

orthographies out of their shared characteristics.<sup>26</sup> These proposals could add demographic weight to these already widely spoken languages, and facilitate their use in government and education. Not all indigenous languages need to be afforded equal public roles. In fact, such a scheme would be impossible, but it is imperative that countries continue to abandon unilingual official language policies, and afford greater public roles to African languages.

## CHANGING TRADITIONS: REDUCING THE PREVALENCE OF FEMALE GENITAL MUTILATION IN AFRICA

ELISE DOLINSKY

Female genital mutilation (FGM), (also referred to as Female Circumcision or Female Genital Cutting) has become a major concern in Africa, and is starting to attract significant international attention. Unfortunately, until very recently, there has been a considerable lack of research and productive action against FGM, and because of this, there is little consensus on how the problem should be dealt with. I propose that local groups, particularly those led by women, are most effective in slowing the practice of FGM in Africa, and the best method by which they can do this is through education. For this argument, I will first provide an overview of FGM and its prevalence, and then discuss some of the dominant issues and problems faced by groups who work to end the practice. I will examine why international organizations and African governments have been less successful than local groups, especially local women's groups. Finally, I will suggest that a four-pronged educational approach is the best way for these groups to maximize their influence and hopefully eventually eradicate FGM across the continent.

FGM has been, and continues to be, a significant problem for women in Africa, with recent analysis determining that approximately 3 million African girls and women are cut every year.<sup>1</sup> Between 100 and 140 million girls and women have undergone some form of FGM, including 26 million who have undergone infibulations, the most radical and damaging form of the practice.<sup>2</sup> Sub-Saharan African countries, along with Egypt and Sudan, tend to have the highest prevalence (the percentage of women aged fifteen to forty-nine who have undergone some form of FGM) of FGM; however, there is significant variation from country to country, and even between regions within countries, and this can make it difficult to get accurate data on FGM.<sup>3</sup>

<sup>1</sup> Alexia Lewnes, "Changing a Harmful social convention: Female Genital Mutilation" *UNICEF*, last modified 2005. [assets.unicef.ch/downloads/FGM\\_English-nov05.pdf](http://assets.unicef.ch/downloads/FGM_English-nov05.pdf), 3.

<sup>2</sup> Judith Mandelbaum-Schmid, "Mali Takes Grass Roots Approach to Ending Female Genital Mutilation," *World Health Organization Bulletin of the World Health Organization* 82.2 (2004), 153-154.

<sup>3</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 3.

As this paper demonstrates, the politics surrounding language in the African context are incredibly complex. This paper does not seek to argue that European languages have no place on the continent: even the first President of Tanzania and passionate advocate of the Swahili language, Julius Nyerere, acknowledged, "English is the Swahili of the world."<sup>27</sup> However, a more balanced vision of the public role of African languages is required. Where indigenous *linguae francae* are prominent, they should be institutionalized and accorded their rightful place in the administration of the nation. In many cases, there is already real demographic weight behind this possibility. Higher education and state administration ought to promote African languages, and co-operate with linguists when necessary to adapt them to their modern roles. The development and promotion of indigenous languages in Africa could not only reinvigorate the national identity of these states, but also provide greater opportunities to those who speak African languages. There is no reason why African languages cannot assume more cosmopolitan and modern roles. The time has come to appropriately address the imperial legacy of language on the African continent.

"However, a more balanced vision of the public role of African languages is required. Where indigenous *linguae francae* are prominent, they should be institutionalized and accorded their rightful place in the administration of the nation."

<sup>26</sup> Roy-Campbell. 95.

<sup>27</sup> Batibo. 20.

The practice of FGM is extremely harmful to the women subjected to it. It violates the physical integrity of women, and has been directly linked to a plethora of serious physical and psychological issues, and in many cases even results in the death of the girls involved.<sup>4</sup> FGM is considered a violation of basic human rights, particularly because girls are almost exclusively subjected to the practice before the age of sixteen, making it an issue pertaining to the rights of children.<sup>5</sup> In the majority of cases, girls have little to no say in whether they undergo the procedure or not, and there are significant societal and cultural barriers that prevent girls from being able to seek help to protect themselves from this practice.<sup>6</sup>

The practice of FGM is important to African politics, as it plays a role in the freedom and empowerment of African women. Despite their contribution to the post-colonial independence movements, African women still struggle to gain political autonomy. As a practice that restricts a women's control over her sexuality and reproductive functions, FGM seems to play a role in reinforcing patriarchal societal rule.<sup>7</sup> The practice of FGM works to repress women, hurting their ability to pursue political freedom. FGM is the "manifestation of deep-rooted gender inequality that assigns [women] an inferior position in society."<sup>8</sup> As one African woman says: "We can't talk about women's liberation if we don't respect their physical integrity."<sup>9</sup>

Since the start of the colonial period, there have been a growing number of attempts to ban and reduce FGM, both by international and local governments and organizations.<sup>10</sup> However, because of the unique factors associated with the practice that have prevented attempts to end FGM, it is still widely practiced in twenty-eight African

countries, where it is a persistent social norm.<sup>11</sup> FGM is a deeply entrenched social convention that persists despite attempts to get rid of it. Groups and individuals looking to lower the prevalence of FGM continually face the challenge of not even knowing how to approach the issue.

There are a variety of reasons why parents would want to ensure their daughters undergo FGM, and most of these parents feel justified in continuing the practice for the good of their daughters and the community. Often, due to lack of education and information on the topic, families are unaware of the harm caused by FGM, or even believe it is healthy for their daughters to undergo the practice.<sup>12</sup> A common belief is that FGM makes a girl "clean" and/or more physically beautiful. This belief is generally held not only by the men, but by the women and girls undergoing the practice as well.<sup>13</sup>

However, lack of knowledge of the negative consequences of FGM is not the only reason for the continuation of the practice. Even when parents are aware of the dangers of FGM, they will continue to practice it on their daughters due to societal and community pressures and norms.<sup>14</sup> In many communities, FGM is a necessary part of properly raising a girl, and integral to protecting her honour, which in turn dictates the status of the entire family.<sup>15</sup> For example, Maninka women living in Guinea believe they have three primary duties to their daughters: to educate them, to cut them, and to find them a husband, and failing to do any of these properly would be to fail in their role as mothers.<sup>16</sup> Families and girls who do not conform to the practice are stigmatized from the community, and bring shame upon their families.<sup>17</sup> Furthermore, girls who are not cut are considered unclean, less able to satisfy a man, and are unable to prove their virginity, providing them with

<sup>4</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," VII.

<sup>5</sup> John C. Caldwell, I. O. Orubuloye, and Pat Caldwell, "Female Genital Mutilation: Conditions of Decline," *Population Research and Policy Review* 19.3 (2000): 237.

<sup>6</sup> Mandelbaum-Schmid, "Mali Takes Grass Roots Approach to Ending Female Genital Mutilation," 153.

<sup>7</sup> Mandelbaum-Schmid, "Mali Takes Grass Roots Approach to Ending Female Genital Mutilation," 153.

<sup>8</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 1.

<sup>9</sup> Marion Mayer-Hohdahl. *Female Circumcision: Human Rites*. (Princeton, NJ: Films for the Humanities & Sciences, 1998), Digital.

<sup>10</sup> Caldwell, Orubuloye and Caldwell, "Female Genital Mutilation: Conditions of Decline," 200.

<sup>11</sup> Leye, Els, et al, "An Analysis of the Implementation of Laws with Regard to Female Genital Mutilation in Europe," *Crime, Law and Social Change* 47.1 (2007): 2.<sup>12</sup> Soraya Mire, *Fire eyes: a film*, (New York: New York Filmmakers Library, 1995), Digital.

<sup>13</sup> Mire, *Fire eyes: a film*.

<sup>14</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 35.

<sup>15</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 11.

<sup>16</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 11.

<sup>17</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 34-36.

little chance to find a good husband and live a happy life.<sup>18</sup>

International groups and African governments have been prevented from effectively making any real change with respect to FGM. Both groups are often reluctant to get involved in the issue, and when they do they face significant barriers and problems regardless of the level of good governance present in these groups. African governments are often weary of FGM because it is a very controversial issue, and one that has been practiced for a very long time and has ties to religion and specific cultural norms.<sup>19</sup> FGM is often considered a private matter, and one that should not be intruded upon by the state. Furthermore, African states generally have little capacity to deal with issues such as FGM. There is significant competition for funding and attention between interests and issues, and FGM is often pushed to the side. This could also be partially attributed to the lack of women in positions of power in African governments to fight for anti-FGM projects, as FGM is considered a 'women's issue' that is not necessary or fitting for men to discuss.

Though they may have more financial and structural capacity to deal with the issue, international groups face their own challenges when dealing with FGM. Organizations are often forced to take a very hands-off approach to FGM projects, as they do not want to appear as though they are attacking traditional African culture and tradition. It is very important for these groups to approach the issue in a sensitive manner, so that it does not seem as though foreigners are imposing their will and practices on local communities. In fact, many international organizations choose to work through local groups to help reduce FGM. By providing financial aid and educational tools to local groups, they are able to have an effect by empowering rather than imposing.<sup>20</sup> Yet this can create problems for the local organizations they are trying to help, as locals see these local groups as simply an extension of Western influence.

The primary tool of African governments and international organizations has been introducing legislation that bans FGM within their jurisdiction. National legislation that prohibits FGM has been very successful at accelerating change; however, this only works when societal change is

already underway and citizens are well informed about the issue.<sup>21</sup> Often, FGM legislation is not properly composed, and even when constructive legislation is put in place, it is rare that it is properly enforced, and will even cause more problems by forcing women to practice FGM in unsafe manners.<sup>22</sup> For example, in Gambia, though the practice is prohibited by the government, 80% of the female population undergoes some form of FGM.<sup>23</sup> Pushing FGM underground can be very dangerous for girls in African communities, as they will be less likely to receive adequate medical treatment during the procedure, and if any complications arise, they might be pressured not to go to hospitals or local clinic for help out of fear of punishment.<sup>24</sup> Legislation banning FGM is also linked to the decreasing of the average age at which a girl is subjected to FGM in a country, as it is easier to hide the cutting of younger girls; this makes the practice even more dangerous and further infringes upon the rights of children.<sup>25</sup> Commitment at all levels of government is necessary for legislation banning FGM to be successful, with legislation complemented by advocacy, awareness efforts, and effective enforcement of the legislation.<sup>26</sup> These support mechanism must be dissuasive rather than punitive in order to cause any behavior change, and require considerable coordination between different political actors.<sup>27</sup> Furthermore, legislation can be difficult to implement across borders, as even if a state is exceptionally good at enforcing anti-FGM legislation, parents can still take their daughters across borders to other countries to have the procedure done, and this is hard to regulate without extensive coordinated action between countries or infringing on individual rights to cross borders.<sup>28</sup>

An alternative to legislation banning FGM that nations such as Egypt, Guinea and Mali have attempted is the medicalization of FGM, where parents are encouraged to have their daughters cut in hospitals, where the risk of medical

<sup>22</sup> Caldwell, Orubuloye and Caldwell, "Female Genital Mutilation: Conditions of Decline."

<sup>23</sup> Mandelbaum-Schmid, "Mali Takes Grass Roots Approach to Ending Female Genital Mutilation."

<sup>24</sup> Leye, Els, et al, "An Analysis of the Implementation of Laws with Regard to Female Genital Mutilation in Europe."

<sup>25</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation, 7.

<sup>26</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation, 14.

<sup>27</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 29.

<sup>28</sup> Leye, Els, et al, "An Analysis of the Implementation of Laws with Regard to Female Genital Mutilation in Europe," 15.

<sup>18</sup> E. Gruenbaum, "Sexuality Issues in the Movement to Abolish Female Genital Cutting in Sudan," *Medical Anthropology Quarterly* 20 (2006): 128.<sup>19</sup> Mayer-Hohdahl, *Female Circumcision: Human Rites*.

<sup>20</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 29.

<sup>21</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 29.

complications is significantly reduced.<sup>29</sup> While this change may address some of the health issues associated with FGM, it does not change the underlying gender inequality caused by FGM. In some areas, this idea is taken even further and 'fake' FGM ceremonies are held. Here, parents trick their community, and often even their daughter, into thinking that they cut their daughters. Again, while this removes the health complications of FGM, it still fails to address the psychological or societal issues associated with the practice.<sup>30</sup>

Local NGOs have proven to be much better suited to fight FGM than African governments or international NGOs, as they can draw upon collective action. With collective action, the decision to abandon FGM comes from within the community and results in a shared shift in perceptions.<sup>31</sup> This type of change avoids the problem of having a few girls suffer for the future of others. When only some families refuse to practice FGM, their daughters are excluded from the community, but local groups help empower entire communities to change.<sup>32</sup> While it is social pressure that lets FGM continue to be practiced, social pressure can also be used to help communities abandon the practice.<sup>33</sup> Old social norms like FGM are self-reinforcing and hard to change, but once a new social norm is established, it too becomes self-reinforcing and there will be little risk of a community reverting to the practice of FGM.<sup>34</sup> Social customs and values change over time from within, and do not necessarily require outsiders to enforce changes if citizens are actively engaged in debating their cultural norms and values.<sup>35</sup>

The most successful anti-FGM projects help guide communities to see the problem and formulate their own solutions, so that they do not feel forced to change or criticized for their behavior.<sup>36</sup> In a study of FGM in Mali, a country

with a prevalence rate of 95%, it was found that a grassroots approach to the problem was seeing a lot of success.<sup>37</sup> Despite mounting international and local pressure, the government of Mali had been reluctant to prohibit FGM by law. Local groups developed a community-focused campaign against FGM, and were eventually able to solicit the support of the government, which helped empower the grassroots movement and implemented their training programs for teachers and nurses to raise awareness for FGM.<sup>38</sup> Because FGM is a community-based practice, ending it must also be a community initiative.<sup>39</sup> Outsiders do not have the same relationships and connections with community members that are necessary to change local social norms, while local groups allow for change from within. As previously mentioned, the prevalence and type of FGM practiced varies from community to community, and this makes it difficult for a nation-wide initiative to have much success.<sup>40</sup> While it is important that states still look into the prospect of nation-wide legislation and projects, this will not be very effective if used alone. Local groups have the experience of living within a community that is necessary to understand the specific local norms, and they can use this to formulate their strategy and action.

One particular advantage of local action is that once a local group has successfully influenced the behavior and norms of their community or region, they can engage that community in helping neighboring communities in the fight against FGM.<sup>41</sup> This way, groups are empowering individuals and families to push for more change themselves, instead of having to start over from scratch in each new community.<sup>42</sup> Examples of these successful grassroots movements can be found especially in Kenya, Uganda and Egypt.<sup>43</sup>

<sup>29</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 7.

<sup>30</sup> E. Gruenbaum, "Sexuality Issues in the Movement to Abolish Female Genital Cutting in Sudan," *Medical Anthropology Quarterly* 20 (2006): 130.

<sup>31</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," VII.

<sup>32</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 13.

<sup>33</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 12.

<sup>34</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 35.

<sup>35</sup> Gruenbaum, "Sexuality Issues in the Movement to Abolish Female Genital Cutting in Sudan," 126.

<sup>36</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 36.

<sup>37</sup> Mandelbaum-Schmid, "Mali Takes Grass Roots Approach to Ending Female Genital Mutilation."

<sup>38</sup> Mandelbaum-Schmid, "Mali Takes Grass Roots Approach to Ending Female Genital Mutilation."

<sup>39</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 14.

<sup>40</sup> L. Morison, C. Scherf, G. Ekpo, K. Paine, B. West, R. Coleman, and G. Walraven, "The long-term reproductive health consequences of female genital cutting in rural Gambia: a community-based survey," *Tropical Medicine & International Health* 6 (2001): 366.

<sup>41</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 14.

<sup>42</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 23.

<sup>43</sup> Mandelbaum-Schmid, "Mali Takes Grass Roots Approach to Ending Female Genital Mutilation."

<sup>44</sup> Morison, Scherf, Ekpo, Paine, West, Coleman, and Walraven, "The long-term reproductive health consequences of female genital cutting in rural Gambia: a community-based survey," 644.

Local action has also been successful when governments endorse FGM. In 1997 the Gambian government issued a ban on national radio and television from broadcasting anti-FGM material, and it was only through grassroots movements that active campaigning against FGM could occur.<sup>44</sup> Though the ban has since been lifted, it is still primarily local Gambian groups who work to end FGM. Local women's groups are generally the most successful in reducing the prevalence of FGM. FGM is often considered a 'women's issue' and in many regions it is the women, not their husbands or fathers, who keep the practice of FGM alive.<sup>45</sup> Mothers firmly believe that they are helping their daughters by subjecting them to FGM, as to them it is the only way to ensure their daughter's virginity remains intact until marriage (and in African countries that practice FGM, virginity is considered a necessary prerequisite for marriage). Without a good marriage, many Africans view a women's life as wasted and pitiable, and while it is often acknowledged that FGM is a difficult and painful procedure, it is considered "just one of the challenges of being a woman".<sup>46</sup>

It is important for women to empower themselves in the fight against FGM, because it is their oppression that is being reinforced by FGM. There has been a significant improvement in the prevalence of FGM over the past twenty years, and women's movements should receive a lot of the credit for leading the attack on FGM.<sup>47</sup> Women's groups have demonstrated that women need to stand together if they hope to change the prevalence of FGM, and according to Gruenbaum, "women are in the best position to continue or modify their practices."<sup>48</sup> There are many examples of women's groups successfully changing the public opinion on FGM, such as the Tanzanian Media Women Association, a group that is very good at using the media to attract attention to their cause.<sup>49</sup> Another example is a collection of women's groups in Senegal, where women are teaching other women about the human rights and health issues associated with FGM, and they are doing a very good job of changing the collective stance towards the issue.<sup>50</sup>

<sup>45</sup>Mandelbaum-Schmid, "Mali Takes Grass Roots Approach to Ending Female Genital Mutilation."

<sup>46</sup>Gruenbaum, "Sexuality Issues in the Movement to Abolish Female Genital Cutting in Sudan," 116.

<sup>47</sup>Caldwell, "Female Genital Mutilation: Conditions of Decline."

<sup>48</sup>Gruenbaum, "Sexuality Issues in the Movement to Abolish Female Genital Cutting in Sudan," 133.

<sup>49</sup>Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 31.

<sup>50</sup>Mandelbaum-Schmid, "Mali Takes Grass Roots Approach to Ending Female Genital Mutilation."

A strong example of local women's groups bringing about change to the practice of FGM is the Amazonian Initiative Movement (AIM) in Sierra Leone. The group was founded by Rugiatu Turay, a local woman with personal experience with FGM who wanted to prevent other girls from having to undergo the practice.<sup>51</sup> Though the group has faced considerable barriers and challenges in their fight against FGM, even receiving death threats for their work, they have managed to instigate change in their region, primarily thanks to their determination to end FGM.<sup>52</sup> Without Turay's personal experience with FGM, she would not have worked as hard to stop the practice or inspired so many other girls. The group now receives international recognition and gets funding from foreign NGOs to help continue their work.<sup>53</sup> However, like many other local groups working with foreign NGOs, this can cause considerable difficulties, as these groups are often accused of being swayed by Western influence and not properly representing the African people. It is difficult for local groups to balance the pressure they receive from foreign groups who want to help them, with the pressure they receive from local opposition. There are many cases in which foreign aid has helped their cause (by providing resources and credibility) and cases where it has hindered it (by stimulating local opposition to foreign intervention).

While women's groups are integral to lowering the prevalence of FGM, it is also important for these groups to work with men. It is important that men do not feel threatened by the rise in power of women's organization, or fear that the change might come at their own expense. Men typically hold most positions of power in African states, and it would be easy for them to repress women's groups if they thought it was necessary. Many studies on FGM have found that men are simply not very well informed on the negative consequences of FGM for women and for themselves. For example, men from Kubur Abdal Hameed in Sudan have started to call for the end of FGM in all forms, thanks to information they gained at a workshop for men.<sup>54</sup> These workshops received very positive responses from the men who attended them, many of whom said they had no idea that there were so many complications associated with FGM and felt almost "duped" by the prac-

<sup>51</sup>Liliane Bitong, "Fighting Genital Mutilation in Sierra Leone," *World Health Organization. Bulletin of the World Health Organization* 83.11 (2005).

<sup>52</sup>Bitong, "Fighting Genital Mutilation in Sierra Leone."

<sup>53</sup>Bitong, "Fighting Genital Mutilation in Sierra Leone."

<sup>54</sup>Gruenbaum, "Sexuality Issues in the Movement to Abolish Female Genital Cutting in Sudan," 132.

tice.<sup>55</sup> In many areas, rights related to sexuality belong to husbands and fathers, so it is necessary that they understand FGM and its consequences.<sup>56</sup> The education of men is also an important factor to consider, as recent studies have found that the level of education of a husband is directly proportional to his opinion on FGM and domestic violence. In a study by Simister,<sup>57</sup> higher levels of education were linked to higher disapproval of FGM and domestic violence and less frequent violence against wives.

I propose that education is the best method available for local groups to undertake if they wish to have the largest impact on FGM prevalence possible. Preferably local women's groups, with the support of local men and external groups, would implement this method. This method is not only appealing in its effectiveness; it also allows local groups to integrate the support of governments and especially international groups into their projects without compromising the integrity of their organization, minimizing the backlash they would receive from local communities. In education-focused anti-FGM projects, international groups and African governments often support the self-directed projects of local groups by providing them with access to educational material and funds for training, and this technique has seen a lot of success in numerous states across the continent.<sup>58</sup>

There are four different components to an education-based approach to FGM; the first is improving the education of African girls in general. Studies have found that the more educated a mother is, the less likely it is that her daughter will undergo FGM.<sup>59/60</sup> Globally, FGM prevalence is higher among illiterate parents, and many activists firmly believe that education is more important than government legislation when it comes to fighting FGM.<sup>61</sup> According to Rugiatu Turay, "Educating people is empow-

ering them. It is only through their minds that you can change the attitude of people."<sup>62</sup> Fortunately, as levels of female education are currently increasing in Africa, fewer and fewer girls are being subjected to FGM. Not only does education help teach young women about the dangers of FGM and allow them to think critically about it, but it also provides them with jobs and therefore economic independence, and this allows them to distance themselves from the social pressures of their communities and the wills of their (potential) husbands and parents.<sup>63</sup> Recent studies in Kenya have shown that there has been a pronounced decline in FGM over the past twenty years. This is credited to the increase in education for women, which has provided more women with jobs and therefore more economic independence for women, leading to less community and patriarchic control over women in the area.<sup>64</sup>

However, education of girls alone is not enough to end FGM, and there is a downside to educating girls when it comes to FGM. Many parents believe that with more and more girls attending schools and universities outside their communities, there is a greater need to subject them to FGM, as they will be exposed to more intimidating situations and cannot be protected by their community at all times.<sup>65</sup>

A second component of the educational approach to reducing the prevalence of FGM is informal, community-based education focused specifically on FGM and the health and human rights issues associated with it. Workshops that advocate for human rights in a non-coercive and non-judgmental manner are often touted as the best way to change social opinion on FGM.<sup>66</sup> Parents who advocate for FGM are often doing so because they believe it is in the best interest of their children, and teaching them about the human rights violations associated with FGM is very good at changing perceptions.<sup>67</sup> It is important that these sorts of workshops allow for community discussion and debate, so that members of the community can collectively come

<sup>55</sup> Gruenbaum, "Sexuality Issues in the Movement to Abolish Female Genital Cutting in Sudan," 135.

<sup>56</sup> Gruenbaum, "Sexuality Issues in the Movement to Abolish Female Genital Cutting in Sudan," 135.

<sup>57</sup> John Gordon Simister, "Domestic Violence and Female Genital Mutilation in Kenya: Effects of Ethnicity and Education," *The Journal of Family Violence*, 25 (2010).

<sup>58</sup> Beatrice Spadacini, and Pamela Nichols, "Campaigning against FGM in Ethiopia using popular education," *Gender & Development* 6.2 (1998).

<sup>59</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 6.

<sup>60</sup> Caldwell, Orubuloye and Caldwell, "Female Genital Mutilation: Conditions of Decline," 234.

<sup>61</sup> A. O. Igwegbe, and Ifeoma Egbuonu, "The prevalence and practice of female genital mutilation in Nnewi, Nigeria: the impact of female education," *Journal of Obstetrics and Gynaecology* 20.5 (2000).

<sup>62</sup> Bitong, "Fighting Genital Mutilation in Sierra Leone."

<sup>63</sup> Igwegbe, and Egbuonu, "The prevalence and practice of female genital mutilation in Nnewi, Nigeria: the impact of female education."

<sup>64</sup> Caldwell, Orubuloye and Caldwell, "Female Genital Mutilation: Conditions of Decline," 242.

<sup>65</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 11.

<sup>66</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation."

<sup>67</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 13.

to understand the damage done by FGM not only to the health of girls, but to the bodily integrity of women.<sup>68</sup> An example of the human rights approach to FGM is the African NGO RAINBO, which works to empower women and girls by providing the necessary educational resources and forums to members of local communities so they can learn about human rights and discuss how these rights exist in their communities.<sup>69</sup> Tostan's Community Empowerment Program is a very similar anti-FGM NGO, which provides participatory, informal education programs in Senegal to educate participants on human rights.<sup>70</sup> The organization has been very successful in its mission, and has reached over 1,500 communities in eleven regions of Senegal.<sup>71</sup> According to Lewnes, approaches to ending FGM that are "based on the principles of human rights have demonstrated the greatest potential for promoting the abandonment of FGM."<sup>72</sup> However, it is important to note that many Africans hold the perception that Western culture is behind the rights argument, and are weary of it because they see it as an attack on their culture and religion.<sup>73</sup>

A third educational approach is important in the eradication of FGM: the education around religion and religious leaders. While FGM is not officially prescribed by any religion, and is found in neither the Koran nor the Bible, there is a common perception that it is a religious requirement, particularly in Muslim communities.<sup>74</sup> This perception has persisted primarily due to the lack of education and low literacy rates in many communities, as this means that individuals do not have the opportunity to study religious texts on their own and must rely on past interpretations. Education is a key component of clearing up this myth. In Sudan, for example, Sudanese Muslims who practice FGM believe it is a necessary part of following Islam, and teaching people that this is a myth has been

an important component of the fight against FGM.<sup>75</sup> It is very important that religious leaders be educated about the negative consequences of FGM for women, as they are very influential individuals in communities. In many communities, international human rights are only socially accepted if they agree with the local interpretation of Islam, and because of this, religious teachers need to play a very significant role in the anti-FGM movement.<sup>76</sup> An example of success in this area has happened in Upper Egypt, where NGOs (with the support of UNICEF and CED-PA) are working with religious leaders to lead discussion groups and visit families to raise awareness about FGM.<sup>77</sup>

A final educational component of ending FGM is the education of midwives and traditional medical practitioners of FGM. Like religious leaders, these individuals typically hold a lot of power and influence in their community, and it is important for them to understand the negative consequences of FGM, so that they can at least understand the opposition to it, if not condone and refuse to practice it themselves. Especially when it comes to government-funded workers, it is important for traditional medical practitioners to understand the laws surrounding FGM, so that there is no room for error or misinterpretation of the law.<sup>78</sup> However, it is important to approach these individuals in a non-accusatory manner, so that they are able to keep an open mind about FGM and not feel attacked. Midwives and traditional medical practitioners often earn their livelihood off of performing FGM rituals, so it is also important for local groups to start programs in order to educate them so that they can pursue other careers if necessary.<sup>79</sup> In Sudan, for example, several NGOs have collaborated with the Sudan Ministry of Health to provide programs that train midwives and promote awareness about FGM through workshops.<sup>80</sup>

While it is still a significant problem for girls across the continent, there is much potential for the eradication of FGM in Africa. Currently, local women's groups who focus on ending FGM through education have the best

<sup>68</sup> Morison, Scherf, Ekpo, Paine, West, Coleman, and Walraven, "The long-term reproductive health consequences of female genital cutting in rural Gambia: a community-based survey," 651-652.

<sup>69</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 20.

<sup>70</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 23.

<sup>71</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 23.

<sup>72</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 35.

<sup>73</sup> Gruenbaum, "Sexuality Issues in the Movement to Abolish Female Genital Cutting in Sudan," 113.

<sup>74</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 11.

<sup>75</sup> Gruenbaum, "Sexuality Issues in the Movement to Abolish Female Genital Cutting in Sudan," 122.

<sup>76</sup> Gruenbaum, "Sexuality Issues in the Movement to Abolish Female Genital Cutting in Sudan," 134.

<sup>77</sup> Lewnes, "Changing a Harmful social convention: Female Genital Mutilation," 25.

<sup>78</sup> Leye, Els, et al, "An Analysis of the Implementation of Laws with Regard to Female Genital Mutilation in Europe," 25.

<sup>79</sup> Bitong, "Fighting Genital Mutilation in Sierra Leone."

<sup>80</sup> Gruenbaum, "Sexuality Issues in the Movement to Abolish Female Genital Cutting in Sudan," 129-130.

chance of success. However, these groups still face significant obstacles, and the lack of research in this area is troubling. It is important that researchers continue to investigate and analyze the work of anti-FGM groups, particularly in the area of education, to ensure this negative practice can be brought to an end as soon as possible.

## CHARTING THE EVOLUTION OF THE WORLD BANK: THE ON-GOING NEED FOR MEANINGFUL REFORM

GREGORY L. SHARP

Conceived in the aftermath of World War II, and the Great Depression, the Bretton Woods institutions were very much products of their epoch. Since their inception, they have been constantly redefined in an effort to remain relevant. In order to chart this convoluted evolution, it is important to have a grounding in the fundamentals of the World Bank, the context from which it arose, and a grasp of its sister institutions. With this understanding it is then possible to examine the evolution of the World Bank chronologically – beginning with its inception in the post-World War II period to its quick shift in focus to the aid of Third World countries. With loans and capital becoming more accessible, these countries quickly became hugely indebted. This in turn resulted in the rise of structural adjustment programs by the World Bank as it tried to confront this problem. These adjustment programs proved extremely controversial and eventually prompted reforms in the organization's purpose and operations. Nevertheless, if the World Bank wants to effectively tackle the global problems of poverty and underdevelopment,, it must be reimaged yet again.

### UNDERSTANDING THE WORLD BANK

The General Agreement on Tariff and Trade (GATT), the International Monetary Fund (IMF) and the International Bank for Reconstruction and Development (IBRD, more commonly known as the World Bank) were all designed to facilitate economic cooperation, promote a return to profitable growth and rectify the failures of the capital market.<sup>1</sup> More specifically, the GATT was to prevent protectionist trade barriers from being implemented; the IMF was to provide liquidity as well as over-

see the dollar-gold standard; and the World Bank was to engage in the reconstruction of war-damaged Europe.<sup>2</sup> These goals, although economically motivated, also had political dimensions. These institutions, by creating wealth and raising the standard of living, were designed to prevent a return to economic malaise and stifle the rise of political extremism.<sup>3</sup> Moreover, as it became clear that the U.S.S.R. was unwilling to relinquish its control of Eastern Europe, these institutions became an indirect means to counter the spread of communism.

These organizations have developed to such an extent that today they bear little similarity to the institutions created in New Hampshire in 1944. This reflects the simple truth that contemporary financial markets are a far cry from those of the post-war period.<sup>4</sup> For example, the World Bank has developed into a group of five affiliated multilateral institutions. Together they engage in an array of economic development activities and form the World Bank Group.

The International Bank for Reconstruction and Development (IBRD) and the International Development Association (IDA) are the two main institutions which form the World Bank. The IBRD lends at below market rates to governments of middle-income countries, as well as those who are lower-income, yet deemed credit-worthy. Similarly, the IDA deals strictly with the poorest countries and provides them with interest-free loans. This division helps better serve the different needs of countries of varying wealth.<sup>5</sup>

The internal structure of the World Bank is also important to note. The bank collects funds for its operations by two methods: one is to solicit contributions from wealthier member governments, and the other is to raise money in financial markets by "selling AAA-rated bonds and other debt securities to pension funds, insurance companies, corporations, other banks, and individuals around the globe."<sup>6</sup> Unlike other international institutions, the World Bank can exert a certain independence in terms of its objectives, ambitions, and per-

<sup>2</sup> Joseph E. Stiglitz, "The World Bank at the Millennium," *The Economic Journal* 459 (1999): 579.

<sup>3</sup> Jonathan Masters, *The World Bank Group* (New York, NY: The Council on Foreign Relations, 2012).

<sup>4</sup> Jessica Einhorn, "Reforming the World Bank: Creative Destruction," *Foreign Affairs* 85 (2006): 20.

<sup>5</sup> Paul McLure, *A Guide to the World Bank* (Washington, D.C.: The World Bank, 2003).

<sup>6</sup> McLure, *A Guide to the World Bank*, 43.

<sup>1</sup> Christopher Gilbert et al., "Positioning the World Bank," *The Economic Journal* 459 (1999): 600.