

**Innocenti Working Paper**

**SOCIAL DYNAMICS OF ABANDONMENT OF  
HARMFUL PRACTICES:**

**A NEW LOOK AT THE THEORY**

**Gerry Mackie and John LeJeune**

**Special Series on Social Norms and Harmful Practices**

**IWP-2009-06**

**May 2009**



## **Innocenti Working Papers**

UNICEF Innocenti Working Papers are intended to disseminate initial research contributions within the Centre's programme of work, addressing social, economic and institutional aspects of the realisation of the human rights of children.

The findings, interpretations and conclusions expressed in this paper are those of the author(s) and do not necessarily reflect the policies or views of UNICEF.

The Special Series on Social Norms and Harmful Practices is a joint initiative of UNICEF Headquarters in New York, UNICEF Country Offices (Egypt, Ethiopia, Kenya, Sudan and Senegal), academic partners, development partners and the UNICEF Innocenti Research Centre.

Extracts from this publication may be freely reproduced with due acknowledgement.

© 2009 United Nations Children's Fund (UNICEF)  
ISSN: 1014-7837

Readers citing this document are asked to use the following form:  
Gerry Mackie and John LeJeune (2009), 'Social Dynamics of Abandonment of Harmful Practices: A New Look at the Theory'. Special Series on Social Norms and Harmful Practices, *Innocenti Working Paper* No. 2009-06, Florence, UNICEF Innocenti Research Centre.

## **The UNICEF Innocenti Research Centre**

The UNICEF Innocenti Research Centre in Florence, Italy, was established in 1988 to strengthen the research capability of the United Nations Children's Fund and to support its advocacy for children worldwide. The Centre (formally known as the International Child Development Centre) generates knowledge and analysis to support policy formulation and advocacy in favour of children; acts as a convener and catalyst for knowledge exchange and strategic reflections on children's concerns; and supports programme development and capacity-building.

Innocenti studies present new knowledge and perspectives on critical issues affecting children, informing current and future areas of UNICEF's work. The Centre's publications represent contributions to a global debate on child rights issues, and include a range of opinions. For that reason, the Centre may produce publications which do not necessarily reflect UNICEF policies or approaches on some topics.

The Centre collaborates with its host institution in Florence, the Istituto degli Innocenti, in selected areas of work. Core funding for the Centre is provided by the Government of Italy and UNICEF. Additional financial support for specific projects is provided by governments, international institutions and private sources, including by UNICEF National Committees, as well as by UNICEF offices in collaborative studies.

For further information and to download or order this and other publications, please visit the IRC website at <http://www.unicef.org/irc>.

Correspondence should be addressed to:

UNICEF Innocenti Research Centre  
Piazza SS. Annunziata, 12  
50122 Florence, Italy  
Tel: (+39) 055 20 330  
Fax: (+39) 055 2033 220  
Email: [florence@unicef.org](mailto:florence@unicef.org)

## SPECIAL SERIES ON SOCIAL NORMS AND HARMFUL PRACTICES

UNICEF and partners have increasingly recognized the importance of social norms and their effect on the survival, development and protection of children. Much effort has been made to understand how and why harmful social practices persist: how can families who love their children perpetuate a practice that threatens their children's health and violates their rights to develop to full potential? How can harmful practices persist even in areas where attitudes have turned against them?

Understanding the factors that perpetuate harmful social practices, such as female genital mutilation/cutting (FGM/C), and how these factors interact with processes of social change are critical to understanding why and how communities abandon such practices. A deeper understanding of these dynamics is also crucial to ensure that programmes designed to support abandonment processes and promote human rights are effective and respect the values of communities.

A number of studies and policy documents\* have recently recognized that harmful practices result from social conventions and social norms: when they are practiced, individuals and families acquire social status and respect. Anyone departing from these societal norms is excluded and ostracized. When applied to harmful practices, social convention theory explains why the decision of a family to continue these cultural practices depends on the decision of others to do so.

The *Special Series on Social Norms and Harmful Practices*, through a number of Working Papers, provides a detailed description and analysis of the process of positive social change that leads to the abandonment of FGM/C and other practices harmful to children.

These publications confirm that, despite marked differences between and within countries, the process leading to the abandonment of harmful practices has common transformative elements. The Working Papers define and examine these key elements so that they can be applied in programmes to initiate positive change and monitor progress.

The series includes the following papers:

**A new look at the theory** – This paper builds on previous analyses and summarizes how social convention theory has been applied in the past to FGM/C. It then refines and broadens the application of the theory to provide a deeper understanding of the social dynamics that lead to the abandonment of FGM/C and other harmful social practices. It also examines the role of social and moral norms, the powerful force of local rewards and punishments, and the importance of human rights deliberation in bringing about transformative processes.

---

\* Innocenti Digest *Changing a Harmful Social Convention: Female Genital Mutilation/Cutting* (2005); UNICEF *Coordinated Strategy to Abandon Female Genital Mutilation/Cutting in One Generation* (2007); UN Interagency Statement, *Eliminating Female Genital Mutilation* (2008) and *Platform for Action Towards the Abandonment of Female Genital Mutilation/Cutting of the Donors Working Group on FGM/C* (2008); among others.

**In depth analysis of different experiences** – These papers examine in depth experiences in different countries. Despite the fact that FGM/C is still widely practiced in the countries studied, segments of the population have abandoned FGM/C, general attitudes are changing and there is widespread action to end the practice. The studies examine how this is taking place, noting that the abandonment is linked to a revaluation of girls and changes in gender roles.

The new evidence analyzed in these Working Papers is summarized in the Innocenti Insight, *A Multi-country Study on the Social Dynamics of Abandonment of Harmful Practices*. The Insight provides greater clarity on how social conventions can be transformed. It focuses not only on FGM/C, but also considers other harmful practices, especially child marriage and marriage by abduction, which are governed by similar social dynamics. It analyzes experiences in five countries (Egypt, Ethiopia, Kenya, Senegal, and Sudan) where abandonment of FGM/C and other harmful practices is reaching significant scale. By expanding upon social convention theory and refining its application to harmful practices, the study provides new insights in the area of social and moral norms and how they affect the well-being of children and the realization of their rights. Finally, successful strategies are analysed to inform policies and programmes.

In all countries studied, evidence shows that parents want what is best for their children. It is this most basic value that motivates a parent's decision to perform FGM/C and participate in other harmful practices, since failure to comply with the social convention brings shame and social exclusion to girls and their families. Once an alternative to the social convention becomes possible within a community and people realize that the community might be better off jointly abandoning the practice, it is this most basic value – to do what is best for their children - that also motivates communities to abandon the harmful practice.

The *Special Series on Social Norms and Harmful Practices* is a joint initiative of UNICEF Headquarters in New York, UNICEF Country Offices (Egypt, Ethiopia, Kenya, Sudan and Senegal), academic partners, development partners and the UNICEF Innocenti Research Centre. The project was made possible thanks to a generous contribution from the European Commission and to other contributions, which are specified in the acknowledgements of each publication.

# **Social Dynamics of Abandonment of Harmful Practices: A New Look at the Theory**

Gerry Mackie<sup>a</sup> and John LeJeune<sup>b</sup>

<sup>a</sup> University of California, San Diego, 9500 Gilman Dr., MC0521 La Jolla, CA 92093-0521, USA.  
<http://polisci.ucsd.edu/~gmackie>, [gmackie@ucsd.edu](mailto:gmackie@ucsd.edu)

<sup>b</sup> University of California, San Diego. [jlejeune@dss.ucsd.edu](mailto:jlejeune@dss.ucsd.edu)

**Summary:** The essay refines the application of the social convention theory to the practice female genital mutilation/cutting (FGM/C). The theory compares footbinding in China to FGM/C in Africa, explains each practice in terms of simple game theory, and recommends that the methods used to end footbinding be adapted to end FGM/C. It hypothesizes that each practice originated in highly stratified ancient empires, and became an ongoing requirement of marriageability, general and persistent within the intramarrying community because no one family can give it up on its own. The continuation or the abandonment of each practice involves a set of social rewards and punishments and operates as what is known in social science as a social norm. The theory argues that each practice is a community practice that must be ended by the whole community coordinating on its abandonment, thereby solving the marriageability problem. The game-theoretic portrayal also identifies social dynamics of abandonment, observed in both China and Africa. An initial core group, called the critical mass, recruits others through organized diffusion, until a large enough proportion of the community, referred to as the tipping point, is ready to abandon. A moment or process of public commitment is essential to ensure a stable abandonment. The essay also refines the theory, in light of observed mass abandonments of FGM/C in different countries. Overcoming self-enforcing beliefs surrounding the practice requires credible new information, including about the feasibility and desirability of attaining the uncut alternative. FGM/C is maintained as a marriageability convention, social norm, or both. The process for reversing a social norm can be identical to reversing a social convention. Reversal is motivated by the fundamental moral norm of loving one's children and wanting the best for them, as discovered and developed in transformative human rights deliberations. The essay establishes a conceptual foundation for programme design that facilitates community abandonment of a variety of harmful practices in ways that promote human rights and are respectful of the culture and the values of local communities.

**Keywords:** Female genital mutilation/cutting, harmful practices, social norms, social convention, child protection.

**Acknowledgments:** The authors thank the University of California, San Diego for general support. Gerry Mackie also thanks the University of Notre Dame for general support and John LeJeune for research assistance. Both authors are grateful to the UNICEF Research Centre for project support. A special acknowledgment is owed to Francesca Moneti, for her vision, her support and her substantive contributions to the study. They also thank the reviewers - Maria Gabriella de Vita, Ellen Gruenbaum, Molly Melching and Bettina Shell-Duncan - for their thoughtful reflections, Simona Galbiati for her inputs and Alexia Lewnes for editing the text. Finally they thank the many African individuals and communities working hard over many years to better the lives of children.

## Contents

1. INTRODUCTION.....	1
2. ORIGINS OF HARMFUL PRACTICES: FOOTBINDING AND FGM/C .....	3
3. SOCIETY-LEVEL EXPLANATIONS OF FGM/C .....	5
4. APPLYING SOCIAL CONVENTION THEORY TO FGM/C.....	9
5. BEYOND SOCIAL CONVENTION.....	15
6. CONCLUSION .....	29



## 1. INTRODUCTION

People seeking to understand how and why the practice of female genital mutilation/cutting (FGM/C) persists confront two central questions: How can families who love their daughters perpetuate a tradition that threatens their child's immediate health, puts them at risk for significant long term health problems, and violates their right to develop to full potential? How can FGM/C persist even in areas where attitudes have turned against it?

Over the past two decades, practicing communities, activists, scholars, governments, and non-governmental organizations have increased our understanding of the social dynamics of FGM/C and the challenges faced by those hoping to end the practice. Their efforts have also helped to generate unprecedented success in some communities and realistic hopes that the practice can be eliminated within one generation.<sup>1</sup>

Two advances have been fundamental to this process. First, the theory of self-enforcing social conventions, originally developed by Schelling (1960), and applied by Mackie (1996) to footbinding in China and FGM/C in Africa, helped explain why such practices persist and recommended community-level strategies for the abandonment of FGM/C. Second, the experience of programmes that “build the capacity of women to participate actively in decisions affecting their lives”<sup>2</sup>, engage entire communities, combine participatory human rights education with local development activities, and organize coordinated abandonment, showed that programmes with these characteristics can indeed lead to widespread abandonment at the community level. A number of community-based programmes have implemented strategies that are consistent with social convention theory and adapted them to a variety of social and cultural contexts.<sup>3</sup> Due in large part to these initiatives and to supportive policies and legal environments, established by national governments over the last decade, there has been an unprecedented movement of voluntary mass abandonments of FGM/C in communities in several parts of Africa. Their success has, in turn, enabled a better understanding of the types of programmes, mechanisms, and social conditions that are essential to the process of abandonment.

Recent publications by UNICEF and by the United Nations present an in-depth examination of the social dynamics of abandonment of FGM/C.<sup>4</sup> The Technical Note, in particular, includes a game-theoretic analysis of the FGM/C practice as social convention of the type described by Schelling in his *Strategy of Conflict* (1960). This essay builds on these analyses. It summarizes how social convention theory has been applied in the past to the practice. Next, it refines and broadens application of the theory to provide a deeper understanding of the social dynamics that lead to the abandonment of FGM/C and other harmful social practices.

---

<sup>1</sup> UNICEF 2007

<sup>2</sup> Diop and Askew 2006, p. 127.

<sup>3</sup> Hadi 1998; Hadi 2006; Hady 2003; Tostan 1999; Mackie 2000; Toubia and Sharief 2003; UNICEF 2005; Diop and Askew 2006; Mohamud et al. 2006.

<sup>4</sup> Changing a Harmful Social Convention: Female Genital Mutilation/Cutting (Innocenti Digest 2005), Technical Note: Coordinated Strategy to Abandon Female Genital Mutilation/Cutting: A Human-Rights Based Approach To Programming (UNICEF 2007), Eliminating Female Genital Mutilation – An Interagency Statement (WHO 2008).

Section I provides historical, empirical and theoretical background that informs later discussion of FGM/C and social convention theory.

Section II describes the possible origins of FGM/C as a means to control fidelity in a highly stratified empire with extreme resource inequality and polygyny, and how this practice spread within and across peoples.

Section III discusses some of the more common explanations of FGM/C today – patriarchy, culture (including ethnicity and religion), and marriageability – qualifying and contextualizing these explanations in a manner that facilitates integration with the analytical framework that follows.

In Section IV, the elements of social convention theory described in the UNICEF *Innocenti Digest* (2005) and UNICEF *Technical Note* (2007) are discussed, including the marriageability convention as equilibrium in a coordination game; the dynamic concepts of critical mass, tipping point, and revaluation of alternatives; organized diffusion; and coordinated abandonment and public commitment. Although the initial application of the theory has been useful in practice, and has matched observations well, field observations suggest that further attention must be paid to the role of social and moral norms in the continuation and abandonment of the practice, and to the power of transformative human rights deliberation in bringing about an end to the practice.

Section V considers these issues. It elaborates on how the near universality of the practice within a local intramarrying community embeds it in a network of self-enforcing beliefs difficult to revise, and suggests that the introduction of new information, its credibility and the credibility of those who provide it, are essential to achieve change. It carefully analyzes the incentive structures of social practices, and defines marriageability convention, social norm, and moral norm, noting that people's basic and most enduring values tend to be consistent with the fundamental moral norms expressed in international human rights discourse. It also clarifies how FGM/C can be maintained by marriageability convention, social norm, and moral norm, and how it may also in one community or another be overdetermined by other social practices: religious obligation, rite of passage, and the female honour and modesty code.

The most important development in the essay is that the underlying moral norm of care for one's children, which motivates the decision to practice FGM/C can also inspire communities to reconsider the practice. In fact, this assumption – that parents love their children and want the best for them – is a common thread throughout this discussion. This fundamental norm, therefore, becomes essential to abandonment of the practice.

By integrating theoretical understanding of FGM/C with nuanced observation of the various factors that shape and stabilize the practice and the forces behind it, this essay presents a framework for understanding FGM/C and for designing strategically sound and locally attuned policies and programmes that can encourage its rapid, mass, and permanent abandonment across a wide range of communities.

## 2. ORIGINS OF HARMFUL PRACTICES: FOOTBINDING AND FGM/C

It is reasonable to hypothesize that a number of the restrictive practices harmful to women today originated in circumstances of extreme resource inequality, polygyny, and hypergyny - when women to escape poverty married men in higher social strata.<sup>5</sup> In ancient empires, there were many poor men at the bottom, and a few rich men at the top who demanded multiple female consorts: concubines and sometimes plural and perhaps ranked marriages. Elite males demanded fidelity of their consorts, often enclosing them and guarding them with eunuchs, and imposed additional fidelity-control practices, which varied from one civilization to the next: in China, footbinding to enforce chastity and fidelity by limiting women's physical mobility; in Southwest Asia, seclusion of women and enforcement of very modest dress; in Africa, clitoridectomy to suppress female desire and infibulation for complete control of chastity; in the Roman Mediterranean, a strong female honour and modesty code, enforced by widespread social sanction and internalized conscience.

Most of these practices are external and can be imposed whether or not endorsed by the subject. Sometimes they are not only externally imposed: through indoctrination, their precepts may be internalized and endorsed by the subject as well.

In "Ending Footbinding and Infibulation," Mackie (1996, 2000) hypothesizes that the practice of FGM/C, like that of footbinding, may have originated and evolved in the context of massive female slavery in a highly stratified empire, one in which the emperor and a few nobles used the practice to control the fidelity of their many female consorts:

Men...are more or less uncertain that a child is their own...Suppose...an ancient empire...with extreme resource inequality between families...When resource inequality reaches a certain extreme, a woman is more likely to raise her children successfully as the second wife of a high-ranking man than as the first wife of a low-ranking man (polygyny, or the practice of having plural female consorts)...The higher the male's rank, the greater the resource support he offers, the greater the number of consorts he attracts, the greater his costs of controlling the fidelity of his consorts, and thus the greater the competition among families to guarantee the fidelity of their daughters.<sup>6</sup>

If an emperor required a fidelity-control practice as a condition of entry to marriage or concubinage, then families in second and lower strata adopted the fidelity-control practice in order to move their daughters into the emperor's palace. Women moving up to the first stratum created vacancies in the second and lower strata, which in turn were filled from third and yet lower strata whose families also adopted the fidelity-control practice. These practices were eventually adopted by families in progressively lower strata of society in order to enable their daughters to marry into higher strata, and became exaggerated over time by parents wishing to maximize the comparative value of their daughter. It was not enough to satisfy an efficient absolute standard, instead each family's women had to be more chaste and faithful than the rest. Once the practice achieved a high concentration at each social stratum, in all but the poorest groups in society, competitive marriage markets compelled each family to subscribe to the exaggerated practice in order to marry even within one's own stratum. The

---

<sup>5</sup> Ortner 1996; Betzig 1986; Dickemann 1979, 1981.

<sup>6</sup> Mackie 2000, p. 262.

practice became a conventional prerequisite for marriage, universal within the intramarrying group, and persisted indefinitely, even centuries after the empire and its extreme inequality and polygyny vanished.

As the influence of an empire is extended by traders and raiders, both within its boundaries and beyond, a centrally originating fidelity-control practice is integrated differently into the culture of each subject and contact people. A peripheral nationality may not itself highly esteem strict chastity and fidelity, but may adopt a fidelity-control practice wishing to marry its daughters to the wealthy traders in a higher stratum.<sup>7</sup> One can hypothesize that the dominant nationality in the imperial capital is more likely to be afflicted with multiple fidelity-control practices.

In China, footbinding was practiced throughout the second millennium C.E. when China was most often a single centralized empire, populated primarily by the Han ethnic group. Both the practice of footbinding and female honour and modesty code were imposed as fidelity-control devices at the polygynous apex of society. A practice that had originated as a cruel mutilation designed to control women during the time of imperial female slavery metamorphosed into a universally required sign of respectable marriageability. The near universality and long persistence of the extreme physical constraint engendered hyperbolic stereotypes of female lasciviousness and sexual promiscuity (despite the fact it was originating men who were culpable of such behavior): “After a while, people in this culture begin to draw the false inference that women must be excessively wanton to require such scrupulous guarding of their honour”.<sup>8</sup> This in turn encouraged stronger versions of the honour and modesty code and justified harsher application of its strictures.

Footbinding probably originated in the emperor’s palace about a thousand years ago, and over several centuries diffused down social strata and to the edges of the empire.<sup>9</sup> The intriguingly contiguous prevalence of FGM/C – stretching from Senegal in the west to Somalia in the east and from Egypt in the north to Tanzania in the south, intersecting in present-day Sudan (Nubia in ancient days) – suggests that it may have emerged under similar conditions.<sup>10</sup> We know, for example, that there were highly stratified empires in Nubia and in Mali, and further sources of extreme resource inequality across the FGM/C zone, and today the practice is most prevalent and practiced in its most severe form around the former centres of the ancient Nubian and Malian empires.<sup>11</sup> The hypothesis that FGM/C originated in ancient empires is speculative, but is at least as plausible as any alternative hypothesis in the literature.

In contrast to China, the FGM/C zone of Africa had several imperial centres, more variable in geographic scope and temporal duration, and more multiethnic in composition. Today FGM/C is found within dozens of different ethnic groups, and perhaps is more heterogeneous in form and meaning than was footbinding. Attitudes towards chastity and fidelity vary widely across groups that practice FGM/C. Some groups adhere to a strong female honour

---

<sup>7</sup> See Mackie 2000 for a documented example.

<sup>8</sup> Mackie 2000, p. 263.

<sup>9</sup> Ko 2005, pp. 105-144; Levy 1992, pp. 37-63.

<sup>10</sup> Mackie 2000.

<sup>11</sup> See the maps of FGM/C prevalence in UNICEF 2007, pp. 4-8.

and modesty code, which might include infibulation, very modest dress, and honour killings; others have practical concerns having to do with unmarried girls avoiding pregnancy and spouses staying faithful; still others are concerned only with keeping up appearances. In Northeast Africa, FGM/C tends to be found together with a strong female honour and modesty code. Among practicing communities elsewhere, a strong female honour and modesty code sometimes exists, although, more often a weaker code linking FGM/C to chastity and fidelity is found. More rarely, the practice is simply a requirement for marriageability having little to do with the values of chastity and fidelity.

Except for the assumption of an originating period of extreme resource inequality, the details of the origin story need not be exactly correct for the account to be useful. As soon as women believed that men would not marry an uncut woman, and that men believed that an uncut woman would not be a faithful wife, the marriageability convention was locked in place. Given the widely endorsed desire for marriage and having one's own children, women would choose to be cut in order to be married and have their own children, and men would choose women who are cut for the same reasons.

### **3. SOCIETY-LEVEL EXPLANATIONS OF FGM/C**

FGM/C is often explained in terms of one or a combination of any of three society-level variables – patriarchy, culture (including ethnicity and religion), and marriageability.

#### **3.1. Patriarchy**

Patriarchy, as both a structural institution and intentional act, is often used to explain the practice of FGM/C. Specifically, this hypothesis characterizes FGM/C as “an intentional (or subconscious) patriarchal action whose goal or consequence is the oppression of women”.<sup>12</sup> FGM/C is motivated by male domination and held in place by inequalities between men and women.

To say that patriarchy causes FGM/C is insufficient, because most, if not all, communities that do not practice FGM/C are also patriarchal. It is also important to distinguish between what causes the origination of a social practice and what causes its perpetuation. In Section II we hypothesized that FGM/C and similar practices originated from an extreme form of patriarchy – imperial polygyny – and that the link to marriageability would cause the practice to persist indefinitely even after the originating conditions no longer exist. Although the practice was in the selfish interest of members of the originating male elite, the practice was not necessarily supported for the same reason by the ordinary husband with one or a few wives in lower strata, or in later generations. Men and women could endorse the practice simply because of mutual expectations by all that is required for marriageability, and women could be active in its perpetuation since they are typically more responsible for the preparation of daughters for adulthood.

In fact, in the majority of cases it is mothers or grandmothers who organize and support the cutting of their daughters, and in many places the practice is considered “women's business.” DHS survey data from eight African countries where FGM/C is practiced show a higher

---

<sup>12</sup> Gruenbaum 2001, p. 40; commenting on Greenbaum 1997.

proportion of women than men favouring its continuation.<sup>13</sup> This is consistent with data and testimony drawn from field reports and case studies.<sup>14</sup> The perpetuation of FGM/C and professed support of the practice by women represent one of the chief puzzles that researchers have sought to better understand.

When FGM/C is in place in a community, however, it is likely that remaining forms of patriarchy, even if less extreme, would encourage the continuation of the practice and discourage its discontinuation. Patriarchal institutions include socioeconomic subordination that makes women dependent on marriage for material well-being and therefore, unable to risk not having FGM/C. They also include social norms that ensure that women have little voice in matters that affect them, rendering them unable to discuss subjects relating to sexuality including FGM/C, and unable to publicly challenge harmful, threatening, and subordinating practices. Patriarchy is a supporting condition of the practice,<sup>15</sup> and when certain patriarchal institutions and norms are changed, the path to abandonment is eased. These changes, however, are not sufficient in themselves to end the practice.

### **3.2. Culture, Ethnicity, and Religion**

Among the most widely cited accounts of the origins and maintenance of FGM/C are those centring on cultural variables, such as ethnicity and religion. Although FGM/C varies by ethnicity<sup>16</sup>, ethnic differentiation is not a significant motivating factor in more than a few isolated contexts. Rather, FGM/C is more likely to be practiced in order to gain acceptance and recognition within one's own community – as a means of belonging, rather than of differentiation. Ethnic differentiation seems more a consequence than a cause of the practice. One exception to this generalization can be found in some diasporal communities who, from motives of ethnic pride in difficult new circumstances, exaggerate traditions, adding an additional motive to explain the continuation of FGM/C. Footbinding, for example, lasted much longer among the Chinese of San Francisco in the United States than in urban China.<sup>17</sup>

Another commonly cited cause of FGM/C is religion, and religious obligation often plays a role in a family's decision to practice FGM/C.<sup>18</sup> Despite the fact that no religious scriptures actually require FGM/C, communities sometimes consider the practice a requirement to make a girl spiritually pure. Among the Bambara in Mali, for example, excision is called *Seli ji*, meaning “ablution” or “ceremonial washing”.<sup>19</sup> Data on the role of religion are difficult to interpret because in many cases, religion, tradition and chastity are not differentiated. A study in Somalia illustrates that for some, the concepts of “religion,” “to remain a virgin in order to be married,” and “tradition” are “not fundamentally different,” because “infibulation creates a barrier that preserves virginity, which Muslims consider the will of God and therefore religious”<sup>20</sup>. Surveys routinely show respondents frequently citing a multitude of reasons

---

<sup>13</sup> Yoder, Abderrahim, and Zhuzhuni 2004, p. 44.

<sup>14</sup> Gruenbaum 2001, p. 35; Johnsdotter 2002, pp. 93-101; Shell-Duncan et al. 2000, pp. 121-122.

<sup>15</sup> Gruenbaum 2001, pp. 36-47.

<sup>16</sup> Yoder, Abderrahim, and Zhuzhuni 2004, pp. 31-33.

<sup>17</sup> For an example of FGM/C practiced as both an ethnic and religious marker, see Hadi 1998, p. 27.

<sup>18</sup> Abdi 2007; Hady 2003, p. 22.

<sup>19</sup> UNICEF 2005, p. 12; Dorkenoo and Elworthy 1992.

<sup>20</sup> Gruenbaum 2001, p. 50, referencing Dirie and Lindmark 1991.

directly or indirectly related to religion – religion, health, cleanliness, tradition, and control of female sexuality, among others – as reasons for the practice.<sup>21</sup>

An ethnic or religious explanation of FGM/C is not sufficient since, first, it is practiced in a wide variety of ethnic and religious groups; and second, the practice is not necessarily universal within the broad descriptive group, but is often practiced only within a number of subgroups. Take religion: there are both Christian and Muslim communities who practice FGM/C, often believing that the practice is required by the holy book. Yet, nearby communities of the same religion may not engage in FGM/C, and worldwide most Christians and most Muslims do not follow the practice. Religious obligation is an important factor in the decision to practice FGM/C, but it is typically just one of several elements within what one WHO report (1999) calls a mental map that incorporates the stories, beliefs, values, and codes of conduct of society, and which are in fact “interconnected and mutually reinforcing and, taken together, form overwhelming unconscious and conscious motivations” for its continuation.<sup>22</sup>

The implications of this are two-fold. On the one hand, this suggests challenging the religious sanctity of FGM/C in isolation from other motivating elements may help change attitudes but will have little effect on behaviour, since religion is but one of several factors that maintain the practice. On the other hand, since these factors are “interconnected and mutually reinforcing,” this also suggests that disconnecting FGM/C from one factor may help to disconnect it from the others. For example, the basis of FGM/C’s traditional status may stem precisely from its religious status, or vice versa; and the connection between FGM/C and purity may stem from such religious interpretation as *Seli ji*. Alternatively, all effects – religion, tradition, piety, purity – may be disconnected from FGM/C by a single authoritative source, such as a charismatic local leader who authoritatively declares the practice to be unacceptable.

### 3.3. Marriageability

Justifications offered for practicing FGM/C differ from group to group, but desire for a proper marriage is perhaps the most common reason offered *across* practicing communities, and is offered despite wide variation in ethnicity, culture, religion, severity of cutting, symbolic reasons for the practice, ritual or lack of ritual, and so on.<sup>23</sup>

Statements by observers, anthropologists in the field, and those who practice FGM/C illustrate that marriageability plays an important role in the rational and prudent decision-making of mothers to cut their daughters:

From Egypt: “(M)otivated by love and concern for their daughters’ future, well-meaning women have perpetuated the custom and have insisted on inflicting pain on their daughters out of a firm belief in the physical and moral benefits of this operation as a guarantee of marriage and consequent social and economic security”.<sup>24</sup> From Sudan: “No matter how clever the public

---

<sup>21</sup> Daffeh et al. 1999, p. 13, cited in Hernlund and Shell-Duncan 2007; see also Hady 2003, p. 22.

<sup>22</sup> Ahmadu 2000, p. 295; cited in Hernlund and Shell-Duncan 2007.

<sup>23</sup> See Hadi 1998, pp. 17, 25; Hady 2003, p. 97; Gruenbaum (2001), pp. 70, 76-101, 192; Johnsdotter 2002; Shell-Duncan et al. 2000, pp. 114-119; Mohamud et al. 2006, p. 81.

<sup>24</sup> Assaad 1980, p. 3, emphasis added

education message on the hazards of (FGM/C) or how authoritative the religious source that says it is unnecessary, parents know (FGM/C) is necessary if it is a prerequisite for their daughter's marriageability and long term security".<sup>25</sup> From Kenya, "Even those who did associate health problems with (FGM/C) often favored continuing the practice to preserve their culture and to improve their daughters' prospects for marriage"<sup>26</sup>. From Senegal, "Only when all members of the extended family agree will we assure that uncircumcised girls will be free from prejudice and able to find men to marry"<sup>27</sup>. "If I don't cut (my daughter), there won't be anyone to marry her...I wish I didn't have daughters, because I am so worried about them".<sup>28</sup>

Tradition, rather than marriageability, is usually the most commonly mentioned reason for FGM/C offered *within* a given community when respondents are asked why they believe FGM/C should continue.<sup>29</sup> Tradition and marriageability are two sides of the same coin, according to social convention theory, which will be discussed in the next section. Interestingly, marriageability as a reason to continue is given more often in countries of low prevalence.<sup>30</sup> Perhaps, in countries of nearly universal prevalence, marriageability as a reason for cutting is too obvious to mention.

FGM/C is frequently, but not always, linked with concerns about female chastity and fidelity. In Somalia, for example, the practice is considered necessary for "making a virgin" and as a result, a marriageable woman<sup>31</sup>, and similar beliefs exist across cultures, that FGM/C "makes," or at least marks, a sexually chaste, modest, and loyal wife. Similarly, FGM/C is often justified on the grounds that it protects girls from excessive sexual emotions and therefore helps to preserve their morality, chastity, and fidelity. In some places it may be associated simply with marriageability, and have very little to do with chastity or fidelity. The practice may additionally be associated with bodily cleanliness and beauty, such as in Somalia and Sudan, where infibulation is carried out with the purpose of making girls physically "clean".<sup>32</sup>

Marriage itself is especially important because of the socioeconomic conditions that may characterize many practicing communities. In many areas where FGM/C is practiced, patriarchal economic customs and institutions make marriageability necessary to secure the long term financial security of daughters and their families.<sup>33</sup> In some places, the family may depend on a substantial bride price for their well-being.<sup>34</sup> Since state-funded social security protections cover only a tiny fraction of the population, marriage is a woman's primary source of material subsistence beyond early adulthood.<sup>35</sup> Yet even if women had full economic independence, it is likely that many would still pursue marriage and children.

---

<sup>25</sup> Gruenbaum 2001, p. 192, emphasis added.

<sup>26</sup> Mohamud et al. 2006, p. 81.

<sup>27</sup> Tostan 1999, p. 50, emphasis indicating indigenous speaker.

<sup>28</sup> UNICEF 2005, p. 13.

<sup>29</sup> Yoder, Abderrahim, and Zhuzhuni 2004, p. 42.

<sup>30</sup> Yoder, Abderrahim, and Zhuzhuni 2004, from inspection of Tables 4.1 and 4.15, by Mackie's calculation there is a 0.74 correlation.

<sup>31</sup> Hayes 1975, p. 622, cited in Johnsdotter 2002, p. 80.

<sup>32</sup> UNICEF 2005, p. 12.

<sup>33</sup> Greenbaum 2001, p. 46.

<sup>34</sup> Shell-Duncan et al. 2000, p. 118.

<sup>35</sup> Gruenbaum 2001, pp. 87-101.



If, within an intramarrying community, families with daughters believe that families with sons expect girls to be cut as a condition of marriage, then FGM/C rationally advances the interests of the girl and her family. To be cut assures the daughter's ability to marry, and also likely improves the economic security of both the girl and her family.

This section has examined three prominent hypotheses about the originating and maintaining causes of FGM/C – (a) patriarchy, (b) ethnicity and religion, and (c) marriageability. The discussion lays the foundation to re-examine social convention theory as it is applied to FGM/C. The roles of self-enforcing beliefs, social norms, moral norms, and overdetermining factors are further considered to address unexplained observations and develop a more refined understanding of the practice.

#### **4. APPLYING SOCIAL CONVENTION THEORY TO FGM/C**

Social convention theory offers an explanation for how certain harmful social practices are self-enforcing social conventions, why they are universal in a community and why they are strongly resistant to change. Moreover, the theory explains how to organize the rapid mass abandonment of a convention. In this section we outline the simple game-theoretic model as first introduced by Mackie (1996, 2000), adapted from earlier work by Schelling (1960), and further explained in chapter 2 and annex 2 of the UNICEF *Technical Note* (2007).

Game theory is the study of interdependent decision-making. The choice made by one player depends upon the choice of another player. In an interdependent larger group, the choice of each member depends on the choice of all members. For social convention theory to be applied to FGM/C, an initial assumption is necessary – an idea we later discuss in terms of fundamental moral norm – that *parents love their children and ultimately want to do what is best for them*.

##### **4.1. Social Convention as Coordination Game**

Simple metaphors can help explain how social conventions work. It does not matter whether we all drive on the right or we all drive on the left, but it would be harmful to everyone if some drove on the left and some drove on the right. Because our choices of what side of the street to drive on are interdependent, no one individual can change on her own – all affected have to change together. Sweden had a convention of driving on the left, but with increasing connections to continental Europe, where all countries drive on the right, an escalating number of serious accidents occurred, involving in particular, Germans in Sweden and Swedes in Germany. In this context, all Swedish drivers (and German drivers) would be better off if the Swedes switched to driving on the right. Driving on the right is better for all than driving on the left, and either convention is better for all than no convention at all. The Swedes switched from driving on the left to driving on the right by agreeing to and organizing a convention shift: everyone switched on the same day and hour.

The same goes for naming conventions. If we spend time together it does not matter whether we communicate approval by saying “Great!” or “Ottimo!” Not having a word that we understand in common would limit our communication. It is, therefore, convenient for everyone in the community to use the same term, although which word to use is arbitrary. A

community that uses “Supercalifragilisticexpialidocious!”, however, might find it advantageous to switch to “Great!” or “Ottimo!”, either being easier to say.

Similarly, the adoption, continuation, and abandonment of FGM/C can be explained using the social convention model. Families carry out FGM/C in order to ensure the marriageability and status of their daughters within the intramarrying group. What one family chooses to do depends upon what other families in that community choose to do. No one family has an incentive to deviate: if they do, their daughter is destined to not be married or to have a poor marriage. It would be a *better* convention if everyone gives up FGM/C, but for that to be effective it is necessary for everyone in the intramarrying community to give it up together. Families’ choices of whether to cut their daughters create four possible scenarios:

- For all daughters to be uncut is the best state of affairs for members of an intramarrying community. Each daughter retains marriageability and family status, and each avoids harm to health and violation of human rights. For all to be uncut is a stable equilibrium – no one is tempted to depart from it, the situation is permanent.
- The next best state of affairs is for one’s own family to cut their daughter to improve her marriageability when other families do not cut. However, the situation is unstable and not often observed because, if many of the other families are not cutting, a daughter would be even better off to avoid the harm of cutting, according to the model. Conversely, if many of the other families do cut, it is in the interests of one’s own family to cut as well.
- The third best state of affairs is for all families in the intramarrying community to cut their daughters. For all to cut is also a stable equilibrium. This forms the basis of FGM/C as a marriageability convention.
- The worst state of affairs for one’s own family is not to cut their daughter when everyone else does. The daughter’s health is protected and her human rights are not violated but she forfeits her chance to be married. This is also an unstable situation and is rarely observed.

When applying social convention theory to FGM/C, two stable equilibria exist: the best state of affairs, when no daughters are cut, and a much worse state of affairs, when all daughters are cut. The challenge is to move all families from a worse equilibrium to a better one.

Those who practice FGM/C inherit the all-cut equilibrium, as is often said, from their grandparents. Among roughly six precoded answers in DHS surveys as to why FGM/C should continue, the strongest support goes to the statement that it is custom and tradition.<sup>36</sup> Long precedence and general practice within the community creates the expectation that all families will choose to cut their daughters, therefore, any individual family would choose to cut as well, since not cutting would create a marriageability problem. The survey respondents’ appeal to tradition is consistent with the social convention model’s application to FGM/C.

To summarize, individual abandonment would make a family worse off, as it damages the daughter’s marriageability and the status of the family. Collective abandonment makes

---

<sup>36</sup> Yoder, Abderrahim, and Zhuzhuni 2004, p. 42.

everyone better off, as families preserve their status and daughters preserve their marriageability but do not undergo the health and human rights harms of FGM/C. Abandonment is possible, but only by coordinating a collective abandonment within the intramarrying community.

#### **4.2. Critical Mass, Tipping Point, and Revaluation**

The static version of the social convention model requires that most or all of the intramarrying community simultaneously abandon the practice. A more refined and dynamic understanding of the process, however, establishes a sequence of change. Its logic is captured by a simple story, adapted from Mackie 2000 and from UNICEF 2005. Imagine that there is a community that has a convention whereby audiences (at the cinema, at plays, at recitals) stand up rather than sit down. Standing is both universal and persistent. An outsider comes along and explains that elsewhere audiences sit, and think it better to sit. After the shock of surprise wears off, some people begin to think that sitting might be better, but this would be the case only if enough other people sit at the same time so that their view is not blocked. However, if an initial group of people in the audience can be organized to sit, even just a column of people who are far less than a majority, they realize that they can attain both the ease of sitting and a limited view of the stage. This initial group has an incentive to persuade their neighbours to devalue standing and to recruit them to sitting for this will improve their limited view, and their neighbours have an incentive to conditionally commit to the effort – “I would abandon if enough other people would abandon as well” – so as to be more comfortable while continuing to have a view. At a certain point, enough of the population is willing to sit so that their view of the stage would be at least as good as standing, their comfort would be improved, and as a result no one would be tempted to stand again: they coordinate on all sitting down at once. Past this point people who remain standing are increasingly isolated in their claim that standing is superior and over time adopt the new convention.

Similarly, a relatively small core group of first movers, called the *critical mass*, can conditionally resolve to abandon FGM/C, and then has an incentive to recruit remaining members of the community to conditionally join in the effort, until a large enough portion, called the *tipping point*, is willing to coordinate on stable abandonment.<sup>37</sup> Any natural community is likely to contain early adopters of change, middle adopters, and late adopters. Early adopters are likely to be among the first movers, and tend first to influence those second-movers next most open to change. After second movers conditionally commit to abandon, third movers are recruited, and so forth, until the tipping point is reached, at which time community abandonment would be stable if enacted.

To attain stable abandonment, enough of the intramarrying community must conditionally commit to abandonment, and that conditional commitment must become an actual commitment. A *public commitment* is required so that each member of the intramarrying community can see that most others in the community not only would abandon, but *do* abandon. The act of public commitment shifts reciprocal expectations, including each family’s expectations. Before the public commitment, the typical family believes that a

---

<sup>37</sup> For a complete graphical exposition of this model, see UNICEF 2007, pp. 45-9.

majority of families in the community expect others to cut. After the public commitment, the typical family believes that the majority of families in the community expect most families *not* to cut. After the coordinated shift in reciprocal expectations, no family has reason to go back to FGM/C, and so the choice is stable. The public commitment could take a variety of forms, traditional, or created by participants; for example, the gathering of most members of a small community; gathering of delegates from each of a set of intramarrying communities; a binding decision of reciprocal expectation, proclaimed by genuinely respected leaders of the local community. Whether the tipping point is obtained before, at the same time, or after the public commitment depends on circumstances in the local community and the content of the commitment. An attempted public commitment imposed from outside, or from above that community, or prior to genuine community discussion and decision, would not be effective.

As noted earlier, the core group and those who one after another join them, have a powerful incentive to *recruit* others, and to *revalue* the alternatives of not cutting and cutting. Such recruitment and revaluation were observed in the abandonment of footbinding and are observed in processes culminating in mass abandonments of FGM/C. According to the model, valuing more the alternative of being uncut, valuing less the alternative of being cut, or both, has the effect of reducing the portion of the community needed to constitute an effective critical mass, and reducing the portion of the community needed to constitute an effective tipping point, which accomplishes a stable change. As a result, members of the core group constituting the critical mass and their recruits are motivated to engage the remainder of the community through persuasive communication, including normative appeals about the valuation of the alternatives.

### **4.3. Organized Diffusion**

The process of information transmission, persuasion, and mutual deliberation about the advantages and disadvantages of abandonment spreads through existing and created social networks within intramarrying communities. The process is termed organized diffusion to distinguish it from processes of spontaneous diffusion based on unilateral imitation, such as adoption by farmers of a new kind of seed or spread of a style in fashion.<sup>38</sup> Because FGM/C is an interdependent practice, diffusion must be organized among all those individuals whose choices are interdependent.

Organized diffusion uses local networks of social relationships to promote conditional commitment to abandon FGM/C, within not only the residential community but also beyond it to other communities, not always nearby, that intramarry with the target community. Engaging communities outside the target community is necessary when there are intramarrying relationships among them. For example, the NGO Wohi Reddu in Ethiopia organized effective abandonments among a few Afari nomad communities, but believes that the abandonments are unstable unless they are extended to a large enough number of related communities.<sup>39</sup> As discussed earlier, it is not necessary at the outset to gain the support of the entire community, but rather a core group needs to agree to pursue community abandonment of cutting. The ideal individuals to bring about a critical mass within a single community are

---

<sup>38</sup> See below on unilateral imitation, and Rogers 2003 on diffusion of innovation

<sup>39</sup> Dagne 2006.

early adopters and respected notables, who are likely to self-select anyway. Ensuring strong participation by women and including men in the process are also important.

One can imagine the marriage horizon of any community as a circle, and the marriage horizons of proximate communities as a set of overlapping circles. Mobilizing one community, therefore, stimulates the interest, positive and negative, of communities overlapping it. Organized diffusion takes place within a directly targeted community and from it, extends to overlapping communities not directly targeted. The overlap allows for programme efficiencies. In rural Senegal, where the average village size is about 800, to cover an area of 30 villages with a total population of 24,000, according to the NGO Tostan, it is sufficient to directly mobilize about 50 individuals in each of five villages, or about one per cent of the population.<sup>40</sup> Using organized diffusion and other methods, the NGO has facilitated abandonment by over 3,500 villages organized in some 35 separate public declarations of abandonment.

In Ethiopia, the NGO Kembatti Menti Gezzima (KMG) organizes multiple core groups that diffuse public discussion, decision and commitment in multiple arenas, saturating the community. The primary core group consists of 50 individuals, who after 18 months of deliberation form a committee of 10 to organize an end to harmful traditional practices in their local community. As the NGO works in area where the age of cutting is 12 to 18 years, it also establishes a committee made up of uncut adolescents. These committees organize public discussion in schools, churches and neighbourhoods and among members of traditional local women's associations and outcaste groups. Some leaders of the influential local indigenous insurance and microcredit society (*edir*) are recruited to be in the primary core group. Additionally, women members of the core group diffuse discussion to the local women's societies that support members by sharing the extraordinary costs of child delivery, weddings, funerals; to the local butter clubs that allow women to take turns raising cash, to traditional regular coffee chats, and during the long walks often taken to weddings and funerals. Uncut adolescents mobilize their peers, their families, and their schools.<sup>41</sup>

To diffuse discussion in an urban area, one would identify the marriage horizon – the network of people that a target group would consider to marry –and the institutions and the notables prominent in organizing their community's relationships. A recent study carried out in urban areas of Guinea-Conakry on FGM/C and people's social relationships, for example, indicates important differences between families of lower income and those of higher income. Among the less wealthy strata, important decisions are more influenced by a family's rural community of origin and its notables. These families tend to settle in neighbourhoods of similar ethnicity and language and are less exposed to media messages. The middle and upper strata tend to live in mixed neighbourhoods more away from extended family and are more exposed to media messages, so more important decisions are influenced by friends, coworkers, media figures, and sometimes religious leaders<sup>42</sup>. Perhaps an abandonment programme among the urban poor would focus on home villages and city neighbourhoods,

---

<sup>40</sup> Field notes: Mackie 2004. A chief source for many of the observations and statements in this paper is the set of field notes taken by the lead author, Gerry Mackie, between 1999 and 2005. For clarity, these instances are indicated with a notation in the text. The field notes are also cited in the References.

<sup>41</sup> Dagne 2008.

<sup>42</sup> Centre de Recherche pour le Développement Humain (CRDH), StatView, Division de la Statique de la République de Guinée.

but one among the urban middle and upper classes would focus on friendship, workplace, and faith connections, on national and civic notables, and on media messages about the decency and marriageability of uncut women.

In a community that is isolated and does not intramarry with other communities, organized diffusion may result in faster abandonment, but the process will not spread beyond it. Deir El Barsha is a Coptic town of 12,000 in Egypt, a predominantly Muslim country. In this town women only married within the geographically and culturally isolated town,<sup>43</sup> which made stable mass abandonment more easily attainable. It also meant that the particular abandonment could not spread beyond Deir al Barsha. In such cases, the abandonment process must be organized separately, which is currently underway in several Coptic towns.

#### **4.4. Coordinated Abandonment and Public Commitment**

Social convention theory predicts that specific strategies facilitate coordinated abandonment. The case of footbinding in China is instructive. After about a thousand years of practice, foot binding was ended in one generation in urban and coastal China around the beginning of the 20th century. The strategy used by reformers to end the practice had three elements: first, reformers educated the population by informing them that the rest of the world did not bind women's feet. This presented the natural-foot alternative as thinkable and doable. Second, they explained the advantages of natural feet and the disadvantages of bound feet. And finally, they formed "natural foot societies" whose members pledged not to allow their sons to marry women with bound feet, as well as not to bind their daughter's feet. The reformers' strategy was completely successful in obtaining permanent change, and supports the social convention theory's hypothesis that facilitating coordination is the key to ending such a practice.

Attaining stable coordinated abandonment within an interdependent community of people requires several steps. In this case, community does not mean any kind of community, for example, not the nation, not an artificial government category, not a trade association. Community means the local community of reciprocal obligation, especially of intramarriage ties. First, the greater part of the community must be involved in community discussion. Community discussion changes attitudes. People must gain awareness of the existence of an alternative, and the alternative must become valued more highly than the practice. Community discussion in this context does not mean that central officials make didactic presentations to a few select local officials. Rather, community discussion means genuine discussion and debate on the merits of continuing or abandoning the practice among all those active in a particular intramarrying community. Community discussion is followed by community decision. Again, this decision should not be a top-down command, but rather a decision reached and supported by the greater part of the intramarrying community.

The next step is to publicize community commitment: there must be a moment of coordinated actual abandonment, so that each individual sees that most others do abandon. Community commitment does not mean that one or a few individuals have resolved to abandon the practice, or that public statements have been made against it. Rather, it requires the

---

<sup>43</sup> Field notes: Mackie 2005.

commitment of the greater part of the intramarrying community to abandon the practice together and to monitor adherence to the change.

The coordination of abandonment shifts reciprocal expectations among community members from “most others will cut” to “most others will not cut.” Since the shift is to a more highly valued alternative for those coordinating to abandon, there is little temptation to revert. Private pledges, and more so, a joint public pledge, additionally put at stake one’s individual resolve and one’s social reputation for keeping commitments, which bolsters the irreversibility of the convention shift.

Finally, an ongoing monitoring mechanism of some sort provides further assurances by periodically checking on the stability of abandonment, and mobilizing community sanctions against potential or actual transgressors.

## **5. BEYOND SOCIAL CONVENTION**

The initial application of social convention theory has been useful in practice, and has matched observations well. The account of FGM/C as a self-enforcing marriageability convention seemed to resolve many explanatory puzzles about a practice heterogeneously manifesting across dozens of more or less contiguous cultures. It also seemed to predict and to explain observed processes of mass abandonment. The theory, however, did not address some of the essential features of the phenomenon and there was a need to refine it to provide a more detailed analysis.

The first subsection refines the simple marriageability convention by considering the role of self-enforcing beliefs. In the following subsections, several mechanisms are discussed, which alone or in combination can sustain a social practice. The essay considers how the mechanisms of marriageability convention, social norm, or both can sustain the social practice of FGM/C. The last subsection identifies additional factors that can overdetermine the practice: religious obligation, rites of passage, and the female honour and modesty code.

### **5.1. FGM/C and Self-Enforcing Beliefs**

A marriageability convention regulating access to reproduction, such as footbinding or FGM/C, is typically almost universal within an intramarrying community, because noncomplying families fail to reproduce and therefore expire. As a result, there is almost no variation in the practice within the intramarrying community, which has unusual effects on the formation of some beliefs. People may reasonably believe that the practice is universal, for instance. When first-contact foreigners asked Chinese why they bound their women’s feet, their response was astonishment that not everyone in the world engaged in the practice, and there are similar reports with respect to FGM/C in rural Africa. Jim, in Mark Twain’s novel *Huck Finn*, raised without schooling in rural Missouri, considered Huck’s claim that the Parisians do not speak English ridiculous, and even argued at length that it is conceptually impossible for there to be more than one human language.

If almost every girl and woman is genitally cut within one’s horizon, then there is no basis for even conceiving of being uncut as an alternative. It is not that being cut and being uncut are

understood as potential alternatives, the first feasible and the second not feasible.<sup>44</sup> It is that being uncut does not even exist as an alternative. Gosselin (2000) conducted open-ended interviews with 223 Malian women, and found that many had never thought of being uncut as an option. The incentive structure portrayed by the social-convention model implicitly assumes that people are informed of possible alternatives and choose between them. The simple model, therefore, adequately represents typical family choices at the onset of the practice or near its demise. It does not adequately represent the typical family situation during generations of maintenance in areas where people know of no variation. For them, there is no choice, but only the imperative to cut. “In ethnic groups where nearly everyone circumcises girls, the issue is not one for debate, in terms of ‘do I do it or not?’ Rather, family members decide how and when it will be done”.<sup>45</sup> In the absence of variation, it is reasonable to believe that everyone else in the world engages in FGM/C. This is a self-enforcing belief, in that believing it has consequences that maintain it as believed truth. One of the first steps on the road to abandonment, therefore, is to conceive of not cutting as an alternative.

Initially, it is reasonable for people in groups who cut to believe that people in groups who do not cut are prudentially, socially, and morally mistaken. It takes some time to learn that noncutting peoples believe they are promoting the interests of their children, that in their group they suffer no sanctions for going uncut, and that they believe their actions are morally justified. Further, often the inference is drawn that women are naturally promiscuous unless physically altered, and the absence of variation prevents a comparison of the sexual morality of cut and uncut women. Finally, it is reasonable for them to believe based on wide expectation that a girl who has not had the procedure cannot be married, and that a man will never accept an uncut woman. The NGO KMG in Ethiopia organizes public weddings of uncut young women to overcome the self-fulfilling belief that uncut girls are unmarriageable. The first wedding was attended by 2,000 people and 317 uncut girls as bridesmaids. The bride wore a placard saying she was glad to be uncircumcised and the groom had a similar placard saying he was happy to marry an uncircumcised girl. Many more massively attended weddings of uncut girls have been organized among participating communities.<sup>46</sup>

It is likely easier to initiate an abandonment process in an area where practicing communities live nearby nonpracticing communities, or among those who are more frequently exposed to international communications and ideas, or where there have been sustained public information campaigns about FGM/C. In Senegal, for example, people in the Bambara or the Fulani ethnic groups deliberating on abandonment were able to observe that the neighbouring Wolof people who do not cut are good Muslims, have good morals, and make good marriages for their children.<sup>47</sup> DHS surveys show that in countries with lower levels of FGM/C prevalence, where there is likely to be more exposure to non-practicing groups, there is more of a decrease in support for FGM/C among younger age groups than in countries of highest prevalence.<sup>48</sup>

---

<sup>44</sup> Compare the “cultural menu” of Herlund and Shell-Duncan 2007

<sup>45</sup> Yoder, Abderrahim, and Zhuzhuni 2004, p. 13.

<sup>46</sup> Dagne 2008.

<sup>47</sup> Field notes: Mackie 1999, 2004.

<sup>48</sup> Yoder, Abderrahim, and Zhuzhuni 2004, p. 48.



To conceive of the uncut alternative as better also requires individual and collective deliberation by insiders about claims that FGM/C is harmful to health and human rights, and here again the absence of variation distorts evaluation. The near universality of FGM/C within an intramarrying community means that those involved are unable to compare a control group of their own practice to an experimental group of those who forego the practice. They therefore may consider even immediate complications as normal, and this makes it difficult for women to recognize the immediate health effects of FGM/C and to recall complications at a later date.<sup>49</sup>

Writing about complications of infibulation in Islamic Northeast Africa, Hicks observes:

Women do not even correlate subsequent physical discomfort, pain, and related gynaecological and obstetric problems with having been circumcised. Such physical problems are perceived as being the common lot of women. This is because the problems are, to one degree or other, prevalent among the majority of infibulated women; they are not viewed as unusual. Logically then, neither the act of infibulation nor related sequelae (unless requiring emergency treatment) are high priority issues for women in these societies.<sup>50</sup>

Mackie provides an account of events in the Fulani village of Medina Cherif, region of Kolda, Senegal:

On hearing of the causal relationship from a source they considered credible...it took (a group of local women) thirty minutes of discussion to decide that the causal claim was correct. They reviewed local history and suddenly realized that incidents of death, haemorrhaging, and infection were immediately associated with (FGM/C), and they broke down and wept. One woman told me that she had her daughter who had haemorrhaged seriously stand next to a girl of the same age who was taller by about a foot. "She's never been the same since the cutting," I was told. "Before she ran around all day and played and since she's been quiet and dull".<sup>51</sup>

Universality within the community is not the only reason health complications go unrecognized. A lack of awareness of such complications can be exacerbated by social norms of female modesty, which preclude discussion of human sexuality including with other women; and in some cases, by powerful norms of secrecy concerning FGM/C and its meanings.

Again, due to the absence of variation, in order to understand the practice as an irreversible reduction of capacity in the absence of consent,<sup>52</sup> and a violation of human rights to life, to health, and to bodily integrity, reflective distance is required. A Bambara group was told the story of Chinese footbinding by their nonformal education facilitator. The participants thought it was horrifying that parents would do such a thing to their children. The facilitator responded that Europeans looked on the parents who do FGM/C in the same way. "No, no, no," the participants responded. "We do this to help our daughters." "So did the Chinese," the facilitator said.<sup>53</sup>

---

<sup>49</sup> Mackie 2003, p. 147.

<sup>50</sup> Hicks 1996, p. 73.

<sup>51</sup> Mackie 2003, pp. 147-148

<sup>52</sup> Nussbaum 1999.

<sup>53</sup> Field notes: Mackie 1999.

Self-enforcing beliefs are strongly supported and any contrary message initially seems preposterous to those who hold such beliefs. A variety of messages, international, national, regional, local, the more credible the better, are valuable in softening such beliefs and opening the way for their more systematic revision. Credibility of message and of those delivering the message is an essential factor in the most effective mass abandonments.

Everyone evaluates the credibility of information that comes from others. Credibility has two aspects: good will and competence. Notables, political and religious leaders, medical and other professionals, local or beyond, may, depending on the individual, have a reputation for proven good will and competence. Good will is also estimated by whether the sender of information has the same interests as the receiver, or similar interests, or is similar in descriptive characteristics. In the absence of having the same or similar interests or characteristics, there must be good evidence that the sender cares about the welfare of the receiver. Competence is estimated by proven past successes, professional authority, quality argument, and effective response to contrary views, among other strategies. Credibility is also bolstered by the weight of sources: the more notable are more persuasive than the less notable, many notables more persuasive than a few, many peers more than a few peers, many media messages more than a few, and so on. Much of our discursive learning is based on testimony rather than on direct experience, and the weight of sources helps us to evaluate the credibility of that testimony.<sup>54</sup>

Programmes that deal with only FGM/C, or even only with reproductive health, are viewed with warranted suspicion. Why are outsiders obsessed with this issue, especially when there are so many other important needs in this community? Why do they disrespect our culture? Holistic programmes, those that provide support for a wide variety of community needs and interests, are more credible than a programme that addresses only FGM/C or a narrow range of sensitive topics. An ongoing holistic programme not only symbolizes good will and competence, it proves them over and over again by bringing about a sequence of valued changes on a variety of community needs. Good will and competence shown practically on easier issues become persuasive on more difficult issues. A nondirective attitude combined with the creation of fora, informal and formal, for discussion of arguments for and against any contemplated change, is more credible than missionary didacticism and harsh propaganda. International instruments that enshrine human rights are credible because they are widely endorsed, and deliberations on what human rights mean in terms of the local vernacular and how they relate to the most fundamental values of the local community, can be transformative. Finally, the special credibility of charismatic local leaders is frequently key to mass abandonments.

After deciding on the existence of the alternative, and on the value of the alternative, and upon acquiring the idea that everyone in the community might be better off to jointly abandon the practice, there is a new unknown: Would a coordinated abandonment work? If such an effort were to fail, would it ruin the marriageability of their daughters? Would it bring shame on the families and villages involved? Would it bring down unsuspected supernatural penalties for going against ancient ways? Again, there is a credibility problem. The experience of the NGO Tostan in Senegal is that the first collective abandonment in an

---

<sup>54</sup> See Mackie 1998 for a partial treatment of credibility.

area is the most difficult, and each successive one in the area becomes easier. Those deciding whether they too should abandon the practice can send delegates to the successful villages in another area to verify with their own eyes and ears that an alternative is possible, that others like them have concluded that the alternative is valuable, that collective abandonment works, that daughters' reputations remain intact, that the effort brings pride rather than shame to the community, and that no supernatural penalties occurred. Contemplating villages in Guinea-Conakry sent delegates to a successful abandonment declaration in Senegal. In interviews during the declaration and two weeks later in their home villages, the delegates and some of their fellow villagers said they were much relieved by the experience, and as a result were immediately resolved to organize their own collective abandonment, and soon succeeded in doing so.<sup>55</sup>

## 5.2. Social, Legal, Religious, and Moral Norms

Until now, social convention theory as applied to FGM/C has emphasized marriageability interest and health interest, with little explicit development of normative considerations. Yet it is clear in almost every instance that the continuation or abandonment of FGM/C also involves social approval and disapproval, and moral judgments of right and wrong. In some communities, legal norms, religious norms or both also come into play.

Recent scholarly advances in the understanding of norms help us to understand better social and moral features of both continuation and abandonment of social practices. Often terms such as *social practice* or *social norm* are undefined and are loosely applied to any and all observations of social behaviour. Here, it is useful to define what is meant by each term and to note that the authors intend for the terms to apply only to social behaviours outlined in the definitions. In particular, a social norm is enforced by informal social sanctions, among other features detailed below.

Sometimes the choices of individuals resemble one another's because each individual independently faces the same nonsocial constraint. For example, in Philadelphia people wear warm coats in the winter because it's cold, not because individuals believe that other individuals wear warm coats or prefer that others do so. The individual is not following a social rule, but is pursuing her own interest, and her action does not depend on the actions, beliefs, or preferences of others. When grouped together, independent individual decisions to wear warm coats in the winter becomes a social regularity but it is not a social practice. What style of warm coat to wear, however, is a matter of social practice. A typology of mechanisms that sustain social practices follows.<sup>56</sup>

*Unilateral Imitation* (also known as "descriptive norm"). Here an individual imitates the action of many others in some reference group, as a convenient decision-making shortcut, or just unthinkingly. When riding a subway in a strange city, one does not need a map to know how to exit a station, one just follows the locals who know which way to go. The individual is following a social rule, pursuing her own interest, based on an expectation about the actions of others and a preference to do the same as others, but the individual's action is

---

<sup>55</sup> Field notes: Mackie 2004.

<sup>56</sup> Synthesized and adapted from Bicchieri 2005, Elster 2007, and Nichols 2004.

independent of any expectations or preferences by others about the individual's action. Expectations about action only involve the acting individual.

*Social Convention.* Driving on the left in London, or speaking French in Paris is a social convention. The individual is following a social rule, pursuing her own interest, based on an expectation that many others in the reference group act to follow the social rule and on the individual's preference to do the same as them. The many others expect the individual to follow the social rule and the many others prefer to do the same as the individual. Expectations about actions are mutual among members of the group. Compliance is in each individual's interest. That only cut girls are marriageable is a (marriageability) convention within intramarrying communities which practice FGM/C.

*Social Norm.* In one country the social norm is that a man introduced to a woman should shake her hand, and in another country the social norm is that he should not. The individual is following a social rule, perhaps against her interest, based on an expectation that many others in the reference group will follow the social rule, and that the many others prefer the individual to do the same as them. There is also the expectation that some of the others may informally sanction the individual concerning the social rule. Sanctions may be positive for complying with the social norm, such as acceptance, esteem, approval; or negative for defying the social norm, such as disapproval, rebuke, avoidance, ostracism, or violence. Expectations about sanctions are mutual among members of the group. Positive or negative sanctions may be sufficient for individuals to feel it is in their interest to comply. In more traditional circumstances, transgression by one family member reflects on the character and standing of the whole family. Upholding a community's social norms is therefore important not just for maintaining an individual's acceptance in the community, but also for the individual's family. It may be that anticipated loss of the positive sanction of acceptance by the community for compliance with social norms is a more powerful motivator than negative sanctions. That within some intramarrying communities uncut daughters and their families lose social standing, are teased, or are denied adult status, and that cut daughters and their families are socially accepted, indicates that a social norm is in place.

*Unconditional Moral Norm.* The most basic moral norms are to do no harm, and to care for urgent needs of others (morality is far more variegated than this simplification). Fundamental moral norms are widely accepted by individuals, and as a result generate social regularities, but an individual's decision to act is independent of the actions or expectations of others. An individual feels righteousness for moral norm compliance, and guilt for noncompliance. Others may feel elevation or admiration for an individual's compliance, and anger or indignation over noncompliance. International human rights norms are of this character.

Legal norms are like social and moral norms, but are formally stated by law, the reference group is a constituted authority, and sanctions are formal and usually negative: fines, imprisonment, execution. Religious norms are commanded by God, and are obeyed by the believer out of love and fear of the deity.

A social practice is sustained by any combination of these mechanisms. Take the social convention of speaking French in Paris. It is in the mutual interest of two individuals to speak the same language, but failure to do so normally does no major harm to either of the two

parties and is even less likely to harm third parties. The practice is almost entirely a social convention. Now take driving on the left in London, the most commonly offered example of a social convention. Driving on the left is in the mutual interest of all involved, because going into the wrong lane risks serious harm to oneself, and in that aspect, the practice is a social convention, formed by mutual interests. Defiance also violates a social norm: surely many would disapprove of the person who drives on the wrong side of the road, and a normal transgressor would feel shame for doing so. Moreover, noncompliance violates a legal norm, backed by coercive penalties. Since going into the wrong lane also risks serious harm to others, it violates the moral norm to do no harm. A harmed person or others on her behalf would be angry at the violation of the moral norm, and a normal transgressor would feel guilt.

Similarly, a practice such as FGM/C might be sustained by some combination of marriageability convention, social norm, religious norm, and moral norm. There are also important relationships among the several mechanisms. This clarification is needed to explain the frequent discourse about social approval and disapproval and about right and wrong among those deliberating continuation or abandonment of the practice. It also helps explain the powerful force of human rights discourse in the process of abandonment.

### **5.3. FGM/C Maintained by Marriageability Convention, Social Norm, or Both**

Overdetermination is the idea that a state of the world can be determined by more than one factor, each factor sufficient in itself to cause that state of the world. For example, each of two soldiers in a firing squad shoots one bullet at their victim: each bullet is enough to kill, but removing one soldier does not save the victim, rather both soldiers must be removed to do so. If a harmful social practice is overdetermined by more than one factor, then each factor must be addressed in order to end it.

FGM/C may be maintained by marriageability convention, by social norm, or by both. As previously discussed, the marriageability interest by itself is sufficient to maintain the marriageability convention of FGM/C. Positive and negative social sanctions by themselves also may be sufficient to maintain the social norm of FGM/C. An example from the Gambia illustrates this point. Although marriageability interest is widely mentioned across practicing communities, field researchers working among mixed (practicing and nonpracticing) ethnic populations in the Gambia, find little reference to marriageability. FGM/C is sustained in this area by a social norm enforced by informal social sanctions. A young girl or woman who is uncut can face stigmatization, social ostracism, and social isolation from her peer group.

A middle-aged woman there said:

Even the children insult their mates who are not circumcised. At times, you will see those children crying bitterly because their mates have isolated them...they will not stop complaining to their mothers...that they are always isolated from their mates who have been circumcised. In this way, the mother will end up taking the daughter to circumcision. If not, neither the mother nor the child will be at ease or comfortable.<sup>57</sup>

Perhaps in the Gambia the marriageability interest was important to earlier generations in practicing communities, but is not in present generations, possibly due to greater mixing of

---

<sup>57</sup> Hernlund and Shell-Duncan 2007.

practicing and non-practicing populations, although we know of no evidence for this speculation. The case of a Gambian wife who was stigmatized in her household by other wives for not having been cut, suggests that the marriageability convention is gone but the social norm remains. Upon being cut, she said, “my co-wife congratulated me for being so brave and also presented me with some gifts of gold earrings and a ring”.<sup>58</sup>

Community and peer pressure are important reasons for families with daughters or sons and sometimes even immigrating adult women to choose FGM/C. Foregoing FGM/C can lead to a loss of social standing for the girl and her family. Furthermore, marrying an uncut woman can damage the social standing of potential husbands and their families as well, thus increasing social pressure on husbands to marry cut women. In some cases, the cut wives of men who have other wives who are not cut look down upon the uncut wives.<sup>59</sup> This kind of pressure can lead the uncut wife to insist on being cut in order to improve her standing within the home.<sup>60</sup> Social sanctions are both negative and positive. The shame of being uncut amongst cut girls is counteracted by the positive incentive of group belonging after being cut. Through the procedure girls are also able to show respect for their family, show their bravery, and in some contexts become women. The ritual surrounding the practice can be accompanied by ceremony, gift giving, and a feeling of coming-of-age.

In some cases, a social practice “might first be a convention, become both a convention and a norm, and end up as a norm only”.<sup>61</sup> For example, European scholars once followed the social convention of communicating in Latin, but after the invention of the printing press audiences demanded works in the local vernacular. The interest sustaining the convention of Latin among scholars ended, but the social norm of communicating in Latin lingered a good while, because anyone wanting to be esteemed as a proper gentleman and scholar would need to display knowledge of the dead language.

Why some social conventions based on interest *also* become social norms backed by social sanctions is an emerging and unsettled issue in the literature on social practices.<sup>62</sup> One possible reason for the emergence of a social norm is that an individual’s failure to comply with the practice harms others in the community.<sup>63</sup> The prospect of harm motivates others to sanction norm compliance by the individual. Although failure to perform FGM/C harms the interests of the girl and her family, it does little to harm the interests of others in the intramarrying community. How then are others in the reference group motivated to sanction FGM/C as a social norm?

What follows is the most promising hypothesis about how the marriageability convention of FGM/C becomes a social norm. Recall that social convention theory assumes that parents love their children and want to do best by them. One of the most basic moral obligations is for parents to care for their children, not to do them harm, or when constrained, to choose the lesser harm for them. In the originating circumstances of FGM/C under imperial female

---

<sup>58</sup> Hernlund and Shell-Duncan 2007.

<sup>59</sup> Mackie 2000.

<sup>60</sup> Hernlund and Shell-Duncan 2007.

<sup>61</sup> McAdams 1999, p. 2740.

<sup>62</sup> See Bicchieri 2006, pp. 39-42, for some suggestions.

<sup>63</sup> Coleman 1990, pp. 241-265.

slavery, parents fulfil the basic moral norm of choosing the lesser harm for their children by having them cut. During generations of maintenance, parents continue to fulfil the moral norm of doing what is best for their daughters by complying with the marriageability convention: for their daughter to be uncut makes her unmarriageable and worse off than being married and cut. FGM/C usually becomes also a social norm because those who do right by their children face social approval and those who do wrong by them face social disapproval. If it is feasible to collectively abandon FGM/C, then not to abandon it most harms the child, and elevation, admiration, and approval are due to the members of a community who organize a successful collective abandonment.

*The process of abandoning a social norm can be identical to the process of abandoning a social convention:* a large enough proportion of the relevant community resolves to shift from a social norm and associated sanctions for maintaining a social practice, to a norm and associated sanctions for not practicing. Observed mass FGM/C abandonments involved a shift in marriageability convention, a shift in social norm, or a simultaneous shift in both. Because the processes of changing a marriageability convention and a social norm can coincide, social convention theory seemed to explain adequately most features of observed abandonments of FGM/C. The theory did not explain in enough detail, however, frequent observations of normative discourse in both the maintenance and abandonment of the practice.

McAdams (1997) distinguishes abstract moral norms from concrete social norms. An abstract moral norm is a general rule intrinsically motivated, such as to be a good citizen or to be a good parent or to respect basic rights. An abstract moral norm is more commonly found across different groups and is more enduring over time than a concrete social norm. Concrete social norms implement the abstract moral norm in particular social circumstances, are more relative from group to group and more apt to change over time. Being a good parent is important in both Guinea and Korea, for example, yet what it takes to be a good parent is different in both countries due to differing social circumstances.

Mothers organize the circumcision of their daughters because that is considered part of raising a girl properly, of being a responsible mother....women in central Guinea...said that their religion required that parents do three things for their daughters: “to educate them, to circumcise them, and to find them a good husband”.<sup>64</sup>

McAdams’s distinction is cognitive when it should be evaluative. The authors suggest it is better to distinguish more fundamental moral norms from less fundamental social norms derived from them. This formulation is also more suitable for application in nonliterate societies, whose members are less likely to contrast the abstract and the concrete but more likely to contrast a fundamental value and a derived value. Enunciation of the fundamental moral norm directs the attention of people to the ultimate point of an implementing social norm. The fundamental moral norm, “do not harm your child” motivated the origination and maintenance of the marriageability convention of FGM/C, and the very same fundamental moral norm motivates abandonment once it is realized to be feasible. *Families involved in*

---

<sup>64</sup> Yoder, Abderrahim, and Zhuzhuni 2004, p. 13.

*abandonment are not changing their most basic values at the behest of outsiders. Rather, in response to credible new information, and thanks to the opportunity to reflect upon it together, they are choosing to change their ways so as to realize their basic values more coherently and more fully.* This is hypothesized to be the explanation for the powerful force of human rights discourse in the abandonment of FGM/C. How transformative human rights discourse brings about change will be discussed after we consider how several other factors can overdetermine the maintenance of FGM/C.

#### **5.4. Additional Overdetermining Factors: Religious Obligation, Rite of Passage, and Female Honour and Modesty**

So far, we have discussed how FGM/C can be sustained as a marriageability convention, a social norm, or both. FGM/C may be sustained also by one or more overdetermining factors that vary widely across groups. Here we consider the three most prevalent factors: religious obligation, adolescent rite of passage, and female honour and modesty. Each factor appears in some practicing communities, but is not found as widely as the marriageability connection. First, in a community where FGM/C is perceived as a specific step a girl must take to fulfil certain religious obligations, interventions designed only to collectively resolve the marriageability problem may not be sufficient to end the practice without also taking steps to credibly address the believed religious obligation to practice FGM/C. At the same time, a plan that addresses revision of religious norm, but not the problem of marriageability, would also not be sufficient to achieve abandonment. Gruenbaum (2001, p. 192) says that no matter how authoritative the source of the message that FGM/C is not a religious requirement, parents will continue the practice if it is a requisite of their daughter's marriageability and security.

A second overdetermining factor is the association of FGM/C with an initiation rite. Contrary to popular impression, FGM/C is often not associated with rite of passage. According to Hayes (1975, p. 621) "infibulation is not a rite of passage among the Somali, nor do my data indicate that it is in Sudan, and according to Kennedy it is not so in Egyptian Nubia." Furthermore, the age at which FGM/C is done averages 7-11 across groups, but varies significantly between groups: in more than a few it is done in infancy, and in a few it can be done as late as after the birth of the first child. FGM/C clearly does not mark transition to womanhood at those ages.

Sometimes, however, FGM/C is associated with initiation rites. In coastal West Africa, from Senegal to Nigeria, FGM/C is associated in a number of groups with elaborate initiation ceremonies at puberty, which in a subset of those groups also involves entrance into a women's secret society.<sup>65</sup> In the East African highlands, a number of groups are organized into age-grades entered by initiation, usually at adolescence and associated in a subset of those groups with FGM/C.<sup>66</sup> Historically, if a group with a tradition of an initiation ritual later adopts FGM/C, then FGM/C might be integrated into its initiation ritual. Initiation, especially among those secret societies that span local communities as in Sierra Leone, might be so loaded with other purposes and meanings that the supposed connection between FGM/C and marriageability becomes a trivial consideration in comparison. Ahmadu (2000)

---

<sup>65</sup> Murdock 1959, pp. 263, 269.

<sup>66</sup> Murdock 1959, pp. 337, 345.



reports that to forego initiation, including FGM/C, into the religious practice of the women's secret society would have permanently consigned her to childhood status in her extended Sierra Leonean family.

Johnson (2000) says that although the Mandinga in Guinea-Bissau claimed that initiation and FGM/C are inseparable, half of the respondents were cut without any initiation ceremony. Hernlund (2000) says that it is becoming increasingly common for girls in the Gambia to be cut with less ritual and at younger ages and that this is part of a general trend. Efua Dorkenoo (1994, p. 3940) suggests that the trend to less ritual and younger ages undermines the hypothesis that FGM/C is explained as an initiation rite. DHS confirm that in some practicing countries girls are being cut at earlier ages.<sup>67</sup> If initiation is fading, but FGM/C stubbornly remains, perhaps that is evidence that they are separate entities and that initiation is much more weakly persistent than is FGM/C. In some places the states of adulthood and marriageability might be distinct, such that the elements of the initiation ritual that establish adulthood are not sufficient to establish marriageability, which requires the separate step of male or female circumcision. In other places the states of adulthood and marriageability might be identical, so that retaining initiation ritual but abandoning FGM/C might be a feasible strategy.

The third and most difficult overdetermining factor is the female honour and modesty code, which requires not only actual chastity and fidelity, but costly symbolization of those qualities. It is found in association with FGM/C in the countries of Northeast Africa, and in pockets in other parts of Africa. The strong code is found on other continents as well, but not in association with FGM/C. The honour and modesty code prescribes a suite of values and practices, including FGM/C, both internalized by training and enforced externally by social, legal, and religious norms. In many human groups spousal fidelity, actual and sometimes symbolic, is a powerful moral norm, although worldwide the double standard, of expecting more of the woman than the man, is common. The norm may be based on legitimate expectations of reciprocity: each spouse owes the other both fidelity and support. Traditionally, the male especially owes material support during pregnancy and child-rearing and the female especially owes the male a child that is his own. However, punishment for failure to reciprocate is more frequent and severe against women than men. Violation of the fundamental norm of reciprocity creates guilt in the transgressor, and anger in the transgressed; guilt and anger can involve the immediate parties, or the larger corporate family responsible for its members' behaviour, or the entire community. What counts as violation of the fundamental moral norm is implemented by more variable derived social norms. If, in a given community, a practice like footbinding, FGM/C, seclusion of women, or very modest dress stands for fidelity, then to defy the practice declares one's infidelity, even if one's actual intentions and behaviour are known to be wholly faithful, and such defiance can contaminate the woman's whole family.

How can FGM/C be disconnected from the honour and modesty code? Revise self-enforcing beliefs that decent women must be cut by learning that elsewhere decent women are uncut. Apply human rights discourse to the problem of unequal status and treatment of women and men. Revise concrete social norms about chastity and fidelity to be more coherent with

---

<sup>67</sup> Yoder, Abderrahim, and Zhuzhuni 2004, p. 48.

underlying moral norms. Provide practical strategies for dealing with men's advances. Emphasize men's equal obligations to reciprocate fidelity and support.

### **5.5. Transformative Human Rights Deliberations**

The most powerful but until now, undertheorized factor inspiring FGM/C abandonment in local communities is the introduction of participatory human rights education. In the first observed mass abandonments, in both Egypt and Senegal, public commitments to end FGM/C, came only *after* human rights deliberation was introduced into their basic education curricula.<sup>68</sup> Tostan, after decades of work in Senegal that focused primarily on local development projects and basic literacy, health and life skills education experimentally added human rights education to its programme. The first village where the module was added, Malicounda Bambara, on its own initiative after two years participating in the basic education program, became the first village to organize abandonment of FGM/C. A similar story is told in Deir El Barsha, where CEOSS had traditionally focused on health education, local development, and women's empowerment programmes. Human rights education in Deir al Barsha meant that FGM/C was "dealt with from a broader perspective than merely focusing on its hazards and health problems. Primarily, this practice was projected as being a gross violation of the rights of women and female children...to live a life free of physical and moral violence".<sup>69</sup> The programmes in Malicounda and Deir El Barsha are entirely independent from one another, are 5000 kilometres apart and in completely different cultural zones, yet each yielded unprecedented results, surprising administrators of both programmes.

Prior to the introduction of participatory human rights education, messages aimed at stopping FGM/C focussed primarily on the health risks associated with the practice.<sup>70</sup> Possibly as a result of the messages, some parents turned to medical practitioners or reduced the severity of the practice, although it is not known whether health education caused medicalization of the practice. With health education alone, medicalization of the practice is still consistent with the fundamental moral norm of doing the best for one's daughter, since medicalization reduces health complications while still enables the daughter to marry. The introduction of broad deliberations about human rights transforms the process. Making the fundamental moral norm explicit justifies why a social norm should be revised – so that it can better realize the underlying fundamental norm. Participatory human rights education provides a justificatory framework and ennobles the process of norm revision. Individuals are not rejecting the bad, but are embracing the good.

The NGO KMG in Ethiopia in 2000 held workshops for 50 women from different subdistricts on gender, democracy, and women's rights. It also coordinated with government and community organizations, and built its credibility with community projects. Its webpage in a 2002 entry states that, "We used to talk about helping one girl at a time. Now, our people have taught us that it is possible to seek not just change, but accelerating change." In early 2003, it implemented a vigorous community dialogue programme, which led to many coordinated community abandonments.<sup>71</sup> Both human rights deliberation and coordinated

---

<sup>68</sup> Hadi 1998, p. 31; Tostan 1999.

<sup>69</sup> Hadi 1998, p. 31.

<sup>70</sup> Rogo, Subayi, and Toubia 2007, pp. 11-12.

<sup>71</sup> Dagne 2008; <<http://www.kmgselfhelp.org/hotissues.html>>

community abandonment are necessary for change. National programmes in Egypt and Sudan are promoting positive human rights messages and discussions at national, regional, and local levels, and are experimenting with a variety of coordinated abandonment through community dialogue efforts at the local level.

It is natural to speculate that the realization that one possesses inalienable human rights, not only treasured as values in one's own community but also recognized in international covenants, activates a powerful endowment effect. The literature of the endowment effect finds that in many circumstances individuals tend to place higher value on goods or rights they already possess, as opposed to those they only wish to have. Prior to fulfilling certain rights, or prior to even having a conception of such rights, one will not place as much value on attaining them as one would in the alternate scenario of possessing them and having them violated or taken away. Once people realize they have rights – once rights are entered on their mental map – they attach high value to securing and protecting their own rights and those of their children.

Revising self-enforcing beliefs relates also to the concept of *release* of adaptive preferences, developed by Elster, Sen, and, with respect to women in development, by Nussbaum (2001). The basic concept of adaptive preferences is that someone's preferences may be mistakenly adapted to the choices they believe to be feasible, like the fox in Aesop's fable who dismisses the grapes he can't reach as no good anyway. For example, in Bengal in 1944 a survey found that 46 per cent of male widowers reported that their health was either indifferent or ill, as compared to 3 per cent of female widows.<sup>72</sup> Which is more likely? That the men are 17 times sicker than the women? Or that the men consider it feasible to improve their health and thus complain and that the women consider it not feasible to improve their health and assert, and probably even feel, that all is as it should be? Nussbaum writes about oppressed women being released from adaptive preferences. She tells the story of Vasanti, who once considered marital abuse as a part of woman's lot in life, just part of being a woman dependent on men. "The idea that it was a violation of rights, of law, of justice, that she herself had rights that were being violated by his conduct – she did not have those ideas at that time, and many women all over the world still do not have them".<sup>73</sup> The difference is that the concept of adaptive preferences assumes that people know of impractical alternatives but stop preferring them. In contrast, the concept of self-enforcing beliefs emphasizes that people do not even come to know of better alternatives.

Appadurai (2004, pp. 68-69) offers an independently-devised conception similar to the idea of revising derived social norms in order to better realize more fundamental moral norms. He places more fundamental aspirations for the good life at the apex, which in turn back more derived intermediate norms about marriage, work, respectability, and so on, and these intermediate norms in turn back the specific wants and choices about one mate or another, one job or another, and the like. Development theorists, he argues, tend to study the specific wants and choices of people and to neglect the more fundamental norms behind those wants and choices. He also says that the materially better off have a more highly developed capacity to aspire. This capacity arises from the variety of experiences in their lives, which

---

<sup>72</sup> Nussbaum 2001, p. 80

<sup>73</sup> Nussbaum 2001, p. 69.

allows them to learn in detail the connections between immediate choices and ultimate ends. The capacity to aspire allows one “to explore the future more frequently and realistically.” Arousal and elaboration of the capacity to aspire is essential to the development of the materially worse off, he says. Appadurai’s conception is inspired by ethnographic study of an alliance of housing activists based in Mumbai. Two prominent recommendations of his analysis are, first, the need for processes that improve the capacity to aspire, and, second, cultural performances that enact consensus on those aspirations. There is close resemblance to observed mass abandonments of FGM/C.

This essay concentrates on an irreversible abandonment of FGM/C but has indicated that abandonment of the practice is often just one part of broad changes for the better brought about by holistic, human-rights-based, community empowerment programmes. Nussbaum’s conception of central capabilities parallels Appadurai’s aspirations for the good life and our focus on transformative human rights deliberations. She too appreciates the practical power of such discourse for obtaining broad results:

We learn something about the likely stability of a consensus based on central capabilities when we note...that women who have become literate find literacy valuable and even delightful, that they report satisfaction with their new condition, and that the transition in their lives begun by literacy is not one that they would wish to reverse. The same is evidently true for health and sanitation, for learning to stand up against domestic violence, and for acquiring political liberties and capabilities: people who once learn and experience these capabilities do not want to go back, and one cannot really make them go back. The delight and satisfaction that makes people unwilling to go backwards is a very important sign that the conception we are developing is likely to be a stable one.<sup>74</sup>

Transformative human rights deliberations should not be conceived of as the imperious transmission of informed and legitimated international norms to less informed and less legitimate local communities. Indeed, such an attitude would not respect the rights of the people making up those communities. Nor are such deliberations essentially a matter of opposing international moral norms to local social norms. Rather it is more a matter of what philosopher Hans Gadamer termed a fusion of horizons; in this instance, the joining of local values and practices, cultural and religious, with international rights discourse and experiences, each enlightening and improving the other. A general value, illustrated through a number of specific local examples, helps people identify which of their existing values are more fundamental, and which values derive from those fundamental values. Merry (2006) observes that the international human rights framework used by the international movement against violence towards women is also enthusiastically appropriated by local, regional, and national movements to curb such violence. But, she notes, to be effective, human rights ideas need to be translated into local terms and be actively remade in the local vernacular.

This paper has discussed how a public commitment serves as a mechanism to coordinate families within intramarrying communities on abandonment, and as a mechanism activating individual and collective resolve to live up to the abandonment decision. The public commitment not only shifts the convention, maintaining the marriageability interest and advancing the health interest, but just as importantly, it also shifts the social norm, so that

---

<sup>74</sup> Nussbaum 2001, pp. 85-86.

going uncut becomes positively sanctioned and being cut becomes negatively sanctioned. Furthermore, the moment of public commitment can be a positive, celebratory, ennobling event.<sup>75</sup> Haidt (2003) claims to have identified a separate emotion of moral elevation, with distinct elicitors, subjective feelings, objective physiological markers, and action tendencies. Elevation “appears to be caused by seeing manifestations of humanity’s higher or better nature; it triggers a distinctive feeling in the chest of warmth and expansion; it causes a desire to become a better person one’s self; and it seems to open one’s heart, not only to the person who triggered the feeling but also to other people”.<sup>76</sup> It may sound maudlin to the cold mind of the social scientist, but if it is an identifiable entity with motivational force for social change, then it is a phenomenon that merits study.

Transformative human rights deliberations may fuel moral elevation in the hearts of women and other community members who believe that, in working towards the end of FGM/C and other problems in their community, they are doing something good, important and necessary for themselves, their children, and their people, something that will contribute not only to this generation, but to generations to come.

They each admire the others, and each feel elevation, in the process of abandonment, which climaxes in public commitment. This is plain to visiting observers contemplating abandonment, who are attracted to enacting the event on their own behalf. One study reports, “The public declaration was also seen as an opportunity to increase the popularity of the village where it was held.” The head of one participating neighbourhood said, “It was important for the village. It enabled us to become better known”.<sup>77</sup> See the norm shift in these statements – rather than feel shame at not practicing FGM/C, or for having practiced FGM/C in the past, one now feels pride to declare to the world one’s choice for the future. Rather than looking backward to understandable and nonculpable mistakes in the past, one is motivated to move forward to a positive vision of one’s people and their ways.

## 6. CONCLUSION

Social convention theory was and is useful in helping to understand how for centuries nearly all the families in certain intramarrying communities imposed a harmful and dangerous practice on their children, how and why footbinding after a thousand years ended in a single generation, and how and why FGM/C, while stubbornly resistant to change, yields to organized mass abandonments. The initial model drawn from social convention theory, did not, however, treat in enough detail normative discourse, especially transformative human rights deliberations, observed as an essential feature of organized mass abandonments. Since the theory is becoming influential in practice,<sup>78</sup> it is important that these refinements be developed and evaluated.

This paper has attempted to summarize and update what we know about the causes of FGM/C, the social dynamics that perpetuate it, and those that effectively encourage its abandonment. Hernlund and Shell-Duncan (2007) note that it is important to realize that

---

<sup>75</sup> Field notes: Mackie 1999, 2004.

<sup>76</sup> Haidt 2003, p. 864.

<sup>77</sup> Diop et al. 2004, p. 28.

<sup>78</sup> WHO 2008.

different communities practice FGM/C in different contexts, and that each context presents specific challenges for reformers. This paper has also attempted to illuminate general trends that tend to be applicable over a broad set of cases across countries of origin as well as immigrant communities. The general model we have proposed – one which integrates self-fulfilling beliefs, marriageability convention, social norm, and moral norm – provides additional insights for understanding the abandonment of FGM/C in most practicing communities.

The analysis is founded on a well-considered theory of social practices, and unites apparently disparate observations of the content and process of effective abandonment programmes. An initial core group, called the critical mass, recruits others through organized diffusion until a large enough portion of the intramarrying community, called the tipping point, is ready to abandon, and actual, stable abandonment is realized by a public commitment. Overcoming self-enforcing beliefs requires credible new information, and includes discovery of the feasibility and desirability of the uncut alternative. Since FGM/C is maintained as a marriageability convention, a social norm, or both, the process for reversing a social norm can be identical to reversing a social convention. If religious obligation, rite of passage, or the honour and modesty code overdetermines the practice, it also requires community discussion. Reversal of the social norm, social convention, or both, is motivated by the fundamental moral norm of loving one's children and wanting the best for them, as disclosed and elaborated in transformative human rights deliberations. A theory of how and why the working parts fit together improves the effectiveness of programme design.

In development programmes there is often pressure to focus on immediate needs relating to survival and development and to do so by addressing the underlying poverty, gender inequality and violence. The empirical successes of approaches to ending FGM/C that are holistic, community-based and that use human rights education to promote social transformation suggest that the goals of ending FGM/C and of ending poverty, gender inequality and violence do not conflict. Rather, these goals can be synergistic, each supporting the advancement of the other.

## References

- Abdi, Maryam Sheikh. 2007. "A Religious Oriented Approach to Addressing FGM/C among the Somali Community of Wajir, Kenya." *FRONTIERS Report*. Nairobi: Population Council.
- Ahmadu, Fuambai. 2000. "Rites and Wrongs: An Insider/Outsider Reflects on Power and Excision." In Bettina Shell-Duncan and Ylva Hernlund, eds., *Female "Circumcision" in Africa: Culture, Controversy, and Change*. Boulder, CO: Lynne Reiner Publishers.
- Appadurai, Arjun. 2004. "The Capacity to Aspire: Culture and the Terms of Recognition." In Vijayendra Rao and Michael Walton, eds., *Culture and Public Action*. Stanford: Stanford University Press.
- Assaad, Marie Bassili. 1980. "Female Circumcision in Egypt: Social Implications, Current Research, and Prospects for Change." *Studies in Family Planning* 11(2).
- Betzig, Laura. 1986. *Despotism and Differential Reproduction*. New York: Aldine Publishing.
- Bicchieri, Cristina. 2005. *The Grammar of Society: The Nature and Dynamics of Social Norms*. Cambridge: Cambridge University Press.
- Bodiang, Claudia Kessler, 2006. *Evaluation Report: Tostan: Ending Female Genital Cutting in Senegal*. Basel: UBS Optimus Foundation, Swiss Centre for International Health.
- Coleman, James S. 1990. *Foundations of Social Theory*, Cambridge: Belknap Press.
- CRDH, StatView, Division de la Statique de la République de Guinée, Forthcoming. *Baseline Study on Urban Behaviors in Guinea: Conakry, Labe and Faranah*. Conakry: USAID.
- Daffeh, Jarai, Sheriff Dumbuya, and Adelaide Sosseh-Gaye. 1999. *Listening to the Voice of the People: A Situation Analysis of Female Genital mutilation in the Gambia*, WHO, UNFPA, UNICEF.
- Dagne, Haile Gabriel. 2006. 'A Study on Community Dialogue Leading Towards Abandoning of Harmful Traditional Practices With Special Reference to Female Genital Cutting, Early Marriage and Marriage by Abduction, Conducted in Yilmanadensa Woreda/Amhara, Gewaned/Afar and Wolayta Zone', Country Paper submitted to UNICEF Innocenti Research Centre, Florence. UNICEF Ethiopia.
- Dagne, Haile Gabriel. 2008. 'A Study on Social Dynamics Leading to Abandonment of Harmful Traditional Practices with Special Reference to Female Genital Cutting, Kambatta and Tembaro Zone Kembatti Menti Gezzima – Toppe Project UNICEF Ethiopia' Country Paper submitted to UNICEF Innocenti Research Centre, Florence. UNICEF Ethiopia.
- Dickemann, Mildred. 1979. "The Ecology of Mating Systems in Hypergynous Dowry Societies." *Social Science Information* 18:163-195.
- Dickemann, Mildred. 1981. "Paternal Confidence and Dowry Competition: A Biocultural Analysis of Purdah." In R.D. Alexander and D.W. Tinkle, eds., *Natural Selection and Social Behavior: Recent Research and New Theory*. New York: Chiron.
- Diop, Nafissatou, Modou Mbacke Faye, Amadou Moreau, Jacqueline Cabral, Helene Benga, Fatou Cisse, Babacar Mane, Inge Baumgarten, and Molly Melching. 2004. *The Tostan Program: Evaluation of a Community Based Education program in Senegal*. Population Council.
- Diop, Nafissatou, and Ian Askew. 2006. "Strategies for Encouraging the Abandonment of Female Genital Mutilation: Experiences from Senegal, Burkina Faso, and Mali." In

- Rogaia Mustafa Abusharaf, ed., *Female Circumcision*. Philadelphia: University of Pennsylvania Press.
- Dirie, Mahdi A., and Gunilla Lindmark. 1991. "Female Circumcision in Somalia and Women's Motives." *Acta Obstetrica et Gynecologica Scandinavica* 70: 581-85.
- Dorkenoo, Efua. 1994. "Cutting the Rose – Female Genital Mutilation: The Practice and its Prevention." London: Minority Rights Group.
- Dorkenoo, Efua and Scilla Elworthy. 1992. "Female Genital Mutilation: Proposals for Change." *MRG Report 92/93*. London: Minority Rights Group.
- Elster, Jon. 2007. *Explaining Social Behaviour: More Nuts and Bolts for the Social Sciences*. Cambridge: Cambridge University Press.
- Gosselin, Claudia. 2000. "Handing Over the Knife: Numu Women and the Campaign Against Excision in Mali." In Bettina Shell-Duncan and Ylva Hernlund, eds., *Female 'Circumcision' in Africa: Culture, Controversy, and Change*. Boulder, CO: Lynne Rienner Publishers.
- Greenbaum, Dorothy. 1997. "Intellect Without Morality?" (Letter to the Editor). *Anthropology Newsletter*, February p. 2.
- Gruenbaum, Ellen. 2001. *The Female Circumcision Controversy: An Anthropological Perspective*. Philadelphia: University of Pennsylvania Press.
- Hadi, Amal Abdel. 1998. *We Are Decided: The Struggle of an Egyptian village to Eradicate Female Circumcision*, Women's Initiatives: 2. Cairo: Cairo Institute for Human Rights Studies.
- Hadi, Amal Abdel. 2006. "A Community of Women Empowered: the Story of Deir El Barsha." In Rogaia Mustafa Abusharaf, ed., *Female Circumcision*. Philadelphia: University of Pennsylvania Press.
- Hady, Amal Abdel. 2003. *Empowerment: from Theory to Practice: CEOSS experience in the area of the Eradication of Female Genital Cutting*. Cairo: Ceopress.
- Haidt, Jonathan. 2003. "The Moral Emotions," In R.J. Davidson, K.R. Scherer, and H.H. Goldsmith, eds., *Handbook of Affective Sciences*, pp. 852-870. Oxford: Oxford University Press.
- Hayes, Rose Oldfield. 1975. "Female Genital Mutilation, Fertility Control, Women's Roles, and the Patrilineage in Modern Sudan: A Functionalist Analysis." *American Ethnologist* 2(4): 617-633.
- Hernlund, Ylva. 2000. "Cutting Without Ritual and Ritual Without Cutting: Female 'Circumcision' and the Re-Ritualization of Initiation in the Gambia." In Bettina Shell-Duncan and Ylva Hernlund, eds., *Female "Circumcision" in Africa: Culture, Controversy, and Change*. Boulder, CO: Lynne Reiner Publishers.
- Hernlund, Ylva and Bettina Shell-Duncan. 2007. "Contingency, Context, and Change: Negotiating Female Genital Cutting in the Gambia and Senegal." *Africa Today* 53(4): 43-57.
- Hicks, Esther. 1996. *Infibulation: Female Mutilation in Islamic Northwestern Africa*, rev. and exp. Edition. New Brunswick: Transaction Publishers.
- Johnsdotter, Sarah. 2002. *Created by God: How Somalis in Swedish Exile Reassess the Practice of Female Circumcision*. Lund: Lund University.
- Johnson, Michelle C. 2000. "Becoming a Muslim, Becoming a Person: Female 'Circumcision,' Religious Identity, and Personhood in Guinea-Bissau." In Bettina Shell-Duncan and Ylva Hernlund, eds., *Female "Circumcision" in Africa: Culture, Controversy, and Change*. Boulder, CO: Lynne Reiner Publishers.



- Ko, Dorothy. 2005. *Cinderella Sisters: A Revisionist History of Footbinding*. Berkeley: University of California Press.
- Koso-Thomas, Olayinka. 1987. *The Circumcision of Women: A Strategy for Eradication*, London: Zed Books.
- Levy, Howard S. 1992. *Lotus Lovers*. Buffalo: Prometheus.
- Mackie, Gerry. 1996. "Ending Footbinding and Infibulation: A Convention Account." *American Sociological Review* 61:999-1017.
- Mackie, Gerry. 1998. "All Men are Liars: Is Democracy Meaningless?" In Jon Elster, ed., *Deliberative Democracy*. Cambridge: Cambridge University Press.
- Mackie, Gerry. 1999. "Field Notes – Senegal." internal document.
- Mackie, Gerry. 2000. "Female Genital Cutting: The Beginning of the End." In Bettina Shell-Duncan and Ylva Hernlund, eds., *Female "Circumcision" in Africa: Culture, Controversy, and Change*. Boulder, CO: Lynne Reiner Publishers.
- Mackie, Gerry. 2003. "Female Genital Cutting: A Harmless Practice?" *Medical Anthropology Quarterly* 17(2): 35-158.
- Mackie, Gerry. 2004. "Field Notes –Senegal and Guinea-Conakry." internal document.
- Mackie, Gerry. 2005. "Field Notes – Deir El Barsha, Al Minya, Egypt." internal document.
- McAdams, Richard H. 1997. "The Origin, Development, and Regulation of Norms." *Michigan Law Review* 96(2):338-433.
- McAdams, Richard H. 1999. "Conventions and Norms (Philosophical Aspects)." *International Encyclopedia of Social & Behavioral Sciences*.
- Merry, Sally Engle. 2006. *Human Rights and Gender Violence: Translating International Law into Local Justice*. Chicago: University of Chicago Press.
- Mohamud, A., S. Radeny, and K. Ringheim. 2006. "Community-Based Efforts to End Female Genital Mutilation in Kenya: Raising Awareness and Organizing Alternatives rites of Passage." In Rogaia Mustafa Abusharaf, ed., *Female Circumcision*. Philadelphia: University of Pennsylvania Press.
- Murdock, G.P. 1959. *Africa: Its Peoples and their Cultural History*, New York: McGraw Hill.
- Nichols, Shaun. 2004. *Sentimental Rules: On the Natural Foundations of Moral Judgment*. Oxford: Oxford University Press.
- Nussbaum, Martha. 1999. *Sex and Social Justice*. Oxford: Oxford University Press.
- Nussbaum, Martha. 2001. "Adaptive Preferences and Women's Options." *Economics and Philosophy* 17:67-88.
- Ortner, Sherry. 1996. "The Virgin and the State." *Making Gender: The Politics and Erotics of Culture*. Boston: Beacon Press.
- Rogers, Everett M. 2003. *Diffusion of Innovation*, 5<sup>th</sup> edition, New York: Free Press.
- Rogo, Khama, Tshiya Subayi, and Nahid Toubia. 2007. *Female Genital Cutting, Women's Health, and Development*. Washington, D.C.: World Bank.
- Russell-Robinson, Joyce. 1997. "African Female Circumcision and the Missionary Mentality." *Issue: A Journal of Opinion (ASA)* 26(1): 54-57.
- Schelling, Thomas C. 1960. *The Strategy of Conflict*. Cambridge: Harvard University Press.
- Shell-Duncan, Bettina. 2007. "From Health to Human Rights: Female Genital Cutting and the Politics of Intervention." *American Anthropologist* 110(2):225-236.
- Shell-Duncan, Bettina, Walter Obungu Obiero, and Leunita Auko Muruli. 2000. "Women Without Choices: The Debate over Medicalization of Female Genital cutting and its Impact on a Northern Kenyan Community." In Bettina Shell-Duncan and Ylva

- Hernlund, eds., *Female "Circumcision" in Africa: Culture, Controversy, and Change*. Boulder, CO: Lynne Reiner Publishers.
- Tostan. 1999. *Breakthrough in Senegal: Ending Female Genital Cutting*. Population Council.
- Toubia, N. F. and E.H. Sharief. 2003. "Female genital mutilation: have we made progress?" *International Journal of Gynecology and Obstetrics* 82: 251-261.
- UNICEF. 2005. *Changing a Harmful Social Convention: Female Genital Mutilation/Cutting (Innocenti Digest)*. Florence: UNICEF.
- UNICEF. 2007. *Technical Note: Coordinated Strategy to Abandon Female Genital Mutilation/Cutting in One Generation*. New York: UNICEF.
- WHO. 1999. *Female Genital Mutilation – Programmes to Date: What Works and What Doesn't – A Review*. Geneva: World Health Organization.
- WHO. 2008. *Eliminating Female Genital Mutilation: An Interagency Statement* (UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO). Geneva: World Health Organization.
- Yoder, P. Stanley, Nouredine Abderrahim, and Arlinda Zhuzhuni. 2004. *Female Genital Cutting in the Demographic Health Surveys: A Critical and Comparative Analysis*, DHS Comparative Reports 7 Calverton: ORC Macro.