

Female Genital Cutting: The Beginning of the End

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In 1996, I published a more or less complete, although condensed, "convention" theory of female genital cutting (FGC), which attempted to account for the origins, distribution, maintenance, and possible abandonment of this perplexing practice. In that article I did what social scientists often preach but seldom practice: I made a prediction. I predicted that the formation of a certain kind of pledge association would help bring FGC to an end. If there is some critical mass of individuals (it definitely need not be a majority, and also the more genuinely influential the individuals, the fewer that might be needed), within a group of people whose children marry one another, who have come to the point that they would like to abandon FGC, a public pledge among such individuals would forever end FGC for them and also quickly motivate the remainder of the intramarrying population to join in the pledge and abandon FGC as well. Also, both the overlap of a successfully pledging group in neighboring marriage markets and the empirical example of successful abandonment might inspire neighboring groups to undertake their own pledges, so that the process would be contagious within some larger collection of overlapping groups.

The practice of footbinding of women in China was swiftly ended by such pledge associations. I showed precisely why the Chinese reform tactics succeeded so well, and I explained why FGC is in essentials equivalent to footbinding, such that local adaptations of the Chinese reform tactics might work in Africa. In the summer of 1998, I learned that some villages in Senegal had invented, reinvented actually, the pledge technique, that the pledge had succeeded unequivocally in Malicounda, that nearby villages had after periods of deliberation devised their own pledges, and that the pledge idea was spreading further, all just as I had hoped. The reformers in Senegal were not aware of my article or of its theory, but once we exchanged information it was clear that there is a tight correspondence between the

For a more formal and detailed account of the theory, the reader is directed to the original article, "Ending Footbinding and Infibulation: A Convention Account" (Mackie 1996). In this chapter I give an informal summary of the theory and provide some information about convention shift in Senegal. Then I offer some considerations on reform strategy based on a more fine-grained examination of the African case.

The Convention Model

FGC has persisted for generations, is nearly universal within the groups where it is found (Carr 1997:61), and in some areas is becoming more widespread (Leonard, this volume) or extreme. Many insiders emphasize that the practice is so deeply embedded that change will be very slow. An educated Sudanese woman said it will take 300 years to bring it to an end (LightfootKlein 1989:135), and the casual observer would likely agree that it would take a very long time to erode such a fundamental cultural trait.' However, it turns out that within an intramarrying group, if FGC ends, it will only end quickly and almost universally. Furthermore, without the right sort of reform program, FGC might take many generations to end, regardless of the degree of economic development or cultural internationalization. Fortunately, after a period of credible nondirective education about its health consequences, the way to end FGC is almost as simple as the formation of associations whose members pledge to abandon the practice.

Why do I say that FGC must either persist indefinitely or end rapidly? Before proceeding with an explanation, we must listen to what the people who practice FGC say about it. Almost all say that FGC is required for a proper marriage, and many say that it is required for the virtue of the woman or for the honor of her family. Moreover, many have been unaware until recent years that other peoples do not practice FGC, and many have believed that the only people who do not do FGC are unfaithful women or indecent people. Like many other outsiders I find FGC horrifying to imagine, but for an insider FGC is more like dentistry than it is like violence.' Americans subject their children to painful and frankly exotic dentistry practices, and not to provide dental care to one's child is to damage his or her chances in life and marriage. Imagine that some foreigners come along who claim that dentistry is dangerous and leads to fatal diseases in middle life (a few people claim that mercury fillings represent just such a danger). American parents would find it very difficult to believe that there is a problem, and after they independently confirmed the information they would find it difficult to give up pretty teeth for their children if other parents didn't give them up too.

FGC is a matter of proper marriage. An individual in an intramarrying group that practices FGC cannot give it up unless enough other people do too.

FGC is a certain kind of "Schelling convention": what one family chooses depends on what other families choose. To understand, imagine that there is a group that has a convention whereby audiences (at the cinema, at plays, at recitals) stand up rather than sit down. Sitting has been forgotten. Standing is both universal and persistent. An outsider comes along and explains that elsewhere audiences sit. After the shock of surprise wears off, some people begin to think that sitting might be better, but it would be better only if enough other people sit at the same time. If only one person sits, she doesn't get to see anything on the stage. If only one family abandons FGC, its daughter doesn't get married (because of the belief that only unfaithful women forgo FGC). However, if a critical mass of people in the audience can be organized to sit, even just a column of people who are less than a majority, they realize that they can attain both the ease of sitting and a clear enough view of the stage. This critical mass then has incentives to recruit the rest of the audience to sitting, and the rest of the audience has incentives to respond to the recruitment. Similarly, if a critical mass of people in an intramarrying group pledge to refrain from FGC, then the knowledge that they are a critical mass makes it immediately in their interest to keep their pledges and to persuade others to join in and, after persuasion, makes it in everyone else's interests to join them. Without an understanding of the underlying mechanism, the abrupt end of such an entrenched practice by means of a mere public declaration would seem to be nearly miraculous.

A peculiar characteristic of a convention like female "circumcision" is that even if each individual in the relevant group thinks that it would be better to abandon the practice, no one individual acting on her own can succeed. One way to do this is to declare a public pledge that marks a convention shift. Every family could come to think that FGC is wrong, but that is not enough; FGC would continue because any family abandoning it on its own would ruin the futures of its daughters. It must be abandoned by enough families at once so that their daughters' futures are secured.

Is this speculation? No: I have shown that the convention model explains the binding of women's feet in China, both the former universality and persistence of footbinding and its sudden demise. The practice began when the girl was about eight years old, bending the toes under the feet, forcing the sole to the heel, and tightly wrapping the girl's foot so that as she matured her feet remained tiny, perhaps a mere 5 inches in length. Footbinding was painful, dangerous, and disabling, but the Chinese did it to ensure a proper marriage, the virtue of the woman, the honor of her family. Footbinding and FGC are essentially equivalent practices and originate from similar causes (see also Mackie 1996). They persist because of the same convention mechanism. Footbinding lasted for a thousand years, was universal among all "decent" Chinese, and was undented by liberal agitation and imperial prohibition in the nineteenth century. The most optimistic reformers in 1899 thought that it would take sev-

eral generations to end. However, footbinding had ended for (the vast majority by 1911, when a legal prohibition was enacted. Moreover, in localities where it did end, it ended quickly and universally, just as the convention model predicts. Therefore, the methods used to end footbinding in China, properly adapted, should work to end FGC in Africa.

The work of the antfootbinding reformers had three aspects. First, they carried out a modern education campaign, which explained that the rest of the world did not bind women's feet. The discovery of an alternative is necessary but not sufficient for change. Second, they explained the advantages of natural feet and the disadvantages of bound feet in Chinese cultural terms. New information about health consequences, again, is necessary but not sufficient for change. Third, they formed natural-foot societies, whose members publicly pledged not to bind their daughters' feet nor to let their sons marry women with bound feet. The problem is that if only one family renounces footbinding, their daughters are thereby rendered unmarriageable. The pledge association solves this problem-if enough families abandon footbinding, then their children can marry each other.

The first antfootbinding society was founded in 1874 by a local mission for its converts, who accidentally discovered the effectiveness of the public pledge. This local success went unnoticed until it was rediscovered and advocated on a national level in 1895 by the newly founded Natural Foot Society. The pledge societies and the cessation of footbinding spread like a prairie fire. By 1908, Chinese public opinion was decisively against footbinding, and footbinding of children was absent from urban populations by 1911. Other Chinese marriage practices, such as arranged marriages and early female age of marriage, changed slowly over many decades. Notice that cultural regularities do not all behave in the same fashion. In the United States there are campaigns to breastfeed babies rather than feed them formula. Change has been incremental; what one family does about infant feeding does not depend on what another family does. Footbinding and FGC, however, are each a special kind of convention; one family's choice does depend on another family's choice.

Convention Shift in Senegal

In September 1996, women involved in the Tostan basic education program in Malicounda Bambara in Senegal decided to seek abolition of FGC in their village of about 3,000 people.³ The women went on to persuade the rest of the village-other women, their husbands, and the traditional and religious leaders-that abolition was needed to protect the health of their female children and to respect human rights. On July 31, 1997, Malicounda declared to the world its decision to abandon FGC and urged other villages to follow its example. Although some members of the Bambara ethnic group had stopped

FGC on an individual basis, no village had ever made a public and collective commitment to stop the practice. The commitment worked: public opinion continues to resolutely oppose FGC, and villagers say that deviators will be identified and punished. This is the first unequivocal collective and contagious abandonment of FGC on record, and the event supports the convention hypothesis of FGC.⁴

Their decision was controversial among those who had not worked through the Malicoundan's reasoning on the issue, and some neighboring Bambara, Mandinka, and Sosse people, both men and women, were angry and sent hostile messages to Malicounda. The women were hurt and depressed, yet defended their position, and even traveled to the villages of Nguerigne Bambara and Keur Simbara to discuss their commitment with women there in the basic education program. On November 6, 1997, the women of Nguerigne Bambara decided to renounce FGC forever. On November 20, 1997, the president of Senegal decried FGC and called on the nation to emulate the women of Malicounda. At the same time, the people of much smaller Keur Simbara decided that they could not stop FGC without consulting with their extended family that lived in ten villages near Joal. Their decision to consult also supports the convention hypothesis: the Kent Simbarans were aware that a change would have to involve the population among whom they commonly intermarried. Two men, one a facilitator in the basic education program, the other a sixty-six-year old imam who had been a student of the basic education program, went from village to village over eight weeks to discuss FGC. The men were at first afraid of being chased out of the villages for talking about such a sensitive and controversial topic, but the fact of the Malicounda decision provided an opening for discussion. I infer that the demonstration effect was important: that the Malicoundans had succeeded at a collective abandonment and had avoided bad consequences.

Three representatives (the village chief and two women) from each of the ten villages gathered in Diabougou on February 14 and 15, 1998, along with delegations from Malicounda Bambara, Nguerigne Bambara, and Keur Simbara. These fifty representatives of 8,000 people in thirteen villages issued the "Diabougou Declaration":

We . . . declare:

Our firm commitment to end the practice of female "circumcision" in our community.

Our firm commitment to spread our knowledge and the spirit of our decision to our respective villages and to other communities still practicing female "circumcision." . . .

We make a solemn appeal to the national and international community to quickly mobilize their efforts to assure that girl children and women will no longer suffer the negative health effects associated with female "circumcision."

The ten villages had not gone through the basic education program; rather, they had been persuaded by the emissaries from Keur Simbara, but the ten villages petitioned in the declaration to have the basic education program brought to them as well. U.S. first lady Hillary Clinton received the women of Malicounda in Senegal on April 2, 1998. They explained everything that had happened, and Mrs. Clinton congratulated them on their courage. President Bill Clinton also greeted and congratulated the Malicoundans.

The Wolof of Senegal do not practice FGC, are generally prestigious, and are also considered to be good Muslims, so perhaps it helped Malicounda, a Bambara village, to know that the natural alternative is imaginable. It has been further suggested that abandonment was motivated by a desire on the part of the Bambara, a minority in the region, to assimilate to the Wolof, a majority in the region. There is no evidence for this assimilation hypothesis. No such motivation was cited by the Malicoundans, who did cite negative health consequences as a motivation. Further, if all Bambara wanted to assimilate, why was it that nearby Bambara who did not possess credible information about negative health consequences were hostile to the Malicoundan decision?

Next, eighteen villages in the region of Kolda in southeastern Senegal (beyond the Gambia), led by the village of Medina Cherif, which had completed the basic education program, followed the example of Malicounda. Among this ethnic group, the Fulani, the regional prevalence of FGC is about 88 percent, and there are few Wolof in Kolda, which permits rejection of the hypothesis that abandonment is motivated by a desire to assimilate to a majority. On June 1-2, 1998, three representatives from each village (the village chief and two women), health workers, the imam of Medina Cherif, and representatives from government ministries met, and they issued the "Medina Cherif Declaration":

We . . . have made the conscious decision to definitively renounce the practice of female "circumcision," which is a source of multiple health dangers and constitutes a violation of the fundamental rights of our girls. We have taken this decision in order to assure the respect of girl's rights to health, bodily integrity and human dignity. With this historic decision, we hereby join the great movement to end female "circumcision" which began in Malicounda Bambara.

The decisions put forth in the declaration, both in content and in style, emphasize that from this moment forward, the future shall be different from the past.' Credible new information, the opportunity for a critical mass to form, a period when the critical mass conducts persuasion among the remainder of the population climaxed by a coordinated decision on abandonment, the news that a positive alternative can be safely attained, followed by replication of the process among neighbors: all these developments parallel Chinese events and support the convention hypothesis for FGC. I have not mentioned the

most important factor, however: the fact that these events originate with women who participated in the same basic education program designed and implemented by Tostan (which means "breakthrough" in the Wolof language), a nongovernmental organization (NGO) supported by the UN Children's Fund (UNICEF) and the government of Senegal, among others. The basic education program includes literacy training but goes well beyond that. The program is oriented toward women, but men are not excluded. There are six modules of learning, and each module contains twenty-four two-hour sessions carried out over two months. The six modules are distributed over eighteen months; there are also additional modules beyond the basic six (Tostan's new women's empowerment program, six months in total, is proving effective in trials). The first module concentrates on problem-solving skills, the second module on health and hygiene, the third on preventing child mortality caused by diarrhea or lack of vaccination, the fourth on financial and material management for all types of village projects, the fifth on leadership and group dynamics, and the sixth on how to conduct a feasibility analysis to predict whether proposed group projects would result in net gains. Reading, mathematics, and writing are introduced in parallel, partly motivated by the substantive topics. The pedagogy uses local cultural traditions and learner-generated materials, including proverbs, stories, songs, games, poetry, and plays. Technique and content are regularly tested and evaluated.

Tostan is organized somewhat like a virtuous pyramid scheme. Tostan's trainers, all of them Senegalese, first recruit village facilitators approved by the community of participants; one trainer helps prepare and monitor facilitators operating in ten or so adjacent villages. Graduates are encouraged to transfer the basic education program to new villages; former learners become new facilitators in the vicinity, and excellent facilitators might become permanent trainers. Once the program is demonstrated in a pioneer set of villages, neighboring villages want the basic education program and are willing to pay moderate fees in advance for its operation.

One key to Tostan's success is the trustworthiness of its message. Rural Africans regularly encounter novel factual claims: from various salespeople, missionaries, the radio, and elsewhere. Just like us, they must evaluate the credibility of information coming from clearly interested or unknown outside sources. From the outset of its education program, Tostan provides useful skills and information in an explanatory context that participants test in their daily lives. It earns a reputation among participants for providing accurate and beneficial information, and participants gain individual and group confidence that further encourages change. Participants say that a consequence of the program is that one is able to *tiim sa xel* (to look down upon one's mind). Finally, the program is nondirective. People are *never told what to do*. The nondirective approach is essential for success because of "reactance," a concept I will explain below. It also expresses a proper respect for others.

It has been observed that Europeans and Americans are peculiarly selective in expressing concern about the public health aspects of FGC while neglecting activism on behalf of more basic public health efforts in Africa such as prevention of infant diarrhea, vaccinations, and so on. When I hear that comment, I think, that's right, but does one improvement always have to exclude another? It comforts me that the Tostan program provides a background of skills and information that facilitates autonomous and multiple improvements in health, education, and welfare. Indeed, an important lesson from the Tostan project, some other FGC projects, and some family-planning interventions is that a multidimensional approach is more effective than a single-issue approach. Obviously, a multidimensional approach is more efficient, but the neglected point is that its message is more trustworthy: outsiders who show up with concern over only one item stir justifiable suspicion.

To return to Malicounda, the thirty-nine Tostan participants embarked on module 7, on women's health. Their facilitator was from the Wolof, an ethnic group that does not practice FGC. When this facilitator brought up FGC, the participants refused to take part and began speaking in Bambara. After several days of effort, the women started responding to the questions and comparing experiences. In the process they discovered a connection between FGC and negative consequences that had been attributed to other causes, realized that individuals believed that negative consequences were isolated because they had not been publicly disclosed, and thereby concluded that the negative consequences were not normal but avoidable. For example, a woman from a nearby village came who had once been a cutter but had stopped thirty years ago because her own daughter was almost killed by the procedure. The women were free to choose their own village projects, or none, and it was they who decided that stopping FGC would be their first project. Then there was the question of the religious propriety of FGC. The village imam ruled that FGC is not a religious obligation and revealed that he had not had it performed on his daughters. The nexus of causal information, private experiences and attitudes made public, and the larger context of the education program created a critical mass of women who then went on to persuade others in the village.

News of the first declarations spread around Senegal and then around the world. The government of Senegal enacted legislation prohibiting female genital cutting on January 13, 1999. Delegations from the Tostan villages contributed to parliamentary deliberations. The law is mixed in effect: it promotes reaction and defiance and at the same time adds an argument for local abandonment (it would be counterproductive for the government to enforce the law harshly at the moment). The women's caucus of the parliament encourages international funding to promote local declarations in another 1,000 villages. On June 19, 1999, delegates from twelve more Bambara villages representing some 13,000 people met near Thies and enacted the "Baliga

Declaration" in the same pattern as those of Malicounda and Medina Cherif. More such mass declarations are pending elsewhere in the country: 100 more villages are expected to abandon before the year 2000. Tostan seeks funds to organize more mass declarations within Senegal and to train organizers from other countries in the Tostan process.

How does the basic education program compare to programs for the cessation of FGC? A striking difference is that the Tostan program did not directly intend to end FGC. Its purpose is to provide skills and information that help people better define and pursue their own goals; it also creates a forum in which women can safely engage in free and equal deliberation about real problems. Unlike some campaigns, it does not accuse people of intentionally doing wrong to their children. The nondirectiveness of the education and the buildup of trust and confidence as the program proceeds seem to be factors in its success. In addition, the process is not limited to women; rather, women go on to persuade husbands, religious figures, elders, their entire village, and later nearby villages of the rightness of a change. Unlike compensate-the-cutter programs (see Chapter 10 of this volume), participants pay to obtain a basic education. Under the Tostan program, the former cutters do not ask for money or new jobs but forgiveness for having participated in a mistaken practice. Further, participants say that the basic education program takes the place of the initiation ritual. Apparently, it was the instructive and celebratory aspects of former initiation rituals that people valued more than their occult aspects.

Conventions Regulating Access to Reproduction

Transmission of Footbinding

Correspondences between footbinding and FGC are numerous: Both customs are nearly universal where practiced, are persistent, and are practiced even by people who oppose them. Both control sexual access to females and promote female chastity and fidelity. Both are necessary for proper marriage, are believed to be sanctioned by tradition, and seem to have a past of contagious diffusion. Both are supported and transmitted by women.

The origins and transmission of footbinding are relatively clear. There is documentary evidence that footbinding arose in the imperial court during the Sung Dynasty (960-1279). The practice expanded along three dimensions over several centuries. First, it spread from the imperial palace to court circles to the larger upper classes and then to the middle and lower classes; eventually, the higher the social status, the smaller the foot. Second, it became more exaggerated over time; a practice supposedly originating among dancers eventually made dance a forgotten art. Third, it radiated from the imperial

capitals to the rest of the empire. It was clearly the normal practice by the Ming Dynasty (1368-1644), if not before. In the nineteenth century, all Chinese women had their feet bound except for those too poor to avoid the dishonor of natural feet. Footbinding was universal and persistent for 1,000 years.

An explanation of the origins of a cultural practice such as footbinding requires some preliminary considerations. With a few understandable exceptions, men and women prefer expending their life effort on closely related children rather than on unrelated children. Women are almost always certain that a child is their own. Men, however, are more or less uncertain that a child is their own. Men promise to support the children, but women are more or less uncertain about whether a man will keep that promise. In the standard case, the female requires assurances of resource support for bearing and rearing children, and the male requires assurances that the children are his own. If children are desired, then each party prefers marriage to nonmarriage. The institution of marriage is intended to exchange and to enforce these assurances. Under conditions of resource equality, monogamy, and reliance on trust as to paternity and child support, humans compete in conveying the many signs of trustworthiness to possible marriage partners.

Suppose, however, there was an ancient empire with a rich capital and a poor countryside and thus with extreme resource inequality between families. Sociologists draw stratification diagrams to display the inequalities in a society. An egalitarian society would be represented by a horizontal line; a society with equal numbers of rich, middle, and poor would be represented by a rectangle; and an inegalitarian society ruled by an emperor would be represented by a pyramid—one rich man at the top; some nobles in the next rank; a number of officials in the next rank; merchants, farmers, and then a mass of poor in the bottom rank. 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). Thus, there are few men and many women at the top, and few women and many men at the bottom. 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. These families will advertise the honor of their lines, the purity of their females, and their members' commitment to the values of chastity and fidelity, the so-called modesty code. An emperor will support several thousand women, and the interests of his consorts will be to seek insemination from men more available than he. It is then in the emperor's interest to inflict costly methods of fidelity control: enclosure, guarding by eunuchs, hobbling, the honor and modesty code, and so on.

The next lower stratum will compete to provide wives and concubines to the apex of the pyramid and thus will imitate and exaggerate fidelity-control practices so as to gain economic, social, and reproductive access to the palace. The vacuum of women in the first lower stratum will be filled by women moving up from the second lower stratum, who in turn will adopt the fidelity-control convention and so on, all the way down. As women flow up the stratification pyramid (hypergyny, or the practice of women marrying up), conjugal practices flow down.

Thus, a practice almost arbitrarily adopted in the imperial seraglio as a physical constraint on artificially confined females over time radiates from that center down the classes and across the empire and becomes exaggerated to the physical limit. What is now the sign of modesty, chastity, and fidelity had its origins in the lowliest of circumstances; what is now the sign of highest distinction had its origins in imperial female slavery. In Chapter 11 of this book, Michelle C. Johnson reports from the Mandinga of Guinea-Bissau an origin story in which a jealous older wife of Mohammad inflicted pierced ears and FGC on a younger wife, the signs of a slave, in order to displace her from the household. Mohammad accepted the alterations as beautiful, and then all the other women in the village copied them to become beautiful as well. A similar tale about Abraham, his Egyptian slave-concubine Hagar, and their son Ishmael was recorded in the twelfth century among the Egyptian Copts. The jealous Sarah expatriated Hagar and Ishmael to Egypt. Ishmael became beautiful in the eyes of women, but when approached about his possible marriage, Hagar said, "We are a circumcised people, both the men and the women of us, and we do not marry, except with the like of us." The local women were then "circumcised," Ishmael married them, and "circumcision spread in that country and in that which was neighboring to it" (Meinardus 1967:391).

Now that it is the sign of decency, necessary for a proper marriage, no one family can escape from it. Moreover, the average husband with one or two wives has no real problem of fidelity control, and because of the damage mutilation inflicts, both male and female would be better off without it, but again they cannot escape. Women are even more vigilant in perpetuating the mutilations because that is how they do best by their daughters under the constraints they face. 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 honor:

Such is the nature of women; they are insatiable as far as their vulvas are concerned, and so long as their lust is satisfied they do not care whether it be with a buffoon, a negro, a valet, or even with a man that is despised and reprobated by society Women are demons, and were born as such. No one can trust them, as is known to all. (Shayk Nefwazi, quoted in Hicks 1996: 78)

Even when the empire is long dead, all the originating conditions are absent, society has changed, and modernization is apace, still the convention persists because it can only be escaped by a collective action. At first, it will rarely occur to anyone to want to escape because the natural alternative is forgotten and the mutilation is done by everyone and thus is normal.

Except for the assumption of an originating period of extreme resource inequality, the details of the origin story need not be correct for the convention account to succeed. However the custom originated, as soon as women believed that men would not marry an uncut woman, and men believed that an uncut woman would not be a faithful partner in marriage, the convention was locked in place. A woman would not choose nonmarriage and not to have her own children; a man would not choose an unfaithful partner and not to have his own children.

Marriageability is primary, but an independent and secondary source for the maintenance of a practice such as footbinding or FGC is peer pressure. Judith Harris (1998:183-217) makes a powerful case that much transmission of culture is from child to child peer rather than from parent to child. One must be careful in appealing to a conformity motivation because the parent-to-child version was too loosely applied in the past so as to explain all cultural patterns. Here, the peer pressure motivation is evident from reports of untreated girls begging to be made the same as their friends or untreated women undergoing the knife to escape the ridicule of co-wives. The motivations are distinct: the parent (or in a few places the young woman herself) wants FGC done in order to establish marriageability; the child (or young woman) may want FGC done for the sake of conformity. The conformity motivation is strongest at adolescence and may itself be rooted in reproductive drives (an organism with median qualities is most adapted to the local environment and hence is most attractive). A merely conformist cultural trait is much more fragile, as evidenced by the evanescence of fads, than a marriageability convention. Fortunately, a public pledge should work just as well to overcome peer pressure as it does the marriageability problem, but it is important to note that the audiences are different: for conformity it is one's peers, for marriageability it is the potential parties to marriage.

Transmission of FGC

As a conventional sign of marriageability, FGC becomes universal within an intramarrying group. Because of its connection to marriageability, FGC will remain persistent within a source group even if originating conditions of polygyny and hypergyny become ancient history. FGC is contiguously distributed and contagious. It spreads across groups as more resource-endowed males encounter less resource-endowed females in circumstances of inequality. It will continue within a less resource-endowed group even if that group

does not share the obsessions with chastity and fidelity that inspired FGC in the source groups, and it will continue even as the less-resource-endowed group over time improves its fortunes in the world. In the source groups at or near the center of the distribution, not only FGC but also the entire honor and modesty code persists. In some groups closer to the edges of the distribution only FGC obtains, but not the honor and modesty code.

Many authors have listed the stated reasons for FGC, which differ from place to place but often include references to chastity and fidelity and almost without exception include references to marriageability. That FGC is necessary for a proper marriage is the common factor across heterogeneous groups. Far from its zone of origin, FGC is practiced by some populations whose cultures lack the originating obsessions with chastity or fidelity. In these populations, FGC is still the conventional sign of marriageability. Among the Rendille of Kenya, for example, women are free to engage in premarital sexual relationships but must undergo FGC upon contracting marriage. According to an informant husband, "If a girl is not circumcised she can stay with her family, and can have sex with her boyfriends ['Circumcision' shows] that she is mine, and can only be with me, and bear my children" (see Chapter 6 of this volume).

Marriageability is the vector of transmission, which does not require that marriageability be the most important association with FGC. The bite of an infected mosquito is the necessary vector of transmission of malaria, but the bite is not the dramatic part about malaria. Malaria is also associated with wetter areas, warmer weather, lower latitudes, and so on, and was once thought to be caused by swamp miasmas. In Senegal, I am told, it was believed that mangoes cause malaria, because the mango season and the malaria season perfectly coincide. However, it was the discovery of the one common factor across localities, the bite of the infected mosquito, that provided understanding of the mechanism, explanation of the distribution, better strategies of amelioration, and so on.

Marriageability is also the main engine of continuation. According to the author of the most thorough survey research on FGC, the vast majority of women state that they favor its continuation because it is custom or tradition (Carr 1997:27). This response perplexes outsiders, who suspect that the appeal to custom is merely obscurantist. However, the respondents are completely correct: FGC is a certain type of convention involving reciprocal expectations about an interdependent choice, and that is exactly why it continues. Whether to drive on the right-hand side of the road or on the left-hand side of the road is another convention of this type, and whether most people speak English or most people speak French in a locality is another. You can try driving on the wrong side of the road, or not speaking the local language, but you will pay the price. If you asked American respondents why they continue to drive on the right, and why they continue to speak English,

they would think you a bit funny and then provide the obvious answer, "Because that is the custom here." The custom explanation inspires some authors to explain footbinding or FGC as somehow motivated by ethnic differentiation. Such conventions, especially those connected to marriage, come to be seen as ethnic markers, but this is a consequence, not a cause, of the practice. Further, if ethnic differentiation were a cause and not a consequence, then FGC would be distributed noncontiguously, but it is not. Why adopt a sign of ethnic differentiation that makes you resemble nearby ethnic groups?

FGC is distributed more or less contiguously across a zone running from Senegal in the west to Yemen in the east and from Egypt in the north to Tanzania in the south. With explainable exceptions, FGC is unique to that zone. The two axes intersect in the Sudan in the general vicinity of Nubia and the west coast of the Red Sea, where the most intense practice, infibulation, reigns today. The earliest documented evidence of FGC 2,200 years ago reports infibulation at the same site in the Sudan on the west coast of the Red Sea (and clitoridectomy in Egypt, cited in Agatharchides 1989)-the hypothesized source of origin. The FGC zone includes a vast heterogeneity of cultures, economies, and ecologies, and thus environmental explanations are not supported. There are, however, plausible mechanisms of diffusion, and there is sufficient opportunity for and evidence of requisite contacts within the zone. Thus, single-source diffusion is the most likely hypothesis.

I now believe that the transmission of FGC was similar in principle to but much different in detail from the transmission of footbinding. Ancient Nubia, Kush, or Meroe in the territory of today's Sudan and also ancient Egypt were highly stratified empires of the type that can prompt costly methods of fidelity control at the imperial apex that diffuse contagiously from higher-resource families to lower-resource families throughout the territory of the empire. In China during the relevant period, there was usually a single centralized empire. Male access to material and reproductive success was governed by an imperial examination system based on a single written canon. Marriage traditions were generally exogamous. These factors contributed to the comparative homogeneity of Chinese society in the second millennium C.E. (compare Diamond 1996). Societies in the FGC zone are comparatively heterogeneous. Marriage traditions tend to be more endogamous. There was never a single centralized empire spanning the FGC zone. Thus, although FGC has been contagious from group to group within its zone of distribution, at the same time it is highly variable in form and meaning from group to group.

Diffusion as a general assumption is deservedly in disrepute because early social science incorrectly explained cultural development as a matter of invasion and conquest from some single advanced Caucasoid source. I aim to avoid these errors. It is necessary to distinguish three mechanisms of diffusion of cultural traits (neither exhaustive nor exclusive): (1) demic diffusion,

in which for one reason or another a population thrives and expands in numbers; (2) technological diffusion, in which one population copies techniques witnessed in another population; (3) hypergynous diffusion, in which prestigious or powerful apex groups (not just in the settled capital of some empire but, alternatively, wandering traders and raiders) with greater control of crucial resources pull females from groups with lesser control of resources, and thus traits diffuse down stratification chains. Demic diffusion and technological diffusion are more familiar concepts, hypergynous diffusion less so. Footbinding spread within the Han population by hypergynous diffusion from an imperial apex, and the Han population also expanded, resulting in demic diffusion. Because of its persistent nature, FGC expanded demically as practicing populations grew and segmented. FGC expanded hypergynously in three different manners: by pastoralist clientelism, within a number of sudanic empires similar to the Chinese case, and by unequal interethnic contact. There is necessarily an element of technological diffusion as well.

One source of extreme resource inequality in Africa was the fact that sudanic pastoralists sometimes enjoyed a military superiority complementary to their pastoralist specialization, which permitted their establishment as a noble apex to a hierarchy of client groups engaged in service and agriculture, and a broad geographic mobility that scattered such influences. If such nobles practice FGC, it diffuses down the status hierarchy and becomes locked into the client populations. This is empire in miniature.

The early civilization of the Middle Nile (Nubia, Kush, Meroe) in the eastern sudanic belt thrived from the second millennium B.C.E. into the beginning of the first millennium C.E. (Adams 1977). The Meroite civilization lay at the center of the distribution of FGC (in today's Sudan where the most intense FGC, infibulation, is practiced) and engaged in what I call imperial female slavery. Further kingdoms and empires studded the sudanic belt in the first and second millennia C.E., from east to west: Meroe, Darfur, Kanem, Bomu, Songhai, ancient Mali, and ancient Ghana (Edwards 1998). The notion that these states were the consequence of Egyptian or Meroitic contacts is overly simplistic; they were indigenous, but surely they learned some social technologies from one another. Evidence suggests that there were no large migrations or conquests across these states, but there was long-distance trade in elite goods, especially female slaves, even some trades with Egypt (Last 1985), and also ample diffusion of agricultural technology such as domesticated plants and animals (Murdock 1959). I conjecture that an imported female who was genitally cut was likely accompanied by discourse about the fidelity-promoting purposes of the treatment, which inspired technological imitation in the importing seraglio. The sudanic states share a number of common features: for example, "the ruler is invariably surrounded by a large number of wives and concubines" (Murdock 1959:38). Some of these features are common to all empires, some are attributable to the material condi

tions of the sudanic belt, and some are likely due to diffusion within the sudanic belt.

Another source of extreme resource inequality in sudanic Africa and its margins was interethnic contact, especially as a group with more impressive material, military, or cultural resources expanded its influence through trade, raid, or travel. Because of its tight connection to successful reproduction and by way of its hypergynous vector, FGC can diffuse while leaving only traces of other cultural, linguistic, or genetic evidence. The mechanism is demonstrated by a documented recent instance of the diffusion of infibulation.

The Baggara [who are distributed from Lake Chad to the White Nile], whose original home is in the west formerly practiced the "sunna" [milder] form of circumcision, but the "pharaonic" method [infibulation] gradually came into use through the influence of traders and other inhabitants of northern Sudan with whom they came in contact. The Messeria, being the most easterly of the tribes in question, were the first to adopt this practice, *and after it had become universal among them, they passed it on to their neighbours*, the Fellaita section of the Homr, whence it made its way to the Agaira section of the same tribe. At the time of my first visit to Muglad, in 1917, I found that the Agaira were still practicing the "sunna" method, and made every effort to convince the Nzir Nimr Ali Gulla of the atrociousness of the pharaonic custom and the damage and suffering which it inflicts on the women. I earnestly advised him to use all his influence to prevent it from spreading among his section. He appeared to be convinced by my arguments and promised to do his best; I regret to say however, that during my next visit in 1918, I found that the "pharaonic" custom had made its appearance there and was given a hearty welcome. The reasons given for the adoption of this form of "circumcision" are (1) that it is supposed to be a protection against untimely pregnancy, and (2) that it is regarded as rendering the victim more attractive to men. (N. Yuzbashi, quoted in Hicks 1996:238, emphasis added)

In this example, infibulation is adopted in order to make oneself attractive to prestigious resource-bearing outsiders, diffuses through the enriched contact group until universal there, and then diffuses through overlapping groups. Notice that infibulation had already taken Messeria and Fellaita, and thus because of intramarriage connections was inevitable in Agaira. There is also an element of technological diffusion here.

Presently in Darfur, the Sudan, it is the more highly educated women who favor the continuation of FGC:

Traditionally, many ethnic groups in Darfur, which is in western Sudan, did not practice genital cutting. Overall prevalence in the region (65 percent) is still the lowest in the country. The association of these practices with higher socioeconomic groups, however, may be contributing to the positive reception of cutting among educated women in Darfur. In her fieldwork in Sudan, Gruenbaum observes that the Arab-Sudanese commonly consider western Sudan's ethnic groups "socially inferior," with some regarding infibulation as

a sign of "ethnic superiority." Toubia notes that after Sudan's independence in 1956, the expansion of various government services into the western region by northern elites led to the adoption of genital cutting among some ethnic groups that had not previously performed the procedure. (Carr 1997:61)

FGC is contagious from higher-resource to lower-resource populations and once passed on is persistent down generations.

The reasons for the *origin* of the practice in fidelity control are distinct from the reasons for the *maintenance* of the practice as a conventional sign of marriageability. A practice such as FGC is the best alternative only for a male who is attempting to control sexually a large number of females. It is not best for the controlled female, but under the circumstances, it is better for her than the alternative of nonmarriage. Imperial polygyny (Betzig 1986) is different from everyday agricultural polygyny (Boserup 1970). For the average husband with one or two wives, the practice is damaging to the interests of the husband and the wife (although they may not realize this if they are not aware of the unmutated alternative), but they are trapped by the convention. The stone was thrown in the pond under some originating conditions. The ripples spread away from the source of impact over millennia not as mass migrations but as a practice hypergynously and technologically traversing heterogeneous populations. In each of the new populations, the practice combines with other local practices and meanings that do not necessarily resemble the practices and meanings prevalent under originating or source conditions.

In present-day Egypt and the Sudan, the hypothesized source of origin of FGC, not only is it a matter of marriageability, but it is also associated with the virtue of the woman and the honor of her family within a comprehensive and exaggerated modesty code, as was footbinding in traditional China. However, by its contagious and adhesive nature and merely as the conventional sign of marriageability, FGC has entered cultures elsewhere that lack the obsessive honor and modesty code. In some places there is a concern with *pragmatic chastity*, a desire by the parents to avoid the problem of an untimely pregnancy by their adolescent daughter, but the modesty code is lacking. Here, typically, if present, FGC is said to reduce the chances of an untimely pregnancy, and girls are also married shortly after menarche due to the same concern. Where there is a high incidence of polygyny and extended postpartum abstinence, at any one time the large majority of men lack a sexually available wife, women in the large polygynous households lack sexual attention and lifetime marital security, and here an attitude of *relaxed fidelity* may be found.¹ People are expected to remain nominally faithful and to keep up appearances, but extramarital relations are tolerated within understood boundaries, and premarital relations are tolerated if they are discreet and incomplete and do not result in pregnancy (see Caldwell, Caldwell, and Orubuloye 1992). Here, typically, if present, FGC is said to ease the temptations of

women constrained by polygynous marriage or by postpartum abstinence (see Dorkenoo 1994:35).

FGC might have been adopted in some of these places as a matter of technological diffusion. For an analogy, consider that the original idea of a written language was rare or perhaps unique, but peoples are known to have invented completely innovative scripts merely upon hearing of the idea of a written language. Between, but not within, intramarrying groups, there is high variation in the form and meaning of FGC: a group might perform it at infancy, before puberty, at puberty, with or without initiation rites, upon contracting marriage, in the seventh month of the first pregnancy, after the birth of the first child, and so on, but it is always linked to marriageability. In some places the association with marriageability may be lost altogether, and here the applicability of the convention account is limited: if the practice is maintained as a matter of peer conformity, a public declaration among peers may help.

Strategies of Melioration

Modernization

Someone might object that what matters is how to end FGC, not whether one theory of FGC is better supported than another one. However, different theories of FGC can and do entail different strategies of melioration. Further, if a theory recommends a strategy of melioration and that strategy fails in practice, that counts as evidence against the proposed theory. Unfortunately, reports of cessation are rare and often dubious. Worse, there is evidence that FGC has instead been on the increase in the modern era, in its demographic expanse and sometimes in its physical intensity (for example, see Chapter 9 of this volume). There is a family of modernization theories that predicts, generally, that with increased urbanization, education, mass communication, and economic development, traditional practices eventually would be abandoned. In Chapter 6 of this book, Bettina Shell-Duncan, Walter Obungu Obiero, and Leunita Auko Muruli show that development does not in and of itself reduce the demand for FGC among the Rendille. A more specific version of modernization theory might suggest that these factors weaken the old family structure, draw women from their natal family to the labor market, and both expose them to new influences and increase their independence such that their bargaining power in general and in the marriage contract is improved.

Such a theory assumes, however, both that women are willing and are individually able to abandon FGC. Generally, women more actively perpetuate FGC than do men (as is illustrated by several chapters in this volume), and so it does not automatically follow that increased economic independence would

reduce FGC. Detailed cross-country survey research does not show a relationship between economic independence and attitude toward continuation of FGC (Carr 1997:25).¹ Further, the convention hypothesis maintains that in the absence of a collective shift, FGC would persist indefinitely even if every individual wanted to abandon the practice. It is important for all concerned with FGC to understand that, because it ends with a relatively sudden convention shift, reform activity might result in major attitude change within a population in the complete absence of behavioral change. For example, in Eritrea, 95 percent of women are "circumcised," and 90 percent of mothers report that their eldest daughter is cut. Yet, the continuation of FGC is opposed by half of those between ages 15 and 24, most urban dwellers, and most of those with any education (Carr 1997:52, 71-72): "The findings suggest that these traditions can prevail even among the offspring of mothers who say that they disapprove of cutting" (Carr 1997:54).

In Chapter 4 of this volume, I. O. Orubuloye, Pat Caldwell and John Caldwell could be read to support a modernization theory of cessation because they observe 13 percent absence of FGC in a Yoruba urban (and educated) location as compared to 3 percent absence of FGC in a Yoruba rural location, but I believe that their findings better support a convention theory of cessation. As to why the Yoruba "circumcise" females, the overwhelming response falls in the category "tradition, culture, social conformity," which means that people "should not expect their daughters to bear the brunt of breaking the social consensus Their fears center on whether an uncircumcised girl would be marriageable Most parents of daughters . . . fear to be the first innovators." Those who have abandoned FGC did not act spontaneously but were influenced directly by the organized campaign of cessation or indirectly by local discussion prompted by the campaign. The mothers of uncircumcised girls do not expect their daughters to have worsened marriage chances; they believe that, in town anyway, society is changing and will change much more. Finally, the authors say, "many mothers who continue to 'circumcise' their daughters say that they would desist if only that message were much stronger, thus guaranteeing that uncircumcised girls were in the majority. They feel that it is unfair of the government to promote change without doing it very loudly and clearly." In sum, "the major reason that the practice persists is the fear that their daughters will be penalized in the marriage market At the present rate of acceptance of the message not to 'circumcise,' full change would take several generations. It is probable, however, that change will begin to snowball." The consistency of these observations with convention theory is self-evident.

Orubuloye, Caldwell, and Caldwell identify three factors associated in their data with absence of FGC. One is an uncut mother, which they say may reflect inclusion of ethnic subgroups that do not perform FGC. The second is education, not education in general but precisely that the more-educated re

spondents are more likely to have heard the message of the cessation campaign than are the less-educated respondents. The third and strongest is an urban-rural differential, independent of education. The authors offer the explanation that townspeople can go their own way with less interference than in rural areas. I offer an alternative explanation, that urbanization enlarges marriage opportunities so much that in an urban area, the number of uncut families can become large enough that their children can marry one another. To be the one family that does not cut in a village of 100 families means that marriage for the daughter is unlikely, but to be among the 100 families that do not cut in a city of 10,000 families means that suitable marriage for the daughter is more likely. I think that the abandonment of footbinding began in the cities of China for the same two reasons: because the cities had larger marriage pools and because that is where the abolition campaigns were logistically easiest to carry out and most likely to be heard. However, urbanization is not a necessary condition of change. In Senegal, due to the accident that the pledge technique originated in a rural location, it looks like change might begin in the country and move to the city.

Compensation for the Cutters

Functionalist explanation used to dominate the social sciences, and although thoroughly discredited, its influence lingers. Structural functionalism analogized society to a biological organism, such that every cultural practice functioned to promote the survival of that organism. Functionalism assumes that all social phenomena have beneficial consequences that explain them (Elster 1995). This is unobjectionable with respect to so-called *manifest* functions, for example, that a family practices FGC with the intention to establish the marriageability of the daughter, but falls into difficulty with respect to *latent* functions, for example, that FGC is maintained *because* the midwife-cutters are paid one way or another for performing the operation.' The strategy of functionalist substitution recommends listing the functions that a practice fulfills and then substituting alternatives that fulfill the functions of the practice to be displaced. Thus, such a strategy might recommend that midwife-cutters be paid not to perform the practice:

Consideration must also be given to compensation for the midwives and women who perform the operation because they often depend on the income for this service for their livelihood. Any approach to eradicate female "circumcision" that ignores the dependency of people on the practice will not be successful. (Slack 1988:485)

Programs to compensate the cutters (primarily by retraining them) have been funded in a variety of locations, and apparently they have failed to reduce the

prevalence of FGC: "Some evidence suggests that this approach in relation to a service that is highly in demand may benefit the supplier but may not improve the overall situation since the same suppliers may continue despite alternative training or, even if they stop, other suppliers will step in to fill the demand" (Toubia 1998:47).

One reason for the popularity of this suspect strategy is a heuristic found among all peoples that seeks to explain negative outcomes with the question, who benefits? If I break a leg, it's because of the evil eye of my envious neighbor. If we lose the war, it must be because the financiers profit from war loans. If there is a plague, it must have been concocted by the pharmaceutical companies. Painful and dangerous FGC persists because cutters benefit from the practice, and so on. However, the fact that someone benefits from a negative outcome is not *itself* evidence that she caused the outcome. A causal connection must be traced from the benefit to the outcome. The umbrella seller in the plaza did not cause the rain. The doctor's office did not cause my influenza. True, female genital cutters immediately cause female genital cutting, but they do not cause parents to want FGC for their children and thus do not cause the continuation of the practice. Oddly enough, it is the daughters who are both the primary and intended beneficiaries of FGC because inside the convention trap FGC advances their marriageability, and this benefit causes the continuation of the practice. To illustrate the fallacy of this kind of approach, consider that functionalism would claim that people have babies *because* obstetricians are paid to deliver them, so that if you wanted to reduce the birth rate you should pay obstetricians not to deliver babies. People have babies for many obvious reasons, but to keep doctors in business is plainly not one of them. If people have fewer babies, there will be fewer obstetricians, but making fewer obstetricians will not make for fewer babies.

Even assuming that cutters comply, they will not often constitute the critical mass sufficient to tip the practice into abandonment. The local status of cutters varies. In many places they belong to less prestigious castes or outgroups, and in such places their conversion would not be persuasive to the rest of the population. In some places the cutter has no special status, negative or positive. In some places, the cutter might be the extremely prestigious leader of a secret society. In these latter circumstances, of course, the genuine conversion of such cutters through nondirective education would be crucial. But a program to convert the cutters might work only accidentally, that is, only insofar as it provided information that an alternative exists, offered credible information about negative health consequences, and mobilized a critical mass sufficient to provoke an abandonment. Draining the swamps works to reduce malaria, not because swamps cause malaria, but rather because it reduces bites by infected mosquitoes.

Generally, paying people to change their attitudes does not work. This is shown by the forced-compliance experiments of the cognitive dissonance the

orists. Cognitive dissonance theorists had experimental subjects perform a very boring task and then had the subjects convince another person supposedly waiting outside to do the same task that its performance was quite fun and interesting. Subjects reduced the consequent cognitive dissonance between believing the task to be boring but telling someone it was not boring by actually changing their attitudes to believe that the task was fun and interesting. However, another set of subjects, who were in addition well paid to convince the waiting person that the boring task was not boring, did not come to believe that the task was fun and interesting. These latter subjects did not have to change their attitude about the task because they were able to tell themselves that they were being paid to lie. The experimenters showed that the more money is paid, the less the subjects' attitudes changed (Manstead and Hewstone 1995:106). One can purchase many things in this world, but it is common sense that genuine attitude change is not one of them.

Alternative Initiation Rites

The convention theory admits and attempts to explain between-group heterogeneity in form and meaning of FGC. This heterogeneity has implications for program design. For example, outlying cases probably exist for which a strategy of public declaration would be of no use. Another strategy of cessation is to provide alternative initiation rituals that do not include FGC.

The most queried point in my original article on footbinding and infibulation was my assertion that these practices are generally not associated with initiation rites. The audience tends to assume that footbinding was an initiation ritual, maybe because they are personally acquainted with painful initiations and assimilate the unfamiliar practice to this familiar experience. But it was not. The anthropologist Hill Gates has organized interviews with thousands of women who encountered footbinding in their youth:

Footbinding, which girls and their mothers had endured for centuries, was extraordinarily unelaborated, virtually empty of "culture" in its ideational/ ritual sense.

"Did your mother do anything special on the day that she bound your feet?" we asked. "No."

"Did she choose a good day, or burn incense and pray to ask for success, or make special food, or put medicine on your feet?" "No."

"Where did she bind your feet, and who was there?" "In the house, no one was around. It wasn't anything special."

"Were there any customs?" "No." . . .

By contrast with all this negativity, when we asked about marriage customs, or birth customs, or how people worshipped "in the old society," we got the usual range of . . . answers.... Everyone knew *something*. (Gates 1998)

In Chapter I I, Johnson writes that when she went to Guinea-Bissau she planned on studying FGC as an initiation rite. But as she began her research among the Mandinga there she discovered that "circumcision" sometimes took place well before puberty and had no "direct relationship" to marriage (although it had at one time), but was now most associated with Muslim religious identity.

FGC, especially near its hypothesized source of origin, is often not an initiation ritual. According to Rose Hayes, "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" (Hayes 1975:621). Further, the age at which FGC is done varies between groups. In more than a few it is done in infancy, and elsewhere it can be done as late as after the first child. FGC clearly is not an initiation ritual at those ages. I would guess that the average age of treatment across cultures is about eight, which is several years short of puberty, and genital cutting at this age may or may not imply initiation purposes. However, in some places, especially near the fringes of its distribution, FGC is sometimes associated with initiation rites. In coastal West Africa, from Senegal to Nigeria, FGC 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 (Murdock 1959:263, 269). 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 "circumcision" (Murdock 1959:337, 345). Historically, if a group with a tradition of an initiation ritual later adopts FGC, then FGC might be integrated into its initiation ritual.

Initiation, especially among those secret societies that cut across local groups, might carry such a freight of other purposes and meanings that the supposed connection between "circumcision" and marriageability is secondary or even absent (see also the description of forcible initiations including FGC by secret societies in Sierra Leone in Dorkenoo 1994:109-110). Among the secret societies, for example, "Male youths belonging to societies not practising ['circumcision'] have been known to undergo the rite with the novices of a strange and distant society, and women, sometimes advanced in years, have come from far distances to submit to the operation" (Butt-Thompson 1929:123).

Incidentally, there is often an association between male circumcision and the man's marriageability. Associations are highly variable between groups. In northern Nigeria, for example,

[male] circumcision is generally, but not always, closely associated with initiation rites by which boys are formally admitted to membership of the tribe . . . That circumcision is not a necessary feature of initiation is apparent from

the fact that whereas most tribes [here] hold initiation rites, only some circumcise, while among other tribes which practise circumcision the initiation rites are kept totally distinct from those of circumcision. (Meek 1925:84)

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 indistinct, so that retaining initiation ritual but abandoning FGC might be a feasible strategy. However, it would be a mistake to overgeneralize such a strategy to groups that distinguish between adulthood and marriageability or to groups that do not practice initiation rites.

A properly placed alternative initiation rite offers the advantages of perhaps being sufficient to halt a practice sustained only by peer conformity; being immune to criticism that reformers are betraying tradition; and being likely to launch a process of education, discussion, and convention shift. I have reservations about the applicability of this strategy, however. In Chapter 11, Johnson reports that although the Mandinga in Guinea-Bissau among whom she worked claimed that initiation and FGC are inseparable, half of respondents were cut without any initiation ceremony. In Chapter 12, Ylva Hernlund reports that it is becoming increasingly common for girls in the Gambia to be cut with less ritual and at younger ages and argues that this is part of a general trend. The same tendencies are reported for groups in Mali (Assilan Diallo, cited in Dorkenoo 1994:40) and Kenya (Ng'ang'a 1995:35). Efua Dorkenoo (1994: 39-40) suggests that the trend to less ritual and younger ages undermines the hypothesis that FGC is explained as an initiation rite. If initiation is fading, but FGC stubbornly remains, perhaps that is evidence that they are separate entities and that initiation is much more weakly persistent than is FGC. The participants in the "Diabougou Declaration" adamantly and unanimously opposed alternative initiation rituals. One said, "We need to do away with these rites altogether. We need a means of controlling what goes on and if you have the drumming and singing, it will be associated with cutting. People will use this pretext to cut in secret. This must end." Another said, "Let's be honest, we were cutting our girls at 2 weeks to 3 months over the past years so this was not even part of the ritual any longer. This is a romantic notion you westerners have and want to impose on us now!" (Melching 1999).

In summary, because the popular understanding subsumes all FGC to initiation although FGC is often not initiation, because when FGC is found with initiation the two might yet be distinct practices, because the results of the alternative initiation strategy are as yet unclear, and because positive results might be due to convention shift rather than to rite substitution, I urge caution about deploying the strategy too broadly.

Medicalization

Most often, FGC is opposed because of its negative health consequences. Having FGC performed by nurses and doctors would reduce the negative health consequences, but medicalization is opposed on the argument that it would help perpetuate FGC. In Chapter 6, Shell-Duncan, Obiero, and Muruli urge that opposition to medicalization be reconsidered, arguing that it is an empirical question whether medicalization would be an additional contribution to the perpetuation of FGC. I acknowledge that this question is not easy in its normative aspects and that it is worthy of discussion. Here, I want to comment only on its positive aspects.

Shell-Duncan, Obiero, and Muruli suggest that what I call modernization has not had much effect on FGC, and I agree. They say that change in other values, such as reducing high fertility, has been genuine but slow. Thus, they propose that medicalization be reconsidered as an intermediate solution to improve the health of affected women. If the convention hypothesis is correct, some considerations follow. If, as I have argued, neither profit for the cutters nor the availability of FGC services sustains the practice but rather the marriageability problem, then medicalization in itself should not augment the persistence of FGC.⁹ However, for FGC to end, attitudes have to change, but everywhere in the world attitude change depends on information from authoritative figures, and the most authoritative sources on the negative health consequences of FGC are the attitudes and practices of the medical profession. Thus, medicalization might slow or stop attitude change. Recall the Yoruba mothers interviewed by Orubuloye, Caldwell, and Caldwell: they wanted the government's message to be loudly and clearly in favor of change, so that the whole population would be made ready for a definitive end. Perhaps there is a program design that satisfies these diverse concerns.

Propaganda and Prohibition

Bullying from outsiders breeds defiance or sham abandonment. Social psychologists have developed the concept of *reactance*: a motivational state directed toward the restoration of freedom. People are accustomed to a range of free actions, and when freedom to act is threatened or actually denied, reactance motivates attempts to protect or to regain the freedom of action. If a man's mother-in-law tells him that it is too hazardous to drive in the rain, he will more than ever want to drive in the rain. If a father tells a son to take a warm coat, he won't. The motivation has been demonstrated in controlled human subject experiments. It has been shown that the greater the pressure to comply, the more that one wants to defy, and that the more important the freedom, the greater the resistance. A daughter's marriageability is one of the

most important issues in life, and the pressure to abandon FGC is at times severe. Threats to outlaw FGC have often been met with increases in FGC. In Chapter 7, Lynn Thomas details such an instance of reactance.

There is a moral dimension as well. If some outsider tells you that you are a bad person because of a family tradition you follow, and you follow this tradition just because you are a good person, then will you abandon the practice and thereby confirm the outsider's ignorant judgment that you are a bad person? I think not. Molly Melching of Tostan writes,

You know, some words that never come up in development jargon and academic papers are love and respect. But the truth is that one of the main reasons our program works is because of the mutual love and respect between villagers and Tostan. When people have another agenda—let's end FGC—let's get people doing this or that—it often boomerangs because it implies that all you care about is changing people, which means you don't accept them the way they are. Whereas when one loves and respects and trusts others to make the right decision it happens quite naturally.¹⁰

Nondirective education works. Harsh propaganda backfires. The example of footbinding suggests, however, that it is appropriate in some circumstances for outsiders to state their opposition to FGC, but only if such opposition is factual, understanding, and respectful.

Suppose that a law professor is charged with the task of eliminating automobile usage in Los Angeles and proposes this strategy: legal prohibition enforced by serious penalty. Because the professor has provided no alternative method of transportation, no one can stop driving. Because no one is able to stop driving, police and prosecutors will not waste their time picking out some poor Joe Blow for punishment. But there will be black marks on a white page to satisfy the irate Oregonians and Bangladeshi who demand that the Angelenos stop their destructive driving habits. Criminal law works because thieves and murderers are a minority of the population that the state can afford to pursue with the cooperation of the majority of the population. It is not possible to criminalize the entirety of the population or the entirety of a discrete and insular minority of the population without the methods of mass terror. Reactance complicates the problem. The example of footbinding shows that legal prohibition is most appropriate at the climax of the national process of abandonment, not at its beginning. Legal prohibition that is not the expression of local popular will on the subject is ineffective, if not undemocratic. Europe and the United States have every right to prohibit FGC among their inhabitants, however, because FGC is a mistaken practice and also because the children of the immigrants aspire to participate in their uncut host societies (see Dorkenoo 1994:123-124 for tragic examples and thereafter for strategies beyond mere legislation).

Conclusion

The convention theory, as reflected by events in the Senegalese villages, suggests a tripartite strategy of abandonment: basic education, public discussion, and public declaration. Educational information must be from a credible source and must be nondirective. During public discussion, a motivated core carries information to ever broader audiences. Information and discussion are standard techniques. What this approach adds and explains is public declaration within the local pool of marriage eligibles, and results are promising.

Campaigns of broad publicity should continue because it is important that international, national, and local attitude change should continue to amass. Although it is not possible to explain why here, the critical mass definitely need not be as large as a majority. Nevertheless, some sufficient proportion of attitude change is required prior to convention shift, and it begins with broad publicity. Abandonment once begun is potentially contagious, which has implications for reform planning. It is contagious because if one marriage pool successfully abandons FGC, that directly raises the issue to overlapping marriage pools, and additionally abandonment demonstrates to similar populations that the beneficial shift can be made safely. Thus, it may be worthwhile to sharply concentrate efforts on attitude change and then convention shift among some exemplary groups and, after success, among their kin and neighbors and then among their coethnics. Concentration can operate at neighborhood, local, provincial, country, and regional levels.

Generally, women more actively perpetuate FGC than do men. It is women's business. It may be possible to concentrate initially on women because if they are won over, they will persuade husbands, grandparents, and religious and political figures. It is also effective to win over local political and religious leaders with genuine authority. Obviously, it is desirable to expand as rapidly as possible the declarations in Senegal. If the Senegalese process continues to deliver dramatic results, then proven techniques should be extended to coethnics in neighboring countries. Further, it may be easier initially to inspire attitude change and convention shift in countries or regions where there are respected ethnic groups that have never practiced FGC, as in Senegal. Another criterion for concentration is if many practice FGC but many also are against the practice, as in Eritrea (unfortunately, trapped in tragic warfare at the moment). Additionally, it may be easier initially to trigger change in groups where FGC is shallow, that is, in groups toward the edges of the distribution without the exaggerated emphasis on chastity and fidelity, than in groups where FGC is *deep*, that is, in groups at the center of the distribution that are strongly connected to the modesty code.

It would be instructive to test culturally adapted pledge associations in an urban area where there is already a wide discrepancy between prevalence and

attitudes. The larger and more educated the population, the easier it should be for those with changed attitudes to marry one another's children, provided there is a way they can find one another (it might be harder initially to reach the less educated in an urban area, however, if they are less socially cohesive there than they were in their rural homes). Further, an urban suitor may not consider that many more partners than a rural suitor, but in the urban area there are many overlapping marriage markets as compared to only a few in a rural area. Thus within a larger collection of overlapping marriage markets, if a critical mass of markets complete convention shifts, their overlap with other marriage markets can have a domino effect throughout the larger collection. No ethnic or status group anywhere should be ignored if they are ready for convention shift-successes are always more helpful for demonstration purposes than failures. But all else being equal, in an urban setting it may be most effective to concentrate on the most prestigious status groups because their shift will inspire a shift among those who aspire to join those categories. These are hypotheses, to be revised or rejected on the basis of program experiences.

The people who practice FGC are honorable, upright, moral people who love their children and want the best for them. That is why they practice FGC, and that is why they will decide to stop practicing it once a safe way of stopping is found. Since FGC will end sooner or later, it is better that we put our efforts into ending it sooner rather than later. Let's study good ways of stopping it and let the people who still practice FGC know what we and their neighbors in Africa have found out about ending it.

Notes

Discussions with many people over the last several years have improved my understanding of FGC. Generous comments by editor Ylva Hemlund helped me deepen my hypotheses in this paper, and Bettina Shell-Duncan also helped me improve my tone. I thank Molly Melching of Tostan for many enlightening discussions on practical and theoretical topics. I acclaim the people of Malicounda Bambara and Medina Cherif, Senegal, for showing the way. I am grateful to St. John's College, University of Oxford, for general support.

1. In this paper "the Sudan" with an initial capital refers to the country in northeast Africa, and "sudanic" refers to the geographical zone that runs across Africa from the Sudan in the east to Senegal in the west.

2. The dentistry analogy is adapted from Gates (1998), who came to this understanding during her many interviews with women who had undergone footbinding.

3. Bamana is now the preferred term in the literature, but the term of use in the Senegambia area is Bambara. The Malicounda women state that the Bambara tradition includes "sealing" (see Chapters 1 and 12 of this volume).

4. There are individual but collectively marginal abandonments across Africa, sometimes among the most educated and also as a consequence of various programs.

5. The writing to this point, except for the theoretical interjections, borrows from a Tostan fact sheet, "The Impact of the Malicounda Commitment to Abolish Female Circumcision," and from the texts of the Diabougou Declaration and the Medina Cherif Declaration. All documents are in the author's possession. Additionally, I conducted interviews in nine of the villages over two weeks in December 1998. See Melching 1999 for a more detailed account, and also see <http://townonline.koz.com/visit/Tostan> for latest news.

6. The Nupe in Nigeria do not practice FGC, but nearby ethnic groups do. The average number of wives is 2.1 per man, but a few rich men maintain many consorts, from five to 200. Here, "the starved sexuality of the women in large polygamous households strives to find an outlet" (Nadel 1942:152).

7. The relationship is mildly positive in two countries and mildly negative in two other countries, significances not reported.

8. Hayes (1975:628) appears to be the source of the notion that FGC latently functions to pay the cutters.

9. I am indebted to Bettina Shell-Duncan for suggesting an implication of my own views that should have been obvious to me.

10. Personal communication, December 16, 1998.