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“Am I More than a Housewife”? An Exploration of Education, Empowerment, and Gender Preference in Relation to Female Genital Cutting/Mutilation in the Far North Region of Cameroon

By Maurine Ekun Nyok¹

Abstract

Despite the United Nations (UN) efforts to eliminate all forms of discrimination against women, gender discrimination remains visible in most regions of Cameroon. Traditional practices such as female genital cutting/mutilation and early marriage violate the human rights of their victims and continue to perpetuate gender gaps, leaving women vulnerable and dependent on their male counterparts for their daily needs. The aim of this ethnographic study is to examine the influence of the traditional practice of female genital cutting/mutilation (FGC/FGM) in the face of modernity and as a driver of gender inequality. Study participants were girls and women from the Far North Region of Cameroon and activists and academics involved in the study of FGC/FGM. A total of 36 participants were interviewed. This study shows that within these communities, the practice of FGC/FGM contributes to constructing gaps between men and women in education, empowerment, and offspring gender preference. By examining how these gaps are perpetuated, this study highlights the reasons for the region's high illiteracy rate among women, the lack of female empowerment, and why parents prefer having male children over female children. This study also reveals that women in this part of Cameroon are primarily recognized only in specific areas of life, such as in the “housewife” role, their ability to satisfy their husbands, start biological reproduction, and perform household chores. Victims of FGC/FGM are often limited to household roles, thereby depriving them of fundamental human rights and opportunities. This study contributes to the existing research on how the practice of FGC/FGM promotes gender inequalities in different areas of life. This work is rooted in the shared experiences of women themselves, revealing how they conceptualize the practice of FGC/FGM.

Keywords: Female genital cutting/mutilation, Marginalization, Feminism, Violence, Gender inequality, Women in Cameroon

Introduction

The practice of female genital cutting, and mutilation (FGC/FGM) affects not only the health and psychological well-being of women, it also profoundly affects their socio-economic life. In the words of a “cut” woman from the Far North Region of Cameroon:

All my official documents list housewife as my profession because that is the only profession I have. I could not further my education or learn any craft work because immediately after the cutting rite, I got married and became a housewife whose activities are limited and confined to the house.

This quote from one of the interviewees in this study underscores the fact that although there

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has been substantial research on the practice of FGC/FGM, the social and economic experiences of the victims can reveal the nuances of its everyday effects.

FGM is defined by the WHO, UNICEF and UNEPA in a joint statement as all procedures which involve the partial or total removal of the external female genitalia or other injury to the female genital organs, whether for cultural or other non-therapeutic reasons. (WHO, UNICEF and UNEPA 1997). It is a cultural practice that is carried out in different parts of the world, particularly in Africa, Asia, and the Middle East. It is also sometimes performed within immigrant communities in some European countries, such as the UK. It is estimated that approximately 200 million girls and women alive today have undergone FGC/FGM (UNICEF, 2016) and that millions more are at risk of undergoing this traditional practice (UNICEF, 2013). According to some scholars, the practice has been in great decline in some parts of the world, but it persists in some low-income countries like Cameroon and Ethiopia (Halle-Ekane et al., 2019).

The purpose of FGC/FGM is to control female sexuality; it decreases a woman's interest in sexual pleasure and can prevent extramarital sexual behavior (Gruenbaum 2005; Onyishi 2016). FGM is justified in numerous other ways, ranging from the traditional, to the religious, to the political. A traditional economy exists around the practice, with older women who perform the rite relying on the money given them as a sole source of income. According to Burrage (2014), focusing on FGC/FGM as an abuse of fundamental human rights alone won't eradicate it. Burrage argues that it's ultimately money that motivates most crime, including FGM. FGM is a large, global business, with significant impact on economies, as well as on the bodies and rights of women and girls. FGC/FGM is also used to increase the marriage prospects of young girls, as girls who have been cut are perceived to be of a higher social status and more moral than those who have not (Odukogbe et al. 2017). Those who hold these beliefs insist that both the clitoris and the labia minora must be removed before a girl can be accepted as an adult.

Because FGC/FGM is seen as the symbolic transition into adulthood, girls and women suffer many medical issues they otherwise would not. Side effects from the practice include "over bleeding" (hemorrhage) which occurs due to the laceration or severing of branches of the pudendal or clitoral arteries, causing a strong blood flow during and shortly after the cutting/mutilation process. There are also urinary problems, such as urinary retention, (acute urinary retention, hesitancy) as well as difficulties during childbirth (prolonged and obstructed labor, tears and lacerations, caesarean sections, episiotomies, instrumental deliveries, postpartum hemorrhages) (Muteshi-Strachan & Njue 2016). Traditional practices such as FGC/FGM, breast ironing,² and child marriages are imbued with great cultural significance by their practitioners but have negatively affected millions of girls and women around the globe. They have physical and psychological consequences, and they impact both short-term and long-term health. FGC/FGM has been identified by the United Nations as a brutal form of discrimination against women, and it is internationally recognized as an extreme violation of the human rights of women and girls (William-Breaut, 2018).

This study, based on data collected from focus groups and interviews conducted in the Far North Region of Cameroon, aims to examine the influence of FGC/FGM in the face of modernity and as a driver of gender inequality. It will reveal that the practice and its effects are shaping gender relations in the Far North Region of Cameroon, perpetuating inequalities between men and women in the areas of education, empowerment, and parental preferences regarding their children's gender. It will further reveal that most of the girls in these

² According to Vitalis Pemunta (2016: 335; see also Ndonko & Ngo'o 2006), "Breast ironing is a social and cultural practice involving the use of heated and flat objects to press the growing breast of a girl usually by close relatives (mothers, grandmothers, aunts) to reverse and thwart the development of the breast."

communities get married immediately after the cutting rite has been performed, usually between the ages of 9 and 14. These early marriages serve as a barrier to furthering their education, with most girls ending theirs at the primary level. Also, having moved straight from childhood into marriage, their future role is limited to that of a housewife, with no professional studies or craftwork to help empower them. In this article, I present my study of FGC/FGM, examining its role in perpetuating gender gaps in education, individual empowerment, and offspring gender preferences and how these inequalities have shaped the lives of these women. Eliminating these gaps is not just a matter of justice for these women; it is also a way for women to both further develop their own lives and expand the contributions they make to their community. It is about helping women meet their full potential.

Terminology

The term FGM has become the concept of choice in a wide range of publications, particularly in writing linked to the active efforts to eradicate the practice (Vestbostad 2012). The term was adopted in 1990 by the Inter African Committee (IAC). In 1990, African women activists such as Efua Dorkenoo OBE and Edna Adan adopted the term FGM at the IAC General Assembly in Addis Ababa, Ethiopia. This terminology was later adopted by the United Nations as well as the WHO in 1991. The main aim of this movement was to avoid confusion over the nature and gravity of the practice. These activists recognized that the campaign would be a long-term struggle, and the process of changing the mentality and behaviors of African people would be extremely difficult. Furthermore, they promoted the idea that African women and men should confront the true nature of FGM. Long-term change only occurs when change agents help communities to go through this painful process. To not confront this issue is to assist communities in denying FGM's gravity, thus resulting in mere transient changes. According to these activists, the term FGM is not judgmental. It is a medical term that reflects what is done to the genitalia of girls and women. It is a cultural reality. Mutilation is the removal of healthy tissue. The fact that the term makes some people uneasy is no justification for its abandonment (see the Bamako Declaration by the African General Assembly, 2005). Both the European Union and the African Union have adopted this terminology. It has been utilized in all their documentation, including the most recent "Additional Protocol to the African Charter on Human and Peoples' Rights, on the Rights of Women."

Notwithstanding all the efforts put in place by these activists and the successful adaptation of the term mutilation, I will be using the term cutting alongside mutilation (FGC/FGM) for this study. My preference for using the terminology cutting despite the movement is targeted rather than contradictory. As mentioned by the WHO in a manual titled "Integrating the Prevention and the Management of the Health Complications into the curricula of nursing and midwifery" (2001), the term circumcision is still preferred by many communities where the tradition is practiced today; so is the term cutting. I have several reasons for using the term cutting alongside mutilation. Firstly, during the research, I noticed most of the people I interviewed used the word "cut" to describe the process and, in most instances, the word cut vividly describes the action that was taking place. For example, in the methodology section of this work, I describe a situation in which one of the respondents was squeezing her legs as if she was experiencing the pain described at that moment.

The narrator used the word "deep cut" to amplify the extent of the pain experienced at that time, and readers can relate to this. I argue that the word cut, even though not a medical term, appears so harsh that it makes it even more unpleasant to hear, which is my intention. I noticed that most people in this area use the word cut because that is the word they are more familiar with to describe the pain. I understand that the term mutilation may be even worse, but respecting the respondent's language is essential during sensitization for eradication of the

practice. Further, I looked beyond female genital cutting as referring only to the cutting of genitals. It is not just about cutting off women's genitals; it is also about cutting them off from their fundamental human rights, such as education and empowerment. Such terminology can be of vital importance based on the context of this study.

Literature Review

The practice of FGC/FGM has received both international attention and attention within Cameroon, with calls for its elimination due to the numerous ways in which it negatively affects women. Empirical studies have focused on the health problems FGC/FGM inflicts on its victims. These studies (see, for example, Wadesango et al. 2011, Kimani et al. 2016, and Khosla et al. 2017) have primarily focused on its negative medical and psychological effects and the violence committed against FGC/FGM victims' physical, social, and sexual lives. These studies have demonstrated that some of these health problems occur during the cutting process, such as hemorrhaging and severe pain, while others only become apparent later, such as difficulties in childbirth. Wadesango et al. (2011) and Khosla et al. (2017) have both focused on health violations, exploring how the practice affects women's health. They examine the role of health providers in upholding the health-related human rights of women and girls who are survivors of FGC/FGM and of those who are at risk. Kimani et al. (2016) have explored the negative medical implications of FGC/FGM. They focus on immediate problems such as excessive bleeding, shock, genital tissue swelling, and urinary infections, as well as obstetric complications such as prolonged labor and other difficulties in childbirth.

These works have stressed that FGC/FGM is a cultural practice that happens to negatively affect its people rather than protect them. The question here is to what extent should such cultural rules be respected? Cultural practices that violate human rights principles should not necessarily be respected, regardless of their justification. To go against a culture, there must be common ground for observing and justifying the fact that the said culture violates fundamental human rights. But how do we demonstrate that a culture's practice is guilty of doing so? It is by bringing the harm it causes to its victims to light. While most of the studies cited in the prior paragraph have focused on women's health issues, other studies have begun to examine how FGC/FGM has affected the daily lives of these women and their possible recognition within societies in which the practice is being carried out. Sanogo & Pusumane (2021) assert that most narratives discuss African women's FGC/FGM experiences whilst ignoring social locations, ethnicities, and other important variables that contribute to the intersectionality and complexity of African women's experiences. To understand the situation of these victims, Sanogo & Pusumane asked the question: "[H]ow do we establish an ethical space of listening, and what do we do with marginalized voices of women who are demonized for believing in the practice?" These questions are fundamental to understanding and looking beyond the medical side of the practice. This study, therefore, builds upon Sanogo & Pusumane (2021) by exploring how FGC/FGM have affected the daily lives of these women in education, empowerment, and offspring gender preference and presents an opportunity through which the voices of these women can be heard.

Further, several studies have addressed the issues of female education as a solution to the abandonment of FGC/FGM (see, for example, Afifi, 2009, Doucet et al. 2020). A study from Guinea suggests that a combination of social support and financial independence—achieved partly through schooling which will eventuate in the likelihood of well remunerated employment—are some empowering conditions that can deter people from enacting the decision to have their daughters undergo FGC/FGM (Doucet et al. 2020). In contrast, an Egyptian study suggests that women with high levels of empowerment and education were 8.06 times more likely to unintentionally perpetuate FGM on their daughters than their low-

empowered, low-educated counterparts (Afifi, 2009). This fact may paradoxically suggest that maternal education does not necessarily lead to changes in attitude towards the practice of FGC/FGM. Less is known about the relationship between the role of education and female empowerment through the abandonment of FGC/FGM in Cameroon. I would argue that empowering women and girls could act as a bulwark against FGC/FGM in Northern Cameroon, based on my findings.

Other studies have stressed the forceful mutilation of girls and women, leaving them without a choice, as one of the reasons the practice keeps gaining ground (see, for example, Mafambi 2019). A recent study demonstrates a situation in which a woman was publicly disgraced by other women, as well as by her husband, for not undergoing the cutting rite and threatened with divorce if she refused to undergo the practice (Mafambi, 2019). In contrast, other studies have argued that most women willingly agree to be cut to gain power and complete control of their bodies. For example, Jacobson (2018) and Johansen (2019) demonstrated that mothers, grandmothers, and society express ownership over these girls' bodies, leading girls to demand and push for circumcision to regain ownership of their bodies. The question is, do they truly take over ownership of their bodies?

Moreover, how has this "taking ownership" process helped to improve their lives as women? Taking ownership of one's body may be the first step in taking back power in everything that concerns an individual. However, is that the case for these women? Through data from the field, this study demonstrates that agreeing to undergo FGC/FGM to claim ownership of their bodies, and to gain freedom and power, is not the case for women in the Far North region of Cameroon. As I will demonstrate through the findings below, the practice makes women entirely dependent on their husbands for everything, including their bodies.

In sum, the existing literature on FGC/FGM features many studies that examine its impact on women. Their findings tend to agree that the practice's side effects are numerous, and they demonstrate how the FGC/FGM leaves its victims with long-term health issues such as increased difficulty during childbirth. While some researchers focus on the psychological effects of FGC/FGM, others have focused on the fact that educating and empowering these women may (or may not) help eradicate FGC/FGM in these communities. In this study, I contribute to the work on FGC/FGM as one of many social problems that affects girls and women around the world, with an emphasis on education, empowerment, and offspring gender preference. I do so through a qualitative analysis, which explores the everyday experiences of women and girls that have undergone FGC/FGM in the Far North region of Cameroon.

Methodology and Data Collection

For this work, I have taken an ethnographic approach. According to Hammersley and Atkinson, ethnographic research uses a cultural lens to study people's lives within their communities (2007). To that end, I have conducted narrative interviews, focused group discussion sessions, and engaged in participant observation. According to Breheny (2015), narrative is a pervasive form of communication in the social world; stories provide an accessible way to understand the social context of conflict resolution and peace-making processes. Similarly, according to Shacklock and Thorp, the narrative method of data presentation allows researchers to locate experiences, identity, and cultural formation within a narrative frame (2005). I agree with Morgan's view on focus groups which states that "group discussions in focus groups allow you to hear the questions that the participants want to ask each other. This provides an excellent opportunity to uncover things that you never knew existed" (1997, p. 58). As such, I used a focus group during my preliminary research to help me develop my interview questions. During the interview sessions, the primary language of communication used was French. The Far North region of Cameroon is a French-speaking

region, but in some cases, especially during the focus group discussions, French and pidgin-English were used simultaneously depending on the individual choice of the participants. Moreover, since I understand and speak both languages,³ there was no translation problem.

The fieldwork for this study was conducted in selected communities in the Far North Region of Cameroon. It consisted of sixteen narrative interviews and four focus groups, with a total of thirty-six participants. Each focus group session had five participants plus me; we discussed both general information about the practice and their experiences before, during, and after FGC/FGM. Questions included: how is FGC/FGM carried out in your community? From what age is the practice performed on girls? What are your experiences before and after the practice? How has the practice interfered with your education, personal growth within the household, and your community? As the researcher, I raised certain topics for discussion with the group (such as male gender preference and the role of FGC/FGM in such preference, or whether FGC/FGM has made women dependent or empowered). In some cases, I raised subtopics depending on the responses from the interviewees which also played a vital role for the realisation of this work. In addition to documenting what was said, I also focused on the body language of the girls and women who participated in the focus group discussions. For example, in one of the discussions, a girl narrated her experience of bleeding heavily due to a deep cut suffered while struggling to free herself from the elderly women who were restraining her. As she shared this, I noticed one of the other girls nodding her head in agreement while squeezing her legs together as if she was at that moment feeling the pain being described. Interviews were scheduled in respondents' homes, especially for individual interviews. The focus group sessions were scheduled in common places such as the marketplace, meetings houses, and community halls. The participants themselves proposed these meeting places, and I worked with their choice of location as the researcher. Most of these villages are very small, making it possible to know the location of all the meeting points just by description. In cases where I could not locate the place, all I needed to do was stop a "bike man" or passer-by, and they would point me in the direction. Participants for my study were girls and women aged fourteen and older. I selected women of different ages to understand the meaningful differences in the ways in which the women and girls understood their experiences. I chose age fourteen as my starting point because by that age, they would have already undergone the practice. In addition to the girls and women who experienced FGC/FGM, six human rights activists and four academics were also interviewed.⁴ They were selected to share their knowledge on communities in the region that I was unable to access due to time constraints, security concerns, and insufficient funding. Those interviews provided me with a wider understanding of the context for the experiences of the women and girls I interviewed.

The interviews with the girls and women covered their experiences both during and after the practice of FGC/FGM. This includes how their parents and the community prepared for the day of cutting (the FGC/FGM ceremony), their feelings regarding the tradition, and their thoughts on how FGC/FGM influenced their lives in the areas of education, financial empowerment, and offspring gender preference. All interviews were conducted in the privacy of the participant's home. Weekday interviews were conducted in the afternoon or evening once the women returned from their farms. Weekend interviews were held during the morning as they would remain home for religious worship. Interview sessions were recorded, and recurrent expressions and keywords were written down.

³ I am a native speaker of pidgin-English and am fully fluent also in English and French.

⁴ The data collected from the activists are not part of the analysis for this article. They were collected to help understand how people living within these communities felt towards the practice. Some of the activists I interviewed have spent years in the region and have detailed, in-depth knowledge of its traditional practices.

However, I did not cover all the communities in this region and may have missed important data from other communities that could have contradicted or confirmed my results. The Far North region of Cameroon is divided into six divisions and is comprised of approximately fifty ethnic groups. Due to limited funds,⁵ security issues such as the presence of Boko Haram, and time constraints, I could only cover selected communities in three of the major divisions. There is thus a considerable gap in my research.

Once completed, the recorded interviews, written notes, and other project-related documents were coded and transcribed. Coding is a means of sorting the collected descriptive data so that the material's bearing on a given topic can be physically separated from other data (Bogdan & Biklen, 2007). According to Timmermans & Tavory (2012), coding is designed to ensure that we thoroughly familiarize ourselves with our data, and that we do not forget the interaction that we have been privy to once we put it down on the page. As my interviews consisted of mostly open-ended questions, most respondents gave me a full picture of their impression of practice, from its purposes, to how it is carried out, to its meaning and what it represents. After collecting the data, I revisited the portions of narrative that spoke directly to my research aims to both analyze them and extract meaning.

As this study concerns sensitive individual experiences, there were several ethical concerns. All interviewees voluntarily participated in the study. Prior to being interviewed, they were informed that they were free to not answer any question that made them uncomfortable, and that they could leave the interviewing session at any time. The names of participants have been anonymized in line with standard social-scientific research practices.

Research Context

The Far North Region is one of two regions (the other being the Southwest Region) where FGC/FGM is practiced in Cameroon. Here, the practice is carried out in the Logone and Chari divisions. These divisions are noted for a low standard of living, lack of proper health facilities, and frequent natural disasters. According to a report from Humanitarian Response (2016), the Logone and Chari divisions are the most vulnerable areas in the Far North Region of Cameroon, with food security and a lack of adequate nutrition their main concerns. This report states that the prevalence of severe acute malnutrition exceeds the 2 per cent threshold in almost all the areas visited and that of the Medical Advisory Group (MAG) is 10.8 per cent. When it comes to health, the report explains that both primary health care and reproductive health resources are still insufficient. The geographical and financial barriers and lack of health resources (medical personnel, medicines, and equipment) make it impossible for these communities to access health services. Interviews with municipal authorities revealed the proliferation of poor hygienic practices, which in turn lead to major public health risks. According to this report, 50 per cent of the districts of Logone and Chari do not yet have any protective social services such as women's shelters, yet women, boys, girls, and community leaders have expressed their desire to establish such services to protect the most vulnerable.

My research reveals that the low standard of living in these areas has sustained the practice of FGC/FGM. Most villages and parents prepare their girls for marriage at a very young age to reduce the financial burden that comes from providing for a girl. FGC/FGM is seen to be important not only because it is a tradition but also because it financially helps people within the community, increasing their standard of living. According to Mwaiko (2017), economic factors such as high poverty rates contribute to the sustainability of harmful cultural practices such as FGC/FGM as most parents cannot afford children's needs such as

⁵ The research itself was self-funded and the analysis and writing processes were facilitated by funding from Masaryk University, Brno, Czech Republic.

school fees, uniforms, and sanitary products. Marrying off a daughter at a very young age not only reduces parental responsibility but also helps parents financially, as in most cases, they can expect to receive periodic gifts from their son-in-law. As a result, FGC/FGM continues to be practiced despite the efforts of national and international organizations, activists, and other individuals working to put a stop to it.

Results and Discussion

The results of this study are organized into three sections. The first underlines how FGC/FGM perpetuates the gap between men and women in education and explores the circumstances in which this gap is constructed. The second section looks at how FGC/FGM negatively affects women's empowerment, furthering the gap between men and women, while the third section presents the gap in offspring gender preference. The results demonstrate how the practice of FGC/FGM in this region perpetuates hierarchies between men and women. In the area of education, this work reveals that women in the communities of the Far North Region constitute the highest number of illiterate individuals, with early marriages hindering women's advancement in education. One might think it sounds cliché to say that early marriages appear to create a high level of illiteracy among women, but it is not just the act of early marriage. From the interviews conducted, I realized that cultures or traditions define the role of men and women in these communities. As a young girl, being aware that you have a specific role to play in the community, such as getting married early, is already a starting point for loss of interest in education, even before the actual marriage itself. Some of these young girls, however, end up not getting married or even getting married very late instead of the time frame the community expects.

Being cut does not necessarily mean the girl will get married immediately after. So, the time frame between when a girl is cut and when she eventually is married can be beneficial for these girls to continue their education. However, they are aware of their gender role in society, which hinders their drive for education. Some of these girls become psychologically depressed after the cutting has been performed on them, and the fear of what awaits them (early marriage) leads to their poor performance in school and their subsequent dropping out of school. When it comes to female empowerment and offspring gender preference, the connection to FGC/FGM was indirect. For example, it is only after becoming housewives that girls and women are limited to duties in the home, unable to seek a regular job or learn a trade or a craft to empower themselves.

Even though people in these communities appear to believe in empowering their young girls/women, the problem is that their knowledge of empowerment does not align with the UN's effort to empower women to achieve global goals. Their ideas of empowerment lie more squarely within their cultural beliefs, such as cutting/mutilating genitals, getting married early, and doing household chores. Similarly, when it comes to offspring gender preference, this study reveals that it is due to the pressures and expectations associated with post-FGC/FGM life, such as early marriage and childbearing, that most parents prefer having boys to girls. Further, the male offspring preference, which FGC/FGM perpetuates, leads to psychological problems such as depression in girls. Most often, these girls feel less loved, not only by the society they live in, but also by their parents, who have shown them countless times that they prefer having male children even at the detriment of their own health (mothers).

FGC/FGM and Education

The findings of this study reveal that the main aim of FGC/FGM in the communities of the Far North Region is to control female sexuality and prepare girls to be "good" marriage prospects. For my respondents, controlling sexuality through FGC/FGM means reducing their

sexual desire by remaining a virgin before marriage, staying faithful to their husbands after marriage, and not asking for or initiating sex, even with their husbands. Their role during sexual activities is to satisfy the sexual urge of their husbands. Unlike other harmful traditional practices like breast ironing, which has the positive social side effect of prolonging a girl's education, the practice of FGC/FGM promotes early marriage, thereby disrupting girls' advancement in education.

The following selection is from an interview I conducted for my study into how FGC/FGM hinders women's advancement in education. The respondent, Fatima, a thirty-five-year-old mother of three, reveals how the practice interfered with her education. In her own words: "I was lucky to get married early and start making my own family." With a smile on her face, she stated, "thanks to my mother, I was circumcised at a very young age, at seven; and at the age of 14, a wealthy trader chose me as a wife over other potential girls who at that age were still uncircumcised and could not be fully accepted as real women who were ready to serve their husbands." When asked about continuing her studies, she answered, "I completed my primary education, and it was time for me to follow my path. My mother started preparing me for this since I was seven years old, so I guess it was time."

This interview excerpt reveals the well-known fact that it is FGC/FGM, not age, menstruation, or physical body development that determines female adulthood in these communities. Before it occurs, a girl is still considered a child not yet ready for marriage and can continue with other aspects of life like education, but after the practice, her transition to adulthood becomes "real" regardless of age. Fatima, like many other girls between the ages of seven and fourteen, is only taught about things that center around FGC/FGM: the life that awaits them when they finally get cut (marriage) and the respect they will have as well-trained women who meet the standards of the community. Judging from this, it is safe to say that the focus of this practice is not to help girls grow through education but to present them as "ripe" women who are ready to begin biological and social reproduction.

Another respondent, Adin, a mother of two, expressed her disappointment in her daughter who, while fifteen years old, is not married and is a school dropout. Adin confessed that her only hope is her son, her youngest child. She said that her daughter had disappointed her because she isn't good at anything and was especially disappointed with her poor performance in school. I had the opportunity to have a conversation with Latina, the daughter of Adin. In her own words, she asked, "Why should I keep on wasting my time when at the end of the day I will not continue? I have already been initiated into womanhood (the rite of genital cutting). I have more important things to focus on right now, just as other girls my age are doing. Let my brother focus on his own path, which is education." Latina, just like many other girls at that age, has already been socially conditioned to believe that once the genital cutting rite has been performed on them, they automatically become adults able to make their own decisions. As they are now fit to start their own family, education becomes the least of their concerns. The loss of interest by these girls in pursuing their education because of their understanding of pre-FGC/FGM life and post-FGC/FGM life sets the ground for their lack of future career empowerment.

FGC and Women's Empowerment

In contrast to a growing global movement to empower women, the social understandings of FGC/FGM in the Far North Region of Cameroon molds girls into domestic "housewives" who are completely dependent upon their husbands for even their basic needs. According to Kate Cronin (2017), "[E]mpowerment means that women gain the ability to challenge and combat their oppression. In practice, it has come to mean marginally improving their material circumstances." In contrast to Cronin's definition, "empowerment" in these communities can be understood as total submission of the wives to their husbands through

specific roles like engaging in household chores, providing sexual satisfaction to the husband, and carrying the responsibility for biological reproduction. To understand how marriage and being a good housewife through FGC/FGM is related to empowerment, it is important to know the differences between a wife and a “housewife” and how the marriage system in these communities works. This study reveals that the word “wife” is not recognized in these communities; what is instead common is the term “housewife.” According to *The Oxford English Dictionary*, a wife is a female partner in a continuing marital relationship recognized by both civil and customary law. A “housewife” of this region has the same level of recognition, but her responsibilities are limited and confined to her matrimonial home. She cannot take on a regular job or learn craftwork. She depends exclusively on her husband for everything.

One of the interviews I conducted for this study of FGC/FGM and its influence on women’s empowerment reveals how women’s growth is limited by the practice of FGC/FGM. The respondents here were two practitioners of FGC/FGM who were already in their late 50s at the time of the interview. I had a long talk with the women about the practice of FGC/FGM as a whole and why the culture of FGC/FGM does not encourage female empowerment. One of the women stated:

The general idea for the practice is to increase these girls’ chances of getting married. No man wants to marry a girl who is not cut. Once a girl is cut, it beautifies the private part of a woman making it more desirable for the man during sex. While good sex is one of those things that keeps a man faithful, being a good housewife also matters. We do not only perform the act on these girls but train them to become good housewives and how to stay longer in their matrimonial homes. They are taught to satisfy their husband sexually even when they do not want to, make babies for their husbands, and take care of domestic chores.

These communities are heavily focused on making girls good housewives. They do not appear to care about their mental state, including depression, emotional numbness, fear, and embarrassment when confronted by rape from their husbands, all in the name of being exemplary housewives. These women are supposed to be mothers, and the responsibility of a mother is to take care of their children and see to it that they are well treated. Because the community cannot see the problems among these women, situations such as rape by their husbands is an enormous cause for concern.

I noticed the woman quoted above was focused on the idea of a “good housewife” rather than a wife, so I asked her to tell me more about what she meant by that. She said that as a “good housewife,” a woman must manage her house well, that is, do household chores, take care of the children and her husband, and remain faithful and obedient to him. I noticed that everything was about the husbands. It was as if women should not even consider their own needs, that their lives were not their own. I was curious to find out what “housewives” did to empower themselves as women and asked about the possibility of getting a job or learning craftwork. The same woman shook her head, disagreeing with my suggestion. She said:

It is forbidden to take on a regular job to earn money because their husbands will always provide for them; that is their job and not the job of the women, though we do have some stubborn women in the communities like those who have decided to further their education and pick-up jobs from nearby cities for themselves thereby, seeing themselves as equal to men. But in most cases, such women end up remaining single or getting married to outsiders and cannot be accepted as part of the family

because most of them refused to be cut and trained on how to become good housewives. Even when they get married, they do not last long in their husband's house because they refused to follow our tradition. That is their punishment. If both must work, who will take care of the children and their home?

For a woman of the Far North Region to be considered successful and be fully accepted by society, she must undergo FGC/FGM, be married in a timely manner, do the household chores, and start reproducing for her husband. This is what makes her a "good housewife" and accords her respect from the community. On the other hand, women who do not meet this standard are considered deviants and as such, cannot be fully accepted by the community. In one of my interviews with Sonia, a secondary school teacher and an activist, she described how to be empowered as a woman from these communities. In the words of Sonia:

The first step to empowering oneself as a woman from this region is to leave the community at a very tender age. I left this village at the age of 5 and grew up with my uncle in the capital city of Cameroon. I was fortunate to get my education up to the bachelors' level, where I took the state exams and became a secondary school teacher. Today, I am using my profession to sensitize young girls to the dangers involved in this practice. It has not been easy on me because of the hate I get from my community, especially from my fellow women when I am trying to help their daughters.

Sonia, like the few other women who have been able to empower themselves financially and in other areas of their lives, are considered deviants fighting against their traditions. This excerpt demonstrates that being "empowered" in this region defies the cultural standard. Empowerment is seen as an unacceptable way of competing with men (husbands) by taking on their gender roles. Gender roles are only reinforced by the practice of FGC/FGM.

From the excerpts above, women in these communities have been reduced to certain functions. They have lost the freedom to which every human being is entitled because they have been cut. Women are placed in the background and are only allowed to perform certain limited functions: household chores, seeing to the sexual needs of their husbands, and biological reproduction. I realized that here women have been reduced to an instrument, an instrument of producing children, an instrument of sexual satisfaction and an instrument of household labor. Cutting dehumanizes women and reduces their dignity, making it more difficult to meet their full potential in society.

FGC/FGM and Offspring Gender Preference

The results of my research show that the women of the Far North Region feel that most parents prefer having male children over female children. This preference is influenced by FGC/FGM as the practice places undesirable attention and expectations on girls. They are expected to undergo the cutting rite, to get married within a narrow timeframe, and start biological reproduction. When these expectations are not met, or they aren't met quickly enough, social pressure begins to mount on the girl and her family. The following extract from an interview I conducted provides an example of how strong attachment to the practice of FGC/FGM within these communities influences a family's offspring gender preferences:

Growing up as a child, I felt the gap between my brother and me. He was my elder brother, but the way our parents paid special attention to him sometimes made me feel sad. But now I understand what my mother use to tell me; that when I become a woman with my own children, I will understand better. I now have three children of my own,

and my youngest is a girl. I love her so much, but the truth is that I would prefer having male children over female. She is so innocent and has no idea what the future holds for her; that our community will make you regret having a daughter if she does not meet the expectations of the community. No parent wants such pressure on their kids.

I asked her, "What are those expectations?" And she replied:

Once a girl is cut, she automatically becomes a woman who is ripe and ready for marriage. Unlike my friends in the Southwest Region, where cutting has nothing to do with adulthood or marriage, for us northerners, and especially in this community, a girl having been cut means she is ready for marriage and is expected to start making her own family. Society watches her every move, and, as a parent, you become very worried at some point for your baby girl. Sometimes a girl is only twelve or fourteen, and yet, much is expected of her. Just the thought of that gives me sleepless nights. I fear so much for my baby girl, and I think the only way I can help her is to be so hard on her so that she will grow up ready. The worst part is, sometimes even the ones you call your friends will start making a mockery of you as a parent if your girl is still at your house after being cut. The pressure is just too much.

From the excerpt above, we can see that FGC/FGM is more than just an act performed on girls. It comes with a lot of societal pressure, for girls, yes, but for their parents as well. Once a girl is cut, she is expected to get married within a brief timeframe and start making babies for her husband. Until this is achieved, pressure mounts from every angle onto the girl and her parents, from the community, from meeting groups (peer groups), and even from friends. It is this pressure that leads parents to prefer having boys, who are believed to offer them a chance at a peaceful and private relationship with their children. And it is the strong cultural ties the people of the Far North Region have for their traditions, including FGC/FGM, that is perpetuating and shaping this preference.

Another way the practice influences offspring gender preferences is found in the gender discrepancies in time shared between children and their parents. Unlike male children, who spend up to thirty-five years living with their parents and building a strong family bond, girls' time with their parents is much more limited. Most parents here do not get to know their daughters as fully formed people. They don't have the chance to spend quality time with their daughters as they do their sons as most are taken away so young. This can have a profoundly negative impact on parents who only have daughters, with some ending up alone as if they were a childless couple. In one of my interviews, a respondent with seven children revealed how she chose to risk her own health just to have a male child with whom she and her husband could develop a strong parent-child relationship. In her own words, she said:

My husband and I did not plan on having this number of children, but having only female children is like having no children at all. We prefer the male child because once the girl child undergoes the cutting rite, you as a parent only know you have a child or children by the name the society calls you like "mama Zita" because she (Zita) will be taken away from you. Allah heard my prayers and gave me two children (two boys). I just suffered for the other five for nothing. It would have been better if I had my two boys from the start. It would have saved me from the risk I put myself through as I had a lot of difficulties during childbirth.

A typical family in the rural areas of Cameroon has at least five children. The more children a family has, the more hands to help with the household chores and on the farm. Daughters

leave the family to marry a man at an age when they're better able to offer a helping hand, which not only frustrates their parents but also makes them feel as if they wasted their time and energy bringing her into the world. Hence, the parental preference for male children.

Looking at the different statements from the respondents above, it is evident that the practice of FGC/FGM influences offspring gender preference in these communities. The practice creates gender-based gaps in community expectations of children and the parent-child bond. Rural communities in the Far North Region of Cameroon are usually very small, and it is difficult for a family to escape unwanted social pressure. The practice of FGC/FGM has fueled strong expectations within these communities. People are actively trying to determine which girls are cut (or not), which girls are married, and of those, who has started biological reproduction. These expectations not only place pressure on girls and their parents, but also factionalize the community. To avoid the pressure of all this, most of the women I interviewed prefer to just have male children, but since they cannot choose their child's gender, they instead choose to invest more time and attention in whatever male children they have. Parents want to build strong family bonds with their children, but FGC/FGM takes girls away from their families before such bonds are built. To ensure equal opportunities and parental love for every child, the issue of offspring gender preference must be addressed. According to some scholars, "if son preference is not addressed, patriarchal systems continue to become entrenched within practicing societies" (Glover et al, 2018).

Conclusion

In this paper, I have presented a qualitative study of the practice of FGC/FGM in selected communities of the Far North Region of Cameroon. In my study, I conducted narrative interviews with girls and women who experienced FGC/FGM. In analyzing their responses, stories, and experiences I discovered that the practice of FGC/FGM in this region undergirds and helps perpetuate gender inequality in education, empowerment, and offspring gender preferences.

The practice of FGC/FGM has received much academic attention. This work contributes to the existing research on FGC/FGM. Through an analysis of the data I collected, I confirmed that the practice of FGC/FGM leaves its victims with numerous effects. In this study, I have contributed to how the practice affects the daily lives of these women and girls in education, empowerment, and offspring gender preference. Some scholars have explored its negative effects on the health and psychological well-being of women. Others have focused on fact that educating and empowering these women may (or may not) help eradicate FGC/FGM in these communities. While some studies show a decline in the practice, it is typically carried out in private and in rural communities, where it is difficult to eradicate completely.

The practice of FGM has affected the daily lives of women in education, empowerment, and offspring gender preference. FGC/FGM promotes early marriage, thereby disrupting girls' advancement in education. FGC/FGM also affects women's empowerment and fuels the offspring gender preferences of parents. FGC/FGM not only sets the ground for marriage, but also for early marriage, limiting women's empowerment. Cut women do not have the opportunity to further their education because of the expectation that they marry early and that they live in their marital homes as "housewives," where their activities are limited to caring for their children, doing household chores, sexual reproduction, and seeing to the sexual gratification of their husbands, even if it involves rape. They cannot take up a regular job or do anything else that would empower them as individuals. The pressure to meet societal expectations mounted on both girls and parents regarding FGC/FGM, early marriage, and sexual reproduction leads most parents to prefer male children to female children.

Understanding how gender gaps are constructed and perpetuated through the practice of FGC/FGM is important for effective gender equality intervention. The inequalities I have discussed disempower the women of the Far North Region of Cameroon and make them wholly dependent on men. This work represents a call for justice for women and seeks the development of their lives and their communities. Activists, researchers, and both national and international organizations have been trying to eradicate FGC/FGM, but since it is mostly performed in secret, it is difficult to eliminate the practice. FGC/FGM is no longer just a women's problem; it is a societal one. When a woman is not educated or empowered, not only does it negatively affect her and her family, but it also hampers the development of the community, and even the country at large.

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