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Female Circumcision

The Interplay of Religion,
Culture, and Gender in Kenya

Mary Nyangweso Wangila

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The Controversy

It was the month of December in 2003 when I decided to visit Jane, a friend who lives in Kapsabet town in the Rift Valley Province of Kenya. I slept over to catch up on a whole year's news. The following morning the sleepy village of Kaptumo awoke to cries and loud wailing of women, accompanied by the sounds of *morswek*—a traditional horn—which sounds whenever a young woman has died.

I turned to my friend for an explanation. "Did someone die in the neighborhood?"

"A neighbor's daughter, Leah Yatich, a class seven pupil of Kaptumo primary school, died at the hand of a traditional circumciser," Jane explained. "The poor girl died from excessive bleeding. Her blood was strewn all over her father's house, chairs, tables, and everywhere."

"She must have died a painful death," I ventured.

"Sure," affirmed Jane. "Leah's parents could not take her to Kapsabet hospital because they risked arrest, since female circumcision was pronounced illegal in Kenya."

Poor girl! She paid with her life in an attempt to uphold tradition. All she wanted was to be a woman.

"What happened to the circumciser?" I asked Jane.

"Oh, you mean Nifa Chepkoech? She was killed by people who stormed her home. She had become notorious for killing young girls during circumcision."

In a single day a village had lost two women. How many women die every day in our villages in the name of tradition?

December is the month when circumcision rituals take place. The long holiday period before school resumes is conducive for the healing

process of those who have been circumcised. On my way back home I could not help wondering how many women were scheduled to be circumcised during this month and the misery that some of them would have to face in the name of tradition. I decided to catch up on the latest news. My eyes immediately fell on the following story:

A 13-year-old girl who was admitted to hospital after being circumcised died yesterday. The girl was taken to Tenwek mission hospital last week when she bled profusely after the operation. She was said to have been diabetic and was one of the six girls who underwent the rite secretly at Kamundugi village in Singiroi Division, Bomet District.¹

A year later another incident was reported in the *Daily Nation Newspaper*: “Twenty girls who were recently circumcised have developed complications and need specialized treatment. . . . The girls aged between 9 and 15 need reconstructive surgery because they ‘have developed wounds.’”² Another article stated, “Two young girls are reported to have died last week after female genital mutilation.”³

Stories like these continue to form the headlines of Kenya’s daily newspapers in the month of December, even though female circumcision has been banned.⁴ This is not to mention numerous cases of fatal circumcision that go unreported. Had I not visited Jane, I would not have known about Leah’s case because it was not reported in the newspaper. It is unfortunate that as scholars continue to engage in the unending debate on female circumcision, innocent lives continue to be lost in circumcising communities, not to mention the painful health and marital complications that circumcised women experience. As advocates and critics of this practice continue to engage in controversial discussions on whether this practice should be abolished or not, hundreds of thousands of girls continue to spend nights in bushes and away from their homes in attempts to evade forced circumcision. The health risks to which Kenyan children and women continue to be subjected and the violation of the human rights of these significant members of the community in the name of tradition are tragedies that cannot escape moral judgment in our contemporary world. Concerns regarding the practice of female circumcision must be examined and addressed with regard to the welfare of all who live in these communities.

Table 1. *Types of Female Circumcision*

Mild <i>sunna</i>	Pricking, slitting, or removal of the prepuce of the clitoris. <i>Sunna</i> is an Arabic word meaning "tradition."
Modified <i>sunna</i>	Partial or total excision of the body of the clitoris.
Clitoridectomy/ excision	Removal of part or all of the clitoris and part or all of the labia minora. The vaginal opening is often occluded by the extensive scar tissue that results from the procedure. This makes sexual encounters painful.
Infibulation/pharaonic circumcision	Clitoridectomy and the excision of the labia minora and the inner layers of the labia majora. The raw edges are subsequently sewn together with catgut or made to adhere to each other by means of thorns. This causes the remaining skin of the labia majora to form a bridge of scar tissue over the vaginal opening. A small sliver of wood or straw inserted into the vagina prevents complete occlusion and thereby leaves a passage for urine and menstrual flow. The procedure is different when done in the hospital.
Introcusion	Enlargement of the vaginal opening by tearing it to allow intercourse.
Intermediate	Modified version of pharaonic circumcision consisting of removal of the clitoris and part of labia minora but leaving the labia majora intact. Suturing with catgut then narrows the virginal opening.
Recircumcision or refibulation	Performed on women who have given birth, or who are widowed or divorced to emulate a virginal vagina. The procedure is called <i>adla</i> (tightening) and is most frequently performed on women who have had previous pharaonic or intermediate circumcisions. The edges of the scar are sewn together, or the loose tissue is stitched. Refibulation is sometimes referred to as <i>adlat el rajju</i> , meaning "men's circumcision," as it is designed to create greater sexual pleasure for the man.

Adapted from Angela Wasunna, "Towards Redirecting the Female Circumcision Debate: Legal, Ethical, and Cultural Considerations," *McGill Journal of Medicine* 5 (2002): 106.

Table 2. *Female Circumcision in Africa*

Country	Estimated prevalence	Number of women (in thousands)	Source
Benin*	50%	1,370	Report of the National Committee (1995).
Burkina Faso	70%	3,650	
Cameroon	20%	1,330	Study (1994) in the southwest and far north provinces by the Inter-African Committee, Cameroon section.
Central African Republic	43%	740	National Demographic and Health Survey (1994/1995).
Chad	60%	1,930	1990 and 1991 UNICEF-sponsored studies.
Cote d'Ivoire	43%	3,020	National Demographic and Health survey (1994); 80% of practitioners are Muslim.
Djibouti*	98%	290	UN ECOSOC report (1991).
Egypt*	80%	24,710	
Eritrea*	90%	1,600	
Ethiopia	85%	23,240	A 1995 UNICEF-sponsored survey in five regions and an Inter-African committee survey in twenty administrative regions.
Gambia	80%	450	A limited study by the Women's Bureau (1985).

Country	Estimated prevalence	Number of women (in thousands)	Source
Ghana	30%	2,640	Pilot studies in the Upper East Region (1986) and among migrant settlement in Accra (1987) by the Ghana Association of Women's Welfare.
Guinea*	50%	1,670	
Guinea-Bissau	50%	270	Limited 1990 survey by the Union Democratique des Femmes de la Guinée-Bissau.
Kenya	50%	7,050	A 1992 Maendeleo Ya Wana-wake survey in four regions.
Liberia*	60%	900	
Mali*	75%	4,110	
Mauritania*	25%	290	
Niger	20%	930	
Nigeria	50%	28,170	A study by the Nigerian Association of Nurses and Nurse Mid-wives conducted in 1985-86.
Senegal	20%	830	Report of a national study by ENDA (1991).
Sierra Leone	90%	2,070	

Country	Estimated prevalence	Number of women (in thousands)	Source
Somalia	98%	4,580	National Demographic and Health Survey (1989/90).
Sudan	89%	12,450	
Togo*	50%	1,050	
Uganda*	5%	540	
United Republic of Tanzania*	10%	1,500	
Zaire	5%	1,110	
Total		132,490	

*Based on estimates; clear source unavailable. Totals may not add up due to rounding.

Source: Adapted from Dokumentation der Veranstaltung, *Weibliche Genital-iverstummelung* (FGM), 2001: 19–20. See also the WHO website; and Angela Wasunna, “Towards Redirecting the Female Circumcision Debate: Legal, Ethical, and Cultural Considerations,” *McGill Journal of Medicine* 5 (2002): 106.

Table 3. *Types of Female Circumcision by Country*

Country	Type
Benin	Excision
Burkina Faso	Excision
Cameroon	Clitoridectomy and excision
Central African Republic	Clitoridectomy and excision
Chad	Excision and infibulation
Comoros	Excision
Cote d'Ivoire	Excision
Democratic Republic of Congo	Excision
Djibouti	Excision, infibulation
Egypt	Clitoridectomy, excision, infibulation
Eritrea	Clitoridectomy, excision, infibulation
Ethiopia	Clitoridectomy, excision, infibulation
Gambia	Excision and infibulation
Ghana	Excision
Guinea	Clitoridectomy, excision, infibulation
Guinea Bissau	Clitoridectomy, excision
Kenya	Clitoridectomy, excision, some infibulation
Liberia	Excision
Mali	Clitoridectomy, excision, infibulation
Mauritania	Clitoridectomy, excision
Niger	Excision
Nigeria	Clitoridectomy, excision, some infibulation
Senegal	Excision
Sierra Leone	Excision
Somalia	Infibulation
Sudan	Infibulation, excision
Tanzania	Excision, infibulation
Togo	Excision
Uganda	Clitoridectomy

Source: Excerpt from *Afrol News* at afrol.com, based on UN agencies; statistics from Amnesty International and the US government.

WHAT IS FEMALE CIRCUMCISION?

Female circumcision, referred to by its critics as female genital mutilation (FGM), is a sociocultural practice that involves the pricking, piercing, stretching, burning, or excision, clitoridectomy, and/or the removal of part of or all tissues around a woman's reproductive organs and in some cases infibulation (the stitching together of the vulva in order to narrow the vaginal opening).⁵ A description of various practices is included in Table 1 above. This range of practices is commonly performed on girls between the ages of four and sixteen, among other reasons as an initiation rite into womanhood. In rural areas traditional experts, usually women known as circumcisers or excisers, perform female circumcision. In more urban areas the procedure is often performed in hospitals.

Although female circumcision is a worldwide practice,⁶ it is particularly prevalent in Africa, where it occurs in approximately twenty-eight countries and is estimated to have affected about 132 million girls and women. Types of female circumcision differ from community to community in each country, as described in Tables 2 and 3.⁷

It is important to note that female circumcision is not found in all communities in Africa. Although statistics indicate that over 50 percent of the population in Kenya practice female circumcision, in some communities the percentage is as high as 90 percent.⁸ Ethnic groups that do not practice female circumcision include the Luo, the Luyia, and the Turkana. The persistence of this practice in some communities in Kenya, even after the Kenyan government's ban of the practice, is an indicator of how deeply rooted and complex this practice is, and how difficult it will be to change unless more sophisticated strategies are adopted to address this issue effectively.

The debate over female circumcision is healthy because it highlights significant issues that must be understood with regard to this practice; any subject that interrogates the conflict between universalist and relativist values must be examined in context. However, some of the discourses on this issue have obscured critical questions that must be addressed with regard to the welfare of women in circumcising communities. For instance, while it is important to respect cultural values associated with this practice, a recurrent theme in debates over this practice, a critical examination of female circumcision in its social context is necessary in order to explore the implications of any

position that negatively affects the welfare of women in these communities.

Although it is erroneous to assume that everyone in circumcising communities would like female circumcision to be eradicated, as claimed by some critics of this practice, it is similarly erroneous to claim that everyone in these communities wants the practice retained. Thus, even as cultural concerns informing the argument of defenders of this practice must be acknowledged, the health risks and violations of the rights of women and children in circumcising communities must also be acknowledged.

In considering these critical questions, several issues have come to my attention:

- The scholarly investigation of the practice of female circumcision often neglects giving close attention to the larger social and cultural contexts.
- The continued outrage and cry for an urgent change in this practice by some and the defense of this practice by others can lead to a lack of action and the persistence of this practice in spite of efforts to curb it.
- The inadequacy or simplicity of strategies employed to curb the practice of female circumcision is due to a lack of consideration of the sociocultural contexts.
- Some advocates of the need to eradicate female circumcision, mostly from the West, are accused of being “Westernized” Africans who use this practice to promote a consciousness of imperialism.
- Some Africans or those who call themselves cultural relativists have used this terminology not only to romanticize the culture of circumcising communities but also to hide behind the cloak of culture or to bargain for political policies.
- The politicization of this practice often serves self-interests at the expense of social injustices that women in circumcising communities continue to face.
- Many refuse to condemn the practice under the guise of freedom of religious practice.

While all of these aspects are important, it is the last, the role of religion, which is central in this book. There is an absence of scholarly work that explores the role of religion in the dynamics of this practice

and the usually ineffective efforts to curb it. Yet religion is not only fundamental to the practice and persistence of female circumcision but also has the potential to transform attitudes toward it. In Kenya female circumcision is practiced by Christians, Muslims, and believers in Indigenous religions, and religious reasons are often given to justify the practice.

In my opinion, two critical questions in the debate over the practice of female circumcision should be:

1. Should female circumcision be retained in circumcising communities regardless of the health hazards and the violations of the rights of children and women that this practice compromises?
2. For those who advocate the need to eradicate female circumcision, what strategies should be adopted in order to address this issue appropriately within its sociocultural context, given the realities that shape the continuation of this practice?

Religion must be integrated in investigations of female circumcision, including efforts to curb this practice.

WHAT IS AT STAKE?

In responding to the question about the need to retain or eradicate female circumcision, some feminist scholars, such as L. Amede Obiora⁹ and Fuambai Ahmadu,¹⁰ have argued for the need for this practice to be interrogated in terms of its cultural, religious, and social significance. They have questioned exaggerated, stereotypical, misplaced, and imperialistic attitudes that have informed some of the critics of this practice. Also critiqued is the notion of human rights as a Western imposition of foreign epistemological categories and conceptual systems on “the body of the other reality”—that of African traditional worlds.¹¹ Central to this argument is the fact that female circumcision is a practice with social and cultural meaning in the communities where it is performed and should not be condemned or eradicated on the basis of foreign values and “disputable health effects.”¹² Underlying this critique is an endorsement of the clinicalization of the practice for hygienic reasons.

Yet scholars who argue for the eradication of female circumcision, such as Kenyan feminist Micere Githae Mugo, cite the reality of health

hazards associated with this practice and the inability to guarantee safe medical procedures. The reality of social change that is taking place in African communities and the adoption of new values that include new understandings of the human person and the rights that person deserves are highlighted as facts that must be acknowledged in these communities. Mugo summarizes her argument thus:

Given the possibility of health risks associated with circumcision, especially in this day and age of the HIV epidemic, any unnecessary laceration or puncturing of the body is negatively adventurous. . . . Androcentrically constructed sexuality is definitely an issue here, especially given the fact that circumcision is interlinked with an "education" that socializes initiates to view womanhood in patriarchal terms. . . . on the eve of the twenty-first century, I do not see physical initiation as a necessary rite of passage, even if it is in the form of "ritualized marking of female genitalia . . . where the clitoris is barely nicked or pricked to shed a few drops of blood." . . . Realistically speaking, for most of Africa the availability of basic health services and facilities, let alone reliable ones, is a critical problem. For this reason, talk of using medically safe ways to conduct circumcision is an abstraction for the majority of poor people on the continent who observe the practice. . . . It is time we drew a decisive line between liberating cultural practice and outdated traditions, beliefs and rituals.¹³

Whatever position one takes on this subject, it is important that a critical evaluation inform a given position in order to assess the implication of a particular stance to the realities and welfare of women in these communities. It is true that female circumcision is a cultural practice with deep-rooted significance for those who practice it, and this should be acknowledged in any given discourse on this subject. However, to dismiss the notion of human rights simply because it is based on individualism, a foreign value to African communities, which traditionally embrace collective rights, is an oversight of the social reality that most African communities are experiencing today. Even if the critique of individualism is valid, one fails to understand why women and children in circumcising communities are not perceived as groups of people with inalienable rights, beings who should be able to live healthy lives in terms of personal dignity or group rights that ought to be acknowledged and respected in these communities.

The issue about strategies to be adopted in order to address female circumcision has featured in the debate with regard to the appropriateness and effectiveness of the strategies most often employed to date. Some strategies employed have been critiqued for criminalizing and victimizing those who embrace this deeply rooted cultural practice, often because of misconceived assumptions about communities that practice female circumcision. As a result, many of these strategies have been short lived and have led to an inevitable escalation of underground resistance and to the persistence of the practice. For instance, discussing the failure of the attempt by missionaries and the colonial government to ban this practice in Kenya, Lynn Thomas points out how “in three years following the ban more than 2,400 girls, men, and women were charged in African courts with defying the Njuri’s order.”¹⁴ Thomas also discusses instances where some Meru girls circumcised themselves in defiance of the ban, leading to a slogan popularly known among the Meru community as *ngaitana*, literally translated, “I will circumcise myself.”¹⁵

Whenever a strategy intended to offer a solution ends up exacerbating the problem, it is necessary to examine it and consider new strategies. Although I acknowledge the range of positions on this subject and the significant issues articulated in the debate on female circumcision, I am opposed to the practice of female circumcision just as I am opposed to traditional practices such as the sacrifice of virgins to gods to invoke rain, female infanticide, foot binding, slavery, genocide, widow burning, and other culturally justified practices that compromise the welfare of any individual or group of individuals in a given community. I recognize that the controversy that surrounds the subject of female circumcision is fundamental to a free understanding of the body, self, sexuality, family, and morality—aspects that bring into focus tensions relating to cultural differences.

However, what is pertinent in this debate is the question about our contemporary world and social transformations that draw from new sources of knowledge and experience. In other words, as important as it is to acknowledge the larger social cultural contexts that shape both the efforts to change this practice and resistance to such change, it is also important to acknowledge the fact that rituals involving the practice of female circumcision have not only developed and changed over time but that attitudes toward this practice have similarly changed among some of the people.

In some Kenyan communities, for instance, Christine J. Walley observes how the initiation of young girls has been transformed from the pre-colonial to the colonial and postcolonial era and how the agency of the individual is becoming accepted in Kenyan communities as a way of resisting social norms.¹⁶ Claire C. Robertson also reports on instances of resistance to female circumcision by women in Kenya during the colonial era, when some Kikuyu women took advantage of mission stations in their attempts to escape forced marriages and circumcision.¹⁷ Mugo clearly points out these changing attitudes toward aspects of culture such as female circumcision: "On the eve of the twenty-first century, I do not see physical initiation as a necessary rite of passage, even if it is in the form of 'ritualized marking of female genitalia.' . . . There are other forms of self-assertion that are more relevant to current day needs in which women engage."¹⁸ Social change, therefore, comes with the social critique of values and structures that have outlived their meaning.

It is important, therefore, that, although a cultural relativist position that embraces the need to respect cultural views should be respected for its contribution to the need to acknowledge and respect difference, caution must be taken not to allow strategies of dismissal to be selectively used in the name of cultural relativism to resist valuable change or obstruct such interrogation. It is a fact that the colonial encounter with our cultures has resulted in problematic understandings of both Western and indigenous cultures of our communities, and it is also true that imperialism is still a reality. However, as Indian feminist Uma Narayan observes with validity, the word *Westernization* has sometimes been used as "a rhetorical device, predicated on double-standards and bad faith, used to smear selectively only those changes, those breaks with tradition, that those with authority to define 'tradition' deplore."¹⁹ Sometimes little attention is paid to how the word *Westernization* is used to resist even constructive changes. For instance, the critique of indigenous culture by some African women is sometimes simply dismissed as a "symptom of 'westernization,' the 'incarnation of a colonized consciousness,' a betrayal of 'our traditional ways of life,'" or as "the views of 'privileged native women in whiteface' seeking to attack their 'non-western culture' on the basis of 'western' values."²⁰

Dismissing all cultural criticism as Western amounts to portraying contemporary communities in Africa as having unchanging traditions,

which is not only unrealistic but also a deviation of the discourse in question. Such accusations also ignore the genuine concern expressed by African women for their sisters and portray critics as unable to think for themselves. Instead of simply dismissing criticism as Western, it is important that we pay attention to change within our social contexts in order to challenge dismissal strategies used by some in our communities to “defer the articulation of issues affecting women.”²¹ Culture, as a set of interpretive understandings and aggregate consciousness, is always under construction and therefore always changing. As it evolves, so too humans evolve, making human conceptions or original rationale about what is right and good or wrong and bad fluid. Cultural practices change over time, given the ongoing adaptation of new values—both secular and religious.

Without appearing to suggest that all change is for the better, or advocating that those who defend cultures are conveying the notion that change is bad and tradition is good, I appeal for the need to interrogate critically cultural elements in order to identify those elements that have lost value in our contemporary communities. It is a fact that some changes that have taken place in our communities have improved the lives of women while others have worsened their situation. To defend a cultural practice under the guise of rejecting Westernization is what Narayan refers to as “an attempt to curtail and cut short political dialogue about particular practices, institutions, and changes and to preserve a misguided sense of ‘cultural pride’ that equates respect for culture with blindness to its problems.”²²

In light of this argument, it is important that Kenyans as well as other African communities come to realize that our communities with their distinct cultures, like other cultures, have genuinely morally objectionable features of their own, that is, features that must be subject to critical scrutiny. In interrogating a cultural subject such as female circumcision, it is therefore important to distinguish misrepresentations and cultural imperialism from normatively justifiable criticisms of sociocultural institutions and values that promote this practice, a task I attempt to accomplish in this book.

THE CENTRALITY OF RELIGION

In this book I examine female circumcision as a sociocultural practice that is shaped by the values of a given community. Religious values,

explicitly or implicitly, overt or covert, help define social attitudes and behavior in a community. Drawing upon sociological theories of religion, I explore the role of religion in defining attitudes of Kenyans toward women's sexuality with specific reference to female circumcision. While I engage some of the issues in the debate on female circumcision, my main objective is to explore the role of religion in promoting this practice. I cite examples from the belief systems in Kenya—Indigenous religions, Islam, and Christianity—not only to illustrate how female circumcision is legitimated by these religions but also to argue that the liberative role of these belief systems can be of potential use in transforming the values, attitudes, and social behavior associated with this practice.

The centrality of religion in the dynamics of female circumcision is my main concern for two reasons. First, religion is one of the main factors that define the social behavior of Kenyan people. Second, in my interviews with Kenyan women, religion is one of the reasons consistently cited, not only for performing this practice, but also as a strategy for addressing the issue. Of the fifty women interviewed, 90 percent cited religion (Christianity, Islam, and Indigenous beliefs) as one of the reasons for performing female circumcision. Fifteen of twenty-two uncircumcised women (68 percent) cited religion as influencing their decision not to be circumcised. For instance, a 45-year-old Meru woman, Gitobu, stated that girls in her community are taught that “it is taboo not to be circumcised” and that “the clitoris of an uncircumcised woman will grow too big.” She explains how this practice is further justified by some Christians who argue that “even Abraham and Jesus were circumcised.” Gitobu explains further how she escaped circumcision because her father was Christian. In contrast, a 48-year-old Samburu Muslim woman, Maisha, believes that female circumcision is “a religious ritual for serious Muslim women since cleanliness is a virtue among Muslims.”

Forty-three of the fifty women interviewed (86 percent) believe that religion has the potential to transform attitudes toward female circumcision. For instance, a Kalenjin woman, Wanyama, a nurse, argues, “Once girls/people understand that it [female circumcision] is not biblical, then, it will be easy to stop the practice. . . . Religious leaders should preach to people and give them the biblical truth about female genital mutilation.” Similarly, Butaki, an Elgon Maasai woman, argues:

There is no biblical documentation of female circumcision. . . . The church has been in the forefront in discouraging the practice and many girls have benefited in as far as education and well-being is concerned from church organizations and non-governmental organizations [NGOs]. People who are entrenched in Christianity have shunned it.

A Muslim woman, Maisha, also argues that religious leaders should support efforts to educate circumcising communities.

The story of Isnino Shuriye, a Muslim exciser, which appeared in *The New York Times*, confirms these women's views. Shuriye, who used to infibulate girls in the Garissa town of northeastern Kenya, recounts how proud she was of her work. She explains, "I felt like I was doing the right thing in the eyes of God. I was preparing them for marriage by sealing their vaginas." It took visits by religious leaders (*imams*) opposed to the practice to get her to abandon her profession. After being sensitized to the fact that female circumcision was harmful and inconsistent with the teachings of the Qur'an, Shuriye was left with regrets about the harm she had done to girls in her community. Unfortunately, she now has to face castigation from other Muslims who lack the knowledge that she now possesses.²³ Details about responses concerning the place of religion in the practice of female circumcision are illustrated in tables 4 to 8 referred to in subsequent chapters.

The significance of religion in the practice of female circumcision is also affirmed in the film *The Day I Will Never Forget*, which concerns the practice of female circumcision among Kenyans.²⁴ In this film a British film maker, Kim Longinotto, documents the experience of a number of women and girls, including an eight-year-old Muslim girl, Fouzia Hassan, of the town of Eldoret in western Kenya. She is shown begging her mother not to circumcise her sister Fardhosa. In this film Islam and Indigenous belief systems are cited as reasons for the practice of female circumcision among Kenyans. The role and importance of religion²⁵ in female circumcision has also been discussed briefly by Efua Dorkenoo,²⁶ L. Amede Obiora,²⁷ John S. Mbiti,²⁸ Sami Awad Aldeeb Abu-Sahlieh,²⁹ and Jomo Kenyatta.³⁰

My motivation for examining the subject of female circumcision evolves from (1) the persistence of this practice in many Kenyan communities in spite of numerous attempts to curb it; (2) the resistance to

the practice by some Kenyan women due to health hazards and violations of the rights of women and children, as illustrated by the growing number of children who resist the practice and run away from their families; (3) my disapproval of the practice; (4) my personal knowledge as a Kenyan woman of the effects of these practices on the daily experiences of these women; and (5) my firm conviction as a trained Christian theologian that religion can play a role in transforming attitudes regarding this practice without necessarily condemning rituals associated with it.

The persistence of female circumcision among some Kenyans, even among those with basic education on the health consequences, is an indicator, on the one hand, of how complex this practice is, especially given the numerous efforts by feminist activists, women's groups, health organizations, governments, human rights activists, early missionaries, and some Christian and Muslim leaders to change attitudes toward this practice.³¹ On the other hand, its persistence also illustrates the ignorance that continues to prevail in circumcising communities about the health and human rights issues that arise from this practice.³² And yet, it is immoral to overlook the cries of those women and children who want nothing to do with the practice and especially those who are unable to make an informed choice, due to their ignorance of the potential risks associated with this practice.

As a Kenyan woman who has lived in circumcising communities, counseling, interacting, interviewing, and teaching girls and women in these communities, witnessing their struggles with the health consequences of this practice and the threat of being circumcised on a daily basis, I feel obliged to speak out on this issue. Furthermore, the conversations I have had with other Kenyan women allow me to speak as an "insider," representing one of the significant voices that has been lacking in this debate. As a researcher schooled in sociological and theological theories, and having researched and taught both in Kenya and in the United States on issues related to this subject, I bring my voice to bear on this issue as a way of redirecting the current debate to examine critically the social realities that Kenyan women face daily. Since this book results from interviews over a period of time with a broad range of women and religious leaders from varied communities in Kenya, I attempt to describe social patterns observed in their stories and behavior to illustrate how these patterns shape social behavior such as attitudes toward the practice of female circumcision.

ORGANIZATION OF THE BOOK

This book is divided into six main chapters. In the first two chapters I introduce the task of the book and the socioreligious setting within which the practice of female circumcision is performed in Kenya. I explore the relationship between social practices and values in Kenyan communities to elucidate how these influence each other in the realization of the social needs of a given community. I describe the religious context of Kenyan communities to illustrate how belief systems define social behavior such as the practice of female circumcision in Kenya.

In the third chapter, I explore, in detail, some of the significant issues arising in the debate on female circumcision in order to highlight the reasons and assumptions behind the furor over female circumcision, such as the health consequences, human rights violations, issues of relativism and universalism, and strategies adopted in curbing the practice. While critiquing assumptions in the debate, my objective is to draw attention to critical issues in this debate and illuminate how real concerns about the practice of female circumcision and the situation of women in Kenya are inevitably obscured by assumptions. Most important, I argue for the need to integrate the religious dimension in all discussions of this practice, especially where attempts to curb this practice are concerned.

In Chapter 4 I examine the relationship among religion, gender, and sexuality as a backdrop for understanding how gender constructs and attitudes toward sexuality are legitimated by religion. Citing cultural and religious attitudes toward women and their sexuality, I illustrate how notions about virginity, initiation rites, early marriage, dowry fidelity, widowhood, and polygamy interrelate with notions of family, community, and religion to influence practices such as female circumcision. Drawing from belief systems in Kenya, I illustrate how attitudes toward women and gender roles have reinforced traditional attitudes toward women's sexuality and consequently the practice of female circumcision.

Building on this argument Chapter 5 is an illustration of how religion promotes the practice of female circumcision among Kenyans. In this chapter I present some of the views of Kenyan women regarding the practice of female circumcision, highlighting the reasons for the practice and attempts to curb the practice. Thereafter I present a

detailed account of how Indigenous religion(s), Islam, and Christianity, directly or indirectly, contribute to the persistence of female circumcision among Kenyans. In my analysis I note in part that whereas religious systems such as Christianity and Islam do not necessarily advocate the practice of female circumcision, this practice was, and continues to be, given a religious justification in various Muslim and Christian communities, although these justifications differ across communities and across time. This, as I point out, should concern religious leaders of these belief systems.

In my sixth chapter I draw from concerns highlighted in my discussion about this practice to propose strategies to address this issue. I adopt a feminist advocacy position that draws from the notion of religion as liberative to propound the argument that religion has significant potential for social transformation. As a sociologist and a feminist theologian I draw not only upon the sociological understanding of religion as an ideology that can also promote social change, but also upon my theological training. I advocate a critical evaluation of our cultures, traditions, and belief systems (indigenous or adopted) in order to raise questions, as necessary, in an attempt to embrace only those aspects in indigenous cultures and belief systems that promote human development in its fullest sense. Although I recommend the need to incorporate religious perspectives and principles in attempts to conscientize and transform attitudes and behavior toward female circumcision, I emphasize a critical evaluation of the process of social transformation to ensure that what is selected is an enhancement of the status of women in Kenya. I conclude the book with a brief discussion of how religious institutions can participate in efforts to transform attitudes toward female circumcision and other cultural practices that pose questions of social injustice for women throughout the world, but particularly in Kenya.