

FEMALE GENITAL CUTTING, HUMAN RIGHTS AND RESISTANCE: A STUDY OF EFFORTS TO END THE 'CIRCUMCISION' OF WOMEN IN AFRICA

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Abstract

The term female genital cutting (FGC) encompasses a diverse range of traditional practices involving the partial or total removal or alteration of the external female genitalia for non-medical reasons, occurring in a number of cultural contexts in African (and other) societies. This study addresses the discourses surrounding FGC practices and examines ways to successfully bring about their abandonment.

In the post-colonial context, efforts by 'outsider' organisations, (governmental and non-governmental), many of whom approach these multifarious practices as an "easily available, self-evident example of the horrific that requires no further interrogation than straightforward condemnation", have historically provoked responses of cultural resistance (Moruzzi 2005:205). Representations of the African woman as a universally oppressed 'Other' reveal a 'double standard' evident in many human rights based arguments against FGC practices, by overlooking the ways in which similar 'cutting' practices routinely performed in Western societies (such as neonatal male circumcision) may equally be interpreted as violating rights such as those laid down by the United Nations Convention on the Rights of the Child.

Outside pressure on countries to criminalise FGC has, in many cases, driven these practices 'underground' with the result that the incidence of short- and long-term medical complications may actually increase. This paper argues that attempts to bring about change will only succeed if conducted on local terms and led by members of the communities themselves. A case study is presented of a culturally responsive intervention, that of the non-governmental organization, Tostan, in Senegal, which has had success in obtaining an abandonment of FGC practices through participatory approaches.

Keywords: female genital cutting, circumcision, sexuality, gender, women, Africa

INTRODUCTION

It is the asymmetries...between what we believe or feel and what others do, that makes it possible to locate where we now are in the world, how it feels to be there, and where we might or might not want to go. To obscure those gaps and those asymmetries... is to cut us off from such knowledge, and such possibility of quite literally, and quite thoroughly, changing our minds.

-Geertz 2000:78

The term female genital cutting (FGC) describes a range of traditional practices maintained in many societies across Africa, which involve the partial or total removal or alteration of the external female genitalia for non-medical reasons. FGC practices have little parallel in their ability to arouse an emotional response at the international level, and have come under increasingly intense scrutiny from news media, feminist, human rights and health organisations and legislators, spawning a vast array of national and international non-governmental organisation (NGO) projects to combat them (Shell-Duncan and Hernlund 2000). A large body of literature exists on the practices, and the issue has been widely debated at the international level and is prioritised by the United Nations Organisation as part of its Millennium Development Goals, which aim to "promote equality and empower women" and "improve maternal health" (UN 2005).

The purpose of this study is twofold: to critically examine the discourses surrounding FGC practices in order to demonstrate that activities aimed at its abandonment (what Ahmadu (2000:308) terms "an irreversible international compulsion") often fail in their efforts to improve women's lives and may in reality serve to perpetuate the "colonial gaze" of the West towards African societies (Mohanty 1988), while simultaneously ignoring the existence of a double standard in attitudes to parallel 'cutting' practices in Western cultures. The paper also aims to ascertain how and why change has been successfully implemented in some practicing communities, with a view to identifying the ways in which the abandonment of FGC can lead to improvements in affected women's lives, and that of their communities, while avoiding constructions of

African women as homogenous victims of patriarchy and tradition¹. Analysis of the former will, it is hoped, lead to a better understanding of the latter.

Bell (2005:125) criticises “the tendency among policy makers to homogenize female genital surgeries and to equate operations diverse in form and function with their most severe manifestations, while simultaneously reducing their meaning to patriarchy”.

In a post-colonial context of high poverty and low levels of education, efforts by ‘outsider’ organisations (governmental and non-governmental), which include outlawing FGC, have historically provoked responses of cultural resistance (e.g. in Sudan and Kenya in the 1950s, see Ahlberg et al. 2000). Policymakers and activists frequently fail to offer alternatives to rites deeply embedded in tradition and have consequently driven practices ‘underground’ with the result that the incidence of short- and long-term medical complications may actually increase (Grande 2004).

The paper explores the following questions. Why do FGC rituals continue to be highly prevalent and deeply embedded in many African societies despite widespread international condemnation and concerted efforts by local and international organisations to bring about their abandonment? How can these organisations move beyond a stance of what Gunning (1992) refers to as ‘arrogant perception’ (wherein African women are viewed as “passive targets of oppressive practices and discriminatory structures”) in their approaches to practicing communities? The methodology used in this paper for exploring these questions takes the form of a review of the relevant literature, and case study analysis, putting forth the argument that anti-FGC strategies are inextricably linked to contemporary debates about the nature of ‘universal’ human rights and the problematic assumptions that “internally homogenous First and Third Worlds exist as radically separate ‘worlds’”, which hamper understanding of the practices (Walley 1997:406). The need for analysis exists in order to grasp why FGC practices “strike numerous nerves” in the West, challenging basic understandings of “body, self, sexuality, family and morality”, and playing upon tensions related to “cultural difference, the relationship between women and ‘tradition’ and the legacy of colonial-era depictions of gender relations in non-Western countries” (ibid.). Chapter 1 outlines the historical and contemporary forms of FGC, including a discussion on terminology and some of the reasons for its prevalence. Chapter 2 examines the global debates and discourses surrounding the issue, followed by a comparison with male genital cutting practices, in Africa and the West, in Chapter 3. A ‘double standard’ is revealed in discourses which frequently fail to recognise the commonalities between some female genital cutting practices in Africa with regard to execution, motivation and justification, and neonatal male genital cutting practices around the world.

¹ Mohanty (1988:337) highlights the way Western feminists frequently reify ‘Third World woman’ as leading an “essentially truncated life based on her feminine gender (read: sexually constrained) and being ‘third world’ (read: ignorant, poor, uneducated, tradition-bound, domestic, family-oriented, victimized, etc.)”

A case study is analysed in Chapter 4 of a community education program which has had considerable success in obtaining a reduction in FGC practices. The Senegalese NGO Tostan's original non-formal education and problem-solving program largely aimed at rural women, had the unexpected effect of prompting participants from one village to voluntarily decide that the 'problem' which they most wished to address in their post-training period was how to end the traditional practice of female circumcision. Tostan's innovative and culturally appropriate use of community-prompted public declarations against the practice at the village level is analogous to the way in which the traditional Chinese practice of foot binding was brought to an end in the late 19th century. The paper concludes with a discussion of the agency of the women who practice, maintain, and sometimes choose to abandon the tradition, and offers recommendations on how policymakers and development practitioners can best approach FGC in order to bring about a genuine improvement in the lives of the women and girls in question.

Understanding FGC

Meaning always involves retrospection and reflexivity, a past, a history.

-Turner 1982:33

Introduction

The widespread customs of female genital cutting are as differentiated as the people who maintain them. As outlined below, debate rages over which terminology to apply to the practices, and widespread assumptions are made about what they entail and why they are performed. This chapter describes the practices and their prevalence, situating them within their social and cultural contexts, and reports on their effects on women's health and sexuality, as well as outlining some significant trends emerging with regard to the practices in Africa.

Terminology

The choice of terminology for female 'circumcision' practices tends to be a matter of considerable controversy and has undergone a number of evolutions (Meyers 2000). Elizabeth Boyle (2002) reports that when the international community first took up the issue in the 1960s, "sovereign autonomy was at its peak", and so the practices [then referred to by the World Health Organisation as being of a "social and cultural rather than a medical nature", (ibid.: 41;65)], were generally referred to as 'female circumcision'. Some continue to use this more culturally relative term, as it is the expression preferred by most subjects and practitioners. Others opt for medicalized terminology such as 'traditional female genital surgeries' or 'female genital operations'. In local language, a woman is often referred to as 'open' or 'closed' (Morrone et al. 2002; Lane and Rubinstine 1996).

Opponents of the practices, such as Amnesty International and activist Fran Hosken (1993), use the term ‘female genital mutilation (FGM)’ to reinforce the idea that the practice violates the human rights of women and girls. The term FGM was adopted at the Third Conference of the Inter African Committee on Traditional Practices Affecting the Health of Women and Children in 1990, and is currently used in most World Health Organisation (WHO) and other United Nations documents (Shell-Duncan and Hernlund 2000). At the community level, however, the use of the designation ‘mutilation’ can be viewed as being judgmental and condemnatory, and in 1996, the United Nations Population Fund-sponsored Reproductive, Educative and Community Health (REACH) program advocated the term ‘female genital cutting’ instead of FGM, which was thought to imply “excessive judgement by outsiders as well as insensitivity toward individuals who have undergone (the procedure)” (UNFPA 1996)². Abusharaf (2001:116) argues that:

The differences in terminology not only reflect two divergent systems of knowledge, but also indicate some of the shortcomings of the feminist emphasis on the global uniformity of women’s oppression irrespective of culture, class, or ethnic differences. Although the Arabic term for circumcision, tahara, also means purification, many feminists see it only as mutilation: a brutal act of dominance, violence, and transgression.

Variance in the terms used to describe these practices is thus, as Obermeyer (2003:408) remarks, “an appropriate reflection of the lack of consensus on what the practice represents”. As FGM is agreed to be a value-laden term, implying an intent to harm (see Shell-Duncan and Hernlund 2000), the designation will only be used here in the context of discourses in which it is employed. The terms female genital cutting (FGC) and female ‘circumcision’ (with quotations to acknowledge the imprecision and inconsistency of the latter term) will be adopted throughout this paper, in addition to the more precise descriptive terms, e.g. excision, infibulation. I also note that, as with Boyle (2002:25), when I refer to the ‘practice’ or ‘procedure’ of FGC, I am referring to “an entire range of practices and procedures”.

What is FGC?

According to the WHO, an estimated 130 million girls and women worldwide have undergone some form of FGC and approximately 2 million are exposed to the practices

² Boyle (2002:60), for example, found that when she wrote to USAID in 1998 using the term FGM, they suggested she use FGC as it is “less pejorative” and “better received by the communities that practice the procedure”. Conversely, when she later used the term FGC in correspondence with Hosken’s Women’s International Network organisation, they responded that African women had never heard the term FGC and that the appropriate term was FGM.

each year (WHO 2000). The majority of those affected live in more than 28 countries in Africa, although FGC is also known in parts of the Middle East and Asia³.

A broad spectrum of female genital cutting practices exists, ranging from ‘symbolic circumcision’ [e.g. “a slight prick of the clitoris or, in some communities, the application of red color or some other, nonintrusive gesture” (Silverman 2004:428)] to more invasive techniques such as clitoridectomy, excision and infibulation. The WHO currently groups the procedure into four categories^{4 5}:

- **Type I:** Clitoridectomy - Removal of the prepuce⁶ with or without excision of part or all of the clitoris;
- **Type II:** Excision - Removal of the prepuce and clitoris together with partial or total excision of the labia minora;
- **Type III:** Infibulation - Removal of part or all of the external genitalia and stitching/narrowing of the vaginal opening;
- **Type IV:** Unclassified - All other procedures that involve partial or total removal of the female external genitalia and/or injury to the female genital organs for cultural or any other non-therapeutic reasons.

The most radical type of FGC is known as infibulation⁷ or Pharaonic circumcision (Type III). This procedure involves the complete removal of the clitoris and labia minora as well as all or most of the labia majora. The cut edges are stitched together to cover the urethra and vaginal opening, leaving only a small hole for urine and menstrual blood. The suture must be opened for intercourse and childbirth, a procedure known as defibulation. This is usually followed by re-infibulation after each birth and when a woman is divorced or widowed. Other types of FGC practiced in Africa include the milder sunna⁸ (this may include removal of the clitoral prepuce and or pricking or removal of the tip of the clitoris) and clitoridectomy (excision of the clitoris and some genital tissue).

An important point to note here is that FGC procedures vary greatly. As Caldwell et al. (2000:235) report, the excision and stitching which constitute infibulation or Pharaonic circumcision, (“the strongest single force propelling the movement against FGM”), comprises the minority of cases (15%) and is found mainly in northern Sudan, Somalia and Djibouti.

³ Caldwell *et al.* (2000) report that “FGC is largely confined to Africa, although small groups are reported as having practiced it in Yemen and other parts of Asia, and some gynecologists employed it in the West in the 19th and early 20th centuries for what they regarded as pathological female conditions”.

⁴ Due to the variety of forms that the practice can take, the WHO is reviewing its current classification of types of FGC. See UNICEF (2005b) for a draft form of the forthcoming classification scheme.

⁵ See Appendix 3 for an illustration of Types I-IV.

⁶ Analogous with male circumcision, the term ‘female circumcision’ could be used to describe excision of the prepuce only (see Morrone *et al.* 2002).

⁷ ‘Infibulation’ is derived from the Latin *fibula*, meaning clasp or pin (Kouba and Muasher 1985).

⁸ *Sunna* means ‘tradition’ in Arabic (*ibid.*).

FGC may be performed on pre-pubescent girls aged four to twelve, although in Senegal and Mali it is sometimes performed on babies as young as one month old (Easton et al. 2003). In countries such as Sudan, FGC is normally performed by traditional birth attendants (TBAs) on young girls, with trained midwives performing around one third, whereas medical doctors perform less than 1% of operations (Abusharaf 2000). FGC is usually performed in non-sterile conditions, without anaesthetic (medicinal herbs are often used to assist the healing process), and in the presence of and with the support of female kinswomen of the child (Creel and Ashford 2001). There may be significant variation in the extent of cutting, as the procedure is frequently carried out in poorly lit conditions, and girls often struggle to resist (UNICEF 2005a).

Angela Wasunna (2000:106) reports that traditional practitioners vary across different ethnic groups. Apart from TBAs, barbers may perform the procedure, as is the case in Egypt and Northern Nigeria. In Northern Zaire the traditional ‘circumciser’ is a male priest. Across the continent, implements used include razor blades, scissors, knives and pieces of glass. The specific form that FGC takes can vary widely from one community to another and classification may be problematic, as girls and women may not always be certain of which procedure was performed on them. In cases where they were cut at an early age, girls may not even recall the procedure (UNICEF 2005b).

Caldwell et al. (2000) note that FGC in Africa is found almost exclusively north of the equator (although male circumcision exists in Southern Africa), and that male and female genital cutting rituals, when practiced, are normally found together: “in sub-Saharan Africa both have traditionally been found in nearly all societies north of the equator except in matrilineal ones and in the main AIDS belt stretching south from southern Sudan through Uganda, Rwanda, Burundi to western Kenya” (Caldwell et al. 2000: 235). Kouba and Mouasher (1985:97) emphasise that not all the inhabitants of these areas practice FGC, and that most studies indicate that the custom is primarily an ethnic one, “having nothing to do with political boundaries”⁹.

The social and cultural meaning

Tamar Wilson summarizes the reasons given by women who have been circumcised and infibulated as: the enhancement of women’s femininity by excising masculine traits; the marking of ethnic boundaries; the limitation of women’s excessive sexual desire; and to purify women, “readying them for their overwhelmingly important reproductive role” (see Wilson 2002:502). Many supporters regard it as “a central coming-of-age ritual that ensures chastity and promotes fertility” (Abusharaf 2006a:1).

Re-infibulation is said to increase the husband’s sexual pleasure and inhibits his desire to take a second wife. FGC practices are thus usually closely linked to a woman’s role as wife and mother, and compliance with traditional norms are a key factor in assuring her marriageability. Kennedy (1970, cited in Caldwell et al. 2000) asserts that

⁹ See Appendices 1 and 2 for a description of the rates of prevalence of FGC across the African continent.

FGC must be seen in the context of societies where gender, sexuality, marriage and fertility are of central importance and where the practice is connected to all these concepts.

Despite many assumptions to the contrary on the part of both practitioners and opponents, both male and female circumcision rites predate Islam, and Islamic law does not mandate FGC, tolerating only sunna (Ahmad 2000). Even then, many Islamic scholars believe that this practice is at best categorised among makrûh (disliked) practices, and these interpretations are being actively debated (Gruenbaum 2001). FGC is practiced by members of a number of different religions in the countries concerned, including Christians (Catholics, Protestants, and Copts), animists, and Jews (Falashas in Ethiopia). The practices are “deeply embedded in local traditional belief systems” (Morrone et al. 2002: 259). As Janice Boddy (1991) observes, “For the Sudanese women of my acquaintance religion is nothing less than their entire way of life; religion and tradition are not merely intertwined, they are one and the same” (1991:15). The WHO presents a ‘mental map’ (see Figure 1) summarizing some of the “myths, beliefs, values, and codes of conduct” surrounding the practice (WHO 1999:1). To ensure conformity, communities have strong ‘enforcement mechanisms’ in place, including the rejection of uncircumcised women as impure and unfit to become marriage partners.

Health consequences

Female genital cutting procedures can have a number of short- and long-term health consequences, with infibulated women being especially vulnerable. The most common immediate risk accompanying some procedures is severe bleeding, (leading to possible death), with one study estimating that haemorrhaging accounts for 25% of all complications (Boyle 2002). Infection is also common, and the experience can be very painful when conducted without anaesthesia. Long-term complications from cliteridectomies include abscesses, cysts, keloids and urinary tract infections. Infibulation can result in reproductive tract infections, painful and difficult menstruation and urination, and incontinence (Toubia and Izett 1998).

A recent study by the WHO involving over 28,000 women in Burkina Faso, Ghana, Kenya, Nigeria, Senegal, and Sudan highlights the health risks of FGC to mothers and babies. The study investigated the effects of different types of FGC on obstetric outcomes and concluded that women with FGC are more likely than those without to have adverse obstetric outcomes, and that the more extensive the FGC, the greater the health risks:

Deliveries to women who have undergone FGM are significantly more likely to be complicated by caesarean section, postpartum hemorrhage, episiotomy, extended maternal hospital stay, resuscitation of the infant, and inpatient perinatal death, than deliveries to women who have not had FGM (Eke and Nkanginieme 2006:2).

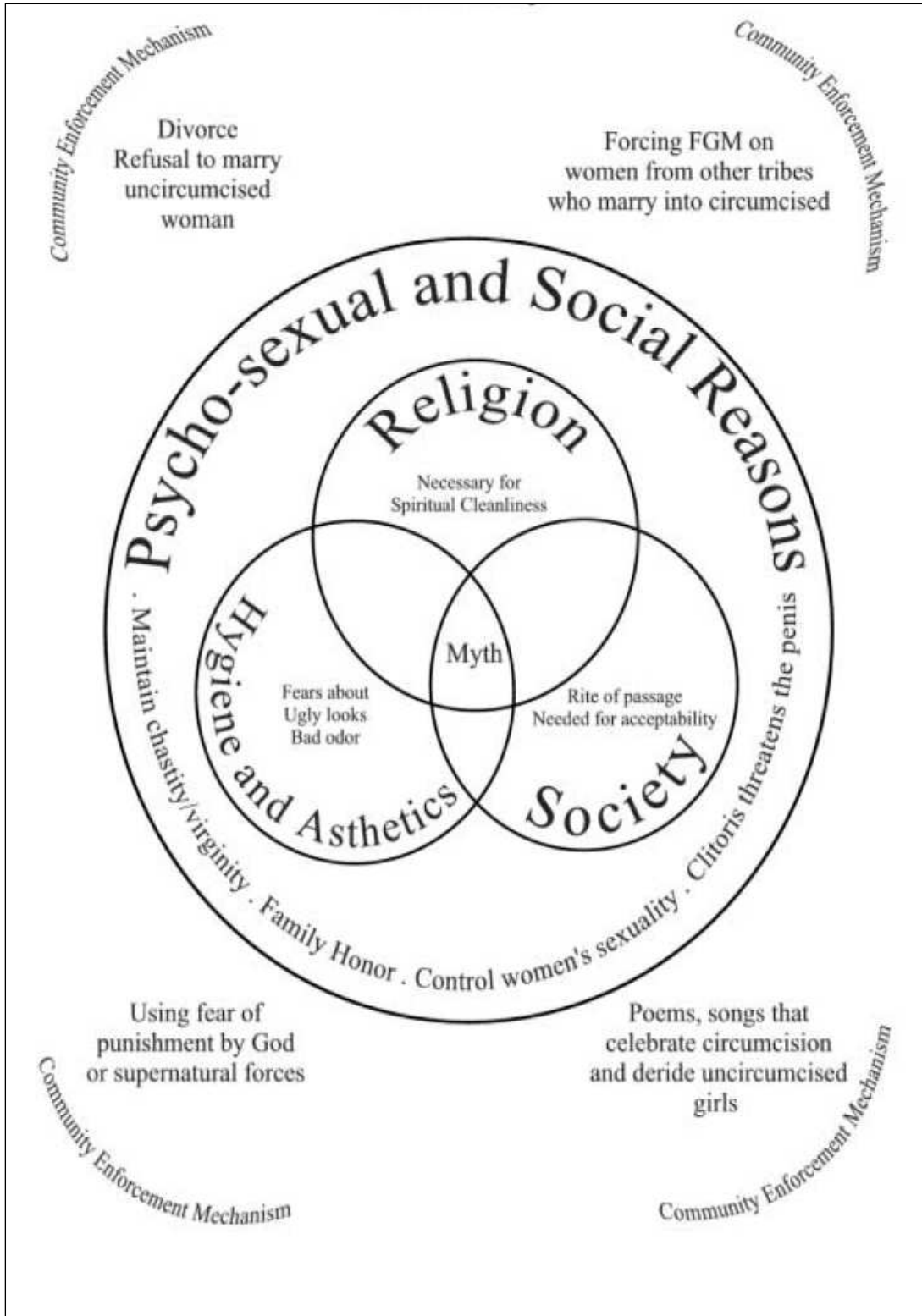


Figure 1: Why FGC practices continue (WHO 1999)

Implications for sexuality

FGC practices are widely perceived in the West as resulting in reduced female sexual desire and enjoyment (see Hosken 1993; IRIN 2005; CRR 2005). Giorigis (1981, cited in Lightfoot-Klein 1989:28) maintains that “the origins of the practice can be traced to the patriarchal family system, which dictated that a woman could have only one husband although a man could have several wives”, and that strong patriarchal systems fostered female ‘circumcision’ in order to restrict female sexuality and preserve male lineage. Wilson agrees, contending that the primary motivation for FGC practices are the limitation of women’s excessive sexual desire to ensure their premarital virginity and marital fidelity (Wilson 2002).

However, Hanny Lightfoot-Klein, beginning her interviews with ‘circumcised’ Sudanese women in the 1980s with the assumption that they would not enjoy sex, found that almost 90% of the women she spoke with claimed to have experienced orgasm at some point in their lives (Lightfoot-Klein 1989). Rogaia Abusharaf presents numerous testimonies from women who have undergone FGC in Sudan, claiming that they achieve orgasm and have a fulfilling sex life (Abusharaf 2001). A number of theories are posited as to how it is possible for women to enjoy sex after FGC, including the possibility of enhanced sensitivity of other erogenous zones of the body (Boyle 2002). The relationship a woman has with her spouse is also an important factor, with happily married women tending to report more enjoyment from sex, whether they have undergone FGC or not (ibid.).

As with other health consequences, however, the impact on women’s sexuality is related to the degree of severity of FGC. One study revealed that 80% of infibulated women had never experienced orgasm, whereas only 10% of women with mild cliteridectomies had never achieved orgasm (the same percentage as among uncircumcised women) (Shandall 1967, cited in Boyle 2002). Additionally, although the FGC experience is often highly traumatic, the psychological effects of FGC are largely undefined and reports are mostly anecdotal (Toubia and Izett 1998). One young Sudanese woman interviewed by Lightfoot-Klein revealed her anger when, after her infibulation, she read books on sexuality and began to realise what she had lost: “Her feelings of rage are quite clear as she talks about this. She expresses hatred toward her parents for allowing this to be done to her” (1989:249). This kind of reaction is not common, however, with most women who have undergone FGC stating that they intend to circumcise their own daughters (see Shell-Duncan and Hernlund 2000). It is clear that the practice is deeply embedded in the cultures where it persists, and that adherents have compelling reasons for maintaining it, as outlined briefly below (further analysis follows in Chapter 2).

The issue of the health and sexuality consequences of different FGC practices is a “complicating factor” in any (moral) evaluation of FGC, with some anthropologists arguing that the dangers can be overly, and unjustly, magnified in the popular

imagination (Silverman 2004: 429). The common view in the West that all FGC procedures constitute ‘mutilation’ ignores the diversity of activities encompassed by the term. In this context, where “over-reaction might be detrimental” (ibid.), correct information on the negative health consequences of FGC by procedure is crucial.

Emerging trends

A recent study undertaken by the United Nations Children's Fund (UNICEF 2005b) reports that three significant trends are emerging in a number of countries where FGC is practiced:

(i) *The average age at which girls undergo FGC is decreasing in some countries.* Reasons for this may include the effect of the criminalization of FGC, thereby encouraging the practice to be carried out at an earlier age when it can be more easily hidden from authorities. This trend may also be influenced by a desire to minimize the resistance of the girls themselves. Substantial declines in age of cutting have been observed in Mali, Burkina Faso, Côte d’Ivoire, and Kenya (Yoder et al. 2004; Olekina 2005a).

(ii) *The ‘medicalization’ of FGC practices is on the rise.* The use of trained health workers in place of traditional cutters in many parts of Egypt, Sierra Leone and Kenya may reflect the impact of campaigns that emphasise the health risks of FGC, but which do not address the underlying motivations for its continuance (see Christoffersen-Deb 2005). Although resulting in fewer health complications, medicalization “fails to acknowledge the long-term reproductive, sexual, and mental health complications” that may result from FGC (UNICEF 2005b:7). Despite this emerging trend, few studies have examined medicalized FGC practices (see Shell-Duncan 2001), in part reflecting the view that FGC is “so embedded in local structures of class, gender, politics, and economy that it remains impervious to change” (Koso-Thomas 1987 in Christoffersen-Deb 2005:404). The persistence of FGC practices in the context of increasing medicalization “challenges the static and ahistorical representations of the practice that prevail in the literature” (ibid.).

(iii) *The importance of the ceremonial aspects associated with FGC is declining in many communities.* This may also be related to the increasing criminalization of the practice in many countries.

Additionally, researchers such as Abdullahi El-Tom contend that in some regions, the prevalence of FGC is actually on the increase. One reason for this is that minority groups such as the Berti of northern Sudan, who do not traditionally practice FGC, are now adopting it, “in pursuit of identification with Sudanese high culture” (1998:169). Shell-Duncan and Hernlund (2000:3) report that on the levels of both action and debate FGC practices are currently undergoing “rapid and dramatic change”, arguing that on the level of discourse, the choice is between “informed and noninformed discussion”. Chapter 2 examines some of the discourses surrounding FGC, a practice embodying “a

complex constellation of interrelated beliefs, values and organizing principles of social life that must be explored” (Abusharaf 2000:153).

Evolution of the Global Debates on FGC

FGM was pictured as a tradition that constitutes part of ... [Egypt's] code of ethics and morals, as opposed to the ethics and morals being “imposed” by the West. Thereby the battle was launched between two stereotypes, neither of which exists in reality so much as in theory and imagination.

-Seif-El-Dawla 1999:127

The medically correct term is “female genital mutilation”.

-Hosken 1981:2

Introduction

Debates surrounding FGC are linked to notions of gender construction and identification, in Africa (where most anti-FGC interventions are targeted) and in the West (from where many of these interventions are guided). Gender is “the socially constructed meaning of the sexual differences between men and women...(it) shapes women and men’s identities and perceptions, interactional practices and the forms of social institutions created” (Ahlberg *et al.* 2000:36). Foucault (1984) contends that societies control sexuality through the construction of a gendered (binary) sexuality with the female sexuality as subordinate. Colonial interventions in Africa imposed Christian morality (which linked sex with sin, and marriages as the only legitimate outlet for sexual activity) on societies which, while having moral systems in place which prohibited sexual activity before marriage, “had a more open attitude towards sexuality and used collective gaze as a major form of control” (Ahlberg *et al.* 2000:36). Missionaries and others intervening historically made little attempt to understand African sexual morality, and interpreted the open and attitude and public gaze to mean communities attached no moral value to sexuality. This misinterpretation has guided many of the interventions in the area of sexual and reproductive health including FGC (Caldwell *et al.* 1997).

Chapter 1 described how the term FGC encompasses a diverse range of procedures that involve cutting away all or part of the external female genitalia. As Stanlie James summarises, discourses surrounding these practices have ranged from the “horrified responses” of colonial missionaries and the “outraged sensibilities” of Western feminists and activists, to providing anti-colonialists with “fuel for traditional nationalist struggles” (1998:1033). Unlike in the West, where FGC has only become a political issue relatively recently, many African countries have been debating the issue for decades, placing it “on the front line of a ‘culture’ war between ‘traditionalists’ and ‘modernists’” (Griswold 1994: 111-12, cited in Boyle 2002).

The discourses surrounding FGC are examined here as a way of understanding and framing widespread perceptions of FGC. The feminist and human rights perspectives described below are widely accepted and rarely criticized (in the West), yet interventions based on their ‘universalist’ condemnations have had limited success (see Abusharaf 2001). FGC is a highly contested issue, one in which women’s bodies are frequently the sites of ideological conflict. This chapter examines aspects of the debates surrounding FGC, beginning with an exploration of theories on the embeddedness of the practice in the cultures where it takes place. This is followed by analysis of FGC in the context of human rights discourses, including the frequent characterization of African women as “victims without agency” (James 1998:1033). Lastly, many anti-FGC interventions, often criticised by African writers and activists as “ethnocentric condemnations of cultural difference” (Abusharaf 2001:115) have prompted resistance and defiance on the part of practicing communities. The factors leading to this are examined in an attempt to pinpoint reasons for the failure of many interventions which attempt to bring about the abandonment of the practice.

Embeddedness of FGC

Female genital cutting practices are “differentially embedded in specific institutional and social structures” (Kratz 1994: 346, cited in Abusharaf 2006a). As described in Chapter 1, there can be distinct variations in prevalence, type of procedure performed and associated rituals in each context where the custom is observed.

Wasunna offers the primary reasons for the embeddedness of FGC practices in the cultures where they prevail as being psychosexual, religious and relating to hygiene/aesthetics. Psychosexual factors include the belief that the clitoris is an aggressive organ, which threatens the male penis and may endanger the baby during childbirth. Excision and infibulation are therefore viewed as necessary in order to protect women from their innately ‘over-sexed’ nature. In religious terms, FGC is closely associated in Africa with Islam, despite the fact that, as outlined above, it is not an Islamic prescript¹⁰ (Wasunna 2000).

In aesthetic terms, FGC practices are often connected with “culturally salient idioms of purity, embodiment, sexuality, fertility, and ‘enclosedness’” (Silverman 2004:429). Abusharaf reports that in northern Sudan, one of the most common justifications women give for FGC is the belief that “female genitalia are ugly and misbegotten, and the clitoris ‘revolting’. If left unexcised (...) it can continue to grow and will ultimately ‘dangle’ between a woman’s legs” (2001:122). In this sense the ritual is almost a cosmetic one: “it is a repudiation of the otherwise loathsome appearance of female genitalia” (ibid.).

¹⁰ (Silverman 2004:428) maintains that “this theological point seems more significant to educated Muslim opponents of the rite and to its Western foes than to local women who frequently tie their Islamic identity as women to the practice of the rite”.

Janice Boddy (1989; 1991) interprets FGC as a tool of gender construction, a way to actively ‘feminize the female’, moving beyond notions of FGC’s oft-cited relation to male coital satisfaction (see Hosken 1993). From her research among the Hofriyati of northern Sudan, Boddy found that FGC practices were used as a way to create ‘gendered’ entities in the community. Children are raised genderless and it is not until boys and girls are circumcised that they can take on the societal understandings and responsibilities of their gender. Thus:

Among Hofriyati, women actively and ongoingly construct other women (...) from the body of man. By eliminating any vestiges of maleness, they constitute women as separate entities and distinct social people (Boddy 1989:58).

Boddy notes that in the Sudanese context of complete polarization of the sexes, the procedure of FGC renders a girl marriageable, and that undergoing it is a “necessary condition of becoming a woman”, arguing that women are not so much preventing their own sexual pleasure, as “enhancing their femininity” (*ibid.*).

Gerry Mackie suggests that the primary reason why FGC continues is because it is a “self-enforcing convention” maintained by “interdependent expectations on the marriage market” (1996:999). Notions of female sexuality are considered within contexts where (female) virginity is an absolute pre-requisite for marriage. Thus a woman’s marriageability (and therefore her economic security) depends on the requirement that she be ‘circumcised’. In this context, FGC practices have high social value, with parents ensuring that their daughter is ‘circumcised’ in order to protect her honour and secure her future well-being (UNICEF 2002).

Wasunna (2000:106-7) equates the societal pressure in Africa on families to ‘circumcise’ their daughters with the pressure placed on American parents to have their sons circumcised: “it is clear that cultural, social and historical perspectives around infant circumcision influence physicians and parents; this amounts to indirect coercion”. In fact, parallels may be drawn between FGC practices and male circumcision in the West, particularly when considering the ‘milder’ forms of FGC:

When one begins to question the normative status of male newborn alteration in the West, and when one thinks of female alteration as including even an hygienically administered “nick,” one sees that these two practices, dramatically separated in the public imagination, actually have significant areas of overlap (Davis 2000:488).

Such ‘overlap’ between cutting practices in Africa and those common in Western countries, particularly neonatal male circumcision, reveals a ‘double standard’ evident in Western policies and perspectives on the practices, as explored in Chapter 3.

Human rights

Among the international community, FGC is generally perceived as violating three primary protections: the right to health, the rights of the child, and the right to bodily and sexual integrity (USAID 2000; UNFPA 2005). Major international development agencies oppose FGC and aim for its abandonment worldwide, dubbing the practice a human rights violation and a sign of the oppression of women in the cultures where it is practiced. For example, the United States Agency for International Development states that FGC is a “serious human rights violation of women that has grave health consequences” and that the practice violates Articles 3 and 5 of the United Nations Universal Declaration of Human Rights (USAID 2000)¹¹. It also contends that the practice is “indicative of women’s subordination” and thus violates Article 7 of the Declaration, that “all are equal before the law and are entitled without any discrimination to equal protection of the law”.

Such notions of FGC as human rights violations and a matter of international concern have not always prevailed, however. Elizabeth Boyle (2002:45) describes how, until the 1970s, “the widespread view was that gender equality issues (and thus FGC) fell outside the jurisdiction of the international system and was instead assigned to matters of ‘sovereign autonomy’”, and organisations such as the World Health Organisation would not intervene unless invited to. The WHO gradually began to agitate on FGC, using health consequences as the primary basis for intervention, with debates rooted in a scientific health discourse, a rhetoric which permitted “a compromise between rights and sovereignty” (Boyle 2002: 48). FGC thus became highlighted as a health issue only, and medical risks were cited to encourage its abandonment.

As a result of Western feminist mobilisation in the 1970s, international interest in the practice was further heightened, with Western feminists including Fran Hosken, Mary Daly and Gloria Steinem particularly vocal and confrontational in their approach. FGC was universalised as evidence of the patriarchal oppression of female sexuality, with the influential Hosken asserting that “it is high time African women claimed their rights as human beings, not as second-class citizens, brainwashed to accept that sexual pleasure is restricted to men only” (1993:24). Such approaches were grounded in the belief in the applicability of international human rights to all cultural contexts.

These emerging feminist critiques were controversial among Africans, but did succeed in bringing FGC to world attention, and can be situated within the context of a “constant expansion of individual rights and claims” in the West with evolving debates on FGC serving to illustrate “individual rights discourse conquering first national autonomy and then family inviolability” (Boyle 2002: 42). Many early feminist accounts of FGC situated the issue among discourses of power, individualism and self-interest (see Daly 1990). Boyle argues that, on a subtle level, an assumption surrounded these debates

¹¹ Article 3: “Everyone has the right to life, liberty, and security of person”; Article 5 : “No one shall be subjected to torture or to cruel, inhuman, or degrading treatment or punishment”

on FGC, that actions motivated by factors other than self-interest (e.g. religious or familial obligations) were in some way illegitimate, and that, with the ever-expanding notion of rights, rationalism and individualism would ‘win out’ over previous institutional and social structures (2002).

International feminist efforts to have FGC categorised as a human rights violation were significantly advanced in 1995 at the Fourth World Conference on Women at Beijing. FGC (referred to as FGM) was referenced several times in the Beijing Declaration and the Platform for Action. Further protection for women’s human rights is found in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which “appears to offer the strongest support for women’s rights to sexual and corporeal integrity” (James 1998:1040). However, CEDAW is legally binding only on nations that ratify it, and they may do so with reservations (UN 2007).

Human rights and a ‘double standard’

Many contend that the very notion of human rights is a purely Western concept, and that, for example, the UN’s Declaration on Human Rights is “the expression of its predominantly Western constituency” (Nader 1999, cited in Grande 2004:1). This perspective takes the view that human rights debates are part of Western hegemonic discourses affected by ‘positional superiority’ towards non-Western cultures (Said 1978). Western interpretations of FGC fail to acknowledge that African systems of gender construction are mirrored in Western body modification procedures such as cosmetic surgery¹² and male circumcision (see Chapter 3 for a discussion of the latter). Elisabetta Grande asserts that such attitudes, highlighted in the debate over FGC, constitute a “powerful example of a double standard that affects much of the internationally dominant human rights discourse” (Grande 2004:1).

Broadly comparing FGC and Western cosmetic surgery, parallels can be drawn between “two different orders of male domination and female subordination, one structured by patriarchal and neopatriarchal practice, the other by capitalist phallocentrism” (Wilson 2002:495)¹³. Boyle highlights this duality of control in her comparison between expectations for ‘great sex’ in the United States and the preoccupation of some African societies with excessive female sexuality. Such a focus on the regulation and control of female sexuality (e.g. an American situation where couples may seek medical treatment to *increase* a woman’s sexual desire, or an African procedure designed to *reduce* female desire), indicates that:

¹² Recent statistics from the American Society of Plastic Surgeons demonstrate the highly gendered nature of cosmetic surgery in the United States: in 2006, 11 million cosmetic surgery procedures were performed, with women constituting 90% of all patients (ASPS 2007).

¹³ See Chambers (2004) for a critique of Western political liberal perspectives which sanction breast implants but not FGC.

In both cases, women's sex drive is something that "needs" to be fixed. In both cases, men are the presumptive beneficiaries of the intervention. In both cases, women are made to feel ashamed and uncomfortable with their sexuality (Boyle 2002:x).

Discourses on FGC frequently emphasise the risks to women and girls' health and well-being and these consequences are often used as the primary strategy in campaigns to end the practice. Concern among the international community with the health consequences of FGC further illustrates the 'double standard' applied to the issue. Opponents, including UN agencies, insist that the practice be abolished entirely. However, acknowledging the difficulty of addressing all forms of FGC as a unitary category, and with the exception of infibulation, many forms of the procedure, if conducted in sterile, hygienic settings by trained medics, would entail no greater risks to health than routine Western surgeries such as male circumcision or breast enhancement surgery (Grande 2004).

Eric Silverman (2004:431) maintains that simplistic Western responses to the practices emerge from "visceral reactions, not informed knowledge", ignoring the attendant meanings of FGC for many African women. He argues that FGC rites may be a form of "symbolic capital to alleged victims, gaining them access to custom, community virtue and morality" in the cultural contexts in which they take place (ibid.). Thus the 'double standard' is again revealed in the human rights discourse of Western opponents of FGC who insist that such cultural expression comes second to the right to bodily integrity and the ability to exercise choice (see Bunch 1997), ignoring the existence of comparable cultural practices in the West. In many 'developed' countries, cliteridectomies are routinely performed to address cases of "congenital adrenal hyperplasia" on newborns who have been labelled "intersex babies" (Navarro 2004). In this case, the genitals of healthy babies are altered in order to "satisfy our social sexual taxonomy" (Grande 2004:6) and it is difficult to see how this is different to FGC apart from the lower frequency and medicalized nature of the operations. Wasunna (2000:107) contends that "the driving force behind all of these practices is social pressure or, stated more aggressively, social oppression" and argues that from an ethical and legal point of view, the implementation of criminal sanctions against FGC must be extended to other "unnecessary" surgical procedures "because these practices are based on the same underlying principles" 14 (see Chapter 3).

Feminist mobilization had the effect of moving the international community away from health discourses, (which had previously permitted intervention on a culturally 'neutral' basis) to situating FGC in terms of gender and oppression (see Boyle 2002)15.

¹⁴ Wasunna lists practices that have "arisen out of the western world's obsession with physical appearance" as including breast implants, liposuction, stomach stapling, face-lifts, rib-removal and other forms of cosmetic surgery (2002:108).

¹⁵ Boyle also makes the interesting observation that this repackaging of the discourse on FGC had the dual effect of eroding nation states' *autonomy* but actually increasing their *power* over individuals, through

FGC is now often mentioned in conjunction with other forms of ‘gender based violence’, which bear little or no relation to the cultures in which FGC is practiced. Examples include: sati (widow-burning); dowry deaths; prenatal sex selection and female infanticide, with the latter two practices grouped alongside FGC by the United Nations Population Fund as “extreme manifestations of the low social value placed on girls” (UNFPA 2005). Classifications of FGC as “violence against women” (ibid.) exemplify the over-simplifying nature of many rights-based arguments, which pay little or no attention to the cultural context in which it takes place – including the fact that FGC practices are usually performed and maintained by women. Abusharaf (2001) concludes, after two periods of fieldwork in the Douroshab community in northern Sudan, that women have considerable influence in their community, evident from the roles they play in family and community life. For them, FGC is a source of virtue and authority and is thus an empowering act. She contends that their authority should not be attributed to ‘false consciousness’, in which women perpetuate their own subjugation. On the contrary, infibulation is seen as “the machinery which liberates the female body from its masculine properties” and for the women she interviewed, it is a way of transmitting power by endowing them with a remarkable ability to exercise self-control and power, to display restraint over their sexuality (Abusharaf 2001:123). Self-mastery is seen as a virtue and controlled sexuality allows women to “drive hard bargains and have a say in household politics and decision-making processes” (2001:129). The act of FGC allows women to exercise power not only over their sexuality, but also over their spouses.

FGC practices may be understood as contributing to the cultural construction of gender, womanhood, and ‘appropriate’ sexuality, and are necessary for the attainment of full personhood within the culture. “Simply stated, female circumcision has no meaning apart from other dominant ideologies, and these ideologies in turn combine to shape common moralities and codes of ethics in the communities in which circumcision is practiced” (Abusharaf 2001:135-36). FGC rituals, like all cultural practices, derive their meaning from their specific cultural contexts. However controversial they may be in the West, it is nonetheless critical that notions of women using FGC as a form of gender identification, cultural transmission and power be considered in any analysis of the practices, in order to challenge the image of the circumcised woman as a subjugated victim of male dominance.

Rescuing the ‘Other’

African women are often portrayed as “victims without agency” by feminists themselves (James 1998:1033). Abusharaf (2001:112), analysing the work of Hosken and others finds that:

being forced to “take responsibility for issues previously outside of their purview” and having the authority to intervene in the previously ‘private’ spheres of home and family (2002:56).

African women are repeatedly painted as downtrodden, forlorn, helpless casualties of male dominance. Their confinement in antiquated customs and cultural practices is viewed as puissant testimony to their eternal vassalage to patriarchy and, consequently, of their subjugation within both the so-called “public” and “private” spheres.

Prominent African-American womanist Alice Walker’s efforts (through film and literature) to bring FGC to national attention and discussion in the United States have been criticised for reducing the issue to, as Moruzzi (2005:204) puts it, a “continuum of alienation and rescue”. The only choice seems to be between barbarity and cultural imperialism, with James contending that Walker is guilty of an “arrogant perception”, which nourishes ethnocentrism and replicates the modernity/barbarism binary in which the women who participate are reduced to silent subalterns in need out of ‘rescuing’:

Walker seems ‘possessed’ of the pernicious notion that she can and must rescue those unfortunate women from themselves, from their ignorance, and from their patriarchal traditions (James 1998: 1033).

FGC has not only come to represent a moral issue in Western discourses but has also become the subject of heated intellectual debates (Abusharaf 2000). The main conflict is between the relativist and universalist paradigms, with the former asserting the moral equality of cultural norms around the world, whereas in the latter position, FGC is viewed as: “brutal misogyny, an extreme act of violence, and a violation of the human rights of women, who are in turn envisaged as downtrodden, mistreated and disadvantaged populations” (Abusharaf 2000:155). As outlined in Chapter 1, the relativist-universalist antagonism over FGC is reflected in the language used to describe the practice, e.g. ‘circumcision’ or ‘mutilation’. Of note is the observation by Fraser (1995:319, cited in Abusharaf 2000:155) that both approaches share a discursive commonality that is “firmly rooted in the Western neo/postcolonial tradition of the identity of the Other”. Christine Walley charges both sides (critics and relativists) in these largely Euro-American debates with reifying ‘culture’, an approach based on a “rigid essentialist notion of difference that can be historically linked to the colonialist era” (Walley 1997:407).

“Ultimately, the circumcision debate is about the construction of the African woman as the ‘Other’”, writes Nigerian scholar Obioma Nnaemeka (2001:179). Paternalistic portrayals of Africans as a backward ‘Other’ to the enlightened West echo the historical responses of colonial powers. James criticises the “Western facile insensitivity to the unfamiliar” as an “arrogant perception that oppression only occurs ‘elsewhere’”, and as an approach that is “ultimately (...) supportive of colonialism and its institutions” (1998:1034). Silverman (2004:1) goes further, asserting that Western activists and governments, by imposing notions of somatic integrity onto the bodies and states of others “to enable human rights”, ultimately reproduce colonialism itself.

FGC, as a global issue, now has important implications for African nations’ relationships with developed countries, relationships which are based on unequal power

bases. Melissa Parker reports, for instance, that one of the conditions of a loan by the International Monetary Fund to Burkina Faso was that the government agree to further its activities to end FGC (1995). Such examples of ‘tied aid’ are numerous, and can be linked to views that “genital mutilation is a traditional practice that reflects a social organisation that is incompatible with present-day economic goals...an obstacle to political, social and economic development” (Hosken 1993:91). Despite the fact that international opposition can result in making aid and loans conditional on taking certain actions, rates of FGC in Africa are hardly declining (see Chapter 1). Culturally insensitive approaches which incorporate legal and economic sanctions can provoke defiance and resistance and may have the opposite of their intended effects.

Resistance

“Try to tell Bambara people what they must do about their own custom and you have a fight on your hands”

-Imam Diawara, Senegal (Easton and Monkman 2001:173).

Abusharaf (2001) reports that opposition to FGC in Africa can be traced to the pre-colonial era. In 19th century Sudan, attempts to end infibulation were carried out in the name of Islam, and a number of religious clerics influenced local discourses on culture, tradition, religion, and sexuality. However, colonial interventions in Sudan (as elsewhere in Africa) served to engender disdain for, and resistance to these efforts.

The history of contemporary anti-FGC activities began first within the context of the “cultural absolutism” approach of colonial missionaries in the early 20th century, followed by the cultural relativist approach initially adopted by the United Nations, then swung back to the “absolutist stand” of women’s movement and most international institutions (Caldwell et al. 2000:238). Ahlberg et al. argue that, acknowledging the embeddedness of FGC rituals in the cultures where they are practiced, their persistence is actually more a reflection of resistance to “preventative approaches used since the early Christian missionary campaigns” than anything else (2000:35).

In order to better understand the ongoing resistance to anti-FGC interventions, it is useful to examine colonial campaigns against the tradition, in which historical responses can be placed within larger questions of gender, power and colonial governmentality. According to Abusharaf, when the British first colonized northern Sudan, they were horrified by the practice of female circumcision, which they interpreted as “irrational, immoral and uncivilized” (2006:209). Sudan became the first country in Africa to pass legislation prohibiting FGC, when, under British rule, the 1946 Penal Code was passed, criminalizing infibulation but permitting sunna.

However, this law, proclaimed to be a tool of liberation and modernity, was fiercely resisted. One case of subsequent defiance on the part of a local midwife, and the reaction of the British health inspector, is described by Abusharaf (2006:210) as follows:

Relying on her position of authority, but also moved by outrage, the health inspector summoned the highly regarded village elder and scolded and slapped her in front of many shocked spectators. The midwife was threatened with termination of her license, hefty fines and imprisonment.

This incident is a telling one, highlighting the maternalistic nature of the relationship between colonizer and colonized. The history of British colonial rule in northern Sudan is marked by conflicts over the practice: “policing women directly and indirectly through kinsmen, chiefs and clerics...occupied centre stage in colonial legislative agendas” (*ibid.*). Anne McClintock (1995) argues that women and men did not experience imperialism in the same way, and that gender distinctions mattered in the confrontation with colonialism. Within pre-colonial power hierarchies, women enjoyed significant leverage over ritual and the fact that women rather than men determined whether a girl was circumcised was very threatening to the British sense of gender order (Abusharaf 2006b). The British insertion of colonial authority figures within family and community networks thus served to remove power and control from women and actually reinforce male dominance in Sudanese society. Far from being a ‘civilizing’ or ‘liberating’ influence on women’s lives, these policies were enacted with the view of regulating their behaviour and restricting their freedoms:

In areas where women’s subordination was clear, the British did not interfere to improve them, while in other situations where women shared equal status with men, they lost this status under the pretext of civilisation. In this the colonial male bourgeois mentality played an important role (Abusharaf 2000:157).

Veena Das (1997) asserts that by appropriating the bodies of women as objects on which the desires of nationalism can be inscribed, women become a microcosm of the nation. From a colonialist standpoint, women’s power needed to be circumscribed and their bodies governed, in order to inscribe colonial rule.

Ahlberg et al. (2000) maintain that FGC’s ongoing prevalence in Kenya can be attributed to similar ‘preventative’ approaches. The colonial administration took an uncompromising stance, implementing a ban on FGC in 1956, which was violently resisted. Meru girls in Eastern Kenya were involved in what was known as *ngaitana* (“I will circumcise myself”). The girls ‘circumcised’ themselves as an act of resistance to the ban, and in Central Kenya, traditional circumcisers cut a larger part of the genitals in defiance (Thomas 2000).

Due in large part to colonial opposition, FGC practices have become a focus of African resistance to foreign encroachment and interference. For the people in question, FGC practices have come to express “the significant tension that erupted between new, imported colonialist structures and old, resilient African cultures” (Abusharaf 2001:115).

Contemporary resistance

Many of the current anti-FGC approaches are grounded in the (predominantly Western) ideology of the individual (including self-interest) and rationalism; and that these notions themselves are universal (see Boyle 2002). Feminist discourses, often employing extreme language, are intertwined with notions of liberal/individualistic ethics, and as such are exemplified in the democracies of the West (Abusharaf 2001)¹⁶. Parker (1995) argues that emotional Western responses to the perceived ‘death’ of a female’s sex life are grounded in modern Western notions of sexuality as intrinsic to self, and the requirement for particular kinds of sexual gratification for well-being, which are not universal. Such notions may seem “immoral, amoral or bizarre” to people in some non-Western societies and these debates among Western feminists and researchers are usually influenced by “Euro-American discourses which have little or nothing to do with the study populations” (Parker 1995: 520).

Vicki Kirby identifies the problem with applying Western understandings of sexuality to other cultural contexts:

Although a whole battery of disciplinary practices (medical, pedagogical, familial, architectural, etc.) have produced what we take to be this essence of our personhood, we have reclaimed this cultural effect as a biological fact. Consequently, what has come to secure the “truth” of Western bodies becomes problematic when it is used as a universal, explanatory grid: the pleasures and desires of a body situated in other histories and other cultures, may not be so readily comprehended (Kirby 1987, cited in Bell 2005:139).

Western interventions which, consciously or unconsciously, project culture-specific notions of sexuality and pleasure on to people in diverse cultural contexts fail to engage with those who participate in FGC. Employing extreme language to universalize the effects of highly diverse practices is often perceived by Arab and African people as a continued devaluation of themselves and their entire cultures (Lane and Rubinstine 1996). Proscribing traditions can lead to a deep sense of cultural nationalism, and can prompt further defiance. In Uganda, an elder was quoted as denouncing “foreigners (...) who call us bad names, call us primitive and call our circumcision rites genital mutilation. It makes us want to do more” (Shell-Duncan and Hernlund, 2000:6; Abusharaf 2006b).

According to Frances Althaus, many African women perceive the efforts of Western feminists and human rights activists as being “condescending and derogatory

¹⁶ Questions of language and terminology, as highlighted in Chapter 1, illustrate the approach different organisations (who have the same goal of abandonment) may adopt to the issue. Their perspectives may depend on their dependence on the ‘sovereignty system’ affecting how much they defer to local culture and politics. Boyle observes that in general, the state-sponsored organisation approach starts off diplomatically whereas NGOs initially operate more assertively and in a more confrontational manner. The strategies have become more similar over time, however, as consensus on the need to end FGC becomes a “taken-for-granted goal of the international system” (Boyle 2002:61).

towards their culture” (1997:132). Opponents of the practice frequently ignore the attendant social and economic contexts, with the result that external intervention has, in some cases, “strengthened the resolve of communities to continue... as a way of resisting what they perceive as cultural imperialism” (ibid.).

Individual responses to campaigns against FGC highlight the stark contrast between the perspective of international actors and that of the communities in question. Local religious and traditional leaders usually support FGC, and the practice is frequently linked to nationalism (Boyle 2002). Jomo Kenyatta, Kenya’s first postcolonial leader, condoned the practice, describing Kikuyu circumcision rituals (of boys and girls) as a critical part of sacred rites of passage (James 1998). Boddy reports that in Sudan, FGC currently prevails as an important marker of ethnic identity: “since the operation and Sudanese womanhood generally are still lively symbols of northern Sudanese identity, it is worth contemplating whether direct outside interference is likely to help eradicate the practice, or unhappily, prolong it” (1991:16).

Boyle characterises FGC as being, at the individual level, a conflict “not over two valued but contradictory ideas supported by the same system” (e.g. the governmental challenge of upholding human rights and maintaining tradition), but rather “two completely different systems” (2002:119). There is still a huge disconnect between official national policy and legislation and the people who practice FGC in their communities. For example, at the international level, the relationship between Islam and FGC is not in question: it has been clarified that Islam does not require the practice. However, the relationship between Islam and FGC is not so clearly defined or understood at the local level, and Islam is still widely associated with FGC [e.g. in Islamic northern Sudan, FGC is referred to by the Arabic word *tahara*, meaning ‘purity’ (Akale 1999)].

Abdulahi An-Na’im (cited in Abusharaf 2001:136) argues that “unless international human rights have sufficient legitimacy within particular cultures and traditions, their implementation will be thwarted, particularly at the domestic level, but also at the regional and international levels”. Approaches such as criminalisation may thus not have the intended effect, even in countries where legal bans on FGC are enforced. Wasunna (2000:109) maintains that when a society is not homogeneous and a proportion of its citizens supports a certain behaviour, “criminalizing that behavior may not necessarily result in a reduction of its practice”, and that enforcement can actually exacerbate the problem. This has been reflected in a number of cases in Africa, as described above.

Conclusion

FGC practices are deeply embedded in the cultures where they exist, despite, and perhaps because of, the historical and contemporary opposition of outsiders. Notions of the universality of human rights and the rule of law are applied cross-culturally by interventionists. As Abusharaf (2001) finds, from her research in northern Sudan, the Douroshab community do not perceive FGC as a violation of human rights, but as a ritual

that has many benefits for women and girls. Within such a context, legal prohibition cannot act as an agent of social change:

The very use of law in many African societies requires a prior conviction that the right to be protected is inalienable. The question then becomes how human rights can be legitimized in contexts within which violations take place. If such legitimacy does not already exist, and the whole community believes in the virtue of a practice like female circumcision, who is left to implement the law? Within communities that adhere to circumcision, this tradition is perceived as a cultural right and not as a breach of rights (Abusharaf 2001:136).

The outright banning of the performance of FGC in hospitals and its criminalization has resulted in ensuring that the practices continue in unsafe and unhygienic conditions and prevents parents from seeking medical help when complications occur (see Olekina 2005b for an account of the detrimental health effects of covert ‘circumcisions’ among the Maasai in Kenya). The desire by the international community to ‘eradicate’ FGC practices, rather than to make them safer, indicates that such opposition is based on grounds other than medical concerns. Western feminists have always opposed the practices, dismissing their role in the construction of gender identity as the patriarchal oppression of women. Such a view, now commonly accepted, places cultural expressions of gender construction, ethnic identity and community responsibility as second to the right to bodily integrity, indicating that human rights exist in a hierarchy or can undergo derogation (see Koji 2001). This is in spite of the fact that most human rights studies “do not recognize such a hierarchy, mainly because of their emphasis on the indivisibility of human rights” (*ibid.*: 917). FGC is viewed as a simple matter of human rights violations, an “easily available, self-evident example of the horrific that requires no further interrogation than straightforward condemnation” (Moruzzi 2005:205). However, gender and identity construction practices are an integral part of Western cultures also. Gendered surgical procedures such as breast enhancement and male circumcision, common in the West, are examples of the way in which bodies are moulded to satisfy cultural definitions of what is to be male or female. These procedures differ little from FGC in this respect, yet the latter is deemed ‘mutilation’, whereas procedures such as male circumcision are considered normal and often necessary. Chapter 3 explores the issue of male circumcision and human rights in the West, with a view to investigating this ‘double standard’.

Male and female ‘circumcision’: a double standard?

Foreskins are facts - cultural facts.
-Boon 1999:5

If what is routinely done to baby boys started being done to baby girls in the U.S., there would be a great hue and cry and very legitimate charges of child abuse. But we've come to accept male circumcision as normal. The force of tradition has shut our cries (...) and we've adapted to the silent denial.

-Boyd 1990:37

Introduction

An obvious asymmetry exists in dominant Western discussions on male and female genital cutting procedures. Analysis of the similarities and differences between these practices and the discourses surrounding them is valuable in understanding how attitudes toward genital cutting may reflect “historically and culturally specific understandings of the human body” (Bell 2005:125), through the invention and construction of Africans as “Other” to Euro-Americans; and how these culturally specific perspectives explain why some cutting practices are considered to be human rights violations and others are viewed as culturally desirable norms.

The practice of male circumcision (hereafter referred to as MC), defined by the United States' Centers for Disease Control and Prevention as “the surgical removal of some or all of the foreskin (or prepuce) from the penis”, is older than recorded history (CDC 2007:1). Analogous with FGC, MC is performed globally for any of a number of reasons, including “medical-therapeutic; preventive-hygienic; religious and; cultural reasons” (Dekkers et al. 2005:180). MC is prescribed by Judaism and Islam, however, in the mostly English-speaking countries of the West where it is practiced (including Australia, the United Kingdom and especially the United States) MC is usually performed for secular, ‘medical’ reasons (Smith 1998). Around 13 million boys around the world undergo the procedure each year (CDC 2007).

Types of MC

MC is generally regarded as lacking a range of types and the body of literature documenting different degrees of circumcision is relatively small (Caldwell *et al.* 1997). However, Kirsten Bell (2005:126) asserts that:

Just as there is a common inclination to consider all female operations under the rubric of ‘mutilation’, there is a parallel tendency to collapse the widely variable forms of male genital cutting into a single operation involving the removal of the prepuce of the penis.

In East Africa, for example, the foreskin is only partially removed, while in other regions the foreskin is left largely intact but cut into strips. Ritual circumcisions also take place in Aboriginal Australia, Southeast Asia and Melanesia, with wide variation in the invasiveness and cultural applications of procedures (see Peterson 2000; Hull and Budiharsana 2001). Although these forms of the practice are less common, “they begin to approach the tenor of female operations such as infibulation in both their degree of

physical invasiveness and their potentially damaging health outcomes” (Bell 2005:126) and, as with FGC, are often performed under unsterile conditions. Many kinds of male circumcision exist, with excision of the foreskin being the most common.

Undoubtedly the major difference between FGC and MC is the degree of intervention and the extent of health complications. As described earlier, among FGC practices, the extent of ‘cutting’ varies depending on how female ‘circumcision’ is interpreted across cultures. The only form of FGC which is anatomically comparable with routine male circumcision as commonly practiced is sunna (excision of the clitoral prepuce). However, FGC procedures are usually risky not least because they tend to be performed under unhygienic conditions, and excision and infibulation have profound effects on women’s health and sexuality (see Eke and Nkanginieme 2006; Wasunna 2000).

The most common complications resulting from MC are minor bleeding and local infection. MC is usually seen to be much less harmful than FGC, although opponents claim the procedure can have long-term physical and psychological effects including recurrent urethritis and progressive loss of sensitivity as well as feelings of parental betrayal, low self-esteem or inhibited sexual pleasure (this can also be true of FGC) (Smith 1998). The issue of the pain experienced by infants who undergo MC, normally without anaesthesia, is also fiercely debated (see Cruz et al. 2003; Benatar 2003), and it is questionable whether, in the majority of cases of routine neonatal MC, parents are fully informed as to the “function of the foreskin, and the pain, possible complications and risks and consequences of the operation” (Smith 1998:2).

Non-therapeutic neonatal MC is common in many Western countries, particularly in the United States, where 77% of men have undergone the procedure, and it is now the most frequently performed surgery there (Gollaher 1994; CDC 2007). While it is illegal in the United States to perform any type of genital alteration on female minors, “no matter how minimal the surgery or how safe and sanitary the procedure”, the circumcision of infant boys is an accepted procedure (Davis 2003:487). The reason Davis offers as to why one practice is tolerated, and the other criminalized, is that MC is seen to be medically beneficial, whereas FGC is viewed as a purely ‘cultural’ procedure (ibid.).

Discussion is therefore focused here on attitudes towards genital cutting practices in the United States, where the secular, medicalized circumcision of infant boys is most prevalent, yet where, for example, an adult woman cannot in most states legally consent to any form of FGC.

Sexuality and MC and FGC in the West

The origins of non-religious MC in the West are relatively recent, dating to the late Victorian era, when a number of American and British doctors began to regularly advocate circumcision, “to cure all manner of physical ailments” (Bell 2005:131). MC was, and still is, propounded as a hygienic measure, although current supporters of the practice may be unaware that “the hygiene of the Victorian imagination conflated

physical and moral sanitation much more overtly than the contemporary meaning of the word would suggest” (*ibid.*). This is exemplified in Victorian correlations between MC and masturbation, which was considered to be not only “morally unclean”, but also, by implication, the cause of a variety of health problems such as insanity, epilepsy, gout, rheumatism, curvature of the spine and kidney failure (Boyd 1998, cited in Bell 2005). MC’s health and hygiene benefits were thus seen to stem largely from its role as a ‘cure’ for masturbation. This was quite a change from traditional Western associations of MC with Judaism and Islam, in which, for example, “the circumcised Jew represent[ed] the preeminent bodily symbol of dangerous Difference”, indicating the evolution of the practice from being a justification for anti-Semitism, to an aesthetic norm in many Western societies (Silverman 2004:426).

Contemporary justifications for MC no longer tend to make reference to masturbation, indeed the practice is not thought to have any detrimental effects on male sexuality, but is seen as a ‘neutral’ matter of health and aesthetics. However as David Gollaher warns, “much as we believe ourselves to be enlightened citizens of the age of science (...) the continuing circumcision of newborn American boys betrays lingering illusions about health and reveals the power of culture in shaping medical practice” (2000:205).

Female ‘circumcision’ was known in the West until relatively recently, and its history highlights how shifts in cultural attitudes (as opposed to scientific opinion) may lead to the preservation or discontinuation of medical practices (Bell 2005). Clitoridectomies were, for example, occasionally advocated in Australia and the United States until the 1960s as a cure for ‘excessive’ masturbation among females. Bell argues that the fact that routine male circumcision was taken up while FGC was never normalised, is revealing of the attitudes toward female and male sexuality that were developing over this period. She concludes that these attitudes were and are related to Western constructions of male and female sexuality, wherein the latter is assumed to be “fragile” and “passive” (“woman’s sexual instincts, being fundamentally more delicate, will be crippled by any form of genital surgery”, emphasis in original), compared with an “instinctive, active” male sexuality (Bell 2005:136). Susan Bordo contends that when it comes to sex, “mostly, men’s bodies are presented like action-hero toys - wind them up and watch them perform” (1999, cited in Bell 2005:138).

FGC and MC: comparisons

MC and FGC traditions in Africa are usually completely dissociated from one another in Western discourses, and attempts to draw comparisons may provoke outrage and dismissal¹⁷. Caldwell *et al.* (1997:1181) suggest that this is “largely because male

¹⁷ Bell (2005:125) highlights this in her description of the “immediate and hostile” reactions of her undergraduate students in the United States to the comparisons she draws between FGC and MC: “How dare I mention these two entirely different operations in the same breath! How dare I compare the

circumcision is more superficial, and consequently less dangerous, and perhaps because it is also regarded as a case of males mandating the mutilation of males instead of males dominating and restricting females”. However, the same conclusion could be drawn about FGC traditions, which are usually practiced and maintained by women, and are often viewed by them as desirable and necessary. Nonetheless, FGC is perceived in the West as one homogenous ‘cultural’ practice, incomparable to MC: “a symbol *par excellence* of patriarchal oppression” in African societies (Bell 2005:135), in spite of the many commonalities between FGC and MC, as described below.

Health aspects

Neither MC nor FGC practices have clear therapeutic benefits¹⁸. Cruz et al. (2003) report that no national medical society in the world advocates routine neonatal MC, and in 1999, the American Academy of Pediatrics (AAP) released a policy statement stating that the practice does not have strong enough health benefits to warrant its recommendation as a routine procedure (AAP 1999).

Informed consent

FGC and MC procedures normally take place without the consent of the subject. Anti-FGC activist Hosken (cited in Abusharaf 2000:151) states that “any violation of the physical nature of the human person, for any reason whatsoever, without the informed consent of the person involved, is a violation of human rights”. Mackie (2003:136), also writing about FGC, similarly stresses the “absence of meaningful consent to the irreversible act”. (Rahman and Toubia 2000:3) contend that:

the act of cutting itself - the cutting of healthy genital organs for non-medical reasons - is at its essence a basic violation of girls’ and women’s right to physical integrity. This is true regardless of the degree of cutting or of the extent of the complications that may or may not ensue.

All of these arguments condemning FGC can equally be applied to MC. Each procedure involves an “unnecessary bodily violation that entails the removal of healthy tissue without the informed consent of the person involved” (Bell 2005:130). Failure to recognise this reveals the conceptual distance between the male and female procedures in Western discourses.

innocuous and beneficial removal of the foreskin with the extreme mutilations enacted against females in other societies!”

¹⁸ Male circumcision is frequently claimed to decrease the risk of penile cancer and sexually transmitted diseases such as HIV/AIDS while improving overall hygiene. However the evidence is conflicting, and “risk reduction is most likely insignificant compared to that achieved by using condoms or maintaining good foreskin hygiene” (Wasunna 2000:107). The Centers for Disease Control, while recognising that preliminary studies link MC with reduced rates of HIV infection in Africa, advise that MC “confers only partial protection and should be considered only in conjunction with other proven prevention measures” (CDC 2007:4)

Socio-cultural motivation

American scholar Hanny Lightfoot-Klein, who has widely researched FGC practices in Sudan, maintains that the reasons for FGC in Africa and MC in the United States are essentially the same:

Both falsely touch the positive health benefits of the procedures. Both promise cleanliness and the absence of "bad" genital odours, as well as greater attractiveness and acceptability of the sex organs. The affected individuals in both cultures have come to view these procedures as something that was done for them and not to them (Lightfoot-Klein 1994:93, emphasis added).

Smith (1998:2) echoes this, maintaining that both practices are judged by parents as being in the "best interests of the child", socially or physically.

Advocates for MC in the West declare that the practice is beneficial for women, claiming that circumcised men are better sexual partners as the absence of a foreskin means they can 'perform' sexually for longer. However, when this reasoning is applied to FGC by its advocates, it is decried in the West as evidence of the patriarchal oppression of women. As Bell observes, "the idea of a woman undergoing genital surgery to enhance her partner's sexual pleasure (while concomitantly reducing her own level of sensation) strikes most observers as 'barbaric' and 'misogynistic'" (2005:138). This contrast in attitudes is striking, and the inability to admit that the cultural explanations and justifications for male and female genital alterations are similar, is evidence of a Western hegemonic discourse affected by 'positional superiority' (Said 1978). In her critique of the medical anthropology approach to FGC, Nancy Scheper-Hughes argues that the double standard must be acknowledged: "those who live in glass houses shouldn't throw stones". She maintains that attention should be turned to genital surgeries as practiced in the West on infant boys, claiming that the practice in the United States today, for example, is "by and large, a ritual practice foisted by fathers on their infant sons" (Scheper-Hughes 1991:27).

Equivalence of FGC and MC in Africa

Caldwell et al. (1997:1182) report that "with few exceptions, where female circumcision is performed, so is male circumcision"¹⁹ and that in many African societies, MC and FGC are generally thought to be equivalent:

The failure to relate the two types of circumcision is curious because they have probably been regarded by most Africans as being related for aeons (...) Two

¹⁹ See Appendix 5 for a map highlighting the geographical association between MC and FGC in Africa, north of the Equator.

millennia later, Kenyatta, (1938), writing of the Kikuyu of Kenya in the present century, fails too to make any distinction (ibid.:1181).

A study from Nigeria's Ondo, Oyo and Lagos states pinpoints adherence to tradition as the main reason for the practice of both male and female circumcision in these regions (see Table 1).

Bell maintains that the separation underlying Western approaches to male and female circumcision is alien to many Africans, who consider these practices to be “fundamentally related in both their functions and effects” (2005: 128). It is therefore difficult to argue that the main reason for FGC (the less invasive operations in particular) has been to exert patriarchal control of women, especially of their sexuality. Caldwell *et al.* (2000) argue that only with the advent of Judaism, Christianity and Islam, was the distinction made between FGC and MC. The question remains as to why international opposition to *all* forms of FGC (even those equivalent to MC) is so pronounced in comparison to the general indifference exhibited toward MC, whereby “attacks against male circumcision by agencies and health workers in Africa tend to condemn only the conditions under which the operations are performed, rather than the actual procedures themselves” (Bell 2005:130). Goldman explains this by arguing that:

What is familiar becomes a cultural value. (Male) circumcision is familiar. The words we use and the words we avoid when talking about a cultural value like circumcision serve to reinforce the practice (Goldman 1999, cited in Davis 2003: 489).

Ahmadu (2000:284) argues that Western aversion to all forms of FGC are due to “deeply embedded Western cultural assumptions regarding women's bodies and their sexuality” rather than its health effects of on African women. She maintains that these assumptions are based on notions of human bodies as “complete” and that sex is “given” at birth.

Male circumcision is considered ‘normal’ (or at least ‘harmless’) in most Western contexts, and in the United States in particular, the use of the term ‘uncircumcised’ when applied to men and boys suggests that to be circumcised is the norm. Bell (2005:131) claims that inconsistent Western attitudes towards MC and FGC in Africa have led to contradictory policies on the part of international health organizations, which aim to “medicalize male circumcision on the one hand, oppose the medicalization of female circumcision on the other, while simultaneously basing their opposition to the female operations on grounds that could legitimately be used to condemn the male operations”.

	Southwest Nigerian Study ^a (1994–95)		Bendel Study ^b	Sierra Leone Study ^c (1985—female)
	urban	rural		
Male circumcision				
Tradition	86	70	68	
Christianity or Islam expects it	3	3	3	
Enhancement of sexual or reproductive performance	11	27	29	
	100	100	100	
Female circumcision				
Tradition	81	68	59	87
Christianity or Islam expects it	6	5	10	17
Ensures child survival	11	27	23	0
Reduces promiscuity	2	0	5	6
Increases sexual pleasure or fertility	0	0	3	1
Female hygiene	0	0	0	3
	100	100	100	111

^a Primary reason.

^b Primary reason. Source: Myers *et al.*, 1985 (p. 585).

^c Multiple reasons (some equated). Source: Koso-Thomas, 1987 (p. 46).

Table 1: Reasons given for circumcision (male and female) (%)
(Caldwell *et al.* 1997:1187)

Conclusion

The comparative work shown here offers the opportunity to reflect on the grounds used to justify the different treatment of FGC when compared to other genital modification practices. What makes FGC a human rights violation while MC is considered an acceptable and even respectable cultural practice? Why do Western policies and discourses on female and male genital cutting procedures across cultures fail to recognise the commonalities between the practices in terms of execution, motivation and justification? The ‘double standard’ is evident in the way the international community agitates for female bodily ‘intactness’ in Africa while ignoring the removal of healthy tissue from unconsenting male infants across the globe.

The reason for this ‘double standard’ may be that ‘their’ traditions are perceived as fundamentally incomparable to ‘ours’: ‘they’ being an unintelligible, incomparable African ‘Other’, whose genital ‘mutilation’ is so conceptually distant from parallel practices in the West that the ‘double standard’ is never acknowledged. Genital cutting is a gendered practice in Western discourses: FGC and MC are not merely seen to differ in degree, but are also seen to differ in kind (Bell 2005). Western attitudes to African FGC, which portray the latter practices as ‘cultural’ in nature, are themselves accultured. As Abu-Sahlieh (1994:3) highlights,

The essential here is not action, but culture. If a family from Mali may in France have a son circumcised, but may not have a daughter excised, it is because MC belongs to this Judeo-Christian ideology which is the melting pot of our culture and this ideology does not know excision and never did.

Despite the variety of voices speaking out against FGC in the West, a common thread is evident: all forms of FGC are perceived as ‘mutilation’ and the violation of bodily

integrity, fundamentally patriarchal in nature; and all forms of male genital cutting are dismissed as benign (Bell 2005).

However, to stress the inseparability between patriarchy and FGC prevents an understanding of FGC as rooted in gender identity, in the same way Western cutting practices are also engendered. The reasons why African parents circumcise their sons and daughters are not very different from the reasons American parents have their sons circumcised. Analysis of these cutting practices allows 'us' to find points of convergence and commonalities, rather than a straightforward differentiation between 'them' and 'us'.

Opposition to some forms of cultural expression of sexuality and gender construction can be interpreted as cultural imperialism (Grande 2004). Only a serious and comprehensive approach which applies a 'single standard' to all genital modification practices, African and Western, 'theirs' as well as 'ours', will make the human rights discourse on these practices "less imperialistic, more effective and less assimilating" (Grande 2004:2).

Current debates and activities surrounding FGC in Africa must be viewed within recent historical perspectives of colonizers and colonized. Lane and Rubinstine (1996:37) argue that "where the residue...of colonial privilege may contribute to a Western intervenor's expectation that her actions will be viewed as appropriate and authoritative, former colonial subjects may take precisely the opposite view". Coercion and demonisation of those who maintain highly regarded traditional practices "invites the animosity of many African women who have struggled so valiantly to bring about change and is viewed by some as cultural imperialism" (James 1998:1044).

There is little doubt that most of the people involved in projects to educate women about the risks and effects of FGC (i.e. donors, educators and health staff) are well-intentioned and sincere in their desire to see an end to the adverse physical and psychological effects of FGC on its subjects. However the generally low rate of success in bringing about change suggests a gap of understanding between 'implementers' and 'recipients'. As Lane and Rubinstine (1996:38) contend:

The public health language of "eradication" is most often associated with germ theory and worldwide campaigns against infectious diseases like smallpox (...) female circumcision, however, is not an organism to be rooted out and killed with antibiotics (...) it is especially important that we proceed with high regard for the beliefs and cultures where it is practiced.

In a context wherein the term 'uncircumcised woman' is derogatory and insulting, it is important that the women and girls in question are treated with understanding and respect, and engaged as equal interlocutors. Projects to end the practice, such as the United Kingdom-based Foundation for Women's Health, Research and Development (FORWARD) have frequently ignored or failed to engage with the cultural contexts of

the practice, and have thus failed in their aim to eliminate it²⁰. Indeed a fundamental oversight of many development projects is the failure to recognise that African women are themselves developing what Chandra Mohanty refers to as “communities of resistance” to FGC itself (Mohanty 1991, cited in James 1998:1045). The case study which follows, that of Tostan, in Senegal, illustrates the ways in which women and men, as active subjects, are forming alliances and devising their own ways of dealing with FGC.

Tostan: A ‘Breakthrough’ Movement

“Even if you learn something is bad, if it's your tradition, you can't just get up and stop it”

-Demba Diawara, imam, Ker Simbara village, Senegal (Walt 1998)

Introduction

The Community Empowerment Program (CEP) developed by the Senegalese NGO Tostan is one of the best-known activities worldwide for its impact on FGC practices. The organisation’s overall mission is to “empower African communities to take charge of their own development”, taking a grassroots approach to development with community participants themselves determining their own goals for the future and ways of overcoming obstacles to their achievement. Ironically, the abandonment of FGC was not originally included in the objectives of the CEP, which provides education on human rights, democracy, hygiene, health and literacy as a foundation for community development (Feldman-Jacobs and Ryniak 2006). Female participants voluntarily proposed that ending the practice of FGC was an issue they wanted to address in their community, and from this sprung Tostan’s ‘tripartite strategy’ towards its abandonment, which involves basic education, public discussion, and public declarations. Tostan’s success in achieving the total and voluntary abandonment of FGC in many communities in Senegal has led to requests for training from other organizations and countries (Mackie 2000:279).

FGC in Senegal

A former French colony, Senegal is a country in West Africa of almost 12 million people. The largely rural population is predominantly Muslim (94%) and the country is reported

²⁰ In December 2005 FORWARD launched its *Make FGM History* campaign in Sudan, following the death of a young northern Sudanese girl due to haemorrhaging and blood poisoning resulting from an FGC procedure. The campaign used highly emotive language and aggressive promotional tactics to gain support for its cause internationally, circulating pictures of the young girl’s body, which, it states, “succeeded in shattering... the vicious silence that usually prevails in relation to the issue of FGM” (FORWARD 2006). As outlined above however, such an approach has had limited, if any, success in Sudan, with El-Tom (1998) asserting that FGC is actually on the increase in some regions of the country.

to be “one of the most stable democracies in Africa” (CIA 2007). The Senegalese constitution guarantees media freedom and radio is an influential medium in the country. 85% of the country’s wealth is concentrated in urban areas and national literacy levels are low, especially for women (30%) (*ibid.*).

The national rate of prevalence of FGC (generally consisting of Types II and III) is approximately 50% and the practices are widespread among minority ethnic populations including the Pulaar, the Mandinka and the Bambara, although virtually unknown among the country’s dominant ethnic group, the Wolof (Easton et al. 2003). In Senegal, as in other West African countries, FGC is traditionally practiced because it is believed to preserve cultural identity, satisfy norms, and help define the role of the female (Population Council 2007). Reasons of hygiene are also given, as FGC is thought to prevent odours. Additionally, “FGM is said to preserve a woman’s virginity and fidelity (...) Many believe that an uncircumcised woman can have problems during childbirth and that, for example, a newborn baby will die if its head touches its mother’s clitoris” (*ibid.*). FGC is commonly believed to be a requirement of Islam, and is a prerequisite for marriage among practicing communities.

The average age at which FGC is performed in Senegal varies by ethnic group. Feldman-Jacobs and Ryniak (2006) report that around one third of girls are cut shortly after birth, another third before the age of six, and the remaining third before reaching adolescence. In most of the regions in Senegal where Tostan works, the rate of FGC is about 90% (*ibid.*).

Tostan’s history

Tostan²¹ is an international NGO, incorporated in the United States, operating primarily in Senegal from its base in Thiès, (the second largest city in Senegal), with projects currently expanding to Burkina Faso, Mali, the Gambia and Sudan (UNICEF 2002). Tostan works to “empower African communities to bring about positive sustainable development through a comprehensive non-formal education program in local languages” (Feldman-Jacobs & Ryniak 2006:29). Diop *et al.*’s evaluation of Tostan for the Population Council, reports that the organisation works at achieving its goals through an approach based on “peaceful social change through a basic community education program and a process of social mobilization” (2004: v).

Tostan’s education program has its origins in a centre created for children in Dakar, the Demb ak Tey (“Yesterday and Today”) Resource Centre, which promoted non-formal education for children through books, theatre and art based on Senegalese traditions (Feldman-Jacobs and Ryniak 2006). The Centre was started by Senegalese actor Bollé Mbaye and Molly Melching, an American educator, and was founded under the auspices of the Ministry of Culture. The Centre’s activities included broadcasting a weekly radio program in the Wolof language that reached thousands, airing messages on

²¹ The word *tostan* means “breaking out of the egg” or “breakthrough” in the Wolof language (Tostan 2006).

health, the environment and other community development issues. This program became a “catalyst for discussions in many rural villages of Senegal” (Feldman-Jacobs and Ryniak 2006:30).

With the support of UNICEF, these activities were expanded to village areas, as a way to offer education and local language literacy opportunities to rural Senegalese women, based on their own learning styles and perceptions of problems. The program curriculum was formulated following a series of workshops to identify participants’ voiced needs and concerns, and to ascertain the languages and cultural forms familiar to them. The model that emerged from this takes a problem-solving approach to education based on the participants’ stated perceptions and prioritizations of their own needs (Easton et al. 2003). The programs, instead of following a teacher-led model, actively engage participants (most of whom have little or no formal schooling) through a combination of activities including the sharing of personal experiences, role-playing, and the use of pictorial materials, proverbs, poetry, theatre and song (UNICEF 2005b). The programs range from 18 months to two years in length, and address issues including early marriage, domestic violence, reproductive health, nutrition and human rights, with a problem-solving focus.

Tostan and FGC

As described above, Tostan’s original mission was not to specifically combating FGC practices in Senegal. The movement to end FGC began in the village of Malicounda-Bambara in 1997, when villagers decided to abandon the custom after participating in an 18-month education program run by Tostan. To the surprise of Tostan staff, participants (the majority of whom were women) decided that the ‘problem’ which they wanted to address most in the post-training period was the “resounding choice (...) to get the community to abandon FGC once and for all” (Easton *et al.* 2003:448). This decision was the result of the women sharing their personal experiences on the taboo topic of female ‘circumcision’ during the training course, coupled with a new understanding of human rights and health issues. Consequently, they held discussions with local traditional and religious leaders and other villagers to win support for a public declaration of intent to abandon the practice. Thus on 31 July 1997, with the support of Tostan, the villagers of Malicounda-Bambara held a ceremony where they made a collective statement in front of twenty Senegalese journalists to cease practicing FGC, and followed through on their commitment: no circumcision rituals have taken place there since (Tostan 2004).

Grassroots debate and dissemination

News of this event spread rapidly in the region, primarily through word-of-mouth as well as through print and audio media. Easton and Monkman (2001:171), in their report for the World Bank’s *Indigenous Knowledge Notes* series, describe how the controversial

declaration initially aroused some vocal opposition, partly in reaction to the ‘shame’ of making public a previously taboo subject. Despite this, the nearby villages of Nguerigne-Bambara and Ker Simbara, which were also undergoing the Tostan program, decided that they wished to follow the Malicounda example. An important turning point occurred when the highly respected imam of Ker Simbara, Demba Diawara, approached Tostan representatives and the women of Malicounda-Bambara with his concerns on the issue. The imam was not opposed to the abandonment of FGC, in fact, as a result of the events in Malicounda-Bambara, he had spoken with his female relatives for the first time about their own experiences and feelings on the issue, and he now supported the declaration. His first concern, however, was that, in the context of an intra-marrying community, the movement would not succeed if only one or two villages made the resolution to abandon FGC, but that all the villages involved would have to take part, otherwise “you are asking parents to forfeit the chance of their daughters getting married” (*ibid.*). Secondly, the imam pointed out that the matter of female circumcision, as a taboo topic, should not be discussed “lightly or inconsiderately”, stating that other activists had, in the past, used language in mixed audiences that villagers considered “unmentionable (...) and images and pictures that shocked them”, effectively approaching FGC as a “disease to be eradicated” and demonizing the people who practiced it (Easton *et al.* 2003: 449).

As a result of this discussion, the interlocutors agreed on a strategy to address these problems, deciding that representatives of those wishing to end FGC would visit all the villages in their intra-marrying community to reaffirm personal relationships and explain what had happened at Malicounda-Bambara. The imam, accompanied by some of the women from Malicounda-Bambara as well as a former traditional cutter, set out on foot to visit the 13 villages in the marriage community. The visitors did not tell their neighbours what to do, but rather told them what they had done in their own villages, and why. Following much discussion and reflection, all 13 villages decided to abandon FGC and in February 1998 gathered to enact the “Diabougou Declaration”²², pledging their “firm commitment to end the practice of Female Circumcision in our community” (Tostan 2005). This widely-publicised event had a rapid effect on other practicing communities: the Fulani group from the Kolda region in southern Senegal, after undertaking the Tostan health and human rights program and on hearing of the Diabougou Declaration, were prompted to take action, and, along with four other villages in their intramarrying group, made a public declaration to stop practicing FGC on 12 June 1998 (Easton *et al.* 2003).

How the Tostan approach works

Tostan’s model works by gaining a ‘critical mass’ of people who pledge to cease practicing FGC and to forbid their sons to marry ‘uncircumcised’ women. This approach

²² See Appendix 4 for the full version of the Declaration.

operates on the principle that whereas many women may want to stop the practice, they are unwilling to jeopardize their daughters' future ability to find a husband. If the social necessity to 'circumcise' is removed, then public pressure can shift to encourage the cessation of the practice. Such a shift occurred in late 19th century China, ending the thousand-year-old tradition of female foot binding²³ (Antonazzo 2003; Mackie 2000).

Tostan has since developed and refined a community-level approach to incorporating the abandonment of FGC into its programs by engaging women, men and traditional and religious leaders in the village, who can choose to work towards ending the convention through collective action, public declarations and organized diffusion (UNICEF 2005b). Graphic language is avoided and FGC is simply referred to as 'the custom' (Easton and Monkman 2001:171). Tostan programs give facts, and avoid judgment or condemnation, instead relying on participants to decide for themselves how to use the information they are given (ibid.). With the support of UNICEF and the collaboration of the government, the locally-impelled movement to end FGC has since spread from Malicounda-Bambara to 1993 villages across Senegal (representing more than 30% of the practicing population), and to several other countries, including Burkina Faso, Mali and the Gambia (Crowe and Melching 2005; Fall 2007).

A notable element of Tostan's education programs is the diffusion of knowledge and awareness of health and human rights issues to men and women not taking part in the programs themselves, through *n'deye dikké*²⁴, a type of sponsorship system, already well-developed in the societies in question (Diop et al. 2004). Women are encouraged to 'adopt' a sister or friend with whom they share their newly acquired knowledge.

Criminalisation and resistance

The Tostan movement has evolved on two fronts since the Malicounda-Bambara declaration: on the ground and 'out front' in the media and international forums, with media attention coming quickly, at home and abroad. Local advocates such as the elderly imam, Demba Diawara, and the traditional cutters, have spoken before national parliaments, international women's rights conferences and EU and UN committees, and have travelled to neighbouring Mali and Burkina Faso to talk about similar issues there (Easton et al. 2003).

In 1998, Bill and Hillary Clinton, President and First Lady of the United States, visited the village of Malicounda on their state visit to the country. The Clintons met with

²³ Foot binding was a widely practiced custom in China until the early 20th century. It involved the wrapping of young girls' feet with binding to bend the toes, break the bones and force the back of the foot together. The aim was to produce a tiny foot, (the 'golden lotus'), ideally three inches long, thought to be alluring and attractive (Ping 2000).

²⁴ In the Wolof language, *n'deye dikké* is the name given to a person that is adopted as a friend, counsellor, or confidante (Diop et al. 2004:11). An example of this would be of a woman taking part in the Tostan program actively informing a non-participating neighbour about the effects of FGC.

the women who had made the original pledge, offering them congratulations and encouragement. Antonazzo (2003) contends that largely because of this visit and the national and international publicity surrounding it, and in anticipation of the forthcoming release of the US State Department's Human Rights Report, the Senegalese parliament voted to formally outlaw FGC in January 1999. The amendment to the penal code criminalized those who would 'violate the integrity of the female genitalia,' or 'influence' others to do so. David Hecht reports that the law was pushed through without parliamentary debate, although the government circulated drafts to representatives of international organisations based in Senegal, particularly UNICEF and the United States Agency for International Development (USAID), and notes the irony of "the rights of individuals being dictated by outside forces rather than presented to them for debate" (Hecht 1999). Properly applied, the ban meant that more than one million Senegalese could potentially be jailed for up to five years for complicity in the practice. Prior to the passing of the law, female representatives from 31 villages who had made public declarations to end FGC, spoke in front of Parliament to advise that criminalization would hinder their cause.

The law backfired as predicted, with the ban interrupting Tostan's activities, forcing it to temporarily suspend its projects in the face of a community level backlash against the law. Villagers did not want to participate in Tostan programs, feeling betrayed by an organisation which they (erroneously) associated with a law that criminalized them and their neighbours. In defiance, a greater numbers of girls were cut in the months following the introduction of the law. In July 1999, the grandmother and mother of a five year old girl were arrested in the province of Tambacounda, following a complaint by the girl's father alleging they had ordered that FGC be performed on the girl. The traditional 'circumciser' was also charged. Following public outcry in the region, however, the prosecution of the three women was abandoned and no convictions resulted (U.S. Department of State 2001a).

As a result of this public resistance and the fear of mass riots, the government of Senegal does not enforce the law banning FGC, and no convictions have been brought since it was passed. One international official is reported as saying "Everyone will be happy in the end... we will have our law, the government will have more money and the people will be able to do what they like" (Hecht 1999). Tostan has since been able to resume its activities, although representatives maintain that the law has made their work more difficult since it has increased defensiveness among practicing populations (ibid.).

Tostan's achievements

The success of Tostan's activities is widely reported. More than 30% of the 5000 communities in Senegal which traditionally practice female circumcision have voluntarily abandoned it, as well as the practice of child marriage (UNICEF 2005b; UNICEF 2007). Feldman and Ryniak's recent assessment of Tostan's activities for the Population Reference Bureau states that:

Tostan has directly reached more than 130,000 African people, and perhaps more than a million if all those impacted by the Public Declarations are counted. It has been a critical voice in the movement to abandon female genital cutting (Feldman and Ryniak 2006:29).

As recently as December 2006, 34 villages in Senegal have renounced FGC (Fall 2007). UNICEF notes that FGC and early marriage abandonment are only two of the significant outcomes of Tostan's community-based projects:

The implementation of this approach in hundreds of villages across Senegal has led to increased vaccination rates, improved nutrition for women and children, systematic birth registration and increased school enrolment of girls. In addition, Tostan's work has improved women's economic conditions and increased their decision-making role in family and community affairs (UNICEF 2007).

Among the women surveyed by Diop et al. (2004) who disapproved of FGC, 85% percent said that they had changed their mind since participating in the Tostan program. The success in ending FGC is the result of the voluntary actions of villagers who carry the messages to other villages within their socio-marital group, in a self-replicating process. Through the support and collaboration of UNICEF and other international donors, the Tostan movement has spread to Burkina Faso (a country with a FGC Type II prevalence of 77%) where at least 23 villages are reported to have made declarations, marking the first of such pledges outside Senegal (UNICEF 2005b). The Population Council reports that these communities are now actively involved in promoting reproductive health and human rights and hold regular clean up activities for improving public hygiene (Diop *et al.* 2003).

Tostan identifies four strategies key to their program's success (Population Council 2005:3):

- A comprehensive educational program with an integrated approach to learning, reinforcing positive cultural practices and values;
- A program accessible to participants, including the use of women's own stories, and the encouragement of diffusion of information with friends and relatives;
- A program which could be used by other organisations and African countries; and
- A participatory approach to promote self-development, emphasising peaceful strategies for social change.



Sinthiou Malème, Senegal, December 2004: representatives of over 100,000 villagers, with guests from Guinea and Mali, met to publicly announce their abandonment of FGC and forced marriage (Kasdon 2005)

FGC and foot binding: Changing a ‘social convention’

As demonstrated in the Tostan example described here, the complete abandonment of FGC in communities where it is practiced is not only possible, but can also take place within a matter of months. This is despite the fact that these ancient practices are almost universal within the groups where they are found, and in some areas are becoming more prevalent and extreme (Mackie 1998). The movement to bring about the active abandonment of FGC in Senegal was prompted by desire and action at the village level, with the cooperation of religious and community leaders, and as a result of education programs on human rights, health and problem-solving. The model which emerged involved changing the social ‘convention’ of female circumcision, and succeeded because it solved the problem of uncircumcised women traditionally being unable to marry in practicing societies.

This model has unconsciously followed the same pattern which resulted in the abandonment of the tradition of female foot binding in China, which took place in the late 19th century. Table 2 outlines the commonalities between FGC in Africa and foot binding in China. Mackie describes both practices as ‘self-enforcing conventions’ which can persist despite modernization, education and criminalisation, and that the same social processes which create and sustain the practices can potentially bring about their abandonment. He argues that that both FGC and foot binding are ‘self-enforcing’ social conventions because in practicing societies the main goal of all women in society is to marry and of all men is to raise their biological children²⁵ (1996).

²⁵ Mackie suggests that FGC practices in Africa probably originated from a situation of ‘extreme polygyny’, in which the function of infibulation in particular was to safeguard female virginity and fidelity and therefore guarantee paternity (1996:1005).

‘Uncircumcised’ women in Africa and unbound women in China faced the same risk: that they would never be considered marriageable, a daunting fate indeed in societies where the only roles available to women were that of wife and mother. Both practices are a matter of family honour, Mackie argues, and it is impossible for an individual to succeed in bringing about the practice by herself. The practices can be therefore understood as being maintained by “interdependent expectations on the marriage market” (Mackie 1996:999).

Both FGC and foot binding are:

- nearly universal where practiced
- persistent
- practiced even by those who are opposed
- control sexual access to females and ensure chastity and fidelity
- necessary for marriage and family honour
- said to be sanctioned by tradition
- ethnic markers
- exaggerated over time and increase in status
- supported and transmitted by women
- believed to promote health and fertility
- aesthetically pleasing compared to the natural state
- properly exaggerate the complementarity of the sexes (gender marking/construction)
- said to make male intercourse more pleasurable

**Table 2: Commonalities between FGC and foot binding
(Mackie 1998: 999-1000)**

What is needed is a ‘critical mass’ of people willing to refrain from the practice. In the case of FGC, this ‘critical mass’ constitutes the socio-marital group, which must agree in its entirety that parents not circumcise their daughters nor allow their sons to marry circumcised women. As Mackie highlights:

If a critical mass of people in an intramarrying group pledge to refrain from FGC, then the knowledge that they are a critical mass makes it immediately in their interest to keep their pledges, and suddenly makes it in everyone else’s interests to join them (Mackie 2000:255).

Mackie uses game theory and the Schelling convention (see Schelling 1960) to illustrate the concept of a ‘critical mass’, and gives an example of interdependent decision-making to explain the change in Sweden in 1967 from driving on the left to driving on the right (1996). This is an example of a convention shift, which would be impossible to enact on

an individual basis: “none could change without coordinated abandonment” (Feldman-Jacobs & Ryniak 2006:34).

Mackie argues that attitude change alone is not enough to change a social convention such as FGC. Behaviour change can only be effected through approaches similar to those used to end foot binding: “explanation of the physiological dangers of the practice, international condemnation of the practice, and (most importantly) associations of parents who refuse to subject their daughters to the practice or marry their sons to victims of the practice” (1998).

Conclusion

Molly Melching, Director of Tostan, stresses that Tostan’s project, now known as the Village Empowerment Program (VEP), is community-driven, and that the original literacy program developed to include FGC as a result of the stated concerns of program participants, crediting the organisation’s success to a non-judgmental approach which allows men and women to choose to make changes and to do so on their own terms (Korab 1999). This “highly participatory and iterative” intervention (Easton *et al.* 2003:447), coupled with the successful use of the ‘convention approach’ to behaviour change has brought about remarkable and rapid results as outlined above.

The trustworthiness of Tostan’s message, and the non-directive style employed are additional key factors. People are “never told what to do, but rather educated and given choices” (Antonazzo 2003:476). The positive participation of Islamic and community leaders is also crucial. Most significantly, facilitating the attainment of basic education as a means of empowerment is a critical factor in Tostan’s role in the movement to end FGC in Senegal: “the technical information and strategies for social transformation, together with confidence gained through participatory methods of the Tostan program were pivotal in empowering Senegalese villagers first to question, and then agitate for change” (Population Council 2005:3).

CONCLUSION

“Once the sun has risen, the palm of your hand can no longer cover it”.

- West African proverb

There is little doubt that many forms of FGC are harmful to women’s health, and the activities of organisations such as Tostan are a reflection of this. As Boddy (1991:16) declares:

I think I am safe in saying that none of us who has studied the practice in its context are so theoretically myopic or inhumane as to advocate its continuance...Understanding a practice is not the same as condoning it. It is, I

believe, as crucial to effecting the operation's eventual demise that we understand the context in which it occurs as much as its medical sequelae.

Anthropologist Eric Silverman asserts that FGC has emerged as a “central moral topic” of contemporary anthropology: “No area of the discipline seems so entwined with ethical claims, activism, and the participation of governmental and nongovernmental organizations” (2004:427-8). This activism can take a number of forms, and be motivated by particular ideologies, as outlined in this paper. Rogaia Abusharaf argues that the reason for the controversy surrounding FGC is that the practice, as a ritualized activity, “encompasses a concatenation of issues relating to culture, gender, feminism, context, anthropology, human rights, women’s agency, self and other, civilization and barbarism” (2001: 117). This paper contends that the way in which the issue is approached is therefore very important. Western feminist portrayals of African women as helpless victims of patriarchy in need of rescue simultaneously stems from and perpetuates what Mohanty refers to as the “colonial gaze” of the West (Mohanty 1988). Such a perspective ignores the existence of parallel practices in the West such as male circumcision (“a surgery in need of a justification” (Boyd 1990:42) which, if the human rights framework were applied in the same way, would constitute an abuse of the rights of the child on the same grounds as FGC.

Indeed, applying the human rights framework to FGC can be problematic. The 1995 Beijing Conference’s Platform for Action states that “women's rights are human rights”. This approach is founded on “the moral conviction that men and women have equal rights by virtue of their humanity” (Abusharaf 2001:138) and that this conviction, based on a particular understanding of what it means to be human “deserves systematic protection by legal enforcement” (Machan 1994:479). However, as Abusharaf argues, this notion “raises complex issues surrounding the applicability and relevance of human rights law under specific cultural, political, and economic conditions, especially in the developing world”. She reports that, according to a Nigerian lawyer, “the rights discourse in Africa is not meaningful” and maintains that “the severity of socioeconomic problems faced by women in countries undergoing structural adjustment may require basic needs strategy rather than a rights strategy” (2001: 138).

Gunning’s (1992) analysis of the ‘culturally challenging’ practice of FGC argues that ‘perceptual integrity’ is necessary, i.e. that the customs must be understood within their cultural context. She maintains that human rights law can only be effective in bringing about their abandonment if it stems from multicultural dialogue and consensus, forgoing punishment or coercion in favour of dialogue and education. ‘Perceptual integrity’ is achieved when those working to improve the lives of affected women do so in a culturally aware manner, recognizing the similarities of historical traditions and “boundary-transgressive interconnections” (James 1998:1044). As James stresses, “evading the dubious position of arrogant perceiver requires the capacity to conceptualize culture as complex, competing, dynamic and historicized” (1998:1037). Universalist

interpretations of FGC, driven by what Walley terms “politically-informed outrage” (1997:406) which do not take account of the diverse forms and meanings of the practices, replicate the modernity/barbarism binary in which the women who participate are reduced to silent ‘subalterns’, leaving little room for an understanding of why the practices continue. The moral outrage frequently evoked by FGC stymies genuine pluralism. As Shweder (2000, cited in Silverman 2004:431) puts it, “seeing the cultural point and getting the scientific facts straight is where tolerance begins”. For him, the fact that the issue of FGC seems beyond discussion is “precisely the reason why the issue warrants anthropological skepticism”.

Failure to understand why these practices are usually perpetuated by women themselves simply reproduces the stereotype of the African woman as a victim of patriarchy, by not recognizing that the rite may be “a form of symbolic capital to alleged victims, gaining them access to custom, community, virtue, and morality” (Silverman 2004: 431). Popular repetitions to the effect that FGC always constitutes ‘violence against women’ and is automatic evidence of women’s subordination serve to strengthen the stereotype of Africans that local groups such as Tostan are trying to break down.

The need exists to acknowledge the agency of the women who practice FGC. As Joan Scott (1991:34) argues,

Subjects have agency. They are not unified, autonomous individuals exercising free will, but rather subjects whose agency is created through situations and statuses conferred on them. Being a subject means being ‘subject to definite conditions of existence, conditions of endowment of agents and conditions of exercise’.

The agency of ‘circumcised’ women, like that of all subjects, is not unlimited, but is situated among “the complex, historical range of power differences, commonalities and resistances that exist among women in Africa which construct African women as ‘subjects’ of their own politics” (Mohanty 1984:355). The women of Malicoundra-Bambara who voluntarily decided that FGC would no longer be practiced in their community were exercising agency. The Malicoundra-Bambara story also demonstrates that FGC is a community issue, and that the role of men is equally important in any approach to the matter. Tostan’s approach works because it has created a platform for involving both women and men in social decision making and problem solving (Easton 2003). ‘Keeping the faith’ by working with local religious and community leaders to build on the positive community values which underpin FGC is another key factor in Tostan’s success. As Easton (2000:122) reports, among the communities where Tostan has succeeded in bringing about the abandonment of FGC, “the widespread reaction among the faithful was that the rights and democratic principles in question were a better reflection of true Islamic values than much of contemporary society or customary practice”.

Culture is not static, neither is it monolithic. As demonstrated in this paper, both Western and African actors are guilty of reifying 'culture' as an immutable fact, without recognising that just as 'culture' is a construct of society, so can it be altered by society. Silverman's account of a Madagascar community's decision to forgo MC in order to recollect a more recent history of "impotence and defeat", not just in order to "have a history" demonstrates one of the many reasons for which a cultural practice can be altered or abandoned (Silverman 2004:432).

Although FGC can be an empowering activity for some women (as demonstrated by Abusharaf's work among the Sudanese Douroshab community) its reduction or abandonment can be positive in terms of women's empowerment as well as health. Writing about the abandonment of FGC in Sierra Leone, Nigerian doctor Olayinka Koso-Thomas states that "change does not necessarily imply the destruction of women's societies, as is feared, change should be understood to mean transformation or a shift in direction towards a better life for all" (Koso-Thomas 1987:10). A community-based approach to abandonment is the only way to bring about a significant enhancement of women's lives as it means that the change is based on a thorough understanding of the benefits of abandonment and a genuine desire on the behalf of the community to follow through on the commitment to change. Western agencies can support African efforts such as that of Tostan, by moving from a stance of 'arrogant perception' to 'perceptual integrity', achieved by understanding the nuances of their own culture, while simultaneously developing an awareness of the complexities and subtleties of other cultures and applying a 'single standard' in every engagement with diverse cultural practices.

References

- AAP (1999) *Circumcision Policy Statement*, American Association of Pediatrics, AAP Task Force on Circumcision.
- Abu-Sahlieh, S. A. (1994) To Mutilate in the Name of Jehovah or Allah: Legitimization of Male and Female Circumcision. *Med Law*, 13, 575-622.
- Abusharaf, R. M. (2000) Revisiting Feminist Discourses on Infibulation: Responses from Sudanese Feminists. In Shell-Duncan, B. & Hernlund, Y. (Eds.) *Female "Circumcision" in Africa: Culture, Controversy, and Change*. London, Lynne Rienner.
- (2001) Virtuous Cuts: Female Genital Circumcision in an African Ontology. *Differences: A Journal of Feminist Cultural Studies*, 12, 112-140.
- (2006a) *Female Circumcision: Multicultural Perspectives*, University of Pennsylvania Press.
- (2006b) "We Have Supped So Deep in Horrors": Understanding Colonialist Emotionality and British Responses to Female Circumcision in Northern Sudan. *History and Anthropology*, 17, 209-228.
- Ahlberg, B. M., Njau, W., Kiiru, K. & Krantz, I. (2000) Gender Masked or Self-inflicted Pain: Female Circumcision, Eradication and Persistence in Central Kenya. *African Sociological Review*, 4, 35-54.
- Ahmad, I.-a.-D. (2000) MFI Pamphlet #1: Female Genital Mutilation: An Islamic Perspective. *Minaret of Freedom Institute*. Bethesda, MD.
- Ahmadu, F. (2000) Rites and Wrongs: An Insider/Outsider Reflects on Power and Excision. In Shell-Duncan, B. & Hernlund, Y. (Eds.) *Female "Circumcision" in Africa: Culture, Controversy, and Change*. London, Lynne Rienner.
- Akale, C. M. (1999) Who has the right to name Female Genital Mutilation a crime? *Women's Worlds 7th International Interdisciplinary Congress on Women*. Tromso, Norway.
- Althaus, F. A. (1997) Female Circumcision: Rite of Passage Or Violation of Rights? *International Family Planning Perspectives*, 23, 130-133.
- Antonazzo, M. (2003) Problems with Criminalizing Female Genital Cutting. *Peace Review*, 15, 471 - 477.
- ASPS (2007) 11 Million Cosmetic Plastic Surgery Procedures in 2006 - Up 7%. *American Society of Plastic Surgeons* http://www.plasticsurgery.org/media/press_releases/2006-Stats-Overall-Release.cfm. Retrieved 4 April 2007.
- Bell, K. (2005) Genital Cutting and Western Discourses on Sexuality. *Medical Anthropology Quarterly*, 19, 125-148.

- Benatar, M. (2003) Between Prophylaxis and Child Abuse: The Ethics of Neonatal Male Circumcision. *American Journal of Bioethics*, 3, 35-48.
- Boddy, J. (1989) *Wombs and Alien Spirits: Women, Men and the Zar Cult in Northern Sudan*, Madison, University of Wisconsin Press.
- (1991) Body Politics: Continuing the Anti-Circumcision Crusade. *Medical Anthropology Quarterly*, 5.
- Boon, J. A. (1999) Circumcision/Uncircumcision: An Essay Amidst the History of a Difficult Description. In Schwarz, S. B. (Ed.) *Implicit Understandings: Observing, Reporting, and Reflecting on the Encounters Between Europeans and Other Peoples in the Early Modern Era*. Cambridge, Cambridge University Press.
- Boyd, B. R. (1990) *Circumcision: What it does*, San Francisco, Taterhill Press.
- Boyle, E. H. (2002) *Female Genital Cutting: Cultural Conflict in the Global Community*, Baltimore and London, Johns Hopkins University Press.
- Bunch, C. (1997) The Intolerable Status Quo: Violence Against Women and Girls. *UNICEF: The Progress of Nations 1997*, 41-45.
- Caldwell, J. C., Orubuloye, I. O. & Caldwell, P. (1997) Male and Female Circumcision in Africa from a Regional to a Specific Nigerian Examination. *Soc Sci Med*, 44, 1181-93.
- (2000) Female Genital Mutilation: Conditions of Decline. *Population Research and Policy Review*, 19, 233-254.
- CDC (2007) Male Circumcision and Risk for HIV Transmission: Implications for the United States. *Centers for Disease Control and Prevention*
<http://www.cdc.gov/hiv/resources/factsheets/PDF/circumcision.pdf>, Atlanta, GA. Retrieved 15 March 2007.
- Chambers, C. (2004) Are Breast Implants Better than Female Genital Mutilation? Autonomy, Gender Equality and Nussbaum's Political Liberalism. *Critical Review of International Social and Political Philosophy*, 7, 1-33.
- Christoffersen-Deb, A. (2005) "Taming tradition": medicalized female genital practices in western Kenya. *Medical Anthropology Quarterly*, 19, 402-18.
- CIA (2007) CIA World Factbook: Senegal. <https://www.cia.gov/cia/publications/factbook/geos/sg.html>. Washington, D.C. Retrieved 18 December 2006.
- Creel, L. & Ashford, L. S. (2001) *Abandoning Female Genital Cutting: Prevalence, Attitudes, and Efforts to End the Practice*, Washington, D.C., Population Reference Bureau.
- Crowe, S. & Melching, M. (2005) *Ending Female Genital Mutilation and Cutting in Senegal*, Dakar, UNICEF.

- CRR (2005) *Female Genital Mutilation (FGM): Legal Prohibitions Worldwide*, Center for Reproductive Rights, New York.
- Cruz, R., Glick, L. B. & Travis, J. W. (2003) Circumcision as Human-Rights Violation: Assessing Benatar and Benatar. *American Journal of Bioethics*, 3, W19-W20.
- Daly, M. F. (1990) *GYN/Ecology: The Metaethics of Radical Feminism*, Beacon Press.
- Das, V. (1997) Language and the Body: Transactions in the Construction of Pain. In Kleinman, A., Das, V. & Lock, M. (Eds.) *Social Suffering*.
- Davis, D. S. (2000) Male and Female Genital Alteration: a Collision Course with the Law? *Health Matrix: Journal of Law-Medicine*, 11, 487-570.
- (2003) Cultural Bias in Responses to Male and Female Genital Surgeries. *American Journal of Bioethics*, 3, 15-15.
- Dekkers, W., Hoffer, C. & Wils, J. P. (2005) Bodily integrity and male and female circumcision. *Medicine, Health Care and Philosophy*, 8, 179-191.
- Diop, N. J., Badge, E., Ouoba, D. & Melching, M. (2003) Comment 23 villages s'initient aux Droits Humains et abandonnent la pratique de l'excision au Burkina Faso: Documentation de la stratégie TOSTAN. *FRONTIERS Report: Population Council*. Dakar.
- Diop, N. J., Faye, M. M., Moreau, A., Cabral, J., Benga, H., Cissé, F., Mané, B., Baumgarten, I. & Melching, M. (2004) The TOSTAN Program: Evaluation of a Community Based Education Program in Senegal. *Population Council/GTZ/Tostan* Dakar.
- Easton, P. (2000) Senegal: grassroots democracy in action, IK Notes No.16 (October). *IK Notes (Indigenous Knowledge Notes)* World Bank, Washington, D.C., <http://www.worldbank.org/afr/ik/ikcomplete.pdf>. Retrieved 23 January 2007.
- Easton, P. & Monkman, K. (2001) Malicoundra-Bambara: the sequel. The journey of a local revolution. IK Notes No. 31 (April). *IK Notes (Indigenous Knowledge Notes)* World Bank, Washington, D.C.
- Easton, P., Monkman, K. & Miles, R. (2003) Social policy from the bottom up: abandoning FGC in sub-Saharan Africa. *Development in Practice*, 13, 445-458.
- Eke, N. & Nkanginieme, K. E. O. (2006) Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries. *The Lancet*, 367, 1835-1841.
- El-Tom, A. (1998) Female circumcision and ethnic identification in Sudan with special reference to the Berti of Darfur. *GeoJournal*, 46, 163-170.
- Fall, A. (2007) Sénégal: Excision, 34 villages abandonnent la pratique. *Sud Quotidien* Dakar.
- Feldman-Jacobs, C. & Ryniak, S. (2006) *Abandoning Female Genital Mutilation/Cutting: An In-Depth Look at Promising Practices*, Washington, D.C., Population Reference Bureau.

- FORWARD (2006) Foundation for Women's Health, Research and Development.
<http://www.forwarduk.org.uk>. Retrieved 20 November 2006.
- Foucault, M. (1984) Preface to the History of Sexuality, Volume II. In Rainbow, P. (Ed.) *The Foucault Reader*. Harmondsworth, Penguin.
- Geertz, C. (2000) *Available Light: Anthropological Reflections on Philosophical Topics*, Princeton University Press.
- Gollaher, D. L. (1994) From Ritual to Science: The Medical Transformation of Circumcision in America. *Journal of Social History*, 28.
- Grande, E. (2004) Hegemonic Human Rights and African Resistance: Female Circumcision in a Broader Comparative Perspective. *Global Jurist Frontiers*, 4, 1-21.
- Gruenbaum, E. (2001) *The Female Circumcision Controversy: An Anthropological Perspective*, University of Pennsylvania Press.
- Gunning, I. R. (1992) Arrogant Perception, World Travelling and Multicultural Feminism: The Case of Female Genital Surgeries. *Columbia Human Rights Law Review*, 23, 189-248.
- Hecht, D. (1999) Ban On Female Circumcision Backfires
<http://www.panix.com/~squigle/dcp/fgmlaw.html> InterPress Third World News Agency (IPS). Retrieved 12 April 2007.
- Hosken, F. (1981) Female Genital Mutilation in the World Today: A Global Review. *International Journal of Health Services*, 11.
- (1993) *The Hosken Report: Genital and Sexual Mutilation of Females*, Lexington, MA, Women's International Network News.
- Hull, T. H. & Budiharsana, M. (2001) Putting Men in the Picture: Problems of Male Reproductive Health in Southeast Asia. *IUSSP XXIV Congress, August 18-24, 2001*. Salvador, Brazil,
http://www.iussp.org/Brazil2001/s20/S22_02_Hull.pdf. Retrieved 6 March 2007.
- IRIN (2005) When Culture Harms the Girls - The Globalisation of Female Genital Mutilation. *United Nations Integrated Regional Networks (IRIN)*.
<http://www.irinnews.org/webspecials/FGM/default.asp>. Retrieved 20 January 2007.
- James, S. M. (1998) Shades of othering: Reflections on female circumcision/genital mutilation. *Signs*, 23, 1031-1048.
- Kasdon, L. (2005) A Tradition No Longer: Rethinking Female Circumcision in Africa.
http://www.usaid.gov/our_work/global_health/pop/techareas/fgc/tostan.html. USAID. Retrieved 14 March 2007.
- Koji, T. (2001) Emerging Hierarchy in International Human Rights and Beyond: From the Perspective of Non-derogable Rights. *European Journal of International Law*, 12, 917.

- Korab, H. (1999) Molly Melching: Spreading Literacy, Empowering Villagers. *Alumni Profile, University of Illinois at Urbana-Champaign*.
http://www.las.uiuc.edu/alumni/spotlight/99fall_melching.html. Retrieved 15 March 2007.
- Koso-Thomas, O. (1987) *The Circumcision of Women: A Strategy for Eradication*, London & New Jersey, Zed Books.
- Kouba, L. J. & Muasher, J. (1985) Female Circumcision in Africa: An Overview. *African Studies Review*, 28, 95-110.
- Lane, S. D. & Rubinstine, R. A. (1996) Judging the Other: Responding to Traditional Female Genital Surgeries. *The Hastings Center Report*, 26.
- Lightfoot-Klein, H. (1989) *Prisoners of Ritual: An Odyssey Into Female Genital Circumcision in Africa*, New York & London, Haworth Press.
- (1994) Erroneous Belief Systems Underlying Female Genital Mutilation in Sub-Saharan Africa and Male Neonatal Circumcision in the United States. *The Third International Symposium on Circumcision, 1994*. University of Maryland,
<http://www.nocirc.org/symposia/third/hanny3.html>. Retrieved 15 March 2007.
- Machan, T. (1994) Human Rights Reaffirmed. *Philosophy*, 69.
- Mackie, G. (1996) Ending Footbinding and Infibulation: A Convention Account. *American Sociological Review*, 61, 999-1017.
- (1998) A Way to End Female Genital Cutting
<http://www.fgmnetwork.org/articles/mackie1998.html>. Retrieved 14 December 2006.
- (2000) Female Genital Cutting: The Beginning of the End. In Shell-Duncan, B. & Hernlund, Y. (Eds.) *Female 'Circumcision' in Africa: Culture, Controversy, and Change*. London, New York, Lynne Rienner Publishers Ltd.
- McClintock, A. (1995) *Imperial Leather: Race, Gender, and Sexuality in the Colonial Contest*, New York, Routledge.
- Meyers, D. T. (2000) Feminism and Women's Autonomy: The Challenge of Female Genital Cutting. *Metaphilosophy*, 31, 469-491.
- Morrone, A., Hercogova, J. & Lotti, T. (2002) Stop Female Genital Mutilation: Appeal to the International Dermatologic Community. *The International Society of Dermatology*, 41, 253-263.
- Moruzzi, N. C. (2005) Cutting through Culture: The Feminist Discourse on Female Circumcision. *Critique: Critical Middle Eastern Studies*, 14, 203-220.
- Navarro, M. (2004) When Gender isn't a Given. *New York Times*. New York, 19 September 2004.

- Nnaemeka, O. (2001) If Female Circumcision Did Not Exist, Western Feminism Would Have Invented It. In Perry, S. & Schenk, C. (Eds.) *Eye To Eye: Women Practising Development Across Cultures* London, Zed Books.
- Obermeyer, C. M. (2003) The Health Consequences of Female Circumcision: Science, Advocacy, and Standards of Evidence. *Medical Anthropology Quarterly*, 17, 394-412.
- Olekina, L. (2005a) FGM: Maasai Women Speak Out. *Cultural Survival Quarterly*, 28.
- (2005b) International Attempts to Stop Female Circumcision Put Maasai Women at Risk. *Cultural Survival Quarterly*, 4.
- Parker, M. (1995) Rethinking Female Circumcision. *Africa: Journal of the International African Institute*, 65, 506-523.
- Peterson, N. (2000) An Expanding Aboriginal Domain: Mobility and the Initiation Journey. *Oceania*, 70, 205-218.
- Ping, W. (2000) *Aching for Beauty: Footbinding in China*, University of Minnesota Press.
- Population Council (2005) Breakthrough in Senegal Ending Female Genital Cutting. <http://www.popcouncil.org/rh/tostan/tostan.html>. Retrieved 18 January 2007.
- (2007) Review of FRONTIERS Program FGM/C-related Activities, February 2007. http://www.popcouncil.org/pdfs/frontiers/reports/FGC_update07.pdf. Retrieved 23 February 2007
- Rahman, A. & Toubia, N. (2000) *Female Genital Mutilation: A Guide to Laws and Policies Worldwide*, London, Zed.
- Said, E. W. (1978) *Orientalism*, New York, Pantheon Books.
- Schelling, T. C. (1960) *The Strategy of Conflict*, Cambridge, MA, Harvard University Press
- Scheper-Hughes, N. (1991) Virgin Territory: The Male Discovery of the Clitoris. *Medical Anthropology Quarterly*, 5, 25-28.
- Scott, J. W. (1991) The Evidence of Experience. *Critical Inquiry*, 17, 773-797.
- Seif-El-Dawla, A. (1999) The Political and Legal Struggles over Female Genital Mutilation in Egypt: Five Years since the ICPD. *Reproductive Health Matters*, 7.
- Shell-Duncan, B. (2001) The medicalization of female "circumcision": harm reduction or promotion of a dangerous practice? *Soc Sci Med*, 52, 1013-28.
- Shell-Duncan, B. & Hernlund, Y. (2000) Female "Circumcision" in Africa: Dimensions of the Practice and Debates. In Shell-Duncan, B. & Hernlund, Y. (Eds.) *Female "Circumcision" in Africa: Culture, Controversy, and Change*. London, New York, Lynne Rienner.

- Silverman, E. K. (2004) Anthropology and Circumcision. *Annual Review of Anthropology*, 33, 419-445.
- Smith, J. (1998) Male Circumcision and the Rights of the Child. In Bulterman, M., Hendriks, A. & Smith, J. (Eds.) *To Baehr in Our Minds: Essays in Human Rights from the Heart of the Netherlands (SIM Special No. 21)*. Utrecht, Netherlands Institute of Human Rights (SIM).
- Thomas, L. (2000) "Ngaitana (I Will Circumcise Myself)": Lessons from Colonial Campaigns to Ban Excision in Meru, Kenya. In Shell-Duncan, B. & Hernlund, Y. (Eds.) *Female "Circumcision" in Africa: Culture, Controversy, and Change*. London, New York, Lynne Rienner.
- Tostan (2004) The Malicounda Bambara Story. <http://tostan.org/news-mal-bam.htm>. Dakar. Retrieved 12 February 2007.
- (2005) The Diabougou Declaration. <http://tostan.org/news-diabougou.htm>. Dakar. Retrieved 23 January 2007.
- Toubia, N. & Izett, S. (1998) Female Genital Mutilation: An Overview. *World Health Organisation*. Geneva.
- Turner, V. (1982) *From Ritual to Theatre: The Human Seriousness of Play*, New York, Performing Arts Journal Publications.
- U.S. Department of State (2001a) Senegal: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC). <http://www.state.gov/g/wi/rls/rep/crfgm/10107.htm>. Washington D.C. Retrieved 17 December 2006.
- UN (2005) United Nations Millennium Development Goals. <http://www.un.org/millenniumgoals/>. New York. Retrieved 20 February 2007.
- (2007) Convention on the Elimination of All Forms of Discrimination against Women <http://www.un.org/womenwatch/daw/cedaw/>. New York, United Nations. Retrieved 18 January 2007.
- UNFPA (1996) Dispatches - News from UNFPA, No. 6, March 1996. <http://www.un.org/popin/unfpa/dispatches/mar96.html>. Retrieved 2 March 2007.
- (2005) Gender-Based Violence: A Price Too High. *UNFPA: State of World Population 2005* <http://www.unfpa.org/swp/2005/english/ch7/index.htm>. Geneva.
- UNICEF (2002) Tostan: A Breakthrough Movement. *State of the World's Children*. UNICEF, New York, <http://www.unicef.org/sowc02/pdf/sowc2002-eng-p7-31.pdf>. Retrieved 14 December 2006.
- (2005a) Female Genital Mutilation/Cutting: A Statistical Exploration. *The United Nations Children's Fund*. New York.
- (2005b) Changing a Harmful Social Convention: Female Genital Mutilation/Cutting. *UNICEF Innocenti Research Centre*. Florence.

- (2007) Abandoning female genital cutting and early marriage in Senegal.
http://www.unicef.org/infobycountry/senegal_38134.html. Retrieved 12 March 2007.
- USAID (2000) USAID Policy on Female Genital Cutting (FGC)
http://www.usaid.gov/our_work/global_health/pop/techareas/fgc/fgc.html. Retrieved 2 March 2007.
- Walley, C. J. (1997) Searching for "Voices": Feminism, Anthropology, and the Global Debate over Female Genital Operations. *Cultural Anthropology*, 12, 405-438.
- Walt, V. (1998) *Female Circumcision: A Village Issue*, International Herald Tribune,
<http://www.iht.com/articles/1998/06/23/senegal.t.php>. Retrieved 26 March 2007.
- Wasunna, A. (2000) Towards Redirecting the Female Circumcision Debate: Legal, Ethical and Cultural Considerations. *McGill Journal of Medicine*, 5, 104-110.
- WHO (1999) Female Genital Mutilation: Programmes to date, what works and what doesn't. A review. *Department of Women's Health, Health Systems and Community Health, WHO & PATH*. Washington, D.C.
- (2000) Female genital mutilation: World Health Organisation Factsheet
Geneva, <http://www.who.int/mediacentre/factsheets/fs241/en/index.html>. Retrieved 21 December 2006.
- Wilson, T. D. (2002) Phallic Circumcision Under Patriarchy and Breast Augmentation Under Phallic Capitalism: Similarities and Differences. *Violence Against Women*, 8, 495-521.
- Yoder, P. S., Abderrahim, N. & Zhuzhuni., A. (2004) Female Genital Cutting in the Demographic and Health Surveys: A Critical and Comparative Analysis. *DHS Comparative Reports No. 7*. Calverton, Maryland, ORC Macro.

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