



University of KwaZulu-Natal

School of Religion, Philosophy and Classics

**Mediating Human Rights and Religio-Cultural beliefs: An African
Feminist Examination of Conceptualisations of Female Genital
Cutting (FGC) in the United Nations Children Fund (UNICEF)
Documents**

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**Mediating Human Rights and Religio-Cultural Beliefs: An African Feminist
Examination of Conceptualisations of Female Genital Cutting (FGC) in the
United Nations Children Fund (UNICEF) Documents**

BY

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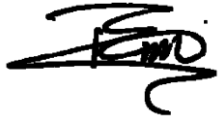
SUPERVISOR

Professor Sarojini Nadar

February 2016

DECLARATION

I, Tania Missa Owino hereby declare that this study, unless specifically indicated in the text, is my own work. It is submitted in partial fulfilment for the requirement of Masters degree in Religion, Gender and Health, at the School of Religion, Philosophy and Classics, University of KwaZulu-Natal, Pietermaritzburg.



February 2016

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February 2016

Prof. Sarojini Nadar

Date

SUPERVISOR

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It is important that at the beginning of this study I express my most sincere thanks to God for having brought me this far in making it possible to complete this degree.

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May God bless you all!

Tania Missa Owino

February 2016.

DEDICATION

I dedicate this work to everyone who feels violated, abused and discriminated against by having been forced to undergo Female Genital Cutting (FGC) as a rite of passage, or any other reason, especially in the hands of those who love you in order to fulfil cultural obligations. I also dedicate this study to those who have committed to fight against FGC among young girls and women.

ABSTRACT

Worldwide prevalence estimates that between 140 million girls and women have undergone female genital cutting (FGC). Of this estimate, more than 125 million girls and women have been cut in 29 countries in Africa (WHO 2008, UNICEF 2013:2-3, WHO 2014). It is estimated that over 3 million girls are at risk of undergoing the procedures every year (World Health Organisation 2008).

A significant focus in the literature on FGC shows an over-emphasis made by the international community that the practice is a violation of human rights. However, the implementation of legislation against FGC in various African countries where the practice has been prevalent has not led to the end or eradication of FGC. In this regard, various United Nations (UN) agencies and international organisations such as OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM and WHO collaborate to engage in FGC prevention measures within local communities in Africa. This study: *Mediating Human Rights and Religio-Cultural beliefs: An African Feminist Examination of Conceptualisations of Female Genital Cutting (FGC) in the United Nations Children Fund (UNICEF) Document*, focuses to engage with the work of UNICEF in related programmes that address FGC in Africa.

This study applied two theoretical frameworks—the reproductive rights framework and the reproductive justice framework within a critical feminist discourse analysis. This approach was applied to analyse how UNICEF frames, conceptualises, addresses and has responded to the practice of FGC in Africa. The study illustrates how discourses on human rights and religio-cultural beliefs are mediated and represented in the UNICEF documents.

The study adopted a qualitative methodology that applied a systematic review of literature. In this case, using a critical feminist discourse analysis to examine how UNICEF mediates and represents FGC in its documents reveals several shifts that have taken place over this period of ten years. First, the study shows the reasons for the shift from the use of the term ‘female genital mutilation’ FGM to the application of the term ‘female genital mutilation/cutting’ in the UNICEF documents. Second, an overemphasis on harmful health consequences resulting from FGC that led to the ‘medicalisation’ of the practice brought a shift which underlined FGC as a human rights violation in the 1990s. Third, the study reveals a shift from simply understanding of FGC as a blanket human rights violation

to recognising the cultural values attached to the rite which then explains the prevalence of the practice by focusing on religion and culture.

This study makes an important conclusion that addressing FGC from a human rights perspective is not enough and might not achieve UNICEF's intention of eliminating FGC. The findings of the study are that there is a need to address FGC from a collective approach within practicing local communities. Second, the study highlights the need to change mind sets and attitudes regarding FGC. While recognising the important place which cultural rites takes in African communities, the study suggests the need to explore alternative rites of passage through which local communities could still retain the benefits of passing traditional teachings during the transition from childhood to adulthood.

KEY TERMS AND IMPORTANT DEFINITIONS

Key terms: *Female Genital Cutting, Sexual and Reproductive Health, Religio-cultural beliefs, Human Rights, UNICEF, Reproductive Justice, Reproductive Rights, Conceptualisations, Social Convention, Moral norms, Cultural rights, Communal rights*

LIST OF TABLES

TABLE 1: WHO Classification of FGM adopted by UNICEF	Page 8
TABLE 2: Summary of Representation of UNICEF's Human Rights and Religio-cultural Discourse	Page 59

LIST OF ATTACHED APPENDICES

APPENDIX 1: UKZN Ethical Committee Approval Page 84

APPENDIX 2: UNICEF 2013, National prevalence on the practice of FGC Page 85

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

ACRJ	Asian Communities for Reproductive Justice
AU	African Union
CDA	Critical Discourse Analysis
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
CRR	Centre for Reproductive Rights
DHC	Demographic and Health Surveys
FDA	Feminist Discourse Analysis
FGM/C	Female Genital Mutilation/Cutting
FGM	Female Genital Mutilation
FGC	Female Genital Cutting
IBHR	International Bill of Human Rights
ICPD	International Conference on Population and Development fact Sheets
IWY	International Women's Year
MICS	Multiple Indicator Cluster Surveys
NGO	Non-governmental Organisations
NORAD	Norwegian Agency for Development Cooperation
OHCHR	Office of the High Commissioner for Human Rights
SRHR	Sexual and Reproductive Health Rights
UN	United Nations
UDHR	Universal Declaration of Human Rights
UNAIDS	United Nations Programme on HIV and ADIS
UNDP	United Nations Development Programme

UNDW	United Nation Decade for Women
UNECA	United Nations Economic Commission for Africa
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nation Population Fund
UNICEF	United Nations Children' fund
UNIFEM	United Nations Development Fund for Women
UKZN	University of KwaZulu-Natal
USAID	United States Agency for International Development
WCHF	World Conference of Human Rights
WHO	World Health Organisation

TABLE OF CONTENTS

Declaration.....	i
Acknowledgements.....	ii
Dedication.....	iii
Abstract.....	iv-v
Key Terms and Important Definition.....	vi
List of Table	vii
List of Attached Appendices.....	viii
Glossary of Acronyms and Abbreviations.....	ix-x
Table of Contents	xi-xiv

CHAPTER ONE

INTRODUCTION AND LOCATING THE STUDY

1.1	Background and Context	1
1.1.1	The United Nations Children’s Fund (UNICEF)	2
1.2	Preliminary Literature Review	5
1.2.1	Description and Origin of Female Genital Cutting	5
1.2.2	Classification and Typology of Female Genital Cutting.....	7
1.2.3	Prevalence of Female Genital Cutting in Africa.....	9
1.2.4	Current Debates on Terminology to be Used	11
1.3	Rationale	12
1.4	Critical Questions and Objectives	13
1.5	Research Hypothesis	14
1.6	Limitation of the Study	15
1.7	Structure of the Study	15

CHAPTER TWO

THEORETICAL FRAMEWORKS AND METHODOLOGICAL CONSIDERATIONS

2.1	Theoretical Frameworks	17
2.1.1	The Reproductive Rights Framework.....	17
2.1.2	The Reproductive Justice Framework.....	19

2.2	Feminist Interest in Female Genital Cutting.....	20
2.3	Methodology	23
2.3.1	Research Design	23
2.3.2	Data Production	24
2.3.3	Sampling	25
2.3.4	Data Analysis and Interpretation.....	25
	Chapter Summary	26

CHAPTER THREE

CONCEPTUALIZATION OF FEMALE GENITAL CUTTING: DISCOURSES OF HUMAN RIGHTS IN UNICEF DOCUMENTS

3.1	Understanding the Concept of Human Rights for UNICEF Engagement	28
3.2	Female Genital Cutting as a Human Rights Issue	30
3.3	UNICEF’s Key Discourse on Female Genital Cutting as a Human Rights Concern	32
3.3.1	Discourses on Bodily Respect and Integrity.....	33
3.3.2	Discourse on Sexual Morality and Integrity	34
3.3.3	Discourse on Gender Inequality and Discrimination	35
3.3.4	Discourse on Consent	36
	Chapter Summary	38

CHAPTER FOUR

CONCEPTUALIZATION OF FEMALE GENITAL CUTTING: DISCOURSES OF RELIGIO-CULTURAL BELIEFS IN UNICEF DOCUMENTS

4.1	Defining the Concept of Religio-culture	39
4.1.1	The Concept of Religion and Culture	40
4.1.2	The use of Religion and Culture in relation to Female Genital Cutting in Four Regions of Africa	41

4.2	Religion Cultural Reasons for Female Genital Cutting	44
4.3	Discourse on Religion Cultural Beliefs Framing Female Genital Cutting in the UNICEF Documents	45
4.3.1	Discourses on Power and Patriarchal Control	45
4.3.2	Discourse on Initiation Rites and Marriageability	47
4.3.3	Discourse on Bodily Cleanliness (Hygiene) and Beauty	50
4.3.4	Discourse on Family Honour and Identity	51
	Chapter Summary	53

CHAPTER FIVE

MEDIATING DISCOURSES OF HUMAN RIGHTS AND RELIGIO-CULTURAL BELIEFS ON FEMALE GENITAL CUTTING IN UNICEF DOCUMENTS

5.1	UNICEF's Methodology and Theoretical Underpinnings	54
5.1.1	Evidence Based Approach	55
5.1.2	The Social Norm Perspective	56
5.2	UNICEF's Representation of Discourses on Human Rights in Africa. ..	57
5.3	UNICEF's Representation of Discourses on Religio-cultural Beliefs in Africa.....	58
5.4	UNICEF's Mediation of Discourses on Human Rights and Religio-cultural Beliefs.....	60
5.4.1	UNICEF's Human Rights vis-à-vis Community's Cultural Rights	61
5.4.2	UNICEF's Individual's Rights vis-à-vis Community's Communal Rights	63
5.4.3	UNICEF's Shift in Language	64
5.5	Achievements and Way Forward for UNICEF in Eliminating Female Genital Cutting in Africa.....	64
	Chapter Summary	67

CHAPTER SIX

CONCLUSION

6.1	Sexual and Reproductive Health Risks associated with Female Genital Cutting.....	70
6.2	Contribution to New Knowledge	72
6.3	Gaps and Suggestions for further Research.....	72

BIBLIOGRAPHY

Sources 75-83

Appendices.....	74-83
Appendix 1.....	84
Appendix 2.....	85

CHAPTER ONE

INTRODUCTION AND LOCATING THE STUDY

This study is concerned with how the United Nations Children’s Fund (UNICEF) frames discourses on female genital cutting (FGC) in its documents in Africa. In order to accomplish the objectives of this study, in this chapter I present the background and context to the study, the location of the study within the existing literature, the rationale for this study, the critical questions and objectives of this study, and the research hypothesis and the limitations of the study. The chapter concludes with a summary showing the outline of the study.

1.1 Background and Context

Various studies have shown that FGC violates a series of well established human rights principles, norms and standards “including the principles of equality and non-discrimination on the basis of sex, the right to life when the procedure results in death, and the right to freedom from torture or cruel, inhuman or degrading treatment or punishment” (WHO 2008:9). In the light of this, the last several decades has seen efforts intensifying to address FGC with the support of various partners ranging from international organisations, government states, non-governmental organisations (NGO), religious and other civil society groups including local communities (UNFPA/UNICEF 2012:10-11). It is within this collaborative effort and progress to eliminate FGC that the United Nations General Assembly adopted by consensus the resolution to intensifying its global efforts towards the elimination of FGC in December 2012 (UN document A/RES/67/146, 20 December 2012). This resolution by the UN and its related agencies indicates an increased global commitment to end the practice of FGC. As UNICEF (2013:3) points out in its report, this resolution demonstrates the political will of the international community to address concerns around FGC.

Understood in this light, UNICEF has been in the forefront of the agenda to address FGC by offering new insights that inform the UN in designing policies and programmes (UNICEF 2013). Over the last two decades, studies show that reliable data on FGC have been generated through two major household surveys (UNICEF 2013:3-4), namely,

Demographic and Health Surveys (DHS), supported by the United States Agency for International Development (USAID), and Multiple Indicator Cluster Surveys (MICS), supported by the United Nations Children’s Fund (UNICEF). This makes UNICEF an important role-player in monitoring progress towards addressing the practice of FGC in Africa.

1.1.1 The United Nations Children’s Fund (UNICEF)

UNICEF is one of the agencies created by the United Nations in December 1946 following the effects of World war II. It sought to provide food, clothing and health care for European Children who faced famine and disease at that time (UNICEF 2015). Maggie Black in her book *The Children and the Nations: A Story of UNICEF* gives a fascinating story of UNICEF as an international organization “which has thrived in making the whole world aware of its responsibilities for safeguarding its most priceless asset: children” (1986:9). In “*New Challenges for UNICEF: Children, Women and Human Rights*” Beigbeder (2001) introduces the work of UNICEF from its inception in 1946, its original mandate and the evolution of its programmes, its structure, management and funding. In his description of UNICEF, Beigbeder (2001) highlights public health, food aid and nutrition, education and sanitation, and its role in natural and human-made emergencies as central to the mission of UNICEF.

Specifically, UNICEF’s activities in the field of child health care and well being naturally brought it into close working partnership with other international organisations such as WHO (Black 1986:9). By 1953, UNICEF became a permanent part of the UN with the UN General Assembly extending its mandate towards global campaigns on general issues affecting children, without particularly concentrating on the calamities children suffered after World War II. With the passage of time, UNICEF developed new programmes with its attention shifting to permanent disaster of poverty and underdevelopment (Black 1986:10). The years 1960 to 1970 brought UNICEF’s involvement in Africa to the fore. As Black (1986:11) observes, “this was a time of great political and economic activity, with the Third World literally exploding into existence as country after country in Africa attained its independence.”

Over the last 70 years, the work of UNICEF has greatly expanded far beyond the events that brought its creation with various dimensions added to increasing its range of activities world wide (Black 1986). From the year 1980 onwards, UNICEF's focus went beyond its concern for children to including their mothers as well in over 100 countries. It was during this period, as Black (1986:13) observes, that what is described by UNICEF as "A revolution for Child Survival" began, with great changes as UNICEF became more directly concerned with the women's movement.

In collaboration with other UN agencies, UNICEF has had input in a number of key policy issues which threaten the health, well being and rights of children and women. As an agency of the United Nations that is committed to the protection of human rights, UNICEF has consistently emphasised the need to advance and protect the lives and health of girl children and women (WHO 1997:16). This protection includes psychological and sexual and reproductive health. Within this commitment to protect women and children, UNICEF along with other UN agencies collaborate to support policies and programmes that seek to bring an end to the damaging practice of FGC in all its forms as part of its international contribution to the UN (WHO 1997:12).

It is within this scope that this study undertakes to explore UNICEF's efforts to eliminate FGC, particularly in practicing African countries. The study sought to analyse how discourses of human rights and religio-cultural beliefs have been taken into account, and are framed and addressed to conceptualise FGC in the documents of UNICEF. As early as 1997, WHO, UNICEF and UNFPA (1997) issued a joint statement on FGC describing the implications of the practice for public health and human rights, declaring support for its abandonment (WHO 2008:3). Since then, UNICEF has made progress to counteract FGC through research work by gathering evidence on which to base interventions, through working with communities in applying advocacy and by passing laws (WHO 2008).

UNICEF's effort is therefore seen mainly in sensitizing local communities to be aware of the dangers of FGC with an intention to end the practice. Literature indicates that UNICEF's involvement covers approaches ranging from "provision of support to community-based organisations engaged in information, education, communication and training related to the prevention of FGC" (WHO 1997:18). It is observed that these

activities are often integrated into broader programmes in the areas of health, education, communication and the improvement of women's status (WHO 1997).

In September 2006, UNICEF brought together, at a consultation in New York, development practitioners, leading academics and researchers from different social science disciplines who worked together to review research and develop programme interventions on FGC and its related harmful practices (UNICEF 2010). The meeting concluded that although a growing number of studies and policy documents had deepened understanding on the practice of FGC, additional research was needed to further investigate how the process of abandonment begins, how it develops and how it can be sustained in the different countries where it is practised (UNICEF 2010).

According to the United Nations, UNICEF's key policy question towards ending FGC revolves around how to make the silent majority more vocal (UN Dispatch 2013). Towards this goal, UNICEF (2013) within its mission has recommended the following specific steps (see also UN Dispatch 2013):

1. To work with local cultural traditions rather than against them, recognizing that attitudes and conformity to FGC vary among groups within and across national borders.
2. Seeking to change individual attitudes about FGC, while addressing the entrenched expectations surrounding the practice across wider social groups.
3. Find ways to make visible the hidden attitudes that favour the abandonment of FGC so that families know that they are not alone. This is a crucial step to create a necessary critical mass and generate a chain reaction against FGC.
4. Increase exposure of groups that still practice FGC to groups that do not to invigorate a process of positive change.
5. Promote the abandonment of FGC alongside improved status and opportunities for girls, rather than advocating for milder forms of the practice, such as 'symbolic' circumcision.
6. Continue to gather data to inform policies and programmes, as a vital part of efforts to eliminate FGC.

Within its stated mandates, UNICEF frames the abandonment of FGC not as a criticism of local cultures that justify the practice of FGC but seeks to advocate for abandonment as a better way to attain the core positive values that underlie tradition and religion (UNICEF 2013). The better way to attain the core positive value in this case, includes “doing no harm to others” (UNICEF 2013:iii). UNICEF’s emphasis on the retention of positive core cultural and religious values, is an important consideration in this dissertation.

1.2 Preliminary Literature Review

A wide scope of local, national and international studies exists on the practice and consequences of FGC. This section gives a brief survey of debates in the available literature.

1.2.1 Description and Origin of Female Genital Cutting

Female genital cutting (FGC) (also called ‘female genital mutilation’ or commonly known as ‘female circumcision’ in other communities) is a term used to incorporate a wide range of cultural practices in Africa and refers “to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons” (see WHO, UNICEF and UNFPA, 1997:2; WHO 2008:1, UNICEF 2008:2, UNICEF 2013:6). Commenting on the same, Oduyoye (2007:91) asserts that FGC can also be defined as “the partial removal of the clitoris, or the removal of the labia minora.” According to Toubia and Sharief (2003:251) FGC is understood as a traditional social practice of cutting parts of the external genitalia of girls or young women and seeks “to uphold a cultural practice of a rite of passage to womanhood and to curb sexuality.” It is therefore observed that FGC has particularly strong cultural meaning because the practice is linked to women’s sexuality and their reproductive role in society (Toubia 1994:712).

It is not clear when or where the practice of FGC originated (WHO 2001:23). Some suggest that the practice was probably started in ancient Egypt, but this is still not certain among scholars. Historians have therefore postulated that the practice of FGC began before the Christian era in the early fifth century (Awusi 2009). The practice was first recorded in the writings of the Greek historian Herodotus, who suggests that the Phoenicians, Hittites, Ethiopians as well as Egyptians started the practice of FGC as a requirement of their customs (Awusi 2009:1).

Oduyoye (2007:91) concurs with part of this view showing that the practice of FGC is an ancient practice originating among the Egyptian people and was mostly performed on ancient mummies commonly referred to as “pharaonic circumcision.” In modern scholarship, literature points out that FGC started during the slave trade when black slave women entered ancient Arab societies (as a means of subjugation), while other scholars believe that the practice of FGC began with the arrival of Islam in some parts of sub-Saharan Africa (WHO 2001). Others still believe that the practice developed independently among certain ethnic groups in sub-Saharan Africa, prior to the arrival of Islam, notably among warrior-like peoples as part of puberty rites (see WHO 2001:23).

Irespective of its origins, the socio-economic, cultural and ethnic reasons, FGC as a practice is known across the 3 main monotheistic religious groups of Christians, Muslims and Jews as well as among the indigenous African religions (Toubia 1994). It is therefore practiced by followers of these different religions (WHO 2001:23) in different geographical locations in Africa. In the recent past, debates have shifted from understanding the practice of FGC within clinical and health risk models to an understanding of the phenomenon of FGC in its social context. Toubia (2003:251) in this case argues that “under patriarchal structures of social control of sexuality and fertility,” women and girls are not only the primary social group that suffers from the practice of FGC but are also the means through which the practice of FGC is perpetuated.

In this light, various studies indicate that FGC is known to be harmful to girls and women in many ways (WHO 2008:1), but mainly causes injury to female genital organs (WHO 2010) and should be regarded as one of the biggest social problems affecting women and girls especially in African countries (RezaeeAhan 2013:5). Studies have shown that the damage done to female sexual organs and their functions are extensive and irreversible causing physical and psychological effects which affect particularly women’s sexual, reproductive and mental health and their well-being as well (WHO 1996:1). Under the conditions in which most FGC takes place, the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) adopted a resolution during its General Assembly in 1979 that the practice of FGC is a form of torture which is cruel, inhumane and a degrading treatment or punishment against girl children and women; a

traditional practice which is prejudicial to the health of girls and women (CEDAW 1979).¹ It is within this scope that national and international organizations have played a key role in advocacy to eliminate the practice of FGC against women, confirming its harmful consequences (WHO 2008). This study therefore focuses on the response of UNICEF in Africa by analysing how it conceptualises the discourses of human rights and religio-cultural belief in its documents as the primary source for this study.

1.2.2 Classification and Typology of Female Genital Cutting

Various studies and literature shows that FGC encompasses a range of procedures. Attempts to classify FGC therefore varies considerably according to different types of procedures performed in different contexts (WHO 1996:4). According to Toubia (1994:712), a careful review of literature on FGC over a period of 15 years indicates that there is no single case in which the practice involved only the removal of the skin surrounding the clitoris without damaging the clitoris itself. Toubia's (1994) extensive clinical experience as a surgeon in Sudan therefore pressed her to refute the simple claim (and classification) that the cutting of the clitoris is analogous to male circumcision as was commonly adopted by J. A. Verzin in her widely acclaimed article 'Sequelae of Female Circumcision' published in *Tropical Doctor* in 1975.

The WHO, UNICEF and UNFPA joint statement (see WHO 1997:3 and WHO 2008:4) classified FGC into four major typologies (see also UNICEF 2013 and WHO 2014) for a much recent classification as shown in the table below:

¹ Important to this Convention is the United Nations Committee on the Elimination of Discrimination against Women (CEDAW), as a body established in 1982 composed of 23 experts on women's issues from around the world (see United Nations Entity for Gender Equality and the Empowerment of Women. Website: <http://www.un.org/womenwatch/daw/cedaw/committee.htm>).

Table 1

WHO Classification of FGM adopted by UNICEF

(WHO, UNICEF, UNFPA, 1997).

Type of FGC	Description of the Type of Procedure
Type I	Clitoridectomy Partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris). ²
Type II	Excision Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are “the lips” that surround the vagina).
Type III	Infibulation Narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris. ³
Type IV	Unclassified (Other) All other harmful procedures to the female genitalia for non-medical purposes, including pricking, piercing, incising of the clitoris/or labia; scraping of tissue surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts) and cauterizing the genital area by burning of the clitoris and surrounding tissue; stretching of the clitoris and/or labia; introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purposes of tightening or narrowing it; and any other procedure that falls under the definition of female genital mutilation given above.

For a much easier classification, Toubia (1994:172) advanced a newer system of classification and grouped the most common forms of FGC into two broad categories as: clitoridectomise (which describe types I and II procedures) and infibulations (which comprises types III and IV procedures) (see also Toubia 1993).

² Excision/removal of the prepuce has also been described as Sunnah circumcision which is also classified as type I and a type II of FGC (WHO 2005). Sunnah means “following the instructions of the Prophet Mohammed”(Sharafi et. al 2008:2). Although a detailed discussion of Islamic views on the subject is beyond the scope of this study, Sunnah is a term used intentionally to avoid the implying of a religious support for the procedure. Scholars and Islamic authorities agree that all types of body mutilation including FGC are condemned by the Islamic faith (Sharafi et. al 2008:2). Therefore this practice is not an obligation according to the Qur’an, rather it is considered as a Sunnah tradition because of the controversy that surrounds the religious debates on FGC (Sharafi et. al 2008).

³ This type of FGC is also known as “Pharaonic Circumcision.” The narrowing of the vaginal opening is achieved through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris (WHO 2005).

Overall, UNICEF (2008:2) maintains that there are difficulties with classifications. In its published report *Innocenti Digest*, UNICEF (2008) maintains that the specific form that FGC takes varies widely from one community to another. For this reason, the World Health Organisation (WHO) in collaboration with UNICEF, the United Nations Population Fund (UNFPA) and the United Nations Development Fund for Women (UNIFEM) reviewed the joint 1997 classification of FGC into 4 types. The new version of classification currently identifies 5 types of FGC with the reviewed classification which include ‘Type V’ which refers to symbolic practices that involve the nicking or pricking of the clitoris to release a few drops of blood (UNICEF 2008). However, in its latest report UNICEF (2013:7) observes that ‘symbolic circumcision’ still remains highly controversial with some communities proposing it as an alternative to more severe forms of cutting in both African and other countries where FGC is performed.

1.2.3 Prevalence of Female Genital Cutting in Africa

Notable, in both local and internationally available literature is the awareness of the prevalence of FGC. Although the actual figure remains unknown, WHO estimates that between 100 and 140 million girls and women worldwide have been subjected to one of the first three types of FGC (WHO 2008:3). More than 125 million girls and women alive today have been cut in 29 countries in Africa and in some Asian and Middle East communities where FGC is concentrated (Toubia 2003, WHO 2008, UNICEF 2013:2-3, WHO 2014). Of these, it is observed that around one in five live just in one country (UNICEF 2013:22). UNICEF (2013:iv) therefore estimates that “as many as 30 million girls are at risk of being cut over the next decade if the current trends persist.”

FGC is mostly carried out on young girls, sometime between infancy and age 15 (WHO 2014). Review of literature suggests that two key indicators are used to measure the prevalence of FGC in practicing countries. For the purpose of this study, the information provided by UNICEF (2013) proves authentic for statistical purposes. In this case, it is observed that “the percentage of girls and women of reproductive age (15 to 49) who have experienced any form of FGC is the first indicator used to show how widespread the practice” is in a particular country (UNICEF 2013:22).⁴ A second indicator of national

⁴ This indicator reflects responses by girls and women about themselves. In the 29 countries where FGC is concentrated, almost all girls are cut before the age of 15. Thus, prevalence data among girls and women

prevalence measures is the extent of cutting among daughters aged 0 to 14, as reported by their mothers (UNICEF 2013). In some communities, the procedure is postponed until just before marriage or even after the birth of the first child (Toubia 1994:712). For National prevalence on the practice of FGC see Appendix 2 included at the end of this study.

Most studies observe that the procedure for FGC is performed by cutters (or *exciseuses*) who are classified as either traditional practitioners, a category that includes local specialists “(traditional circumcisers, traditional birth attendants and, generally, older women) or health personnel (doctors, nurses, trained midwives or other trained health workers)” (UNICEF 2008:7, UNICEF 2013:42).⁵ According to UNICEF (2013) report, in the majority of countries, FGC is usually performed by traditional practitioners and, more specifically, by traditional circumcisers. Important to take note is that the procedures for which medical personnel are responsible often take place outside a clinical setting, in the homes (UNICEF 2013:45). In most cases, the operation lasts about 10-20 minutes and is carried out with special knives, scissors, scalpels, pieces of glass or razor blades (WHO 1996:2). Generally, the operations are usually performed without the use of anaesthetics and antiseptics of any kind (UNICEF 2013:45), while the instruments used for the operation are often used without cleaning. Pastes containing herbs, local porridge or ashes are applied on the wounds to stop bleeding (WHO 1996:3). Statistics show that Types I, II and III of FGC have been documented in at least 28 countries in Africa and in a few countries in Asia and the Middle East (WHO 2008).

A survey of literature indicates that various reasons have been used to justify the practice of FGC in Africa. World Health Organisation (WHO 1997:4-5 and 2008:5-7) reports cited in a number of research papers, interviews and joint statements highlight reasons for the practice of FGC with justifications grouped into 5 key reasons as psychosexual, sociological, hygiene and aesthetic, myths and religious. Some of these reasons have been discussed in chapters 3 and 4 of this study.

aged 15 to 49 are considered to reflect their final FGC status (see UNICEF 2013 for indicators for measuring FGC prevalence).

⁵ World Health Organisation (2014) indicates that more than 18% of all FGC is performed by health care providers, and the trend towards medicalization is currently increasing. In countries such as Egypt, Sudan and Kenya, procedures for FGC are performed by health-care providers. This phenomenon is most serious in Egypt, where mothers have reported that in 3 out of 4 cases (77%), FGC was performed on their daughters by a trained medical professional (UNICEF 2013:43).

1.2.4. Terminology

Controversy on terminology is rife regarding female circumcision (FC), female genital mutilation (FGM) and female genital cutting (FGC). The main question has been about the applicability of certain terms in relation to the practice. The term ‘female genital cutting’ is specifically adopted for this study as it is used by the UNICEF documents. As observed by UNICEF (2013), the adoption of the term ‘cutting’ is intended to emphasize the different nature of female genital cutting in order to create a linguistic distinction as compared to when the same term ‘circumcision’ is used for both male and female in practicing communities.

Conversely, the term ‘female genital mutilation’ was adopted and is used among scholars and practitioners. Female genital mutilation was first used by feminists, women’s health advocates and human right activists (WHO 1996). This was subsequently adopted in 1990 by the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children during its meeting in Addis Ababa in Ethiopia (see WHO 1996, UNICEF 2013). Since then, the term female genital mutilation has been employed by the United Nations and is increasingly being used by the public (see report of a WHO technical work group 1996:4). Female genital mutilation was then adopted by the WHO, UNICEF and UNFPA joint statement in 1997 with the phrase ‘mutilation’ emphasizing the gravity of the act (WHO 2008:3). The development of international women’s health movements in the 1990s objected to the use of the term female genital mutilation, with criticism mainly from African women’s groups arguing that the term ‘mutilation’ implies excessive judgement by outsiders (Shell-Duncan et al 2005:236). Other literature shows that the term attracted objections because it seemed to confer condemnation of a practice that is considered an ‘old tradition’ common in practicing communities in Africa (Eliah 1996 and UNICEF 2013).

Prior to the adoption of the term female genital mutilation, the practice was commonly referred to among many commentators as ‘female circumcision,’ and is still in common use in some practicing communities (WHO 1996). In fact, it has been observed that a number of African languages are known to use the term ‘circumcision’ for cutting performed on both women and men (UNICEF 2013:7). With the rise of feminism and its consciousness of oppression of women in the 1970s, some activists objected to the use of the term ‘circumcision’ pointing out that it “erroneously suggests that female ‘circumcision’

is analogous to male circumcision” (UNICEF 2013:7) thereby suggesting that it is a less harmful operation.

“In an effort to become more culturally sensitive” (UNICEF 2013:8) and ‘neutral,’ most United Nations agencies adopted the use of the term ‘female genital cutting’ or FGC wherein the use of the term ‘cutting’ is intended to reflect the importance of using non-judgemental terminology with practising communities (UNICEF 2008:3). It is in the light of this observation that this study uses ‘cutting’ rather than ‘mutilation’ as a way of recognising the importance of employing respectful terminology when working with practicing communities (UNICEF 2013). This is also in line with the 1999 UN Special Rapporteur on Traditional Practices which drew attention to the risk of ‘demonizing cultures’ under the cover of condemning practices that are harmful to women and young girls (UNICEF 2013:7).

1.3 Rationale

This study focuses on exploring how UNICEF conceptualises, addresses and responds to the practice of FGC in its documents in Africa. The study seeks to investigate how discourses on human rights and religio-cultural beliefs are taken into account and framed to conceptualise FGC in the documents of UNICEF. To examine how these discourses are mediated and represented in UNICEF documents, this study has analysed UNICEF annual reports and selected documents/literature available for a period of 10 years (2004-2014).

My interest in this study was mainly prompted by the need to explore concerns around the practice of genital cutting and its impact on girls and women in the African context. Although local communities which practice FGC attach its value to cultural and social benefits, various studies by international organisations that seek to respond to the practice of FGC indicate that its effects on women and girls have harmful sexual reproductive health consequences. Hence, my motivation for this study was further pressed by the prevalence of FGC in certain African countries irrespective of its well known effects.

In the past decades, several international organisations have been involved in programmes that seek to challenge and eliminate the practice of FGC in Africa. Involved in such

campaign activities have been organisations such as the the African Union (AU), the Population Reference Bureau (PRB), the World Health Organisation (WHO), the United Nations (UN), the United Nations Children Fund (UNICEF), the Norwegian Agency for Development Cooperation (NORAD), United Nations Population Fund (UNFPA), the International Conference on Population and Development (ICPD), the United Nations Development Programme (UNDP) and the United Nations Development Fund for Women (UNIFEM) to mention a few. Out of all these organisations, the agenda to address issues around the practice of FGC in Africa has been central in the work and programme activities of UNICEF. It is from this awareness that my interest grew even further. I became interested to pursue this study in order to explore discourses that are central to the practice of FGC within the mission and work of UNICEF in Africa. I therefore adopted UNICEF as an agency that seeks to promote change and transformation in communities that practice FGC. I envision that this study will add knowledge to the existing body of literature in this field of research, particularly in the area of religion, gender and sexual reproductive health.

1.4 Critical Questions and Objectives

Before stating the critical questions that this study addresses, it is important to point out that there are other broader questions which shape the scope of this study. For instance: What are the current prevalence rates on the practice of FGC in Africa? Are international organisations such as UNICEF and others able to eliminate the practice of FGC in Africa? Is positive change and transformation against FGC possible? Is there any evident progress towards abandoning FGC in practicing local communities in Africa? What are the reasons that are often given to justify the continuous practice of FGC in Africa?

In response to some of the above broad questions, this study addresses one critical question:

How are human rights issues and religio-cultural beliefs discursively represented and mediated in the conceptualisation of FGC in the UNICEF declarations and reports in Africa?

In attempting to answer this question, the study addresses the following sub-questions:

1. What are the discourses on human rights that informs conceptualisation of FGC in the documents of UNICEF in Africa?
2. What are the discourses on religio-cultural beliefs that inform conceptualisation of FGC in the documents of UNICEF in Africa?
3. How are the discourses on human rights and religio-cultural beliefs on FGC mediated and represented within the UNICEF documents?

The main objectives of this study were:

1. To identify the discourses on human rights that inform the conceptualizations of FGC in Africa in the documents of UNICEF.
2. To examine the discourses on religio-cultural beliefs that inform the conceptualisations of FGC in Africa in the documents of UNICEF.
3. To analyse how the discourses on human rights and religio-cultural beliefs on FGC in Africa are mediated and represented within the UNICEF documents.

1.5 Research Hypothesis

This study understands FGC as a violation of human rights of young girls and women which must take a central place in the agenda of feminist activist work and scholarship. However, as Abusharaf (1995:52) [see also Tamale 2005] observes, “feminist representational discourses tend (with some exceptions) to ignore the conceptuality of the forces within society that pertain to and regulate female sexuality.” This study therefore argues, for this very reason, that feminist studies on FGC should increasingly see the need to understand and alter, if need be, the discourses surrounding FGC. FGC is a social custom and the nature of politics attached to address the practice demands that feminist discourse should not only concentrate on abolishing FGC but must seek to engage varied religious, traditional beliefs and cultural perceptions about women. Proceeding from this assumption, this study intends to explore how UNICEF has responded to the practice of FGC in Africa from a critical feminist perspective.

1.6 Limitation of the Study

Intervention measures and initiatives have been taken as a response towards changing attitudes and eliminating the practice of FGC. As earlier indicated, various International and local organizations collaborate towards this common goal. For the purpose of this study, I specifically limited my investigation to the work of UNICEF and how this organisation has responded to FGC in Africa. In applying a systematic literature review, the study has examined selected UNICEF documents, annual reports, and literature covering a period of 10 years (2004-2014). The study does not cover UNICEF's work globally, but concentrates its work on FGC in Africa. These limitations were necessary due to time constraints as well as the nature of the Masters Coursework dissertation.

1.7 Structure of the Study

This study is developed in six chapters exploring the conceptualisations of FGC in the UNICEF documents. The following chapter outline presents the structure and flow of the study:

Chapter one introduces this study by making a case for the relevance of the study. The chapter locates the study within the broader work of UNICEF in the African Context. As an introductory chapter, I provide the background of the study, discussing its rationale and limitations. The chapter situates the study within the broader literature thereby delineating the critical questions and the objectives of the study.

Chapter two discusses the theoretical frameworks and the methodological considerations for this study. The chapter discusses in detail the reproductive rights framework and the reproductive justice framework as two conceptual theoretical perspectives applied in this study. The chapter then discusses systematic literature review and document analysis as a methodology utilised for the study.

Chapter three identifies the discourses on human rights that inform the conceptualizations of FGC in Africa in the documents of UNICEF. Chapter four examines the discourses on religio-cultural beliefs that inform the conceptualisations of FGC in Africa in the documents of UNICEF.

Chapter five presents analysis and findings of this study. The chapter discusses how the discourses on human rights and religio-cultural beliefs on FGC in Africa are mediated and represented within the UNICEF documents.

Chapter six draws this study to a conclusion. It highlights how the discourses of human rights and religio-cultural beliefs contribute to the effects on sexual and reproductive health of girls and women. The chapter highlights the important contribution that this study makes to the field of gender, religion and sexual and reproductive health.

CHAPTER TWO

THEORETICAL FRAMEWORKS AND METHODOLOGICAL CONSIDERATIONS

Chapter one introduced this study by describing how the United Nations Children Fund (UNICEF) frames the discourse on female genital cutting (FGC) in Africa in its documents. The chapter made a case for the relevance of this study. In order to examine how human rights and religio-cultural beliefs are conceptualised and framed in the discourses of UNICEF, this chapter will discuss issues concerning conceptual frameworks and the methodology applied for this study. The chapter is divided into two sections. The first section elaborates on the “reproductive rights framework” and “reproductive justice framework” as two conceptual theoretical perspectives applied in this study. The second section discusses systematic literature review and document analysis as a methodology utilised for the study. The chapter concludes by highlighting how systematic literature review has been used to analyse and interpret the data gathered in order to make sense of the literature.

2.1 Theoretical Frameworks

To delineate and conceptualize key discourses around the practice of FGC, this study has applied a multi-dimensional approach in analysing how UNICEF conceptualises, addresses and responds to issues of FGC in Africa. “Because reproductive oppression affects women’s lives in multiple ways” (Asian Communities for Reproductive Justice 2005:1), I have applied two theories as conceptual frameworks for this study, hoping that this will enable me to engage in a critical feminist analysis of how the UNICEF mediates and represents discourses of human rights and religio-cultural beliefs in their documents. The two theories are “the reproductive rights framework” and “the reproductive justice framework”. These are discussed below:

2.1.1 The Reproductive Rights Framework

According to the Centre for reproductive rights (2013)

[R]eproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and

other consensus documents ... and the right to attain the highest standard of sexual and reproductive health. It also includes their [*individual's*] right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents (ICPD Programme of Action, supra note 27, para.7.12).

Arguably, within the rights-based approach, the reproductive rights framework is a broad declaration that a woman has a choice and that women as human beings have rights to their reproductive health. In this view, every woman and girl has a right to decide freely concerning matters related to their sexual and reproductive health. This framework enables analysis related to issues of 'rights' as an important aspect that affects FGC practices impacting on sexual and reproductive health of young girls and women in Africa. As Braun (2012) observes, 'Rights' must be a dominant conceptual frame for responding to FGC and its related practices. She contends that 'a rights framework' moves from questions of harm to questions of entitlement and protection. In this case "human rights" become those 'rights' "inherent in personhood, fundamental and inalienable" which according to Braun (2012:38) must include life, health, physical integrity, and freedom from abuse and discrimination.

With emphasis on 'rights' as an appropriate framework for this study, Gunning (2002) presents us with a thoughtful analysis of FGC as a human rights issue. His analysis equally recognises the observation made by the fourth World Conference on Women in Beijing held in 1995 that "governments recognised that entrenched patterns of social and cultural discrimination" were key to "sexual and reproductive ill health" with gender inequalities and exclusion hindering women, men and young people from exercising their reproductive rights (see UNFPA May 2008). Aligning this thought with Braun's (2012) observation on the concept of physical integrity, FGC is therefore categorized within conceptions of harmful cultural and traditional practices that affect women's health and human rights. Hence, a 'rights' framework seeks to address, change or eliminate FGC as a violation of human rights (see also Murray 2009, Chase, 2002 and Dreger, 2006). Hence, regardless of how much cutting is done (see Braun 2012), FGC is considered a violation of young girls and women's rights to bodily and physical integrity impinging on women's rights (Rahman & Toubia 2000). The reproductive 'rights' framework applied to this study seeks to analyse the discourses of human rights which inform conceptualisation and the basis from which UNICEF operates to address concerns of FGC in Africa.

2.1.2 The Reproductive Justice Framework

The concept of reproductive justice was coined and introduced in 1994 by SisterSong, a collective of women of colour shortly after the United Nations International Conference on Population and Development in Cairo, Egypt (Price 2010:47; Morgan 2015:2). Arguing that the concept of ‘human rights’ was “too focused on privacy, autonomy, and abortion” SisterSong pointed out that reproductive rights was inattentive to the concerns of immigrants and women of colour (Morgan 2015:2). From this observation, SisterSong combined ‘reproductive rights’ with ‘social justice’ to come up with “reproductive justice” (Morgan 2015:2).

Emerging from the need to end reproductive oppressions, SisterSong points out that a ‘reproductive justice’ framework focuses on the theme of “the control and exploitation of women’s bodies, sexuality and reproduction as an effective strategy of controlling women and communities, particularly those of colour” (Asian Communities for Reproductive Justice 2005:2). The reproductive justice framework therefore “stipulates that reproductive oppression is a result of the intersections of multiple oppressions and is inherently connected to the struggle for social justice and human rights (Asian Communities for Reproductive Justice 2005:1). It is within this understanding that Morgan (2015:1) argues that the reproductive justice framework includes how other issues such as incarceration, immigration, racism, housing, and adoption policies could affect personal and social reproduction. In this case, the reproductive justice framework should therefore include “the right to have children, not to have children, and to parent the children... in safe and healthy environments” (Morgan 2015:1).

It is from this perspective that FGC is understood as the control and exploitation of women’s bodies, sexuality and reproduction. Mohapatra (2012:191) argues that reproductive justice should therefore “refer to the normative concept that all women, regardless of their ethnic, racial, national, social, or economic backgrounds, should be able to make healthy decisions about their bodies and their families.” In this way, reproductive justice encompasses “the complete physical, mental, spiritual, political, social, and economic well-being of women and girls, based on the full achievement and protection of women’s human rights” (Ross 2001:4).

The reproductive justice framework is therefore rooted in the recognition of the histories of reproductive oppression⁶ and abuse in all communities” and seeks to use “a model grounded in organizing women and girls to change structural power inequalities” (Asian Communities for Reproductive Justice 2005:2).

In taking the justice-based approach to FGC, my study recognises that most women lack power in their contexts of oppression and therefore suffer lack of control of their own bodies, especially in patriarchal societies. This can be in cases where men adamantly apply culture and religion to have control over women’s bodies. A Reproductive Justice framework therefore provides my study with a lens through which I analyse the alternatives that UNICEF offers to address and challenge FGC as an injustice on women’s bodies in order to assess UNICEF’s contribution to sexual and reproductive health rights of young girls and women in Africa. It is within this framework that Braun’s (2012) study shows that a reproductive justice framework can be useful in bringing political analyses of economic justice, race, class, and so forth to reproductive rights. Silliman *et al* (2004) alludes to this argument by observing that a reproductive justice framework should recognise the diverse constraints on women’s rights and choices. This is crucial for my study while focusing on the need to change structural power inequalities.

2.2 Feminist interest in Female Genital Cutting

Feminist critique of FGC came onto the international agenda through the work of Fran Hosken in 1976 when she began writing about this problem from an activist perspective (Hosken 1976). Hosken’s approach inspired feminist opposition which sought to support initiatives towards eradicating FGC. Hosken influenced the change of term from ‘Female Circumcision’ to ‘Female Genital mutilation’ arguing that these were not the same. It is during this same period (1960 - 1970s) that many women’s groups in various countries led activist campaigns to raise awareness about the harmful effects of the practice, especially through scholarly writing (Centre for Reproductive Rights 2006:8). Specifically, feminists have used the approach of viewing FGC as a tool of “patriarchal dominance and control of the female body and feminine sexuality” thereby making it a symbol of women’s oppression (Monagan 2010:161).

⁶ Reproductive oppression is the controlling and exploiting of women and girls through their bodies, sexuality and reproduction (both biological and social) by families, communities, institutions and society (ACRJ 2005:3).

Although feminist approaches to FGC has differed throughout the world, African feminist scholars have offered a feminist analysis of FGC and have asked specific questions around concerns about human rights, gender, cultural, religious and sexual and reproductive health issues. Much of the feminist work on FGC adopts a perspective that places FGC and its related practices as a violation of the human rights of women calling for its eradication. Important to note is that not all African women agree with the rhetoric of Western feminists that FGC is harmful and wrong for women (see Antonazzo 2003) and some reject the western view of the term 'female genital mutilation' as offensive (McChesney 2015:10). As McChesney (2015:10) points further, a number of African women "pointed out that FGC is done by women (not men), for women, so that women can take their rightful place in society as wives and mothers." For these women, social acceptance, marriage and 'security' is so central that FGC could not be considered harmful to their sexuality and health. For example, Marie Vaz (2015) contends that FGC persists because marriage for many women in Africa constitutes a primary means of survival and as Yount (2002) argues, the practice of FGC seems to "allow women to acquire some protection and economic security through marriage." From Vaz's (2015: 112) analysis, young girls remain totally vulnerable and "do not consent but simply undergo the operation" as a socialisation required by culture; the extreme physical pain and torture that such young girls and women undergo is often driven by markers of culture and tradition.

Important to consider is that a number of African feminists have moved from the traditional feminist position which for example aligned concerns around FGC with human rights and began to intensely question how culture and traditional beliefs, for instance, have exposed women to bodily injustices, oppression, violence and abuse. In this case, African feminist theologians such as those working within the Circle of Concerned African Women theologians (The Circle), have addressed injustices that women are facing within the confines of African religion and cultures. For example, Musimbi Kanyoro (2002) proposes the use of 'African feminist cultural hermeneutics' to critique oppressive cultural practices against women in Africa. As Kanyoro (2002:64) suggests, feminist cultural hermeneutics seeks to investigate how culture and cultural practices (and rituals) constructs people's view of reality in a particular context. This is alluded to by Oduyoye (2001:15) who argues that African feminist cultural hermeneutics is a tool acquired by African women theologians to analyse their culture, religion and traditional heritage. What has been evident for African women theologians is the ways in which culture and religion combine

to contribute toward the oppression of women in Africa. For example, religion is often used to affirm some cultural practices in oppressive cases. In this light, Dube (2001) shows how African feminist cultural hermeneutics as a critical feminist approach can be used to question the role of the Bible and that of culture in constructing the supposed place of women at home, in the church and in the society. Kanyoro and Njoroge (1996:151-152) further observe that African feminist cultural hermeneutics not only aims to critique oppressive and dehumanizing cultural beliefs and practices targeting women, but also intends to ensure that such practices are transformed to enhance life for women in Africa. Phiri and Nadar (2006:11) therefore argue that African feminist cultural hermeneutics must be an instrument useful in critiquing oppressive cultural practices that deny life. They further observe that within this framework, life-giving aspects of culture should be affirmed while life-denying aspects must be rejected. What is debatable is who decides on what is “life-denying” and “life-affirming” and for whom.

The need to transform practices and beliefs which deny women living life in its fullness therefore requires a critique of FGC as an integral aspect of feminist cultural hermeneutics. Cultural hermeneutics in this study has therefore assisted in reflections on how culture and religion informs and influences the practice of FGC among young women and girls in Africa. With a view to reflecting on harmful cultural and religious practices, I take into consideration Kanyoro’s (2002) contention when she argues that African women, as custodians of culture, have often passed harmful practices to other women in trying to safeguard culture and traditional practices. Therefore, using a religio-cultural-based approach, feminist cultural hermeneutics can be a tool to understand how religion, culture and traditional beliefs have been represented and conceptualised in the UNICEF documents.

In this way, this study engages in an African feminist examination of the UNICEF documents (2004–2014) to critically analyse how discourses of human rights and religio-cultural beliefs inform conceptualisations of FGC in Africa. The rights framework and reproductive justice framework offer my study some critical feminist tools to understand the contribution of UNICEF to the issue of sexual and reproductive health rights of young girls and women and what has been proposed as alternatives to FGC in practicing countries.

2.3. Methodology

2.3.1 Research Design

This is a qualitative study framed within a critical research paradigm. I have utilised the collected information in line with the UNICEF documents and related reports (2004-2014) to assist in analysing how FGC is conceptualised as issues of human rights and religio-cultural beliefs in these documents. Such data has informed the theoretical framework applied for this study, contributing to the study background and its findings.

The study has utilised ‘systematic literature review’ and document analysis as its methodology. According to Petticrew and Roberts (2006:2), systematic literature review is a “method of making sense of large bodies of information, and a means of contributing to the answers to questions about what works and what does not – and many other types of questions too.” Kitchenham *et al.*, (2007:vi) have also argued that a “systematic literature review is a means of evaluating and interpreting all available research relevant to a particular research question, topic area, or phenomenon of interest.” In other words, a systematic review of literature is a method of mapping out areas of uncertainty, and identifying where little or no relevant research has been done, but also where new studies are needed (Petticrew and Roberts 2006). As a methodology, systematic review is a process of examining existing literature by “using a systematic and explicit accountable method” (Gough, Oliver and Thomas 2012:5).

In this way, systematic review will often involve summaries of all past research within a given topic of interest. For this research, UNICEF documents and reports have constituted an important part of the study as a qualitative research. Corbetta (2003) defines a document as any substance that gives information about the investigated phenomenon and exists independently of the researcher’s actions. According to Bowen (2009:27) ‘document analysis’ is therefore “a systematic procedure for reviewing or evaluating documents—both printed and electronic (computer-based and Internet-transmitted) material.” Corbin and Strauss (2008) indicate that like other analytical methods in qualitative research, document analysis requires that data are investigated and interpreted in order to produce meaning, gain understanding, and develop empirical knowledge. With the understanding that “documents contain texts (words) and ‘images’ that have been recorded without a researcher’s intervention” (Bowen 2009:27), for the process of

document analysis to be effective, the person carrying out the research will be required to give voice and meaning to the subject being studied. It is to this effect that my study seeks to give voice to how human rights and religio-cultural beliefs are presented in the UNICEF documents as the organisation seeks to conceptualise FGC in Africa.

2.3.2 Data Production

Bowen (2009:27) states that “Documents that may be used for a systematic evaluation as part of a study take a variety of forms.” Hence, for the purpose of this study on FGC in Africa, UNICEF documents comprise the primary source of data sampled for analysis and evaluation as part of the study’s systematic literature review. These comprise UNICEF public records such as official annual reports, joint statements on FGC, organisational or institutional records, event programmes, programme proposals, policy manuals, public statements, collaborative training materials and other related literatures. This scope of selected data has informed my study by giving me a good perspective on how UNICEF has addressed and engaged with the issue of FGC in related African countries where the practice is prevalent. With this nature of study, my main sources for data comprised published materials either by UNICEF as an organisation or materials published by other UN agencies who partner with UNICEF as international organisations. Borrowing from Gough *et. al* (2012:5), the process of systematic review for this study involved systematically reviewed research, literature, reports and other documents of UNICEF within the following three key scopes:

- (i) Identified and described the relevant research (‘mapping’ the research)
- (ii) Critically appraised research reports (and related documents—my addition) in a systematic manner.
- (iii) Brought together the findings into a coherent statement, known as synthesis.

In applying these three key elements, I have ‘mapped’ my research to focus on the work of UNICEF within a ten year period between the years 2004-2014. In order to identify, describe and critically appraise UNICEF research, literature, reports and other documents within this period, my selection of literature has been guided by the key major areas of focus for this study which specifically intends to examine discourses on issues of human rights and religio-cultural beliefs. My reason for focusing on the 10 year period is that, I

want to see whether there have been changes or whether the discourses remain the same.

2.3.3 Sampling

To achieve the purpose of this study, I applied an intentional method of selecting my sample for gathering information. Blaxter *et al.* (2006:163) indicates that this method of sampling is purposive sampling and is a non-probability sampling approach where the participants (in this case, my literature and countries where the practice of FGC is prevalent) are hand-picked based on supposedly typical or interesting cases such as Ethiopia, Kenya, Somali, Nigeria, Senegal and Ivory Coast..

For the purpose of sampling the documents, I use document analysis and systematic literature review, by locating this study between the years 2004 to 2014. The main questions that I posed while analysing these documents are twofold. First, I focused on how the UNICEF frames discourses on human rights and religio-cultural beliefs to conceptualise FGC in Africa in its documents. Second, I inquire how the discourses on human rights and religio-cultural beliefs on FGC are mediated and represented within the UNICEF documents. As Labuschagne (2003), Corbetta (2003) and Bowen (2009) have shown, the analytic procedure in document review involves finding, selecting, appraising (making sense of), and synthesising data contained in documents. Document analysis in this case yields data—assertions, quotations, or entire passages—that are then organised into major themes, categories, and case examples based on discourses of human rights and religio-cultural beliefs.

2.3.4 Data Analysis and Interpretation

According to Blaxter *et al.* (2006:206) data analysis involves the process of searching for explanation and understanding. With this process, concepts and theories could be advanced, considered and developed (Blaxter *et al.* 2006). A critical feminist discourse analysis was applied as a method for data analysis.

Ian Parker (1992) in his *'Discourse Dynamics: Critical Analysis for Social and Individual Psychology'* offers a good working definition of a discourse “as a system of statements which constructs an object,” (or a reality). Discourse analysis therefore involves exploring the connection between social practices and how discourses are used to construct and structure such

practices. Hence, a “critical discourse analysis (CDA) is a type of discourse analytical method that primarily studies the way social power abuse, dominance, and inequality are enacted, reproduced, and resisted by text and talk in the social and political context” (Van Dijk 2008:352). Further, as Van Dijk (2008:352) suggests, a critical discourse analyst will take an explicit position in seeking “to understand, expose, and ultimately resist social inequality.” Because of its nature in seeking to understand, expose and resist dominance and oppression, one would therefore argue that a critical feminist discourse analysis will seek to do the same in analysing concerns around FGC. Van Dijk (2008:359) observes that “in many ways, feminist work has become paradigmatic for much discourse analysis especially since much of this work explicitly deals with social inequality and domination.”

According to Lazar (2007:144) feminist critical discourse analysis is “a political perspective on gender, concerned with demystifying the interrelationships of gender, power, and ideology in discourse.” As a theoretical process, feminist CDA is concerned with analysing various forms of social inequalities and injustices (Lazar 2007) and “is applicable to the study of texts and talk equally” (Lazar 2007:144). With the aim of effecting social change, Lazar (2007:142) argues that a feminist CDA therefore seeks to “establish a feminist perspective in language and discourse studies” with a focus “on social justice and transformation of gender” (Lazar (2007:144).

Feminist CDA is one of the tools which I use to analyse documents and literature (texts) produced by UNICEF that address concerns around FGC in Africa. My data analysis focuses not only on factors that inform the practice of FGC, but also interrogates how UNICEF has framed discourses of human rights and religio-cultural beliefs in conceptualising FGC in Africa. I apply a critical feminist discourse analysis on documents over a ten year period to see whether there have been changes or whether the discourses remain the same. The significance of the ten year period, the changes, or lack thereof is important to my study.

Chapter Summary

This chapter has proposed a reproductive rights and reproductive justice framework in analysing the discourse of human rights and religio-cultural belief regarding the practice of FGC in the UNICEF documents in Africa. The focus was on how the ‘rights’ framework

seeks to address, change or eliminate FGC as a violation of human rights, and the justice framework provides a lens through which I analyse the alternatives that UNICEF offers to address and challenge FGC as an injustice on women's bodies in order to assess UNICEF's contribution to sexual and reproductive health rights of young girls and women in Africa. Second, this chapter explored the feminist interest in female genital cutting. Finally, the chapter also focused on the methodology used in analysing the documents. Included in the chapter were the research design, data production, sampling and data analysis and interpretation. In the next chapter, I present the discourse of human rights by analysing the conceptualization of this discourse in the UNICEF document on the practice of FGC.

CHAPTER THREE

CONCEPTUALIZATION OF FEMALE GENITAL CUTTING: DISCOURSES OF HUMAN RIGHTS IN UNICEF DOCUMENTS

Chapter two described the reproductive rights framework and the reproductive justice framework as two conceptual theoretical perspectives applied in this study. The chapter also described the methodology used for this study discussing how systematic literature review document analysis and a feminist discourse analysis are utilised in this study. With more than 28 countries in Africa and the Middle East practicing female genital cutting (FGC)—and nearly half of those girls and women who undergo the practice in just two countries: Egypt and Ethiopia (WHO 2011), UNICEF is seen to be leading the largest global campaign to accelerate the abandonment of FGC. Based on recent surveys, studies suggests that in Africa 91.5 million girls and women aged 10 years and above have been subjected to the practice, of these, 12.4 million are between 10 and 14 years of age (WHO 2011). If current trends continue, 15 million additional girls between ages 15 and 19 will be subjected to FGC by 2030 (UNFP-UNICEF 2014). In the light of such statistics, collaboration between key UN agencies towards the abandonment of FGC mainly adopts the tenets of human rights.

The purpose of this chapter is to identify the discourses on human rights that inform how UNICEF conceptualizes FGC in Africa in its documents. This chapter is divided into three sections discussing: (i) the understanding of the concept of human rights for UNICEF activities (ii) how FGC is conceptualised as a human rights issue and (iii) the discourses on human rights that have informed the conceptualisation of FGC in Africa in the documents of UNICEF.

3.1 Understanding the Concept of Human Rights for UNICEF's Engagement

In its work towards changing understanding and eliminating the practice of FGC, the UNFPA-UNICEF Joint Programme on FGC⁷ has applied from its inception “a holistic,

⁷ The Joint Programme on Female Genital Mutilation/Cutting (FGM/C) “Accelerating Change” is a collaboration between the United Nations Population Fund (UNFPA) and the United Nations Children’s Fund (UNICEF) and is the main United Nations (UN) instrument to intensify the abandonment of FGC (UNFPA-UNICEF 2014).

culturally sensitive and participative approach grounded on a firm foundation of human rights” (UNFPA-UNICEF 2014:2). In other words, it is within a human rights-based approach that UNICEF seeks to achieve its goals towards a sustained sexual wellbeing and reproductive rights for women. This holistic, culturally sensitive approach seeks to ensure that the principles of human rights guide activities and analysis on FGC in all countries where UNICEF has a presence (UNFPA-UNICEF 2014). The human rights-based approach is therefore characterised by “participation, empowerment, non-discrimination, equity, accountability and the rule of law” (UNFPA-UNICEF 2014:2).

The question is raised therefore, what does the term “human rights” mean? According to Rahman and Toubia (2000:15) human rights include those “moral and political claims that every human being has upon his or her government or society as a matter of a right – not by virtue of kindness or charity.” Rahman and Toubia (2000:15) therefore argue that to view FGC as a violation of the human rights of women and children “is to view this practice as an infringement by governments and societies upon their moral and political claims.” In line with this definition, UNICEF as one of the main United Nations instruments to promote the abandonment of FGC aligns its understanding of human rights as understood by the UN, codified in several international and regional treaties. In its General Assembly, (85th Plenary meeting) on 20th December 1993, the United Nations made a declaration on the elimination of violence against Women stating in Article 3 what it implies by human rights as relates to women. This Article states:

Women are entitled to the equal enjoyment and protection of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. These rights include, inter alia:

- (a) The right to life; and The right to equality;
- (b) The right to liberty and security of person;
- (c) The right to equal protection under the law;
- (d) The right to be free from all forms of discrimination;
- (e) The right to the highest standard attainable of physical and mental health;
- (f) The right to just and favourable conditions of work;
- (g) The right not to be subjected to torture, or other cruel, inhuman or degrading treatment or punishment.

[United Nations General Assembly, Declaration on the Elimination of Violence against Women, UN Doc. A/RES/48/104 (1993)].

From this understanding of human rights, UNICEF within its inter-agency collaborations with other UN agencies therefore recognises FGC of any type as a harmful practice and a violation of the human rights of girls and women (see WHO 2008, UNFPA-UNICEF 2014). In this light, UNICEF seeks to promote change from within through a human rights-based approach (UNFPA-UNICEF 2014). Central to its activities in Africa, UNICEF seeks to enact and enforce laws against FGC (UNFPA-UNICEF 2014).

3.2 Female Genital Cutting as a Human Rights Issue

Because the issue of FGC is linked with various physical, psychosexual and psychological health short term and long term consequences and complications to girls and women (see details in WHO 1996, WHO 1997, Althus 1997), the dominant philosophy within the international community and organisations recognises FGC as a violation of human rights of girls and women (Toubia and Sharief 2003, WHO 2008, UNICEF 2013, UNFPA-UNICEF 2014). Hence, this trend led to the establishment of the international and regional health and human rights treaties and consensus documents seeking to provide protection towards safeguarding girls and women against FGC (WHO 2008:31).⁸

Predominant within this body of international and regional human rights treaties and conventions is a position that FGC is a violation of human rights. It is important to highlight at this stage some key human rights consensus for the purpose of this study. It is generally accepted that FGC was first recognised in the agenda of United Nations in 1948 within the context of the Universal Declaration of Human Rights (UDHR) as the first international instrument that detailed rights and freedom of individuals (UN 1948 General Assembly Resolution 217, Doc. A/810, UN 2003, USAID 2004). Following this declaration, FGC was later considered a harmful traditional practice during the United Nation's Decade for Women (UNDW) 1975-1985, (UN 1976). This decade emphasised

⁸ There are over 60 treaties to that address various concerns. Among the treaties relevant to these study include: The Universal Declaration of Human Rights, adopted 10 December 1948. General Assembly Resolution 217. UN Doc. A/810; the Convention on the Elimination of all Forms of Discrimination against Women, adopted 18 December 1979 (entry into force, 3 September 1981); Convention on the Rights of the Child, adopted 20 November 1989. General Assembly Resolution 44/25. UN GAOR 44th session, Supp. No. 49. UN Doc. A/44/49 (entry into force, 2 September 1990); Human Rights Committee. General Comment No. 20, 1992. Prohibition of torture and cruel treatment or punishment; African Charter on Human and Peoples' Rights (Banjul Charter), adopted 27 June 1981. Organization of African Unity. Doc. CAB/ LEG/67/3/Rev. 5 (1981), reprinted in 21 I.L.M. 59 (1982) (entry into force, 21 October 1986); United Nations General Assembly, Declaration on the Elimination of Violence against Women, UN Doc. A/RES/48/104 (1993) and World Conference on Human Rights, Vienna Declaration and Plan of Action, June 1993. UN Doc. DPI/ 1394-39399 (August 1993).

concerns around gender inequalities and their effects on women's health (Toubia and Sharief 2003:252). Within the underlining human rights framework, the International Women's Year (IWY) was part of the 1975 conference during the UNDW. It was then that the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) made particular declarations which were adopted by the United Nations General Assembly in 1979 (UN 1979). Article 1 of this Women's Convention (1979) elaborated on the rights of women defining discrimination as:

Any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field (CEDAW 1979, also UN 2003:12).

From this definition, human rights for girls and women are to be understood within the scope of civil, cultural, economic, political and social norms. The Convention also made major provisions elaborating measures required for the elimination of such discrimination in all its forms and manifestations. This is provided in the form of 30 Articles. In Part I, Article 5 (a), the Committee observes:

State Parties shall take all appropriate measures:
(a) To modify the social and cultural patterns of the conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women; (CEDAW 1979).

In line with this trend, the Vienna Declaration of the World Conference on Human Rights in the 1990s also held that traditional practices such as FGC were a violation of human rights (WCHR 1993). During this period, the concept of women's rights as human rights was introduced, and as Toubia and Sharief (2003:253) observe, "gender-based violence was accepted as a violation of human rights at the 1993 World Conference on Human Rights in Vienna." Likewise, the Committee on the Elimination of All Forms of Discrimination against Women, the Committee on the Rights of the Child and the Human Rights Committee have since then been active in condemning the practice of FGC recommending measures to combat it, "including the criminalization of the practice" from the basis of human rights (WHO 2008:8).

Several studies therefore clearly demonstrate that FGC is a gender-based human rights violation (see Dorkenoo 1994, Toubia and Sharief 2003, Iweulmor, and Veney 2006, Kerubo 2010). Conversely, FGC is deeply rooted in social and cultural traditions of practicing communities in a way that there is always a conflict between what is considered individual's cultural rights against stipulated human rights as observed by the international bodies. Iweulmor, and Veney (2006:42) argue that one's culture can become a violation of their human rights, especially in cases where the practice of FGC is forcefully performed on infants, young girls and women. As a violation of human rights; the practice denies both women and children the right to development and good health, including a denial of their sexual integrity (Iweulmor, and Veney (2006:39).

In this light, relevant UN bodies and agencies such as UNICEF, UNFPA, UNIFEM, and the WHO seek to implement policies against FGC, in which they individually and collectively through their joint statements define FGC as violation of girl's and women's rights. In the section that follows, I identify the discourses on human rights that inform the conceptualizations of FGC in Africa in the documents of UNICEF.

3.3 UNICEF's Key Discourses on Female Genital Cutting as a Human Rights Concern

In applying a human rights framework to analyse and address the practice of FGC, it becomes clear that the practice of FGC violates the Universal Declaration of Human Rights upheld by the UN General Assembly in December 1948. As stated in Article 3 of its declaration already alluded to (see section 3.1 of this chapter), FGC violates girl's and women's right to life, right to liberty and security of person; a right to the highest standard attainable of physical and mental health and the right not to be subjected to torture, or other cruel, inhumane or degrading treatment or punishment. Likewise, the human rights-based framework enables one to identify forms of discriminations set against girls and women, especially those outlined by the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW 1979) (see discussions in section 3.2 of this chapter). Therefore, FGC not only forms a basis of discrimination against girls and women, but also violates their human rights. Ways in which this happens are discussed further in the sub-sections below.

In the light of the above observations made by the UDHR and the CEDAW declarations, UNICEF has made the commitment to change (and even) eliminate the social norms that surround the practice of FGC stating:

The most successful approaches use facts and human rights principles to empower communities to decide for themselves to abandon the practice (UNICEF 2012:19).

In order to discuss how UNICEF conceptualises FGC in its documents in Africa, I applied a critical feminist discourse analysis to identify the human rights discourses. It is important to note that UNICEF does not clearly outline or identify these as discourses on human rights as they are presented in the remaining section of this chapter. In other words, a critical feminist discourse analysis has enabled me to pull out the following four discourses as central to human rights issues following a detailed document analysis of UNICEF literature. This has assisted in describing how UNICEF conceptualises FGC through its various assertions and statements on human rights related concerns. These are discussed in the sub-sections that follow.

3.3.1 Discourses on Bodily Respect and Integrity

Discourses on human rights focus on the prohibition of torture, violence and other cruel and degrading inhumane treatments. Ideas on bodily integrity as fundamental to human rights discourses were framed in UNICEF documents to conceptualise FGC as violation to human rights against girls and women. In its 2010 *Innocent Insight* UNICEF observes:

Nonetheless, FGM/C is an infringement of the human rights of girls and women. It violates their right to health, security and physical integrity; the right to be free from torture and cruel, inhuman or degrading treatment; and the right to life when the procedure results in death (UNICEF 2010:3)

The idea of ‘physical integrity’ is therefore portrayed to conceptualise FGC as a harmful practice performed on girl’s and women’s bodies, thus denying them bodily respect and integrity that they deserve. The practice also violates their rights to liberty and security. Based on consequences which women endure following the operation of FGC, UNICEF condemns the practice as a violation of human rights stating:

It causes physical and psychological harm that can be extremely severe and often irreversible. FGM/C has consequences that may affect girls and women throughout their lives (UNICEF 2010:3)

Further, ‘infringement of human rights of girls and women’ is framed within discourses that portray FGC as abuse and violence against them. In this regard, the right of everyone to be free from all forms of violence, is strongly stressed as a form of setting up a mechanism that can protect girls and women at risk, argues UNICEF (2010:9). This is clear from the UNICEF *Innocenti Digest* which points out:

The impact of all types of FGM/C on girls and women is wide-ranging, and the practice compromises the enjoyment of human rights including the right to life, the right to physical integrity, the right to the highest attainable standard of health (including, with maturity, reproductive and sexual health), as well as the right to freedom from physical or mental violence or abuse (UNICEF 2005:15).

FGC is therefore conceptualised based on its impact on girl’s and women’s bodies thereby violating their rights to attain their best health. This compromises their ability to sexual and reproductive health, placing at risk women’s full enjoyment of life. So, by drawing on this kind of discourse FGC is rendered unacceptable on grounds not only of its harm to women’s health and integrity, but also of its oppressive denial of women’s human dignity of which their sexuality is a part.

3.3.2 Discourses on Sexual Morality and Integrity

Among groups that practice FGC, cutting is perceived to constitute a social, ethnic and physical mark of distinction. (UNICEF 2005:12). This mark of ‘distinction’ is often seen to be achieved through the practice of FGC which is performed on girls and women intended to control their sexual urge. In its 2005 *Innocenti Digest*, UNICEF states:

FGM/C is often justified on the grounds that it protects girls from excessive sexual emotions and therefore, helps to preserve their morality, chastity and fidelity (UNICEF 2005:12).

Further, a joint statement by UNFPA and UNICEF observes:

Rooted in a culture of discrimination against women and the desire to control their sexuality, FGM/C is linked to the unequal position of women

in the political, social and economic spheres of the societies where it is practised (UNFPA-UNICEF 2014:1)

In applying a critical feminist discourse analysis, the social, ethical and moral expectation placed on women based on controlling their sexuality is in fact an infringement and a violation of girl's and women's human rights. The practice is undergirded by a desire to control girl's and women's sexuality as a means of 'protection' towards achieving chastity and fidelity.

Although the discourse of controlling excessive sexual emotions of women has been used to justify a social convention explaining why FGC has been prevalent as a social/moral norm⁹ in practicing countries, a rights-based framework shows that the practice violates sexual integrity of women. Women have a right to enjoy sex and the cutting of the clitoris to restrict sexual stimulation, pleasure and fulfilment causes harm to their physiology and thereby violates their human rights. Sexual integrity therefore requires that girls and women hold equal rights to sexual pleasure and enjoyment as men. As a human rights issue, women's bodies must never be seen as sexual objects to satisfy men, which FGC has proved to achieve. This denies their sexual integrity (see Iweulmor, and Veney 2006). It also hinders women's enjoyment of their natural and human feminine characteristic as sexual beings.

3.3.3 Discourses on Gender Inequality and Discrimination

Conceptualisation of FGC in UNICEF documents are framed within discourses that assign girls and women an inferior position in the family and community. A critical analysis of these discourses illustrate that conceptualisations of FGC are framed within notions of discrimination that result from a culture of gender inequality which pervade communities where FGC is practiced. With this observation, it becomes clear that FGC violates multiple basic human rights "including the right to life, to physical and mental integrity, and to the highest attainable standard of health" (UNFPA-UNICEF 2014:1). In partnership with UNFPA on eliminating the practice of FGC, UNICEF's joint statement in its Annual report in "*Accelerate Change*" points out that:

⁹ A social norm is a rule of behaviour that members of a community are expected to follow and are motivated to follow through a set of rewards and sanctions. Within a framework of social convention, rewards and sanctions attached to the practice of FGC are aimed at sustaining its continuation as a social norm (UNICEF 2005, 2010).

Because FGM/C is considered to be a harmful cultural practice and a form of violence against women and girls, it violates the Convention on the Elimination of All Forms of Discrimination against Women, and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UNFP-UNICEF 2014:1).

As noted earlier in this chapter, ‘the elimination of all forms of discrimination’ needed to achieve “the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes...” (CEDAW 1979). This is so because in every society in which FGC is practiced it:

...is a manifestation of gender inequality that is deeply entrenched in social, economic and political structures where it is practiced (UNICEF 2005:9).

Because gender inequalities makes possible the prevalence of FGC, “it represents society’s control over women” (UNICEF 2010:8). With such control, men exercise power over women and this becomes the basis for gender discrimination against women. Extreme forms of gender inequalities can then lead to women depending on men for their material well-being (UNICEF 2010:8) and this becomes a characteristic of violation of human rights. It is in this context that UNICEF contends that women:

Have little voice in matters that affect their lives, rendering them powerless to challenge harmful practices. Where girls and women are expected to follow prescribed gender roles within the family and community, they may even endorse the discriminatory norms that are meant to control them (UNICEF 2010:8).

Such a discriminatory practice can only be changed if women are collectively empowered to make decisions on matters regarding their bodies and sexuality without unwillingly being subjected to gender discrimination.

3.3.4 Discourse on Consent

The UNICEF documents note that often FGC is performed on minors (but also women) who are subjected to the practice unwillingly and without consent. From an ethical point of view consent involves “the procedure by which an individual may choose whether or not to participate in any act; ensuring that the individual has a complete understanding of the purpose, method and the risk that is involved” (Sage 2007:57). From this definition,

FGC is a procedure that is performed on minors without their consent and therefore becomes a human rights issue.

In such contexts, it is documented that most parents allow their children to undergo the practice of FGC for several social conventional and ‘moral norm’ reasons.¹⁰ For instance, it is believed within practicing communities that “young girls will not be eligible for marriage if uncircumcised and in most African communities, marriage is what gives a woman social status” (UNICEF 2010:6). UNICEF (2005:11), reports indicate in this case that Maninka women in central Guinea, for example, explained that “parents have a threefold obligation to their daughters: to educate them properly, cut them, and find them a husband.”

Such an understanding of parental ‘obligation’ from a social conventional and moral norm perspective force women to conform to such a practice even if they are aware that FGC is harmful and can cause death to minors. With regard to young girls, the 1989 Convention on the Rights of the Child (CRC), explicitly points out that the procedure of FGC is “both a harmful traditional practice that compromises a child’s right to the highest attainable standard of health and a form of violence” (UNICEF 2005:IV). In this regard, the UNFPA-UNICEF joint statement on “*Accelerating Change*” in respect to FGC states:

Moreover, because FGM/C is regarded as a traditional practice prejudicial to children’s health and is, in most cases, performed on minors, it violates the Convention on the Rights of the Child (UNFP-UNICEF 2014:1).

Further, by applying a human rights framework it is important to observe that FGC:

...abrogates the right to be free from gender discrimination, violence and torture, and infringes the rights of the girl child (UNFP-UNICEF 2014:1).

Despite such elaborate assertions which seek to protect girls and women from harmful cultural and traditional practices, children and even adult women are being cut without their consent and before they can attain the age of majority (infants and toddlers and teenage girls mostly) where they can decide for themselves (UNICEF 2010). This therefore becomes a human rights issue which has attracted the legal need for protection of a child’s

¹⁰ The moral norm are reasons used to justify and to ‘do what is best for your child,’ in this case, motivates families in some social contexts to cut their daughters (see UNICEF 2010).

right. UNICEF (2005) in this case alludes to Article 19 of the Convention on the Rights of the Child calling upon State Parties to:

Take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse...while in the care of parent(s), legal guidance(s) or other persons who has the care of the child (Convention on the Rights of the Child, adopted 20 November 1989. General Assembly Resolution 44/25).

Since FGC is an issue that violates the fundamental right of a person to choose, UNICEF (2010:6) observes that, “decision-making is an interdependent process in which a choice made by one family is affected by and affects the choices made by other families.” Therefore, conversations around human rights must seek to expand a community’s capacity to pursue its own basic values and aspirations (UNICEF 2010:6).

Chapter Summary

The objective of this chapter was to identify the discourses on human rights that inform conceptualizations of FGC in Africa in UNICEF documents. In so doing I have shown how UNICEF frames its discourses on human rights. The chapter first discussed in detail how human rights are understood from the perspective of UNICEF activities in relation to FGC. The chapter thereby highlighted how FGC is a human rights issue. The chapter has clearly shown that it is not possible to refer to FGC as an issue of human rights unless a broader framework in which the United Nations applies this term is first understood.

By applying a critical discuss analysis in looking at UNICEF documents from a feminist perspective, I have identified and described in detail four discourses on human rights: discourses on bodily respect and integrity; discourses on sexual morality and integrity; discourses on gender inequality and discrimination and discourses on consent. In seeking to apply a human rights framework to change the ‘paradox’ of continuation, we begin to realise that change and elimination of FGC will require agencies such as UNICEF to address the conflict that exists between the need for aligning an individual’s right, what a community understands as their communal rights, and who the international community understands to be addressing in universal declarations regarding human rights. I will return to this discussion later in chapter 5.

CHAPTER FOUR

CONCEPTUALIZATION OF FEMALE GENITAL CUTTING: DISCOURSES OF RELIGIO-CULTURAL BELIEFS IN UNICEF DOCUMENTS

Chapter three identified the discourses on human rights that inform conceptualizations of FGC in Africa in UNICEF documents. In my discussions, the chapter highlighted how key discourses on human rights are framed in UNICEF documents to conceptualise FGC.

In this Chapter I examine the discourses on religio-cultural beliefs that inform the conceptualization of FGC in UNICEF documents in Africa. Since religio-culture is central and critical in this study, first, I briefly define the concept of religion and culture, hence, religio-culture, and then briefly look at how four regions in Africa use either the concept religion or culture or both by choosing at least 2 countries from each region in Africa. The chapter also identifies what type of FGC is mainly practiced in these regions. Second, I present discourses that emerge from the UNICEF documents by discussing how religion and culture inform conceptualisation of FGC in practicing countries in Africa.

4.1 Defining the Concept of Religio-culture

In the African context, African people are often described as “‘incurably religious,’ ‘by nature religious,’ ‘notoriously religious’ or ‘profoundly religious’ (Kasomos, 2004:24, Amanze 2010:283). Although this is no longer an issue of debate among African scholars today, these phrases are used to emphasise the central role that religion plays in the life of African people. Religion and culture are therefore interwoven and are seen as inseparable. Oduyoye (2001:25) speaks of a religion-based culture where Africans live in a spiritual universe, arguing that “‘The traditional way of life is closely bound up with religion and religious beliefs in such a way that there is a mutual interdependence of religion and culture” hence the concept of religio-culture. Put in a different way religion was and is the guardian of tradition (and culture) in the African traditional society (Kasomo 2010:024). A concise definition of religio-culture for this study therefore requires that I describe culture and religion separately in order to show how this applies in framing discourses that conceptualise the practice of FGC in UNICEF documents.

4.1.1 The Concept of Religion and Culture

Kasomo (2010:024) argues that “Throughout the great part of humankind’s history, in all ages and states of society, religion has been the great central unifying force in culture.” In this way, Kasomo (2010) shows how religion is used to guard traditional beliefs and to dispense morality. Religion therefore becomes a standard of reference to give teachings as a source of wisdom for issues on life. With this observation, in order for a person to understand the structures of African society they need to grapple with some of its religious beliefs. Understood differently, Gathogo (2008:67) gives an alternative approach to religion in Africa arguing from an aspect of “freedom to choose” and indicates that a “person’s religion is one of the basic freedoms that every person needs to enjoy.”

It is argued that the application of religion to justify FGC is in some cases cited among Muslims, Christians and traditional African believers in a range of practicing communities. Although the practice predates Christianity and Islam, some communities do consider the practice as a religious requirement for girls (Nour 2008, UNICEF 2010:8). However, it should be clearly stated that most Christians and Muslims do not consider the practice of FGC as a religious requirement. In many of the Islamic countries such as Saudi Arabia, Jordan, and Iran where the practice of FGC is known and is not wide spread, those who practice it argue that although FGC is not authorized by the Koran, it is a requirement by the Islamic faith (Iweulmor, and Veney 2006:32). Conversely, Adeyemo (2003) shows that the belief that FGC is associated with Islam is inaccurate, because as a cultural practice, its prevalence is widespread mostly in Christian countries.

In the same vein, culture can be defined as “the learned aspects of a human that include languages, customs and beliefs and is passed on from generation to generation by means of socialisation and education” (Cush, 2004:8). In her analysis, Cush (2004) therefore highlights the process in acquiring culture as a learning of knowledge handed down. This, for Mushibwe (2009:22) includes the totality of everyday life through knowledge, norms, beliefs, values, customs, language, habits and skills that enable an individual to relate to others in the society. In simple terms, culture is what determines an individual’s roots and cultural identity, so that a person can be acceptable to the community at every level and be able to benefit from its favours (Mushibwe 2009:22).

Overall, the term “religio-culture” can therefore be defined as the close connection/link between religious beliefs and cultural practices that are applied to rule and direct life in Africa or in any given context. In this way, Oduyoye (2001:32) argues that religio-culture is a common base for ethical and moral choices that highlight obligations and responsibilities for many in Africa.

African women theologians have applied the concept of religio-culture to show how women are used by men to be custodians of culture, often promoted to oppress women (Oduyoye 1995). In other words, men become decision-makers who apply religion to imply they are authorised by a deity that instructs them for the benefit of preserving culture while women remain victims of the same culture (Siwila 2011:71). In such cases, Oduyoye (2001:44) contends that women must learn to ask and know whether certain practices are from God. “They have to discern what is of God” especially in many “blood and purity regulations in Africa’s religio-culture” (Oduyoye 2001:44). For example, Oduyoye’s claim resonates well with El Saadawi (2005: 22) who argues that “the exploitation of a woman lies at the core of the system which could never have been possible or maintained without a range of cruel devices used to keep a woman’s sexuality in check and limit her sexual relations to only one man, her husband.” The need for ‘demystification’ of religion alluded to by Lizar (2007) is therefore crucial in such a study on FGC since religion in this case is mainly used to uphold cultural customs rather than providing a critical and a prophetic voice against customs that harm. A critical feminist discourse analysis is therefore useful in the process of demystifying the interconnection between gender and power. Unless the mystification of religion is critically engaged, religion will not act as a critical and prophetic voice against customs such as FGC which are harmful to girls and women. This envisioned role of religion within ‘feminist’ discourses on gender studies provides a strong motivation as to why I apply a critical feminist discourse for this study. Therefore, it is interesting to examine what are some of the cultural and religious beliefs used to justify the practice of FGC in Africa.

4.1.2. The Use of Religion and Culture in relation to Female Genital Cutting in the four Regions of Africa

Africa as a continent has 53 countries of which 28/29 countries are known to practice FGC (Iweulmor, and Veney 2006:28-29, UNICEF 2013). The practice of FGC varies from country to country, and from one ethnic community to another. Countries such as Egypt,

Somalia, Mali, Ethiopia and Sudan are recorded to have high prevalence of the practice (UNICEF 2013). Some ethnic groups like the Redille, Kikuyu, Maasai and the Kissi of Kenya are known to have practiced FGC, but studies show that community's perceptions regarding the practice has considerably changed with time following legislations regarding FGC (Iweulmor, and Veney 2006:29).

The following section highlights to what extent the concept of religion or culture (or both) is given to justify the practice of FGC in four regions in Africa, pointing out the main types of FGC that are used. Two countries from the four regions of (North, South, East and West) Africa are identified as examples.

North Africa

In Northern Africa Egypt, Sudan, Eritea, Ethiopia, Djibouti, and Somalia practice female genital cutting and provide culture as a reason for the practice (Gruenbaum 2001:8). Prevalence is in Ethiopia and southern Egypt. These two countries practice “infibulation,” the most severe form of female cutting.

West Africa

The Kono people of Sierra Leone, both men and women practice circumcision and the procedure is intended to make individuals “mature and wise” (Londoño Sulkin 2009:17). Further, Londoño Sulkin (2009:17) argues that the reason for circumcision among the Kono people is not to curtail “female libido,” but rather to make both men and women more judicious about everything including sex. However, for Kono people, the genital cutting act is more of a symbolic gesture, which has meaning and association that are multiple and do change. This is because nothing ties them intrinsically to a particular religion or context of gender relation Londoño Sulkin (2009:17). Among the Kono women, the initiation ritual performed is called “bondo,” which is actually an excision type of FGC. It is believed that the procedure makes women ‘admirable’ in the sense that they become courageous, informed, capable of dealing with pain, mature and womanly. In this case, the meaning behind the practice of FGC is tied to “relationship and symbolic mechanisms in which they are created” (Londoño Sulkin 2009:18).

In Nigeria, the Yoruba, Ibo, and Hausa also practice FGC. Female genital cutting is not practiced among the Nupes or the Fulanis of Nigeria (Dorkenoo 1994). Nigeria comprised

nearly a third of the cases on FGC not because of its high prevalence rate but because of its population (Toubia 1993:25). Infibulation type of FGC is therefore practiced among the Isokos people of the Delta State of Nigeria where FGC is still significantly high (Awusi 2009:7). As a cultural prerequisite, FGC is mainly motivated for marriage purposes (Awusi 2009).

East Africa

In Kenya the practice of FGC is conducted among the Maasai, Pokot, Kalenjin, Samburu, Kikuyu and Turkana as a cultural tradition and not for religious purposes. As such, FGC is performed for the purpose of a rite of passage into womanhood (Livermore, Monteiro and Rymer 2007: 816). In this case, WHO (2001) reports that 38% of women in Kenya between the ages of 15 and 49 have undergone FGC. The prevalence of FGC in Kenya however shows that there has been a major effort by NGOs to bring awareness on the health risks associated with FGC through educational programmes. Also, Kenya has integrated FGC prevention into prenatal, neonatal and immunization services in 47 countries hospitals and 8 provincial hospitals (UNFPA-UNICEF 2013:17). Attempts to outlaw FGC in Kenya have been going on since 1982. This did not succeed and a legislation to curb the practice became active as a law in parliament in 1996. In 2001, the Kenyan government managed to outlaw FGC by enacting the Children's Bill (Kenya Gazette Supplement No. 57 (Senate Bills No. 17), 22 April 2014). As a mechanism to encourage abandonment of FGC, the FGC Act (2011) was therefore reinforced as a major achievement that brought about the creation of the Anti-FGC Board as a parastatal organisation to oversee implementation of the FGC Prohibition Act (UNFPA-UNICEF 2013:13).

Tanzanian women perform FGC from the age of 15-49 for traditional and cultural purposes as a rite of passage (Winterbottom et. al 2009: 48). The practice is framed as a "tradition" rooted in an unchanging culture. The practice among the Maasai people of northern Tanzania stand as their cultural identity which has been passed over from one generation to the other (Winterbottom et. al 2009:47).

Southern Africa

Most countries in the Southern Africa region are considered as "non-practicing" FGC countries. (Gruenbaum 2001:8).

4.2 Religio-Cultural Reasons for Female Genital Cutting

Questions around the benefits of FGC are often not included in recent studies and surveys. It is therefore important to point out that “for a few countries, data on reasons for support are less current than other information about the practice” (UNICEF (2013:65). Generally, research shows that female genital cutting has been practiced in Africa for over 2000 years with reasons ranging from psychosexual, socio-cultural, hygienic-aesthetic reasons, myths and religious reasons (WHO 1997). However, in almost every practicing community, FGC has been predominantly linked to fear and control of female sexuality (UNFPA New April 2010). Therefore, the key question significant for this study is: Why then is religio-culture important within discussions on FGC? For ‘fear’ and ‘control’ to be effective, culture (and traditional practices) and religion are often the most cited reasons that are used to justify the practice. In this case, religion has not been used to critique culture as a way of enhancing life, but is used to reinforce harmful traditional beliefs and cultural practices.

For a proper understanding on how UNICEF frames conceptualisation of FGC in its documents, discourses on religio-cultural beliefs must be analysed and interpreted as a social and a cultural phenomenon. According to United Nations Children’s Fund, this harmful practice of FGC:

Is a deeply entrenched social convention: when it is practiced, girls and their families acquire social status and respect. Failure to perform FGM/C brings shame and exclusion (UNICEF 2005:1).

Social dynamics among individuals in communities where FGC is practiced explains factors for undertaking FGC (UNICEF 2001:11). It is within this understanding that FGC can be understood as a practice that is deeply rooted in traditional cultural practices and religious beliefs of the practicing groups. According to UNICEF (2005), social convention is so powerful that mothers organise the cutting of their daughters knowing well that the practice inflicts harm. They would rather conform than to “bring greater harm,” because not conforming “would lead to shame and social exclusion” (UNICEF 2005:11). Hence, religion and culture has been used to provide justification for continuing or discontinuing the practice of FGC, as observed by UNICEF:

Understanding FGM/C as a social convention provides insight as to why women who have themselves been cut and suffer the health consequences favour its continuation (UNICEF 2005:11).

The remaining section of this chapter discusses some key discourses on religio-cultural beliefs presented in the UNICEF documents to conceptualise the practice of FGC in Africa.

4.3 Discourses on Religio-cultural Beliefs Framing Female Genital Cutting in the UNICEF Documents

In applying a reproductive justice framework, a feminist critical discourse analysis has enabled me to identify four major themes which frame discourses on religio-cultural beliefs conceptualising FGC in the UNICEF documents. These include: discourses on power and patriarchal control, discourses on initiation rites and marriageability, discourses on bodily cleanliness and beauty, discourses on family honour and identity. A reproductive justice framework mainly draws attention to how religio-cultural reasons drive practices of injustices against women in regards to 'bodily integrity' when looked at from why girls and women must be cut.

4.3.1. Discourses on Power and Patriarchal Control

I earlier pointed out in my discussions on FGC as a human rights issue in chapter two that FGC is a form of gender inequality that remains deeply embedded in the social and economic structures of the communities where it is practised (see UNICEF 2005, 2010). In actual fact, "it represents control over women" (UNICEF 2010:8). However, it is clear in earlier UNICEF reports (2004-2009) that FGC was not initially framed as male control over women. In fact, the thought that patriarchy does not cause FGC remains a debatable issue in UNICEF documents. It is only since 2010 that UNICEF began linking FGC to gender inequality which depicts the desire for men to control women in practicing communities (UNICEF 2013b). Adebimpe (2014) alludes to this fact showing that the primary concern for the practice of FGC is for the purpose of male power and control over women. Control and power over women emanates from gender-based ideas which are informed by biased attitudes which men hold regarding women's sexual composition. In most cases, male attitudes are informed by cultural factors and beliefs that undermine

girls and women's sexual independence and this impacts on the reasons used to justify FGC. It is from this perspective that UNICEF observes:

FGM/C is often justified on the grounds that it protects girls from excessive sexual emotions and therefore, helps to preserve their morality, chastity and fidelity (UNICEF 2005:10).

The understanding of 'protection' from the above observation is in fact not protection at all but portrays a desire for men to have control over women using their sexuality. Although older women are known to perform the procedure of cutting girls and other women, men are the key decision makers in most practicing communities (UNICEF 2013). Hence, emanating from a perception that women are 'promiscuous,' the idea of 'protection' of women from excessive 'sexual emotions' for chastity and fidelity can be used as a tool to control women, especially in patriarchal societies in the name of FGC. In such cases, men as decision-makers use power as a form of patriarchal control to subordinate, and oppress women by making them believe that women's sexuality is meant to satisfy the sexual pleasures and ego of men. Other studies have alluded to this observation, making connections between patriarchal control and the prevalence of FGC. For example, END FGM argues:

The practice is assumed to reduce women's sexual desire and lessen temptations to have extramarital sex (thus also reducing chances of children being born outside the patriarchal lineage) (END FGM 2005:9).

The commonly held beliefs about why the practice of FGC continues are therefore associated with how the practice benefits men and the entire community rather than individual women. In certain cases, some myths used to justify FGC includes: more sexual pleasure for men during intercourse (UNICEF 2013:65), a ritual that strengthens sexual coherence (END FGC 2005:9) and FGC is believed to increase fertility and male potency and health of babies (END FGM 2005:8).

The practice of FGC has also been used to factor in the idea of economic security for girls and women in practicing countries. UNICEF (2010:8) has observed that in contexts where extreme forms of gender inequalities exist, girls and women are dependent on men and marriage for their material well-being." UNICEF further observes that women:

...have little voice in matters that affect their lives, rendering them powerless to challenge harmful practices. Where girls and women are expected to follow prescribed gender roles within the family and community, they may even endorse the discriminatory norms that are meant to control them (UNICEF 2010:8).

The element of economic security and wellbeing can also be linked to power and control of women by men thereby perpetuating FGC. In its latest survey, UNICEF (2005:60) points out that wealth remains a major determinant for the prevalence of FGC stating: “Support for FGM/C is stronger among girls and women in the poorest households than in the richest households” although “differentials in support between relatively wealthy and poorer males are much less pronounced than those found among females’ (UNICEF 2005:57).

4.3.2 Discourses on Initiation Rites and Marriageability

UNICEF (2013:65) points out that ethnographic accounts show that the “practice of FGM/C typically takes on different meanings that are interconnected in complex and varied ways, and are often mutually reinforcing.” In the UNICEF documents, discourses on initiation for girls as rites of passage and discourses on virginity are seen to mutually reinforce understandings of marriage and are thereby seen to perpetuate FGC. According to UNICEF (2013:66), FGC is linked to marriageability and “is posited as the key factor behind the origin and spread of FGM/C. Once in place, FGM/C becomes embedded within the broader cultural context and is linked to other practices and cultural values.”

Indications from UNICEF documents suggest that young girls were cut for perceived benefits of better marriage prospects:

The social convention theory illustrates that in communities where FGM/C is widely practiced, no single family would choose to abandon the practice on its own because it affects the marriageability of its daughters (UNICEF 2010:6).

Female genital cutting as a prerequisite to have girls married is therefore seen as “bait” to have them cut. This situation was most common and widespread among women in Côte d’Ivoire (with 36 per cent) and Niger (29 per cent)” (UNICEF 2005). In fact, “failure to conform to FGM/C leads to social exclusion, ostracism, disapproval, rebuke or even

violence - in addition to having an effect on a girl's marriageability" (UNICEF 2010:6). Mothers therefore organise the cutting of their daughters "because they consider that this is part of what they must do to raise a girl properly and prepare her for adulthood and marriage" (UNICEF 2005:11).

Therefore, there exists a cultural belief that a woman who has undergone FGC has a higher social status in community and is 'marriageable' informs perceptions of men on who to marry and who not to marry. Baasher (1982) concurs with this observation showing that in FGC practicing communities, no man will be allowed to marry a woman who is 'uncircumcised' because of this very reason. Most women from practicing communities will therefore justify their support for FGC that a girl cannot get married unless she is cut. This, I think, is also reinforced particularly by other cultural myths that FGC enhances male sexual pleasure during intercourse (END FGC 2005:9) and increases fertility and male potency (END FGM 2005:8).

In some practicing communities, discourses on rites of passage and virginity are closely and indirectly linked to the discourse on marriage. In such cases, (where girls are not cut at infancy), a woman is believed to become 'marriageable' if their virginity has been preserved, and the only ritual used to preserve virginity is FGC. Hence, the practice of FGC has become a rite of passage to achieve this purpose. In this regard, a UNICEF report indicates:

In some communities, FGM/C may be an important part of a girl's transition to adulthood and marriageability and may be accompanied by coming-of-age ceremony or ritual (UNICEF 2010:8).

By having FGC performed on them, young girls feel that the procedure "may also impart a sense of pride, of coming of age and a feeling of community membership (UNICEF 2005:11). Female genital cutting observed as a rite of passage is therefore seen to threaten the lives of girls and women not only with fear of violence but with social exclusion, linked with the belief that they will not be allowed to contribute to community in various ways. END FGM highlights a variety of ways in which girls and women are affected stating:

Girls and women who have not undergone FGM may be prohibited from activities within their communities, such as participating in funeral rites or preparing food for men and genitally cut women. Their condition could

also affect other family members. Among the Samburu in Kenya, boys with uncut older sisters may not be initiated as warriors (END FGM 2005:9).

This observation points out why FGC as a rite of passage initiation can be highly valued since they serve as transitions from childhood to adulthood, certainly so because they are seen as a way of equipping, in this case, young girls and women with skills for sexuality, marriage and childbirth. African religion, in this way, plays a major role in the rites of passage, thereby indicating that an “individual’s path through life is monitored, marked and celebrated from before birth to death and thereafter, and the events in the life of a community echoes this same cycle” (Nottingham 2005: 11). In fear for their lives, women could therefore unwillingly accept to perform FGC.

Ideas about FGC functioning as a rite of passage were therefore informed by socio-cultural reasons that have to do with qualifying a woman for marriage. One such qualification is virginity in girls, where FGC is also practiced “on the grounds that it preserves a girl’s virginity” (UNICEF 2010:11).¹¹ For example, in some parts of Nigeria, FGC “serves the purpose of allowing the future mother-in-law to verify the virginity of the bride” (UNICEF 2005:12). Similarly in one of its latest surveys, UNICEF shows that:

Among boys and men, the reasons for a girl to undergo FGM/C largely mirrored those given by girls and women, with social acceptance and preservation of virginity being the most commonly cited reasons in most countries (UNICEF 2013:68).

The idea that FGC leads to preservation of a girl’s virginity is therefore linked to the belief that virginity reduces women’s sexual desire and lessens temptations of having extramarital sex, as I have already alluded to. The ‘preparation’ for adulthood and marriage is so premised on the assumption that FGC reduces women’s sexual drive, and ensures self-control. In this way, FGC is practiced to ensure that young girls retain their virginity, and the only way to achieve this is by depressing their sexual drive. Matias (1996:42) observes that “Many parents want FGC done on their daughters because it protects them from

¹¹ In many African countries, virginity has been considered important for authentic marriage. Gruenbaum (2001:76) for instance argues that virginity at marriage is often considered “vitally important in many of the circumcising cultures,” with the belief that it reinforces marital fidelity.” Although the significance of virginity extends to so many non-circumcising patriarchal cultures as well, the proof of virginity is highly celebrated in some cultures as a gesture /symbol of ‘purity’ in traditions which uphold white weddings which takes the form/symbol of a white dress, a gown and a veil (Gruenbaum 2001).

would-be seducers and rapists.” UNICEF (2009:vi) alludes to such observations in its report, showing that “FGM/C is often believed to discourage behaviour considered frivolous and imprudent, and hence it is expected to ensure and preserve modesty, morality and virginity.”

Compared to all other reasons given in support of FGC, discourses on preservation of virginity ranged as the third factor/reason, with Mauritania (25%), Mali (22%), Chad (15%) and Guinea (12%) as the highest on the list (UNICEF 2013:68). In the light of such statistics, parents have their daughters cut so as to ‘secure’ their virginity for socio-economic and cultural reasons. With specific research findings UNICEF cite the Chagga of Arusha in Tanzania as an example showing that:

The link between FGM/C and the value of girls is explicit: the bride price for a girl who has undergone the practice is much higher than that for one who has not (UNICEF (2005:12).

A critical feminist analysis would therefore draw attention to the socio-cultural commercialisation of girl’s and women’s virginity in the name of FGC, while negating their bodily dignity and sexuality.

4.3.3. Discourses on Bodily Cleanliness (Hygiene) and Beauty

Beliefs regarding bodily cleanliness supported FGC as can be seen in UNICEF documents. According to UNICEF:

FGM/C may additionally be associated with bodily cleanliness and beauty. For instance, in Somalia and Sudan, infibulation is carried out with the express purpose of making girls physically ‘clean’ (UNICEF 2005:12).

In some practicing communities, FGC is understood “as part of a process that makes girls (and women) clean, well-mannered, responsible, beautiful, mature and respectful adults” UNICEF (2009:vi). Ideas of bodily cleanliness are based on religious motivations that justify FGC with arguments that the practice is intended to make girls spiritually clean. UNICEF (2005:12) has shown, for example, that among the Bambara in Mali, “excision is called *Seli ji*, which means ablution or ceremonial washing.” In Egypt, girls and women who have not undergone FGC are called *nigsa* (meaning ‘unclean’) (Dorkwnoo 1994).

Hosken (1994) also points out that in some communities it is believed that girls and women can only reach a state of ‘cleanliness’ when they accept to undergo FGC. Along with bodily cleanliness (hygiene) reasons, aesthetic reasons are used in practicing communities to justify FGC. In this case, studies in health have shown that the arguments used to advocate for FGC are based on ideas of beauty. For example, WHO (1997:4) in its early 1990 research findings records a belief existing among practicing communities that “the external female genitalia are considered dirty and unsightly and should be removed to promote hygiene and provide aesthetic appeal.”

A good example is found in Sierra Leone where the practice of ‘*bondo*’ can be considered as FGC is believed to be practiced for ‘natural’ body beauty and wholesomeness (Londoño Sulkin 2009:17). The principal reason given for the practice of FGC was to prepare the female for the “task” of marriage and child bearing (Awusi 2009:6). The *Kono* people of Sierra Leone also believe that circumcised women’s genitals are cleaner and nicer looking while the uncircumcised genitals are “immature and prone to stink and itch” (Awusi 2009).

A critical feminist analysis on FGC must therefore address religio-cultural beliefs cited to advocate for bodily cleanliness and beauty. Such an analysis must interpret FGC in ways that challenge the social and moral perceptions which require women to be submissive even when their sexuality and bodies are violated.

4.3.4. Discourses on Family Honour and Identity

Within perspectives of social convention, girls and women consider undergoing FGC for reasons of honour and identity. When a young girl or woman undergoes genital cutting it is considered as a transition from childhood (immaturity) to adulthood (maturity), hence it brings honour and respect to the family. In this light, “Family honour and social expectations play a powerful role in perpetuating FGM/C” (UNICEF 2010:3). The United Nations Children’s Fund observes that:

Among groups that practice FGM/C, cutting constitutes a social, ethnic and physical mark of distinction. FGM/C assigns status and value both to the girl or woman herself and to her family (UNICEF 2005:12)

Discourses on family honour and identity are therefore framed within ideas of social status, social acceptance, social approval, respect, admiration, and value for the families whose

daughters undergo FGC. According to UNICEF (2005:1) “Failure to perform FGM/C brings shame and exclusion” while conformity on the other hand “meets with social approval...and maintains social standing for girls and her family in the community” (UNICEF 2010:6). It is therefore observed that the practice persists because individual families as well as individual girls and women “fear moral judgements and social sanctions should they decide to break with the society’s expectations” (UNICEF 2009, UNICEF 2010:3). The idea of social expectation makes it impossible for families to break from the practice of FGC “because their daughters will find it more difficult, if not impossible to marry, and they may be socially outcast” (UNICEF 2010:4). In such cases, parents would consider FGC “to ensure that their daughters have a ‘good’ future” (UNICEF 2010:4). It is within the context of family honour and identity that the late first President of the Republic of Kenya (‘Mzee’ Jomo Kenyatta) together with a member of the Gikuyu tribe of Kenya wrote a report that there is no way a “proper Gikuyu would dream of marrying a girl who has not been circumcised and vice versa. It is a taboo for a Gikuyu man or woman to have a sexual relationship with someone who is not circumcised” (Kenyatta 1953:132). The reason being that the practice of FGC brings honour to the family and distinguishes cutting communities from non-cutting communities.

The quest for social status, acceptability and identity among young girls is also reinforced by peer pressure. It has been observed that girls who undergo FGC:

Are provided with rewards, including celebrations, public recognition and gifts. Moreover, in communities where FGM/C is almost universally practiced, not conforming to the practice can result in stigmatization, social isolation and difficulty in finding a husband (UNICEF 2005:11).

It is therefore a challenge for young girls to resist the rewards that are attached to undergoing FGC. The practice is seen to establish a sense of community recognition for girls who eventually find it difficult to do away with the practice rather than to unwillingly embrace the pain, suffering and the harm that is associated with FGC. The whole occasion of the ceremony comes with much excitement and anticipation and the cut girls are given and honoured with a bride like status. Girls who undergo the cutting hold access to land which gives them security in marriage (WHO, 2001).

In this regard, the practice of FGC is generally considered among practicing communities as an important part of “cultural identity of girls and women, which imparts a sense of pride, of coming of age and a feeling of belonging” (UNICEF 2009: vi) that is so powerful that the families have no choice than to have their daughters ‘cut.’

Chapter Summary

This chapter has provided an understanding of the two terms— religion and culture separately before defining the term ‘religio-culture’ as applied to this study. By choosing at least two countries from four regions in Africa (North, South, East and West), I have highlighted how religion or culture is cited to give justifications for FGC, pointing out which type of the practice is most preferred in particular regions. The chapter has addressed its second objective which was to examine the discourses on religio-cultural beliefs and how these discourses inform the conceptualisation of FGC in UNICEF documents in Africa. From my discourse analysis, I have identified four major discourses on religio-cultural beliefs. In my discussions, I have clearly shown how social convention and moral and ethical norms form the basis through which ideas of culture and religion are used to frame FGC in practicing communities as recorded in UNICEF documents in Africa. I argue therefore that a critical feminist discourse must engage the reasons for the practice of FGC in ways that seek to change perceptions of involved communities. This must address religio-cultural beliefs in transformative ways while envisioning to enhance life, and sexual and reproductive health of girls and women.

CHAPTER FIVE

MEDIATING DISCOURSES OF HUMAN RIGHTS AND RELIGIO-CULTURAL BELIEFS ON FEMALE GENITAL CUTTING IN UNICEF DOCUMENTS

Chapter four discussed discourses on religio-cultural beliefs describing how United Nations Children's Fund (UNICEF) frames its conceptualization of female genital cutting (FGC) in its documents in Africa. To achieve this objective, the chapter identified and presented four key discourses relating to culture and religion as factors often used by practicing communities to justify FGC.

Chapter five responds to the last objective of this study and addresses the question: How are the discourses on human rights and religio-cultural beliefs on FGC represented and mediated within the UNICEF documents? The chapter presents an analysis of the discourses on human rights discussed in chapter 3 and the discourses on religio-cultural beliefs discussed in chapter 4. As an analysis chapter, the focus of this chapter is to explain the relationship between representations of human rights discourses on FGC as a harmful practice on the one hand and the representations of religio-cultural discourses on FGC as a required practice on the other hand. As this chapter shows, the mediation of these discourses not only presents some differences and similarities emerging within UNICEF documents highlighting the key difficulties evident in addressing FGC, but also highlights some major shifts and reasons from the discourses of human rights to the discourses of religio-cultural beliefs. The chapter concludes by pointing out some key achievements, probing the way forward for UNICEF in dealing with issues of FGC in its activities in Africa.

5.1. UNICEF's Methodology and Theoretical Underpinnings

There are only two sources available for nationally representative data on FGC. These are: Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) (UNICEF 2013a). The Multiple Indicator Cluster Survey programme was developed by UNICEF to support countries in monitoring the situation of children and women

(UNICEF 2013a).¹² Data shows that the last 25 years have seen a rise in UNICEF activities to bring about an end to FGC (UNICEF 2013b). However, it is estimated that if rates of decline on FGC seen in the past three decades are sustained, the impact of population growth means that up to 63 million more girls could be cut by 2050 (UNICEF 2015).¹³ In other words, although there is a general decline observed in the practice of FGC in the past three decades, the pace of change still remains uneven because “the total number of girls and women cut will continue to increase due to population growth” (UNICEF 2013b:3). What this means is that action against FGC needs to be accelerated and if not, as many as 30 million more girls alive today may be cut in the next decade (UNICEF 2013b).

In the light of such statistics, it seems necessary to briefly highlight the methodology and the theoretical underpinnings applied by UNICEF in its activities in Africa. This should assist in the task for this chapter which seeks to offer an analysis of how discourses on human rights and religio-cultural beliefs on FGC are represented and mediated within the UNICEF documents.

5.1.1. Evidence Based Approach

UNICEF applies an evidence based approach as its methodology in undertaking its activities to stop FGC in Africa. A central aspect to this approach within the mission of UNICEF is an extensive data collection and an analysis strategy in attempts to respond to FGC in practicing countries (UNICEF 2013a, 2013b). UNICEF therefore conducts extensive empirical research in countries where its presence exists. The major reason in carrying out such research is to gain access to knowledge and evidence on FGC (UNICEF 2013a), an effort aimed “to promote better understanding of the practice and assess progress to eliminate” FGC (UNICEF 2013b:2). The need to understand the extent of the practice is vital since it should assist governments and civil society in discerning “where and how the practice is changing,” in order to “understand the social dynamics that

¹² Since 1995, MICS have been conducting research approximately every five years, resulting in more than 200 surveys in about 130 countries.

¹³ What this statistics show is that by 2050, nearly 1 in 3 births worldwide will occur in the 29 countries in Africa and Middle East where FGC is concentrated, and nearly 500 million more girls and women will be living in these countries than there are today. For instance, in Somalia alone, where FGC prevalence stands at 98%, the number of girls and women will be more than double. In Mali, where prevalence is 89%, the female population will nearly triple (see UNICEF 2013b).

perpetuate FGM/C and those that contribute to its decline” (UNICEF 2013a:iii). Hence, UNICEF (2013b:iii) observes that it is “only with such knowledge that policies and programmes can be effectively designed, implemented and monitored to promote its abandonment.”

5.1.2 The ‘Social Norm’ Perspective

To engage in a proper analysis and monitoring of FGC in Africa, UNICEF applies a social norm perspective as a framework of analysis towards understanding the social dynamics which promote FGC. A social norm perspective draws from social convention theory of social science to explain behaviours towards examining the persistence of FGC (UNICEF 2013a:15). In other words, the theory offers “reasons daughters and their families continue to choose FGM/C, and why it is so difficult for individual girls or families to abandon FGM/C on their own” (UNICEF 2010:6). As a lens for analysing the mechanisms that regulate the practice of FGC, social convention or social norm perspective shows that:

Individuals prefer to conform to this rule (*or practice*) because: (a) they expect that a sufficiently large segment of their social group will cut their daughters, and (b) they believe that a sufficiently large segment of their social group thinks that they ought to cut their daughters and sanction them if they do not” (UNICEF 2013a:14-15).

In other words, the social norm perspective helps UNICEF to understand the social, cultural and religious dynamics which are interwoven to promote FGC in practicing communities. A critical feminist discourse analysis of the social norms therefore assist in explaining some shifts from the discourses of human rights to the discourses of religio-cultural beliefs. UNICEF observes that “there is a social obligation to conform to the practice and a widespread belief that if they do not, they are likely to pay a price that could include social exclusion, criticism, ridicule, stigma or the inability to find their daughters suitable marriage partners” (UNICEF 2013b:14). Therefore, it is now widely acknowledged that FGC “functions as a self-enforcing social convention or social norm” (UNICEF 2013a:15).

Having pointed out the methodology utilised and the theoretical perspective applied by UNICEF in its activities to address the issue of FGC in Africa, I will now proceed with how UNICEF represents and mediates discourses on human rights and religio-cultural

beliefs within its documents. To achieve this purpose, my analysis is guided by a critical feminist discourse analysis.

5.2 UNICEF's Representation of Discourses on Human Rights in Africa

From my analysis of discourses on human rights identified and discussed in chapter 3, UNICEF presents its understanding of FGC as a harmful practice that violates human rights of girls and women in Africa. This was not the case from the very initial phase when UNICEF commenced its involvement in monitoring situations of girls and women in FGC practicing communities in Africa. The representation by UNICEF on FGC initially focused mainly on the harmful health risks and consequences of the practice, which then led to the campaign towards underlining FGC as a health/medical issue (UNICEF 2013a). Unfortunately, analysis show that campaigns on the basis of health risks and consequences did not yield much fruits towards a reduction on prevalence for several reasons, but mainly because “the focus on health may have inadvertently promoted the ‘medicalization’ of the practice” UNICEF (2013a:7), which meant that the procedure became increasingly carried out by medical professionals.

With the risk of parents in practicing communities openly turning to medical practitioners to cut their daughters, analysis of UNICEF documents indicates that representation of FGC in UNICEF documents shifted from associated health risks to a reconceptualising of the practice of FGC as a human rights violation (see UNICEF 2005:8, 2009, 2010, 2013a). In the mid-1990s an established emphasis on the reconceptualization of FGC as a human rights issue took central stage in the UNICEF documents. The shift to reconceptualise FGC predominantly as a violation of human rights was effected at the 1993 World Conference on Human Rights in Vienna (UNICEF 2013a:6), a decision which also led the Conference to classify ‘female genital cutting’ as a form of violence against women (VAW) (UNICEF 2013a:8). Since then, National legislations have subsequently been established in many countries to prohibit the practice, urging governments, civil society and practicing communities to step up action against the practice of FGC (UNICEF 2013a:6).

Analysis of the UNICEF documents based on discourses on human rights discussed in chapter 3 further shows that the representation of FGC as a human rights issue can be

seen to take two major classifications: (i) FGC as violence against girls and women and (ii) FGC as a form of discrimination against girls and women. Female genital cutting understood as violence against women is defined as a form of torture that locates the practice “under the rubric of the convention against torture and other cruel, inhuman, or degrading treatment or punishment” (UNICEF 2013a:8). Viewed as a discrimination against women, UNICEF presents FGC within the understanding of Article 1 of the Women’s Convention (1979), where discrimination is based on sex and deeply rooted in gender inequalities and power imbalances (see UNICEF 2005, 2010).

With such understanding, the representation of FGC as a violation of human rights ranges from violation of children’s rights to well-being and development to a form of violence against women. Female genital cutting “is an infringement of the human rights of girls and women. It violates their right to health, security and physical integrity; the right to be free from torture and cruel, inhuman or degrading treatment; and the right to life when the procedure” (UNICEF 2010:3). The practice it is seen to deprive girls and women from making independent decisions about their sexuality while at the same time deprives women their autonomy and control over their bodies (UNICEF WHO 2008).

5.3 UNICEF’s Representation of Discourses on Religio-cultural Beliefs in Africa

Following discussions in chapter 4, my analysis reveals that discourses on religio-cultural beliefs are presented in UNICEF documents within two broad categories. These are: social convention and social norm, and moral norms perspectives. Interpreted differently, representations of discourses on religio-cultural beliefs in UNICEF documents majorly address questions such as: why are practicing communities reluctant to abandon the practice of FGC? Or, what are the factors (social, cultural, religious, political and economic reasons) that maintain the practice of FGC in Africa? Or, what motivates families in some social contexts to cut their daughters? In other words, a critical feminist discourse analysis shows a shift from simply understanding FGC as a blanket human rights violation in order to understand why the practice is prevalent by focusing on religion and culture. In this regard, my discussions in chapter 4 explained in detail some key reasons used by practicing communities to justify FGC (see discussions under 4.3 in chapter 4). Hence, the first representation of discourses on religio-cultural beliefs is done within seeking to know what motivates communities to practice FGC.

From experiences documented in UNICEF literature:

FGM/C is therefore not only a social convention. It is also a social norm – a rule of behaviour that members of a community are expected to follow and are motivated to follow through a set of rewards and sanctions. Compliance is motivated by expectations of rewards for adherence to the norm and fear of sanctions for non-adherence (UNICEF 2010:6-7).

Second, what motivates families in some social contexts to cut their daughters (or unwillingly force women to perform FGC) is not only represented by sanctions and rewards as illustrated in the above observation, but is also answered through exploring ‘moral norms’ as a reason advanced for the practice of FGC. In this case, to be a ‘good parent’ in a particular social context would require a parent to present their daughter for cutting as a ‘moral obligation’ (and norm) within the expectations of that particular community for conformity purposes.

Such representations of discourses on human rights and religio-cultural beliefs therefore enabled me to analyse how UNICEF mediates these two discourse in relation to FGC in Africa. This is discussed in my next section in point 5.3. Before I proceed with that section, the table below summarises my analysis on the representations of both discourses as discussed in point 5.1 and 5.2 respectively. A critical feminist discourse analysis has informed my interpretations.

Table 2

Summary of Representation of UNICEF’s Human Rights and Religio-cultural Discourse

Representation of Human Rights Discourse	Representations of Religio-Cultural Discourse
FGC is a harmful practice with future physical, psychological and health consequences to girls and women.	FGC is a ‘beneficial’ practice with future social, religious, economic and cultural benefits for girls and women.
Girls and women have rights and must obtain their freedom and liberation from all forms of harm and discrimination under international and national laws.	Girls and women have rights to practice their culture, and traditions as a quest for identity and belonging to a particular community within their cultural convictions

FGC is a form of violence and discrimination against girls and women. Hence, every government and state has a moral and political obligation to protect them or end the practice of FGC.	FGC is a tradition that prepares every girl and women for life. Hence, every individual and social group (i.e. parents etc. have a ‘moral obligation’ to conform and continue the practice of FGC.
FGC violates the rights of children denying them their well-being and future development.	FGC is a rite of passage that enhances the well-being of girls culturally assuring them of virginity, marriage, economic security, identity and inclusion into the community.

This summary points out contestations highlighting areas of similarities and differences within two different perspectives regarding the practice of FGC. UNICEF does not concentrate on human rights discourses more than religio-cultural discourses. These two discourses are equally emphasised and engaged within UNICEF’s representation through a drastic shift evident within UNICEF documents. This is evident in the mid-2000s where a shift in the language to understand FGC from only a violation of human rights to recognising the cultural values that are attached to the rites had begun. However, a conflict in mediating these two discourses is evident within UNICEF documents, some of which are discussed in the section that follows.

5.4 UNICEF Mediation of Discourses on Human Rights and Religio-cultural Beliefs

It is clear from UNICEF documents that the approach applied to change perceptions or eliminate/end FGC is by addressing social conventions and social norms from a human rights perspective in order to provide “evidence and analysis of the social dynamics” (UNICEF 2010:3). For example, UNICEF (2005:8) argues that: “introducing human rights transforms the discussion about FGM/C by providing the space for individual and communal reflection, which helps to revise social conventions and norms.” Within the scope of human rights deliberation, UNICEF (2010:9) further contends that deliberation should expand “a community’s capacity to pursue its own basic values and aspirations.” It is within these two understandings that an analysis of how UNICEF mediates discourses on human rights and religio-cultural beliefs must begin. A critical feminist analysis shows a possibility of conflict as a potential challenge in UNICEF achieving its object in working with communities to abandon FGC.

First, notice the approach applied by UNICEF explained as “providing a space for individual and communal reflection” to help in changing social conventions within human rights deliberation. Second, notice that a community must do so within its “own basic values and aspirations,” which is acceptable, but to what extent? This is where, I think, the challenge lies for UNICEF in seeking to reconcile its approach towards addressing FGC in Africa. To develop this thought further, UNICEF underlines its primary approach stating:

The abandonment of FGM/C is framed not as a criticism of local culture but as a better way to attain the core positive values that underlie tradition and religion, including ‘doing no harm to others’ (UNICEF 2013a:iii).

In other words, the process of changing local community’s perceptions regarding FGC “need not undermine traditional values but rather adds new dimensions to the discussion” (UNICEF 2010:9). Can this really achieve the elimination of FGC? Especially when the approach emphasises the need for “doing no harm to others” as the tool intended for mediation within the scope of advancing awareness of human rights for girls and women within the social convictions of religio-cultural beliefs of a practicing community.

This approach therefore presents us with a number of difficulties. First, the difficulty in mediating the apparent conflict on what UNICEF understands as ‘human rights’ vis-à-vis what practicing communities understand as ‘cultural rights.’ Second, the difficulty in mediating what UNICEF understands as individual’s rights vis-à-vis what the practicing community understands as a ‘communal right’ to cut girls as a rite of passage. These are briefly discussed below.

5.4.1 UNICEF’s ‘Human Rights’ vis-à-vis Community’s ‘Cultural Rights’

Reconciling (mediating) human rights framed within a position of not criticising, undermining or “demonising cultures” (UNICEF 2010:9, 2013a:7) poses a difficulty in addressing FGC as a violation of human rights of girls and women that infringes their dignity, well-being, physical development, sexual, psychological and reproductive health. The challenge exposes a conflict between human rights and cultural rights which presents us with two major opposing positions as pointed out in Table 2. In fact, the nature of the conflict is set within the awareness of the human rights declaration of the United Nations

itself. For example, the Universal Declaration of Human Rights proclaimed by the UN in 1948 clearly assumes in Article 2 that “everyone is entitled to all the rights and freedoms” (UN 1948) which, I suppose, according to what is listed in the Article must include the rights and freedom to practice one’s cultures, traditions and religious convictions within their social origins. The right of people to participate in their culture is therefore a human right (see Article 27, 1 of The Universal Declaration of Human Rights), where everyone has the right to freely participate in the cultural life of the community. Also, The Declaration of the Principles of International Cultural Cooperation suggests in Article 1 that each culture has a dignity and value which must be respected and preserved. The difficulty is therefore posited by the conflict between human rights and cultural rights. When UNICEF advances a legal understanding of FGC as a violation of human rights the practicing communities (and those who advocate for the practice of FGC) apply a cultural perspectives to advance an understanding that the practice of FGC is a traditional requirement, a rite of passage which young girls must observe. In other words, as observed by Amnesty International (1997:28-29) FGC practicing communities have a right to adhere to their way of life because the traditional act represents a form of socialization into cultural values, a connection to family, community members and previous generations, maintenance of community customs, and the preservation of one’s cultural identity. How does one mediate these two perspectives?

In this case, the concept of “doing no harm to others” proves vital in addressing FGC. Notions of life become important in this case. In a quest to engage religio-cultural beliefs that oppress and marginalise women, African women theologians have engaged in empowering women to contribute in critical thinking in order to advance life for women. Hence, Phiri (2002:72) observes that African women theologians “accept the fact that African culture is important because it gives us our identity as Africans”but also need to acknowledge “that African culture, like all cultures of the world, is a construction of our communities.” It is in this light that a “call for cultural hermeneutics for gender justice” is made (Phiri 2002:72), to examine cultures from a gender point of view. Phiri concludes:

On the one hand, cultural practices that promote fullness of life of both women and men should be encouraged. On the other hand, cultural practices that are harmful to any group of humanity and creation should be stopped or changed (Phiri 2002:73).

5.4.2 UNICEF's 'Individual's Rights' vis-à-vis Community's 'Communal Rights'

Related to the first difficulty in mediating human rights and religio-cultural rights is a conflict evident between what UNICEF understands as 'individual's' rights' and what practicing communities advance within the understanding of 'communal rights' or moral norms set as expectations towards advancing cultural values. From my analysis, on the one hand, UNICEF advances an understanding that individuals have power for decision making and must give consent before accepting the procedure of FGC. On the other hand, local communities advance understandings that individuals are persons within a community (especially minors), and delegated social groups (parents in this case) have a communal obligation and are empowered to make decisions on behalf of their daughters. Hence, mediating between what is understood as an individual's right and what a community understands as its communal rights becomes difficult. This is where a space for individual and communal reflection within human rights deliberation is challenged in seeking to revise social conventions and norms. Important for this deliberation is a sense of moral judgement for the community. In this case, the reproductive justice framework can assist in that what is considered right from a community's perspective may not necessarily mean that it is just for an individual.

To advance the concept of "doing no harm to others" within making sound moral judgement can be reached when local communities "realize that the community might be better off if they were to jointly abandon the practice" (UNICEF 2010:8), as a basic value. It is within that context that UNICEF observes:

As communities reflect on their local experiences and values, they begin to connect human rights ideals and principles to their practical needs and common aspirations. They discover that the human rights ideals are not dissimilar from their own values (UNICEF 2010:9).

Furthermore, Rahman and Toubia (2000) suggest that framing this practice as a violation of women's and child rights is not only appropriate, but is an important means by which to raise the political profile of these neglected rights and to generate dialogue on how best to stop them.

5.4.3 UNICEF's Shift in Language

The two conflicts discussed above therefore presents us with the scope in which we begin to understand the reasons for two specific shifts (or change) in language. First, the shift in the terminology applied—FGM/C and second, the shift in language that FGC represents control over girls and women (2010:8).

First, the application of the terminology ‘female genital mutilation/cutting’ FGM/C is significant since it indicates the difficulty in transition from understating FGC as a ‘violation’ within the human rights framework to understanding FGC as ‘valuable’ within the cultural rite perspective. Although most international documents name the practice FGM, UNICEF adopted FGM/C possibly because of the difficulty in mediating the discourse of human rights and the discourses religio-culture. Having understood the values attached to this rite of passage, the adoption of FGM/C represents a dual position in the approach towards ending the practice of FGC. Because the term ‘mutilation’ originally depicted a violation of human rights (which FGC actually is), the addition of the term ‘cutting’ depicts the values communities attach to the practice resulting from the need to use ‘a respectful terminology.’ The fact that FGC violates girl’s and women’s human rights (hence ‘mutilation’), ‘cutting raises the importance of using non-judgemental language in which UNICEF (2013:7) condemns “demonising cultures under the cover of condemning the practice.”

Second, the understanding that FGC represents control over women (2010) arises from the emphasis given to the connection between FGC and gender inequalities in the last three years. The need to change structural power inequalities in FGC practicing communities can be attributed to explaining the shift from discourses on human rights to discourses of religio-cultural beliefs.

5.5 Achievements and Way Forward for UNICEF in Eliminating Female Genital Cutting in Africa

It was in 1991 when UNICEF first drew its stand regarding the practice of FGC following up from the WHO (Khartoum seminar) on the “Traditional Practices Affecting the Health of Women and Children (UNICEF 2009:vi). Prior to this, the 1980s saw UNICEF announce its support to the anti FGC activities which was “based on the belief that the

best way to handle the problem is to trigger awareness through education of the public, members of the medical profession and practitioners of traditional health care with the help of local leaders” (UNICEF 2009:vi).

Much has changed with the passing of time. Debates on applicable terminology ended in the 1980s, which brought a shift of emphasis from health risks and consequences that FGC brought on girls and women, to concerns around human rights during the late 1980’s and the 1990s. In collaboration with other UN agencies such as WHO, a joint programme between UNICEF and UNFPA began to work together under the motto “*Accelerating Change.*” The goal of such collaboration was to end FGC in one generation (2012:viii). Substantial decline has been seen over the last ten years since UNFPA and UNICEF began working together in 2008 through various joint statements made towards addressing FGC. The various statements have focused on the ‘call for a multidisciplinary approach’ emphasizing the importance of teamwork at the national, regional and global levels; “in order to identify the need to educate the public and lawmakers on the importance of ending FGC, to tackle FGC as a violation of human rights, a danger to women’s health and to ensure every country where it is practised to develop a national, cultural plan that will ensure the end of FGC” (UNICEF 2009:vi).

In their strategic plans for 2002-2005 and 2006-2009, UNICEF saw an opportunity of protecting children from violence, exploitation and abuse (including FGC) “as an integral component for the protection of their rights to survival, growth and development, and consequently to the achievement of several of the Millennium Development Goals” (UNICEF 2005:2-3).

In 2007, the secretary general of the United Nations issued a declaration that was signed by ten of the UN agencies which condemns the practice of Female Genital Mutilation; and in the same year, UNFPA and UNICEF joined forces to actively contribute to accelerating the abandonment of FGC in 17 countries which included Egypt, Sudan, Djibouti, Somalia, Kenya, Ethiopia, Uganda, Tanzania, Eritrea, Senegal, Guinea Conakry, Guinea-Bissau, Burkina Faso, The Gambia, Mali, and Mauritania) with only one country declaring a total abandonment and stop of FGC by the end of 2012 (UNICEF 2009:vi). In 2009, UNICEF came up with the three United Nations Millennium Development Goals which sought to address the consequences of FGC. These were: to promote gender equality and women’s

empowerment; call for a reduction in child mortality and a focus on reducing maternal mortality (UNICEF 2009). Unfortunately none of these goals could be achieved unless FGC is totally abandoned.

Building on some of the key achievements made by UNICEF, it still remains a concern on how to address existing myths on harmful social norms which inform the continuation of FGC in local communities. With a vision to accelerate change, a way forward would require additional strategies towards the abandonment of FGC as a human rights issue. From my analysis, among the key evidence-based strategies requiring further attention with UNICEF operations in Africa are as follows:

First, elimination of FGC should be addressed from a collective approach. It is only then that UNICEF's idea that participatory deliberation should draw on human rights principles and could play a crucial role in bringing about change (UNICEF 2010:9) can be effective. It will be difficult to achieve individual change, or convince families to abandon FGC in local communities where the practice is strongly held as a social norm. This observation is based on the argument that the practice of FGC is: "relational and that the behaviour of individuals is conditioned by what others they care about expect them to do" (UNICEF 2013a:117). Because it is so difficult to abandon FGC as an individual person or a family, conversations about FGC should be around which social practices help the community to "achieve the new communally determined vision and which ones need to be abandoned" (UNICEF 2010:9). It is only then that local communities can begin to make positive changes based on their experiences in bringing about change.

Second, in order to promote the abandonment of FGC, local communities should have innovative ways of empowering girl children and women. Although available research postulates that patriarchy does not influence FGC (see UNICEF report 2013a), I maintain that patriarchal structures reinforces and continue to maintain the practice of FGC in Africa. Abandonment of FGC in patriarchal contexts will therefore require a strategy that engages boys and men as agents towards gender transformation and change.

Third, activities that seek to end FGC must focus on changing minds and attitudes. Domtila Chesang (2014:25) in one of the UNFPA-UNICEF annual reports argued that: "FGM is never discussed. It is regarded as a taboo subject. This is one reason it continues:

no one knows the details. If men understood what took place, they wouldn't let their daughters go through it." This observation shows the need to change people's attitudes and minds regarding FGC. This must involve addressing myths and religious beliefs, how local communities talk about girls and women who are cut and those who are not cut. This is not an easy process because it must seek to convince local communities to begin seeing the harm and risks associated with FGC. Conversations must therefore address the prevailing social norms among local communities. In this regard, UNICEF (2013a:116) observes: "To influence individual attitudes, it is important to continue to raise awareness that ending FGM/C will improve the health and well-being of girls and women and safeguard their human rights." This must include underlining the legal consequences of engaging in the practice (UNICEF 2013a).

Fourth, UNICEF (2013a:118) has asked a very important question: "whether advocating a shift to less severe forms of cutting is a path that is effective for eliminating FGM/C." I argue that agencies working towards the elimination of FGC should explore alternative rites of passage and engage local communities in retaining the benefits of passing traditional teachings during this transition from childhood to adulthood. Such alternatives must seek to preserve the good in traditional cultures, but must also leave behind harmful requirements such as FGC.

Fifth, there should be an increased involvement of local and religious leaders to work and support the abandonment of FGC. Important for this process is the need for a strong emphasis that FGC is not a requirement for any of the religions.

Chapter Summary

The intention of this chapter was to describe how discourses on human rights and religio-cultural beliefs on FGC are represented and mediated within the UNICEF documents. The chapter has presented an analysis of the discourses on human rights discussed in chapter 3 and the discourses on religio-cultural beliefs discussed in chapter 4. To achieve this purpose, the chapter showed how evidence-based approaches inform the designing of policies and programmes towards proper implementation of UNICEF's activities in Africa. For a proper analysis of how UNICEF represents and mediates discourses on human rights and religio-cultural beliefs, the chapter has shown the need for engaging three aspects of social convention, human rights and moral norms in harmony as mechanisms that

address FGC. The interaction between human rights, social norms and moral norms in analysing how UNICEF represents and mediates discourses that frame conceptualisation of FGC has presented this study with several difficulties as discussed in this chapter. First, the difficulty in mediating the conflict on what UNICEF understands as ‘human rights’ vis-à-vis what practicing communities understand as ‘cultural rights.’ Second, the difficulty in mediating what UNICEF understands as individual’s rights vis-à-vis what the practicing community understands as a ‘communal right’ to cut girls as a rite of passage. In order to improve the lives of girls, women and local communities, this chapter has highlighted four key aspects important towards seeking change and discouraging the practice of FGC.

CHAPTER SIX

CONCLUSION

The previous five chapters introduced, discussed and presented this study on *Mediating Human Rights and Religio-Cultural beliefs: An African Feminist Examination of Conceptualisations of Female Genital Cutting (FGC) in the United Nations Children Fund –UNICEF’s Documents*. The key objective of the study was to examine and analyse how UNICEF frames discourses on human rights and religio-cultural beliefs to conceptualise FGC. The study has revealed that FGC is a concern in over 29 African countries and in some Asian and Middle East communities where the practice is most prevalent.

To address the objectives of this study, the key research question for this study was set in chapter 1 as:

How are human rights issues and religio-cultural beliefs discursively represented and mediated in the conceptualisation of FGC in the UNICEF declarations and reports in Africa?

To respond to this question, chapter 2, discussed in detail the theoretical frameworks and the methodological considerations for this study. The reproductive rights framework and the reproductive justice framework were utilised within a critical research paradigm that utilised a systematic literature review and document analysis as methodology for the study.

The study has shown that the shift from the initial emphasis given to health risks as a consequence of FGC led to UNICEF reconceptualising the practice as a violation of human rights of girls and women. Chapter 3 of this study described how UNICEF framed discourses that conceptualised FGC as a human rights issue. Discourses of religio-cultural beliefs are presented in UNICEF documents to conceptualise social conventions through which local communities tend to justify their reasons while arguing for the practice of FGC. Chapter 4 of this study therefore examined the discourses on religio-cultural beliefs showing why practicing communities find it difficult to abandon FGC while UNICEF finds it challenging to end the practice. In analysing the key discourses that emerged from

the UNICEF documents, the findings of this study in chapter 5 shows that UNICEF sought to change perceptions or eliminate/end FGC by addressing social conventions and social norms from a human rights perspective. This approach informed how UNICEF mediated between human rights discourses and religio-cultural discourses.

Using a feminist critical discourse analysis as a lens to explore how UNICEF frames particular discourses to conceptualize FGC in its documents, the study has pointed out two difficulties that is evident as UNICEF mediates between the discourses on human rights and the discourses on religio-cultural beliefs. The conflict is between human rights and cultural rights on the one side and individual rights and communal rights on the other side. The study has therefore argued the need for a thorough engagement with all the three major aspects of social conventions, human rights and moral norms, to be always in harmony as mechanisms that should assist in addressing FGC. Hence, four key suggestions have been offered as a way forward in addressing the practice of FGC in Africa.

This chapter concludes this study by highlighting three things. First, it points out the impact of FGC on the sexual and reproductive health of girls and women. Second, the chapter identifies the gaps while making suggestions for further research. Third, the chapter states the contribution this study has made towards establishing new knowledge.

6.1 Sexual and Reproductive Health Risks associated with Female Genital Cutting

According to UNICEF (2004:22), “sexual desire does not arise from the genital area rather it flows from psychological and neurological sources.” In this regard, female genital mutilation is associated with a series of health risks and consequences (WHO 2008:11) that threaten the well-being of girls and women. These, as studies show, range from short term to long term complications (WHO 1997). Hence, FGC pose serious potential reproductive and health risks for girls and women which include the risk of physical complications as well as psychological effects (Rahman and Toubia 2000).

Physical complication is known to occur both as immediate and long-term complications which is caused by all types of FGC. Immediate risks of FGC can lead to serious complications, such as pain, haemorrhage, infection and shock (Althaus 1997:131, Rahman and Toubia 2000, WHO 2008:11). Girls and women may be unable to pass urine as a result

of pain, swelling and inflammation after the procedure (Althaus 1997:131) which is mainly caused by an infection resulting from using unsterile cutting instruments (Rahman and Toubia 2000). In the long run, this may lead to urinary tract infection (Althaus 1997:131), a situation if care is not taken could lead to anaemia, which may affect the growth of girls and result in life-long weakness. Shock can also result from the pain or trauma of the procedure but if the bleeding continues uncontrolled, it can result in death. Such complications are evident with types II and III of the FGC procedures.

Infibulation is particularly likely to cause long-term health problems (Althaus 1997:131). In cases “where the opening is very small” (Althaus 1997:131), Rahman and Toubia (2000) show that infibulation could lead to repeated urinary tract infection and can cause irreparable damage to the reproductive organs and result in infertility, chronic pelvic infections, stones in the urethra or bladder, excessive growth of scar tissue or cysts at the site of the cutting; and fistulae (holes or tunnels) between the bladder and the vagina or between the rectum and vagina. Another long term complication is the pain during sexual intercourse. This situation can also impact on the pain women suffer during childbirth because in some contexts the cutting must be reopened during the delivery of her child. If this is done the labour will be obstructed and this can cause life-threatening complications for both the mother and the child (Rahman and Toubia 2000). Studies show that infibulated women may also experience increased pain during menstruation (Rahman and Toubia 2000) due to menstrual flow blockage (Althaus 1997:131), but there is no evidence to verify this claim yet.

Little has been documented on the psychological effects of FGC on the lives of girls and women (WHO 1997). However, Rahman and Toubia (2000:9) reported that girls who have undergone the practice of FGC often have complaints about “eating, sleep, getting moody and cognition shortly after experiencing the procedure. Sometimes, they experience fear, submission or inhibition and suppressed feelings of anger, bitterness or betrayal.” This could result in negative consequences affecting women’s self-esteem and self-identity, for example, as studies have shown in Somalia and Sudan (Rahman and Toubia 2000:9).

Also, little has been recorded regarding the impact of FGC on women’s sexuality. Information from available studies shows that all types of FGC interfere to some degree with women’s sexual responses, in that “the procedure does not necessarily eliminate the

possibility of sexual pleasure and climax” (Rahman and Toubia 2000:9). I therefore concur with Rahman and Toubia, that the drive of one’s sexual pleasure does not come only from the genital part but other parts of the body do contribute to the arousal of one’s sexual desire (Rahman and Toubia 2000:9). Hence, if parts of the genitals are removed, other areas of the body, such as the breasts, can take over the roles in sexual stimulation (Greubbaum 2001).

6.2 Contribution to New Knowledge

The study has contributed to the establishing of new knowledge in various ways. First, not many studies have been conducted to examine and analyse the work and activities of UNICEF. This study took this challenge as its unique contribution to scholarship and applied an interdisciplinary approach to understand how UNICEF frames discourses of human rights and religio-cultural beliefs to conceptualise FGC in its documents. The study used a reproductive right and reproductive justice frameworks from a critical feminist perspective.

Second, this study contributes to existing studies on FGC, but specifically focused on how UNICEF mediates and represents its discourse to conceptualise FGC. The findings of this study shows that there is a difficulty in mediating discourses on human rights and religio-cultural beliefs. This difficulty arises from the awareness that FGC is a violation of human rights of girls and women.

6.3 Gaps and Suggestions for further Research

This study is not exhaustive in itself. Several questions and suggestions for further research arise. First, it would be vital to conduct an empirical research on the experiences of girls and women who have been forced to perform the procedure of FGC. Second, it will be also important to undertake a comparative study between women who have undergone the practice and those that have not. This comparison would be significant in understanding the differences between these two categories thereby highlighting new trends on what is required to end the practice of FGC. Third, it would be necessary to study real life experiences on the sexual and reproductive health risks associated with FGC. With the awareness that most women are suffering in silence, I strongly believe that their

stories of real life experiences could enrich other women in similar dilemmas of FGC as a moral norm. This would contribute towards the process of eliminating FGC which UNICEF is greatly involved with in Africa.

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APPENDIX 1

Ethical Clearance



22 September 2015

Mrs Tania Missa Owin 210516046
School of Religion, Philosophy and Classics
Pietermaritzburg Campus

Dear Mrs Owin

Protocol reference number: HSS/1252/015M

Project title: "Mediating Human Rights and Religio-Cultural beliefs": An African Feminist Examination of Conceptualisations of Female Genital Cutting (FGC) in the United Nations Children Fund - UNICEF Documents (2004-2014)

FULL APPROVAL-NO RISK

In response to your application received 7 September 2015, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....
Dr Shenuka Singh (Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

Cc Supervisor: Prof S Nadar
Cc Academic Leader Research: Prof P Denis
Cc School Administrator: Ms Catherine Murugan

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Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

APPENDIX 2

UNICEF 2013

National Prevalence on the Practice of FGC

http://www.unicef.org/media/files/FGCM_Brochure_Lo_res.pdf

Map 4.1 FGM/C is concentrated in a swath of countries from the Atlantic Coast to the Horn of Africa

Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by country

