Socio-cultural dynamics of female genital cutting: Research findings, gaps, and directions

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Abstract
The goal of abolishing female genital cutting (FGC, or also FGM or ‘female circumcision’) requires that the socio-cultural dynamics of the practice be well understood if behavioural change is to be accomplished. This paper, based on the literature and the author’s ethnographic research in Sudan, reports on the research issues of studying the variation in and complexity of cutting practices and their cultural correlates, arguing for multiple approaches and methods. It highlights directions for future research.

Résumé
Abolir l’excision (ou mutilation génitale ou encore « circoncision feminine ») demande que la dynamique socioculturelle de la pratique soit bien comprise si des changements comportementaux doivent se produire.

Cet article, basé sur la littérature et sur la recherche ethnographique de l’auteur menée au Soudan, rend compte des questions de recherche posées par l’étude de la variation et de la complexité des pratiques d’excision, ainsi que leurs corrélats culturels, en prenant position en faveur d’approches et de méthodes multiples.

Il met en lumière des orientations de recherches futures.

Resumen
La meta de suprimir el corte genital femenino (FGC o FGM, o también ‘circuncisión femenina’) requiere la dinámica socio-cultural de esta práctica que se entenderá bien si se va el cambio del comportamiento a ser logrado. Este papel, basado en la literatura y la investigación etnográfica del autor en Sudán, informes sobre las aplicaciones de la investigación estudiar la variación en, y la complejidad de, las prácticas del corte y de sus correlativos culturales, discutiendo para los acercamientos múltiples y los métodos. Destaca las direcciones para la investigación futura.

Keywords: Female genital cutting, FGM, infibulation, Sudan, harmful practices

Introduction
A frequently asked question in the international discourse on female genital cutting practices is ‘why do they do it?’. The world wonders how loving parents can allow their
daughters to be held down and cut, usually causing fear, pain, and possible major damage to health and physical functions. It seems incongruous and shocking to imagine a six year-old girl enduring such pain and indignity, particularly at the hands of those she trusts. Yet an estimated 2 million girls experience some form of this harmful practice each year.

Many people have responded with outrage, condemning the people who practice such genital cutting of girls, while others have tried to understand it in context. But regardless of the emotional or moral response people feel, those who are committed to abolition will be most effective if the change efforts are sophisticated, culturally informed and socially contextualized.

This paper reviews the sociocultural dynamics of persistence and change in female genital cutting practices and the conceptual and methodological issues involved in research on female genital cutting. Sociocultural research findings for these widespread practices demonstrate that they have many differing cultural meanings among practitioners of differing religions and among peoples of many cultures.

Cultural explanations

Like the proverbial group of blind people feeling different parts of the elephant and coming to quite different conclusions about what the animal is like (a tree trunk, a whip, a snake, a wall, a fan), research and experiences in different social contexts have led to quite different understandings of ‘female circumcision’ and the reasons why female genital cutting (FGC) is carried out. Not only do the reasons differ between cultural and social contexts, but also individuals’ reasons for the choices they make also differ within a society. Culture here should not be reified: while cultural values are indeed powerful influences in structuring thought and action, human actors regularly critique their backgrounds, making choices that reinterpret their cultural and religious values and add new elements.

Yet in the popular media, explanations for genital cutting are frequently simplistic, emphasizing a single, underlying explanation, such as ‘male dominance’, and inferring that the purpose is to prevent women’s sexual fulfilment. The research literature on sociocultural factors documents wide variation in practices, reasons, and consequences, yet the popular media fail to differentiate between the types and tend to privilege the most serious and damaging practices—especially severe infibulation—the most unhygienic methods, and the most coercive circumstances (Shell-Duncan and Hernlund 2000, James and Robertson 2002). The images of broken glass and rusty knives, of thorns and infibulation, and of the use of force, occupy an unduly privileged position in international popular discourse (Gruenbaum 2001, Shell-Duncan 2001). These shocking images, common in the rhetoric of change efforts, have proven effective in mobilizing awareness and opposition to all forms of FGC.

Even though the less severe forms could be proposed as a transition programme for ‘harm reduction’ (Shell-Duncan 2001), reformers concede that all childhood forms violate a minor child’s human right to bodily integrity. Nevertheless, the plurality of the practices and their great variation in harm, in meaning and reasons, in cultural roots, and in obstacles to change, deserves additional socio-cultural research attention, to assure that change efforts are designed to maximize respect, appropriateness, and effectiveness.

Change against FGC has already been underway for more than a century in some areas of the world (see Abusharaf 2000: 164–165), a clear challenge to any deterministic view of culture. It is a misunderstanding of ‘culture’ to assume it is homogeneous or unchanging. Cultural values are seen differently by social groups—males and females, powerful groups
and oppressed groups, older and younger generations, religious leaders and common people, educated and illiterate. And as each new generation encounters new challenges of environment, social encounters with other groups, new ideas and technology, or migration and war, it is the adaptability of culture—considering and incorporating new ideas, discarding those that are no longer useful—that enables a social group to remain vital and its culture to remain satisfying and cohesive even as some practices change.

Shell-Duncan and Hernlund caution analysts to avoid what Gosselin (2000: 18–19) has called the ‘trivialization of culture’ that can occur when FGC practices are removed from their social and historical contexts and offered up as ‘barbaric customs’. Such oversimplifications of ‘reasons’ evoke an image of people mindlessly following rituals that are passed down without reflection, offensive to the very people reformers seek to engage with (Toubia 1985).

The vitality of culture

To suggest that people are prisoners of their traditions (Lightfoot-Klein 1989) underestimates the dynamics of change and human agency and the potential for rapid change. Cultural values can be anchors that reinforce tradition, but they can also be the source of ideas for rethinking and challenging cultural practices. Cultural values can also serve as launching points for new ideas. For example, although love of one’s daughters leads to cutting them in an effort to ensure their virginity and marriageability, that same value can be utilized to give meaning to alternative practices introduced in planned change, such as protecting their health. If there is also a movement of young men seeking uncircumcised wives and a movement of girls being expected to take responsibility for their own adherence to moral strictures against premarital sex, change could occur more rapidly.

Once we establish that culture is a lively force of which people are, as individuals and as groups, the living agents, it is possible to re-examine the ‘reasons’ lists for FGC and search for dynamic potential. Meaningful insights about culture emerge not from generalizing about the most common opinions or statistical breakdowns of responses to why do you do it questions, but from hearing about the differing points of view of individuals, families, health practitioners, and students of religion; hearing how people debate about what is the right thing to do; and listening to the rationales for their choices.

The success of the model used by the Senegalese non-governmental organization TOSTAN, wherein women’s empowerment is encouraged through literacy, leadership skills, and social development, allowing women themselves to decide when is the right time to begin to address change in female genital cutting practices, underscores this potential in cultural dynamics (see http://www.tostan.org). By focusing on facilitating change in the most urgent improvements people desire in their lives, a sense of empowerment can grow which then led to women’s local initiatives to end female genital cutting. While this empowerment model may not yield immediate change, the change that results will be transformative and lasting.

Methodological approaches to the study of socio-cultural dynamics and FGC

Neither the apparent origins of the practices nor the perpetuation of the practices in past decades can be fully explained utilising a static concept of culture. In 2002, two international conferences were held at Bellagio, Italy, addressing research and action on
FGC. Shell-Duncan (2001), among others, emphasized the need for a dynamic understanding of culture:

Discussions of the cultural context of female genital cutting, in both the academic and activist literatures, as well as in popular media, often describe the practices as an ‘entrenched’ and ‘deeply-rooted’ tradition, practiced for thousands of years in parts of Africa. Much of the existing literature conveniently overlooks the dynamic cultural, political and historical contexts of the various types of genital cutting performed by different actors in widely varying contexts. (Shell-Duncan 2001: 1)

Acknowledging the dynamism of culture and the complexity of variations of individual motivations for FGC underscores the need for method triangulation in research in this field. Surveys should be complemented by qualitative research if we are to achieve the depth of analysis needed to design effective interventions.

Qualitative research faces particular challenges when the topic is genital cutting. Participant observation, the preferred method of cultural anthropologists, is often critiqued for its validity and generalizability—do the findings apply to all villages, ethnic groups, and social classes in the region? Do they provide insights that are useful in other countries? Ethnographic descriptions of findings often require specific examples and individual stories in explanations, leading some to critique participant observation data as anecdotal. Multi-site surveys, comparative ethnographies, and focus groups may help interpret more limited forms of participant observation data.

In addition, since the cutting practices are infrequent, often held in private, and sometimes illegal, access may be difficult. Interviewing can be fruitful, although answers are often affected by ‘performance expectation’ or ‘reactance’ (Mackie 2000), that subtle distortion of honesty that results when an interviewee shifts his or her answer to say what they think the researcher wants to hear, leading informants to express modern views even when practices and beliefs may not have changed much. Research is also affected by respect for privacy needs or ethical considerations about intrusiveness in researching sexual practices.

Nevertheless, participant observation offers a good opportunity to get below the surface. As Shell-Duncan notes (2002), strangers cannot usually witness a family decision-making process such as when or whether to circumcise, and a survey interviewer arriving according to a research schedule is unlikely to have the opportunity to attend weddings or childbirths. In participant observation, however, bridging relationships and rapport promote access to events. During several weeks of fieldwork in a Sudanese village during the 1970s, the author was able to interview and observe the work of the government trained midwife, witnessing her techniques for childbirth and infibulations. That relationship laid the foundation for a long-term observation of change when interviewed again in three subsequent periods of research, the most recent in March 2004.

The anthropologist’s immersion in the community can help him or her to understand roles and social dynamics that impact the views expressed and events witnessed. As Shell-Duncan (2002) notes, ‘Knowledge about interrelated social factors and positionality of members of different subgroups of society based on factors such as age, gender and economic status allows the researcher to situate issues related to female genital cutting within a broader social context. It provides the basis for an intuitive understanding of observations, allowing for the interpretation of data’.

When time does not allow for extensive participant observation, individual in-depth interviews are highly desirable and focus group interviewing is another choice. However, focus groups can be unwieldy. In my own ethnographic research in the Sudan, the
excitement surrounding the presence of the research team meant that scheduling a group was impossible without resulting in a large crowd. Hospitality ethics required that anyone who dropped by be included, and this made any sort of controlled format impossible. We adjusted by shifting to directing questions either to the whole group or shifting to a sort of ‘public interview’ with a single individual with others jumping in. Although the result was chaotic at times, it provided leads for follow-up interviews.

The demand for quantifiable data on practices and associated variables that can be used in comparisons often leads researchers to undertake surveys where these are possible. In addition to participant observation and focus groups, Shell-Duncan’s (2002) research on the Rendille of Kenya used a large survey. The Demographic and Health Surveys that have now been conducted in many of the countries affected by FGC now include a set of questions focused on the practices. Generally speaking, however, brief survey responses are more comprehensible when combined with richer ethnographic information.

Adult responses to surveys may also mask the effect of peer pressure. In research in Sudan I have found that little girls use childish taunts to reinforce conformity or to stimulate or resist change (Gruenbaum 2001). In the 1970s, girls from the Arab-Sudanese ethnic group that performs infibulations mocked uncircumcised girls both from their own group and from the Zabarma, using name-calling, Ya, Ghalfa! (Hey, unclean!) (Gruenbaum 2001). Some mothers from the non-infibulating Zabarma group told me their daughters had begun to respond to the pressure by asking to be circumcised, needling their mothers with comments like, ‘What’s the matter? Don’t we have razor blades like the Arabs?’.

Social pressure to conform to higher status Arab practice was resisted by creative responses of some Zabarma girls, who answered the hecklers with name-calling of their own. Ya, mutmura! they called, naming the target of the taunt as the underground grain storage pit that is opened and closed, opened and closed, just as the scar tissue is for birth and reinfibulation (Gruenbaum 2001: 130–131). Unfortunately, by 2004 the Zabarma in this same community had adopted FGC—clitoridectomy rather than infibulation, however—mostly to end fighting among girls.

Careful anthropological and sociological research using participant observation, interviews, focus groups, and surveys offer the foundation for understanding both resistance to change and changes that take an unanticipated direction. As in the case just mentioned, non-cutting social groups have adopted and continue to be interested in adopting the practices (Leonard 2000). Yet cultural values, wit, dialogue, and artistry can be mobilized effectively both to deflect pressure to adopt more damaging practices and to promote more healthful change. And as human agency is increasingly recognized in cultural debates (cf. Ahmadu 2000: 283), reformers must consider how individual choices and cultural self-determination play out in defence of a marker of identity or a symbolic world view.

Socio-cultural research and promoting change

Efforts to promote change in female genital cutting practices did not commence in the late twentieth century. Their origins are to be found in the work of indigenous women’s organizations and religious leaders (Abusharaf 2000), colonial medical establishments (Boddy 1998a), and missionaries in Africa in the late nineteenth and early twentieth centuries (Gruenbaum 2001). In colonial efforts, the theme for many social change efforts was ‘enlightenment’, drawing the subject peoples out of traditions that Europeans deemed harmful, beliefs considered too non-Western, and practices that obstructed the smooth
administration of colonial political and economic control. During the colonial period, many African traditions were targeted for change to pave the way for enlightenment on a European model of values, for improved hygiene and health conditions to protect workers and European settlers or administrators, to achieve pacification, and to spread Christianity.

Campaigns against indigenous rituals (e.g., scarification as a rite of passage into manhood, female genital cutting), marriage practices (especially polygyny), and indigenous faiths (beliefs in spirits, veneration of ancestors) were common under colonial powers. It was not uncommon, especially in the early twentieth century when the women’s rights movements had gained momentum in the USA and Europe, for traditional practices in Africa and the Arab world to be blamed for oppressing women in Africa and the Middle East. This provided an additional justification for colonial control and missionary intervention.

Hayes (1975) published a research-based article on female genital mutilation in Sudan, linking the practices to fertility control, women’s roles, and patrilineal social structure. Assaad (1980), Boddy (1982), Cloudsley (1983), and the author (Gruenbaum 1982) later analysed the value of the practices in their cultural contexts. Although these writings recognized that female circumcision was not very pleasant or healthy, the practices were understood to have symbolic vitality (Boddy, 1982) and social consequences for marriageability. None of these analyses was an apologist stance. Indeed Cloudsley’s original subtitle to *Women of Omdurman* was ‘Victims of Circumcision’. Although analytical rather than activist, the writers recognized that change was already happening and it was likely to continue.

The long agenda of life struggles facing poor people in so many African communities often precludes immediate attention to change in circumcision practices. Some have argued that more urgent attention should be paid to women’s inequality of opportunity and power, as well as the conditions of war, famine, high rates of disease and infant and child mortality, and lack of educational opportunities (Gruenbaum 1982, see also Morsy 1991). One effect was that some promoted a gradualist programme of change in FGC, promoting modification to less harmful practices and ‘medicalization’ to lessen the risks. Medical professionals even performed cutting in their offices rather than allowing patients to seek out minimally trained midwives in unhygienic circumstances. Such transitional programmes remain controversial—rejected by many human rights-inspired feminists, yet considered preferable to infibulation for those not yet ready abandon all forms since lesser surgeries offer ‘harm reduction’ desirable under some public health perspectives (Shell-Duncan 2001).

International critics like Hosken (1978, 1980, 1982), with her harsh criticisms of practitioners triggered a less than helpful backlash among some African women who considered the condemnations to be racist and insensitive to cultural self-determination (Abusharaf 2000, El Sadaawi 1980a, 1980b). One of the most significant advancements in work for change came from the increased engagement of African scholars in research, activism, and international discourse, undercutting previous resistance to change based on accusations of outside interference. Indigenous African initiatives led to better questions and better access to research subjects as well as the potential for more influential actions. Useful and influential was El-Dareer’s (1982) book, *Woman Why Do You Weep?*, based on findings of large survey research, that provided some of the best statistics available and added greatly to qualitative data about meanings and experiences, from several provinces of Sudan. Abdalla (1982) and Dorkenoo (1994) also published influential books in English with information from other affected countries. Toubia (1985), a Sudanese surgeon and
activist, offered a widely-read analysis of the social and political implications (1985), followed by numerous other highly influential writings (e.g., Toubia 1993, 1994, Rahman and Toubia 2000, and others) and organizing projects.

From the 1990s to the present, debates have widened in the USA and internationally, as novelists, journalists, social commentators, and filmmakers joined the discourse with provocative and passionate approaches aimed at challenging the complacency and ignorance of the international public. African-based organizations, especially the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children, as well as international organizations such as the Organization of African Unity, the World Health Organization and UNICEF, utilized more effective organizing and educational methods than in the past.

At the same time, social researchers have provided more contextualized analyses and highlighted the agency of the people involved, stressing that circumcision practices were already changing and that the peoples affected were ‘arguing this one out’ for themselves (Schepfer-Hughes, 1991, Gruenbaum, 1996). Numerous writers—including Obermeye (1999), Abusharaf (1998), Hale (1994), Hicks (1993), Lane and Rubinstein (1996), Boddy (1998b), Toubia (1993, 1994), Morsy (1993), Walley (1996), and Shell-Duncan and Hernlund and their contributors (2000), to name just a few—provide analyses that neither condemn those who practice female genital cutting nor endorse the status quo. Much new research has emerged, notably much more from African scholars, and there has been a continuous stream of commentary in public discourse. Quantitative and comparative data have been enriched by findings from Demographic and Health Surveys. Reports of participant observation and focus group studies document not only the socio-cultural context but also the processes of change.

Socio-Cultural Research and the Abolition Movement

Public discourse continues to stress that cutting practices are ‘basically’ aimed at depriving women of their sexuality and/or are ‘basically’ due to male dominance. These ways of thinking have been fuelled by images in novels and films that made strongly memorable impressions upon people, and by the natural longing of the human mind for simple answers.1 As argued though, there is in fact no single reason or consistent set of socio-cultural determinants for female genital cutting.

Clusters of societies share similarities of reasons. For example studies in several cultures have found genital cutting to be a gender identity marker, making a woman more fully female by cutting off ‘male’ parts. However, that such clusters of similar beliefs exist does not mean this is a reason common to all cultures or to all individuals making the decision to circumcise. Indeed, each study that has investigated local opinions has found individual variation. Individuals cite multiple reasons for perpetuating the practices and people who share a culture do not necessarily agree on which is the most important reason.

The research finding that genital cutting is following a tradition of the past is not very illuminating about the potential for change, since it subsumes several underlying social goals. Change strategies should be based not on the assumption that traditional beliefs are irrational and just need a good dose of public health education, but should reflect an accurate assessment of the different meanings and motivations. Whether rhetoric using terms like such as ‘good traditions’ and ‘bad traditions’ or ‘culture is not torture’ are effective or not, deserves study.
Gender identity and femininity

Crucially, if FGC is believed to make one fully female and feminine, public health messages encouraging discontinuance would be improved by addressing fears that may arise about loss of femininity. Femininity ideals are reinforced by aesthetic values. Tissue removal often eliminates what are thought of as masculine parts, or in the case of infibulation achieves smoothness considered beautiful. Where infibulation is the established practice, the uninfibulated state can seem repulsive to women themselves and/or to their sex partners. The infibulated state also is reinforced by symbolic values, such as ‘enclosure’ of body, to be ready for future socially-approved reproduction (Boddy 1982).

Socially valued images of physical beauty and sensuality have not been well researched (Ahmadu 2000). How do they differ among social groups and different ages? Are there concrete or symbolic aspects of female genital cutting practices that reinforce cultural conceptions of beauty in any given setting, and does the fear of being ugly or masculine interfere with proposals for modification or elimination of the practices?

Aesthetic and cosmetic preferences are not trivial matters, as opinions about body hair, tissue flaps and smoothness, may be as salient to a sense of bodily beauty as tattooing one’s lips, using lipstick, blacking eye lashes, and other such practices. Although it would be a challenge, could uninfibulated beauty be creatively marketed? Although this area of the body normally is not visible, even to one’s husband, it is considered sensual to be smooth, free of hair, and well scented.

Music, theatre, poetry and other arts are powerful factors both in preserving traditions and in promoting change, and their use should be researched. How do the traditional and creative songs used in celebrations and ceremonies reinforce the practices, establishing nostalgia, loyalty to tradition, and cultural messages about gender roles? Can songs, theatre, and stories be utilized to reinforce strong traditions while encouraging courageous choices in challenging harmful practices? Songs are known to have influenced other changes in conceptions of beauty. It is said that when facial scarification was declining in Sudan, a very popular song praised the beauty of the clear face and helped change aesthetic preferences. Are there similar poetic or musical influences possible that would discourage female genital cutting and promote girls’ and women’s rights?

Virginity and marriagability

The preservation of virginity before marriage is a common goal, particularly among Muslims, either by creating a barrier to penetration in the case of infibulation or by reducing sensitivity so as to reduce a girl’s interest in premarital sex. Virginity implies that moral strictures have been obeyed within the code of Judeo-Christian-Islamic teachings against pre-marital sex. Virginity expectations are also embedded in the desire to preserve family honour by protecting the morality of girls and women. For infibulating societies, infibulation establishes both a girl’s reputation for morality and the family’s honour in protecting her morality.

When people consider abandoning FGC, it is often this question of risking the marriagability of daughters that stops them, especially when virginity is a prerequisite for marriage for women. Where genital cutting is a rite of passage to adult womanhood it is also a precursor to marriage and child-bearing. Marriage and reproduction are vital to the long-term economic and social security of most women, especially where access to livestock, land or incomes is largely dependent on men and where one’s own children support one in old age.
Developing pledge societies, worked effectively in the movement against foot binding in China (Mackie 1996, 2000), as well as in the Tostan experience in Senegal. Pledge groups are now being actively pursued as a means to promote change in other African cultures: if parents of boys pledge that their sons will only marry uncircumcised young women, fathers of girls can safely pledge not to circumcise their daughters (Gruenbaum and El Sheikh 2004).

Finally, an additional economic factor that is an obstacle to change is the fact that specialists who do the genital cutting generally receive modest economic benefits from each operation. Some traditional rural midwives, for example, in Sudan and Egypt, have not historically charged fees (viewing their work as a public service), but it was customary to compensate them with gifts such as soap or scents and a share of the meat from the animal sacrificed for the feast, as well as other foods. Government stipends paid to trained midwives are invariably quite low, representing only a supplementary rather than a core income, so these midwives, too, also expect to receive in-kind gifts or cash from clients for circumcisions and childbirth. Are these fees and benefits sufficient to be an incentive for midwives to continue their practices rather than to promote abandonment?

Thus families considering abandoning circumcision often find the risks too high: jeopardizing their daughter’s future social wellbeing and economic security. The frequency of male domination of economic resources, of women’s dependency, and of lack of alternative social supports in old age other than one’s own children, point to a need to research how these factors play out in decision-making for reform or abandonment.

Where genital cutting is part of a rite of passage and not proof of virginity, alternate rites have been substituted with varying degrees of success in The Gambia (Hernlund 2000), Kenya (Reaves 1997), and other places. Additional research on FGC’s effects on sexuality, marital stability, fertility and/or rate of reproduction is also important (Balk 2000). In infibulating societies, narrowing of the vaginal opening with infibulation is believed to make intercourse more pleasurable for men. This belief reinforces women’s commitment to infibulation and reinsibution after childbirth to keep husbands sexually satisfied. This is not universally the case, however, since some men prefer sexual responsiveness in their partner and/or prefer not to cause pain for the wife (Gruenbaum 2004). Change efforts that include men who articulate preferences for uncircumcised women could be effective in changing this view.

Elsewhere the author has argued that sexual pleasure and responsiveness are not always destroyed in a circumcised woman, even those who are infibulated (Gruenbaum 2001: 133–157). Still, there is no doubt that in many cases sexual responsiveness is damaged and the experiences can be painful. That fact has led many in the West to conclude that the loss of female sexuality is its purpose, that the experience is universal, and that it is the most serious loss imaginable. However, others may not see it this way, valuing security, a husband’s love, a stable marriage, and socially approved child-bearing over sexual orgasm. Nevertheless, younger generations of women in many places are becoming more cosmopolitan, and research should investigate how sexuality and personal freedoms are being incorporated into feminist agendas (Ahmadu 2000).

There are several erroneous beliefs about FGC that constitute obstacles to change, such as the widespread belief that FGC promotes health. Practitioners believe that infibulation, for example, improves hygiene by keeping the body clean. While this can be easily challenged from a medical point of view, people may be resistant to this argument if health claims are too exaggerated (Shell-Duncan and Hernlund 2000), since the culturally
transformed, smooth surface is said to be pleasing to both the woman and her husband. Another widespread belief is that a baby should not come in contact with the clitoris during birth, as it creates a risk that FGC prevents.

In a context where FGC serves as a marker for ethnic identity or ethnic superiority, as is the case in areas of Sudan (Gruenbaum 2001: 102–132), people may point to tradition as a reason for not abandoning FGC, but may be actually clinging to ethnic superiority. Similarly, adopters of FGC may do so to conform to practices of a neighbouring higher-status group either as an assimilation strategy to prevent being disparaged or mocked.

Beliefs related to religious expectations are also common. Following beliefs and practices in conformity with others of one’s faith community is a strong motivation for practices, especially if they are believed to be required of the faithful, either through doctrines from sacred text or dominant interpretations of religious leaders. Religious factors are particularly significant since religious leaders can play a key role by taking a position of the continuation of the practice. This can lead to difficult controversies such as Egypt experienced, when differences between doctors and religious leaders about whether female circumcision was a ‘laudable practice’ or not, led to lawsuits in the 1990s (Kassamali 1998: 43). Associating genital cutting with religious doctrines has also allowed the practices to spread to converts, even without specific sanction in sacred text (Johnson 2000). Elsewhere, it has been argued that the current use of religious teachers to suppress infibulation, though effective, could undermine women’s empowerment and risks stunting abandonment efforts since some religious leaders are allowing lesser types of cutting to receive religious acceptance (Gruenbaum 2005).

Additional research gaps

How change occurs and what effects change has on social structure, beliefs, and values are under-researched issues. Grassroots change agents, whether formally organized or not, are modifying or abandoning female genital cutting. Others are resisting change. Also, milder cutting practices are sometimes defended by African intellectuals and others who have not accepted the need for all forms of female genital cutting to be eliminated. In short, change is being both resisted and challenged, not only by the practitioners but also by those whose perspective on the body, culture, agency or rights may differ from that of the public health activists, feminists, and human rights activists.

Research methods that rely on asking about and observing the practices may miss latent factors of which people are not consciously aware. Thus, analysis of many factors requires quantitative data and the ability to tease out understandings from cutting odds ratios, correlations, and other patterns of distribution of types, incidence, and willingness to consider change. The research finding that different types and frequencies of practices have different social correlates, such as way of life, presence or absence of polygyny, patterns of residence and migration, etc. (Hicks 1993), should be further explored.

Psychological studies of causes and consequences could help clarify how the pain and fear associated with genital cutting affect people, promoting or resisting change, and helping develop ways to heal negative effects. Reverse trends also require study, especially the perplexing cases of recent adoption of female genital cutting practices and the spread of the practices. Although adopting the practices for purposes of assimilation to a socially or ethnically superior group can explain some circumstances, Leonard (2000) has studied a situation in southern Chad that is more troubling. There, some villages have adopted practices more than a century ago, others 50 years ago, and others in just the past two
decades (Leonard 2000: 189). There it appears to be more of a fashion of the younger generation to begin to circumcise, despite the disapproval of elders, many of whom interpret it as ‘an unwelcome departure from the ways of the ancestors’ (Leonard 2000: 190). Leonard notes, ‘Female “circumcision” is not about ... parental repression of adolescent sexuality. Although elements of the female ceremony resemble male initiation, a practice dating back centuries, women are more intent upon copying each other. Standards of beauty, shaped and upheld by both men and women, contribute to the appeal of the coming-out ceremony’ (Leonard 2000: 190).

The demographic patterns of practices are now receiving more research attention, including frequency in the different age, ethnic, religious, and educational groups. Nevertheless, the maps that illustrate the geographic distribution of practices (such as those provided in Gruenbaum 2001, Toubia 1993, Amnesty International 1997, Hosken 1982) are limited in their detail, accuracy, and comprehensiveness by the inconsistent and uncertain data. Furthermore, maps do not tell us about the dynamic processes of change, what types of cutting are practiced by which ethnic groups, religious groups, or social classes, where successful change efforts are located, and what the differences are among the different age groups of the population.

Better design, targeting, and monitoring of the effectiveness of medical, public health, and other social interventions would also be assisted by better data on access to education, television, and income-generating activities and market research on intervention messages and strategies would be timely. Change, and what facilitates it, could be better monitored with baseline data on what change has already occurred by comparing type and frequency by age cohort within a social group or region.

Up-to-date information is available on laws about female genital cutting (Rahman and Toubia 2000) and the international human rights conventions are accessible. However, the ways in which laws and conventions are interpreted, enforced, or ignored, could be better understood. In particular, more is needed on the differing interpretations of Islamic law by religious courts and religious teachers.

Finally, there is a need to coordinate research and promote better communication about the issues among researchers and activists, as Obermeyer (1999) has urged. The founding of the INTACT Network accessible through the Internet is an example of a very successful step in this direction.  

Conclusions

A better understanding of the varying sociocultural dynamics of FGC practices can contribute to the process of gaining acceptance of the abolition of FGC by the women and girls affected. New research is needed on many aspects of the practices and on the change efforts themselves, so as to facilitate the process. Better sharing of existing information and the comparison of change efforts, through conferences and other opportunities for intense reflection and exchange of information and priority setting are helpful, as are educational tools, web sites, and other techniques to promote change.

Both harm reduction strategies and human rights principles are leading in the same direction. Whether choosing harm reduction slows the process to complete ending of the practices is a matter on which the jury is still out. What ultimately is at stake is not only the improvement of children’s and women’s rights and health, but also the empowerment of the people affected by FGC, to develop their own approaches, setting their own priorities and mitigating the risks they face for abandoning the practices.
Notes

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