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Project Title:

The Effects of Female Genital Mutilation in Cameroon: Case study Ejagham Community of Eyumojock sub-division

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Abbreviations

AIDS  Acquired Immune Deficiency Syndrome
AU   African Union
CEADW Convention on the Elimination of All Forms of Violence Against Women
CPDM Cameroon People's Democratic Movement
FM   Friends of Manyu
HIV  Human Immune Virus
HR   Human Rights
IFRC International Federation of the Red Cross
IAC  Inter-African Committee
FGM/C Female Genital Mutilation/Cutting
MINPROF Ministere de la promotion de la femme et la Famille
MINPUB Ministry of Public Health
NCHR National Commission on Human Rights
NGO  Non-Governmental Organisation
UN   United Nation
UNDP United Nation Development Programme
UNDHR Universal Declaration of Human Rights
UNFPA United Nations Population Fund
UNICEF United Nation Children Education Fund
UNIFEM United Nation Development Fund for Women
USA  United States of America
WHO  World Health Organisation
WAA  Women in Alternative Action

YACE Youth Affairs and Civic Education
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ABSTRACT
Female genital mutilation and circumcision (FGM/C) is an expression that describes social and traditional actions performed for the removal of the clitoris and inner lips; labia minora as well as part of the outer lips; labia majora. The research has addressed the effects of this action on women in Ejagham community of the Southwest region of Cameroon. The study focuses on effects revealed during the research, including voices of the women who had undergone FGM/C, excisors recount, violence against women physical, psychological, social, and sexual effects.

In traditional African societies, cultural values should be upheld with dignity to humankind. Our traditional practices too, need to give honour to our bodies. Therefore, opinions from different groups within the Ejagham community are revealed in the discussion. More so, the study also found out that FGM/C was a practice performed on the girls and women on the cultural and traditional beliefs that the process signifies a rite of passage from girl to womanhood. The process caused pain and violated the right of the young girls. The findings revealed that there are divided opinions on FGM/C within the community. Custodians of the Ejagham tradition that are in favour of the practice are conflicting with those who are against the practice on medical and human right justifications. These different platforms play a prominent role in the various perceptions held by the people. A significant segment of the Ejagham community, together with some representatives of the international community, NGOs and the government of Cameroon are involved in efforts to bring about change in the community by eliminating the tradition through community-based awareness programs. These programs that are accessible by everybody has empowered people in the community with knowledge on the subject and provided the necessary resources that will help in eliminating the practice. The efforts have initiated a changing climate in the community; however, this does not yet mean that the tradition has been abolished.

The paper shall also discuss the traditional and cultural reasons for the practice of FGM in Cameroon. The author will state International instruments, Conventions, the National laws, Action plan that is to eliminate or lead to the abandonment of FGM practices in Cameroon. The paper will conclude with suitable suggestions to eradicate the practice of FGM/C, which is against Human Rights. Keywords: Female Genital Mutilation/Cutting, Human Rights, Ejagham, Community, Cameroon
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CHAPTER ONE

1.1 INTRODUCTION
Female genital mutilation is considered a traditional practice that violates the rights of women and girls. This research thesis captures the views of NGOs that FGM/C remains an unchanging ancestral practice whose effects have been damaging to the health of young girls and women as oppose to the perception of the Ejagham people who strongly maintain that FGM/C is a cultural ritual worthy to be practiced. Considering the fact that changing attitudes towards the practice are extremely slow, it will take concerted efforts of all non-state stakeholders and the government to effect change in perceptions.

1.2 Background/Justification
Female genital mutilation or cutting (FGM/C) is an ancient traditional ritual which was practiced in Asia, Egypt and by Australia aboriginal tribes. (Abdallah, 1982:6). The term FGM according to Shell-Duncan et al. (2000:6) came into existence after the 1990 Inter-African Committee Conference on Traditional Practices against Women.

According to Boyle (2005), female circumcision was adopted by World Health Organisation (WHO) as a subtle term since it is used as less judgemental compared to the term “mutilation” which is more condemnatory in communities. Most FGM practicing communities use the term “circumcision” because it gives a more precise definition of the word when translated into their local languages. WHO and the United Nations Children Education Fund (UNICEF) have defined FGM as “comprising all procedures that involve partial or total removal of the external female genitalia, or another injury to the female genital organs for non-medical reasons” (UNICEF, 2016, WHO, 2016). Due to the varied expressions used to refer to the practice, this research will employ the term female genital mutilation/cutting (FGM/C) alternatively for purpose of consistency and to avoid the negation of rendering the notion problematic since there is need to extricate the historical and socio-cultural interpretations that give meanings to the practice amongst the Ejagham people.

According to the new statistics published by UNICEF in view of the International Day of Zero Tolerance for FGM, an estimation of more than 200million girls and women in at least 30 countries in the world have undergone FGM/C precisely in most parts of Africa and to a lesser extent in some regions of the Middle East. (WHO, 2016; UNICEF, 2016).

In Cameroon, the Ejagham community and Muslim north are the dominating societies where FGM/C is practiced. Backed by myths, FGM/C is embedded in the Ejagham culture as an
identity of the people. The choice of Cameroon is outstanding for this study because it is a developing country which has recorded a series of developments after independence but still falls to a state of international recognition for underdevelopment caused by socio-cultural and political factors. The settings chosen were Ejagham villages in the Eyoumojock sub-division of the South West regions along the Mamfe-Nigeria road. Moreover, considering the political instability threatening the North of Cameroon by Boko Haram Islamic movement from neighboring Nigeria, the unique aspect of the Ejagham community in relation to this study demands that it should be examined. Contacts with the villages were initially made through local authorities and some local NGOs that had been working in these villages since 2000.

1.3 Problem Statement
FGM/C is a fundamental human rights violation of girls and women because it violates their rights to physical integrity and health, to be protected from harmful traditional practices, to be free from injury, abuse, and degrading treatment. Even though families are aware of the consequences, the act is usually done without seeking the consent of the girls thus depriving them of the opportunity to make independent decisions about their bodies. More so, traditional excisors or circumcisers continue to create damaging effects to the genital organs and bodies of young girls, which has required health care professionals to intervene in a bid to medicalize the practice due to the errors committed during the circumcision process. However, WHO has strongly refuted the participation of health care providers in performing same procedures under the guise of medicalization and modernization (WHO, 2016). Available literature on FGM/C over the last few decades have attracted international attention from human rights activists, non-governmental organisations, policy makers, medical institutions, charity organisations, scholars, and debates have taken place as to the best way to respond to the practice through legal awareness, involving in local health campaigns, sensitization through educational programmes targeting women and young girls in FGM/C communities. Ngambouk (2010), writes that regardless of the efforts put in place, results from some studies have produced mixed outcomes as evident in the case of the Ejagham people in Cameroon where national activists have failed to recognise the socio-political and cultural history of these people even though the interventions are aimed at saving the younger female generation from traumatic and harmful practices and bringing the act to an end.

In this light, I argue therefore that the failure of all stakeholders to recognize the contributions of ethno-medical health approaches and culture as a concept have created the quandary by turning the interventions to end the act as a fight against tradition and culture. This dilemma can only be resolved if anti-FGM activists engage grass root populations in the process. The
case study in this paper presents alternating attitudes of the Ejagham and efforts made by the government of Cameroon and other non-state actors to terminate FGM/C. The idea is to increase understanding that will bring a good way to effect change in policies and also solve social problems plaguing the area. In order to achieve this, I intend to; bring out different opinions of writers on FGM, accentuate how the practice affects women and lastly to come out with recommendations to combat FGM/C in Cameroon.

1.4 Research Objective
The main objective of this study is to establish community perceptions and attitudes to the practice and consequently question the decision making among men and women from different generations and why the act still exists despite the fact that the penal code in Cameroon prohibits it. Specifically, it will find out the contributions of the government in the fight against FGM/C. Also, it will explore the initiatives taken by local NGOs to curb the practice. More so, the study will describe the experiences of women and girls in relation to the violation of human rights and come out with possible recommendations to combat FGMC in rural settings in Cameroon.

1.5 Research Questions
What are the perceptions of FGM/C within the Ejagham community?
What initiatives have been put in place by the local community to terminate this practice?
What has the government been doing to eradicate female genital mutilation?

1.6 Significance of the Study
It will provide understanding to target groups about the damaging consequences of the practice and thus trigger a change in attitudes and perceptions.

It will contribute to empirical evidence in investigating the act as a violation of human rights.
It will provoke rethinking in policy making that will be evident in localities that the practice is carried out.
It will add value and be used to validate the fact that FGM is a violation of human rights.

1.7 Scope and area of Study
For this study, the Eyumojock council area in Manyu Division was chosen, where the Ejagham people also called the “Ekoi” are located. The three most important clans that exist in this region are Ejagham, Obang, and Njemaya. The Ekoi, with a population of 71,000 people are said to be closely related to the people of southeastern Nigeria precisely Efik, Ibibio and Annang (Ethnologue, 2010). Ecologically, there are about 150 Ekoi villages built around river banks and some located within the Manyu rainforest regions. These villages are small in sizes, and
coconut trees symbolize the existence of a village. Despite the fact that there are villages far off in the forest, they are connected to each other by footpaths and by roads.

Socio-politically, diverse languages are being spoken by the Ejagham people like keyaka, ngounaya, ejagham and njemaya. While the women have the “nkim”, “moninkim” (circumcision dance ceremony), the men have the secret cults called “angbu” for young boys, “ngbe” and “ekpe” which is the leopard society for adult men who often perform during funeral rites. These are all ancestral cults with complicated rituals. The people are governed by an “ntufam” or “nfor” (chief or traditional ruler) who can be represented at village meetings and cultural events by traditional council elders. Polygamy is considered part of the culture and a man can marry as many women as possible depending on his economic status, properties like farm lands and position to influence decision making (Kwekudee, 2013).

It is hard to analyze the socio-political and cultural life of the Ejagham people without ancestral worships and religion. Culturally, there is a myth that there is life after death because they have two deities; Obasi Osaw (God of the sky) and Obasi Nsi (God of the ground) who are believed to have the powers to make the decay body of a dead man to rise to the God of the sky (ibid). The powers of these deities are likened to the powers of the God of Christianity during the resurrection of Jesus Christ. The study was limited to the Ejagham community since it was accessible and politically stable, unlike the Muslim community of the North which is under threat by Boko Haram militia.

1.8 Analytical, Methodological and Conceptual Research Frameworks
There is no contending of the fact that different scholars have written on FGM/C. However, for the purpose of this study, I intend making use of both primary and secondary sources in the collection of data and the subsequent completion of this essay. In connection with Creswell (2014) and Bryman’s (2012) advocacies, this study has adopted a mixed method approach. The thesis reviewed both published and unpublished literature with the aim of exploring and understand the perceptions of FGM/C in the Ejagham community and the initiatives taken to deal with the problem in Cameroon. Prominent databases and publications used were from World Health Organization, United Nations working papers, journals and other scholarly works from various authors. More so, literatures in both French and English with particular references to Cameroon were screened, and local perceptions were also drawn from the respondents. Another point of departure was that the researcher had to explore the FGM/C situation by adopting conceptual approaches: violence against women, effects of FGM/C, initiatives, excuses for the practice, FGM, human rights, violation, torture, gender, tradition, culture and health since these are the main variables of the research and national interventions that were
directly in connection with the social reality of FGM/C (see chapter 2,3,4). A conceptual framework has been chosen for this thesis based on the type of research questions. This conceptual framework has been considered as an appropriate framework because concepts have been constructed not found and the overall structure has been built with coherence and not in connection with something that already exist. Again, it has been used to answer the research questions that are on “the effects of FGM/C in the Ejagham community”. More so, the concepts that have been derived for this thesis bring out the people's original opinions rather than just a reflection of a likely opinion of the people as postulated by a theory. According to Myers, 2009; see also Bernd Heinrich,1984) theories could be misleading, an exhaustive process, partially wrong, potential for methodological errors and limited to generalizability. Hence, researchers require critical examination of ideas and facts before they can be considered useful and valid to construct a theory that informs your study.

Becker (2007) also warns of the use of existing theories by novice researchers. He claims that existing theories with the ideas and assumptions embedded in them can cause researchers to overlook the important ways of conceptualizing their study thus deforming the way they may want to construct their study. In addition, he is of the opinion that existing theory can weaken a researcher’s logical arguments and make it difficult for the researcher to see what new ways of reframing the phenomenon under study. To support his views, below is the heightened excerpts of his research on marijuana showing how existing theory deformed his research

“When I began studying marijuana use in 1951, the ideologically dominant question, the only one worth looking at, was “Why do people do a weird thing like that?” and the ideologically preferred way of answering it was to find a psychological trait or social attribute which differentiated people who did from people who didn’t..." (ibid p. 147–148). In a nutshell, the concepts that have been adopted for this study will guide the analysis of the findings about the effects of FGM/C in the Ejagham community in Cameroon.

1.9 Limitations and Delimitations
Any social science research, with this piece not being an exception, is subject to delimitations chosen by the researcher and to limitations imposed on the researcher by the factual world (Simon, 2011). One of the main limitations that restrained the study was meeting the targeted group. This was because, in the Ejagham communities, access to the local population is instructed by their traditional rulers or village notables. Permission was obtained from the
rightful authorities which made it possible for the researcher to gain access to the targeted group. More so, the time of the research coincided with the planting season, and most farmers preferred to go to their farms early in the mornings. As such, several trips were made by the researcher to the three selected villages where interviews were conducted later in the afternoons. Some interviewees were native Ejagham speakers and had a limited ability to express their opinions in English, or did not feel comfortable to do so. Additionally, some participants could not speak English, but could instead express themselves in “pidgin” English which is a creole language commonly spoken in some countries around the west and central Africa. The researcher was proficient in several languages, such as English, French, Ejagham and pidgin, so that some interviews were conducted in the language that the interviewees were most comfortable. However, an interpreter was used to facilitate when the need arose because some group of respondents spoke “ngounaya” (another kind of Ejagham language) and the researcher was not proficient in that particular language. It is, however, worth noting that the results of the study may have been influenced by the translation process.

Furthermore, due to very short time allocated for this study, it was challenging for the researcher to contact and schedule meetings with some informants because of personal reasons and also because the neighbouring villages had cultural week activities and the villages concerned for the research were invited to take part in other cultural festivals. Again, some farmers were involved in the harvesting of palm nuts and cassava due for processing and sale to their local markets. However, the researcher was guided by two traditional council elders to others who were versed in the practice. Also, the main excisors did not have mobile phones and coupled with the poor telecommunication network system in this area of the country it limited the initial access to information about the research process. However, the researcher was given a contact list with phone numbers and names, and this list came to function as a point of departure for generating interviews.

Regarding delimitations, a greater number of the respondents were limited to women and girls, who were aware of the act and or had undergone the practice and were willing to share their experiences. Due to the difficulty in identifying women who belonged to the target group, men were contacted, and ethical considerations were applied, by not insisting on interviewing victims and minors since it was a sensitive topic. Certain geographical factors like location limited the access to information in this study especially as it required crossing over the rivers to neighbouring villages on a bamboo canoe. The study targeted only three villages since they were the subjects of the survey. Besides, delimitation resulted from the limited access to newly circumcised girls because tradition holds that they should be kept in the “fattening room” for
seven days. Another delimitation that could have given this research a different result or outcome has been limited time to effectively quantify the variables. For the purpose of this research, only NGOs dealing actively with FGM/C were contacted. While the researcher could have contacted some people in the later phase of the field work, she opted not to do so, because there were already scheduled interviews and the thesis writing in the remaining time.

1.10 Ethical Consideration
Ethics are moral codes that are meant to be followed while doing research. They are binding hence need to be adhered to irrespective of the circumstances surrounding the research. They remind us of our responsibilities to the people being researched (May, 1997:54).

In most cases, permission given was verbal. Permission was obtained from the mayor and traditional rulers of Ejagham villages of Taboh, Mbakem, and Ndebaya. According to Faden and Beauchamp (1986), participants can make informed decisions only if they have a substantial understanding and adequate apprehension of the research. Informants were asked of their free will to take part in the research without forcing or coercing them after informing them of the purpose of the inquiry. The option to withdrawing from the research was also explained to the informants. It is important for researchers to keep the information they get confidential especially for issues that are sensitive. Anonymity was important because FGM/C is a sensitive topic and it is quite controversial in a practicing community like Ejagham villages. In a more traditional and conservative community like these Ejagham villages with strong ties to traditional values, it was embarrassing and causes many discomforts to question why the practice of FGM/C. For the above reason, May (1997:55) notes that confidentiality and anonymity of research participants must be honoured unless there are clear overriding reasons to do otherwise.

One other ethical issue that was considered was the “do no harm principles” in conducting the study and understanding the reactions of some informants towards other informants, I did all in my possible best to avoid inflicting harm on my respondent/informants. Based on the degree of risk as well as the weight of the consequences within a traditionally conservative community like Ejagham society, the researcher acted in the best interest of the respondents (Israel and Hay, 2006). The questions on interview guides and my interactions with the respondents both at the group and individual processes caused no stress, anxiety or pain. Those respondents who had undergone the barbaric acts of FGM/C were interviewed in a way not to give them the pain of losing their body parts. During the interview process and focus group discussions, field notes were taken. At the end of each day, time was taken off to look at the data collected and reflect on it. Data collected was read over and over again and arranged in themes according to the
research questions. It is what Holsti (1969) calls content analysis while Baxter (1991) calls this interpretative content analysis.

1.11 Structure of the Thesis
Chapter 1 is the introduction, which just provided information necessary to understand the key issue and to describe the problem under study.

Chapter 2 focuses on the definition of recurrent concepts and literature reviews.
Chapter 3 provides various methodological approaches and concepts adopted for exploring the perception of FGM/C in Cameroon.
Chapter 4 deals with the research findings with various illustrations and excerpts from the interviews with research participants.
Chapter 5 provides an analysis of the findings by examining the role of actors against FGM/C. Chapter 6 summarizes the study and propose recommendations for the elimination of FGM/C in Cameroon.
CHAPTER TWO

2. LITERATURE REVIEW

2.1 Introduction
The literature review will provide a context within which this research project can be placed. The studies reviewed here are those that articulate issues of interest for understanding FGM/C. The review provides accounts on Violence against women, Social theory, and FGM/C, Defying global efforts and excuses for the practice, Initiatives, and National legislation. Nevertheless, the persistence of FGM/C out of respect for culture and tradition has been rejected at international level as a violation of women’s rights. It is now internationally condemned and scientifically proven that FGM/C is a harmful practice and an act of violence, barbaric behaviour against the physical and emotional integrity of women and young girls wherever and however it occurs (Population Reference Bureau, 2001, 2006), (WHO, UNFPA 2006). The reviews assist the researcher in the analysis and findings the chapter, and I will briefly return to some of this literature when I discuss further recommendations as well.

2.2 Violence against women
Violence against women remains a significant global challenge, and FGM/C being a manifestation of violence and abuse, is a top priority to be eliminated. FGM/C directly infringes upon women and girl’s rights and brings physical, psychological and social effects on the woman. It changes the woman’s private part through the partial or total removal of the external female genitalia. Due to traditional, cultural norms or other non-therapeutic factors, it gives harm, wounds and scars to the female genital organs. UNFPA–UNICEF Annual Report (2014) estimated that more than 130 million girls and women had undergone FGM/C in the world meanwhile new statistics from WHO, UNICEF, (2016a) show a tremendous rise to 200million. It is a fundamental violation of the rights of girls and females. It violates their rights to health, gender identity and physical integrity. More so, it violates the right to be protected from harmful traditional practices, injuries, humiliation, abuse and demeaning treatment. It includes the most severe form of infibulation, usually practiced on preadolescent girls. Girls that usually undergo FGM/C do so without their informed consent. These girls are compelled to do so by cultural/traditional demands or parental authority. It is a violation of their rights to make decisions about their bodies and their private parts (OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO, 2008)
2.3 FGM/C as a human right violation
This literature compares different hypothetical perspectives dealing with cultural relativism or believes in changeable standards on FGM/C and its implications for young women. Farnoosh (2013), Shell-Duncan, Bettina & Hernlund, Ylva (2000), Rogaia Mustafa Abusharaf (2006), Wilson, T (2002), compared different theoretical perspectives dealing with FGM/C. These authors argue that the causes of FGM include a mixture of cultural, religious and social factors within families and the surrounding others such as the communities. Female genital mutilation is deeply rooted in historical, cultural and religious traditions that have been the subject of considerable debate. From a human rights standpoint, it is an unsafe and unjustifiable practice that violates bodily integrity of women. It is an inhumane form of gender-based discrimination that capitalizes on the subjugation of women, yet many traditions and cultures that sustain FGM/C argue for the practice and define it as an integral feature of their culture. In social theory, the intention to perform a particular act is seen as a consequence of the relative weight of attitudes and normative considerations.

Packer (2005:224) argues that beliefs determine attitudes about the effects of a particular behaviour. Traditional standards and inherited behaviours put social pressure on the custodians of that tradition to perform these acts. The norms on which these considerations are based are communicated by significant cultural values through socialization and social interaction and the traditional values to comply with the act. Similarly, Barth (1982:14) argues that human behaviour can be shaped by how humans perceive things and understand them. How the perceived act benefits the human being or the community which he lives. Socialization, therefore, plays an important role in the development of values, and this affects the way people behave in cultures (Jenkins 1996:20-21). Cultural relativists such as Packer (2005:224), Abbas (2006), Momoh (2005:9-10) however, argue that efforts of NGOs and the UN and its related specialized agencies in their fight to end FGM/C from medical justification always end up in conflict from meddling in the custom and traditions of some communities. They describe these actions as ethnocentric meddling. Their campaigns for the complete eradication of FGM/C conflict with some traditions and culture that have ancestral and social justifications for the practices of FGM/C. Most communities that practice FGM/C have socio-cultural and traditional norms that directly shape their behaviour and decision making. In these cultures, social and cultural norms remain strongly in support of female circumcision (Packer 2005:224). The traditional family, community, and custodians of that tradition are bound by ancestral rites to keep and continue these traditional practices (Packer 2005:224). Through this process the culture is handed down from generation to generation with the positive values of FGM/C upheld as a practicing cultural belief and tradition that must be transferred to future generations.
Defying global efforts and excuses for the practice

OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO (2008), Abbas (2006), ACCM (2004), Adams, K. (2004), Lightfoot-Klein (1991:38), MacLauchlan, (2006:213) see also Momoh (2005:9-10). These articles argue that for FGM/C to take place, some elements and rites have to be performed by that society’s belief, behavioural norms, custom rituals, and social hierarchies, religious, political and traditional structures. These cultures and acts are transmitted through traditional initiation songs, ritual dances and drumming that is handed from generation to generation. These authors argue that FGM/C has been supported by decades of tradition, culture, and beliefs that seem to have worked for that system. These authors further claim that FGM/C practice depends on the people’s perception and context of their practice. It is perceived across the globe as a barbaric and damaging form of violence against women. They point out that all cultures have some negative and positive norms, but advocate that for a culture to survive it must be inclusive and adapt to changes.

Other publications have disputed the above position. CEDAW (1979), expressly, rejects any discrimination and advocates for the total eradication of all abuse against women and girls. It recognizes FGM/C as a culture that violates women’s rights. Lightfoot-Klein (1991:38), argues that uncircumcised girls faced ridicule for challenging a long-cherished practice of traditional belief. The external clitoris is believed to be the ‘masculine’ part of the girl’s genitalia, and tradition must differentiate the sex organs through the FGM/C ((UNICEF, 2005 2007, Lightfoot-Klein, 1991). The effects for not undergoing FGM/C within these cultural and traditional settings by revolting girls or families is interpreted as a woman who is not yet ready for marriage or families who are not preparing their daughter for future weddings (Momoh, 2005:9-10). These girls and their families are ignored and excluded from traditional village events, the elders of the community will not bless her marriage, and she is believed to be a shame to her parents. Going uncircumcised with a clitoris is seen as repulsive, disgusting, filthy, and revolting to the institution of marriage and the girl’s family. OHCHR, (2008) writes that advocates for FGM/C justify that it brings honour to the girl’s family, reduces the promiscuous female behaviour, and guarantees marital assurance of virginity and faithfulness of the girl to the husband. Yoder, P. et al., (2004:10-12); WHO, (2008c:5) state that FGM/C prepares the young girl to womanhood. It is the rite of passage for marriageability of the girl child. Gallaher (2000:198), Abbas, (2006) argue that class and traditional pressures also influence FGM/C. For a woman to be accepted by her community, recognized with fame beauty/cleanliness, male protection/approval and rise to the rank of importance, she must be eligible through circumcision. WHO, UNFPA (2006), ACCM, (2004) argue that the cultural and traditional...
justifications for FGM/C be diverse. It is a practice traditionally dependent on a community but medically not acceptable. For the practitioners of FGM/C, to non-practitioners the act appears to be a bewildering and barbaric experience to non-custodians of that tradition. It is globally conflicting with western globalization trends. There is global fighting against these cultures and traditions because the approach of the west to FGM/C is perceived as barbaric and inhumane with many effects on women.

2.5 Effects of FGM/C
WHO, UNFPA (2006) described that cultural values are significant, and they are good values to follow unfortunately some cultures may conflict with the fundamental right of man. More so, some state’s constitutions may not be in alignment with all cultural values especially when they violate basic rights or the integrity and dignity of individuals such as the practice of FGM/C. The practice has serious medical and psychological effects. FGM/C according to modern medical science leads to severe bleeding, pain, trauma, severe infections, shock, injury to human organs, urine retention, painful sexual intercourse, painful menstruation and complications in labour and delivery (WHO 2008a; WHO 2008b:11). The United Nations Secretary-General Ban Ki-moon’s speech on the International Day of Zero Tolerance for Female Genital Mutilation pointed out that there is no place in the contemporary world, be it what creed to cut or mutilate any girl or woman. All ‘traditions’ that demean, dehumanize and cause injury are human rights violations that must be actively opposed until they are ended. The world should preserve a culture that is beneficial to the human race and stop those that are harmful to human evolution (WHO, UNFPA, 2006). Global efforts to sensitize the world of the effects should be processed in a manner that is sensitive to cultural diversity yet give priority to the protection of women. The negative nature of the practice should be exposed while giving the perpetrators alternative rites of passage through profitable means of compensation. More so, it can be done by involving them in works and campaign against the FGM/C. Failure to give these actors alternative rites of passage might push the practice underground, thus hiding it from both authorities and the health system (Rogaia, 2006, Packer, C. 2005).

2.6 Initiatives
With growing knowledge and sensitisation campaign to stop the harm that FGM/C causes to girls. The practice persists in some countries that are reluctant to give up an age long tradition handed over to them by their ancestors. UNFPA-UNICEF, (2007) clearly points out that there is no genuine reason for FGM/C. Sometimes death may occur from over bleeding and the spread of HIV/AIDS through the use of crude tools. The global initiative to put an end to the practice
through alternative rites of passage have seen many nations implement appropriate legislative framework or penal codes to criminalize the practice of FGM/C.

An approach to prevention and behaviour change should be carried out at all levels within the community to sensitize them on the effects of FGM/C on the young women. A social media campaign should be used to call for an end to FGM/C. Sensitisation and campaigns exposing the inhumane and barbaric aspect of the acts should be well exposed. Stakeholders such as victims, missionaries, hospitals, state administrators, NGOs and traditional councils should be engaged in the process (UNFPA-UNICEF, 2007). Coordinated strategies to abandon FGM/C have come up with programs and innovative methods that provide a change in approach, through education and communication campaigns such as the use of music, theatre and films.

2.7 International interventions

According to UNFPA-UNICEF (2007), WHO, UNFPA (2006), WHO (1997a, 1997b, 1998), some treaties have been signed to establish the universal standards by recognizing fundamental rights and require governments to take action to ensure these rights are observed. Overall, international and national partners should coordinate joint programs. Such joint programs should have strategic approaches to gaining the support of initial core communities that practice FGM/C and have decided to abandon the culture. The role of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and its monitoring procedures for achieving women rights should be included in all national constitutions. It will serve as a strong legal background for any nation’s penal code. WHO (1998:51) Article 2(f) called on member states to eliminate any acts or practices that are extremely discriminatory to women and girls. It further requires countries to put an end to all form of cultures and acts which constitute discrimination against women. Article 5, of same draft articulates that states should adopt and change all form of cultures and tradition that prejudices against women making the man superior above the woman. Article 10 further states that women should have access to all information that will improve the quality of their well-being. This article is supported by that of section 12 of CEDAW which states that countries must put an end to any discrimination against women be it in the field of public health care.

2.8 National Legislations

Countries that are signatories to CEDAW (1979) resolution should put into actions to fight these derogatory practices of FGM/C. Packer (2005: 234), Momoh, C. (2005) argue many new states have adopted the CEDAW articles but lack the political will and finances to implement and enforce these rules within the territories. According to Packer (2005), the bottleneck of
enforcing the laws against FGM/C is the lack of political commitment by some state actors for fear of antagonizing traditional elites or communities that they can lobby electorates. Many statesmen do not want to fight decade old traditions for fear of not being re-elected into power. More so, Packer (2005: 234), Momoh (2005) further argue that the constitutional laws and penal codes in some of these states willing to stamp out FGM/C are not powerful enough, or there is a lack of will from enforcing authorities. There is always insufficient sustained fundings to carry out prevention campaigns and affect behaviour change. WHO (1998:56) on the other hand argues that prevention and behaviour change should be implemented at the national and community levels of member states with a follow-up needs assessment undertaken to identify the prevalence of FGM/C. Leading women should be identified and enabled to work as role models against FGM/C in their communities and influence others to do the same. Key religious, traditional rulers and clan elites should be engaged throughout the process to make the fight effective. Engaging these actors is essential for the eradication and prevention of the practice within their localities (WHO, 1998:56).
CHAPTER THREE

3. METHODOLOGY

3.1 Introduction

Methodology illustrates the choices undertaken in the process of carrying out an inquiry. Silverman (2001, 2005:99) defined methodology as, “choices we make about the cases to study, methods of data gathering and other forms of evidence analysis and so forth in planning and executing a research study,” while Somekh and Lewin (2005) link methodology to rules followed in an inquiry. Mikkelsen (2005) holds that it is about knowledge production and seeking answers to questions through inquiry. It is also a tool to be used for responding to a specific issue and for solving different scientific or practical problems. (Mikkelsen, 2005:139, Enderud, 1984).

The research conducted for this project was carried out mainly through informal, conversational interviews, standardized open interviews and interview guides with groups, individuals, NGOs and key informants. Initial key individuals were identified by the information provided to the researcher by a traditional council elder in connection to the practice. In order to get a wider picture, snowballing was used to get information and access to further key informants and stakeholders (Mikkelsen, 2005:89). Hence, an initial and essential task as part of the methodology was the stakeholder mapping where key individuals and groups were identified. Since the study was extended to include the general state of FGM/C in addition to the effects of the practice, the mapping also provided insight into what activities contributed to the fight against FGM/C and those contributing to the general state of health for young girls in the Ejagham community. The research was also conducted through participatory method such as the use of timelines (Mikkelsen, 2005:92). Verbal timelines were used where participants were asked about how things were before and what changes have occurred in the recent years. In comparing all the verbal timelines, an all-encompassing timeline could be constructed. As Chambers (1981) puts it, these methods selected are connected to participatory methods for example rapid rural appraisal (RRA).

In addition to the interviews, the technique of focus groups was used for the purpose of gathering collective opinions from the target groups. Participant observation in activities of the circumcision process was part of the research process as well in order to further understand the practice (Mikkelsen, 2005:88).
3.2 Research Process
This investigation is a mix method research which entails an integration of quantitative and qualitative approaches (Bryman, 2012:628). Mikkelsen (2005:145) argues that the integration of quantitative and qualitative is possible if we pay close attention to the research in a variety of areas and remain sensitive to the important strand of diversity that exists in the methods of inquiry (Mikkelsen, 2005:145, CF Little, 1991). As a mixed method, both descriptive and exploratory approaches will be used. An exploratory approach will be utilized because the study sought to explore the perceptions and views of local communities towards FGM/C and it was a small-scale study of a relatively short duration. Descriptive because it endeavoured to find out how local initiatives and government actions are working towards the abolition of the practice and it involved systematic collection and presentation of data to give a clearer picture of the particular situation. Quantitative and Qualitative because it represents a useful means of classifying different methods of social research and because it is a helpful social construct analysis by exploring a wide array of effects of FGM/C on the community which are not aligned with modern medicine and therefore offering prudent platform for campaigns against the range of issues concerned with the practice of FGM/C. It sought to provide a deeper understanding of social phenomena through data that endeavoured to bring out the traditional values, behaviours, perceptions of the people. (Bryman, 2012:34-37).

This study sought to explore the understanding of social reality rather than statistical description or generalized ideas. The research was aimed at exploring the effects of FGM/C as a field work. Bryman (2012:631-640) states that mixed method research is committed to viewing the social world, social action, and events from the viewpoint of the people being studied; that is discovering their socially constructed reality and penetrating the frames of meaning within which they conduct their activities. Mikkelsen (2005:157) noted that the people researched are seen as subjects rather than objects and are often involved in the research process. It is important therefore that the research process involves participant observations through interviews and observations. Data collected from them will be used to reconcile their views about social reality (Bryman, 2012:631-640; Mikkelsen 2005:157)

3.3 Case Study Design
Case study research is associated with the investigation of a particular place, community, setting or organization ((Bryman 2012:66). This research in focus sought to establish the effects of FGM/C on the Ejagham community of the southwest region of Cameroon. A case study design is preferred for this study because it provides and entails the detail and intensive analysis of the FGM/C in Ejagham community. It is also concerned with the complexity of FGM/C practice and
particular effects of the practices and the initiatives that have been put in place to abolish this practice. More so, a case study design is a suitable context where the research question will be scientifically answered (Bryman 2012:66).

3.4 Selection of Participants
As part of the requirements for a Master degree in Peace and Development Work, fieldwork was carried out between April and May 2016 where the researcher set out to document the present dynamics of FGM/C among the Ejagham people of Manyu Division in Cameroon. This was done through the local level of daily interactions on a small scale basis. Since it was a case study, the local level of ethnographic strategy that was adopted was based on group interviews, participatory observations at the circumcision processes and events, informal discussions, concerns from Non-governmental organizations, acknowledgment of women and men’s problems and experiences of participants.

The informants who took part in the study were purposively selected because they were either directly involved in the fight against FGM/C, or they were personally affected by the practice. The inhabitants of Ejagham community were the main informants for the study. Individual interviews were undertaken with a sample of the purposely selected respondents to obtain representative information. An exploratory process was also undertaken. The researcher interviewed men, women, groups, traditional elites, local administrators and NGOs that are represented in the community. These participants had different experiences and opinions that brought colour to the data collection. The bias of asking a single group was avoided. Group interviews quickly revealed a range of conscience attitudes and strategies and provided access to a larger body of knowledge or general Ejagham community information. Amongst these participants were interviewees who have undergone FGM/C. Some informants were for the practice while another group composed of girls and women who have rejected and are advocating against the practice. The contributions of local NGOs and the Government of Cameroon in the fight against the practice through continuous sensitization campaigns and peer education have influenced the attitudes of the target population to speak out and share their views. Those who were against the practice could speak because the saw the need to do so coupled with the rise in the numbers of people living with HIV/AIDS. Accessibility and the inclination to affect policy were also taken into consideration for the sampling logic as Yin (1994) calls it because it represents a larger population with homogeneous cases. Other interviewees consisted of employees of organizations and institutions who work in the struggle to end this practice. Purposive sampling was also used to select three Ejagham villages. Burns
(2000) argues that purposive sampling can be used if it serves the objectives and purpose of the researcher by warranting him/her to get an understanding and deep insight of a particular phenomenon under study. The choice for the selection of these villages was in relation to the previous encounter with the community and most especially the desire of the participants to take part in the study. The researcher opted to include some data from Ebam village because it shares a common history with the other three villages and for the sake of comparison. Both men and women were eligible for the selection of participants, and a total of seventeen (17) interviews were conducted and ninety (90) informants participated in the study. There was gender disparity since more women were involved than men (see Appendix).

3.5 Data Collection Methods

Different methods of qualitative interviews were used; unstructured and semi-structured interviews. Kitchin and Tate (2000:213), Bryman (2012:502) hold that the use of interviews by a researcher in qualitative research allows for a thorough examination of experiences, feelings or opinions. The use of a focus group method interviews has been utilized in the research. A focus group method is the use or form of group interviews where there are several participants including the researcher who serves as a facilitator or moderator (Bryman, 2012:502). Choosing the focus group method interview empowers the researcher. The process allows for interactions within the group and a joint construction of meaning. These techniques enabled the researcher to develop and understand about why the Ejagham community feel the way they do with regards to the effects of FGM/C (Bryman, 2012:503). A deeper understanding of the complexities, challenges and the unequal power relations toward the FGM/C practices was arrived at from divergent interpretation of the topic and its effects on the Ejagham communities. The method helps the researcher as well to understand the consequences of FGM/C on the Ejagham community and what are their different interpretations and perceptions (Limb and Dwyer 2001). Focus group discussions were specifically employed to eight (8) groups within the community; four (4) Notables, three (3) Friends of Manyu staff, four (4) chiefs, fifteen (15) men, six (6) medical staff, twenty (20) women/nbonghodems, four (4) female teachers, and twenty-four (24) youths. Individual interviews and informal chats were done with two (2) female excisors, who explained why they are still carrying on with the practice, and they stressed the importance of clinging to culture and traditional initiatives associated with the practice, two (2) clergymen, one (1) WAA representative, one (1) IAC representative and four (4) other individuals both women and men who are against FGM/C were targeted and interviewed (see appendix). A significant challenge that the researcher faced amongst the different focus group discussions was that not all participants contributed constructively. However, probing was employed as
much as possible. The focus group discussions brought out feelings, attitudes, perceptions and experiences that were not revealed in individual interviews. For the individual interviews, the researcher had a list of questions to be covered. These questions served as her interview guides. The interview processes were more flexible with the interviewees explaining and understanding events, pattern and their opinions about FGM/C. The flexible format was allowed because the perception of the informant was crucial to this study (Bryman 2012:472). Individual interviews of key informant helped to bring out the perceptions, feelings, attitudes and experiences of both the women and girls who have and have not undergone FGM/C. Personnel of NGOs and public health care staff that had treated some of the victims were also interviewed. Telephone interviews were used for the other main informants that the researcher was unable to meet in person. Contacting these major informants through telephone was helpful because of the access speed and time in interviewing them and collecting data (Holstein and Gubrium, 2003), (Sapsford and Jupp 1996:94). Some of the people contacted included, a former CPDM parliamentarian, retired medical officer at Mamfe general hospital and pupil lawyer at Liberty law firm. Besides, three eye witnesses to the practice now residing in the USA were as well interviewed through the phone. These interviews serve as primary sources of information throughout the entire research process (see Appendix 1).

3.6 Secondary Data
Secondary data are data analysed that has been collected by other researchers or by various institutions in the course of their business (Bryman, 2012:311). These secondary analyses are used for the prospects of having access to quality data because data collected is time-consuming. The allocated time for this research required the use of secondary data since the data is often relatively squeezed and straight forward (Bryman, 2012:311). Secondary information was used to gather information on the practice and effects of FGM/C. Data put in place to x-ray the effects and method of curbing the FGM/C practices were also consulted. A substantive amount of information was also collected from various publications such as the UN documents like UNFPA, UNICEF, WHO publications, reports and other NGOs. Health journals, publications, and works of different authors were reviewed for ideas on policies and initiatives. Secondary data has been especially helpful for the research. As Bryman (2012:314), Stewart (1984:14) argue, secondary data provides a similar tool for the research. It helped to compare existing data with empirical evidence for purposes of examining differences or trends. However, the limitation of using secondary data is the complexity of the data since most of the data from UN and its related agencies are enormous in the sense of having a large number of
respondent and variables. Such sheer volume of data provided problems with the management of information (Bryman, 2012:315).

3.7 Reflections on the Field
Reflection here refers to a critical look at events before and after the fieldwork to re-examine the researcher’s experiences while in the field. It involves the researcher’s growing preparedness to reflect on the research method which the researcher employed in this area for data collection and analysis. This is made flexible thanks to the mix method approach. The mix method approach was a softening and more flexible approach for these experiences to use in the field. Employing mix method research made it possible for the researcher to dilute the research efforts in all areas since data collection came from multiple sources. It provided a better understanding of the FGM/C phenomena (Bryman, 2012:649). All the necessary skills were put in place in advance for undertaking all the components of a mix method study. Moreover, integration of the quantitative and qualitative elements was included in the researcher’s plan from and after the conception of the topic. The sampling method was used for the selection of people to be interviewed. People were selected based on their position and influence in the community. The targeted group of informants were contacted. Females who had undergone FGM/C were sampled.

Credibility, a rationale for mix method research, was very symbolic to the study. Bryman (2012:645) argues that credibility gives the researcher more gains in the society which he/she wants to conduct her fieldwork and all those actors who are interested in the research. The mix method also brought context to the study. The research was concerned with the effects of FGM/C on the Ejagham community and as such the data collected reflected experiences of the Ejagham people from FGM/C. Illustrations were also used in situations where the researcher employed passages from interview transcripts to illustrate positions about the dimensions. The effects of FGM/C differentiated respondent’s opinion on modern perception of FGM/C versus traditional and cultural acceptance of FGM/C.

Utility was derived from the research. Bryman (2014:646) holds that mix method is much more preferred because it is felt that it is more likely to generate findings that will have utility. The researcher was able to meet traditional and administrative policy makers and was able to produce data from the analysis that were suitable for them to understand the effects of FGM/C and those who had firm adherence to the traditional belief could also be influenced to take different positions. Many respondents spoke of alternatives to the FGM/C, and their contributions were deep enough to formulate effective solutions. The diversity of views was utilized. The researcher wanted to use the mix method to gather data from the perspective of
the actors of the Ejagham community and to explore specific issues related to the effects of FGM/C. The researcher adopted an unstructured approach to data collection in which the respondent or interviewee is the focus of interest. A structured approach was further used to investigate a specific set of issues (Bryman, 2012:647). The researcher employed semi-structured interviews and focus groups to elicit data relevant to the effects of FGM/C in the villages concerned with the study. Quantitative data were generated from structured questions that reflected the interviewees’ opinions. The findings and data from the various focus groups reflected those of the interview guides reflecting individual and general concerns. This process suggested an enhancement of information as many respondents kept talking about their opinions and that of what they think the community feels (Bryman, 2012:647).

3.8 Reliability, Transparency and Validity of Data
Hamersley (1992a:67) CF in Silverman (2001:225) explains that reliability refers to the degree of consistency with which instances are assigned to the same category by different observers. To produce reliable results, credible qualitative research methods like interviews, focus group discussions, and literature review were used in the inquiry. Methodological triangulation and reflexes of perspectives was used to generate valid results (Silverman 2005:210). Transparency was a good criterion in the research process regarding the selection of data; the location and timing of meeting the interviewees and collection of the information were all documented as reported. More so, the procedures of analysis were sufficiently documented so that they can be imitated. These were a transparent approach which gave public confidence to the data collected (Mikkelsen, 2005:197). Field notes were taken as a reference point for purposes of validity reports and detailed descriptions of situations, events and experiences. Communicative validation was applied in all the interviews. The results were fed backed to the respondents who provided the information, and they are asked to agree or disagree with the information. It was done to make sure that the interviewees were in accord with the situation and the information given was not misrepresented (Mikkelsen, 2005:197).
CHAPTER 4

4. RESEARCH FINDINGS

4.1 Introduction
The research interview guides were used as a guide to extract relevant words, themes, and phrases from the interviewees. The researcher identified patterns and trends that set the stage for data analysis, discussion, and recommendations. These findings were structured and categorized into themes that helped to answer questions about the effects of FGM/C on the Ejagham people of Cameroon. The interviews were specifically used to understand the current reality of the consequences of FGM/C and the results did not only provide insights into the current reality of the practice but the effects, problems and why the practice still prevails.

4.2 Voices of the women who had undergone FGM/C
The women and girls who had undergone FGM/C have different recollections of their experiences that are accompanied by strong emotions. Most of the women in the groups called “Ofon intim afon” (What i have others have) and “Ya Kak Ohbo” (Putting hands together) recounted the ordeal they underwent. When asked if they knew of any effects caused by FGM and or do they know of any problems associated with circumcision, a leader of the Ejagham youth group, recounted her ordeal which was acknowledged by other girls who had undergone similar ordeal between the ages of 8 and 15. Undergoing FGM/C at a young age, these participants spoke very negatively how their legs are spread out and held down under the weight of a stool to make their bodies motionless. They are slapped by the initiated women assisting the main excisor until their fingerprints are left on their faces up till the seventh-day when they are freed from the fattening room to go home. Another girl recounted that “two women held my legs apart, and the old lady with her dirty fingernails used an “akarang” (sharpened knife) and sliced off my body parts.” (see Appendix 6). The pain is so horrible that when they cried out for help, they were slapped to be quiet. Most the girls and women confirmed in the room discussion that the memories still traumatize them till date. One other female recounted how her little sister died of tetanus infections because of the rusted blades used on her. According to her, she can still hear her sister screaming and shouting and calling on her to help her. She remembers her sister was unable to walk and felt pains while urinating. When they were asked how you can define FGM/C or what do you think being a circumcised woman; they were all against the practice, and most of them nodded their heads in resentment and showed pain and anger. In support of what others had said, another young girl said, “Everybody here has had problems associated with undergoing FGM/C.” She argued that she cannot understand why her clitoris was cut off. She cursed her birth into the Ejagham community as she recounted her ordeal in
details by explaining that sterilization was seldom known nor performed by the traditional lady excisor during her circumcision. She claims more damage was done in her private part (vagina) because more flesh around the clitoris was sliced off for the purpose of FGM/C. (Appendix 1, ref. 9).

4.3 Excisors Recount
Two female leading FGM/C practitioners interviewed were Mama Anna and Mama Joana Agbor of Mbakem and Taboh villages respectively. They explained the process of FGM/C. They were proud to have initiated women to motherhood and marriage and claim they are responsible for the initiation of marital values through the acts. They explained that after their death, girls will be handled by new practitioners whom they have initiated to continue the practice after their reign. In the course of the act, these women who have been initiated must hold the girls down, so that the main excisors do not make mistakes because of their shaky hands and poor eye sights due to age. As expected, it is essential for the girl to be held as still as possible to avoid inflicting cuts other than those intentionally being carried out for the purpose of FGM/C. The role of these initiated women is imperative as it is easier to help grab and pull apart the legs of the little girl. Usually, these women would grab one leg hold it down while pressing the girl's hip, then another woman will grab and hold back the other leg and another will concentrate on holding the head and hands. In some cases, if the child is not willing to cooperate she is tied down on each of her ankles to prevent her kicking and shouting defying the wishes of her parents to make her a woman according to these practitioners.

Mama Anna recounted she always pinches the clitoris of these young girls between her fingers aiming to sever it with “akarang” (sharp knife). To perfect her work and get her two litters of palm oil and other demands, she allows the helpless young girl still pinned down by her associates and shows the clitoris to the girl’s parents to confirm if the sliced flesh is enough or more should be removed. Once the right size is confirmed to have been removed, she then proceeds further to stop the bleeding by using “Ewei” (red herbal leaves). Ewei leaves are traditional disinfectants and are used to promote healing of the cut wounds. Most often if the girl continues to cry, she is whipped to stop crying because much crying shows that she does not appreciate the initiation done to her. Most times the excisors rebuke the girls by telling them they will know the benefit she has done to them in the later future. Mama Joana supported the above arguments by justifying that the “ewei” leaves help to stop the bleeding and makes the circumcised girl to sleep after the process thus comparing it to medical anaesthesia. She argued that they are the best practitioners in the Ejagham community because their FGM/C does not make the girl to bleed for long because of their combination of the “ewei” leaves with other
concoctions (creamy substances). When asked why she does the practice, she justified that respect for ancestral spirits and culture are her motivations (Appendix 1, ref. 3, 7).

4.4 Traditional rite and passage of the practices

The chiefs and notables were interviewed on their perceptions about FGM/C. One of the chief claims as a paramount ruler he is to promote the traditional and ancestral heritage of his people. He revealed that according to the tenets of the Ejagham tradition FGM/C should be done to young Ejagham girls as early as eight years. He added that it was relevant to the upbringing of a girl. He reported with a voice of power and authority that the village has a record for marrying its girls to the best men. One other notable, bowed before the chief and made a point that the village has the best record of their girls staying in the marriage and making children for their husbands. The village because of its practice of FGM/C is the best among other villages of the communities because other villages that have adhered to the teachings of the white man and have abandoned their tradition of FGM/C he argued have made many of their young girls pregnant before marital age. One other notable shouted with resentment that it was an abomination for a daughter to give birth to a child in her father’s house. There was a room confirmation as many of the notables nodded their heads in approval. An open question was asked if they will love their children or grandchildren to be circumcised or if they knew of any effects of FGM/C on the young girls. They responded by saying that these practices have been going on for generations, and it has made many young girls to be initiated into womanhood. The most cited reasons from the notables include maintaining their traditions and faithfulness of the Ejagham girls to their husbands. More so, that FGM/C can reduce the sexual urge of the woman. Also, it is believed she will be faithful to her husband and keep the institution of marriage and maintain her family honour. Another notable reported that a greater number of uncircumcised girls are noted to easily divorce their husbands.

The women’s representative cited cases of women who have undergone FGM/C and have always been faithful to their husbands. She added that the act is an initiation that allows the girls to be more cultured and well behaved. Coupled with the fact that the traditional African society is more patriarchal in nature, women who undergo FGM/C are schooled during the “fattening period” (seven days in a secluded room) on the importance for them to keep their marriage by remaining faithful to their husbands else curses from the ancestors may befall them. She justified that even in the days of their forefathers, a girl can attain womanhood in the Ejagham community only when she undergoes FGM/C, and she is considered moving from childhood to adulthood and being able to bear children and have a husband. Men are allowed to visit the family of the girl who has undergone mutilation in the hopes of marriage but most homes with uncircumcised girls are not visited by men. Therefore, it is imperative young girls
choose FGM/C to avoid the stigmatization of not getting married and making their parents proud. She argued that many girls who have refused FGM/C find it difficult to marry within their Ejagham society and that is why some of them have fled to other parts of the country to establish marital rights with men from other tribes. To her justifications and supported by one of the custodians of other traditional rites, she was of the opinion that girls who have undergone FGM/C are clean, beautiful and sweet “potatoes” for their husbands. Besides, there is a traditional myth that if the clitoris is not removed, it can grow like a man’s penis. She turned around and asked the notables if they would want their wives to have manhood (penis) instead of a vagina and there was general disapproval in the room. She argued contrary to modern medicine that the reason for babies taking a longer time to walk is due to the fact that the baby’s head has touched the clitoris that was not removed before delivery. Another women leader who is the head of the Chief’s wives expressed that subjecting the girl child especially those below the ages of ten for FGM/C is appropriate because it is less painful compared to when it is done in their early teens. While the practice is perceived as being part of the Ejagham tradition, she believes it is being godly; and it is the god of the ancestors who wants them to do it because god does not want a promiscuous woman. She used the Bible to make her contributions. She said the Bible talks of faithfulness and no divorce. Therefore, FGM/C stands the best options to keep a woman in marriage and be faithful to the husband. She spoke with disappointments of the fake stories western media is propagating about FGM/C. She thinks the media propaganda is to make African women promiscuous and divorce their husbands. In her opinion, it is a projection from the west to destroy the institution of African marriage. She further argued that there are more divorces in the West than Africa because many African women like her have been circumcised. She holds that it is a rite of passage amongst the Ejagham girls, and it has been going on from the time of her ancestors where uncircumcised women were considered immature and unable to bear children and hence could not sit in like her in the council of notables. An uncircumcised girl will be unable to protect herself from sexually health related illness. She mentioned the rise of HIV/AIDS amongst the girls of other villages and the growing number of girls abandoning their husbands for other men because they lack the beauty and cleanliness from FGM/C (Appendix 1, ref. 7, 5, 13)

4.5 The transition of Girls to womanhood
FGM/C is an initiation of girls into womanhood. An interview was conducted on the 20/04/2016 with the teachers and headmistress of a school in one of the villages. During a staff group discussion, most of them held the view that FGM/C is a ritualistic process that will prepare the young girls for adulthood. Girls are raised up within the traditional norms of the Ejagham
culture. These girls receive training through traditional dances, village youth groups, cultural events to become responsible future wives and mothers in the village; girls are taught some things like the annual monikim ritual dance usually performed by circumcised women or to be circumcised, girls. The monikim dance symbolizes that a woman has attained a particular class status and power. She is respected to be a woman who can take care of a home, look after her husband and care for a family. From the group discussion, many of the teaching staff acknowledged they had undergone the process and emphasized the importance of circumcision on education. During their school days, they were not distracted by the way of life. They kept clean records to be virgins for their future husbands. Although FGM/C is not in the school curriculum; the majority of the staff members believe, there is a difference between the behaviour of a pupil that is circumcised and those that are not circumcised. The staff analysed that from their observations and puberty behaviour amongst the girls. Some of the uncircumcised girls portray changing moods like they see the process of their breast development, body hair, buttocks changes as a time to sleep with boys or can fall prey to easy sex than girls that have been circumcised. More so, the teachers argued that uncircumcised girls can be influenced by social media like televisions and magazines whereas circumcised girls get stocked with the notion of protecting their culture and so do not get involved in other extra social activities especially with boys of their ages. One of the circumcised narrated a story of how one of her uncircumcised classmates fell prey to the exposure of sex and got contaminated with HIV because she was not circumcised and so had too much urge for sex. She narrated that, one of the reasons she was mutilated was to earn respect from her husband's family. She will be believed by the family of her fiancée that she had not known any man before her marriage because of her circumcision. Another staff contributed that she had a huge urge and needed men for sex. However, after the initiation of FGM/C, she does not want anything to do with a man who will not be her husband. The headmistress pointed out that a woman will stay a girl until she has been circumcised according to the tenet of the Ejagham tradition. The group was asked what they thought about circumcision. Some responded that if a girl is not circumcised “It does not matter how old you are; then you are still a girl, and you are not known in the community.” The head teacher argued that circumcision among the Ejagham community is carried out to initiate the young girls while those who may not be circumcised end up leaving the villages to bigger towns. It is believed circumcision and mutilating the sexually sensitive genital tissue of these girls would curb their sexual drives. By this, any girl who undergoes FGM/C would preserve her chastity before marriage, thus increasing her importance and the value of the bride price. She reiterated that FGM/C would cause the girl not seek pleasure outside the marital covenant. She argued that this is the perception of why the practice still
prevails in the community because a woman is worthless if she is not circumcised. Uncircumcised women are prohibited from doing certain community services.

It is important to note that Ejagham community is male-dominated, and it is a traditional rite that women serve the men. Therefore, they have the belief that FGM/C will make the woman more valuable in the eyes of the men. The men status is a guarantee because he has a woman that no other man has touched before. FGM/C is closely associated with the virginity of the girl before marriage and faithfulness during the marriage. Marriages with circumcised girls tend to last longer compared to those of the uncircumcised women. She went further to explain her level of pride that she has been married to her husband for 11 years, and no other man meant something to her apart from her present husband because she had undergone FGM/C. FGM/C practice and ritual convey the idea of purity and cleanliness making the woman’s vagina to have a good look and desirable by the husband while uncircumcised female genitalia might be seen as ugly, may grow bigger, and dangle between the legs of women, making their husbands have uncomfortable sex (Appendix 1, ref. 14)

4.6 The Hospital and FGM/C

Interviews were conducted with the staff at the Mamfe general hospital which is the main hospital visited by the people of Manyu division with the Ejagham community being inclusive within the sub-division. The hospital works and operates in partnership with other international actors and the government of Cameroon notably through the Ministry of Public Health (MINPUB) and the Ministry of Women Empowerment and the Family (MINPROFF) with MINPROFF spearheading campaigns against FGM/C. Its chief medical officer and his assistant with two senior state registered nurses pioneered the fight to end FGM/C in the sub-division where the Ejagham community is a part.

The Mamfe general hospital has been confronting the effects and complications of FGM/C on an almost regular weekly basis which explains and shows the extent to which the circumcisions are being done. In a group discussion with the medical staff, they indicated that they admitted cases of mutilated girls that have had their wounds affected by strong bacteria from the use of traditional concoctions, regular use of unsterilized surgical blades, silk or cotton thread. Moreover, they made it clear that most of the cases they receive are patients that have are lost quite a significant amount of blood or unable to pass out urine because of local stitches done with domestic sewing threads (see Appendix 7).

These girls are so badly cut that virtually almost no skin is left to stitch up in other to stop blood gushing coming from their vaginas. The senior nurse contributed that she admitted cases of newly married girls whose vaginal introituses have been forced open by their husbands at the
time of marriage so that the girls can have sexual intercourse. These young married girls are suffering from de-infibulation with much bleeding, infections, and pains. More so, she added that girls and women who visit the maternity section face extended child labour pains. These women labour for longer hours than normal because of the change in the original shape of their vaginas. Some of the vaginas make the dilation process tough during childbirth because of the scars from FGM/C. As such many of these girls end up in other postnatal complications.

The chief medical officer explained that FGM/C puts the young Ejagham girls at risk with life-threatening situations. The aftermath of the procedure remains in the mind of many his patients. He cited cases of many of young girls that have died from bleeding because their cases were reported late when they had lost so much blood. His assistant narrated that contrary to what the Ejagham tradition and culture hold; it is a life-threatening procedure with unexplained complications that need to stop. He talked of the trauma associated with the process as being severe, unimaginable and unbearable. He went on to explain the medical perceptions and dangers of the FGM/C process which is why girls and women still suffer from severe pain and trauma. The FGM/C traditional excisors in most cases because of ignorance unknowingly remove sufficient tissues from the vagina thus causing long term life damages. When most of the skin that is removed to quicken the healing process, the traditional operator is forced to pull together the opposite sides of the labia majora causing a lot of pain to the young girl during the process. The girls can unfortunately only shout to show how painful it is. These pains are felt because no anesthesia is used when the most sensitive part (clitoris) of her body is brutally cut. More so, he argued as a medical officer that the non-proper hygienic practices involved contribute to more effects on the girls. This is given the fact that the excisors may have long and unclean fingernails, no hand gloves are used, hands may not be washed and the use of dirty and previously used towels from other circumcisions to wipe blood that oozes out from the vagina. The officer emphasized that within the medical field, they are saddened with the process of circumcision especially when blood transmissions lead to contaminated diseases putting the lives of young girls at stake. Again, the traditional herbs and concoctions perceived to be good for stopping the bleeding make the situation more complicated because traditional medicines are more dangerous if the right quantities and compositions cannot be measured to be applied for the right purpose. Its application could be an overdose or under-dose both resulting in damaging effects to the woman.

The assistant medical officer lamented on the degree of bacterial infections that these young girls are often exposed to by sharing details of some cases where the girl’s wound is held together with the “ewei” (red leaves) herbal concoction. According to the medical staff and their research on the act, victims have different severity and extent of mutilation based on their
parental influence and socio-cultural status’ in their villages. The traditional beliefs and importance attached to the act have made FGM/C to be categorized into types 1, 2, 3 and 4. Type I was explained as cutting out of part or all of the clitoris; Type II cutting off of the clitoris with the partial or total removal of labia minora; Type III total removal of part or all of the external genitalia and stitching/narrowing of the vaginal opening. In medical terms, he called the process as infibulations. Type IV involves the scraping off of the tissues surrounding the vagina in a barbaric way (See Appendix 7). The immediate health risks from the different kinds are characterized by severe pains which are caused and complicated by the non-use of anesthesia. Experiences from the above four procedures have been documented in the hospital, and some of the diseases caused have been HIV/AIDS, urinary tract infections, tetanus infections, blood and other communicable diseases. The risks become real because the traditional practitioners who perform FGM/C do not understand the dangers of using unsterilized local tools (See Appendix 6). These tools are used for everyone even those that might have already been infected with the HIV/AIDS virus. Most of the circumcised girls experience reoccurring infectious problems and pain that affects their normal body health system, and some of such recurring experiences are during their menstruation period where they complain of severe pain around the organs and muscles of the vagina walls. Besides, the doctors pointed out that the small hole representing the vagina that is left is not formal for sexual intercourse. The labia majora can also be affected causing pelvic infections and making it difficult for the girl to get pregnant. Again, when urine is withheld from passing out, bacteria can get into the urethra leading to infections in some cases the risk of developing nephritis. Cases of nephritis are known to cause severe kidney inflammations and other diseases of the blood vessels. Besides, in their opinion, the fact that the vagina wall muscles become stretched, girls and women are affected during labour because it can cause the bladder or rectum to push into the vagina. The girls also develop cysts and keloids that are pink with red fibrous scar tissue around the edges of the vaginas. It causes embarrassment and marital problems to the young girls especially those of them who finally get married to men from other tribes where FGM/C is not practiced. As medical staff, when faced with complicated cases where operations can be done as a remedy to the situation, doctors’ appointments are booked to handle such cases. The nurses of the midwifery and maternity section narrated that during pregnancy the hospital has had cases of labour difficulties because the vaginas have no tissues that can be used to measure the level of dilation and if early medical intervention is not provided such cases may lead to the death of both baby and mother. They further narrated that in cases where the mother and the child survive the ordeal the vagina is damaged leading to the formation of fistulas into the bladder or bowel, which cause constant irregularities. Most men who find out that their
wives suffer such terrible medical conditions due to FGM/C prefer to send the girls back to their parents except the men from the Ejagham community who understand what the women have gone through and can tolerate or decide to cope with the fluctuating health conditions of the woman.

As concluding opinions of the medical staff group discussion, the group said it is imperative that they lead and champion the fight against FGM/C. The staff wants the government to do much to empower them with the necessary materials and manpower, hold educational and sensitization seminars within the Ejagham community and beyond. Assurance was given to the researcher that counselling and rehabilitation services were provided to victims of FGM/C and their families. However, these counselling facilities are not officially instituted by the government of the country but by the partnership agreement of some NGOs working to curb the practice of FGM/C. Their concerns also pointed out to the lack of legislative laws in Cameroon that prohibit the practice of FGM/C. The hospital does not have a formal framework on FGM/C but is supported by the MINPROFF which is also raising awareness and sponsoring campaigns against harmful traditional practices. Thus, based on the hospital staff’s knowledge and experiences, they are pledging their commitment to the course to bring the practice to an end (Appendix 1, ref.12, 2).

4.7 The role of Religion (Islam and Christianity) on FGM/C

4.7-1 Islam

On a one on one interview with the Imam of Mamfe to know what Islam says about FGM/C because FGM/C is widely practiced amongst the Muslim people living in Ejagham villages. Another interview was done with a newly ordained priest of the Catholic Church. My goal is to make it clear that religion is imperative to the people with whom the researcher discussed and consulted for this research project.

However, in my interview with these clerics of Christianity and Islam much was revealed. According to the Imam on the question of whether FGM/C is an Islamic duty, he acknowledged that Islam is a religion that comes with its teachings and practices. It must be understood that Islamic laws called sharia is a good detail of Islamic legislation and revelation directly from “Allah” (God). It is an obligation for any Muslim faithful that fears Allah to understand that FGM/C should be considered harâm (prohibited) and opposition to the practice should be an ongoing fight even within the Muslim community. FGM/C is an Ejagham traditional rite and not a religious practice. Moreover, he argued that Muslims, who practice FGM/C, have their reasons which are controversial to the teachings of the Holy Quran. He denied the allegation that FGM/C was a command and that it is the choice of the woman and not even her parents.
have the right to decide if she should undergo the act. Hence, parents should not use FGM/C to prevent a girl from having sexual intercourse. The Imam is of the opinion that all Muslims should refrain from false notions and myths about FGM/C because the act inflicts too much pain on beautiful young girls.

Even though there are strong attachments to confidentiality amongst Muslim people, but for the purpose of this research, the Imam recounted incidences when young girls came crying for him to pray to Allah for their healing from the effects of the FGM/C. FGM/C is called makrūh (disliked) practices because it is neither having affiliations to Islamic religion nor is it hygienic. His emphasis was on the fact that FGM/C is not in the Quran, and it is wrong doing on multiple counts in the Islamic religion which is not condoned by Allah and Prophet Mohammed. In this light, therefore, FGM/C is not rooted in Islam but rather in the culture of the Ejagham people.

He further denounced any connection between Islam and FGM by making allusions to Saudi Arabia the land of Muslim pilgrimages where FGM/C is not practiced and is condemned by the Mullah of the country, who is reported to have said that anybody connecting Islam and body mutilation is a false prophet not sent by Allah, and such persons will not see paradise. More so, those who commit the practice under the Holy Quran are considered will lament in hell. When asked the question of what are some of the strategies put in place by the Muslim community to fight against FGM/C, he disclosed that the Quran has been used in educating the girls because the Quran is not just theology but also practice. Moreover, in answering the questions on what are some of the challenges faced in the process, he responded that it is hard to sensitize the local Muslim population who practice FGM/C since speaking about sexuality, exposing and mutilating body parts is unthinkable and intolerant. Again, it would be difficult to find a Muslim household that can talk about the sexual organ of a person because issues of sexuality are considered as private. He admitted the silence exhibited by Muslim leaders about the act reflects why it still prevails and gaining more grounds. As a cleric, he condemned FGM/C as an ancient practice and is saddened by the fact that even after all the medical explanations about the effects some Muslims of the community still believe it is obligatory for young girls. From the above opinions expressed, one would see a clear demarcation between religion and culture. Thus, further evidence from Christianity will establish a better understanding if there is a correlation between religion and FGM/C and or if the practice is deeply rooted in the culture of the Ejagham people (Appendix 1, ref. 11)

4.7-2 Christianity
An interview was scheduled with a newly ordained priest of the Catholic Church, who has been a seminarian in the community and so has knowledge of the practice. To honour the invitation to be able to carry out the interview, the researcher attended a 6 am morning Catholic liturgical service where the entire congregation was informed of the purpose of my visit to the area. In the introduction, the priest asked the Christians to assist the researcher with the interviews. The introduction served as a snowballing effect because many brethren were formally informed of my visit to the sub-division. After service and in the course of the interviews, the priest first answered the question on whether FGM/C was a religious rite by emphasizing that there is no place in the holy bible that inhuman treatments like FGM/C are tolerated amongst Christians. He pointed out that the head of the Catholic church in Rome his Holiness the Pope in an apostolic letter to the Bishops in Africa has demanded that sermons which portray condemnation of traditional rites should be emphasized so Christians will understand the need to eradicate the act. He argued that, there is no biblical provenance of FGM/C by Christian theologians and that if any Christian is practicing FGM/C, it is considered as obscure and unorthodox. Moreover, that God created women with the clitoris for a purpose, and there should be no justifications as to why the clitoris should be chopped off at any stage of a girl’s upbringing. He insisted that there no biblical instructions that allow for traditional or surgical modification of the clitoris. Thus, the Almighty God being a jealous God does not approve of the removal, resizing or dis-functionalizing of the clitoris but maintenance of his creatures the way he created them.

To the clergyman, FGM/C is not a religious practice but traditional ritualistic act which can be rooted in human rights violations, sexual repression and gender inequality by the Ejagham people. The church according to him is very clear on their stance against the practice, and there is the general call for Christians to refrain from the practice because FGM/C has been overdue in the community. He concluded that the slow actions to stamp out FGM/C in the Ejagham society have also been as part, the strong attachments to culture, traditions and the utilization of sacred symbols and items which are not in connection with the Catholic Church’s religious beliefs and doctrines. Hence, the resulting consequences of the act on young girls are what have been appalling to the society, and there is a need for a way forward to eliminate FGM/C (Appendix 1, ref. 11).

From the above facts, there are numerous voices within the Ejagham community and Cameroon in general. These different contributions to the research suggest that knowledge is simultaneously local and global meaning that both the so-called indigenous and scientific knowledge are appropriate and refine each other and are therefore not incompatible. FGM/C is
seen as a tradition and culture of the Ejagham people thus understanding the underlying cultural and traditional factors behind FGM/C, will not be silenced due to the effects of the practice on the bodies of young girls and women. Rather such information about FGM/C will guide us to figure out why the rite has met with approval for over generations. With the trends of globalization exposing the weakness of these practices, something needs to be done as a remedy. With the different reasons and perceptions held, the next chapter focuses on the efforts undertaken by the local community to eradicate the practice.
CHAPTER FIVE

5. CAMPAIGNS AGAINST FGM/C

5.1 Introduction
This section presents the research analysis through examining the contributions made by actors like the Youth Groups, the State, and NGOs intending to abolish FGM/C in Cameroon (see stakeholders mapping, appendix). These actors have focused on sensitization campaigns, human rights violations and health education of women and children. FGM/C considered to be a harmful traditional practice in Cameroon is practiced in both Christian and Muslim communities but at the national levels, there are no reliable existing data on the prevalence within different communities. It can only be approximated that about 40% of women in both North and South West provinces have undergone the act. According to the 57th session of the Commission on the status of women organized by the Ministry of Women’s Empowerment and the Family in March 2013, in the Far North, 100% of Muslim women have been cut while in the South West 54% of the sampled women for this research have been victims. The rate of prevalence in the Ejagham community use to be high in the sense that circumcision was performed almost every week but with global and national efforts emphasizing the human rights aspects and the damaging effects of the practice, prevalence has relatively reduced. It is common in rural settings and as of now, no known cases of circumcision have been carried out in the urban areas except for cases that have been rushed from the villages to the general hospital for medical attention. Even though the government holds that FGM/C is punishable by law, there exist no extracts of the penal code that sanctions the act, no precise national statistical data and the non-reflection of the CEDAW convention in the constitution of the country even though the convention has been ratified by Cameroon thus FGM/C is embedded within cultural and traditional values.

The Inter-African Committee on Traditional Practices (IAC), the International Red Cross, and Red Crescent Societies (IFRC) and the World Health Organization are institutions working in Cameroon with joint efforts to eliminate FGM/C. These international institutions in partnership with national actors like the Ministries of Women’s Empowerment anthe Family (MINPROFF), Ministry of Public Health, Women on the Move for Equal Development (WOMED), Women in Alternative Action (WAA) and Friends of Manyu (local NGOs) have stepped up their fight to stamp out the practices of FGM/C in Cameroon. Their campaigns have been extended to the Ejagham community, and their joint efforts have yielded fruits and managed to convince many people to give up the practice (IPU-UIP, 2009).
5.2 Sensitization

The practice of FGM/C is a problem in Cameroon that has not been well addressed by the law and the Cameroon criminal code. FGM/C is done in hiding in nearly all ten regions in the country, but it is much more commonly accepted and openly practiced by the South West and North Regions with the Ejagham people in the South West dominating. The IAC country chapter program which was created in 1992 reported that Cameroon has not enacted a law against FGM/C, and that contributes to the failure of the practice to be criminalized under the Penal Code. These acts of violence against women also conflict with Cameroon’s Constitution, which maintains that every person has a right to live, physical and moral integrity and humane. It is imperative that the Cameroon public is sensitive on the issue. In an interview conducted with the local representative of the Red Cross, he contributed that “the barbaric slicing off of a woman’s vagina is tantamount to violence against females and these perpetrators, including parents, family members and, spouses have gone unpunished”. He is of the opinion that the Cameroon public authorities and community members should also be openly accused of not taking the responsibility to enact laws that can completely prohibit the practices of FGM/C in Cameroon. The government, the Republic of Cameroon he argues, has not done much to sensitize and bring to justice the perpetrators who use these ancient customs and traditions to condone violence against women. He lamented that the failure of the Ministry of Justice to stamp out FGM/C has led to its prevalence within the practicing areas because women should have the right to take their perpetrators to court and claim for damages on the act of violation of their bodies by the local FGM/C practitioners. However, he explained that but much has been done to sensitize the local communities through education; television programs, newspapers, and flyers, all in a bid to create awareness by engaging in community-based efforts to raise awareness among local populations particularly the Ejagham clan on the effects of FGM/C. He concluded that the sensitisation has been very effective (Appendix 1, ref. 2).

Some of the role played by the local Red Cross has been to engage in training people in villages that speak the Ejagham language, female victims of FGM/C and some existing traditional practitioners. Many victims have been going round the communities engaging themselves with their stories and explaining to parents and potential victims of the horror of the traumatizing act. This proactive engagement has been successful because the impact of FGM/C which concerns physical and mental health that is manifested through real trauma suffered by the FGM/C victims is getting to be understood by the local population. In another interview, the respondents who are custodians of the Ejagham culture resist the actions of NGOs because they claim it infringes on their culture and traditions. “Some of our cultural value is to fix women. Since the era of our forefathers, they believed that if a girl is not
circumcised, she will like to have sex whenever she is in the company of men. My grandmother initiated me to do this, and I will like to hand it to another woman before I die so that the process can be continuous” (Appendix 1, ref. 3). In support of Mama Anna’s ideology, another kinsman in another interview said “For a man like me, I believe a circumcised woman is clean and juicy for sex, unlike an uncircumcised woman whose genitals are protruding out and cannot attract me for sex. I see her as a man like myself and it is evident that the clitoris will not be looking clean. These differences make the men get married more to a cut woman (Appendix 1, ref. 5).

In the complex reality, the country representative of IAC Cameroon chapter was interviewed on the effective actions taken against FGM/C by her organization. She explained that to handle the situation effectively, IAC in partnership with other development partners and national institutions like the Ministries of Public Health, and Ministry of Women's Empowerment and the Family have aimed at building the capacities of national and local actors through the dissemination of materials and working tools for field work. Precisely, these actions include the production of radio programs in local Ejagham languages, Pidgin, English, and French. Many meetings and seminars have been held with local and traditional rulers with the collaboration and engagement of the medical staff. According to her much has been done to spread awareness especially making reference to a workshop which was organized by MINPROFF and co-hosted by IAC and the National Commission on Human Rights (NCHR) in Cameroon with the theme “Violence against women: Not a Private Affair”. The workshop was intended to reach out to traditional rulers in communities where forms of violence against women is alarming and also for law enforcement officers who are expected to use their positions and offices to impact local populations. The traditional rulers were sensitized to mobilize their youths to come out in their numbers and peacefully parade the street calling for an end to the practices of FGM/C. IAC representative believes that “At the economic level, the FGM/C practitioners are running out of business. our actions are successful based on the mass turn out of participants during seminars, support from the government, creation of youth centres, continuous campaigns over radio programs and reduced rates of reports from the Ejagham community” (Appendix 1, ref.4)

Indicatively, the practice has negatively affected fundamental rights of health, dignity and physical integrity consequently, the Chiefs of Manyu, as custodians of the culture and tradition of the people, in an agreement with Women on the Move for Equal Development (WOMED) under the project: “The Manyu Gender Biased Customary Laws Review and Reform Enhancement project”, funded by the Gender and Development Fund of the Canadian Cooperation, banned the practice in Manyu Division in September 2007 (Appendix 1, ref. 7)
5.3 Youths Affairs and Civic Education against FGM/C (YACE)

As a snowballing effect, the researcher arranged for a meeting with the youth group. Participants disclosed that they regret being victims of such practice and that knowledge has been impacted on them from IAC and WAA activities within the country. YACE group has a mother institution called Women in Alternative Action (WAA) nicknamed "Queen for Peace Initiative." This group of elderly women works alongside with YACE group to meet its goals of promoting peer education against harmful traditional practices like FGM/C. It also has the backing of the Red Cross, some South West Chiefs, and Friends of Manyu. As efforts to push through with the fight against FGM/C, YACE has been holding talks with the wives of the chiefs and some other “nbonghodems” (famous women traditional leaders). In such meetings, the young girls have cried to these elderly women to help the future generation to be free from diseases contracted from the cutting of their clitoris. Examples of recent cases of circumcision which took place in Taboh and Ndebaya villages were cited with emphasis laid on the consequences of the act. These mothers have been convened to many meetings because they are believed to have traditional authority vested in them and they can influence the attitude of men (fathers) and the general community.

Their efforts have met positive as well as contrary views especially from those “nbonghodems” who were born and schooled in the ancient traditional rites and culture of the Ejagham people. The president of this youth movement attested that “*victims are planning to take legal actions against perpetrators who have never had impunity for their wicked acts*” (Appendix 1, ref. 9). WAA has been strengthening the activities of YACE through providing alternative measures for the practitioners. Measures which have been proposed include allowing the girl to go through the ceremony without being cut, use of songs to educate the older generation and the use of local dialect, not English language while talking with the elderly people. In a symposium organized from the 3-7 of February 2014, WAA invited government administrative leaders, chiefs, youth groups, circumcised and uncircumcised girls, traditional practitioners including herbalists, men, and medical personnel since discussions were geared towards the effects of FGM/C. Discussions were focused around the need for ongoing socio-cultural changes among communities with special focus on the Ejagham and the Muslim north communities where FGM/C is also practiced. Emphasis was laid on alternative measures like the recognition of uncircumcised girls with the same status and values like the circumcised girls and to avoid any form of rejection and negative stigma. The National Human Rights Commission and the Friends of Manyu pledged their support to IAC, WAA, and YACE through continuous advocacy and local sensitization programs about the promotion of women’s rights in the media like the radio
Kembong, which is listened by almost everybody in Eyumoock sub-division. Towards the end of the meeting, participants who pledged to promote the efforts to curb FGM/C signed up for their attendance and took home brochures and flyers with the intention to share information with even friends and family members thus impacting the community (Appendix 1, ref. 10).

Local NGOs like Friends of Manyu have encouraged the process by greatly involving in dialogues with the “nbonghodems” because they are believed to be the core elites of the villages that can influence the attitudes of other men and women. One of the respondents reported that Friends of Manyu is charged with the responsibility to embark on the ways to influence change in attitudes of the entire sub-division. The organization being composed of people with different professional backgrounds have been using their medical colleagues to explain the health consequences to the “nbonghodems” and propose alternative actions for them. Some alternatives have been to offer scholarships to young girls, that way they will be sent out for secondary and higher education in bigger cities thus discouraging the idea of being proposed the circumcision (Appendix 1, ref. 6). Despite efforts made so far, on the other hand, the “nbonghodems” are still to condone with the works of the NGO. In a previous informal interview and chat with the elderly women on the day of circumcision of one young girl, one of them reported “…we do not understand why all these NGOs are coming up with western ideologies to infringe on our cultural heritage. It is like an abuse if a girl is not circumcised. She will always be stigmatized by her friends, which is more traumatizing than when it is done on her. Anyway, we shall circumcise girls because we fear curses from our ancestors” (Appendix 1, ref. 13).

Counter reactions are expected from those initiated to carry out the practice, but there are still mounting pressures from other eye witnesses and youths from these villages. On telephone interviews with two (2) other victims and one (1) eyewitness who now reside in the United States of America, they disclosed that FGM/C comes with excruciating pains which cannot be compared even with the labor pains experienced by pregnant women before delivery. “…We were circumcised out of ignorance, and we regret it today because we had severe vaginal infections that were only treated when we moved to the USA. We still feel pain during sexual intercourse, and that is surely why we do not keep relationships with men. I will never encourage any woman to undergo FGM/C because my sister died of bleeding” (Appendix 1, ref. 1). They argue that they will join all efforts against FGM/C and that the solutions to it are evident through the self- discovery of the effects from people like them and the willingness of various participants to be part of the elimination process. With community members, youth groups, NGOs, and administrative officers being informed of the effects through the radio
programs, it is hoped that attitudes will change in favor of young girls. Additionally, these efforts through group actions have for the first time in the history of Ejagham community brought together community leaders, government officials and NGOs who have designed strategies to put an end to the malicious act.

5.4 Ejagham community and Alternative Rites of Passage (ARP)
A rite of passage is an alteration that symbolizes an individual’s or group adaptation from one status to another. All anti-FGM/C activists have offered better alternatives and options to the villagers in FGM/C practicing communities. The rite of passage, therefore, focuses on the conversion of those who have deviated from socially acceptable norms and social expectations as role models to agents of new values in their communities. In an interview with a government official, successes have been achieved between 2010 and 2014 with about half the total population within the sub-division exhibiting a change in attitudes. Acknowledgments were made of the collaborated efforts of all actors including his office, who are tackling the fight against FGM/C.

Reports from the mayor’s office confirmed scaled up achievements especially with the rise of economic activities along the Mamfe-Ekok road. The government is reported to have been engaged in the construction project of the trans-African highway which has speeded up trading activities within the area. Even excisors who depended on income from the number of circumcised girls per month have now begun petty trading in local foodstuffs from their farms. Labelling and other negative traditional stigmas for girls who have refused to undergo the process can be said to be changing. Based on the agenda of the South West Chief’s conference in 2007, the rite of passage is evident in the local communities since members have been engaged to influence their communities by preaching about the effects of FGM/C. These traditional rulers are supposed to be custodians of their culture but they have transitioned from traditional attachments to objective thinking but maintaining their cultural values. Some of them still strongly hold on FGM/C while others have denounced it in support of just ceremonies without the cutting. Those in favour of the transition have proposed that the young girls be decorated with washable paints on their bodies, dress in the traditional regalia and dance the usual “monikim” and “monikim a ghut” (FGM/C) dance in the village hall. The proposals of the chiefs have met resistance and major challenges from the “nbonghodems” who still strongly hold on to FGM/C as an important cultural practice of initiating Ejagham girls into womanhood. “…there are two popular excisors Mama Anna and Mama Joana, who have refused to denounce their blades and knives, together with six (6) other initiators who are to take over the main excisors after they die. We are aware of the harmful effects of the act but since there is no
legislation in Cameroon governing the practice and because cases are not being reported for follow-up, perpetrators have never been punished by the law enforcement officers” (Appendix 1, ref. 15).

In a similar interview with men’s group, they have turned to campaigners against FGM/C. In collaboration with YACE group, they have encouraged most of the victims to speak out so that the human rights abuse in the guise of tradition will be addressed. To the men, sensitization campaigns and awareness raising have become the underlying themes in the elimination of FGM/C. They narrated their experiences as married people with their main focus on the effects of FGM/C on their wives. Some reported they cannot successfully have sexual intercourse with their wives without them being in pain. Initially, their intentions to marry circumcised women were that they would enjoy sex with a clean woman but the reverse is true due to the damage done on the human body. Some of them justified the ordeal faced by women; “it is painful to see a woman cry during sexual intercourse instead of enjoying the pleasure. I feel like I am inflicting much pain on my wife anytime I decide to have sexual intercourse. She becomes so weak, and I can understand what could be happening inside her system. Let us respect women and give them same treatments as men” (Appendix 1, ref. 8). From the above, one can deduce that men are beginning to have some sense of personal responsibility to stop influencing the decisions for FGM/C but rather campaign against these acts. The exchange of ideas amongst victims, husbands, wives, NGOs, and other collaborators against FGC have led to breaking the myths associated with the silence of indifference that is associated with FGM/C. It can be stated that, if the men can stand up to combat the myths then the entire Ejagham population should not resist the campaigns. Men should see women as their best friends irrespective of a culture and social system that prevents women from enjoying the same status as men. To combat this myth, men will have to push through by showing empathy for women and help to implement rules that will spell out the practice but preserve the traditional norms. It can be concluded that the continuous support of the male folks will trigger young girls on self-exile to return to their villages. The municipality under the patronage of male leaders should take part in observing the 6 of February every year which is a day set aside in commemoration for zero tolerance against FGM/C. The day is celebrated to create awareness with activities like sensitisation workshops, symposium, and training of peers to promote the awareness. Prices are usually awarded to communities with reported change in attitudes and or become new converts. According to the population, these efforts have paid off amongst the Ejagham people because many people have been invited to attend weekly peer education seminar conducted under the supervision of YACE, (Appendix 1, Ref. 8, 13).
5.5 Peer Education
Twenty (20) elderly women attended this meeting, twenty-five (25) young girls, ten (10) boys representing YACE, one (1) staff from Red Cross, four (4) medical staff, Three (3) Friends of Manyu staff, and one (1) delegate from WAA. The main objective of the peer meeting was to mobilize young people and their parents to encourage them to abandon FGM/C. The researcher was briefly introduced to the crowd, and the purpose of her participation was explained. The meeting was chaired by a member of the Friends of Manyu, who addressed the participants and gave highlights on the agenda of the day which was aimed at putting up a permanent institution where inter-personal communication will be strengthened thus reinforcing the achievements that have already been put in place.

The intentions of this peer group education was to influence behaviour and attitudes of the participants and to determine how positive the community has retained the alternative measures proposed by some NGOs like WAA and IAC. The guest speaker called on YACE to continue networking with other human rights organizations and should lay emphasis on the therapeutic strategies to bring back the victims to a normal state of life where they could re-value themselves and function as children of the community. The question of culture and tradition was imperative but for the sake of those who had been inflicted with pain, YACE was encouraged not to engage in such debates to defend tradition and culture as the basis for the existence of FGM/C. During the session, a respondent in an informal chat said “we shall continue to explain to the elders and traditional authorities of this community about our activities which are not to provoke any inter-generational conflicts between the youths and the older generation. We are more interested in exchanging ideas; expose the ills of the practice and look for lasting solutions to extirpate FGM/C in the Ejagham areas” (Appendix 1, ref. 6).

Owing to the fact that the research was aimed at exploring the effects of FGM/C, more medical staff were consulted in the process. The goal was to determine the extent to which workshops on preventive strategies have addressed families at risk, especially women. The peer group education also conducted individual social interventions by addressing parents who had forcibly renounced their female children because of their refusal to accept the initiation procedures. The idea behind the individual social interventions was to mediate between broken families in a bid to reunite them.

Even though not all the chiefs were interviewed, most of them received information from the notables who were present. A close associate of the Chief’s palace reported that training courses that have been carried by actors since 2010 have mobilized and strengthened local efforts to abolish FGC. More so, he added that through the capacity building seminars on the effects of
FGM/C, young girls have become very assertive to the extent that limited numbers of circumcisions are done per week compared to periods before 2010 and 2014. “…we are hopeful that as girls have become determined to influence the future generation positively, we shall support them. I strongly think we as elites of this clan will use the alternative approaches of celebrating but not cutting” (Appendix 1, ref. 5). Looking at the above excerpts from interviews articulated in this chapter, it is evident that there are links between female circumcision and the presupposed contradictions between circumcised and girls who have not been circumcised. More so, it can be purported that the reason why FGC is practiced is due to cultural inclination and patriarchy.
CHAPTER SIX

6. DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

6.1 Introduction
The aim of this study was to explore the effects of FGM/C in the Ejagham villages of the South West Province of Cameroon. This section sums up the results of the research by casting the findings in the light of individual respondents; group interviews; focus group interviews; discussions and other secondary data selected for the inquiry. It further outlines some recommendations for the eradication of FGM/C in Ejagham community and Cameroon as a whole. The findings will be grouped under the following sub-topics: Harmful health effects of FGM/C; Education and sensitization; Socio-cultural changes; FGM/C culture and human right violations; and the legal framework to eliminate FGM/C in the study area and Cameroon. This section is followed by a brief section on some articles on the constitution of Cameroon and the CEDAW (1979) convention. The research will adopt it for a structural integration of laws on FGM/C and then followed by a section on the conclusion, health sector prevention, and legal recommendations.

6.2 Socio-cultural changes
Cultural values should be upheld with dignity to humanity. Our traditional practices too, need to give honour to our bodies. FGM/C has been a cultural practice in the Ejagham community but can be seen as human rights violation on the young girls and women especially as no proper medical care is taken to prevent any adverse effect on the practice, and no impunity has ever been done for perpetrators.
FGM/C is not a religious obligation required by Islam, Christianity, or any of the other known religions. The practice is nevertheless a cultural tradition. It is an act widely practiced to protect young Ejagham females from being stigmatized, beaten and or disgraced. It is a transition as seen by many from girl to womanhood (UNICEF, 2004c).
According to medical perspective, victims of FGM/C suffer from long bleeding complications, urinary retention, urine infection, wound infection, and other infections. All the medical staff interviewed acknowledged major forms of FGM/C procedures are practiced in Ejagham clans. It is usually practiced on infants and preadolescent girls. However, the government has not prosecuted any persons or charged anyone with performing FGM/C. The fight against FGM/C is headed by local medical personnel and non-state actors. Common justifications for FGM/C is directly connected to the traditional role of women within the community as gatekeepers of their family's honour, and therefore must keep these young Ejagham girls to strict expectations regarding their sexual purity and lack of desire for men till after marriage. Amongst the Ejagham
people, there is a prevailing myth that sexual desires for girls must be controlled early to protect their unspoiled state and prevent immorality so as to ensure marital fidelity and to prevent the deviant sexual behaviour.

In the South West region where the Ejagham people are located, the practice of female circumcision is estimated to be between 20% and at 40%. The Ministry of Women's Empowerment and the Family and the government of Cameroon have no official statistics on the practice of FGM/C in the country since most communities who practice it, do so in hiding. More so, most victims of FGM/C are usually ashamed and afraid to testify in public due to traditional threats from kinsmen or shame associated with the stigma. Besides, there is no known persecution by the government on those who practice the act.

6.3 FGM/C Culture and Human Rights violation
Given that every society has its culture and tradition with sets of values, norms and practices it is essential to distinguish between cultural values and traditional practices. This distinction makes it possible for a transition from the primitive culture to a modern way of doing things without eroding the Ejagham culture and tradition. Modification or transitions from the ancient ways to a modern method where a cultural practice found to be harmful or problematic can be advocated. By recognizing the value of the change from the effects of FGM/C and within the context of violating the human rights of these young women, change towards its total eradication must be inevitable. When tradition and culture interplay with rigid adherence to practices that are outdated with no avenue for modification, there is the risk of undermining the rights of all women (Jewel, 2007).

FGM/C remains a health hazard as well as a cultural problem in the Ejagham community where it is practiced. Within Ejagham villages, FGM/C action is believed to be a transition necessary for girls to “qualify” as women. It is a practice deeply rooted in its tradition and persists because it is a traditional acceptance upheld by underlying community and Ejagham family structures. Internationally, it is recognized as a violation of the human rights of girls and women. It is frequently performed on girls between the ages of eight (8) and fifteen (15), who are not in a point to give their informed consent thus it is an act of violation of the young girl’s integrity (UNICEF, 2004).

6.4 Legal Framework to Eliminate FGM/C in (Ejagham) Cameroon
The constitution of Cameroon and it penal codes, are aligned with that of the Universal Declaration of Human Rights, CEDAW and other relevant legally binding international treaties.
The Cameroon constitution of 1990 and the creation of the Ministry of Women’s Empowerment and the Family brought in a new approach to the fight against FGM/C, which aimed to stop the barbarism on young girls by making it central at all level of government policies. A significant development is the ratification of CEDAW by Cameroon in August 1994 and the inclusion of articles within the constitution of Cameroon giving attention to gender equality under the law.

6.4-1 The Constitution of Cameroon (Preamble)

“The State shall ensure the elimination of all discrimination against women and also ensure the protection of the right of the women and the child as stipulated in international Declaration and conventions”

“The constitution of Cameroon shall protect and promote the family unit which is the natural foundation of human society. It shall protect women, the young, the elderly and the physically challenged. Every person shall have the right and the obligation to work;”

Article 8 states that “Every Cameroonian must have the right to life guaranteed by the Constitution with moral and physical integrity and humane treatment in all circumstances. Under no case shall any person be subjected to torture, to cruel, inhumane or degrading treatment. (A Glance at Women’s Legal Rights in Cameroon N.p., n.d.).

The above excerpts exist in the constitution of the country but what is lacking is the willingness to effectively implement the sanctions against perpetrators. According to the legal staff that was interviewed, he reported that some administrative and government representatives refrain from engaging in tracking down perpetrators because they fear their chances of not winning votes during political elections. It can however be concluded that the lack of political will of those in offices of power to engage in the struggle to end FGM/C has been some of the reasons why the act still exists.

6.4-2 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW 1979)

CEDAW requires state parties should take all appropriate measures to modify or abolish customs and practices which are harmful and discriminatory against women.

Article 2(f) provides that; “All appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women”.

Articles 5(a) of same publication states; “To modify the social and cultural patterns of conduct of men and women with the view to achieving the elimination of prejudices and customary and
all other practices which are based on the idea of inferiority or the superiority of either sexes or on stereotyped roles for men and women. Signatory countries should change the behavioural patterns of its citizens with a goal eliminating cultural practices that are prejudicial on sex differences or stereotyped roles for men and women.” (CEDAW, 1979)

This convention makes a direct appeal to the behaviour and some negative cultural practices which can be linked to the Ejagham community and their harmful traditional practices on girls in the name of culture.

Article 12 (19) (20) of the Convention requires that “... measures be taken to ensure equal access to health services and violence against women that put their health at risk...and traditional practices that are harmful to the health of women and children” (CEDAW, 1979).

Therefore, the social and cultural claims of some actors within Ejagham villages evoked to justify FGM/C within their community can be redressed by the argument that, arguing for the abolition FGM/C, the community is not rejecting “cultural values”, but rather a practice that causes harm to their young girls and women. It violates the physical integrity and the rights of these young Ejagham girls to attain quality health standards as the right to freedom from physical or mental violence, injury or abuse. Within the Ejagham clan, FGM/C has been performed on young females against their consent. Some parents and guardians hold that some of these girls do so on their accord to merit womanhood. It is hard to argue that the girls that have undergone FGM/C were informed of the long-term health effects of the circumcision.

From the analysis, most of these young girls and women were strongly subjected to tradition and culture of the Ejagham community. More so, expectations and peer pressure on them including songs, bodily gestures and initiation ceremonies forced these girls to undergo the painful experience of FGM/C.

6.5 Conclusions and Recommendations

FGM/C is internationally and nationally recognized as a form of violence against women and an act that ensures the continuance of gender inequality (UNIFEM, 2003). This endorsement has officially been made by the UN (UNIFEM, 2003) and the African Union (2003). More sensitisation campaign rates would imply Cameroon as a nation and the Ejagham community is currently in a favourable position to maintain a preventive and simultaneously a protective position about its young women. In light of the issues explored through the research, the study concludes by outlining some key recommendations. An intergovernmental working group should be established in Ejagham community to tackle the issue and coordinate the actions set out below within the community and the entire nation of Cameroon.
6.5-1 Health Sector Recommendations

The Medical Association within Cameroon in collaboration with the Ministry of Public Health should review the guidelines by the CEDAW regulations and Universal Declaration Human Right articles to prohibit FGM/C and to give guidance on how to treat girls and women already affected by FGM/C.

Health professionals, and especially those involved in obstetrics and gynaecology, should be trained in the types of treatment most appropriate for FGM/C cases. Statistics should be collated on women that have undergone FGM/C and presenting themselves for medical services at the Mamfe general hospital. Primary care, as well as reproductive and sexual health services, should be targeted for data collection on women and children.

Many former practitioners of FGM/C should be given formal training to understand the effects of the medical damages FGM/C causes on young girls. Information about new FGM/C cases should be reported immediately to the police and or other NGOs (partners on the field) for coordinated action to be taken so as to curb FGM/C. Studies about FGM/C should be compulsory on all medically organized symposium.

6.5-2 Prevention Recommendations

An approach to prevention and behaviour change should be implemented at the Ejagham community level, and a needs assessment undertaken to identify the prevalence of FGM/C in the community.

The Ejagham local population should be involved at all stages of the project cycle of national NGOs working to end the practice thus empowering the local population.

Girls and women that have been victims to FGM/C should be identified and enabled to work as role models in the fight against FGM/C within Ejagham villages and the neighbouring communities.

All religious and community leaders should be engaged at all levels of decision making and help adopt prohibition rules in their public denouncement of FGM/C thus essential for the eradication and prevention of the practice to be successful.

Adequate, sustained funding from the government of Cameroon and other international actors are the most important aspects of enabling this process of prevention and behaviour change within the Ejagham community. Partnership with these actors will signal real commitment to community and energize especially those youth groups at local levels within Ejagham society to fight against FGM/C.

Rectors, Principals and Head Teachers of primary and secondary schools in the Ejagham community should also be informed and empowered on how to identify or report suspected
cases of FGM/C to the authorities. These teachers should receive training to aid in the prevention of FGM/C and train girls to resist the barbaric acts. Information should be provided to girls, women, wives and mothers that FGM/C is a negative practice on their families. These women should adopt best practice models employed elsewhere for community-based prevention and eradication.

As suggested by WAA in a conference of February 2014, the use of songs with messages to educate, talking to men and women across the region, use of local dialect not English nor Pidgin to speak to the elderly women (excisors) and “moninkim” dance and ceremony be carried out but the cut should not be performed. According to WAA staff, the young girls could be painted with washable paint, dressed in the traditional regalia and allowed to dance at the village halls; that way, the girls will still maintain knowledge of how their cultural dances are performed.

6.5-3 Legal Recommendations

The government of Cameroon should enact specific legislation to prohibit FGM/C. The legislation should empower and enable informants to come forward and report such actions before the law. It should allow medical professionals to provide necessary medical treatments and interventions, especially in emergency cases.

Overall, any strategy tackling an issue such as FGM/C must take the dual approach of legislating against the practice at a national and international level, empower and educate people at the community level so as to bring about the eradication of this practice. In the Ejagham context, the girls that have undergone these practices without their consent should be allowed by law to sue their perpetrators for damages. If this is considered to be unfeasible, existing legislation must be modified so that it does not permit room for interpretations that advocate a cultural relativist approach; that is to say; the law should be used to justify why cultural norms have to be modified.

Conclusively, to some extent, my research may have been more productive if I made use of theoretical frameworks in framing the study from the onset. But again as Becker (2007) argued, there is just no way to be very sure that the existing theory is not misleading and dominant. Besides, he requires that researchers should examine the ideological components of an established approach and see what happens when the assumptions in the theories are abandoned. He claims that a serious researcher will repeatedly talk about the same subject in a coherent manner, which is what I have done from the onset on this research paper. In my opinion, using alternative sources of concepts to understand the phenomenon I have been studying has given my research more counterweight to the ideological assumptions embedded in a theory. My arguments have been supported by (Dressman, 2008, p. 92; see also Peter Elbow, 1973, 2006)
who argue that, a theory is like “believing game” and the “doubting game” where in the 
doubting game, the researcher has to look for flaws and challenge the theory while in the 
believing game the researcher has to accept the established ideas of a theory and look for ways 
to intensify the way he/she will understand the phenomenon they are studying. Dressman (2008) 
stressed the fact that the credibility of the findings of a study can be threatened by uncritical use 
of a theory thus affecting the researcher’s ability to contribute to the reader’s understanding. I 
have avoided not to neglect the important source of theory which is the theory (ideas and themes 
that formed the concepts) held by the participants in my study and also avoided the common 
way of most novice researchers who rarely challenge the theory they use in their research but 
present their findings as supporting a theory.
References


Farnoosh, R. A (2012). Theories on Female Genital Mutilation: Department of Cultural Anthropology. Uppsala University


Shell-Duncan, B. (2001) The Medicalization of Female “Circumcision”: harm reduction or promotion of dangerous practice? University of Washington, USA


World Health Organisation (2016a). Female genital mutilation: Fact Sheet [Online] Available at:  
http://www.who.int/mediacentre/factsheets/fs241/en/ [Accessed 22/05/2016]


Appendix

Appendix 1: List of Interviewees

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Org</th>
<th>Place of Interview</th>
<th>Date of interview</th>
<th>Telephone number</th>
<th>Means of interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Anonymous victims and eye witnesses (3)</td>
<td>Eyes witnesses now residing in the USA</td>
<td>From Sweden</td>
<td>6/04/2016</td>
<td>0012406089307</td>
<td>Telephone</td>
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<td>2) Anonymous man/NGO representative (1)</td>
<td>Retired Nurse/Representative of Red Cross</td>
<td>Mamfe</td>
<td>4/05/2016</td>
<td>0023780736316</td>
<td>Interview</td>
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<td>3) Mama Anna Mama Joana (2)</td>
<td>Excisors</td>
<td>Mbakem Taboh</td>
<td>21/04/2016</td>
<td>No phones</td>
<td>Interview</td>
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<td>4) Anonymous NGO representative (1)</td>
<td>Presentative IAC</td>
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<td>28/04/2016</td>
<td>0023773083828</td>
<td>Telephone</td>
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<td>5) Anonymous elders (4)</td>
<td>Traditional Council Elders</td>
<td>Taboh</td>
<td>18/04/2016</td>
<td>0023779216106</td>
<td>Group/informal chat</td>
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<tr>
<td>6) Anonymous NGO representatives (3)</td>
<td>Former MP Retired Doctor/Friends of Manyu (NGO)</td>
<td>Mamfe</td>
<td>25/04/2016</td>
<td>0023774889441</td>
<td>Group Interview/Informal chat</td>
</tr>
<tr>
<td>7) Anonymous chiefs (4)</td>
<td>Traditional Rulers</td>
<td>Ndebaya</td>
<td>30/04/2016</td>
<td>0023775348155</td>
<td>Group interview</td>
</tr>
<tr>
<td>8) Anonymous (15)</td>
<td>Fathers/Men’s group</td>
<td>Taboh</td>
<td>15/04/2016</td>
<td>0023775640620</td>
<td>Group Interview</td>
</tr>
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<td>9) Anonymous (24)</td>
<td>YACE/Women’s group</td>
<td>Taboh</td>
<td>21/04/2016</td>
<td>0023779180682</td>
<td>Group/Individual interview</td>
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<td>10) Anonymous (1)</td>
<td>WAA Representative</td>
<td>Mamfe</td>
<td>26/04/2016</td>
<td>0023799783741</td>
<td>Individual Interview</td>
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<td>11) Anonymous religious leaders (2)</td>
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<td>Mamfe</td>
<td>22/04/2016</td>
<td>0023779669999</td>
<td>Individual Interview</td>
</tr>
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<td>Anonymous hospital workers (6)</td>
<td>Medical Staff</td>
<td>Mamfe Hospital</td>
<td>16/04/2016</td>
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<tr>
<td>13</td>
<td>Anonymous women (20)</td>
<td>Nbonghodems (women’s traditional council)</td>
<td>Taboh Mbakem Ndebaya</td>
<td>23/04/2016</td>
<td>No phone number</td>
</tr>
<tr>
<td>14</td>
<td>Anonymous School Staff (4Females)</td>
<td>School Staff</td>
<td>Taboh</td>
<td>20/04/2016</td>
<td>0023750530543</td>
</tr>
<tr>
<td>15</td>
<td>Anonymous Men and woman (3)</td>
<td>Government officer, Lawyer, Market Women</td>
<td>Mamfe Mamfe Taboh</td>
<td>No phone number</td>
<td>Individual Interview/Chat</td>
</tr>
</tbody>
</table>
Appendix 2: Interview guide

Interview Guide

1: Interview guides for the main informants

- Name of key informant
- Position or title
- Name of Interviewee

Key questions

1. What is female genital mutilation according to the Ejahgam cultures?
2. How can you define female genital mutilation?
3. What are the different types of female genital mutilation practiced in the Ejahgam community?
4. Do you know of any problems and effects associated with circumcision?
5. Why is FGM a popular activity and commonly practiced in this part of Cameroon?
6. Do you consider FGM as a human right violation practice?
7. Do you know the experience of anyone who has been circumcised?
8. Who among the Ejahgam tradition is empowered to perform female genital mutilation?
9. Will you love your children (female) to be circumcised?
10. How is religion involved in the practice of FGM?
11. Do you think it is a good idea to abolish this custom?
12. What do you think can be done to replace this practice among the people?

2: Interview guides for local organisations, NGOs and government institutions.

- Name of organisation
- Location
- Name of Interviewee

Key Questions

1. Can you briefly explain about your organisation?
2. Tell me more about your programs concerning circumcision?
3. Are you familiar with the government policy with regards to FGM?
4. How effective is this policy in reducing the practice?

5. Have you handled any complaints regarding FGM?

6. What strategies have been put in place by this institution to fight FGM?

7. What are some of the achievements of your organisation/institution?

8. What are some of the challenges faced in the process?

9. How sustainable/effective are your effort to eradicate FGM?

10. What are some of the alternative rites of passage that have been proposed in communities that practice FGM?

11. What is being done to involve all stakeholders in the efforts to eliminate FGM in the Ejagham community?

12. How do you feel about government involvement in the elimination of FGM?

13. What can be done differently both by the local organisations and governments in this fight against FGM?
Appendix 3: Pictures

Picture 1

Traditional Rulers. Photography by Bayen, 30/04/2016
A village notable and Women’s leader. Photography by Bayen, 18/04/2016
Nkim dancers in traditional regalia. Photography by Bayen, 21/04/2016

Teachers and school girls. Photography by Bayen, 20/04/2016

Mamfe Council Hall. Photography by Bayen, 20/04/2016
Appendix 4: Stakeholders Mapping

The above diagram identifies the relevant primary and secondary stakeholders for this research. According to Mikkelsen (2005) primary stakeholders are those who are directly affected while the secondary are those believed to have engaged in the matter and who are important for the course of the research. In the case of this study, the primary stakeholders are the victims and the youth affairs group who have been able to provide information on the social reality. The secondary stakeholders are the NGOs, Medical staff, Government institutions who are involved in the decision making and policy recommendation. Their decision making power and influence have made them to be considered as important agents to the fight against FGM/C.

Source: Field Data by Author
Appendix: 5 Map of Study Area (Mamfe-Manyu division)

*Source:* Field data, www.macefcoop.com
Appendix 6. FGM/C main tools. Rusted blade and Akarang (Sharp knives)

Photography by Bayen, 21/04/2016
Appendix 7 Types 1, 2, 3 and 4 FGM/C

Source: http://www.dofeve.org/types-of-fgm.html