More Effective and Less Effective Programs to Abandon Harmful Practices in Five Countries

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1. **Introduction.** The social-convention theory of the practice of female genital cutting/mutilation (FGM/C), and its recommendations about the process and content of abandonment activities, are largely supported by program experiences in five major practicing countries. The more that program activity is consistent with the several elements of the theory the more it tends to lead to the general abandonment of FGM/C. At the same time, people in different places creatively invent different ways of addressing those elements, often in response to the particularities of their local and national circumstances. The basic recipe works with either millet, rice, wheat, or teff.


The theory was restated and several of its elements refined by Mackie and LeJeune (2009) for the multi-country study. The study designed and collected from UNICEF country offices reports on FGM/C program activity in five major practicing
countries: Egypt, Ethiopia, Kenya, Sudan, and Senegal. [other activities and publications of the multicountry study]

The data about program effects in the country reports (and a few supplementary sources) vary widely in content and in quality. Nowhere are we able to measure the effects of treatment on randomly selected targets. The UNICEF (2008, add cite) evaluation of Tostan in Senegal is the most thorough, comparing random samples from treated villages to untreated villages matched for similar characteristics. Next best are the random-sample survey data on four Ethiopian projects, carried out by Dr. Haile Gabriel Dagne. On the remaining projects we have for the most part the reports of observers and participants on estimated effects. Nevertheless, the data allow us to fairly state four broad categories of result (each category in the list includes all previous categories, for example, claimed general abandonment also includes claimed reversal of stigmatization and changed knowledge and attitudes).

- Claimed or measured changes in knowledge and attitudes (all programs)
- Claimed or measured partial abandonment, but not yet reversal of social stigmatization (Amhara and Wolayta in Ethiopia; some of FGM Free Village in Egypt, FGMAP in Egypt)
- Claimed general abandonment, including reversal of social stigmatization (Benban and other declarations, of FGM Free Village in Egypt, and Deir Al Barsha and other towns, of CEOSS, in Egypt; families, parties, sects in the Sudan; Fulda-Mosocho in Kenya)
- Independently measured general abandonment, including reversal of social stigmatization (Rohi Weddu, and KMG, in Ethiopia; Tostan, in Senegal)
2. **Summary Review.** Here the theory will be briefly summarized, along with illustrations and lessons from program experiences.

2.1. **Marriageability and Coordinated Abandonment.** Insiders refer to the practice as a tradition, one which links FGM/C to the marriageability of the girl and to her family’s standing in the community. Thus, we are likely to find that FGM/C is general within the local intramarrying group, of ancient origin, and quite persistent, even among individuals who have come to oppose it in principle. FGM/C is not an individual practice, but a community practice, which can only be resolved at the community level, by organizing the greater part of the intramarrying group to coordinate on abandonment. That FGM/C is a conventional prerequisite of marriage is often mentioned in the country reports.

- In the Egyptian town of Deir al Barsha, families which had foregone FGM/C were reluctant to say so for fear of harming their daughters’ prospects for marriage, but became emboldened to do so after a written and public declaration of village leaders against the practice (Coptic Evangelical Organization for Social Services nongovernmental organization, or CEOSS NGO). The very same was reported in Benban, part of the FGM Free Village Project (FGM-FVP), as a result of a mass public commitment to abandon.

- An Egyptian woman asked about the decision to practice FGM/C explained, “I’m like my neighbors. People say no, I’m like them, people say yes, I’m like them.” In a group discussion an Ethiopian peasant also remarked, "I stop when others stop."
• In Southwest Ethiopia, where the age of cutting is between 12 and 18, the NGO Kembatti Menti Gezzima (KMG), as part of its strategy, supports an ongoing series of widely attended weddings of uncut girls, showing that they are able to obtain good husbands.

2.2. Critical Mass, Organized Diffusion, and Tipping Point. The social convention theory also describes the social dynamics of the organization of abandonment. A small core group of first movers, called the critical mass, can conditionally resolve to abandon FGM/C, and then has an incentive to recruit remaining members of the community to conditionally join the effort, until a large enough portion, called the tipping point, is willing to coordinate on stable abandonment. The process of persuasion and attitude change about the advantages and disadvantages of abandonment is an organized diffusion from core groups through existing and created social networks within intramarrying communities. Once a large enough portion of the community is ready to abandon, then a public commitment signals a shift from conditional commitment to actual commitment, in order to make clear that most people know that most other people do abandon the practice.

• In Senegal, the NGO Tostan typically selects about five villages (average village size about 800) in a larger 30-village area, and conducts two classes in each of those five villages, one for about 20-25 adults and one for about the same number of adolescents, each open to both women and men. These are the core groups. Through the strategy of organized diffusion, 250 people eventually bring around
24,000. At time of writing, 3,500 villages have organized abandonment in 35 public declarations.

- In Egypt, the FGM-FVP is implementing a program among 600,000 people in 124 villages. As of the end of 2006, FGM-FVP had facilitated public declarations of commitment to abandon in seven large villages, the last two enjoying extensive media coverage. The collective commitments follow two years of preparatory activity carried out by official, popular, and religious leaderships, women activists, and youth, including seminars in leadership homes, mosques, churches, youth clubs, and home visits to families with daughters of FGM/C age. Dialogue took place in men’s, women’s, and youth groups. These activities helped build core groups, including community leaders and families ready to declare opposition to FGM/C. The declaration is a pledge by official, popular, and religious leaderships, women, and youth to end the practice, and is usually announced in official public ceremonies attended by national and regional dignitaries. There are banners of welcome throughout the village, and the event is festive, including drama by young women on the hazards of FGM/C, and music. At the end of the ceremony the commitment is signed by community leaderships, a document arousing pride. The declaration of commitment influences others not directly involved in the program.

- In the Kembata and Tembaro Zone of Ethiopia, where the age of cutting is between 12 and 18, the KMG NGO establishes five core
groups in parallel, one of them on harmful traditional practices (HTPs), another of uncut girls. The HTP core group diffuses through traditional women’s insurance, income-generating, and social organizations; in churches; and most importantly through the local community edir, an insurance and self-defense organization for all whose decisions are binding on members. The uncut girls core group diffuses to family, friends, and schools. Every edir in the Zone, about 800,000 in population, has publicly committed to abandon the practice, 66% of respondents have participated in binding edir, Subdistrict, or District declarations, and 96% accept the declarations. The edir commitments are replicated upwards in meetings held at the subdistrict level, and upwards again at the district level. At the same time, public weddings of uncut girls are celebrated, and annual zonal whole body celebrations draw tens of thousands in attendance. Multiple diffusions and public commitments saturate the population with the self-fulfilling expectation that all have given up the practice.

2.3. Community Discussion, Decision, and Commitment. Effective abandonment of FGM/C requires genuine community discussion, community decision, and community commitment.

- The Amhara Regional government in Ethiopia involved in regular nondirective dialogue about human rights and HTPs 70 individuals from all community sectors in each of 17 Subdistricts. After 18 months of training these individuals in turn conveyed the Subdistrict abandonment
decision to local communities, but not as an item for discussion, decision, and commitment. The Wolayta Zonal government in the Southern Region trained for two days on health and HTPs six community dialogue facilitators in each of several Subdistricts. The facilitators in turn organized one- or two-day dialogues for one or several villages at a time. Public commitment was communicated downward from Subdistrict to village, and discussion was brief. In both Amhara and Wolayta new legal obligations were also conveyed. In consequence, FGC is no longer openly practiced, but one-third of respondents say that it continues clandestinely, and uncut girls remain subject to ridicule and stigmatization.

- In group discussions organized by Dr. Dagne’s research staff, Wolayta participants recommended that community dialogue be held at the village rather than the Subdistrict level, and be carried out for longer than a day or two, for the sake of better results. He observes that the Amhara and Wolayta programs were constrained by a limited budget, but suggests that a strategy of organized diffusion within and between villages could be more effective at the same cost.

- In Kenya, alternative rites of passage programs are popular among donors and NGOs. These programs vary, but tend to target girls at risk, sometimes those already inclined to change; sometimes do not involve parents, and often do not involve the broader intramarried community. Alternative seclusion and training for the girls lasts several days to two weeks. Girls who complete the ARP and forego FGM/C may be
stigmatized, and as a result some ARP girls later choose to be cut. In contrast, the NGO Fulda-Mosocho in Kenya targeted 210 school officials as the core group, and organized a three-year training program in reproductive health and human rights for them. The core group diffused to colleagues and students, neighbours, chiefs, community meetings convened by chiefs, clan elders, and women’s organizations. Here, the AR is not the central activity, but the culmination of a prior process of community discussion and decision. The first annual AR in 2004 involved 2,000 girls in week-long seclusion, culminating in a ceremony attended by 10,000, including many notables. Each girl was given a certificate and a candle as a symbol that their parents, families, and clan elders said no to cutting, and as a symbol of their acceptance as full members of the Kisii community.

• The public commitment of the community was decisive to wide and stable change, according to interviews with participants reported in a recent UNICEF evaluation of Tostan’s first three organized mass abandonments in the late 1990s. The fact that the issue has been widely discussed, and a public pledge made, is binding on all. It is a matter of sacred honor for individuals and communities to keep their word. We would add that, because for a community be uncut is also a self-enforcing social convention, most individuals would not be tempted to revert.

2.4. Self-Enforcing Beliefs. The social convention theory noted that an early instance of effective organized abandonment depended on the credibility of NGO
activities (Mackie 2000), and now that point is directly integrated into the theory, and more developed (Mackie and LeJeune 2009), with strong implications for program content. The marriageability convention of FGM/C is typically almost universal within an intramarrying community, because noncomplying families fail to reproduce and thus are extinguished. Hence, community members lack information to compare the cut and uncut alternatives. FGM/C is held in place by self-enforcing beliefs, reasonable in their context, about the nonexistence of an alternative, the healthiness of cutting, the nonviolation of rights, the indecency of uncut women, the unmarriageability of uncut women, and infeasibility of abandonment.

- According to the Ethiopia country report, any immediate health harms of FGM/C are attributed to bad spirits, and Mackie (2003) had previously identified exactly the same belief in Senegal 6000 kilometers away. This belief is formed because all girls are cut, but only some experience immediate complications.

- In the Kenya study, the belief that uncut girls would become promiscuous and disobedient is frequently reported. Other self-enforcing beliefs in Kenya are that uncut girls would not be able to bear children, would become both unmarried and pregnant, would end up prostitutes, or would have a bad odor.

- In Senegal, the Bambara people involved in the first two public declarations believed that to mention the practice would bring death. This powerfully self-enforcing belief not only blocked discussion, but
prevented local women from comparing harms arising from the practice, which each thought to be idiosyncratic.

2.5. **Credibility.** Self-enforcing beliefs are strongly supported and any contrary message initially seems preposterous to their holders. A variety of messages, international, national, regional, local, the more credible the better, are valuable in softening such beliefs, opening the way for their more systematic revision. Community programs which deal with only FGM/C, or even only with reproductive health, are viewed with warranted suspicion. Holistic programs, providing assistance on a wide variety of topics, are more credible. Their actions not only symbolize the good will and competence that indicate credibility, but prove them again and again by bringing about a sequence of valued changes on a variety of community needs. Nondirective and positive content, by encouraging honest community dialogue about advantages and disadvantages of the alternatives, and expressing respect towards people and their traditions, also promote credibility.

- In Sudan, the National Council for Child Welfare carries out a comprehensive media campaign for child protection, FGM/C being one of five issues. Formerly, the content of such advocacy was negative messages about risk to health, but recently they include messages about human rights, and sometimes feature children, youth, and married couples speaking for themselves. FGM-FVP in Egypt is a multilevel program, and worked at the national level in 2003 on a national media campaign called, “The Egyptian Girl,” advocating education for girls, an end to early marriage, and an end to FGM/C. Three television spots addressed
medical, religious, and ethical aspects of FGM/C, and commonly mistaken beliefs about the practice.

- Pioneering community commitments to abandon FGM/C emerged independently in the later 1990s in response to the activities of CEOSS in Egypt and Tostan in Senegal, each a holistic development program.

- KMG in Ethiopia, starting in 1997, introduced a wide range of practical projects to improve the health and livelihood of the population, winning the trust and confidence of traditionalists, according to the Ethiopia report: health education, malaria prevention, environmental sanitation, income-generating projects, bridges, wells, springs, nursery and afforestation, biogas, and so on. The NGO organized environmental restoration of the Kambatta people’s sacred mountain Hamericho, which raised the prestige of KMG and of its leader Bogalech’s appeal for change. When asked the relationship between the service projects and FGM/C, an interviewed elder said that the projects are like the bitter medicine Kosso, “If you take it, it kills the parasites down there. Bogalech gives you that bitter medicine coated with sweets and cures you.”

- FGM-FVP in Egypt, and the Entishar and ROCSS programs in Sudan, are deliberately designed with attention to credibility issues. They are all holistic programs where participants identify community problems, and nondirective programs which rely on community dialogue. In Egypt, there is frequent resistance to FGM/C programs, linking them to a Western attack on Egyptian tradition and values. This resistance is most vocal,
says the Egypt report, when FGM/C is considered in isolation from other services valued by the community, or when the NGO is not closely integrated with the community or is from outside it.

- Community dialogues in the Amhara and Wolayta areas of Ethiopia were ostensibly nondirective, but were accompanied by official information about criminalization of the practice. Local community discussion, decision, and commitment were quite thin compared to programs with stronger results. Reproductive health and human rights are the focus of Fulda-Mosocho in Kenya, but the program’s community dialogues are longer in duration and wider in participation. Similarly, Wohi Reddu working among Afari nomads in Ethiopia deals with a range of women’s issues, but involves the whole community in discussion, decision, and commitment to abandon harmful practices.

2.6. Social Norms. The original social convention theory noted that the core group also has an incentive to revalue the alternatives of cutting and not cutting, and showed how such revaluation hastens the process. But it did not detail the mechanisms of revaluation. The refinement (Mackie and LeJeune 2009) explains how FGM/C is maintained not only as a social convention, based on marriageability interest, but often also as a social norm, further kept in place by informal social sanctions of approval and disapproval applied by members of the intramarrying community. The country reports frequently mention positive social sanctions for being cut, and negative social sanctions for being uncut.
• The Kenya study reports in district after district that the stigmatization of uncut girls at times causes ARP graduates later to choose cutting. Girls are shamed, ridiculed, mocked, and cast out by their peers, at worst not allowed to fetch water, collect firewood, or even to interact with the cut. In some instances girls are trained to answer back, in one a godmother is assigned to each for counsel, and in one backsliding results in excommunication from the church. ARP provides an immediate positive social sanction to the participant, but that positive sanction might be outweighed by hostility from parents and the rest of the local community. Efforts which proceed at the individual level, rather than at the community level, expose their followers not only to the risk of unmarriageability, but to the more certain prospect of painful rebuke and taunting. Fulda-Mosocho’s large annual graduation ceremony emphasizes positive sanction and acceptance as adults by the entire community. Fulda-Mosocho takes cases of stigmatization to clan elders, who are said to act on the problem, and the program brings on board already-cut girls as guardians of the uncut.

• Social norms, old or new, are upheld by positive sanctions at least as much as by negative ones. The ROCSS program in Sudan, working with Ministry of Welfare in Gedaef state, bestowed certificates of recognition to families choosing not to cut, and announced an honor list of such families in a communal celebration. Elsewhere, uncut girls were presented with badges of honor for graduating from kindergarten without
being cut. The title *Saleemat* means whole, undamaged, unharmed, complete, and is written on their badges. Also, new songs are emerging that condemn FGM/C and elevate the value of uncut girls. UNICEF Sudan is rolling out a national-level child protection media campaign, its first topic FGM/C. In traditional communities in the Sudan, going uncut was linked to misbehavior, and to accuse a male or female of being uncut was a common curse. The most common word, *ghalfa*, is negative, and connotes slavery and prostitution. In the first phase of the campaign, the slogan “Every girl is born *Saleema*” will be popularized, by materials with a warm, happy, light-hearted emotional tone.

- KMG in Ethiopia has reversed the social norm of FGM/C. The declarations of community commitment abandon both the practice and negative sanctions against it. A quantitative survey shows that more than 8 out of 10 respondents say that uncut girls are not despised in the village. KMG also works with communities and families to reverse the stigmatization of girls subject to attempted marriage by abduction and related sexual assault. Previously, the girl’s choice was marriage to the abductor or disgrace.

  The process for shifting the social norm to not cutting, and to negative sanctions for choosing to cut and positive sanctions for choosing not to cut, can be identical to the process for shifting the marriageability convention to one of not cutting. The processes can be conceptually distinguished although behaviourally identical, but more importantly, evidence shows that the processes can be behaviourally distinct. Programs which have
had time to obtain results share in common, not perfectly universal abandonment within the community, but an effective reversal of social norm within the community and an initially significant and then increasing reversal of the marriageability convention.

• The processes are most distinct in the case of the Coptic town of Deir al Barsha in Egypt. Town leaders in 1991 published a written statement that those who cut from today on will be questioned before God. These notables announced that they would no longer have their daughters cut, persuaded some other families to announce that they would refrain from the practice, and cutters agreed to discontinue their service. The document was signed in a public ceremony attended by members of the women’s committee, other town committees, and the religious leaders. This event was a shift in the social norm of FGM/C, reducing negative social sanction and increasing positive social sanction for going uncut. At annual family health visits, families were invited to sign on, publicly or privately, to the list of families not cutting. Surveys estimated increasing shift in the marriageability convention over the years, and as of 2005 there is no new cutting.

• The Tostan NGO in Senegal organizes multivillage declarations of abandonment involving a few directly treated villages and many indirectly treated. A new UNICEF study of participants in its first three declarations found that representatives from indirectly treated villages attended more as observers than delegates, but that five years after the event the level of abandonment in indirect villages was as high and as stable as in direct
villages. Since these early declarations, Tostan has given more weight to intervillage meetings prior to the declaration, which may cause earlier knowledge and consent among the indirect villages, and more weight to the community management committees for monitoring and enforcement of commitments.

• In the Amhara and Wolayta programs in Ethiopia we see substantial discontinuation and continuation of FGM/C. There is imposition of a criminal prohibition, but no reversal of the social norm, and families and their daughters who go uncut are likely to encounter harsh stigmatization, of unknown consequence for the stability of choice among those who have abandoned.

2.7. Additional Overdetermining Factors. FGM/C generally is maintained by the marriageability convention and often by social norm as well. More variably, we argued, it can also be held in place by belief that it is a religious obligation, that it is required for adolescent rite of passage, or in order to satisfy the female honour and modesty code.

• The country reports frequently mention the belief that FGM/C is a matter of piety. For many people, there is not a crisp differentiation among religion, tradition, and culture: “It has always existed. They don’t realize that it is not in the Bible or the Koran,” says Bogalech Gebre, the leader of KMG. The Sudan country office of UNICEF seeks to disconnect FGM/C from religion. The topic is discussed in the national media, and some national religious leaders, and some Sufist sects, have announced
opposition to the practice and urged their followers to give it up. Entishar and ROCSS in Sudan, like many programs, target community leaders, including religious leaders, and religious obligation is one of the topics of community dialogues underway. The Egypt study reports that religious leaders often played the biggest role in convincing people to oppose the practice, and that opposition to abandonment by religious leaders was sometimes a major problem. Where FGM/C is mistakenly considered a religious obligation, changing that belief is necessary but not sufficient for change.

- Evidence continues to mount that adolescent rite of passage does not on its own maintain FGM/C, and that alternative rite of passage is ineffective in isolation. In Kenya, in response to national media campaigns and criminal prohibition of the practice, the age of cutting has been reduced, such that in many places it is no longer directly associated with adolescent passage. The Senegal country study as well reports that among groups where FGM/C was once associated with rite of passage, girls are cut at a younger age without reference to initiation. If the Fulda-Mosocho program is as effective as it seems to be, then that is not because it provides a substitute rite of passage, but because it relies primarily on forming a core group which diffuses deliberations throughout all sectors of the intramarrying community; its alternative rite involves a large number of girls at a time, and their parents, family, and clan elders; explicitly states that the
community supports their transition to adult status; and works to
discourage negative social sanctions against uncut girls.

- The country studies frequently report the idea that FGM/C reduces female
sexual desire and thereby promotes chastity and fidelity. Uncut girls, it is
said, are wild, will become pregnant outside of marriage, even become
prostitutes. These beliefs are reported in Egypt and Sudan where the
honor and modesty code is especially strong, and in Kenya where it is
weaker. Thus, perhaps the presence of such beliefs does not indicate the
strength of the broader honor and modesty code in the community. The
beliefs may be self-enforcing, due to lack of local variation in the practice,
and also may arise out of folk explanations for the origins of the practice.

2.8. Transformative Human Rights Deliberations. The refined theory also
addresses wide reports that the continuation or discontinuation of FGM/C is discussed in
terms of moral right and wrong. The moral norm “do not harm your child” motivated the
origination and maintenance of the marriageability convention of FGM/C, and the very
same moral norm motivates abandonment once it is realized to be feasible.

- Bogalech Gebre of KMG in Ethiopia, says of community abandonment of
the practice, that, “People in villages may be illiterate, but they are not
stupid. They want what’s good for themselves and their children”
(Lancet).

Enunciation of more fundamental moral norms allows for culturally sensitive
revision of more derived social norms. Participatory human rights education, based on
international human rights, local religious and cultural values, develops a consensus on
the aspirations which community development should sustain and advance. We observe
in practice that effective abandonments are positive and forward-looking, not negative
and backward-looking, not harsh in terminology or punitive in attitude.

• CEOSS in Egypt and Tostan in Senegal are adamant that community
deliberations about human rights, international, but especially as already
implicit in the local vernacular, were essential to their pioneering
community abandonments. The deliberations probably play a causal role.

• The Fulda-Mosocho Project in Kenya states that it uses a values-based
approach, based on nondirective dialogue and the human right to bodily
integrity. Its large alternative rite of passage, titled “A Positive Growth in
Kisii Culture,” is celebratory in nature.

• Based on accumulated international experience, national programs in
Egypt and Sudan deliberately incorporate human rights education in their
activities. Entishar and ROCSS in Sudan are experimenting with different
implementations of a human-rights based, community dialogue,
coordinated abandonment, women’s and community empowerment
program. Program content shifted, from negative health messages to the
facilitation of positive community dialogue about the practice, appealing
to international human rights and local community traditions and values.

• Also, in several efforts, there is an explicit transition, motivated by
program experience, from working on women’s empowerment alone, to
working on both women’s empowerment and community empowerment.

For example, the stated mission of KMG is, “to empower Kembata
women and their communities in support of their right to be free of harmful customary practices and other forms of abuse.” This is probably due to a growing realization that FGM/C is a community practice which can only be resolved by the whole community.

- In Ethiopia, the Amhara program mentioned human rights only in brief passing, and the Wolayta program not at all. The programs did not aim at community empowerment beyond the abandonment of HTPs. Attitudes changed in response to these programs, and some families abandoned. However, there are doubts about the strength and stability of the change.”

- Human rights deliberations are necessary but not sufficient. KMG in Ethiopia started in 1997 with community development projects, women’s empowerment, and human rights. KMG says on its webpage that, “We used to talk about helping girls one girl at a time. Now, our people have taught us that it is possible to seek not just change, but accelerating change. In 2002 it became a “community capacity enhancement program,” trained core groups, engaged in organized diffusion, and started “community conversations” deeply involving all sectors of the community, which prompted a wide sequence of organized abandonments. As well, huge annual Whole Body Celebrations, the first drawing an attendance of at least 70,000, including 25,000 uncut girls, reinforce being uncut as a proud and worthy goal. .

Programs respond creatively to local circumstances.
• For Wohi Reddu among the Afar in Ethiopia, who practice infibulation, the harshest form of FGM/C, health messages about the practice were more credible and more of interest to the population, especially the women. Showing a film of an infibulation turned many of the men against it. Elsewhere in Ethiopia, strong claims about adverse health effects arising from less severe forms of the practice were sometimes perceived as exaggerated, and detracted from a program’s credibility with the population.

• Age of cutting varies by group, but in many groups takes place before adolescence. In the Kembata and Tembaro Zone of Ethiopia, however, it takes place between ages 12 and 18. KMG trained not only multisectoral core groups to diffuse on HTPs, but also core groups of uncut girls powerfully motivated to organize against the practice. Additionally, in the circumstances, it was able to hold dramatic public weddings of uncut girls, to show that they could obtain good husbands.

• Among the Kisii in Kenya, FGM/C is associated with adolescent rite of passage. Experience has shown that the connection is not essential and that alternative rite of passage in isolation does not prompt abandonments. Fulda-Mosocho, however, made a culturally appealing alternative rite of passage the culmination of a larger process of training of core group, organized diffusion, human rights dialogue, and community-wide decision and commitment.
• In Senegal, the marriage horizons of rural communities overlap, such that
the mobilization of one village excites positive and negative interest in
overlapping villages. Organized diffusion within a few and between many
related villages is highly efficient. In Egypt, the girls of Deir al Barsha
married only within the geographically and ethnically isolated town. The
circumscribed marriage market made the pioneering abandonment easier
to accomplish, but prevented its diffusion to other communities. Wohi
Reddu in Ethiopia has obtained momentarily stable abandonment in six
nomadic groups, but observes that more surrounding groups must be
added to obtain irreversible change. Astute members of the community are
aware of those to whom they owe reciprocal obligations, and their
knowledge should guide program design.

3. Detailed Review. In this section we will review in greater detail program
experiences with respect to marriageability and coordinated abandonment; critical mass,
organized diffusion, and tipping point; self-enforcing beliefs; credibility; social norms;
religion, rite of passage, and honor and modesty code; and transformative human rights
deliberations.

3.1. Marriageability and Coordinated Abandonment. FGM/C as prerequisite
to marriageability is often mentioned in the country studies. Survey data of FGM-FVP
communities before intervention show that 68% of women and 85% of men believe that
men prefer to marry a cut woman. The Kenya study, surveying many projects in many
areas, mentions the marriageability consideration more than a dozen times. In Senegal,
the first coordinated intervillage abandonment of FGM/C, according to its local leaders,
was organized in order to preserve collectively daughters’ marriageability. Recent survey data in urban and refugee camp Sudan show that many respondents agree with the statement that people are deciding not to cut their daughters, however, 90% in the cities and 80% in the camps would not let their son marry an uncut woman. A survey question asked of participants in FGM-FVP sought to probe the question of FGM/C as a social convention by asking whether the respondent would cut their daughter if they lived in a place that did not practice FGM/C. About 27% of women and 42% of men in control groups would not cut, and 45% of women and 48% of men in intervention groups.

3.2. Critical Mass, Organized Diffusion, and Tipping Point; Community Discussion, Decision, and Commitment.

3.2.1. Egypt. In the Coptic Egyptian town of Deir al Barsha, population 11,300, with the assistance of CEOSS, the leading religious, political, and social leaders in 1991 published a written statement that those who cut from today on will be questioned before God. Among other activities, CEOSS pays annual visits to families, checking up on vaccinations, school attendance, and the like, and at these meetings over the years families were invited to sign on, publicly or privately, to the list of families not cutting (Mackie field notes, 2005). Informal and formal internal surveys estimated increasing abandonment over the years, and as of 2005, Father Daniel, charismatic religious leader of Deir al Barsha, stated that there is no new cutting (ibid.). Here the initial core group coincided with the most authoritative leaders, and their public declaration marked the shift of the social norm of FGM/C rather than a shift in the marriageability convention. An important Women’s Committee emerged as the decisive core group for organization of convention shift. Father Daniel emphasizes that Deir al Barsha had the police power
to prohibit FGM/C by law, but they believed, from prior experience with the problem of excessive mourning rites, that only a process of persuasion, wide discussion, and change of community sentiment would bring about a real change. The process has been replicated in three other religiously mixed towns in the area, with claims of wide abandonment. The population of all four towns is about 60,000.

The FGM-Free Village Project (FGM-FVP) seeks to create a social ground for the abandonment of FGM/C, including partnership with civil associations, partnership with community leaders, and initiatives to provide needed services to local communities, all with the aim of establishing a core group in each village that adopts positive messages about abandonment. It aims at communities rather than individual families or specific subgroups. Except it does pay extra attention to youths, on the belief that they are more open to new ideas. Villages are selected for participation on a number of criteria, including presence of an active and credible NGO, active women, and openness to the FGM/C issue. Activities involve provision of needed services, and awareness and advocacy activity aimed at different social sectors, including youth in high schools, Quran classes, focus group discussions, cultural awareness classes, home visits to girls at risk, training for community leaders, and meetings involving religious leaders. In Beni Suef province, a health program run by CEOSS also developed sessions on environmental and tropical disease issues, and awareness classes for young men and women, and here some villages are ready to announce opposition to FGM/C.

Participants showed increased knowledge of FGM/C, especially that it is not good for girls. Women in the intervention groups were six times less likely to say they would cut their daughter as those in the control groups, and men half as likely; but many
women in both control (41%) and intervention (49%) groups said they did not know whether they would cut (suggesting perhaps an uncertainty about whether community abandonment is feasible). Youth, in contrast, were less interested in marrying a circumcised girl, and did not expect stigma should their future daughters not be cut. As for behavioral change, there was seven percent less cutting among girls aged 10 to 15 in the control groups.

As of the end of 2006, FGM-FVP had facilitated public declarations in seven villages (each larger than 5000 in population), the last two enjoying extensive media coverage. The first declaration, in Benban, Aswan, was noteworthy. Discussions began in small group meetings of women, and later group meetings of men which included notables. Most women said they would be unable to announce the decision not to cut their daughters, but this changed after the declaration. One villager said that FGM/C is now opposed by 90% of the population, the remaining 10% being some of the older men and women (not confirmed by random-sample measurement). Success is attributed to the quality of the local NGO and its coordinator, and to strong support from harmonious village leaderships.

The strategy of the FGMAP program in Egypt is the Positive Deviance Approach (PDA). PDA seeks to identify individuals, families, and clans who have advocated against the practice or stopped cutting their daughters, and medical practitioners who have given up the practice. These positive deviants are mobilized to be role models and primary agents of change in their communities. The idea is that people within the community are shown to have found an alternative solution to a widespread problem. They break the silence and open discussions. For six months the program identifies PDs
and girls at risk, and for another six months through home visits and other activities it
works with families of girls at risk. There are further community and education
activities, mostly small gatherings targeting mostly women, and some public seminars.
In FGMAP villages those opposed to FGM/C went from an average of 13% before
intervention to 51% at the close of the year’s activity. Tentative analysis based on
limited data indicate that fewer girls at risk are cut in FGMAP villages.

No public declarations have taken place in FGMAP communities. FGMAP
focuses on families of girls at risk, and on women. It may be that isolated house visits
and small gatherings are not sufficient to mobilize what we have called a core group; that
central concentration on women leaves men without rationales for change; and that the seminars
are more informational than intended to broaden community discussion and lead to
community decision. In both projects, a large number of respondents remain hesitant to
abandon.

In Deir al Barsha, town political and religious leaders were the initial core group,
and had the moral authority to make an initial public declaration advocating an
abandonment of the practice. A women’s committee became the more central core
group, providing an ongoing forum for discussion and diffusion of ideas. Families, as
part of annual health visits, were asked about signing on, did so, and universal
abandonment was reportedly obtained in about a dozen years. FGM-FVP explicitly aims
to create core groups in each community, to adapt organized diffusion to local
community characteristics, and has facilitated the organization of coordinated
abandonments in seven communities. FGMAP identifies positive deviants, visits homes
of girls at risk, and aims at community leaders. It has attained strong attitudinal change, and perhaps some behavioral change, but not at the community level.

3.2.2. Ethiopia. Thorough qualitative, quantitative, and analytic studies by Dr. Dagne of four different implementations of the community-dialogue approach – in Amhara, Wolayta, Afar, and Kembata and Tembaro – allow for some fruitful comparative observations.

The Amhara Region government promoted community dialogue in 18 out of 49 Subdistricts of the Yilmanadensa District, population 367,000. The program invites about 70 individuals from each Subdistrict, representative of different sectors of the community. Nondirective dialogue is conducted among the 70 about human rights, gender equality, legal obligations, HIV/AIDS, and HTPs. The dialogue takes place twice a month, for two hours, of one and a half year’s duration at time of measurement. Survey data show that community dialogue participants’ attitudes and stated behaviors about FGM/C (and other HTPs) change. As of the date of evaluation, seven of the 18 community dialogues had reached action decisions, and thereafter their obligation is to implement the decisions in their Subdistrict, and each of the 70 individuals is expected to promote the decision to at least five persons at various community events, and to report back results. FGM/C ritual and cutting is no longer openly practiced in the communities; note, however, that the community dialogue includes information from on high about new criminal penalties. A survey of ten random nonparticipants in each Subdistrict indicates that nine out of ten believe FGM/C is harmful, that the law prohibits it, and agree with the abandonment decision. However, about four out of ten believe that cutting continues clandestinely. The Amhara Region survey was administered by a government
official, and given the mention of legal penalties, one wonders how candid the responses are. A useful proxy for opposition might be responses by community dialogue participants to the question of whether FGM/C should be ended gradually: about one-third of men and women think so. Nevertheless, the general impression is that many families have abandoned. Dr. Dagne observes that the Amhara project did not mobilize villagers to implement the Subdistrict-level decision, and did not present the abandonment to village assemblies for discussion and decision.

The Southern Region contains the Wolayta Zone, population 1.6 million, organized into seven Districts. The Zonal government selects six representative community dialogue facilitators from each of several Subdistricts and trains them for two days on health and HTPs. The Subdistrict organizes local community dialogues, conducted by the facilitators, often involving a number of villages in each. Participation is high, more male than female. Discussion is free and open, although new legal obligations are stated. Subdistricts, by majority vote or by acclamation abandon the HTPs, but, it is said, FGM/C is the most difficult to abandon. After about a year and a half of activity, FGM/C is no longer openly practiced. Uncut girls, however, are still subject to ridicule and stigma. About two-thirds of village respondents said that FGM/C is abandoned, about one-third that it continues clandestinely. In both the Amhara and Wolayta projects, says Dr. Dagne, although a large group has changed, a strong group still resists abandonment. The resisters ridicule uncut girls, and label uncut women as dirty, promiscuous, and unfit; and intimidate community dialogue facilitators responsible for followup enforcement. Cutters move from one Subdistrict to another in secret, and FGM/C is performed at an earlier age.
Gewane District of the Afar Region contains 10 Subdistricts and 44 villages. The NGO Rohi Weddu, working with UNICEF, organized a community dialogue in seven villages composed of 16 clans. The Afari are mostly migratory pastoralists. Primary affiliation is with the clan, whose leaders facilitate community decisions. The form of FGM/C is the most severe, infibulation, done in infancy. The NGO selected and trained six persons from each village to be community dialogue facilitators. Community dialogue meetings were held on a village basis, about two to three hours long and repeated, in part for the sake of those with other obligations, at different times, in one case five times and in another 15 times. Participation was high and discussion free and open. Women, who traditionally do not participate in meetings, did so in these. Health consequences and lack of Islamic obligation were discussed. After four months of deliberations, six out of seven villages decided to end FGM/C immediately and universally, violators subject to strong penalty (slaughter of a cow), closed by a prayer which conventionally signifies a binding community decision. Clandestine FGM/C is unlikely in Afari circumstances. Nine out of ten respondents state that FGM/C stopped as a result of the community dialogue.

Among other valuable insights, Dr. Dagne observes that the “community” in effective community dialog does not mean just any human group designated by a program designer. The groups in the Amhara and Wolayta projects were not natural communities, their discussion was not community discussion, and their decision was not community decision. The resulting abandonments are viewed as government decisions, effective only insofar as legally enforced, and law enforcement is notoriously ineffective.
against self-enforcing social conventions. The Afar abandonment, in contrast, did involve genuine community discussion, decision, and commitment, and is effective.

It is central to consider the concept of community while planning Community Dialogue interventions….Communities are small-scale social entities composed of households, neighborhoods, kinship related groups or clans living together mainly in the form of villages. Community implies proximity of members and most importantly a feeling of togetherness dominates among its members….activities and states of mind are much alike and are bound by traditions to which each has to conform in a way of meeting reciprocity, fulfilling religious obligations and avoiding stigmatization….decisions have to be made at the level of the village where all live united by tradition….When we intervene to determine the status of a woman as “uncut” the village community has to be consulted and consequently has to decide. Otherwise it does not work.

Dagne recommends that instead a community which has abandoned replicate its experience to a neighboring community. The community to community pressure he says, would be more effective than gathering villages together at the Subdistrict level where there is no natural unity. This resembles somewhat the practice of the NGO Tostan in Senegal, and is the intercommunity aspect of our concept of organized diffusion.

The NGO Kembatti Menti Gezzima (KMG) operates in the Kembata and Tembaro Zone, population about 800,000, of the Southern Region of Ethiopia. The Ethiopia study says that FGM/C and marriage by abduction prevailed in this territory despite Protestant religion, modern education, mass media, and legal prohibition. KMG’s
organization of coordinated abandonment of social convention and social norm, however, have mostly brought those practices to an end. In 2000, 50 women were trained at the Zonal level in gender, democracy, and women’s rights; and public rallies were organized concerning HIV/AIDS, and in opposition to marriage by abduction, another major problem. In September of 2002 the first mass wedding of an uncircumcised girl was organized, gaining extensive media attention. The bride wore a sign saying she was glad not to be cut, and the groom wore a sign saying he was glad to marry an uncut woman. There were 317 uncut bridesmaids, and 2000 people in attendance. As of 2007, 78 similar weddings have followed. KMG conducts a holistic program, appeals to human rights, organizes community dialogues, and operates at the village level in seven Districts and 143 Subdistricts.

KMG instituted the Community Conversation program in 2003, and now has 464 focal points, at least one in each Subdistrict. Each focal point has one male and one female facilitator, and each CC involves about 25 male and 25 female participants, about 23,000 total in the Zone. Generally, five CC programs are conducted in parallel in the seven Districts: HIV/AIDS and HTPs; Reproductive Health; Human Rights, Democracy, and Good Governance; Uncut Girls; and among the outcaste Fuga groups. Except for uncut girls and Fuga, each CC includes participants from 15 different social sectors (from elders and leaders to militia and school). All of the CCs first build relationships, second identify community problems and ways to remedy those problems, third carry on extended discussions, fourth make decisions, and fifth members implement those decisions. Each CC meets for two to four hours every two weeks for a year and a half, afterwards forming a committee of 10 to diffuse and mobilize. The HIV/AIDS and HTPs
CC forms an HTP Abandonment Committee. That committee promotes organized abandonment, and polices compliance afterwards.

Each Uncut Girls CC includes 50 girls, carried out in 148 focal points. KMG also promotes an uncut girls movement, which considers FGM/C and other HTPs, and a school girls movement organized around HIV/AIDS clubs. Girl participants diffuse their learning through school clubs, church meetings, coffee sessions, and walking commutes. Some Fuga are cutters, and renounce cutting, and there is special training for other traditional birth attendants who cut. KMG also provides workshops and training for government officials at Zonal, District, and Subdistrict levels, on HTPS, gender, human rights, and legal enforcement. Special workshops and training are also provided for elders, edir leaders, religious leaders, mothers, and traditional health practitioners.

Each CC’s followup committee of 10 meets once a month at Subdistrict level, and all such committees meet yearly at District level, where experiences are shared. In a survey, 85% of villagers said they took part in a discussion facilitated by CC members. The CC members also work closely with government administration, in schools, in churches, and through traditional community-based organizations. The edir is a self-help association found in each village, which mutually insures burial expenses, serious medical care, or a lost animal, sometimes provides small loans, and organizes village security. Edir leaders are represented in CC groups, and CC participants diffuse information to edir meetings. Abandonment appeals are made at edirs, and edir decisions are practically binding on members, otherwise they lose edir protection. Women also belong to quada edir, insuring against child delivery, wedding, and mourning costs. They also belong to butter witcho, in which women contribute milk and one makes and
sells the butter for cash; traditionally drink coffee in neighborhood get-togethers; prepare *enset* for bread together; and are together on long walking commutes. Organized intracommunity diffusion takes place in all of these arenas. Appeals for abandonment, according to a survey of non-CC members, occur at village gatherings (39%), church sessions (43%), *edir* gatherings (56%), Subdistrict gatherings (64%), and District gatherings (42%).

Declarations of abandonment take place first at the *edir* level, and next at the Subdistrict and District levels.

Qualitative interviews indicate no public practice of FGM/C, and no more marriage by abduction. Some girls, with the assistance of peers, have resisted parental plans for FGM/C, and respondents say that parents no longer attempt to force cutting. Interviewed girls say a majority of girls are uncut, and that young men prefer uncut women. They no longer fear not getting a husband, or stigmatization for being uncut (about nine out of ten say that uncut girls are no longer despised). Stated attitudes and behavior have gone from almost all cut eight years ago to almost no cut today. Reasons for abandonment, in order of frequency, are appeal by charismatic NGO leader Boge, fear of the law, fear of HIV infection, and public declarations. Some still carry out FGM/C in secret and are not reported. Dr. Dagne believes that is because the program does not mobilize local clan leaders, and abandonments are not carried out at the level of the clan. The former Dergue government discouraged clan and encouraged *edir*. But clan members are obliged to protect their own, and fear the curses of clan elders. Otherwise, CCs monitor compliance, and the uncut girls are vigilant. *Edir* decisions are binding, and Subdistricts and Districts enforce the law.
In Amhara and Wolayta, due to constrained resources, we see attempted core groups, attempted diffusion, and attempted coordinated abandonment. The core groups are so small relative to the population, and their diffusion efforts so limited, however, that community discussion is shallow. There were no genuine community decisions, but rather decisions handed down by distant levels of government, and abandonment is partial and tentative as a result. Uncut girls are the target of harsh stigmatization, and the practice continues underground. Another way to keep program costs down is to focus on abandonment within one natural community, and then inspire that community to diffuse abandonment to its neighboring communities. In Afar, most of each small community was initially involved, community discussions ensued, and community decisions were quickly made. KMG differs from other efforts in creating multiple core groups on multiple issues. It seeks organized change within each natural local community. The HTP committee organizes abandonments, but another core group, the uncut teen girls, adds considerable energy. Information and discussion are diffused through traditional community institutions, one of which, the edir, has the authority to make a binding decision for the community. Commitments are reiterated upwards at the Subdistrict and District levels. The idea that everyone is giving up the practice is reinforced in mass public weddings of uncut girls, and in further mass Whole Body Celebrations.

3.2.3. Kenya. The practice of FGM/C in Kenya has been associated in several ethnic groups with adolescent initiation rites. Thus, a natural idea is to provide alternative rites of passage (ARP). A major intervention along these lines was organized by the Kenyan NGO Maendeleo Ya Wanawake (MYWO), beginning in 1996 (Mohamud). The program sought to provide public support to girls and their families
who have decided to abandon FGM/C, in order to compensate with positive regard community stigmatization for being uncut. During its six years of operation in four districts, the proportion of girls under 20 who were uncut went from about three-fourths to about half, and support by women for the practice went from about two-thirds to about half. Many factors influenced these districts over these years, however, and from the data it is not possible to isolate a MYWO treatment effect on those reductions.

The program raised awareness of the human rights and health harms of FGM/C, and promoted a positive image of uncut girls among local officials, community leaders, parents, and the girls. Peer educators mobilized the community, and religious leaders were an important element. The agreement of both parents was required for a girl to participate in the AR. The AR combined the best of traditional and modern education about a girl’s transition to adulthood. Girls were educated in seclusion, emulating the traditional AR, but with no cutting, followed by a public graduation ceremony declaring them adults. Participating families formed a support group for the uncut girls, and sought to recruit more families to the ARP.

A thorough external evaluation by the Population Council was published in 2001. They found that the ARP approach was most influential among families which had already decided not to cut their daughters (indeed even among parents not participating in ARP, more favored discontinuation of FGM/C than its continuation). They observed that the alternative rites did not correspond to the practices of some targeted ethnic groups, viz., the Maasai, among whom adolescent cutting takes place with no initiation rite, and the Abagusii who cut at a young age years before rite of passage. The Population Council interviewed samples of ARP and non-ARP participants in four different ethnic
groups. On average, custom and tradition were the most prominent reason given for FGM/C, followed by improved marriage prospects. Rite of passage was offered by parents as a reason for FGM/C by 0% of Abagusii, 8% of Meru, 4% of Kalenjin, and 10% of Maasai. They also queried whether resources would be more effective in general sensitization among those not yet disposed to change than in alternative rites of passage among those who had already decided not to cut. (Chege, Jane Nieri, Ian Askew, and Jennifer Liku. 2001. An Assessment of the Alternative Rites Approach for Encouraging Abandonment of)

According to the Kenya country report, although FGM/C was associated with adolescent rite of passage in several ethnic groups in Kenya (more so than elsewhere), in response to many campaigns against the practice and especially its legal prohibition, the age of cutting has been reduced, from 14 and up, to between 7 and 12 years (reported in Gucha, Kisii, Narok districts). People say that the reason is that younger girls bleed less and heal more quickly, but the real reason may be to have the girl cut before she is aware of the law and of what is at stake. The phenomenon of younger cutting in groups where FGM/C was once associated with initiation rite is frequently reported, for example, as far away from Kenya as Senegal. The shift to younger cutting implies that the link between FGM/C and adolescent rite of passage is contingent, that is, one can take place without the other. The meaning of rite of passage differs from the meaning of FGM/C. If so, a substitute rite of passage is not a substitute for FGM/C.

In an interview, the district social development director in Kuria declares that the ARPs are not effective in ending FGM/C, that there is only 10% success, that enforcement of the law against FGM/C is impractical, and that there is a need to rethink
approaches to abandonment. The district director in Meru North says that there are now more uncut than cut girls there, and the topic is now out in the open. The Kehancha-Nyarimi women’s action group in Kisii District reports that more girls are uncut than cut now. The summary portions of the study reiterate that ARP is potentially effective only among ethnic groups that consider FGM/C a rite of passage, says that community sensitization should precede ARP since, not just young women, but both parents and the broad community must support the process for it to work, and again that there is a need to rethink approaches. Community discussion, community decision, and community commitment do not take place under the standard ARP approach.

The original MYWO ARP conceived of FGM/C as a practice which took place in the group setting of the rite of passage, and one that could be changed in a replication of that group setting in an alternative rite (Mohamud). The intuition is right that FGM/C is a group practice rather than an individual one, but the relevant group is not the set of girls being cut at a ceremony, but is instead the entire intramarrying community: youth, parents, elders, men, women, all expect all others to uphold the practice. Their reciprocal expectations hold the practice in place, and the expectations of most of the intramarrying group must be abandoned in a coordinated fashion. Earlier work (Mackie 1996, 2000) spoke of coordinated abandonment as a public pledge, but this terminology has been misinterpreted. For example, analysts refer to national governments making a public declaration against FGM/C, but our theory predicts that such a “pledge” would have little behavioral effect. A report on the MYWO ARP says that boys, girls, and parents, as individuals made pledges to refuse the practice. That is to construe the pledge as a matter of individual resolve, when what matters is a collective shift in reciprocal expectations.
We propose another term in place of public pledge or declaration: community commitment.

The Fulda-Mosocho project in Kisii most resembles the social-convention model. It aims to improve the physical and emotional well-being of women, to enable people to make the individual decision on behalf of the integrity of their daughter in an environment where those who abandon are not subject to community pressure. Its centerpiece is a three-year education program on health generally, sexual and reproductive health, and gender relations. The program is explicitly value-centered, meaning that the training is nondirective, relying on dialogue and cooperation in the community. Its first target was 210 school principals and teachers in the division, who would become the core group. They decided to stop in their families near the beginning of the course, and then diffused information and persuasion to colleagues and students, neighbors, clan elders, and chiefs, and at barazas, community meetings convened by chiefs. The project seeks to involve all sectors of the community. As a result of the educators’ course, 21 chiefs, 100 heads of women’s organizations, and 225 clan elders requested seminars on FGM/C. In 2004 the project conducted a weeklong seclusion followed by a graduation ceremony for 2000 uncut girls, with 10,000 people in attendance, including high-ranking politicians and other notables. The girls wear yellow t-shirts printed with a slogan that they are full members of the community and are marriageable. The alternative rites of passage approach is popular with donors and with NGOs, but there is little or no evidence that ARP adds to the rate of abandonment. Isolated graduates of ARP are subject to cruel social stigmatization. Many churches in Kenya are active in social development, applying a variety of approaches, and we need to
know more about their effect on abandonment. Speculatively, based on two brief mentions, it may be that a few authoritative councils of elders in rural areas may be willing to consider community decisions to abandon. The Fulda-Mosocho project selected principals and teachers as their core group, and involved them in a three-year educational experience. They diffused information and persuasion through their natural connections, and the program also organized shorter seminars for other key sectors of the community. Public commitment is expressed at huge annual graduation ceremonies for uncut girls, which explicitly emphasize community support for the decision and an end to stigmatization.

3.2.4 Senegal. Tostan, a nonformal education program, discovered piece by piece in practice the concepts of core group, organized diffusion, tipping point, coordinated abandonment, and public commitment. In 1995, they implemented a new learning module on human rights and women’s health, which had surprising results. On completion of the program, participants propose and carry out a project, and about 40 of the mothers in the Malicounda Bambara program decided to end FGM/C in their large village and declared to the world their aim in July 1997, which gained national media attention. This caused considerable controversy in Malicounda, and in neighboring villages, but interest as well. The women were invited to talk with Tostan classes in the nearby villages of Nguerigne Bambara and Keur Simbara. The women of Nguerigne Bambara renounced FGM/C in November, and later that month the President of Senegal called on citizens to emulate Malicounda. A charismatic religious leader and program participant named Demba Diawara from Keur Simbara explained that it was impossible for his small village to give up FGM/C on its own, as it traditionally intermarried with ten
other villages. All of them must be organized to abandon together, in order for their boys to find wives, and their girls to find husbands. These villages, together with Malicounda and Nguerigne Bambara, enacted the Diabougou declaration in February 1998, a public announcement of the coordinated abandonment of FGM/C among them. The third coordinated abandonment took place in geographically and ethnically distant Medina Cherif and 17 neighboring villages in July 1998, and originated when participants there learned about human rights and health and the two earlier public declarations. Here there was a more systematic effort by the participants to involve all sectors of the population in community discussion and decision. The debate was stormy, as it would be in similar circumstances anywhere in the world, but a consensus of the leaders, supported by the population, eventually emerged.

In 2000, Tostan reorganized its 30-month educational program to center on the human rights component, because of its transformative effect on participants and its stimulation of collective action for positive change. In the first segment of the program classes meet three times a week for two hours over a 10-month period. Participants consider the future of their village, democratic governance, human rights and responsibilities, problem solving, and hygiene and health. The second segment of the program lasts 18 months, and covers literacy, numeracy, and management training.

Community involvement is required from the outset of the program: the village must commit to take care of the facilitator and to build a shelter for class use. A Community Management Committee (CMC) of about 15 members, representing all sectors of the village is established immediately, and will play a role later in organizing community discussion and decision, and following up on community commitments.
Each class participant adopts a friend or family member with whom he shares what he is learning. In turn, each village with classes adopts about five nearby villages with whom it shares learning. Class participants diffuse learning informally, and sometimes quite accidentally, through the near and far connections in the social network of each. Participants also involve, through the CMC and otherwise, political and religious leaders, prompting more formal village meetings as well. Tostan provides a weekly radio program to local language radio stations. Through organized diffusion thousands in the larger area are exposed to deliberations about a better future. The next step is for the directly mobilized and indirectly mobilized villages in the larger area to hold intervillage meetings. All the while, the adolescent classes are diffusing to other youth in the village and beyond, and through the intervillage meetings as well. The intervillage meetings in turn reach out to government authorities, elected public officials, and nongovernmental organizations in the area. The many community dialogues are not didactic lectures, but real deliberations, sometimes quite spirited discussions of the advantages and disadvantages of FGM/C, its continuation, and its discontinuation. Village and intervillage discussion builds agreement towards the tipping point, where enough of the population is conditionally committed for an effective and stable abandonment to be consummated.

Public declarations – better, community commitments – can be on behalf of dozens and even more than a hundred villages at a time. Village representatives come together in a large public event, positive and even festive in nature, with music, dancing, topical theater; speeches by national, regional, and local political and religious dignitaries, and by leaders of women’s organizations and former cutters; culminating in a
formal statement of the coordinated abandonment of FGC/C and other HTPs. Local media is present, broadcasting on national-language radio, and regional, national, and even international media attend, diffusing the message throughout the country and the world including expatriates abroad. Tostan effort may also be concentrated across a number of village clusters in a region, in order to promote further organized and unorganized diffusion on a larger scale. A sequence of such prominent events over the years increase the density of the message that abandonment is a safe and worthy goal: “everyone is giving this up.”

UNICEF organized a retrospective evaluation of the Tostan program, parallel to the 2005 Senegal DHS, measuring whether early coordinated abandonments from 1997 to 1999 were effective and stable in their results more than five years after their proclamation. The UNICEF study compared villages where Tostan classes were present, call them the direct villages; further villages which participated in the public declarations, call them the indirect villages; and a set of reference villages selected to be similar to the other villages except for the absence of Tostan activity. Systematic interviews with respondents living in the areas of the three early public declarations reveal some interesting points. The early declarations were weak on organizing followup committees for monitoring and enforcing abandonment of FGM/C, early marriage, and adoption of other health measures for women and children. Interestingly, despite that organizational lack, FGM/C abandonment remained effective and stable, although stable achievements on the other measures were barely detected. Also, it turns out that leaders of indirect villages attending the public declaration were mostly there as observers of a celebratory
event. They returned and prompted deliberations and agreements about ending the practice in their own village.

The direct, indirect, and reference categories are not exactly matched in their nonprogram characteristics, but are acceptably similar given practical constraints. In direct villages, 82% of women knew of Tostan, in indirect villages 92%, and in reference villages 40%. Maternal and child health outcomes did not appear to differ among the categories, and marriage of girls under the age of 15 may have declined slightly more in the direct villages. For girls aged 0-10, 16% are cut in the direct villages, 11% in the indirect villages, and 53% in the reference villages. Thus, there is seven to eight times less cutting in the Tostan direct and indirect villages than in the reference villages, a remarkable change.

In Senegal, Tostan classes are scattered core groups, which diffuse formally and informally within and beyond their own villages, prompting community discussion across a set of villages with intermarriage and other reciprocal ties. Intervillage meetings move the population past the tipping point where a high enough proportion of the population is willing to abandon if everyone else does. The intervillage meeting, to prepare for the ensuing mass public declaration, includes representatives from all of the villages, of all sectors of the population, and leaders from all levels of society. The public declaration marks a coordinated abandonment of the practice. Rigorous measurements indicate that the coordinated abandonment is both effective and stable.

3.2.5. Sudan. Sudan, the largest landmass in Africa, with a high prevalence of FGM/C, has a long national history of seeking to ameliorate the practice, and its current efforts are of considerable scope and complexity. Northern Sudan was measured at 90%
prevalence, 77% of those subject to infibulation, the harshest practice. In the last quarter of the 20th century, NGOs led opposition to FGM/C, and pursued donor-driven programs communicating messages about the health hazards of FGM/C. UNICEF now works upstream at the national level on information, education, and communication; legal prohibition; delinkage of FGM/C from religion; and coordination with government agencies. Downstream activity includes work with four national NGOs aiming at total abandonment of FGM/C at the community level, and with one national NGO affiliated with a university on research, training, and advocacy.

Abandonment efforts in all five countries of study are located within national, regional, and local enabling environments, involving coordination with UNICEF and other international agencies; government legislation, policy, and administration at all levels; research; and health, education, and media campaigns. Undoubtedly, the specific contours of these relationships are important to the progress of attitudinal and behavioral change, and of organized abandonment efforts. Evaluating these arrangements is the province of the more widely known disciplines of public administration and public health, however. The present analysis focuses on the details of the less widely known social-convention approach.

UNICEF activity includes the introduction of the human-rights based approach to programming, advocacy of legislation to ban FGM/C, efforts to delink the practice from religion, capacity building of civic groups and NGOs, and mass media, theater, sports, and intercommunity and state exchanges. A variety of approaches to FGM/C have been developed and are being tested. In 2006, working with six mostly new national NGOs and 45 local ones, community-based abandonment programs were launched in six states
of northern Sudan, covering 31 communities and about 93,000 people. First, abandonment strategy shifted from communicating adverse health messages to facilitating dialogue about the practice. Second, tone shifted, from FGM/C as a problem, to working on the issue positively within the context of the community’s traditions and values. Third, activity shifted from individuals to the empowerment of communities to abandon FGM/C. Two NGOs began values-based nonformal education.

Entishar introduced a community empowerment program to 18 communities in Kordofan and Kassala, focused on classes for women on human and women’s rights, women’s life skills, including self-assertiveness, problem-solving, and the mobilization of the community. In addition, the communities received minor funding for medicine, classroom support, and recreational activities. It is a three-year program, and at the time of evaluation, has not been completed. The first year includes selection of communities, baseline study, selection and training of local facilitators, establishment of a community management committee for supervision and followup. Social mobilization begins: public meetings, home visits, intercommunity exchanges, sports and theater, and involvement of all sectors of the community, children, youth, men, women and leaders. The second year includes recruitment and training of community leaders and creation of community-based organizations. Community commitment, for example a public declaration, to abandon FGM/C would take place in the third year.

Entishar’s classes are about human rights, problem solving and conflict resolution, hygiene and prevention, reproductive health including basic anatomy, maternal and child care, FGM/C, other harmful practices, and HIV/AIDS. Participants are selected at a public meeting organized by the Village Development Committee.
There are separate classes for women and men, but not for youth, altogether for about 35 women and 35 men in each community. Classes, theater, poetry, dancing, proverbs, songs, dance, and drawing are some of the methods used. After consensus on a dialogue is reached in class the topic is brought to a larger community meeting, and information and persuasion are also diffused during home visits, sporting events, and theater. Larger community dialogue is usually pegged to an event, like the death of a girl, or an imam’s lecture, and males and females participate together.

Rapid Operational Care and Scientific Services (ROCSS) does nonformal literacy education, and sought to organize community-based groups in 10 communities, 10 schools, with the aim to modify attitudes and behaviors concerning FGM/C and HIV/AIDS. It developed a curriculum and trained 42 facilitators from the local communities, both women and men, and especially the young, and including political and religious leaders. Each community is also involved in a few microdevelopment projects. Local committees to monitor risk and help protect girls from being cut are established. An important point is that the program’s value-based education was much more effective where there was also exposure to similar messages on TV and radio. Classes run for nine months, meeting for two or three hours three or four days a week, excepting the rainy season. It is a two-year program. Dialogue takes place largely in the classes and in youth centers. Youth and children are the most active in public presentations.

At the moment of evaluation, community discussion was underway, but the time was not yet ripe for community decision. It should be noted that in the Sudan a number of families (which can be large units), including those of a national political and a national religious leader, have abandoned FGM/C within their own ranks. Additionally,
the Ummah Party and the religious sect Ansar decided to declare publicly opposition to the practice and to recommend abandonment to their followers. In the Sudan, a multilevel effort to encourage the abandonment of FGM/C is underway. At the crucial level of local communities, strategy has changed from health messaging to a process of community discussion, community decision, and community commitment. Community projects are creating core groups, diffusing information and persuasion, and aiming at coordinated abandonment. The Entishar and ROCSS projects have done the preliminaries, but have not yet reached the stage of community commitment.

3.3. Self-Enforcing Beliefs and Credibility. The country studies frequently identify self-enforcing beliefs. A study of the MYWO project in Kenya says that in some ethnic groups, “the idea of an uncircumcised girl was unfathomable and brought discomfort, disbelief, and embarrassed giggles from participants” (Mohamud 83). Countries of lower initial prevalence tend to experience far more abandonment than countries of higher initial prevalence. We hypothesize that this may be due to the experience of witnessing that neighboring communities who do not cut are none the worse for it.

Knowledge of potential physical, psychological, and marital complications of FGM/C is much lower in control groups than in FGM-FVP (Egypt) intervention groups. Prior to KMG activity in Kembata and Tembaro Zone (Ethiopia), it was believed that uncut girls would be promiscuous, unstable, and disobedient. Another mistaken belief, identified in the Ethiopia country study, in a study about MYWO in Kenya (Mohamud), and also discussed elsewhere in the literature, is that the sexual urge is primarily driven by the bodily parts, such that removal of those parts promotes chastity, when in fact
cognition and volition have much to do with the decision about whether or not to engage in sex (do people analogize FGM/C to the castration of a male animal, which is believed to make it more obedient?). MYWO in Kenya taught participants that the desire to have sex is controlled by the brain, not the genitals (Mohamud 87). In Kembata, Ethiopia, men believed that the disobedience exhibited by girls defying parents in order to continue school rendered them unmarriageable (Lancet), a belief which, if it hadn’t been disrupted by KMG, would have excluded school-goers from reproduction and extinguished them from the population.

Today, international, national, regional, and local messages about the disadvantages of FGM/C and advantages of the alternative, from governmental, religious, and educational bodies, and through the mass media, are often repeated. Even if ignored or resisted, repetitive messages soften self-enforcing beliefs. They may be enough to convince the earliest adopters, and more people may change their attitude without changing their behavior because of conventional nature of FGM/C. The organization of these messages is outside the scope of this study, but we can say something about their content.

CEOSS (Egypt) has always been a holistic development program. For example, in Deir el Barsha in the 1980s it expanded beyond literacy training to a wide array of projects of community development and women’s empowerment, such as economic development (loans, development projects, training for employment, and training for administration), health (education, protection projects, nutrition, family planning, classes for girls), agriculture and the environment (cattle, poultry, tree-planting, household hygiene), and microcredit. A 1998 study of the town (Hadi, CITE) observed a
relationship between family participation in development projects and early abandonment of FGM/C. A harmful traditional practice in the village was excessive mourning rites, which increasingly kept families from adequately caring for themselves, according to Father Daniel (Mackie fieldnotes, 2005). A successful process of community discussion and collective abandonment allowed for its reform, and a similar approach was then taken to FGM/C. The initiative of the respected village leadership in abandoning FGM/C in their own families and declaring the goal of town abandonment in 1991 was crucial to eventual success (Hadi, cite). Leadership by the clergy gave the movement a positive character, as did the voluntary nature of the change, which took place in an environment of optimism and improvement, of which FGM/C was but one particular step.

The Egypt study, discussing FGM-FVP and FGMAP, explicitly comments on the credibility of holistic programs and of strong natural leaders of the community. A project secures attention and enthusiasm when it engages with a village’s most pressing needs. FGM-FVP, which has attained seven public declarations, was quite deliberately designed to be responsive to community needs, facilitating services such as computer facilities and training, skill development classes, subsidizing payment for a national identification cards, health programs and medical centers, helping establish water and electricity services, microcredit, small libraries, women’s’ spaces, girls’ scholarships, and so on. FGM/C is just one part of a holistic program covering reproductive health, child rights, motherhood and childhood, and women’s rights. The provision of services and holistic approach builds credibility for the project. FGMAP was more limited in its services than FGM-FVP, and there are two interesting responses to this reported in the study. Some villagers found FGMAP home visits eventually boring, involving the same people saying
the same thing time after time. In response, the local NGO expanded topics to hygiene, environment, and avian flu, which appeared to be more effective. In Menya province, the partner NGO recommended that FGMAP merge FGM/C with education or reproductive health to better gain the interest of the entire community. FGMAP also targeted community leaders, and measured their attitude change, which shifted from 55 to 69% opposed to the practice. However, especially where the project was carried out by outside NGOs, religious leaders often opposed the intervention and supported the practice. There was greater success where positive deviants were also village leaders, and for both FGM-FVP and FGMAP strong natural leaders were the most important factor facilitating change, just as with CEOSS in Deir Al Barsha. FGMAP by cultivating local positive deviants, and FGM-FVP using a broader community dialogue approach, are nondirective rather than didactic in their approach.

In Ethiopia, the Amhara and Wolayta projects were limited to HIV/AIDS and HTPs. Like the Egyptian experience mentioned above, after a while participants in Amhara dialogues began to complain of repetitive discussion, leading some to drop out. Amhara and Wolayta did recruit facilitators from all sectors of the community including political and religious leaderships. The strong involvement of Wolayta Subdistrict leadership in just one scheduled community dialogue, however, led participants to see the decision as one imposed by the government rather than one reached by the community on the advice of its own leaders. The more effective Afar project on FGM/C was designed and executed by the NGO Wohi Reddu, the Pastoral Women Development Association, which does policy advocacy for women’s and children’s rights, and seeks to advance girls’ and informal education, economic empowerment of women, HIV/AIDS prevention,
better maternal and child health, potable water, environmental conservation, and an and to HTPs. Almost the entirety of each community was initially involved in discussion, including leaders, resulting in efficient community decision and commitment by means of a traditionally binding enactment.

KMG, especially since 2003, is supremely credible in its approach. Since 1997, it has introduced a wide range of practical projects to improve the health and livelihood of the population, winning the trust and confidence of traditionalists, according to the Ethiopia study. Its service projects, and its educational projects, are each wide-ranging. Boge says that the instigators of change need to gain a community’s trust. The earliest discussions were on HIV/AIDS, afflicting one in ten of the population, and she relates a village elder saying that we should not complain that there is no medicine against this disease, “it does not touch me unless I touch it – I am the medicine.” Understandings such as these cannot be taught, but must emerge from community dialogue, she says (Lancet).

The many ARP projects in Kenya go beyond FGM/C to reproductive health and sometimes to other topics relevant to graduating from adolescence. The community-based organizations conducting ARP may be involved in other local development activities. Several of the projects are conducted by churches, which presumably have prestige and credibility with their members. The programs are nondirective, in that they recruit girls predisposed to change, and do not force views on people. They aspire to operate by example, assisting some families to abandon, which could inspire others to do so as well. Generally, however, the ARP projects deal with a more narrow range of activities, in a less sustained way, than the more holistic programs we have discussed.
Since many are not mobilizing the entire community, they recruit fewer political and religious leaders than do community abandonment programs. Although they set an example, they may not set as much of an example as does a series of community-wide commitments.

Tostan in Senegal has always been a holistic program seeking to facilitate practical improvements in the lives of their participants. To quote one participant, Tostan taught us how we can maintain our children, our household and ourselves in hygiene and cleanliness, but also informed us of the hygiene and cleanliness of our food. We also learned how to live in harmony with our husbands, the behavior we must adopt toward others, and the relationships that must prevail among neighbors of the same locality and of various villages. We know how to behave when our children are sick, and what we must do to treat them, etc. On top of everything, we now know how to read and write, and how to count in our national language.

Tostan villages organize local cleanup, start a health hut, engage in small revenue-generating activity, promote girls’ school attendance, organize to buy millet-grinding machines or to build latrines, and so on. FGM/C abandonment arose out of, and is a small part of, a prior larger practice. We should note though, organization of the large public declarations to abandon HTPs build the capacities of women, and the community, to promote further beneficial changes. The program is avowedly nondirective, relying on community dialogue, but more importantly it quite consciously applies a pedagogy that starts with people as they are with what they already know. Tostan’s participatory human-rights curriculum, to be discussed below, also adds to its credibility.
FGM/C as a practice nearly universal within the local intramarrying community also gives rise to a number of self-enforcing beliefs that stand in the way of change. Those proposing to revise such beliefs must possess the utmost credibility. The many international, national, and local media messages over the years help to soften those beliefs. Programs devoted to assisting progress on a variety of issues are intrinsically more credible, and by obtaining a series of valuable results demonstrate both goodwill and competence. Similarly, nondirective community dialogue wherein people make up their own minds about something is more convincing than external directives. The involvement of influential natural leaders, often religious leaders, also builds the confidence needed for change in an age-old custom.

3.4 Social Norms. The Egypt study contains good survey data on social and moral norms in the FGM-FVP program. A social norm is held in place by positive and negative social sanctions, such as gossip by neighbors. In control groups, seven out of ten women and young women worried about such gossip if their daughters were to go uncut, but in intervention groups three in ten would worry. Men were somewhat less influenced, 61% in control groups would worry, and 44% of those in intervention groups. Young men, unlike young women, were 100% confident that they would have no such worry, possibly indicating a belief among them that the practice has no future. A moral norm has to do with what is right and wrong independent of social sanctions, and we have suggested that the moral norm not to harm one’s daughter is central to continuation and discontinuation of FGM/C. Violation of a moral norm is accompanied by feelings of guilt, not shame. Respondents were asked if they would feel guilty for not having their daughters cut. Except for men, frequencies parallel those of the gossip question,
including the remarkable response by 100% of young men that they would feel no guilt. Older men were more prone to guilt, 71% in control groups, and 54% in intervention groups. We do not know which moral norms respondents have in mind (it may be religious obligation, for example).

In Amhara, Ethiopia, cutting in public ended, but qualitative interviews indicate that, although many have stopped, a sizable number of villagers do not accept the decision and practice FGM/C in hiding. Of villagers not participating in the dialogues, only 41% agree that defying the abandonment decision would result in social isolation, and 21% believe that nothing at all would happen to them. The community is still divided on the issue, according to the Ethiopia study, and conformists stigmatize the uncut. In Wolayta, two-thirds of the population say FGM/C should end immediately, one-third that it should end gradually. The law had much to do with the abandonment, according to 86%. The conformists, however, shame and ridicule uncut girls, calling them dirty, promiscuous, and unfit for marriage, and they intimidate community-dialogue facilitators into failing to enforce the law against violators. Amhara and Wolayta achieved good results, due to both the new legal prohibition and limited community dialogue. In the absence of local community decision and commitment, however, the social norm of approval of the cut and disapproval of the uncut was not reversed by the community. Consequently, uncut girls face harsh rebuke, an obstacle to winning over remaining families for abandonment, and a threat to the stability of the decisions of those who have stopped.

In Deir al Barsha in Egypt, prestigious political and religious leaders in the town initiated the process with abandonment in their own ranks accompanied by a statement
advocating reversal of the social norm of FGM/C. Although family abandonments took place over a period of years, family decisions did not seesaw but progressively accumulated until abandonment was universal in the community. In Tostan’s (Senegal) first three public declarations, effective abandonment is stable five years after the event, even in the absence of a formal committee for monitoring and enforcement. In these early declarations, it turns out that leaders of the indirect villages, villages without a Tostan class that were recruited to participate in the public declaration, attended more as observers; yet five years on their abandonment is as widespread and stable as that of the direct villages. All this suggests that effective reversal of the social norm is more important than either the imposition of legal sanctions, or a large number of families at the outset who agree to shift the marriageability convention. If there is sufficient community weight to reverse the social norm, then the hesitant may abandon at their own pace, ever safer in knowing that their family would not be stigmatized for doing so.

3.5. Additional Overdetermining Factors. In Egypt, throughout 20th century, there were some Islamic and Christian leaders who declared that the practice is not a religious obligation. A major aim of CEOSS is religious social enlightenment, and, led by a charismatic priest, this goal informed the declaration of abandonment in Deir al Barsha, which said in part that those who continue the practice will be questioned by God. FGM-FVP and FGMAP in Egypt targeted religious leaders, among others, and the Egypt study reports that religious leaders often played the biggest role in convincing people to oppose the practice. The FGMAP program reported that opposition to abandonment by religious leaders was sometimes a major problem. In the FGMAP program, information about health risks and lack of religious obligation are considered
most important by participants. A FGM-FVP survey finds about six out of ten in control samples believe FGM/C is a religious obligation, and one-fourth of women and, surprisingly, half of men in intervention samples continue to consider it a religious obligation.

In Amhara (Ethiopia), three-fourths of dialogue participants say that FGM/C and religion is a major point of discussion, and three-fourths say that my religion does not support FGM/C or early marriage. In Wolayta, two-thirds of dialogue participants say the my religion does not support FGM/C. Wohi Reddu in Afar worked to delink the practice from Islam. KMG in Kembata and Tembaro mobilized through churches, among other local institutions. It recruited a quota of religious leaders to its various Community Conversation groups, and sensitized them to HIV/AIDS and HTPs. Religious leaders preached that FGM/C is not required by the Bible. The HIV/AIDS and HTPs CC and the uncut girls CC diffused information at church meetings. Another oft-mentioned locale of diffusion is the afosha, a weekly prayer and conversation group for women. The Ethiopia report says that although the young were reached through schools, the older were reached through the churches. The quantitative survey shows that 18% of villagers say that have heard appeals to abandon in the church they attend.

In Kenya indigenous religion may support FGM/C, particularly as part of an adolescent rite of passage. Protestant and Catholic churches may, unless they are reluctant to offend the cultural values of recruits, challenge the practice. Indeed, European missionaries challenged FGM/C in the colonial era, and resistance to their campaign was a central part of the nationalist rebellion. In one program, the local Catholic Church excommunicates girls who renege on a pledge not to cut. In Senegal,
people in practicing ethnic groups tend to believe that FGM/C is a religious obligation, although the Muslim majority of the country does not follow the practice. In Senegal, as elsewhere, calling attention to the absence of mention of FGM/C in the holy book, and interpretations by religious authorities that FGM/C is not a religious obligation, is a necessary step in mobilizing community abandonment.

The country studies frequently report FGM/C as a requirement of marriage, and almost as much the idea that it reduces female sexual desire and thereby promotes chastity and fidelity. This may be another self-enforcing belief. For example, the secretary to the council of elders in Imenti North District, Kenya, says that FGM/C originated when men went to war, to keep women left behind from temptation. The 2005 DHS for Egypt reports that 54% of respondents believed that FGM/C reduces adultery. A survey associated with the FGM-FVP effort found that 40% of women and 66% of men in the control sample believe that the practice controls adultery, and that 12% of women and 45% of men in the intervention sample share that belief. Notice that women initially endorsed this belief less than did men, and women responded far more to the challenge of this belief than did men. The seclusion period associated with ARPs in Kenya deal in part with questions of sexuality and honor. Wohi Reddu says it works to overcome the strong community belief about the link between FGM/C and the sexuality of women, but we do not know the details (Wohi Reddu PPT). FGM-FVP in Egypt in its discussions of religion seeks deeper understandings of chastity, honor, and equity in the marriage relationship.

3.6. Transformative Human Rights Deliberations. In Deir al Barsha, Egypt, one benefit of human rights education was that FGM/C became “dealt with from a
broader perspective than merely focusing on its hazards and health problems. Primarily, this practice was projected as being a gross violation of the rights of women and female children...to live a life free of physical and moral violence” (Hadi 1998:31). The introduction of broad deliberations about human rights transforms the process. Enunciating a fundamental moral norm such as to do no harm to one’s children, justifies revision of implementing social norms so as to better realize the underlying moral norm. Participatory human rights education provides a justificatory vocabulary and ennobles the process of norm revision. Individuals are not rejecting the bad, but are embracing the good.

The CEOSS community development program in the 1980s promoted independent women’s committees to work on HTPs, especially early marriage, public defloration, and incorrect beliefs about fertility. Rapid success shifted the focus to FGM/C as part of learning about general and reproductive health, in a human-rights framework. One of the major conclusions of a study of CEOSS in Deir al Barsha is that neither outside legislation nor outside authorities were sufficient to bring about an end to FGM/C, but rather the decision to abandon must be a voluntary one, depending on women’s empowerment and community empowerment. The change is more likely to come about in an environment of optimism and improvement, in which FGM/C is only one step in a series of improvements, it says.

Tostan (Senegal) is adamant that the human-rights approach is central to its practice and accounts for its successes. As mentioned, human rights was added to its program in 1996, and in 2000 the NGO put human rights deliberations at the forefront of its program. The curriculum in the core groups begins with participants discussing, and
drawing, what they would like the village to look like five years from now. Democratic
governance is next, but as elicited from discussion of local practices and discourses.
Human rights is introduced next, in terms of simple pictures expressing each right, and,
like the democracy module, related to the content of the participants’ visions of a positive
future. The relationship of international human rights to indigenous understandings of
human rights and responsibilities legitimizes both, and connects participants to larger
debates in the world. Problem-solving, and hygiene and health, are introduced in the
same context of human rights in the local vernacular. As a result, messages diffused to
the remainder of the community, including to the leaders, and to neighboring
communities, are framed in positive, enthusiastic, aspirational form, and in terms of local
cultural understandings. The abandonment of FGM/C, for example, is construed as a
forward looking achievement in health and human rights, not as grudging acquiescence to
rebuke by foreigners. The public declarations are celebratory events. Before 2000,
Tostan classes, with some exceptions, were reserved for women, but the NGO
encountered community resistance to its women’s and children’s rights module.
Husbands felt left out and were suspicious, and some parents objected as well. Tostan
changed its program content to human rights, and its practice to inclusion of women,
men, and youth in classes, which accelerated results at the community level.

There is little mention of human-rights discourse in the Amhara (Ethiopia)
community-dialogue program, and only four percent of respondents mentioned that rights
issues were discussed. There is no mention of human-rights discourse in the Wolayta
community-dialogue program. The Afar program is based on the promotion of women’s
and children’s rights, but we do not know any details about the human-rights content of
its community dialogue program. Religious obligation was an important issue in all three areas, however, and was decisive for the Muslim Afari. Amhara and Wolayta programs did not aim at community empowerment beyond the abandonment of HTPs. In Afar, women, customarily excluded from public discussion, did speak out on the FGM/C question.

A natural hypothesis is that increased income would decrease FGM/C, but evidence in surveys and in the country studies is mixed. The somewhat European idea that increased economic independence would increase an individual woman’s bargaining power and thereby free her from FGM/C or even from marriage may not apply in the context of rural Africa. In contrast, the case studies are rich with descriptions of both women’s empowerment, and community empowerment, which, along with other program components, lead to mass abandonment of FGM/C and other practices harmful to women. Freedom from these burdens is obtained by creating new relationships and changing old ones, rather than by the threat to walk away from family and community. Women’s empowerment provides mutual support to women who together challenge adverse community conventions and norms. In a holistic program, they learn by doing how to advocate for positive improvements. That is not sufficient for change. Community conventions and norms are upheld by all sectors of the community, and most of that community needs to be brought along for effective and stable change. In a holistic program, communities as well learn by doing how to attain positive improvements together.

Transformative human rights deliberations are an explicit component of effective abandonment by CEOSS in Egypt, KMG in Ethiopia, Tostan in Senegal, and of
programs underway in the Sudan. We know that FGM-FVP and FGMAP in Egypt, Wohi Reddu in Ethiopia, and Fulda-Mosocho are explicitly committed to human rights, but the reports do not specify the program content of these commitments.

4. Conclusion. The originating insight was of FGM/C as a self-enforcing marriageability convention, necessitating coordinated abandonment. A simple game-theoretic model accounted for the social dynamics of the sudden end of footbinding. It next was consistent with early observations of the program process of community abandonment of FGM/C: critical mass, revaluation, recruitment by organized diffusion, tipping point, public commitment. Observations of program content – credibility of message via holistic and nondirective activity; social approval and disapproval for continuation and discontinuation of the practice; transformative human rights deliberations about moral right and wrong – required theoretical refinement. The theory, and notably its refinements, are largely supported in this review of program experience in five major practicing countries.

The most significant advance is in understanding FGM/C as marriageability convention, social norm, and moral norm in the context of human rights deliberations. Organized community abandonment of a social norm can be identical in process to abandonment of a social convention. The two processes can be behaviorally identical or behaviorally distinct, and instances of the latter disclose that reversal of the social norm can be prior to the reversal of social convention.

The idea of organized reversal of social norm has larger program implications. Some harmful practices do not have the incentive structure of a self-enforcing social convention. For example, some AIDS-related behaviour may have the incentive structure
of a social dilemma, where it is in the individual’s interest that everyone but him avoid unsafe behaviour. In terms only of individual interest, a rule to avoid unsafe behavior is not self-enforcing. However, if a community can organize coordination on a new social norm of safe behaviour, and if positive sanctions for compliance and negative sanctions for noncompliance are stronger than individuals’ temptations to transgress, then the new social norm is effective. A fundamental moral norm – perhaps, do not harm others who have done you no wrong – discovered in human rights deliberations provides a motivation to revise derived social norms in the community. For another example, in some places it may be that toleration of domestic violence is a disjoint social norm, not a social convention, upheld by a few men who positively sanction the practice and its toleration, and negatively sanction any who would object to it as a violation of the more fundamental moral norm, say, that conflicts should not be settled by arbitrary violence. A community could use the program process and content theorized and observed by the social convention theory to organize transformative human rights deliberations and a coordinated shift to a new social norm, negatively sanctioning violence and the old social norm that supported it, and positively sanctioning nonviolent behaviour. In some circumstances, such an approach would be more effective than information campaigns or alien imposition of criminal prohibitions.