

A Multi-faceted Approach to Eradicating Female Genital Mutilation

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Introduction

Many international ethical dilemmas seek to protect human rights, while respecting cultures and traditions. The issue of female genital mutilation (FGM) is no different. FGM is practiced through much of Northern Africa, and parts of the Middle East, and is a deeply entrenched cultural tradition. However, this cultural tradition is not present within certain religious, ethnic, class, or racial lines; rather, the practice spans all sorts of demographic divisions. This creates a uniquely difficult problem to solve, as the origin of FGM is not easily identifiable. In addition, the two regions where FGM is practiced have a recent memory of colonization, and are not amenable to domineering solutions. However, the United Nations (UN) and World Health Organization (WHO) have both deemed this act as cruel and an infringement on women's rights and freedoms.¹ So, despite the consensus in the international community regarding the devastating impact of FGM, the complex reasons behind FGM leave efforts to eradicate the practice floundering.

Understanding the origin of the practice, the affected demographics, and the social structure that support the perpetuation of FGM is critical to successful reform. FGM is a cultural practice that is closely tied to the particular economic and social structures that support its continuation. Community level approaches that take into consideration the unique cultural challenges, as well the community women's specific needs, are likely to be the most effective. I argue that education, empowerment, and positive deviance (i.e. using role models who have chosen to not be circumcised) for both genders are all essential components of any organized

¹ Female Genital Mutilation". *World Health Organization*. 10 October 2010 <www.who.int>.

response to eradicating FGM. These three components must be used simultaneously in order to combat the many reasons behind FGM's persistence.

In the first section I will provide the reader a necessary background of FGM, including the definition, origins, and consequences. The second section explains the prevalence and casual reasons behind FGM, as well as the ethical dilemma. Lastly, I analyze several approaches to eradicating the practice, and propose my own solution.

Section I. Factual Background

Definition

To understand why FGM is an ethical dilemma, one must understand the definition of FGM. According to the WHO, "Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for *non-medical* reason" (emphasis added).² There are three types of FGM, each ranging greatly in severity and lifelong consequences. The first, and least severe type is a *clitoridectomy*, which involves the partial or total removal of the clitoris. The second type of FGM is *excision*, which also removes the labia minora. The third, and most severe type of FGM is *infibulation*. This involves narrowing the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner or outer labia. The WHO also has an "other" category that includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing or incising.³

Origins

² Ibid.

³ Ibid.

Female genital mutilation is an ancient practice, dating back 2,000 years.⁴ There is the common perception in the Western cultures that FGM is a product of 'backward' cultures, or is exclusive to the 'African' culture. However, as African scholar Comfort Momoh points out, "FGM has existed in one form or another in almost all known civilizations throughout history and has not been confined to a particular culture or religion."⁵ She asserts that it is not the region or religion that plays a determining role, rather it is the social structure: "FGM is usually found in a traditional group or community culture that has patriarchal social structures, but it is not unknown in more individualist Western cultures."⁶ The United Nations acknowledges that gender power imbalances contribute to violence against women, stating,

As recognized in the United Nations (UN) General Assembly's 1993 Declaration on the Elimination of Violence against Women, violence against women 'is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and... is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men.'⁷

Scholar Gerry Mackie postulates that the more extreme forms of FGM began with subordination of women in the slave trade. Infibulation in particular is thought to have originated in the Egyptian-Arab slave trade of Sudanese women. The belief was that FGM made them 'less likely' to get pregnant or to be promiscuous.⁸ This belief is still in existence today, as will be examined later.

Consequences

⁴ Ed. Comfort Momoh. *Female Genital Mutilation*. Seattle: Radcliffe Publishing. 2005. Print. PG #!!!!

⁵ Ibid.

⁶ Ibid.

⁷ Ed. Vlachovd, Marie and Lea Biason. "Women in an Insecure World". *The Geneva Centre for the Democratic Control of Armed Forces*. 2005. 11 October 2010
<<http://www.ciaonet.org.ezproxy.lib.lehigh.edu/book/dcaf010/dcaf010.pdf>>. P. 4.

⁸ Ibid, Pg. 1004

This traditional, highly patriarchal structure contributes to the continuation of FGM in many communities and a resistance to change in spite of FGM's many harmful effects. Female elders in the community perform many of the surgeries, instead of doctors, and often no anesthesia is used. The non-sterile equipment increases the risk of disease transmission or infection. This likely plays a large role in the mortality of the procedure: 10% of females die from short-term effects such as uncontrollable bleeding, and a further 25% die from long-term effects such as cysts or infections.⁹ Oftentimes in urban areas FGM is conducted in hospitals, but this does not decrease long-term risk. Even in sterile medical conditions, FGM can cause physical, sexual, and psychological problems. The shift toward medicalization of FGM is an outcome of the early ways reform was structured. In the beginning, advocates against the practice wished to avoid accusations of 'cultural insensitivity' and focused, sometimes exclusively, on the health risks. The idea behind this approach was that the communities simply needed to be educated, and if they received enough messages regarding the detrimental health effects, they would cease to practice FGM. However, this approach was counter-productive due to the rise in circumcisions performed by doctors, thus keeping prevalence rates the same, and often not reducing other, less obvious, consequences.¹⁰

Momoh is adamant that FGM, under any circumstances, "is unethical by any standards."¹¹ The UN branch dealing with child rights issues, UNICEF, also condemns the practice even when done by medical professionals. UNICEF explains that the involvement of medical professionals in the practice, in fact, undermines the message that FGM remains a

⁹ Ed. Comfort Momoh. *Female Genital Mutilation*. Seattle: Radcliffe Publishing. 2005. Print. P. 4

¹⁰ Ed. Anika Rahman and Nahid Toubia. *Female genital mutilation : a guide to laws and policies worldwide*. New York : Zed Books in association with Center for Reproductive Law and Policy. 2000. Print. P. 76

¹¹ *Ibid*, P. 7

discriminatory act of violence that denies women and girls their right to the highest attainable standard of health and physical integrity. It serves to legitimize and perpetuate FGM, which was not the original purpose of the non-governmental organizations (NGOs) advocating better medical standards.¹²

In addition to the medical problems associated with the procedure, FGM has lasting physical and mental effects. One clear effect is the lowered sexual satisfaction of the women, and often for the men as well. Women that Mackie interviewed who had intercourse before and after FGM report lower sexual satisfaction, but were unaware of the causal relationship until it was pointed out.¹³ Another effect is the hindrance of normal bodily functions. For women with infibulation, everyday tasks are made difficult. They have longer menstruation and urination times; normal urination time for infibulated women is fifteen minutes.¹⁴ This not only hinders a woman's productivity, it is very unsanitary and increases her risk of infection.

Momoh, focusing on the interconnectedness of the physical and psychological effects, writes, "Health complications of FGM have been described as the 'three feminine sorrows'. Sorrows on the day FGM takes place, the night of the wedding where often the woman has to be cut prior to intercourse and when the woman gives birth and the vaginal opening is not large enough for a safe delivery."¹⁵ As this statement shows, FGM does not increase the quality of life for women; rather, it negatively affects normal physical behavior. And, while for some women the psychological effects may not be great, for others they are enormous. Here is a translated line from a poem of a Somali woman who underwent FGM: "And now I appeal: I appeal for love

¹² Ibid, P. 14

¹³ Mackie, Gerry. "Ending Footbinding and Infibulation: A Convention Account". *American Sociological Review*. Vol. 61, No. 6 (Dec., 1996), 10 October 2010 <<http://www.jstor.org/stable/2096305>>. P. 1009

¹⁴ Ibid.

¹⁵ Ed. Comfort Momoh. *Female Genital Mutilation*. Seattle: Radcliffe Publishing. 2005. Print. P. 9

lost, for dreams broken, for the right to live as a whole human being. I appeal to all peace loving people to protect, to support and to give a hand to innocent little girls who do no harm.”¹⁶ This is a horrific effect for an unnecessary procedure, and an example of why FGM should be eradicated.

Prevalence

FGM is a widespread practice, which affects many women. It is estimated that 120-140 million females worldwide have undergone FGM. Prevalence is still high in around thirty countries in Africa and the Middle East.¹⁷ While these numbers are shocking, they are so broad that it is hard to conceptualize the women affected. The UNICEF study aims to alleviate that problem by breaking down the statistics by common demographic indices: class, education, ethnicity, and physical location. The study also examined religious and race differences but those findings were not statistically significant: “Looking at religion independently, it is not possible to establish a general association with FGM/C status.”¹⁸ In some countries, Christians practice FGM the most; in other countries it is the Muslims.

The primary factor significantly impacting whether or not a woman undergoes FGM is her socio-economic class. UNICEF found that FGM prevalence decreases among women of wealthier households. This decrease is usually a factor of both class and education, since upper class populations tend to have better access to higher education.¹⁹ “FGM prevalence levels are generally lower among women with higher education, indicating that circumcised girls are also

¹⁶ Ibid.

¹⁷ Ed. Comfort Momoh. *Female Genital Mutilation*. Seattle: Radcliffe Publishing. 2005. Print. P. 5

¹⁸ *Female genital mutilation/cutting: a statistical exploration 2005*. UNICEF. 2005. 11 October 2010 <http://www.unicef.org/publications/files/FGM-C_final_10_October.pdf>. P. 9

¹⁹ Ibid, P. 12

likely to grow up with lower levels of education attainment.”²⁰ In addition, daughters of educated women are slightly more likely to have received less severe forms of FGM compared to daughters of uneducated women.²¹ This means that in countries where infibulation (the most severe type of FGM) is practiced, daughters with educated mothers typically have FGM types that less drastically affect their physical and mental well-being.

Education likely plays an important role in this trend because people who have access to higher education learn new skills and ways of thinking. In many forms of education, the higher levels you attend means gaining higher levels of critical thinking, analysis, and creativity. Women who have these advanced skills are more likely to choose the least harmful type of FGM.²²

While education and class can affect the types of FGM undergone, and therefore lessen the future impacts, they do not affect distribution. Among all socio-economic variables, ethnicity appears to have the most determining influence over FGM distribution within a country.²³ However, the study found that marked differentials in prevalence between ethnic groups exist only in countries where FGM is not widely practiced, such as in Ghana. In countries where genital mutilation of girls is almost universal (such as in Guinea and Mali), ethnicity has less of a determining impact upon the likelihood of girls having undergone FGM.²⁴ The last demographic that helps determine affected populations is location. In general, this usually describes the differences between urban and rural areas. As may be expected, rural areas tend to have a higher prevalence, largely due to the factors discussed above.

²⁰ Ibid, P .9

²¹ Ibid, P. 15

²² Ibid

²³ Ibid, P. 11

²⁴ Ibid.

Section II. Causes and Dilemma

Beliefs behind FGM

We know that FGM usually affects poorer women living in rural areas with lower levels of education. But it also affects the women, to a lesser degree, who are wealthier and have high levels of education. In some countries, like Egypt, the prevalence rate for all women is above 95%.²⁵ But so far it is unclear *why* FGM continues to exist. With so many concerted efforts and legislation aimed at eradicating the practice, what are the reasons behind its continued existence?

There are several answers, which contributes to the complexity of solving this issue. In fact, women have several compelling economic and social reasons for perpetuating FGM, many of which are caused by the pronounced power imbalance between the genders. The social structure in many of these countries or communities keeps FGM economically relevant for women. Marriage is a woman's way to security and stability, and non-circumcised women are seen as outcasts and 'impure' or unmarriageable²⁶. This economic reality is what makes many women circumcise their daughters, despite painful memories or realities. Contributing to this spiral effect is that there are fewer job opportunities for women in general. If a woman decided to *not* circumcise her daughter, and then her daughter was unable to marry, she would become a burden on the family for the rest of her life (and many of the families who practice FGM are desperately poor). Another contributing factor is that performing the circumcision procedure is one of the only 'female' sources of revenue available. If women eradicated FGM, the elder women would lose some of the only economic power they have. As Momoh writes, "Largely

²⁵ Ed. Comfort Momoh. *Female Genital Mutilation*. Seattle: Radcliffe Publishing. 2005. Print. P. 18

²⁶ Ed. Comfort Momoh. *Female Genital Mutilation*. Seattle: Radcliffe Publishing. 2005. Print. P. 10

speaking, women [in East Africa] have no power or influence; they have little access to education and are totally dominated by men.”²⁷

The economic and social spheres are intimately tied together. While in economic terms marriage is the way women survive, it also has effects in the social realm: “In most regions where this is practiced, a woman achieves recognition mainly through marriage and child bearing and men may refuse to marry a woman who has not been circumcised. Therefore, to be uncircumcised is to have no access to status or a voice in these communities.”²⁸ It is important to comment on the role men’s beliefs have in this process. Many men refuse to marry uncircumcised women, which fuels the women’s valid beliefs that they must undergo FGM while this social norm remains unchanged. Some of the reasons behind why men prefer circumcised women lies in social factors, such as access to education. A study in Ghana found that: “Results from regression analysis show that the illiterate and those [men] who have [only] been to primary school are more likely to prefer circumcised women than those with secondary and higher education.”²⁹

Another key reason why men seem to prefer circumcised women is the traditional beliefs held in the communities. In many places in Africa, there are self-enforcing beliefs about FGM that contribute to the belief trap. A self-enforcing belief is one where the costs of testing

²⁷ Ibid.

²⁸ Briggs, L. A. “Male and Female Viewpoints on Female Circumcision in Ekpeye, Rivers State, Nigeria”. *African Journal of Reproductive Health / La Revue Africaine de la Santé Reproductive*. Vol. 6, No. 3 (Dec., 2002), 10 October 2010 <<http://www.jstor.org/stable/3583256>>. P. 49

²⁹ Sakeah, Evelyn and Andy Beke, Henry V. Doctor, Abraham V. Hodgson. “Males' Preference for Circumcised Women in Northern Ghana”. *African Journal of Reproductive Health / La Revue Africaine de la Santé Reproductive*. Vol. 10, No. 2 (Aug., 2006) 10 October 2010 <<http://www.jstor.org/stable/30032457>>. P. 37

the belief are too high to outweigh the potential benefits.³⁰ For example: “The Bambara of Mali believe that the clitoris will kill a man if it comes into contact with his penis during intercourse.”³¹ This belief seems silly to people not in this system. But if this is what you were taught, and you had no access to education to inform you differently, would you test it out? If you were a male, you definitely would not test the belief, since you would not want to die. And if you were a female in the group, you probably would not test it, since your husband is your only source of economic and social security. When these beliefs are looked at in conjunction with systemic factors, the reason FGM persists becomes much clearer.

Other beliefs are completely unmotivated by fear, but still create systemic pressures for FGM. An important belief is that FGM makes the woman less prone to sexual desires and promiscuity. Many communities view an uncircumcised female as impure or lustful. And, often, circumcision is seen as a way to increase male’s sexual satisfaction. “Infibulation is said to enhance male intercourse, but reports from Nubia and the Sudan indicate that men aware of the difference prefer intact or excised women to infibulated women.”³² Many of the beliefs outlined here could be proven false, through access to education. But education alone is not enough, since the larger economic and social structures keep the system in place.

Human Rights Issue

Today, the international community regards FGM as a human rights abuse due to the physical and psychological reasons outlined earlier. However, this was not the case even thirty years ago. The first attempts to stop FGM began early 1900’s when colonial administrators and

³⁰ Mackie, Gerry. “Ending Footbinding and Infibulation: A Convention Account”. *American Sociological Review*. Vol. 61, No. 6 (Dec., 1996), 10 October 2010 <<http://www.jstor.org/stable/2096305>>. P. 1009

³¹ Ibid.

³² Ibid, P. 1005

missionaries from Europe attempted to ban the practice by enacting laws and church rules. However, given the deeply rooted nature of FGM, and the imposing nature of the reforms, FGM continued to flourish. The people resisted the change, seeing it another product of colonialism, which had done little to benefit them so far.³³ These early attempts provide convincing evidence that a top-down, legal approach is not effective by itself.

It was not until the 1990's that FGM gained attention as an international human rights issue, and subject to reform through NGO action and human rights conventions. In this decade there was a flurry of international legislation that condemned the practice of FGM. In 1990 the Convention to End Discrimination Against Women (CEDAW) made recommendations against FGM, and created a monitoring system for states that had high prevalence rates. In 1993 the Declaration on the Elimination of Violence Against Women officially labeled FGM as violence, and in 1994 a position was created that specifically addressed gender violence, including FGM: the Special Rapporteur on Violence Against Women.³⁴

FGM is classified as a human rights abuse partially based on its violent nature: "The international community recognizes 'violence against women' as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women."³⁵ However, FGM does not only violate non-violence ideals. The procedure also violates several major human rights. These include the right to be free from all forms of

³³ Ed. Anika Rahman and Nahid Toubia. *Female genital mutilation: a guide to laws and policies worldwide*. New York : Zed Books in association with Center for Reproductive Law and Policy. 2000. Print. P. 9

³⁴ Ibid, P. 11

³⁵ Ed. Vlachovd, Marie and Lea Biason. "Women in an Insecure World". *The Geneva Centre for the Democratic Control of Armed Forces*. 2005. 11 October 2010 <<http://www.ciaonet.org.ezproxy.lib.lehigh.edu/book/dcaf010/dcaf010.pdf>>. P. 4.

discrimination against women, the rights to life and physical integrity (including freedom from violence), the right to health and the rights of the child.³⁶

However, one of the reasons FGM is a difficult topic is that the beliefs that keep the practice relevant often also fall under the protection of international rights. These include the right to culture, the right of minorities and the right to freedom of religion.³⁷ Some people feel that the UN and other international organizations, which are largely dominated by Western powers, should not pass judgment on another culture's way of life. Advocates of this counter-position argue that it is not our position to tell someone that what they are doing and have been doing for generations is wrong. Cultural relativists feel that UN or international interference is just another exertion of Western imperialist ideals, not a concern for women's health or rights. This counter-viewpoint makes addressing reform policies about FGM especially tricky, since reform has to be done in a way that still celebrates the local culture and respects the people.

However, cultural relativism cannot be an excuse for a practice that makes thousands of women die or suffer complications, for no known objectively beneficial reason. While the rights of religion and culture are important, FGM has no attachment to specific religions or cultures. In fact, the most common factor between all the communities that practice FGM is a patriarchal social and economic structure which keeps women trapped into thinking they have to become circumcised in order to live a happy life or to even survive. So, clearly, it cannot be a religious doctrine (or else it would be practiced commonly throughout the world) or cultural tradition

³⁶ Ed. Anika Rahman and Nahid Toubia. *Female genital mutilation: a guide to laws and policies worldwide*. New York : Zed Books in association with Center for Reproductive Law and Policy. 2000. Print. P. 20-29

³⁷ Ibid, P. 31-39

rooted in specific beliefs that make the culture unique (since it is widespread among very different cultures). It is a form of violence and subjugation of women, and cannot be tolerated by the international community. Reforms must be carried out in a way that respects other validated aspects of the cultures and religions, but we cannot allow such a gross human rights abuse to go unfettered.

Section III. Proposal

Different levels of approach

Understanding the complex nature behind FGM is central to the NGO actions I propose. NGO action can occur at many different levels, each with its own strength and weakness. NGOs can operate at the community, national, regional or international level. My proposal focuses on the community level, as opposed to the other levels, because much of the permanent successes have been through individualized programs aimed at specific communities.³⁸ This does not mean that advocacy at the other levels are not important or effective.

Community levels approaches are most effective at creating immediate change. NGO work at this level is also especially important to countries where only minorities practice FGM, since reform must then be tailored to the specific cultural beliefs and structures that keep FGM relevant.³⁹ However, NGO work on this level is still important in nations where there is almost universal practice, since there are not always the same underlying factors that contribute to the continuation of FGM in different religious, ethnic or racial communities. In addition, community

³⁸ Ed. Anika Rahman and Nahid Toubia. *Female genital mutilation: a guide to laws and policies worldwide*. New York : Zed Books in association with Center for Reproductive Law and Policy. 2000. Print. P. 82

³⁹ *Ibid*, P. 80

level approaches seem to be the most receptive and representative of the needs and priorities of the women they help, which goes a long way toward lasting change.⁴⁰

National level reform is important because, in the long-term, legal and policy changes are crucial. At the national level NGOs can lobby for effective legislation, monitor government action and collect and disseminate information. NGOs can also build broad national coalitions that use community or religious leaders to speak out against FGM, which can in turn be a part of a wider media campaign. However, legislation and enforcement at the national level has some critical issues. In many of the states with high FGM prevalence, oftentimes legislative reforms are unenforced, legal protections are weak, judges can be bribed or are subject to political pressures, and lawyers' resources are limited.⁴¹

Regional level action focuses on government action, and is more similar to international action than national or community level strategies. This level is the least effective, since regional bodies are scarce and usually not effectively enforced. At this level NGOs can work through the region's human rights monitoring bodies if they exist.⁴² Rahman and Toubia urge NGOs working on this level to focus on advocacy and supplementing information from state reports. However, these regional monitoring systems are often complex, lengthy, and costly. Many NGOs do not have the capital or human resources to work within these (often ineffective) regional bodies.⁴³

NGOs do, however, have an important and effective role in the international sphere. NGOs can work either through the UN human rights system or enhance the activities the UN undertakes to end FGM. Providing independent expert opinions on government actions (often

⁴⁰ Ibid

⁴¹ Ibid

⁴² Ibid, P. 85

⁴³ Ibid, P. 84

called ‘shadow reports’), gives the UN an un-biased view of nations’ issues with compliance to international declarations and regulations, and includes suggestions for improvement. A crucial feature of NGOs work on this level is that they can lobby for recommendations to treaties that further clarify government responsibilities toward ending FGM. In this sense, they can help the UN to become stricter on this issue, and have helped to create positions such as the Special Rapporteur on Violence Against Women. Lastly, NGOs can support individual complaints. However, NGOs cannot actually bring claims forward (this must be done by the states themselves), and can only offer financial, technical, and moral support to the individual.⁴⁴ NGO advocacy at the national, regional and especially the international levels have important qualities, but are focused on a larger and broader scale than my paper can encompass.

Proposal: Education

My proposal to eliminate the practice of FGM on a community level has three main components: education, empowerment, and positive deviance. The education component involves teaching basic human biology, sexuality, problem solving skills, and human rights principles along with healthy hygiene practices to women. It also recognizes that men cannot be left out of the process, and that educational programs aimed at refuting popular beliefs—such as increased sexual pleasure due to FGM or fears about harm—will go a long way to changing male preferences.

In the beginning, the informal education will focus on community lessons for the adults. So far, educational programs led by elders in the community, particularly of the same sex, have been most effective. Education scholar Niara Sudarkasa emphasizes the fact that informal

⁴⁴ Ibid, P. 88

education of girls is often done through the family, rather than through formal 'Western' schooling. She asserts that because family is seen as the most important social institution in Africa, and that sex roles are entrenched within the family, organizing educational regimes around family life is essential.⁴⁵ She also argues that the education should be done with the ideal of making women's roles more prestigious, instead of pushing a Western model of androgynous roles: "The prestige that attaches to certain occupations and the lack of respect for others are likewise *culturally* manipulable."⁴⁶ Sudarkasa asserts that by respecting the strong sex-role culture, change is more likely and is will seem less domineering. It will also, I believe, give women's opinions more credence if their roles are seen as vitally important to the community.

Hopefully, the education can be implemented for younger ages once the community becomes more open to the subjects being taught. Aiming the initial education at adults is important, so that they understand the reasons why FGM is not healthy or beneficial, to either gender, and then can then help their children understand. Also, since respect for women in Africa grows with age and childbearing, it makes cultural sense to target the most respected women first.⁴⁷

The aim of this approach is to give pertinent information to women and men, and, ultimately, have both genders sign a public declaration against FGM. Scholar Gerry Mackie compares the end of footbinding in China with possible measures to end FGM in Africa and the

⁴⁵ Sudarkasa, Niara. "Sex Roles, Education, and Development in Africa." *Anthropology & Education Quarterly*. 12 December 2010 <<http://www.jstor.org/stable/3216639>>. P. 285

⁴⁶ Ibid, P. 286

⁴⁷ Malhotra, Anju and Mark Mather. "Do Schooling and Work Empower Women in Developing Countries? Gender and Domestic Decisions in Sri Lanka." *Sociological Forum*. 12 December 2010 <<http://www.jstor.org/stable/684734>>. P. 609

Middle East. Footbinding had many of the same qualities as FGM: it was a gendered violence that stemmed from similar purity beliefs and erotic desires, and was deeply entrenched in the Chinese culture. Footbinding, however, was eradicated in almost one generation in the early 1900's and is now non-existent.⁴⁸

To give a brief background, the process of footbinding included breaking the foot at young age, and binding it for years until the foot was permanently disfigured into a small, pointed shape. The smaller the foot was, the higher the social status, and the greater the pain. Footbinding was crippling, and in essence kept women trapped since walking was extremely painful. It became so widespread that it was practiced by nearly every family except the poorest of the poor who needed their daughters and wives to work to support the family. Footbinding is similar to FGM as it too was a form of gender-based violence that had severe physical effects on the women. It flourished due to (but also created) economic conditions in which a woman who did not have her feet bound would lose social standing and economic security. Men in China found it erotic, and viewed natural feet as ugly and large.⁴⁹

The end of footbinding happened quickly and successfully. Mackie uses game theory to explain that cultures that practice FGM or footbinding are caught at an inferior equilibrium. Players at an inferior equilibrium may have a difficult time moving to a better situation (the higher equilibria) since it would be worse for any one player to be the first or only to move—for change to happen there needs to be a concerted effort.⁵⁰ He posits that this move must usually be guided by the state or large and prominent organizations. Mackie also points out that a sign

⁴⁸ Mackie, Gerry. "Ending Footbinding and Infibulation: A Convention Account". *American Sociological Review*. Vol. 61, No. 6 (Dec., 1996). 10 October 2010 <<http://www.jstor.org/stable/2096305>>. P. 999

⁴⁹ *Ibid*, P. 1000

⁵⁰ Mackie, Gerry. "Ending Footbinding and Infibulation: A Convention Account". *American Sociological Review*. Vol. 61, No. 6 (Dec., 1996), 10 October 2010 <<http://www.jstor.org/stable/2096305>>. P. 1006

of players being trapped in an inferior convention is when the majority (acting collectively) would abolish it, while a majority (acting individually) would inflict it on their daughters. This was certainly a view expressed by many women, who did not want their daughters circumcised but feared they would never marry if they did not have the procedure done. The only way FGM can end is if there is a mutual move toward non-circumcision, or the higher equilibria.⁵¹

For this reason Mackie assert that the public declaration is extremely important. He says it makes an 'invisible' mutilation visible.⁵² This can help 'shame' people into following the new norm of non-circumcision, and helps garner the collective action needed to move to the higher equilibria of non-circumcision.

Empowerment

Empowerment, the second component of my proposal, focuses on the larger social structure within communities, specifically income generation and decision-making skills for women.⁵³ The types of skill sets taught will range greatly for each community. In farming communities, teaching women to raise and sell livestock and crops is an important skill. In urban areas teaching skills such as quantitative analytic ability or computer knowledge is more critical. Empowerment has been shown to be successful in communities where the men are migrant workers, and I believe it has potential for FGM communities so long as increased economic opportunities for women can be created.

One way to achieve job creation is through microfinance. Microfinance can be defined as "formal saving schemes designed to improve the wellbeing of the poor through better access

⁵¹ Ibid, P. 1014

⁵² Mackie, Gerry. "Ending Footbinding and Infibulation: A Convention Account". *American Sociological Review*. Vol. 61, No. 6 (Dec., 1996), 10 October 2010 <<http://www.jstor.org/stable/2096305>>. P. 1016

⁵³ Ed. Anika Rahman and Nahid Toubia. *Female genital mutilation: a guide to laws and policies worldwide*. New York : Zed Books in association with Center for Reproductive Law and Policy. 2000. Print. P. 77

to saving services and loans.”⁵⁴ Both community saving/loan programs and livestock funding programs are viable options. Community loans are especially suited for women in rural areas, since typically NGOs prefer to loan money to women, based on repayment statistics and overall benefits to the community. Studies have shown that women use the profits from their businesses to send their children to school, improve their families’ living conditions and nutrition, and expand their businesses. The fruits of their businesses not only make an impact on themselves and their families, but entire communities.⁵⁵ Schreiner writes that joint-liability groups, (where all borrowers are liable for each others’ debts), are particularly successful when the members choose their own groups.⁵⁶

Susan Johnson warns, however, that the ability of men and women to use the services offered by NGOs will differ in practice. This can lead to unintended reinforcement of gender roles or inequities. She asserts that instead of focusing microfinance regimes only on women, put women in positions of authority in the decision-making microfinance committees as the village addresses gender relations more overtly.⁵⁷ Another microfinance scholar concerned with gender equity, Rebecca Vonderlack, claims that saving programs are actually more beneficial to impoverished women than loan regimes, due to unequal power structures. She asserts that independent and anonymous safe-deposit boxes allow women to maintain independent savings, which allow them to quickly withdraw money for family emergencies or school fees.

⁵⁴ Schreiner, Mark. “Informal Finance and the Design of Microfinance.” *Development in Practice*. 10 December 2010 <<http://www.jstor.org/stable/4029431>>. P. 637

⁵⁵ “Microfinance Basics.” *Grameen Foundation*. 12 October 2010 <<http://www.grameenfoundation.org/what-we-do/microfinance/microfinance-basics>>.

⁵⁶ Schreiner, Mark. “Informal Finance and the Design of Microfinance.” *Development in Practice*. 10 December 2010 <<http://www.jstor.org/stable/4029431>>. P. 638

⁵⁷ Johnson, Susan. “Gender Impact Assessment in Microfinance and Microenterprise: Why and How.” *Development in Practice*. 10 December 2010 <<http://www.jstor.org/stable/4029776>>. P. 92

Having an independent source of money helps alleviate the gender imbalances by giving the women more control in their personal and domestic lives. She asserts that both independent money and community loans are important to empowering women, since they work on two different levels to equalize power structures.⁵⁸ Clearly, simply implementing microfinance regimes is not enough; special attention must be given not only to the individual culture, but also the impact on women and the way the scheme fits into the overall social structure. Utilizing ideas that empower women on many different levels will be important to this facet of my proposal.

Ideally, the empowerment prong also focuses on including community and religious leaders in the process. This can be done by encouraging leaders to act as role models and working with them to implement new programs for the community once the NGOs leave. This is important to the continuity of this solution. NGOs cannot stay in a community forever, and lasting change often takes several generations. By having the leaders work toward the change, it not only ensures that the community is likely to follow, but that they can continue educational workshops or microfinance regimes.

Positive Deviance

Lastly, the idea of positive deviance is important in initializing the process toward creating a powerful social norm against FGM. NGOs who have tried this approach identify individuals who oppose FGM and promote them as role models. The effectiveness is derived from documenting their story of how they came to the decision and their struggles in taking a

⁵⁸ Vonderlack, Rebecca M. and Mark Schreiner. "Women, Microfinance, and Savings: Lessons and Proposals." *Development in Practice*. 10 December 2010 <<http://www.jstor.org/stable/4029405>>. P. 608

stand against the majority.⁵⁹ In particular, these stories should emphasize the benefits of being uncircumcised, and how it has *not* adversely affected the marital or childbearing lives of the women, nor the sex lives of the men. A particular emphasis should be on the woman not feeling/being 'impure' since this is one of the founding principles behind FGM. These individuals can also participate in community gatherings to share their experiences.

Interaction Effects

A flaw with positive deviance is that it cannot be isolated—it must be used in conjunction with one of the other approaches. The message needs to resonate with the community and help to create a 'critical mass'. However, since my intent is to have the three components used simultaneously, this should not be an issue. The reason I chose to propose a three-pronged approach is that the issue is socially complex. The roots of FGM and its continuation happen at the gender, economic, and cultural level. Tackling the problem from only one angle cannot possibly hope to affect change on all these levels.

My education component works to inform women of human biology, human rights, and healthful practices. It will work to eradicate uninformed and self-enforcing beliefs that keep FGM relevant for men. It will also work toward fostering more respect for traditional women's roles that are an integral part of many African cultures. In this way some of the gender role perceptions may be altered.

The empowerment component works to provide economic opportunities for women through microfinance. This gives women not only more freedom, but also lessens the economic pressure for marriage and for elderly women to become circumcision practitioners. Through

⁵⁹ Ibid, P. 78

savings and loan programs women can begin to break free of the economic cycle that keeps FGM necessary.

Lastly, positive deviance puts a public face on non-circumcised women and their partners, which can give women and men reassurance that non-circumcision does not lead to death or unhappiness. It is especially important that these role models be from the community since it shows the possibility of people such as themselves thriving in spite of breaking free from the tradition. This component helps garner public support, and also works on cultural change. The ideal outcome of this three-pronged approach to ending FGM is to create powerful movements condemning FGM, endorsed by community leaders.

Explication of Other Approaches

There are several reasons why I believe that this proposal, which integrates three common approaches used by NGOs in the past, can be effective. First, my approach targets individuals, the community and the leaders. Merely targeting leaders is a strategy that has been pursued by some NGOs who believed that support from influential voices in the communities would help end the practice more quickly. However, leaders often stopped advocating the ban on FGM after a year, and rates never permanently decreased. Many women in these communities felt they “did not understand why such a privilege had been taken away from them.”⁶⁰ This demonstrates the critical importance of educating women directly, instead of focusing solely on community leaders. However, ignoring the leaders means a movement potentially lacking legitimacy, which is why gaining leader support is essential as well. It is my

⁶⁰ Ibid, P. 79

hope that by targeting both the leaders and the people there will be enough momentum on both sides so that the change does not stop after a few years.

My approach also takes into account the larger systemic reasons why FGM continues, such as economic and educational opportunities for women. NGOs have tried to combat the economic pressures of FGM through educating circumcisers and training them for alternate jobs. However, this approach to eradicate the supply simply had the demand (families) go elsewhere for the procedure.⁶¹ This approach failed to take into account the complex economic constraints in these communities, such as the women being unable to find other jobs of similar status and income. My hope is that through providing all women, not just the circumcisers, income-generating skills and access to microfinance, they can collectively work to establish alternate sources of power and income.

The last common approach used by NGOs is to create alternative rites of passage for girls. This is often done in the form of ceremonies and gift giving.⁶² While this is an interesting approach, I argue that it is not as effective due to the elaborate belief and economic structure contributing to the practice. First, gift giving is likely to be impractical in rural or poor communities, especially where female children are not valued. More importantly, none of my research has mentioned the 'rite of passage' idea behind the importance of FGM, but ideas of purity are central. Perhaps if the ceremonies were 'cleansing' rituals led by women, they would be more successful.

Conclusion

⁶¹ Ibid

⁶² Ibid, P. 77

My paper aims to give the reader an overview behind the contemporary understanding of female genital mutilation and its consequences, as well as the prevailing reasons behind the persistence of the practice. Comprehending the dilemma of cultural relativism, but also why FGM must be eradicated, is important to understanding *why* reform is necessary. Essential in targeting effective reforms is knowledge of the complex and systemic economic and social pressures that keep FGM relevant. Reforms that have focused on only the medical consequences have legitimized FGM by seeming to medically sanction it. Reforms focused solely on regional or national interventions have often glossed over the intricate cultural changes necessary to systemic change, as well as lacked the necessary legal enforcement for lasting change.

I propose a multi-faceted approach involving education, empowerment and positive deviance for *both genders*. I advocate involving community leaders as a way to lend support to community change and create declarations against FGM, but not as the sole motivators. Legal change will hopefully follow, and gain power as the underlying social expectations change. It is my hope that NGOs will recognize the value of synthesizing the multi-layered approach, with a greater emphasis on education and empowering women economically. Bringing together NGOs that are already focused on these specific aspects (such as microfinance or education for women) will enhance the fight against this human rights abuse. I believe the multi-level approach that was used to eradicate footbinding serves as a successful model, and, along with the actions outlined in my proposal, offers hope for a future world that is free of female genital mutilation.

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