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Deconstructing the psychosexual myths of female circumcision among the Pokot in Eastern Uganda: hints for public health campaigns

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\textbf{ABSTRACT}
Sexualization of the woman's body has for years been used to promote the practice of female circumcision in practicing communities. In this study, we provide an insight into the constructive psychosexual experiences of uncircumcised Pokot women in Eastern Uganda. This phenomenological study was based on thirty-five in-depth interviews with uncircumcised women. A thematic analysis revealed six constructive psychosexual experiences; less exposure to early marriages, fewer complications during menstrual periods, amplified sexual pleasure, ease to reach orgasms, less exposure to sexually transmitted infections, and good reception by men from non-female circumcision communities. These experiences provide grounds for public health campaigns against female circumcision and fighting stigmatization of uncircumcised women.

\textbf{KEYWORDS}
Psychosexual experiences; deconstruction; Pokot; uncircumcised women; public health campaigns

\textbf{Background}
Sexualization of female circumcision remains a key drive in promoting the custom among the practicing communities (Berer, 2015; Fahmy et al., 2010; Johansen, 2017). Feminist writers and human rights activists have revealed sex and gender as frequently used in female circumcision communities to women’s disadvantage (Barbera, 2016; Shell Duncan, 2020; Stewart & Herr, 2017). Besides, the position of women in female circumcision communities continues to be defined according to the biological law thus relegating a woman as a second-class citizen (Shell Duncan, 2020).

Several psychosexual myths continue to be exploited by promoters of female circumcision to lure adolescent girls into the practice (Ahinkorah, 2021; Doucet et al., 2017; Inungu & Tou, 2013; Sakeah et al., 2018). For instance, controlled infidelity and sexual promiscuity continue to be mentioned by the practicing communities in justifying female circumcision (Blackstone et al., 2003; Eldin et al., 2018b; Stewart & Herr, 2017). Besides, promoters have hailed the cultural practice for beautifying the woman’s vagina and taming their sexual feelings (Abathun et al., 2016; Kimathi Nkanatha & Karuri, 2014). However, these psychosexual conclusions have been criticized by African and western feminists for perpetuating gender-based violence on women by fellow women (cutters/circumcisers) at the behest of men (Kimathi Nkanatha & Karuri, 2014). Besides, health professionals have found no evidence connecting female circumcision to marital faithfulness, infidelity and premarital virginity (UNICEF, 2017; WHO, 2018).
Advocates of female circumcision state that, the clitoris is dangerous to the unborn babies and makes the woman smell badly and is hazardous to the health of men (Pashaei et al., 2016; Klein et al. (2018). Consequently, adolescent girls and women in the practicing communities are under pressure to undergo the practice because of the perceived health benefits. However, as earlier noted, these psychosexual myths have scientifically been disapproved (WHO, 2018). Despite these conclusions by health experts, evidence indicates persistence of female circumcision among the practicing communities (Kimathi Nkanatha & Karuri, 2014; Pashaei et al., 2016; Ross et al., 2016; WHO, 2018). This has been exacerbated by modification in the ways of performing the custom among the practicing communities (Ross et al., 2016).

In Uganda, female circumcision remains dominant among the Pokot with over 54% of the Pokot women circumcised as compared to the national prevalence of 1.4% (UBOS, 2017). Further evidence indicates that uncircumcised women are subjected to unbearable psychosexual experiences including denial of sex, and given derogatory names like “magangandet” literally meaning “outcast” (UWONET, 2017). Nonetheless, a proportion of adolescent girls and women have come out to resist the practice (UBOS, 2018; UNICEF, & UBOS, 2020). However, evidence on the constructive psychosexual experiences among uncircumcised women that can be exploited to deconstruct the psychosexual myths by promoters of the cultural practice remains undocumented. This study therefore sought to answer the questions: What are the positive psychosexual experiences that uncircumcised Pokot women take pleasure in that can be enhanced to deconstruct sexualization of female circumcision during public health campaigns in the practicing communities? How can social workers use these experiences to challenge stigmatization of uncircumcised women?

Methods

Sampling and recruitment procedure

For this phenomenological study, we drew on data from 35 in-depth interviews with uncircumcised Pokot women conducted between August and December 2021. The adoption of the phenomenological design was informed by the desire to appreciate the psychosexual experiences of uncircumcised women from their own perspective (Kivunja & Kuyini, 2017; Pulla & Carter, 2018). Informal conversations were also conducted with participants and community members regardless of their circumcision status to give a general picture on the experiences. The conversations with community members helped in reinforcing the voices from uncircumcised women.

Participants were recruited using the snowball sampling technique. The initial uncircumcised women were recruited using a local social worker working with one of the Community-Based Organizations (CBO) in the area. The social worker was later recruited as a Research Assistant and helped in translations during interviews as well as transcriptions. The Research Assistant was trained for two days by the authors with emphasis on code of ethics for research in the social and behavioral sciences involving human participants.

Informed consent was obtained from each participant before the interviews. To ensure that participants give informed consent, the researchers explained to them the purpose, selection criteria, and benefits in the local language (Pokot). Participants were also asked to select the venue they felt comfortable being interviewed from. Due to the fact that the study was conducted during the COVID-19 pandemic, anti-COVID 19 guidelines and Standard Operating Procedures (SOPs) set by the Government of the Republic of Uganda were highly observed during interviews.

Data collection

In-depth interviews conducted in Pokot language applied to all study participants and key informants. This method facilitated storytelling and meaning-making by the studied, reconstruction of their lived experiences, as well as obtaining their subjective interpretations of what
outsiders observe. Before the interviews, participants were consulted on the time and location from where they felt comfortable to have the interaction. Each interview conducted in the Pokot language lasted between 50 and 60 minutes. This time has been confirmed to be convenient for both researcher and participants by several scholars (Guest et al., 2006). An interview guide with open-ended questions was used during Interviews. There was a lot of flexibility during interviews to allow participants freely express themselves. All interviews were audio recorded with consent from the participants. Informal conversations were also conducted with participants and the general community.

Analysis

The study adopted the Braun and Clarke (2022) Thematic Framework of data analysis. The first step of analysis involved transcribing the recorded audios and translating the transcriptions. After translating the transcripts, we read them through two times. After proof reading, we shared the transcripts with a Pokot native well-versed with the English language from the center for Language and Translation Services. After confirming the translations, we reread through, and started identifying meaning units, which we labeled with codes. The emerging codes helped us in generating categories. After generating categories, we used these categories to generate sub-themes and themes in line with the research questions. While generating these sub-themes and themes, focus was placed on those mentioned by more than one participant. For validity and accuracy, the transcripts were subsequently uploaded to Atlas-ti 7.5 (2016). Notably, the process of data analysis was highly iterative involving us revisiting the transcripts for accuracy and consistency.

Results

Characteristics of participants

The study findings are based on In-depth Interviews with 35 uncircumcised Pokot women from Eastern Uganda. Twenty-nine (29) of the participants had attained primary education while six (6) had secondary education. Thirty-one (31) of the participants were married and four (4) were unmarried. Only three (3) of the participants were formally employed. All participants were age of 20 and above.

The thematic analysis revealed six constructive psychosexual experiences; less exposure to early marriages, amplified sexual pleasure, ease to reach orgasms, fewer complications during menstrual periods, less exposure to sexually transmitted infections, good reception by men from non-female circumcision communities as presented below.

Reduced risk of exposure to childhood or early marriage

Participants reported reduced risk of exposure to early marriages as one of the constructive experiences that they have benefited from circumcision refusal since girls were presumed ready for marriage immediately after circumcision. This revelation is evident in the narrative below:

When I turned 14, my paternal aunt told me to prepare for circumcision because they had already got for me a man to get married to. That the man had already given my father cows as dowry. The good thing my mother was not supportive of the idea of me getting circumcised. So she advised me to escape to Amudat town and stay with my maternal aunt. That is how I survived being married off to an old man who was almost supposed to be my grandfather.

The above revelations were affirmed by one of the former circumcisers during an informal conversation, when she pointed out that, female circumcision has for years been used as a process to prepare girls below the age of 14 for marriage. She had this to say,
Many girls in this village as young as 13 years were married off after circumcision. This is because circumcision among us the Pokot is used as transition to adulthood and preparation of the girl for marriage. It is during preparation for circumcision that the girls were given marriage hints.

Among the women who reported surviving early marriages as a result of refusal to undergo circumcision, there was strong support from one of the parents as one of the protective factors. This was because the practice was performed when girls were below the consent age of 18 years.

**Amplified sexual pleasure during sexual intercourse**

Participants reported experiencing sweet sensitivity during sexual intercourse with their boyfriends and husbands since their vagina is intact without any scars. Although circumcised women were not targeted to get their experience on sexual feelings, during informal conversations in the community, circumcised women mentioned feeling pain while having sex with their husbands. We recount stories from two participants:

*I have been married for over ten years but I always feel good whenever I have sexual intercourse with my partner. If I remember well, I only experienced pain the first time I had sexual intercourse with my boyfriend though I never got married to him because we were dating when we were still young. Maybe I experienced the pain because the opening was still intact and small hahahahaha . . . But I hear some of my friends who are circumcised saying they feel pain while having sexual intercourse with their husbands but I have never experienced that pain.

I have never felt pain during sexual intercourse apart from the very first time I had sexual intercourse because I was still a virgin, and the boyfriend pushed in his “thing” meaning penis without giving me time to become wet. I was about 14 years of age and very tall. Of course I hear those who are circumcised feel pain while having sexual intercourse. I have my friend who is circumcised and she tells me that she has lost interest in having sexual intercourse with her husband because she feels a lot of pain whenever they have sexual intercourse and sometimes she bleeds.*

The above revelations were reechoed by male youths in Amudat Town Council as indicated in the narrative below:

*My friend, I don’t want to hear about circumcised women. I married my wife without knowing that she was circumcised, but I struggled in the first days penetrating because the opening was very small. I was forced to share my pain with one of the kokonyon (old woman) who is our neighbor and she advised me to tell my wife to go and meet her. When my wife went, she told me the old woman used a small horn to enlarge the opening but it was very painful. I had nothing to do because I loved my wife. But at the same time, I was dying because I would feel a lot of pain whenever I had sexual intercourse with her.*

These experiences were further augmented by one of the district health experts, who reported that circumcised women feel a lot of pain during sexual intercourse because they have scars inflicted on them during the circumcision process.

**Ease of reaching orgasms during sexual intercourse**

Participants who mentioned amplified sexual pleasure during sexual intercourse reported that this was epitomized by ease of reaching orgasms. During informal conversations, uncircumcised women revealed reaching orgasms easily due to increased sensitivity. This is evident in the excerpt below:

*Hahahahahah are you talking of me reaching or finishing during sexual intercourse? All I can tell you, just a mere man touching my breasts makes my vagina wet. Me most of the time I have sex with my husband, I get satisfied because my body is very sensitive. But I hear some people saying that they take time to reach orgasm but me the story is different. I can even finish without penetration. I am very sure this happens because my private parts were not tampered with.*

Participants further revealed that they experienced less pain while having sex with their husbands epitomized by ease of reaching orgasms. This, to them, has been helpful in influencing the perception of Pokot men toward uncircumcised women.
**Less complication during menstrual period and giving birth**

Less complications and pain during menstrual periods were revealed by participants as the other constructive psychosexual experiences. Although some participants noted experiencing some pain, they reported that the pain was not too much. However, little comparison was made with those who are circumcised to get their experiences on this. One of the uncircumcised participants noted:

*Since my adolescence, I have been getting my menstrual periods but with little pain. I may not understand the science in that but all I hear from those who are circumcised that they feel a lot of pain in the lower abdomen while having menstrual periods.*

Besides, less complication during menstrual periods, participants mentioned getting little complications while giving birth. This is evident in the narrative below:

*I have five children now and I have never got any problem while giving birth yet my friends who are circumcised have delivered from Moroto Hospital. Some of them have undergone caesarean section after failing in our health facility here. These experiences have taught me a lesson and I pledged not to circumcise my daughters although my relatives sometimes try to influence me to circumcise my daughter.*

These constructive psychosexual experiences were reaffirmed by health officials from Amudat Health Center IV who reported that uncircumcised women are likely to experience less pain while giving birth and during menstrual period. They attributed these psychosexual experiences to the intactness of the inner vaginal parts and non-post circumcision trauma.

**Less exposure to sexually transmitted infections**

Participants above the age of 30 reported that one knife traditionally was used to circumcise more than three girls at the same time without sterilization. This procedure according to participants exposed many girls to Sexually Transmitted Infections like HIV/AIDS, gonorrhea, and genital herpes. One of the participants, in this regard, had this to say:

*I am sure I survived getting those sexually transmitted infections that many girls were getting as a result of female circumcision. You know in those old days, one wembe (knife) would be used for cutting more than three girls at the same time without even cleaning it first. Many of these girls never knew that they had been exposed to such diseases because Pokot was a closed community with limited access to social services like health and education. Some of the girls, especially those who were exposed to HIV/AIDS would just say that their co-wives were bewitching them, which resulted into family conflicts in some homes.*

These revelations by uncircumcised women on exposure to sexually transmitted infections were reaffirmed by health officials from Amudat District. They reported that using one knife for circumcision exposed many adolescent girls and women to Sexually Transmitted Infections.

**Acceptance by men from non-female circumcision communities**

Participants revealed that men from non-female circumcision communities prefer uncircumcised women. Participants attributed this to the high number of cows that were traditionally attached to circumcised women. It was also attributed to less pain experienced during sexual intercourse. This is evident in the interview excerpts below:

*Things have changed somehow these days, but during those old days of us, Pokot men used to mock us a lot because we were not circumcised. But what helped some of us gain confidence was that men from other tribes like Teso and Bugisu preferred dating us who were not circumcised. Of course they did this fearing to pay more cows because circumcised women during those days were very expensive in terms of dowry yet for us not circumcised the parents would allow you go with any one because they knew no Pokot man would marry us. Some men, after having sex with circumcised women, (they) started looking for us claiming that circumcised women are not sweet in bed.*

*You know I am a business woman and always buy my things from Mbale Town. One time my friend from Mbale told me that he cannot get married to a circumcised Pokot girl because they will ask for many cows. You know when*
we were growing up circumcised girls and women used to fetch more cows in terms of dowry, although things are changing these days.

Whereas participants pointed out acceptance by men from non-female circumcision communities, during informal interaction with Pokot youth, many of them reported preference for uncircumcised women despite some resistance from the elders, whom they say want their culture to be protected and respected. One of the youth who was preparing for marriage narrated after a church service:

I have dated my girl friend for more than 10 years, but my parents don’t like her because she is not circumcised. My mother always tells me to get another girl who is circumcised because we have to protect the culture. (Me) I have decided to marry this one because I love her although my parents are threatening not to attend our wedding.

The above revelations were confirmed by one of the key informants, during an informal conversation, who reported that many uncircumcised women have resorted to getting married to men from non-female circumcision communities since they do not stigmatize them as compared to those who are circumcised.

**Discussion**

This study challenges the sexualization of female circumcision among the practicing communities. It provides constructive psychosexual experiences that are critical in increasing awareness on the positive benefits of not being circumcised during public health campaigns. Evidence indicates that female circumcision remains a dominant practice across the globe with communities modifying ways of performing the practice (Ross et al., 2016). Consequently, questions continue to be raised on the impact of health campaigns against female circumcision as cases continue to be reported among the practicing communities (Ikonne & Chukwuma, 2020; Koski & Heymann, 2017; Llamas, 2017; Sakeah et al., 2018; Tordrup et al., 2022).

The study revealed improved sexual pleasure as one of the constructive psychosexual experiences for the refusal of circumcision. Although little evidence is documented to support their argument, medical professionals confirmed that tampering with the woman’s clitoris and labia minora may result into development of inelastic scars and adhesions around the excised areas thus causing impaired sexual functioning (Buggio et al., 2019). Therefore, unless these good experiences are integrated in the public health campaigns, efforts by health and human rights activists to spread the gospel of non-female circumcision will remain silent.

Medical experts concur that, uncircumcised women are likely to suffer less complications during menstrual periods and while giving birth as compared to their counterparts (Fahmy et al., 2010; Kalokoh, 2017; Philips, 2016). This was reaffirmed by participants who reported receiving fewer complications while giving birth as compared to their counterparts who are circumcised. These revelations were augmented by key informants who revealed that, circumcised women find it hard to give birth because they cut and reduce the vaginal opening, thus making it hard for the infant to come out. This was confirmed by medical experts that have researched on female circumcision (Ahmed et al., 2019; Johansen, 2017; United Nations Population Fund (United Nations Population Fund UNFPA, 2004).

Female circumcision exposes those undergoing the ritual to STIs since the same circumcision tool is used on a number of girls. Scholars have found a strong association between female circumcision and the risk of HIV/AIDS among girls and women (Noah Pinheiro, 2019; Olaniran, 2013). Besides, a few participants reported that the chances of uncircumcised women getting HIV/AIDS during sexual intercourse are minimal. However, these myths without any scientific evidence are not only escalating the spread of STIs but also undermining family planning campaigns by state and non-state actors. This confirms findings by several scholars that, uncircumcised women are less likely to use contraceptives as compared to circumcised women (Masho et al., 2020). Social service workers and policy makers in this regard need to understand the myth among uncircumcised women that they are less likely to get STIs such that further investigations are conducted.
Our study revealed that the refusal of circumcision resulted into less exposure to early marriage. Uganda has been ranked as one of the countries with the highest rate of early marriages with over 60% of the young girls in Uganda affected, of which 15% are married by age of 15 and 49% by the age of 18 years (UNICEF, & UNPF, 2019). Although this was not previously linked to female circumcision, our study reveals high incidents of early marriages among the Pokot community, where female circumcision remains dominant. It further revealed female circumcision as a precursor for early marriage in the practicing communities.

Although men from female circumcision traditionally preferred getting married to circumcised women, men from non-circumcision communities preferred uncircumcised women. This was attributed to a number of factors including; desire to preserve their cultural heritage, high illiteracy level and ethnicity. This confirms to studies elsewhere which showed that the illiterate and those who have been to primary school only are more likely to prefer circumcised women than those who have attained secondary and higher education. They further revealed that ethnicity and religion are significant factors that influence males’ preference to marry circumcised women (Sakeah, 2018; Varol et al., 2014, 2015; Zurynski et al., 2017). In this regard, it is important for policy makers and social service providers to appreciate the fact that change in attitude of community members especially in the cultural context is a gradual process.

**Implications for social work practice**

Several interventions have been implemented by social workers and human rights activist to undermine the practice of female circumcision. However, the practice has persisted, with the practicing communities modifying ways of doing it (Too Many, 2018; Haaland, 2017; World Bank, 2020). Notwithstanding, women who resist female circumcision receive negative reception with their citizenships in those communities contested (2021; Too Many, 2018; Ahinkorah, 2021; Kenya, 2021; UNICEF, 2016, 2017, 2020). This calls for change in the approach of addressing the traumatizing experiences associated with refusal of female circumcision. This study therefore provides evidence on positive psychosexual experiences that social work practitioners can integrate in public health awareness campaigns against female circumcision.

The current study underscores positive psychosexual experiences associated with non-circumcision. Social work practitioners can build on these positive psychosexual experiences to help and empower victimized uncircumcised women to cope and improve their quality of life. This can be through integration of these positive psychosexual experiences in the school curriculum and other development agendas to promote equality, inclusion and social justice drawing from the health benefits linked to non-circumcision.

**Limitation**

Our findings are based on a small convenience sample drawn from a single community, yet female circumcision is practiced in more than five communities in Uganda. Besides, although female circumcision remains high among the Pokot, it has drastically reduced in neighboring practicing communities. Thus, generalizing the results to other communities without similar contextual factors is limited. Further note, the interviews were conducted in the native languages and later transcribed and translated into English. There is a possibility that specific meanings of terms or phrases may have been lost in translation.

**Abbreviations**

CDO Community Development Officer
FM Female Circumcision
FGM Female Genital Mutilation
Disclosure statement

No potential conflict of interest was reported by the authors.

Ethics approval and consent to participate

The study was approved by Makerere University School of Social Sciences Research and Ethics Committee (MAKSS), registration number REC09.21.493. The study was also approved by Uganda National Council for Science and Technology (UNCST), registration number SS1046ES. Permission to conduct research was also obtained from the Amudat District authorities. The study participants were thoroughly informed of the study objectives, and written informed consent was obtained from them. Participants who could not write, a thumbprint was used as approved by the Ethics Committee (MAKSS REC & UN CST).

References


