

# 8 *Modernity at the Cutting Edge: Human Rights Meets FGM*

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On the face of it, there is no cultural practice that demands international paternalism more than female genital mutilation/cutting (FGM/C).<sup>1</sup> It seems a paradigm case of “hard paternalism” where intervention is justified regardless of the wishes of those undergoing the cutting and those carrying it out.<sup>2</sup> In other words, for all but the most hardened cultural relativists, the practice of cutting the clitorises off pre-pubescent girls in their millions is indefensible. FGM/C trespasses on several deeply held norms treasured by liberals, stimulating the urge to protect the autonomy and integrity of the innocent person threatened by actions deemed barbaric (i.e., based in ignorance and tradition) and therefore the antithesis of the enlightened modern. Recall Gerald Dworkin’s influential definition of paternalism, “interference with a person’s liberty of action justified by reasons referring exclusively to the welfare, good, happiness, needs, interests or values of the person being coerced.”<sup>3</sup> Could there be a better test case for this sort of paternalism than FGM/C, especially because children are its victims? The quintessential nineteenth-century liberal, John Stuart Mill, acknowledged three exceptions to the restriction on interfering with people’s liberty: preventing harm to others, the protection of children, and what he called “backward states of society.”<sup>4</sup> For many abolitionists, FGM/C brings all three of these exceptions together.

But things immediately become more complicated. For a start, intervention in most cases is a three-way relationship: intervener, mother,

<sup>1</sup> I discuss the politics of this term later. I mainly use FGM/C except when referring to the practice’s most vocal opponents for whom only the acronym “FGM” will do.

<sup>2</sup> Joel Feinberg, *Harm to Self: The Moral Limits of the Criminal Law* (New York: Oxford University Press, 1986), 12.

<sup>3</sup> Gerard Dworkin, “Paternalism,” *The Monist* 56, 1 (1972): 65.

<sup>4</sup> John Stuart Mill, *On Liberty* (A Public Domain Book), 7, 39. Also Dworkin, “Paternalism,” 76.

child. Children are not only the classic targets of paternalistic action, their interests are the grounds for the claims to rightful authority of *both* interveners and parents.<sup>5</sup> We have, in other words, two competing claimants to the title “legitimate paternalist.” The child does not get to define what her interests are; as with any child, her life up to this point has been one act of paternalism after another. She is already self-molded by paternalistic acts – parental and social choices (embedded in socio-cultural norms) made for her on the basis that it’s “for her own good.” Now anti-FGM/C activists arrive to trump parental authority in time to prevent an irrevocable act of what’s seen as wrongful paternalism, modifying or removing the child’s genitalia, taking place.

To stop FGM/C these external interveners insert their judgment in place of the judgment of the girl’s family, in particular her mother.<sup>6</sup> Because we are dealing with a child, the girl’s consent (or lack of it) has little social, legal, or moral force.<sup>7</sup> Others compete to define and realize her interests. Given that the dividing line between “hard” and “soft” paternalism is largely about consent (in hard paternalism, whether or not you consented to be circumcised would not matter), and that parents have rightful authority over their daughters and in the majority of active cases continue to circumcise, why does their “consent” (that is, their paternalistic choice for their daughter) lack force? In the case of FGM/C, international paternalism overrules parental paternalism on the basis that cutting daughters is considered “presumptively wrong” because such acts “invasively interfere by transgressing independently specifiable moral principles e.g., it is presumptively wrong to kill, coerce, deceive and so on.”<sup>8</sup> In short, FGM/C is considered both morally wrong in and of itself as well as being against the “real interests”

<sup>5</sup> Dworkin defines as “impure paternalism” situations (“two-party cases”) where those whose liberty is being constrained (in this case mothers and midwives who circumcise) differs from those who will benefit: “Paternalism,” 68. Joel Feinberg prefers the term “indirect” to impure; *Harm to Self*, 9–10.

<sup>6</sup> For a discussion of authority including the idea of surrendering one’s judgment, see Joseph Raz, *The Morality of Freedom* (Oxford: Clarendon Press, 1988), chs. 3 and 4, and Seana Valentine Schiffrin, “Paternalism, Unconscionability Doctrine, and Accommodation,” *Philosophy and Public Affairs* 29 (2000).

<sup>7</sup> See Francis Schrag, “The Child in the Moral Order,” *Philosophy* 52, 200 (1977).

<sup>8</sup> Donald VanDeVeer, *Paternalistic Intervention: The Moral Bounds on Benevolence* (Princeton: Princeton University Press, 1986), 21.

of the child (as per Dworkin's definition above). In such a case, parental paternalism ("consent" to FGM/C) carries no weight and hard international paternalism is justified, for advocates, in trumping it. As we will see, this marks the anti-FGM strand of the global anti-FGM/C movement.

Soft paternalism differs from hard paternalism in that it "permits interference only in the absence of voluntariness or genuine consent."<sup>9</sup> This is particularly acute given the irrevocability of FGM/C. As Dworkin puts it:

Some of the decisions we make are of such a character that they produce changes which are in one or another way irreversible. Situations are created in which it is difficult or impossible to return to anything like the initial stage at which the decision was made.<sup>10</sup>

Thus the burden is high when it comes to the question of voluntary action. At the core of the anti-FGM/C campaign is the notion that circumcision is a coercive act, and that mothers who choose it and daughters who more or less willingly submit are both victims of false consciousness about the real interests they had *before* they were socialized to endorse FGM/C. Consent to circumcise can never, in this sense, be taken as genuine. But neither are all anti-FGM/C advocates happy with being labeled paternalists. As a result, significant effort goes into creating conditions in which consent will be forthcoming. Much turns on whether this constructive creation of consent is an offer that can be refused. There is an obvious resource imbalance between well-prepared and informed international interveners and local women. As a result, even at its most sensitive, such an intervention entails a degree, however attenuated, of structural violence (the power to turn up in a village thousands of miles from home and insist on changing long-established social norms). These local women will not be arriving in London or New York any time soon to take a look at how citizens in the United Kingdom and United States treat their children.

<sup>9</sup> Feinberg, *Harm to Self*, 15. Feinberg also terms this as "soft anti-paternalism" on the basis that it does not override genuine consent, the classic case of paternalism in action and the one for which he argues the term should be reserved.

<sup>10</sup> Dworkin, "Paternalism," 80.

As a social practice, therefore, and regardless of how we might define it, paternalistic FGM/C elimination cannot evade the context within which it takes place, one where a global set of institutions with a structural power advantage trump local claims to autonomy and parental authority. This is where human rights (and as part of that, women's and children's rights) comes in. Much work on paternalism talks about how a state or society can legitimately treat one of its own members. By claiming we are all citizens of the same universal society, the objection that we have not consented to "the rule of law" is avoided. We are all subject to natural law, and its customary and positivist embodiments, regardless of consent. This reflects a distinction I have made elsewhere between Human Rights and human rights, the former (upper case) universal, global, and monotheistic in voice (natural law), the latter (lower case) bottom-up, interpretive, and flexible in the hands of local people (democracy). Another way to see the generation of local consent by the "soft paternalists" of the FGM/C movement is as a way to make Human Rights into human rights. The end – Human Rights, that is, eliminating FGM/C – is not really negotiable, only the means and the timing of change.<sup>11</sup>

This "state of exception" will last until local people are able to enact their rights *appropriately* for themselves (until Human Rights become human rights). It is reminiscent of the moment Gayatri Chakravorty Spivak describes when "the protection of woman (today the 'third world woman') becomes the signifier for the establishment of a *good* society which must, at such inaugurative moments, transgress mere legality, and equity of legal policy." She goes on: "In this particular case [widow burning or *sati*], the process also allowed the redefinition as a crime what had been tolerated, known or adulated as ritual."<sup>12</sup> In just this way, paternalism trumps existing norms within local society to criminalize and eliminate the ritual of FGM/C in the name of moral progress as well as the good of the child. But soft paternalism goes even further: It creates not just the institutional site for choosing Human Rights (thereby changing behavior), it also seeks to construct (or "free") newly self-aware women who can then see their real

<sup>11</sup> See Stephen Hopgood, *The Endtimes of Human Rights* (Ithaca: Cornell University Press, 2013).

<sup>12</sup> Gayatri Chakravorty Spivak, "Can the Subaltern Speak?" in *Marxism and the Interpretation of Culture*, eds. Cary Nelson and Lawrence Grossberg (Urbana: University of Illinois Press, 1988), 271–313.

interests for themselves. There is a strong ideological commitment to the idea of the liberal subject at the heart of soft paternalism, in other words, a subject capable of demanding her right to choose. Once this sense of agency has taken hold, the state of exception can be lifted. To paraphrase Hannah Arendt, you once again have a place in the world and so regain *your right to have rights*.<sup>13</sup> In this way soft paternalism might be construed as more radically invasive than hard paternalism, as a major instance of what Barnett and Duvall call “productive power.”<sup>14</sup>

For those, including queer theorists, radical feminists, anthropologists, postcolonialists, and poststructuralists, who are wary of totalizing narratives that justify intervention in the politics of female, African bodies, with all its colonial and patriarchal overtones, this is a problem. We have trodden this route before, say critics.<sup>15</sup> Furthermore, if we take a more radical view of subjectivity with Foucault (that one of power’s first effects is to *make the individual*, rather than to act upon already constituted individuals), we see that closing off the option of alternative subjectivities until eighteen, for example, an age long past primary identity formation, makes the liberal subject’s triumph a self-fulfilling process.<sup>16</sup> Paternalistic intervention in the case of FGM/C goes a lot deeper, in other words, than simply eliminating a dangerous and damaging ritual. It creates a sense of individual entitlement that is the basis for the liberal subject’s claim for her rights against the state, against society, and against her parents. It is also the vanguard for new gender norms that challenge existing ideas of appropriate womanhood. The adult woman whose autonomy (that is, her Human Rights) must be protected from paternalism is herself the product of a

<sup>13</sup> Hannah Arendt, *The Origins of Totalitarianism* (New York: Harvest Books, 1973), 296.

<sup>14</sup> Michael N. Barnett and Raymond Duvall, “Power in International Politics,” *International Organization* 59, 1 (2005).

<sup>15</sup> As Leslye Obiora puts it, “rescuing non-white women from the barbarity of the culture into which they had the misfortune of being born played an important role in justifying the imperial project,” see Leslye Amede Obiora, “The Anti-Female Circumcision Campaign Deficit,” in *Female Circumcision and the Politics of Knowledge: African Women in Imperialist Discourse*, ed. Obioma Nnaemeka (Westport: Praeger Publishers, 2005), 183.

<sup>16</sup> Michel Foucault, *Society Must be Defended: Lectures at the Collège de France, 1975–76*, eds. Mauro Bertani and Alessandro Fontana, trans. David Macey (New York: Picador, 1997), 29–30.

paternalism struggle waged years earlier rather than the pristine flowering of a natural self grown to maturity. She is made, not born, to paraphrase de Beauvoir.

The rest of this chapter explores these questions further. The first section is an introduction to the scale and scope of FGM/C and the second section looks at elimination politics historically and in the contemporary environment. In the third section I unpack the question of paternalism and human rights, examining hard and soft variants alongside the Human Rights/human rights distinction. I also ask whether less judgmental, more community-based trust-building interventions designed to eliminate FGM/C, and so-called “libertarian paternalism,” are still paternalistic. In the fourth section I analyze in more depth the site of this normative battle. The thrust of elimination efforts is a familiar, colonial-style argument about the liberal subject not as constructed but as freed from “involuntary servitude” (women, nascent bearers of rights, having hitherto been imprisoned by culture). But this is simply the beginning. The argument that girls should be *free to choose* (that they are liberal subjects) is located within a set of claims about femininity, sexuality, and maternalism that contain strong further assumptions about appropriate identity choices. In addition, the freedom to choose is hampered by an economic context that makes many meaningful choices impossible. It is also marked by a great deal of liberal hypocrisy.

## The Scale and Scope of FGM/C

FGM/C is widespread in as many as twenty-nine African countries stretching from Sudan, Somalia, and Kenya to Mali, Senegal, and Nigeria. Estimates of the number of girls and women who have undergone FGM/C until recently varied between about 100 million and 140 million, figures which confirm both its scale and legitimacy.<sup>17</sup> It was further

<sup>17</sup> The most recent detailed data available is found in: United Nations Children’s Fund, *Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change* (New York: UNICEF, 2013), [www.childinfo.org/files/FGCM\\_Lo\\_res.pdf](http://www.childinfo.org/files/FGCM_Lo_res.pdf) (accessed July 12, 2016) and Charlotte Feldman-Jacobs and Donna Clifton, “Female Genital Mutilation/Cutting: Data and Trends Update 2014” (Washington, DC: Population Reference Bureau, 2014), [www.prb.org/Publications/Datasheets/2014/fgm-wallchart-2014.aspx](http://www.prb.org/Publications/Datasheets/2014/fgm-wallchart-2014.aspx) (accessed July 12, 2016). Note both these reports use the term “female genital mutilation/cutting.”

estimated that about three million girls, the majority under fifteen years of age, undergo FGM/C every year (typically pre-puberty, aged seven or eight).<sup>18</sup> However, more up-to-date data from Southeast Asia, especially Indonesia, has led UNICEF to add an incredible seventy million to the total of girls and women thought to be cut, increasing the total figure to 200 million (although the severity of cutting in Southeast Asia is at issue, see below).<sup>19</sup> The majority of FGM/C cases continue to be in Africa although it is also found in the Middle East (e.g., in Iraq and Yemen) and is an increasing issue among migrant communities in Western states.<sup>20</sup>

Particularly in its most invasive form, infibulation, FGM/C carries several potential health risks including traumatic pain, infection, and serious complications with childbirth.<sup>21</sup> It is by no means the same

<sup>18</sup> Some evidence suggests the age is getting earlier in certain cases (Kenya, for example) in order to defeat legislation by circumcising the girls before they become more socially visible.

<sup>19</sup> On the 2016 UNICEF estimate, see “New Statistical Report on Female Genital Mutilation Shows Harmful Practice is a Global Concern,” [www.unicef.org/media/media\\_90033.html](http://www.unicef.org/media/media_90033.html) (accessed July 12, 2016).

<sup>20</sup> The National Society for the Prevention of Cruelty to Children in the United Kingdom has referred thirty-four cases of FGM/C to the police for prosecution: “Female Genital Mutilation Helpline Uncovers 34 Potential Cases,” *Guardian*, September 5, 2013, [www.theguardian.com/society/2013/sep/05/female-genital-mutilation-helpline-cases](http://www.theguardian.com/society/2013/sep/05/female-genital-mutilation-helpline-cases) (accessed November 9, 2015). See also Alison Brysk, “Changing Hearts and Minds,” in *The Persistent Power of Human Rights: From Commitment to Compliance*, eds. Thomas Risse, Stephen C. Ropp, and Kathryn Sikkink (New York: Cambridge University Press, 2013), 259–74, 265–7.

<sup>21</sup> There is considerable variety in the kinds of FGM/C which take place and almost all books on the subject include graphic accounts of the various “categories” (usually reduced to three or four): clitoridectomy, which involves the removal of part or all of the clitoris; excision, which subsumes clitoridectomy and also involves the removal of the labia minora; and infibulation (or pharaonic circumcision) which usually involves removing all of the external genitalia and, crucially, the stitching together of the vulval opening to leave only a small hole. Some types of clitoridectomy, known as *sunna* to mark them out as sanctioned by Islam, only involve the removal of the prepuce (hood) of the clitoris; see Nahid Toubia, *Female Genital Mutilation: A Call for Global Action*, 2nd edn (New York: Rainbo, 1995), 10–11, and Esther K. Hicks, *Infibulation* (New Brunswick: Transaction Publishers, 1993), 9–12. Most current studies refer to the four-fold World Health Organization description that includes the categories clitoridectomy, excision, infibulation, and “other” which encompasses “all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area,” a definition that not only opens up the question of comparison to male circumcision but also comparison with

operation across societies, however, differing between communities and within and between regions, countries, and ethnic/tribal groups in terms of the physical content of the operation, its social/cultural meaning, and the attendant long-term health effects. In much of Southeast Asia, for example, it seems the practice currently only requires witnessing “a single drop of blood” or, at worst, the removal of a tiny piece of flesh rather than the removal of any part of the girl’s sex organs or re-stitching.<sup>22</sup>

In the Horn of Africa, where FGM/C’s historical roots lie (in the Arab slave trade), infibulation appears to be perpetuated by beliefs about marriage prospects, the value ascribed to female chastity and virginity more generally, especially in a society where men are frequently absent, to fears about social acceptance, and (erroneously but effectively) that it is a practice required by Islam.<sup>23</sup> By contrast, in Southeast Asia, according to William Gervase Clarence-Smith, it is not only likely FGM/C was brought to the region by Islam in the thirteenth century, the Shafi’i school of Islam continues to be an important reason for FGM/C’s continuation. As he puts it:

The Shafi’i school of law, widespread in the Indian Ocean, is unique in Sunni Islam in declaring female circumcision to be obligatory. In the fivefold ethical terminology of Islam, this ranks above the term for honorable or recommended, which is applied to female circumcision by the three other surviving Sunni schools of law, as well as by the Shi’a.<sup>24</sup>

In many parts of Africa (e.g., Kenya, the Gambia, and Sierra Leone), excision and clitoridectomy are the usual kinds of FGM/C. In these

numerous cosmetic genital procedures in the West. World Health Organization, “Female Genital Mutilation,” Fact Sheet no. 241, 2013, [www.who.int/mediacentre/factsheets/fs241/en/](http://www.who.int/mediacentre/factsheets/fs241/en/) (accessed July 12, 2016).

<sup>22</sup> William Gervase Clarence-Smith, “Female Circumcision in Southeast Asia since the Coming of Islam,” in *Self-Determination and Women’s Rights in Muslim Societies*, eds. Chitra Raghavan and James P. Levine (Waltham: Brandeis University Press, 2012), 114. This may be changing, however, with the rise of a more radical version of Islam in Southeast Asia leading possibly to more girls being cut and more invasive forms of cutting: Clarence-Smith, “Female Circumcision in Southeast Asia since the Coming of Islam,” 120.

<sup>23</sup> Hicks, *Infibulation*. On the role that marriage prospects play in FGM/C’s perseverance, see Gerry Mackie’s seminal article, “Ending Footbinding and Infibulation: A Convention Account,” *American Sociological Review* 61 (1996): 999–1017.

<sup>24</sup> Clarence-Smith, “Female Circumcision in Southeast Asia since the Coming of Islam,” 110–11. See also fn. 22 above.



societies, circumcision is a key ritual in the passage to womanhood which can be accompanied by celebrations, present-giving, feasting, and the inclusion and seclusion of girls in secret societies so they can be socialized in age-related groupings as female members of their communities. FGM/C has also been an ethnic (and national) identity marker; it was promoted, for example, in Kenya during the colonial liberation.<sup>25</sup> FGM/C's underlying structure is patriarchal (it privileges the position and interests of men) but ethnographic work confirms it is women who most strongly perpetuate circumcision. It is one area of social life over which they exercise significant control in societies where the status positions open to them are few. Circumcision is then reinforced by the powerful vested interests of midwives who usually perform circumcisions and who receive income and prestige from their high-status occupation.

The most extensive report so far produced on FGM/C was published by UNICEF in July 2013.<sup>26</sup> Based on statistical data from surveys going back twenty years, the report highlighted several key findings. First, prevalence rates differ greatly depending on religion, ethnicity, region, urbanization and education, even within countries. Second, while there remain many high-prevalence countries (more than 80 percent of girls and women of reproductive age have been cut in Somalia, Guinea, Djibouti, Egypt, Eritrea, Mali, Sierra Leone, and the Sudan), the trend in many countries, especially those with lower prevalence rates already, appears to be a (sometimes steep) decline in the practice. The primary evidence for this comes from comparing, in 2011, the percentage of women aged 45–49 who have been cut with those aged 15–19.<sup>27</sup> This yields a more promising result than just calculating overall prevalence among all age groups, including all the women between nineteen and forty-five. Third, in many countries a substantial majority of girls and women aged 15–49 who have been cut say they think FGM/C should be

<sup>25</sup> See most famously Jomo Kenyatta, *Facing Mount Kenya* (New York: Vintage Books, 1965). Also Alison Brysk, *Speaking Rights to Power: Constructing Political Will* (Oxford: Oxford University Press, 2013), 89. In a recent case, the village of Myabé in Chad, FGM/C was only introduced in 1980; Lori Leonard, "'We Did it for Pleasure Only': Hearing Alternative Tales of Female Circumcision," *Qualitative Inquiry* 6, 2 (2000): 212–28.

<sup>26</sup> UNICEF, "Female Genital Mutilation/Cutting."

<sup>27</sup> *Ibid.*, 99–101.

stopped.<sup>28</sup> These women are, in principle, less likely to cut their own daughters (thereby accelerating the rate of reduction in FGM/C) although the power of reinforcing norms about social acceptance, marriage, and virginity makes this only an assumption.<sup>29</sup>

There are as yet too few data points over time, and too much ambiguity in terms of reporting, to reach definitive conclusions. Nevertheless, it seems safe to say that where the practice is already at a lower prevalence rate decline has set in. This may not be irreversible but in the case of Kenya, Tanzania, Benin, Central African Republic, Iraq, Liberia, Nigeria, Ghana, and Togo, the trend is fairly clearly downward at a rapid rate. Burkina-Faso and Ethiopia, two higher-prevalence countries, have also seen notable declines.<sup>30</sup> What is not clear, however, is exactly why. It could be increases in education and wealth, or the adoption of anti-FGM/C legislation (e.g., in Burkina-Faso, although fear of legal consequences may also artificially boost the number of girls and women reporting they have not had FGM/C whatever the reality), or the widespread public education campaigns against the practice in many of the countries concerned. One important case is Senegal, where the organization Tostan pioneered a human rights-based “community empowerment model” that we look at in more detail below.

If a majority of girls and women, even if they have experienced FGM/C, would prefer that the practice cease, information and education would seem to have had a significant effect. This would be a major achievement because it tips the balance in favor of “consent” to elimination (although it masks significant national and ethnic differences). This has been facilitated by new communications technology, growing social mobility, and urbanization. Where FGM/C is already a minority practice, and where those who have been cut more frequently encounter uncut girls and women, wider cultural norms may simply be absorbing and assimilating local norms through the kind of process classic modernization theorists predicted. This is likely to be particularly effective where FGM/C is already a minority practice which in most cases means countries that are not majority-Islamic. In hard cases change is almost non-existent: Chad, Djibouti, Gambia, Guinea-Bissau, Mali, Somalia,

<sup>28</sup> *Ibid.*, 77.

<sup>29</sup> *Ibid.*, 80.

<sup>30</sup> *Ibid.*, 114–15.

Sudan, and Yemen. In the case of Djibouti, there has been a move toward a less invasive form of FGM/C. But in the main, prevalence rates remain high. Although not all are Islamic states, the impression that Islam requires FGM/C has an important reinforcing role among adherents.<sup>31</sup> Where almost all girls and women are circumcised, changing the basic social norm (whereby social acceptance requires FGM/C) to the opposite norm (social acceptance requires not subjecting young girls to FGM/C) is a formidable task.<sup>32</sup> Conflict, inaccessibility, and poverty make several of these countries difficult to access physically, especially in their interiors. Facing hostile governments in Somalia, Sudan, and Yemen does not help. The strategies that appear to have worked in many of the cases where FGM/C is declining may be of little use here.

FGM/C is also sustained by migrant communities outside Africa. Although FGM/C had been illegal in the United Kingdom since 1985 through the Prohibition of Female Circumcision Act, a further tougher Female Genital Mutilation Act was passed in 2003.<sup>33</sup> Despite evidence that young girls are sometimes sent back to their countries of origin to undergo FGM/C, it was only in March 2014 that the first prosecutions under the act were brought (both against men).<sup>34</sup> In France, by contrast, there have been more than one hundred prosecutions. Prominent women's rights campaigner Julie Bindel claims as many as 65,000 young girls in the United Kingdom are at risk from FGM/C.<sup>35</sup> In London, in particular, where there are sizeable populations of migrants from FGM/C-practicing parts of Africa, former mayor Boris Johnson established an FGM Taskforce. Even Malala, icon of a

<sup>31</sup> In Egypt the state has led efforts to challenge this claim as well as stress the health dangers of FGM/C, but the results are not promising; Amel Fahmy, "Can We Really Eliminate FGM in Egypt by 2030?," *openGlobalRights*, July 2015, [www.opendemocracy.net/openglobalrights/amel-fahmy/can-we-really-eliminate-fgm-in-egypt-by-2030](http://www.opendemocracy.net/openglobalrights/amel-fahmy/can-we-really-eliminate-fgm-in-egypt-by-2030) (accessed July 12, 2016).

<sup>32</sup> To shift from a bad equilibrium to a good one, in other words: see Mackie, "Ending Footbinding and Infibulation."

<sup>33</sup> Note the name change.

<sup>34</sup> It was alleged in July 2015 that as many as fifty Somali girls born in the United Kingdom had been taken back to Somalia to be circumcised; "Fifty girls' taken from UK to Somalia for FGM," *BBC News*, July 17, 2015, [www.bbc.co.uk/news/uk-33572428](http://www.bbc.co.uk/news/uk-33572428) (accessed July 12, 2016).

<sup>35</sup> Julie Bindel, *An Unpunished Crime: The Lack of Prosecutions for Female Genital Mutilation in the UK* (London: The New Culture Forum, 2014). The evidence on the extent of FGM/C in Europe and North America is not good: UNICEF, "Female Genital Mutilation/Cutting," 17.

new generation of women's and children's rights advocates, has been enlisted to the cause, as has the Duchess of Cornwall. Current estimates in the United States suggest that more than half a million women and girls are at risk of FGM/C.<sup>36</sup> It seems reasonable to assume that these numbers will fall as young people within migrant communities are socialized to Western norms, as the law is enforced, and as those entering Western countries from FGM/C-practicing countries are less and less likely to have experienced FGM/C themselves (although many migrants are from the hard cases in the Horn of Africa).

### The Global Campaign against FGM/C

In 2012, the UN General Assembly passed a resolution titled, "Intensifying global efforts for the elimination of female genital mutilations." This followed UN recognition of February 6 as "The International Day of Zero Tolerance on FGM," a date pioneered at the 2003 Inter-African Committee (IAC) on Traditional Practices Affecting the Health of Women and Children at its conference in Addis Ababa. By 2015, the proposed Sustainable Development Goals, successors to the Millennium Development Goals, included (as item 5.3): "Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilations."<sup>37</sup> The United Nations' explicit commitment after two decades of work by activists to the global elimination of FGM/C is a milestone, making FGM/C a part of the United Nations' formal mission, not just an issue for its operational agencies.

This achievement came nearly ninety years after early anti-FGM/C campaigners, including Western missionaries, began a concerted effort to eliminate FGM/C in Africa.<sup>38</sup> In 1924, for example, all British district commissioners in the Sudan received a circular telling them to encourage "enlightened natives who had begun to abolish or

<sup>36</sup> Howard Goldberg, Paul Stupp, Ekwutosi Okoroh, Ghenet Besera, David Goodman, and Isabella Danel, "Female Genital Mutilation/Cutting in the United States: Updated Estimates of Women and Girls at Risk, 2012," *Public Health Reports* (Atlanta: Center for Disease Control and Prevention, 2016), vol. 131.

<sup>37</sup> "Open Working Group Proposal for Sustainable Development Goals," Sustainable Development Knowledge Platform, <https://sustainabledevelopment.un.org/sdgsproposal> (accessed November 9, 2015).

<sup>38</sup> On circumcision politics under colonial rule in the Sudan, see Heather Bell, *Frontiers of Medicine in the Anglo-Egyptian Sudan, 1899–1940* (Oxford: Oxford University Press, 1999), ch. 7, and Janice Boddy, *Civilizing*

modify the custom.”<sup>39</sup> This moral crusade was actually an early form of biopolitics, according to Janice Boddy: Concerned that infibulation led to low birth rates and high infant mortality, colonial authorities targeted FGM/C as a way to increase the child-bearing potential of Arab women.<sup>40</sup> At the same time as the colonial state tried to apply social and political pressure for the elimination of infibulation, eventually seeking an alliance, for example, with the Sudan’s Islamic leader, the Grand Mufti, the formidable matron of the Midwives Training School in Omdurman, Mabel E. Wolff, and her sister Gertrude, were educating trainee Sudanese midwives to practice a less destructive form of FGM/C than infibulation. Despite her strong objection to “the barbarous custom,” Wolff was well aware that a form of medicalization was far more likely to show positive results in terms of the suffering of infibulated Sudanese women.<sup>41</sup>

In London, meanwhile, two pioneering female MPs, the Duchess of Atholl and Eleanor Rathbone, joined forces in 1929 on an all-party Committee for the Protection of Coloured Women in the Crown Colonies.<sup>42</sup> Spurred on by testimony from missionaries, Atholl and Rathbone were soon active in trying to stop FGM/C in Kenya as well as the Sudan.<sup>43</sup> In Kenya, attempts by the missionaries to coerce local people into abandoning FGM/C (by refusing them communion, for example) not only failed but led to a radicalization of the Kikuyu population. This was a foretaste of things to come during the independence struggles when FGM/C played a prominent role in the Mau Mau rebellion, as well as being linked to the *Ngaitana* movement in which young girls in Meru, Kenya, denied FGM/C by tribal elders who had liaised with the British, went into the bush to circumcise themselves.<sup>44</sup>

*Women: British Crusades in the Sudan* (Princeton: Princeton University Press, 2007). On Kenya, see, for example, Susan Pedersen, “National Bodies, Unspeakable Acts: The Sexual Politics of Colonial Policy-Making,” *Journal of Modern History* 63 (1991): 647–80, and Margaret E. Keck and Kathryn Sikkink, *Activists Beyond Borders* (Ithaca: Cornell University Press, 1998), 67–72.

<sup>39</sup> Boddy, *Civilizing Women*, 173.

<sup>40</sup> *Ibid.*, 172.

<sup>41</sup> *Ibid.*, 196.

<sup>42</sup> *Ibid.*, 234.

<sup>43</sup> Pedersen, “National Bodies, Unspeakable Acts.”

<sup>44</sup> Lynn M. Thomas, “‘Ngaitana (I Will Circumcise Myself)’: The Gender and Generational Politics of the 1956 Ban on Clitoridectomy in Meru, Kenya,” in *Gendered Colonialisms in African History*, eds. Nancy Rose Hunt, Tessie P. Liu, and Jean Quataert (Oxford: Basil Blackwell, 1997).

These early efforts made little progress but they did reveal that, handled badly, anti-FGM/C efforts could produce significant resistance. After decolonization, and the rapid departure of colonial officials from Africa and Asia, next to nothing occurred in terms of anti-FGM/C activities until the 1970s when there was suddenly an explosion of interest linked to the emerging women's movement. Some American feminists were very vocal about the "barbarity" of FGM/C from the start. In the words of the most prominent early American campaigner, Fran Hosken, FGM/C arose out of "contempt for the female of the species," where, "What are called 'cultural traditions' in reality are practices that support the ritual abuse of women, systematically damaging women's health and strength to make sure of their subordination to men."<sup>45</sup>

In an earlier version of her *Hosken Report*, Hosken had written: "It is evident that female genital mutilation can be abolished and wiped out in our lifetime. We are able to teach those who cling to distorted beliefs and damaging practices some better ways to cope with themselves, their lives, reproduction and sexuality. We know that everyone on earth has the capacity to learn."<sup>46</sup> Many African feminists objected deeply to the overt neocolonial paternalism of this sort of Western feminist dialogue.<sup>47</sup> Corinne Kratz contrasts the self-image of many Western feminists in the 1970s with their view of "third world women" who needed saving because they were without agency and thus "powerless, constrained by a tradition defined by men, unable to think clearly, and having only problems and needs, not choices."<sup>48</sup> In contrast to the strong paternalism of early American campaigners, an influential British report from 1980 struck a different, if no less patronizing, tone about African women working to end FGM/C: "They are beginning the delicate task of helping women free themselves from

<sup>45</sup> Fran Hosken, *The Hosken Report: Genital and Sexual Mutilation of Females*, 4th edn (Lexington, MA: Women's International Network, 1994), 9, 16; Claude E. Welch Jr., *Protecting Human Rights in Africa: Roles and Strategies of Non-Governmental Organizations* (Philadelphia: University of Pennsylvania Press, 1995), 104, fn. 4.

<sup>46</sup> Quoted in Boddy, *Civilizing Women*, 309.

<sup>47</sup> Brysk, *Speaking Rights to Power*, 90.

<sup>48</sup> Corinne Kratz, *Affecting Performance* (Washington, DC: Smithsonian Institution Press, 1994), 343. See also Chandra Talpade Mohanty, "Under Western Eyes: Feminist Scholarship and Colonial Discourses," *Feminist Review* 30 (1988): 61–88.

customs which have no advantage and many risks for their physical and psychological well-being, without at the same time destroying the supportive and beneficial threads of their cultural fabric.”<sup>49</sup>

That the hard paternalism of these early efforts was a problem is evident. Despite facile efforts at demonization, the “perpetrators” of FGM/C are not sadists or pathological child abusers. Those who perpetuate the practice are mothers, grandmothers, and other village women who do it from an ethic of care and concern for their daughters. They have what they see as their daughters’ best interests at heart. As Yoder *et al.* put it: “Mothers organize the circumcision of their daughters because that is considered part of raising a girl properly, of being a responsible mother ... women in central Guinea ... said that their religion required that parents do three things for their daughters: ‘to educate them, to circumcise them, and to find them a good husband.’”<sup>50</sup> Consider Ellen Gruenbaum’s description of a circumcision in Sudan: “Children dressed up with special ornaments and new clothes, a surgical procedure, ululations, small gifts and congratulations, no patriarchal authority figure overseeing and dictating the sequence of events.”<sup>51</sup> Like many other major life events, this was a moment for celebration with family, friends, and neighbors rather than a matter for shame or regret, and women are its central actors.

Early anti-FGM/C efforts took place in the absence of any systematic reference to human rights for two reasons: as an international movement it was in its infancy at the time, and the movement’s focus was almost exclusively civil and political, much to the irritation of women’s rights and LGBT rights activists in the 1980s. From 1993 onward, following Vienna’s World Conference on Human Rights, FGM/C was increasingly “reconceptualized as a human rights violation,” that is, as gender-based violence against women and children.<sup>52</sup> Human rights were becoming the dominant frame, reflecting a shift in

<sup>49</sup> Scilla McLean and Stella Efua Graham, eds., *Female Circumcision, Excision and Infibulation: The Facts and Proposals for Change*, second rev. edn (London: The Minority Rights Group, 1985), 3.

<sup>50</sup> Stanley P. Yoder, Noureddine Abderrahim, and Arlinda Zhuzhuni, “Female Genital Cutting in the Demographic and Health Surveys: A Critical and Comparative Analysis,” *DHS Comparative Reports No. 7* (Calverton, MD: ORC Macro, 2004), 13.

<sup>51</sup> Ellen Gruenbaum, *The Female Circumcision Controversy: An Anthropological Perspective* (Philadelphia: University of Pennsylvania Press, 2000), 59.

<sup>52</sup> UNICEF, “Female Genital Mutilation/Cutting,” 6.

the late 1980s when the term “female genital mutilation” or FGM was coined by the Geneva-based IAC. Use of the term FGM soon became a marker of one’s position on the advocacy spectrum. One of the earliest anti-FGM/C advocacy organizations, Equality Now, was founded in New York in 1992 (by, among others, former UN High Commissioner for Human Rights, Navi Pillay). It remains active on a whole array of issues concerning the treatment of women and girls; its total income in 2012 was nearly four million dollars.<sup>53</sup> Gloria Steinem, prominent in early anti-FGM/C campaigns, remains on its board. Equality Now’s first anti-FGM/C newsletter, *Awaken*, published in 1997 in English, Arabic, and French, was subtitled, *Towards a better understanding and a more effective strategy for the eradication of all forms of female circumcision*. In its first issue, the editor wrote: “*Awaken* will not judge the material that appears on its pages by which term is being used by those who contribute to it.”<sup>54</sup> FGM, FC (female circumcision) and genital surgery or genital cutting were all judged acceptable. But most letters and contributions from readers in subsequent issues used the term FGM until it became clear that for Western-based global advocacy only “FGM” would do.

This battle over naming had first burst into the open at 1980’s Copenhagen UN Conference on women when African activists objected to the tone of Western feminists and, critically for paternalists, denied the very right of those Western women to lead elimination efforts.<sup>55</sup> As we have seen, UNICEF and some other operational agencies like the UN Population Fund have adopted the term FGM/C, as has the influential Washington, DC-based Population Reference Bureau. In its statistical report, UNICEF explicitly refers to having “tact and patience” and using “respectful terminology.”<sup>56</sup> The World Health Organization and UN Women retain the “FGM” framing and the UN General Assembly’s 2012 global ban explicitly uses that term.

In 1997, Somali-born supermodel Waris Dirie, herself circumcised, had become the “UN Ambassador for the Elimination of FGM,” and

<sup>53</sup> See: [www.equalitynow.org](http://www.equalitynow.org) (accessed July 12, 2016).

<sup>54</sup> *Awaken* 1, 1 (June 1997).

<sup>55</sup> Nahid Toubia, *Program Guidelines for Integrating Activities to Eradicate Female Genital Mutilation*, USAID, May 1997, [http://pdf.usaid.gov/pdf\\_docs/PNACB026.pdf](http://pdf.usaid.gov/pdf_docs/PNACB026.pdf) (accessed July 12, 2016), Appendix A, 1–2.

<sup>56</sup> UNICEF, “Female Genital Mutilation/Cutting,” 7.



in 1998 she published her bestselling autobiography *Desert Flower*.<sup>57</sup> In the same year, USAID firmed up its position on FGM. While recognizing “the need for sensitivity to the perception of interference in local cultural beliefs and practices,” the “unequivocal consensus” at the international level meant that, “there is now less reason to be hesitant about openly committing to support for FGM eradication programs.”<sup>58</sup> In this report, written for USAID by prominent FGM/C activist Nahid Toubia, the story of the 1990s – greater attention to mainstreaming gender, the linking of health to individual human rights, intense domestic pressure, and the succession of major international conferences at which women’s rights were central (Vienna 1993, Cairo 1994, and Beijing 1995) – culminated in a detailed and, crucially, *proactive* USAID elimination policy from 2000 onward.<sup>59</sup>

### Human Rights/human rights

As argued above, all forms of anti-FGM/C advocacy rely on a human rights frame to legitimate their intervention. Nevertheless, the international movement against female circumcision could broadly be seen to divide along a Human Rights/human rights fault line which maps on to the use of the terms FGM (Human Rights/hard paternalism) versus FGM/C (human rights/soft paternalism).<sup>60</sup> For the former, human rights are an end in themselves, FGM another and particularly egregious example of a human rights violation – violence against women and children – that must be stopped at all costs. For the latter, human rights are one means among others to try to end the practice, the starting point being engagement with the communities concerned and a reluctance to use demonizing language.<sup>61</sup> Here human rights follow

<sup>57</sup> We look in more detail at Dirie’s activism in sections 3 and 4 below.

<sup>58</sup> Toubia, *Program Guidelines for Integrating Activities to Eradicate Female Genital Mutilation*, 9.

<sup>59</sup> Many American troops and officials returning from Operation Restore Hope in Somalia had also been exposed to FGM/C for the first time, and by the mid-1990s asylum cases were being heard where the risk of being subjected to FGM/C was the rationale for the granting of permanent leave to stay in the United States.

<sup>60</sup> See Hopgood, *The Endtimes of Human Rights*.

<sup>61</sup> There is a third category we might label *skeptics*. They are suspicious of the moralizing of the anti-FGM movement and seek to challenge advocacy myths about the health complications of circumcision and about the refusal to compare male and female circumcision in many cases. See, for

rather than lead; they need to be mapped on to existing beliefs. In the language of the 2013's UNICEF report:

The abandonment of FGM/C is framed not as a criticism of local culture but as a better way to attain the core positive values that underlie tradition and religion, including “doing no harm to others”. We have found that, addressed in this way, efforts to end FGM/C contribute to the larger issues of ending violence against children and women and confronting gender inequalities.<sup>62</sup>

As an example of the Human Rights position, take the report by Julie Bindel on FGM in the United Kingdom, titled *An Unpunished Crime*. This refers to “a procedure that belongs in the dark ages” and “a catalogue of torture.” This pure paternalism takes us back to the 1970s. A campaign by major UK newspapers led by London's *Evening Standard* and the national newspaper, *The Times*, carries the message that the law must be implemented at all costs.<sup>63</sup> Bindel is forthright that sensitivity over paternalism is the main reason, in addition to problems of evidence gathering, for the failure of the British authorities to tackle FGM: “By far the most important factor ... is excessive cultural sensitivity: quite simply, there is a reluctance to combat the practice of FGM for fear of appearing reactionary or prejudiced. Here, the laudable desire to show respect for other cultures has degenerated into a form of paralysis – a terror of taking vigorous action just because the practice occurs overwhelmingly in migrant communities.”<sup>64</sup>

The absolutist Human Rights position recalls the discourse of civilization and infantilism by which colonial authorities treated their subjects as children who needed educating and disciplining. This is hardcore, pure paternalism. Human Rights on this understanding

example, Richard A. Schweder, “Symposium on German Court Ruling on Circumcision: The Goose and the Gander: The Genital Wars,” *Global Discourse* 3, 2 (2013): 348–66, and Kirsten Bell, “Genital Cutting and Western Discourses on Sexuality,” *Medical Anthropology Quarterly* 19, 2 (2005): 125–48. See also, The Public Policy Advisory Network on Female Genital Surgeries in Africa, “Seven Things to Know About Female Genital Surgeries in Africa,” *The Hastings Center Report* 42, 6 (2012): 19–27.

<sup>62</sup> UNICEF, “Female Genital Mutilation/Cutting,” iii.

<sup>63</sup> E.g., “It's Child Abuse that has Gone Mainstream,” *The Times*, January 31, 2014, [www.thetimes.co.uk/tto/news/uk/crime/article3991120.ece](http://www.thetimes.co.uk/tto/news/uk/crime/article3991120.ece) (accessed July 12, 2016).

<sup>64</sup> Bindel, *An Unpunished Crime*, 6–7.

are binary. They condense and submerge complexity under one all-encompassing normative standard of right against wrong. It is a seductive narrative for would-be saviors. To be progressive you must be *pro* human rights because there are only two sides. We see this clearly in the WHO's approach. From a position of more cultural sensitivity in the 1990s, the WHO in 2014 characterizes the campaign totally in Human Rights terms:

FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.<sup>65</sup>

For Human Rights advocates, the term *female genital mutilation* or "FGM" is a true description of the nature of the practice. This makes FGM/C a crime, amounting to child abuse and even torture. In the words of Waris Dirie:

FGM has to be eradicated, and it *will* be eradicated. It's barbaric: against children and women, against the law, against religion, against humanity. It has no place in a human society. It is a crime that seeks justice.<sup>66</sup>

This is archetypal hard paternalism. Mostly, Human Rights advocates have focused on extending legal punishment for FGM/C including threats of imprisonment.<sup>67</sup> The criminal law helps, it is argued, by

<sup>65</sup> See World Health Organization, *Female Genital Mutilation: A Joint WHO/ UNICEF/UNFPA Statement* (Geneva: World Health Organization, 1997), 1–2, [www.childinfo.org/files/fgmc\\_WHOUNICEFJointdeclaration1997.pdf](http://www.childinfo.org/files/fgmc_WHOUNICEFJointdeclaration1997.pdf), and World Health Organization, "Female Genital Mutilation."

<sup>66</sup> Leyla Hussein, "Waris Dirie: 'Never Give Up. FGM Has to be Eradicated, and it Will be Eradicated,'" *Cosmopolitan*, July 1, 2015, [www.cosmopolitan.co.uk/reports/news/a36860/waris-dirie-fgm-leyla-hussein/](http://www.cosmopolitan.co.uk/reports/news/a36860/waris-dirie-fgm-leyla-hussein/) (accessed July 12, 2016).

<sup>67</sup> One of outgoing Nigerian president Goodluck Jonathan's last acts in office in May 2015 was to sign a statute outlawing FGM: Shyamantha Asokan, "Nigeria's Outgoing President Signs Off on Banning Female Genital Mutilation," *Buzzfeed*, May 28, 2015, [www.buzzfeed.com/shyamanthaasokan/nigerias-president-signs-off-on-banning-fgm?responses#ko1LgXXpe](http://www.buzzfeed.com/shyamanthaasokan/nigerias-president-signs-off-on-banning-fgm?responses#ko1LgXXpe) (accessed July 12, 2016).

giving advocates for abandonment an extra mechanism to exert leverage. Even in Senegal, however, legalization and the threat of criminal punishment as a strategy in itself may be counter-productive, generating resistance and driving FGM/C underground.<sup>68</sup> Human Rights advocates have yet to advocate systematically for the use of force but there seems little doubt that with available resources they would be open to that.

While acting paternally is associated historically with fathers, and therefore with men, acting *in a masculine way* implicates women too. Indeed, in relation to combatting FGM/C, the international movement has been dominated by female Western feminists. Yet it is vital to reiterate that, despite being an ongoing legacy of structural patriarchy, it is women who continue the practice of FGM/C and that, to stop it in the here-and-now, the people who have to cease cutting girls are their mothers, aunts, and grandmothers. As we noted, the mothers who circumcise their daughters do so from an ethic of love and care, not abuse and cruelty. Is this better described as a clash between paternalism and maternalism, with maternalism as a rival authority claim to paternalism, one that gives the existing rights of mothers a privileged position regardless of the content of those maternal claims (e.g., whether or not being a mother must mean to be “nurturing”)? Paternalism would then be about voiding the authority claims of mothers in the name of morality. This echoes a familiar gender dynamic where paternalism is identified with rational rights-based moral action and maternalism with care-based emotional nurturing. But this way of thinking doesn’t take us very far. The insistence of many mothers that their daughters be circumcised so they are not ostracized and can make good marriages is just as comprehensible as a form of paternalism.

Hard Human Rights paternalism has not only generated resistance, there has not been a terminal reduction, as UNICEF’s figures show, in the prevalence of FGM/C, despite a century of activism. While Human Rights continues to be the dominant frame internationally, and in the

<sup>68</sup> Bettina Shell-Duncan, Yiva Hernlund, Katherine Wander, and Amadou Moreau, “Legislating Change? Responses to Criminalizing Female Genital Cutting in Senegal,” *Law and Society Review* 47, 4 (2013): 803–35. See also Matilda Aberese Ako and Patricia Akweongo, “The Limited Effectiveness of Legislation against Female Genital Mutilation and the Role of Community Beliefs in Upper East Region, Ghana,” *Reproductive Health Matters* 17, 34 (2009): 47–54.

West, within Africa itself what success there has been has come from a more pragmatic, engaged approach which concentrates less on the symbolism of specific cases and laws and more on incremental change in sympathy with the women concerned. For a time, strategies based on the negative health effects of FGM/C were marginalized by hard paternalists who feared this would lead to the legitimization of medicalization (as has to some extent happened in Egypt and Indonesia). But more nuanced, needs-related arguments quickly returned to complement Human Rights, as did the term FGM/C to provide a less judgmental label than FGM.<sup>69</sup>

This more pragmatic, “soft” paternalism legitimates itself not by overriding the liberty of women and their girl children as hard paternalists would but by arguing that “genuine consent” hasn’t been forthcoming in the first place. Soft paternalists are all about producing consent. They pursue this end by stressing education based on an understanding of the reasons why FGM/C continues and sympathizing in a deep way with those who have been circumcised. In other words, they try to pursue change in partnership with the women concerned, as part of an open, discursive, negotiated process. Emphasizing health risks, for example, promotes change while maintaining the autonomy and dignity of the women concerned. This form of paternalism acknowledges the depth of feeling that undergirds FGM/C and the fact that women and girls are part of a meaningful community, rather than individuals waiting to be liberated from their cultural prison. The label FGM/C, FGC, or sometimes FC (female circumcision) reflects this commitment.<sup>70</sup>

Soft paternalism also creates incentives to act in a specific way rather than issuing moral demands. It seeks compliance rather than demands obedience. In their book on framing institutional choices, *Nudge*, Richard Thaler and Cass Sunstein call their approach “libertarian paternalism.” This entails freedom of choice but choice in a world where “it is legitimate for choice architects to try to influence people’s behavior in order to make their lives longer, healthier, and better.”<sup>71</sup> This self-assigned right to change outcomes in the deeper

<sup>69</sup> Bettina Shell-Duncan, “From Health to Human Rights: Female Genital Cutting and the Politics of Intervention,” *American Anthropologist* 110, 2 (2008): 225–36.

<sup>70</sup> The epitome of this approach is the UNICEF report, “Female Genital Mutilation/Cutting.”

<sup>71</sup> Richard H. Thaler and Cass R. Sunstein, *Nudge: Improving Decisions About Health, Wealth and Happiness* (New York: Penguin, 2009), 5.

interests of persons resembles the “capabilities approach” pioneered by Amartya Sen and Martha Nussbaum.<sup>72</sup> The first step to realizing human rights for Sen and Nussbaum is to increase a person’s capacity to make good choices. Giving people full information is critical, the assumption being that knowing alternative options exist will stop someone from choosing to undergo or propagate cultural practices like FGM/C that may cause them or their children significant harm.

These are exercises in institutional power, to be sure, in that they create conditions of choice designed to privilege some options and exclude others.<sup>73</sup> But in the *Nudge* example, you can still choose the bad option, you just have to expend more effort to get it. In other words, you can say no even to paternalism. This makes full information critical. What if you don’t realize there’s another option?<sup>74</sup> Is it paternalist to disguise someone’s full range of options (we try to hide many things from children until we think they are able to choose wisely)? If holding back information and available choices is paternalistic, then giving someone more choice would presumably be its opposite? This would be Nussbaum’s and Sen’s position. And in many ways the enlightenment position as a whole: We are showing you there’s another way, then it’s up to you.<sup>75</sup> Or perhaps these are context-specific forms of paternalism, depending in each case on the circumstances? The most successful attempts to change FGM/C rely on a shared communication mechanism – giving people more information about the availability of alternatives (that not circumcising reduces health complications, reduces maternal mortality and childbirth pain, that women in the next village do not circumcise their daughters and still find marriage partners for them).

The epitome of this approach is outlined in a publication by UNICEF’s social science-led Innocenti Research Centre, called *Changing a Harmful Social Convention: Female Genital Mutilation/Cutting*. In this report, ground-breaking work on harmful social

<sup>72</sup> Martha C. Nussbaum, “Symposium on Amartya Sen’s Philosophy: 5 Adaptive Preferences and Women’s Options,” *Economics and Philosophy* 17 (2001): 83, and Amartya Sen, *The Idea of Justice* (Cambridge, MA: Belknap/Harvard University Press, 2009).

<sup>73</sup> See Barnett and Duvall on “institutional power” in “Power in International Politics.”

<sup>74</sup> See Steven Lukes’ second and third dimensions of power in *Power: A Radical View*, 2nd edn (London: Palgrave Macmillan, 2005), 20–8.

<sup>75</sup> We return to the question of choice and agency below.

conventions figures prominently in informing policy-making.<sup>76</sup> It is based on the work of scholar Gerry Mackie who argues that what sustains FGM/C (particularly infibulation), as with foot-binding in China, is the prospect of making a good marriage. It is a self-enforcing social convention that can (potentially) be changed quickly.<sup>77</sup> By getting parents and children to pledge not to circumcise their daughters, and to allow their sons to marry uncircumcised girls, a critical mass of those in non-FGM/C marriages will be reached and hopefully pass “the tipping point” beyond which a new equilibrium is established where FGM/C is no longer the dominant norm.<sup>78</sup> To get to this stage requires information, public commitment (in pledging ceremonies) and coordination within the community. Although there are other FGM/C-reinforcing norms such as religion, rites of passage and female honor and modesty codes, it is changing the marriageability norm that matters most in Mackie’s area of research and activism.<sup>79</sup>

This work has been an integral part of the most successful effort at eliminating FGM/C. The “Tostan Model” was launched in Senegal in 1991 by American activist Molly Melching. The model now operates in eight countries: Djibouti, Guinea, Guinea-Bissau, Mali, Mauritania, Senegal, Somalia, and The Gambia.<sup>80</sup> The essence of the Tostan model is a three-year “community empowerment program” in local languages that

<sup>76</sup> United Nations Children’s Fund, “Changing a Harmful Social Convention: Female Genital Mutilation/Cutting,” *Innocenti Digest* 12 (New York: UNICEF, 2005), available at: [www.unicef-irc.org/publications/pdf/fgm\\_eng.pdf](http://www.unicef-irc.org/publications/pdf/fgm_eng.pdf) (accessed July 12, 2016). See also Mackie’s “Ending Footbinding and Infibulation.”

<sup>77</sup> See Mackie, “Ending Footbinding and Infibulation,” and Gerry Mackie and John LeJeune, “Social Dynamics of Abandonment of Harmful Practices: A New Look at the Theory,” *UNICEF Innocenti Working Paper*, May 2009, [www.polisci.ucsd.edu/~gmackie/documents/UNICEF.pdf](http://www.polisci.ucsd.edu/~gmackie/documents/UNICEF.pdf) (accessed July 12, 2016).

<sup>78</sup> Malcolm Gladwell, *The Tipping Point: How Little Things Can Make a Big Difference* (New York: Little Brown, 2000).

<sup>79</sup> Mackie and LeJeune, “Social Dynamics,” 29–30.

<sup>80</sup> On Tostan, see also Yiva Hernlund and Bettina Shell-Duncan, “Contingency, Context and Change: Negotiating Female Genital Cutting in The Gambia and Senegal,” *Africa Today* 53, 4 (2007): 43–57, Bettina Shell-Duncan, Yiva Hernlund, Katherine Wander, and Amadou Moreau, *Contingency and Change in the Practice of Female Genital Cutting: Dynamics of Decision-Making in Senegambia* (Seattle: University of Washington, 2010), and Charlotte Feldman-Jacobs, ed., *Ending Female Genital Mutilation/Cutting: Lessons from a Decade of Progress* (Washington, DC: Population Research Bureau, 2013), 16.

first promotes “positive traditions while encouraging discussion of how new ideas and practices can help build a healthier community,” following which “participants learn to read and write in their own language, study basic math, and gain management skills.”<sup>81</sup> The first year’s discussions include “deliberation on democracy, human rights and responsibilities, problem solving and hygiene and health.”<sup>82</sup> It is in these forums that “the tradition” usually becomes a topic of animated conversation.

To the suggestion that human rights are a Western imposition, Tostan argues that it encourages participants to “deliberate what constitutes human dignity and how it can be upheld: a term translated into local languages and one that people resonate with. The rights framework can then be used as an international framework which supports that idea of dignity developed within class.”<sup>83</sup> Rights follow, they do not lead. The Tostan approach is more human rights not Human Rights, in other words. As activist Lucy Walker puts it:

To come to human rights in this way – to work out what a community wants and back it up using the framework of human rights – is rather different to the usual development rhetoric of going in and waving the declaration around and shouting about it! It develops internal agency – the understanding that we have rights and can bring these to our community.<sup>84</sup>

Similarly, Molly Melching stresses “the importance of non-formal education in national languages, the social mobilization work of people who were themselves affected by the practice, and an approach based on empathy and respect.”<sup>85</sup> And the Tostan approach appears to be working. According to the Orchid Project:

<sup>81</sup> “Program Structure,” Tostan, [www.tostan.org/tostan-model/community-empowerment-program/program-structure](http://www.tostan.org/tostan-model/community-empowerment-program/program-structure) (accessed July 12, 2016).

<sup>82</sup> This description is from a blog post by Lucy Walker, the Knowledge and Programmes Coordinator for an NGO called “The Orchid Project” that works with Tostan; see “Tostan’s Human-Rights Approach to Community-led Development: the First TTC,” Orchid Project, April 14, 2015, <http://orchidproject.org/tostans-human-rights-approach-to-community-led-development-the-first-ttc/> (accessed July 12, 2016).

<sup>83</sup> *Ibid.*

<sup>84</sup> “A Chance to Experience Tostan Classes,” Orchid Project, May 1, 2015, <http://orchidproject.org/a-chance-to-experience-tostan-sessions/> (accessed July 12, 2016).

<sup>85</sup> See: “Les Contributions de Tostan vers L’abandon de L’Excision Soulignées par le Gouvernement du Sénégal et l’ONU,” *Tostan Blog*, February 6, 2015,



The proportion of mothers [in Senegal] with at least one daughter who is cut has declined from 20% in 2005 to 6.2% in 2010 – a decrease of about 69%. Between 2005 and 2010, the number of Soninké women (the most vulnerable group in 2005) with at least one daughter cut declined by 86.1%. Along the same lines, Diola, Fula and Mandinka groups saw a decrease of 65.1%, 81.8% and 60.2% respectively. Among Christian women, the practice of FGC has nearly disappeared. In 2005, 11.2% of Christian women had a daughter who was cut. This has reduced to 0.9% in 2010, meaning a 92% decrease...On the other hand, Muslim women continue to practice, although there has been a significant decline. The number of women with a daughter who is cut decreased from 20.3% to 6.4% between 2005 and 2010 – a 68.5% reduction.<sup>86</sup>

By improving the social acceptance of not circumcising without damaging marriage prospects, rates of FGM/C have shown a rapid decline. These twin reinforcing pressures suggest that where most women one meets are circumcised rates of decline will be lower because the existing social norm is still strongly in favor of cutting. This would explain why in the hard cases, particularly in the Horn of Africa, prevalence rates remain extremely high compared with the minority who still circumcise in Senegal. And why where prevalence is lower elimination appears to be happening faster. Tostan's model has helped shift the norm by ensuring the involvement of local women at every stage, creating more and more advocates for abandonment who thereby spread the message and constitute visible evidence of an increasingly legitimate alternative norm.

This systematic and sustainable basis for change seems more likely to succeed than the more instrumental approach of Waris Dirie's Desert Flower Foundation which, under the title "Save a Little Desert Flower," agrees a contract with parents and provides financial support in return for not circumcising their daughters.<sup>87</sup> Not tackling

<http://fr.tostan.org/news/les-contributions-de-tostan-vers-l'abandon-de-lexcision-soulinees-par-le-gouvernement-du> (accessed July 12, 2016), and the interview at: Melinda Gates, "Melinda Gates: 5 Questions for Tostan's Molly Melching," *Impatient Optimists*, Bill and Melinda Gates Foundation, June 25, 2013, [www.impatientoptimists.org/Posts/2013/06/Melinda-Gates-5-Questions-for-Tostans-Molly-Melching#.VZkWGngk\\_dl](http://www.impatientoptimists.org/Posts/2013/06/Melinda-Gates-5-Questions-for-Tostans-Molly-Melching#.VZkWGngk_dl) (accessed July 12, 2016).

<sup>86</sup> Lucy Walker, Personal Communication, The Orchid Project, May 1, 2015.

<sup>87</sup> "Our Achievements," Desert Flower, <http://retteinekleinewuestenblume.de/en/our-achievements.html> (accessed July 12, 2016).

the social acceptance/marriage prospects issue collectively via community engagement is even less likely to work where prevalence is so high (e.g., 93 percent in Djibouti in 2013 according to UNICEF). Unsurprisingly, the families who sign contracts come under intense social pressure from their non-contracted neighbors who represent the dominant social norm. The mother of Safa, a Djibouti girl who acted as the young Dirie in a movie of her life called *Desert Flower*, expresses some regret for this very reason:

My husband and I signed this contract where we guaranteed not to have Safa circumcised. But to be honest I am not convinced that it was the right decision. The circumcision ritual is part of our tradition. We will never find a husband for Safa if she is not circumcised. She will never belong to our society like the other girls. So I am sure that one day we will have her circumcised anyway.<sup>88</sup>

Tostan-style education programs, and the provision of better information about the impact of circumcision and alternative choices (not to circumcise, or to circumcise less invasively), are explicitly designed to avoid this dilemma. They seem as light-touch a form of paternalism as one could envisage but in being based on a rejection of existing consent (that is, the status quo: consent to carry on the practice), they qualify as a form of soft paternalism. The efforts made to change choices, and shape the self-identity of the choosers, are part of a sophisticated project designed to change lives. They are not openly coercive, nor based on a deception, and they encourage dialogue, discussion, and a non-judgmental approach. But these forms of soft paternalism are justified by the lack of valid consent and they are not about to take no for an answer.

There is, of course, a paradox in doing nothing: Keeping the existence of a different option from women who cut their daughters might be seen to be just as paternalistic as intervening. Does the provision of information designed to change the status quo constitute paternalism, rather than a leveling up of the scales (against years of parental paternalism)? It is proactive – those who don't self-identify as having a problem are now told something they see as legitimate is

<sup>88</sup> This quotation comes from a fascinating and thoughtful account by Waris Dirie of her interactions with Safa's family in an extract from her book *Saving Safa*. Extract from *The Weekend Australian*, June 27, 2015, 28.

indeed a problem. Dworkin's original definition was about interference with a person's "liberty of action" (echoing Mill). But isn't community empowerment even more invasive than that? In the name of moral advance, it is problematizing an existing way of life without any request to do so. This is the true power of the Human Rights language – by claiming a universal solidarity it claims anyone's problems are everyone's problems, thereby legitimating unsolicited intervention. Even light-touch paternalism has traces of the claim to moral superiority built into it. In other words, any engagement in the lives of others that they would not necessarily choose for themselves as they are constitutes a form of paternalistic interventionism, however soft, in the name of the person they could become. Why should it be so difficult to acknowledge this as a legitimate demand for moral change that is obviously paternalistic?

Unless we see tribal and village life as hermetically sealed, with the tribe or village having a kind of transcendent ontological reality linked to a moral monopoly, is there a reason to privilege *what is* in favor of *what could be*? Cultural relativists and some conservatives would say yes against the emphatic no of liberals. To defend existing culture on principle requires an argument for why it should be protected and that opens up a discussion about what appropriate norms ought to be. In other words, cultural relativists would need to argue for the universal principle of "leaving other cultures alone regardless of their substantive social norms" thereby conceding the point that whether or not other cultures should be left alone must be the result of a moral discussion about how people ought to be treated. To refuse this conversation is just to absent yourself from it rather than to prevent it from happening (much less win it). It opens up the space in principle for universal, agreed norms. If all parties can engage in this discussion, as we have seen women in Tostan programs in Senegal do on more or less equal terms, then there is a kind of consent at work even if, in the absence of soft paternalism, such an option would likely never have been chosen.

And this consent is the prize because it effaces the moral drive that lies behind intervention and will not be denied. In this way, the similarities with the colonial practice of moral crusades against the cultural life of colonized peoples, especially women, can be disguised. There's no harm in the truth: anti-FGM/C missionaries in the 1920s in Sudan and Kenya would have seen many of these issues in exactly the same terms as we do today. In this way we understand that empire

wasn't a phase so much as a structural relation that is always with us where the dominant seek to discipline, and even eliminate, "the other" in their midst. All that has changed is that we call missionaries and district officers "human rights and development activists" today. Unsurprisingly, therefore, the scope of paternalism goes much deeper than mere behavioral change, into subjectivity and identity itself. In other words, soft paternalism of the producing consent variety may have more far-reaching long-term effects than hard paternalism which seeks no more than a change in behavior.

### FGM/C and the Subject of Human Rights

Evidence from many African countries suggests persistent support among many women for FGM/C's continuation as well as examples where a majority of men are opposed to the practice.<sup>89</sup> Circumcision is often celebrated as an essential social ritual for girls and a proud day for parents and extended families.<sup>90</sup> Testimony from some of the women who support abandonment, including midwives, show a variety of motivations including health consequences, religious beliefs, and human rights concerns. And most recognize that the community as a whole has to change for the norm to shift.<sup>91</sup> These cases show the importance of sensitive and supportive conversations with others in a shared language for creating the momentum for change. This is tougher to do in harder cases where a large majority still circumcises. Underlying the broader elimination campaign, therefore, is also a drive to liberate liberal subjects from their cultural prisons, a classic colonial urge.

The liberal subject (leaving aside the assumption that the universal gender of the subject is male) is well described by John Rawls: "the self is prior to the ends which are affirmed by it; even a dominant end must be chosen from among numerous possibilities." He goes on:

<sup>89</sup> There are several cases where more boys and men than girls and women want FGM/C to be eliminated (in Guinea, Sierra Leone, and Chad, for example). In Cameroon, 85 percent of boys and men surveyed thought FGM/C should stop: UNICEF, "Female Genital Mutilation/Cutting," 62.

<sup>90</sup> Gruenbaum, *The Female Circumcision Controversy*, ch. 2.

<sup>91</sup> "Meeting with 'Social Norms Entrepreneurs,'" *The Orchid Project blog*, May 15, 2015, <http://orchidproject.org/meeting-with-social-norms-entrepreneurs/> (accessed July 12, 2016).

a moral person is a subject with ends he has chosen, and his fundamental preference is for conditions that enable him to frame a mode of life that expresses his nature as a free and equal rational being as fully as circumstances permit.<sup>92</sup>

Or, in the words of Marie Bassili Assaad, the head of an Egyptian taskforce on FGM/C whose 1980 report on Egypt was highly influential: “A woman’s view of herself and her belief in old customs change in response to information, education, and social and economic opportunities. Educated women see that their status may be derived from roles other than those of wife and mother.”<sup>93</sup> Contra Foucault, there is in these cases a self-conscious liberal subject with a pre-existing nature who freely chooses her own way of being human. For liberal paternalists it is this moral person whose interests must be represented. For Foucault, in contrast, such a narrow conception of what it means to be human – the individual liberal subject – closes off other as-yet undiscovered or tightly patrolled alternative ways in which one might be human.<sup>94</sup> Judith Butler extends this analysis by looking at the ways in which even some feminist theory assumes “women” exist as a natural subject needing representation. She argues that the legal and normative regimes which claim to represent “women’s interests” are as much producers of the category “women” as representatives of it as a pre-formed, pre-social entity.<sup>95</sup> In other words, the formation of liberal subjects closes off as many options as it opens, and in particular it creates a certain kind of individual whose agency becomes about realizing her own interests and choosing her own identity.

We can see this in relation to conceptions of femininity, maternity, and sexuality. The control of female sexuality has been cited as a feature of many local justifications for FGM/C and several studies make note of it.<sup>96</sup> As the World Bank put it in 1994, its aim was to

<sup>92</sup> John Rawls, *A Theory of Justice* (Cambridge, MA: Harvard University Press, 1971), 560, 561.

<sup>93</sup> Marie Bassili Assaad, “Female Circumcision in Egypt: Social Implications, Current Research, and Prospects for Change,” *Studies in Family Planning* 11, 1 (1980): 6.

<sup>94</sup> See Ben Golder, “Foucault and the Unfinished Human of Rights,” *Law, Culture and the Humanities* 6 (2010).

<sup>95</sup> Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (London: Routledge, 2006), ch. 1.

<sup>96</sup> See the survey carried out by an affiliate of the IAC, the National Committee on Traditional Practices in Ethiopia; *Awaken* 2, 2 (1998): 8. And also Amel

challenge “the social attitudes and beliefs that undergird male violence and *renegotiating the meaning of gender and sexuality* and the balance of power between men and women at all levels of society.”<sup>97</sup> Or, in USAID’s words: “The ultimate desired outcome of FGM/C projects is to eradicate the practice, to preserve women’s bodies, and to empower them to make better choices regarding their sexuality and reproduction.”<sup>98</sup>

Critical to this freeing of the liberal subject is preventing her natural self from being damaged in some permanent way by ritual. This includes not just threats to her life from FGM/C but also to her “normal” (that is, “natural”) appearance and sexual functioning. Waris Dirie’s foundation has even paid for reconstructive surgery for some infibulated women. As a Masai woman called Ntailan Lolkoki told an interviewer after the surgery: “I looked wonderful all of a sudden. As a kid you start to explore your sexuality but circumcision stopped that. After the surgery those feelings were restored. I would lie in my bed and I could feel everything. My neighbours could tell I had this sexuality.”<sup>99</sup> Another woman, twenty-year-old Idriss, says: “After surgery I felt complete as a woman.”<sup>100</sup>

But these views of normalness and naturalness, of femininity and sexuality, are not universal. In her work on the Hofriyat in Sudan, Janice Boddy argues that:

Fahmy, Mawaheb T. El-Mouelhy, and Ahmed R. Ragab, “Female Genital Mutilation/Cutting and Issues of Sexuality in Egypt,” *Reproductive Health Matters* 18, 36 (2010): 184.

<sup>97</sup> Lori L. Heise, Jacqueline Pitanguy, and Adrienne Germain, *Violence Against Women: The Hidden Health Burden* (Washington, DC: The World Bank, 1994), my italics.

<sup>98</sup> Toubia, *Program Guidelines for Integrating Activities to Eradicate Female Genital Mutilation*, 24. UN High Commissioner for Human Rights, Zeid Ra’ad Al Hussein, says, in advocating for girls’ education: “In addition to academic achievements, education must equip students with the tools to critically analyse and challenge rigid gender roles that limit choices and perpetuate women’s subordination.” “Girls’ Education Key to Eliminating Discrimination,” United Nations Human Rights, June 22, 2015, [www.ohchr.org/EN/NewsEvents/Pages/GirlsEducation.aspx](http://www.ohchr.org/EN/NewsEvents/Pages/GirlsEducation.aspx) (accessed July 12, 2016).

<sup>99</sup> This led to some unwanted attention from some of the men around her as she recounts in the article. Rosamund Urwin, “Waris Dirie: The Supermodel Giving FGM Victims Their Sexuality Back,” *Evening Standard*, July 1, 2015, [www.standard.co.uk/lifestyle/london-life/waris-dirie-the-supermodel-giving-fgm-victims-their-sexuality-back-10357560.html](http://www.standard.co.uk/lifestyle/london-life/waris-dirie-the-supermodel-giving-fgm-victims-their-sexuality-back-10357560.html) (accessed July 12, 2016).

<sup>100</sup> *Ibid.*

By removing their external genitalia, female Hofriyati seek not to diminish their own sexual pleasure – though this is an obvious effect – so much as to enhance their femininity. Pharaonic circumcision is a symbolic act which brings sharply into focus the fertility potential of women by dramatically deemphasizing their sexuality.

Later, she adds: “Village women do not achieve social recognition by behaving or becoming like men, but by becoming less like men, physically, sexually, and socially.”<sup>101</sup> Anthropologist Ellen Gruenbaum recalls a conversation with a neighbor in Sudan who asked if women in the United States were infibulated:

I told her, “No, we leave women ‘natural,’ with no circumcision at all.” She paused thoughtfully before her reply: “This is ‘natural’ for us.”<sup>102</sup>

Other anthropological accounts record the amusement of women who have been circumcised at the appearance of uncircumcised Western women, as well as discussions of whether or not FGM/C prevents women from experiencing sexual pleasure. Gruenbaum queries this conclusion on the grounds that simply focusing on sex demeans the importance of sensuality and love and ignores any psychological factors that may be present and inhibiting female enjoyment of sex, but also that the data on sexual response post-FGM/C is ambiguous.<sup>103</sup> Melissa Parker goes even further arguing that:

The apparent need for many people in the West to make sense of themselves in terms that emphasise particular aspects of their sexuality, and to require particular kinds of sexual gratification for their well-being, is not, of course, universal. In other parts of the world, and indeed for some people in the West, such ideas seem immoral, amoral or bizarre.<sup>104</sup>

<sup>101</sup> Janice Boddy, *Wombs and Alien Spirits: Women, Men, and the Zar Cult in the Northern Sudan* (Madison: University of Wisconsin Press, 1989), 55, 56 (Hofriyat is a pseudonym used by Boddy). Boddy argues that biological sex – as evident in the genitalia of babies – is an ambiguous indicator of a child’s future gender identity which, for the Hofriyati, is a matter of socialization over subsequent years. As a result: “Genital surgery accomplishes the social definition of a child’s sex,” for both boys and girls. *Ibid.*, 58.

<sup>102</sup> Gruenbaum, *The Female Circumcision Controversy*, 68.

<sup>103</sup> *Ibid.*, 132, 144, and ch. 5, *passim*. See also Bell, “Genital Cutting and Western Discourses on Sexuality,” 138.

<sup>104</sup> Melissa Parker, “Rethinking Female Circumcision,” *Africa* 65, 4 (1995): 520.

Underlying elimination efforts is a conception of the liberal subject that reflects widely held views about the civilizational progressiveness of Western women as Mohanty has argued (referring to the view some Western feminists hold of Third World women):

This average third-world woman leads an essentially truncated life based on her feminine gender (read: sexually constrained) and being “third world” (read: ignorant, poor, uneducated, tradition-bound, religious, domesticated, family-oriented, victimized, etc.). This, I suggest, is in contrast to the (implicit) self-representation of western women as educated, modern, as having control over their own bodies and sexualities, and the “freedom” to make their own decisions.<sup>105</sup>

This view of poor women isn't restricted to the Third World. In her account of “professional middle-class maternity” in Britain, where she argues a neoliberal form of feminism is establishing itself, Angela McRobbie describes successful women as either stage-managers of the “family financial unit” and successful professionals in their own right, or as slim and youthful mothers whose lives revolve around “routines of play dates, coffee shops and jogging buggies.” This conception of modernity eschews feminism's social democratic heritage and reinstates “new norms of middle-class hegemony against which less advantaged families can only feel themselves to be inferior or inadequate or else judging themselves as having not tried hard enough.”<sup>106</sup> This conception of empowered maternity and femininity, consistent with the subject at the core of human rights, puts a high premium on autonomous individual choices. This is what allows FGM/C to be categorized as the crime of child abuse (i.e., bad or “non-maternal” mothering) and justifies a child being protected from her mother and other female relatives until she is old enough to make an informed choice for herself. In some ways this is the least visible but most important impact of paternalism. But the full panoply of neoliberal choices is not available, of course, to young girls in FGM/C-practicing societies; FGM/C is just one part of their lives along with many poverty-related concerns like lack of education and health care.

<sup>105</sup> Mohanty, “Under Western Eyes.”

<sup>106</sup> Angela McRobbie, “Feminism, the Family and the New ‘Mediated’ Maternalism,” *New Formations* 80–81 (2013).



## Conclusion

In the campaign against FGM/C, I've argued, paternalism is an ever present. It's obviously there in relation to children, and it's present in a clash between parents and elimination advocates who would use the criminal law to stop it. But even the most sensitive strategies of the FGM/C movement reject the notion that the status quo of ongoing consent is legitimate. This consent is not genuine largely because of a combination of a set of existing patriarchal norms that disguise women's true interests and a lack of adequate information about alternatives. Choices are not being made in a defensible way. Soft paternalists rely on this lack of genuine consent for justification, but they also shape the making of choices in far more subtle ways than hard paternalists. In the end, this more subtle persuasion operates at a deeper level of paternalism, having radical effects on FGM/C-practicing communities and on the self-identities of the girls who grow up in them. Whether paternalism is justified through moral or welfare concerns, the scale of this involvement in the lives of others regardless of their own professed desires surely constitutes a powerful form of paternal action.

In conclusion I want to make four further points. The first is about the nature of the conversation. We can see structural power ("empire") at work in the fact that African women do not get to problematize and challenge Western norms about, for example, child raising. Paternalism is a top-down social practice. The women Tostan deals with don't get to come to London or New York and start a discussion about Western norms of gender, sexuality, and appropriate ways to treat children. If they did, what might they say about intensely competitive education (and the depression to which it increasingly leads), boarding schools, lack of play and risk appreciation, medication of behavior, over-protectiveness, lack of social responsibility, greed, poor consumption habits, obesity, weak impulse control, addiction to technology, sexualization of children and so on. They might accuse children in the West of being infantilized well into adulthood, overly entitled and anti-social and lacking in proper respect for their elders, rather than prepared for their adult lives by their parents within a functioning community.

This leads to the second point. Culture and community are often portrayed as playing a negative role in the case of FGM/C. In the words of Nahid Toubia:

The fear of losing the psychological, moral and material benefits of “belonging” is one of the greatest motivators of conformity. When the demands of conformity conflict with rationality or individual need, denial intervenes as a mechanism for survival. In this way, many women justify their own oppression.<sup>107</sup>

Safa’s mother, quoted above, put this succinctly: “She will never belong to our society like the other girls.” But we have seen the vital importance of community involvement in social change. In some ways, the authority of the community makes normative change easier. In the case of the United Kingdom, for example, changing a norm about appropriate civility in public life would require legal change and persuasion of each individual, in a sense, to abide by collective expectations. In the case of Senegal, in contrast, the community shifts the norm of acceptability and everyone, feeling the weight of community membership, follows. For many the lack of community support is exactly one of the ills of modern life. Hillary Clinton’s 1996 book *It Takes a Village* was an attempt to argue that raising children in America was a social responsibility.<sup>108</sup> “It takes a village (to raise a child)” was said to be an African proverb.

But can modernity realize the vision of liberal subjects without disassembling the village? Is FGM/C a ritual that precisely consolidates the sense of shared identity and destiny that makes a village, a community, strong? In this sense, it is about high entry and exit costs. If you are circumcised then you are committed in a deep sense to remain amongst others who both share and understand the practice. The village keeps its young people and the families – and the family economy here is pivotal to survival – ensure its reproduction. In many ways, the liberal subject is fashioned to leave the village, to take her labor power and turn it into capital somewhere else for someone else’s benefit rather than that of her relatives. She can see herself as a free agent, unencumbered by permanent identity and able to choose any sense of femininity and sexuality for herself. Are we so sure we are right that this is progress on the metric of human happiness if we measure it by a sense of security and belonging? This is not to

<sup>107</sup> Toubia, *Female Genital Mutilation*, 37.

<sup>108</sup> Hillary Rodham Clinton, *It Takes a Village, And Other Lessons Children Teach Us* (New York: Simon & Schuster, 1996).

defend FGM/C. If the Tostan model could be effective throughout Africa it would seem to be a net gain on any metric one might care to specify – what’s right, what’s good, harm to others, longevity, quality of life. It’s hard to see what argument can be made against it beyond “it is tradition” which only opens up the debate about why any given tradition should (or should not) persist. But it is to ask what function such rituals play in community life, and what is lost as well as gained by eliminating them.

This leads to the third point: What *responsibility* goes along with pushing for radical cultural change? Does creating liberal subjects create a responsibility for making a liberal society to go with them? The women we have been hearing about are often living in conditions of great material scarcity and environmental vulnerability. They remain responsible for the long-term life prospects their daughters enjoy once the anti-FGM/C movement’s gaze moves on. For many FGM/C-practicing communities, the imminent threat to life and health are greater from other causes – disease, violence, hunger – than from the negative consequences of FGM/C. As a result, seeing FGM/C within its “socioeconomic, political and cultural context” is essential.<sup>109</sup>

If we intervene in this significant way, do we not then take on a responsibility to see the job through? If we stop a parent abusing a child, if we create estrangement by educating the rising generation in a way that clashes with the values of their parents, if we introduce new consumption patterns, do we not retain some ongoing responsibility for the consequences? Surely this must be part of the paternalistic discussion? Is it really enough to undertake our experiment and then get back on the plane? When the rights of African girls are said to be our mission, then the fact they may be malnourished matters as much to them, as it should to us, as the fact that they face FGM/C. If we assume FGM/C is our responsibility, we should be asking what else will improve the life chances of the child concerned: health, education, work? Moreover, are we not obligated to address squarely the contradictions in our position? Isn’t it the rights of children that concern us? In which case, all forms of physical interference with the genitalia

<sup>109</sup> Obioma Nnaemeka and Joy Ngozi Ezeilo, “Context(ure)s of Human Rights – Local Realities, Global Contexts,” in *Engendering Human Rights: Cultural and Socioeconomic Realities in Africa*, eds. Obioma Nnaemeka and Joy Ngozi Ezeilo (London: Palgrave Macmillan, 2005), 5.

of young children at whatever age should be part of the conversation, including male circumcision.<sup>110</sup>

Finally, the children themselves are almost entirely absent from this story. They are in Tostan's model: there is a separate track for adolescents separate from their parents although these are older children than the age at which circumcision takes place. But in general the voice of the child isn't heard on either side. For the parents, the child is not a liberal subject with rights against them but integrally part of "the family economy" and thus like all family members she has a role, obligations, and expectations placed on her that are defined in large part by the family's needs. For interveners, many of these children would choose circumcision given that their mothers and grandmothers, sisters and friends are all circumcised (and their brothers, there being few examples where male circumcision doesn't go along with female circumcision). The social implications of such a change in family dynamics, especially in poor, rural societies, are profound. If young people, for example, do not remain to tend the elderly, where will a social safety net come from? The state? Western aid agencies? And do children have a strong voice in our own societies? They certainly lack many of the formal mechanisms by which to represent their own interests (to vote, to appear in their own rights before the law, to marry, to have sex). These are all areas where we silence them but is it "for their own good" or ours? The very least we can do in eliminating FGM/C is take a hard look at our own attitudes and practices toward children and reflect on the many hypocrisies which mark the supposedly more developed and civilized societies of the West.

<sup>110</sup> Schweder, "Symposium on German Court Ruling on Circumcision"; Bell, "Genital Cutting and Western Discourses on Sexuality."