

The Perfidy of Female Genital Mutilation/Cutting (FGM/C) among the Girl Children with Examples from a Few African Countries

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Abstract The present paper pits health rights of Female Genital Mutilation/Cutting (FGM/C) initiates against possible cultural benefits from the practice. The paper is a review of literature. Findings indicate that FGM/C sacrifices the rights of the girl children to education; violates their health rights; the act is inhuman and causes physical, psychological, and emotional trauma; stifles children's rights to decision making pertaining to their lives; the act negatively interferes with the initiates' future reproductive sexual health; and could be a leeway to disease contraction such HIV/AIDS. In addition, the paper identifies the following as possible factors to a lagged-out process of abandoning the practice: cultural identity; observance of rites of passage; serving patriarchal and religious norms; forum of strengthening cultural leadership; tool of enhancing sexuality and controlling sexual libido; having human rights viewed as a tool of colonialists and imperialists; and applying western models and methodologies in the campaign against FGM/C. The paper suggests the following strategies to attempt to completely annihilate FGM: banning the rite; mainstreaming culturally sensitive education; increasing advocacy and lobbying against it; increasing the number of human rights NGOs to fight it; countries to domesticate child friendly instruments; and adopting a community development approach to tackling FGM/C.

INTRODUCTION

What is FGM

According to World Health Organization (WHO 2008), FGM/C is defined as all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. FGM/C is typically carried out on girls from a few days old to puberty. Though, it can take place in a hospital, it is usually performed without anaesthesia by a traditional circumciser using a knife, a razor, or scissors (WHO, UNICEF, UNFPA 1997; WHO 2008). WHO (1997) in Woldemicael (2009: 2) puts FGM/C into 4 categories. 1. *Cliteridectomy* which involves removal of the prepuce and the clitoris only, leaving most or all of the labia minora and majora intact; 2. *excision* which entails incision of the cliteridectomy along with the removal of parts or all of the labia minora; 3. *infibulation*, which involves a complete excision of the clitoris and the labia minora, and the cutting away of most of the labia minora to create raw edges that are stitched together leaving only a small hole for the passage of urine and menstrual fluid; 4. different practices including pricking, piercing or incision of the clitoris or labia, stretching of the

clitoris or labia, and introducing corrosive substances into the vagina. Current research estimates that 90 percent of female genital mutilation includes *cliteridectomy* and *infibulation/pharaonic* (Woldemicael 2009:2)

Global/Regional Prevalence of FGM/FGC

Although many countries and communities in the world acknowledge and have performed the rite at some stages in their cultural history, it is widely known to be practised in 28 countries in western, eastern, and north-eastern Africa, in parts of the Middle East, and within some immigrant communities in Europe, North America, and Australasia (WHO 2008). WHO estimates that 100–140 million women and girls around the world have experienced the procedure, including 92 millions in Africa (WHO 2008). Unfortunately, more than 30 million girls face FGM/C each year on the continent of Africa (Woldemicael 2009). According to a 1999 Demographic and Health Survey involving 6,753 women nationally in Guinea, 98.6 percent of the women had undergone either of the four types of FGM/C, with type 1 and 3 being common (Yoder et al. 1999; Woldemicael 2009). Generally, in Africa, Type I is practiced mostly in Ethiopia, Eritrea, and Kenya; Type II is performed in parts of West

Africa, such as Benin, Sierra Leone, Gambia, and Guinea; while Somali, Northern Sudanese, and Djibouti women undergo type III, or infibulation/pharaonic (Nour 2008).

Global Awareness Campaign to Annihilate FGM/C

Globally, the campaign to annihilate FGM/C has been on the increase to raise awareness on how the practice violates the rights of children and possibly come up with strategies of how societies could be persuaded to change their mindset and accept that the practice is a deterrent, not only to personal, community, and national development, but also immensely violates the health rights espoused in many countries' bills of rights (Barrett-Grant et al. 2001). The campaign attracts research, debates and discourses that could increase understanding and information dissemination to various groups practising the procedure with the hope of effectuating a paradigm shift to change their position and thinking over the practice.

To succinctly drive this agenda, the global world especially under the auspices of World Health Organization continues to relentlessly wage war against the cultural practices associated with FGM/C. This is because it poses immense public health concerns, is a human degradation and has been documented to be fatal (WHO 2008; Kang'ethe 2013). FGM/C is also considered to immensely violate childrens' reproductive sexual health. For instance, research indicated that babies born to women who have undergone FGM/C suffer a higher rate of neonatal deaths compared to babies born to women who have not undergone the procedure (WHO 2008). Currently, FGM/C is increasingly being demonized by governments, NGOS and many individuals as barbaric, unmethodical, naïve and a backward and a retrogressive culture whose place is no more in a rapidly globalised world. In Kenya, for instance, both print and electronic media houses are up in arms advocating against the practice (Kang'ethe 2013). The undelying message is that the practice represents a human rights violation. The campaign especially driven by the richer countries of the West has taken the route of international advocacy and lobbying in both print and electronic media, staging health based conferences, and through inter-governmental meetings. Funding a score of hu-

man rights bodies and NGOs especially in areas where the practice is rampant has also been a central campaign methodology.

Social Capital Embedded in FGM/C

The adherents of FGM feel they should be allowed to continue with their culturally ordained practice of female circumcision. They believe the practice embraces immense social capital that gives meaning to them. Perhaps, this scenario explains why the campaign to totally annihilate the practice faces an arduous task. However, culture has an important place in the countries' constitutions. Indeed, many countries' constitutions uphold an array of rights: social, health, civil, economic, environmental and cultural rights, just to name a few. This researcher feels that a right is a right unless its practice and people's enjoyment trample on other people's rights. Therefore, the cultural right embedded in FGM/C carries weight whose magnitude compared to the other rights such as health rights need to be debated and balanced.

Perhaps, the fact that cultural rights just like many other rights are embodied in individual countries' bills of rights (Barrett-Grant et al. 2001) has made many countries find it difficult in annihilating the practice, despite immense evidences that it is associated with violation of more serious rights, especially the rights to health. The fact that the enjoyment of cultural right espoused in FGM/C violates other important rights in the continuum of rights espoused in many countries' bill of rights has created an opportunity for conflict between these rights as they compete against each other for supremacy. In such a scenario, the rights that are seen or interpreted as superior reign over the the lesser ones.

These conflicts, in this researcher's view, could be important as they could provide an opportunity of debating the pros and cons of each of these conflicting rights, of course pitting them against the impacts each poses to the quality of human life. Many researchers in the field of cultures and those trying to rid cultures of its retrogressive aspects have advocated for debates and discourses pitting the possible benefits of FGM/C and the possible human rights value it brings to humanity. In many scenarios, FGM/C as is practised especially in many African countries has brought in immense miseries, health challenges and even deaths. These can-

not be adding value to humanity or development at large (Woldemicael 2009).

FGM/C Abdicates Children's Power of Consent and Decision Making Pertaining to Their Lives

The fact that FGM/C is usually carried out on minors whose consent and health rights may not be known to them is a contravention of their decision making capacities. In most cases, the minors are neither consulted over the procedure nor given opportunity to realize they have rights to determine the direction of events pertaining to their lives. The procedure, therefore, from a human rights perspective, presents a form of parental exploitation and abuse to their children. This is why the global awareness of the rights of children by United Nations bodies and other rights based bodies continue to advocate and lobby for recognition of children's rights on health education and hygiene (UNCRC 1989; OAU 1990; Kang'ethe 2010a). It is increasingly becoming clear that cultures that retrogress the rights of child development be discarded to give children an opportunity of a healthy future. The fact that most of these practices are associated with children becoming of age and discarding developmental aspects of education is worrisome. In many developing countries, education remains a tool for individual as well as countries' development.

Human Rights vis a vis Cultural Rights in FGM/C

The proponents of FGM/C argue that the practice has benefits such as making conception and child bearing easier, prevent vaginal parasites and contamination of mother's milk. They also argue that the practice enhances both men and women's sexual pleasure; as well as improving the health of the unborn child. However, these are culturally driven beliefs and myths whose truth will need to be scientifically validated (Woldemicael 2009: 3). However, even if communities that adore FGM/C still feel justified to enjoy their cultural rights, which are embedded not only in many countries' constitutions, but also codified in several international and regional treaties, the human rights violation meted to the initiates need to be acknowledged. Highlighting its cost benefit analysis (CBA) is

important to determine the possible loss to the humanity and the human rights that the procedure compromises. The rights of women and the girl children to health, as well as their violation, for instance, are explicitly highlighted by international bodies such as the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; the Covenant on Civil and Political Rights; the Covenant on Economic, Social and Cultural Rights; the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW); and the Convention on the Rights of the Child; African Charter on Human and People's Rights and its Protocol on the Rights of Women in Africa, and the African Charter on the Rights and Welfare of the Child (OAU 1990; WHO 2008).

To strike the balance in the argument, the health rights compared with the cultural rights appear to tickle down the balance. This is because of increased campaign and awareness of people's rights and how they are violated by different circumstances. This new dispensation of superiority of health rights over cultural rights is gaining mileage and acceptance in many countries. The situation has been expedited by globalised, regional and national campaigns to fight the cultural practices deemed retrogressive and anti-development. The United Nations based bodies in the recent past have led the campaign against FGM/C with human rights NGOs and other human rights friendly civil society bodies following suit (WHO 2008).

Paper Rationale

Issues of human rights violation especially to the female gender continue to take a global, regional and national centre stage in an endeavour to identify sources and methods of human rights violation and give women and the girl children the rights they deserve. The need to advance and implement Millennium Development Goal number three of envisaged gender equality and equity by the year 2015 is also central in discouraging and tackling retrogressive cultural practices such as FGM/C. The advocacy of the rights of women and the girl children to their reproductive sexual health has also been a motivation to this researcher to craft this discourse and debate based paper. This is with the hope of coming with possible solutions that can ensure women and the girl children's health and

human rights are not eclipsed by other rights such as cultural rights.

METHODOLOGY

The present paper is a review of literature one and has used UN documents, journals, books, and this researcher's knowledge on the domain. The paper presents literature that establishes possible factors that contribute to a lagged-out process of abandoning the FGM/C. It has also established the niche and cultural social capital informing the continuation of FGM/C in some countries. Pivotaly, the literature has pitted and debated the cultural rights against other rights such as health ones espoused in many countries' bills of rights; and analyzed the perfidy or bad aspects that are increasingly being associated with FGM/C, and therefore impeding women and girl children empowerment as envisaged in the Millennium Development Goals (UNDP 2008).

OBSERVATIONS AND DISCUSSION

Factors Militating Against Abandoning FGM/C

Cultural Identity

In many countries practising FGM/C, such as Somalia, Ethiopia, Eritrea, communities cherish the norm as a cultural identity. It is associated with immense social capital that society cherishes. It heralds a coming of age, offers a sense of pride, belonging and community accomplishment. The members of society adhering to the practice do believe that one does not psychologically, socially and physiologically mature unless she undergoes the rite (Johnson 2007; Woldemicael 2009; Kang'ethe 2013). Failure for any girl to undergo the procedure carries societal stigmatization which each family will not wish to be subjected to. This is supported by the fact that no man from these societies wishes to marry a woman who has not undergone the rite. In some cases, the procedure carries rewards such as celebrations, recognition and various treasureable gifts (Kang'ethe 2013). Although in Kenya the practice is outlawed, the Gusii communities such as the Bugambe and the Buiregi clans of Kuria West and Kuria East District, alongside some other communities that do it clandestinely

have defied the government ban on the rite. This is because these societies cherish the social capital embedded in it (Johnson 2007; Kang'ethe 2013). The reality and panacea of the cultural rite is deeply entrenched in the communities' mindset. This explains why attempts by governments, human rights bodies and NGOs have continued to advocate and lobby for the abandonment of the practice in vain.

Rite of Passage and Adulthood

FGM facilitates the rites of passage that constitutes a cultural lifeblood of the communities practising the norm. The rites of passage constitutes the greatest aspects of their societal social capital. Therefore, alongside the panacea of cultural identity, the norm of FGM/C achieves the role of demarcating and heralding adulthood and, therefore, is a key to entry into the institution of marriage. The desire for a good marriage sanctioned by societal norms and cultural custodians, even deities in many traditional societies, whether practicing the norm or not has been associated with fertility, social and economic success in the future (Afoloyan 2004).

In the societies cherishing the norm, adulthood is believed to be attained once the rite is fully sanctioned and guided by culturally crafted norms, guidelines and sealing the blessings of the deities. The whole process is deeply entrenched in the minds of both the initiates, their parents and the whole community at large. Of immense significance is the fact that it is the rite of passage that opens the doors of the graduates to other adult lives like marriage (Dellenborg 2004). Since the rite goes with immense cultural education, it is assumed that one matures upon completing the rite. The practice, therefore, cannot be easily wished off with ease. The bonds that have constituted the cultural practice may be too strong to break within a desirable timeframe (Kang'ethe 2013).

FGM/C Serving Patriarchal/ Religious Practices

In many communities practising cliteridecotomy, with Ethiopia, Eritrea and Kenya forming examples, many of these communities also happen to be patriarchal. Patriarchy refers to traditional customs and beliefs that gives men power to control women and children. Men have

used this power dynamics to oppress and suppress the rights of women and children, usually in the guise of disciplining them (Lekoko 2009). It is a fact that patriarchy has impeded the space of women advancement towards equality and equity (UNDP 2008). This is why calls of diluting patriarchy as a way of empowering women and the girl children to achieve equality and equity with men has been made by some researchers (Kang'ethe 2010b). This researcher is of the opinion that patriarchy could be driving FGM because it is believed that the practice controls women's sexual libido and therefore increases women's loyalty to their male partners. Therefore, FGM/C can be viewed as a tool used by men to control women's sexual reproductive freedom (Lekoko 2009).

In some cultures and communities, the practice espouses immense religious social capital. For instance, the norm is also believed to satiate the demands of the societal deities that have a meaning in the life and the future of those who ascribes to the procedure. It therefore has a deeper religious connotation (Byamugisha et al. 2002; Gruenbaum 2006; Johnson 2007). However, it is apparent that the practice pre-dates both christianity and Islam in that the common sacred literature of these religions do not appear to have documented the practice

FGM/C Serving as a Forum of Strengthening Cultural Leadership

In many societies in which the practice is a great norm, it is viewed by personalities enjoying cultural leadership prowess as a domain and platform of maintaining their power. It has therefore been supported by local traditional leaders such as herbalists, spiritualists, sangomas and wizards, diviners and circumcisors (Mbuya 2000; Afolayan 2004; Kang'ethe 2009). These personalities hide under the guise of practicing cultural rights.

FGM/C as a Tool of Enhancing Sexuality and Controlling Sexual Libido

From a religious and cultural perspectives, loyalty of a woman to one's sexual partner is regarded as a desirable virtue that the norm is believed to achieve (Gruenbaum 2006). Since some types of FGM/C involves covering the vaginal tract, it therefore, shuts all the avenues

of sexual manipulation until one gets married. The norm, therefore, is believed to achieve the chrisable virtue of preserving a girl's virginity and chastity. It is also believed to restrain sexual desire (and thereby ensuring marital fidelity), as well as indulgence in any other sexually illicit and immoral behaviour (Gruenbaum 2006; Talle 2007). On the other hand, some proponents of the rite believes it enhances men's sexual pleasure (Almroth-Berggren et al. 2001).

However, with the world becoming very permissive as far as issues of sexual chastity are concerned (Gruenbaum 2006), then the adherants would feel proud that they are maintaining the sexual chastity of their communities, notwithstanding the human rights' price that the candidates have to pay. However, since issues of abstinence, whether primary or secondary are being advocated for in the battle against HIV/AIDS, then, the adherants of the norm would carry the day if they convince the HIV/AIDS campaigners that the norm is also a tool to fight HIV/AIDS. Though, according to this researcher it would be by default, or by good coincidence, the desperation that HIV/AIDS has driven many countries would allow such indigenous methodologies to be acceptable among the few choices available to fight HIV/AIDS (Kang'ethe 2011).

FGM/C Serving as a Cultural Counter to Western Forces of Imperialism and Colonialization

Perhaps why efforts to tackle FGM/C have been a lagged-out process is the fact that many communities practising the norm feel that the campaign orchestrated by the western countries against the practice has not been fair, more so that most western world campaigners against the practice have had no respect for the custodians of a number of African cultures. This is explicit in the way some colonizers and missionaries in Africa criticized and demeaned a number of cultures as barbaric, naive and uncivilized and a deterrent to civilization and modernization (Kang'ethe 2009). This apparent condescending attitudes of the westerners against African cultures have contributed to the custodians of cultures such as those of FGM/C to be rigid with a feeling that the practice is within their human rights to cherish their cultures. On the other hand, the issue and concept of human rights has been viewed by many especially in

Africa as an imposition of western based imperialism. The concept of human rights, some indicate, is not an afrocentric concept and should therefore be rejected.

Approach by the Western Campaigners Not Cultural Friendly

This researcher is of the opinion that the western based campaigns against FGM/C has not had a good approach in that the campaign persuades governments to outlaw the practice without adequate deliberations, brainstorming and consultative sessions with the people or their cultural or local leaders. Some NGOs have followed the footsteps of their funders, applying the western based methodologies and approaches of advocacy and lobbying without considering tapping the indigenous knowledge systems embedded in the gatekeepers of most communities (Kang'ethe 2011). Where NGOs are implementing the government order of banning the practice, the local communities have viewed them as traitors and henchmen of the foreign imperialists (Kang'ethe 2010c).

Perfidy of Female Genital Mutilation

FGM/C Sacrifices the Rights of the Girl Children to Education

From a human rights perspective, the practice reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against girl children (WHO 1997, 2008). The fact that female genital mutilation is nearly always carried out on female minors constitute a violation of the rights of female child. This is evident in countries where a parallel cultural rite of passage for the boy children does not take place. This means that the best interests of the child as spelt out by national, international and regional human rights instruments does not happen (UNCRC 1989; OAU 1990). Where only girls are subjected to the rite, this may mean many not getting the opportunity to go back to school after the procedure and instead are perceived as being mature enough to get married. The boys, then, are in an advantage to continue with schooling and enhancing their future careers. This may reflect possible socioeconomic imbalances in future. This offsets the process of achieving the Millennium Develop-

ment Goal number three of envisaging women achieve equality and equity with men (UNDP 2008; Kang'ethe 2010a).

The pain of losing educational opportunity for the girl child has posed not only a global challenge, but also regional and national challenges for countries such as Ethiopia, Somalia, Eritrea, and Kenya (Wodenmichael 2009; Kang'ethe 2013). This poses a threat to the fulfilment of Millennium Development Goal number two that envisages countries especially developing ones achieve universal primary education by the year 2015 (UNDP 2004). However, the inequality of the sexes may not hold much in circumstances in which the boy children are also subjected to male circumcision in a cruel and unhygienic manner that places their life in danger. Cases of boy children dying in South Africa's Eastern Cape Province have been a concern nationally, regionally and internationally. The government of South Africa will have to compute a cost benefit analysis (CBA) of the health of the boy children against the social capital enjoyed in the cultural dispensation. This calls for the policy makers to pit, brainstorm, discuss and debate between health and cultural rights of the initiates (Peltzer et al. 2008; Kang'ethe 2013). A score of scholars such as Kang'ethe have called on the government of South Africa to consider the rights of the initiates to health and underplay the social capital embedded in the rite of circumcision (Kang'ethe 2013).

FGM/C Violates Children's Health Rights

FGM has no known health benefits and it is known to be harmful to girls and women in many ways. It is painful and traumatic and evokes physical, psychological and emotional loss (Woldemichael 2009). In some instances, the intervention entails having the initiate physically held down, while in some cases like those of infibulations, the initiates' legs are bound together for several days or weeks thereafter. This is cruel and heinous usually done under the guise of cultural social capital that the practising society chooses to jealously guard (Talle 2007; Kang'ethe 2013). The intervention, therefore, curtails right to freedom from torture, cruelty and inhuman or degrading treatment. The procedure is also prone to infections some of which have been fatal. To exacerbate the situation, the

removal of or damage to healthy, normal genital tissue interferes with the natural functioning of the body and causes several immediate and long-term health consequences, especially of sexual reproductive health nature. For example, babies born to women who have undergone FGM/C suffer a higher rate of neonatal death compared with babies born to women who have not undergone the procedure. Therefore, the practice spells doom to child survival and maternal health and therefore poses a threat to the fulfilment of Millennium Development Goals number 4 and 5 that envisage a reduction in child mortality rates and improving maternal health respectively (UNDP 2004).

Children's Right to Decision Making Pertaining Their Life is Violated

Current discourses and debates on the rights of children emphasize on running away from the patriarchal and archaic practice in which children are viewed as passive beings without rights to make decisions on their own. The cultural practices such as FGM/C see the parents taking over the rights of their daughters without consideration of the children's right to the procedure. Therefore, the child undergoes the ordeal that she may not explicitly understand, with the mother giving uninformed consent to the practice (Neuman 2007). This is not in the best interests of the child as spelt out by international, regional and national instruments that supports the right of the child. The United Nations Conventions on the rights of children candidly upholds the right of children to make decisions pertaining to their lives. However, even if the girl may opt for the procedure, it is because of the societal pressure and expectations plus the stigma and rejection she is likely to face if she does not oblige (UNCRC 1989; OAU 1990).

Risk of Contracting Diseases such as HIV/AIDS

Current research into many surgical procedures of circumcision of both males and females especially in Africa indicates that most operations do not take into consideration the dangers of using same tools such as knives, razors or any other sharp instruments to different candidates and therefore posing challenges of infections of diseases such as HIV/AIDS

(Kang'ethe 2013). These unhygienic surgical operations provide opportunities for possible contraction of diseases from one initiate to another. Although some circumcisors in some countries are getting educated and are increasingly taking hygienic precautions, this could only be happening in countries where the procedures are not outlawed. However, in countries like Kenya where the procedure is outlawed, most operations of circumcisions are done clandestinely where the circumcisors keep off the legal path and could be ignorant of current education on prevention (Kang'ethe 2013).

Strategies to Annihilate Female Genital Mutilation/Cutting

In the last few decades, massive global campaign to totally annihilate FGM/C has increasingly borne appreciable dividends, though at a lagged-out pace. This means that more efforts, strategies and goodwill from international, regional and national governments should be increased. The following discussions are an attempt to suggest possible strategies that can assist in reducing if not totally annihilating the procedure of FGM/C.

Banning the Practice and Mainstreaming Culturally Sensitive and Public Awareness Raising Education

Outlawing the practice is bearing some appreciable results in many countries such as Kenya. However, to ensure total annihilation of the practice, this researcher recommends the mainstreaming of culturally sensitive education. A score of researchers have found an inextricable relationship between education and the possibility of abandoning the practice (Woldemicael 2009).

Print and Electronic Advocacy and Lobbying Against FGM/C

Advocacy and lobbying using both print and electronic media needs to be continued. This is to increase the number of people who come to understand issues of human rights and how FGM takes away the rights of children as well as dooming their future in terms of discouraging their educational pursuit.

Increasing the NGOs and Human Rights Bodies to Fight FGM/C

The governments and international funders may not win the battle alone. It is recommendable that NGOs and human rights bodies are increased especially in the rural areas where illiteracy may be high to allow the proliferation of FGM/C.

Countries to Domestic and Operationalize Child-friendly Instruments

Perhaps, total annihilation of FGM/C would be achieved if as many countries as possible especially in regions where the practice is rampant could domesticate and implement the contents of most of the global, regional and national instruments that aim to protect the interests of the child. Such instruments include Conventions on the Rights of the Child (CRC), African Charter on the Rights and Welfare of the child and People's Rights and children's acts of various countries. Successful domestication and implementation would require immense international and regional advocacy and lobbying to the governments of various countries to ensure not only domestication, but the implementation of the contents of these instruments. Perhaps the most important strategy is to ensure ample education to grassroots leaders who are usually instruments of these practices. This is because such leaders would easily motivate change and help effectuate a paradigm shift among the masses with ease. Precautionary, the governments should not solely rely on their political muscle to discourage and prohibit the practice. The application of social work oriented consultative and persuasion skills and trying to understand the nature of belief system and social capital associated with the practice in a particular setting would likely bear great dividends (Trevithick 2005; Kang'ethe 2013). A lot of government goodwill, scheming and strategizing would be central to the success.

Adopt a Community Development Approach to Tackling FGM/C

This researcher is of the opinion that culturally grounded challenges can only be tackled by adapting a community development approach in which grassroots people are viewed as strong,

autonomous and capable of making decisions pertaining to the betterment of their lives (Saleebey 2005). Perhaps bringing or effectuating desirable change in many developing countries has failed because of reliance on the government political muscle to enforce and coerce such changes. This is through using the top-bottom approach that does not consider consulting the masses but decisions are made from a centralized level and implementation effected to the people. While some behaviour modification requires a bit of force, a permanent and sustainable behaviour change involves winning the souls and hearts of the people (Maguire 2002). This is why approaching the problem of FGM/C from a bottom up approach or a community development approach would be ideal approaches to tackle the problem. The community development espouses people-friendly approaches that easily bring in new dispensation of understanding that can make people drop some undesirable practices such as FGM/C.

Mainstreaming Human Rights Education into the Curriculum

Empirical research on FGM/C in Eritrea indicated that education has a positive impact towards discouraging the practice (Woldemicael 2009). It is therefore critical that such practices are given an important space in all the learning institutions detailing the dangers and human rights violation associated with FGM/C right from pre-primary to all the educational levels. Once all the children understand the dynamics associated with FGM, they are likely to be good agents of change in their communities. However, since not all the children may be enrolled in school, community outreach education especially from the campaigners against the practice should be considered. Contrastingly, some researchers have found that education may not guarantee the pace of abandoning the practice. In Kenya, for instance, the educated Maasai women also undergo the cut in equal measures with the uneducated. This is because the society does not accept their mature status if they escape the cut (Broussard 2008). To support the findings above, literature in Egypt, Mali and Sudan indicates that more educated women have undergone genital cutting as their less educated counterparts (Carr 1997).

Research to Understand the Dynamics of Belief System Surrounding FGM/C

Immense research is central in understanding the dynamics of not only the FGM/C practices, but also of various dynamics that constitute people's beliefs and the social capital embedded in their cultures (Kang'ethe 2013). It is only the research which can lay bare the factors behind the practice and therefore come up with plausible solutions to woo, persuade or convince the people the need to abandon the practice.

Increase NGOs/Child Friendly Bodies to Tackle FGM/C

Advocacy and lobbying as well as massive education to communities on the need to change some aspects of the culture that counter development, modernization, civilization and globalization are critical. Launching as many child friendly NGOs and human rights bodies especially to work at the grassroots level where there FGM/C practices are rampant could in a huge way help to effectuate a paradigm shift in the attitudes that support the practice.

Conceptual Frame

The continued practice of the cultural practice of FGM/C despite global, regional and national efforts to discourage it can be explained by a few conceptual frameworks, each explaining some aspects, while others complement the explanation. The researcher has considered social capital theory and feminist perspective to explain the continued practice and survival of the phenomenon.

Social Capital Theory

According to Flora and Flora (2003) and Mulale and Flora (2006), social capital involves building mutual trust, constructing shared features, strengthening collective identity, working together and forming groups. Social capital refers to cherished values that emanate from members of a particular community embracing the spirit of togetherness and cooperation, respect, love, and mutual and reciprocal trust between them (Whittaker et al. 1989). Factors that cement solidarity be they cultural, traditional or

customary are meant to increase social capital if they add societal values that people embrace and cherish (Kang'ethe 2013). In fact, among the Kenya communities that practice the norm, the practice is associated with immense social capital manifested through ululations, jublations and celebrations (Kang'ethe 2013). This forms evidence of cherished values that the practice ushers to the adherents. It cuts across different divides and countries that among the communities that ascribe to FGM/C, the cultural practice cements relationship between the adherents that make them enjoy life meaningfully. Many believe that the practice enhances the woman's sexual pleasure, makes the body stronger to resist diseases and bad spirits, as well as strongly making a woman more marriageable. This is why those who escape the practice in communities adhering to the practice are stigmatized. Therefore, the theory of social capital is relevant in explaining why some communities adhere to the practice despite the violation of both health and human rights that it poses.

Feminist Perspective

Feminist perspective focuses upon identifying and overcoming the hurdles that impede women and girl children empowerment by putting in place infrastructural support for them to equally enjoy life the same as their male counterparts. It therefore supports the attempts of overcoming forces of discrimination against women (Hickey and Moore 2001). Feminist perspective points out that gender factors have unfairly been used by structures in the society to deny women and girl children full social participation and public life. It would therefore be a platform of advocacy and lobbying for women and girl children to be given space and support that will empower their access to resources the same way as men. The perspective reveals that women have potential as much as men and calls for women to be given the same opportunities as men. The perspective is, therefore, applicable to efforts of discouraging FGM/C. This is because FGM/C represents gender and sex discrimination. Besides, any effort that reduces this discrimination such as ensuring women's freedom to make decision pertaining to their rights, education and other forms of empowerment fits the premise of the perspective.

NOTE

Operational Definition

The word perfidy that refers to the state of deception, disloyalty or treachery has been operationalized to mean a bad or undesirable state of affairs.

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