

# Gendered Identity and Anti-Female Genital Cutting (FGC) Activism among the Ejaghams, Cameroon

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## Abstract

This paper is a critical appraisal of NGO activism against female genital cutting (FGC) practices among Ejagham communities in Southwest Cameroon. The paper argues that by framing female circumcision as a "harmful traditional practice", local anti-female circumcision activists (NGOs and their external allies), using educational, health, legal awareness and human rights-based approaches, have produced mixed results, thereby re-inforcing resistance among cultural hardliners. Their demonization of culture and failure to address the local context of these practices tends rather, to reify and re-inscribe the practice as central to Ejagham cultural identity, personhood and femininity. Although tension is absolutely central not only to any attempt to stop the practice but probably to the processes involved in the practices themselves, I maintain that a community-led, 'Positive Deviance Approach' could be a way forward towards the eventual eradication of FGC.

**Keywords:** Female genital cutting; cultural identity; human rights-based approaches; personhood; femininity.

## 1. Introduction

Over the past decades, female genital cutting practices, also called female circumcision, female genital mutilation/modification have elicited worldwide reaction from scholars, policy-makers, administrators, human rights groups and medical associations, leading to the adoption of a monolithic platform calling for the extirpation of these practices through sensitization involving educational, health campaigns, and legal awareness programmes targeting women and political actors in practicing societies. However, most of these interventions, as the case study of the borderline Ejaghams suggests, have produced mixed results because of the activists' failure to take cognizance of the complex politics and history of top-down development interventions. These benevolent interventions that aim to rescue 'victims', privilege western against local knowledge systems and frame female circumcision in human security terms as a "harmful traditional practice," thereby negating the agency of practitioners.

The WHO, UNICEF and UNFPA define female genital mutilation as comprising "all procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons" [1]. The World Health Organization [2] has classified genital cuttings into four Overlapping categories<sup>1</sup>. Although various expressions such as "Female Genital Mutilation" (FGM), "Female Genital Castration", "Female Genital Surgery", "Female Circumcision" have been used among others over time to designate the wide range of ritual practices in the anti-FGM advocacy literature, "cutting" has increasingly been used to avoid alienating practicing communities since parents most often resent the suggestion that they are mutilating their daughters. I will therefore employ the alternative expression of "female genital cutting practices" (FGC), in keeping with Judith Butler's [3] notion of performance so as to render problematic the notion of FGM and to undermine the normative term of "genitalia" that is presumed by the eradication movement to exist independently of its various discursive formations. This will capture the specific cultural, political and historical performances that continue to give these practices both meaning and materiality among the Ejaghams.

This paper engages with Ejagham women's perception of FGC as an empowering ritual against the NGO view that it is a violent and unchanging "traditional practice". I argue that by failing to recognize the very dynamism of the concept of culture, biomedical actors (local NGOs and their external allies)-intervening against FGC among the Ejaghams have created a dilemma for themselves by turning the anti-FGC crusade based on the harmful health effect paradigm into a fight against culture. This paradigm will only succeed if it incorporates and addresses ethnomedical health concerns through community engagement and the empowerment of stakeholders with vested interests. Additionally, the dichotomy between tradition as cast in stone and modernity (human rights), one of the cornerstones of these NGO interventions, masks complex patterns of cultural behaviour. I present a case study of the reaction of the Ejaghams to attempts by government agencies and NGOs in Cameroon to end the practice while capturing contemporary changes in FGC within the context of the HIV/AIDS pandemic. Below, I lay out the methodology informing the data collection process.

## 2. Methodology

Between February and October, 2006, I set out to document through local level ethnography, transformations orchestrated by the changing medical and institutional dynamics of the HIV/AIDS pandemic in the institution of Moninkim, among Ejagham clans (the Ekwe, Keaka and Obang) in Southwest Cameroon. This exclusively female secret society and traditional dance group is charged with female socialization and feminine personhood. Until the 1980s, the main precondition for membership was FGC. The extended case study strategy adopted involved a multiplicity of ethnographic methods: free listing of "women's problems", individual in-depth interviews, focus group and informal discussion sessions, case histories of participants, casual and participant observation of relevant cultural fields and activities. The selection of the Ekwe clan was purposive. They are the most 'urbanised' of the three clans, are the hub of NGO activism and are largely accessible considering the poor state of the roads in most of Cameroon. Additionally, I am related to the people through marriage, had also worked among them as an HIV/AIDS educator for the Non-governmental Organization, Noble Social Group. I was therefore familiar with some of the 'gatekeepers' and key informants who had demonstrated their willingness to be part of the study. Purposive sampling, following Burns [4] is useful if it 'serves the real purpose and objectives of the researcher by enabling him to discover, gain insight and understanding into a particular phenomenon'. However, to a limited extent the selection of the Ekwe clan was based on what Yin calls the 'sampling logic' or 'those that are representative of the total population of similar cases' [5]. Although many have taken issue with this latter sampling method in case study research on grounds that such research is no more concerned with generalization through representative sampling as with the generation of theoretical insights, see for example, Yin, [5, 6], and Gomme et al [7], I maintain that an attempt be made in qualitative studies to consider the extent to, and conditions under which findings from a given number of cases studied can resonant on the smaller, if not wider population of cases from which the samples were drawn. In this regard, I opted to work in one clan, the Ekwe, that meets the criteria of familiarity, proximity and willingness. I however extended out to the other two clans, the Keaka and Obangs, where I did a limited case study for purposes of comparison. The people's history is intertwined and the same local, national, regional and global processes are affecting the three clans despite differences owing to location: the Ekwes are more exposed given their 'peri-urban' location.

Based on the principles of informed consent and confidentiality, information was voluntarily and successfully abstracted from a total of 273 respondents comprised of: 60 men (among them some local gate-keepers), 120 females aged 17-73 (members and non-members of the Moninkim cult alike), 20 NGO activists, 30 traditional practitioners (including 10 circumcisers), 40 modern health care practitioners, and 3 government representatives. This was complemented with the inspection of secondary data from government and NGO offices. Field notes and tape recording went on simultaneously. The interviews were transcribed, anonymized and coded using CSAC Content Codes (see Fischer et al. [8] to create meta categories in my field notes based on the content, followed by an abstract for every note. I adopted what in Yin's [5, 6] words is an 'embedded multiple-case study design' involving various stakeholders. Generally, analysis was carried out at two levels: 'individual-case' analysis and 'cross case analysis'. Following Stake [9], at the former level, I identified patterns, consistencies and differences in what was observed, obtained from subject interviews, focus group discussion sessions with gender and status within the social structure as important variables. In the latter stage, individual cases were compared; similarities and differences of opinion identified and possible explanations were generated. In the next section, I examine the anti-FGC campaign in Cameroon and the cultural context within which these practices take place among the Ejaghams.

## 3. The Campaign against FGC in Cameroon

This section examines both state and NGOs initiatives aimed at extirpating FGC in Cameroon. And the complex cultural tapestry within which these practices take place among the Ejaghams while simultaneously capturing changes in this female institution. The cornerstone of state-NGO anti-FGC initiatives is the modernist health and development concepts that are employed: health education and sensitization against the harmful effects, human rights and the health of women and children as determined by donors. In Cameroon, FGC is practiced in several communities with different cultures and religions. There exists no reliable publication on the prevalence rate at the national level. However, CIAF [10] approximates that 20% of females in the Southwest, Extreme North and Eastern provinces have undergone the practice. In Mamfe, in the Southwest, 45% of sampled women reportedly underwent excision. In Kousseri in the Far North, 25% of women had undergone the partial or total cutting of the clitoris and the libia minora. Fifteen (15) % had been infibulated, while 5% had been simultaneously infibulated and excised. In the Far North, 100% of the predominantly Muslim Arab Chaos women interviewed said they underwent infibulation<sup>2</sup>. The Government of Cameroon [11] maintains that the practice is culturally sanctioned and deeply entrenched in the cultural, social, political, and economic structures of these communities.

Cameroon, like many African countries, witnessed a resurgence of anti-FGC campaigns since the 1990s. Cameroon has since then signed an avalanche of both regional and international treaties aimed at protecting the rights of women and children. Among these treaties are the Convention on the Rights of the Child (1989), the Convention on the Elimination of All Forms of

Discrimination Against Women (CEDAW, 1981), the African Charter on Human and People's Rights (1986) and the Programme of Action Adopted by the United Nations International Conference on Population and Development (ICPD) in Cairo (1994). The signing and ratification of these and many other treaties shows the state's commitment to the welfare of women and children, and provides evidence for the government's subscription to international norms aimed at improving their well-being.

Although the government of Cameroon currently has no set of laws against FGC, general assault laws can be readily invoked and applied if a circumciser in the process of circumcising an initiate causes harm. The state of Cameroon seems to be aligning with those who support the *status quo* for political gains probably because outrightly condemning the culture of various practising communities could lead to alienation and the loss of electoral votes to the opposition. The validity of such a strategic explanation however seems doubtful (but is plausible like the situation in Sierra Leone suggests). Cameroon's refusal to criminalize FGC actually has reminiscences to the Sierra Leonian situation. Skaine [12] suggests that Sierra Leone has an approximately 80-90 percent prevalence rate of FGC. Although both the former and the latter have signed treaties to protect women and children's rights, Sierra Leonian politicians still appropriate the Bondo secret society for their own aims. There is simultaneous open state alignment with and co-optation of the Bondo secret society whose membership procedure includes FGC. Many politicians instead prefer to court and cajole members of the Bondo by building them initiation centres or "bushes" in their constituencies, providing money to meet up with the initiation of large groups of girls into the society rather than enlist their wrath by condemning them.

Both state and NGO anti-FGC initiatives in Cameroon have focused on educational and advocacy programmes, media campaigns, and research projects. Like the government, civil society organizations often obtain funds for anti-FGC campaigns from foreign governments, foundations, and religious groups such as the United States Agency for International Development (USAID), and the New York-based organization Equality Now. There are also many small-scale programmes organized by local charities, churches, schools, and community groups that often have only tenuous links to national and global institutions. This tends to present them as agents of the 'Whiteman'. Despite some evidence of tensions between local and international approaches to the issue of FGC, "indigenous" movements across Africa are nevertheless likely to draw inspiration from international declarations and debates on FGC, not least because of the need for external funding [13, 14].

#### 4. Cultural Context of FGC Practices among the Ejaghams

The Ejaghams are a trans-border people found between Cameroon and Nigeria. They number around 200, 000 in Southwest Cameroon. Detailed history of the Ejaghams have been documented by Abassatai [15] and Bonchuks [16]. The Ejaghams have historically been exposed to multiple flows of ideas, fashions, lifestyles and sexually transmissible diseases. They were middlemen between the Cameroon Grassfields region and the coast during the trans-Atlantic slave trade. Today, they are at the crossroad between Cameroon and Nigeria on the one hand and on the other, between the West and Central African regions. Their historically strategic, trans-border location has made them the hub of development interventions by NGOs seeking to promote "civilization," development, and modernization by extirpating FGC, especially within the HIV/AIDS context. The pandemic pitted conservatives opting for FGC as a moral 'antidote' to the scourge and progressives calling for eradication because of its ability to transmit HIV alongside moderates opting rather for the medicalization of the ritual procedures.

*"The circumcision that was given to girls cooled down their anxiety for sex. The high numbers of uncircumcised girls today are the ones prostituting all over. It should still take place so that anxiety and immorality will reduce"*(Ayum Mary, 29, interview of 20/03/06, Boki, Eyumojock).

*If instruments are clean and safe, circumcision can still be good to those who still wish. At some times, a canoe capsizes in a river, people still go by it. You see a train can derail, people will still continue to travel by train. A plane can crash but people will continue to travel by air. We refuse stealing but people still steal* (Tambe Robert, 03/04/06, Eyumojock).

Practitioners of FGC and anti-FGC advocates typically frame the ritual ceremony as a "traditional practice". Such a perception as suggested by Hobsbawn & Ranger, implies that tradition is unchanging, even 'when tradition does not preclude innovation' [17]. My Ejagham respondents justified FGC thus: *"They [our ancestors] believed that if a girl child is not circumcised, the child will always feel like making love whenever she is in the company of men* (Nkoyo, Interview of 23/04/06, Eyumojock). When circumcisers were questioned, they simply stated that *"Fixing women is our culture. My grandmother handed it down to me"* (Mami Elizabeth, Interview of 26/06/06, Ekoneman-Awa). There is actually the need for reformers to consider how individual choices and cultural self-determination play out in defence of a marker of identity or a symbolic world view. FGC is often associated with other aspects of gendered identity and femininity, an association that tends to generate resistance to change.

The maintenance of tradition and, by extension, a specific cultural identity is the strongest reason proffered by partisans of FGC. Dead uninitiated women were cut in the past before their burial probably as a mark of recognition by their ancestors in the spiritual world. This suggests a link with the people's traditional religion. These conservatives see tradition as cast in stone, as unchanging despite changing circumstances. This is contrary to the views of progressives among them who ridicule this 'blind' adherence to tradition. They point to the need to embrace modernity while casting FGC as the very vestige of an identity icon associated with a primeval past.

This tradition should rather be understood as part of a much larger complex cultural continuum. One aged woman justified FGC to her daughter who was circumcised in 2002 despite the ongoing anti-FGC debates within the HIV/AIDS context: *"My own mother did not leave me like that, so I cannot leave you like that" [meaning with your clitoris intact] (Elizabeth, Focus Group Discussion session, Ekoneman-Awa, 23/06/06)*. Status anxiety is at play here. According to Anjezza [18], status anxiety is the longing to be somebody, to be within the mainstream, for respect, attention and visibility for fear of social erasure and invisibility as failure will lead to a negative self-image and uncertainty.

Additionally, there is the need to preserve gender identity and feminine personhood. A cardinal assumption of Ejagham theosophy is the belief that human beings are bisexual animals-males have a feminine organ, the shield on the tip of the penis, whereas females have the clitoris, a male organ. For women, they will face what Barkty refers to as "social public sanctions" and eventually erasure which therefore prompts them to "have a body feel feminine" [19]. This internalization of beauty standard [circumcision], provided women with a secured sense of mastery and identity as females so much so that to resist circumcision was like "to diskill embodying the feminine" [19]. To look 'good' and to come out of this physiological ambiguity, it was deemed necessary to circumcise both sexes so as to do away with the organ that represents the opposite sex as a mechanism of sexual identification with others of one's sex. This chimes with Lambek's [20] view that "the body substantiates socially significant distinctions and relationships". Mary Douglas argues that rituals concerning the body 'enact a form of social relations and in giving these relations visible expression, they enable people to know their own society. Rituals work upon the body politic through the symbolic medium of the physical body' [21].

An uncircumcised woman was excluded from marriage because of her presumed lack of the moral virtues and values such as reservation within the matrimonial home through "dislike" for sex that circumcision inscribes and imbibes. Additionally, a heavier workload was imposed on the uncircumcised during community activities such as during the keeping of public places clean. It can thus be stated that FGC is a psychological mechanism aimed at transmitting the basic personality traits of a "standard" woman, a moral check and a mechanism for keeping women in matrimonial service.

Most respondents stated that the standard Ejagham woman was the one without a clitoris. And that keeping one's clitoris intact was considered as belonging to a "third gender" that did not even exist in the Ejagham imagination. Circumcision is therefore a form of body construction so as "to meet the other woman" in Wolf's words<sup>3</sup> [22]. Following Abusharaf, FGC becomes "a mirror image of prevalent gender ideologies, politics and values regarding femininity and sexuality" [23]. Since women are under persistent surveillance by patriarchy/ the opposite sex, they are socially conditioned and made to stick to what Wolf [22] refers to as "patriarchally induced and internalized disciplinary requests through various practices with regards to their body image". As demonstrated by numerous feminist scholars, women all over the world engage in body modification practices to please men [2, 24, 25, 26]. Most circumcisers stated with regards to FGC that "the individual should look nice"- suggesting that the uncircumcised are "impure" and "immoral". They frequently invoked the expression "to fix". This means that bodies, then, are not born, they are made.

*To us, we have reasoned that the clitoris is not nice. When a woman goes to the stream to take a bath, her private does not look nice. When not cut, you are both a woman and a man at the same time" (Bassey Erica, 28 years old, interview of 10/05/06, Ndebaya).*

Following Turner [27], the body becomes a conglomerate of practices, or 'body techniques' which represent and regulate bodies in time and space through the repudiation of the otherwise loathsome appearance of the female genitalia. Abusharaf [23] points out that "the ritual is not only a fastidious tactic in pursuit of an aesthetic, but that it is related to the very process of the cultural construction of the body...and ..... is the machinery that liberates the female body from its masculine properties". "Fixed" women were the models of womanhood, paragons of beauty, or the equivalents of local Helens of Troy. They stood the most prominent chances in the matrimonial market thereby forcing all others to follow suit. For one thing, they were believed to be fertile, well behaved and therefore, to be embodiments of womanhood.

*The difference is that when you are having sex, look at the genitals of a circumcised woman, you cannot find dirt there unlike that of an uncircumcised woman. Some people like me, when I see it, I can even run away from you. It seems she is a man and I am also a man. A cut woman is nice, she is clean (Ndom Jonathan, 40, interview of 23/05/06).*

*The clitoris of a woman who is not circumcised grows and becomes long. It will disturb both the man and the woman when they are having sexual intercourse. At a certain age, the woman's clitoris grows as she is growing and this is done [circumcision takes place] to stop it from growing by trimming it (Robert Mbi, interview of 28/06/06, Ndebaya).*

*...It was like an abuse if you were not circumcised. Whenever you go out with friends, they will be abusing you "Go away, you are not circumcised". They had a name. When you died, before you were buried, [if not already circumcised], you were circumcised using an okarang before your burial in those days. But this is no longer happening today (Anonymous woman, Ndebaya market, informal chat 23/06/06).*

The above interview excerpts articulate the aesthetic belief associated with circumcision and the presumed contrast between the circumcised and the uncircumcised. They further demonstrate that the aim of FGC was aesthetic appeal to patriarchy, the conferment of gendered ethnic identity and personhood. As Largey & Watson posit "[impurity] whether real or alleged, is often used as a basis for conferring a moral identity upon an individual or a group. And certainly, such moral imputations bear upon the processes of human interaction" [28]. Morality and sociality thus intertwine with the olfactory in everyday life experiences.

For instance, at the heart of Douglas' study of pollution is the claim that the body is "a symbol of society" and thus, a prime site for the ordering of social hierarchies: *The body is a model which can stand in for any bounded system. Its boundaries can represent any boundaries which are threatened or precarious. The body is a complex structure. The functions of its different parts and their relation afford a source of symbols for other complex structures* [21]. Descriptions of the body 'as representation', as "a medium of social values", and as "community" are widespread in ethnographic accounts of local rituals surrounding the body, including genital cutting rituals [27]. Mary Douglas in particular uses the concept of "dirt" for anything that threatens established cultural categories, such as the division between male and female. Disturbance to such categories can be deeply challenging, and much cultural energy occurs at their borders: "all margins are dangerous". People or objects that cross boundaries or that threaten the purity of categories can function like cultural pollutants to be expelled or purified in ritual form [21]. It might be stated that dirt [the uncircumcised] represents an offence against order, against categories that help promote social stability because circumcision is intertwined with both biological and social reproduction.

## 5. Social Reproduction: Gender Ideology and the Paradox of Control

Mernissi has stated that: "Femininity is the emotional locus of all kinds of disruptive forces, in both the real world and in fantasy". She further points to the apparent absence of femininity as a threat in the Western imagination of passive accessible women [29]. FGC is presumed to be one way of maintaining restraint over women and girls so as to ensure control, assure social and biological reproduction through marriage. The Ejaghams believe that women have revolting sexual energy inside their bodies as represented by the presence of the clitoris on the female body. This dovetails with Foucault's representation of the body as the ultimate site of political and ideological control, surveillance and regulation- a focal point for the exercise of disciplinary power. Through the body and its behaviour from a Foucauldian perspective, state apparatuses such as medicine, the educational system, psychiatry and the law define the limits of behaviour and record activities, punishing those bodies which violate the established normative boundaries, and thus, rendering bodies both productive and economically useful [30]. The widespread cutting of the clitoris was one mechanism of exercising power over women by maintaining exclusive sexual rights to culturally recognized individuals through the institution of marriage. Within the context of the AIDS scourge, partisans invoke FGC as a "native" therapeutic model with which to fight against the pandemic since it is believed to instill sexual reservation in women. This should rather be seen against the backdrop of the patriline on which Ejagham society is based. Fatherhood unlike motherhood is a social concept and the society believes that "it is only the mother of a child who knows the real father of that child". Hodson and McCurdy have rightly noted that:

*There are competing definitions of fatherhood: a jural definition anchored in rights established through marriage and bridewealth, and a more "social" definition, based on the duties and responsibilities of a "father". Therefore, separation without refund of Bridewealth still entitles a man to children given birth to by his wife. Any children conceived, whoever their genitor or biological father, will therefore be recognized legally as the children of the Bridewealth payer. Bridewealth exchange is one way of contributing and expressing patriarchal authority [31].*

It is assumed that a child given birth out of wedlock might grow up and have a different, usually bad character, reflecting that of his biological father. Women were therefore circumcised to forestall this from happening, to maintain 'family blood' and to avoid disputes over property inheritance.

A further rationalization of the female circumcision ritual is the sustenance of the institution of polygyny. Co-spouses have to remain faithful and to wait routinely for their sexual turns.

*"They [our ancestors] believed that if a girl child is not circumcised, the child will always feel like making love whenever she is in the company of men. She will always be yearning to have sex with a man. I feel that with the removal of the clitoris, the child's curiosity for sex will be reduced...It was believed that a woman, who has not been circumcised, will always indulge in high rate of sex. Our men are used to having many wives and concubines and are usually unable to satisfy them sexually so to ensure control over these women, they prefer circumcised women because they are calm and since a woman who has not been circumcised may be tempted to have extramarital sex, she can therefore not contain her marital home [Bernadette]. The aim was therefore to confine women's sexuality within the matrimonial home" (Nkoyo,33, FGD session of 27/03/06, Eyumojock)*

It is this contention that women are guided by their sensuality or could revolt at any time by engaging in uncontrollable sexual activities that undergirds the arguments of most pro-female circumcision advocates. They hold that the non-circumcision of girls has given rise to a free fall in moral values as epitomized by multiple sexual encounters. Against the backdrop of the HIV/AIDS pandemic, hard-liners therefore see FGC as a useful, "native" response to the ravages of the pandemic. This brings to light the argument against the mind/body dualism in which the female body is turned into a metaphor for the corporeal pole representing nature, emotionality, irrationality and sensuality. In Lupton's words, the female body is always the 'other' mysterious, unruly, threatening to erupt and challenge the patriarchal order, symbolizing all what needs to be tamed and controlled by (dis)embodied masculine rationality [32].

The demonization and regulation of women's bodies and sexuality within patriarchy has been well documented in various cultures [21, 32, 33]. According to Laqueur, during the Renaissance the clitoris was routinely viewed as the organ "which makes women lustful and take delight in copulation" [33], an idea that was later sacrificed in the effort to assert a fundamental underlying difference in male and female biology. Women have been subjected to a range of negative characterizations (e.g., as polluting, dangerous temptresses [21], and their bodies have been accused of being "inherently different from men's [bodies] in ways that made them both defective and dangerous" [33]. As a result, women have been systematically overdressed and undressed, locked indoors and exposed to public humiliation, and even burnt at the stake to placate men's fears about the hyperbolized, often mythologized, dangers their bodies are purported to pose [34, 35]. Ironically, while women are associated with unbridled sexuality, there is an apparent male/female double standard here. Gregg [36] has noted that on the one hand, women are thought to be morally superior to men while on the other hand, they are simultaneously thought to be subordinate to men: physically, mentally, spiritually, and therefore morally weaker. El Daawla has drawn attention to some of the complexities and paradoxes engendered by the social support for FGC. The first is the fact that women are defenders and practitioners of this painful custom. The second is the irony inherent in controlling women, who are the weaker and the more subordinate of the two sexes. "Yet, why control those who are already weak? Are the weak oppressed by FGM on the pretext that they are powerful?". Cutting women's genitalia, she suggests "may indicate that these seemingly oppressed and second-class citizens have a power and a strength that might threaten social stability if it is not curtailed early in life, using a ritual that delivers a clear message: You must be controlled." Thirdly, although circumcision is meant to control women's sexuality before marriage, these same "women are expected to be sexually responsive to their spouses during marriage, raising the question: Who fears whom in such a relationship?" At the same time, these women are entitled to sexual pleasure in marriage and a man's failure to satisfy his wife is considered as a blow to masculinity [37]. Judith Butler's double process of *disavowal* and *projection* are useful here: *The abstract, masculine epistemological subject is abstract to the extent that it disavows its socially marked embodiment [including sexuality] and further, projects that disavowed and disparaged embodiment onto the feminine sphere, effectively renaming the body as female* [3]. Disavowal and projection are crucial parts of the very mechanism of constructing 'others'. Also regarding the mechanisms of projection, Sander Gilman writes: "The control of the woman's body becomes the projection of the male's own sense of lack of control over his own body [38].

It is quite interesting that the social gaze is always on women, whereas, globally, men are assumed to always want more sex, and male sexual escapades are socially sanctioned and even licensed unlike female sexuality. Despite this fact, FGC institutes assurances that women's sexual desires will diminish. FGC, I argue, is more about the role of female sexual agency and the need to control it, although ideas about the dangers of female sexuality have shifted dramatically in Cameroon due to western formal education and the diffusion of scientific knowledge. The following interview excerpts highlight the role of female sexual agency suggesting that FGC instills the virtues of sexual reservation in the initiate, is a "virtuous cut", and a potential source of sexual morality and power:

*All these NGOs flying around today are preaching that if they cut your clitoris, you do not enjoy sex. If your tongue is removed, will you still feel hungry? I have been circumcised with effect. I have advantage over you. The advantage I have is that I do not have cause to be easily tempted for a man. As a secondary school student, when I got a boyfriend and my friends too had*

*boyfriends, and there were occasions when there was the need for sex, or anything, my friends will refuse but once the boys started touching them, there was no way [They had to give in and offered themselves for sexual intercourse]. But for me, since I had been circumcised, no matter what my boyfriend could say [or do].... That is how I succeeded to sail through education without getting pregnant. A man could not touch me at any minute and I just become tempted and give in to his sexual demands (Benedicta Obam, 38 years old, initiate, graduate and politician, Ekoneman-Awa).*

Benedicta faithfully problematizes the contentious notion of sexual pleasure itself-while simultaneously emphasizing her sexual agency. To her, circumcision is rather a source of empowerment and strength, a self-restraining mechanism. Foucault rightly conceptualizes power as neither an institution nor a structure but a complex strategical situation, a "multiplicity of force relations" as concomitantly "intentional yet nonsubjective" [30] through self-mastery. The category of uncircumcised girls includes the daughters of some educated individuals in this community and those whose parents did not circumcise them because their relatives had suffered from excessive bleeding.

The practice of FGC is further informed by ethnomedical health assumptions-particularly the need for social reproduction. Every society has its health system, which pulls together illness causing beliefs and practices and their solutions. These beliefs and practices may not cohere in the view of individuals from other cultures. This brings to the fore the chasm between local and scientific knowledge, suggesting the existence of many varieties of truths, many rationalities. Among the Ejaghams, the failure to circumcise is associated with infertility or sub infertility. Accordingly, if a woman has not given birth to other children for a long time, and she had not already been circumcised, they deem it necessary to circumcise her believing that thereafter she will give birth. FGC is therefore being presented here as one of various "native" therapies against any degree of infertility. We should keep in mind however that infertility is a gendered concept-- it is always women who are considered infertile, not men.

In order to achieve the status of motherhood, a key source of individual agency, power and social personhood, females were under pressure from society to circumcise or face the dire consequences of infertility. To reinforce this cultural expectation, infertile women are abusively referred to as "unproductive plantains". Children provide security at old age and autonomy. The contention is that only one's child can treat that individual well and not those of one's relatives, although every child belongs to the lineage group and to the society at large for his or her upbringing.

The complex web of cultural understandings informing FGC detailed above, instead tends to reinforce the image of the Ejaghams as 'irrational' in the eyes of development NGOs, while simultaneously reinforcing their sense of collective ethnic identity and belonging thereby generating resistance to change among hardliners. This calls on change agents to "wear native spectacles" so as to see how FGC is entangled with other aspects of culture.

The people's marginalization in the sharing of scarce development resources by the state of Cameroon has further led to a hardening of identities around FGC. Colonial and post-independent Cameroon governments have treated the enclavement of the Ejaghams as a cultural pathology associated with a "backward" way of life. Against this backdrop, the Ejaghams point to their marginalization and neglect by the state in the sharing of development resources as an obstacle to state intervention in the practice of their culture, with FGC inclusive. They pointed out for instance, and it could be observed that they lack basic necessities such as a road network, potable water, electricity and a modern hospital facility among others.

This has led to the hardening of identity and the reification of culture:

*Interviewer: Don't you think that if a road network were to pass here, the police can easily arrest you?*

*Madam Ndom: Arrest us? For our tradition? Do you mean to tell me that those police officers do not have their own tradition? In so far as our tradition is concerned, there is no police. Even if there is a main road here, we will still circumcise our daughters. If you circumcise your child at home, how will the police know? Do they announce it over radio, over television? You have seen my female children, how do you know whether or not, they have already been circumcised. Unless they are smeared with cam wood dye or calabar chalk, you cannot know (Egbe Ngon, Interview of 31/07/06, Babi).*

*We cannot abandon female circumcision because it is like our own activity; it is like our own occupation. It helps us. Although government has asked us to stop circumcision, we cannot unless they give us a road. Because as I have returned from the farm like this, with cassava, there are no people to buy because everybody has. But if there was a road network here linking us to the outside world, people will come and buy. It is for the same reason that we are not able to send our children to school- because of poverty. If a road comes here, people will come and buy our products (Interview, Agbor, 24/06/06, Okurikang).*

The contentious practice of FGC by the Ejaghams is often attributed to their cultural isolation and ignorance, the stubborn persistence of apparently static customs and an "unwillingness to change". Interventions aimed at ending the practice of FGC

must therefore be contextualized within the context of institutionalized unbalanced development and clientelism if we are to understand community responses to contemporary campaigns against FGC in Cameroon. These interventions are at the same time, grounded in a harmful health effect paradigm, a framework that presents the people as adhering to tradition 'irrationally' and tends to generate resistance and a hardening of gendered identities. In the next sections, I examine the shortcomings of the human rights language and methods of contemporary anti-FGC campaigns and suggest ways in which they might be modified to make them more fruitful through the promotion of a community-based "Positive Deviance Approach" (PDA).

## 6. The Harmful Health Effect Paradigm

The Health Organization [2] states that "female genital mutilation is universally unacceptable because it is an infringement on the physical and psychosexual integrity of women and girls and is a form of violence against them". Anti-FGC activists further argue that the ritual cutting practice transgresses three, *primary universally accepted* articles of human rights protection: the right to health, the rights of children, and the right of bodily integrity [2]. Implicit within the WHO position is a monolithic notion of health and a double standard because WHO also recognizes alternative health practices. Moreover, sexuality is a socially and culturally constructed reality and not a given. However, the Ejaghams de-emphasize sexuality for social and biological reproduction. Recent attempts that link HIV transmission with FGC, despite the poorly documented and epidemiologically improbable health risks [39] seem to support Obermeyer's [40] argument that a number of the reports on the health effects of FGC rely on sources fraught with numerous shortcomings. She points to lack of information about the sources of the data and how they were collected, high percentages of non-responses to questionnaires, inconsistencies in calculations, and biased estimates due to sample sizes. She concludes that "harmful effects are the exceptions, and not the rule" and that interveners should avoid the essentialization of sexuality through research on the dynamics of sexual behaviors and meanings.

*[Circumcision] has affected my life in no way because first of all, we are reasoning today that if you are circumcised, if you are not careful you cannot give birth to children. But I was circumcised before I ever saw my menses. I have since then continued to see my menses, given birth to my three children. I see nothing disturbing me. I have continued to have nice and enjoyable sex with my husband. It has been very good for the past sixteen years. If my husband says oya [Let us go and have sex] (Laughing), we will. I see no reason in it. I felt that it was lack of circumcision that made a woman to have interest in sex, but now, circumcision or no circumcision, you still want to have sex, do what you are supposed to do (Mrs. George, Interview of 10/05/06, Eyumojock).*

Boddy [41] locates women as central and strategic actors by interpreting FGC and the resultant covering or closure as symbolic acts that serve to foreground women's fertility by de-emphasizing their sexuality, defining and creating women as potential mothers rather than as sex partners, who assert fitness and capacity for reproduction through the ritual practice. Nici Nelson has demonstrated that among the Kikuyu, sexuality for women has more to do with procreation than with pleasure, and more specifically, procreation for the patrilineage [42]. FGC therefore controls female sexual desires and keeps them under control and becomes a mechanism to enforce the subordination and suppression of women. Shell-Duncan & Hernlund suggest that in Western societies, the clitoris is not only the paramount organ responsible for women's sexual pleasure, but has also been raised as the symbol of women's sexual independence because the latter suited women's objectives in asserting their sexual agency and restraining previous constraining notion of their roles as wives and mothers [43]. However, presumptions informing Ejagham women's values regarding female sexuality, as in other aspects of sociocultural life, emphasize sexual interdependence and complementarity-principles that are profoundly heterosexual. This contrasts female sexual autonomy with vaginal stimulation through male penetration, which leads to reproduction.

The epicenter of state and NGO intervention is the fallacy of a static canon of tradition, and a homogenous notion of cultural values, whereas, as Gruenbaum points out, they are seen differently by different social groups depending on their position within the social structure. This erroneous perception actually conceals a consistent process of social change and modernization [44] within Ejagham communities given the adaptability of culture. I argue that anti-FGC interventions that engage with Ejagham ideas about change in ways that refer to the local context of the ritual practices are most likely to be effective.

By framing their stance against FGC in human rights terms, intervening NGOs tend to be seen as intruders and as agents of neocolonialism. The language of human rights may be confusing, unfamiliar, and associated with "Westerners". The rhetoric of "rights" may be closely associated with local, national, and international governmental and nongovernmental institutions whose interventions are seen as undermining the physical and cultural survival of the Ejaghams. Human rights norms have a western constituency and tend to clash with community rights. The African social ontology is a cumulative process of social integration into the family and community and differs in theoretical focus from the more individualistic perspectives on ontogenesis that dominate western paradigms. The individual has no meaning in isolation from the kinship group, making concepts such as 'bodily autonomy', 'sexual autonomy', 'physical autonomy' meaningless in the cultural universe of the Ejaghams. In his analysis of

individuality and community in Marx's theory of social reality, Gould has pointed to an "ontologically independent entity that one could characterize neither as an individual nor as a society, but only as a system of relations" [45]. The relational rather than the individual context remains the most salient aspect of circumcision rituals.

Rights-based approaches may also be at odds with local views of social life because female initiation allows a woman to be accepted as an adult and to compete on equal terms in the matrimonial market. At old age, she is considered to have the same status with men. Until the turn of the last century, uncircumcised women were effectively barred from marriage among the Ejaghams, implying a social security risk. A woman would be unlikely to choose to exercise her individual right to resist circumcision over her right to community membership through initiation and marriage. It might therefore be stated that the language of rights and individual choice is therefore likely to be ineffective if these notions are not discussed with reference to women's social status and communal rights to cultural self-determination. The decision to circumcise is about empowerment, social integration and women's agency.

The advent of the HIV/AIDS pandemic orchestrated institutional dynamics in the institution of female circumcision. Intervening NGOs among the Ejaghams are increasingly linking FGC with the threat of HIV transmission, thereby making interventions that focus on health less contested than the rights-based approaches. The focus on the need to preserve the health of the initiates can lead to immediate change through 'symbolic circumcision'. Although some conservative segments of Ejagham society maintain that FGC serves as 'traditional' therapy against the ravages of the pandemic, they are however making procedural reforms to address the hygienic conditions and harmful effects of the ritual cutting practices. These reforms include the use of a fresh razor blade for every initiate so as to avoid the spread of diseases with HIV/AIDS inclusive, as well as anesthesia to stop the bloodletting.

Nevertheless, health-based interventions are hardly accompanied by efforts to improve other aspects of women's health and well-being. Only the Association for the Fight Against Female Genital Mutilation (ACAFEG) and ABEMO focus on the political, economic, social and cultural education of rural women. Activists from the former group are engaged in identifying cut and uncut girls and women within practicing communities in the Upper Ekwe region where their activities are concentrated. They equally operate an adult literacy programme and have so far graduated 13 people among whom are three Traditional Birth Attendants (TBAs). Graduates are expected to be role models and to ensure that uncut women are not ostracised from their communities. They provide formal education to children at risk of mutilation as a pre-emptive measure against forced child marriage which is very rampant in the area. However, there are still several banes on women's health in the area: inability to deliver their children in a health facility, to receive assistance from trained personnel, or to receive antenatal or postnatal care. Problems related to FGC are themselves compounded by inadequate provision of rural healthcare facilities.

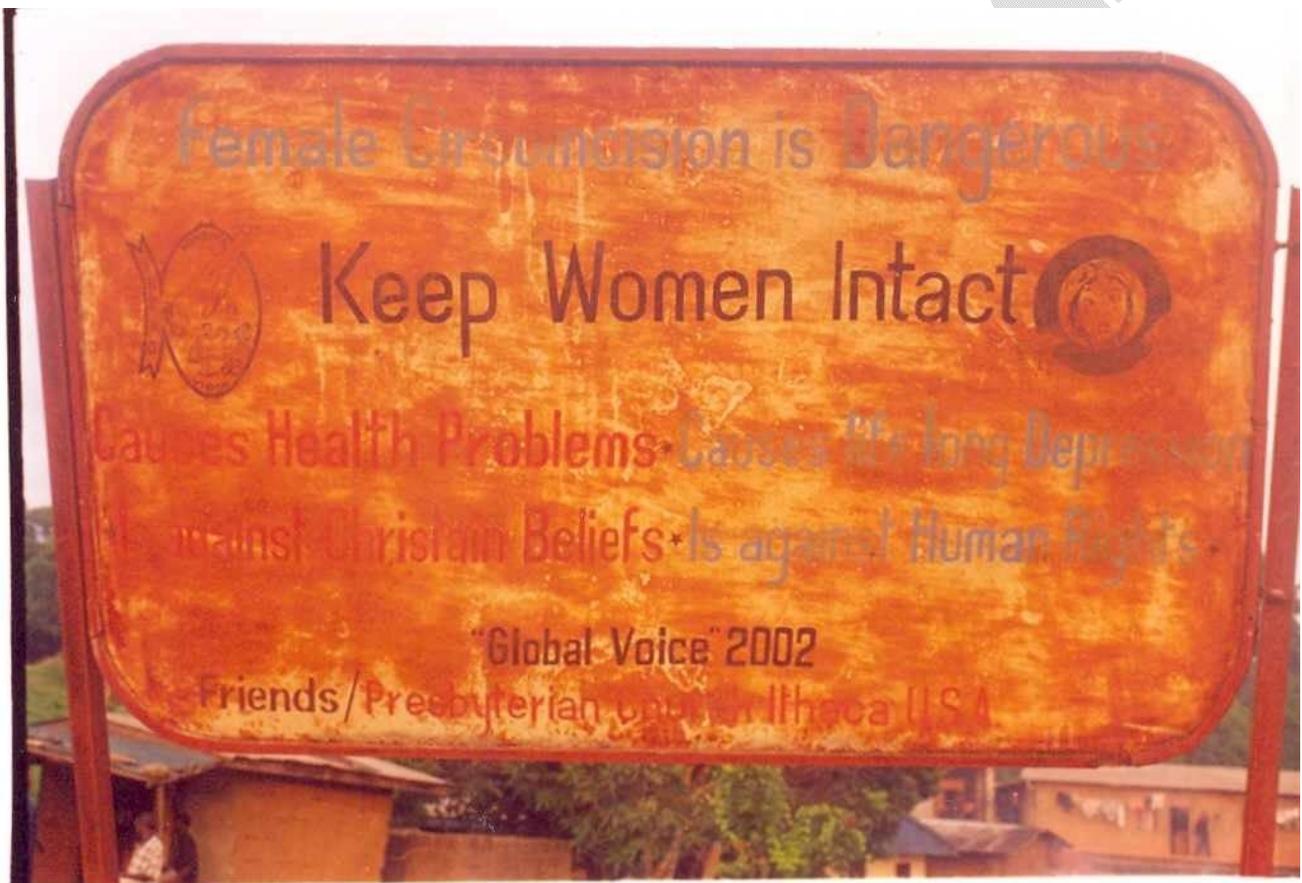
Despite efforts by anti-FGC activists to combine health education against both FGC and HIV/AIDS, these approaches rarely address ethnomedical health beliefs and practices. One of such beliefs, which has turned FGC into a platform for contestation, resistance and agency, is that it limits promiscuity and is a useful therapeutic model against HIV/AIDS and other sexually transmissible diseases. My discussions with women showed that gendered poverty has led to the commoditization of sexuality and that their lack of power to negotiate safe sex has led to the spread of sexually transmissible diseases with HIV/AIDS inclusive. In addition to this, both men and women use condoms only with some, but not with all their sexual partners.

*Once I have known a man for a long time, we stop using condoms because we are now like husband and wife. Condoms imply that we do not trust each other. (Anna, 13/06/06)*

It is clear that female enjoyment of sex is irrelevant to the spread of sexually transmissible diseases and HIV. It is relevant that local activists identify common beliefs about circumcision and come up with alternative solutions by grafting changes on existing beliefs and practices. They must recognize that only 'innovators' will adopt and diffuse changes and that it will eventually spread over time and reach a critical mass. This, following Asken, calls for community participation and an underlying theoretical model so as to identify appropriate indicators for long term evaluation [46]. They must also untangle local understandings of diseases such as infertility and their relationship with FGC. For the campaigns to be successful, they must adopt a participatory, needs-based approach that addresses women's other concerns: inadequate provision of healthcare, the links between gendered poverty, women's empowerment, and the spread of HIV/AIDS and other sexually transmissible diseases. In fact, a multi-pronged and holistic development approach is required, not only one that focuses on health alone.

## 7. Education and Sensitization

Whereas anti-FGC education and sensitization based on the harmful effects of the practice have gone on for decades, there is the failure by NGO activists to domesticate the materials used in the process. Images of infibulated women from places like Egypt and Sudan have been paraded, hopefully with the aim of frightening and deterring practitioners, even when the Ejaghams practice excision and not infibulation. This failure to reflect local level reality has often led to contestation, the hardening of identities, and ambivalence among participants, who often repudiate FGC in public but continue to practice it on newborn babies so as to stifle resistance at maturity. On the basis of socio-cultural research, Gruenbaum [44] has faulted this monolithic eradication strategy based on harmful health effects. According to her, FGC practices have differing cultural meanings among practitioners of differing religions and among people of many cultures, between social and cultural contexts as well as the individual reasons for the choices that people make within a given society. The plurality of the practices and their great variation in harm, in meaning and reasons, in cultural roots and in obstacles to change, she argues, calls for the need to ensure that change efforts are designed to maximize respect, appropriateness and effectiveness. She further points to the need for reformers to consider how individual choices and cultural self-determination play out in defense of a collective marker of identity or a symbolic worldview.



**FIGURE 1:** Anti-FC signpost. Copyright, the author.

This signboard in Otu village, has also been implanted in other Ejagham villages. It carries the religious ethos that “Female Circumcision is against Christian beliefs”, “is dangerous” and against “human rights”. It further enumerates some of the harmful effects of the practice and also shows the organization’s affiliation with the sponsors, First Presbyterian Church Ithaca-New York, USA. This is of course, the donor’s ideological stamp and label. Advocates of FGC and critics of the organization and its local ally, ABEMO are quick to point out that it is an idle sign post as most villagers are “illiterates” and that it has no meaning to them because FGC is about gendered personhood and femininity.

In the wake of the moral panic generated by the HIV/AIDS pandemic, western education has been presented as having an alienating effect on Ejagham youths. This seems to explain why even some educated individuals are still in favour of the practice of FGC.

Under these circumstances, it seems that the call for the abolition of FGC amounts to a repudiation of the Ejagham's sense of community, a rejection of the family and identity. They view government officials, modern healthcare agents and churches preaching against FGC with mixed feelings. These actors see culture as cast in stone, as immutable, due to ignorance and an unwillingness to embrace development. Development interventions that are underpinned by the presumption of ignorance are seen as attempts to balkanize Ejagham culture and society by NGOs, the government and colonialists. UNESCO recognizes the key role of taking culture as both a resource and an obstacle to changes in behaviour. It recognizes the fact that development should be tailored to suit local level circumstances [47]. It advocates for the indigenization of development at least in principle. This means incorporating local knowledge systems and mannerisms into development projects so as to make the natives to become their own change agents.

It is my view that if health education against FGC as a development intervention is to succeed, it must be with the local people in mind, rather than against them. Stated otherwise, there is the need for a more fluid and dynamic notion of culture, one that focuses on disagreements, contradictions among people, but not on local and parochial consensus. Gupta and Ferguson [48], for instance, rightly characterize culture as 'polyphonic', not 'monophonic' because it is more fragmented than bounded and there are numerous voices within every given culture. Moore suggests that knowledge is simultaneously local and global meaning that both the so-called indigenous and scientific knowledges appropriate and refine each other and are therefore not incompatible [49]. There is therefore the need to search for compromise that will bridge local and modern knowledge because knowledge is never exclusively local. According to Pottier, it interacts with science and the practices of development and is the outcome of complex negotiation practices linked to knowledge interfaces [50], and the production of knowledge is embedded in social and cultural processes, power, authority, legitimacy, social struggle, conflict and negotiation. On this point, see also Scoones and Thompson [51], Sillitoe [52], and Kalb [53]. As global rational knowledge confronts local cultures, there is permanent syncretism and a dynamic debate depending on actor's position and resources and the power field they are occupying. Modernity remains a negotiated process. Local institutions, habits, relationships can be appropriated by the process and project of modernity and the overall outcome might be democratic.

## 8. The Prospects for Internal Socio-Cultural Change

As shown above, there is evidence of ongoing changes in the institution of FGC among the Ejaghams. This suggests that development NGOs should dispense with the language of 'primitivity' and 'ignorance', cultural immutability and avoid a unitary conception of, and the reductionist perspective that FGC is only about health, which has underpinned their interventions. As well as other misconceptions including "the assumption that the traditional beliefs underpinning FGC are irrational and just need a good dose of public health education". Rather, "[these interventions] should reflect an accurate assessment of the different meanings and motivations" among both individuals and families in the community [44]. By framing the issue as FGM, while the Ejaghams call it female circumcision, development NGOs have politicized the ritual practice, and simultaneously tended to bolster and to resist power structures through their monolithic, colonialist eradication efforts. They have also failed to look at the system by targeting the tree and not the forest. A multi-pronged development approach is necessary because most of those with vested interests in the ritual procedures such as traditional birth attendants, and community leaders might resist change as these interview excerpts suggests:

Ngon: Even if government is telling us to abandon female circumcision, I cannot do it because I did not go to university like you. The okarang is like my own pen. Once I circumcise a girl, I am given money, gifts and I enjoy myself with the family in question. When I go for seminars, I receive a per diem, drink coffee, sleep in hotel and eat good food (Ngon, circumciser, Interview of 20/06/06, Ogurang).

If the government wants to stop female circumcision, they must do something to help the women. They will agree because it is their own activity, and only they have knowledge of the procedures. (Interview, Mr James Inyang, 03/05/06, Babong)

Two of several ongoing socio-cultural changes among the Ejaghams include: (1) the co-optation of uncircumcised dancers ('social Moninkims') into the Moninkim cult orchestrated by the ageing of the initial initiates and the need to replace them with agile and skillful dancers and (2) resistance from youths to embrace FGC as well as their preference for uncircumcised women as future spouses.

*A circumcised woman is not as God made her. She does not attract me at all because she has been devalued from her original state. I do not have that anxiety, that love, that interest towards that particular woman who is circumcised. (Richard, 26 years, Eyumojock, 12608/2006)*

These changes suggest that the way forward to successfully end FGC over time is a “Positive Deviance Approach”. The PDA focuses on those who have deviated from conventional social expectations as role models, agents of new values, beliefs and perceptions in their communities. The strength of this model for social change is that solutions to the problems associated with FGC already exist in the affected communities and that by being part of the process of self-discovery, community members are capable of identifying and implementing them. Individuals with leverage over FGC decision making: young men, circumcisers, community leaders and older women should be targeted. Among other advantages, the PDA strategy will strengthen and redefine the relationship between community and NGOs. Additionally, it will bring together community leaders and NGO staff to discuss issues and design development strategies as equal partners thereby creating relationships built on trust, respect and reciprocity. This will lead to empowerment and the reaffirmation of the sustainability and local ownership of the intervention. In Egypt, it has been demonstrated that emotional and psychological trauma led individuals to reject FGC [54].

FGC is not just about health alone, it is a polythetic cultural category rooted in networks of local reciprocities- ‘give and take’. The seclusion, gendered cultural indoctrination, celebrations, exchange of gifts, singing, dancing and merry-making aspects of the ritual practice can be returned, while the Ejaghams can be encouraged to practice symbolic circumcision as the phenomenon of ‘social Moninkims’, mentioned above suggests. This will be a version of “circumcision with words” which is widely gaining ground in countries like Kenya. It involves communication for social change initiatives and the use of alternative rites of passage that embrace positive traditional values while simultaneously excluding FGC [55].

However, the success of this approach depends on positive social change at the community level- particularly the need for “a significant number of families to make a collective, coordinated choice” to give up “the practice so that no single girl or family is disadvantaged by the decision”. This convention shift should be collective and explicit, as well as widespread within practicing community in order to be sustained. “This will involve the creation of a new social norm that ensures the marriageability of daughters and the social status of families that do not cut their girls, one that does not harm girls or violate their rights” [55, 56].

## 9. Conclusion

This critical appraisal of anti-FGC activism in Southwest Cameroon has demonstrated that state and civil society actors by framing FGC as a ‘harmful traditional practice’ whereas the Ejaghams represent it as the cultural symbol of gendered personhood, empowerment and power has instead reinforced the saliency of the practice and generated resistance to change. Additionally, the modernist health and development concepts used by anti-FGC actors is seen as a threat to the valued standard of Ejagham feminine personhood because of the relational nature of Ejagham social life. An individual’s adherence to group values such as FGC is a source of social capital and identity. This contrasts sharply with the individuality and autonomy that underpins the Western concept of human right. Within this framework, sex as a socially and culturally constituted reality - a source of personal fulfilment, is de-emphasized and substituted for biological and social reproduction and becomes a source of power and agency. The use of the human rights framework instead tends to alienate them, thereby positioning developing NGOs against the people and leading to a hardening of identities as shown by the increasing circumcision of neonates meant to curb sexual promiscuity and to stifle the resistance at maturity.

However, internal socio-cultural changes within Ejagham society such as the advent of “social Moninkims” and the revolt of young men who are increasingly seeking uncircumcised women for marriage as well as the phenomenon of inter-tribal marriages suggest that changes to the institution of FGC orchestrated by the advent of the HIV/AIDS pandemic could be consolidated. In fact, a combined positive deviance approach with a multi-pronged development model that addresses women’s other needs such as hygiene, health, literacy, economic empowerment of stakeholders, particularly circumcisers, by providing them with development and management skills, as the success of the Tostan project in Senegal suggests [57], will show respect for the Ejagham’s culture, empower them and make them their own change agents. Under such circumstances, public health messages encouraging discontinuance would be greatly improved by addressing fears that may arise about loss of femininity and feminine personhood- ideals reinforced by aesthetic values.

## End notes

<sup>1</sup> Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy). Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision). Type III: Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation). Type IV: All other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterization.

<sup>2</sup> These personal narratives are not corroborated by any medical evidence. Given underscholarisation in the area and the likelihood of memory lapse, the initiates might not even be aware of the type of circumcision they underwent. We must take these figures with caution. They are only indicative.

<sup>3</sup> These practices constitute part of the wide gamut of body modification practices that Wolf [22] refers to as “the beauty myth”: dieting, exercise, cosmetic surgery and vaginal modification.

### List of Abbreviations

UNICEF: United Nations Children Emergency Fund.

UNFPA: United Nations Population Fund.

### Competing Interests

The author declares that he has no competing interests.

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