

Making the Mark

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Introduction

“Circumcision is our tradition. It is our culture. Since the time of our ancient ancestors, the Kuria people have circumcised. When we were born we found our people circumcising. Since our ancestors did it, we must do it also.”

—Klara Robi, female, nineteen-year-old Form IV graduate,
employed in family business.

My decision to write about genital cutting stems from a wish to share the understandings I have gained in observing and participating in initiation ritual cycles in Kuria communities of southwestern Kenya. After years of experience and deepened relationships with practicing members, I recognize that only through a holistic approach do these practices make sense—not only to me, but also to practitioners. As a spectator of genital cutting for the first time, I did not understand this; I was not adequately prepared intellectually or emotionally for what I witnessed. My responses were a mix of anxiousness and an attempt at cultural relativism. In sum, context matters, and I needed much more. So, I set out to learn the meanings—and significance—of initiation rituals as described by practitioners.

Over time, I have come to acknowledge and appreciate how members of the community move through an initiation cycle replete with richly complex meanings. Even as I write this, I struggle with how best to represent the many ideas and forms of genital cutting as physical acts and deeply contextualized rituals; yet I hope to do so in a way that may bring the material to various audiences without apologizing for, defending, or condemning genital cutting. Through this book, I hope to reach those who practice genital cutting as a part of their cultural heritage, and those who are curious

about traditions different from their own. I of course also hope to reach those who oppose genital cutting on principle, whether that perspective is based on ideals of what constitutes human rights, feminism, activism, or humanitarianism. My understanding may well remain partial, and although I am sometimes described as an authority on the topic, I prefer to consider myself a knowledgeable, critical observer.

My role as a knowledgeable, critical observer derives from having listened to many voices, collected many stories, and watched, discussed, and participated in rituals of initiation for more than a decade. While I do exercise authority in deciding which perspectives are represented in this book, I have endeavored to include a range of voices—a mosaic composed of the voices of representatives from five groups. Each voice is individual, but also representative of others who share that social identity, selected to offer the polyvocality essential in treating this sensitive topic. Throughout the process of writing this book, which has spanned the better part of a decade, my ideas have been shaped through interaction with others who engage in some way with this topic of genital cutting. Some are Kuria, some are not. Some are circumcised, some are not. Some are academics, some missionaries, some feminists. Most are concerned with doing the right thing.

My aim is to “reduce the puzzlement,” to borrow the words of Clifford Geertz (1973, 16–17). I have had countless conversations with friends, colleagues, and students grappling with the issues of genital cutting, especially female genital cutting. I have presented and debated the topic through professional talks at learned conferences, lectures at universities, and all manner of discussions in meetings, in work and nonwork settings, and even on vacation with my family. Most important, I have more than two dozen years of experience within a particular Kenyan community in which circumcision is a foregone conclusion for males, and clitoridectomy is still almost universally practiced among females. Through these many interactions, I have arrived at a form I think appropriate for this book. That truth and reality are contingent on the person experiencing or observing has become a given in the decades following the postmodern critique. But clearly, understanding the complexities surrounding genital cutting can only stem from an account of the variety of perspectives that pertain to the practice.

The Voices

The first perspective is mine.¹ I present it throughout the book, and my participation, responses, and understandings gained through ethnographic research are written in the first person. But this book is not a journey of self-discovery, and genital cutting was almost never the main focus of the longitudinal study I conducted in rural Kenya. As Julie Livingston describes in her book on the cancer epidemic in Botswana, “I keep myself in the scene because my presence in the situations described undoubtedly shaped what happened, and to write myself out of the text in the language of dispassionate science or journalistic voyeurism would be misleading” (2012, 26). I am a woman and consequently have only been able to witness female genital operations. I mention this as a caution, because throughout the book I describe both male and female genital cutting, practices that are seen as equivalent by self-identifying Kuria themselves, and are described in identical language for both males and females. Thus I make no categorical distinction between circumcision and clitoridectomy/FGM/FGC (female genital mutilation/female genital cutting)—terminological distinctions favored by analysts and activists with the intention of underscoring the differences inherent in the operations when performed on males and females.²

In Kuria society, *esaaro* labels the series of rituals that includes genital cutting undergone by adolescents of both sexes. I follow this usage with the intention of respecting the indigenous construction of the practice and of not passing comment on the relative physical severity or implications of the operations themselves, or of the relative status of males and females in everyday realms within the society. The most apt translation, I believe, is provided by English-speaking Kuria who translate *esaaro* as “initiation,” a term appropriate for describing the holistic practice and not solely the cutting aspect that so fascinates and horrifies Western observers. I will deconstruct the linguistic complexities and their associations with specific schools of thought—and brands of activism—when discussing the perspectives of international observers.

The second perspective is that of the initiates, the youths—both boys (*abamura*) and girls (*abaiseke*)—who have undergone the operation as part of their initiation into adult society. I have conducted dozens of interviews and participated in scores of conversations on the topic of genital operations, young people’s personal experiences, the

controversies surrounding them, and their ideas regarding the future of the tradition. Further, their ideas were captured through opinion polls I conducted in primary schools in 1988, 1993, 2003, and 2007. All Standard 8 pupils in the administrative locations inhabited by the Abairege³ were asked to participate on each of these data collection points, and in 2007 this included 391 youths.⁴

The third perspective is that of circumcisers (*abasaari*), as embodied by the man and two women who performed the operations in Kenyan Bwirege during the years of my research. These perspectives are based on interviews, as well as participant observation. The main female circumciser refused to be interviewed, despite her participation in other aspects of my research (she was a respondent in my socio-economic survey four times across three decades). Her younger sister, who became the “traditional” circumciser at the mission, engaged me in a discussion of the controversy, and opened up her thinking and her practice to my scrutiny. The male circumciser I interviewed performed operations both in the open and at his clinic. He discussed his work with me extensively. Sadly, he was killed in a raid on his cattle prior to the publication of this work.

The fourth perspective is that of the parents, the people who support or oppose the practice in theory, but who have nonetheless almost unanimously chosen to have their children circumcised. Their opinions and ideas were gathered through interviews, conversations, and participant observation, and represent a wide range of thinking, corresponding to the many challenging situations in which they have found themselves. Among them are men and women, mothers, fathers, and grandparents, as well as teachers, headmasters, medical workers, religious personnel, administrators, farmers, and tradespeople. Many of them are good friends, and most of them are people with whom I share the experience of parenting.

The fifth perspective is that of observers and critics, as well as local activists and leaders spearheading opposition to genital cutting practiced on girls. Non-Kuria perspectives are gathered from the academic record, Kenyan and international media, conversations, documentary films and informational videos, papers and talks, policy statements and statistical abstracts, as well as opinions expressed directly to me. Interviews and participant observation have been conducted with directors of local nongovernmental organizations (NGOs), missionaries, leaders of community-based organizations (CBOs), and government officials.

In all instances, the perspective of this text is a polyvocal one, and is characterized by numerous divergences and inconsistencies that reflect different individuals and their social positions. By maintaining the individuality of the voices, I aim to create “a mosaic—an image made up of unique and separate, even contradictory voices, concepts, and practices—an arrangement of individually shaped and colored elements that together make a meaning larger than that offered by any single piece, any solo voice” (Zingaro 2009, 13). The decision to include them in specific arenas has been mine as the author of this text.

The Field Experience

I witnessed the genital cutting of a prepubescent girl for the first time in December 1988. Despite having been in the field for eighteen months by the time initiations were held, I was unable to observe this particular set of rituals with impartiality. I was quite shaken, both by what I was witnessing and by my response, even though it was my third visit to the field. In the course of my research on the relationship between economic development and cultural change, I had appreciated my experiences, had come to like and respect many of the people in the community in which I worked, and was able to understand their way of life with increasing sophistication and subtlety.

As I watched the ritual procedure, a young girl—in my mind the size of a six-year-old—struggled to keep her legs together while women attending her pried them apart. Deftly, the circumciser removed the girl’s clitoris, and shortly afterward, the group of girls cut in those few minutes stood up and walked away. I was stunned. Then, I saw the severed parts lying on the ground and two thoughts passed into my mind: I would be ashamed to be the only person present to faint, and this practice was totally awful. Thoroughly shaken, I was unable to remain detached or impartial, as the passing moments played out all around me: women trilling; a young girl, looking dazed, standing with her head bowed while women solicitously tied a *kanga* (cloth wrap) around her neck, praising her bravery all the while; a woman turning away from the cutting taking place, weeping quietly. And though I did not faint, my mind was flooded with images and ideas emanating from my own *mzungu*⁵ upbringing. These imaginings had nothing to do with realities of Kuria life, nor with indigenous

conceptions or constructions of the practice of genital cutting. As I squatted down, light-headed, I was suddenly distracted by the temper tantrum of a newly cut girl. Unlike her fellow initiates, this girl tore off the wrap previously tied around her by her women escorts, and proceeded to stomp around the circumcision ground. Able to regain my composure, I stood up and began the long walk home with the initiate my friend and I had escorted to the event. I wondered intensely as I walked, why the different responses? What did it mean? How would the stomping girl now be regarded by these women?

Later, removed from the immediacy of the genital cutting operations, I felt that my conversations with both women and men on the subject were unsuccessful and distorted by a lack of deep communication. My own response seemed so visceral, so uncontrolled, and so partial. I then realized that the questions I was asking emanated from my assumptions, from preconceived notions that reflected a very personal view on what was taking place. They clearly were not aligned with how others in the community regarded the events. A friend admonished me, saying “Nyangi,⁶ you are asking the wrong questions” when I confessed my inability to comprehend what was happening around me. Though I continued to observe the ritual activities for the duration of the community’s genital cutting season, I resolved not to write about any of it since I was apparently missing the point.

In witnessing initiations then, I gained a sense of how these events unfold, the level of communal excitement, and the ritual events that most closely surround genital cutting. I also experienced my own reaction to observing the rituals, and I reflected on these ceremonial circumstances and outcomes. I remained reluctant to write about genital cutting because my personal response was so overwhelming. At that point I was unable to even begin to understand what these events meant to the lives of Kuria people. Though I continued to speak with women, girls, men, and boys, I did not feel that I made much headway toward unraveling the complex cultural strands that are woven together to make this event one of the key moments in both an individual’s life and the life of the community. Though I sought explanations, none were offered to me that seemed to add up to the momentous transformation this ritual causes in a young person’s—especially a young girl’s—life. “This is our tradition”—a response I received repeatedly when asking why people do this—hardly seemed to explain anything. No one offered or articulated any reasons more comprehensible to me than that.

A decade later I was offered another opportunity to engage with this topic. In the summer of 1998, I began to get word from various friends and informants in Kenya that initiations would be held that year. By the fall, a letter from a former assistant confirmed the news, announcing that the Abairege would be circumcising at the end of the year. He invited me to join his family in celebrating the “circumcision,” of his oldest brother’s firstborn (a daughter). His grandmother had asked him to write and invite me. This kind and generous woman was a key informant who treated me as a granddaughter, and taught me a tremendous amount about Kuria life, welcoming my participation in the daily life of her family. I was touched and became excited at the prospect. Not only would the rituals take place that I wanted to understand for so long, but I would also be an integral part of the celebrations for at least one of the families participating.

This personal invitation was followed by a second letter, from a Kuria academic.⁷ His letter, too, was galvanizing. In describing the reasons why it was essential for me to attend the ceremonies, he entreated: “Kuria people of Kenya have maintained a distinct culture and traditions despite constant encounter with Western culture. However, there has been no proper way in which these have been preserved. As regards circumcision ceremonies they are being eroded by modernity but [have] maintained resilience over past years.” The closing sentence convinced me to go: “The next circumcision ceremonies will take place in [three years]” (B. K. C., pers. comm.). I certainly did not want to wait any longer, as I finally felt ready to open my mind to this ritual in ways I could not a decade before. So I began to prepare to participate in the initiation season, which nowadays begins in late November when schools close for the end of the school year and concludes in the beginning of January.⁸

The initiation season I witnessed from beginning to end in 1998 is the core of the account offered in this narrative, and many of the descriptions of people and events stem from that time. But since then, and through multiple visits, I have spent a total of nearly three more years in the field and have witnessed two more genital cutting seasons. Those events, along with scores of conversations, interviews, discussions, and debates, inspire the content of this account, as they form the basis of my understanding of the changing meanings initiation holds for the various participants who play a role in the ceremonies. Since 1988, when I first witnessed genital cutting in initiation ceremonies, the controversy has continued to grow. Genital cutting—most often

labeled in the West and increasingly in Kenya as female genital mutilation, or simply FGM—has become a hotly debated topic on the international scene, decried by feminists, policymakers, immigration officers, human rights watch groups, and health-care providers, to mention only some of the most prominent opponents. The World Health Organization (WHO) defines female genital mutilation as all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for nonmedical reasons (Oloo, Wanjiru, and Newell-Jones 2011, 4). This debate, along with initiatives by various NGOs, has informed the understandings and practices around genital cutting in Kuria communities. As the “tradition” has become increasingly contested and reshaped by pressures from numerous directions, it seems appropriate to document these pivotal cultural moments.

In this ethnography, I describe initiation rituals of Kuria people as they were taking place around the turn of the millennium. I represent an outsider’s growing understanding of *emic*, or insider, conceptions of genital operations and their roles within society, as a counterbalance or an addition to the ongoing furor over this custom in practicing and nonpracticing societies. This account documents the rituals and highlights the transformations taking place—in both indigenous conceptions and social practices—in an environment where genital cutting has become increasingly scrutinized. I aim to create a cultural record of an old practice that has been challenged for about a century, and that may eventually be stopped. But for now, it persists.

This ethnography describes genital cutting as a set of grounded practices, occurring within a particular sociotemporal location. Though the location might be seen as remote, this genital cutting ties rural Kuria society into a truly global discourse. This parallels the ways in which the socioeconomic and political lives of the people are carried out locally, yet shaped by the current and historical realities of their connection with the colonial and postcolonial world within which East Africa developed over the past century. Though genital cutting persists in Kuria society, the custom is not a primordial throwback but rather a practice responsive to individual and family concerns arising in response to sensitization campaigns and efforts to eradicate the practice. Genital cutting has not fallen into desuetude. It continues to be meaningful even though people realize the validities of the criticisms. Genital cutting still embodies and enacts useful, even powerful elements guiding everyday life. More than two camps

(those who adhere to the practice and those who oppose it) exist in Kuria communities, and the direction people align with is shaped by local circumstances and alternatives that combine endogenous and exogenous elements for consideration. So, rather than being simply prescriptive, culture offers a range of options for defining acceptable and unacceptable courses of action. Cultural practices change as innovation and borrowing expand the acceptable options and eliminate or discard other variations that become outmoded or impracticable.

Politics of Writing

Studying genital cutting—in its multiple dimensions as a social, cultural, political, ritual, and individual-altering experience and institution—places the anthropologist at the nexus of intersecting discourses. An investigation of arguments and meanings that various parties articulate vis-à-vis this practice reveals a contrast between outsider and insider perspectives, and also a diversity of positions within each camp. In Kuria, as in other societies that practice genital cutting, the attitudes of individuals and groups reflect the variety of cultural contexts, responses to socioeconomic and political change, and the ideas people hold about identity as mediated by descent, gender, ethnicity, and, increasingly, class. These attitudes also reflect the influence of outsider positions on local practices. Drawing on participant observation in four initiation seasons in rural Kuria District of Kenya, and extensive correspondence via mail and e-mail over the decades, this account highlights the multiple realms where negotiation takes place, both for the participants and the observers; it also explores the anthropologist's relationship to respondents, to activism, and to a commitment to human rights.

Western interest in genital operations has come and gone in waves. The most recent wave rolled in during the mid-1990s, when the practice of genital cutting in Africa gained prominence in the eyes of the world through the efforts of medical practitioners, human rights proponents, and the general public. Western media became thoroughly engaged by the legal cases of African women seeking asylum in order to forestall deportation from France and the United States, doing so by appealing to Western abhorrence of female genital cutting.⁹ In Western discourse, the altering of female genitalia is usually deemed barbaric and harmful to the women involved, and the term “female

genital mutilation” (or the well-known acronym FGM) is routinely employed by the media and various influential Western observers and organizations. In the associated discussion of medical and psychosexual complications, FGM tends to be used indiscriminately to refer to many different forms of operations, though each carries different potential complications and outcomes. Moreover, the term FGM is rarely used in discussions that include the viewpoints of African women who have undergone any of a variety of genital cutting procedures, and in turn acculturate their daughters, nieces, and granddaughters to the practice in their communities. These discussions tend to lose the sociocultural context of genital cutting, and many Africans feel that the negative attention directed at their customs is both insensitive and intrusive. Even those who welcome change maintain that the best solutions would be proposed by Africans, not by Western critics.

Two seminal articles on the topic of genital cutting published in the 1990s (Parker 1995; Walley 1997) address questions similar to those I had as I participated in and observed initiation rituals. Both authors focused on how people of the West regard and talk about female circumcision practices. And both made it clear that, regardless of whether it was scientists, social scientists, members of the media, or members of the legal profession who were expressing their views, none of the discourse was objective or scientific in the way that is valued by our science-based worldview.

Having witnessed female genital cutting operations in northern Sudan, Melissa Parker was struck by the intense emotion that underlay her Western colleagues’ and friends’ interests and concerns about the practice. She concludes that unless greater attention is paid to understanding the source of the emotions and the ways in which they influence fieldwork and data analyses, our understandings of female genital cutting will remain partial (Parker 1995, 506), while researchers would run the risk of lending credence to fierce moral judgments and campaigns aimed at remaking other cultures in our own image. This runs counter to the avowed aims of anthropological academic research, which seeks to conduct investigations from a scientific, neutral, or relativistic stance. Dominant Western views regarding female genital cutting appear uncomplicated: Female genital cutting, regardless of the particulars of a surgery or the context in which it occurs, is viewed as abhorrent, and is described with an array of derogatory and insulting adjectives applied to the women who carry out genital cutting and the societies that allow it.¹⁰ Many of those who condemn

genital cutting see their attitudes as unequivocally right and good, even enlightened. Few opponents of genital cutting appreciate the importance of thinking about the issues of genital cutting in terms other than physical mutilation and the presumed consequent denial of sexual pleasure.

Clinical evidence has revealed a number of complications associated with specific female genital surgeries, including problems often evidenced immediately or soon after the operations, such as shock, hemorrhage, injury to adjacent organs, difficulties with retention of urine and menses, and infections. In addition are long-term problems, such as scarring and keloid formation, recurrent urinary infections, vulvar cysts and abscesses, pelvic inflammatory disease, formations of fistulas, and potential hazards in childbearing. All of these are grounds for serious concern, but the frequency with which they occur is far from certain. Data collected in clinical settings do not convey information about the proportion of females who experience gynecological problems from genital cutting. Focused epidemiological research could provide a detailed understanding of the overall effects of female genital cutting for female morbidity and mortality, but it has not been carried out. In the absence of wide-ranging data collection, clinical accounts too often focus on anecdotal sources or the severe cases that do involve hospitalization. The anti-FGM responses to such cases are often filled with anger and frustration over the “needless” damage to health, yet generally fail to appreciate the rationale for the practice, and sometimes even convey racism and paternalism (Parker 1995, 514–16).

Sentiments run high in all directions. For example, at the 2006 annual meeting of the African Studies Association, a woman identified herself simply as African and proceeded to passionately denounce the hypocrisy of Western critics of genital cutting in vilifying African practices while ignoring parallel activities that take place routinely in the United States.¹¹ She implored the audience to recognize that women the world over alter their bodies to become more attractive as sexual partners, citing surgeries performed in the United States and Europe to augment or to reduce women’s breasts. Such surgeries, she argued, also have lasting repercussions for women’s health, including possibly affecting their abilities to nurse their infant offspring. To her, these seemed as senseless as genital cutting in Africa appears to many Western observers.

Beginning in the 1970s, key anthropological publications studying the social and cultural aspects of female genital cutting were often written by women academics informed and influenced by social movements in their home countries, and this, of course, affected the questions they asked, as well as their findings. These findings include that genital cutting denies women the right to a full and satisfying sexual life (Hosken 1981); that genital cutting is a reflection of the asymmetrical power relations between men and women (Hayes 1975); and that genital cutting is primarily a socially important procedure concerned mainly with establishing clan membership and adult status (Lyons 1981). The work of Janice Boddy in northern Sudan describes genital cutting as an assertive and symbolic act, controlled by women, which emphasizes “the essence of femininity: morally appropriate fertility, the potential to reproduce the lineage or to found a lineage section” (Boddy 1982, 696). Though many elements of Boddy’s formulation hold true for Kuria practices as well, the type of operations the two societies practice are physically and surgically different.

Christine Walley’s critique of the FGM literature centers on the two seemingly polar viewpoints commonly expressed in western countries toward female genital operations—moral opprobrium and relativistic tolerance (1997, 406). Questioning whether these perspectives are sufficient to construct an adequate feminist and humanist political response to the issue of female genital operations, she argues that, to some extent, Westerners hold responsibility for the terms of the debates over female genital operations that have been adopted widely in Kenya and other African countries. She cautions that Western interests stem not only from feminist or humanist concerns, but also from the desire to sensationalize, titillate, and call attention to differences between “us” and “them” in ways that reaffirm notions of Western cultural superiority (409). Accounts of female genital cutting disseminated through Western media feed into powerful and value-laden understandings of the differences between Africans and Euro-Americans, presuming a radical difference between the first and third worlds, between “modern” Euro-Americans and “traditional” others. Further, the very concepts of “culture” and “tradition” are constructed in problematic ways. As Walley argues, “Rather than focusing on ‘culture’ as historically changeable and broadly encompassing beliefs and practices characteristic of a social group, the discourse on genital operations understands culture as ahistorical ‘customs’ and ‘traditions.’ Such ‘traditions’ are simultaneously depicted as the

meaningless hangovers of the premodern era and as the defining characteristic of the Third World” (421). The allegedly coercive and oppressive nature of African cultures and societies is emphasized, and, from dominant Western perspectives, collective culture is judged to be less relevant than rights premised on the individual.

Examples supporting Walley’s position abound in Kenyan media. Increasingly, accounts of genital cutting emphasize the distinction between traditional (rural) and modern (urban), using the same language and concepts as Western media. For example, a feature article in Kenya’s popular newspaper the *Daily Nation* from the late 1980s discusses the time for boys to graduate into “manhood” in the following terms: “In the olden days, boys became men by undergoing traditions circumcision [*sic*]. They were expected to demonstrate courage through withstanding the severe pain inflicted on them by the traditional surgeon. Times have changed however and the ritual is now rather outmoded due to the physical risks involved. Besides the risk of Aids [*sic*], the candidate stands the possibility of losing his manhood” (Sipakati 1988, 14).

More recently, in the *Daily Nation*, Beth Mugo, a member of parliament and an assistant minister of education, wrote an editorial titled “FGM is Barbaric and Retrogressive.” She condemned forced circumcision of schoolgirls in the northern parts of the country, reminding politicians representing those areas that they had voted for the Children Act of 2001 and thus had a duty to protect children (Mugo 2005). As the language of condemnation shows, the outsider/insider dichotomy of perspectives is without a doubt too facile in a world where information and opinions flow easily even between geographically distant locations. To understand initiation practices, an outsider needs the insiders’ understanding and perspective. Most particularly, outside of practicing societies, discourse on female genital operations tends to ignore the other aspects of the ritual complex of which it is an element, including the fact that in societies where females undergo genital cutting, males do as well. In many of those cultures, the two are constructed as equivalent rituals, both seen as achieving a similar cultural end: adult membership in the society and its structures.

Male and Female Genital Operations

In Kuria society, genital cutting is seen as a requisite step toward adulthood that prepares both genders (there are only two among Kuria) for marriage. Kuria people are well aware of the international condemnation over the genital cutting of girls. Male genital cutting is not seen as problematic by most Western societies and is usually left out of the discussions on genital cutting practices in Africa, indicating that it is not genital cutting *per se* that infringes human rights (we don't hear of "male genital mutilation"). This is the case whether it is the American practice of using medical practitioners to cut away the foreskin of infant boys' penises in routine postnatal surgery, or the religious practice in Jewish or Muslim communities where specialists cut the foreskins of infant males as a rite of inclusion.

Male and female genital cutting are rarely related in Western analysis, largely because male circumcision is regarded as more superficial than the operations performed on females and consequently less dangerous, while also conferring health benefits. Some opponents of circumcision argue that genital cutting should be understood largely in terms of male control of female sexuality, and therefore, male and female genital cutting are not comparable (Caldwell, Oroubuloye, and Caldwell 1997, 1188). Further, genital cutting in sub-Saharan Africa is embedded in a ritual context where scarification and other bodily alterations may also be undertaken to prepare the candidate for initiation. Genital cutting does not occur as an isolated phenomenon. For Kuria youths through the 1950s and 60s, genital cutting was preceded by the cutting and stretching of ear lobes and the filing of incisors.

Circumcision of Kuria males involves the cutting and removal of the foreskin of the penis. Female genital cutting in Kuria involves clitoridectomy, defined by WHO's classification system as involving partial or total removal of the clitoris and/or the prepuce: Type I (Oloo, Wanjiru, and Newell-Jones 2011, 6). In Kuria communities, as the human immunodeficiency virus (HIV) epidemic expanded in the 1990s and 2000s, health concerns led to changes in genital cutting practices, especially in various forms of medicalization. Genital cutting was increasingly performed in hospitals and clinics. Throughout the 1980s and early 1990s, young men who underwent circumcision in clinics and hospitals were met with derision and exclusion from the events of the seclusion period. Then, as the stigma against clinical circumcision dissipated somewhat, a local church mission set up a

genital cutting clinic for girls in the center of the community. In the initiation seasons of 1998 and 2001, that clinic successfully attracted a small number of girls until it was shuttered following opposition from traditional circumcisers and an international group called Catholics Against Circumcision campaigning on the Internet, and reevaluation by activists and policymakers, national and international. Thus, after the 2001 season, medicalized operations were no longer available locally to girls. Medicalization was hotly debated. Feminists, human rights advocates, and others saw that making the operations safer for the youth would simply perpetuate the practice. For them, the objective was to eradicate genital cutting, especially that of females, not simply lower the risks by changing the venue. At that point, the interest of the international NGOs concerned with the eradication of female genital cutting became focused on alternative rites of passage.

Emphasizing that genital cutting of girls was wrong, Christian, medical, and media discussions portrayed FGM as a sign of being backward, out of step with development and progress (see, e.g., CCIH 2004). The risk of the exchange of blood in traditional ceremonies was considered to be a potential locus for the transmission of the acquired immune deficiency syndrome (AIDS) virus. These elements began to shake the unquestioning conviction with which everyone had previously undergone the rituals and gave support—especially to young girls—to take a stand in opposition to the practice. In, say, the year 2000, no one in Bwirege would admit to not being circumcised or to not having had his or her offspring circumcised for fear that it would be done by force. By 2014, however, there were families known to have children who would remain uncircumcised.¹²

In ways often perceived as contradictory to discourse against FGM, the media and activists began the discussion of male genital cutting in Africa in earnest in 2006, in the context of recognizing circumcision's potential role in slowing down the transmission of HIV in countries with high prevalence rates.¹³ Because Kuria widely believe that HIV (and venereal disease more generally) is spread by women, the actual connection between genital cutting and HIV remains obscure.¹⁴

Though Kuria people view and describe the practice of male and female circumcision as equivalent and use the same word (*esaaro*) to describe both, they are well aware that this view is not shared by others. Scholars and activists have made concerted efforts to differentiate the two practices, creating several lines of argument. The first focuses on the extent of the cutting, and the position is that for

females, cutting is usually much more extensive than for males. This is not currently the case in Bukuria, where cutting is more extensive for males than for females. The second focuses on what is removed, and the implications that has for future well-being. For males, only skin is removed; for females, the clitoris or a piece thereof is removed. The consequences are not equivalent. For observers, does regarding the practices as equivalent offer better insights than regarding them as incomparable? For policymakers and activists, what position helps build the momentum to end FGC? And though a few scholars argue that male and female genital cutting should receive equal treatment and opposition (see, e.g., Caldwell, Oroubuloye, and Caldwell 1997; Darby and Svoboda 2007), most academics take the position that the two are fundamentally different, and that focus should be placed on female genital cutting (Ahmadu 2000; Hernlund and Shell-Duncan 2007; Shweder 2013).

Opposition to Genital Cutting

Female genital cutting attracted missionaries' attention early in the history of colonialism in Kenya, and led to the passage of resolutions as early as 1918 (Murray 1974, 101). Medical men, missionaries, and administrative officers were aware of the custom in many parts of the colony, but they each had different interests with regard to it. Administrative officers' ethnographic interests led them to collect material and publish articles on the custom as early as 1904: "Their interest was detached and academic, and genital cutting had not yet arisen as an issue of contention between the missionaries and the Africans" (101 and footnote 4). Some of the earliest controversy, in 1911, was not actually about the physical operation, but about the rites surrounding it, especially the dancing. At heart were basic issues of individuals' social acceptance in their community, of missionary versus "tribal" authority, and of parents' rights over their offspring enrolled in a mission institution (103). In one form or another, these issues have remained at the core of controversy.

In the words of Jomo Kenyatta,¹⁵ "the custom of clitoridectomy of girls . . . has been strongly attacked by a number of influential European agencies—missionary, sentimental pro-African, Government, educational and medical authorities" (1965, 125). Kenyatta describes the 1929 attempts by the Church of Scotland Mission to break down

the custom among Gikuyu—attempts that led to the issuance of an order demanding that all followers and those who wanted their children to attend schools pledge not to adhere to or support this custom, and not let their children undergo the initiation rite. This order led to a great controversy between the missionaries and the Gikuyu, and to the establishment of schools free from missionary influence, both in educational and religious matters.

The following year, the question of whether the custom should be outlawed was raised in the House of Commons in England. A committee appointed to investigate concluded that the best way to tackle it was through education, not by force of an enactment, leaving the people concerned free to choose what custom was best suited to their condition (Kenyatta 1965, 126). Kenyatta's voice was one of the few African voices heard within the controversy at the policy-, strategy-, and decision-making level (Murray 1974, 285ff). In 1931, at a conference on African children held in Geneva under the auspices of the Save the Children Fund, several European delegates urged that the time was ripe for the "barbarous custom" to be stopped, and, that like all other "heathen" customs, it should be abolished at once by law. It was seen as the duty of the conference, for the sake of the African children, to call on the governments under which customs of this nature were practiced to pass laws making it a criminal offence for anyone to practice clitoridectomy (Kenyatta 1965, 126-27).

The "female circumcision controversy" of 1928-31 was not the only era during which genital cutting was banned in various parts of the colony (Thomas 2003, 82). In fact, many of the issues at the forefront of the debates at the beginning of the twentieth century are also at the forefront of debates at the beginning of the twenty-first century.¹⁶ In the 1920s, a key issue was the struggle for influence between the administration and the missionaries. Each had its own agenda and priorities. For the missionaries, the problem was how to control the relationship between parents (the heathens) and their children (the converts). The administrators grappled with whether to pass laws or achieve change through education. Further, clitoridectomy became a potent realm of state intervention in the 1930s, because various Africans and Europeans viewed it as a basis for broader political concerns. While Africans understood it as sustaining two pillars of political order—gendered personhood and generational authority—Europeans claimed that it threatened "tribal" and imperial health, perpetuated

the subjugation of African women, and confounded colonial rule (Thomas 1998, 137).

Another important moment in the circumcision controversy took place in 1956. Thomas (2003, 81) demonstrates that Meru women and girls responded energetically in support of circumcision following the Meru African District Council ban that year, reflecting the continued importance of female initiation for remaking girls into women and transforming adult women into figures of authority within the community (Thomas 1996, 346). As she documents, the practice increased in Meru after the ban, and girls went to the bush to circumcise each other (347).

The Kenyan government began its involvement in the controversy in 1982, following the deaths of fourteen girls as a result of genital cutting. President Moi issued a statement condemning the practice and ordered that murder charges be brought against practitioners who carried out genital cuttings that resulted in death. This order was followed by another, forbidding medical personnel to carry out the operation without the specific permission of the office of the Director of Medical Services. In 1989, he again called for an end to the practice, and, six months later, an official ban was announced (Rahman and Toubia 2000, 177). A motion to make female circumcision illegal in Kenya was defeated in parliament in 1996 (Ntarangwi 2005; Rahman and Toubia 2000, 176), but the practice was made illegal by governmental decree in 1999 (Oboler 2001, 312). The National Plan of Action for the Elimination of Female Genital Mutilation in Kenya emphasized education and outreach over criminal prosecution (Ministry of Health 1999; Rahman and Toubia 2000, 177). Yet, two years later, Parliament recognized that education alone was not enough and included prosecution under the Children Act of 2001 prohibiting anyone from carrying out FGM on a female under eighteen years of age (United Nations 2002; Mwaura 2004). The passage of a law once again proved ineffective in stopping the practice as the gap between law and the social system still needed to be bridged. For that to happen, as Mwaura contends, the communities in which female genital cutting was practiced needed to be involved in implementing the law.

Throughout the 1990s, opponents of FGM launched numerous campaigns in Kenya to end the practice. The opposition had been gathering steam since the early 1990s. Kenyan government, international development agencies, the United Nations, international and national women's organizations, and professional associations all

developed policies condemning the practice of FGM. This condemnation was articulated most forcefully at the International Conference on Population and Development (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995), where FGM was labeled a harmful traditional practice affecting women and targeted for elimination (Kenya Ministry of Health 1999, 7). But significant awareness, interest, and commitment to fight FGM in all its forms did not translate into tangible or effective projects at the community level.

By the end of the 1990s, several international development agencies were increasing support and vocalizing their stand on “this sensitive issue,” according to the authors of the National Plan of Action for the Elimination of Female Genital Mutilation in Kenya (Ministry of Health, 1999, 7). They argued that “with these types of movements, continued and future FGM programs in Kenya can succeed using financial and technical support and an approach that empowers the local communities, especially the affected Kenyan women and girls, to take a stand against FGM” (7). Kenya’s campaign against FGM was centered in the adoption/ratification of various plans of action viewing FGM as a violation of human rights against women and girls and a threat to women’s reproductive health (9–11). The action plan spelled out objectives to reduce the proportion of girls and women who undergo any type of FGM; to increase the proportion of communities supporting the elimination of FGM through positive changes in attitudes, beliefs, behaviors, and practices; to increase the number of health-care facilities that provide care, counseling, and support to girls and women with physical and psychological problems associated with FGM; and to increase the technical and advocacy capacity of organizations and communities involved in FGM elimination programs (12). This plan was to be implemented in collaboration with partners.

At the end of 2001, Kenya passed the Children Act which made FGM illegal for girls under the age of eighteen. This included potential penalties under Kenyan law for anyone subjecting a child to FGM, including one year’s imprisonment and a fine of up to KShs. 50,000. Few cases of successful legal action against perpetrators of FGM have been reported, and the law has come under widespread criticism for being ineffective and poorly implemented, and for failing to curb FGM (Oloo, Wanjiru, and Newell-Jones 2011, 9).

In the first decade of the new millennium, many nongovernmental and community-based organizations actively participated in the effort to eliminate FGM. For example, No Peace without Justice—an

NGO campaigning for the advancement of human rights, democracy, the rule of law, and international justice—reported in early 2003 that five NGOs had formed a joint network, an anti-FGM front in Rift Valley, to “crusad[e] against female genital mutilation ... to boost the war against the rite in the region” (*Standard* 2003). The network included World Vision, Shelter Yetu, Centre for Human Rights and Democracy, and Maendeleo Ya Wanawake, and their efforts were to be coordinated by Nairobi-based National Focal Point (*Ibid.*). The NGOs’ language largely reflected their orientation rather than the voices of the people whose communities were targeted for this war. In some practicing communities in various parts of Kenya, NGO activities strove to offer alternatives to FGM. Eradication strategies included information and education campaigns, initially focused on making known the health risks entailed in genital operations, and on sensitizing key members—leaders, elders, and teachers—in practicing communities. Next, alternative rituals were introduced in a number of communities. Some NGOs focused on changing legislation. Building on the momentum of the 1999 National Plan of Action and 2001 Children Act, many domestic and international organizations launched a plethora of initiatives, which are given more context in chapter 7.

Kuria and Bukuria

Kuria people live in the rolling hills of southwestern Kenya and northwestern Tanzania. They make their living as small-scale farmers, cattle keepers, and petty entrepreneurs, remote from the centers of power and development in both nation-states in which they live. The name Abakuria refers to a Bantu-language-speaking people living east of Lake Victoria, largely between the Migori and Mara rivers. The term Kuria does not describe a traditional political group with clearly defined territorial or group boundaries, but rather a people who have a common cultural and linguistic identity. Cultural and linguistic features shared between Kuria and other groups indicate a past rich with interactions over centuries of migrations. These shared features can make drawing sharp distinctions between Kuria and non-Kuria difficult. Colonially induced cessation of movement left Kuria with Luo and Maasai neighbors to the west and east respectively, Gusii and Luo to the north, and Ikoma, Ngoreme, Naata, Isenye, Igishu, Chizaki

(Ruel 1959, 2), and Zanaki (Bischofberger 1972) to the south. Perhaps this history of intermingling is responsible for the prominence of a cultural repertoire offering grounds for establishing/proving cultural identity.

After independence, Kuria were a minority ethnic group in South Nyanza, a district dominated by Luo people. Then Kuria lands became a new, separate district following the 1992 election when Kuria people gave their political support to the dominant party at the time. Kuria leaders saw this as a major accomplishment and gain. Following the 2007 election, the district was split in two, gaining Kuria people further administrative structure with accompanying funds—a fairly remarkable feat for a population of about two hundred thousand people.¹⁷ The potential gain of influence in parliamentary politics was curtailed in the new constitution of 2010, which subsumed both the districts of Kuria East and Kuria West districts into constituencies of Migori County. The two districts then contained four clans (*ib-iaro*), which were the administrative locations of the postcolonial era. This political reorganization administratively separated Kuria from the Luo-speaking majority in South Nyanza and Migori districts, and brought in resources as well as employment opportunities within the several levels of the newly created administrative structure.¹⁸ But lack of qualified candidates, particularly experienced ones, to fill many of these positions ensured that they were filled by non-Kuria workers. The presence of professionals from other parts of Kenya, as well as growing interest on the part of NGOs (particularly those concerned with “the girl child,” with the eradication of FGM, and/or with HIV/AIDS) reflect Kuria’s growing ties to the national and international scene.

Kuria life is rich in traditions and has historically centered on a ritual cycle that individuals and the community undergo. They speak of themselves as “doers of ritual” (*abakora nyang’i*), and compare themselves according to this criterion with other peoples having or not having a similar ritual complex (Ruel 1965, 298). The ritual cycle is a central institution that regulates the rhythm of individual as well as communal life and is crucial to Abakuria self-identification as a people. Genital cutting is one ritual, a part of *esaaro*, which constitutes the transition from childhood to adulthood, marking the changed status of an individual and his or her family with concomitant changes in roles, responsibilities, control, and power. Genital cutting marks the identity of an individual as a member of the community and defines

a person in relation to extended family, lineage, descent group, and ethnic group. As much as genital cutting unites people, it also divides them. It identifies those who belong to the group and those who do not, and by extension, those who control the ritual event and its outcomes and those who do not.

In the cycle of Kuria individual and social life, the highest position within the society—elderhood—is open to all by virtue of reaching the requisite age and reproductive history. The council of elders convened by the chief's *baraza* serves as the body of decision making most approachable by ordinary citizens of the community. A second council, *inchaama*, is the secret conclave responsible for ensuring the ritual well-being of the community. Membership in the conclave and knowledge of its meeting places are known only by its members. Their communication with the general public consists usually of swiftly moving rumors, and the presence of the *inchaama* is felt rather than witnessed. To declare the start of initiation season, the elders of the secret council must study a number of physical and metaphysical signs to determine whether a particular year is propitious for a round of initiation. If it is determined to be so, hundreds of adolescent boys and girls undergo a series of culturally prescribed rituals, including genital cutting. The rituals are carried out separately by each clan (*ikiaro*)—the maximal unit of the descent structure—and adjacent clans generally avoid carrying out rites of passage during the same years. The interval between initiations also varies among the clans. In Bwirege, initiation takes place about every three years. Years ending in seven are usually passed over, since the number is considered extremely unfavorable.

Tradition and Innovation in Kuria Genital Cutting

Kuria youths say that an uncircumcised child is “despised.”¹⁹ Initiates look forward to gaining respect more than any other aspect of the ritual event. They become adult members of the society (albeit still low-ranking at that point) and they can look down on the uncircumcised. Initiates know that by undergoing the ritual, they earn their spot on the lowest rung of the ladder of the ritual cycle, which is the backbone of the status hierarchy in this rural area. Age and gender continue to be primary criteria of social hierarchy, although stratification in postcolonial Kuria society stems from additional criteria,

such as education, employment, and wealth. Both gender and age are combined to secure an individual's appropriate place in a social system still organized on the basis of age-grades and generation classes.

Immediately upon being circumcised, the individual gains the status of *omosaamba* (initiate). After ending seclusion the female initiate becomes *umuiseke*, a young woman eligible for marriage. The male initiate becomes *umumura*, a young man who can be held responsible for protecting the family herd or providing future opportunities for the family by devoting himself to his studies, thus building his skills for gaining access to potential employment and the much esteemed and needed off-farm income.

In customary practice, ritual mechanisms create both an egalitarian ethos among members of an age-set and a way to identify leaders within it. It is an oft-repeated truth that if a youth cries during the operation, he or she will be taken less seriously thereafter than a youth who was stoic. At a *baraza* or any other convocation, his or her word carries less weight as a result of not having shown bravery at that crucial time. Otherwise, all the members of an age-set (but divided according to gender) are seen as equal, an egalitarianism underscored by the fact that they pass from then on through the major stages of life and the ritual cycle together. During the time of seclusion, leaders emerge from the localized bands in which the *abasaamba* wander about the countryside, seeking diversion while they are restricted from productive work. And upon becoming heads of households, some prosper more than others, but the ritual recognition of fundamental equality remains. Young women become members of their husband's circumcision set at marriage, and their status within the set is equal to that of all others.

There are, however, other initiates who, by their structural position, are leaders at another level. These are the *amanaana*, the first eight persons to be circumcised during any circumcision season. The *amanaana* represent each of the eight named generation classes (*amakora*) of Kuria society. In this manner, the society is divided into moieties, the Abasa and the Abachuma. Each moiety has four named generations. Men are coeval across the moieties, but stratified within them on the basis of age and birth order. Each generation class is said to give birth to the one following it, and to be born of the one preceding it. Kuria follow kinship norms of respect and joking associated with adjoining and alternating generations respectively. The generation class system is cyclical.

Drawing on my experiences beginning with the 1998 initiation season and continuing through the new millennium, this book highlights some of the various arenas of deliberation: between parents and their children; between initiates and circumcisers; between individuals as members of descent groups; between the traditional ritual authority of the *inchaama* (secret council) and the contemporary political authority of local administration; between the weight of tradition and the power of churches and missions; between the executive role of the police and the power of witchcraft; and, increasingly, between being modern and being backward.

Significantly, the 1998 season marked the beginning of a period of heightened innovation in initiation practice. Changes unfolded in a way that challenged communal norms and expectations. For the first time, medicalized genital cutting for girls became available. Many months before the initiation season got under way, Kenyan president Daniel arap Moi had dramatically increased his public opposition to female genital cutting. Many Kuria believed this was due to the pressure he faced from international donors, while others claimed that he came from a noncircumcising ethnic group and, therefore, opposition came easily to him.²⁰ In response, national media—radio, newspapers, and television—amplified the anti-female genital cutting message daily across the country, sensationalizing the danger of HIV transmission through the assumed sharing of genital cutting implements. The president had opened public discussion on the topic of HIV/AIDS in 1997, after years of increasing infection and death nationwide.

In Bukuria, such fears did not stop circumcision, where each female initiate had for years already provided her own personal blade for cutting. But they made alternative forms of the practice acceptable. Most notably, people heeded the message of potential transmission of HIV/AIDS via traditional procedures. Local circumcisers were trained in government clinics on sterile procedures, and the option of being circumcised in a clinic rather than in the mainstream initiation process became available to girls in the local community. This option had been available to boys previously, but initiates who had been circumcised in clinics had been looked down upon prior to this season, treated by the community as if they had cried during the operation.

Undergoing genital surgery in a clinic became a vector for identity formation in an unaccustomed way. Parents who opted to forgo a traditional procedure associated their decision to do so with the preaching of the leaders—starting with the president of the nation and

continuing through the self-defined “progressive” elements within the community: the government officials, church leaders, the educated, and the employed. The medicalization of the operation allowed the better-off members of the community to separate themselves from a practice that had been at the core of status ascription, thus redefining the criteria by which status could be attained. In a certain sense, what had been a more or less ascribed status became an achieved one; those who could afford it took their children to the clinics. The impetus for the change came from outside the community; however, when the procedure became available, those who could afford it chose to do so. They thereby separated themselves and their families from the shared experience of the community while still adhering to the basic core value of the rite of passage. The potential consequence was undermining or eroding the *communitas* achieved through rites of passage.²¹

Each new initiation season brought further changes. During my fieldwork in 2003, a local NGO had been formed in the hope of getting access to some of the funds coming into Kenya to eradicate female genital mutilation. Because the amount of money available was on an order unimaginable for many in the community, people were eager to get onto the bandwagon. And though the *ikiaro* where circumcisions took place the previous year followed the usual procedures, there was a great deal of activity on the ground to eliminate the female element of the practice. People wore shirts printed by the NGO with the slogan “Female circumcision is taboo!” and groups of community leaders attended seminars on alternative rites of passage.

Those involved in the NGO initiative were primarily concerned with the end result of interest to the outside funders, namely the elimination of FGM, a term that gained common currency among Kuria speakers themselves. Unfortunately, little discussion occurred regarding the impact this innovation might have on the status of the girls, particularly if the practice continued to be carried out on boys and closely associated with belonging, identity, status, and thus, of course, upward mobility.

The Current Direction

To what extent can observers look for similarities in practices across societies and use those to spark understanding, promote policies, and lead change? For anthropologists as well as activists, it is important to

recognize the dangers of lumping together diverse forms of a practice, diverse geographic locations, meanings, and the politics in which such practices are embedded. All observers need to beware of constituting a generic “they” who conduct such practices and a generic “we” who do not. Instead, we must begin with a particular place at a particular point in time to describe specific encounters with specific people as a means to explore the myriad issues surrounding genital cutting, and then we must phrase the kinds of questions that might help elucidate these practices. These questions should reflect the meanings and understandings held by practitioners and should also take into account the gendered politics of family organization, ethnic identity, colonial and postcolonial states, and the assumptions people make about the relationship between women and culture (Walley 1997, 429).

So what direction might one take to overcome the shortcomings of anthropological accounts of genital cutting? Firstly, anthropological accounts need to provide historically based, nonessentialized documentation. People who experience and reproduce genital cutting need to be allowed to express their understandings. Secondly, analyses need to focus on recognizing diversity rather than assuming homogeneity of practices or interests. Thirdly, conceptions of tradition and innovation with regard to the contested practices need to be examined. As Kratz (1993) maintains, tradition is part of a set of notions that brings together representations of time, history, and identity within particular political contexts. In her work on Okiek ceremonies, she raises questions about the intersection of local and academic concepts: “The people with whom we do research often have concepts that parallel and intersect those used in scholarly analyses...and we need to engage them” (61).

The first step in the process Kratz advocates is paying detailed attention to the situated discourse, actions, intentions, and effects of particular people in order to focus on the ways in which “tradition” is both an outcome of daily life and a means through which it is understood. Then, it is necessary to consider several scales of action and analyze domains that interpenetrate in the cultural dynamics of tradition. And finally, varied insider perspectives on traditions need to be captured, since no one social group or individual has a monopoly over the particular forms and meanings of tradition. They are changeable and sometimes contested. Continuity implies neither uniformity nor rigidity, as research in Kuria District over the past fifteen years amply demonstrates.

My analysis of Kuria initiations goes a step beyond the investigations of tradition outlined by Kratz. Drawing on work by Hobsbawm and Ranger (1983, 1–3), I contend that current re-creation of initiation rituals in Bukuria has much in common with the invention of tradition their analysis traces. Kuria insistence that genital cutting is a tradition allows practitioners to structure at least some parts of social life taking place within the context of ongoing change and innovation of the modern world where they control few aspects of their existence. In this setting, tradition—with its set of practices governed by overtly or tacitly accepted rules inculcating certain values and norms of behavior by repetition—automatically implies continuity with the past even as it responds to challenges of novel situations, pressures, and constraints.

Plan of the Book

This is an ethnographic study that attempts to discover and characterize ideas and values—but also structures, meanings, emotions, and lived experiences—that reflect patterns of behavior occurring in a given social context. Despite the transformations genital cutting practices have undergone over the past century and the ongoing efforts and pressure to eliminate female genital cutting, initiation rituals remain compelling, with a 96 percent prevalence rate for female genital cutting and 100 percent rate for male circumcision. The high adherence to genital cutting underscores its significance within practicing communities and how the opponents of FGM have not been able to redefine it in terms that resonate within the context—cultural, social, and economic—where the rituals actually occur.

Throughout this book, each chapter contains an ethnographic account of participant observation from one of the ritual seasons covered (1998, 2001, or 2004). Each chapter combines individual narratives with the theoretical discussion necessary to analyze and understand the larger picture. The narratives are taken from interviews, paraphrased, and edited for clarity, voice, and continuity. Sometimes, where possible, quoted statements appear amid extensive paraphrasing. Interviews were carried out in Igikuria or in English and were transcribed, translated, and, in all cases, edited for readability.

Capturing various dialectical dynamics—between local and exogenous, traditional and modern, backward and progressive or

enlightened, collective and individual, duties and rights—necessitates concepts and constructions that inform the discovery of the many layers of initiation practices. Kuria society and culture, in addition to concepts of initiation and genital cutting, provide the basic underpinning of the emic milieu. The aim of this book is to create a record of a long-established practice, and to share the description of initiation rituals of Kuria people and of the transformations taking place during the two decades spanning the change of the millennia.

In this introduction, I have discussed how I came to be concerned with the topic of genital cutting, the initial fieldwork context in which I witnessed initiation rituals in the late 1980s, and a return to that milieu in the 1990s. My intention is to capture the emic conceptions of genital operations and their roles, and this can only be carried out by contextualizing the changes arising out of national and international concerns that have defined the discourse and that aim to eradicate the practice. I have offered a brief history of the efforts to eradicate genital cutting in order to access the perspective of the agents of change. And though I see that Kuria perceptions and understandings are indeed shaped in the context of the discourse unfurling around their practices, I resist the pull to privilege the discourse of academics and activists over the voices of the practitioners. In order to achieve some balance, I strive throughout to present multiple voices addressing specific issues.

Chapter 1 documents some of the social context of initiation. Focusing on the power of witchcraft to bring the initiation season to a halt, I examine how rumors serve to identify and mark anxiety and discomfort within the community as well as some of the underlying issues that gave the late 1990s a character of uncertainty that permeated all aspects of Kenyan rural life. Witchcraft, thus, allows an investigation of the tension between, on the one hand, historical structures that order life through descent-based social, economic, and political organization and, on the other hand, destabilizing socioeconomic and political changes that result from a nation-state on the path of free market development. In this chapter, I look at responses to socioeconomic change and the ideas people hold about identity as mediated by descent, gender, ethnicity, and class.

The initiation experience for males is the subject of chapter 2. Beginning with the opening of the initiation season, the process of initiation is revealed, both as it was shaped in the 1990s and as it took place in the 1970s. In both cases, the discourse is centered on the

experience of individuals. I explore the ritual cycle and generation class membership as important loci for marking identity. In chapter 3, I discuss the initiation experience of females, focusing on three periods: 1998, 1992, and 1931. Using this diachronic perspective allows for an investigation of tradition and innovation in Kuria initiations, as well as a focus on gender and age as identity markers.

Chapter 4 focuses on the controversy over female genital cutting and medicalization of the practice. The ethnography follows initiation at the mission, carried out by a trained nurse. Interviews with a clergyman and circumcisers, among others, reflect on what this innovation means for Kuria society and culture. Because Kuria people consider the ritual context and celebrations to be a central part of initiation, chapter 5 offers an in-depth look at the liminal stage the initiates undergo, the importance of relatives in comforting, consoling, and sponsoring feasts, and the reinforcement of connections between kin and affines. In coming out of seclusion, the initiates step back into the social world, and the circumcision set they belong to becomes a lifelong marker of their identity.

Chapter 6 introduces some of the many voices taking part in the genital cutting controversy. The final chapter begins in 2004, and focuses on the newly introduced alternative rite of passage for girls. It begins with a look at the efforts to eradicate genital cutting since the introduction of the Children Act, and briefly summarizes the state of current practices for the people of Bwirege and Kuria more generally. Further, I focus on the specific perspectives and positions of the three main parties concerned with genital cutting practices within the community: the elders, the youths, and the parents. The book ends with an epilogue that presents a view of the latest initiation season (2014), showing the ongoing concerns over the practice and partiality of media coverage.