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SARAH H. GIESZL
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MENTOR: JANE GUYER, PH.D
PROFESSOR AND CHAIR
JOHNS HOPKINS UNIVERSITY
DEPARTMENT OF ANTHROPOLOGY
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Sarah Hopkins Gieszl
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ABSTRACT

My work for my undergraduate Woodrow Wilson Fellowship (WWF) began with a study of obstetric fistula (OF). The preliminary work on OF “uncovered” an aspect that is not reported in the literature: What are the characteristics of the women who are and are not able to get an OF repair? This led to examination of how and why some women “decide” to seek an OF repair and, somehow, are able to negotiate a repair within the same communities and health care system that failed them when they were in labor and obstructed. The goal of this work is to build a model of women’s “fistula repair response” as a way to predict which women seek OF repairs and which do not … and why.

When data gathering challenges and coordination of fieldwork on OF became too daunting, my work evolved to focus on a related topic, female circumcision (FC). This possibility represents a strength of the undergraduate WWF program: flexibility and freedom to pursue guided research and to switch topics, if necessary, to do so productively. The same research paradigm applied to both topics: a nonjudgmental, qualitative anthropological focus on women’s decision making about reproductive health. Moreover, studying OF and the nature and context of women’s decision-making about OF provided invaluable insight to focus on the complex, embedded decisions that shape the practice of Female Circumcision (FC) within and across families and entire communities.

FC, aka female genital mutilation/cutting (FGM/C), is a harmful traditional practice with no medical benefits. It persists despite decades of global multi-disciplinary elimination efforts. My work focuses on FC as a cultural practice that exists and is sustained within an embedded series of transactions within practicing communities. Informants reveal that FC exists within self-replicating, self-reinforcing networks of socio-economic relations and transactions that (i) reach back and forward in time, (ii) shape identities of families and girls after the girls “face the knife” and are “passed out” as marriageable adults, and (iii) encompass entire communities and community-wide activities in the transactional sweep of FC. These findings may help to explain, in part, the persistence of FC: it’s meanings are cultural but also economic and implicate networks of kinship, exchanges and transactions that cross entire communities.

This report summarizes work on both OF and FC. The work on FC provided the stimulus and means for a senior thesis in Anthropology and graduation with honors distinction in Anthropology. Additionally, it spawned three ongoing projects, which I will continue in graduate study:

1. Translation of my WWF work and thesis into Kiswahili in collaboration with my Johns Hopkins’ Kiswahili instructor, Jane Kamau, for distribution in East Africa, and
2. A video of highlights of my work to present more graphically than I can in words and on paper the “meaning” of FC-related transactions in practicing communities;
3. A website on which my WWF and future work on these and
related topics as I pursue graduate study at the Bloomberg School of Public Health.

My goal and commitment is to make available my WWF and follow-up work available as widely and to as many people as possible, notably to organizations and women in the countries where I was fortunate to work.
TOPIC I:

Obstetric Fistula (OF): Can We Model Women’s “Fistula Repair Response”? 

Obstetric fistula (OF) results from obstructed labor. Unknown in the developed world where women have access to medical/surgical intervention in late stage labor, OF remains a major source of maternal mortality and morbidity in developing countries. In Uganda, for example, 2.6% of women of reproductive age have experienced symptoms of OF. Briefly, the pressure from an undeliverable baby causes damage and eventually tissue death to areas of the uterine wall, bladder and bowel. These areas eventually open up and the woman suffers urinary and/or fecal incontinence. In addition to this physical debilitation, she often suffers economic dependence and social stigma because of her physical problems and being “defeated” in labor and childbearing.

Most existing work on obstetric fistula focuses on either preventing fistula (a critical issue) or providing repairs through fistula camps (an essential step for affected women) or the characteristics of women who are treated at fistula repair camps. My work seeks to complement this existing work but to look at a different aspect: the social, cultural and economic nuances that determine (i) which women actually decide to seek a repair, (ii) who does and does not succeed in getting repaired, and (iii) how these women engaged, negotiated and navigated the very communities and health system that failed them they were in labor and needed intervention.

My interest in this aspect of OF arose out of visits to fistula repair facilities in Bangladesh during a 2008 Intersession course. I expected to see the stereotypical woman from the OF literature: young, first time mothers who obstructed during their first pregnancy and immediately sought a repair by any means possible. Instead, I saw very different women. There were women ages 17-50; some had “lived with” an OF for 20-plus years, others for only a few months; some obstructed with their first pregnancy, others after multiple, uncomplicated deliveries; some enjoyed intact family support, others were abandoned by families (biological and marriage) right after they got a fistula. I wondered: “How did these very different women all end up at the same repair facility at the same time?” Could I get a picture of “both sides of the coin” about women seeking OF – those who tried and failed and those who succeeded? And what about the women who do not even seek a repair. What are they like? What do we know about them?

After Bangladesh, my OF study continued in Uganda, Kenya and Ghana in connection with other classes and projects. In Uganda and Bangladesh, informants relate that if FC occurs soon after marriage, she may be “sent back to mother” (shameful for both) & a bride price refund demanded. In contrast, in Ghana, informants in this study related that women with OF experience less rejection and are more likely to be helped to get a fistula repair. This may relate to the relative greater involvement of Ghanaian women in income-generating activities than informants in Bangladesh and Uganda related and where women tend to be involved in household subsistence level agriculture.

I envisioned a model of “decision making” about whether and when and how women
seek a fistula repair? I tentatively call this model a “fistula repair response.” I believe it can be helpful to understand which women seek a repair, when they do so, and how they access/manage available family and community resources [financial and human] to get their repair. Hopefully, I will be able to continue to build this model with additional work in graduate school.

**TOPIC II – Female Circumcision (FC)**

*What Can Analysis of FC-Related Transactions Tell Us About Why FC Persists?*

Female Circumcision (FC), aka female genital mutilation/cutting (FGM/C), is a harmful traditional practice with no medical benefits. Its roots are unknown, but practicing communities link it to religious mandates, ideas about cleanliness, beauty, fertility, femininity, and control of female sexual promiscuity. While historically culturally relevant, FC has been condemned since colonial Africa, and anti-FC advocacy continues today in global campaigns to end the practice. FC has been widely studied across multiple disciplines, including law and human rights, public health and medicine, sociology and anthropology. Much existing work relates to condemnation and interventions to end FC with only a few ethnographically informed studies of the meaning and value of FC to practicing communities. Despite widespread study and “elimination” efforts, FC persists in approximately 28 countries, mainly in Africa, with small recent decreases in prevalence in some areas despite decades of global advocacy to end FC.

The focus of my work is a not-before-analyzed aspect of FC that may help to explain its persistence and inform efforts to eliminate FC. I examine FC’s existence as an embedded series of transactions and exchanges within practicing families and entire communities. I used an anthropological lens and fieldwork to map FC-related transactions in order to “see” how FC is situated in human social relationships and practicing communities’ informal economies through negotiation, transactions and exchanges. The focus on transactions also led me to examine more closely the nuanced role and power of the traditional circumciser (“surgeon” or “cutter”) within the broader FC circumcision process. The tangible output of my WWF work was an examination of FC in three Ugandan communities that still practice FC: the Sebei and Pokot of Eastern Uganda and the Tepeth of North Eastern Uganda. I then focused on a case study of Pokot FC practices which I found to be more textured in terms of relationships and transactions.

*Uganda Ethnology: Three FC “Pocket” Communities.*

FC is not widely practiced in Uganda.; the national prevalence of FC is a mere 0.6 percent. However, three rural communities have “pockets” of FC prevalence of 80-99%. These three communities were accessible through a local REACH (Reproductive Educative and Community Health), which is a local NGO headquartered in Kapchorwa,
Study communities. The three study communities were the Pokot, Sebei and Tepeth, who live in Eastern and Northern Uganda near and along the Kenyan borders. These three groups are patrilineal, patrilocal, and polygynous. They are among Uganda’s poorest and most marginalized communities. They particularly lack infrastructure in health and education.

Data collection. Data was collected through three means: (1) semi-structured interviews with individual informants in 2008 and 2011; (2) one focus groups with 11 Pokot “cutters/surgeons” in 2011; and (3) participant observation in 2008 and 2011 at two community dialogue sessions w/156 attendees total and at FC ceremonies. Individual informants included: cut and uncut girls; parents of cut and uncut girls; circumcisers; representatives of law enforcement; “cutters/surgeons” and staff from law enforcement, government agencies, and NGO staff. Written Interview Guides were used at individual and focus group interviews, but the focus was to engage in “conversation” to permit probing and in-depth questions of topics as they arose. Where possible, triangulation was used to confirm information. Of particular help here was the staff of REACH who work in each community. Attempts were made to capture each language’s word for key terms; however, the lack of a written language makes “spelling” words in English somewhat difficult and necessarily imperfect.

Case Study: The Pokots. Because of the richness of the Pokot transactions and celebrations, this group was selected for the most in depth study. The Pokot people reside in a remote, poor area near the borders of eastern Uganda and Western Kenyan. They engage in subsistence agriculture and raise livestock, principally cows, goats, sheep and some camels. The infrastructure in Pokot land (roads and health facilities in particular) is among the worst in Uganda. Education levels are low; the majority of Pokots do not complete primary school. In some areas there are no secondary schools for girls. Marriage is usually before age 18. Small trading centres like Amudat are the core areas where social services are carried out and formal economic transactions take place. Food and water shortages are common problems. Income supplementation for women includes making charcoal and gathering/selling stones and straw for houses. Once engaged in dialogue, the Pokot speak fairly openly about their dire economic straits and people’s resort to illegal means of income supplementation including highway robbery, simple theft, illegal logging, and making and selling brew and beer, and prostitution.

Pokots practice bride price but not dowry. Families typically arrange marriages outside of their own clan. Following patrilocal custom, the bride goes with her new husband to reside near/in one of his families’ compound (manietta). Acceptability of a bride to in-

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1 Through REACH I was able to hire Pokot, Sebei and Tepeth interpreters, a driver and local guide, make contacts for interviews within each community, and find affordable, safe places to stay “up country” in Uganda. REACH also permitted me to attend community meetings and alternative cultural rites (ACR) that they sponsored. Finally REACH invited me to the UNFPA-Uganda’s annual review meeting in January of 2011 in Bukwo District, Uganda, where FC activities across Uganda were reviewed and analyzed.
laws is key. Maternal and paternal male relatives heavily influence decisions about children’s marriage partners, and the male relatives conduct all bride price negotiations. Female relatives manage, coordinate and prepare all marriage-related celebrations. The potential groom often must bring a sample of his “large” livestock (cows, camels, etc.) that will be used for the bride price for inspection by his future bride’s male relatives. Once a bride price is settled, the bride’s family hosts a celebratory dinner and, if they can afford it, give a cow to the future in-laws. Unlike the bride price paid by the groom’s family, this is a gift with no expectation of reciprocity. Informants related that the bride price reflects a girl’s cut status: uncut girls command less or may not be permitted to marry into certain families.

Pokot FC-related transactions are complex and reach backward and forward in time. These FC-related transactions were mapped as shown below in Exhibit 1.

**Exhibit 1 – Pokot FC-Related Transaction Map**

Informants provided detailed deception of the items included in the Pokot FC-Related Transaction Map. Informants refer to FC (kipuno) as “normal” and a “part of female Pokots’ lives. Although reliable longitudinal data are not available, various studies from the mid-90s consistently estimate that 80-plus percent of Pokot females are circumcised before age 18. Most apparently marry shortly after their kipuno.

The Pokot circumcision ritual, *Kipuno*, is a summer event that typically begins in July and runs through August. Pokot girl candidates for FC generally are ages 13-18 and, generally, are never married virgins. They leave their villages and go together to take up residence with a circumciser (*Ko-melko*). They sing preparatory songs and perform dances (*nayela*) as they walk to the *Ko-melko* to express anticipation and pride in approaching the knife and becoming a woman.² Traditionally, the dances signaled the

² I was fortunate to obtain video of a group of former Pokot surgeons/cutters singing these songs, and I have their permission to share this on YouTube and other social media.
time for the community to kill an enemy (*punyon*) and to go and hunt for *lopot*, the wild fruit to be eaten.

The *Ko-melko* is responsible for the candidates’ education, which is built around stories, chants, and songs. The *Komelko* instructs the candidates in Pokot views and traditions of how to be a good wife, raise children, keep house, family planning, and honoring one’s family, including a future mother-in-law and husband’s family. Informants recall this as a “hopeful” time.

The Pokot ceremony is performed in public in a field (*pigh*) near the *Ko-melko’s* home. However, the *tepins’* male relatives do not watch their own female relative be cut as that is considered a bad omen for fertility. The girls bring their own razor blade (traditionally a common blade called a *kudumand* was used) and their own stone to sit on before/after the ceremony. They lie on the ground in the *pigh* and spread out their legs for the *Ko-melko* to cut off the clitoris and parts of the labia minora and majora. If any re-shaping is required, a second cutter, the *kiorin*, who is employed by the cutter, performs it. Facing the knife silently and without moving is regarded as a mark of strength and courage and is essential to progressing to be a “fully valued” adult woman, a *miraren* or cut woman. Screaming, moaning, crying (*cheppita*), or moving around are stigmatizing events and may result in the girl being labeled as one who “failed” or refused the knife (*ametes*), and she will carry stigmatizing social markers. This behavior also implicates the marriage relationship directly and the Pokot intra-family economics. Being a coward may mean that no man (or his family) will want to marry the girl, or if they do “take her” they will pay less in bride price. She loses her *dawari* (“value”) as expressed in cows at the then-prevailing bride price. She may not be able to marry within her community, or she might be sent away to marry, or “married off” to a local, old, feeble man with an older wife (or two) who will abuse her. She cannot get grain from the grainery or milk cows and she must go at the back of the water queue.

After the FC, the Pokot girls go into a 60-day seclusion in a special hut, *kopo chemeri*, with only very small windows about the size of the human hand where they are tended by the surgeon/cutter and female feeders (*psimanays*). The Pokot practice a modified Type-II FC\textsuperscript{iv} in which the clitoris and labia minora and majora are cut off and, then, her legs are bound from hip to ankle (called *kerat chotin*), and she positions herself in a way called, *lketing kelyon nayat*, which means that she lies still with her legs up the face of a wall at a 45-plus degree angle so that urine drains down and helps clean and heal the wound until they “normalize” (scar in and close or *komuryo kison*). During this time, eligible young men may pass by the *kopo chemeri* and reach in through the small windows to insert bracelets or money and touch the hands of the girls who are soon-to-be passed out. Traditionally, hand-made bracelets were given; informants however, relate that the young men now may simply give shillings. (One older surgeon/cutter who estimated her age to be “in the 60s” remarked, “Things have changed and now they just give some money to show they have means. My husband gave me a bangle.”) When the girls are able to walk around after a few weeks of rest for *komuryo kison*, they paint themselves with a flour mixture and wear black oil cloth and avoid any public places.
Even thought they were cut in public, they must remain secluded afterwards until they are passed out at the *negetulot*. Thus, they disguise themselves when they go out.

The next part of *kipuno* process involves the entire community directly and implicates numerous social and economic relationships, exchanges and transactions. At the *negetulot*, the *tepins* begin the celebration with dancing (second *nayela*) and songs led by a soloist (*kurin*). If they encounter unmarried men, these men must give them gifts. The entire community engages in several days of singing, dancing and feasting marked by large amounts of *busaa* and *kombaket*.

The Pokots regard the ceremony as an honor to the *tepins*, but the focus is on shared partying that does not itself focus on any individual *tepin*. The girls’ families spend the weeks in July and August preparing the brew and beer, collecting livestock and food for the party and preparing for the celebration. Community members respect families who engage in extensive preparation and planning.

Pokot informants articulate views on circumcision which can be divided as to the ritual’s perceived impact on three parties and their roles within Pokot life: the individual; the community; and the “marriage” between man and wife. Interestingly, the *Ko-melko* serves a key role for each of these parties. For the individual, uncut young virgins are seen, paradoxically, as both “pure and “impure” – they have not had sex, so they are “pure” but they also are “not ready” for marriage so they are “impure” or “unfit.” The *Ko-melko* is the central older woman responsible for “fixing” or “correcting” these problems. She is the one who will cut the girl as well as educate and train her. Thus, *kipuno* assures readiness for marriage and status as a “good wife.”

Informants related the functions that the *Ko-melko* performs to collective control and stability; uncircumcised women enjoy sex too much and want a lot of sex, and they are likely to be unfaithful, especially when men “used to be always be gone” with livestock for weeks or months. The *Ko-melko* thus helps to assure community-wide stability education and guidance to the uncut (a social function) and cutting off the “ugly” genitalia that make women seek sex (a moral function that also improves female aesthetics).

**Insight 1 - FC Related Transactions Provide Cash and In-Kind Income To Various Groups Within Practicing Communities.** As shown in Exhibit 1, the initial payment to the surgeon/cutter is multiplied across various transactions as FC-related activities unfold across the community. Communities anticipate, plan for and broadly participate in FC celebration (“merrymaking”). The elders commence the process by setting the passing out date (the *negetulot*) on which marriageable girls become publicly “available” for marriage. This date is “backed up” to be set after crop harvest. And it permits families and relatives time to accumulate money to pay for everything and/or to save and collect foods, drink, and livestock for a successful celebration. Additionally, because of the 60-day seclusion period after the FC itself, the families must accumulate food and make plans to have food available to the girls in seclusion. All of this implicates economic
activity --- negotiations, exchanges, production --- occur because of and in the context of FC.

The FC-related transactions play forward in relation to post-FC engagements and bride price negotiations. Bride price reflects cut status, and negotiations account for this. The surgeon typically receives a large stock (cow) from the bride price, a sort of “kickback.” In this way, FC is self-sustaining; it is a part of evolving families and extensions of social and economic aspects of kinship and across communities.

**Insight 2 – FC related Transactions Define Roles, Status, Place, and Power, and Connect and Past & Future Generations.** Cut girls and their families acquire new, special status and roles. The girls are viewed as brave (*ayakanat*) and get new prefix names (*tepin* or “cut one”) and new clothes, including beads (*tapoyo*), a new skin to cover herself (*koliko*) and a new headdress (*chermirmot*). They acquire new privileges such as going to the front of the water queue, serving elders, and gathering grain from the grainery. They are marriageable and their bride price reflects their cut status.

Additionally, the transaction process reveals that women have a major role in planning and executing the FC ceremony, the seclusion period and *negetulot* and more control over the entire FC “process” than much literature describes. Women openly discuss their circumcision and that their shared experience with age sect peers. They relate that being cut “links” women to each other. While acknowledging the awful pain and recovery, they remember the time as one of “hope” about marriage and “the future.” They sing the songs from their FC and recall events and parts of the ceremony and celebration. They regard “facing the knife” as part of the progression from child to respected adult and in terms of potentialities of being a wife and mother.

The *psimanays*, who are paid by the surgeon/cutter, attend the *tepins* during the 60-day seclusion period. They are young, newly married women with no children. I could not find a description of *psimanays*’ role in published literature; informants relate that *psimanays* not only care for the *tepins* during seclusion but also help “recruit” girls to by talking to them about honoring tradition, explaining that they will be desired by “better” men, that their family will get a good bride price and they will be honored. Informants relate that serving as a *psimanay* earns respect for newly married women because they are “selected” by the surgeon/cutter for this role.

Finally, examination of the transactions reveals that *ko-melkos* play a pivotal role at the beginning and at the end when the bride price is paid. Informants relate that Pokot *ko-melkos* compete on outcome quality; they take pride in not having to have re-shaping by a *kirorin* and in not having bleeding or problems. Interestingly, *ko-melkos* cite supplemental income over culture as the reason they became a *ko-melko*. The majority of *ko-melkos* whom I interviewed were relatives of or were “chosen” by her *ko-melko* based on “bravery” at her *kipuno*. The profession thus tends to be self-sustaining. About one-third of the Pokot *ko-melkos* whom I interviewed were traditional birth attendants (TBAs) trained and paid by the World Health Organization (WHO) and other groups before the TBA programs ended. They admit to “taking up” or “turning to” cutting because they
“knew they could do it” after being a TBA.

**Conclusions: Complex, Embedded Transactions and Relations**

Rather than a single (horrible) event, FC exits within a linked series of bargains, negotiations and transactions among individuals and across communities. Informants reveal that FC transactions are self-sustaining in that they (i) reach back and forward in time, (ii) shape identities of families and girls after girls “face the knife” and are “passed out” as marriageable adults, and (iii) encompass entire communities and community-wide activities in their transactional sweep. Additionally, links to social status and role change/transformation, particularly of girls and their mothers, overlay the economic transactions to further reinforce FC’s meaning in daily life.

FC-related transactions are not well studied and I certainly do not claim to “understand” them. However, interventions that may be able to recalibrate transactions and roles, for example, alternative rites, may be more successful than point-in-time campaigns or legislation. Further ethnographically informed “transactional” analysis may yield new understandings of FC in terms of its value to participants and may contribute to evolving public policy efforts to persuade communities to abandon the practice.

**References**


1. dance: naleyo
2. kill an enemy (second dance, after permission): punyon
3. wild fruit (second dance, hunt for): lopot
4. seclusion hut: kopo chemeri
5. soloist (in naleyo): kurin
6. group singing in naleyo: kuri
7. feeders: psimanay
8. skin (cover self): koliko
9. hairdress: chermirmot
10. necklace (made of rope beads): tapoyo
11. pass out girls (leave seclusion hut): ngetulot
12. blessing of oil on head: kiyilat
13. circumcised girl: miraren
14. uncircumcised girl: sor / tipin
15. one who has refused the knife: ametes
16. one who cried: cheppita
17. surgeon: ko-melkong
18. shaper (2nd cutter): kirorin
19. account: kaplawach
20. brave: ayakanat
21. do not shame me: arasi
22. breach (feet or butt): chesowen
23. normalized (after cutting): komuryo kison
24. delayed labor: keghicho
25. what am I to do? (no job now): kighecha neye?
26. Prophet: werkoyon
27. Prophet child (called upon also): moning
28. Place where cut (cows sleep): pigh
29. Binding of legs: kerat chotin
30. Legs on wall (to urinate down): keting kelyon nayat