



The Debates of the Community of  
Practice on FGM



**What works and what doesn't work –  
Strategies to End FGM**  
**Strategy 1: Alternative Rites of Passage**

## Alternative Rites of Passage

### What are Alternative Rites of Passage?

*“Alternative Rites of Passage (ARP) are touted by NGOs and international donors as an alternative to female initiation into womanhood, but without female genital mutilation” according to Lotte Hughes’ words (1). “ARP may be read as a newly-invented ritual that aims to replicate or mimic certain aspects of the traditional initiation process, but without the physical cut.” (1)*

In many communities FGM is practiced as an initiation into womanhood, guaranteeing a girl’s marriageability. It is seen as proof of her strength and bravery and allows her to gain respect of other women. In this way, alternative rites of passage aim to offer a harmless alternative to FGM while fulfilling the function that FGM has in some communities: to mark the passage from childhood to womanhood.

The first ARP that we know of was implemented in 1996 within the 30 families from the Meru community in Kenya, by two organisations, Maendeleo ya Wanawake and Programme for Alternative Technology in Health (PATH) (2). The aim was to lead the community to pursue the ceremony celebrating the passage from childhood to womanhood but without the cutting component. Indeed, FGM was part of a larger initiation process in Meru. The spirit of this initial rite was respected and maintained in the ARP. Indeed, girls still received an education on family and women’s social role, a public celebration with exchange of gifts was organized. The ceremony was concluded by a public declaration stating the community’s recognition of the girls’ passage to womanhood.



Maendeleo ya Wanawake is still supporting ARP's implementation in some selected communities. It is part of a broader approach based on a grass-root work aiming to raise awareness on FGM and early marriage's consequences and involve the whole community in the abandonment of the practice and law's enactment. ARP implemented today follow the same logic (4 et 5). They begin with a few-days training above all on girls and women's rights and health and are concluded by a public graduation ceremony. The main current issue is the community's recognition which is not always ensured. The lack of community's involvement and inclusion in trainings, sensitization campaigns or during the ARP brings distrust and gives the impression of something imposed by the outside interfering in the community's affairs and culture.

### **How is it put in place?**


Alternative rites of passage differ from one community to another. There is no single model commonly applied by every NGO implementing them. If the NGOs are the main leaders of ARP, some also resort to local partners to help them involving the community's members and implementing successfully the ARP (3). AMREF, an NGO implementing ARP in Kenya, and they describe the strategy as follows (4):

*ARP offers training that sensitises local communities on the dangers of FGM/C, building consensus toward a collective decision to abandon it. The new ritual combines the traditional ceremony with sexual and reproductive health education, and the promotion of girls' education. The ARP ceremony is marked by two days of lessons on community values and traditions, sexuality and sexual health issues, and life skills.*



## Where is it implemented

ARP are mostly implemented in Kenyan communities (4;5), the strategy has also been used in other countries such as Uganda (3) and Somalia (8).



***Do you know of ARP in other communities/ countries?  
Share information with the Community!***

The programmes aim to involve the whole community in the ceremony, in order to build a social consensus around the rite and its significance. Young girls receive training and whole community is then invited to the closing ceremony. Depending on the community, parents are sometimes involved in the training given by the leading NGO that the girls receive. The elders, traditional cutters or parents' involvement in the public ceremonies and their role in the whole process differ from one community to another. For instance, in the Ugandan community of semi-nomadic Pokot and Karimojong, FGM is often perpetrated by traditional healers who are highly respected in the community and considered as guardians of traditions (3). Thus, the traditional healers were targeted by the sensitization and training campaigns led by Vision Care Foundation in the Nakapiripirit district.



The NGO organized discussions with them in order to raise their awareness on harmful effects of FGM and accompany them to find an alternative rite to FGM. They found by themselves a way to replace the cutting and underlined the importance of sensitizing also elder women to prevent them from criticizing uncut girls.

### **Does it work or not? Why?**

Few studies have been conducted on alternative rites of passage. Some preliminary conclusions can be drawn from the existing ones. Recently, ARP has received critique, after having been completely unquestioned for years.

Evaluation of programmes shows that ARP can be effective and efficient if they are correctly led and well-thought. Some key factors have been identified as essential to ensure the success of an ARP (1;2;6;7;8).

1. FGM has to be part of a larger transition process from childhood to womanhood (ex: ARP may not be useful if FGM is performed to ensure women's virginity);
2. FGM has to be a public affair and not just considered as a private and family issue;
3. Any planning of ARP has to take into consideration the specific socio-cultural context of the community, power imbalances between its members, financial gains and incentives to the practice of FGM;



4. The involvement of the whole community and especially the elders and traditional cutters is absolutely essential in order to sensitize them to the harmful effects of FGM and ensure the recognition of the ARP's value as equivalent to FGM;

5. The community's involvement in the creative process leading to the implementation of an ARP is also central for its acceptance. Involving the community avoids its members from considering the ARP as an external cultural interference. To ensure this, training change agents can be useful;

6. ARP has to be part of a larger process ensuring education on female genital cutting, sexuality and sexual and reproductive health and rights, as well as sensitization campaigns targeting the whole community, in order to change mindsets and stereotypes about uncut girls;


7. Male involvement and support of the ARP has to be ensured;

8. Religious aspects should be integrated in the ARP if religion is very strong and important for the community (to further discuss this point, see Lotte Hughes, (1)) ;

9. Adequate monitoring and evaluation of the process is essential in order to have evidence on what works and what does not.



# What do you think?



Have ARP been implemented in the communities where you work?

How successful were they? Which were the main difficulties?

If you not yet implemented ARP, do you think they could work in community?



## REFERENCES & RESOURCES

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## The Debates of the Community of Practice on FGM

### What works and what doesn't work: Strategies to End FGM Strategy 1: Alternative Rites of Passage April 2020

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