



Sabiny Women perform a song against FGM during the cross border engagements at Kenya-Uganda boarder in Bukwo District last year. PHOTO/ SYLVIA KATUSHABE.

FGM high risk communities tighten surveillance in year of circumcision

In Uganda, FGM is prohibited, the Female Genital Mutilation Act of 2010 criminalises all forms of FGM and offenders may face up to 10 years imprisonment upon conviction.

BY SYLVIA KATUSHABE

An even year is traditionally regarded as a year for Female Genital Mutilation (FGM)/ female circumcision, a cultural practice among the Sebei and Pokot located in the districts of Bukwo, Kween, Kapchorwa in eastern Uganda. The practice once carried out in the open, was viewed as a rite of initiation for girls aged 15-18 years into womanhood. It was a symbol of purity and a qualification for marriage. However, in 2010 the government passed the Female Genital Mutilation Act 2010 that outlawed the practice, noting that it violates rights of women and causes life threatening complications.

Although local leaders say FGM cases have dramatically reduced, cases usually surge in even years, thus emphasising the need to intensify prevention and protection effort during such years.

Ms Peace Mutuuzo, the Minister of State for Gender and Culture, says in 2018, the country was taken by surprise when cases of FGM resurfaced in Sebi region.

According to Kapchorwa Civil Society Organisation Association, at least 100 girls and women were reportedly mutilated in Kween District alone in December 2018. Local leaders note that cross border, FGM, remains a key challenge with girls from Uganda being taken to Kenya particularly within the Pokot community for cutting.

SUPPORT

Juslyne Chemtai, a reformed traditional surgeon (Cutter) from Riwo Sub-county, Bukwo District, urges her colleagues still in the practice to denounce the harmful practice, warning that they will be caught by the law. However, she urges the government to find them an alternative source of income as they used to earn from the practice, noting that poverty might lure the already transformed back into the practice.

Alternative rite of passage

Peter Swilikei Kissa, the leader of the Sabiny Cultural Institution, says the institution has introduced the alternative rite of passage curriculum expected to guide the transition from FGM to a safer culturally accepted form of initiation for girls. The curriculum was endorsed by the council of elders as a new approach to preserve cultural identity while eliminating harmful practices. The first cohort of this programme is set to graduate in December.

"We are modifying the cultural practice of the girls to eliminate the cutting but retain the training, teaching and mentoring of the girls. We want a Sabiny woman to feel that she has fulfilled her traditional obligation without the cutting," Kissa says. For many women, the practice is less about preserving tradition but more about avoiding stigma and rejection within the communities. Therefore, this complexity makes eradication challenging given the fact that even those who avoid it in childhood may face renewed

pressure later in life.

However, Kissa says all the girls who study the developed curriculum and graduate, qualify to perform all the cultural roles that girls and women who have been circumcised perform.

"Our intention is to ensure we do not have a vacuum. Because when our women go into marriage, and get problems of sickness, childlessness, or domestic violence, they attribute this to not fulfilling the cultural practice," Kissa says.

Intensified efforts toward prevention

Sam Cherop, the Heroes Programme lead under Amref Health Africa in Uganda, emphasises the need to intensify efforts geared toward preventing and ending FGM across the country. He notes that as a civil society, together with the government, they will ensure continuous cross border engagement with community elders, and cultural leaders from Uganda and Kenya.

"Cross border engagements are very crucial because FGM does not respect borders, when enforcement is tight only in Uganda, the practice shifts to Kenya and vice versa. But engaging both communities helps in bridging the gap," Cherop says.

According to Cherop, there is need to strengthen community engagement, scale up survivor-centered services, increase domestic financing and accountability, and enhance cross-border collaborations as well as investing in girls' education and empowerment.

Local leaders indicate that with support from security agencies, cultural leaders, anti-FGM partners and the communities have tightened surveillance along known crossing routes including informal footpaths and remote entry points.

Denis Kiprop, the youth chairperson Riwo sub-county Bukwo District says community members including teachers, youth, cultural leaders, and boda boda riders, and former surgeons (cutters) have also been brought into surveillance networks against the harmful practice. Authorities emphasise that while tightening border controls are critical in disrupting cross-border FGM, long-term success will depend on sustained community engagement, cultural transformation, and continued cooperation between Uganda and Kenya.

Stephen Lomaruk, a Kenyan senior police officer, notes that security agencies in both countries are in touch with local leaders to ensure every new member in the village and the purpose of their visit is recorded.

"We want every LC1 to confirm every child in their village. This will help us to account for every new girl or woman that comes into the village by ensuring no girls are cut this year," Lomaruk said.

He explained that in Kenya, the Nyumbakumi structures take lead in the fight against FGM, by preventing and reporting cases.

The Community elders from both Sebei and Pokot also reaffirmed their commitment in the fight against FGM. Lemgole Loyarangiro, one of the elders from the Pokot Community from Kenya revealed that they have increased surveillance to ensure no girl child undergoes FGM especially this year of cutting.

Dr Patrick Kagurusi the Country Manager Amref Health Africa in Uganda emphasised the need for collaborative efforts to end FGM.

"Ending FGM is not the responsibility of one institution-it is a collective moral obligation. Together, we can build a future where every girl is safe, every woman lives with dignity, and every community upholds the rights of its members," Dr Kagurusi said.

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