Transforming Cultural Conventions: An Examination of Grassroots Approaches in the Fight Against Female Genital Mutilation

Erin McSorley

The practice of female genital mutilation (FGM) is widespread on the African continent and has been increasingly condemned by the international community as a gross violation of human rights. Prominent international actors, such as the World Health Organization (WHO) and the United Nations (UN), have implemented programs and provided support in the fight against FGM. The African Union (AU) adopted the Maputo Protocol in 2003, outlining the rights of women and prohibiting the practice of FGM in Africa. In addition, educational community programs and alternative rites of passage in Senegal and Kenya have shown promise as a means of dramatically decreasing the prevalence of FGM in these countries. Although progress has been made in reducing the incidence of FGM in Africa, this practice remains widespread across the continent. A grassroots approach focusing on education is necessary in order to alter the social and cultural conventions associated with FGM, and to effectively produce behavioural change.

The first section of this paper will provide a brief overview of FGM, defining the practice, exploring the prevalence in Africa, outlining the dangerous side effects and health risks, and discussing the factors perpetuating the continuation of the practice. The next section will provide a critical analysis of efforts that have been made to reduce the incidence of FGM, including WHO programs, UN support, and national legislation. The final section will discuss the adoption of grassroots approaches, using Senegal and Kenya as case study examples. This section will argue that social conventions surrounding FGM must be changed in order for national legislation to be effective.

Female genital mutilation refers to "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons."[1] The WHO has classified FGM into four different categories, depending generally on the amount and type of tissue that is removed and the overall severity of the act. The first category refers to the clitoridectomy, which involves partial or total removal of the clitoris. In addition to removal of the clitoris, Type II also involves removal of the labia minora and possible excision of the labia majora. The third category is infibulation, which is the most severe and dangerous form of FGM that is practiced. Infibulation involves the removal of the clitoris, labias minora and majora, with the vaginal orifice being stitched closed, leaving only a small opening for the passage of urine and menstrual fluid. Finally, Type IV serves as a broad category, encompassing all other non-medical procedures to the female genitalia.

It is impossible to study FGM without taking into account its prevalence in Africa. The WHO estimates that between 100 and 140 million females worldwide have been subjected to one of the first three types of FGM.[2] In Africa specifically, 91.5 million females above the age of nine are living with the consequences of FGM, with an estimated three million girls at risk of undergoing the procedure each year.[3] These statistics, while not as staggering as those associated with other global health issues, demonstrate that the practice of FGM is affecting millions of females physically, emotionally, and psychologically on a global scale. In addition, it is important to note that the first three types of FGM have been documented in 28 African countries. While prevalence rates vary between countries, the practice of FGM can be seen as a widespread issue on the African continent.

In the fight against FGM, "allegations of health

[1] The World Health Organization, "Female Genital Mutilation," The World Health Organization, http://www.who.int/topics/female_genital_mutilation/en/.

[2] The World Health Organization, "Female Genital Mutilation."

[3] The World Health Organization, "Female Genital Mutilation."

hazards form the cornerstone of opposition to the practice."[4] The WHO has been a vocal international actor, opposing FGM on the grounds that it provides no health benefits, but rather brings harm to the girls and women who undergo the procedure. A multitude of health complications and consequences arise from the procedures associated with FGM. Short-term complications can include hemorrhage, shock, tetanus, sepsis, severe pain and death, while long-term consequences involve infertility, recurring bladder and urinary tract infections, obstetric complications, and the need for additional future surgeries.[5] This need for additional surgeries is associated with infibulation, as the vaginal orifice must be opened and re-stitched in order to allow for sexual intercourse and childbirth. Repeated surgeries increase the risk for both short and long-term complications.[6] It is also important to note that anesthetics are rarely if ever used and sanitation is limited, with knives, razor blades, glass, and even teeth or fingernails used to perform the procedure.[7]

The realities of the health risks associated with FGM become even more serious when the average age for the procedure is taken into account. The procedure is generally performed between infancy and the age of 15, meaning that the genitalia and sexual libido of young girls, with limited awareness of their bodies and sexuality, are altered without their consent. Knowing these realities, it is clear that FGM can be classified as a serious health issue that is affecting millions of females in Africa and in other parts of the world. As the WHO has stated, the procedure provides no health benefits and is performed for non-medical reasons. Thus, FGM is subjecting females to an unnecessary procedure that not only inflicts severe pain, but also puts them at risk for health consequences that are of serious concern.

FGM is a complex issue, surrounded by numerous social and cultural conventions. It is critical to have a sufficient understanding of the cultural and social factors that are perpetuating the practice of FGM in Africa before making rash generalizations or judgments. While each of these factors plays a distinct role, it is important to understand that they are interconnected in their influence on the practice of FGM.

There is a common misconception that FGM is inextricably linked to religion, particularly Islam. However, it must be noted that there is no requirement for cutting of the female genitalia outlined in the Qur'an.[8] Moreover, the majority of Muslim populations around the world do not practice FGM.[9] When viewing the practice of FGM from an outside perspective, we must be careful to avoid simplified and ignorant generalizations. It is important to understand that FGM "is a cultural practice, rather than a religious one, and as such, it is performed by members of many different religious groups."[10] While religious beliefs may play a role in the practice of FGM, it is an incorrect oversimplification to identify religion as the sole causal factor.

The social convention of conformity exerts a powerful influence on the practice of FGM. FGM is often deemed necessary in order to adequately prepare a woman for adulthood and marriage, as it helps to ensure premarital virginity and marital fidelity through the severe enclosure associated with infibulation, or through reduction of the female libido associated with removal of the clitoris.[11] In this sense, FGM assigns status to the girl and to her family, thus increasing her marriageability. This serves as a powerful incentive for parents and young girls to conform, as "not conforming would bring greater harm, since it would lead to shame and social

[4] Bettina Shell-Duncan and Ylva Hernlund, "Female 'Circumcision' in Africa:
Dimensions of the Practice and Debates," in *Female "Circumcision" in Africa: Culture, Controversy, and Change,* ed. Bettina Shell-Duncan and Ylva Hernlund (Colorado: Lynne Rienner Publishers Inc., 2000), 15.

[5] The World Health Organization, "Female Genital Mutilation."

[6] Ibid.

[7] Andrea Parrot and Nina Cummings, *Forsaken Females: The Global Brutalization of Women* (Lanham: Rowman & Littlefield, 2006), 74.

[8] UNICEF Innocenti Research Centre, "Changing a Harmful Social Convention: Female Genital Mutilation/ Cutting," *Innocenti Digest* (2005): 12.

[9] UNICEF, "Changing a Harmful," 12.

[10] Parrot and Cummings, *Forsaken Females,* 70.

[11] The World Health Organization, "Female Genital Mutilation."

exclusion."[12] In addition, it is important to note that increased marriageability is also linked to economic incentives. As Parrot and Cummings argue, in patriarchal societies where females are not permitted gainful employment or ownership of property, marriage serves as the only means through which women are able to provide for themselves and their children.[13] In addition, women who never marry are often shunned in society.[14] As FGM often serves as a prerequisite for marriage, it can be argued that parents face substantial pressure to have their daughters circumcised in order to ensure that they will be accepted as members of the community and will be provided for financially. Therefore, the belief that FGM is necessary in order to ensure a girl's marriageability is a significant factor that is serving to perpetuate the continuation of the practice.

Cultural ideals and beliefs surrounding femininity also exert an influence on the practice of FGM. A gendered belief exists whereby girls are to be considered clean and beautiful, and in this sense, FGM may be related to notions of bodily cleanliness and physical beauty.[15] FGM may be seen as a means to remove the "male" or "unclean" parts of the female genitalia[16], thus increasing their physical aesthetic value. For example, as Parrot and Cummings argue, removal of the clitoris is viewed in some cultures as the process of removing the masculine part of the female body.[17] The pressure for women to conform and live up to the cultural standards of beauty is apparent. Thus, from a cultural perspective, women may view the practice of FGM as an opportunity to enhance their physical beauty and to embrace their femininity. The pressure to live up to such cultural ideals is certainly seen as a factor contributing to the practice of FGM.

A relatively recent development in the practice of FGM has been the increasing incidence of the performance of the procedure by certified health officials. This has been referred to as the medicalisation of FGM, and has been rejected and condemned by the WHO on the grounds that it involves the infliction of unnecessary physical injury by medical personnel.[18] The medicalisation of FGM does not change the fact that the procedure violates human rights and may actually serve to legitimize the practice.[19] In this sense, medicalisation can be seen as a contributing factor to the continuation of FGM. The performance of the procedure by medical authorities must therefore be condemned and ultimately stopped in order to ensure that the practice is not legitimized and supported by the health sector.

In recent years, the practice of FGM in Africa has been identified and targeted by prominent international actors as a prevalent issue that must be addressed and resolved. In particular, the WHO and the UN have worked to increase international awareness, implement programs, and provide support in the fight to abolish FGM. The African Union (AU) has also played a central role, drafting legislation that outlines the rights of women and prohibits the practice of FGM in Africa, and encouraging African countries to ratify and enforce this legislation. This section will outline the efforts made by these actors and critically analyze their effectiveness in producing behavioural change and abolishing FGM.

The UN has focused its efforts on increasing international awareness of the prevalence of FGM and the violation of rights and serious consequences that are associated with the practice. FGM is an issue that the UN has been committed to resolving since "the 1993 UN Declaration on the Elimination of Violence Against Women explicitly included FGM within its definition of the phrase 'violence against women.'"[20] One initiative that has been undertaken is the UN-sponsored declaration of the International Day Against Female Genital Mutilation, which takes place each year on February 6th. The UN openly states its dedication to the fight to end FGM and

[12] UNICEF, "Changing a Harmful," 11.

[13] Parrot and Cummings, *Forsaken Females,* 77.

[14] Ibid.

[15] UNICEF, "Changing a Harmful," 12.

[16] The World Health Organizaton, "Female Genital Mutilation."

[17] Parrot and Cummings, *Forsaken Females,* 80.

[18] Emanuela Finke, "Genital Mutilation as an Expression of Power Structures: Ending FGM through Education, Empowerment of Women, and Removal of Taboos," *African Journal of Reproductive Health* 10.2 (2006): 17.

[19] Finke, "Genital Mutilation as an Expression," 17.

[20] Anika Rahman and Nahid Toubia, *Female Genital Mutilation: A Guide to Laws and Policies Worldwide* (New York: Zed Books, 2000), 11.

publicizes what it sees as the violation of a multitude of rights that are associated with the practice. For example, Thoraya Ahmed Obaid, Executive Director of the United Nations Population Fund (UNFPA), "pledged to increase support for efforts to prevent female genital mutilation and advance gender equality and human rights, including the right to sexual and reproductive health."[21] This demonstrates the activist role that the UN has taken on, encouraging international support for the abolition of FGM based on moral grounds and the principles of human rights.

The UN is generally viewed as a well-respected international actor, and as such, has the ability to have an influential effect on the international community. Thus, the UN has succeeded in its mission to promote international awareness of the issue of FGM. By publicly condemning the practice, the UN has attracted vast amounts of media attention, greatly increasing international awareness of, and opposition to, FGM. Opposition to an issue by an established international actor such as the UN serves to increase the legitimacy of the issue in the eyes of the international community. This is due to the fact that the UN is viewed as an authority on pressing international issues and is trusted to take an educated and well-informed approach to identifying and resolving these issues. In addition to increasing international awareness, it is possible that UN activism has influenced African authorities in their approach to the issue of FGM. Disapproval by the UN often leads to widespread disapproval at the international level and therefore, it can be argued that African governments will feel pressure to oppose FGM and implement programs, initiatives, and legislation in order to avoid being made a negative example of. This demonstrates that the UN has played an influential role in the struggle to end FGM.

However, it is important to note that while activism is important, it represents a somewhat passive approach, while more aggressive efforts are needed to ensure behavioural change. While UN activism may influence governments, it is unlikely that it will have any effect on the rural communities where FGM is predominately practiced. International condemnation and social sanctions have no effect on the actual perpetrators of FGM. Thus, it is important to recognize the limitations of UN activism in terms of its influence at the community level and its ability to effectively produce commitment to sustainable change.

The WHO is another international actor that is openly dedicated to fighting FGM. In 1997, the WHO, UNICEF, and the UNFPA issued a joint statement against the practice of FGM and since that time, have worked to increase the recognition of the human rights and legal aspects of the issue.[22] The WHO has focused its efforts to eliminate FGM on advocacy, research, and the provision of guidance for health systems. They generate new knowledge to work towards an appropriate method for sustainable elimination and they educate health professionals so that they are able to adequately treat and counsel women who are dealing with the consequences of FGM. The alliance between the WHO and the UN on the issue of FGM has served to bring both organizations into a more active role on the issue. For example, the WHO, UNICEF, and UNFPA have provided technical, administrative, and financial support to a wide range of organizations in many spheres of activity"[23], and these organizations in turn have implemented programs and initiatives to address the issue of FGM.

The initiatives taken by the WHO in the fight against FGM have had a valuable impact as they have increased the knowledge base surrounding FGM and have provided significant assistance to a variety of organizations dedicated to the issue. However, the efforts of the UN and the WHO largely represent a top-down process in the attempt to implement change. Thus, while these initiatives are certainly valuable in generating knowledge, promoting awareness, and providing financial support, they are limited in their ability to directly impact those performing and those being subjected to the practice of FGM.

In addition to the work of international humanitarian actors, African authorities have

[21] Wairagala Wakabi, "Africa Battles to Make Female Genital Mutilation History," *The Lancet* 369 (2007): 1069.

[22] The World Health Organization, "Female Genital Mutilation."

[23] Rahman and Toubia, *A Guide to Laws and Policies*, 12.

attempted, generally through the implementation of legislation, to decrease the prevalence of FGM. In particular, in recent years, the AU has demonstrated its willingness to outline the rights of women and denounce those practices that infringe upon these rights. On July 11th, 2003, the 53 member states of the AU added The Protocol on the Rights on Women in Africa to the African Charter on Human and Peoples' Rights. Known as the Maputo Protocol, it serves to protect the rights of women and, more specifically, it outlines a formal ban on FGM and guarantees women the right to sexual self-determination.[24]

The Maputo Protocol represents significant progress as it formally outlines the rights of women in Africa and establishes a legal ban on the practice of FGM. However, while the Protocol was established by the AU, only a portion of African states have actually ratified the protocol and among those that have, it is difficult to determine the extent to which the protocol is being enforced. It is important to recognize that government authority often fails to reach rural villages[25], meaning that once again, the issue remains the fact that rural communities practicing FGM are isolated and relatively unaffected by top-down processes of change. In addition, Finke also argues that "the formal legal systems of many countries by no means provide a reliable and consistent framework for daily human activities and behaviour."[26] In many of the countries in which FGM is practiced, a stable and legitimate legal system in which justice can be upheld simply does not exist, thus presenting an institutional challenge in the struggle against FGM. Rahman and Toubia argue that the law enforcement institutions in these countries are often weak, lacking in resources, and are generally ineffective in dealing with an issue of the magnitude of FGM.[27] While, at first glance, the Maputo Protocol appears to be a significantly effective step towards ending FGM, it is imperative to understand the limitations that are associated with the effectiveness of government and legal institutions in the countries in which FGM is practiced.

Although WHO and UN initiatives and the AU implementation of the Maputo Protocol represent progress in the fight against FGM, they are not sufficient to effectively abolish the practice. Adopting a culturally sensitive approach to the elimination of FGM is imperative, and change must begin at the community level and work its way up. In particular, Kenya and Senegal should be hailed as leaders in the fight to end FGM in Africa, as they have successfully implemented community-based programs and initiatives. This section will argue that a grassroots approach will be the most effective method in ending FGM, as it will work to alter the social and cultural conventions associated with FGM, effectively producing sustainable change.

As Ellen Gruenbaum argues, "those who are committed to abolition will be most effective if the change efforts are sophisticated, culturally informed, and socially contextualized."[28] As discussed, the causes of FGM are, in reality, extremely varied and complex. As Gruenbaum argues, the media, as well as many developed countries, seek a simplistic explanation and conclude that male dominance and the prevention of female sexual fulfillment are the sole causes of FGM.[29] Adopting a social and cultural understanding and contextual approach is critical in ensuring success in the fight against FGM. With a deep understanding of the cultural traditions and social conventions that are perpetuating the practice, progress can be made in providing education and working to transform maladaptive thought patterns at the community level, where other actors have had limited success. Initiatives in Kenya and Senegal have successfully demonstrated the effectiveness of this approach.

FGM widely affects women in Kenya, with 38 per cent of females ages 15 to 49 having undergone FGM of one of the first three types in tribes

[24] Finke, "Genital Mutilation as an Expression," 14.

[25] Ibid.

[26] Ibid.

[27] Rahman and Toubia, *A Guide to Laws and Policies*, 61.

[28] Ellen Gruenbaum, "Socio-Cultural Dynamics of Female Genital Cutting: Research Findings, Gaps, and Directions," *Culture, Health, and Sexuality* 7, no. 5 (2005): 429.

[29] Gruenbaum, "Socio-Cultural Dynamics," 430.

widespread across the country.[30] Since 1989, FGM has been banned in Kenya and the government has worked to implement legislation reiterating the rights of women and children, with little success in significantly reducing the incidence of FGM.[31] By the mid 1990s, it became apparent that although these actions were important, a more intensive hands-on approach was necessary in order to produce substantial change.

In August, 1996, an alternative rite of passage, known as "Circumcision Through Words", was implemented in Kenya by Maendeleo ya Wanawake (MYWO), a women's organization in Kenya, and the Program for Appropriate Technology in Health in developing nations (PATH). "Circumcision Through Words" involves a week of seclusion during which females partake in a number of workshops that use songs, theatrics, and poetry to provide education on sexual and reproductive health, gender roles, and alternatives to FGM. What is most important to note is that this alternative rite of passage involves all of the culturally important aspects of FGM, without the actual procedure.[32] For example, the element of seclusion, education surrounding the role of a wife and mother, and the presentation of cultural gender norms are still present, as is the ceremony surrounding the presentation of the "new woman" to the community.[33] This demonstrates the valued cultural understanding and approach that is critical to the success of this initiative. Also key to the success of this rite of passage is the fact that it not only involves the participation of the young girls, but also their families, friends, and other community members who all contribute to customizing the design of the program.[34] In this sense, one of the strengths of the "Circumcision Through Words" ritual is its inclusivity, enabling it to provide education and empowerment to the entire community, thus increasing the potential for commitment to change from all actors. This alternative rite of passage has been implemented in rural communities across Kenya and has demonstrated great success in producing sustainable behavioural change at the community level, and a corresponding substantial decrease in the prevalence of FGM.[35] This demonstrates that alternative rites of passage and similar culturally sensitive programs may well be the most effective strategy in the fight against FGM.

An examination of community-based programs in Senegal provides another example of a successful grassroots approach to ending the practice of FGM. In 1991, an 18 month-long community-based program called Tostan was implemented, focusing on providing women with education regarding sexual health and reproduction and the serious side effects associated with FGM. One of the unique and most successful aspects of the Tostan program is the fact that it is carried out in the mother tongue of the people of Senegal, rather than in French or English.[36] Again, this represents a culturally sensitive approach and demonstrates Tostan's commitment to ensuring that women feel empowered and in control of the direction of discussion and the overall program. Tostan began in a single village and quickly diffused across the country through the initiatives of the women in the rural villages, representing a true grassroots movement. By 1998, 13 communities joined together to form the "Diabougou Declaration", banning the practice of FGM among the more than 8000 members of these communities.[37] Since that time, numerous additional communities have followed suit and government legislation prohibiting and outlining punishments for FGM has been passed. While FGM has not been completely abolished in Senegal, it is important to note that it has been drastically reduced and that through the efforts of programs such as Tostan, "the change that results will be transformative and lasting."[38]

What is significant to note about the "Circumcision Through Words" ritual and the Tostan program is the fact that in addition to providing education

[30] Parrot and Cummings, *Forsaken Females,* 87.

[31] Ibid.

[32] Ibid, 88.

[33] Ibid.

[34] Cesar Chelala, "An Alternative Way to Stop Female Genital Mutilation," *The Lancet* 352, no. 9112 (1998): 126.

[35] Parrot and Cummings, *Forsaken Females,* 89.

[36] Ibid, 86.

[37] Ibid.

[38] Gruenbaum, "Socio-Cultural Dynamics," 431.

and empowerment to women, they also provide a focus on educating male members of the community on the effects of FGM. For example, the alternative rite of passage in Kenya provides men with education regarding the negative effects of FGM, and after, they commit to eliminating FGM as a prerequisite for marriage.[39] The inclusion and engagement of male members of society in these programs is a key component of their success. FGM is closely linked to the status of women and their "marriageability" and thus, it is imperative that "FGM lose its position as a criterion of marriage in men's eyes."[40] This will serve to effectively alter a powerful social and cultural convention that necessitates the practice of FGM, representing substantial progress for change.

The implementation of a legal framework for the prohibition of FGM can only be successful once the cultural conventions influencing the continuation of the practice have been effectively changed. Indeed, unless legal prohibitions are "accompanied by sustained educational efforts at the grassroots and community level, the chances of the elimination of FGM are probably slim."[41] Cultural and grassroots approaches have been the most successful methods in terms of achieving commitment to behavioural change at the community level, demonstrated by the case studies focusing on the "Circumcision Through Words" and Tostan programs. While international advocacy efforts and national legislation play an important role in the fight against FGM, these initiatives have been limited in their ability to impact the rural communities where FGM is most commonly practiced. While it is clear that there has been significant progress in the fight against FGM, the practice remains a widespread issue in Africa. Further implementation of educational community-based programs, complemented by continued international initiatives and government legislation, will offer the most effective strategy in the continued struggle to eliminate the practice of FGM.

[39] Chelala, "An Alternative Way," 126.

[40] Finke, "Genital Mutilation as an Expression," 17.

[41] Chelala, "An Alternative Way," 126.

Camping with the Enemy: the United States, Pakistan and the War in Afghanistan

Adam G. Rousselle

INTRODUCTION

The United States and its NATO allies have committed themselves to a stable and secure Afghanistan. Pakistan's role in this endeavour is crucial; however, the country has not only proven itself an unreliable partner, but also dangerous liability with an uncontrollable military apparatus which many suspect maintains ties to the Afghan insurgency. These factors have understandably caused a dramatic cooling of relations between the United States and Pakistan as of late. However, Pakistan's cooperation in the Afghan mission not only remains essential but, as this article will demonstrate, is now more important to success in Afghanistan than ever.

At this point, the situation in which the United States and its allies find itself with regard to Pakistan is reminiscent of a comment made by President Lyndon Johnson in 1971. Johnson had been considering dismissing J. Edgar Hoover from his position as First Director of the Federal Bureau of Investigation because he had long been acting on his own accord and overstepping the authority of the president and congress. While this was indeed problematic, Johnson also understood the cost to his administration which would accompany Hoover's alienation. His quote on this matter is as relevant to the subject of this article as it was to his own predicament:

> "It's probably better to have him inside the tent pissing out, than outside the tent pissing in"

This metaphor for an unpleasant camping trip succinctly summarizes the central argument of this article: Pakistan's questionable behaviour can be accepted and utilized in a compromising strategy, or ignored and antagonized to the detriment of the NATO mission and regional