’s study (1992:480) revealed that “[t]he medical complications endured by the women are both immediate and late. Immediate complications are defined as complications directly following the operation. Late complications are those appearing after the primary healing of the circumcision”.Through this approach, FGC has been condemned and categorised in terms of Female Genital Mutilation (FGM) and thereby deemed a harmful practice to women’s health and sexual rights (Althaus 1997:130). Human rights movements have also initiated anti-FGM campaigns with the aim of eradicating its practice within African communities. In some anti-FGM discourses, the practice has been used to categorise practicing communities as primitive and ignorant of their health and sexual rights (Hosken 1993;Njambi 2004).

A second type of discourse can be categorised as a critical African feminist approach. Such discourse is mostly dominated by African feminists who approach the subject of FGC from a distinct African feminist perspective. Such an approach does not condone the practice but argues against the negative connotation given to FGC (Ahmadu 2000;Njambi 2004; Diallo 2004; Obiora 2005;Saadawi 2005;Nnaemeka 2005). Njambi (2004) for instance calls ‘Mutilation or female circumcision’ a western construct. She argues that the phrase itself “is troubling because it implies that cultural practices that

involve female genital modifications in Africa have no unique histories and meanings of their own, outside of what is already understood in the west to be male circumcision” (2004: :282) . In particular, the approach critiques mainly the Western-constructed anti-FGM discourse that attempts to emphasise the barbaric and primitive nature of its practice and of its practitioners. Advocates of this approach attempt to associate anti-FGM discourse with issues of colonialism and the advent of messianic religions in which the colonial masters and religious missionaries attempted to undermine African religio-cultural and traditional values (Tamale 2008, 2013; Amadiume 2007). As such, this approach attempts to classify most Western anti-FGM discourses as being complicit with imperialism.

A third approach uses an identity-based approach. Through this approach, cultural gatekeepers promote and safeguard the practice from being eradicated (Goldschmidt 1976; Achieng 2010; Mafabi 2011; *Matyichngony*2012;Kwagala, 2013). Significant to this approach is the process of naming. Accordingly, FGC is not understood as physical mutilation but instead is given other names depending on the experience of each particular group or community. In most communities it is called female circumcision and is viewed as a rite of passage through which a girl child enters adulthood. In other words, it separates a woman from a girl. Practitioners of FGC do not consider it as a practice intended to cause harm to their children or wives. For example among the Kono of Sierra Leone, “Excision or removal of the external clitoral glans and labia minora, in initiation is a symbolic representation of matriarchal power” (Shweder 2009:16). The practice is therefore seen as intended for the good of the person and the community at large (Goldschmidt 1976;Ahmadu 2000;Dellenborg 2004; Shweder 2009; Odeko 2014). As such, the gatekeepers of the practice perceive anti-FGM knowledge as a form of cultural imperialism that does not respect their religio-cultural indigenous knowledge and autonomy of identity. Debates seeking to discredit FGC and anti-FGM laws are thereby understood as attacks on the religio-cultural identity of practicing communities.

In what follows, the ongoing discourses of FGC and its impact of African sexualities will be explored in depth. In particular, I will attempt to establish how they affect the understanding of women’s health. The study will take consideration on how the politics of knowledge on African sexualities with regard to FGC is

communicated through discourses, and what they seem to deliberately neglect or take one another for granted.

## 1.2. Background to the Study

The Sabiny people of Uganda, also known as the Sebei, practice FGC. Mostly, this is described in terms of Female Genital Mutilation (FGM). Among the Sabiny, this practice is known by various terms. For example, *wonsetapkoruklit*<sup>1</sup>: “ritual cutting” (Namulondo 2009:21) and *wonsho* lit: “chasing away” (Matyichngony 2012).<sup>2</sup> As such, FGC is considered a rite of initiation among the Sabiny and is thereby located within the broader framework of religio-cultural African sexualities.

Scholars in African sexualities such as Amadiume (2007:1) have argued that “the practice of sexuality in Africa presents many difficulties to researchers and scholars due to the ambiguity of beliefs and attitudes in traditional cultures and religion.” Religio-cultural beliefs seem to present aspects of sexuality as norms regulated by cultural taboos. Furthermore, cultural beliefs seem to be constructed around what are considered harmful sexual practices that have the potential to affect women’s health (Boyden *et al.*, 2012:3). For example, practices such as widow inheritance, sexual cleansing, ritual sex, female genital mutilation/circumcision and labia elongation have long been singled out as some of the practices that compromise women’s health.

The Sabiny of Uganda have been identified as one of the groups that practice FGC. In Uganda, the practice was outlawed in 2010. However, despite the commitment of the Ugandan Government and the efforts of various human rights organisations to eradicate the practice, women are still circumcised and those who refuse to undergo the ritual are discriminated in various ways. FGC practitioners among the Sabiny regard it as a sacred ritual and part of their religio-cultural identity. The practice is thus located within the Sabiny religio-cultural worldview. It involves beliefs and cultural myths and is described in terms of a demand by the ancestors. Although the

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<sup>1</sup>‘Lit’ stands for the phrase ‘in the literal use of the term’

<sup>2</sup>Although in this work terms such as Female Genital Mutilation (FGM), Female Genital Circumcision (FGC), and Female Circumcision are used interchangeably to refer to the operations done of female genitals during initiation rites, this study will use mostly the term female genital circumcision because the Sabiny do not consider the process physical mutilation (*cf.* Population Reference Bureau 2010:2).

criminalisation of the FGM and its sensitisation in Uganda has influenced some Sabinu people to reject the practice, elsewhere it has pushed the practice underground where girls and women are circumcised in secluded environments away from the possible reach of the local authorities.

Further to the critical analysis of the politics of knowledge of African sexualities provided by Nnaemeka (2005) and Tamale (2011), this study proposes an exploration of the politics of knowledge on African sexualities that focuses its attention on FGC among the Sabinu people of Uganda. In particular, it seeks to establish how the debates on African sexualities can contribute to the understanding of women's health.

### **1.3. Statement of the Problem**

Due to practices such as FGC, African sexualities seem to have been presented negatively and as hostile to women's health and sexual freedom. This has generated a dualism of knowledge on the subject matter: the universal-moral outrage position<sup>3</sup> (i.e., public domain) and the religio-cultural relativist (i.e., private domain) (Njambi 2004). While knowledge from the public domain has sought to 'save' the African women from the 'inhuman' practices of torture such as FGC rites, cultural relativists see such attempts as attacks on cultural identity and values. These discourses have politicised the subject of African sexualities and in particular FGC. The health of a woman who is directly affected by the practice of FGC seems to be pushed to the peripheral<sup>4</sup> of these 'politics of knowledge' on African sexualities.

The surveyed literature has shown that the discourses on African sexualities have not only problematised the understanding of African sexualities but also FGC in

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<sup>3</sup>What is understood as the universal moral outrage in this work is that part of knowledge that insists that the practice of FGC is against human rights; that the practice is in itself wrong and has no health benefit other than health complications; that the practice is oriented towards the intentions to control women's sexuality. The cultural relativist knowledge or knowledge from the private domain in relation to this work is that which claims the legitimacy of their cultural knowledge irrespective of how it is understood by outsiders.

<sup>4</sup>While the aspect of women's health is important the literature surveyed in this study brings to light that colonial prejudices on African sexuality which moves from the common forms of study on FGM as a health and human rights issue, and while this has been championed by both African and western feminists, they fail to analyse the custom in wholesome in as far as a woman's role and place is defined. Due to this limitation the health aspect of the woman is gradually pushed from the center of the debates.

particular. Therefore, it is within this context that this study seeks to explore how these discourses which seem to be an authority from their own point of view contribute to the discourses on women's health.

#### **1.4. The Purpose of the Study**

This qualitative study engaged with the accessed discourses on African sexuality in relation to FGC in order to understand how their interplay affects the understanding on women's health. The study was located within the discourses on African sexuality and in particular FGC in reference to the Sabiny people of Uganda. In this study, I purposely chose the Sabiny people of Uganda because among them the practice of FGC is still ongoing despite being recently outlawed under Ugandan law (Ddamulira 2012:139; Nalaaki 2014: iii; Namulondo:v). The body of African women feminists who have championed the same study from an insider's perspective have challenged the way some scholars from outside Africa perceive, conceptualise and represent African sexualities and in particular, FGC.

In this study I argue that women's health seems to be neglected by the debates for and against the perpetuation and the practice of FGC. Furthermore, the debates create more tension between the pro-FGC and the anti-FGC camps. The resultant created tensions seem to do little to respond to the aspect of women's health.

In view therefore of the ongoing discourses on African sexualities the key research question this study intends to answer is as follows:

**How does the Politics of knowledge on African Sexualities in relation to the Sabiny FGC initiation rite contribute to the discourses on women's health?**

#### **1.5. Critical Questions**

In view of the main research question, this study asks the following three critical sub-questions:

- i. What is the notion of African sexualities?
- ii. How does the understanding of FGC rite of initiation contribute to empowering or disempowering discourses on women's health?
- iii. What religious, cultural and health resources within the Sabiny FGC rite of initiation that can be used in educating Sabiny girl-children on issues such as reproductive health, hygiene, self-worth and womanhood?

## **1.6. Research Objectives**

This study seeks to achieve the following objectives:

- i. To explore the complexities of African sexualities.
- ii. To establish how the understanding of the FGC rite of initiation contributes to empowering or disempowering discourses on women's health?
- iii. To establish what religious, cultural and health resources exist within the Sabiny FGC rite of initiation and how these may be used to educate Sabiny girls on issues such as reproductive health, hygiene, self-worth and womanhood.

## **1.7. Significance of the Study**

This study hopes to inspire new critical theories and discourses on how African sexualities are constructed and how they may engage with each other. The knowledge developed by this study may be useful to human rights activists, local and international organisations, and the religion-based organisations which attempt to eradicate harmful sexual practices. In an attempt to eradicate these practices, as the study will in detail discuss, the aspects of language and communication will be seen as critical. The study may be useful in the sense that it challenges the tendencies of

deliberately making assumptions about FGC and being critical on what is taken for granted.

## **1.8. Theoretical Framework**

The study is located within the African feminist paradigm in its approach to African sexualities. This is because most scholars who have responded to Western voices on African sexualities have been African feminists. As a result, the theoretical framework of this study will be an African feminist approach to the politics of knowledge on African sexualities as understood by Nnaemeka (2005) and Tamale (2008, 2011). In particular, the study will use the concepts and perceptions of Nnaemeka and Tamale with regard to African sexualities and FGC. Various opinions in the form of knowledge and the different understandings of African sexualities exhibits power dimensions of those whose knowledge is most significant. These power dimensions in terms of the forms of knowledge were categorised in this work to constitute what is referred to as the politics of knowledge on African sexualities. In his argument on the concept of the politics of knowledge, Weiler (2009:1-2) argues that:

The process of transformation that the notion of knowledge has undergone in our time has had a lasting influence on our understanding of how knowledge is created, distributed, and used. But it has also confirmed that the linkages between knowledge and power are both very intimate and very consequential and that arriving at a better understanding of this linkage is crucial to any attempt to formulate a political theory of knowledge and its production.

With regard to African sexualities, the politics of knowledge has been purposefully used to highlight how knowledge on African sexualities has been created, used, communicated and understood as an authority. In other words, how the production of knowledge on African sexualities is imperative to explore what knowledge is produced, how it is produced, and whose knowledge takes precedence. In as much as knowledge can be described as empowering, it can be used as a tool of controlling, and subduing the ‘other.’ For example, “according to the poststructuralists, for the modern state to survive as a central, self-reproducing power, it has to develop a series of mechanisms of control that prevent individual subjects from exercising their freedom of choice, or even their intellectual freedom” (García 2001:110). Knowledge

on practices such as FGC has been created differently and as such, has influenced different understandings of its practice.

The WHO as cited in Estabrooks (2012:1) has described FGC as a process which involves “the partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons.” While FGC is described as harmful from a medical and sexual rights perspective, such assumptions appear less convincing to some members of the FGC practicing communities.

As a practice, FGC is understood as a primitive practice which in the global society has no moral significance. It is perceived as barbaric, i.e., a practice that is brutal, extremely painful, and often associated with severe health complications. Most voices that call for its eradication describe the practice in terms of physical mutilation in order to emphasise the severity of its health implications. Through anti-FGM campaigns, attempts to deconstruct indigenous knowledge about the practice have thus approached it negatively. Nnaemeka (2005:27-42) criticises the way in which FGC has been understood especially by the knowledge that engages it from the Western perspective. In particular, Nnaemeka has discussed how international agendas and knowledge have been used to respond to FGC in Africa creating a tension between knowledge from two domains: the public domain Universalists and the private domain Relativists.

While most of the Western discourses tend to accuse the practicing societies of violating human rights by promoting cultural relativism (Cassman 2008:128), the West has also been accused of its attempts to impose Western cultural values on traditional African societies in Africa (Cassman 2008:130; Oba 2008:1). This is particularly the case of the WHO and its failure to include on the list of harmful practices female genital surgical procedures conducted in the West. Instead, it seems to have concentrated its energies on seeking to criminalise FGC in practicing African societies. This has been criticised by Cassman (2008) as a form of cultural imperialism. Additionally, Cassman (2008:142) proposes a need to appreciate and understand the traditional knowledge with regard to practices such as FGC. Although she contends that there has been an innovative effort in the struggle to find a solution

to FGC from the West, cultural relativism has not been given positive recognition in the struggle. According to Cassman's point of view, understanding cultural relativism opens a way to dialogue with the cutters, those who are being cut, and with the gatekeepers of the tradition. It also seeks to understand why people still consider FGC practice good and appropriate. Such a view has helped this study develop a communication model by which indigenous knowledge on FGC can be incorporated into the public arena and ensuing debates on the subject.

Tamale (2011:14-15) claims that the misunderstanding of African sexualities can be drawn back to the colonial era. Central to colonial intention was the conviction to civilise African people. Tamale (2006:89) has argued that colonialism with the help of traditional patriarchy developed laws and conceived situations through which women's sexuality was kept under control and surveillance. Tamale (2008:51) further contends that the misrepresentation of African sexuality especially for women during the era of colonialism and into the postcolonial era has led to what she calls opportunities of subordination and oppression to women. Tamale claims that the colonialists' construction of African sexuality as manifestations of "profligate and hyper-sexual"(2006:89) behaviour facilitated more suppression and control of women's sexual rights. Therefore, traditional customary laws were put into writing and reinforced through State, religion and patriarchy structures. Tamale's concepts seem to be informed by studies that have been done on African sexualities such as Caldwell, Caldwell, and Quiggin (1989) and Vaughan (1991).

Caldwell, Caldwell and Quiggin (1989:187) have understood African sexualities as a "distinct internally coherent African system embracing sexuality, marriage, and much else..." By distinct the authors proposes a sexuality exclusive to Africans and characterised by a perverseness demonstrated in acts of prostitution, adultery, and premarital sexual relations and short of religious moral values (Caldwell, Caldwell, and Quiggin 1989:195). In general, their work dwells much on the negative perceptions of African sexualities and suggests a need to control African women's sexuality as it contributes to promiscuity and the spread of Sexually Transmitted Infections (STIs) such as HIV and AIDS. Similarly, a study conducted by Vaughan (1991) engages African sexualities from a similar standpoint as Caldwell, Caldwell, and Quiggin. Vaughan (1991:133) argues that during the colonial era, the colonialist

“constructed syphilis epidemic” intended to demonise the Baganda women sexuality. Vaughan (1991) elaborates that colonialists and the earlier missionaries tried to denounce women’s sexuality as that which dangerously contributed to the then “supposed” outbreak of syphilis in Uganda” (*cf.* Arnfred 2004:67). Vaughan, (1991:133) further claims that the colonial system perceived Baganda women as characterised with “strong passions” that needed to be put under strict control by both colonial and patriarchal powers.

Both Nnaemeka (2005) and Tamale (2003; 2006; 2008; 2009; 2011; 2013) appear to argue that the diversity of African sexualities is unrecognised. Instead, they are seen as avenues of torture especially towards women. These scholars have rightly argued that the politicisation of African sexualities in general pays less attention to the diversity of African sexualities and their agency to promote women’s health. While the authors are not fully advocating for the continued practice of FGC especially due to its abusive nature to women, like Kanyoro (2002), they are calling for a cultural analysis of FGC so as to assess its viability as a health asset. This theoretical framework has enabled this study to understand factors that lead to the complexities of African sexualities. Furthermore, the framework enabled the study to critically analyse how different standpoints tend to shape the understanding of human sexuality.

In support of the theoretical framework used in this study, two approaches were utilised:

- i. The cultural-centred approach of Dutta, Ban and Pal (2012).
- ii. The poststructuralist approach as proposed by McKee (2003).

One of the aspects examined by the Culture-centred Approach (CCA) is the health communication within marginalised groups of people. A health communication involves the engagement of knowledge dialogically, i.e., between the dominant voices and those of the minority. This approach “argues that communication theorising ought to locate culture at the centre of the communication process such that the theories are contextually embedded and co-constructed through dialogue with the cultural participants” (Dutta 2008b). As used in the health communication paradigm, such an approach is used to critically examine how dominant knowledge is constructed to

explain issues of health among marginalised groups of people. It argues that sometimes the dominant voices do not recognise the voices of the marginalised group in their construction of theories around health. Instead, health policies are based on assumptions and tools which do not communicate with the knowledge of the marginalised groups. The CCA examines a “dialectical relationship between inclusion and exclusion” in the generation of knowledge (Dutta 2008a:45). In other words, it attempts to expose what is taken for granted, what is included, and what is excluded in the way people’s experiences are perceived and conceptualised. Such an approach suggests an engagement with the cultural contexts and the cultural gatekeepers in the construction of knowledge that facilitates health communication.

Through a CCA, this study will be enabled to examine how knowledge from the public domain engages with that from the private domain. It will enable the study to identify possible causes of resistances within these discourses. Furthermore, through this approach the study will be able to examine why the communicative dialogue between the practitioners of FGC and most of the voices who attempt to eradicate it still find it hard to communicate. As a consequence, the CCA will enable this study to engage with the Sabiny FGC rite in an attempt to establish resources that can be used positively in educating Sabiny girls on issues such as reproductive health, hygiene, self-worth and womanhood.

According to McKee (2003:9), a poststructuralist approach holds that “cultures seem to make sense of the world differently: and that it is impossible to say that one is right and the other is wrong.” A post-structuralist view attempts to explain that people have different ways of experiencing a phenomenon depending on their standpoint. A poststructuralist approach is critical of outsiders’ judgmental positions over people’s experiences. It argues for the recognition of cultural contexts over assumptions. Cultural relativists have attempted to accuse many anti-FGC voices of cultural imperialism due to their failure to recognise the significance of their experiences. Cultural relativists as far as FGC is concerned seem to build their position alongside poststructuralist theories. This approach will assist the study to understand the different views on African sexualities and to further interrogate pro-FGC discourses. In relation to the Sabiny people, a poststructuralist approach provides grounds to

examine why they still hold on to FGC, calling it a rite of initiation, and why different levels of knowledge have emerged in respect to its practice.

## **1.9. Methodological Approach**

This qualitative study was based on existing literature. According to Hancock, (1998:2) “qualitative research is concerned with developing explanations of social phenomena. That is to say, it aims to help us to understand the world in which we live and why things are the way they are.” This present work forms a non-empirical study. Mouton (2004:57) describes non-empirical studies as those which are “based on theory.” In other words, they are theoretically driven.

I describe this present work as qualitative and non-empirical in the sense that it is focused on theories developed within the accessed literature on African sexualities and FGC. It takes consideration on the use of words, language and meaning in the construction of these theories. The search for meaning was very central in this study. In order to understand the subject of sexuality, African sexuality and FGC, the study sought to establish the environment that informed the conception of the discourses. Moreover, this study is qualitative because its interest is not based on establishing numbers and statistics of who advocates for FGC or how many scholars present African sexualities negatively. Rather, its focus was directed on what knowledge is produced on the objects of study, whose knowledge it was, for what purpose it was developed, how it was constructed and how it was disseminated.

In this study, I employed textual analysis as the chosen methodology of the study. I utilised texts on sexuality, African sexuality, and FGC to form the research sample for my study. Textual analysis is a research method that “researchers use to gather information about how other human beings make sense of the world” (McKee 2003:1).

In phase one, I explored the literature that speaks about African sexualities and FGC broadly and then narrowed it down to the Sabiny people in Uganda. This consisted of literature from a wide number of recognised scholars on sexuality, African sexualities,

and the work of social scientists that discusses broadly the practice of FGM and against the backdrop of the entire Sabiny culture and history.

In phase two, I familiarised myself with the state of women's health globally and particular within the Ugandan context. Of key interest here was my determination to establish issues that related to FGM practice from the global perspective and among the Sabiny people of Uganda.

In phase three, I concentrated on using the theoretical framework proposed for this study that follows the African feminist approach to the politics of knowledge on African sexualities as understood by Nnaemeka and Tamaletto interpret the discourses on African sexuality and those that engage FGM from both the global and the Sabiny cultural milieu. The purpose of such engagement was to understand how these discourses contribute to the understanding of women's health. The findings were organised into the five main chapters forming this dissertation.

#### **1.10. Outline of the Study**

Since this work involved the interplay between the levels of knowledge from different cultural standpoints, I analysed discourses using the post-structuralist approach as understood by McKee (2003) and the CCA as developed by Dutta, Ban and Pal (2012) to discuss how these levels of knowledge communicate with one another. As regards a general schema, the second and third chapters of the study will focus on the discourses on African sexualities and FGC. These discourses will be engaged from an African perspective so as to understand how the African worldview shape their perception. In the fourth chapter, using mostly the cultural-centred approach I will critically analyse the discourses on FGC focusing especially on the aspect of language and communication.

In detail, this study is divided into five clearly demarcated and logical chapters:

- i. In chapter one I will present a general introduction to the study. The chapter will involve detailed presentation of the theoretical framework and the methodological approaches upon which the entire study is based.
- ii. In chapter two I will discuss the understanding African sexualities.
- iii. In chapter three I will locate the practice of FGC among the Sabiny of Uganda and further within the global perspective.
- iv. In chapter four I will provide a critical analysis of the FGC debates and attempt to analyse how they contribute to the understanding of the health of women.
- v. In chapter five I will summarise the study, and give a general conclusion.

### **1.11. Chapter Summary**

In this chapter I have sought to provide a background to the study, a statement of the problem, as well as the purpose, significance, and the outline of the study. I have also presented the theoretical framework and methodological approach utilised in the study.

In the chapter which follows, I will engage with the understanding of African sexualities from two perspectives, namely, the Western view and the African view.

## CHAPTER TWO

### UNDERSTANDING AFRICAN SEXUALITIES

#### 2.1.Introduction

While the previous chapter formed a general introduction to the study this chapter focuses on understanding African Sexualities. In this chapter I will argue that various levels of knowledge seem to continuously contribute to the contemporary perception of African sexualities within and outside of the African cultural setting, and that through the mediation of language and gender, African sexualities are made further complex.

The chapter is divided into three sections. In the first main section I discuss the concept of human sexuality, and elaborate on feminism in the African context. In the second main section I present the two approaches by which African sexualities have been addressed, i.e., Western and African perspectives. Finally, in the third main section I discuss the problem of language and gender in relation to sexuality.

#### 2.2. Understanding African<sup>5</sup> Sexualities

The term ‘sexuality’ has been approached from different perspectives in search of its meaning.<sup>6</sup> For the WHO (2006:5) it is defined as:

A central aspect of being human through life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships...influenced by the interaction of biological, psychological, social, economic political, cultural, ethical, legal, historical and religions and spiritual factors.

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<sup>5</sup>The term is not used for a specific or hegemonic view of what is typically ‘African’ but as expressed by Tamale, (2011:1) it “is used advisedly to highlight those aspects of cultural ideology—the ethos of community...that are widely shared among the vast majority of people within the geographical entity baptised ‘Africa’ by the colonial map-maker.”

<sup>6</sup>There are different understandings of sexuality. In this dissertation I approach human sexuality from a heterosexual standpoint. That said, I will not refrain from using other resources on human sexuality that are written from other perspectives.

This definition appears to suggest that the human person is inseparable from her or his sexuality since sexuality is associated with human essence. In other words, through the expression of sexuality a human person communicates who she or he essentially is. It locates the person as an individual but also as one living in relationship with others. From an African traditional point of view there are different understandings of sexuality, expressed in different stories (Amanze 2010). Although different cultural groups have different ways of explaining sexuality, it is generally perceived that “sexuality in Africa occupies the central part of human life above anything else....[I]t is embedded in stories of creation” (2010). As Nganda (2008:4) has pointed out:

Sexuality in indigenous Africa was looked upon as mysterious and sacred. If misused, evil surely resulted. Sexuality and its powers were understood as permeating every level of human existence. Hence the insistence that, boys behave as male and girls as female.

The sacredness of sexuality is related to its association with the existence of life and creation. Through sexuality, the world of the living and that of the ancestors is connected. Sexuality is a celebrated phenomenon and safeguarded from abuse by applying taboos.<sup>7</sup> In most African traditions, discussions on sex are kept hidden through restrictions imposed by language and symbolism. The study of the Shona people of Zimbabwe by Mungwini and Kudzai (2010) reveals that secrecy is critical in matters of sex. Here the authors argue that the Shona system of traditional knowledge on sexuality is restrictive of how knowledge on sexuality is disseminated from one generation to the next. In some instances, traditions demand that the approval from cultural gatekeepers is mandatory if one is to instruct another on matters of sex. This restriction on the knowledge on sex and sexuality has a long tradition, intended to protect sex and sexuality sacredness from unnecessary forms of abuse especially from the yet uninitiated. In this case, figurative language is employed in reference to human sexual activity, as well as to the sexual organs. For example, among the Zulu people of South Africa:

When discussions around sex happen, it is either amongst peers or elders advising the youth. Even so, the discussion is conducted in language coated with euphemisms, politeness, idioms, gestures, and symbols because explicit

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<sup>7</sup>Violating taboos meant severe punishments. However, this does not mean that African traditions considered sexuality negatively but sacred that it had to be protected from being violated (*cf.* Mbiti 1980:11;Nganda 2008:4)

expression is considered disgraceful and disrespectful. Engaging in sex is referred to as 'hitting.' Polite terms are used to refer to sex organs; female genitals are referred to as 'inkomo' (the cow), or 'police.' Terms used for the male genitals include 'the stick,' 'the boy,' 'the thing,' 'the priest,' and 'the chimney' (Ndinda *et al.*, 2011:7).

Although the 'protected' expression of sexuality and its understanding in the African context was meant for the good, i.e., its preservation of sacredness, it seems to be of benefit only to those who go through initiation rites.

In African traditions, sexual knowledge could mostly be taught openly in initiation schools. This meant that a young woman or man who defies the obligation of attending initiation would have less knowledge of sexual expression accepted in the society. Moreover, initiation instructions in many African traditional communities forbade any initiated person to express tribe secrets or knowledge gained from initiation schools to the uninitiated. For example, among the Ndebele people, it would be a violation of the taboo to reveal such secrets and would be severely punished with insanity (Khumalo cited in Van Rooyen, Potgieter and Mtezuka 2006:14). But if an uninitiated woman lacked even the accepted language to express issues of sexuality, how would she use language to defend herself in case of abuse?<sup>8</sup>

### **2.2.1. African Feminism and Sexualities**

Feminism as a concept has its origin in the Western discourses of knowledge.<sup>9</sup> In its modern iteration, feminism evolved in the second half of the nineteenth century fronted by women themselves in advocacy for their "emancipation, equality and rights" (Beasley 1999:6). Although there are diverse approaches and motivations that underlie the understanding of feminism, it seems sustainable that opposition to women's subordination is one of the key elements. From a Western perspective, one approach to feminism understands it as:

A system of ideas developed within a variety of cultural traditions, based on a critical analysis of male privilege and women subordination within a given society. (As such, feminism) raises issues of personal autonomy or freedom,

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<sup>8</sup>This aspect will be further discussed ahead in the discussion of sexuality and language below.

<sup>9</sup>The meaning of the term 'feminism' varies. Here, I will refer to it from an African perspective.

opposes woman's subordination to men in the family, and society, along with men's claims to define what is best for women without consulting them (Offen 1988:151).<sup>10</sup>

The Western conception of feminism seems therefore to have evolved as a means to challenge patriarchal systems where women were regarded as second class citizens. In Africa, women have undergone various struggles, including subordination under patriarchy, but also the challenges of colonialism and subsequent imperialism. Referring to Offen's (1988:151) understanding of feminism as having "developed within a variety of cultural tradition" we cannot speak of an African feminism without taking certain precautions. Women across Africa and those who respond to issues of feminism from an African perspective have different experiences. As a consequence, there is a diversity of responses. This makes the understanding of feminism "in Africa [t]oday rather complex" (Gaidzanwa 2007:7). In general terms therefore, we can speak of African feminism as a knowledge that was pioneered by feminists in their attempt to challenge other forms of knowledge, especially those from Western feminism scholarship which seem to undermine "the experience of women of Africa and of African origin...it is a justice that aims to create discernible differences between women who were colonised and those who were deemed the colonizers..." (Goredema 2014:34).

The study on African sexualities presents two main approaches: (i) the Western perspective and (ii) the African perspective. A Western perspective tends to speak of African sexualities from an outsiders' approach, while the African perspective speaks of African sexualities from an insider's approach. While colonialists, mainstream women feminists, foreign religions and international and local human rights movements and organisations tend to constitute a Western knowledge on African sexualities; African feminists, African tradition religions, and African indigenous societies approach it from an African knowledge perspective. This means that within each of these different standpoints, experience plays a big role in shaping individual perceptions and articulations of knowledge on African sexualities.

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<sup>10</sup>Among scholars there is contention on referring to feminism in terms of 'ideas.' Elsewhere, it is referred differently such as a 'movement' inspired by different motivation. These could be social, political, or economic (*cf.* Beasley 1999:xiii).

The advent of African feminism and the subsequent category of African feminists<sup>11</sup> within the debates on African sexuality is presented as a reaction to the Western discourse that has presented African sexualities negatively. From an African feminist point of view, African sexualities is a notion expressed in plurality. It presupposes a multiplicity of sexualities in Africa. The meaning of the term is informed by the plurality of beliefs, customs, and different ways of erotic expressions among Africans given the different ethnicities of people. As Tamale (2011:2) can state:“We speak of (African) sexualities in the plural in recognition of the complex structures within which sexuality is constructed and in recognition of its pluralist articulations”.

But also, since African sexualities are not isolated phenomena within cultural locations, they are also defined and regulated by factors such as ethnicity, interaction of people, technology, traditions, economic changes etc. Therefore, it could be argued that African sexualities are not static but always in flux. They can change, and be reconstructed in the same way just as cultures do. This position is against the rigid connotation of sexualities.

In the section which follows I will review how African sexualities have been approached from a Western perspective.

### **2.2.2. The Western Perspective on Understanding African Sexualities**

Following the influx of Western explorers, Christian missionaries, and later, settlers and colonialists, a confrontation<sup>12</sup> of cultures began to emerge. These new guests to Africa were soon faced with new experiences of a people proud of their sexualities

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<sup>11</sup>Although I recognise that the term ‘feminism’ is not exclusively a women epistemology *per se*, in this work I refer to ‘African feminists’ as those women whose voices in academia attempt to respond to the mainstream feminism, colonial and religions-based knowledge which in their view, has not embraced African women experiences. It is a body of scholarship which tries to address the “devaluation and misrepresentations of various African cultures and traditions by colonialist” and other waves of knowledge that create difficulties for African women agency to liberate themselves from all systems of patriarchal subordination (Gaidzanwa2007:7).At the core of African feminism is the knowledge presented as experienced by African women. It is also important to note that there exists within Africa a body of women feminists who tend to align with the Western perception of African sexualities, although such a body of knowledge is not addressed here as part of my main focus.

<sup>12</sup>The term ‘confrontation’ is purposely used to refer to the different worldview between the Africans and the colonizers, Christian missionaries and explorers.

and cultures.<sup>13</sup> However, due to the ethnocentrism of these new visitors, they viewed African worldviews<sup>14</sup> as uncivilised (*cf.* Nyanzi 2011:477) and Africa as a Dark Continent. Such assumptions seem to have motivated ideas that sought to clean Africa of its backwardness, especially in terms of its sexualities. As Tamale (2011:19) can argue, “the standard approach was to view these sexual cultures as primitive, bizarre, and dangerously apply a knee-jerk reflex to ‘fix’ them.”

Although it could mean a land unknown to the explorers, (as it was as such), the concept (i.e., Dark Continent) also seems to have become a lens through which the West approached Africa. For example, Christian missionaries thought of African traditions as incompatible with Christian doctrine and practice. Some aspects of the initiation rites they found (which varied from one community to another) were viewed as spiritually and morally evil and from which Christian converts had to refrain (Njambi 2004). Cole (cited in Njambi 2004:297) gives one of the Christian missionaries’ perceptions of initiation rites among the Kikuyu people:

The most important rite among the Kikuyu was (and still is) that of initiation. The sign of initiation for both sexes is circumcision....The physical operation is the same in all areas although the rites vary quite considerably from place to place. In every case, however, the ceremonies are accompanied by dancing and immorality. After the ceremony the initiates are allowed to wander around the countryside for several months singing and dancing. During this time they are given instruction in matters relating to the tribe, to fighting, and to sex. As we shall see later the church was compelled to denounce the immoral practice [*ngw-iko*], which accompanied initiation together with female circumcision as injurious to the body and degrading to the soul. On the other hand, until recent years the church has done nothing to replace the sex instruction, which was given at initiation.

Cole’s account appears to point out that the Christian missionaries had a particular reference for what constituted moral practices. Using such references, initiation practices which from an African point of view are celebrations of life, became demonised under Christian instructions. The conception of the human person from an African perspective seemed to be at odds with the Christian perception. While from an African perspective the human soul and the body are sacredly united, Christianity attempted to promote a view of hierarchism between the soul and the body. A critical

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<sup>13</sup> *Cf.* the African understanding of sexuality as discussed above.

<sup>14</sup> Africans had different forms of belief such as in African religions; practices such as initiations rites, marriage. These formed a worldview different from that of settlers, colonialists, explorers and Christian missionaries.

evaluation of the body and spirit hierarchism suggests that a sexuality that is co-joined to the body has to be suppressed in order to elevate the soul. For the Christian missionary, sex, which in the African tradition is regarded as sacred, fruitful, and guarded by taboos, seems to have been associated with an evil power capable of degrading the soul. In this case, it could be argued that as Western Christianity sought to spread across African societies, it preached messages that deliberately attempted to suppress the expression of sexuality in Africa.

Nyanzi, (2011:482) proposes the theory of governmentality<sup>15</sup> through which we can further assess how the West has approached African sexualities. For Nyanzi, it is an “analytical tool [t]hat facilitates the analysis of the locus and the dynamics of power in sexual relationships and sexual cultures.” It examines how the conceived norms and practices within a society are deemed ‘normal’ and acceptable in controlling peoples’ behaviour. Vaughan (1991:133) discusses how the then masters of colonialism in Uganda, tried with missionaries to denounce women’s sexuality as dangerously contributing to the ‘supposed’ outbreak of syphilis in Uganda (Arnfred 2004:67). She notes that a historical normalcy of viewing female sexuality as a danger to the society influenced a need to keep it under control. For example, Lambkin (cited in Vaughan 1991:133) perceived the Baganda women of Uganda as having “strong passions.” Relating women to strong passions was not exclusive epithet attributed to Baganda women, but was a Western patriarchal concept used to describe women’s sexuality. But why was ‘strong passions’ a point of contention when it came to the Baganda women? Baganda women unlike those of the West whose sexuality had been subdued and placed under patriarchal control had been introduced to ‘freedom’ by colonialism and Christianity (Vaughan 1991:133-135).<sup>16</sup> Vaughan (1991:133) further points out as it was perceived that “at least under traditional rule these dangerous ‘passions’ had been kept under ‘surveillance’<sup>17</sup> now, with the coming of Christianity, the abolition of severe penalties for adultery...there were no longer any effective controls over

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<sup>15</sup>“Michel Foucault introduced the term ‘governmentality’ in the 1970s in the course of his investigations of political power[...] governmentality was “understood in the broad sense of techniques and procedures for directing human behavior” (Rose, O’Malley and Valverde 2006:83).

<sup>16</sup>This perception was held by Lambkin, a colonial master at the time. (cf. Vaughan 1991:133).

<sup>17</sup>New religions especially Christianity advocated for monogamy other than polygamy. This was seen as letting loose the African traditional system of polygamy, which at least had kept watch over many women’s sexuality. With monogamy, it meant that many women’s sexuality was left without the watchful eye of the patriarchal structure.

‘female passions.’” However, according to Vaughan, (1991) the association of syphilis with the sexuality of the Baganda women was a social control mechanism conceived to facilitate the control of African sexuality using powers of religion, patriarchy and colonialism. The argument can be affirmed by Vaughan (1991:135-136) where she points out that “the medical missionaries stressed the essential and innate’ sinfulness of traditional African society and the connection between this essential sinfulness and disease.”

The call to label women as possessing a sexuality that was out of control and therefore dangerous could be argued as a wake-up call for systems of patriarchy to exert as much dominion as possible over female sexuality. It seems to call for new measures, through African traditions. In this case, more norms and taboos would be enacted and normalised with the express intention of keeping women’s sexuality at bay. However, the control of women’s sexuality can also be interpreted as a political measure to control women who usually constituted the majority. It was also meant to extend control over entire families, including children who were usually looked after by their mothers and grandmothers. Associating female sexuality with diseases such as syphilis could also be seen as an instrument of power by which male sexuality was presented as superior and normal, and female sexuality as being inferior and troublesome.

Apart from the views of Christian missionaries and those of colonialists, some recent studies have attempted to disregard the plurality of the African sexualities. Hence, the (1989) study by Caldwell, Caldwell, and Pat on the social context of AIDS in Sub-Saharan Africa has attracted the critique of many African feminists due to its hegemonic representation of African sexualities (*cf.* Ahlberg and Kalune, 2011; Arnfred, 2004; Nyanzi, 2011). Their study which was motivated by what they describe as an “AIDS epidemic in Sub-Saharan Africa” argued that the distinctive “lifestyle” of Africans was responsible for the spread of the epidemic. According to the study “...Africans neither placed aspects of sexual behaviour at the center of their moral and social system nor sanctified chastity...that sex was thought of much as eating and drinking...” (1989:194-195). Therefore, central to the study was an appeal for a changed lifestyle other than “medical” intervention as more viable in curbing the epidemic (Caldwell, Caldwell, and Pat 1989:185-186).

Scholars such as Arnfred (2004:67) have observed that the study by Caldwell, Caldwell, and Pat associated African sexualities with, “the unbridled black female sexuality, excessive, threatening and contagious, carrying a deadly disease.” As with Lambakin (cited in Vaughan 1991:132-135), who viewed the Baganda women’s sexuality in similar categories, Caldwell, Caldwell, and Pat (1989) approached African sexuality from a distinctly Western point of view. Indeed, their standpoint was influenced by comparison between the “the ‘Eurasian model of sexuality,’ where female chastity is the central moral norm...with what they call ‘African sexuality’” (Arnfred 2004:67).

Also at the centre of a Western epistemology on African sexualities is the tendency to view an African woman’s sexuality as an aid to initiate studies, comparisons and entertainments in the Western world’s discourses. The story on an African young woman, Saartjie Bartmann, who in 1810 was taken to Europe from the Eastern Cape in 1810 and put on public display as a ‘freak of nature’ for the amusement of nineteenth century Western audiences so as to make show of her anatomy, raises similar concerns of how the West views African sexualities (Arnfred 2004:64). This, together with the subsequent exhibition of Bartmann’s mortal remains in the *Musee de l’ Homme* in Paris, France raises many important questions of power, the autonomy of an African female sexuality, the female body, and its location within the hierarchies of society. As a dynamism of power, the black female sexuality seemed powerless amidst the Western dominated patriarchal power. It was analysed as foreign, different, and sarcastically amusing before Western-constructions of sexuality, which was the point of reference for a true sexuality (See, Njambi 2004; Arnfred 2004). The inquiries through African sexualities were thus meant to “read directly into their (women) physical attributes; and the attributed were believed to reflect the culture and morality of Africans” (Tamale 2008:53).

The public exhibition of Saartjie Bartmann as a ‘freak of nature’ for the amusement of European audiences was categorised by Fanon (cited in Vaughan 1991:131) as “the colonial objectification of the black ‘other.’” As Fanon further notes (Fanon cited in Vaughan 1991:131, this black ‘other’ was perceived to have an “excessive sexuality” which was different from that of the colonial masters. The Eurocentric study of

African sexuality seems to have placed its emphasis on establishing what constituted African bodies and what made them different from the ‘normal.’ For example, as Arnfred (2014:66) remarks, while Saartjie Bartmann was staged against the “civilised Europeans,” the audience was “fascinat[ed] by her large excessive buttocks...seen as a displacement for the genitalia.” But a number of critical questions remain: How is “excess” related to one’s sexuality? Does such a remark as “an excessive sexuality” imply the existence of a universal knowledge of reference as far as sexuality is concerned? To what extent can a universal knowledge on sexuality be sustained if individuals live within different cultural milieus, with distinct experiences of their existence and interaction? And finally, to what extent does such knowledge include the experience of the woman whose sexuality is under scrutiny? Whether or not African sexualities are capable of a single description is a question that appears to be answered through Western discourses that view African ways of life and practices as being hostile to women’s freedom.

### **2.2.3. Viewing African Sexualities through the Lens of Women’s Subordination**

One of the key elements that motivated the contemporary wave of Western feminism was to address the issue of female subordination. This meant to challenge male dominance so as to recognise women’s rights and autonomy over their bodies. Caplan (1987:9) observes that in the West, the dialogue about the issue of sexualities emerged as a consequence of women’s endeavour to take charge of their bodies, with the view of radical feminists that “sexuality in a male-dominated society inevitably involves danger for women.” From such experience, Western feminism has attempted to deconstruct patriarchal cultural systems by advocating for women’s autonomy and liberation in the form of rights. Practices such as FGC are therefore viewed through the lens of female subordination which is constructed and maintained through patriarchal structures within male dominated societies. From a Western point of view, FGC not only marks a woman’s body as the property of men and subordinate to them, but also categorises the women’s movements in Africa as not doing enough to win women’s freedom.

Bennett, (2011:78) points out that “legal debates (in Africa) about customary tradition of female genital mutilation, virginity testing” and other practices deemed hostile to

women's freedom and autonomy over their bodies have attracted the attention of Western feminists towards Africa. FGM has been one of the most contentious issues among the discourses of Western feminists on African cultures. Scholars such as Walker, Hosken, Lightfoot-Klein<sup>18</sup> have pointed out differently that FGC (which they refer to as a mutilation) is a form of torture and a primitive practice which should be abandoned. In addition to the lens of women subordination, most studies by Western feminists look at African sexualities in terms of "violence/or death" (Arnfred 2004:59). These studies seem to ask questions that tend to expose painful experiences rather than the pleasurable experiences of African traditional practices which from an African worldview are considered part of religio-cultural identity. Answers to questions about FGC are also reported in a language suiting the experience of violence through which these studies are approached. For example, in one of her ethnographic studies, Hosken (1993:144) reports about the process of FGC in Somalia:

The operation itself is not accompanied by any ceremony or ritual. The child, completely naked, is made to sit on a low stool. Several women take hold of her and open her legs wide. After separating her outer and inner lips, the operator, usually a woman experienced in this procedure, sits down facing the child. With her kitchen knife the operator first pierces and slices open the hood of the clitoris. Then she begins to cut it out. While another woman wipes off the blood with a rag, the operator digs with her sharp fingernail a hole the length of the clitoris to detach and pull out the organ. The little girl, held down by the women helpers, screams in extreme pain; but no one pays the slightest attention.

The perpetuation of FGC in some African countries has been partly blamed on the silence and reluctance of African feminists as well as the silent nature of African cultures themselves (See, Arnfred 2004; Tamale 2011).<sup>19</sup>

The violent perception of FGC is not only from the Western feminist's point of view, but also from many international bodies affiliated to the United Nations as well as other non-governmental international and local Human Rights Organisations. FGC is

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<sup>18</sup>In the subsequent analysis on the discourse of FGM, the views of these scholars will be presented. These are but a few of the many others who have presented a negative perception of African sexualities in their engagement on the discourse of FGC in Africa.

<sup>19</sup>These apparent notions of silence and reluctance among African feminists amidst the perpetuation of harmful practices such as FGC seem to compel Western feminists to participate in a global campaign to save the African woman from violence and torture.

argued in terms of violence against women and their rights (Althaus 1997:130). FGC assumes this in the sense that in many practicing communities it is carried out on minors and on women who are situated within unprivileged hierarchies of society. In such positions of society, women are perceived as less empowered to decide against the prescribed norms of female circumcision. FGC-practicing communities are viewed as societies that promote gender inequalities where women are compelled to adhere to the prescribed cultural and patriarchal norms (Njambi:2004). It is upon such arguments that many Human Rights Organisations have attempted to focus on anti-FGC campaigns aimed at the awareness and restoration of human dignity. These campaigns presuppose in the background that insofar as practicing communities still perform FGC, they are ignorant of their human rights and dignity.<sup>20</sup>

In the final main section of this chapter, I will focus on the debates on African sexualities from an African point of view.

### **2.3. The Debates on African Sexualities from an African Perspective**

The above analysis of Saartjie Bartmann along with the social construction of syphilis in Uganda shows how African sexuality through the female body has been an object of study. It has been a centre of focus not only to colonizers and Christian missionaries but also of patriarchal society in general. This has created a matrix of forces around the female body using it as a simplistic means to achieve 'goals' such as disease control and population monitoring (Mama, Pereira and Manuh 2005:1). Amadiume (2007:26) emphasises that most of the studies done on African sexualities have created more fear for the African woman than pride or joy for her sexuality. She observes that the Woman's body has been reduced to a figure for scrambling between different forces of which, each intending to advise, control, or direct. To this extent, a Woman identifies herself not with esteem but with inferiority and subordination.

Associating negative terms to an African female's sexuality can be viewed as a strategy to diminish a celebrated sexuality to that of a psychological inferiority complex. As already has been pointed out, African traditions promoted the celebration

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<sup>20</sup>I will further explore the debate on FGC in chapters three and four of this dissertation below.

of sexuality. This implied that the tendency to undermine the sexual body within the African worldview can be equated to undermining the sacredness of life. Within African Traditional Religion (ATR), a Woman's body is sacred by virtue of her gift of bringing life on earth. Although studies have shown the abuse of a Woman's body and her sexuality through rape, gender violence, and other forms of victimisation, (Oduyoye 2002; Morrell 2003; Pollock and Sauron 2007), a Woman's body remains sacred in terms of the African worldview. Clark, (2012:88) maintains that within the African traditional worldview a Woman's body is the only means by which "the ancestors return...remerge in the land of the living, visible human beings." The possibility of a Woman's body to share in the supernatural powers of life-giving "which only God, the creator and supreme Being has" earns it the quality of sacredness (Pollock and Sauron 2007:100). An African feminist critical approach has also challenged the concept of a distinct African sexuality, as will be discussed in the following sub-section.

### **2.3.1. Challenging a Distinct and Fixed African Sexuality**

The concept of a 'distinct African sexuality' suggests that despite the plurality of African cultures and peoples, all express "fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships" (WHO 2006:5) in the same way. Furthermore, it also attempts to suggest that African ways of expressing sexuality are fixed. African feminist scholars such as Nyanzi (2011), Tamale (2006), and Amadiume (2007) view this as a misrepresentation of African sexualities and the foundation of female subjugation. These scholars do not view Africans as having a common fixed sexuality which is exclusively African. On the contrary, these African feminists argue for a perception that appreciates the dynamism and pluralism of sexuality and its expression in Africa. Consequently, Nyanzi (2011:479) argues that the concept that a "distinct African sexuality...negates the variations, transformations and dynamic flux over time and space in how Africans appreciate and enact their sexualities." She further argues that just as there is not one way of being African, so for Africans, there are multiple ways of being sexual."

The language used in the study by Caldwell, Caldwell, and Pat (1989) also needs critical analysis. In the history of sexuality, language has been an important tool in

the construction of meanings around the concept of sexuality (See, Cameron *et al.* 2003). The description given of African sexualities, that is considered 'permissive,' 'uncontrolled,' and 'dangerous' can be located under that class of stereotypes whose nature it is to communicate negative perceptions. These stereotypical assumptions are constructed "to negate the potential and diversity within groups" (Nyanzi 2011:485). In reference to African sexualities, stereotypes were used as a form of control that attempted to discourage African pride in the diversity of African sexualities. The characteristic formed by such stereotypes are often means that "often they are blind generalisation that contain false assumptions about social groups different from those to which we belong" (2011:485).

Bennett (2011:81) observes that different contexts determine different approaches. She therefore describes it as unreasonable to approach the aspect of sexualities "by comparisons" (2011:79). This response proposed by Bennett tries to challenge Western knowledges that have used the Western understanding of sexuality to 'judge' the African context. But what challenges do such comparisons bring about? One of the challenges has been the idea of stereotypes. Stereotypes are forms of prejudice that tend to establish a degree of differences between parties. For example, while Western feminists tend to view a Western sexuality epistemology in terms of freedom, they view African sexuality in terms of oppressiveness. African sexualities have been spoken of as primitive because they are compared to Western forms which are thought to be modern. Resistance to stereotypes tends to provoke justifications other than dialogue. The work of African feminists has also challenged the approach to African sexualities based on unlived experiences or secondary reports. As a result, some Western feminists' knowledge on the discourse of African sexuality has been critiqued of this weakness.

Scholars such as Tamale (2008) and Bennett (2011:81) have advocated the need to consider the "deep histories of narratives on the norms of sexual culture" that are embedded within African religio-cultural experience. The argument has been made that some studies from the Western perspective did not take into adequate consideration the need to study how African cultures functioned and why. Instead, assumptions were hastily made. Hastily made assumptions are likely to be judgmental and less reflective of the object of study, and sometimes hold negative connotations. It

is upon this understanding that the (1989) study of Caldwell, Caldwell, and Pat has been challenged for representing African sexualities negatively, where some of their assumptions appear to view African sexualities solely in terms of sex and immorality. Moreover, a negative view of Woman sexuality often encourage dangerous attitudes such as gender-based violence in which the perpetrators try to exercise control over the sexual rights of women. The link of African traditional practices to immorality has also been championed by religion-based views intended to transform them. Such views have attracted an African response especially from African women scholars.

### **2.3.2. An African Response to a Religious Based Notion of Liberation**

Scholars such as Amadiume (2007) and Tamale, (2013) have argued that Messianic religions have failed to understand and integrate the values of African sexualities within their worldview. At times they were inconsistent on their approach to African traditions. Whereas some groups of Christian missionaries condemned certain practices, others saw no reason for interference. For example, “in Kenya around 1930 the missionaries of the African Inland Mission and the Presbyterian Mission opposed girl’s circumcision...the Catholics saw no problems in it...the Anglicans chose the local option, leaving it to the station missionaries to decide...” (Nyagondwe 2005:6). This seems to send different messages to indigenous people, including causing division and disagreement over traditional practices. Scholars such as Tamale (2013), challenge the failure of the Messianic religions to appreciate the woman’s body as did the African traditions. In her view, Tamale seems to argue that traditional knowledge of sexuality which used to be transmitted through traditional practices became hindered by the advent of Messianic religion.

The argument advanced by Tamale is echoed elsewhere by Phiri (2007). In her analysis of the attempts by the Christian missionaries to Christianise the Chewa initiation rite of *chinamwali* Phiri (2007) observes how certain aspects of the ritual ended up demonised and banned. Among the key elements that the Christian missionaries deemed inappropriate and sinful were, “cultural taboos associated with blood and sex” (2007:62). Christian missionaries argued that such practices were not only contrary to Christian teaching, but were also enslaving to women and girls. It is upon assumptions such as these that “the missionaries sought to liberate (Chewa)

women from oppressive *chinawalipractices*” (2007:62). Based on the argument of Hertog (2010:121) that “religion can influence people’s opinions, attitudes and behaviour,” an attempt to categorise as sinful blood and other aspects of the initiation ritual could dictate how the society and women themselves viewed their bodies from a Christian perspective. Although today in Malawi the church has Christianised and thereby supports the *chinamwaliritual* especially in the South Eastern region<sup>21</sup> the effect of the initial demonization of *chinamwali* by the early Christian missionaries still distances some locals from participating in the ritual. As argued by Nyagondwe (2005) certain parts of *chinamwali* ritual such as songs, dances and language are still perceived by some fundamentalist Christians to be inconsistent with Christian doctrine and practice and thus prefer to distance their children from what they consider are sinful and evil practices.

Much of these so-called sinful practices revolve around the female body and a woman’s expression of sexuality; for example the way girls sing and dance during the ritual. The relevance of the female body as a symbol of sacredness and power seems to be forfeited when it is associated with “a seat of sin, moral corruption, and source of distraction from Godly thoughts” (Tamale 2013:3). These theological assumptions may have carried great significance since they were conceived and communicated from a religious point of view under a patriarchal authority. Furthermore, they reflected a battle of the genders, (i.e., the male power which was superior since God was communicated as Male)<sup>22</sup> in their description of the sexuality of the female power (which was considered inferior to the male).

Saadawi (2005) holds that religion has been a right hand tool for colonialists as well as other systems of authority. Just as it emphasised, “obedience to God (it was as such) linked to obedience to all other authorities” (Saadawi 2005:23). Who were those in authority? They were none other than the colonialists, the new religious leaders, traditional chiefs, family heads, most of whom were males. Religion then became a force that backed and helped to re-empower the institutionalisation of the patriarchal

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<sup>21</sup>*Cf.* Nyagondwe(2005:16).

<sup>22</sup>Unlike the ATRs which do not refer to God as either female or male, Messianic religions introduced a religious view that associated God to the male gender which was already associated with patriarchal authority. As a consequence of this, conceiving God as male gave more authority to religious perceptions (*cf.*Tamale 2013:3).

system. Following the events of colonialism, religion, culture, law and sexuality (Tamale 2013:3) became a daily matrix. As Tamale (2013:7) further maintains, it becomes clear that religion, culture and law became a system to regulate women's sexuality as patriarchy was further blessed by the State and religion. In her work, Tamale argues that as new religions emerged that had a masculine identity coated with hierarchism, the same trend was also disseminated into traditional families, thereby becoming a gender issue where boys became more privileged than girls (Knudsen 2006:63).

In further attempts to re-think African sexualities, the notion of silence and symbol-communication with regard to sexuality in an African context has been one of the key factors that problematize African sexualities. On the one hand, silence and symbolism are presented as positive aspects of sexuality; while on the other, they seem to risk women agency for good health. The section that follows will explore this phenomenon.

#### **2.4. Interrogating the Notion of Silence and Symbolism**

Western feminist scholarship has often criticised African cultures for promoting silence and African feminists for being reluctant in promoting women's rights (Bennett 2011:77-100). Silence is another aspect of language by which many African cultures influence the expression and understanding of sexualities. In many African cultures, the theory of silence around sexual expression forms an indispensable part of African sexualities (Oloruntoba-Oju 2011). Sexual education was conducted with much secrecy in order to avoid it being exposed to those considered unentitled to it.

Among the Baganda people of Uganda, the 'visiting of the bush' session for the girls firmly kept away sex education from the public arena. 'Visiting of the bush' among the Baganda is when girls are initiated into adulthood. The ritual is locally known as *okukyaliraensiko* lit: "visiting the bush" (Tamale 2006:94). It involves elongating the labia minora and also being acquainted with sex education. To observe the secretiveness surrounding the construction of sexuality, the ritual is traditionally carried out in the bushes away from the glare of non-participants except that of the instructing paternal aunt. The notion of secrecy is furthered not only during the

initiation rites but also in sexual intercourse encounters among the grownups. Sexual intercourse between a husband and wife was supposed to be very secretive, away from secondary ears. For example, Nganda (2008:2) contends “that traditionally, sexual activity was performed in the house, at night when it was dark, when the animals and children were asleep, preferably under some cover.” The described symbolism of the ‘bush,’ ‘night,’ ‘darkness,’ ‘cover,’ in relation to sex education and sexual intercourse points to the powerful nature of sex as perceived in the African tradition. Despite the need to maintain secrecy around sex, the observation of sacredness prevailed in African traditions. For example, although the bush was the traditionally an ideal place for girls initiation among the Baganda, having sex in the bush was a taboo as it was believed “to offend the near-by gods and the earth” (Osei, 2006:48) Likewise, among the Yoruba of Nigeria, “it is believed that if this rule is violated, and a snake crawls over the place, the woman will become barren while the man will be impotent” (Familusi 2011:4).

Given that sex in an African worldview is regarded as sacred and preserved in secrecy through taboo, the ability to maintain this knowledge is rewarded with virtuousness (Diallo 1987). Hence, as Tamale (2011:13) argues, observing the norm of silence in African tradition was perceived to be “empowering.” In African traditions for example, individuals who have accessed the tribe’s wisdom and secrets through initiation rites are asked never to reveal such knowledge to outsiders. To be informed of such knowledge is regarded as empowering, while to be ignorant of it is regarded as being powerless. Similarly, it could be argued that while keeping sexual knowledge would be powerful and rewarding, the breaking of silence would earn disrespect and dishonour.

In instances where verbal communication is hindered by the traditional norms of silence, the prestige of sexuality and other matters of sex were communicated through symbols. Symbols in the form of decorations would communicate certain messages often perceived difficult to be communicated verbally. Speaking of bodily communication and symbolism, the anthropologist, Claude Levi-Strauss (cited in Eboreime 1991:162) once argued that body decorations were, “social markers of status, prestige...(and) symbols of identity between ‘We’ and ‘They’.” In other words, they were communicators of a people’s culture, as distinct from others. In African

religions and sexualities, a woman's bodily decorations serve a number of purposes. Apart from being a form of identity, they are recognised as an expression and enhancement of a woman's beauty and its sacredness. As a sexual stimulant, bodily marks, especially those made around the thighs and the genitalia were believed to "enhance the erotic zone...pleasure in sex play...and intended to catch the man by increasing his sexual engagement" (Parrinder 1980:137).

The decorated body of an African young woman increased her love, prestige and satisfaction of her beauty. As pointed out by Ife Amadiume (2007:29), "the elaborate and colourful decoration and beautifying makes the girls seductively attractive." It cannot be taken for granted however that such decorations were calls for sexual penetration from men. On the contrary, among the unmarried it was a communication of resistance to supposed sexual moves from men and boys. Amadiume (2007:30) further contends that the bright and shining adornments (when worn by adolescents and the unmarried women in some African traditional societies) firmly signified denial of sexual access and even knowledge about sex before marriage. Moreover, in African religions sex before marriage was considered a taboo.

Decoration with waist beads among the married women enhanced their esteem and sexual agency. In such societies where women wear waist beads, they are often ascribed with sacredness, healing power, beauty, and femininity. Iroegbu (2012) rightly observes that "a string of beads worn around the waist by African women can be said to be sacredly associated to their femininity and must be respected by all men." Because of their sacred nature, women use these beads as non-verbal communication mechanisms and as aids to take control of their sexuality.

According to Sharra (2014), in Malawi beads are worn at different stages of growth by women in some communities. They are worn at puberty, initiation, and during and after marriage. Depending on their colour and design, the beads carry a "must-obey" message of "don't touch" or "it's safe" (Amadiume 2007:30). This is further explained within the Malawi culture by Makolosa, as cited by Sharra (2014):

Every woman (in traditional Malawi culture) was supposed to have two strings of beads of different colours. One was red and the other was white.

Red means danger while the white denotes safe sex. There could be another colour which a woman could put on when she knew her menses were around the corner to inform the man of the impending danger. These beads were hung in the bedroom and when a man thought about sex, he would not talk to the wife immediately but check on the colours of the beads on the wall. If there was a red one on the wall, then he could tell the wife he wanted sex.

However, even though sexual silence seems to be encouraged and sometimes reconciled through the functions of symbolism, it is nevertheless an aspect of contention with views challenging its viability amidst circumstances of sexual abuse. As argued by Arnfred (2004:73-75), the norm of silence can be a positive aspect of culture, but also if abused it can lead to domination. Following the domineering line of silence, the culture of silence has been critiqued not only from the Western point of view (as indicated above) but also from the African point of view. Encouraging silence can lead to abuses such as rape. Silence can also be used to encourage compliance, providing threats even in matters which put reproductive health at risk.

According to Morrell (2003:3), besides cultural norms, there are other factors that encourage silence. Among these are economic factors. Morrell (2003:45) observes that certain conditions restrict the economic dependence of women on men, and further encourage the culture of silence. For example:

In patriarchal power in the household—where men earn income and women are entirely dependent on men for the material means of existence—leads to the silencing of women. Women cannot resist gender tyranny unless they are willing to accept violence (Morrell 2003:45).

But how does the silence affect the expression of sexuality and gender relations? The norm of silence and secrecy tend also to compromise the issues of reproductive health of both women and men. However, since men tend to have more power over women, silence with regard to health disparities is more detrimental to women than to men. For example, silence reduces the negotiating power of women over sexual affairs and on serious decisions such as using contraceptives, when and how to have sex, and reporting matters of sexual abuse. Silence demands one to be submissive while surrendering the ability to dialogue on matters of dissatisfaction especially with regard to sexual conduct. The demand for silence where women have to keep calm even in matters of abuse goes against their right to reproductive health. As the WHO (2006:5) can point out, rights such as, “respect for bodily integrity...[the decision] to be

sexually active or not; consensual sexual relations; consensual marriage; decide whether or not, and when, to have children; and pursue a satisfying, safe and pleasurable sexual life” may be compromised by the culture of silence. The fact that the effects of silence are disproportionately experienced points to the influence of power relations as a mediating factor of sexualities. Along with gender, this mediation is also facilitated by language which can be either verbal or non-verbal. In the following section, I will explore how these two aspects, (i.e., gender and language) contribute to the mediation of sexuality.

#### **2.4.1. Mediation of Sexuality through Language and Gender**

Recent research in the field of sexuality has indicated that language plays a major role in the perception, experience and understanding of sexuality (Cameron *et al.*, 2003:ix; Isherwood 2000:26; Olorunfoba-Oju 2011:3). Through the communicated words, power relations are clearly demonstrated showing those whose sexuality appears to be more powerful and those whose is less. This can be put to the test by the use of the “charmed circle” theory of sexual relations proposed by Nyanzi, (2011:483). Nyanzi (2011:483) attributes “the charmed circle...analytical model [t]o Gayle Rubin.” This theory is based on the supposition that society constructs hierarchies through which it judges sexual acts and expression. As Nyanzi (2011:483) states, “sex acts are appraised according to a hierarchical system of sexual values...” societies do not consider all sexual acts and expressions as being equal. While some are highly appreciated and accepted, others are less so (Nyanzi 2011). According to this theory, the highly accepted practices “comprises of good, normal, natural, blessed sexuality (and the less accepted) include bad, abnormal, unnatural, damned sexuality” (2011:484). But since these codifications and sexual expression do not occur in a vacuum but are communicated, the aspect of language becomes critical. Words used in communicating issues of sexual relations seem to demonstrate a reality behind mere articulation. They seem to communicate who between the partners has a powerful expression of sexuality and who has a less powerful. For example, do words such as “a woman is fucked, poked, given one, screwed, had, taken...” (Isherwood 2000:26) communicate who between the parties has control over the other’s sexuality? An analytical tool of the charmed circle can reveal that while a male’s sexuality if presented as active and powerful, the woman’s is dormant-less and

powerless. Taking as an example the phrase “a woman is fucked,” it could be demonstrated that it describes actively the action of a man ‘fucking’ (or having coitus) with a woman. On the other hand, it describes the inactive and only receptive action of the woman, who is being ‘fucked.’ Therefore, while the man is at ‘a giving end,’ the woman is at a ‘receiving end.’ In this case, the location of the man’s sexuality seems to be at the seat of power (which is more desirable in society), while that of a woman is at the seat of weakness and control (which is less desirable in the society). The imbalanced power relations expressed in sexual communications is not exclusive of many African traditions.

Although in many African traditional societies, sexual language is ‘less straight’ but communicated metaphorically<sup>23</sup> (Muyindaet *al.*, 2001:354; Amanze 2010) the metaphors used seem to portray the underlying power relations within sexuality. For example, in the case of the Baganda of Uganda, they can offer the underlying power dynamics of sexuality expressed through metaphors. Metaphors among the Baganda are called:

...*okwambazaebigambo*’ (dressing words)...[t]hey are an acceptable medium of accessing the secret world of un-verbalised sexuality, shifting it from the ‘private’ to the ‘public’ realm. ...As cultivating is the primary economic activity of the Baganda, many of the sexual metaphors and symbols...are couched around this theme Hence a man who is impotent is described as ‘no longer able to cultivate his farm’ (*takyalimannimiro*); one who is lousy in bed is a ‘bad farmer’ (*ennimaembi*); one who gets premature ejaculations is referred to as ‘unable to complete his *lubimbi*(piece of arable land apportioned for the day)’; to ‘eat one’s dinner’ (*okulyaeky’ekiro*) or ‘digging one’s *lubimbi*’ both refer to having sex; ‘food must be eaten with *ebirungo*(spices)’ means to introduce variety in sexual activity. A woman is referred to as *asirizaentamu*(burns the pot) if she is not adequately lubricated. The sexual symbol of mortar and pestle is universal: thus *omusekuzo*(pestle) is an erect phallus and *okumusekula*(pounding) refers to its motion in sexual intercourse (Tamale 2006:92).

A critical analysis of the sexual metaphorical language of the Baganda seem to indicate that while a man is compared to a farmer (who carries the identity of a human being) the woman is compare to a garden (who carries the identity of an object). This could be deduced to imply that during sexual intercourse the man digs or cultivates

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<sup>23</sup>To speak metaphorically is to communicate using words, sentences or phrases to describe “an object or action to which it is not literally applicable” <<http://www.oxforddictionaries.com/definition/english/metaphor/>>. [Accessed 20 September 2014].

his garden while the woman simply allows herself to be dug or cultivated. Further analysis can suggest that the sexuality of a man is expressed in terms of power since he is the one who cultivates, and the nature of his performance characterises him as a good or bad cultivator. On the other hand, the sexuality of a woman is viewed as dormant and simply available for the man.

Another important indicator of how metaphors tend to imply inequalities in sexualities is how the penis and the vagina are named. The sexual organ of the man (penis) is presented with a powerful image of the 'pestle' which hits the 'mortar,' i.e., the receptive image of the female sexual organ the vagina. Hence, according to Chirwa (1997:7):

In Malawian culture, a man courting a woman for marriage affirms his commitment to her by giving her or her parents or guardians a material gift called *chikole*, from the word *kukola* meaning 'to get hold' or 'capture' or 'take control'. The *chikole* gift thus symbolises the man's access and claim to the woman's sexual territory, and the exclusion of other men from her.

Although, Chirwa (1997:8) has argued that the *chikole* does not necessarily connote a man's control of his wife's sexuality, but is a symbol of affection, love and willingness to enter into a life's relationship, nevertheless its root *kokola*, could be interpreted to show the imbalances between a woman and a man's sexualities. The language drawn from the meaning of *kokola* thus locates a man and a woman at far distance from each other. Similar to Isherwood's description of a man's sexuality that "screws" the woman, and the Baganda's male sexuality that "cultivates" a woman, the Malawian male sexuality "captures" the woman, thereby portraying how powerful male sexuality is understood and expressed (Isherwood 2000:28; Tamale 2006:92; Chirwa 1997:7). In line with the "charmed circle analytical model" these expressions tend to employ the power of language to show where the sexuality of the male and that of a female are located on the "erotic pyramid" (Nyanzi 2011:483). While a male's sexuality appears to be at the top of the pyramid, the woman is at the bottom.

Gender, a concept which in patriarchal societies can be understood as "a system of meanings within cultures used to categorise male and female sexuality in hierarchical terms" (Makuchi and Nfah-Abbenyi 1997:17), can also be categorised as an influential force in the people's construction of sexuality (Tamale 2011; Bradley cited

in Thetcher 2011:18). Bradley (cited in Thetcher 2011:18) rightly observes that “[Gender] determines how we look, how we talk, what we eat and drink, what we wear, our leisure activities, what jobs we do, how our time is deployed, how other people relate to us.” If gender determines the way we perceive and relate to the environment, where our perceptions and relationships change and differ, could this imply that gender perceptions should be contextual? What would the dynamism of gender construction mean to the understanding of sexuality? As Thatcher (2011:20) has argued, “on this view, men and women relate to each other in complex and different ways which are relative to their social and cultural conditions and context.” The dynamism of gender could also infer the dynamism of sexuality. But within these dynamisms of gender there seems to be underlying power constructions that determine the expression of sexuality even at a tender age of human development. For example:

Among the Turkana people of Northern Kenya, women gather when a child is to be born. If the baby is a boy, the cord is cut with a spear and four goats are slaughtered for the women to have a feast. The spear is later used to kill a bull, which both the woman and her husband eat as a sign that he will now have someone to help care for the animals. But if the baby is a girl, a knife is used to cut the cord, only one goat is slaughtered and there is no feasting (COSATU 2000:1).

The Turkana people’s reception of a boy and a girl child seems to affirm the imbalances in the understanding of male and female sexuality. The birth reception presents a scenario where the boy’s sexuality is placed above a girls’ sexuality in terms of value. The environments that surround the two babies affirm this argument. While the boy’s environment is marked with four goats, a spear, a bull and a celebration, that of a girl is marked with a knife, and one goat with no mentioned celebration. What could be the implication of the Turkana people’s different receptions of new born female and male babies? First, it could mean that within the Turkana people the sex of the child determines the gender roles of the child and to what degree this can be celebrated. The bull and the spear seem to be associated more with power and control than it of a knife. Among the Turkana, a spear is a symbol of power and manhood (Finke 2003). A spear used to kill a bull signifies a boy’s future role of his powerful masculinity that could be able to kill a bull alone. The bull also symbolises the concept of reproduction. Usually, in a kraal there is one bull among a

number of female cows, whose responsibility it is to exercise the male reproductive power over all the females. Further, the celebration with four goats against that of one goat also points to the fact that a boy child's sexuality is more celebrated with joy and feasting than that of a girl child.

Through a patriarchal lens where gender imbalance is constructed and perpetuated, the above analysis could lead to experiences of social injustices (Connell 2002:6). Social injustices often have the potential to hinder sexual health by limiting the exercise of sexual agency especially among individuals whose sexual autonomy is suppressed due to imbalances in gender construction. For example, in terms of sexual expression and agency, male sexuality is constructed to be dominant over that of the female. Jewkes and Morrell (2012:1736) argue that because women are expected to be submissive even sexually, they are often sexually abused. Furthermore, it is stated that gender-based violence is partly responsible for the spread of HIV and AIDS among women and girls. It is contended that women and girls are often exposed to gender-based violence and have limited agency to negotiate health sexual encounters (Jewkes and Morrell 2012:1736).

## **2.5. Chapter Summary**

In this chapter I have raised a number of issues. Among them was that African sexualities are diverse and dynamic. I have also sought to show that a body of scholars are critical in the way African sexualities have been presented. There has been a considerable influence of religion and culture in the regulation of African sexualities. However, these new religions have not demonstrated the ability to dialogue with the ways of the African people since a mentality to conversion informed their means of operation. This means of operation successfully managed to undermine the sexualities of the African people and instilled feelings of inferiority for African practices. The practice of FGC has been singled out within the discourses of African sexuality, and this has been questioned with regard to its morality within the Christian teaching.

In the chapter which follows I will contextualise further the study by locating it among the Sabinu people of Uganda.

## CHAPTER THREE

### THE SABINY PEOPLE OF UGANDA AND THE PRACTICE OF *WONSETAP KORUK/WONSHO*

#### 3.1. Introduction

In the previous chapter, I focused on the two different approaches to African sexualities, namely, the Western and the Africa point of view. Having laid the groundwork for the discussion of FGC, a practice located within the broader concept of sexualities, in this chapter I will not only focus on the Sabiny people and their practice of *WonsetapKoruk* or *Wonsho*, but also provide an overview of FGC from a global perspective.

In the first main section of this chapter I locate Uganda as a country and provide a brief overview of women's health in Uganda. In the second main section, I introduce the Sabiny people of Uganda and focus on their practice of *Wonsho* as a ritual. In the third main section, I provide an overview of FGC from a global perspective. In particular, I argue that FGC is understood differently between the Sabiny and the wider global world of the outsiders. This difference is manifested in how the practice is named and evaluated.

#### 3.2. The Location of Uganda

Uganda is a landlocked country situated within the East African plateau. It is bordered on the eastern side by Kenya, in the north by South Sudan, in the west by the Democratic Republic of the Congo (DRC), and in the southern part is bordered by Rwanda and Tanzania (Anguma and Ayikoru 2004:211). Uganda is a multicultural nation. Each of its indigenous groups of people are distinct "claiming a unique identity and aspirations, as manifested through their distinct languages and dialects, oral traditions, creative arts and their indigenous knowledge and skills" (CCFU 2010:

2). The current population of Uganda is estimated to be around thirty-three million (Kyeyune 2012:91). The people of Uganda can be subdivided into two major linguistic groups:

- i. The Bantu-speaking people who occupy most of the Central and Western parts of Uganda.
- ii. The non-Bantu speaking people who occupy most of the Northern and Eastern parts. (African Studies Centre2014). The Sabiny or the Sebei belong to the non-Bantu speaking group people.

### **3.3. Locating Women’s Sexual and Reproductive Health in Ugandan Society**

In recent years, issues of women’s health and well-being have attracted concern both at the local and global level. Issues such as pregnancy and childbirth related complications, limited access to contraceptives, cases of abortion, gender-based violence, and other harmful practices have been singled out as putting women’s lives at risk. Although the WHO recognises that good health conditions contribute positively to people’s empowerment (WHO 2014:15), the experiences of poor health, as well as sexual reproductive health (SRH) and human rights remain at very high levels in various parts of the world. As current statistics from the Eastern African Sub-Regional Support Initiative for the Advancement of Women (EASSI) indicate, “every minute a woman, dies of complications related to pregnancy and childbirth almost 99% of women death...occur in developing countries.” (EASSI 2011:1).

In Uganda, the 2011 *Demographic and Health Survey* (UDHS) indicates that in the past two decades there has been an improvement in the overall health status of Ugandans. However, despite this general health improvement, women’s sexual and reproductive health in Uganda remain identified with disparities. Among these disparities affecting the SRH of Ugandan women include, gender bias, social cultural norms, decision control mechanisms, sexuality control, and inadequate knowledge of family planning.

In terms of gender construction, the society tends to advance and reinforce the specific expectations of both women and men. These expectations tend to influence

decision making on whose priorities come first between girls and boys. In schools for example, “Fewer girls are enrolled in secondary schools compared to boys with a 85% ratio of female to male secondary enrolment” (World Bank 2010 cited in World Bank 2011:1). This report also confirms the argument of Otiso (2006:95) concerning Ugandan traditional societies that in most cases, “when a family has to choose between educating a girl or a boy, the boy is usually given preference.” As a result, Ugandan women are less educated than their male counterparts.

Since most SRH awareness is formally done within schools and little within the traditional setup, girls rather than boys seem to be more disadvantaged in attaining SRH education.<sup>24</sup> The desire to educate a boy child over a girl child provides insight into how male and female genders and sexuality are perceived. Because Uganda is a patriarchal society, the patriarchal concept where a “man leads woman” is well grounded (Otiso 2006:81-96; Muhanguzi *et al.*, 2011). When a man goes to work, a woman is traditionally expected to keep the home, work in the garden, and feed her partner’s children. The feeding also follows certain cultural patterns as well. As observed by Knudsen, (2006:47), a male child who is usually socialised to be more aggressive, is “served the best food” before the girl-child who is considered “soft.” In some communities, certain foods are traditionally forbidden to women and expectant mothers in case they give birth to a bad-mannered children! Although good nutrition improves overall health, it does not seem to be given priority when it comes to women and power relations. As Tamale (2003:43) can state: “One of the most efficient ways that patriarchy used sexuality as a tool to create and sustain gender hierarchy in African societies is by enshrouding it in secrecy and taboos”.

Most of the taboos and norms of secrecy constructed to regulate sexuality in many Ugandan societies seem to have a negative impact on women. These norms have power to determine who speaks what, where, to whom, and what is spoken. For example, among the Baganda, issues of sexuality are traditionally discouraged from being topics of public discussion, but are instead reserved for the bedroom. It is taboo for boys and girls to be heard speaking of sex-related issues. This can be regarded as

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<sup>24</sup>Traditionally, SRH education used to be done during the time of initiation. However, traditional structures that used to enforce processes of initiation are gradually becoming ineffective as their roles are replaced by other institutions (*cf.* Martinez, 2013:1201).

immorality. Moreover, “communication between young people and adults about sexual matters is often considered taboo” (Rijsdijk *et al.*, 2013:411). Even among adults who have permission to talk about sexual matters, men rather than women are empowered differently. It is traditionally a man’s duty to initiate sexual matters even among the married.

These cultural constructions tend to affect women’s power to negotiate ways of enjoying a healthy sexual life. For example, Beyenza-Kashesya *et al.*, (2009:9) point out that in Uganda the issue of “negotiation for condom use and childbearing” is still a challenge. Women rather than men feel powerless in convincing their male partners to use condoms or when and how to have children. This situation makes women vulnerable in regard to Human Immunodeficiency Virus (HIV) transmission and other sexually-transmitted infections (STIs). This unbalanced negotiating power can also be associated with the norm of secrecy that surrounds sexual affairs. The norms of secrecy around sexual affairs prohibit revealing bedroom matters to other parties. This means that women who are often abused in their marital homes have little opportunity to seek help from outsiders. The interplay between the norms of secrecy and male aggressiveness that reinforces women abuse can be explained in the way boy and girl children are socialised. For example:

Among the Baganda, norms that shape young people’s sexuality give privileges for boys to be sexually active, be in control of sexual relationships and be less responsible for precautions to prevent SRH problems. Girls on the other hand, are socially expected to be submissive and their socialisation denies them to develop the skills and self-confidence needed to negotiate for safe sex practices (AGHA 2013:21).

Due to the normativity of these traditions, women are socialised to be passive and men aggressive and active, while the agency of women to deconstruct such knowledge is seriously compromised. In spite of the fact that some women in Ugandan traditional societies may be aware of the dangers of male violence against them, they nevertheless condone it. In a study on domestic violence in rural Uganda conducted by Koenig *et al.*, (2003:57), more women than men considered it admissible for men to impose corporal punishment on their wives in cases of marital unfaithfulness, or when a woman denied her husband sexual intercourse. This raises important questions: Whose knowledge is it that justifies the beating of a

woman? How was that knowledge conceived, preserved and passed on? What elements of power does it portray?

Because men's epistemology has traditionally considered women to be second class citizens, inferior, and less in the production of knowledge (Clifford 1992:65-90), an epistemology that favours patriarchal powers would be difficult to have been conceived by female epistemology. In many patriarchal societies, men conceive of rules and bind them with taboos so as to keep fear in place. Due to the fear of such taboos and the punishments inflicted for breaking them, the weak of a society tend to adhere and sometimes even assist in the perpetuation of such rules so as to be rewarded with 'security.' Within families, women are often placed in vulnerable positions of power, tending more often than not to view themselves as 'bodies of compliance' that need security from the male power.

A theory of sexual objectification argues that through the continuous objectification of the female body, the victims of such objectification often internalise the very aspect of objectification (Fredrickson and Roberts 1997:177). Based on this theory, it could be argued that it is the male's epistemology that objectifies the female who in turn internalises this objectification. Such social norms is passed down from one generation to the next. The socialisation of women to be mothers and never deny their husband sex tends to promote male aggressiveness and control over the female's sexuality. Likewise, the aggressive sexuality of the men also tends to lose its dignity as it becomes simply a medium of power and oppression over female sexuality (Seifert, 1992). This aspect of objectification has also been identified in the Sabinu cultural understanding of a woman and her sexuality.

In the next main section which follows, I will elaborate further on this theory of objectification in relation to the Sabinu people.

### **3.4. The Sabinu People of Uganda**

The Sabinu are known by various names, e.g., Sabei, Sebei, Kapsabinu (Mafabi 2011; Refugee Review Tribunal 2009:1). In Uganda, the Sabinu people mostly occupy the districts of Kween, Kapchorwa and Bukwa in the eastern part of the country, on the

slopes of mountain Elgon (Mafabi 2011). The Sabiny are said to have occupied their present territory for a period of 250 years (Benintendi 2004). As Goldschmidt has noted:

The Sebei territory is readily divided into three zones; (a) highland area above the forest line from about the 9000-foot contour to as the summit as habitation is feasible; (b) the escarpment on which most of the 35000 Sebei dwell, which lies between 5,000- and 7,000-foot contours; (c) the strip of dry plains, laying at 4000 feet above sea level". (Goldschmidt cited in Benintendi 2004).

As compared to other ethnic groups in Uganda, the Sabiny are among the minority, with a population of about 25,632,794 people according to 2003 statistics (CIA World's Fact Book cited in Benintendi 2004). They belong to the larger Kalenjin ethnic group in Kenya. The Sabiny speak a Nilotic language known as Kupsabiny, one of the dialects spoken by the Kalenjin. The Sabiny are part of the recognised indigenous ethnic groups of people in Uganda (1995 Constitution of the Republic of Uganda). The 1995 Ugandan Constitution is based on its recognition of people's indigeneity developed during the colonial era which limited the number of indigenous groups to fifty six. (Nalaaki 2014:3). However, as Nalaaki (2014:3) has observed, the Constitutional Amendment Act of 2005 recognised nine more indigenous tribes in Uganda, which puts the total currently at sixty-five.

Describing the Sabiny as an indigenous ethnic group in Uganda makes it necessary for us to understand what an indigenous ethnic group of people is. Accordingly:

Indigenous communities, peoples and nations are those which, having a historical continuity with pre-invasion and pre-colonial societies that developed on their territories, consider themselves distinct from other sectors of the societies now prevailing on those territories, or parts of them (Cobo cited in Minde 2007:15).

The conventional use of the term 'indigenous' has not always been positive. In some instances the term is romanticised to portray negative connotations upon the ethnic groups to which it is attributed. Stephens *et al.*, (2006:2020) affirm that it could be used to describe "peoples untouched by modernity, with uniquely different cultural patterns and conceptual worldview that challenge current conventional truths."

Indigenous peoples such as the Sabiny identify themselves with an ethnic identity that has been handed down from generation to generation, preserved and expressed through cultural practices, as well as social and legal structures in their territory. The agency for their identity may be understood in terms of rights for indigenous communities. The UN Declaration on the Rights of Indigenous People states that indigenous people have the right to:

Maintain, and strengthen their distinct cultural institution...practice, revitalise and transmit their cultural traditions and customs...maintain, control and develop their cultural heritage and traditional knowledge...not to be subjected to forced assimilation or destruction of their culture (2013:13).

Indeed, traditional norms and practices are some of the ways that the Sabiny identify themselves. These norms define and locate each member of the community with a certain status either as married, woman, man or child. Such status are constructed by the society and can be limited. In other words, they are guaranteed by one's maturity or physical anatomy. For example, among the Sabiny, being considered a child is a status only bestowed upon those individuals who have not gone through the rites of initiation. For example, a mother may still be regarded a child and treated in society as such if she has not gone through the process of initiation (Kwagala 2013:405). Ironically, an initiated teenager of an uninitiated mother is considered a woman with all the privileges of attaining such status. Accordingly, an initiated teenager, now a woman, is allowed to address her elders, while her uninitiated mother is prohibited since she still considered a girl. In some cases however, it is not enough to attain the state of womanhood at the moment of circumcision, because this is also measured by a person's ability to sustain it. First and foremost, a woman is one who braves the pain of circumcision. Hence, as Nalaaki (2014:40) affirms, "during the process, girls are supposed to be brave and are not supposed to cry. Crying proves that one is a coward and not brave enough."<sup>25</sup> After the circumcision ritual, which is the climax of the initiation rite, it is common for women to be married off to their prospecting husbands, since they are now regarded as mature and ready for marriage (Benitendi 2004).

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<sup>25</sup>I will engage with this particular aspect when I discuss the Sabiny FGC initiation rites below.

According to Kwagala (2013:405-406) marriage and motherhood among the Sabiny is determined on another level, i.e., between a woman and a “real woman.” A Sabiny woman demonstrates her capacity of being such a “real woman” by meeting the demands of motherhood and ‘marital worth.’ Such ‘marital worth’ is judged by a woman’s ability to take care of her husband, perform housework, cultivate the garden, and give birth to children. As Kwagala (2013:404) further attests, “among the Sabiny, a woman’s worth is pegged to her performance of culturally defined reproductive and productive roles.” Such “marital worth” is based on production and reproduction and is analysed as that which locates the woman as a person away from personal autonomy over her sexuality and body productivity. The latter in this case seems to qualify the former. This concept as applied within the Sabiny cultural normative milieu often creates a feeling of unworthiness on the part of women whose productive and reproductive powers are deemed to be below that of a man’s expectation. It could be further argued that equating the worthiness of a woman within a man’s measure would make a woman feel vulnerable to criticism, surveillance, and objectification. For example, within the Sabiny tradition, “a man can divorce his wife for laziness...refusal to have intercourse, refusal to cook,...if her vagina is black, having children three times and each time she kills them” (Benitendi 2004).<sup>26</sup> On the other hand, while the husband needs no one’s approval to divorce his wife except his evidence, the wife would have to seek the agreement of her father in case she wished to divorce her husband irrespective of the evidence she has against him. (Edgenton cited in Benitendi 2004). This norm serves to imply that there exists a hierarchy of bodies in the sense that a woman trapped in a female body is of less of importance as compared to a man in male body. It would further imply that a person is more assured of the future insofar as he is a male. Furthermore, while it takes only one man’s decision to judge his wife, it takes more than one person’s decision to judge the husband.

The application of this concept normalises how a married woman’s sexuality is defined with Sabiny society. Such normalisation is determined by her husband or is for her husband’s benefit, such the number of children she is to have. This may be

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<sup>26</sup>The death of a child during birth or in cases of miscarriage is often blamed on a woman. It is a woman’s responsibility to ensure the successful survival of the pregnancy and children. If she miscarriages three consecutive times or loses her children three times consecutively, her vagina is given names and she is assumed to be responsible (cf. Benitendi 2004; Kwagala 2013:404-406).

described as a form of objectification. The theory of sexual objectification argues that within a given society, women bodies and their personhood are distinctively isolated from each other in such a way that the latter becomes an object of manipulation by outside powers. Under this theory, a woman is seen in relation to the degree upon which her body and appearance appeases the man. In such a case, a man's point of reference becomes the ideal image of womanhood. According to Fredrickson and Roberts (1997:175) "when objectified, women are treated as bodies, and in particular, as bodies that exist for the use and pleasure of others." As such, bodies exist for someone else's pleasure and thus become objects of possession or are made foreigners of the self, recipients of violence, devoid of autonomy and agency, and are victims of oppression (Bartky 1990:22-32; Nussbaum 1995:249-291).

Two of the psychological consequences of such failure to match the ideal image of womanhood is to task on shame and self-blame. Lewis, (cited in Fredrickson and Roberts 1997:181) argues that, "shame disrupts ongoing activity as the self focuses completely on itself, and the result is a state of confusion: inability to think clearly, inability to talk, and inability to act." Sexual objectification exerts pressure upon the woman. From a psychological point of view, the pressure to sustain the ideal figure of what society deems a 'real woman' may cause severe stress and discomfort and thereby affect her overall sense of well-being. This is affirmed by the objectification theory which maintains that the sexual objectification "is likely to contribute to mental health problems that disproportionately affect women" (Szymanski, Moffit and Carr 2011:8).

The status of motherhood is also idealised among the Sabinian woman in terms of her ability to stay energetic and productive during pregnancy and to manifest courage during child birth (Benitendi 2004). Women who cry during childbirth or those who seek medical attention for easy deliverance do not qualify traditionally for the status of real womanhood. As Benitendi (2004) observes, formal health facilities are traditionally discouraged because "usually [t]hey entail the use of drugs and equipment that ease the process." As a result, some Sabinian women tend to resort to the self-assisted delivery of their child so as to prove to their partners how courageous they are. According to a health professional interviewed by Kwagala (2013:406), women are expected to squat, struggle, and deliver without the aid of traditional birth

assistants (TBAs). Meeting these requirements involves severe health risks. According to Kwagala (2013:401-414) childbirths without TBAs sometimes results in death due to severe complications.

#### **3.4.1. The Sabiny and the Practice of *WonsetapKoruk/Wonsho***

The Sabiny people regard female circumcision not only as part of their custom and traditional right but as being central to their concept of womanhood and female sexuality. As in the words of Kwagala (2013:405), “uncircumcised women are girls.” Circumcision thus distinguishes women from girls. As a tradition rite of passage, FGC is usually carried out each year during the month of December (Namulondo 2009:21), at a time chosen when many young people are back at home during the school holidays. With regards to the rite of FGC, the Sabiny call the ritual ‘cutting’ which is locally known as *WonsetapKoruk* (2009:21) or *Wonsho* lit: “the act of chasing away”<sup>27</sup> (Matyichngony 2012). Among the Sabiny, FGC has a long mythology. Its origination were as a sexual control mechanism for women’s sexuality:

The Sabiny people were pastoralists so they had to move from place to place looking for water and pasture for the animals. This meant leaving their wives and families behind for long periods of time. The women resorted to finding other men because their husbands were not coming back. Therefore in order to control their sexual desires, circumcision was started and it developed into a traditional practice to date (Chelangati cited in Namulondo 2009:21).

This myth attempts to portray that unlike women, men were more concerned with the way women lived out their sexuality. Ironically, the myth is silent on male sexuality especially when they conducted themselves sexually while away from their wives. While the myth attempts to suggest that women sought sexual fulfilment from men who were not their husbands, it is silent on how men fulfilled their own sexual fulfilment. The myth takes it for granted that men had no difficulties in sexual control even when they were away from their wives. As such, the myth portrays an unbalanced interest between male and female sexuality. Such imbalance meant that the society was much more interested in female rather than male sexuality. This

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<sup>27</sup>The syllable, ‘won’ literally means “to chase away.” Therefore, the culmination of the activities that take place before and after circumcision, is the expulsion of boys and girls from their parental homes so that they can start their own homes. The ceremonies and the rites prepare them for this eventuality” (Matyichngony2012).

analysis helps to explain why in history female sexuality has been exposed to surveillance from male dominated society. Such surveillance was enforced by imbalanced dimensions of power. Men felt much more powerful and well-placed to demand answers on how women exercised their sexuality, than did women.

Apart from the above myth, there were other theories that have contributed to the practice of FGC and its continuity among the Sabiny. The Sabiny believe that FGC preserves the sacredness of marriage from being corrupted by extramarital affairs and is thus seen as a remedy against anyone who attempts to commit adultery. From an African traditional worldview, adultery is a serious offense and strong taboos were put in place to guard against it. For the Sabiny, the belief is held that an uncircumcised woman is more likely to be adulterous. Adultery among the Sabiny can be punished by divorce. According to Sabiny cultural norms, a woman who commits adultery more than once may be divorced at the behest and will of the husband. In such a case, the divorced woman's family is forced to repay the bride price. To avoid this, FGC is used as a tool to keep the marriage union together. As a result, the Sabiny practice FGC for the purposes of cultural identification. Among the Sabiny, FGC becomes a mark of identity in society and a sense of belonging to a social group.<sup>28</sup>

While the role of circumciser is considered a special call from the ancestors, it is also a means of earning a living wage. First it guarantees the circumciser money and other rewards such as beer for performing the surgery. Traditional surgeons claim that circumcision is a source of income for their families. Ayenigbara, Aina, and Famakin (2013:9) confirm the relationship between the continual practice of FGC with the economic and social status that pertains in Nigeria. Their study reveals that:

Traditional circumcisers are highly revered in places where the practice is popular and entrenched...[t]hat these circumcisers...see the practice of FGM as their own means of making money and livelihood.

This assumption is not foreign to the Sabiny cultural context. FGC among the Sabiny is also a source of income. As a money generating practice, circumcisers see it as the

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<sup>28</sup>As understood by Stets and Burke (2000:225), a social group is a set of individuals who hold a common social identification or view themselves as members of the same social category.

only means of their survival and therefore campaign strongly for its promotion. For example, Cherop, a Sabinu female circumciser claims:

[I] have been circumcising since the age of twenty and from this I have educated my children; it is a means of survival. So when someone talks about ending it, I just laugh it off" (Cherop cited in Mafabi 2011).

However, this not only guarantees money and rewards to the circumcisers. Circumcised girls may also be viewed as future marketable women for a good bride price later. Given that circumcision types such as infibulation may symbolically imply a 'closed' vagina, and only 'opened' on getting married, it may ensure a good bride price especially if a woman is married as a virgin. Althaus (1997:131) emphasises that "a girl's virginity may be considered essential to her family's ability to arrange her marriage and receive a bride price, as well as to family honour."

### **3.4.2. The Sabinu Understanding of Female Genital Circumcision**

FGC among the Sabinu is supremely a religio-cultural rite of passage by which a girl child transits into a woman. The Sabinu regard FGC as a visible mark that wins a woman respect and privileges to perform important duties designed for women. Such duties include, milking, taking care of the granary, addressing and serving elders. Furthermore, it is understood as a mark of belonging to a particular age and social group. It can also be described as a mark of no-return to the age group of girls and their behaviours. The question can be asked: What is it in the rite that differentiates a girl from a woman? Within the Sabinu FGC understanding, a woman (as already discussed above) should be capable of facing challenges, some of which could be blood shedding. This is demonstrated in the Sabinu FGC beliefs on the impact of circumcision:

Circumcision or the cutting of the flesh gives symbolic expression to the decisiveness of the step that has been taken by the individual, an affirmation that there is no coming back. You are now in a very different world, a world of hostile elements, the cutting of flesh and shedding of blood are indications of the nature of that world (*Matyichngony* 2012).

This seemingly conceived 'trial of womanhood' is not exclusive to the Sabinu cultural tradition, but is found throughout other FGC-practicing societies. In many FGC-

practicing societies activities done during the moment of initiation are both vigorous and courage testing. As Parrinder (1980:134) observes, in some societies initiates are:

Made to run across villages while older men 'beat' them with sticks and pelt them with stones; they sleep on the ground, bathe in cold water and for several days live together naked day and night.

In some communities, such as among the Kikuyu of Kenya and the Xhosa in South Africa, candidates are expected to show utmost resolve. Among the Bukusu in Kenya, if the initiate cries during circumcision it is regarded as a sign of cowardice, where behaviour "is considered a big shame to the family and entire clan" (Odeko 2014:1).

Among the Sabiny, girls<sup>29</sup> who are to undergo circumcision are prepared so as not to show fear by crying. Songs of courage are sung not only to entertain them but also to remind them of the sharpness of the knife which they have to face with courage. "The songs recall incidences of people who cried during circumcision and the pain and humiliation their families went through" (*Matyichngony* 2012). Goldschmidt (1976:285) describes the Sabiny FGC rite as that which constitutes the impartation of community knowledge, teaching rituals such as bathing, shaving and cleaning of the genitals. He observes that womanhood among the Sabiny is not only earned by merely 'cutting' but with other qualifications such as bravery, and introduction to women secrets.

For the Sabiny, the FGC ritual is associated with the transmission of the secretive knowledge from the old generation to the new. Such secretive knowledge is believed to impart the initiates with special magic powers which can be used against men in case they misbehave against women (Goldschmidt 1976:292; Edgerton cited in Goldschmidt 1976:294). The imparted knowledge seems to be the counterpart to the patriarchal knowledge exhibited by men. Some of this knowledge is self-knowledge or the discovery knowledge of the self. This kind of knowledge is given through metaphorical songs sung during moments of seclusion and imparted through activities such as body adornment. As observed by Goldschmidt (1976:285-291), girls are

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<sup>29</sup>The concept of 'girl' is not necessarily used here in terms of age, but refers to females who have not yet gone through initiation. Among the Sabiny people, all females who have not yet gone through initiation are referred to as girls irrespective of their age or social status.

advised to pay attention to their bodies, avoid sexual encounters and keep their bodies clean through bathing and shaving.

From the above perspective, the Sabiny rite of initiation does not seem to be just a 'cutting' ritual but one which is partly motivated by the need to promote personal hygiene and reproductive health. Instructions on correct sexual behaviour are critical, especially in a society where HIV and AIDS is a common threat is of special importance. According to the study on adolescent sexual and reproductive health in Uganda by Neema, Musisi and Kibombo (2004:17), "the decline in HIV prevalence can be attributed to changes in sexual behaviour...[which] include delayed age at first sexual intercourse among young people aged 15–24." It can therefore be inferred that given the notion of secrecy that surrounds human sexuality, the Sabiny worldview of instructing young girls on body knowledge and sexual encounters is a positive feature of the rite of initiation.

In Malawi, a similar activity is practiced among the Chilangizo, where girls are given instructions in the form of teaching on "how to dress up and on cleanliness during menstruation (Nyagondwe 2005:15). Due to the fact that most of these instructions are limited to those involved in initiation rites, those who do not attend may be viewed as ignorant and powerless in the community. In the case of FGC rituals, the relationship between 'women secrets' and 'knowledge' seems to confirm Dellenborg's argument that "an excised girl knows something a non-excised does not know, no matter her age" (2005:85).

FGC as circumcision or ritual is thus a contentious subject. Contentions around this subject range from naming and practice, to its supposed 'dangers.' In the next section, I will focus on the understanding of FGC from a global perspective. By so-doing, I will interrogate different discourses that have raised issues of contention around the subject.

### **3.5. Understanding Female Genital Mutilation from the Global Perspective**

While the history of ritual genital surgery on women is not well-known, its practice goes back at least two millennia (El Dareer and Eke cited in Momoh 2005:5). Formal studies on FGM/C have traced its historical occurrence to some parts of the Western

world, such as France, the United Kingdom; the US, and Israel, as well as on the African Continent, in countries such as Egypt, Sudan Nigeria, and Kenya (Estabrooks 2012:1-4; Halila *et al.*, 2008:70-71). As I have stated above, statistics reveal that FGM/C is more prevalent on the African Continent than in other parts of the globe, “it is in some places a custom adopted only very recently” (Shell-Duncan and Hernlund *et al.*, 2000:7). Furthermore, although debates on FGM/C did not arrive on the public scene not until the second half of the twentieth-century, (Althaus 1997:130) the practice itself has a long prior tradition amongst the messianic religions. In Egypt for example, FGM practices are believed to have been in existence as far back as the Pharaonic period (Dirie and Lindmark 1992:479). Indeed, Brady (1999:709) has shown that Egyptian mummies were found to have been circumcised circa. 200 BCE. Elsewhere, in countries such as the US and the United Kingdom, FGM has been documented as early as the nineteenth-century (Brady 1999:709). Due to cultural dynamics and fluidity, such practices have gradually been assimilated from one community to another.

FGC is an object of study within sexualities. As one of the practices singled out to be harmful within African sexualities, it has nevertheless motivated various assumptions. In the following sub-section I locate the practice of FGC as a global concern.

### **3.5.1. The Concept of Female Genital Circumcision/Mutilation**

The concept of FGM/C refers to the cutting or excising parts of the human female genitalia. The WHO has described FGM as being “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons” (WHO 2008:4). FGM/C is a practice that occurs within many cultures, and it is said to occur among, “Muslims, Christians, Animists and one Jewish sect, although no religion requires it” (Althaus 1997:130). According to the (2010) study by the Population Review Bureau, it estimated that:

100 million to 149 million girls and women worldwide have undergone female genital mutilation/cutting (FGM/C) and more three million girls are at risk for cutting each year on the African continent alone (2010:1).

This data therefore suggests that the African continent has the most prevalent number of girls and women who undergo FGM/C.

There is a variation with regard to the age by which a girl is considered a candidate for FGM/C. While some communities operate on their females between infancy and 15 years, others such as the Sabinu people of Uganda consider circumcising their girls from 15-49 years of age. Elsewhere, in the United Kingdom, the most common age range for FGM/C is between 7-9 years of age (Davies *et al.*, 2010:577). From a general perspective therefore, this practice can be performed on a woman from the moment of birth up to 49 years of age depending on each community.

FGM according as the WHO and most international Human Rights organisations is a classifying term of a wide range of operations conducted on female genitalia for non-medical purposes (Shell-Duncan and Hernlund 2000:3-4). It should be noted that as a cultural practice, female circumcision is not called FGM within the worldview of most traditional practicing communities. As has been argued by Sandra and Robert (1996:35):

Members of societies that practice traditional female genital surgeries do not view the result as mutilation. Among these groups, in fact, the resulting appearance is considered an improvement over female genitalia in their natural state.

It is as Caterian La Berbara (2009:488) further observes, a “body modification satisfying canons of beauty, hygiene, and social order that are deeply rooted in their cultures.” FGM as a term was adopted in 1990 at the Third Conference of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children in Addis Ababa. Its adoption was motivated by the need to put emphasis on the negative effects of the practice and to distinguish it from male circumcision (Shell-Duncan cited in *Innocent Digest* 2005:2).

As there are differences between communities, cultures and beliefs, so it is with cultural practices. The practice of FGM/C differs from one community to another even though the WHO has categorised all forms of female circumcision under the

same description, i.e., FGM (Oba 2008). The forms of FGM have been classified to include:

- i. Type I—Excision of the prepuce, with or without excision of part or all of the clitoris;
- ii. Type II—Excision of the clitoris with partial or total excision of the labia minora;
- iii. Type III—Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation);
- iv. Type IV—Pricking, piercing or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterisation by burning of the clitoris and surrounding tissue; scraping of tissue surrounding the vaginal orifice (*angurya*) or cutting of the vagina (*gishiri*); the introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purpose of tightening or narrowing it, and any other procedure that falls under the definition given above (WHO Fact Sheet cited in Oba 2008:2).

According to WHO statistics, the most common form of FGM/C practiced in Africa is that of excision. It accounts for about 80% of the cases of FGM/C (Momo 2005:29). In terms of severity, Type III is singled out and accounts for about 15% of all reported cases (Oba 2008:3).

FGC is termed as a mutilation insofar as parts of the female genitalia are intentionally removed for cultural reasons rather than health (INERELA+ 2011:5). From the international Human Rights perspective, FGM is a rights violation practice that is targeted against women so as to effectively locate them under patriarchal control. As a patriarchal control mechanism of a woman's sexuality, FGM is believed to be carried out most especially by traditional surgeons who, within their localities, are believed to be sanctioned by the ancestors with a special gift. However, apart from FGM being carried out by traditional circumcisers, some medical professionals have offered their services to do the procedure medically (Serour 2013:147). In all these cases, female circumcision is considered mutilation. This, according to the global perspective, is done for nontherapeutic reasons, because it represents inequalities between men and

women, discrimination, the violation of women's rights, integrity, cruelty, torture and inhuman behaviours which sometimes may result in death (*cf.* INERELA+ 2011:3). The concept of mutilation is therefore used to emphasize the immediate and long term complications that may be endured by the circumcised woman. These complications are argued to vary from individual to individual or community to community, depending on the procedure, the tools, environment and the traditional surgeon. In some instances the procedure may result in profuse bleeding and unintended damage to other genital parts.

Both international and local Human Rights bodies have instigated anti-FGM campaigns claiming that its practice reinforces patriarchal male power and the control of a woman's body. It is also argued that since the procedure involves mutilating minors who are never consulted, or women who are compelled by their husbands and circumstances of location, the right of body autonomy and sexuality is purposefully violated. In an analysis of the supposed reasons for carrying out FGM such as instilling true femininity by cutting the 'dangerous' clitoris in certain communities, and the promotion of sexual morality in others, male epistemology seems to claim universal knowledge of how a woman's body should operate. From a feminist approach, the knowledge, conception and perpetuation of FGM is often comprehended in terms of male power over women even though support for the continuation of the FGM practice is not exclusive to women (Mazharul and Mosleh 2001:73). In order to reconcile and restore a women's autonomy over her body and sexuality, anti-FGM debates have embarked on de-campaigning the practice through community sensitisation, outlawing the practice with severe punishments upon conviction, and through scholarly works that attempt to expose what is understood as an inhuman practice.

### **3.6. Chapter Summary**

FGC, which the Sabinu refer to as *Wonsetapkoruk/Wonsho* has been demonstrated to be diversely interpreted. It has raised issues of religious and cultural beliefs, traditions, rights and health. These issues tend to influence the different understandings of the notion of African sexualities and FGC in particular. Although from an outsider's point of view, FGC has been presented as a harmful practice and a

violation of women's rights, the same practice is presented by the Sabiny as a religio-cultural asset embedded in beliefs, theories of identity, sacredness, health promotion and moral upbringing.

In the chapter which follows I will provide a critical analysis of the prevailing FGC arguments and their apparent implications on the understanding of women's health in FGC practicing communities today.

## **CHAPTER FOUR**

### **A CRITICAL ANALYSIS OF FEMALE GENITAL MUTILATION DEBATES AND THEIR POSSIBLE IMPLICATIONS IN UNDERSTANDING WOMEN'S HEALTH**

#### **4.1. Introduction**

In the previous two chapters I have attempted to locate FGC both within the broader context of African sexualities and the larger global community. In responding to the key research question, I will problematise the prevailing debates surrounding the practice of FGC by critically analysing the arguments and exploring their possible implications in understanding women's health.

In this chapter I will argue that the notion of language and naming is often taken for granted within FGC/M discourses and that the limitations of anti-FGM arguments have the potential to compromise women's health. Accordingly, this chapter will be divided into four sections. In the first main section, I focus on the debates that engage FGC. In the second, I will draw from these debates and highlight some of the key issues of communication that emerge, particularly highlighting language and naming between FGC-practicing communities and outsiders. In the third main section, I detail which elements are taken for granted, yet have the potential to impact on the health of women. In the final main section, I will draw attention to the possible limitations of anti-FGC initiatives.

#### **4.2. Female Genital Circumcision as a Barbaric and Primitive Custom**

The concepts of barbarianism and primitivism are very common in most anti-FGM campaigns. They are used in anti-FGM arguments in reference to a practice and custom that is claimed to be out of date and capable of inflicting indiscriminate pain and causing severe health issues. To justify the barbaric and primitive nature of the practice, anti-FGM debates place great stress on what is perceived from the

'outsiders' point of view as torture and denial of personal choice. For example, in the US and Europe, as Shweder (2005:225) has contended:

It [i.e., FGC] has been associated with rape and torture with the nightmare of some brutal patriarchal male...grabbing a young woman or girl, pulling her into the back room screaming and kicking, and using a knife or razor blade to deprive her of her sexuality.

This statement points to a number of issues such as “pulling” which is acting against resistance—in this case, a resisting girl or woman; “screaming and kicking” which is a reactionary expression of pain, and “deprivation” which is the denial of a person’s rightfully owned possession. The scene has been described as barbaric and primitive since, as some Western scholars have argued, it is based on ignorance. Walker and Parmar (cited in Njambi 2004:286) contend that women who give in to female circumcision do so due to ignorance and thereby victimize themselves in the process. Hence, according to Walker and Parmar (cited in Njambi 2004:286), there exists “a chain of operation” through which ignorance is perpetuated:

And though one is struck by the complicity of the mothers themselves victims, as of the fathers, and the lovers, even the complicity of grandparents, one must finally acknowledge...that those who practice it are generally speaking, kept ignorant of its real dangers—the breakdown of the spirit and the body and the spread of diseases and are themselves slaves of the ritual (Walker and Parmar cited in Njambi 2004:286).

The claim of ignorance and primitivism by one party against the other seems to depict that the claimer is knowledgeable and civilized. But, amidst the practice of FGC, whose knowledge claims civilisation? Is it of the ‘outsider’ or the ‘insider’? In communities where FGC is practiced it is mostly held that the operation enhances beauty, hygiene, true femininity, marriageability, and is a symbolic mark of civilisation (Shweder 2002:223-224; Ahmadu as interviewed in Shweder 2009:14; Sandra and Robert 1996:33). It is further argued in some FGC practicing communities that genital alterations bring honour as well as civilisation as it is “symbolic action that says something about one’s willingness to exercise restraint over feelings of lust, and self-control over antisocial desire for sexual pleasure” (Shweder 2002:224). As a mark of honour, beauty, and civilisation, but also, incompleteness and ignorance,

FGC is used as a platform to conceptualise what a normal form of sexuality and a normal body is considered to be.

#### **4.3. Conceptualising ‘Normal’ Sexuality by a ‘Normal’ Body within Female Genital Circumcision Discourses**

In debates around FGC, particularly from a Western perspective, attempts have been made to treat the normalcy and naturalness of the female body on the one hand, and primitivism versus modernity on the other (Korieh 2005:117). Engaging these discourses has created what could be described as ‘body politics’ with respect to African women’s sexuality. As a consequence of these politics, the African female body has emerged vulnerable. As observed by Amadiume (2007:26), it is feared to be under control, suppressed, and at the risk of being reduced to a figure for scrambling between different forces, of which each intends to provide advice, control, and direction.

Scholars such as Njambi (2004:281-282) have advanced the argument that debates on FGC have reduced the female body to dichotomies: the normal Western female body (i.e., un mutilated) and the abnormal African female body (i.e., mutilated). According to Njambi (2004:282), Western discourses that challenge FGC should be understood by means of a colonialist lens through which civilisation was seen as a necessary package for African cultures. In the colonialist mind therefore, women’s experience with regard to FGC is taken for granted as well as the complexities of female circumcision. As a consequence, the circumcised woman is described as a victim of a backward and primitive practice and in need of redemption. This argument has also been underlined by scholars such as Tucker:

The resistance [of Ant-FGC campaigns] is against an imperial process whereby other people are appropriated and turned into objects, exhibited, gazed at and silenced (Tucker 1999 cited in Nnaemeka 2005:29).

FGC as a cultural ritual is therefore understood through the theory of bodies which the anti-FGC campaigns fail to address. According to the theory of bodies, “bodies do not exist in a vacuum; they are made and negotiated through everyday rituals and

performance that can be simultaneously acceptable and problematic” (Njambi 2004:283). This position seems to suggest that body knowledge such as that of FGC is justifiable within a particular cultural setting under which bodies locate themselves. Furthermore, this position challenges the implied passiveness of the female body in circumstances where a culturally-based knowledge of body construction is denied and regarded as primitive.

But what is the relevancy of a ‘normal sexuality’ or ‘normal body’ with regard to FGC? The response to such a question can be drawn by revisiting arguments that engage with the construction of sexuality. As Caplan (1987:10) has argued, sexuality is always constructed within a particular socio-cultural domain. Accordingly, factors such as religious, social, political or cultural systems, etc., can influence an individual’s understanding and expression of sexuality. This means that in some cultural settings, some practices of sexuality may be deemed meaningless. For example, among the Baganda people of Uganda and the Chewa people of Malawi, a woman who has had labia minora stretching is traditionally regarded as sexually more exciting and preferable for marriage (Gallo., *et al*2009:93; Tamale 2006:94). Likewise, among the Samburu people of Kenya, in order for a young woman to be sexually exciting and preferable, she must be circumcised (Althaus 1997:132). In the former example, unlike the latter, it is not the ‘cut’ clitoris that defines the preferred woman for marriage and better sexual performance, but the stretched labia minora. In both cases, the construction and expression of female sexuality depends on the acceptable form of body, i.e., female genitalia. This suggests therefore that a woman is ‘true’ or ‘real’ insofar as she bears the culturally acceptable form of genital body construction. Accordingly, it can be argued that insofar as it is the body that has to conform with the dictates of culture and society, sexuality is regulated by cultural power systems. Borrowing from Lisa Isherwood’s (2000:21) understanding of bodies and construction, the female body is thus not exempted from being possessed and acted upon by different forces. Similarly, as Synnott (1993:1) affirms, “the body is not a ‘given’ but a social category with different meanings imposed and developed by every age...and as such it is therefore sponge-like in its ability to absorb meanings.” If bodies absorb meaning by being acted upon, what meaning does a ‘cut’ and ‘uncut’ clitoris infer? I will explore this important question in the next section.

#### **4.4. Politicising the ‘Cut’ and ‘Uncut’ Clitoris: Pleasure and the ‘Real’ Woman**

As with other aspects of culture, traditional beliefs on sexuality have demonstrated a certain power in influencing people’s attitudes and behaviour. The traditional belief that the vagina and the penis demonstrate that woman and man are in opposition just as the heaven is with the earth (Parrinder 1980:137) has influenced the idea that the clitoris is actually in opposition to the penis. This leads to obfuscating the true femininity of a woman. Ahmadu as interviewed by Shwender (2009:14) asserts that among the Soko people of Sierra Leone, “the exposed clitoris<sup>30</sup> represents the male sexual organ or penis and thus its removal symbolises the feminisation of the girl child and makes her adult sexual status.” The uncut clitoris in this regard would expose some kind of masculinity. During the sexual act, the meeting of the uncut clitoris and the penis would be one of resistance. Therefore, to cut the clitoris would in this case be a pre-measure to ensure that the “male-ego does not meet any opposition along the way to penetration” (Parrinder 1980:137).

Associating the penetration of the vagina with dominance from a single power has elicited much debate, raising the question as to which power? African traditional knowledge is limited in justifying penetration in terms of male dominance. As argued by the Soko of Sierra Leone, vaginal penetration is eased by the cut clitoris and is thus interpreted as favourable to the assertion of a woman’s power (Ahmadu as interviewed in Shwender 2009:16). Accordingly, for Ahmadu, the uncut clitoris “hides” a woman’s domination of the male sexual organ. This gives new understanding to sexual power dominance. In this light, FGC can be understood as the means of retrieving or asserting matriarchal power. As Ahmadu (2009:14) further affirms:

The removal of the external clitoral glans, and labia minora, in initiation is a symbolic representation of matriarchal power...it is said to activate women’s penis within the vagina. During vaginal intercourse, women say they dominate the male procreative tool (penis) and substance (semen).

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<sup>30</sup>“The clitoris is a multiplanar structure with a broad attachment to the pubic arch and via extensive supporting tissue to the mons pubis and labia. Centrally it is attached to the urethra and vagina.” (O’Connell, *et al* 2005:1189).

Nevertheless, the relationship between circumcision and penetration in favour of women power seems to be contested elsewhere by other scholars. Parrinder (1980:137) thus argues that circumcision does not bring sexual pleasure for women. Rather, it is one of the ways where women have given in to the patriarchal power of domination.

Isherwood (2000:26) has argued that to penetrate a female body for male's satisfaction amounts to domination and supremacy. Here, there seems to be a relationship between the act of penetration, the words used, and how they are employed. Isherwood affirms that the act of penetration differentiates between a man and woman and also raises the male's status from being a boy to that of a man. In other words, it demonstrates 'real' manhood over a woman. For example, "[t]he common language associated with intercourse gives a clue as to the symbolic power it is thought to have. A woman is fucked, screwed, poked, taken, had, given one" (Isherwood 2000:26). From this point of view, relating female circumcision to true femininity would be viewed in actions and words such as penetration that patriarchy employs to define a 'real' woman.

Although FGC is currently more often described as perverse and against "biological determinism" (Korieh 2005:121), hardly more than half a century before, female circumcision was far less an international health concern (Dellenborg 2004:88). However, FGC today is a point of concern not only to Human Rights organisations, but feminists, healthcare workers, and national governments.

The clitoris has been a point of reference in justifying the theory of completeness versus incompleteness of female sexuality. While it has been argued from a Western perspective that "all orgasm in women are caused by clitoral stimulation" (Hite cited in Dellenborg 2005:89), it is regarded as a necessity to survive the "unnecessary" cut. Elsewhere, such as among the Kono people of Sierra Leone, the protruding clitoris "represents the male sexual organ or penis and thus its removal symbolises the feminisation of the girl child and marks her adult sexual status" (Ahmadu as interviewed by Shweder 2009:14). In this case, for the Kono people, the presence of the uncut clitoris seems to deny complete womanhood. For them, complete womanhood guarantees feelings of self-esteem, sexual body satisfaction, and

individual-community identification. Yet, theories that associate complete womanhood with clitoral pleasure do not understand the Kono position. As such, it seems clear that the constructed theories around the clitoris should contribute more to its demonization within FGC practicing communities than saving women from the circumciser's knife.

The theory that the clitoris is the ultimate source of pleasure for the woman and that uncircumcised women are denied orgasmic pleasure seems to lose ground in some discourses (Ahmadu as interviewed in Shweder 2009:16; Lightfoot-Klein 1989:387). Indeed, Obermeyer's (2003) study has revealed that not all circumcised women have difficulties in attaining orgasm. The study claims that only 57% of the women who had undergone FGC attained orgasmic sexual pleasure (Obermeyer 2003:407). This of course implies that 43% of the women in the same group of respondents did not register sexual pleasure. This raises a probability argument whether the removal of the clitoris was responsible for the sexual dysfunction. In any case, to generalise in favour of the 57% of the women and isolate the 57% would demonise the clitoris and with it a woman's body, or in this case, compromise the sexuality of womanhood as understood by the FGC practicing community.

Stereotypes also exist irrespective of each position within the clitoral debates. For example, while a woman from a Western perspective who gives in to FGC would be regarded as incomplete and ignorant of clitoral pleasure, the one who defies FGC norms from an African perspective would be regarded as immature and ignorant. Among the Madinka people for example, "an uncircumcised woman or a girl is called '*solima*' which means...the one who knows nothing; rude, ignorant, immature, uncivilized and unclean" (Dellenborg 2004:85). Similarly, an uncircumcised Sabinu woman irrespective of her age and whether married or not is considered a girl (Kiira and Kibombo 2008:2). This has consequences. In an African context for example, among the Sabinu people, where the traditional system of education emphasises a knowledge pattern of 'elder to child' but not *vice versa*, it would be difficult for an uncircumcised mother to give sexual education to her children as they are not compelled by community conventions to give her respect.

The contentious claims of completeness with regard to FGC are theories of knowledge in competition. If both levels of knowledge claim for the completeness of

a woman's sexuality, whose knowledge then matters especially within a given context? As to whether a clitoris must be cut or left, a poststructuralist approach would advocate for contextualisation. According to McKee (2003:9), a post-structuralist approach holds that "cultures seem to make sense of the world differently: and that it is impossible to say that one is right and the other is wrong." Could we then argue that given this approach, engaging in the clitoridectomy debate is a waste of time as each party draws meaning from their own standpoint? How then can we address situations where harmful practices are involved?

According to the cultural centred approach (CCA), knowledge communicates sufficiently well if it is generated and passed reciprocally. In other words, neither party should be dormant and merely receptive. Nnaemeka, (2005:39) rightly argues that in a situation where, "one party is listening and not speaking; the other party is garrulous and deaf...Not only do such 'dialogues' not promote social change, they undermine attempts to bring genuine social transformation." Although the CCA considers resistance as a positive reaction of the subaltern community (Dutta, Ban and Pal 2012:4), resisting transformation, and dialogue could make community structures oppressive to individuals. For example, should the implication of cultural relativism be taken for granted that all women should have their clitoris cut simply because they are members of an FGC-practicing community? Does such an assumption take into consideration the fact that "sexuality is about flux and change...?" (Weeks 1987:31).

The debates which have been analysed above effectively demonstrate a certain aspect of power that seems to claim authority in the form of knowledge over the other. Such authority is communicated and sustained through language and naming. In what follows, I will explore the power enshrined in the concepts of language and naming.

#### **4.4.1. The Power of Language and Naming: 'Mutilation' or 'Other'?**

Surgical operations on female genitalia for cultural, other than medical reasons, have been a point of debate when it comes to naming. FGC is currently described collectively as FGM even though studies reveal that FGC differs from one community to another. This has been a point of contention not only among scholars, but also in those communities who do not share the WHO category of naming. Referring to FGC

as FGM also creates ethical difficulties especially when circumcised women with related health complications seek medical help from clinics, hospitals and healthcare professionals. As such, understanding FGC as a mutilation “has been criticised as stigmatising women who have undergone FGM who do not think of themselves as mutilated or their families as mutilators” (Ahern-Flynn 2013:85).

But what is in the name itself and how is the naming done? The following description is helpful in this regard:

Naming does things. It states. To state, it must both conjoin and disjoin, identify as distinct and identify as connected....Naming selects discriminates, identifies, locates, orders, arranges, systematises (Dewey and Bentley cited in Caterina La Barbera 2009:487).

Three important questions arise: Why is the fact of naming becoming an ethical issue with regard to female circumcision? What kind of reality does mutilation give meaning to? What kind of reality does the traditional naming give meaning to?

Naming is that form of language which gives meaning to reality. Our environment is known to us insofar as it is named. This means that what is not named remains meaningless. Naming carries a certain power through which our social constructs are communicated as meaningful in their diverse realities. Naming and communication are thus related in our understanding of female circumcision. FGC or FGM refers to a similar object of study, i.e., the cutting of the female genitalia. The two names are concerned with the same object of study central to female sexuality. Naming reflects that part of language that individuals use to communicate their understanding of sexuality. It therefore becomes imperative as Olorunjoba-Oju (2011:3) argues, to understand that “language and communication are central to human sexuality in all its ramifications.” It is not enough to construct a certain language if it does not intend to communicate. To communicate is to empower someone to use the communication for the good. It could thus be argued, that given the fact that there are still disparities with regard to understanding FGC as a mutilation among the practicing communities, the term ‘mutilation’ communicates the idea of less and as consequence empowers the recipients to a lesser degree.

As long as the term ‘mutilation’ is intended to be understood within universal categories, then its object of study as understood within a particular communication appears to be hindered. The universal usage of the term seems to take for granted that “different ethnicities, societies and social groups may have different ways of coding” and understanding the same object of study (Olorunfoba-Oju 2011:3). Comparatively, a critical analysis can be done on the meaning of the term using the Sabiny understanding of female circumcision *vis-a-vis* how it is understood in most anti-FGC inner circles:

The Sabiny word for circumcision is *wonsho*, meaning the *act of chasing away*. *Won* is to chase away. Therefore, the culmination of the activities that take place before and after circumcision, is the expulsion of boys and girls from their parental homes so that they can start their own homes. The ceremonies and the rites prepare them for this eventuality...Circumcision or the cutting of the flesh gives symbolic expression to the decisiveness of the step that has been taken by the individual, an affirmation that there is no coming back. You are now in a very different world, a world of hostile elements, the cutting of flesh and shedding of blood are indications of the nature of that world (Matyichingony 2012).

The meaning carried by the term *Wonsho* is derived from the Sabiny people’s worldview. According to this worldview, the world of adults needs preparation, bravery, and symbolic responses from whoever seeks to be initiated. Circumcision is thus a symbolic act within a deeply hidden experiential meaning. As with all communities, Sabiny children grow up with a sense that one day they will have to establish their own homes and raise their own families. The ‘sending away’ of the child means moving from the controlled world of their parents into an independent and otherwise tricky world. Circumcision is an important preparation to engage the already experienced world of adults. It is a moment of equipping young females with the technicalities of survival as individuals but also as members of a community. It can be argued that for the Sabiny, the understanding of FGC is drawn from their lived experience expressed in language. It can also be argued that the Sabiny understand and define circumcision from ‘what is behind the cut’ rather than the actual act of cutting, including the inflicted wound.

As has been stated above, the WHO describes FGC as Female Genital Mutilation (FGM). This concept is commonly used in all anti-FGM campaigns and by “women’s

rights and health advocates who wish to emphasise the damage caused by the procedure” (*Population Reference Bureau*, 2010:2). It is described in universal terms (*cf.* Shell-Duncan and Hernlund (2000:4) to reference “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons” (WHO 2008:4). The meaning of the term suggests a descriptive framework. In other words, it describes the act of cutting the flesh rather than what lies behind the cut. Furthermore, the definition embraces physical experience of pain which it describes as ‘injury.’ It total, it takes consideration of the cut, the tools used, the surgeon, the disposition of the girl being cut, the environment, the wound itself and the possible health risks.

Unlike the Sabin’s understanding of FGC, the WHO category of knowledge around FGC/M is developed from looking at the object of study from above, rather than from below. The knowledge developed from above tends to create distance from the knowledge of experience. It also promotes knowledge of forms<sup>31</sup> rather than knowledge developed from lived experience. Dutta, Ban and Pal (2012:4) suggest that such an approach is limited when it comes to the search of knowledge within a cultural context. Among its limitations is the tendency to encourage the silence of culturally conceived knowledge rather than engaging with it. Dutta, Ban and Pal (2012:7-8) rightly realise that within the mainstream levels of knowledge there is little or no participation of those on the ground. I agree with his argument when they argue that “representation for the subaltern voice within mainstream discursive spaces” is imperative for social transformation. Moreover, since culture “is always shifting as it continually interact with structure,” this could facilitate more intentions of dialogue (Dutta, Ban and Pal 2012:5).

The above analysis reveals that the language spoken by the Sabin people concerning FGC is not correctly understood by the WHO and most anti-FGC advocates. In spite of this, most FGC debates with respect to knowledge gained from the public domain condemn as barbaric its continued practice. The question which remains however is:

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<sup>31</sup> Knowledge of ‘forms’ is a concept attributed to the ancient philosopher, Plato. Plato argued that the world of experience is not reliable. Instead, true knowledge of reality is beyond experience. In other words, “true and reliable knowledge rests only with those who can comprehend the true reality behind the world of everyday experience. In order to perceive the world of the forms, individuals must undergo a difficult education.” Plato is therefore considered to have viewed reality upside down. (Macintosh 2012:6).

to what extent does the knowledge from the public domain communicate with the knowledge from the private domain? Bennett's (2011) work, *Subversion and Resistance: Activists Initiatives* seems to affirm that these two domains hardly communicate. Bennett (77-100) raises her concern with international bodies such as the WHO that describe some African traditional practices as harmful and at the same time describes Africans as being reluctant in pursuing issues of women's rights. This supposed reluctance around the issue of FGC and its impact on women rights in Africa can be argued as an issue of language and communication.

Wittgenstein observed that language is critical in the construction of knowledge and that its limits necessarily suggest the limitation of our observed world (Wittgenstein cited in Martland 1975:19). In other words, we communicate to the world, a world of our own observation through the vocabulary we judge best as a medium. Additionally, as Jones has argued:

Our vocabulary either limits or unlocks our ability to describe what we see ...If we reflect on how we think about, evaluate, and come to understand virtually anything, we realise that the running voice of our conscious thoughts sets practical boundaries (2011).

Language and communication as an issue in FGC discourses is affirmed by the approaches taken by some African feminists in reacting to the anti-FGC discourses. Hence, African women scholars such as Nnaemeka, (2005) and Obiora (2005) have critiqued the tools that Western discourses use to understand FGC and how they pass on their messages. In an effort to explain the meaning of FGM and to qualify why this name is understood as torture has been used to symbolise its violent nature. But what could have influenced the description of FGC as violent and inhuman? One of the answers to this question has been provided by Obiora (2005:37-39), where she maintains that most anti-FGC literature and campaigns have taken it for granted to reflect on FGC related questions such as:

Why was circumcision done and, more important, why is it still done...Why is it done in certain African countries and not in others? Why is done in one community and not in another within the same country (Obiora 2005:38).

Obiora's argument explains why there has been a slippery slope in describing the diversity of FGC practices in a homogenous manner. What seems to bother the resisting voices—especially African feminists—is how an experience of a particular circumcision, 'A' is used to predict and confer meaning to the outcome of another particular circumcision, 'B' in another cultural context even though both may have no similarity in meaning or mode of operation. Describing FGC as a universal control mechanism employed by African men over their daughters and women seems therefore to be disputable in line using Obiora's argument. For example, among the Masaai of Kenya, FGC is historically related to sexual desire and control (*Equality Now* 2011:13), where “among the Jola, sexual control is not mentioned as a reasons for women to be excised.” It is important to note that what has been taken for granted has the power to generate resistance, bias and imperialistic tendencies, without necessarily addressing the issue at hand (Obiora 2005:188). Amidst the discourses on FGC which draw the most power from language and naming is the question of women's health. In the next section, I will interrogate the location of women's health and empowerment in the emerging FGC/M debates.

#### **4.5. Women's Health and Empowerment: A Missed Point?**

Women's health and empowerment have been of key interest to FGM debates. A critical analysis of FGC discourses reveals that anti-FGC discourses, pro-FGC and those of African feminists do not necessarily intend to devalue women's health and empowerment. The serious challenge within these discourses seems to rely first on what is taken for granted than what is said, and how the challenges are communicated, received and responded to.

A review of the discourses on the rite of FGC among the Sabiny, reveals that indigenous knowledge has indicated that the Sabiny promote FGC partly on grounds of health and partly to promote the balance of power within the community. For example, by going through the circumcision rite, a woman earns the respect not only of her family, but also from the community elders. The fact that girl initiates withstand the test of pain without crying communicates to a patriarchal society that it

is not only men who are brave, but women as well. The rite of FGC therefore becomes a reference point from which power dynamics, and the cultural esteem of womanhood can be discussed in the fight against subordination.

The promotion of women's health has also been pointed out in Goldschmidt's work (1976) as traditionally a necessary aspect of the rite. The rite emphasises health behaviours such as bathing and shaving which form part of primary health care (PHC) strategies of health promotion and disease control. The WHO describes PHC as an

Essential health care based on practical, scientifically sound and socially acceptable methods and technology; universally accessible to all in the community through their full participation; at an affordable cost; and geared toward self-reliance and self-determination (WHO Alma-Ata 1978 Declaration 2014:2)

As a concept, PHC ensures "health promotion, disease prevention, and population-level public health functions (*Society, the Individual, and Medicine* 2014:1-2). It can thus be argued that the promotion and health benefits of bathing and shaving and the environment in which they are carried out can be discussed although this does not necessarily have to distort the motivation behind the practice. In other words, the motivation behind the practice can be recognised as an asset that "fosters innate strength to promote resilience and improve health" (Taliaferro and Borowsky 2012:318).

The practice of FGC in an era of HIV and AIDS has made its traditional practice especially vulnerable to contestation. According to Sabin traditions, the cutting during a particular circumcision session is done with a single "native knife"<sup>32</sup> (Goldschmidt 1976:280). Following the procedure, the circumciser rinses off the knife with water and proceeds to the next initiate. Besides the fact of a single knife, medical and health knowledge today suggests that FGM can play a significant role in the transmission of the HI-Virus<sup>33</sup> (Brady 1999:709-716; Klouman, Manongi and

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<sup>32</sup> Some current studies such as Namulondo, (2009) indicate however that the culture of using a single knife has been reduced and that other tools such as razor blades are now used. However, the question of sterilisation still remains.

<sup>33</sup> Klouman *et al.*, (2005:112) cautions that although this may be the case, it should not be assumed that women who have been circumcised have more chance of being infected with the HI-Virus than the uncircumcised.

Klepp2005: 105–115). Arguments in favour of this hypothesis highlight incidences such as using common and unsterilized tools during the operation, the possibility of excessive bleeding which may necessitate blood transfusion, and severe contusions which make penetrative sex result in bleeding (See, Starring 2005). However, the fear of transmitting HIV is not only of concern within anti-FGC discourses. Among the Sabiny, the view is often held that FGC is an HIV preventive alternative. For example, a twenty-six year old parent in a Newspaper interview argued that despite the law banning the practice of FGM,<sup>34</sup> he would go ahead and circumcise his daughter “Because it reduces sexual desire, [which in turn] reduces prostitution, HIV/AIDS, and so she will be able to stay in school” (*The Independent*, 21 April 2012).

Given that both arguments seem to project towards the reduction of HIV transmission it is critical to recognise how the two approaches may slow a woman’s agency on HIV prevention. While on the one hand, she may resolve to say no to female circumcision because of its HIV-related consequences; on the other, she may be urged to give in simply because it is assumed by some cultural gatekeepers that it prevents HIV transmission. Similarly, while she may have been convinced that FGC may lead to the chance of HIV transmission, she may be slow to affirmatively decide against the practice fearing possible cultural consequences.

In their responses to Western discourses, scholars such as Alice Walker (1992 cited in Nnaemeka 2005:3), and various international Human Rights organisations have tried to challenge the history, practice and the perpetuation of FGC. In this regard, some African feminists have been very specific in stating their position:

[That they] condemn the practice...[they] do not intend...to defend the offended part in female circumcision...rather...to engage the discourses on female circumcision and in the process (re)trace, expose, and map a long lineage of imperialist and colonial discourses (Nnaemeka 2005:3-4).

In one of her reports, Hosken, (1993) traces the case on infibulation in Somalia, Nigeria and Mali. According to her study, FGC is a gruesome practice of pain and has

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<sup>34</sup> In 2010, the Ugandan Court outlawed the practice of FGM, with a maximum penalty of ten years in prison upon conviction (*cf.* Ddamulira 2012:1; Nalaaki 2014:53).

serious health implications for helpless little girls in the name of tradition. The study links the practice with power relations and argues that it is “African men, who dominate their societies and impose genital mutilations.” As discussed in the previous chapter, terms such as ‘barbarianism’ and ‘primitivism’ have featured heavily in many Western descriptions of FGC and the concomitant need for health education in order to save practitioners from such ignorance. African women scholars such as Njambi (2004:284) have rejected such a description on the grounds of its construction and historical relationship to colonialism. Njambi (2004:284) thus contends that:

The history of colonialism and neo-colonialism has afforded the more powerful West the right to intervene in the lives of its ‘third world’ Others; a right which is not reciprocal. And through the anti-FGM movement, the West has acquired yet another chance to gaze at African women’s genitals.

Despite these objections, the question must be asked whether any of these arguments empower the local African woman whose health and well-being is the central focus. When the adverse health effects of FGC are raised and communicated how empowering is the response of the woman? Does FGC instead turn into what Njambi (2004:284) calls a “battle field” of who should talk, what, and when, and who should listen?

By attempting to copyright the ‘normativity of sexuality,’<sup>35</sup> studies such as Caldwell, Caldwell, and Quiggin (1989) seem to have created a Universalist image. In other words, an attempt has been made to suggest which model of sexuality is better for good health and which is not. Similarly, the WHO, by adopting the term FGM to include diverse forms of FGC and other procedures harmful to the female genital organ<sup>36</sup> has designated as harmful a number of vaginal practices<sup>37</sup> especially in Africa (Bagnol and Mariano 2012:71). These discourses have generated a number of important responses from African feminists which attempt to challenge such approaches. A critical analysis of the responses reveal that while these discourses have tried to address the FGC-opposing discourses, they in turn, risk attacking the circumstances of the opposition. For example, when the opposing side argue that FGC

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<sup>35</sup>This concept is used in reference to how sexuality ought to be perceived, experienced and practiced, which in turn creates its Universalist image.

<sup>36</sup>*Cf.* chapter two on the classification of FGC and terminology.

<sup>37</sup>Bagnolet *al.* 2012 in their work, *Gender, Sexuality and Vaginal Practices* elaborates on practices such as labia elongation and the excision of the perineal area. They argue that as much as findings show that some of these practices may be harmful to the sexual and reproductive health of women, they nevertheless do not fit under the umbrella of FGM.

is associated with severe pain, bleeding, difficulties in giving birth and therefore deserves condemnation and eradication, it is accused of making assumptions, generalisations, and cultural imperialism (Gifford 1994:331).

For Nnaemeka (2005:3-15), such arguments effect what she calls “border crossing,” in that they complicate more than addressing the practice of FGC. Border-crossing becomes a barrier when certain foreign interventions regard it not as a “continuum of the indigenous struggles against the practice” (Obiora 2005:194), but rather as an attempt to dislodge it as an irrational practice (Ehrenreich and Barr 2005:71). It is imperative therefore to recognise the challenging voices that appeal to the circumstances of the opposition. For example, despite the assertions of Korieh (2005:111-112), she does not condone the practice, the author argues that:

It is hypocritical, for example, that many Western feminists and governments have devoted themselves to criminalising female circumcision, while blatantly supporting abortions and pro-choice extremism....One wonders, for instance, which procedure is more morally shocking, female circumcision or partial-birth abortion and forced sterilisation practiced in many Western societies.

Korieh (2005:111-112) also seems to silence the Western feminists and governments insofar as they condone similar or even more shocking practices. However, the question that arises is whether Western feminists and national governments have anything to do with the health of the women directly affected by FGC. Could it be that Korieh’s argument instead of addressing the issue of FGC and women’s health directly skirts the issue and thus becomes ‘*circumstantial ad hominem*’?<sup>38</sup>

#### **4.6. Unveiling the Limitations of Anti-Female Genital Circumcision Discourses**

##### **4.6.1. Female Genital Circumcision and the Constructed Silence**

The claim has been made that although FGC has been in the public focus especially in the second half of the twentieth century, “the voices of many East and West African women who value the practice of genital [c]ircumcision for both girls and boys have

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<sup>38</sup> *Circumstantial ad hominem* is a fallacy “in which some irrelevant personal circumstance surrounding the opposition is offered as evidence against their position” (*Logical Fallacy: Argumentum ad Hominem: The Fallacy Files*).

not been audible” (Shweder 2009:14). This statement implies a number of issues. First, it implies that these women have not utilised the available and efficient means to make themselves audible. Second, it suggests that there are circumstances that hinder the production of audible voices even though these women would wish to speak out. Third, the statement insinuates that the intended recipients of the women’s message are not willing to listen. Regardless of all these implications, it seems clear that the practice of FGC and its possible health risks continue without interruption. This could also mean that insofar as these female voices are not audible, that those privileged by the practice continue to strengthen its roots, and further “cause a renewed focus on women’s bodies, leading to the re-invention and perpetuation of FGC” (Esho, van Wolputte and Enzlin 2011:54).

Among the issues that hinder the audibility of women voices is the cultural norm of silence. It is possible that given the norm of silence around sexuality,<sup>39</sup> women find themselves in uneasy situations to speak out openly on FGC. Dellenborg’s (2004:79) study in Casamance, Southern Senegal confirms that women become disturbed by topics that focus on their genitalia. Such unease keeps public discussion about FGC away from the public eye. In many African societies, such discussion has been successfully kept away from the public eye by demonising any language that would aid its expression. For example, while the penis can be easily named in terms of its work (although in coded language which patriarchy determines), speaking of the vagina in terms of its work is a difficult subject (Machera 2004:158; Amanze, 2010). In her work *Opening a Can of Worms: A Debate on Female Sexuality in the Lecture Theatre*, Machera (2004:158) attests that her students admitted, “it is not conventional for people in their communities to identify ‘that part’ of the female body by its ‘name’ ...that one has to be out of one’s mind to be able to use ‘that term’ ...the term is an insult...it is not pronounceable.” It could thus be argued that by concealing language around the female vagina, the knowledge of engagement is also concealed. This tends to show why women are uncomfortable in open discussion about FGC. It is however imperative to connect the implication of women’s silence with the continuing practice of FGC. Because of this existing silence, FGC practice seems to evade open criticism from within cultural contexts, especially among those members

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<sup>39</sup> Please refer to chapter two above.

of the community who would wish to challenge it. As such, efforts that raise concern over possible health risks of FGC are often disempowered. Due to such silence, structures of patriarchy tend to consolidate their power and control over the female body (Tamale 2003:43; Madunugu 2005:8). It therefore becomes normative to view an oppressor as a liberator and a liberator as a traitor.

#### **4.6.2. Contending the Limits of Women's Health**

FGC discourses that argue for the abandonment of the practice have greatly advanced the issue of women's health and human rights as major motivating factors. These discourses<sup>40</sup> have however advanced the aspect of health and rights from different directions. While some argue that by undergoing FGC, women are stigmatised and have their wellbeing affected; others maintain that the cutting itself causes pain, bleeding and possible death (Hosken 1993:114). Still other discourses argue that the ignorance and unpreparedness of healthcare professionals to provide adequately for circumcised women continues to dissuade many from seeking healthcare. Inasmuch as these discourses have presented issues of health and reproductive rights, they have not been conclusive enough to justify that FGC, more than any other bodily practice, causes serious risks to women's health. This has been a point of contention and it could be argued that its progress gives little or no time to critically revisit possible health risks of FGC among practicing communities. For example, it is presumably upon this weakness that scholars such as Korieh (2005:112) have pointed out that practices such as "partial-birth abortion and forced sterilization" are also questioned as to whether they have implications for women's health and reproductive rights.

The issue of women's health in most anti-FGC campaigns seem to be limited to the "physical and mental risks" of FGC even though the WHO defines health<sup>41</sup> to include social wellbeing. Social wellbeing is one of the fears that anti-FGC campaigns seemingly take for granted especially when it is defined that "FGC has no health benefits, only harm" (WHO 2008:11; INERELA+ 2011:4). Indeed, it has been argued elsewhere that the practice of FGC is religio-culturally based. Arguments of socialisation, religio-cultural identity, and femininity have thus been put forward to

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<sup>40</sup>See chapter three above.

justify the practice of FGC (Ahmadu 2009 as interviewed in Shweder 2009:14; Njambi 2004:295-300; Dellenborg 2004:83-85).

The underlying cultural reasons for FGC practice appear to be that the social wellbeing of a circumcised woman is promoted over that of the uncircumcised. For example, among the Sabiny, while the uncircumcised woman are denied “dignified roles in the family...even taking up positions of responsibility in the community,” these are granted to the circumcised (Kiiryaet *al.*, 2008). Considering the aspect of socialisation, to what extent can we limit the health aspect within the domains of physical and mental health? Or, what concerns do anti-FGC campaigns have in order to address the probable social stigma against women and girls who may choose to elude FGC, yet choose to remain in their cultural contexts? It could be argued that these questions may continue to be relevant insofar as FGC is not seriously approached as a social wellbeing issue.

#### **4.6.3. The Clitoris as the Centre of Sexual Excitement**

Apart from health risks, the debate to discredit FGC has also highlighted sexual rights and sexual excitement in which orgasm is put under the microscope. It has been argued that since FGC involves the partial or complete removal of the clitoris, an organ that is considered a major source of female sexual excitement, circumcised women are denied sexual fulfilment. Consequently, the proponents of this argument conclude by denouncing the practice. Although I would agree that the denunciation of this practice, I would limit FGC-related health risks. Instead, a concern should be raised as to whether the argument of orgasm and female excitement as limited to the clitoris is meaningful enough to persuade the abandonment of FGC-practice. Whether or not circumcised women experience orgasm has been contentiously argued (Shell-Duncan *et al.*, 2000). One of the assumptions that Western-constructed knowledge on female sexuality advances is that “the clitoris represents an integral aspect of femininity and has a central erotic function in women’s sexuality” (Ahmadu

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<sup>41</sup>“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” <<http://www.who.int/about/definition/en/print.html/>>, [Accessed 12 November 2014].

2000:284). This knowledge seems to disassociate the possibility of complete erotic excitement among circumcised women. Some medical studies however conclude differently stating that, “women are capable of experiencing other forms of orgasms such as vaginal/cervical, breast, oral, G-spot, anal and mental orgasm” (Otto cited in Lightfoot-Klein 1989:386). Elsewhere, “extra genital stimulation, emotional involvement, and spiritual connection” have been argued as sources of orgasm in women (Ogeden cited in Lightfoot-Klein 1989:386).

According to Lightfoot-Klein’s (1989:375) study among the Sudanese, circumcised and infibulated women indicate that “sexual desire, pleasure, and orgasm are experienced by the majority of women who have been subjected to this extreme sexual mutilation.” Ahmadu, in her own story (2000:305) (who was herself circumcised) attests that as far as sexual excitement is concerned she experiences no difference before or after the operation. This analysis further complicates and questions the anti-FGC discourses whose arguments are based on the clitoris as the source of sexual excitement. Also, the contradicting perceptions of female sexual excitement tend to respond to the possibility that the degree and the circumstances of sexual excitement may not be determined within universal categories. Given these assumptions, women’s health may be compromised as the orgasm-based arguments fail to win over FGC practicing communities. It would be possible therefore for FGC practicing communities to consider anti-FGC campaigns as irrelevant to their contexts and as a case that does not serve to address possible FGC health risks.

#### **4.6.4. Sexual Satisfaction vs. Ignorance**

Related to the argument of orgasm is that of ignorance. Ignorance has been singled out as one of the driving forces behind the continued practice. Walker and Parmar (cited in Njambi 2004:286) argument for ignorance<sup>42</sup> appears to claim that African women who practice FGC are ignorant of their own sexuality, the possibility of sexual harm, and how patriarchal traditions continue to suppress them. As a consequence, Walker posits liberation from such ignorance as the only means to liberate African women. However, there seems to be a dilemma on how to reconcile the ignorance

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<sup>42</sup>I discuss this in chapter three above.

proposed by Walker and the orgasmic experience of a circumcised Sudanese woman cited in the (1989) Lightfoot-Klein study. Can we sustain a claim that a Sudanese woman is ignorant of her sexuality when she describes her orgasmic experience in such sexually-graphic terms?

All my body begins to tingle. Then I have a shock to my pelvis and my legs. It gets very tight in my vagina. I have a tremendous feeling of pleasure, and I cannot move at all. I seem to be flying far up. Then my whole body relaxes and I go completely limp? (Lightfoot-Klein, 1989:387).

In reference to this assumption of ignorance, it becomes relevant to consider that different voices speak different experiences. These experiences reveal different experiences of how individuals adapt to the environment around them. If this is granted, it becomes imperative to look at how knowledge around people's experiences is generated. Insofar as voices raise experiences, a consideration should be made with regard to whose voice matter, for whom and what? Dutta, Ban and Pal (2012:5) and Spivak (cited in Decatur 2013:34) observe that although dominant voices may have good intentions to address their challenges, it does not render as unnecessary the voices of these small groups. These groups remain knowledgeable of their experiences contrary to the assumptions of ignorance associated to them by the dominant voices. Therefore, if voices of FGC practicing communities matter, how much of their voices are represented in the "well intentioned goal of eradicating female genital mutilation" by human rights organisations, activists, and the WHO? (Decatur 2013:34). In other words, to what extent does their cultural standpoint inform the anti-FGC laws and campaigns?

In the light of the above analysis, in the section that follows I will focus on the religio-cultural influence in shaping people's worldview and why it is important to take into consideration this phenomenon in the anti-FGC discourses.

#### **4.6.5. Religio-Cultural Influence**

Culture may be understood as a totality of people's ways and conducts of life in a society, regulated by their specific norms, values, beliefs, religion, and authority.

Because it is about people who are dynamic, culture cannot be understood statically, but as that which evolves under particular contexts (Dutta, Ban and Pal 2012:4-5). Culture is therefore a diverse subject. However, for the purpose of this analysis, culture will be regarded as an amalgamation of beliefs, norms and practices.

The Practice of *Wonsho* among the Sabiny is a cultural practice that not only incorporates the young into adulthood but also is one believed to maintain social-cohesion. In terms of an African traditional worldview, social-cohesion is not only an aspect that concerns the living but also the ancestors (Chivaura 2006). Chivaura (2006:215) argues that “[t]he importance of unity between the living and the ancestors in the African worldview reflects the integration of the spirit-realm and the physical world and the involvement of the spirit world in our social sphere”. Practicing *Wonsho* would therefore mean reconciling the living’s obligation with the traditions of the land and would be seen in terms maintaining wellness and peace building for the individual and the community as a whole. In an African tradition worldview, “it is believed that the spiritual world rewards good human conduct with abundant rain, harvests, children, and general prosperity, and punishes adverse conduct with drought, famine, infertility, and misfortune” (Sackey 2012:457). Given this standpoint, it is imperative to understand how communities such as the Sabiny make sense of the world in which they live. While it may seem easy for anti-FGC laws to be promulgated and put into practice, for the anti-FGC human rights groups to deconstruct the practice of FGC as barbaric and primitive it may become a risk factor. Hence, it may have serious repercussions on the beliefs and traditions of the Sabiny if they were to summarily abandon the practice. However, this does not mean that traditions, beliefs and practice are evenly working for the good of the people.

As has been shown in chapter three above, the practice of *Wonsho* is associated with power imbalances between men and women. These imbalances define the construction of a Sabiny woman’s body, *viz.*, a circumcised woman can earn the respect from her community and from her husband, and an uncircumcised woman disrespect and the loss of identity. The important however to interrogate the source of respect and disrespect. In other words, if notions of respect and disrespect are key to a Sabiny woman’s wellbeing, it is importance to understand their epistemological sources. Since in patriarchal societies, women are not necessarily intrinsic of respect

but is conferred by an outside power, a woman must undergo FGC in order to win herself respect and honour among her peers as well as the greater community. Yet, in such cases where a woman's health is compromised to what extent can her honour won by circumcision contribute to her wellbeing? In this regard it can be argued that debates that promote FGC on the basis of respect and honour continue to fall short of this analysis as they tend to promote social wellbeing at the expense of a woman's physical, mental, and psychological wellbeing. Nevertheless, it is also important to note that even the social wellbeing of a woman is controlled by the patriarchal male who is invested with the power to either confer honour and respect or to revoke it.

#### **4.7. Chapter Summary**

In this chapter I have raised the concerns of language, naming and communication. I have also sought to demonstrate that although various discourses have attempted to address the contentious issue of FGC, there have been key issues that seem to have been taken for granted. In particular, the aspect of naming seems to have been taken for granted, where the limitations of the discourse have the power to address the risks of FGC. Nevertheless, it can be conclusively argued that the aspect of communication of which the naming of female genital cutting is part, is key in any effort to negotiate the way forward for FGC.

In the concluding chapter that follows, I will provide a summary of my study, and a general conclusion

## **CHAPTER FIVE**

### **SUMMARY OF THE STUDY AND FINAL CONCLUSIONS**

#### **5.1. Introduction**

This concluding chapter is divided into two main sections. In the first section, I will provide summary of the study, its key research questions, a brief overview of each chapter, the study's overall argument, as well as a close review of its theoretical framework, value, critical findings and limitations. In the second section, I will provide some final conclusions.

In this study I have aimed at exploring the politics of knowledge on African sexualities and how these discourses contribute to the understating of women's health. Its point in focus was FGC as practiced among the Sabinu people of Uganda. As regards the study's overall approach, when it comes to understanding of African sexualities and in particular, FGC, I have attempted to show the contention between different levels of knowledge.

#### **5.2. Summary of the Research Study**

##### **5.2.1. Key Research Questions**

The information from a wide range of literatures was invaluable to understanding the complexity of African sexualities in relation to FGC. In particular, it helped the study in its overall attempt to reveal how FGC discussions contribute to the understanding the health and rights of African women who are directly affected by its practice.

The key research question and sub-questions which this study aimed to answer were as follows:

- i. How does the politics of knowledge on African sexualities in relation to the Sabinu FGC initiation rite contribute to the discourses on women's health?
- ii. What is the notion of African sexualities?

- iii. How does the understanding of the FGC rite of initiation contribute to empowering or disempowering discourses on women's health?
- iv. What religious, cultural and health resources within the Sabiny FGC rite of initiation can be used to educate Sabiny girls on issues such as reproductive health, hygiene, self-worth and womanhood?

### 5.2.2. Overview of Chapters

The study comprised of five chapters.

- i. **Chapter One:** Here, I provide a detailed introduction to the entire work. The chapter focused on the general introduction, background, theoretical framework and the methodological approaches upon which the study was conducted.
- ii. **Chapter Two:** In this chapter I explored the concept of African sexualities with a view to understanding their complexity. In particular, the study aimed at answering the first research sub-question. The chapter focused at the different ways by which African sexualities have been studied, hypothesizing that the approaches used would contribute to the complex understanding of African sexualities within contemporary society. It became evident from this part of the study that knowledge on African sexualities took shape in relation to the influence of both Western and African perceptions. It was also discovered that the standpoint of one's experience shaped one's perception thereof. While the Western discourses were largely informed by the western understanding of sexuality, a model they attempted to apply for the African context, the African perception was informed by the religio-cultural experiences and history of colonialism. Irrespective of the standpoint, these levels of knowledge were interested in a common object of study, this being African sexualities.

Further in Chapter two I laid the foundation for the discussion on FGC that would take place in chapter three and four by locating it as one of the key traditional practices that are often cited when describing the nature of African sexualities.

- iii. **Chapter Three:** This chapter focused on FGC and explored how it is understood. I particularly focused on the FGC-practicing community of the Sabiny people of Uganda and from the global perspective in relation to the practice of FGC. In regard to the knowledge surrounding the practice of FGC, I sought to partly answer the second and third sub-questions of the study. In this chapter it was discovered that FGC is understood differently. First, I highlighted that the practice of FGC is accorded with different values by which it is understood. While the Sabiny value it as rite of passage which promotes cultural identity and confers a dignified state of womanhood within their community; human rights organisations perceive it as a practice that enslaves a woman under male domination. The chapter therefore sets in motion the debates on FGC which are critically analysed in chapter four.
- iv. **Chapter Four:** In this chapter, I focused more on answering the main research question, as well as the second and third sub-questions which were partly answered in chapter three. I did this by critically engaging the discourses on FGC using as a backdrop, that of women's health. The debates were engaged through the theoretical framework, the Culture-centred Approach (CCA) and the Poststructuralist Approach (PA). At the centre of this engagement, I examined how these discourses communicate with each other. The level of communication was established as a key contributing factor towards the understanding of women's health. The contribution was measured by how they centralise the aspect of women's health in their engagement with FGC. In this chapter, I also examined the extent by which pro-FGC and anti-FGC discourses are for women's health. By so-doing, the chapter underlines the fact that neither of the two categories of discourses can be categorised as hostile to women's health given the experiences that inform their knowledge. However, in the chapter, I argued that because of the temptation for each discourse to

claim its power of knowledge over the other, certain factors that have the ability to contribute negatively to women's health tend to pass unattended.

- v. **Chapter Five:** Here I summarise the entire study and give the final conclusion. In the first main section of the chapter, I provide a detailed, yet brief summary of the entire study by outlining and evaluation each chapter against the main research questions and sub-questions. Within the chapter, I provide an overview of the main argument of the study, give a critique of the theoretical framework upon which the study was conducted, the value of the study, its critical findings, and the study's limitations. In the second main section of the chapter I provide a final conclusion.

### **5.2.3. Overview of Argument**

The issue of FGC was identified as a central object of study. It was discovered that in all discourses whether pro-FGC or anti-FGC, a concern for women's health was part and parcel of the entire debate. However, the question posed: To what extent is women's health central and what were the overall motivations? The study ascertained that there were certain aspects of knowledge that the engaged discourses seem to neglect or take for granted. These were discussed in the section dealing with the limitations of the anti-FGC discourse. For example, traditionalists who promote the practice claim that it is part of their culture, that it is sacred and intended to promote the socialisation of the woman, and thus takes for granted the health complications associated with FGC. Among the factors taken for granted are the environment in which FGC is practiced, the tools used, the surgery itself, the disposition of the circumcisers, and the health complications that follow circumcision. On the other side of the anti-FGC camp, the factors taken for granted include the language used in terms of communicating with the FGC practicing communities, the naming of the practice, the model of sexuality upon which FGC is deconstructed, and the social and the religio-cultural location of the women within the FGC practicing communities.

#### **5.2.4. Theoretical Framework**

This study used an African feminist approach to the politics of knowledge on African sexualities as understood by Nnaemeka (2005) and Tamale (2008, 2011). This theoretical framework does not condone the practice of FGC, neither does it appreciate the way the Western scholarship has generally approached African sexualities. Instead, it argues that African traditional practices such as FGC have grown out of the religio-cultural context and used in describing African sexualities as hostile to women's health. This far, I have agreed with the framework. However, in the main analysis chapter (four), I critiqued the framework arguing that it risked diverting the debate from engaging with the raised concerns of women's health to challenging the circumstances of the Western feminists and governments. Scholars such as Nnaemeka (2005), Ehrenreich (2005), Korieh (2005), all attempt to silence the Western anti-FGC discourses from addressing FGC within the African context insofar as similar or even more harmful practices are condoned in the West. In this way, these African feminists challenge the moral authority of some Western feminists and National Governments in finding solution for the African woman affected with FGC.

The question this study has raised is whether the attempted quietening or the challenge based on the circumstances of the opposition to FGC empower the ordinary woman faced with the health risks of FGC? On this aspect, the African feminist voices seem to take for granted that diverting the debate to challenging the Western feminists and National Governments does not seem to respond to the health challenges experienced by the women who have undergone FGC/FGM.

#### **5.2.5. The Value of the Study**

This study was inspired by the fact that women's health is still compromised by the practice of FGC. Indeed, the discourses around the subject taken in the broader context of African sexualities seem to problematise the understanding of African sexualities and FGC in particular. It appears that it is through these politics of knowledge on African sexualities that women's health is affected. It was in regard to this supposition that the function of the study was to explore the different discourses

on African sexualities and FGC to attempt to find out how they contribute to the understanding of women's health.

This study is important in that it demonstrates there have been various levels of knowledge which have attempted to engage the study of African sexualities and FGC in particular. This study thus aimed to contribute to the wider body of knowledge on African sexualities and to inspire new approaches and theories with which to engage the subject. The aim of this study was thus attained by identifying and engaging these levels of knowledge while establishing their complexities. The feminist approach to African sexualities, a poststructuralist approach and the CCA provided the tools by which the study attempted to achieve these objectives.

#### **5.2.6. Critical Findings of the Study**

The study established that the debates from all the outlined approaches on FGC did not explicitly intend to undermine women's health. For example, in chapter three, the Sabiny people through the religio-cultural constructed knowledge system seemed intent in promoting the social wellbeing of women by having them socialised as women. The ritual, despite the health complications as raised by the WHO has aspects of health promotion such as teaching girls how to bath and shave, as well as reproductive health education. Second, the anti-FGC discourses have based most of their argumentation on aspects of human rights, health and sexual autonomy. Critical of the African practices although challenged in their approach by African feminists, Western voices have raised concerns on the health complications of FGC. They have rightly highlighted the tools used during the ritual, the process of cutting and the possible short and long term health complications of the circumcised woman. Third, African feminist voices have categorised themselves as a body of scholars who do not support the practice because of its harmful consequences on women's health.

The above analysis points to the second finding of the study. Although the literature on FGC emphasises two major dichotomies within the FGM debate, i.e., the medical and rights approach that presents the universal moral outrage position and the cultural relativists which constitute the identity-based position, this study argues that there is a

third position which lies inexplicit within the debate—this being the critical African feminist position.

The discourses on FGC are therefore trapped in a triangular-like category of knowledge(s). Through the theoretical framework, the study has identified three power levels of knowledge. Western feminists, National Governments and anti-FGC organisations construct their chosen power of knowledge around the concept of the woman's body. In this way, a woman's body is viewed having rights, sexual freedom, and health.

The second form of power is demonstrated by African feminism. It is a self-autonomous seeking power of knowledge influenced by religio-cultural background under the self-autonomous seeking power of knowledge, An African woman is presented as one who has the ability to participate in the production of knowledge around her sexuality, and more so, as one who remains linked to her religio-cultural context.

The third level is an indigenous based power of knowledge, exercised by the gate-keepers of the practice of FGC, and motivated by the ancestral demand to preserve the religio-cultural identity at all costs. It views traditions and practices such as FGC as sacredly demanded by the ancestors. This study has highlighted that at the centre of these powers of knowledge is the aspect of women's health and the practice of FGC.

Third, this study found out that the issue of language and naming was key in the dialogue between the three powers of knowledge. In their contribution to the debates on FGC these powers of knowledge use different scales by which to evaluate the practice.

Based on its analysis of the different scales of evaluation, this study has attempted to show why in some contexts FGC is named a FGM, while in other contexts such as among the Sabiny people it is *Wonsho*. Furthermore, the evaluation is conducted in different languages which complicates a health communication. For example, in chapter four where I problematised the 'cut' and 'uncut' clitoris there has been instances where the Western discourse attempted to define the 'cut' clitoris as a sign

of primitivism while the ‘uncut’ was a sign of modernity. On the other hand, some practicing communities have spoken of the same ‘cut’ clitoris as a sign of modernity contrary to primitivism.

### **5.2.7. Limitations of the Study**

The study was not empirical but literature based. It consisted of a theoretical study concerned with the theories constructed around African sexualities and in particular the rite of FGC. This study was not about the physical cutting as such but the theories that have been constructed around the rite and how they contribute to the discourses on women’s health.

Although an empirical study would have been appropriate, especially in a study FGC, the timeframe of one year would not be sufficient. In my attempt to address these limitations I relied on the scholarly works of African women feminists who have written widely on African sexualities and FGC rites of initiation. Also, I utilised scholarly works that have addressed the study on FGC empirically.

As a Ugandan national, I have some knowledge of the Sabiny rite of initiation. I have nevertheless located myself as an outsider since I am not a Sabiny. I was therefore cautious in my approach and undertook a detailed reading of the Sabiny rite of female genital circumcision. In this regard, the works of scholars who have written about the subject from within the Sabiny cultural context were found very helpful.

### **5.3. Some Final Conclusions**

As Caplan (1987) has cogently argued, sexuality is contextually constructed. I agree with this argument because in order to engage critically with this discourse, contextualisation of the subject is imperative. To contextualise the subject, especially by the outsider, could become intellectually tiresome, challenging, and require the inquirer to stray outside of her/his standpoint so as to avoid prejudice. It would mean to approach the study from experience of the insider so as to understand the cultural and social dimensions. Approaching the study on key aspects of sexualities such as

FGC would need a distinct move from experience to theory rather than from theory to experience. In other words, one has to ask questions that appreciate experience such as those proposed by Obiora (2005:38).<sup>43</sup>

The question of language should also be critically analysed so as to reveal its contribution to the discourse of sexualities. Language as discussed in chapter three, can be controversial, hinder communication, and even encourage the promotion of gender disparity. For example, when language is used in naming certain practices it has the power to construct the meaning of the object it attempts to name. Hence, the practice of FGC is often named ‘mutilation,’ while in communities such as among the Sabinu it is named *wonsho*, meaning the act of chasing away” (Matyichngony 2012). The two names confer different meanings to the same practice. Hence, even though they have the same object of study, there is no communication. Therefore, it seems essential to equally place the language that informs the study under critical scrutiny so as to enhance health communication.

Limitations on FGC discourses may need to be anticipated since they can hinder the dialogue on addressing the health risks associated with the practice. As this has been one of the study’s findings, limitations have attempted to redirect the question of enquiry into women’s health by discrediting cultures and people’s way of life. Limitations have also facilitated a u-turn from addressing the subject directly, to focusing on the circumstances. Nevertheless, sexuality remains a study imbued in limitation. As Tamale remark, such assumptions that make it a complex phenomenon:

If sexuality were a human being and she made a grand entrance...into the African Union conference centre, the honourable delegates would stand up and bow in honour. But the acknowledgement of and respect for Sexuality would no doubt be tinged with overtones of parody and irony, even sadness...In fact, once Sexuality got to the podium and opened her mouth, the multiple complexities associated with her presence would echo around the conference room (Tamale 2011:1).

While sexuality in any particular cultural context is a privileged subject in terms of its sensitivity, it is also an endangered aspect of the human person in terms of its construction and perception. It is threatened not only by an outsider, but also by an

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<sup>43</sup>See chapter four above.

insider. While it can be held with high esteem from a particular cultural context, it can also be called names that demonize it from another's standpoint.

Second, while sexuality is central to one's appreciation of her or his distinctiveness from other objects, it can also be used to treat persons as objects. One could become an object of the other, if her or his sexuality instead of being appreciated is exposed to manipulation. This assumption justifies the need for further exploration in the current debate on FGC to specifically obtain the voices of the ordinary women who undergo the practice. This kind of research will bring to the body of knowledge not only their voices, but how they perceive the different bodies of knowledge that attempt to represent them.

Last but not least, I have argued in this study that the politics of knowledge on African sexualities with regard to FGC affects the understanding of African women's health especially in regard to how they communicate with one another and with what they seem to neglect or take for granted.

## BIBLIOGRAPHY

- Achieng, N. 2010. 'To Hell with the Law! We Shall Circumcise the Girls,' Elders in Bukwo and Kapchorwa Districts: Uganda. *World Pulse*, November 7 2010. [Online]. Available at: <<https://worldpulse.com/node/30633/>>. [Accessed 15 June 2014].
- Action Group for Health, Human Rights and HIV/AIDS (AGHA). 2013. *The Impact of Social Cultural Norms on Young People's Sexual Reproductive Health: The Practices among the Baganda*. [Online]. Available at: <<http://agha.or.ug/sites/default/files/Buganda%20Social%20Norms%20Report.pdf>>. [Accessed 23 March 2014].
- African Studies Centre.n.d.*Uganda Ethnic Group*. [Online].Available at: <<http://www.africa.upenn.edu/NEH/u-ethn.html>>.[Accessed 2 August 2014].
- Ahern-Flynn, E. 2013.Female Genital Mutilation and the Healthcare Professional in Ireland.*Royal College of Surgeons in Ireland Student Medical Journal* 6(1), pp. 84-88.
- Ahlberg, B.M., and Kulane, A. 2011. Sexual and Reproductive Health and Rights.In: Tamale, S. (ed).*African Sexualities: A Reader*. Cape Town: Pambazuka Press,pp. 313-339.
- Ahmadu, F. 2000. Rites and Wrongs: An Insider/Outsider Reflects on Power and Excision. In: Shell-Duncan, B. and Hernlund, Y. (eds). *Female "Circumcision" In Africa: Culture, Controversy, And Change*. London: Lynne Rienner Publishers, pp. 283-312.
- Althaus, F.A. 1997. Female Circumcision: Rite of Passage or Violation of Rights?*International Family Planning Perspectives* 23(3), pp. 130-133.
- Amadiume, I. 2007. Sexuality, African Religio-Cultural Traditions and Modernity: Expanding the Lens.*CODESRIA Bulletin* 1-2, pp. 26-28.

- Amanze, J.N. 2010. Demythologising African Conceptions of Human Sexuality: A Gateway to Prevention and Eradication of HIV and AIDS in Africa. *INERELA+: Positive Change in Action*. <<http://inerela.org/2010/07/demythologizing-african-conceptions-of-human-sexuality-a-gateway-to-prevention-and-eradication-of-hiv-and-aids-in-africa-prof-james-n-amanze/>>. [Accessed 10 November 2014].
- Anguma, S. and Ayikoru, J. 2004. Towards Introducing Space Science Uganda. In: Wamsteker, W. Albrecht, R. Haubold, H.J. (eds). *Developing Basic Space Science World-Wide: A Decade of UN/ESA Workshops*. London: Kluwer Academic Publishers, pp. 211-218.
- Arnfred, S. 2004. African Sexuality/Sexuality In Africa: Tales and Silences. In: Arnfred, S. (ed). *Re-thinking Sexualities in Africa*. Uppsala: The Nordic Africa Institute, pp. 59-76.
- Arnhart, L. 1998. *Darwinian Natural Right: The Biological Ethics of Human Nature*. New York: State University of New York.
- Ayenigbara, G.O., Aina, S.I. and Famakin, T.D. 2013. Female Genital Mutilation: Types, Consequences and Constraints of its Eradication In Nigeria. *Journal of Dental and Medical Sciences* 3(5), pp. 7-10.
- Bagnol, B., and Mariano, E. 2012. Gender, Sexuality and Vaginal Practices. [Online]. Available at: <[http://www.academia.edu/1527945/Gender\\_sexuality\\_and\\_vaginal\\_practices/](http://www.academia.edu/1527945/Gender_sexuality_and_vaginal_practices/)>. [Accessed 06 June 2014].
- Bartky, S.L. 1990. *Femininity and Domination: Studies In the Phenomenology of Oppression*. New York: Routledge.
- Beasley, C. 1999. *What is Feminism? An Introduction To Feminist Theory*. London: Sage Publications.
- Benintendi, L. 2004. *The Sebei of Uganda*. [Online]. Available at: <[http://www.daviddfriedman.com/Academic/Course\\_Pages/Legal\\_Systems\\_Very\\_Different\\_13/final\\_papers\\_04/benintendi\\_sebei\\_04.html/](http://www.daviddfriedman.com/Academic/Course_Pages/Legal_Systems_Very_Different_13/final_papers_04/benintendi_sebei_04.html/)>. [Accessed 04 June 2014].
- Bennett, J. 2011. Subversion and Resistance: Activists Initiatives. In: Tamale, S. (ed). *African Sexualities: A Reader*. Cape Town: Pambazuka Press, pp. 77-100.

- Beyenza-Kashesya, J., Kaharuzza, F.Mirembe, F.Neema, S. Ekstrom, A.M. and Kulane, A.2009.The Dilemma of Safe Sex And Having Children: Challenges Facing HIVs Sero-Discordant Couples in Uganda. *African Health Sciences*, 9(1), pp. 2-12.
- Boyden, J., Pankhurst, A. Tafere, Y. and Draft. F. 2012. *Harmful Traditional Practices and Child Protection: Contested Understandings and Customs of Female Early Marriage and Genital Cutting In Ethiopia*. [Online]. Available at:<<http://www.ohchr.Org/Documents/HRBodies/CEDAW/HarmfulPractices/JoBoyden-AlulaPankhurst-YisakTafere.pdf/>>. [Accessed 22 July 2014].
- Brady, M. 1999. Female Genital Mutilation: Complications and Risk of HIV Transmission.*Aids Patient Care and STDs* 13(12), pp. 709-716.
- Caldwell, J. Caldwell, P. and Quiggin, P.1989. The Social Context of AIDS in Sub-Saharan Africa.*Population and DevelopmentReview* 15(2), pp. 185-234.
- Cameron, D. and Kulick. D. 2003. *Language and Sexuality*. New York: Cambridge University Press.
- Caplan, P. (ed). 1987. *The Cultural Construction of Sexuality*. New York: Tavistock Publications.
- Cassman, R. 2008. Fighting To Make the Cut: Female Genital Cutting Studied within the Context of Cultural Relativism.*Northwestern Journal of International Human Rights* 6(1), pp. 127-154.
- Caterian, La Barbera. 2009. Revisiting Anti-Female Genital Mutilation Discourse.*DirittoQuestionipubliche*. [Online]. Available at: <[http://www.dirittoe/questionipubbliche.org/page/2009\\_n9/05\\_studi-03\\_MC\\_LaBarbera.pdf/](http://www.dirittoe/questionipubbliche.org/page/2009_n9/05_studi-03_MC_LaBarbera.pdf/)>. [Accessed 15 September 2014].
- Chirwa, W.C. 1997. Migrant Labour, Sexual Networking and Multi-partnered Sex in Malawi.*Health Transition Review*, Supplement 3(7), pp. 5-15.

- Chivaura, G.V. 2006. African Indigenous Worldviews and Ancient Wisdom: A Conceptual Framework for Development in Southern Africa. In: Kunnie, J. and Goduka, I.N. (eds). *Indigenous peoples' Wisdom and Power: Affirming our Knowledge through Narratives*, Aldershot: Ashgate Publishing Limited, pp. 213-224.
- Clark, J.E. 2012. *Indigenous Black Theology: Towards An African-Centred Theology of the African-American Religious Experience*. New York: Palgrave MacMillan.
- Clifford, A.M. 1992. Feminist Perspectives On Science: Implications For An Ecological Theology of Creation. *Journal of Feminist Studies In Religion* 8(2), pp. 65-90.
- Connell, R.W. 2002. *Gender*. New Malden: Polity Press.
- COSATU. 2000. *Understanding Gender: A Struggle within the Struggle. Congress of South African Trade Union*. [Online]. Available at: <<http://www.cosatu.org.za/show.php?ID=2168/>>. [Accessed 6 June 2014].
- Davies, M., Brannan, S. Chrispin, E. Mason, S. Mussell, R. Sheather, J. and Sommerville, A. 2010. Ethics Briefings. *Journal of Medical Ethics* 37, pp. 577-579.
- Ddamulira, J.M. 2012. Female Genital Mutilation In Uganda: A Glimpse at the Abolition Process. *Journal of African Law* 56, pp. 139-150.
- Decatur, M.A. 2013. Empowering and Knowledge; Examining Discourses of Female Genital Cutting in a London NGO. *Durham Anthropology Journal* 19(1), pp. 25-44.
- Dellenborg, L. 2004. A Reflection On the Cultural Meanings of Female Circumcision: Experiences From Fieldwork In Casamance, Southern Senegal. In: Arnfred, S. (ed). *Re-thinking Sexualities In Africa*. Uppsala: The Nordic Africa Institute, pp. 79-94.
- Diallo, A. 2004. Paradoxes of Female Sexuality In Mali: On Practices of Magnonmaka And Bolokoli-kela. In: Arnfred, S. (ed). *Re-thinking Sexualities In Africa*. Uppsala: The Nordic Africa Institute, pp. 173-189.

- Dirie, M., and Lindmark, A. 1992. The Risk of Medical Complications after Female Circumcision. *East African Medical Journal* 69(9), pp. 479-482.
- Dutta, M.J. 2008a. *Communicating Health: A Culture-Centred Approach*. Cambridge: Polity Press.
- 2008b. *Communicating Health: A Culture-Centred Approach*. [Online]. Available at: <<http://www.polity.co.uk/book.asp?ref=9780745634913#description>>. [Accessed 12 October 2014].
- Dutta, M.J., Ban, Z and Pal, M. 2012. Engaging Worldviews, Cultures, and Structures through Dialogue: The Culture-Centred Approach to Public Relations. *Prism Journal* 9(2), pp. 1-16.
- EASSI. 2011. *Women's Reproductive Health and Sexual Rights*. [Online]. Available at: <<http://www.eassi.org/womens-reproductive-health-and-sexual-rights?format=pdf>>. [Accessed 5 September 2014].
- Eboreime, J. 1991. Body Decorations, Male-Female Relations and Group Identity amongst the Hill dwelling Koma People of Nigeria. In: Echard, N. (ed). *Les relations Hommes-Femmes Dans Le Bassin Du Lacthad*, Paris:Orstom, pp. 159-201.
- Elchalai, U., Ben-Ami, B. Gillis, R. and Brzezinski, A. 1997. Ritualistic Female Genital Mutilation: Current Status and Future Outlook. *Obstetrical and Gynaecological Survey* 52(10), pp. 643-651.
- Equality Now. 2011. *Protecting Girls from Undergoing Female Genital Mutilation: The Experience of Working with the Maasai Communities in Kenya and Tanzania*. [Online]. Available at: <[http://www.equalitynow.org/sites/default/files/Protecting%20Girls\\_FGM\\_Kenya\\_Tanzania.pdf](http://www.equalitynow.org/sites/default/files/Protecting%20Girls_FGM_Kenya_Tanzania.pdf)>. [Accessed 23 September 2014].
- Esho, T., Van, S. Wolputte, P. and Enzlin, P. 2011. The Socio-cultural-symbolic Nexus In the Perpetuation of Female Genital Cutting: A Critical Review of Existing Discourses. *Afrika Focus* 24(2), 53-70.
- Estabrooks, E.A. 2012. Female Genital Mutilation. [Online]. Available at: <<http://www.munfw.org/archive/50th/who2.htm>>.
- Familusi, O.O. 2011. Human Sexuality In African Thought and the HIV/AIDS Scourge. *LUMINA* 22(2) [Online]. Available at:

- <[http://lumina.hnu.edu.ph/articles/\(17\)familusiOct1.pdf](http://lumina.hnu.edu.ph/articles/(17)familusiOct1.pdf)>. [Accessed 22 August, 2014].
- Finke, J. 2003. Traditional Music and Cultures of Kenya.[Online]. Available at:<<http://www.bluegecko.org/kenya/tribes/turkana/society.htm>>.[Accessed 10 October 2014].
- Fredrickson.B., and T. Roberts. 1997. Objectification Theory: Toward Understanding Women's Lived Experiences and Mental Health Risks. *Psychology of Women Quarterly* 21(2), pp. 173-206.
- Gaidzanwa, R.B. 2007.African Feminism.*BUWA!: A Journal on African Women's Experiences*.[Online]. Available at: <[http://www.osisa.org/sites/default/files/sup\\_files/Africa%20Feminism%20-%20Rudo%20Gaidzanwa.pdf](http://www.osisa.org/sites/default/files/sup_files/Africa%20Feminism%20-%20Rudo%20Gaidzanwa.pdf)>.[Accessed 15 September 2014].
- Gallo, G.P., Moro, D. and Manganoni, M. 2009. Female Genital Modifications In Malawi: Culture, Health and Sexuality.In: Denniston, G.C. Mansfield, H. and Milos, M.F.(eds).*Circumcision and Human Rights*.California: Springer,pp. 82-96.
- García, J.M.R. 2001.ScientiaPotestasEst Knowledge is Power: Francis Bacon To Michel Foucault. *Neohelicon* 28(1), pp. 109-121.
- Gifford, A.E. 1994. 'The Courage to Blaspheme': Confronting Barriers to Resisting Female Genital Mutilation.*UCLA Women's Law Journal* 4(2), pp. 329-364.
- Goldschmidt, W. 1976.*Culture and Behaviour of the Sebei: A Study in Continuity and Adaptation*. London: University of California Press.
- Goredema. R. 2014. African Feminism: The African Woman's Struggle for Identity [Online]. Available at: <<http://www.africanrhetoric.org/pdf/Yearbook%20Section%204%20Goredema.pdf>>. [Accessed 18 August 2014], pp. 33-41.
- Halila, S., Belmaker, R.H. Rabia, A.Y. Froimovici, M.And Applebaum. J. 2008. Disappearance of Female Genital Mutilation From the Bedouin Population of Southern Israel.*International Society for Sexual Medicine* 6(1), pp. 70-73.
- Hancock, B .1998. *Trent Focus for Research and Development In Primary Health Care: An Introduction to Qualitative Research*. Trent Focus Group, pp. 1-27
- Hertog, K. 2010. *The Complex Reality of Religious Peacebuilding Conceptual Contributions and Critical Analysis*. Plymouth: Lexington Books.

- Hosken, F. P. 1993. Excerpts from Fran P. Hosken, *The Hosken Report: Genital and Sexual Mutilation of Females*, Fourth Revised Edition. *Women's International Network News* [Online]. Available at: <<http://www.middle-east-info.org/league/somalia/hosken.pdf/>>. [Accessed 18 September 2014], pp.114-218.
- INERELA+(International Network of Religious Leaders Living With or Personally Affected by HIV and AIDS). 2011. Female Genital Mutilation. In *SAVE Toolkit: A Practical Guide To the SAVE Prevention Methodology*. edited by K. Chalcraft, A. Leech, C. Mead, JP. Mokgethi-Heath. Pretoria: INERELA+
- Innocent Digest*. 2005. Changing a Harmful Social Convention: Female Genital Mutilation/Cutting. [Online]. Available at: <[http://www.unicef-irc.org/publications/pdf/fgm\\_eng.pdf/](http://www.unicef-irc.org/publications/pdf/fgm_eng.pdf/)>. [Accessed 18 August 2014].
- Iroegbu, P. 2012. Cultural Notion and Significance of 'Jigida'—the Waist Bead. [Online]. Available at: <<http://chatafrik.com/articles/life-style/cultural-notion-and-significance-of-jigida-the-waist-bead/>>. [Accessed 12 August 2014].
- Isherwood, L. 2000. Sex and Body Politics: Issues for Feminist Theologies. In: Isherwood, L. (ed). *The Good News of the Body: Sexual Theology and Feminism*. Sheffield: Academic Press, pp. 20-34.
- Jewkes, R., and Morrell, R. 2012. Sexuality and the Limits of Agency among South African Teenage Women: Theorising Femininities and their Connections to HIV Risk Practices. *Social Science and Medicine* 74, pp. 1729-1737.
- Jones, C. 2011. Words That Matter: Wittgenstein and Senge on the Power of Language in Critical Thinking. [Online]. Available at: <<http://sourcepov.com/2011/08/16/words-that-matter/>>. [Accessed 23 September 2014].
- Kanyoro, M.R.A. 2002. *Introducing Feminist Cultural Hermeneutics: An African Perspective*. New York: Sheffield Academic Press.
- Kiirya, S.K., and Kibombo, R. 2008. *Community Knowledge, Attitudes and Practices Related to Female Genital Cutting (FGC) in Kapchorwa District*. [Online]. Available at: <<http://dspace3.mak.ac.ug/xmlui/handle/10570/1641/>>. [Accessed 05 June 2014].

- Klouman.E., Manongi, R. and Klepp.K.I. 2005. Self-reported and Observed Female Genital Cutting in Rural Tanzania: Associated Demographic Factors, HIV and Sexually Transmitted Infections. *Tropical Medicine and International Health* 10(1), pp.105-115.
- Knudsen, L.M. 2006. *Reproductive Rights In A Global Context. South Africa, Uganda, Peru, Denmark, United States, Vietnam, Jordan*. Nashville: Vanderbilt University Press.
- Koenig, M.A., Lutalo, T. Zhao, F. Nalugoda, F. Wabwire-Mangen, F. Kiwanuka, N. Wagman, J. Serwadda, D. Wawer, M. and Gray, R. 2003. Domestic Violence in Rural Uganda: Evidence from a Community-based Study. *Bulletin of the World Health Organisation* 81, pp. 53-60. [Online]. Available at: <<http://www.who.int/bulletin/Koenig0103.pdf>>. [Accessed 23 June 2014].
- Korieh, C. 2005. 'Other' Bodies: Western Feminism, Race, and Representation in Female Circumcision Discourse. In: Nnaemeka, O. (ed). *Female Circumcision and the Politics of Knowledge: African Women In Imperialist Discourses*. London: Praeger, pp. 111-132.
- Kwagala, B. 2013. Birthing Choices Among the Sabinu of Uganda. *Culture, Health and Sexuality: An International Journal for Research, Intervention and Care* 15(3), pp. 401- 414.
- Kyeyune, S. 2012. *Shaping The Society Christianity And Culture: Special Reference To the African Culture of Baganda. Vol.II*. Bloomington: AuthorHouse.
- Lightfoot-Klein, H. 1989. The Sexual Experience and Marital Adjustments of Genitally Circumcised and Infibulated Females in the Sudan. *Journal of Sex Research* 26(3), 375-392.
- Logical Fallacy: Argumentum ad Hominem*. 2014. The Fallacy Files. [Online]. Available at: <<http://www.fallacyfiles.org/adhominem.html>>. [Accessed 10 September 2014].
- Machera, M. 2004. Opening a can of worms: A debate of female sexuality in the lecture. In *Re-thinking sexualities in Africa*, ed. S. Arnfred, 157–70. Uppsala, Sweden: Nordiska Afrikainstitutet.

- Macintosh, D. 2014. *Plato: A Theory of Forms*. [Online]. Available at: <[https://philosophynow.org/issues/90/Plato\\_A\\_Theory\\_of\\_Forms/](https://philosophynow.org/issues/90/Plato_A_Theory_of_Forms/)>. [Accessed 18 October 2014].
- Madunugu, B.E. 2005. Empowering Youth through Sexuality Education: The Challenges and Opportunities. *Understanding Human Sexuality Seminar Series 3*. <[http://www.arsrc.org/downloads/uhsss/madunagu\\_emp.pdf/](http://www.arsrc.org/downloads/uhsss/madunagu_emp.pdf/)>. [Accessed 28 September, 2014].
- Mafabi, D. 2011. Why the Sabinu are Gritty to Female Circumcision. *The Monitor*, 30 July. [Online]. Available at: <<http://mobile.monitor.co.ug/Full+Woman/-/1055094/1209662/-/format/xhtml/-/vy54ewz/-/index.html/>>. [Accessed 23 July 2014].
- Makuchi, J., and Nfah-Abbenyi. 1997. *Gender In African Women's Writing: Identity, Sexuality, and Difference*. Bloomington: Indiana University Press.
- Mama, A., Pereira, C. and Manuh, T. 2005. Editorial: Sexual Culture. *Feminist, Africa Sexual Cultures 5*, Cape Town: Africa Gender Institute.
- Martinez, G.P., Namulondo, H. and Aznar, C.T. 2013. Labia Minora Elongation As Understood by Baganda Male and Female Adolescents In Uganda. *The Culture, Health and Sexuality: An International Journal for Research, Intervention and Care* 15(10), pp. 1191-1205.
- Martland, T.R. 1975. On The Limits of My Language Mean the Limits of My World. *The Review of Metaphysics* 29(1), pp. 19-29.
- Maternal and Child Health: Uganda*. 2011. [Online]. Available at: <<http://www.who.int/pmnch/media/membernews/2011/ugandabackgroundpaper.pdf/>>. [Accessed 23 September 2014].
- Matyichngony. 2012. A Circumcision Ceremony In Sebei. [Online]. Available at: <<http://matyichngony.wordpress.com/a-circumcision-ceremony-in-sebei/>>. [Accessed 22 July 2014].
- MazharulI.M., and Mosleh, M.U. 2001. Female Circumcision in Sudan: Future Prospects And Strategies For Eradication. *International Family Planning Perspectives* 27(2), pp. 71-76.
- Mbiti, S.J. 1980. *Love and Marriage in Africa*. London: Longman Group Limited.

- McKee, A. 2003.*Textual Analysis*. [Online]. Available at: <<http://srmo.sagepub.com/view/textual-analysis/n4.xml/>>. [Accessed 30 May 2014].
- Ministry of Gender and Social Development. 2006. The Uganda National Culture Policy: A Culturally Vibrant, Cohesive, Progressive Nation. [Online]. Available at: <[http://www.eac.int/education/index.php?option=com\\_docman&ask=doc\\_download&gid=5&Itemid=6%20the%20traditions%20o%20the%20indigenous%20groups%20of%20uganda/](http://www.eac.int/education/index.php?option=com_docman&ask=doc_download&gid=5&Itemid=6%20the%20traditions%20o%20the%20indigenous%20groups%20of%20uganda/)>. [Accessed 22 August 2014].
- Minde, H. 2007. The Destination and the Journey Indigenous Peoples and the United Nations from the 1960s through 1985. *CalguCala Journal of Indigenous Peoples' Rights* 4, pp. 9-39.
- Momoh, C. (ed). 2005. *Female Genital Mutilation*. Abingdon: Radcliffe Publishing Ltd.
- Morrell, R. 2003. Silence, Sexuality and HIV/AIDS In South African Schools. *The Australian Educational Researcher* 30(1), pp. 41-62.
- Mouton, J. 2004. *How to succeed in your Master's and Doctoral Studies*. Seventh edition. Pretoria: Van Schaik.
- Muhanguzi K.F., Bennett, J. Hosea, R.D. and Muhanguzi, D. 2011. The Construction And Mediation of Sexuality And Gender Relations: Experiences of Girls And Boys In Secondary Schools In Uganda. *Feminist Formations*, 23(3), pp. 135-152.
- Mungwini, P., and Kudzai, M. 2010. Rape, Sexual Politics and the Construction of Manhood Among the Shona of Zimbabwe: Some Philosophical Reflections Thought and Practices. *Thought and Practices: A Journal of the Philosophical Association of Kenya (PAK)* 2(1), pp. 1-19.
- Murram Tours. 2014. The Republic of Uganda. [Online]. Available at: <<http://www.murramtours.com/index.php/murram/uganda/>>. [Accessed 22 August 2014].
- Muyinda, H., Kegeya, J. Pool, R. and Whitworth, J. 2001. Traditional Sex Counselling and Sexually Transmitted Infections/Human Immune Virus Prevention among Young Women In Rural Uganda. *Culture, Health and*

- Sexuality: An International Journal for Research, Intervention and Care* 3(3), pp. 353-361.
- Nalaaki, R. 2014. *Knives of Sebei Women, Ritual and Power: Sabiny Perception On Female Genital Mutilation and Advocacy Groups*. Unpublished Thesis.(M.Aph) ARTIC, University of Norway.
- Namulondo, J. 2009. *Female Genital Mutilation: A Case of Sabiny in Kapchorwa District*. Unpublished Thesis.(M.Ahrp) University of Tromso.
- Ndinda, C., Uzodike, U.O. Chimbwete, C. and Mgeyane.M.T.M. 2011. Gendered Perceptions of Sexual Behaviour In Rural South Africa.*International Journal of Family Medicine*.(2011), pp 1-9.
- Neema, S.N., Musisi and Kibombo, R. 2004. *Adolescent Sexual and Reproductive Health in Uganda: A Synthesis of Research Evidence*. New York: The Alan Guttmacher Institute.
- Nganda, S. 2008. *Sex Education: Do Our Teens Need It?*[Online]. Available at: <<http://www.arsrc.org/downloads/uhsss/nganda.pdf/>>.[Accessed on 23 September, 2014].
- Njambi, W. 2004.*Dualisms and Female Bodies in Representations of African Female Circumcision: A Feminist Critique*. [Online]. Available at: <<http://fty.sagepub.com/content/5/3/281.full.pdf/>>. [Accessed 30 April 2014].
- Nnaemeka, O. 2005.The Challenges of Border-Crossing: African Women and Transnational Feminism. In: Nnaemeka, O. (ed) *Female Circumcision and the Politics of Knowledge. An African Women in Imperialist Discourses*, Westport: Praeger Publishers, pp. 3-18.
- Nussbaum, M. 1995. Objectification. *Philosophy and Public Affairs* 24(4), pp. 249-291.
- Nyagondwe, R.F. 2005.*Coming of Age: A Christianised Initiation among Women in Southern Malawi*.Zomba: Kachere Series.
- Nyanzi, S. 2011. Unpacking the [Govern]mentality of African Sexualities.In: Tamale, S. (ed) *African Sexualities: A Reader*. Cape Town: Pambazuka Press. pp. 477-501.
- Oba, A.A. 2008. Female Circumcision as Female Genital Mutilation: Human Rights or Cultural Imperialism?*Global Jurist* 8(3), pp.1-38.

- Obermeyer, C.M. 2003. The Health Consequences of Female Circumcision: Science, Advocacy, and Standards of Evidence. *Medical Anthropology Quarterly* 17(3), pp. 394-412.
- Obiora, L.A. 2005. The Anti-Female Circumcision Campaign Deficit. In: Nnaemeka, O *Female Circumcision and the Politics of Knowledge: African Women in Imperialist Discourses*. London: Praeger, pp. 183-208.
- O'Connell, H.E., Sanjeevan, K.V. and Hutson. 2005. Anatomy of the Clitoris. *Journal of Urology* 174, 1189-1195.
- Odeko, G. 2014. The Bukusu Circumcision Ceremony: The Rite Of Passage. *ElimuAsilia: Kenya's Indigenous Knowledge Online*. Available at: <<http://www.elimuasiliaorg/culture/181-the-bukusu-circumcision-ceremony-the-rite-of-passage.html>>.[Accessed 02 August 2014].
- Oduyoye, M.A. 2002. Beads and Strands: Reflections of an African Woman on Christianity in Africa. Cumbria: Editions Clè and Regnum Africa. *IOSR Journal of Dental and Medical Sciences* 3(5), pp. 7-10
- Offen, K. 1988. Defining Feminism: A Comparative Historical Approach. *Sings* 14(1), pp. 119-157.
- Oloruntoba-Oju, T. 2011. "Sexuality, Language and Communication in Africa," *Sexuality in Africa: Magazine & Monographs* 7(3).
- Osei, J. 2006. The Value of African Taboos for Biodiversity and Sustainable Development. [Online]. Available at: <[http://www.jsd-africa.com/Jsda/Fall2006/PDF/Arc\\_the%20Value%20of%20African%20Taboos.pdf](http://www.jsd-africa.com/Jsda/Fall2006/PDF/Arc_the%20Value%20of%20African%20Taboos.pdf)>.[Accessed 4 October 2014].
- Otiso, M.K. 2006. *Culture and Customs of Uganda*. Westport, CT: Greenwood Press. [e-book] [Online]. Available at: <<http://www.books.google.co.za/books?isbn=0313331480>>. [Accessed 30 May 2014].
- Parrinder, G. 1980. *Sex in the World's Religions*. London: Sheldon Press.
- Phiri, I. A. 2007. *Women, Presbyterianism and Patriarchy: Religious Experience of Chewa Women in Central Malawi*. Zomba: Kachere Series.

- Pollock, G., and Sauron, V.T.(eds). 2007.*The Sacred and the Feminine: Imagination and Sexual Difference*.New York: I. B. Tauris.
- Population Reference Bureau. 2010. Female Genital Mutilation/Cutting: Data and Trends.[Online]. Available at: <<http://www.prb.org/pdf10/fgm-wallchart2010.pdf/>>. [Accessed 23 June 2014].
- Rijsdijk, L.E., Lie, R. Bos, A.E.R. Leerlooijer, J.N. and Kok, G. 2013. Sexual and Reproductive Health and Rights: Implications for Comprehensive Sex Education among Young People in Uganda. *Sex Education* 13(4), pp. 409–422.
- Rose, N., O’Malley, P. and Valverde, M. 2006. Governmentality.*Annual Review of Law and Social Science* 2, pp. 83-104.
- Saadawi, E.N. 2005.Imperialism and Sex in Africa. In: Nnaemeka, O. (ed). *Female Circumcision and the Politics of Knowledge.An African Women in Imperialist Discourses*.London: Praeger Publishers,pp. 12-26.
- Sackey, B.M. 2012. Colonialism.In: Michael, D. Palmer, D.M, and Burgess, S.M. (eds).*The Wiley-Blackwell Companion to Religion and Social Justice*. Chichester: Blackwell Publishing Limited, pp. 451-468.
- Sandra, L.D., and Robert, R.R. 1996. Judging the Other: Responding to Traditional Female Genital Surgeries.*Hastings Centre Report* 26, pp. 31-40.
- Seifert, R. 1992.War and Rape: Analytical Approaches 1. [Online]. Available at: <[http://www.wilpfinternational.org/wp-content/uploads/2014/08/1992\\_War\\_and\\_Rape.pdf/](http://www.wilpfinternational.org/wp-content/uploads/2014/08/1992_War_and_Rape.pdf/)>.[Accessed 21 August2014].
- Serour, G.I. 2013. Medicalization of Female Genital Mutilation/Cutting.*African Journal of Urology* 19(3), pp. 145-149.
- Sharra, A. 2014.No Sex with a Red Bead on the Waist.*The Nation: Culture, Life and Style*. 14 March.[Online]. Available at:<<http://mwnation.com/sex-red-bead-waist/>>. [Accessed 14 August 2014].
- Shell-Duncan, B., and Hernlund, Y.(eds). 2000. *Female “Circumcision” In Africa: Culture, Controversy, and Change*. London: Lynne Rienner Publishers.
- Shweder, R.A. 2009. Disputing the Myth of the Sexual Dysfunction of Circumcised Women.*Anthropology Today*, 25(6), pp. 14-19.

- 2005. When Cultures Collide: Which Rights? Who's Tradition of Values? A Critique of the Global ant-FGM Campaign. In: Eisgruber, C.L. and Sajó, A. (eds). *Global Justice and the Bulwarks of Localism: Human Rights in Context*. Boston: Martinus Nijhoff Publishers, pp. 181-199.
- 2002. 'What about Female Genital Mutilation?' And Why Understanding Culture Matters In the First Place." In: Shweder, R. Minow, M. and Markus, H. (eds). *Engaging Cultural Differences: The Multicultural Challenges In Liberal Democracies*. New York: Russell Sage Publications Press, pp. 216-251.
- Society, the Individual, and Medicine*, 2014. Primary Care: Definitions and Historical Development. [Online]. Available at: <<http://www.med.uottawa.ca/sim/data/PrimaryCare.htm/>>. [Accessed 24 September 2014].
- Starrings, R.Y., and Karugendo, E. 2005. Female Circumcision and HIV Infection in Tanzania: for Better or for Worse? *The Third IAS Conference on HIV Pathogenesis and Treatment*, International Aids Society.
- Stephens, C.J., Porter, J. Nettleton, C. and Willis, R. 2006. Disappearing, Displaced, and Undervalued: A Call to Action for Indigenous Health Worldwide. *The Lancet* 367, 2019–2028.
- Stets, J.E., and Burke, P.J. 2000. Identity and Social Identity Theory. *Social Psychology Quarterly* 63(3), pp. 223-237.
- Synnott, A. 1993. *The Body Social: Symbolism, Self and Society*. London: Routledge.
- Szymanski, D.M., Moffit, L.B and Carr, E.R. 2011. Sexual Objectification of Women: Advances to Theory and Research. *The Counselling Psychologist* 39(1), pp. 6-38.
- Taliaferro, L.A., and Borowsky, I.W. 2012. Beyond: Promoting Health Youth Development in Primary Care. *American Journal of Public Health* 102(3), pp. 317-321.
- Tamale, S. 2013. Exploring the Contours of African Sexualities: Statutory, Customary and Religious Laws. [Online]. Available at: <<http://www.iclrs.org/content/events/28/753.pdf/>>. [Accessed 12 April 2014].
- 2011. Researching and Theorising Sexuality in Africa. In: Tamale, S. (ed). *African Sexualities: A Reader*. Cape Town: Pambazuka Press, pp. 11-36.

- . 2009. Law, Sexuality, and Politics in Uganda: Challenges for Women's Human Rights NGOs. In: Mutua, M. (ed). *Human Rights NGOs In East Africa: Political and Normative Tensions*. Philadelphia: University of Pennsylvania Press, pp. 51-74.
- . 2008. Right to Culture and the Culture of Rights: A Critical Perspective on Women's Sexual Rights in Africa. *Feminist Legal Studies* 16, pp. 47-69.
- . 2006. Eroticism, Sensuality and 'Women's Secrets' among the Baganda. *IDS Bulletin*. 37(5), pp. 89-97.
- . 2003. Out of the Closest: Unveiling Sexuality Discourses in Uganda. In: Lewis, D. (ed). *Feminist African Changing Cultures*. Cape Town: African Gender Institute, pp. 42-49.
- Thatcher, A. 2011. *God, Sex, and Gender: An Introduction*. Chichester: Wiley-Blackwell.
- The Cross-Cultural Foundation of Uganda*. 2010.[Online]. Available at: <[http://www.acpcultures.eu/\\_upload/ocr\\_document/CCFUCultureDevelopment\\_Uganda .pdf/](http://www.acpcultures.eu/_upload/ocr_document/CCFUCultureDevelopment_Uganda.pdf)>.[Accessed 22 August 2014].
- The Independent, 2012. *In Kapchorwa, Female Circumcision defies Law*. The Independent online 21 April. available at: <<http://www.independent.co.ug/news/news-analysis/5638-in-kapchorwa-female-circumcision-defies-law/>>.[Accessed 20 July 2014].
- UDHS. 2011. Uganda Demographic and Health Survey 2011. *Uganda Bureau of Statistics, Government of Uganda*: Kampala.
- United Nations Declaration on the Rights of Indigenous Peoples. 2013. *A Manual for National Human Rights*. [Online]. Available at: <<http://www.ohchr.org/documents/issues/ip/people/sundripmanualforhri/s.pdf>>.[Accessed 19 September 2014].
- Van Rooyen, L.Potgieter, F. and Mtezuka, L. 2006. Initiation School amongst the Southern Ndebele People of South Africa: Depreciating Tradition or Appreciating Treasure? *International Journal of Adolescence and Youth* 13, pp. 13-41.
- Vaughan, M. 1991. *Curing their Ills: Colonial Power and African Illness*. Palo Alto, CA: Stanford University Press.

- Vlacboud, M., and Blason, L. 2005. *Women in an Insecure World: Violence against Women: Facts, Figures and Analysis*. [Online]. Available at: <[http://www.unicef.org/emerg/files/women\\_insecure\\_world.pdf/](http://www.unicef.org/emerg/files/women_insecure_world.pdf/)>. [Accessed 23 March 2014].
- Weeks, J. 1987. Questions of Identity. In: Caplan, P.(ed). *The Cultural Construction of Sexuality*, New York: Tavistock Publications. pp. 31-51.
- Weiler, H.N. 2009. *Who's Knowledge Matters? Development and the Politics of Knowledge*. [Online]. Available at: <[http://web.stanford.edu/~weiler/Texts09/Weiler\\_Molt\\_09.pdf/](http://web.stanford.edu/~weiler/Texts09/Weiler_Molt_09.pdf/)>. [Accessed 22 July 2014].
- Womakuyu, F. 2008. Uganda: Sebei Lose Battle Against Female Circumcision. *TheNew Vision*, 31 December [Online]. Available at: <<http://www.newvision.co.ug/D/9/579/666498/>>. [Accessed 26 September 2014].
- World Bank. 2011. *Reproductive Health at A Glance*. [Online]. Available at: <[http://siteresources.worldbank.org/INTPRH/Resources/376374-1303736328719/Uganda\\_a42111WEB.pdf/](http://siteresources.worldbank.org/INTPRH/Resources/376374-1303736328719/Uganda_a42111WEB.pdf/)>. [Accessed 21 September 2014].
- World Health Organisation. 2014. *Alma Ata 1978 Working Definition of Primary Health Care*. [Online]. Available at: <[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0009/113877/E93944.pdf?ua=1/](http://www.euro.who.int/__data/assets/pdf_file/0009/113877/E93944.pdf?ua=1/)>. [Accessed 17 September 2014].
- 2014. *Policy Recommendation for the ICPD Beyond 2014: Sexual and Reproductive Health and Rights for All*. [Online]. Available at: <<http://www.Icpdtaskforce/.org/pdf/Beyond-2014/policy-recommendations-for-the-ICPD-beyond-2014.pdf/>>. [Accessed 23 May 2014].
- 2008. *Eliminating Female Genital Mutilation: An Interagency Statement*. [Online]. Available at: <[http://www.un.org/womenwatch/daw/csw/csw52/statements\\_missions/Interagency\\_Statement\\_on\\_Eliminating\\_FGM.pdf/](http://www.un.org/womenwatch/daw/csw/csw52/statements_missions/Interagency_Statement_on_Eliminating_FGM.pdf/)>. [Accessed on 23 August 2014].
- 2006. *Defining Sexual Health: Report of A Technical Consultation on Sexual Health*. [Online]. Available at:

<[http://www.who.int/reproductivehealth/publications/sexual/\\_health/defining\\_sexual\\_/health.pdf](http://www.who.int/reproductivehealth/publications/sexual/_health/defining_sexual_/health.pdf)>.[Accessed 23 May 2014].

——— 2003. *Definition of Health*. [Online]. Available at: <<http://www.who.int/about/definiti/on/en/print.html>>. [Accessed 23 August 2014].