Chapter 6
An Ethnography of Diversity and Flexibility Around Female Circumcision and Female Genital Mutilation/Cutting: A Case of a Local Community Response to the Abolition Movement in Kenya

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6.1 Introduction

In January 2018, a Kenya female doctor, Dr. Tatu Kamau, opined that FGM/C should be legalized and that the FGM/C ban was unconstitutional. In Kenya, the Children Act of 2001 banned the practice of circumcision for girls under the age of 18 (Republic of Kenya 2012a, b). Later, in 2011, the Prohibition of Female Genital Mutilation Act came into force, which imposes severe penalties on women who have undergone the procedure, regardless of age, on their parents and on circumcisers or doctors who perform the procedure (Republic of Kenya 2012a, b [2011]). Dr. Kamau agreed that girls who are not yet capable of making various decisions have to be protected in their decision-making and should not be forced to do things they may not be prepared for, and that the Children's Act should continue to protect the girl child. However, she then made a powerful speech in front of TV news cameras about the rights of adult women. She said, "I have noticed many women are making decisions later on in life, and they are being harassed and jailed. Once you reach adulthood, there should be no reason why you cannot make that decision. If a woman can decide to smoke, to join the army, and do all sorts of things that might bring them harm or injury, then even the right to make the decision of female circumcision should be available to them. Once the decision is made, they should not be denied access to the best medical care." Dr. Kamau is an experienced physician and has held several important positions at the Ministry of Health. She continued, "I am threatened if Parliament can decide what I should do and what I should not do. If Parliament can abolish a culture or try to

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abolish a culture, tomorrow it will be a religion, tomorrow it will be something else" (KTN News 2018, Kenya; Hodal 2018).

Dr. Kamau's arguments were very clear and had a great impact on people in the local community where I was conducting field research. Since the enactment of the FGM ban, people were reluctant to speak out on the topic of female genital mutilation/cutting (hereinafter as FGM/C)[1] but Dr. Kamau's statement was a representation of their unspoken thoughts. Many people said, "she said what I wanted to say" or, "she is telling the truth." Some among the elders began to insist that their culture should be protected. On the other hand, those who had been involved in the abolition project lamented, "After all our efforts, we have just begun to see signs of change, and then she interfered to ruin it. What, on earth, is the point? It's a shame."

There were also many who felt that Dr. Kamau's public statements were in the interest of protecting her own business. For if the ban on the procedure was lifted, medicalization would surely advance, and doctors would be able to perform the procedure with impunity. "This is a great opportunity for doctors," many said. However, others counteracted this view, saying that those who were calling for abolition were also doing it for commercial purposes, and that it was a profitable business opportunity. The funds attracted by the keyword "ANTI-FGM" are enormous. It is distributed to people in various ways through "projects." "Who would kill a cow that produces milk?"; this was the most cynical opinion. Directly or indirectly, people benefit from the milk being squeezed out of the abolition project. It is only worthwhile if it is kept "alive" and if FGM/C were allowed, there would be no milk.[2]

While there may be no right or wrong opinions, they all have a point, thus highlighting the complexity of the issue. One thing we should not forget is that there are still many people directly involved in this issue, who remain silent. They do not speak English, a strong communicative language, nor have the forums and tools to speak out. How and with whom can people who promote abolition empathize, without hearing their voices?

The anti-FGM/C movement, led by Western countries, has spawned abolitionist movements and prohibition laws in countries which have that practice. However, little information about the responses of local communities to this top-down approach of abolition exists besides a few reports from NGOs and other organizations working in the field (e.g., Mohamud et al. 2006). Many of us who live outside of societies that have the practice do not have any idea of the reality of what it feels like to experience FGM/C. As mentioned above, since the enactment of the Prohibition Act in 2011, which made FGM/C severely punishable, talking openly about it has become taboo, with the risk of fines, and even imprisonment. Even anthropologists who have lived

[1] In this chapter I primarily use the term FGM/C, which was created as a hybrid term that takes into account both community parties and abolitionists (UNICEF 2013: 7, Introduction of this volume). I also use "circumcision" or "female circumcision" when it is in the context of local rites of passage.

[2] In the face of criticism and opposition, Dr. Kamau continued her challenge and never wavered in her fight for legalization of FGM/C, but in 2021, her case was dismissed by the High Court of Kenya. The Court ruled that the practice of FGM/C violates a woman's right to health, human dignity and in instances when it results in death, the right to life, adding that the practice also undermines international human rights standards (African Union 2021).

in these societies for a long time might find it extremely difficult to openly ask or talk about this issue. The gap is increasing between the global abolitionist movement and local societies that try to interpret the movement and deal with it. This discrepancy shows in the current situation where abolition has not been able to penetrate local societies despite the rapid growth of the abolition movement.

It seems that the views of those who support the abolition movement are too stereotypical when they regard women as "victims deprived of their autonomy." It may be because the practice of FGM/C appears outrageous in light of the abolition supporters' common sense and values.

Using Tanzania's Maasai society as a case study, Hodgson (2017) points out that development practitioners familiar with local societies consider the anti-FGM/C movement a low priority compared to other problems that need to be addressed (e.g., increasing impoverishment and political marginalization of their communities). Nevertheless, Western donors and activists of FGM/C abolition projects and African elites have continued to assume that they can speak for (rather than listen to) rural, poorly educated women. She points out that these Westerners and African elites regard local women like the Maasai as the cultural "other" (Hodgson 2017: 98–99, 114–121).

Miyawaki (2007), having accumulated ethnographic accounts of peripheral societies in Ethiopia, points out that in societies with strong patriarchal control, many of the practices known as FGM/C are closely related to controlling women's sexuality and their ability to reproduce, and these practices have detrimental effects on women's health. Miyawaki then emphasizes the importance of understanding the various forms of FGM/C, the cultural and social meanings assigned to them and the importance of understanding the various forms of patriarchy that lie behind them. He also argues that each society has its own historical and cultural background where various powers intersect, and that we should clarify what choice each person involved is making from his/her respective standpoint (Miyawaki 2007: 278–280).

This chapter takes as a case study one society in Kenya that strongly maintains FGM/C (indicated anonymously as "Community R"). It will depict this issue from the people's perspective as much as possible. Through ethnographic descriptions that make the most of the narratives of the people involved, I will clarify how people living within the local society perceive and react to the anti-FGM/C movement, and what kind of changes occur in local society in relation to FC or FGM/C. In particular, through the description of people's reactions to the recent abolition movement, this chapter will demonstrate that even within a single community with a common cultural background, the people involved have diverse values and make diverse choices. Then, I will specifically discuss the efficacy and limitations of the fixed and powerful prescriptions promoted by the international community, in its "zero tolerance" approach to FGM/C.

Now that the United Nations has made the eradication of FGM/C a strong goal and nations are enacting laws to prohibit it, it has become highly politicized to talk and write about this topic. In my ethnographic work as an anthropologist, I have asked myself whether I am qualified to speak on behalf of these communities and have felt anxious that my writings may be detrimental to some people. At the same time, I

have been fascinated by the way of life of these people who do not have the power to speak out, who suffer from being tossed around by global discourse, but who, on the other hand, can take advantage of it in a clever way, and I have had a strong desire to describe the reality of their lives. I had been torn between these conflicting feelings, but I decided to write this chapter out of a strong desire to change the anti-FGM movement for the better, since it is clearly at a standstill and confusing to the local people.

6.2 The Undergrounding of FGM/C

In Kenya after the Children Act of 2001 came into force, projects aimed at the abolition of FGM/C by various international NGOs became more evident. In Community R a number of community-based organizations (CBOs) have been formed by members of the local community to carry out development activities, usually in collaboration with international NGOs. The activities related to FGM/C are mainly awareness-raising programs (or "seminars" as people call them), held on various scales and in various places, such as churches, schools, NGO offices, and even under the trees outside. Most of the seminar participants are paid a "sitting allowance" so many people are willing to attend. The content of the education mostly stresses the health hazards of the procedure, using pictures and illustrations. These activities firmly established a perception among the local community that the government and *wazungu*[3] consider female circumcision undesirable, but they did little to change people's attitudes in Community R. It was obvious to almost everyone that girls would still undergo the procedure before marriage.[4]

However, the prohibition of the FGM Act of 2011 specifically affected people's behavior. It banned the practice and instituted strict punishments for offenders (i.e., imprisonment for a term of not less than three years, a fine of not less than 200,000 Kenyan shillings, or both). Kenya's new constitution, adopted in 2010, led to a number of local government-led reforms supplemented with efforts by chiefs and political leaders of local communities, all of whom were expected to play a role in the abolition movement. Rumors circulated of arrests by the police for violating the prohibition law and being forced to pay hefty fines. People suddenly began to change their attitudes.

In and around the town where the police and NGO offices are located, people started having their daughters undergo FGM/C in secret at distant relatives' places and returning as if nothing had happened. Eventually, even in the homesteads far away from the town, measures to avoid being arrested spread rapidly, such as slightly shifting the schedule of the wedding ceremony, and holding the procedure in the middle of the night instead of early morning. People began to refrain from celebratory

[3] A Kiswahili word meaning "white people.".

[4] The age of marriage for women in Community R was around 16–20 years old, but has become higher as schooling has become more widespread among women.

songs and even from gathering to drink *chai* (milk tea) which is an essential aspect of any kind of community gathering. This situation can be described as the concealment and undergrounding of FGM/C.

6.3 Local Intermediate Option, "*Kati-Kati*"

Parallel with the progression of people's confusion, one significant change was quietly occurring. Under the indirect influence of the anti-FGM/C movement, a significant change in practice emerged: the diversification of operating styles. In addition to the conventional circumcising style, that is, total removal of the clitoris and labia minora (WHO Type II), a totally new style called *kati-kati* was created locally. At the same time, the *suna* (*sunna*) style (WHO Type I) was also introduced. *Kati-kati* is a Kiswahili word meaning "in the middle" or "in between." This word is used to refer to cutting in the middle of the clitoris. The style known as *suna* involves the removal of only the skin of the clitoris. In Islamic areas, the term *Sunna* refers to the traditions and practices that Muslims should follow. Community R define *suna* as a style in which the appearance once the wound has healed does not show that circumcision has occurred.

Ms. M is an experienced female circumciser who has been working for almost 30 years in highland area B. She explained to me how she learned the *kati-kati* style.

> In 2003 I was invited to participate in a training program. The group consisted of two female circumcisers, including me, and two traditional birth attendants (TBAs). The program had continued for seven days, and we were provided with accommodation, meals and money. We were seated like students in school, and one of our teachers was a woman from our community. Although her father was from a different ethnic group, she could speak our language, while the other teachers were nurses from different ethnic groups of Kenya.
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> The most impressive thing they said was, "You are not bad at all. You are just doing your work to earn a living. However, since the Kenyan government now forbids us to circumcise a girl, you should stop it. If you are called to perform the operation, first you should refuse to do it. If they insist that you do it, please give them the option of *the suna* style. If they do not accept this, you will cut in the middle, not in the usual way (cutting off the entire clitoris). If people still insist on the usual style, you should charge 2000 Kenyan shillings for it."
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> At that time, we usually charged from 300 to 500 Kenyan shillings for one operation, and I was surprised that they told me to charge as much as 2,000 Kenyan shillings. I did not raise my charges after the training program because I was afraid that people would never avail of my services if I charged so much. I also did not change my style immediately, but it was the first time I knew the new style. (interviewed in 2013)

The new method or procedure was proposed to the circumcisers as a compromise measure by the development project staff and the medical professionals of the local society. The circumciser did not adopt it immediately, but gradually changed and started to offer a less mutilating style of operation. Ms. M continued:

> Nowadays whenever I am called upon to perform an operation, I ask both the parents and daughters which style they would like, the usual one, *kati-kati* or *suna*. Now I prefer *kati-kati* because the amount of blood flow is somewhat less than with the usual style. I perform *kati-kati* unless parents and girls strongly insist on total removal.
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> I know that in town, many people prefer *kati-kati*, while other ethnic groups prefer *suna*. Even in this community, Christians prefer *suna*. In the homestead, many parents still want the usual style, but some educated girls prefer *kati-kati*. If a girl is going to the lowland area to marry, I always cut it completely, wherever she lives. If she goes to the lowlands, there is no need to give them the options. Lowland people do not approve of new circumcision styles.
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> There was one time when my services were availed of, and I was ordered by the girl's father to just pretend to do the operation and cut nothing. (interviewed in 2013)

Her statement shows that the people in the community gradually began to change, even before the law of 2011 was imposed. There have been compromises made between the global abolition movement and the local desire to maintain the practice, which has resulted in a clear intermediate option.

6.4 Diversification of Operation Styles and People's Identity

Community R is divided into two categories: a relatively cool highland and a dry, hot lowland. The ecological differences between these areas are reflected in their economic and social differences. Highlanders, in addition to keeping animals, sometimes cultivate crops, while lowlanders maintain a nomadic way of life, living in simple temporary huts, and depending heavily on livestock products. In the highlands, people live more "developed" lives than in the lowlands. In terms of education, a higher percentage of highland children were enrolled in primary schools. People of Community R draw a distinction between highlanders and lowlanders when they consider the choices available for the operation. This can be seen in the following quote from Ms. P, who lives in a homestead in the highlands and attended three years of primary school, as she explained her experience in choosing the style of operation.

> Before my operation, the circumciser asked my mother and me what style we wanted. As I was a highland girl who had been informed about *suna* and *kati-kati*,[5] I knew that *suna* had no meaning, and therefore I did not want it. I did not want *kati-kati* either because I heard that the bleeding would not stop easily. Therefore, I selected the usual style. My parents said, "Please remove it completely." I also said to her, "Remove completely!". (interviewed in 2013)

I asked Ms. P, "The bleeding by *kati-kati* will not stop easily?" She replied, "I know now that this was incorrect. I have observed many operations on many girls, and now I see that *kati-kati* is good. Bleeding by *kati-kati* is neither too much nor too little. Now I like *kati-kati*. I will recommend *kati-kati* for my sisters and daughters."

[5] Ms. P was 17 years old at the time of the procedure.

I asked her, "Do you regret that you did not select *kati-kati*?" She replied, "Not at all! I like my style!".

Ms. P's statement shows that the anti-FGM/C movements have allowed people to change their attitudes, but they have not simply followed the prescriptions given by others. People have made self-directed decisions associated with their social identities. Individual girls ask themselves, "Which style is the most suitable for me?".

Mr. L provided the following comments. Mr. L had no formal education and married his first wife in 1999. At that time, there were no options for the operation. He gave his comments from a husband's point of view.

> Now everyone knows that in our community, we have three styles of female circumcision, the usual one, *kati-kati*, and *suna.* We are highland males of age set M[6] (30–45 years old at the time of the interview). For now, we can accept the *kati-kati* style, but we are not yet ready to accept *suna* as circumcision. We think it will bring bad luck. People of the next generation might accept it. (interviewed in 2013)

Mr. L showed the flexibility of the males of age set M, who were the youngest group of elders at the time of the interview, and he accepted the new style. He also foresaw that males of the next generation might have different ideas. It is clear that people are ready to change their attitudes and respect others' choices. A few years after the interview, Mr. L married his second wife, and her style was *kati-kati.* In 2018, his first daughter was circumcised, and she selected *kati-kati.* He said that he and his first wife discussed their first daughter's style and gave her advice, enabling her to select it. It is very rare for a husband to talk with his wife on this matter. Males of his age are usually very reluctant to speak up on this matter because it is considered a woman's issue so traditionally males should not intervene. When he talked to me in 2018, there were several of his peers (of age set M) listening. None of them had ever talked with their wives regarding this matter, and they did not even know their wives' choices. One of them said to me, "We usually do not want to know about this matter at all! If my daughter goes through it and becomes an adult woman of 'good smell' I do not care about the style!" Women of "good smell" means women who are blessed and have gained auspicious status.

By 2015, *kati-kati* had become a popular selection among secondary school girls in the highland area of Community R. Ms. P said:

> The other day (August 2015), four girls in this area were circumcised on the same day. Two of them selected the usual style because they are "girls of beads" (uneducated girls), and the others selected *kati-kati*, because they were secondary school students. Girls at the secondary school like *kati-kati.* (interviewed in 2015)

The *kati-kati* style has become popular among educated girls because it represents their identity of being educated and "modern women" who are aware of the world outside the community, while still respecting their culture. Ms. T was circumcised when she was a first-year secondary school student in 2018. Her words are typical of this new identity:

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[6] Community R has an age system. All males of the society are divided into several groups according to age. These groups are called "age sets".

> On the day of my circumcision, the circumciser asked me and my mother "Which style do you want?" and my mother answered, "Please do it in the *kati-kati* style." I did not talk about the style with my mother before, but I knew that I would opt for the *kati-kati* because here in highland area most educated girls select the *kati-kati*, and I thought it would be natural and suitable for me. We (secondary school girls) do not have to discuss the styles with our parents because we find the person (whom we marry) who will approve of our style by ourselves. (interviewed in 2018)

Her words also indicate that she selected the style of operation on her own initiative and was proud of her decision. She also showed a desire to select her spouse by herself, which is a new trend in Community R. Her younger sister, a 15-year-old primary school student, was circumcised on the same day, and also selected *kati-kati*. Sometimes even sisters of the same mother select different options, although girls of the same educational background in the same area tend to select the same style. Ms. T said she did not talk with her sister about her choice, but she guessed that her sister might follow her choice.

When selecting from the options available for operating styles, choices can be said to differ according to three dichotomies. The first is place of residence, that is, town versus homestead. Typically, town people earn wages and wear Western-style clothes. Homestead people live with their livestock and wear beaded necklaces and waistcloths. The second dichotomy is educated versus uneducated. Because schools have banned the wearing of beads, educated women usually wear Western-style clothes, while uneducated women often wear beads. The third dichotomy is highlander versus lowlander. Highland people are more "modern," while lowland people are "traditional." Lowland people are very proud that they have maintained their culture and they usually do not accept *kati-kati* as a circumcision option.

At both international and national levels, the movement to abolish FGM/C involves medical, health, and human rights issues. However, local people pay almost no attention to the dominant discourse when they select a circumcision option. The importance and meaning of this practice differ in international and national contexts. Discussions among the local people about the health aspects of circumcision, such as bleeding, are based on personal experiences. The local people do not view choices about circumcision as involving decisions between right or wrong, good or bad, healthy or unhealthy and safe or unsafe, but rather as a way to express their position to the "Western modernized world" or to express their own identities in the context of their tradition.

Local attitudes toward FC or FGM/C have started to change among members of Community R. New cutting styles, which are less mutilating than the traditional style, have been created through negotiations between those individuals who believe this practice is mandatory and NGO or CBO personnel who are attempting to abolish the practice. At the same time, circumcisers play an important role as intermediaries in the process.

6.5 Controversial Consequences of the Powerful and Inflexible Zero Tolerance Policy

In this section, I will discuss how the Prohibition Act of FGM, with its severe penalties, has affected the community. As mentioned above, after the law, the practice went underground and there were no more celebrations for "female circumcision." The option of refusing to be circumcised has also emerged, though in very rare cases.

I mentioned the following statement by circumciser M: "Only once was I called for the operation and ordered by a girl's father to just pretend to do the operation and cut nothing." When I heard this, I probed the girl's identity. Both her father and mother were university graduates; her father worked for an international NGO, and her mother was from a different ethnic group. After her "pretend circumcision," she went to study at a university outside Kenya, married a British man, and still lives outside the country. In other words, she is a woman with strongly Westernized values, living in a world disconnected from the local community. Women with higher education levels who refused the procedure have existed even prior to the enactment of the Prohibition Law.

However, Ms. S, who will be introduced next, is a woman with an average level of education at the time of the survey, having completed only eight years of primary school. Ms. S (21 years old at the time of the interview) was the first woman I met in Community R with an average educational background who had given birth without having been circumcised. In 2015, she was residing in a lowland town, and by the next time we met, in 2018, she had moved to a lowland homestead. However, the fact that her father was a pastor of a Christian church and that she herself was even more devout than her father, as evidenced by her words, is a major characteristic that sets her apart from others.

> Ms. S: I gave birth to my first daughter in 2014 without being circumcised. I know that female circumcisions are bad. In the Bible, there is a description of male circumcision, but there is no description of female circumcision. This means that God intended circumcision only for men. Female circumcision is a making of human beings, not of God. Therefore, it is unnecessary. My husband, who is from the same ethnic group as me, asked me to be circumcised, because his parents could not accept me as his wife without being circumcised, but I refused.
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> Author: As long as you continue to refuse to be circumcised, do you think you can be formally married to your husband?
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> Ms. S: I cannot marry him. I mean I cannot be a wife within my ethnic group. However, I can just get married in Church and go to the government office to submit the marriage document. I will be a "Kenyan wife". (interviewed in 2015)

Ms. S had two older sisters of the same mother who also lived in a lowland town. One of her sisters, Ms. J, listened to Ms. S and I while she made us a cup of tea. Ms. J was an unmarried mother who was circumcised with *kati-kati* in 2008 and had given birth to two children. Ms. J said to me, "As my sister told you, here in our community, it would be almost impossible to be formally married without being circumcised. I also advised her to cut just a very small part, but she refused it. Now, I think this is

her wish. Now that even the government supports it, no one can force her to do it. I also support her."

Three years later, in 2018, I met Ms. S again. She was carrying another child and remained uncircumcised and formally unmarried. She cheerfully said to me, "Life goes on just like when we met before!" Ms. S's case is exceptional, as I know of only two other women who gave birth without being circumcised and remained in the community, but both of them chose to be circumcised afterwards. Nevertheless, there are cases and the law can work to support and protect women who wish to refuse the operation.

A certain number of women rejected circumcision and later reconsidered. This is often related to the fact that various abolition projects provide strong support for rejection, sometimes with significant assistance, such as financial aid for higher education. Other uncircumcised women who had children were no longer living in the community as they married men of other ethnic groups (so I could only hear about them through others).

Until now, the importance of female circumcision in the value system of the local community has been maintained, and Ms. S is quite exceptional. However, Ms. S's case shows that for women like her, who have a strong will to reject it, the prohibition law may serve to support their choice.

There is a broader negative impact that the Prohibition Act of FGM has had on the community at large. In some parts of the community, the mutual trust of the people has been weakened because local chiefs have been ordered by national government to be strict in their enforcement of this law. Furthermore, some NGOs have provided chiefs with incentives such as mobile phones and credit so that they support the anti-FGM projects. These chiefs then "hire" community health volunteer workers or other members of the community to spy for them in the area. Rumors of planned circumcisions are reported to the chiefs who then call the police. Some NGOs pay the chiefs according to the number of girls they "save." In most cases, chiefs themselves would like their daughters to be circumcised and thus require the people of their areas to conceal the ceremony completely. This trend of subterfuge has deprived people of the opportunity to openly discuss matters.

Another unexpected consequence has been that seeking medical assistance or treatment for the operation became very difficult after the strict law. Before the law, in addition to the traditional circumcisers, some medical doctors or nurses also conducted the operation, but once cases began to be reported to the police they became too afraid to get involved. In homestead operations, the medical staff in nearby clinics may refuse to attend to the girl, even if the bleeding will not stop. People have also become afraid of seeking help from a doctor following the operation because they might be reported to the police. The enactment of the ban has thus increased the risk of the health hazards of the procedure, as the law reflects the WHO's view that the medicalization of FGM/C is detrimental to the elimination of this practice (WHO 2010: 7–10).

In short, the abolition projects developed and the severe legal penalties are currently undermining people's peaceful lives. As a result, people's attitudes toward the abolition project have begun to shift from "indifference" to "alarm" to "disgust."

There is clearly an "anti-anti-FGM/C" sentiment emerging in the community, and I want to sound the alarm on this.

6.6 Conclusion

In this chapter, I have attempted to describe the real faces of the people in local communities who have maintained FGM/C as a practice. It is evident that the people involved are very diverse. Lesorogol (2008) points out that school enrollment has had a significant impact on the knowledge, abilities, values, and behaviors of women in Kenyan pastoral society, causing a division between educated and uneducated women as if they were from "different ethnic groups." In my own research in Community R, the division between school-educated and non-school-educated women around the 1990s and the 2000s was clear. School-educated women, known as "girls of school," made the choice to be circumcised before marriage and often entered into love marriages or became unmarried mothers, while uneducated women, known as "girls of beads," wore large, beaded necklaces, enjoyed love affairs with unmarried young men, and, once married, were circumcised and married off to strange men chosen by their fathers. In those days, the decision to go to school was not common for girls and made with a firm resolve. Parents sent their daughters to school based on their willingness to learn, and the majority of these girls did not drop out easily. The "girls of beads" lived "traditionally" while the "girls of school" distanced themselves from the former. However, with the rapid social changes, an increasing number of daughters are receiving school education, and in the 2010s and beyond, the education level of women has become more diverse. Nowadays, it makes little sense to divide women into two categories based on whether they have attended school or not. In other words, the attitude of women towards "tradition" is not simply dichotomized by whether they are educated or not, but has become a gradation of shades, based on various combinations of multiple indicators, such as whether they live in the lowlands or the highlands, whether they are in pastoralism or wage labor, whether they attend a church or not, and what level of education and work their parents had.

The diversification of operation "styles" occurred under these circumstances, and women used this as an expression of their identity and increased their pride in themselves by choosing what suited them from among the options. People also respected and acknowledged the choices of others who were different from theirs. In addition, they did not consider their choices to be absolute, and they were flexible to change. Many explained the importance of FGM/C by saying, "Now *we still think* that this (FGM/C) is something that we have to maintain." Their diverse and flexible attitudes contrast with the increasingly rigid global abolitionist movement.

Many proponents of the international humanitarian principles of "zero tolerance" and "leave no one behind" see communities with FGM/C practice as homogeneous groups lacking in diversity, and this perception has led to a strong policy of trying to solve the problem with a single prescription. As clarified in this chapter, this fixed perception has created a discrepancy between the global and the local, and

this approach does not allow one to evaluate the changes that are being proactively created by the people themselves in moderating the practice. In addition, there is the danger of creating a negative "anti-anti FGM/C" sentiment among those who resist the strong anti-FGM/C movement, and of hardening the attitudes of people, which should rather remain flexible and diverse.

The various cultures and norms that have been maintained in local communities are constantly being reshaped by individuals who are trying to find a new identity in a rapidly changing society. Even though they live in the same community at the same time—even sisters born to the same parents, for example—they may each make different choices based on the trajectory of their lives. As third parties, our attitude toward FGM/C should be to realize that there are as many different approaches as there are diverse individuals, and that these approaches are constantly changing over time. It might be the most effective way to promote the anti-FGM/C movement, though it seems a long way off.

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