

2020

100 Maasai women's perspectives on the impact of female genital cutting on social and economic wellbeing

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Recommended Citation

Vandekemp-McLellan, Rebecca. 2020. "100 Maasai women's perspectives on the impact of female genital cutting on social and economic wellbeing." *Bridges: An Undergraduate Journal of Contemporary Connections* 4, (1). https://scholars.wlu.ca/bridges_contemporary_connections/vol4/iss1/1

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Cover Page Footnote

Special thanks should go to a number of people who were instrumental in this article. Santao Gladys Saoli became a close friend, travel companion, and translator over my time in Kenya. Without her knowledge of the communities we visited and fluency in three languages, my research would not have been possible. Pastor David Kereto, founder of Covenant Church International and Maasai Evangelistic Association in Narok, Kenya, was my first contact and host, and helped me to form the network of other volunteers, translators, and other hosts across the region. There are also two professors from Wilfrid Laurier University who deserve my sincere gratitude: to Dr. Oliver Masakure, who encouraged me to pursue my interest topics and provided knowledgeable support during my study; and to Dr. Andrew Robinson, whose funding opportunities for student travel and for whose feedback and encouragement helped me to aspire to publish this article, even though I do not have the typical qualifications of someone who publishes in this journal. Finally, I would like to deeply thank the 100 women who shared with me their time and insights. I am extremely thankful to this group of people for their vital roles in this research.

This research article is available in Bridges: An Undergraduate Journal of Contemporary Connections:
https://scholars.wlu.ca/bridges_contemporary_connections/vol4/iss1/1

Introduction

Female Genital Cutting (FGC) is a rite of passage ceremony that holds immense social and economic impact for Maasai women. Interviews with 100 Maasai women in Narok District, Kenya, explored FGC, early marriage, and financial autonomy, among other topics. Respondents drew a telling picture of the significant social value that FGC holds for the Maasai communities in this study; namely, that FGC is an initiation ceremony that turns children into adults, and is an eligibility requirement for marriage and childbearing.

After colonial influence led to a profound power imbalance between Maasai men and women (Hodgson 2000), FGC developed even greater social value than it had before the colonial era, as will be discussed in greater detail in the next section. Very few respondents showed concern about the physical consequences of FGC (which are heavily criticized in most rights discourses). Rather, the women criticized the social phenomena for which FGC served as a catalyst, including stunted access to education and dismal financial autonomy. The complicated social significance of FGC will be discussed with reference to FGC as an imperialist “hot topic” and as a social phenomenon that has evolved significantly throughout the last century to its current complicated status in the Maasai communities featured in this study.

Positionality

As a white Canadian feminist whose main areas of employment and volunteerism are in poverty reduction and city transformation, the core of my work focuses on the intricacies of poverty and evaluates youth access to basic needs such as housing, food, clothing, and education. While such passions have become increasingly consuming in the years since I underwent this research, a theme and personal mantra remains common with this particular study: to evaluate any “problem,” the perspectives of those who face it most directly must be consulted. In the case of Maasai women and FGC, the crux of this study is not to evaluate or criticize it, but to provide an update on frequencies, perspectives, and intricacies of a phenomenon that has brought about such a militant craze in global human rights discourse and interventions. My aim is to be anything other than prescriptive; rather, I hope to simply be an advocate for the 100 women who shared with me their time, their stories, and their perspectives. Sondra Hale (2005) speaks directly to a position such as mine: “At the risk of becoming part of the problem, I have broken my silence, calling for *us*—and I am mainly (but not exclusively) addressing white feminists—to self-interrogate, calling on us always to be suspicious of our ideas and beliefs, and to work on ways of being effective *invited* allies” (216).

Sondra Hale's (2005) promotion of honesty about positionality in order to combat the politics of knowledge around FGC strongly influenced this research. Indeed, it is the same thought process through which Hale questions the white Western feminist preoccupation with FGC that I experienced myself, and which led me to abandon what I know to believe was an arrogant "cause" to promote eradication in the first place. Far into my research, I repositioned myself to not be a champion for a cause that was not mine, but to relay the story of contemporary FGC on behalf of the women who are directly affected by it.

The 100 Maasai Women

In 2011, I spent three months in Kenya, mainly in Narok District. While volunteering with a mobile medical clinic brought to Maasai communities in Narok area, I had the opportunity to ask informal questions to the Maasai community members who were utilizing the clinic. In response to my questions on topics such as circumcision, forced marriage, education, and child-rearing, among others, an extremely consistent theme began to emerge. Regardless of the question I would ask, countless answers were framed by, "We used to [insert practice] but we do not do that anymore." The theme of social and cultural change in perspectives and practices was clearly woven into the viewpoints of the Maasai women with whom I spoke as they reflected on their own culture.

After conducting a literature review predominantly guided by descriptions of Maasai culture by Talle (2007) and Coast (2001), I formulated questions on the prevalence and predicted prevalence of FGC, and included questions about early marriage, polygyny, and other open-ended concerns about daily life. FGC became a primary focus because it was a focal topic almost everywhere I went (medical centres, schools, churches, and community gatherings) before I began my research. Khaja (2004) stresses the importance of asking women what they think about FGC. FGC eradication advocates must be careful to ensure that the authority and autonomy of women who have faced or might face FGC stays intact, as the portrayal of these women could lead to inappropriate interventions that could actually worsen their situations (Khaja et al. 2009). Women who break such deeply imbedded traditions as undergoing FGC risk social isolation, ridicule, and even community-inflicted punishments.

Some of the more general guiding questions were as follows: How common is FGC in Kenyan Maasai communities? How common *will* it be? Why is this the case? How do circumcised women view FGC? To summarize, my priorities in conducting research in Kenyan Maasai communities were to estimate the current prevalence of FGC, record women's subjective perspectives on its benefits and consequences, and to better understand the ongoing needs of this specific population.

I chose five rural villages within the confines of Narok District in the Rift Valley Province of southern Kenya to be the targets of my research based on no other reason than the presence of someone with whom my translator and I could stay. My translator and I developed a strong rapport during our time with the mobile medical clinics, and came to a level of strong confidence in our communication abilities. With her fluency in Kimaasai (her native tongue), Kiswahili, and English, she made it possible for me to communicate with all of the Kimaasai speakers, and was also able to brief me on some Kimaasai nuances of conversation. I developed a fifty-question survey guided by Maasai demographic research, which I conducted verbally through my translator (due to extremely low regional literacy rates). Survey responses were transcribed on site in both languages and cross-checked later on. The survey itself was translated into the Kimaasai language by a multilingual acquaintance and then translated back into English by my translator as a check for accuracy.

My translator and I travelled to each village and walked from home to home, simply asking each woman we met if she was interested in completing our survey and confirmed that she was both over the age of sixteen and indeed Maasai. Nearly every person we approached was willing to participate. We averaged approximately twenty interviews in each village. Because we did interviews from early morning until evening on different days of the week, we have reason to believe that we met with a proportionate cross-section of the female Maasai population in regard to age and respective roles in the community. While most interviews were conducted with individuals, some were conducted in groups where we encountered them, be it in a *manyatta* (home), on the paths or roads, in marketplaces or even in churches. Interviewees ranged in age from 16 to 80, although it is important to note that ages were often estimated, as tracking numeric age is not common practice for this group (rather, it is social roles that hold importance more than one's year of birth). Over the course of our interviews, we gained insight from a total of 100 Maasai women. Nearly all of the 100 Maasai women interviewed for this study had undergone FGC. They explained how circumcision held immense social value, providing them with the opportunity to gain social status and autonomy. Henrietta Moore (2009) describes circumcision as “the fulcrum of a rite of social transformation that prepared girls to be mothers and wives” (213). Janice Boddy (2007) describes how, in the case of infibulation in Sudan, the deeply entrenched practice is described as far more than a physical procedure, but a physical representation of social movement.

To suggest that my findings are completely objective would be untrue. F. G. McNeill (2011) explains a similar phenomenon in face-to-face research: “[M]y presence might have influenced proceedings in subtle ways of which I am unaware and which I am thus powerless to change” (87). Oral history and information gathering has a complicated history in Africa. White, Miescher, and Cohen (2001)

describe how “‘Voices’ stands for the equally fraught quest for authentic African voices amidst tumultuous changes in the lives of Africans and in Africa’s relations with the world” (3). Authenticity of “voice” and authority to represent that voice are constantly in tension, so I took great efforts to create the opportunity for the women interviewed to use their voices with as little regard as possible for my own. While accurate transcriptions of the women’s accounts were taken, my presence as a western Caucasian female had the potential to influence participant responses, especially in cases where the women may have remained unconvinced that I was doing nothing more than looking for their opinions on FGC and not seeking to police it in any way. In order to reduce this risk, I used both Maa greetings and basic expressions in addition to introducing myself with my Maasai nickname. My translator explained the importance of truth and honesty for the exploratory purpose of the interview. While the women spoke, I maintained even expressions and body language so as not to show anything other than interest in what they were saying. Due the private nature of the conversation topics, interviews did not take place when men were within earshot.¹

Background: The Impact of Colonialism on FGC

In the 1800s to 1900s, colonialism became a catalyst for a power shift for Maasai women. Colonization impacted Maasai women in two significant ways: 1) the financial disempowerment of women through British political influence, and 2) anti-FGC advocacy by early feminists. Both factors will be discussed in this section.

Financial Disempowerment of Women

The women in this study explained how a lack of financial autonomy was “the hardest thing about being a Maasai woman.” Dorothy Hodgson (2001), who has completed extensive anthropological work with Maasai communities in Tanzania, outlines how British influence on what was then the Tanzanian colony led to a case where “the autonomy and interdependence enjoyed by men and women in the late 1800s were replaced by unequal relationships of economic dependence and political control in which men could begin to think about women as ‘property’ and possessions’ (2000, 113). This process stripped financial autonomy from women. I argue that this shift has left Maasai women deeply dependent on social status increases (transitions from child to adult, unmarried to married, etc.) for their own and their children’s survival, strengthening the social value of FGC. Hodgson

¹ During the interview process, we ensured that no men were within earshot in order to provide an environment of greater safety and ease for the women, who were given the opportunity to speak about domestic abuse, polygamy, parenting, and, of course, circumcision.

(2000) explains the process through which the female-dominated bartering system for the historically pastoralist Maasai communities has been gradually replaced by what gradually became a male-led monetary system. The British commodification of pastoralism created a power transfer in which “money” became men’s business, and thereby women’s authority over possessions and trading was eliminated (Hodgson 1999a). Hodgson (2000) argues, “It was during the early period of British colonial state formation that the parameters of male Maasai power expanded to embrace new modes of control and authority, becoming something we might call ‘patriarchal’” (98). During British development interventions, further authority was focused on male leaders for the upholding of political priorities, thereby removing even more authority from women (Hodgson 2000). Women were displaced from the marketplace and relegated to more domestic roles, and their “former freedom to travel, their economic autonomy, and their opportunities to congregate with one another were curtailed as they were relegated to the increasingly isolated and subordinate confines of the ‘domestic’ domain” (Hodgson 1999a, 762). Finally, by overlooking the potential areas where women could contribute to the Maasai economy, the colonial influences of the British strengthened and exacerbated a gendered hierarchy, which may not have ever existed between Maasai men and women otherwise (Hodgson 2000).

Anti-FGC Advocacy by Early Feminists

Female circumcision has been contested since the “female circumcision controversy” of 1928-31 (Gruenbaum 2001). Championed by activists including Eleanor Rathbone, public knowledge about FGC quickly grew through her and her partners’ advocacy campaigns (Pederson 2004). In 1932, the Meru Local Native Council went so far as to restrict excision to a maximum proportion of the clitoris and labia minora (Thomas 2003). The Maasai most commonly practice what WHO defines as Type I or II circumcision, the total or partial removal of the clitoris and clitoral hood (I), or the removal of the clitoris and inner labia (II). It was not until 2001 that the Kenyan government officially prohibited female circumcision on women under the age of 18 (Thomas 2003). In 2011, the Prohibition of Female Genital Mutilation Act banned all FGC, regardless of age (Burrage 2015, 152).

The beginning of imperialist feminism, influenced largely by the Duchess of Athol, Eleanor Rathbone, and Josiah Wedgwood in 1929 and 1930, put the spotlight on clitoridectomies and bride prices (Pederson 2004). Rathbone is quoted saying in 1929, “There can be no citizenship between coloured men and white men till there is equal citizenship between coloured men and coloured women” (Pederson 2004, 247). Despite their efforts, they did not succeed to abolish FGC (Pederson 2004).

Allman, Geiger, and Musisi (2002) explain how it was the court system that had a strong impact on the changes in the definitions of women’s social roles across

numerous African colonies. “Relational concepts such as ‘daughter,’ ‘wife,’ and ‘mother’ were redefined, often through court cases and disputes, to better conform to Western ideological notions of these female social positions” (6).

Obiama Nnaemeka (2005) is a prominent voice in the discussion of FGC, and brings a critical perspective to the imperialist arrogance that complicates the issues of gender, race, and history. Nnaemeka supports a feminism that takes into account complicated power relations and even the impact of geographic location on feminist topics, and recognizes that it is African women who have made the most impactful steps toward FGC’s evolution. In light of FGC as a “cause celebre,” Nnaemeka reminds anyone interested in the topic: “The resistance of African women is not against the campaign to end the practice, but against their dehumanization and the lack of respect and dignity shown to them in the process” (2005, 30). Throughout my research on this topic, and all through my interviews with Maasai women on FGC, my personal perspective became fluid because of the diversity of ideas I encountered. While Nnaemeka promotes eradication, she clearly states that “we must have the humility to learn (not teach); we must have the capacity to listen (not preach)” (2005, 38). I came across her mandate after I had conducted my own research, but it deeply affected the outcome of this article.

Contemporary Attitudes Toward FGC

Despite the use of the term “female genital mutilation” by the world’s governing agencies on the matter (OHCHR et al.: 2008), my dialogue with Maasai women made it clear that such an extreme term does not accurately represent this group’s array of perspectives on the practice. According to Cook (2003, 8) “This description [namely, mutilation] may be ethically inappropriate.” In fact, Khaja et al.’s (2009, 160) study revealed that respondents described the term “mutilation” as “‘degrading’ and ‘insulting,’ and believed it implied that Westerners regarded them as ‘flawed’ and ‘uncivilized’.” Boddy (2007) explains how this terminology, including words such as “savagery” and “barbarism,” are used to rally anti-FGC support. Contrary to such descriptors, the respondents in this study showed a high degree of pride in having undergone FGC. Since “language is important as it frames the nature of the debate” (Drolet 2011, 55), the term Female Genital Cutting (FGC) is used throughout this article because of its neutral tone. Although the term, “circumcision” is not commonly used in academic literature, it will be used periodically in the place of FGC because it is the term used by the Maasai women who participated in the study.

The call for eradication is the most common contemporary approach to FGC (see Boyle, Gomez and McMorris 2002; Drolet 2011; Khaja et al. 2009; Obermeyer 1999, 2005; OHCHR et al. 2008). The majority of rights-based approaches focus on health consequences, children’s rights, and women’s rights.

The rights based approach is grounded on the assumption that FGC violates Article 5 of the UDHR, that “no one shall be subjected to torture or to cruel, inhuman, or degrading treatment or punishment” (UN 1948). The children’s rights perspective on FGC focuses on both the right to physical development and the right to be exempt from acts of torture or cruel treatment (UN 1989). The children’s rights approach is reflected in the Kenyan Children’s Act of 2001, which contends that FGC “is likely to negatively affect the child’s life, health, social welfare, dignity or physical or psychological development” (National Council for Law Reporting 2001, 14). The Children Act includes sanctions on FGC as well: “no person shall subject a child to female circumcision, early marriage or other cultural rights, customs, or traditional practices that are likely to negatively affect the child’s life, health, social welfare, dignity, or physical or psychological development” (Government of Kenya 2001).

Calls for FGC eradication dominate international discussions. The Solemn Declaration of Gender Equality in Africa expresses “deep concern” about the effects of FGC on women (African Union 2004). In the General Recommendation on Female Circumcision (2008), the UN Committee on the Elimination of All Forms of Discrimination Against Women demands eradication of FGC, and recommends that states should provide updates on their efforts to see the practice abolished. In 2010, Kenya issued The Prohibition of Female Genital Mutilation Bill, making it illegal to perform the procedure (Republic of Kenya 2010).²

Interestingly, the evidence supporting the negative consequences of FGC is surprisingly scant. Carla Makhlouf Obermeyer (1999) conducted an extensive literature review of 435 articles on the negative physical consequences of FGC and found “no incontrovertible evidence on mortality, and the rate of medical complications suggests that they are the exception rather than the rule” (92). One of the only concrete arguments claims that death rates among babies whose mothers had undergone FGC were much higher (32% for women with Type II circumcisions) during and immediately after birth than for babies born of women

² Drolet (2011) compiled an exhaustive list of declarations and charters dictating standards that support FGC eradication efforts: 1948 Universal Declaration of Human Rights; 1951 Convention relating to the Status of Refugees; 1967 Protocol relating to the Status of Refugees; International Covenant on Civil and Political Rights; International Covenant on Economic, Social and Cultural Rights; Convention on the Elimination of All Forms of Discrimination Against Women; Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; Convention on the Rights of the Child; Committee on the Elimination of All Forms of Discrimination against Women; Human Rights Committee; African Charter on Human and Peoples' Rights; African Charter on the Rights and Welfare of the Child; Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa; as well as the Beijing Declaration and Platform for Action, among others. (Drolet, 56)

who had never undergone the FGC (OHCHR et al. 2008, 11).³ For the most part, descriptions such as “painful and traumatic” (OHCHR et al. 2008, 11), “immediate and long-term health consequences” (OHCHR et al. 2008, 9), “risky and life-threatening” (Drolet 2011, 57) form some of the most concrete arguments in the literature. Obermeyer reiterates in her 2005 update how vital it is to distinguish between the types of circumcision in the studies on its harms, as data from many studies remains inconclusive. It must be noted that most samples use health services data, which does not accurately capture data from births (or circumcisions) that take place outside of formal health care facilities.

Despite global-scale eradication efforts, there are some champions for deeper FGC considerations based on cultural relativism, pluralism, the right to choose, women’s rights, and indigenous rights, among others (Boddy 2007; Caflisch, Hohlfield and Jaeger 2009; Gruenbaum 2001; Johnsdotter and Essén 2010; Shweder 2000; Tobin 2009). Richard Shweder (2000) criticizes the eradication agenda: “In general, the purported facts about female circumcision go unquestioned, the moral implications of the case are thought to be obvious, and the mere query ‘what about FGM?’ is presumed to function in and of itself as a knock-down argument against both cultural pluralism and any inclination toward tolerance”(221). Miroslava Prazak (2016) builds on this line of thought: “For example, what difference does eliminating FGM actually make toward emancipating women from poverty and social inequality and conferring specific rights and benefits? Might it lead instead to an outcome where women are further disenfranchised from full rights and social standing?” (230). These ideas form the springboard for my own research, which explores the social value of FGC.

Maasai Women and FGC Eradication

Hodgson (2011a) explores the contradictory priorities that Maasai activists face in preserving indigenous rights while threatening human rights. “These tensions [between culture, gender, power, identity, social change, and citizenship] become starkly apparent in debates over FGM and development priorities, where ideas of ‘culture’ and the proper roles, responsibilities, and rights of men and women often contrast sharply” (139). She posits that ignoring cultural practices and beliefs can undermine women’s power and autonomy. Perhaps the most influential

³ Two health consequences of the procedure are favourable. Maslovskaya, Brown, and Padmadas (2009) found that women who have undergone FGC were less likely to contract HIV/AIDS than women without it, provided that their first-union partner was older than them. A study by Essén, Sjöberg, Gudmundsson, Östergren, and Lindqvist (2005) reported that “Circumcised women were found to have had second stage labour, which was significantly shorter (35/53 min, respectively, $p \leq 0.001$) and a lower risk of prolonged labour than the non-circumcised group” (182).

contributing voice to this line of thought is Gruenbaum (2001), who made great strides in the argument that, as jarring as female circumcision may seem through a Western lens, it is a complex social activity with high impact and cultural value. Prazak (2016) explains how, in Kuria communities, “women who abandon the practice often have a lot to lose: their position in the community is affected, they are less desired as marriage partners, and often the bride wealth for them is reduced. To them, it does not appear that ending female genital cutting will improve their rights and status in the community” (208). Eradication is impractical. Living as an uncircumcised woman in a Maasai community is not only exceedingly rare but also a colossal taboo, which has the power to greatly damage one’s reputation and/or lead to the full exclusion of a woman from her community (Anonymous Interviews 2011). Such a trend triggers the question of whether or not women actually even have a choice (Drolet 2011). Further, the consequences of some anti-FGC approaches can even reify the practice of FGC, hiding the practice from mainstream society and reverting procedures to riskier, more traditional methods (Burford, Koomen and Winterbottom 2009).

Masaai Womanhood and the Social Value of FGC

Ernestina Coast (2001) completed an extensive Maasai demography, which provides an extremely relevant and concise overview of the social progression of Maasai women, which is best explained in her words:

Female circumcision is almost universal among the Maasai, and is considered essential for correct sexual behaviour and fertility ... Girls are usually married within one year of circumcision, normally to a pre-determined partner ... Women rarely have legal access to property; their rights to livestock ownership have to be mediated through men – fathers, husbands, and sons. The only material good to which women have absolute right is the milk off-take from those animals allotted to her by her husband. A woman gains prestige ultimately by the number of children she bears and the way in which she cares for them, although she never has legal claim to her children. Children, especially sons, represent a woman’s chief source of material acquisition through milking rights from animals held in trust. Married women make all major domestic decisions relating to childcare, food preparation, collection of water and fuelwood and house building and maintenance. (35-36)

Without circumcision, these social progressions would not be possible for Maasai women. Not only does circumcision turn a child into an adult (Talle 2007), but it also qualifies her for marriage (Tobin 2009; Archambault 2009) and serves as a

marker for fertility (Coast 2001). All of these milestones hold immense social and economic value. Archambault (2011) describes early marriage, which is preceded by FGC, “not as a relic of tradition and malicious patriarchy, but rather as a contemporary adaption to livelihood insecurity” (632). Archambault outlines how families feel obligated to marry their daughters off to a good family to secure their daughter’s future (2011). The lack of economic autonomy of women is demonstrated here as the real force behind early marriage. For Maasai women, the value of FGC is similar, but FGC also represents the gateway to access greater economic security by opening up the woman’s eligibility to marriage and thereby a husband to provide for her.

Dorothy Hodgson (1996) more directly approaches the relationship between FGC, early marriage, and social roles by explaining how women are both the ones needed to sustain patriarchal dominance and the only ones who can truly threaten it. In the story of a Maasai woman who took her father to court over early forced marriage, Hodgson outlines how this woman “shifted, ever so slightly, the existing gendered relations of power” (119). By utilizing the legal system as a resource, this woman was able to self-advocate and change not only the course of her own life, but also deeply challenged the patriarchal authority in her community. While her father sought to use her bride price to increase his standard of living, she defied his patriarchal authority to choose her husband.

In summary, circumcision is the key behind all of the social roles available to Maasai women, which progress from child to adult to wife to mother, each of which represent increased status and economic security.⁴ The Maasai women in this study build on these categories and the theme of social value by providing a list of the benefits of FGC. These benefits, which include transitioning to adulthood, fulfilling social expectations, age-relations, marriageability, shows of strength, fertility, sexual propriety, education, and faith, will be discussed in greater detail in the next section.

The Interviews

Even though the official national average for FGC prevalence in Kenya is only 27.1% (Kenya National Bureau of Statistics 2008-9), 97 of the 100 adult women I interviewed told me that they had undergone circumcision at some point in their lives. It is imperative to note that, given the taboo status associated with not being circumcised, some of the women may have lied about being circumcised, especially in the presence of other women. (Even in the case where some women may have been dishonest about whether or not they were circumcised, they evidently all

⁴ Beyond the role of “mother” comes “grandmother,” although each has their vulnerabilities in the power hierarchy. “Mother” without also being “wife” is more vulnerable than “wife,” and “grandmother” without the right family supports is far more vulnerable than “wife.”

wished to be perceived as having been circumcised.) Even though it is quite possible that fewer than 97 women had been circumcised, the average remains notably different from the national average. Indeed, rates of FGC among the Maasai are reported to be 73.2% (Kenya National Bureau of Statistics 2008-9, 265), 85.7% (Coast 2001, 36), and 93% (Buluma et al. 2003, 251). Contributors to this variance include groups who do not practice FGC, differing rates between rural and urban Maasai women, and females who are too young to be circumcised but may have been included in the data sets. All of the women I interviewed lived in rural settings, which I hypothesize has the power to make a significant difference in prevalence and perspectives because of what could be lower exposure to anti-FGC campaigns in rural areas.

Positive Consequences of FGC

When asked how they felt about being circumcised before undergoing the procedure, 80 of the 97 women who had been circumcised reported that they either “felt good or excited” or “felt very good or very excited.” This is compared to 7 women who felt nervous or scared, 3 who did not mind, 3 who felt angry or sad, 2 who felt bad or ashamed, and 1 who felt very bad or ashamed. The women themselves explain this massive imbalance.

Those women who had positive memories of their circumcisions cited a variety of reasons to feel the way they did. Their responses explaining their positive memories are listed below in order of frequency. Please note that most women cited multiple reasons for their feelings.

Transitioning to Adulthood

The women explained how the dichotomy between “woman” and “girl” in Maasai culture is rather extreme. A few women explained how, before circumcision, a girl would be nothing—the bottom of the power hierarchy. One woman said, “An uncircumcised female is nothing more than a dirty little girl,” and expressed disgust while explaining the lack of appeal and respect held by a “girl” role in a community. As soon as a girl became a woman through circumcision, though, she would be respected, a very quick and thorough transition from one status rung upward to the next.

The transition to adulthood was cited 48 times:

“I was grown up and would go to my new husband.”

“I would be a grown up and could make my own rules and decisions.”

“I would be a woman, and I had not been in school so I got married soon.”

“I wanted to be a grown up and be with my age mates who were already circumcised.”

Fulfilling Social Expectations

The women described a variety of circumstances that all aligned with the idea that circumcision was expected of them. Age mates were described as significant peer groups, against which the women would measure their own status. Circumcision provided belonging to these women in a culture where non-participation is a taboo. Between conformity pressure because the age mate peer group was already circumcised, cultural norms, and the expectation from families to undergo the procedure, “fulfilling social expectations” formed the category seen here.

The fulfilling of social expectations was cited 34 times:

“I told my parents to circumcise me because all of my age mates were and even murrans⁵ were circumcised.”

“I did not want to be circumcised, but I grew up when it was common.”

“My age mates were circumcised and I was proud to join them and become a woman.”

“The other age mates were circumcised and I would become a grown up.”

“I grew up when people were being circumcised. Being not in school, you get circumcised and then you get married.”⁶

Gaining Social Status

Similar to transitioning to adulthood, the age-relation power distinction is incredibly clear with these 15 women who actively appreciated their circumcision ceremonies, which gave them the opportunity to leave their peers behind.

The gaining of social status was cited 15 times:

⁵ Murrans are unmarried Maasai men in an exclusive age category that involves certain living conditions, training, and expectations.

⁶ Note that this respondent reported very positive feelings toward her circumcision despite not having wanted to be circumcised at the time.

"I knew I was now a grown up. The little girls would be inferior."

"I did not really know what was going on, but the other girls were a lot older than me, so it was quite the honour."

"That was done all over in Maasai communities. I knew that after, I would be a grown up—not a girl."

Pride in the Thoroughness of the Procedure

Each of the 15 women here went out of their way to let me know that they had been circumcised "to the bone," using the same pattern of expression, despite not having been asked specifically about the exact physical details of their experiences. Many watched for my reaction, while making a pointed gesture, tapping two fingers forcibly against the palm of the opposite hand. All 15 women from 3 different villages repeated this motion and phrase.⁷ There seemed to be a common sense of pride across these perspectives, one that reminded me much of women in the west bragging about their drug-free birthing stories. It seems that "to the bone" circumcisions are the most highly regarded, providing an edge of superiority from the thoroughness of the procedure. Note that it is possible that there were more than these 15 demonstrations as it took me some time to recognize the phrasing pattern. Early demonstrations may have been missed.

Pride for thoroughness was cited 15 times:

"To the bone."

Prospect of Marriage

The women discussed how much better it was to be "wife" than simply "adult," and reified FGC's role as absolutely essential for marriageability.

The prospect of marriage was cited 10 times:

"I wanted to be a woman, to be married."

"My age mates were circumcised, and I wanted to be married."

⁷ Since, according to Maasai tradition, a young person shows strength and fearlessness by maintaining a straight-faced demeanor during the procedure, pride in the thoroughness of a circumcision is natural. On many occasions, I heard young girls scold even younger girls, saying, "Maasai girls don't cry!"

“My sisters were [circumcised], [I would] be a woman, and I would be married because I had not been in school.”

“It is good to be circumcised. You cannot get married when you are a girl.”

Other Responses

In addition to the categorized responses above, there were more explanations showing the benefits of FGC. Below are a series of other responses:

Cleanliness: 4 Relevant Responses

“I wanted to be a woman who is clean. Girls are dirty.”

“I wanted to be a woman—not a girl. More clean.”

General positive outlook on FGC: 3 Relevant Responses

“I just wanted to be circumcised. I grew up when girls were being circumcised so I was excited.”

“I just liked it.”

Relief to not break the taboo of getting pregnant before FGC: 2 Relevant Responses

“I would no longer be a girl. I feared getting pregnant while I was uncircumcised.”

“When I was circumcised, I did not have to worry about getting pregnant while not circumcised because that is a taboo.”

No alternatives: 2 Relevant Responses

“We did not know of not being circumcised.”

“At that time, girls were circumcised. There were no role models.⁹ Everyone was circumcised. There was no other option.”

⁹ She was likely referring to FGC eradication advocates.

Prospect of childrearing: 1 Relevant Response

"I would now be a grown up, have a family of my own, be a woman."

Prospect of enjoyable recovery treatment: 1 Relevant Response

"I would be given good food and would get fat. I would be given good care for months on end."

Knowledge: 1 Relevant Response

"Because, according to our culture, it reveals you as a woman and allows you to know the ways of the tribe."

CONSEQUENCES OF NON-PARTICIPATING IN FGC

Because the circumcision procedure served as the bridge that allowed them to cross from childhood to adulthood in a single day, without being circumcised, the ability to become a woman would be in jeopardy. Two of the 3 women who were not circumcised shared how not being circumcised affected their lives:

"I was in school, and when my father asked if I wanted to be circumcised, I said no. I had the option to say no. Nobody knows I am not circumcised except for my husband and my family."

In this case, the woman was pretending to be circumcised. After the interview, despite having our confidentiality agreement explained to her earlier, she begged us not to tell anyone from her community that she was not circumcised. We agreed, but the episode served as a testament of the pressure to embrace this Maasai tradition.

The other uncircumcised woman described her journey through breaking the mold more publicly:

"Coming to issues like circumcision, my parents gave us a choice. I was the only one of my sisters who did not. The people in my community are seeing that I am like any other adult, having my own family and acting like a grown up. They think I should be acting like a child because I am not circumcised, but I do not. My parents are saved, and that is why I chose not to be. I took a very big step in choosing not to be circumcised. I was about 15 when I was asked to

decide. My age mates did not trouble me. Circumcising girls when they are very young means they have not learned to make their own decisions and then they get married off.”

This woman spoke at length about her journey of living against the grain on such an integral matter of Maasai culture. She repeatedly credited her faith (most likely evangelical Christianity based on the geographic region, which was dotted with Christian churches) as a motivation to resist circumcision and as a source of hope. In this area of Kenya, Christian faith seemed to be strongly associated with an anti-circumcision agenda.

Negative Consequences of FGC

Despite the militant FGC eradication efforts that focus so much on the physical consequences of FGC, only two women cited physical consequences as an issue (aside from a small number of references to pain during the procedure):

“When a woman gives birth, maybe you will have complications. There is an estimated 5-30% mortality rate. I am against circumcision.”¹⁰

“When it is time to give birth and there are contractions, you are missing the flesh where the baby comes through. It makes birth more painful. That area can be destroyed because the flesh will be torn. When you are being cut, a lot of blood is poured.”

Worth noting in both of these cases is that both of these women had completed primary school and had completed some or all of secondary school. 57% of the 63 women who had never attended school said they would circumcise their real or hypothetical daughters, compared to 35% of the 37 women who had attended school (for any amount of time)¹¹

Only 13 of the 97 circumcised women reported negative experiences with FGC:

“I never wanted to be circumcised. I never knew what would happen to me and understand that it is painful so I agreed just because of respect for my family.”

¹⁰ The woman did not provide a source for these statistics.

¹¹ The women’s educational attainment was as follows: no school: 63; some primary school: 17; all of primary: 11; part of secondary: 2; all of secondary: 6; more than secondary: 2. Of the 100 women interviewed, only 20 had completed primary school or more.

"I saw the blood and pain of my age mates and saw it was bad."

"I got saved when I was 7 so I was very against it because I had been taught that it is not good."

"I was so young. I didn't want to be circumcised."

"I went to see my age mates when they were circumcised and they were screaming, so I knew it would be very painful."

"This because I was forced and I am not willing to be circumcised."

One woman spent some time relaying parts of the story of her childhood. In anticipation of the dowry he would receive for marrying her off, the woman's aging father arranged for her circumcision and marriage so he would have time to enjoy said dowry before he died. She was 11 when she was circumcised and was made the third wife of a much older man within weeks of her circumcision.

"I cried every day because I missed my mother. One of my co-wives raised me after that. I didn't know anything. She had to teach me how to build a house and everything else. The other wife bullied me for years until I was old enough to get pregnant."

Her story outlines a negative circumcision experience not because of the trauma of the procedure, but because of the social consequences of having been circumcised.

Three women expressed neutrality about their circumcision experiences, and the other 3 chose not to respond to that particular question. We labeled responses including the English equivalent of "okay" or "fine" as neutral.

The Politics of FGC

Numerous women showed signs of knowing that FGC was illegal in Kenya. In fact, 11 women included justifications for having undergone the procedure.

"In that time, girls were circumcised. It was a must. There were no role models. Everyone was circumcised. There was no other option."

"My sisters were circumcised, and I wanted to be a woman. I also had not been in school."

“The world was different. I was excited to be grown up and to not be associated with babies.”

The FGC Legacy

With this generational shift in mind, observe the surprising trends in the response to the question, “If you had a daughter (if you do not already) who is old enough to be circumcised, would you circumcise her?” Fifty-seven of the women said that they would *not* circumcise their existing or hypothetical daughter. Even though five of these women clarified that it is not up to them, but rather, the girl’s father, it is likely that this is a compelling predictor of lower rates of FGC in the Maasai community in the future.

During some informal conversation in one of the target villages, a rural Maasai woman asked me if I myself was circumcised. When I answered that I was not, she looked at me quizzically and asked, “*But if you are not circumcised, do you not want to ever have children?*” and went on to explain that I would be infertile unless I was circumcised, highlighting fertility as an additional value of FGC.

In one survey, sexual propriety was also highlighted as a benefit of FGC:

“It is good to circumcise girls because it reduces their sex drive and overall promiscuity.”

FGC’s perceived positive effect on the regulation of the female sex drive was often based on rumour, since the FGC rate in the Maasai communities I visited was so high.

There is no noticeable relationship between the age of the woman interviewed and her likelihood to circumcise her daughter. The strongest predictor of a woman’s likelihood to circumcise her daughter is how a woman felt about her own circumcision. 81% of the 16 women who had reported having neutral or negative feelings about their circumcisions stated that they would not circumcise their real or hypothetical daughters, as opposed to 43% of the 81 women who reported positive feelings about their circumcisions.

Overall, 43 of the 100 women stated an intention to continue circumcising in future generations. This undoubtedly is because of deeply entrenched socio-economic benefits of circumcision, as described in their interviews.

The “Hardest Part of Being a Maasai Woman”

Prompted by frequent conversations about the women’s largest concerns about their lives, the final question posed asked, “What is the hardest part of being a Maasai woman?” The question was constructed to indicate the women’s most pressing

concerns about life after a survey that discussed circumcision, polygamy, marriage practices, and subjective wellbeing.

Caring for Children

Many of the women cited that the most difficult part of being a Maasai woman was the pressure of being the primary parent responsible for child rearing, food provision, and generating the income to help to send their children to school.¹²

“The Maa ladies have no authority to make a decision. When the man does not take care of you, you are always left struggling. How can I care for my kids and give them a good life? If he wants you to do something, you must say yes.”

“The most difficult part is that women are looking after their kids. Now husbands have a habit of just getting you pregnant and not helping you out. The mothers struggle for the lives of their children because the husbands do not care. Maybe it is because they have so many wives and children. It makes life very stressful.”

“The man will get you pregnant but he will not take them to school. He will marry off your daughters¹³ and will not feed the family well.”

“The most difficult part is that women cannot say or do anything because you need permission from the man. When there are so many [family members], there is not much money.”

“The girls get circumcised very young and then get married. The man does not help around.”

Premature Entry Into Adulthood

As Maasai culture has continued to be reshaped over time, so have the roles of Maasai men and women. For Maasai women, many family-related responsibilities have simply fallen onto their shoulders, void of the financial resources to carry out those responsibilities effectively. Some women connect the social significance

¹² While primary education in Kenya is free, supplemental costs are not.

¹³ The dowry gained from marrying off a daughter is very profitable to her father. One interviewee said that she was married off when she was 11 because her father was old and wanted to enjoy the dowry he would get from her before he died.

of FGC to this problem. Note that it is premature entrance into adult life and early marriage that is criticized, not the procedure itself.

“Girls are circumcised when they are very young. They are not given the chance to prove that women can finish [school]. Women get married when they are 12 to a very old man, and their visions for life just die.”

“They circumcise girls when they are very young. They think they are grown ups and drop out of school and marry some guy.”

“When you circumcise a girl when she is very young, she will not respect her teachers and she will drop out of school and get married to an old man.”

Because circumcising a girl turns her into a woman in Maasai culture, and because so many Maasai people consider it to be odd to stay in school when you are already an adult, schools become unhealthy environments for anyone who is circumcised. Teacher-student conflict escalates, since suddenly the two can become peers. Also, parents of circumcised girls may see their time of education as finished, and often make arrangements for their marriage shortly after their circumcision.

CONCLUSION

Female Genital Cutting has immense social value for Maasai women. Not only does circumcision create multiple opportunities for increased social status, but it also represents increases in economic security through its power to bring about marriage and reproduction.

The overall perspectives of the women on the FGC procedure itself showed most (81 of the 97 circumcised women interviewed) were positive about their experiences, in contrast to only 13 reported negative experiences. 57 of the 100 women state that they would not circumcise their daughters, indicative of a future decrease in FGC occurrences in the rural Maasai population in the Rift Valley, despite the current population reporting far more circumcisions per capita than the national average.

FGC is a complex interweaving of social benefits and consequences. It must be understood before it can be changed, and its deep-seated ties to power in the Maasai social hierarchy and economic security are just as much a part of it as the blade used to make the cut.

The biggest problem with circumcision cited by the respondents was not the female genital cutting itself, but the social consequences it produced: dropping out of school and getting married too early, which were both followed, in many cases, by lack of autonomy due to the changes in gender roles brought about by

colonization. While using FGC to transition to “woman” and eventually “wife” and “mother” is helpful, it is not powerful enough to give women financial autonomy since “wife” still lacks numerous fundamental freedoms.

One of the most significant consequences of FGC is early marriage: young girls can end up being forced into marriage at young ages (the youngest I encountered was age 10) and be sent to live on a man's property when she has not yet even learned how to build her own home, care for children, or cook properly. Such cases greatly reduce the girl's autonomy in being able to provide for herself and her future children, since husbands were often reported to be absentee, abusive, and unwilling to provide.

The priorities uncovered in this study align with those identified by Maasai groups in Tanzania in Hodgson's (2001, 2011a) research. Women reported concerns including poverty, lack of access to education, alcoholism and “disenfranchisement from their historical rights over certain economic resources” (2001, 259). The women in this study were very clear in their hope and desire for help to remedy these issues. Many women described a feeling of helplessness, especially in regards to their economic needs. They spoke of their financial vulnerability. Some asked for help, and all who mentioned economic misfortune coupled it with a testimony of how little they could do to change their circumstances.

Further research should examine the binary between Maasai “girl” and Maasai “woman,” which underlies the socio-economic needs that the women in this study highlighted. Comparative research with a larger sample of uncircumcised women would provide extremely helpful insight into the scope of FGC's impact. Insight from Maasai women who have used rescue centres and other strategies to evade FGC would provide helpful structure to arguments on the benefits and consequences of not engaging in this rite of passage that holds so much significance for the women in this study. Stronger information on access to medical care and methods of circumcision would make for a valuable follow up study. Additionally, a deeper look into what descriptors like “shame” and “pride” mean in Maasai contexts would help researchers to better understand the women's responses to FGC. Other interesting areas for further study should include a dissecting of “taboo” and “rumour.” Additional study on the role of religion, specifically evangelical Christianity, on FGC perspectives would also be very relevant to the discussion on Maasai FGC.

Far more cardinal than the physical consequences of circumcision is the social impact of FGC, the shifting cultural value it holds, and the Maasai pride it evokes. In order for the concerns of Maasai women to be addressed, there must be a new, well-understood and resolute shift in the power distribution between Maasai men and women. As for the much-contested physical consequences of FGC emphasized by eradication proponents, those physical consequences are laughable compared to

the deeply intertwined social benefits and consequences of this still commonly practiced rite of passage.

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