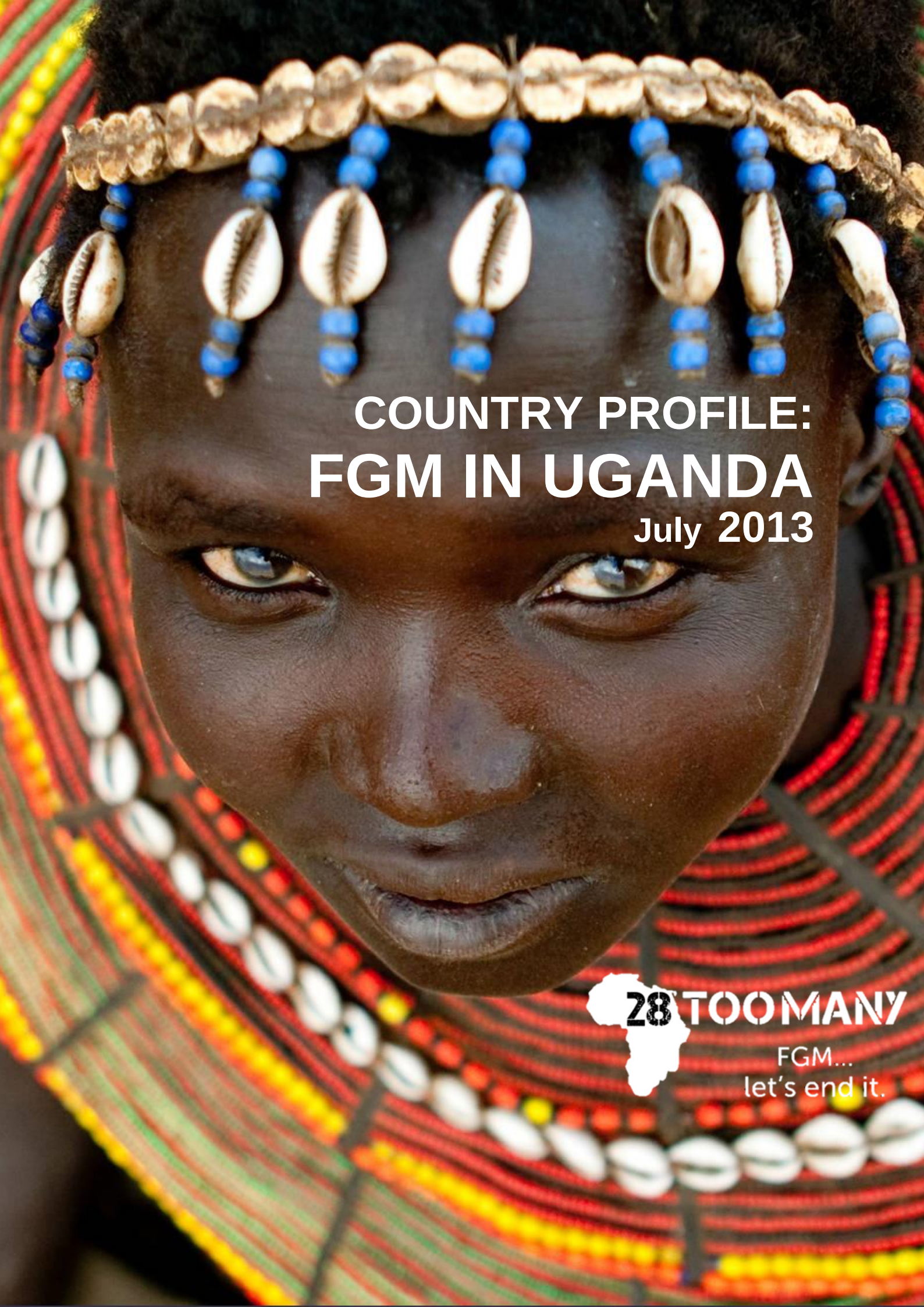

COUNTRY PROFILE:
FGM IN UGANDA
July 2013

28 TOO MANY
FGM...
let's end it.

28 TOO MANY

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v2 September 2021

Contents

Foreword

In an increasingly results- and outcome-orientated culture, donors in development are expecting greater demonstration of monitoring-and-evaluation mechanisms to show good use of their partnership investments. Similarly, in the female genital mutilation (FGM) sector, governments, non-governmental agencies, academics and the media are seeking more robust research data to show current trends, and analyses of a benchmarked and mapped situation at any given time.

This Country Profile on Uganda shows that the overall prevalence of FGM in Uganda is low compared to other countries in Africa and has remained roughly constant over the past decade. Much positive action is still being taken to combat the practice.

FGM has affected over 140 million women and girls worldwide, 102 million of whom are in Africa. It continues to affect three million girls a year, which equates to one every ten seconds. UNICEF estimates that, given present trends, as many as 30 million girls under the age of 15 may be at risk.1

The procedure has no known health benefits and is harmful to women and girls in terms of immediate pain and trauma, interfering with natural bodily functioning and producing immediate and long-term health consequences. Babies born to women who have undergone FGM suffer higher rates of neonatal death.

The reasons for FGM are as varied as the places and communities practising it. From a human-rights perspective, the practice reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination towards minors. It also violates the rights of the child, breaching rights to health, security, physical integrity and freedom from degrading treatment, and possibly results in death.

FGM connects with other social issues such as girls not completing education and growing into women who have poor literacy; pressure to accept early or child marriage; poor access to physical and psychological health care; and the risk of HIV transmission.

I worked in a medical clinic in rural Northern Uganda in 2004–2005, helping support the physical and psychological needs of children in Internally Displaced Children's (IDC) Camps, fleeing from the Lord's Resistance Army. I will never forget the women I saw die in childbirth or the children killed needlessly. Since then, I have watched with interest as Uganda has experienced some progress in many development indicators, such as the re-establishment of functioning medical care, which has reduced the need for emergency care programmes such as the ones in which I worked. It was a few months later in 2005 that I first came across FGM while working in North Sudan, and then in 2008 while working in IDP Camps in Dadaab, north-east Kenya, which housed over 250,000 Somali IDPs. This led to my research on FGM that was published in March 2012.2

Since first experiencing personal stories of FGM, which we receive daily, 28 Too Many has been pleased to undertake this research and see progress.

The photograph below shows a ten-year-old girl, with a baby, in North Uganda. She is the same age as the girl I met in North Sudan in an IPD Camp who had experienced FGM at five, had a baby born of rape at ten and nearly died during labour due to complications caused by both her young age and FGM.

During our research we heard this story from Muthoni:

> *'I had a polygamous father, so I came from a family of 18 children. I was the only girl not to be cut because I was educated at church of the harm it does. When it came to my time, I decided not to do it. Many years later I desired to help others girls receive the same knowledge and opportunities as I did. This was how Sisters of the Heart began. We started meeting to help women to help empower each other.'*
>
> *~ Muthoni, one of six founders of Sisters of the Heart*

Muthoni's experience helps me see how far we have come, yet how much further change is needed.

We are seeking partners, FGM advocates, research volunteers and donors to help us end FGM across Africa and the diaspora. Our dream is that a woman does not cut her daughter; then, as a mother that daughter does not cut her own daughter; and as a grandmother, she does not cut her granddaughter/ others in the community. Over three generations (36 years), major change will happen; over five generations (60 years), FGM could be eradicated across Africa.

Meanwhile, 28 Too Many plans to create country profiles on each of the 28 countries in Africa in which FGM is practised as a resource to the FGM and development sector, governments, the media and academia. With your partnership, we can make these useful and often-accessed reports that share good practice. We are pleased to launch this report on Uganda to complement our earlier Country Profile on Kenya, and thank all who contributed to it.

Dr Ann-Marie Wilson
28 Too Many Executive Director

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1 UNICEF (2013) *Monitoring the situation of women and children, statistics by area*. [No longer available online.]
2 Anne-Marie Wilson (2012/2013) 'How the Methods Used to Eliminate Foot Binding in China can be Employed to Eradicate Female Genital Mutilation', *Journal of Gender Studies* (1), pp.1–21.

Information on Country Profiles

Background

28 Too Many is an anti-FGM charity, created to end FGM in the 28 African countries where it is practised and in other countries across the world where members of those communities have migrated. Founded in 2010 and registered as a charity in 2012, 28 Too Many aims to provide a strategic framework where knowledge and tools enable in-country anti-FGM campaigners and organisations to be successful and make a sustainable change to end FGM. We are building an information base, which includes detailed country profiles for each country practising FGM in Africa and the diaspora. Our objective is to develop networks of anti-FGM organisations to share knowledge, skills and resources. We also campaign and advocate locally and internationally to bring change and support community programmes to end FGM.

Purpose

The prime purpose of this Country Profile is to improve understanding of the issues relating to FGM in the wider framework of gender equality and social change. By collating the research to date, this Country Profile can act as a benchmark to reflect the current situation. As organisations continue to send us their findings, reports, tools and models of change, we can update these reports and show where progress is being made. While there are numerous challenges to overcome before FGM is eradicated in Uganda, many programmes are making positive, active change.

Use of This Country Profile

 We invite comments on the content and suggestions on how the report could be improved as an information tool, and seek updates on the data and contact details.

When referencing this report, please use: **28 Too Many (2013) *Country Profile: FGM in Uganda*. Available at http://www.28toomany.org/Uganda/.**

Acknowledgements

28 Too Many is extremely grateful to everyone who has assisted us in accessing information to produce this Country Profile, as it would not have been possible without their collaboration.

28 Too Many carries out all its work as a result of donations, and is an independent, objective voice unaffiliated with any government or large organisation. That said, we are grateful to the many organisations that have supported us so far on our journey and the donations that enabled this Country Profile to be produced.

For more information, please contact us on **info@28toomany.org**.

The Team

Producing a Country Profile such as this is a collaborative process. We are very grateful to the following key contributors:

Katherine Allen is a research intern for 28 Too Many and a DPhil (PhD) student in the history of medicine and science at the University of Oxford.

Lucy Bugler is a research volunteer for 28 Too Many. She also works as a project manager/account manager for a digital design agency in East London.

Kelly Denise is a research volunteer for 28 Too Many who has lived and worked in Kenya and Uganda for over two years.

Mike Doré is database administrator for 28 Too Many.

Johanna Waritay is research coordinator for 28 Too Many. Prior to this, she worked for 13 years as a lawyer at a leading international law firm in London. In the last year, she has carried out research in three countries in which FGM is practised.

Ann-Marie Wilson founded 28 Too Many and is its executive director. She worked in Uganda in 2004–05. She published her paper this year on 'Can lessons by learnt from eradicating footbinding in China and applied to abandoning female genital mutilation in Somalia? A critical evaluation of the possibilities offered for developing strategies to expand current promising practice' in the *Journal of Gender Studies*.

Rooted Support Ltd donated their time through its Director Nich Bull for the design and layout of the original Country Profile: **www.rootedsupport.co.uk**.

We are grateful to the rest of the 28 Too Many team, who have helped in so many ways.

Cover: Eric Lafforgue (http://www.ericlafforgue.com/) *Pokot Girl and Necklace*.

Please note the use of a photograph of any girl or woman in this Country Profile does not imply that she has, nor has not, undergone FGM.

Subsequent Edits: The 2021 Team

Lead editor: Danica Issell

Support Editor: Shannon Thomson

Statistician: Jenna Lane

List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ARP	alternative rite of passage
CBO	community-based organisation
DHS	Demographic and Health Survey(s)
EAC	East African Community
FBO	faith-based organisation
FGM	female genital mutilation
FGC	female genital cutting
FPAU	Family Planning Association of Uganda
GBV	gender-based violence
HIV	Human Immunodeficiency Virus
IAC(U)	Inter-African Committee on Traditional Practices (Uganda)
INGO	international non-governmental organisation
LGBTQ+	lesbian, gay, bisexual, transgender, queer plus
LRA	The Lord's Resistance Army
MAZIDEP	Matheniko Zonal Integrated Development Programme
MDG(s)	Millennium Development Goal(s)
MoH	Ministry of Health
NGO	non-governmental organisation
NRM	National Resistance Movement
OECD	Organisation for Economic Co-operation and Development
POZIDEP	Pokot Zonal Integrated Development Programme
REACH	Reproductive, Educative and Community Health Project
SEA	Sabiny Elders' Association
TPO Uganda	Transcultural Psychosocial Organisation
UN	United Nations
UNFPA	United Nations Population Fund
UNJP	UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Please note that, throughout the citations and references in this report, the following abbreviations apply.

'DHS 2006' refers to:

Uganda Bureau of Statistics (UBOS) and Macro International Inc. (2007) *Uganda Demographic and Health Survey 2006*. Calverton, Maryland: UBOS and Macro International Inc. Available at **https://dhsprogram.com/pubs/pdf/FR194/FR194.pdf**.

'DHS 2011' refers to:

Uganda Bureau of Statistics (UBOS) and ICF International Inc. (2012) *Uganda Demographic and Health Survey 2011*. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc. Available at **https://dhsprogram.com/publications/publication-FR264-DHS-Final-Reports.cfm**.

A Note on Data

Statistics on the prevalence of FGM are compiled through large-scale household surveys in developing countries – the Demographic Health Survey (*DHS*) and the Multiple Cluster Indicator Survey (*MICS*). For Uganda, Demographic Health Surveys were published in 2011 and 2006. Note that there was also an earlier DHS survey conducted in 1995, which did not cover FGM. These surveys are referred to as DHS 2011 and DHS 2006 throughout this report.

In DHS surveys, FGM data is self-reported, meaning that it is not based on physical examination. In general, the United Nations' Children's Fund (*UNICEF*) emphasises that self-reported data on FGM 'needs to be treated with caution' since women may be unwilling to disclose having undergone the procedure because of the sensitivity of the topic or the illegal status of the practice. They may also be unaware that they have been cut, or the extent to which they have been cut, especially if FGM was carried out at a young age.

As for any dataset, it is also important to note that some results of these surveys may be based on relatively small numbers of women, particularly when the data is further broken down by, for example, location, age or ethnicity. Therefore, in some cases the trends observed should be treated with caution. This is particularly relevant for the data on FGM in Uganda used in this report because (due in part to the very low FGM prevalence) changes in the overall prevalence and the prevalence broken down by age, region, education and wealth are not statistically significant. For this reason it is not possible to draw firm conclusions about trends in FGM prevalence in recent years.

It should be made clear that any limitations of the data sources used in this report do not mean that the data is not useful; they simply mean that one should be careful about drawing 'hard and fast' conclusions, and 28 Too Many has accordingly taken that approach when researching and writing this Country Profile.

Executive Summary

In Uganda, according to the most recent Demographic Health Survey, from 2011 (*DHS 2011*), the estimated prevalence of female genital mutilation (*FGM*) in women (aged 15–49) is 1.4%.[1]

It should be noted that (due in part to the very low prevalence of FGM in Uganda) changes in the overall prevalence over time and prevalence broken down by age, region, education level and wealth level are not statistically significant. For this reason it is not possible to draw firm conclusions about trends in FGM prevalence in recent years.

In comparison to many of the other countries in Africa in which FGM is practised, **Uganda has a very low prevalence**. There are regional variations: the highest prevalence is in Karamoja (4.8%) and the Eastern region (2.3%). All other regions in Uganda have a prevalence below 2%.[2]

Dr Baryomunsi, the member of parliament who tabled the anti-FGM bill in Ugandan parliament, asserted that, by 2015, FGM would be no more in Uganda.[3] The DHS data shows that the prevalence of FGM has in fact remained roughly constant: 0.6% in 2006 and 1.4% in 2011.[4] The change measured between 2006 and 2011 is not statistically significant, however, so additional data would be needed to ascertain whether the prevalence has truly changed. In the Eastern region, where there has been a longer history of interventions against FGM in comparison to the Karamoja region, prevalence has also remained roughly constant at 2.4% in 2006 and 2.3% in 2011.[5]

The **ethnic groups that practise FGM** are mostly located in the north-east of Uganda, in the Eastern and Karamoja regions. They are the Sabiny (also called the Sebei) (in the Eastern Region), and the Pokot, Tepeth and Kadama (Karamoja Region).[6] These ethnic groups are all part of the larger Kalenjin ethnic group and are related to the Maasai in Kenya and Tanzania, who also practise FGM. Among the Pokot, FGM is near universal at 95%, and prevalence is estimated to be approximately 50% among the Sabiny. FGM is largely practised by these ethnic groups as a rite of passage and to ensure marriageability.[7] It is closely associated with early marriage and bride price. It is also a way of distinguishing such ethnic groups from their neighbours (for example, the Karamojong, who do not practise FGM), with whom they sometimes have hostile relationships.[8] Although there is little available data, FGM may also be practised by the Nubian and Somali communities.

The **Sabiny** practise Type I or II, whereas the **Pokot** practise Type III infibulation. The age at which FGM is carried out varies between ethnic groups. Among the Pokot, girls between the ages of 9 and 14 are cut every year between July and December. Sabiny girls aged 10 to 15 are at risk, the normal cutting age being 15. Their ceremonies usually take place in the December of even-numbered years, although there are reports that cutting now takes place at any time. The Tepeth cut their girls between the ages of 11 and 14.[9] There is also a practise of genital elongation that is carried out by the Baganda. This is sometimes referred to as female genital modification, and there is some debate about its inclusion into the World Health Organization's category of Type IV FGM.[10]

Since the 2010 anti-FGM Act, the practice of FGM has **gone underground**. There are anecdotal reports of increases in cases of FGM after the anti-FGM law came into force and communities continuing to cut in defiance of the law.[11] It should, however, be noted that gathering reliable data

on FGM in Uganda is challenging due to the fact that the practice is often now carried out in secret or over the border in Kenya, for fear of prosecution, and regions where FGM is practised are remote.

There are many local non-governmental, community-based, faith-based, international and multilateral **agencies working in Uganda to eradicate FGM**. Moreover, the Ugandan Government has been strongly supportive of the anti-FGM movement. A broad range of **initiatives and strategies** have been used. Among these are:

- education on the health risks of FGM and other harmful traditional practices;
- providing alternative income-generating activities to excisors;
- implementing alternative rites of passage and Culture Days;
- religion-orientated approaches;
- a legal approach;
- a human-rights approach;
- prompting intergenerational dialogue;
- promoting girls' education to oppose FGM; and
- supporting girls escaping from FGM and child marriage.

Under the political and economic stability of recent years, Uganda has made progress towards the **Millennium Development Goals**, according to a 2010 report.[12]

In particular, Uganda has made good progress towards providing access to schooling, as evidenced by the massive increase in enrolment after the introduction of universal primary and secondary **education**. Rates of literacy and school enrolment, however, remain low in the regions where FGM is practised: the literacy rate in Karamoja is 12% for men/6% for women,[13] compared to the national rate of 76.8% for men/57.5% for women,[14] and about half of school-aged children in Karamoja have never accessed education.[15] This may be partly attributable to a resistance to education from the traditionally pastoralist Pokot (and Karamojon), which stems from the historical tendency for education to be used as a political tool to sendentarise and integrate them (i.e. to change the community from a nomadic one to one where they remain permanently in one place). One report highlights the lack of education in Moroto District, where some sub-counties do not have a primary school.[16]

Improving access to education is vital because, if girls complete their education, they are less likely to undergo FGM and early marriage. It is particularly important to tailor education to the pastoralist lifestyle of the Pokot, as the district education authorities in collaboration with Save the Children did in relation to the Alternative Basic Education for Karamoja scheme.

The role of education is particularly important in Uganda, which has a history of resistance to education and suffers from very low rates of literacy and school attendance. One study on the Pokot (in Kenya, but relevant to the Pokot in Uganda) found that there has been a more significant decrease in the practise of FGM observed in areas that have had schools for a long time and where the church is well established, compared to marginalised sections of the larger Pokot district where communities are yet to embrace girl-child education and Christianity. The church is seen by the community as a 'unique platform in influencing and stopping this practice'.[17]

This highlights the importance of both education and the potential of **churches** to contribute to the fight against FGM.

Anti-FGM organisations have reported some success with **Culture Days**, although there is some feeling that they have not yet provided excitement, enthusiasm and reinforcement of values equivalent to ceremonies associated with FGM.[18]

Due to the particular ethnic and cultural traditions and beliefs that underpin FGM, organisations need to tailor anti-FGM initiatives and strategies accordingly.

There are still many challenges to overcome before FGM is eradicated in Uganda, but with increased awareness of the anti-FGM law and active anti-FGM programmes, progress continues in a positive direction.

28 Too Many proposes the following measures:

- recognise the cultural significance of FGM;
- incorporate other ethnic groups and internal migrants within anti-FGM strategies;
- source sustainable funding;
- consider FGM within the Millennium Development Goals and any post-MDG framework;
- facilitate education on health and FGM and advocate for girls' education;
- improve the management of health complications of FGM and provide more resources for sexual and reproductive-health education;
- increase advocacy and lobbying;
- increase law enforcement;
- maintain effective media campaigns;
- recognise the role of faith-based organisations and encourage them to act proactively as agents of change to end FGM;
- increase collaborative projects and networking; and
- increase partnerships and collaborative research.

1 DHS 2011, p.120.
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- DHS 2011, p.120.
5 *Ibid*.
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18 Stephen K. Kiirya and Richard Kibombo (1999) *Reproductive Educative and Community Health (REACH) in Kapchorwa District*. Unpublished evaluation Report. Kampala: UNFPA/GOU.

Introduction

> *'FGM/C is a social norm that can only be changed through collective agreement – the creation of a new social norm – rather than individual decisions. This is because FGM/C is fundamentally linked to girls' and women's identity, their full acceptance by society and their marriageability. Individual families deciding alone not to cut their daughters, simply risk condemning them to a life of ostracism and stigma.'*[1]

Female genital mutilation (sometimes called female genital cutting and female genital mutilation/cutting) (*FGM*) is defined by the World Health Organization (*WHO*)[2] as comprising 'all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.' FGM is a form of gender-based violence (*GBV*) and has been recognised as a harmful practice and a violation of the human rights of girls and women. At least 200 million girls and women alive today have had FGM in the 28 African countries where FGM is practised, in Yemen and in Indonesia.[3]

History of FGM

FGM has been practised for over 2,000 years.[4] Although it has obscure origins, there has been anthropological and historical research conducted on how FGM came about. It is found in traditional group or community cultures that have patriarchal structures. Although FGM is practised in some communities in the belief that it is a religious requirement, research shows that FGM pre-dates Islam and Christianity. Some anthropologists trace the practice to 5th century BC Egypt, with infibulations being referred to as 'Pharaonic circumcision'.[5] Other anthropologists believe that it existed among Equatorial African herders as a protection against rape for young female herders, as a custom among stone-age people in Equatorial Africa, or as 'an outgrowth of human sacrificial practices, or some early attempt at population control'[6].

There were also reports in the early 1600s of the practice in Somalia as a means of extracting higher prices for female slaves, and in the late 1700s in Egypt to prevent pregnancy in women and slaves. FGM is practised across a wide range of cultures and it is likely that the practice arose independently among different peoples,[7] aided by Egyptian slave raids from Sudan for concubines and the trading of maids through the Red Sea to the Persian Gulf.[8]

Global Prevalence and Practices

FGM has been reported in 28 countries in Africa and occurs mainly in countries along a belt stretching from Senegal in West Africa, to Egypt in North Africa, to Somalia in East Africa and to the Democratic Republic of Congo in Central Africa. It also occurs in some countries in Asia and the Middle East and among certain diaspora communities in North and South America, Australasia and Europe. As with many ancient practices, FGM is carried out by communities as a heritage of the past and is often associated with ethnic identity. Communities may not even question the practice or may have long forgotten the reasons for it.

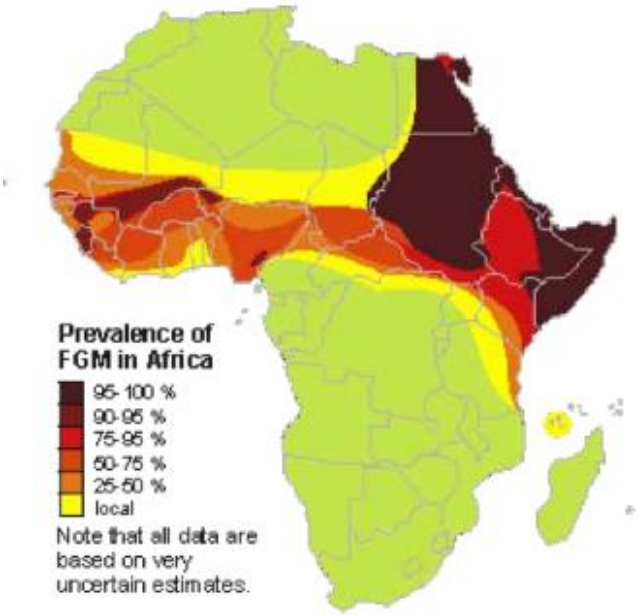

Figure 1: Prevalence of FGM in Africa (© 28 Too Many)[9]

The WHO[10] classifies FGM into four types:

Type I	Partial or total removal of the clitoris (clitoridectomy) and/or the prepuce
Type II	Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision). [Note also that the term 'excision' is sometimes used as a general term covering all types of FGM.]
Type III	Narrowing of the vaginal orifice with the 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, for example: pricking, pulling, piercing, incising, scraping and cauterization.
Re-infibulation	The procedure to narrow the vaginal opening in a woman after she has been deinfibulated (i.e. after childbirth); also known as re-suturing.

Table 1: Types of FGM as classified by the WHO

FGM is often motivated by beliefs about what is considered appropriate sexual behaviour. Some communities consider that it ensures and preserves virginity and marital faithfulness and prevents promiscuity/prostitution. There is a strong link between FGM and marriageability, with FGM often being a prerequisite to marriage. FGM is sometimes a rite of passage into womanhood and necessary for a girl to go through in order to become a responsible adult member of society. FGM is also considered to make girls 'clean' and aesthetically beautiful. Although no religious texts require the practice, practitioners often believe it has religious support. Girls and women will often be under strong social pressure, including pressure from their peers, and risk victimisation and stigma if they refuse to be cut.

FGM is always traumatic.[11] Immediate complications can include severe pain, shock, haemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby genital tissue. Long-term consequences can include recurrent bladder and urinary tract infections, incontinence, cysts, psychological problems, infertility, an increased risk of new-born deaths and childbirth complications including fistula, and the need for later surgeries. For example, a woman with Type III infibulation will likely need to be cut open later to allow for sexual intercourse and childbirth.[12]

The vision of 28 Too Many is a world where every girl and woman is safe, healthy and lives free from FGM and other human-rights violations. A key strategic objective is to provide detailed, comprehensive country profiles for each of the 28 countries in Africa where FGM is practised. The profiles provide research into the situation regarding FGM in each country, as well as more general information relating to the political, anthropological and sociological environments in the country, to offer a contextual background. This can also be of use in relation to diaspora communities that migrate and maintain their commitment to FGM.

The country profiles also offer analyses of the current situation, and will enable all those with a commitment to ending FGM to shape their own policies and practice to create conditions for positive, enduring change in communities that practise FGM. We recognise that each community is different in its drivers for FGM and bespoke, sensitive solutions are essential to offer girls, women and communities a way forward in ending this practice. This research report provides a sound information-base that can contribute to determining the models of sustainable change necessary to shift attitudes and behaviours and bring about a world free of FGM.

During our research, we connect with many anti-FGM campaigners, CBOs, policy-makers and influencers. 28 Too Many wishes to continue to build upon its in-country networking to aid information-sharing, education and awareness of key issues, enabling local NGOs to be part of a greater voice to end FGM locally and internationally.

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11 *Ibid*., p.1.

12 World Health Organization (2015), *op. cit.*, p.vii.

General National Statistics

This section highlights a number of indicators of Uganda's context and development status.

Population

33,640,833 (2012 est.)

Growth rate: 3.58% (2012 est.)

Median age: 15.1 years

Human Development Index Rank: 161 out of 186 in 2013[1]

Age of Suffrage, Consent and Marriage

Age of Suffrage: 18

Age of Consent: 18

Age of Marriage: 18[2]

Girls aged 15–19 who are married, divorced, separated or widowed: 11.4%[3]

Married girls or women who share their husband with at least one other wife: 24.6%[4]

Health

Life expectancy at birth (years): 53.4

Infant mortality rate (per 1,000 live births): 61.22 deaths

Maternal mortality rate: 310 deaths/100,000 live births (2010)

Fertility rate, total (births per woman): 6.14 (2012 est.)

HIV/AIDS – adult prevalence: 6.5% (2009 est.)

– people living with HIV/AIDS: 1.2 million (2009 est.)

(country comparison to the world: 8th)

– deaths: 64,000 per annum

GDP (in US dollars)

GDP (official exchange rate): $46.96 billion (2011 est.)

GDP per capita (PPP): $1,300 (2011 est.)

GDP (real growth rate): 6.7%

Literacy (percentage who can read and write)

Adult (age 15 and over): 66.8%

Female: 57.7%; Male: 76.8% (2002 est.)

Urbanisation

Urban population: 13% (2010)

Rate of urbanisation: 4.8% annually (2010–2015 est.)

Religions

Roman Catholic – 41.9%, Protestant – 42% (Anglican – 35.9%, Pentecostal – 4.6%, Seventh-Day Adventist – 1.5%), Muslim – 12.1%, other – 3.1%, no affiliation – 0.9%.

Ethnic Groups

Baganda – 16.9%, Banyakole – 9.5%, Basoga – 8.4%, Bakiga – 6.9%, Iteso – 6.4%, Langi – 6.1%, Acholi – 4.7%, Bagisu – 4.6%, Lugbara – 4.2%, Bunyoro – 2.7%, other – 29.6%.

Languages

English (official), Ganda or Luganda (most widely used of the Niger-Congo languages, preferred for native language publications in the capital and may be taught in school), other Niger-Congo languages, Nilo-Saharan languages, Swahili, and Arabic.

Unless otherwise stated, all statistics are taken from Central Intelligence Agency (2013) *The World Factbook: Uganda*. Available at https://www.cia.gov/the-world-factbook/countries/uganda/.

1 United Nations Development Programme (2013) *Human Development Index*. Available at http://hdr.undp.org.

2 Uganda Children Act (1997) *Chapter 59*. Available at https://ulii.org/akn/ug/act/statute/1996/6/eng%402016-06-02.

3 DHS 2011, p.48.

4 DHS 2011, p.49.

Millennium Development Goals

The eradication of FGM is pertinent to the achievement of six Millennium Development Goals (*MDGs*).

The Millennium Development Goals

Goal 1: Eradicate Extreme Poverty and Hunger

In Karamoja (including Moroto and Nakapiritpirit districts) there is a deteriorating food security situation. An estimated 1.2 million people are potentially affected.[1] This MDG is relevant given the correlation between food insecurity and education, and education and FGM. Education (particularly primary education) for rural populations is a key factor in fighting food insecurity.[2] Education is also important in tackling FGM, as discussed below.

Goal 2: Achieve Universal Primary Education

The aim of this MDG is to provide universal primary education. The target is to ensure that by 2015 all boys and girls complete a full course of primary schooling. This is relevant in the context of FGM as the chances of girls undergoing FGM are reduced if they complete their schooling. See the section on Education and FGM on page 56.

Goal 3: Promote Gender Equality and Empower Women

The aim of this MDG is to eliminate all gender disparity in primary and secondary education by no later than 2015. This is highly relevant, given that FGM is a manifestation of deeply entrenched gender inequality and constitutes an extreme form of discrimination against women. Moreover, there is a correlation between the level of a woman's education and her attitude towards FGM.

Goal 4: Reduce Child Mortality

FGM has a negative impact on child mortality. A World Health Organization (*WHO*) multi-country study, in which over 28,000 women participated, has shown that death rates among newborn babies are higher to mothers who have had FGM.[3] See the section on Women's Health and Infant Mortality on page 61.

Goal 5: Improve Maternal Health

This MDG has the aim of reducing maternal mortality by three-quarters between 1990 and 2015. In addition to the immediate health consequences arising from FGM, the practice is also associated with an increased risk of childbirth complications. See the section on Women's Health and Infant Mortality on page 61.

Goal 6: Combat HIV/AIDS, Malaria and Other Diseases

Although the correlation between HIV/AIDS and FGM is not as direct as some research has previously claimed, there are a number of potential sources of HIV/AIDS transmission associated with FGM and its consequences. See the section on HIV and FGM on page 63.

1 The New Humanitarian. (2013) *Food insecurity threatens 1.2 million in Uganda's northeast*, 10 July. Available at https://www.thenewhumanitarian.org/news/2013/07/10/food-insecurity-threatens-12-million-uganda-s-northeast.

2 Pasquale de Muro and Francesco Burchi (2007) *Education for Rural People: A Neglected Key to Food Security, Research Papers in Economics*. Roma Tre Università Degli Studi. Available at https://www.researchgate.net/publication/24125377_Education_for_Rural_People_A_Neglected_Key_To_Food_Security.

3 WHO study group on female genital mutilation and obstetric outcome; Emily Banks, Olav Meirik, Tim Farley, Oluwole Akande, Heli Bathija, and Mohamed Ali (2006) 'Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries', *Lancet* 367(9525), pp.1835–1841. Available at https://pubmed.ncbi.nlm.nih.gov/16753486/.

Political Background

Historical

Uganda was first inhabited by hunter-gatherer peoples until 1,700 to 2,300 years ago when Bantu-speaking groups migrated to the southern parts of the region, establishing part of the Empire of Kitara (Chwezi), known as the kingdom of Buganda. Around AD120 Nilotic people entered the area, introducing cattle herding and subsistence farming to the northern and eastern parts of the country.

Arab traders then migrated to the region in the 1830s, followed by British explorers and missionaries in the late 19th century.

The United Kingdom ruled Uganda as a protectorate from 1894, and this grouped together a wide range of ethnic groups with different political systems and cultures.

After Uganda achieved independence from the UK in 1962 and became a republic, differing views prevented the country from establishing a working political community. A power struggle between the Government and King Muteesa led to the constitution being changed. Uganda was declared a republic in 1967, abolishing the traditional kingdom and making Milton Obote president.

Following a military coup, the dictatorial regime of Idi Amin from 1971–1979 was responsible for more than 300,000 deaths. Obote was reinstated after the Uganda-Tanzania War in 1979, only to be deposed by Tito Okello during the 'Bush War', which resulted in a number of human-rights abuses.

Current Political Conditions

Since the late 1980s Uganda has stepped back from the abyss of civil war and economic catastrophe and has become a relatively peaceful, stable and prosperous nation. Yoweri Museveni, leader of the National Resistance Movement (*NRM*) party, has been president since Okello was deposed by the National Resistance Army in 1986. Under Museveni's rule Uganda has experienced considerable stability and economic growth. Notably, he has been involved in the civil war against the Lord's Resistance Army, a group responsible for innumerable human-rights violations including child slavery and mass murder.

In February 2011 Museveni was re-elected for another five-year term with 68% of the votes. These elections were marred by irregularities including 'diversion of government resources for partisan gain, unfair access to media for NRM candidates, government intimidation, and disorganised polling stations'.[1]

Ugandan Government officials continue to engage freely in corrupt practices, and the World Bank's Worldwide Governance Indicators reflect this severe corruption problem: an annual loss of 768.9 billion shillings (US$286 million) to corruption.[2]

1 US Department of State (2011) *Country Reports on Human Rights Practices for 2011: Uganda*. Available at https://2009-2017.state.gov/j/drl/rls/hrrpt/2011humanrightsreport/index.htm#wrapper.
2 US Department of State (2012) *Country Reports on Human Rights Practices for 2012: Uganda*. Available at https://2009-2017.state.gov/j/drl/rls/hrrpt/2012humanrightsreport/index.htm#wrapper.

Anthropological Background

Uganda has great ethnic, cultural, religious and linguistic diversity. No one ethnic group is a majority. There are forty **languages** spoken in Uganda, and they belong to four main groups: Bantu, Western Nilotic, Eastern Nilotic and Central Sudanic.

The **main ethnic groups** are the Baganda, Banyakole, Basoga, Bakiga, Iteso, Langi, Acholi, Bagisu, Lugbara, and Bunyoro.

There are isolated reports of **violence between ethnic minorities**; for example, between the Pabwo and Lapyem clans.[1] In January 2012, for example, there was a clash between the Bagisu and Sabiny over land, resulting in two fatalities and 200 displaced persons.[2]

Further tensions exist with the Batwa, an indigenous group who have been displaced and have limited access to education, health care, land and economic opportunities. Moreover, they have been prevented from continuing their traditional hunter-gatherer lifestyle, consequently suffering from food shortages.[3]

Conflicts between ethnic groups based on **religion** appear to be minimal.

Other **historical divides** exist between the Nilotic speaking people of the north and Bantu-speaking peoples of the south, as well as an economic divide between pastoralists of the west and north and agriculturalists in the highland and lakeside regions.[4]

Conflicts between the Sebei, Karamojong and Pokot tribes on both sides of the Uganda-Kenya border have continued since 2002. Raids, theft of cattle and other property and the killing of those who resist comprise these conflicts and could be a factor in the continued presence of FGM. The Karamojong have been labelled as the aggressors and the Sebei as the target, although the Sebei have also been accused of raiding, killing and arms trafficking. The Ugandan Government has attempted to disarm the Karamojong and other groups, with little success, and has encountered violent resistance from the Karamojong.[5]

Young Pokot Shepherds
(© Alessio Moiola / Dreamstime.com)

Ethnic Groups

In Uganda, FGM is practised only by select ethnic groups. The prevalence of FGM is low when considering the country's population. Table 2 below puts FGM practise in Uganda into perspective by showing the total population numbers for the ethnic groups that participate in FGM.

Ethnic Group	Male	Female	Total	% of Total Population
Sabiny	89,413	91,181	180,594	0.8
Pokot	37,702	32,655	70,357	0.3
Tepeth (So)	10,606	10,921	21,527	0.1
Nubian	12,919	13,145	26,064	0.1
Somali refugees*			14,240	

Table 2: Percentages of Ugandan total population of FGM-practising ethnic groups[6]
****Somali Refugee population as of January 2013[7]***

In terms of the districts and sub-counties where action is critical, see Table 3 below.

District	Total Population of District	Number of Sub-Counties Where Action is Critical
Kapchorwa	87,000	5 (all sub-counties)
Nakapiritpirit	154,494	1 (Mourita sub-country)
Moroto	128,311 (excluding Napak)	2 (Katikekile and Tapac sub-counties)
Amudat	95,900	4 (all sub-counties)
Bukwo	58,300	8 (all sub-counties)
Kween	85,000	9 (all sub-counties)

Table 3: Ugandan districts and sub-counties where anti-FGM action is critical[8]

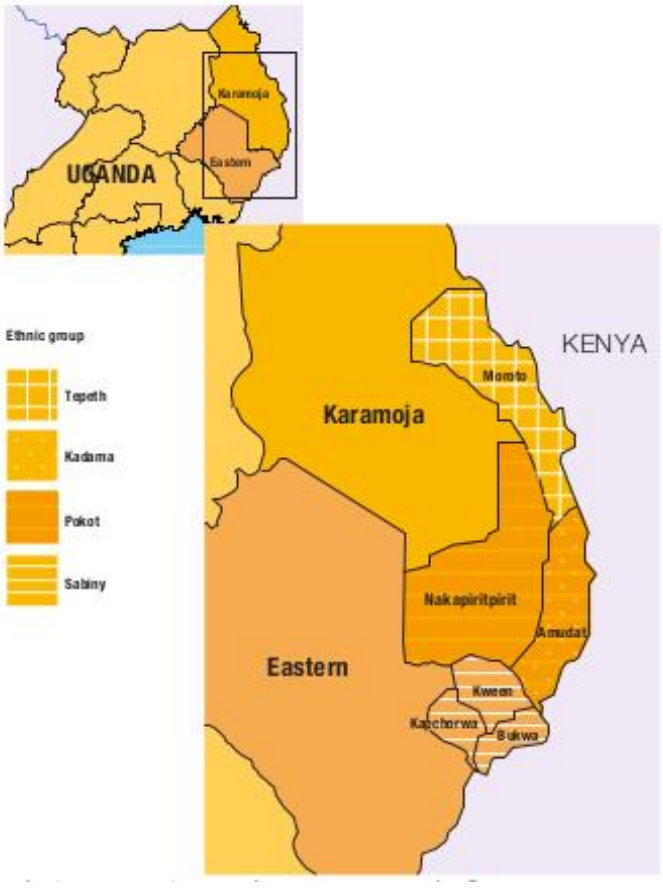
The Sabiny, Tepeth (in the Moroto district), Pokot (in the Amudat and Nakapiritpirit districts) and Kadama (in Nakapiritpirit district) all practise FGM. They are ethnic cousins of the Maasai from Kenya/Tanzania, who also practice FGM. Among the Pokot, FGM is near universal at 95%, and prevalence is estimated to be approximately 50% among the Sabiny.[9]

FGM in Uganda is a practice associated with particular ethnic groups, deeply rooted in traditions and happening on a local rather than national level. With education about the dangers of the practice being a key factor, it is in the remote, un-sensitised areas where FGM is practised.

Generally, those who are most vulnerable to FGM in Uganda are young girls or young mothers from the abovementioned ethnic groups – not educated, impoverished and of agricultural or pastoralist backgrounds.

Pokot Girls
(Photographer: Betty Maureen Chelangat / © Godparents Association)

The **origin of FGM in Uganda** is difficult to trace. For the Sabiny, controlling women's sexuality was an integral component of the cattle-herding lifestyle. Founder of the NGO REACH, Martin Chelangati, suggests that because the Sabiny were pastoralists, the men were absent for long periods of time and the women resorted to finding other men. Thus, FGM was practised to control Sabiny women's sexual desires.[10] For the Pokot, the aspect of controlling women's sexuality was the same. The Tepeth adopted the practice recently in the 1990s, due to sharing pastoral resources with the Pokot and intermarrying.[11]



Ethnic groups in north-eastern Uganda
(© 28 Too Many)

Sabiny

Anthropological Background

The Sabiny (also called the Sebei, Sabei, Sapei and Sabyni) are a small ethnic group living in and around the Kapchorwa, Bukwo and Kween districts in north-eastern Uganda, on the Ugandan side of Mount Elgon.

During British rule, the Sabiny were administered as a county in Bugisu district. The Bagisu and Sabiny are culturally and linguistically very different. The Sabiny complained of being marginalised during the years they were part of Bugisu, and by the eve of the independence of Uganda, Sabiny councillors had stopped attending council meetings in Mbale, accusing councillors from Bugisu of deliberately stifling the development of Kapchorwa. They vowed not to have any dealings with Bugisu district and demanded separation.

The Government yielded, and Sebei district was born in 1960. As Uganda was becoming independent from Britain, so Sebei became independent of Bugisu. In 1980, the Government renamed the administrative units, and Sebei district became Kapchorwa district. Kapchorwa district has now been divided into three districts: Kapchorwa, Kween and Bukwo.[12]

The Sabiny speak Kupsabiny, a Kalenjin dialect.

Traditionally, the Sabiny are pastoralists, but they have become mainly agriculturalists as grazing land has become limited. Despite this, cattle are still the primary measure of wealth. It has been argued that the Sabiny are very superstitious, fearful of death and of women and their supposed 'supernatural power as witches, and their secular power as shrews'. The Sabiny are also described as being profoundly jealous and hostile.[13] This guarded nature and distrust in women could be a contributing factor to their continued practise of FGM.

Type of FGM and Age of Cutting

The type of FGM performed by the Sabiny varies according to their geographical location. One study shows that 31% of women/girls have had the clitoris removed, 36% have had the clitoris and labia minor removed, and 27% have had the clitoris, labia minora and labia majora removed. Type III FGM/infibulation was not reported.[14]

FGM is usually performed on girls aged 12–15 who are reaching maturity for marriage.[15] 28 Too Many's research supports these findings, but found that the age at which FGM can be carried out is as young as ten. Even for women who do not undergo FGM as girls, there is a risk of being cut after marriage due to pressure from in-laws.[16]

One report states that the Sabiny only cut in December of even-numbered years.[17] In Sabiny areas, however, it has been reported that cutting now takes place any time, and many do not wait until even-numbered years. Cutting is also now done at night, rather than with public ceremony, due to the outlawing of the practice.[18]

Reasons for Cutting

For the Sabiny, FGM is practised as a rite of passage of a girl into womanhood, but is also carried out following marriage due to societal pressure. Women who do not undergo FGM are stigmatised

(see below). Custom, the preservation of chastity and fidelity, social acceptance and marriageability are key reasons FGM is practised by the Sabiny.[19]

FGM is a traditional rite of passage into womanhood. It is considered by many village elders to be a ritual sanctioned by their ancestors – a practice that has existed for over 2,000 years as a means to convert female community members from childhood into adulthood.[20]

The majority of the organisations surveyed by 28 Too Many cited marriage prospects and rites of passage as the two most important reasons for practising FGM.[21] As among the Pokot, FGM is related to bride price. For the Sabiny, this dowry can be 5–12 heads of cattle and goats, hens and other items like clothes, utensils and money.[22] Undergoing FGM brings pride to the family, and often the girl is presented with gifts.[23]

Finally, the Sabiny believe that the practice of FGM distinguishes their culture from other Ugandan ethnic groups.[24]

Prevalence and Trends

According to REACH, the cases of FGM among the Sabiny people have declined in recent years,[25] but an increase in prevalence in 1998 can be attributed to a backlash among the Sabiny to the REACH programme (see the Challenges section below).

Sabiny musicians in traditional dress, with traditional instruments, at Culture Day 1998 (© Godparents Association)

Practitioners

The women who carry out FGM within the communities are referred to as 'surgeons', although they have no medical training. They are usually between the ages of 40 and 70.[26] Sabiny excisors are paid for their services and can receive payment in cash up to (the equivalent of) US$30 per girl or payment in kind (chicken, meat, local brew [*Komek*]). One traditional surgeon has stated that cutting girls is her only means of living, and it enables her to educate her children.[27]

Cutters are well known and highly respected; however, few exist in Kapchorwa. Whenever there are a large number of girls to be cut, most of them come over from the Kalenjin ethnic group in Kenya.[28]

In Sabiny practice, surgeons do the majority of the cutting, although they do not participate in the accompanying celebrations. Traditional birth attendants (*TBAs*) can be involved to finish a poorly executed procedure. TBAs sometimes refer women to excisors if they have not been cut.[29]

Since FGM was criminalised, many Sabiny excisors have denounced their roles, but others continue to practise in secret.[30]

Highly respected members of the community who act as mentors/guardians also have an important role to play. They help mentally prepare the girls/women to undergo FGM. They check that the excision was done 'well', collect the blood that spills, ensure that the cut genital parts are properly disposed of and nurse the girls/women. They are also paid by the parents for their role.[31]

Initiation Ceremonies

FGM is part of an important ritual celebration among the Sabiny. Traditionally the celebration lasts three weeks and is comprised of FGM on girls of around 15 years old and circumcision of boys of 17 or 18.

Once the season is declared open by the elders, for about three weeks male circumcision candidates run through the villages of the district, collecting gifts from friends and relatives, who often join in the run to the next village. During this time, a boy collects the foundation for the bride price to be offered for a newly cut girl to be his wife.

Female candidates for cutting do not tour the district, but remain in the family home, where they are prepared for FGM.

On the night before the cutting, age cohorts and schoolmates gather together, separated by gender, and dance and sing through the night. At dawn, the 'secrets' and history of the culture are imparted to the initiation candidates. Young men and women are exhorted never to reveal their tribal secrets to uncircumcised Sabiny or to outsiders.

Cutting is performed in separate locations; traditionally men could not be present during the girls' ceremonies, but this appears to have changed somewhat in recent years. Sabiny girls are expected to be brave during the procedure and are not restrained. After the excision, the girls are allowed to recover without much aftercare. The wound is traditionally treated with cow's urine.

FGM often now happens in secret, without much ceremony, as a result of the anti-FGM law.[32]

Stigmatisation and Taboos

Married women who have not undergone FGM are subject to discrimination that has been become 'institutionalised' within Sabiny culture. Uncut women cannot take up positions of responsibility within the community, climb into the granary for grain, step into the *kraal* (cattle enclosure) to collect cow-dung for smearing onto houses, milk cows or serve food to elders.

Taboos are associated with these norms if a woman contravenes them. For example, it is believed that if an uncut woman milks a cow, because she is seen as 'unclean', she will contaminate the milk.[33]

Superstitions such as 'if the clitoris touches a man's penis, the man will die' and 'if a baby's head touches the clitoris, the baby will die or the breast milk will be poisonous' have also been noted.[34]

Although one study suggests that these are taboos are being abandoned, they still provide a firm foundation for the continuance of FGM.[35]

Pokot

Pokot girls gather on their coming-out day, when the seclusion period has ended after FGM.

Their seclusion hut is in the background.

(© Godparents Association)

The Pokot (also called the Upe) live in the north-eastern part of Uganda, especially in the Nakapiripirit district, but also in the Amudat and Moroto districts. The Pokot, whose name means 'survivors', were originally from Kenya, but were relocated to Uganda by the British administration to occupy part of the Pian territory. They are also called the Suk and are related to the Kenyan West Pokot.[36] Pokot dwellings span Ugandan/Kenyan border, and many have identity cards for both countries.[37] Women from Karamoja are the most frequent emigrants to Ugandan cities.[38]

The region has a long history of neglect and abuse, including various governments' attempts at forcing a sedentary lifestyle, which began during the British era. Though the development of Karamoja was part of Museveni's Ten Point Programme, the problems of isolation, insecurity and poverty remain.[39]

Based on regional and cultural differences, the Pokot people can be divided into two groups: the Hill Pokot and the Plains Pokot. The Hill Pokot traditionally live in the rainy highlands in the west and in the central south of the Pokot area, and are both farmers and pastoralists. The Plains Pokot traditionally live in the dry and infertile plains, herding cows, goats and sheep.

Pokot values are community based, not individual-centred, and decisions are made by the elders.[40]

For the Pokot, FGM is practised between the ages of 9 and 14. It is a requirement for marriageability.[41] The Pokot practise Type III/infibulation.[42] Both the Pokot and the Tepeth cut their girls every year from July to September.[43]

Once married, a woman's risk of FGM decreases, as her parents no longer have control over her. However, many men still do not accept a woman as a wife unless she has been cut. Additionally, FGM is a mark of cleanliness and chastity, and therefore uncut older women can still face FGM due to societal pressure.[44]

FGM helps ensure a good bride price, and this can be up to 60 head of cattle, depending on the groom's wealth.[45]

Such is the pressure to be cut that Pokot girls have even resorted to cutting themselves.[46]

Tepeth

The Tepeth (also called the Soo, So, Tepes and Teu) are located in north-eastern Uganda on the Moroto, Napak and Kadam mountains. They are traditionally an agricultural society. If a harvest is bountiful, the village elders permit a 'cutting ceremony', in which girls aged 11 to 14 undergo FGM as a rite of passage. The ceremony is performed with a blunt knife and all or a portion of the external genitalia is removed. Once cut, the girls heal in seclusion in the remote mountains for up to three months. The parents send food, but only the excisor is permitted to see them. Further rite-of-passage ceremonies mark the healing process before the girls are reunited with their families.

After this process, girls are eligible for marriage offers, accompanied by a dowry given to the bride's family, usually as cattle. The UN Population Fund (*UNFPA*) notes that it is common for older men – who have greater access to wealth and higher status – to marry additional young wives, and they are the individuals who demand that their wives be cut.[47]

Among the Tepeth, FGM is therefore associated with bride price and child marriage and is related to concepts of womanhood, marriage and purity. As in all practising communities, it is also interwoven with economics, identity and power roles that are integral to the way communities function.[48] Community-level change is thus required before FGM can be eradicated.

For more information on FGM-eradication efforts in Tepeth groups, see entry in the NGO section on Arbeiter-Samariter-Bund and the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (*UNJP*).

Kadama

The Kadama live on Mount Kadam in Nakapiritpirit district in the Karamoja region. They are closely related to the Tepeth, and some regard them as a sub-group of the Tepeth. Although little has been written about them, local oral history tells that the Kadam, along with the Tepeth (and other groups) lived in what is present-day Karamoja and took refuge in the mountains when the Karamojong arrived from Ethiopia in the 1600s.

CASE STUDY: THE BAGANDA – GENITAL ELONGATION[49]

Genital elongation is the process of gradually stretching the labia minora. It is practised by girls before they reach menarche/start menstruation. This practice is sometimes termed 'female genital modification' (*FGMo*), and there is some debate about its inclusion in the WHO's FGM classifications as Type IV.

Genital elongation is an expansive, rather than reductive, practice. It is arguably practised to increase sexual pleasure in men and women, rather than deny it. Female elongation is classed by the WHO as FGM because of the pressure on young girls to perform it and the permanent anatomical changes it creates.

This type of FGM has received far less attention than the reductive forms, although it also involves significant health risks and violates human rights.[50]

The Baganda people from the Wakiso district are the primary practising group in Uganda, although it is also found among the Bagisu, Bakiga, Banyankole, Banyoro and Batolo.[51] The Baganda call this procedure *okukyalira ensiko* ('visiting the bush'), because it is practised in secluded forest clearings. It is a cultural rite of passage for a girl to transition into womanhood and be eligible for marriage.

For the Baganda, the construction of gender is dependent on social and cultural practices like genital elongation and not just biology.[52] This ceremony gives the girl's father special status and his 'manhood' is reflected by her genital elongation.[53]

Stretching occurs between the ages of 9 and 16, and the girls must elongate their labia minora up to a minimum of one-and-a-half inches before they start menstruating. The process can also be repeated after giving birth.

Health risks include discomfort, pain, swelling, bleeding, neurosensitivity, anxiety and infection. Infection is common due to dust, ashes, corrosive herbs and manufactured creams being used to prevent fingers from sliding when stretching.

This practice is found in rural areas as well as in urban and suburban areas around Kampala. It has also been adopted by non-Baganda women, and some seek commercial assistance to elongate their labia.

One study by Pérez and Namulondo[54] interviewed 31 Baganda men with daughters to understand their perceptions of genital elongation and to plan sexual-health education programmes to minimise the risks of the practice. The interviewees claimed that the practice was a necessary cultural ritual and that genital elongation brings greater sexual pleasure. These men were generally ignorant of how the practice is performed as discussing sexual issues with their daughters is a cultural taboo.

They researchers also interviewed *sengas* or 'aunties', who are mentors responsible for educating Baganda girls in reproductive issues and marriage duties. The study notes that, because girls often go away to boarding school, peers and teachers, or even hired sengas, have adopted the role of assisting in genital elongation.

Other Groups That Practise FGM

Nubians

Nubians in Uganda are descendants of Sudanese military recruits who entered Uganda in the late 19th century as part of an army employed to quell popular revolts. Nubians had varied ethnic origins, but many spoke Western Nilotic languages similar to that spoken by the Acholi people, their closest relatives in Uganda. Today, many Nubians also speak a variant of Arabic and are Muslims.[55]

The Nubians are found in Bombo, 50 kilometres north of Kampala, Arua, and elsewhere, living near military installations. Owing to their ancestral identification with Sudan, Nubians face discrimination in employment and are somewhat removed from Ugandan society.[56] They are believed to practice FGM. There is, however, very little data available on FGM among them.

Somali

There is a minority population of Somali refugees/migrants living in Uganda, primarily in Kampala. FGM is practised at a very high rate in Somalia, and this tradition is continued by Somalis who have migrated.[57]

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Laws Relating to Women and Girls

For information on international and African regional laws relating to FGM, please refer to the **law factsheet** on our website.

International and Regional Treaties[1]

Many of the international human-rights conventions and treaties related to the practice of FGM have been signed and ratified by Uganda. The ratification of these conventions places a legal obligation on the Government to ensure that FGM, as an international human-rights violation, is eradicated by putting certain provisions in place. Uganda has ratified or signed up to the following conventions and treaties:

- Convention on the Elimination of Discrimination Against Women (*CEDAW*);
- Convention on the Rights of the Child (*CRC*);
- International Covenant on Economic, Social and Cultural Rights;
- African Charter on the Rights and Welfare of the Child;
- Maputo Protocol to the African Charter on Human and Peoples' Rights on the Rights of the Women in Africa (the 'Maputo Protocol');
- African Charter on Human and People's Rights (the 'Banjul Charter'); and
- The African Union declared the years from 2010 to 2020 to be the Decade for African Women and Uganda is expected to continue its commitment to promote and protect the rights of women.

In December 2012, the UN passed an historic resolution calling on countries to eliminate FGM, and in 2013 the agreed conclusions of the 57th UN Convention on the Status of Women included a reference to the need of states to develop policies and programmes to eliminate FGM as well as other forms of violence against women.

The **CEDAW** and the **CRC** clearly prohibit traditional practices that discriminate against women and harm children. Article 2 of CEDAW directs 'State Parties . . . (f) To take all appropriate measures, customs and practices which constitute discrimination against women.' Additionally, Article 5 states, 'State Parties shall take all appropriate measures: (a) to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes . . .' Article 24(3) of the CRC states, 'State Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.' In addition, Article 19(1) provides that 'State Parties shall take all appropriate legislative, administrative, social, and educational measures to protect the child from all forms of physical or mental violence, injury, or abuse.' Uganda ratified the CEDAW in 1985 and the CRC in 1990.

Under the **ICESCR**, FGM is a violation of the right to health. Article 12(2) provides that '[t]he steps to be taken by State Parties to the present Covenant to achieve the full realization of [the right to health] shall include those necessary for: (a) The provision for . . . healthy development of the child . . .' 'Health' is defined so as to include 'maturity, reproductive and sexual health'. FGM thus

violates the convention due to its numerous health consequences, as discussed in the section Women's Health and Infant Mortality on page 61.

The African Charter on the Rights and Welfare of the Child requires member states of the African Union to abolish customs and practices harmful to the 'welfare, dignity, normal growth and development of the child and in particular: (a) those customs and practices discriminatory to the child on the grounds of sex or other status . . .'

The Maputo Protocol explicitly refers to FGM. Under Article 5, 'state parties shall prohibit and condemn . . . through legislative measures backed by sanctions, (b) all forms of female genital mutilation, scarification and para-medicalisation of female genital mutilation and all other practices in order to eradicate them.'

The Banjul Charter includes provisions related to the right to health (Article 16) and the right to physical integrity (Articles 4 and 5).

The East African Legislative Assembly announced on Zero Tolerance Day 2012 in Kampala that lawmakers are considering anti-FGM **action across the East African Community** (*EAC*). Dora Byamukama, a legislator at the East African Legislative Assembly has said that, although Kenya and Uganda both now have anti-FGM laws, EAC legislation will hopefully improve cross-border enforcement. She called for serious enforcement efforts to ensure that the law is successfully implemented:

> *'Having the law is good, but, without enforcement, it will come to nothing.'*[2]

National Laws

Age of Suffrage, Consent and Marriage

In Uganda, the age of suffrage is 18 and the age of consent is 18.[3]

It is illegal to have sexual contact outside of marriage with girls less than 18 years of age and is considered 'defilement' under the law, having a maximum sentence of death.[4]

The minimum age for marriage is 18; however, arranged marriages for underage girls are common, particularly in rural and impoverished areas, and not actively enforced by the law.[5] A 2009 UN report states that 32% of marriages involve underage girls.[6] UNICEF estimates that 12% of women aged 20 to 24 were in a union (marriage) before the age of 15, and 46% were married before the age of 18.[7]

Historic Position

Several articles in the Ugandan **Constitution** relate to FGM, although they do not specifically cover the practice.

Article 32(2) prohibits customs and traditions that are against the dignity, welfare or interest of women, and **Article 44(a)** prohibits any derogation of the right to be free from torture, cruel, inhumane or degrading treatment. **Article 34** provides for the rights of children, and **Article 34(1)**

states that, in addition to laws enacted in children's best interests, care of children by their parents or those entitled to them by law is paramount.

The Uganda Penal Code Act also prohibits grievous harm, unlawful wounding, assault and actual bodily harm, and declares that consent to a person's own maim does not affect the criminal responsibility of the act. However, as Namulondo has noted, the complexity and ambiguity of the Penal Code made it hard to enforce in relation to FGM in rural areas, where the practice is viewed as cultural and not as harmful or as assault.[8]

Prior to the 1990s there was no government stance on FGM, as it was a taboo. When the current Government came to power in 1986, there was new focus on women's development and human rights, led by Yoweri Museveni. During this time, Museveni was an advocate for education, equality and the advancement of women. FGM gained attention as a serious issue, and the president supported (and attended) the Sabiny Culture Day, which featured an alternative rite of passage (*ARP*).

In 1989 the District of Kapchorwa placed a ban on FGM, but this did not go to the national level. As a reaction to this district-wide ban, the Kapchorwa District Council enacted a law making FGM compulsory in 1988. After intervention from district representative Jane Frances Kuka, the cabinet minister for women in Kampala went to the district to prevent forced FGM and the law was changed, making FGM optional.[9]

District By-Laws Passed (2006 and 2008)

In **Kapchorwa**, FGM legislation has been advocated for by REACH and the Sabiny Elders Association.

In 2004 they worked with LAW Uganda on a document that would prohibit FGM.

In 2005, 100 community leaders from the 16 sub-counties petitioned to enact a by-law based on their document, and this by-law passed in 2006.[10]

In 2008, UNFPA, LAW Uganda and the Kapchorwa District Council helped enact a district-level prohibition of FGM.

FGM Law (2010)

On 29 July 2009, the Constitutional Court declared the practice of FGM unconstitutional.

In December 2009 the Ugandan Parliament passed the **Prohibition of Female Genital Mutilation Act**, which came into effect on 9 April 2010.

The maximum **penalty** is life imprisonment, with a normal sentence of ten years, and 'neither culture, religion, nor the consent of the victim is an allowable defence'.[11]

Life imprisonment is the penalty for **aggravated FGM**, defined as 'situations where death occurs, a victim is disabled or is infected with HIVAIDS . . . also where the cutter is a parent, guardian or a person having control over the victim or where the act is done by a health worker'.[12]

Enforcement of the Law[13]

The UNJP reported that, in 2011, there were ten legal actions brought against perpetrators of FGM.[14] By July 2012, 20 arrests had been made that were pending investigation; two prosecutions had been made as well as one successful prosecution resulting in a caution.

Guidelines on the use of the law were developed by the Ministry of Gender, Labor and Social Development to provide guidance to police and prosecutors on the implementation of the law and the protection of victims.

LAW Uganda (supported by the UNJP), in addition to being instrumental in the enactment of the law, has a programme in place to build the capacity of law-enforcement officers and to use the law to provide protection for girls by seeking compensation for injuries from FGM. Under this project, community-awareness activities have been carried out and child protection committees have been set up in practising communities. Simplified versions of the law in local languages have been distributed. For example, in Moroto, the district leads a team that is an alliance of members from the education sector, the health sector, churches, civil-society organisations, the youth, local leaders and the UN. Officers from LAW Uganda, district police and the local government report that the programme has contributed significantly to the implementation of the law and a reduction in the prevalence of FGM. There are, however, various challenges to prosecuting cases of FGM:

- prosecution is difficult, as FGM is increasingly being done in secret or across the border in Kenya;
- police have found it difficult to penetrate the communities where FGM is practised, as there is often a lack of cooperation by communities wanting to protect their culture;
- there is a high turnover of police officers due to the fact that they are transferred after six months because of the hardship of working in the areas where FGM is practised (training and guidelines have been used to overcome this challenge); and
- health workers have not always cooperated by completing the paperwork necessary for a prosecution, and it has therefore been difficult to collect medical evidence. In addition, they have sometimes asked for money from victims and suspects to perform medical examinations, despite the fact that these should be free.

One unfortunate **consequence of the law** is that many cases of FGM receive no medical treatment, as they are not reported due to fear of punishment.[15] There is defiance against the new law by some communities (see the Challenges section below).

A number of recommendations have been given in relation to the UNJP, including:

- continuous efforts to ensure that the law is implemented (capacity of the police authorities needs to be continued, especially training guidelines and materials, transport and communication);
- including the health sector in the programme to ensure that medical evidence can be collected;
- using education as a tool to empower young girls to say 'no'; and
- encouraging communities to pass by-laws in their respective areas.

In addition, police officers have suggested using radio and drama shows and illustrated posters in local languages to raise awareness of the harmful effects of FGM, especially in remote areas.

1 Unless otherwise stated, all references in this sub-section are to Women's Rights Cluster for Uganda (undated) *Joint Submission by the Women Rights Cluster for Uganda to be Considered at the Twelveth Session of the HRC by National Association of Women's Organizations in Uganda*. Available at https://lib.ohchr.org/HRBodies/UPR/Documents/session12/UG/JS7-JointSubmission7-eng.pdf.
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11 US Department of State (2012), *op. cit.*
12 Frederick Womakuyu (2010) 'Uganda: Over 200 Sabiny Girls to be Circumcised', *The New Vision*, 6 November. Available at http://allafrica.com/stories/201011081387.html.
13 Unless otherwise stated, all references in this section are to Karin Weber (2012) *Good Practice: National Law Against Female Genital Mutilation/Cutting*. Available at http://www.karinweber.info/_uploaded/Good-Practise-Law-against-FGMC.pdf.
14 UNFPA (2011) *The State of the World's Midwifery 2011*. Available at unfpa.org/publications/state-worlds-midwifery-2011.
15 *Ibid.*

The Role of Women in Society

Uganda was ranked 73 out of 86 countries in the 2012 OECD Social Institutions and Gender Index (*SIGI*).

According to SIGI, women face equality challenges in the following areas.

Discriminatory Family Code

Religious and customary legal systems discriminate against women in Uganda, although civil law takes precedence when the Constitution has been violated.

The Ugandan Government proposed the **Domestic Relations Bill** in 2003, which was intended to reform laws relating to marriage, divorce and property rights. This bill was suspended as of April 2013.[1]

Child marriage is a problem in Uganda, and the UN estimates that 32% of girls between the ages of 15 and 19 are married, divorced, separated or widowed.

Polygamy is legal and falls under Islamic law. In the event of a **divorce**, men retain sole parental custody. Furthermore, women do not have the right to inherit, and it is common for **widows** to lose their property.

Restricted Physical Integrity

Domestic violence is common in Uganda. Nearly 60% of women have experienced some form of violence, despite the Domestic Violence Act coming into force in 2010. Penalties for domestic violence range from fines to two years' imprisonment, but many law enforcement officials view wife beating as 'a husband's prerogative'.[2]

Likewise, **sexual harassment** is illegal, having penalties of up to 14 years' imprisonment, but the law is not properly enforced. Incidents of sexual harassment occur frequently in schools, universities and workplaces.

Rape is also endemic, and, although it is a criminal offence, the law is not effectively enforced and the majority of rapes go unreported. Rape is particularly associated with the ongoing violence of the Lord's Resistance Army (*LRA*). In 2011 the police registered 520 rape cases; only 269 of those were tried. Part of these low rates of prosecution and conviction is the lack of criminal forensic capacity to collect evidence.[3] However, since 2009 rape victims have been able to access free medical examinations to assist investigations, and an estimated 10,000 examinations have been carried out at Mulago Hospital in Kampala.[4]

Abortions are legal only in cases where a woman's mental or physical health is in jeopardy.

Contraception knowledge and use has improved in recent years, due to the Government's efforts to combat HIV and AIDS. However, use of contraception by married women is low, despite women's desires to limit their family sizes. This is partly due to a low level of communication about contraception between husbands and wives.

Restricted Resources and Entitlements

Although the Government has adopted the Land (Amendment) Act of 2004 to improve women's access to land and property management, discriminatory customary practices are still prevalent. SIGI also states that women have difficulties accessing bank loans. This is partly because, in agricultural practices, women are unpaid subsistence laborers.

Eliminating gender inequality is a high priority for the Government, and in 2012 there were several workshops held on women's rights in districts including Amuru, Lira, Nebbi, Pallisa, Mubende, Kumi, Katakwi, Kween and Kampala.[5]

1 Segawa (2013) 'Parliament Suspends Marriage and Divorce Bill', *Chimpreports* [no longer available online].
2 US Department of State (2012) *Country Reports on Human Rights Practices for 2012: Uganda*. Available at https://2009-2017.state.gov/j/drl/rls/hrrpt/2012humanrightsreport/index.htm#wrapper.
3 *Ibid*.
4 US Department of State (2011) *Country Reports on Human Rights Practices for 2011: Uganda*. Available at https://2009-2017.state.gov/j/drl/rls/hrrpt/2011humanrightsreport/index.htm#wrapper.
5 US Department of State (2012), op. cit.

FGM: National and Regional Statistics and Trends

This section gives a broad picture of the current state of FGM in Uganda. Other sections of this report give more detailed analyses of FGM prevalence set within anthropological and sociological frameworks, and of efforts towards its abandonment. For example, an analysis of the relationship between FGM and education may be found in the Education section.

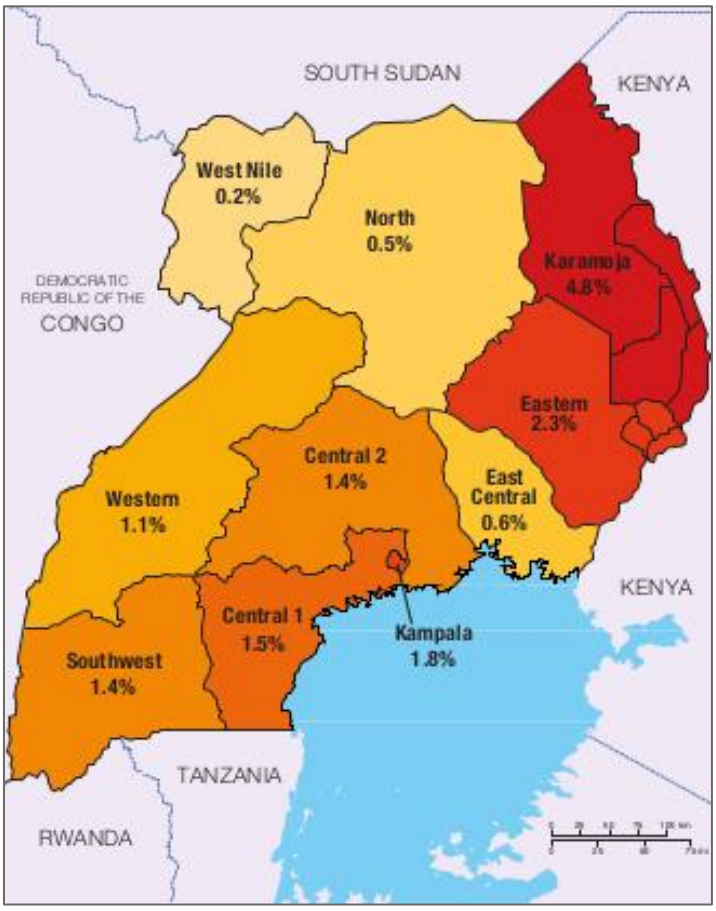


Figure 2: Prevalence of FGM by Ugandan region[1]

In Uganda, the estimated prevalence of FGM in girls and women (aged 15–49) is 1.4%.[2]

It was measured to be 0.6% in 2006.[3] However, the measured change is not statistically significant, so the extent of the conclusions that can be drawn from this data is that prevalence has remained fairly constant.

Uganda is a Group 5 country according to UNICEF's classifications.[4] It has a comparatively low rate of practice compared to other African countries. However, it should be noted that it is difficult to assess definitive numbers relating to FGM in Uganda. This is partly because the practise is now often carried out secretly or even over the Kenyan border for fear of prosecution, and the regions where FGM is practised are remote, making data collection challenging. Due to the low prevalence of FGM in the country, additional data is needed to understand whether any changes observed in prevalence over recent years reflect a real trend or if they are due to statistical uncertainty in the measurements.

FGM According to Place of Residence

The practice is most common in the eastern regions of the country (Karamoja and Eastern).[5]

In the eastern regions of Kapchorwa, Kween and Bukwa, FGM is practised by the Sabiny (or Sebei) ethnic group. The Sabiny people are the most studied in terms of FGM in Uganda. According to the DHS statistics, the prevalence of FGM has remained constant in the areas inhabited by the Sabiny, changing from 2.4% in 2006 to 2.3% in 2011.[6] However, there is anecdotal evidence of an *increase* in prevalence as a result of defiance by the community to the new anti-FGM law.

FGM is also practised by the Pokot living in the districts of Amudat and Nakapiripirit, and the Tepeth (also called the So) in the Moroto district of the Karamoja region.

The Kadama ethnic group, who live on Mount Kadam in Nakapiritpirit district, also practise FGM, although there is very little data available on this group.

The DHS figures show that FGM has increased in Karamoja from 1.8% in 2006 to 4.8% in 2011.[7] More data would be required to ascertain whether this is a genuine trend or due to the statistical uncertainty of the measurements. Although the reasons for an increase are not completely clear, if this is a genuine trend, anecdotal evidence suggests it may be attributed a backlash to the anti-FGM law.

Unfortunately, the prevalence of FGM also appears to be increasing in all other regions of Uganda except the Eastern region, where there has been a longer history of intervention against FGM in comparison to Karamoja. There, the rate has remained constant (2.4% in 2006 and 2.3% in 2011).[8]

FGM is believed to be practised by the Somalis located in the Kisenyi zone in Kampala and the Nubians who reside in Bombo, north of Kampala, Arua and elsewhere (in the Western Nile region).

Additionally, FGM has been reported in the districts of Isingiro, Kamuli, Kamwenge and Bugiri.[9]

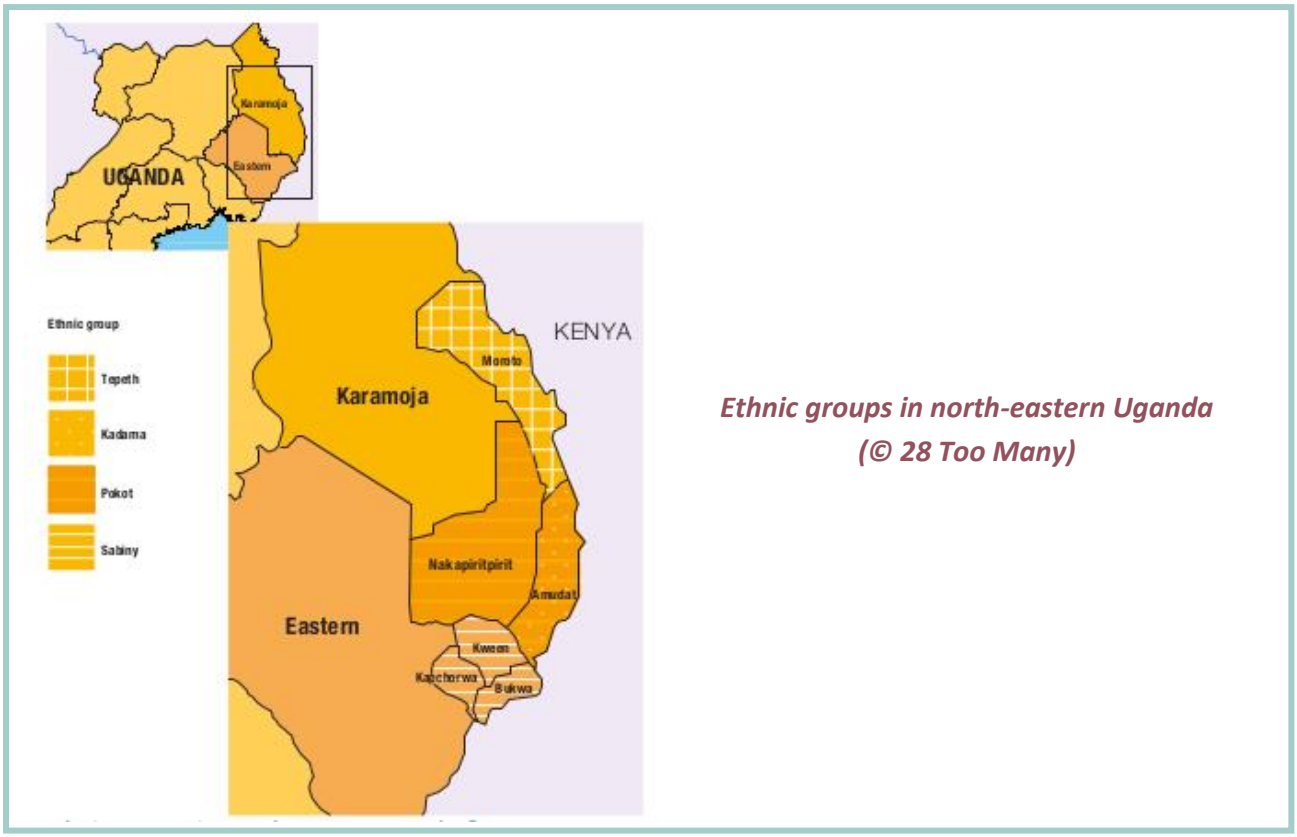
Genital elongation – classed in the Type IV category – is practised mainly by the Baganda people in the Wakiso district.[10]

Ethnicity and FGM

Ethnicity appears to be the most determining factor in the practise of FGM within Uganda, where FGM is only practised by a minority of ethnic groups.

Among the Pokot, FGM is near universal at 95%. Among the Sabiny, prevalence is estimated to be approximately 50%.[11]

There are no clear statistics on the prevalence among the Tepeth or among minority migrant groups.



Ethnic groups in north-eastern Uganda (© 28 Too Many)

Wealth and FGM

The DHS breaks down the population into quintiles from richest to poorest, using information such as household ownership of certain consumer items and dwelling characteristics. There is some evidence to suggest that the prevalence of FGM falls as women's levels of wealth increase (see Table 4).

Wealth Quintile	DHS 2006	DHS 2011
Poorest	0.9%	2.2%
Second	0.7%	1.2%
Middle	0.9%	1.2%
Fourth	0.4%	1.0%
Richest	0.4%	1.5%

Table 4: FGM prevalence in Uganda, according to wealth quintile[12]

Age of Cutting

When prevalence is broken down by age cohort, it can reveal whether there has been a decrease in prevalence in more recent years. There does not appear to be a real trend towards lower prevalence among younger women in Uganda, however (see Figure 3).

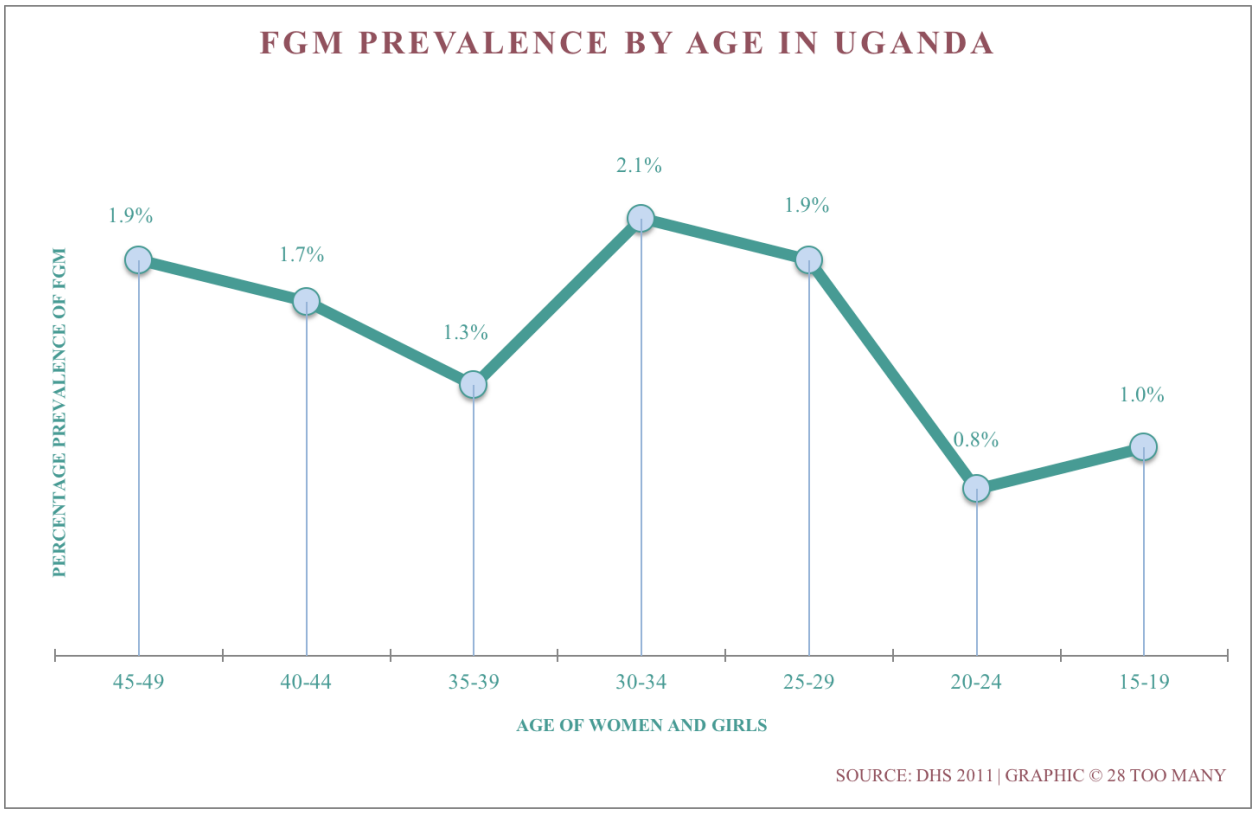


Figure 3: FGM prevalence in Uganda, according to age cohort[13]

The increase for those aged 25–34 may be attributable to an increase in cutting that happened in the late 1990s as a backlash to the REACH campaigns, when those women would have been within the at-risk age-range for FGM (see the Challenges section below). However, it may also be due to statistical uncertainties in the data. More research would be needed to understand if this is the case.

There are varying sources stating **the age at which FGM occurs.** In general, within Uganda it appears that those subjected to FGM are young girls (often in their early teens) or young women who had previously avoided being cut.

Among the Sabiny, FGM is usually performed on girls aged 12–15 who are reaching maturity, in preparation for marriage.[14] 28 Too Many's research supports these findings, but found that FGM may be carried out on girls as young as ten.

For the Pokot, FGM is performed between the ages of 9 and 14, and for the Tepeth it is performed between the ages of 11 and 14.

It should be noted that the legal age of consent is 18; however, some groups, like the Sabiny and Pokot, mark adulthood with FGM and marriage, and, therefore, their FGM practices often go against legislation on child marriage.

Types of FGM

Among the Sabiny (Sebei) people, Type II FGM (excision) is practised,[15] although more recently both Types I and II have been reported, which may reflect a trend towards cutting less flesh.[16]

The Pokot primarily practise Type III.[17]

Genital elongation (categorised as Type IV) is practised by the Baganda (see page 28).[18]

For detailed information about the medicalisation of FGM, please see 28 Too Many's report, which is available at **http://28toomany.org/fgm-research/medicalisation-fgm/**.

1 DHS 2011, p.120.
2 *Ibid*.
3 DHS 2006, p.135.
4 UNICEF (2013) *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*, p.27. Available at https://data.unicef.org/wp-content/uploads/2015/12/FGMC_Lo_res_Final_26.pdf.
5 DHS 2011, p.120.
6 - DHS 2006, p.135.
- DHS 2011, p.120.
7 *Ibid*.
8 *Ibid*.
9 - UNFPA (2011) *Request for Proposals for Grant to strengthen capacity of Organisations to Enhance Community Action for abandonment of Female genital mutilation/Cutting (FGM/C) in Uganda*.
- UNFPA (2014) *Terms Of Reference Conducting A Baseline Survey For The Joint Programme On Female Genital Mutilation (JPFGM)*. Available at https://uganda.unfpa.org/sites/default/files/submissions/tor__for_a_baseline_survey_jpfgm_2014_1.pdf.
10 Guillermo Martínez Pérez and Harriet Namulondo (2011) 'Elongation of labia minora in Uganda: Including Baganda men in a risk reduction education programme', *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 13:1, pp.45–57. Available at pubmed.ncbi.nlm.nih.gov/20960354/.
11 - UNFPA (2011) *Request for Proposals for Grant to strengthen capacity of Organisations to Enhance Community Action for abandonment of Female genital mutilation/Cutting (FGM/C) in Uganda.*
- UNFPA (2008) *Driving Forces in Outlawing the Practice of Female Genital Mutilation/Cutting in Kenya, Uganda and Guinea-Bissau*. Available at https://www.unfpa.org/sites/default/files/resource-pdf/Legislation%20and%20FGMC.pdf.
12 - DHS 2006, p.135.
- DHS 2011, p.120.
13 DHS 2011, p.120.
14 Horsfall and Salonen (2000) *Female Genital Mutilation and Associated Gender and Political Issues Among the Sabiny of Uganda.*
15 Refugee Review Tribunal Australia (2005) *RRT Research Response*. Available at https://www.justice.gov/sites/default/files/eoir/legacy/2013/06/11/Sebei_practices.pdf.
16 Stephen K. Kiirya and Richard Kibombo (1999) *Reproductive Educative and Community Health (REACH) in Kapchorwa District. Unpublished evaluation Report*. Kampala: UNFPA/GOU.
17 - UNFPA (2011) *Request for Proposals for Grant to strengthen capacity of Organisations to Enhance Community Action for abandonment of Female genital mutilation/Cutting (FGM/C) in Uganda*.
- UNICEF (2013) *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*, p.27. Available at https://data.unicef.org/wp-content/uploads/2015/12/FGMC_Lo_res_Final_26.pdf.
18 Guillermo Martínez Pérez and Harriet Namulondo (2011), *op. cit.*

Understanding and Attitudes

A widespread, correct understanding of FGM is a prerequisite to changing attitudes; thus, exposure to accurate information is essential.

Taboos and Mores

Uganda has a patriarchal society and there are moral and cultural restrictions on women and their behaviour.

As in other African countries, **sex and sexuality** are taboo subjects in Ugandan culture. A woman who discusses sexuality openly could be labelled 'immoral' or 'loose'. One article states,

> [E]lderly women in Uganda prescribe to younger women as part of their initiation and socialisation processes that married women should be a Malaya (prostitute) for their husbands, and have to 'package' their vaginas for the pleasure of their husbands. Their primary duty is to ensure their husband's sexual pleasure.[1]

Cultural taboos on speaking about **sexual violence** also exist.[2]

Unplanned pregnancies are extremely common in Uganda. Young women are at particularly high risk. Premarital sex is common, and many women/girls are sexually coerced or raped, making negotiating contraception impossible. As there is a taboo against premarital sex, young people are reluctant to use family planning services. Furthermore, premarital pregnancy is also stigmatised and can lead to shame and exile. Although abortions are permitted in life-saving situations, there is generally a stigma against the practice.[3]

Women carrying water in North Uganda (© 28 Too Many)

With respect to **FGM**, associated taboos exist within practising ethnic groups. For example, uncut women are not allowed to milk cows, and it is believed that they will contaminate the milk if they do.

Additional social stigmas include **mental illness** and **disabilities**. There have been recent reports of abuse of children with disabilities in primary schools, and one indicated that 80% of health facilities lacked access ramps.[4] **Homosexuality** is a taboo subject, and LGBTQ+ persons face severe societal discrimination, including legal restrictions and the barring of NGOs associated with LGBTQ+

campaigns. Finally, there is a social stigma surrounding **HIV and AIDS**. Therefore, discrimination against persons with HIV and AIDS is pervasive, preventing them from obtaining treatment and support, though the Government and NGOs are working hard to improve this situation.[5]

Support for FGM

In 2011, 55.5% of Ugandan women aged 15–49 were aware of FGM.[6] This is a notable increase since 2006, when the DHS found that 33.8% were aware of it.[7]

The statistics (Figure 4) show that, in contrast to many African countries, the percentage of the youngest age cohort surveyed who have heard of FGM and believe that it should continue is higher than that of the oldest age group. However, it should be noted that this trend is much weaker once the percentages of women who believe that FGM should be stopped and of those who are unsure are taken into account. Women in the youngest cohort are less likely than others to make a definitive statement about what should be done.[8]

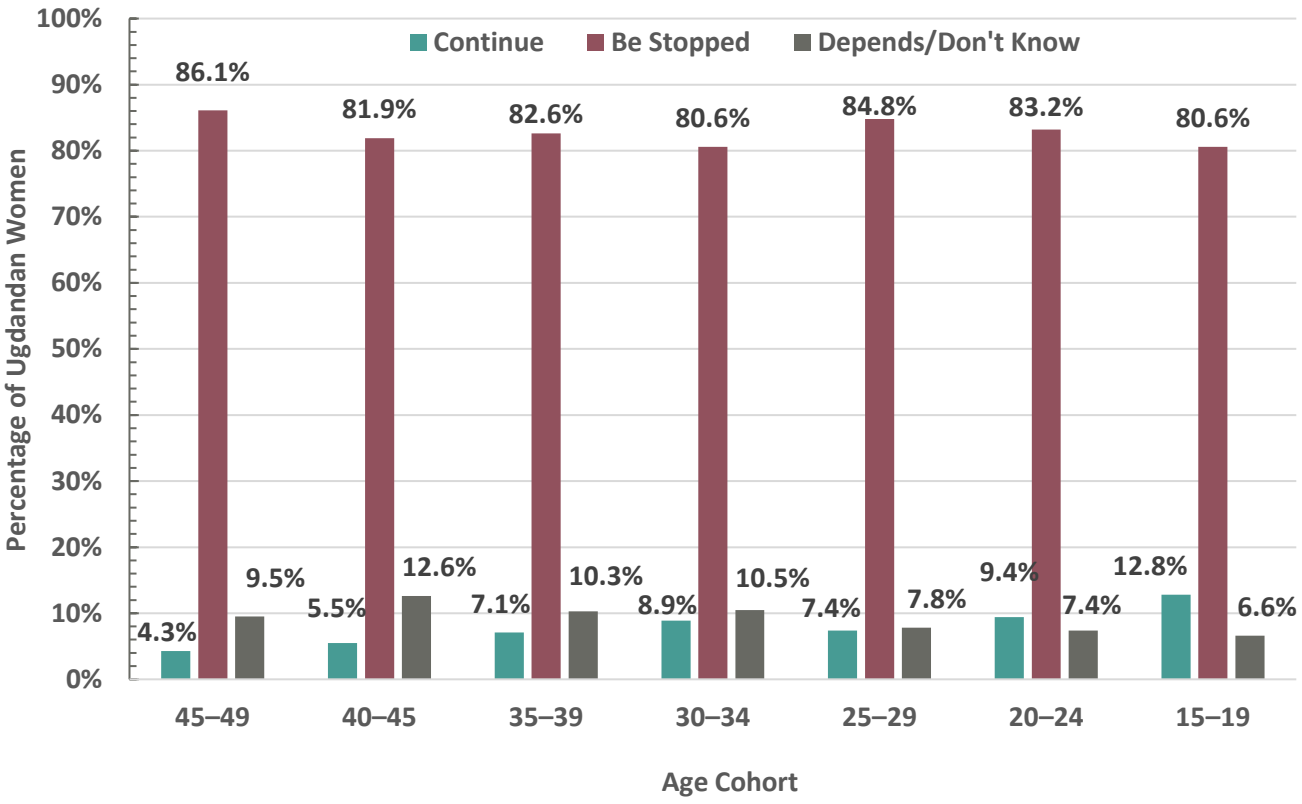
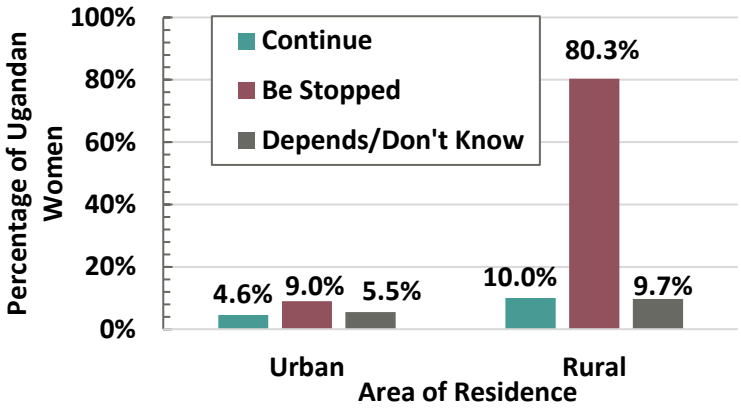


Figure 4: Beliefs of Ugandan women aged 15–49 who have heard of FGM as to whether or not FGM should be continued[9]



Opposition to FGM is higher in urban areas than in rural areas (Figure 5), and the North region of the country has the most support for the practice, while Kampala has the least.

Figure 5: Beliefs of Ugandan women aged 15–49 who have heard of FGM as to whether or not FGM should be continued, according to area of residence[10]

Support for the continuation of FGM falls as women's levels of education and wealth increase, as shown in Table 5 below.

Background Characteristic	Continue	Be Stopped	Depends/Don't Know
Wealth Quintile			
Poorest	13.1%	74.5%	12.4%
Second	10.6%	77.9%	11.5%
Middle	10.6%	81.9%	7.5%
Fourth	7.4%	83.1%	9.4%
Richest	5.4%	89.0%	5.6%
Education			
No formal education	11.1%	76.5%	12.4%
Primary education	10.0%	79.9%	11.5%
Secondary education	6.0%	88.4%	5.7%

Table 5: Beliefs of Ugandan women aged 15–49 who have heard of FGM as to whether or not FGM should be continued, according to wealth quintile and level of education[11]

One survey in Kapchorwa district (of mainly Sabiny men and women) revealed that 50% of women want their daughters to marry well and undergo cultural rituals such as FGM because their grandmothers went through the same tradition. Approximately 30% of the women surveyed argue that they are right to continue the practice. However, around 20% are against FGM because of the pain they experienced, which they do not wish on their daughters.[12]

A further survey targeting Sabiny men in Kapchorwa found that 65% support FGM because it 'tames women' and keeps them from infidelity and prostitution. 25% of the men say that FGM endangers women and that it should be abolished.[13]

'You say that FGM is culture. Yes, it is culture, but it is culture that was based on insufficient information . . . If we find that we were doing something that is, in fact, very dangerous, only because we did not have enough information, then we stop doing it.'

~ President Yoweri Museveni, 1st July 2009 (Pokot Culture Day)

However, a more recent survey cited by the Godparents Association found that Sabiny boys living mostly in the Kapchorwa and Bukwo regions overwhelmingly say they would prefer to marry young women who have not been cut. This may be due to the impact of longstanding anti-FGM campaigning in Kapchorwa/Bukwo or because more boys go to school in those regions. The Godparents Association states, however, that in Pokot areas there are fewer schools and, because of the areas' isolation, Pokot boys are less aware of the harmful effects of FGM.[14]

UNICEF launched a free, SMS (text) campaign called U-report, which engages young people in relation to attitudes surrounding FGM in Uganda. The platform helps to identify areas where more efforts are needed to increase knowledge and shift attitudes toward the practice.[15]

Public attitudes to FGM in relation to law and culture[16]

1 Sylvia Temale (2006) "Eroticism, Sensuality and 'Women's Secrets" Among the Baganda, *IDS Bulletin*, 37(5). Institute of Development Studies. Available at https://core.ac.uk/download/pdf/43539444.pdf.
2 Irene B. Kraegel (2007) 'Owners of the secret: The impact of rape trauma on Ugandan women in the Rakai district', *Agenda*, 21(74), pp.30–39. Available at https://www.tandfonline.com/doi/abs/10.1080/10130950.2007.9674872?journalCode=ragn20.
3 Rubina Hussain (2013) 'Unintended Pregnancy and Abortion in Uganda', *Guttmacher Institute*. http://www.guttmacher.org/pubs/IB-Unintended-Pregnancy-Uganda.html.
4 US Department of State (2011) *Country Reports on Human Rights Practices for 2011: Uganda*. Available at https://2009-2017.state.gov/j/drl/rls/hrrpt/2011humanrightsreport/index.htm#wrapper.
5 - US Department of State (2012) *Country Reports on Human Rights Practices for 2012: Uganda*. Available at https://2009-2017.state.gov/j/drl/rls/hrrpt/2012humanrightsreport/index.htm#wrapper.
- US Department of State (2011) , *op. cit*.
6 DHS 2011, p.120.
7 DHS 2006, p.135.
8 DHS 2011, p.120.
9 DHS 2011, p.120.
10 DHS 2011, p.120.
11 DHS 2011, p.120.
12 Refugee Review Tribunal Australia (2005) *RRT Research Response*. Available at https://www.justice.gov/sites/default/files/eoir/legacy/2013/06/11/Sebei_practices.pdf.
13 *Ibid*.
14 Godparents Association, Inc. (2013) [website]. Available at http://www1bpt.bridgeport.edu/~vdiana/webdesign/godparents/history.html.
15 UNJP (2014) *Voices of Change: 2014 Annual Report Of The UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change*. Available at https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_UNICEF_FGM_14_Report_PDA_WEB.pdf.
16 *Ibid*.

Media

By giving voice and visibility to all people – including and especially the poor, the marginalized and members of minorities – the media can help remedy the inequalities, the corruption, the ethnic tensions and the human rights abuses that form the root causes of so many conflicts.

~ Former UN Secretary General, Kofi Annan[1]

Press Freedom

The media is governed by several statutes, including the Constitution of 1995, the Press and Journalists Statute (1995), the Electronic Media Statute (1996) and the Uganda Communications Act (1997).

It falls under Article 29(1) of the **Constitution**: 'Every citizen has a right of access to freedom of speech and expression which shall include freedom of the press and other media.' However, this freedom is restricted in Article 41(1): 'Every citizen has a right of access to information in the possession of the State or any other organ or agency of the State except where the release of information is likely to prejudice the security or sovereignty of the State or interfere with the right to privacy of any other person.'

The Media Council's role is to censor offensive material, but, in practice, police and other state agents intervene without contacting the Council, meaning that it remains ineffective.[2]

Before **foreign media employees** work in Uganda, they must obtain an accreditation card from the Media Council.

Uganda is ranked 104th out of 179 countries by the Reporters without Borders 2013 Global Press Freedom Index.[3]

The mass media is today an active and prosperous sector in Uganda, but historically it has struggled in the unstable political climate. The ambiguity of the law is often used in favour of government officials, and journalists have experienced unwarranted restrictions on civil liberties. For example, on 13 July 2011, radio journalist Augustine Okello was arrested and held incommunicado for two weeks before being charged with treason. He was later released from custody without charges after the Human Rights Network for Journalists intervened. State Security Forces (*SSF*) and government officials occasionally interrogate and detain radio presenters who publicly criticise the Government, thus restricting their freedom of speech.[4]

The 2012 Human Rights Report states, 'The UPF's Media Crimes Unit closely monitored all radio, television, and print media, and SSF subjected numerous journalists to harassment, intimidation, and arrest.'[5]

Consequently, the media practices self-censorship to avoid government harassment, downplaying, as one article suggests, important political issues in favour of reporting social news.[6]

The Committee to Protect Journalists states that two journalists have been killed since 1992, and in 2012 there were 24 assaults on journalists, mostly by police during political-opposition-related events. Local authorities sometimes prevented journalists from covering public events deemed 'sensitive', and the SSF 'arrested, assaulted, harassed, and intimidated journalists, and confiscated and maliciously damaged equipment'. This type of harassment also occurred while some journalists were covering sensitive court cases.[7] There were no reports as of 2012 of restrictions on freedom of expression via the internet.

Main Newspapers in Uganda

Dailies

New Vision (a leading paper, state owned, national circulation)

Daily Monitor (independent)

Bukedde (Luganda language)

The Red Pepper (tabloid)

Uganda Confidential (anticorruption investigatory paper)

All newspapers are published in Kampala.

Weeklies

The Observer

The Independent

The Razor

Orumuri (Luo-language)

Etop (Ateso-language)

Trends in Media

One report notes:

> **newspapers** play an extremely important agenda-setting role: they are read by the urban, educated elite of policymakers, politicians, business people and academics, and they strongly influence which stories are taken up by radio and television.[8]

Besides the newspapers listed above, Uganda has a thriving market for tabloids and popular magazines.

Radio was dominated by Radio Uganda until the early 1990s. As of 2011, Uganda had 276 radio stations, including CBS, UBC, Sanyu FM and Radio Simba. One survey showed that 68% of respondents listen to the radio daily, and 9% get their news from newspapers (the majority of these

live in urban areas). Moreover, 89% of households own a radio. Signal coverage reaches over 80% of Ugandan territory.[9]

Uganda Television (Uganda Broadcasting Corporation) was the sole **television** station until the late 1990s. Today, Uganda has more than 72 television channels. In general, television and radio focus on music, political talk shows and news. The majority of television is viewed in urban areas, primarily Kampala.

Internet is still a relatively new media platform in Uganda because of broadband and accessibility issues. Facebook is the most popular website. Some newspapers, such as *The Monitor* and *New Vision* are also available online and are popular sites.[10] In 2011 approximately 13% of Ugandans used the internet and 4.5% of households had internet access.[11]

Media plays an important role in HIV/AIDS campaigns and in the campaign against poverty, and should therefore be utilised in the campaign against FGM.

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1 Kofi Annan cited in Adelakun Lateef Adekunle (2014) 'Finding Justification for the Practice of Peace Journalism: A Public Assessment of Media Roles towards Peace Promotion in Nigeria', *Journal of Mass Communication & Journalism,* 4(5), p.195. Available at http://www.omicsgroup.org/journals/finding-justifications-for-the-practice-of-peace-journalism-a-public-assessment-of-media-roles-towards-peace-promotion-in-nigeria-2165-7912.1000193.pdf.

2 - Press Reference (2013) *Uganda*. Available at http://www.pressreference.com/Sw-Ur/Uganda.html.
- Human Rights Watch (2010) *A Media Minefield: Increased Threats to Freedom of Expression in Uganda.* Available at https://www.hrw.org/report/2010/05/02/media-minefield/increased-threats-freedom-expression-uganda#_ftn17.

3 World Press Freedom Index (2013) *World Press Freedom Index 2013*. Available at https://rsf.org/en/world-press-freedom-index-2013

4 US Department of State (2011) *Country Reports on Human Rights Practices for 2011: Uganda*. Available at https://2009-2017.state.gov/j/drl/rls/hrrpt/2011humanrightsreport/index.htm#wrapper.

5 US Department of State (2012) *Country Reports on Human Rights Practices for 2012: Uganda*. Available at https://2009-2017.state.gov/j/drl/rls/hrrpt/2012humanrightsreport/index.htm#wrapper.

6 African Media Barometer Uganda (2012) *The first home grown analysis of the media landscape in Africa: Uganda 2012*. Friedrich Ebert Stiftung. Available at http://library.fes.de/pdf-files/bueros/africa-media/09427.pdf.

7 US Department of State (2012), *op. cit.*

8 Kitty Warnock (2011) 'Driving Change Through Rural Radio Debate in Uganda: Evaluation Report', *The Communication Initiative Network*. Available at https://www.comminit.com/content/driving-change-through-rural-radio-debate-uganda-evaluation-report.

9 African Media Barometer Uganda (2012), *op. cit.*

10 *Ibid*.

11 International Telecommunications Union (2012) *Measuring the Information Society*. Available at https://www.itu.int/en/ITU-D/Statistics/Documents/publications/mis2012/MIS2012_without_Annex_4.pdf.

Religion

Historically, indigenous religions existed in the Kingdom of Buganda but, when the region was opened up by Arabic trade networks in the mid-19th century, **Islam** paved the way for religion, as it offered 'a "worldview", a universal explanation of life with all its opportunities and problems.'[1]

Christianity came to dominate the region during the late 1800s and subsequently became the dominant religion in Uganda over Islam.

Only the regions of the West Nile, Kigezi and Karamoja were untouched by missionary work.[2] It was these areas where the population lacked the large kingdoms and cultural cohesiveness that existed in Buganda. What is noteworthy about this is that the Karamoja district is where FGM is most prevalent.

During **Amin's** rule, Islam was the politically dominant religion, as Amin himself was a devout Muslim and head of the Religious Services. After his overthrow, Muslims became victims of the backlash against those who had supported Amin.[3] Furthermore, tensions between the Acholi and Langi people in the north and the political centre in the south were heightened by religious tension relating to the acts of the LRA, who were driven by an ideology based on African mysticism, Christianity and Islam.

Freedom of religion is protected under Ugandan law, and the Government generally respects this freedom of practice. The 2011 Religious Freedom Report states, 'There were no reports of societal abuses or discrimination based on religious affiliation, belief or practice, and prominent societal leaders took positive steps to promote religious freedom.'[4]

The Government does, however, restrict religious groups perceived to be cults. In 2012, there were also incidents of mobs attacking persons reportedly practising ritual sacrifices and witchcraft.[5]

Approximately 84% of Ugandans are Christian, 41.9% being Roman Catholic and 42% Protestant (Anglican – 35.9%, Pentecostal – 4.6%, Seventh-Day Adventist – 1.5%). Around 12% of the population is Muslim. 3.1% are classified as 'other' (indigenous beliefs, Hinduism, Baha'i Faith or Judaism), and 0.9% have no religious affiliation.[6]

Religious studies are part of the primary and secondary school curricula (three hours of class per week).[7] This instruction is optional in public schools, but is common practice in private education.[8]

Religion and FGM

There is no detailed data available on the prevalence of FGM according to Ugandans' religions. Of the major ethnic groups who engage in FGM:

- the Pokot are largely Catholic (27.8%) or traditionalist (49.2%);
- the Sabiny are mostly Catholic or Protestant (23.4 Catholic and 58.8% Protestant);
- the Tepeth are predominantly Catholic (75.5%); and
- the Nubians are predominantly Muslim (94.4%).

However, less than 2% of Ugandan people who adhere to each of the major religions practise FGM.[9]

As in other countries, FGM predates the major religions in Uganda and is not exclusive to one. FGM has been justified under Islam, yet many Muslims do not practise FGM and agree it is not in the Quran. The Christian Bible does not mention the issue of FGM, meaning that Christians in Africa who practise FGM do so because of cultural custom.

FBOs and officials are involved in the eradication of FGM. In 2006, a conference between Muslim scholars from many nations deemed FGM to be against the Islamic faith, as it is a harmful attack on women.[10]

More than 80% of Ugandans are Christian, Anglican or Roman Catholic, the remainder being Muslim. Leaders of both faiths have spoken out against FGM. In both the districts of the Pokot and Sabiny, faith leaders have spoken against FGM, to little effect.

It is, however, the increasing number of Ugandan 'saved' or 'born-again' churches that are taking action to combat the practise.[11] Such churches include the Pentecostal and Body of Christ Churches. One study explains how, following the overthrow of Amin and the relative improvement in the freedom of religion, the Body of Christ Church intensified advocacy and spiritual campaigns against FGM during open air crusades, Sunday church services, seminars and fellowship, and by ordaining elders as church leaders and anti-FGM campaigners. As a result, a number of uncut girls who joined the Body of Christ Churches after being rejected by their families and leaving school were sponsored by the Church until they had finished school.[12] Such churches are often opposed to FGM because of its association with witchcraft (some excisors ritually revere their cutting instruments, and some claim supernatural power over women through witchcraft using the cut genital parts).[13] These churches also believe that FGM is one of the ways in which the temple of God (the body) is defiled.[14]

Some churches in the Kapchorwa and Bukwo districts have aligned with the Inter-African Committee on Traditional Practices Uganda (*IACU*) and REACH to combat FGM among the Sabiny and Pokot. One pastor in the Bukwo district declares that FGM is a covenant and the resulting blood is a curse. He argues that the practice is not biblical and that the churches must fight against FGM.

> *'We claim it's our practice but biblically it's wrong. Therefore, the churches must come in full to fight against it.'*
>
> *~ Pastor in Bukwo*[15]

The Pentecostal and Body of Christ Churches dissuade members from undergoing FGM or getting their daughters cut. Their strategies include excluding persons from church if they participate in FGM, preaching against immoral behaviour associated with the initiation ceremonies, prayer and counselling. This has enabled the church to get many converts and discourage women and girls from being cut.[16] The church has also protected girls and promotes marriage within the church community; therefore providing marriage prospects for girls who have not undergone FGM.[17]

A former Pokot excisor attributed her decision to retire to the teaching of the church, an indication that religion can have influence and is beginning to reach people in rural areas of Uganda.[18]

A 2009 report on the Pokot in Kenya states,

> The most significant decrease in the practice of female circumcision is observed in areas that have had schools for a long time and where the Church is well established

compared to marginalised sections of the larger Pokot district where communities are yet to embrace girl child education and Christianity.

The church is seen by the community as a 'unique platform in influencing at stopping this practice' [*SIC*].[19]

28 Too Many interviews with both the Pokot and Sabiny people have revealed that work by religious groups has had some effect, but that cultural changes have a stronger influence. One spokesperson for the **Pokot** states that religious groups within the Pokot have publicly spoken against FGM and that the majority of Pokot are Christian, though few actively practise. Instead, many Pokot groups practise local, traditional religions (and witchcraft). Because of this, culture plays a larger role than religion in the continuation of FGM. The spokesperson also noted that the Pokot lack development education and that the Pokot Elders Association views FGM as part of their cultural rite, without considering the law, human rights or the medical dangers of the practice.[20] Among the **Sabiny**, religious leaders for both Islam and Christianity denounce FGM. Programmes facilitated by local organisations for community dialogue have successfully involved religious leaders from both religions in the district.

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1 Kevin Ward (1991) 'A History of Christianity in Uganda', *Dictionary of African Christian Biography* [unavailable online].
2 *Ibid*.
3 Byrnes (1992) *Uganda: A Country Study*. Library Of Congress. Washington, D.C.: Federal Research Division & Thomas Leiper Kane Collection. Available at https://www.loc.gov/item/92000513/.
4 US Department of State (2011) *International Religious Freedom Report: Uganda*. Available at https://2009-2017.state.gov/documents/organization/192982.pdf.
5 US Department of State (2012) *Country Reports on Human Rights Practices for 2012: Uganda*. Available at https://2009-2017.state.gov/j/drl/rls/hrrpt/2012humanrightsreport/index.htm#wrapper.
6 Central Intelligence Agency (2013) *The World Factbook: Uganda*. Available at https://www.cia.gov/the-world-factbook/countries/uganda/.
7 UNESCO-IBE (2011) *World Data on Education for Uganda. 7th edition*. Available at http://www.ibe.unesco.org/fileadmin/user_upload/Publications/WDE/2010/pdf-versions/Uganda.pdf.
8 US Department of State (2011), *op. cit.*
9 UNICEF (2005) *Female Genital Mutilation/Cutting: A Statistical Exploration*. Available at https://data.unicef.org/resources/female-genital-mutilationcutting-a-statistical-exploration/.
10 Amira El Ahl (2006) 'Theologians Battle Female Circumcision', *New York Times*, 6 December. Available at https://www.nytimes.com/2006/12/06/world/europe/06spiegel.html.
11 Godparents Association, Inc. (2011) *Newsletter*, August 2011. Available at http://www1bpt.bridgeport.edu/~vdiana/webdesign/godparents/history.html.
12 - Stephen K. Kiirya and Richard Kibombo (2008) *Community Knowledge, Attitudes and Practice Related to Female Genital Cutting (FGC) in Kapchorwa District*. Makerere University Information Repository. Available at http://makir.mak.ac.ug/handle/10570/1641.
- Stephen K. Kiirya and Richard Kibombo (1999) *Reproductive Educative and Community Health (REACH) in Kapchorwa District*. Unpublished evaluation Report. Kampala: UNFPA/GOU.
13 Godparents Association, Inc. (2011)*, op. cit.*
14 Kiirya and Kibombo (2008 and 1999), *op. cit.*
15 Steven Ariong (2011) 'Uganda: Churches Join the Fight Against FGM Practice', *The Monitor*, 7 July. Available at http://allafrica.com/stories/201107070104.html.
16 Kiirya and Kibombo (2008 and 1999), *op. cit.*
17 Godparents Association, Inc. (2011)*, op. cit.*
18 Desert Flower Foundation (2012) *Cutters in Ugandan village Amadut abandoned FGM*, 27 February. Available at http://www.npwj.org/content/Cutters-Ugandan-village-Amadut-abandoned-FGM.html.
19 Kåre Kristensen and Everlyne Nairesiae (2009) *Impact evaluation of three projects in Pokot, Kenya: Pokot development programme (PDP), Pokot integrated programme (PIP), Training of HIV/AIDS community counsellors*. Misjonshøgskolens forlag. Available at http://hdl.handle.net/11250/162284.
20 28 Too Many in-country research.

Education

Education in Uganda is provided by the State. The Constitution of 1995 grants the equal right to education for all citizens.[1]

Education falls under the decentralised Government scheme: primary and secondary education are the responsibility of local governments[2]; higher education is governed by a national council. Pre-school is not compulsory and exists mainly in the private sector in urban areas.

Schoolgirls in Uganda
(© Hel080808/Dreamstime.com)

Primary education lasts for seven years, is compulsory from age six and is tuition-free. According to the revised curriculum (2010), lower primary is from Grades 1 to 3, during which education is thematic; there is a transition Grade 4; and upper primary is from Grades 5 to 7 and is subject based. In their final year, pupils sit the Primary Leaving Certificate examination.

Secondary school is only free for the most underprivileged. It has two cycles, lower secondary (which is four years and leads to the Uganda Certificate of Education exam) and upper secondary (a two-year cycle finishing with the Uganda Advanced Certificate of Education, a tertiary-education prerequisite).[3]

The financing of education is through fees, grants, donations, training levies, education tax and other means deemed appropriate by the Government. In low-income households, there is less value placed on educating girls, primarily due to the high costs of schooling.[4]

A further factor contributing to **gender inequality** in primary schools is the lack of adequate sanitation facilities, including female-only toilets.[5]

Literacy

Although there is still a gender gap in literacy rates, this has narrowed substantially in recent years.[6] Literacy rates for the Ugandan population were reported to be 66.8% (men – 76.8% and women – 57.7%) in the 2002 census. Within the 15–25 age group, these rates are slightly higher – for men it is 90%, and for women it is 87%.[7]

The Ministry of Education and Sports acknowledges that there is also a large enrolment gap between primary and secondary education, meaning that many Ugandans stop education after the primary level.[8]

Gender Equality[9]

Gender inequality in education continues in Uganda, although the Government is working towards achieving the 2015 MDG on gender equality and universal primary education.[10] The Government is currently focused on improving and guaranteeing education for marginalised groups, in particular orphans and other vulnerable children (who comprise 46% of the population).

In 1989 the curriculum was revised to include education on health, population and family life.

Sexual harassment is a problem in schools and universities, and there are ongoing investigations into the sexual harassment of students by lecturers from Makerere and Kyambogo Universities.[11]

Uganda was fast-tracked by the UN's Girls' Education Initiative (*UNGEI*) in 2000 under MDG 2 (*Achieve Universal Primary Education*). The UNGEI report states that, although Uganda has made commendable progress in providing access to schooling, evidenced by the massive increase in enrolment after the introduction of universal primary and secondary education, the quality of the education remains inadequate. Girls, particularly those in rural areas, continue to lag behind boys in relation to nearly all access, quality and efficiency standards.[12]

There are particular challenges in relation to education in those regions where FGM is practised.

Education and FGM

'Education is the key to this child's future' – motto underneath Uganda's coat of arms (© 28 Too Many)

In many cases, FGM has a negative impact on a girl's education. One of the main reasons that girls do not complete their education is FGM.[13] Girls are taken out of school to be cut, and the healing time takes several weeks, resulting in further school absence. Moreover, as FGM is considered by many groups to be a rite of passage into womanhood, it is likely that a girl's education will end in order for her to be married.

Studies have shown that education influences perceptions of FGM and that educated women are more aware of the health consequences. It is, therefore, generally the case that the higher a woman's education level is, the less likely she is to be in favour of FGM.[14]

Most anti-FGM programmes in Uganda are education-based. In many cases, girls who receive education from programmes decide to decline the practice and, further, wish to communicate the dangers of FGM to their communities.[15] For example, Shara from the Kokop

region made the decision not to get cut. Her choice was reinforced by school-based sessions on life-planning skills. Most schools in the region have introduced life-skills planning as part of the informal curriculum.[16] Eastern Africa Sub-Regional Support Initiative (*EASSI*) prioritises education on FGM in secondary schools. Many girls only know the cultural justifications for FGM and don't have any additional information. However, some people have argued that schools are not the ideal setting for learning about sensitive and intimate issues, especially as many children are not enrolled in school and sensitisation needs to reach all levels of the community.[17]

Beatrice Chelangat, the director of REACH, says that the low levels of education among girls in **Bukwo** are to blame for the continuation of FGM. Chelangat comments, 'A girl who has completed a full course of primary education or reached form four is more likely to denounce the practice.'[18]

Everline Tete, the female member of parliament for the Bukwo district, claims that FGM persists among **the Sabiny** because of cultural attitudes, the failure to value girls' education and the high level of illiteracy among women.[19]

The Pokot have been historically resistant to education, and this is partially connected to the political influence of Uganda's education system. Education is seen as a way to bring 'problematic' pastoralists under state control – to sedentarise and integrate them. Formal schooling does not accommodate traditional pastoralist lifestyles. Karamoja (where the Pokot districts of Amudat and Nakapiritpirit are located) has very low school attendance and test scores, and many empty classrooms. The region's literacy rate is the lowest in Uganda (12% men; 6% women). Moreover, 50.3% of girls and 49.7% of boys of school age have never accessed education.[20] Drop-out rates increase as much as 70% if the Government does not take up food distribution in the region. Aid organisations have continued to build more schools, but these results are invisible or short-lived as most NGOs are perceived by locals in Karamoja as being more corrupt than those anywhere else in Uganda.[21]

In the Amudat district, it is estimated that 95% of the girls do not complete Primary 7 due to FGM.[22] This statistic is not unique to the Aumdat district, as a path to womanhood and marriage marks the end of education for many girls. In his 2011 research as a student at Makerere University on FGM among the Pokot, Ambrose Tityon found that nine out of ten girls he interviewed in Amudat were not in school, but girls who reach Primary 7 and secondary school are at a very low risk of being cut. Since education is only gradually gaining value, Tityon stressed the importance of sensitising girls to attend and remain in school.[23]

A report on the Pokot over the border in Kenya found:

> The most significant decrease in the practice of female circumcision is observed in areas that have had schools for a long time and where the church is well established[,] compared to marginalised sections of the larger Pokot district where communities are yet to embrace girl[-]child education and Christianity.[24]

One report on the UNJP highlights the lack of education in **Moroto**. The report highlights that some sub-counties in Moroto do not have a primary school. In addition, Moroto has a history of being dependent on food support by the World Food Programme. After food support to schools was withdrawn by the World Food Programme, there has been a reduction in the number of children in school.[25]

'One of the key causes of low completion of education among girls include FGM'

~ Ministry of Gender, Labour and Social Development

Literacy rates are generally low in areas where FGM occurs. Thus, base-level education for the whole community needs to be factored in for FGM-sensitisation programmes to be effective.

Case Study:

A novel approach to education adapted to the pastoralist lifestyle

Save the Children, together with the District Local Governments, launched a scheme in 1998 that tries to fit education around the pastoralist lifestyle. It is now called the ABEK (Alternative Basic Education for Karamoja).

ABEK is a non-formal approach designed to provide basic education to children from pastoral communities. It targets children aged 6 to 18 and has mainly been held close to homesteads. It provides an education that is flexible, with flexible hours and a curriculum that is context-based and relevant.

Some studies revealed that 85% of the children enrolled were girls, as most boys were away in cattle camps (*kraals*). The programme was therefore extended to 20 mobile kraals.

The programme has had challenges in Pokot areas, since the whole community leaves the homestead (*manyatta*) during migration seasons, leading to low enrolment rates.

By 2006, ABEK had enabled 32,770 children in Karamoja to access education, 2,536 of these progressing to formal schooling. The programme has been a great success.[26]

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Healthcare

Healthcare System

The **Ugandan Ministry of Health** (*MoH*) is the main body for health governance. It shares responsibilities with other health development partners (public and private) at the national and district levels. The MoH is decentralised, meaning that districts control healthcare at a local level. This results in many communities not having adequate funding and resources, including staff and medications. Moreover, the healthcare system has continued to struggle since the Government abolished patient fees a decade ago, causing a surge in poorer patients using facilities.[1]

It has been reported that 51% of the population does not have access to state-provided healthcare facilities.[2] Furthermore, the MoH is struggling to cope with several **health crises**, including maternal mortality and HIV/AIDS, but is striving to meet the MDGs in this area.

Although public health facilities are free, in reality some healthcare workers reportedly extort money from patients. Clinics often do not have essential drugs, meaning that patients must purchase their medication from pharmacies or informal drug sellers.[3]

The healthcare system has a **hierarchical structure** and is based on referrals. At the first-contact level in rural areas, community medicine distributors and village health teams volunteer their services. The next tier is a Health Centre II, one of which is supposed to exist for each parish. These facilities are used to treat common diseases like malaria and are staffed by a nurse, a midwife and assistants. Health Centre III is the next tier, and these exist in every sub-county. Each facility should have 18 staff members and a managing officer, and they run a general outpatient clinic and a maternity ward, and some have laboratories. The next level is a Health Centre IV, which services the whole county and operates like a small hospital. Hospitals are the top level (apart from the MoH headquarters), and these include consultants and specialised clinics for fields such as mental health and dentistry. The national referral hospital is in Kampala.

Uganda has some legislation related to **mental health** problems, but no comprehensive mental health strategic plan or social insurance scheme that covers mental health. The small proportion of financing for mental health issues goes to referral hospitals with mental health units. Training for mental healthcare remains minimal.[4]

There are **particular challenges** in the provision of healthcare services in regions of the north-east, where FGM is practised. In Karamoja, for example, one study found that the health indicators are the worst in the country (decidedly worse than the LRA-affected northern districts and the rest of the country). This was attributed to very low levels of access and use of basic health services (averaging 27.1% compared to a national average of 72%), compounded by lack of local awareness of facilities.[5] In relation to Kapchorwa, one study referred to the health system as 'dilapidated, and with limited drugs, equipment and trained service providers'. In addition, the inaccessibility, poor transportation and communication networks, and low population density make delivery of reproductive healthcare services to rural communities challenging.[6]

Health clinic, North Uganda
(© 28 Too Many)

Women's Health and Infant Mortality

There are numerous **health concerns associated with FGM**. Immediate complications can include severe pain, shock, haemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby genital tissue, such as fistula from cutting through the urethra. Long-term consequences can include recurrent bladder and urinary tract infections, cysts, infertility, an increased risk of childbirth complications and newborn deaths, and the need for later surgeries. For example, Type III (infibulation) needs to be cut open later to allow for sexual intercourse and childbirth.[7] There are reports that women who have undergone FGM have reduced sexual desire, pain during intercourse, and less sexual satisfaction.[8]

In relation to **psychological issues surrounding FGM, the** data suggests that, following FGM, women are more likely to experience psychological disturbances (have a psychiatric diagnosis, and suffer from anxiety, somatisation, phobia, and low self-esteem).[9] More research is needed to understand better the relationship between FGM and consequential psychological, social and sexual problems.[10] A recent study on FGM in Iraq showed that girls who have undergone FGM are more prone to mental disorders, including post-traumatic stress disorder (*PTSD*). Among 79 girls in the Kurdistan region of northern Iraq who had been cut, the rate of mental disorders was up to seven times higher than among uncut girls in the same region, but comparable to that among girls who had suffered early childhood abuse: 44% suffered PTSD, 34% depression, 46% anxiety, and

37% somatic disturbances (symptoms unexplainable by physical illnesses). Those 79 girls were aged 8 to 14 and had not otherwise suffered a traumatic event.[11]

It is reported that, in Uganda, every Sabiny family has had at least one **casualty of FGM**, and it is the deaths of their sisters that have led to many joining anti-FGM campaigns in the Kapchorwa district.[12] Dr Michael Muwanga, the sole doctor practising in Bukwo District, has correlated FGM with the very high numbers of mothers dying during labour in Bukwo (520 deaths per 100,000 deliveries, compared to 310 per 100,000 deliveries for Uganda as a whole).[13] Olive Chelukett Awelle, a Kapchorwa midwife, told the Godparents Association that she always feared the outcome when assisting a woman in labour who had undergone FGM. Due to extensive scarring caused by Sabiny excision, a 'normal' delivery requires a bilateral horizontal cut in the mother's body once the baby's head is visible.

> *'In Uganda, every Sabiny family is said to have had at least one casualty of FGM'*
>
> *~ Godparents Association*

An inexperienced birth attendant may need to make multiple cuts, and sometimes the baby is injured and the mother may haemorrhage. Sabiny and Pokot midwives do not suture the incisions after delivery, and infections are common.[14]

A WHO multi-country study in which over 28,000 women participated confirmed that women who had undergone FGM had a significantly increased risk of **adverse events during childbirth**.

Higher incidences of caesarean section and post-partum haemorrhage were found in the women with Types I, II and III FGM, compared to uncut women. The risk increased with the severity of the procedure. The consequences for women not giving birth in a hospital setting are likely to be even more severe.[15] The high incidence of postpartum haemorrhage is particularly concerning where health services are poor or inaccessible.[16]

As with other areas of Ugandan healthcare, **maternal healthcare** lacks both physical and human resources. With seven midwives per 1,000 live births and 653 birth complications per day, 85% of these occurring in rural areas, it is difficult to ensure that a trained midwife is present at each birth. Midwifery is a government-regulated profession, and there are around 9,701 midwives and 144 obstetricians in Uganda.[17]

The WHO also showed that death rates among newborn babies are higher to mothers who have had FGM. There was an increased need to resuscitate babies whose mothers had undergone FGM (66% higher in women with Type III). The death rate among babies during and immediately after birth was also much higher for those born to mothers with FGM: 15% higher in those with Type I; 32% higher in those with Type II; and 55% higher in those with Type III. That study estimated that FGM leads to an extra one to two perinatal deaths per 100 deliveries.[18]

Infant mortality rate (under 1, 1990)	106
Infant mortality rate (under 1, 2010)	63
Neonatal mortality rate (2010)	26
Total population (thousands)	33,425
Annual number of births (thousands, 2010)	1,514
Annual number of under-5 deaths (thousands, 2010)	141

Table 6: UNICEF statistics on infant mortality in Uganda

Another WHO-sponsored study examined the association between FGM and obstetric fistulae. The pilot study indicated that there may be an association, but the final results are not expected until the end of 2013. In addition, a multi-country modelling study was set up to estimate the increased cost of obstetric care due to increased complications as a result of FGM. The annual cost was estimated to be US$3.7 million and ranged from 0.1 to 1.0% of government spending on health for women aged 15–45.[19]

HIV AND FGM

The 2012 Human Rights Report states the following concerning HIV and AIDS: 'Discrimination against persons with HIV/AIDS was common and prevented such persons from obtaining treatment and support'; however, 'international and local NGOs, in cooperation with the government, sponsored public awareness campaigns to eliminate the stigma of HIV and AIDS.'[20]

The link between HIV and FGM is complex and a contested issue among researchers. The WHO multi-country study[21] found that, although no studies link HIV and FGM directly, haemorrhaging subsequent to cutting, bleeding during sexual intercourse as a result of lasting damage to the genital area, and anal intercourse where infibulations prevented or impeded vaginal intercourse are all potential sources of HIV transmission.[22] One source notes that, in Amudat, the Pokot FGM 'surgeons' (excisors) are known to use one unsterile knife on up to 30 girls at a time, increasing the risk of HIV transmission.[23]

To date, there are no studies on the links between FGM and HIV that are specific to Uganda.

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Interventions and Attempts to Eradicate FGM

Historical Overview

Internationally, there were **early attempts** to persuade communities to abandon FGM, first by missionaries and British authorities in the early 20th century and later by Western feminists in the 1960s and 1970s. These attempts were largely considered to be Western imperialism and something imposed on communities by outsiders.

The International Conference on Population and Development in 1994 and the Fourth World Conference on Women in Beijing in 1995 marked a turning point. FGM was now being discussed in terms of health and human rights, and it was acknowledged that efforts to eradicate FGM needed to be **locally led initiatives** with communities, health professionals and policy-makers involved. [1]

In Uganda, historical initiatives to end FGM mainly started at the grassroots level, but also included NGO and government efforts (see pages 32–35).

The **Sabiny Elders Association** (*SEA*) was founded in 1992 to promote peaceful development and preserve culture, but also to eliminate harmful traditions such as FGM (see National Organisations below). The SEA was started after some members of the Sabiny community became concerned that their culture was being eroded. The SEA eventually sought support from President Museveni, and the president contacted the UNFPA. In 1996, the UNFPA, in collaboration with the SEA, launched the **Reproductive, Educative and Community Health Project (*REACH*)** and established the first **Sabiny Culture Day**, which has been in existence ever since.

Government Policy and Support

The Ministry of Gender, Labour and Social Development is active in fighting FGM directly and indirectly in Kapchorwa. **REACH** receives partial funding from the Ministry to help carry out sensitisation programmes in the communities and involve officials from the Ministry in undertaking sensitisation in communities.

In partnership with the **UNFPA, UNICEF and the French Embassy in Uganda**, the Government (**Social Development Fund**) created a programme in 2011 to accelerate FGM-abandonment initiatives in Uganda. The French Embassy invested 200,000 Euros (700,000,000 shillings) to be used on FGM projects in Amudat, Nakapiripirit, Moroto, Kween, Bukwo and Kapchorwa. This programme will also address the cross-border issue with Kenya. In 2012, the French Embassy met with Ugandan ministers of parliament in an effort to strengthen the commitment of MPs to ending FGM in the Karamoja region. The partnership programme with the French Embassy continues and uses a community-and-education-based approach that is culturally sensitive. It also calls for a multi-sectored response to ending FGM and emphasises the need for girls' education and healthcare staff involvement.[2]

Campaign against FGM – a road sign near Kapchorwa, Uganda
(© Amnon Shavit, 2004)

Overview of Interventions

A broad range of interventions and strategies have been used by different types of organisations to eradicate FGM:

1. a health risk/harmful traditional practice approach;
2. addressing the health complications of FGM;
3. educating traditional excisors and offering alternative income sources;
4. alternative rites of passage and Culture Days;
5. a religion-orientated approach;
6. a legal approach;
7. a human-rights approach;
8. intergenerational dialogue;
9. promoting girls' education to oppose FGM; and
10. supporting girls escaping from FGM/child marriage.

Health Risk/Harmful Traditional Practice Approach

Strategies that include education about the negative consequences of FGM have been the most frequently used globally for the eradication of FGM and are a common element of programmes within Uganda. The main work of anti-FGM initiatives is delivered through education.

The idea to of sensitising people against the dangers of FGM has been favoured by many NGOs, REACH having set the precedent. One example of this has been the UNJP in conjunction with Arbeiter-Samariter-Bund (*ASB*) and Matheniko Zonal Integrated Development Programme (*MAZIDEP*) in Moroto District, where they have raised awareness of FGM among primary-school

children and students at informal learning centres using a video show.[3] In addition, the project's aim is to use the students who want to abandon FGM as peer educators.

Addressing the Health Complications of FGM

The UNJP notes that, although much progress has been made involving health professionals, there is still a long way to go. The organisation has a referral network for medical issues related to FGM. In 2011, it identified 96 survivors of FGM suffering from severe gynaecological problems, nine of whom were taken to hospital for treatment (that was partially funded). Two of the girls died from haemorrhage as a result of delays in reaching the hospital. Most cases received no medical treatment as they were not reported due to fear of punishment under the FGM law.[4]

One report recommends that there be work done among those who have experienced FGM (for example, for repair of fistula) as well as on the prevention of FGM.[5]

Offering Alternative Income to Excisors

Educating traditional excisors about the health risks associated with FGM and providing them with alternative means of income as an incentive to stop practising it is a further strategy used by organisations.

In Uganda, there has been a steady increase in the number of excisors denouncing the practice. Some excisors have been given government jobs, including working as street cleaners and in the town council.

Illustrating their authority and community status, former excisors who were interviewed stated that they believe FGM will only end when the *excisors* believe the practice should stop.[6]

> *'It is essential we modernise and that our culture is not left behind. Education is the answer. The less ignorant we are, the more this practice will die out.'*
>
> *~ Mr Cheborion, Chairman of the Sabiny Elders Association*[7]

Transcultural Psychosocial Organisation Uganda (*TPO Uganda*) is one organisation that has been training excisors as village health team members and educating them on the negative aspects of FGM (see the NGO section below). In addition, the Inter-African Committee of Uganda donated grain-grinding machines to over 254 former Sabiny excisors in Kapchorwa as alternative means of making a living.[8]

TPO Uganda reports that former excisors face harassment and hostility when they abandon the practice.[9] Some programmes have encountered the expectation among excisors declaring abandonment that they would be given assistance in setting up an alternative livelihood.[10]

Although such initiatives may be successful in supporting excisors ending their involvement in FGM, they do not change the social convention that creates the demand for their services. Such initiatives may complement approaches that address the demand for FGM, but alone do not have the elements necessary to end FGM.[11]

Alternative Rites of Passage and Culture Days

For those ethnic groups where FGM is part of a rite of passage initiating girls into adulthood, one approach that has shown some success is initiating **alternative rites of passage** (*ARPs*). ARPs substitute the cutting part of the ceremonies with alternative rituals that preserve the cultural traditions while eliminating the cutting.

ARPs have been implemented with varying degrees of success. The success of APRs depends on the community practising FGM as part of a ritual such as a rite of passage. In addition, ARPs will have a limited impact unless they are accompanied by education that engages the whole community in collective reflection and leads to changes in the expectations of community members. The use of APRs is further limited by the trend for communities to cut girls at younger ages and with less ritual.[12]

ARPs are used by some NGOs in Uganda. For example, ARPs may sometimes constitute an element of **Culture Days**. Culture Days are events designed to celebrate positive aspects of the culture and are often accompanied by community dialogue regarding FGM and public declarations of abandonment. These events, hosted by the UNJP and REACH, have had some success among the Sabiny. As part of the day, girls are taught about home economics, healthy marriages, raising children, gender rights and sexual and GBV. Graduation ceremonies are organised and certificates are given out before the children are 'passed out' (graduate). Sometimes certificates are given to the girls.[13] However, in one study (although relatively old), Kiirya and Kibombo found that, although the Culture Days were appreciated and commended, some of the Sabiny surveyed suggested that they had not yet provided the excitement, enthusiasm and celebration of values equivalent to those associated with FGM.[14]

The educational element of APRs builds on the knowledge that is imparted to girls as part of traditional initiation ceremonies (which take place during periods of seclusion), providing additional information on sexual and reproductive health.[15]

ARPs and Culture Days are often viewed as two separate approaches by communities (and NGOs), particularly among the Pokot, where 'Culture Day' appears to be more of an umbrella approach incorporating community dialogue and public declarations of abandonment and may not include an actual ARP.

There are reports of communities abandoning FGM and excisors relinquishing their tools at Culture Days (see the POZIDEP profile in Local Organisations below). There are, however, some reports that, despite Culture Days and ARPs (or proposed ARPs) in Pokot communities, many girls are still being cut. Culture Days are, however, less established among the Pokot, and this may be a reflection of the need to continually engage the community in dialogue, education and collective reflection and to ensure that all members of the community are targeted.[16]

Religion-Orientated Approach

A religion-orientated approach refers to approaches that demonstrate that FGM is not compatible with the religion of a community, thereby leading to changes of attitudes and behaviours.

The 'saved' or 'born again' churches, notably the Pentecostal and Body of Christ Churches, have taken action to combat FGM. Strategies have included open-air crusades, preaching, seminars, excluding members if they participate in FGM, and supporting girls who have refused to be cut and have been rejected by their families.

One report on the Pokot (in Kenya) found that the community felt the church had a 'unique platform in influencing and stopping this practice' and recognised the importance of education. The report concludes that the 'most significant decrease in the practice of female circumcision is observed in areas that have had schools for a long time and where the church is well established compared to marginalised sections of the larger Pokot district where communities are yet to embrace girl child education and Christianity.'[17] Despite the fact that this is report is about Kenya, it is instructive as the Pokot live on both sides of the border.

Legal Approach[18]

Please refer to Laws Relating to Women and Girls above, specifically the sub-section National Laws.

This approach is most effective when accompanied by awareness-raising and community dialogue. If anti-FGM laws are introduced before a society has changed its attitudes and beliefs, or it is not accompanied by the requisite social support, it may drive the practice underground, encourage people to cross borders to undergo FGM in a neighbouring country[19] and prevent people seeking medical treatment for health complications.

There has been some success. The UNJP reports a number of legal actions, including two prosecutions as of July 2012; guidance of police and prosecutors has been in place as well as a programme to build the capacity of law enforcement officers.

There have, however, been challenges, including reports that the law has pushed the practice underground. The practice is taking place in secret or girls are being taken over the border to Kenya to be cut and avoid detection. Moreover, there are difficulties in penetrating uncooperative communities to collect medical evidence, and many women are not receiving medical treatment.[20] There was also a backlash against the law among the Sabiny, who were openly defiant to the law and apparently 'outraged' at the criminalisation of FGM without proper consultation.[21]

Human-Rights Approach, Including Public Declarations

A human-rights approach acknowledges that FGM is a violation of women's and girls' human rights. This approach is sometimes used alongside other strategies to eradicate FGM that are based on the social abandonment theory of FGM (derived from the social change theory behind foot-binding in China). The components of this theory include (i) a non-judgemental human-rights approach; (ii) community awareness-raising of the harmfulness of the practice; (iii) a decision to abandon FGM that is a collective decision by the entire community; (iv) the requirement of a community-wide, public affirmation of abandonment; (v) intercommunity diffusion of the decision; and (vi) a supportive, change-enabling environment, including the commitment of the Government.

This approach was pioneered by Tostan in Senegal.[22] It has been adopted by the UNJP and, in 2011, 36 communities in Uganda announced their commitment to abandoning FGM.[23]

Intergenerational Dialogue

This approach is based on the principle of listening and questioning between different generations, aided by a facilitator. It enables participants to reflect on their values, customs, traditions and expectations and to consider whether, when, how and under what conditions change should take place.

Ugandan NGOs often use community dialogue to facilitate conversations about FGM with stakeholders, religious leaders, tribal elders and community members. For example, the UNJP dialogue sessions include the following questions:

1. How is FGM practised in the community?
2. Why is FGM practised (what positive effects do the community perceive)?
3. What negative consequences of FGM has the community encountered?
4. Has the community tried to stop FGM?

From this last question, the facilitator introduces the topic of FGM law. UNJP dialogue sessions run by ASB are held with youth and elders separately, followed by group discussions. This form of dialogue is effective because it allows community members to speak first and, after receiving information about FGM, they can work towards their own solutions as a community.[24]

Promotion of Girls' Education to Oppose FGM

There is a strong link between FGM and early marriage in some ethnic groups. Research suggests that women and girls who do not achieve higher levels of education are more likely to undergo FGM.

Education can therefore make a significant contribution to the eradication of the practice. Not only does education protect girls from undue social pressure to undergo FGM, but also it increases women's capacity to make independent decisions. Kiirya and Kibombo suggest that, while community sensitisation and peer education are crucial in changing attitudes, the formal education of girls is necessary to bring about long-term, sustainable change.[25]

Many of the NGOs in Uganda focus on girls' education (see International Organisations and National Organisations below). As part of its programme, REACH has trained secondary school students as peer educators to teach their classmates about FGM.[26] Godparents Association pays the school fees of girls who pledge not to be cut, as well as boys in the community. Girls graduating from their programme are then able to sensitise their home communities against FGM and can show the benefits of eschewing FGM and early marriage and, instead, pursuing an education. The girls are brought to the Peace High School in Kampala, as it was discovered that they were still at risk of FGM if they stayed in their home districts.

Supporting Girls Escaping from FGM/Child Marriage

Rescue centres shelter girls who are running away from FGM and/or child marriage, particularly in communities where there is a strong link between FGM and child marriage. Following the successful implementation of such projects in Kenya, local authorities and organisations are advocating for the creation of a girls' boarding school and a safe refuge for girls escaping FGM and early marriage who cannot return to their communities.[27]

REACH recently received funding from the Netherlands Embassy to build a rescue centre. It was due to be completed in December 2012. A number of organisations (including POZIDEP, Maendeleo Women Group, Visioncare, Resident District Commissioner Amudat, the District Education Office and the District Council) have worked together in a 'Go back to school' campaign to ensure that children are safely staying at school. These children do not go home for holidays for fear of early marriage and FGM. The district has made two schools rescue centres,[28] and it is

reported that 400 school-aged children in Amudat District fled their homes in the last ten months for fear of being subjected to FGM. The district inspector of schools stated that the education authorities have been overwhelmed at the rate children are running away from their homes.[29]

Media Influence

The UNJP uses media campaigns in a number of African countries to communicate the dangers of FGM and encourage people to abandon the practice. These campaigns often centre on the International Day of Zero Tolerance of FGM.

In 2011, the UNJP had 58 radio programmes in Uganda. Radio talk shows focused on why communities practise FGM as well as its side effects, and six of these talk shows had around 20 call-ins per show.

The UNJP also screened anti-FGM videos in schools and communities. Discussions held before and after the screenings showed that the communities changed their perceptions of FGM from being a benign cultural practice to a harmful one. The UNJP reported that, after watching the video, schoolgirls requested that they be protected at school and boys said they felt comfortable marrying uncut girls. Additionally, sensitive video dramas portraying girls' experiences with FGM were viewed by over 500 people. These videos aroused anger and caused many people to reject the practice. Two theatre troupes were also trained to perform in the Sabiny region. Finally, three youth groups received six days of training in music, dance and drama to enable them to develop educational messages on FGM.[30]

One example of an FGM-focused radio programme is one on Kapchorwa Trinity Radio 94.1 FM that is hosted three times a week by Mr Sande Geoffrey, Programme Officer of IACU. This programme holds a live phone-in session on FGM and talks about empowerment of the girl-child. It reaches all of Kapchorwa as well as Teso and Pokot areas. Geoffrey believes that the best strategy against FGM is educating girls.[31] An FM radio station sponsored by the Dutch embassy has also begun broadcasting information about the law to rural parts of Bukwo district (the Sabiny).[32]

In those regions most affected by FGM, there is low coverage by FM radio and TV is relatively inaccessible. Media messages must therefore be tailored to each community and need to be creative. The UNFPA suggests such media may include:

- innovative use of folk media;
- radio programmes addressing the role of leaders in FGM abandonment;
- interactive radio programmes targeting community members;
- radio listening clubs for targeted groups (for example, schools); and
- innovative use of other media.[33]

A UNICEF project called U-Survey targeted young Ugandans in a survey sent via SMS on mobile devices. The goal was to raise awareness on the illegal nature of FGM and ask about the importance of culture over law. 84% of responders had heard of the anti-FGM law, and there were over 32,000 responses received in 12 hours from all over Uganda. This SMS survey reached 85,000 participants, and all of these individuals are now aware of FGM laws.[34] The response rate shows that FGM is a pressing issue for young Ugandans, but it is important to continue communicating its

illegal nature as there is little evidence to show that those who responded are the ones directly affected by FGM.

Newspapers in the capital such as *Monitor* and *New Vision* provide coverage of FGM. Sometimes the reporting is sensationalised and exploitative, which the Sabiny believe damages their reputation.[35] In 2011, however, 30 journalists from 16 different media outlets were trained by the UNJP in how to proactively cover stories on FGM.[36]


Regional

THANKS A BUNCH: President Museveni receives gifts from Joyce Munanda at Bukwo on Saturday. PHOTO BY DAVID MAFABI

Museveni directs Sabiny to stop FGM

Article in* The Monitor *newspaper, 7 June 2010

Community Desires

A study in 2000 in Kapchorwa (funded by the UNFPA, REACH and the Family Planning Association of Uganda*) found that the following changes were desired by the community:

Changes/Measures Desired (*n*=429)	**Frequency**	**%**
Mass community education and sensitisation on FGM dangers	258	60
More NGO support to REACH and FPAU to intensify community activities	173	40
Free primary and secondary education for girls	150	35
Campaigns should concentrate efforts in villages with high FGM incidences	143	33
Initiate and support new anti-FGM initiatives at village level	142	33
Counsels parents and girls in self pride and esteem even without undergoing the ritual	102	24
More involvement of important Sabiny personalities in the FGM campaign	70	17
No suggestions/FGM should instead be promoted	66	15

Table 7: Changes desired by Kapchorwa Sabiny community (frequency of response and percentage of respondents giving response)[37]

As this survey is more than ten years old, it would be interesting to see how attitudes have changed to date, and also what changes are desired by the Pokot and other ethnic groups practising FGM. Nevertheless, this is a useful indicator of community wishes.

* ***Family Planning Association of Uganda is now called Reproduction Health Uganda and is profiled under Local Organisations below.***

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2 UNJP (2013) *Accelerating Change 2008–2012, Volume 1*. Available at https://www.unfpa.org/sites/default/files/admin-resource/FGM-report%2012_4_2013.pdf.
3 UNFPA News (2013) *Ugandan Communities Scrutinize a Violent – Sometimes Deadly – Rite of Passage,* 1 February. Available at https://www.unfpa.org/es/node/8156.
4 UNFPA (2011) *The State of the World's Midwifery 2011*. Available at unfpa.org/publications/state-worlds-midwifery-2011.
5 Karin Weber (2012a) *Good Practice: National Law Against Female Genital Mutilation/Cutting*. Available at http://www.karinweber.info/_uploaded/Good-Practise-Law-against-FGMC.pdf.
6 28 Too Many in-country research.
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11 UNICEF (2005a) *Changing a Harmful Social Convention: Female Genital Mutilation/Cutting*. Available at https://www.unicef-irc.org/publications/396-changing-a-harmful-social-convention-female-genital-mutilation-cutting.html.
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13 - 28 Too Many in-country research.
- Joan Isabella Namulondo (2009) *Female Genital Mutilation: A case of the Sabiny in Kapchowra district, Uganda.* University of Tromsø. Available at https://hdl.handle.net/10037/2340.
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16 28 Too Many in-country research.
17 Kåre Kristensen and Everlyne Nairesiae (2009) *Impact evaluation of three projects in Pokot, Kenya: Pokot development programme (PDP), Pokot integrated programme (PIP), Training of HIV/AIDS community counsellors*. Misjonshøgskolens forlag. Available at http://hdl.handle.net/11250/162284.
18 Unless otherwise indicated, all references in this section are to Karin Weber (2012a), *op. cit.*
19 UNICEF (2005a), *op. cit.*
20 UNJP (2011) *Accelerating Change: 2011 Annual Report*. Available at https://www.unfpa.org/publications/accelerating-change-2011-annual-report.
21 Masaba cited in Godparents Association, Inc. (2011) *Newsletter*, January 2011. Available at http://www1bpt.bridgeport.edu/~vdiana/webdesign/godparents/history.html.
22 UNICEF (2005b), *op. cit.*
23 UNJP (2011), *op. cit.*
24 Karin Weber (2012a), *op. cit.*
25 Stephen K. Kiirya and Richard Kibombo (1999), *op. cit.*
26 28 Too Many correspondence.
27 Karin Weber (2012a), *op. cit.*
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36 UNJP (2011), *op. cit.*
37 Stephen K. Kiirya and Richard Kibombo (1999), *op. cit.*

International Organisations

There are numerous international organisations working in Uganda to help eradicate FGM. The work of these organisations is aided by the 2010 anti-FGM act. These groups work with the Government, women's groups, local NGOs and local leaders to combat FGM through education.[1]

Please see the Appendix for a full list of organisations.

Inter-African Committee on Traditional Practices (IAC)

The IAC advocates for the removal of harmful traditional practices that affect the health of women and children. It takes a multi-pronged approach to influence policy and action and to create positive attitudinal change through the implementation of projects at the community level.

Programmes for Appropriate Technology in Health (PATH)

PATH runs programmes on FGM-eradication based on the belief that discontinuation of FGM must be addressed at the community level. Its purpose is to introduce community workers to the concept of 'communication for change' and to inspire and transfer skills for community-based approaches to problem-solving.

UNFPA-UNICEF Joint Programme to Eliminate Female Genital Mutilation/Cutting (UNJP)

The UNJP was founded in 2008 and has been extended to December 2013. Uganda entered the programme in 2009. The UNJP is currently working on an innovative system of enforcing national law against FGM in Uganda.

In 2011, the UNJP and its local partner organisations trained local police and community monitors to enforce anti-FGM law. When the local girls come home from school for summer holidays (the time they would normally be cut), the monitors circulate through the villages and identify which families are planning to carry out the procedure and when. The monitors then use their mobile phones to notify police.

In 2011, the UNJP also supported 70 community dialogues and 52 education sessions on FGM, including themes such as cultural identity and children's rights. It reports that 317 girls in one district opted not to undergo FGM in 2011, and 436 uncut girls were honoured at the 16th Sabiny Culture Week.

The UNJP notes that, although much progress has been made involving health professionals, there is still a long way to go. The organisation has a referral network for medical issues related to FGM. In 2011, it identified 96 survivors of FGM suffering from severe gynaecological problems, nine of whom were taken to hospital for treatment (that was partially funded). Two of the girls died from haemorrhage as a result of delays in reaching the hospital.

Most cases received no medical treatment as they are not reported due to fear of punishment under the anti-FGM law.[2]

As of 2011, the UNJP's partners include the Sabiny Elders Association, the Church of Uganda, the Catholic Church, REACH, the Rafiki Theatre Ltd., Sebei Diocese, the Kapchorwa Human Rights Initiative, the Sabiny Athletics Association, the National Agricultural Advisory Society, Law Uganda and the Uganda National Teachers Union.

During the 2011 Sabiny Culture Day, the local council chairman declared the fourth day of every month a day for mobilising communities around the abandonment agenda.[3]

Arbeiter-Smaraiter-Bund (ASB) – Funded by the UNJP

ASB is a German aid and welfare organisation.

It recently completed a survey and is implementing a project funded by the UNJP to encourage the abandonment of FGM through community dialogue in Tepeth groups in Moroto. Its report suggests that, prior to the project, Tepeth communities were unaware of the problems associated with FGM and, in some cases, parents were unaware for months following ceremonies that their daughters had died or were permanently disabled due to FGM.

Dialogue sessions used a health-education approach, focusing on the risks of FGM, including HIV and AIDS. In 2012 the ASB dialogue project reached 1,500 people, and it is helping change the perception of FGM as a taboo topic. One of the biggest challenges is the inaccessibility of the region, but it has been able to facilitate dialogue sessions in the remote communities of Tapac and Katikekile.

The ASB also uses various media. By mid-2012 an education video on FGM was screened 20 times in primary schools and community centres, reaching 1,000 children in the Moroto district, as well as elders of the community. This video was produced in Kenya by MAZIDEP (a faith-based organisation) and was translated into the local language.

As a result of ASB community dialogues:

- 57 local leaders received training on FGM law to communicate to their communities;
- demand for law enforcement is growing;
- in 2012, only one girl was cut in the nine parishes of Katikekile and Tapa sub-counties (a Tepeth region);
- the Tepeth requested a Culture Day – on that day, 25 October 2012, 72 excisors denounced the practice and relinquished their tools;
- 17 community leaders now monitor and report on FGM and facilitate discussion at community meetings; and
- elders have expressed interest in being trained to conduct community dialogue sessions so that they can talk to other Tepeth communities and get them to abandon FGM.[4]

USAID

USAID has been assisting Uganda since independence in 1962. It provides a variety of health services and aid relief.

USAID partially fund TPO Uganda for the alternative livelihoods project for former excisors. It also supports the DHS and conducts research via the Population Council.

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3 *Ibid*.
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National Organisations

Local organisations working to eradicate FGM are varied and include national NGOs, CBOs and FBOs. Most are heavily dependent on funding from international donors.

There is overlap between those NGOs and charities and the ones working to protect the rights of women and children or health organisations. This is especially the clear when FGM is directly linked to the MDGs, in particular Goal 3 (promote gender equality and empower women and Goal 5 (improve maternal health). For example, the African Youth Alliance, run by Pathfinder International, PATH and UNFPA, works on sexual-health and gender-equality projects in Uganda, meaning its work touches on FGM. Several NGOs and non-profits seem to operate through REACH. It is well established in the communities they work in and has a high profile within Uganda. There is good cooperation between them and they support each other's work.

Please see the Appendix for a full list of organisations.

Food For The Hungry

Food for the Hungry is an international FBO that operates in the Piswa-Kween District in Eastern Uganda. It is an NGO based out of the US. The Uganda programme began in 1988 and the Piswa programme in 2006. An anti-FGM programme was due to begin in October 2012.[1]

The organisation focuses on physical health and education, as well as sanitation and safe water, and aims to help women of reproductive age.

Food for the Hungry's strategy to end FGM focuses on information, education and communication; positive deviance; and child sponsoring. Its anti-FGM programme in Piswa will utilise the CARE group model of changing attitudes towards FGM and teaching women how to discus FGM with their husbands. Men, excisors and religious leaders will also be involved in community dialogue sessions, which will be broken down into three groups for family, leaders and churches.

Godparents Association

This is a US organisation and a parallel organisation called Godparents Uganda registered in Uganda. It was formed to support alternatives to FGM and empower women.

The organisation pays the school fees of girls who pledge not to be cut. These girls, graduating from the programme, are then able to sensitise their home communities against FGM. They can show the benefits of eschewing FGM and early marriage and instead pursuing an education.

The organisation has taken the concept of 'Godparents' without its religious significance. The 'Godparents' are mainly from the United States, with some from Europe, the UK and Australia, and they sponsor the girls' education.

Since its formation in 1999, Godparents Association has helped dozens of girls to study to secondary level and beyond. Realising that girls were at risk of FGM if they stayed in their home district, since 2000, girls are brought to the Peace High School near Kampala to study, where they are exposed to wider opportunities, can learn English to a higher standard and gain a more rigorous

education. Most serve as models and are eager to speak out against FGM in their communities. Some have chosen graduate-degree training that will enable them to be employed in professional anti-FGM work.

Godparents Association also operates enrichment programmes during school holidays to prepare girls for exams and take them to Kampala, where they meet influential women. The girls have achieved success in education – a number of them first scored at the highest level in national O-levels exams by 2007 (among the top 8% of Ugandans) and went on to achieve tertiary degrees. These girls are usually the first in their communities to earn tertiary degrees and provide an example of what uncut women can do. In the first few years, the girls were ostracised and ridiculed at home, whereas they are now widely admired and envied.

The organisation has also started sponsoring boys. This followed a request by the local member of parliament, the Hon Francis Kiyonga, so that the Pokot girls who graduated from Peace High School without undergoing FGM would be able to marry within their home communities.

Kapchorwa Civil Society Organizations Alliance (KACSOA)

The Kapchorwa Civil Society Organizations Alliance works in the regions of Kapchorwa, Kween and Bukwo. It started in 2007 and focuses on human rights, physical health, education, livelihoods and faith-based and elder councils.

KACSOA uses a human-rights-based approach to ending FGM, with an emphasis on information, education, communication and local networking. Its work is on enhancing the rights of Sabiny women using sensitisation and community dialogue meetings, and they involve elderly people (not only tribal elders) in discussions to maintain the importance of culture. Topics of culture are discussed in separate groups of men, women and youth, and these discussions gradually transition into the topic of FGM.

Maendeleo Women Group

Maendeleo Women Group started as a group of Christian women who came together to improve their standard of living by increasing their household income. A group of 20 women in 1998 put their efforts together in making beads, belts and sewing clothes for a daily income. They felt that they could more easily meet their children's needs by using these activities to better provide for their families.

As the group increased in number and their activities increased, members decided in 2002 to have a women's group. They gave it a name: *Maendeleo*, meaning 'development'. That development is in various spheres: economic, social and cultural.

Maendeleo's vision is to empower women of Pokot to be self-reliant and be able to create an environment conducive to positive child development and social coexistence. Its mission is to develop the skills and knowledge of local women and other vulnerable groups to be able to support their social, spiritual and economic wellbeing through income-generating activities. Its aims and objectives are:

- to promote awareness on women's and children's rights;

- to empower women to be self-reliant;
- to strengthen women to be able to promote child-protection issues in their communities;
- to build the capacity of women and other target members through vocational training;
- to promote awareness of gender-based violence;
- to promote and encourage children and Christians to join religious vocational life; and
- to promote community dialogue between the law-enforcing bodies and communities on legislative issues.

(This organisation is separate from Maendeleo Ya Wanawake in Kenya.)

MIFUMI

MIFUMI is an international aid-and-development agency/NGO in Uganda. This organisation was established in 1994 and is based in Tororo. It runs 11 counselling centres for women and focuses broadly on human rights – in particular, the fight to protect women and children from violence, child marriage and bride prices.

The MIFUMI Human Rights Defenders Network works in Iganga, Busia, Tororo, Mbale and Soroti and its regional network is in Eastern Uganda, Kenya, Tanzania, South Africa and the UK. Much of its work looks at the relationship between bride price and FGM.

Pokot Zonal Integrated and Development Program (POZIDEP)

The Church of Uganda's Pokot Integrated and Development Program is based in Amudat and is part of the UNJP. It works to (i) change attitudes among leaders and community members towards the promotion of women's and children's rights; (ii) raise awareness on FGM abandonment; and (iii) demonstrate to others that important persons within the community who have traditionally supported FGM have now abandoned it.

This programme uses information, education and community dialogue. POZIDEP has worked with community elders who are against FGM and are perceived as the custodians of Pokot culture. It has also targeted cutters, political and cultural leaders and youth. Part of its strategy has been to work with role models within the community who publicly declare their commitment to abandon FGM during the celebration of Cultural Days.

In addition, Pokot elders are selected to meet with the Sabiny Elders Association each year, demonstrating the 'diffusion' of the abandonment of FGM, whereby communities that are abandoning FGM engage others to do the same. There has also been diffusion among the Pokot, with communities that have declared abandonment talking to other communities who have reportedly been impressed by the positive changes.

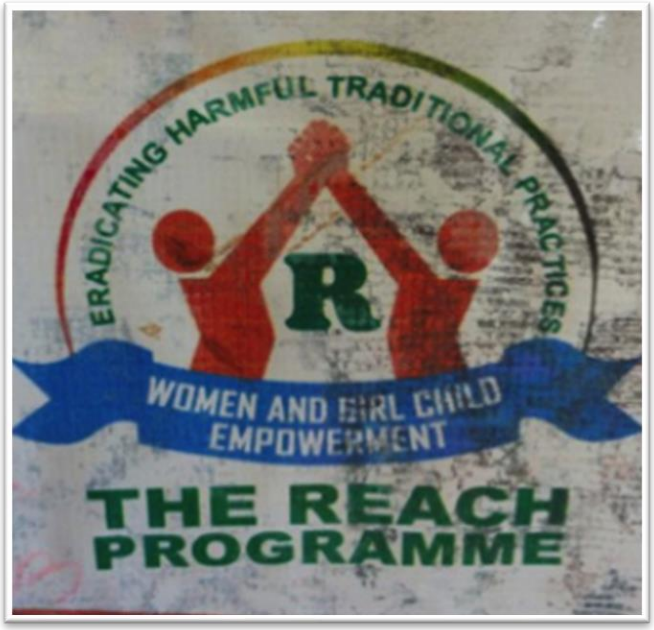
POZIDEP works with local leaders during the Pokot cutting season (July to September) to discover which girls are due to be cut and meet the parents to explain the health consequences. It then monitors the girls every two weeks to ensure they have not been cut. The elders and girls who

have done the public declarations are also trained to raise awareness of the law within their communities.

Pokot Culture Day is on 30 June. The programme reported that, in 2012, seven excisors relinquished their cutting tools and abandoned the practice, and public declarations were made by five communities.

Challenges remain for the programmes, including discrimination within communities. In addition, the size of the communities makes disseminating information a challenge, especially in remote and hard-to-reach areas, and former excisors and girls expect support in the form of alternative livelihoods and education after publicly declaring FGM abandonment.[2]

Reproductive, Educative and Community Health Programme (REACH)



REACH is a national NGO working in Kapchorwa, Bukwo, Nakipiripirit and Amudat. It was started as a pilot project in 1996 and was UNFPA funded. It became a registered NGO in 2007.

Its work with the Pokot began in 2006/2007. The organisation's goal has been to preserve cultural practices that are benign and that promote human rights, such as story-telling, proverbs, community celebrations, marriage ceremonies and traditional foods, while eliminating practices 'that are brutal and dehumanize some sections of the community'.[3]

REACH works on child protection, human rights, education, and laws/advocacy/policy, using media as one method of outreach. It believes that FGM continues to be practised as part of a cultural heritage, and its approach to eradication is encouraging collective abandonment using information and education, focusing on positive deviance and targeting excisors. Its primary target groups are excisors and elders.

Media-REACH produces radio talk shows intended to sensitise people to the health issues of FGM, FGM legislation, and current advocacy programmes. This programme runs twice weekly; however, the signal is restricted to Kapchorwa and Bukwo districts, and it is reported that men often restrict their wives from listening to the radio.[4]

Community dialogues are facilitated, which involve stakeholders, religious leaders, tribal elders and community members. REACH also runs an ARP programme and Culture Days.

REACH is part of the Kapchorwa Civil Society Organizations Alliance. It is partially funded by the UNFPA, the Ugandan Government, the Netherlands Embassy, DAN Church Aid, ZOA and UNICEF.

Reproductive Health Uganda (RHU) (formerly Family Planning Association of Uganda)

RHU's Rise-Up Project centres on reproductive health and gender rights.

With support from the Swedish International Development Agency, RHU is implementing a project in Apac and Kapchorwa districts and aims to ensure access to sexual- and reproductive-health information and services for young Ugandans. This project advocates ending sexual and gender-based violence, including FGM.

RHU aims to increase utilisation of health services by girls and young women and hopes to increase community and district support for the reduction of violence against women through policy making. The project sets out to train RHU and its partners to address issues concerning violence against women and children and addresses men's involvement in reproductive-health rights and reducing violence against women. Its primary audience is girls and young women aged 15 to 30, and its secondary target audience is men, community leaders and district leaders.

Sabiny Elders Association (SEA)

The Sabiny Elders Association is an association that was formed in 1992 by Sabiny elders from 161 clans in Kapchorwa. They are considered to be the group that spearheaded the fight against FGM in Uganda. The SEA's aim is to unite the Sabiny people and promote peaceful development, solve local problems without outside interference and protect Sabiny culture by preserving songs, dances, funerals rites and marriage rites. It also sets out to eliminate the harmful traditions, including FGM.

The SEA was given an award in 1998 by the UNFPA (United Populations Award) for its efforts to end FGM. The award money was used to build a headquarters and offices for other NGOs working against FGM.

The SEA works closely with REACH.

Sisters of the Heart

Sisters of the Heart is an outreach FBO in Kapchorwa district that has operated since 2008.

While not directly involved in eradication programmes, Sisters of the Heart offers support to women who refuse FGM, including child protection, education and empowerment through livelihood (vocational) training like sewing, in addition to spiritual guidance. Its child sponsorship vocational training programme is currently supporting 20 girls, who are now able to provide for themselves and their families.

The organisation notes that one challenge to its programme is that, once girls graduate from the programme, unless they are able to obtain a sewing machine, they remain unable to support themselves.

Future projects include opening a bakery for further vocational training.

This programme is partially supported by a church in Oregon, USA.[5]

Transcultural Psychosocial Organization Uganda (TPO Uganda)

A national NGO, TPO Uganda is based in Uganda, operating in the Western Region, North West, Northern Uganda and North Eastern Uganda (Karamoja Region).

The aim of TPO Uganda is to prevent violence against women and children. Its work addresses sexual health, the empowerment of women and psychosocial functioning, and includes FGM-eradication efforts. TPO Uganda focuses on advocacy and laws, monitoring and evaluation, and also provides training for women to make sustainable livelihoods.

With reformed excisors at the Sabiny Elders Association (© 28 Too Many)

TPO Uganda's approaches to ending FGM include collective abandonment; information, education and communication; positive deviance; and targeting excisors. Moreover, it is targeting clan leaders and working to promote girls' education, placing an emphasis on child-led rights clubs. These clubs have created conflict with older community members, as the children try to assert their rights and resist FGM and child marriage. Children then flee to the office of the resident district commissioner and the police, who take them to a nearby boarding school.

TPO Uganda is part of a larger network spearheaded by the UNFPA and the Ministry of Gender, Labour and Social Development, but, due to a lack of funding, quarterly meetings have ceased.

The organisation's FGM project is based in Karamoja and is part of its broader programme to prevent violence against women. Partial funding for the programme comes from UNICEF and the UNFPA; however, it stresses that it does not have sufficient funding to cause structural change in most of the community. The programme calls upon those who have been negatively affected by FGM to come forward for corrective surgery and act as agents of change for their communities.

The Karamoja project also uses local governments to increase awareness of FGM practice, while maintaining a less coercive approach themselves, so that communities can reach abandonment declarations independently and become role models for other communities. TPO Uganda states that community members themselves report to the police when they discover FGM being practised within their localities. A critical aspect of the programme involves clan elders and FGM surgeons and ensures that they maintain their community status by turning them into members of the village health teams. They are provided with additional training on the negative aspects of FGM and former surgeons are enabled to serve as traditional birth attendants (which are popular in the Karamoja region).[6]

TPO, in partnership with UNICEF, has 2,654 support workers alongside Karita Development Initiative, a community-based NGO, providing psychosocial assessment and support for survivors of FGM and their families in the Amudat district. Nearly 11,000 individuals have been sensitised on FGM law by the programme. 7,911 adults and children have attended community dramas, which

educate on FGM practice, risks and the law. 144 FGM survivors have thus far been treated at health facilities where they were sensitised about the anti-FGM law and encouraged to report FGM cases to law enforcement. The programme report includes case studies of FGM survivors. Common consequences of FGM that are encountered are health problems (bleeding, abdominal pain and infections), birth complications, financial burden from hospital visits, and marital problems, including divorce. However, 18 villages (including the elders and surgeons) have signed declarations denouncing FGM and 21 traditional excisors were reached by six outreach groups to discuss their experiences and the challenges of FGM and abandonment.[7]

Vision Care

Vision Care is an organisation based in Amudat that uses education and community sensitisation/dialogue to eradicate FGM. It suggests that segregation along ethnic lines is one reason FGM continues, in addition to marriage and its use as a rite of passage.

Vision Care's programme uses health workers as agents of change, and they target excisors as well as teaching young girls about their rights to education and good health. The organisation holds community dialogues with elders, men, Karachunas (male youth who refuse to marry uncut girls), women and female excisors.

World Shine Ministries

World Shine Ministries is a small FBO based in eastern Uganda that focuses on preventing gender- and sexual-based violence, child protection and empowering women. Its strategies include using education, capacity-building and employing media. World Shine Ministries also uses collective-abandonment and education approaches to end FGM and targets youth, parents, leaders and excisors. The majority of its work has been youth workshops in Kapchowa, as well as radio shows and church-leader workshops. It is currently working on engaging political leaders to help end FGM.

World Shine Ministries is in the early stages of its work and it operates on small grants, but it is underfunded, delaying further research.

1 28 Too Many in-country research.
2 - 28 Too Many in-country research
- Karin Weber (2012) [various] Available at http://www.karinweber.info/products.
3 28 Too Many in-country research.
4 28 Too Many in-country research.
5 28 Too Many in-country research.
6 28 Too Many correspondence.
7 - TPO Uganda (2013) [website]. Available at http://www.tpoug.org/index.php?option=com_content&view=article&id=4&Itemid=12.
- UNICEF (2013) *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*. Available at https://data.unicef.org/wp-content/uploads/2015/12/FGMC_Lo_res_Final_26.pdf.

Ending FGM: Challenges

Past Struggles to End FGM (Pre-2010 Law)

In 1998, a group called Promote Sabiny Culture Project was formed to resist the work being done by REACH and SEA. This group was comprised of professors, magistrates, local government leaders and teachers. During the Sabiny 'cutting season' in December 1998 they contributed 50,000 Ugandan Shillings (US$23) and gifts to every family who had their daughter cut. The number of girls cut rose from 544 in 1996 to 1,100 in 1998.

One reason for this backlash was because of perceived nepotism in the selection of girls to be peer educators – they received a small stipend to be peer educators and speak out against FGM at school.[1] Nevertheless, anecdotal evidence indicates that the selection criteria for the peer educators was free and fair and based on strict criteria.[2]

In addition, campaigns showing people the violent truth behind FGM in a video were not well received as the video made out that traditions were brutal and barbaric.[3] REACH's education strategies have since been modified (see the National Organisations section above).

Horsfall and Salonen note that inconsistent levels of funding and the poverty of the local people combined to divide the community and slow the decline of FGM in Kapchorwa. The decision to not cut one's daughter became tied to the expectation of receiving money. As a result of these challenges faced in the early stages of the project, today REACH cautions that paying people to abandon the practice will create further issues that may divide communities, and that stopping FGM should be a reward in itself. If monetary aid is provided, it should be distributed on an equal basis.

Defiance of Anti-FGM Laws (Post-2010)

The outlawing of FGM in Uganda has caused many issues surrounding the practice. Although it has clarified the country's stance on FGM and has defined sanctions for those who practise it, it is hard to control. FGM has always been surrounded by secrecy and tradition and now remains a practice in rural and remote areas only.

Although the work to end FGM continues in a positive direction, occasional backlashes occur. These tend to happen more on a regional, rather than local, level and are perhaps a reaction against intense media.[4]

One Sabiny blogger reported that, contrary to his expectation, the Sabiny were openly defiant to the law. They were apparently 'outraged' that the Ugandan Government had criminalised FGM, without proper consultation with the people affected.[5] Godparents Association points out that, in Sabiny culture, maintaining harmony in the community by showing respect to others is one of the strongest cultural values. The imposition of the FGM law without consultation, therefore, naturally went against the Sabiny 'grain', and persuasion (gradually reaching consensus through winning the hearts of the people) was abandoned to the force of law.[6]

Mr Sande Geoffrey, Programme Officer IACU notes new developments of the FGM ritual:[7]

- girls are cut at night;
- girls are cut in bushes or caves ;
- the practice is rushed due to the risks; and
- girls are smuggled to Kenya (at the, FGM was still legal in Kenya, and although as of 2011 it was illegal, 28 Too Many's research found that there is little enforcement of the law, so people continue to make the journey);
- excisors are brought in from Kenya;
- local militia and guards are hired to protect the ritual grounds (TPO Uganda reports that communities are sometimes armed 'with spears, pangas and guns ready to attack anyone deterring them from the seasonal ritual').[8]

Among the Sabiny it has been reported that they do not fear the law as the law was not initiated or brought by the Sabiny.[9] In 2011, Nelson Chelimo, an elder from Kween, stated, 'Sensitisation of the masses against FGM has not yielded enough results and even the law has not changed anything in our villages.'[10] Moreover, the law in Sabiny tribal areas has now pushed the practice underground. This makes tracking FGM statistics difficult.

The situation is similar in practising Pokot groups, where the law has pushed FGM underground, making it difficult collect data. One NGO worker from among the Pokot said that the law has done 'more harm than good' and that the Pokot have told him that the law 'scares them but cannot stop them from practising'.[11]

Enforcing FGM Law

Please refer to National Laws section above, which discusses the difficulties with enforcing the law.

Geography

The geographically related problems of FGM in remote areas and easy access to Kenya has been ongoing. Delivering programmes to remote regions is challenging, due to terrain and impassable roads during the rainy season. To reach Amudat by road involves a two-day drive over a route known as the 'road of death', unpaved and frequented by armed bandits. Missionaries often fly to Nakapiritpirit and Moroto.

Travellers notice the marked diminished presence of NGOs and outside influences as they travel further into Pokot areas. A 2000 study quoted locals as believing that the Government did not even know of their existence.[12]

Funding

Funding is the number one obstacle for government and NGO work on ending FGM in Uganda. The enforcement of the 2010 FGM law is suffering greatly due to the lack of supportive funds from the

Government, as there are costs associated with travel and patrolling rural communities that continue to practise FGM.

In one Sabiny community, it was reported that there have been few convictions due to FGM; most cases are handed locally with sentences involving community work in lieu of prison.[13]

The majority of organisations contacted by 28 Too Many cited the lack of funding as a primary hindrance to continuing FGM research and programming.

The UNJP's 2011 report shows that Uganda scored low on its budget implementation, at a rate of 45% (the country average being 86%). Out of a total budget of US$7,636,790 for all 17 country offices, Uganda's budget was US$352,684 and its estimated balance was US$193,869. Uganda also had a low score for International NGO partners, due to their success in obtaining other funding that needed to be spent in a shorter time frame. Although it is positive that Uganda was successful in obtaining a range of resources, it is equally troubling that the Uganda programme is not using all of its UNFPA-UNICEF allocated money, especially as so many NGOs cite lack of funding.

See recommendations below for more information.

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1 - Horsfall and Salonen (2000) *Female Genital Mutilation and Associated Gender and Political Issues Among the Sabiny of Uganda*.
- Godparents Association, Inc. (2011) *Newsletter*, March 2011. Available at http://www1bpt.bridgeport.edu/~vdiana/webdesign/godparents/history.html.

2 Stephen K. Kiirya and Richard Kibombo (2008) *Community Knowledge, Attitudes and Practice Related to Female Genital Cutting (FGC) in Kapchorwa District*. Makerere University Information Repository. Available at http://makir.mak.ac.ug/handle/10570/1641.

3 Horsfall and Salonen (2000), *op. cit.*

4 UNFPA (2011*) The State of the World's Midwifery: Delivering Health, Saving Lives*. Available at https://www.unfpa.org/sites/default/files/pub-pdf/en_SOWMR_Full.pdf.

5 Masaba cited in Godparents Association, Inc. (2011) *Newsletter*, January 2011. Available at http://www1bpt.bridgeport.edu/~vdiana/webdesign/godparents/history.html.

6 Godparents Association, Inc. (2011) *Newsletter*, January 2011. Available at http://www1bpt.bridgeport.edu/~vdiana/webdesign/godparents/history.html.

7 - Irene Nabusoba (2012) 'FGM in Karamoja: we either "kill" culture or preserve life', *The Monitor*, 6 February. Available at https://www.monitor.co.ug/artsculture/Reviews/-/691232/1321578/-/9or11/-/index.html.
- Irene Nabusoba (2012) *Help! Save Girls in Karamoja from FGM*. UN Uganda New Vision. Available at https://archives.visiongroup.co.ug/vision/NewVisionaApi/v1/uploads/NV080312pg32&33.pdf.

8 28 Too Many in-country research.

9 Frederick Womakuyu (2010) 'Uganda: Over 200 Sabiny Girls to be Circumcised', *The New Vision*, 6 November. Available at http://allafrica.com/stories/201011081387.html.

10 David Mafabi (2011) 'Why the Sabiny are gritty to female circumcision', *The Monitor*, 28 July. Available at monitor.co.ug/uganda/magazines/full-woman/why-the-sabiny-are-gritty-to-female-circumcision-1497182.

11 Godparents Association, Inc. (2011) *Newsletter*, January 2011. Available at http://www1bpt.bridgeport.edu/~vdiana/webdesign/godparents/history.html.

12 Godparents Association, Inc. (2011) *Newsletter*, April 2011. Available at http://www1bpt.bridgeport.edu/~vdiana/webdesign/godparents/history.html.

13 28 Too Many in-country research.

Conclusions and Strategies for Moving Forward

28 Too Many recognises that each country where FGM exists requires individualised plans of action for elimination to be successful. We propose the following general conclusions, many of which are applicable within the wider scope of international policy and regulation and some specific to Uganda.

Recognising the Cultural Significance of FGM

In Uganda it is extremely important to recognise that FGM is a cultural identity and the tradition of a minority population who do not want to assimilate their culture with other ethnic groups'. FGM is an important aspect of their adult identities, economic functions and community status, and all of these factors need to be considered in any anti-FGM programme or campaign.

It is also important to bear in mind the importance of involving elders in community-wide discussions, as they are influencers of change.

Incorporating Other Ethnic Group and Internal Migrants within FGM Strategies

It is notable that the most recent DHS statistics suggest that the prevalence of FGM is overall the same in rural and urban areas. Most reports suggest that FGM is most common in rural North East Uganda, principally among the Sabiny, Pokot and Tepeth. There are, however, reports of FGM occurring among the Nubians and the Somali, but very little data is available on these communities. There is also likely to be cases of FGM in communities that have internally migrated from the North East to other parts of Uganda. More data is needed on these communities, and effective strategies need to be considered in order to reach them, such as mainstreaming FGM into other health/development programmes.

Sustainable Funding

Programmes and research studies concerned with the elimination of FGM require sustainable funding in order to be effective. Continued publicity of current FGM practices at a global level, particularly through the UN and the WHO, is crucial for ensuring that NGOs and charities are given support and resources long-term.

Prioritising charitable aid and grant funding is inherently challenging, and programmes for ending FGM are given less attention than those related to the health and poverty crises. However, as is discussed in this report, FGM is a focal issue connected to these crises and directly relates to several of the MDGs. As Horsfall and Salonen argue, when programmes are not consistent and sustainable, this can lead to cynicism, resentment and community division, making it harder for successor programmes to make headway on ending FGM.[1]

FGM and the Millennium Development Goals

Considering FGM within the larger framework of the MDGs conveys the significant, negative impact FGM makes on humanity. FGM is connected to promoting gender equality, reducing child mortality, improving maternal health and combating HIV and AIDS. Relating FGM to wider social crises is important when creating grant proposals and communicating anti-FGM initiatives to a wider audience, because it highlights the need for funding anti-FGM programmes and research for broader social change.

There has been a momentum for change, with the UN global ban on FGM in December 2012 and the UN Commission on the Status of Women 57 focusing on violence against women and girls, including FGM. We hope that this momentum is continued and that violence against women, including FGM, is reflected in the post-MDGs agenda.

FGM and Education

Education is a central issue in the elimination of FGM. Illiteracy remains high in the rural regions where FGM occurs. The lack of basic education is a root cause for perpetuating social stigmas surrounding FGM as they relate to health, sexuality and women's rights. FGM hinders girls' abilities to obtain basic education and prevents them from pursuing higher education and employment opportunities. This lack of education directly relates to issues surrounding child marriage.

Anti-FGM programmes need to be focused on educating girls; however, educating boys and the wider community on FGM is equally important. The lack of educational infrastructure in those regions of Uganda where FGM is most prevalent needs to be addressed, and educational programmes need to be tailored to the pastoralist lifestyle of the Pokot, in particular. Advocacy on the importance of education is equally important, given that the value of members of the practising ethnic groups, particularly girls and women, is often in farming and working, not in their educations.

FGM, Medical Care and Health Education

Health providers need to be better trained to manage complications surrounding FGM. There needs to be improved access to healthcare through the FGM-complications referral programme, to ensure women are receiving appropriate care quickly.

A lack of access to, and utilisation of, adequate healthcare is also an issue that needs to be addressed. More resources are needed for sexual and reproductive health education, and more research and funding is needed on the psychological consequences of FGM.

FGM, Advocacy and Lobbying

Advocacy and lobbying are essential to ensure that the 2010 anti-FGM Act is being effectively communicated to rural areas and that the communities in such areas are aware that national legislation has been put in place, that the law is being properly enforced and that the momentum gained by the change in law is sustained.

FGM and the Law

With the passing of Uganda's FGM Act in 2010, progress was made towards stopping FGM; however, reports suggest that the law is not being implemented to the fullest extent.

28 Too Many welcomes the capacity-building that has already taken place among those responsible for upholding the new law. We recommend that such capacity building be increased to sustain the momentum already gained.

A number of suggestions have been made in relation to the UNJP,[2] including continuing to build the capacity of the police, developing training guidelines and materials, increasing transport and communication, implementing health sector initiatives so that medical evidence can be collected, and encouraging communities to pass by-laws in their respective areas. We concur with these, and consider that such suggestions may be applicable on a wider scale. In addition, collaboration with law enforcement agencies in Kenya and measures such as the EAC-wide action that has been considered would be welcomed, in order to deal with the issue of girls being taken across the border to be cut.

FGM in the Media

Media has proven to be a useful tool against FGM and in advocating for women's rights. 28 Too Many supports the work that has been done with media on FGM and encourages these projects to continue; however, efforts should be made to avoid sensationalist reporting. Diverse forms of media should be used (including formal and informal media) to promote awareness of FGM and advocate for women's rights at a grassroots level, ensuring that such media are appropriate to communities with low levels of literacy and poor FM radio and TV coverage.

FGM and Faith-Based Organisations

With over 80% of the population in Africa attending a faith building at least once a week, religious narratives are essential for personal understanding, family and society. FBOs are major agents of change, and their international, regional, national and local presence and structures offer platforms for teaching, education, support and health provision in relation to issues such as FGM. They can also work with global bodies such as the UN and its agencies.

The church, particularly the Pentecostal and Body of Christ Churches, have been active in advocating against FGM.

Existing religious structures should be used to sensitise the community about FGM. All faith groups and those of no faith should be included in policy development and dialogue, as they have an important role to play in supporting the delivery of key messages and programme deliverables to communities.

Communication and Collaborative Projects

There are a number of successful anti-FGM programmes currently operating in Uganda, with the majority of the progress beginning at the grassroots level. 28 Too Many recommends a continued effort to communicate their work more publicly and encourage collaborative projects.

A coalition against FGM will be a stronger voice in terms of lobbying and will be more effective in obtaining sustainable funding and achieving programme success, and efforts in Uganda are headed in this direction.

A 2004 report on FGM resources developed in part by USAID acknowledged that the majority of NGOs in all countries working on FGM in Africa got information primarily from printed materials from research or advocacy groups (83%). 69% of the NGOs surveyed stated that the next most-popular resource was the internet. These statistics are particularly important in Uganda's case, where the majority of the respondents found accessing the internet difficult and 22 out of 29 surveyed preferred printed materials. The report showed that there are information gaps on best practices, success stories and evaluating operations research. Moreover, Ugandan NGOs asked for operations research information, training manuals and support materials, links to other organisations and advocacy tools. Clearly, Ugandan NGOs require more collaborative research and better access to materials. In recent years internet access has improved, but many regions of Uganda still do not have internet access, and only about 13% of Ugandans use the internet regularly. This need for better access to FGM materials, combined with a lack of internet accessibility, is an issue 28 Too Many and other organisations need to be mindful of when trying to network and disseminate information to Ugandan groups.[3]

Strengthening networks of organisations working against FGM and, more broadly, on women's and girl's rights; integrating anti-FGM messages into other development programmes; sharing best practice, success stories, operations research, training manuals, support materials and advocacy tools; and providing links/referrals to other organisations will all strengthen the fight against FGM.

1 Horsfall and Salonen (2000) *Female Genital Mutilation and Associated Gender and Political Issues Among the Sabiny of Uganda*.
2 Karin Weber (2012) *Good Practice: National Law Against Female Genital Mutilation/Cutting*. Available at http://www.karinweber.info/_uploaded/Good-Practise-Law-against-FGMC.pdf.
3 USAID (2004) *Information on Female Genital Cutting: What is out there? What is needed? An Assessment*.

Appendix

List of International and National Organisations Contributing to Efforts for the Abandonment of FGM in Uganda

Please note that this list was current as at publication in 2014; it has not been updated. Additionally, 28 Too Many does not claim that this is an exhaustive list; we recognise that there are many more organisations working on women's and children's issues and to eradicate FGM in Uganda.

28 Too Many

Action Aid International Uganda

The African Network for Prevention and Protection against Child Abuse and Neglect (ANPPCAN Uganda Chapter)

Arbeiter-Samariter-Bund (ASB)

African Youth Alliance (AYA)

Catholic Church of Uganda

The Community Development Resource Network (CDRN)

Community that Cares Uganda (COTHACU)

DAN Church Aid (DCA)

Desert Flower

Church of Uganda

French Embassy

Food for the Hungry

Godparents Association

Human Rights Network Uganda (HURINET)

Inter-African Committee Uganda (IACU)

Kapchorwa Civil Society Organizations Alliance (KACSOA)

Kapchorwa Integrated Community Mobilization Program (KICOMPE)

Kapchorwa Family Planning Association

Kapchorwa Human Rights Initiative

Karamoja Save the Children

LAW Uganda

Maendeleo Women Group

Matheniko Zonal Integrated Development Programme (MAZIDEP)

MIFUMI

Ministry of Education

Ministry of Gender, Labour and Social Development

Ministry of Health

National Committee for Traditional Practices in Uganda (NCTPU)

Netherlands Embassy

Ngenge Development Foundation

Pathfinder International

Pokot Integrated and Development Program

Population Council

Population Secretariate

Post Test Club (PTC)

Programmes for Appropriate Technology in Health (PATH)

Reproductive, Educative and Community Health Programme (REACH)

Reproductive Health Uganda (RHU) formerly Family Planning Association of Uganda

Sabiny Athletics Association

Sabiny Elders Association (SEA)

Sebei Diocese

Sisters of the Heart

Swedish International Development Agency (SIDA)

The Association of the Re-orientation and Rehabilitation of Teso Women for Development (TERRE-WODE)

Transcultural Psychosocial Organization (TPO) Uganda

Uganda National Teachers Association

United Nations (Dept. of Social and Economic Affairs, Joint Programme on Gender Equality)

United Nations Children Fund (UNICEF)

United Nations Development Programme

United Nations Population Fund (UNFPA)

United States Agency for International Development (USAID)

Vision Care

World Health Organisation (WHO)

World Shine Ministries

ZOA Uganda

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