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**The Campaign against Female Genital Cutting: Empowering Women or Reinforcing Global Inequity?**

Abstract:

This paper explores the issue of Female Genital Cutting (FGC), starting with the story of how the practice changed and was permanently abandoned in a single generation in a rural Iranian town in the 1950s. Two striking features of this example - its direction by religious men, and the shift to less severe forms of FGC before total abandonment - challenge contemporary orthodoxy on ending FGC.

Further, the minimal impact that this FGC abandonment had on the lives of girls and women raises the question of whether the attention and resources currently spent on FGC abandonment programmes might provide a greater benefit to communities if spent differently. In the context of most FGC practising communities facing multiple significant challenges to their well-being, including food shortages, extreme poverty and poor health and education infrastructure, this paper asks whether ending FGC is as high a priority for practising communities as it is for the international donors who largely fund abandonment programmes.

Key words:

FGC, FGM, Iran, religion, men, zero tolerance, poverty, donor, priority

In the south-western Iranian state of Khuzestan, temperatures average over 40 degrees for more than four months every year, during which time there is no rain. Frequent dust storms leave the sparse foliage that can withstand these conditions a permanent grey-brown and the by-products of petroleum and other heavy industry hang in the air so thickly that in 2011 its capital Ahwaz was named the world’s most polluted city.

Less than an hour’s drive from Ahwaz lies a rural, mainly Arab-speaking town where my husband grew up and his family still lives. This town is not representative of Iran as a whole, being one of the most socially conservative, least developed areas of the country, and home to an ethnic minority. It has poor amenities, with tap water undrinkable, mainly dirt roads and electricity that regularly fails. Men work as farmers or in blue collar jobs like truck driving or metal work. Older women almost exclusively work in the home, but some younger women work in shops, as teachers, or in home based businesses as beauticians or tailors.

Much of the town’s population is made up of three extended families, with both young and family marriage common, although both practices are becoming less so. As part of my PhD research, I interviewed women who live in this town, aged between 19 and 99, about their families, education, marriages and the social changes they have witnessed throughout their lives.

In 2012, I was talking to an older female relative about western stereotypes of Muslim women. I mentioned Female Genital Cutting (FGC) and she told me that women in Iran used to practise it, something that neither I nor my husband had known. When I asked another relative about it, a woman in her early 60s, she shocked me and many of the younger women present by saying that she herself had undergone FGC at about five years of age, although she thought she was one of the last. She then proceeded to sing a poem that girls had traditionally sung after the procedure:

*Yia yia re*

*Tdeyer bis ma re*

*Yia yia re*

*Gaserta o rah*

*Yia yia re*

*Sour almousta*

It means, “My friend came and got rid of my nail, my friend came and cut it and it’s gone, my friend came and smoothed the area.” When I asked her what had happened to her, she told me that a small piece of her clitoris had been removed, that it had been done for religious reasons, that it hurt and that people had been crazy before. Her younger sister had not undergone FGC, and neither had her own daughters or any other women of their generation. I asked her how and why it had stopped, but she did not know, other than to say that it had become religiously forbidden, or *haram*.

When two younger relatives saw that I was interested in this topic, they facilitated discussions with 19 other older women about their experience of FGC. Of the 20 in total that I spoke to, 17 women had undergone FGC themselves, while the other three said their older female relatives had. The women had not all grown up in the same town and they described FGC once occurring in and around the cities of Ahwaz, Dezful, Hoveyzeh and Khorramabad, an area covering over 10,000 square kilometres.

One woman I spoke to told me that as the practice came to an end, a symbolic ritual which involved passing the cutting knife under a girl’s clothing three times replaced actual cutting, an account later confirmed by three other women. But it was not until I talked to a woman aged in her late seventies, about halfway through my discussions with the older women, that I discovered I had been making a massive assumption.

This woman was tough and wiry and still worked on the farmland. With her black headscarf tied low over her forehead, she reminded me of a ninja. Sitting with her thin legs dangling over the edge of a wire bedframe in the yard of her ramshackle home, she explained to me and my relatives that more than just her clitoris had been cut. When it took us a while to understand what she was saying, and before we knew what was happening, she had pulled her elastic pants out to show us that her genitals had been cut, as she put it, in three places.

The World Health Organisation (WHO) classifies four types of FGC. Type I involves cutting all or some of the clitoris and/or the prepuce, Type II adds cutting of the labia minora and sometimes the labia majora, Type III involves these cuts being brought together to form a seal over the vaginal opening and Type IV is ‘All other harmful procedures to the female genitalia for non-medical purposes’ ([WHO 2008, 5](#_ENREF_30)). Type III has the most serious health consequences ([WHO 2006](#_ENREF_29)) but is also the rarest, about 10 per cent of all FGC ([WHO 2008, 5](#_ENREF_30)).

While I had assumed all the women had undergone the same type of FGC, after checking with other much older women, including a 96 year old who could not stop laughing when my relatives explained I needed more detail about the form of FGC, I found all the women over about 75 years old had undergone Type II. This was a shock even to the women in their 60s who had undergone Type I. One woman said No! and smacked the back of her hand, open-mouthed. Another exclaimed, “Three places!”

The very oldest women also reported that FGC was practised by both Arabs and Persians, including one woman who had been a midwife for about 50 years and was therefore in a position to speak with some authority on the issue. However women in their 60s reported that only Arabs practised FGC. No women under about 55 had been circumcised. Although many of the women I spoke to were not sure of their exact ages, the information they provided collectively traces various stages before FGC was finally abandoned. Persians stopped the practice before Arabs. It was also abandoned in the city before it stopped in rural towns.

The changes are more obvious when looking at girl siblings from the same families. In one family, the oldest woman had Type II cutting, the sister 10 years younger Type I, and the sister ten years younger again had not been circumcised. In another family, one woman had Type I and the sister seven years younger than her had not been cut at all.

Collectively, the information suggests that before about 1945, all girls around Ahwaz were routinely subject to Type II FGC. The pattern of cutting across the generations strongly suggests a transition to less severe cutting before the practice finally stopped, although individual families did not necessarily need to pass through each stage. For example, one woman had Type II FGC, but her daughter was not circumcised, and she initially did not believe that anyone in the area had practised Type I FGC. But by the early 1950s this seems to have been the dominant form, with some girls not being circumcised at all. By the mid to late 1950s the practice had been totally abandoned. So how was this achieved in a relatively short time frame?

Every single woman who gave a reason for the abandonment of FGC said that it was the result of an Islamic ruling. Some just knew that it had become *haram*, but others said that a religious authority had said so in the mosque and that this had been communicated through the men to the women. In my husband’s town, the current imam confirmed reports by three old women that his father had decreed FGC should end, saying the instructions came from a higher religious authority, although his wife told me such decrees would never have been written down. In one nearby town, a woman reported that an imam from Ahwaz had been informed by a cleric visiting from Iraq for a funeral that the FGC he had heard was happening was *haram*. In another town, an unnamed mullah was said to have stopped it.

The oldest woman living in my husband’s town said the practice ended immediately upon it being pronounced *haram*, particularly because only one woman performed the procedure and she was informed of this ruling. Given the importance and authority that Islam has in this area, it is completely plausible that an Islamic ruling was the final and decisive factor in eliminating it for good after a period of transition to Type I FGC.

Not having expected to encounter FGC in Iran, I had not read widely about it before I spoke to the old women. When I did read UN literature about FGC that explained why it’s abandonment is a priority and how it should be stopped, I found a large gulf between the women’s lived experience and the ideas in these respected and influential publications.

*The central role of religious men*

One of the first things to strike me about the abandonment as I listened to the women in Iran was the role that male religious leaders had played in bringing the practice to an end. However, the UN agency literature places surprisingly little emphasis on their role. For instance the seminal publication by the WHO and nine other UN agencies ([2008, 6](#_ENREF_30)), much of which is repeated on a more recent fact sheet ([WHO 2014](#_ENREF_32)), states:

*‘The role of religious leaders varies. Those who support the practice tend either to consider it a religious act, or to see efforts aimed at eliminating the practice as a threat to culture and religion. Other religious leaders support and participate in efforts to eliminate the practice. When religious leaders are unclear or avoid the issue, they may be perceived as being in favour of female genital mutilation. The practice of female genital mutilation is often upheld by local structures of power and authority such as traditional leaders, religious leaders, circumcisers, elders, and even some medical personnel.’*

In the same publication, religious men are omitted from a wide-ranging list of groups who can combat FGC ([WHO 2008, 13](#_ENREF_30)):

*‘Concerted action from many sides and at different levels is needed, from local to global and involving sectors such as education, finance, justice, and women’s affairs as well as the health sector; and many different kinds of actors must be engaged, from community groups and nongovernmental organizations including health professional groups and human rights groups to governments and international agencies.’*

Much of the UN agency literature on FGC instead places central importance on empowering women through the delivery of human rights education to FGC practising communities, as theorised by Mackie and Le Jeune ([2009, 29](#_ENREF_14)). They argue that ‘transformative human rights deliberations’ are an ‘essential feature of organized mass abandonments’.

The social convention theory Mackie and Le Jeune apply to FGC can be summarised as follows. FGC originated in highly inequitable, resource scarce societies, where the practice became a requirement of marriage. Once established, it is difficult for individuals to stop the practice without isolating themselves from their community and damaging their prospects for marriage (and sometimes therefore survival). Hence FGC can only end when a large enough group agrees to simultaneously abandon it. Essential to change are both the receipt of new information from a credible source as to why it is best for the practice to end, and a public commitment to abandon, so people know that they are not acting alone, thereby jeopardising their own children’s future by doing so.

While social convention theory has been criticised for focusing too narrowly on marriageability ([Shell-Duncan et al. 2011](#_ENREF_20)), it has gained significant currency through its application to a flagship anti-FGC intervention programme, that run by local NGO Tostan in Senegal. Tostan’s programme considerably reduced the rate of FGC. Almost ten years after villages pledged to abandon it, the rate of cutting in them was less than half of that in comparable villages, about 30 per cent, as opposed to 69 per cent ([UNFPA 2014, 24](#_ENREF_24)).

The movement to abandon FGC in Senegal began in one village after women discussed it in health and human rights classes as part of Tostan’s general education programme. In Tostan’s report describing how early decisions to abandon FGC, which have since spread to thousands of villages, were made, it explained that the women, assuming FGC was a religious requirement, went to the imam of the village. When he told them FGC was not a religious obligation and that he did not want his own daughters cut, this greatly impressed them, one woman saying, ‘This information gave us new and powerful arguments for convincing our husbands and friends to end FGC’ ([Tostan 1999, 47](#_ENREF_21)).

But the imam of another area, Demba Diawara, advised Tostan the practice would only stop when all the intra-marrying villages decided to end it together. He and his nephew Cheikh Traore then spent three months visiting neighbouring villages to convince them to also end FGC. According to the report ([Tostan 1999, 55](#_ENREF_21)), one young woman said, ‘Now I want to help Demba Diawara convince the others in the village to stop. He could do this whereas no one would have ever listened to me!’

As the movement to abandon FGC spread, the critical role of these local religious men in meetings to consider abandoning FGC was repeated in village after village, including villages where people had not attended the Tostan classes. The report describes one such meeting ([Tostan 1999, 87](#_ENREF_21)):

*‘... a highly respected religious leader...explained that Islam did not require women to practice FGC...he proclaimed that Islam was more interested in...promoting good health practices, not ones that could harm girls and women. His position was reinforced by other marabouts and Imams present at the meeting. Their opinions greatly influenced the participants’ decision.’*

While the critical role played by many male religious leaders in the movement to abandon FGC in Senegal is clear from Tostan’s report of it, subsequent theorising of it by academics and UN agencies downplays their role and preferences the role of human rights education. Mackie and Le Jeune ([2009](#_ENREF_14)) argue that the most powerful factor at work there was the provision of human rights education to women. They say, ‘public commitments to end FGM/C, came only *after* human rights deliberation was introduced into their basic education curricula’ ([Mackie and LeJeune 2009, 26](#_ENREF_14)).

But the declaration by 13 villages in February 1998 that they would abandon FGC included just three that had participated in the human rights education programme. In fact, the declaration explicitly appeals for help to start ‘a program for basic education in national languages in the ten villages not previously having benefited from such a program’ ([Tostan 1999, 57](#_ENREF_21)).

Later, several other villages that had not participated in the human rights classes, but had been visited by Muslim leader Demba Diawara in his second three-month trek around the area, also expressed a wish to abandon FGC and to participate in the Tostan education programme ([Tostan 1999, 64-5](#_ENREF_21)). An evaluation found that another motivator for desperately poor villages pledging to abandon FGC was the desire for the resources associated with pledges, an understood prerequisite for Tostan’s general education programme ([Diop, Moreau, and Benga 2008, 28](#_ENREF_7)):

*‘Over time, the communities seem to have formed the impression that Tostan is synonymous with “financing” or “projects” for women or whole villages…although not given during the education programme itself, Tostan is generally able to obtain grants/loans for groups who participated in the programme…’*

The Iranian example and a reading of the Senegalese abandonment which fully acknowledges the central role of local male religious leaders fits with social convention theory, but suggests that human rights deliberations are not essential to FGC abandonment. Instead, religious leaders can be an alternative source of credible new information, in the form of declarations that FGC is not a religious requirement or is *haram*. Such declarations, in areas where people practise FGC substantially because they believe it is a religious obligation, can play the same role as a public commitment, the authority of religious leaders being such that once they publicly declare something religiously prohibited, people can be confident significant numbers of others will abandon it.

This suggests that some religious leaders can play a much greater role in addressing FGC than appears to be reflected in much of the literature on FGC abandonment. In communities that practise FGC at least partly for religious reasons, religious authorities are key to delegitimising the religious rationalisation for FGC. The idea of them issuing a top-down decree against FGC as part of a broader abandonment strategy does not sit comfortably with the orthodox approach of empowering women, but differs from the imposition of legal sanctions, a method widely promoted by UN agencies only in that male religious leaders often have deep credibility in their local communities.

One possible explanation for the potential role of religious men being downplayed in the UN agency literature is acknowledged in a UNICEF publication which says, ‘Over the decades, some have viewed FGM/C as a manifestation of patriarchal oppression of women, which would suggest that men are ardent supporters of the practice. This appears not to be the case’ ([2013, 58](#_ENREF_27)). This publication accepts that religious leaders can encourage abandonment, but the verdict of the authors on men overall remains tentative. They say, ‘…men may, in certain contexts, be important agents of change’ ([UNICEF 2013, 59](#_ENREF_27)).

Some of the most recent publications and statements of some UN agencies are more positive about the significant role male religious leaders can play in FGC abandonment ([UNFPA and UNICEF 2014, UNFPA 2015](#_ENREF_25)). However important documents like the WHO fact sheet on FGM ([WHO 2014](#_ENREF_32)) and the statement on FGM by the WHO and nine other UN agencies ([WHO 2008](#_ENREF_30)) do not promote this strongly enough.

The differing perspectives of some religious leaders from the orthodoxy on ending FGC may further explain why working with them has not been generally emphasised. For example, a Population Council project ([Abdi, Jaldesa, and Askew 2008](#_ENREF_3)) made seriously engaging with religious leaders a priority by facilitating discussions amongst Somali religious leaders in Kenya. It was based on research with the wider Somali community, which typically practises Type III FGC, the most severe form. The research found that while people were open to practising a lesser form, the only grounds on which they would consider doing so were religious. A 2007 report of the project stated ([Abdi, 17](#_ENREF_1)):

*‘The scholars recommended that the community needs to be educated gradually, and encouraged to first move from supporting the pharaonic (type III) circumcision to sunnah. However, as it is not at all clear what the sunnah cut entails, or whether the community would be prepared to then move to total abandonment, the potential for success for this strategy is not clear.’*

This suggestion is clearly not what the programme convenors and/or funders had hoped for, the report noting, ‘No agreement on the best approach to counter FGM/C. The scholars have used the approach of “condemn pharaonic circumcision using *sunnah*”, but the preferred strategy would be to use “fight the practice using Islam”’ ([Abdi 2007, 16](#_ENREF_1)). In 2009, three years after the programme ended, a revised report was issued which omitted all reference to the religious leaders recommending a gradual path to abandonment. The programme was funded by the US government, which has a ‘zero tolerance’ approach to FGC.

*Zero tolerance*

This strategy is another feature of FGC orthodoxy which stands in contrast to the Iranian example, where permanent abandonment was preceded by a move to less severe cutting. While some individuals including Shell-Duncan ([2001](#_ENREF_18)) and Kassamali (1998) support a harm reduction approach as a first step on the path to abandonment, donor governments and UN agencies uniformly argue for a ‘zero tolerance’ approach.

In 2012, the UN endorsed February 6 as the International Day of Zero Tolerance for FGM. According to UNICEF, taking a stepped approach to abandonment is unconscionable because it concentrates ‘narrowly on health risks, and fail[s] to fully address the human rights violated by FGM/C’ ([UNICEF 2013, 110](#_ENREF_27)). This stance effectively equates Type III FGC with forms that are essentially harmless, such as a variation of Type IV, the drawing of a single drop of blood from a pinprick, and certainly much less invasive than the male circumcision routinely practised in many western countries. Several researchers (Conroy 2005, Obermeyer 1999, Makhlouf Obermeyer 2005, Shell-Duncan 2001 and Shweder 2005) have criticised the tendency in the FGC literature not to differentiate between the relative health risks of different types of FGC.

During my discussions in Iran, no one was able to explain to me how or why the community in my husband’s town moved from Type II to Type I FGC. However, the example of the Somali scholars above illustrates one method by which such a shift could occur. Were that community to shift FGC practice from Type III to Type I, a change which El Bashir ([2011, 149](#_ENREF_9)) demonstrates can be monitored to ensure compliance, WHO ([2006](#_ENREF_29)) data shows there would be significant health benefits. While some argue against this position on the basis that moving to less severe forms of FGC may entrench it, the areas in which FGC programmes currently operate do so precisely because FGC is already entrenched there.

Although a move directly from the most severe forms of FGC to complete abandonment has been demonstrated to be possible in some circumstances, the Iranian example shows that a gradual approach can provide an alternative pathway to abandonment as well as delivering immediate health benefits.

Moreover, Iranian communities are the only examples I am aware of where abandonment has been total and permanent. Decreases in the severity of FGC type have been noted in areas including Sudan, Kenya, Somalia and Egypt ([Obermeyer 1999, Mohamud et al 2011, El Bashir 2011 and El Guindi 2011](#_ENREF_17)) and in a method that is just common sense, activists on the ground have successfully convinced people to perform less severe forms when they cannot immediately be convinced to abandon FGC altogether ([Abusharaf 2011, and El Bashir 2011](#_ENREF_4)).

*Impact on lives*

The greatest issue the Iranian abandonment of FGC in the 1950s raised for me was how ending it failed to significantly improve the circumstances in which women and girls lived. Before I learned about FGC being practiced in this area, I had interviewed women across the generations about their lives. When describing their most difficult times, not a single older woman had raised FGC. Invariably, they spoke about living in poverty, being hungry, not having running water or electricity, not attending school, working incredibly hard on the farmlands and domestically, marrying at a young age and having large families.

FGC is increasingly an issue prioritised by western government donors and international agencies. For example, the UK government and UNICEF recently co-hosted Girl Summit 2014 ([GOV.UK](#_ENREF_12)) ‘aimed at mobilising domestic and international efforts to end female genital mutilation...’ These efforts are clearly made in the belief that ending FGC will significantly improve the lives of women and girls living in practising communities. For example, a UNICEF publication states ([2013, iv](#_ENREF_27)):

*‘UNICEF will continue to…advance efforts to eliminate FGM/C worldwide. If…we work together…we will see major progress. That means a better life and more hopeful prospects for millions of girls and women, their families and entire communities.’*

But after FGC was rapidly abandoned in this part of Iran, women who were not circumcised lived lives substantially as difficult as those of their older female relatives. Maryam, born about 1948, who told me she had taken herself off to get circumcised at the age of four or five because she wanted to be like the older girls, and who still thought it was preferable, said:

*‘The worst time in my life was when my Mum died. I was nine, I was the oldest. I had all my brothers and sisters by myself. My little sister was six months old. There was no milk, no formula, nothing. So I used to chew bread and give it to her, and when she used to cry at night, I used to wet my shayla (scarf) and put it in her mouth and she would fall asleep. There wasn’t any school. We had sheep and farm work. I didn’t have spare time, cleaning, cooking, going out to the farm. I got married when I was sixteen.’*

Maryam’s oldest daughter, Massoumeh, who did not undergo FGC, told me that as a child she washed clothes in the canal that runs through the town. During the 1980 - 1988 Iran-Iraq war, she and her younger sisters cleaned blood and pieces of human flesh from blankets that had carried the dead and injured so that they could be re-used on the battlefield. She told me:

*‘I started looking after my brothers and sisters because my Mum used to go out to cut grass, or look after the cows, working on the farm. I went to school for three years. School stopped during the war, and we didn’t go back. I got married when I was 13, my husband was about 20. I didn’t understand what marriage really meant because I was so young. I went and lived with my husband’s family. I was 15 when I had my first child.’*

Abandoning FGC did not deliver significant improvement to the lives of girls and women in this area because they lived in a harsh and impoverished environment. Many of the older women lived through a famine that killed thousands of people during World War II. Most lived without basic amenities, and with minimal access to education and health services. All but the youngest also endured eight years living close to the front line of the Iran-Iraq war.

A better quality of life for these women (and their male relatives) came decades after the abandonment of FGC, with agricultural and technological innovations that eased labour loads. After the 1979 Islamic Revolution, income redistribution and social programmes including: the provision of electricity, gas and health services to rural areas; the promotion of education; and the roll-out of one of the world’s most successful contraceptive programmes significantly improved the lives of local girls and women. These material changes paved the way for one of Massoumeh’s daughters, born in 1987, to finish high school, study mathematics at university and fight extended family resistance to marry the husband of her choice at 23. She works as a teacher and has two children.

*Shared perceptions and priorities?*

Originally brought to international attention by professional African women as a health issue, FGC was re-conceptualised as a human rights abuse by anti-FGC activists when practising communities reacted to health education campaigns by adopting lesser or more medicalised forms. It began to be talked about as such by international agencies after a 1993 conference on human rights classified FGC as violence against women, and violence against women as a human rights abuse ([Shell-Duncan 2008](#_ENREF_19)).

This conceptualisation has seen FGC characterised as an indicator of gender inequality in UN agency literature. For example, the cover of the 2008 statement by the WHO and nine other UN agencies is a graphic of a female figure weeping, an image that is sprinkled liberally through the publication. It asserts, ‘In every society in which it is practised, female genital mutilation is a manifestation of gender inequality’ ([WHO 2008, 5](#_ENREF_30)).

A 2014 UNICEF publication declares, ‘FGM/C is recognized as a human rights violation and is one of many manifestations of gender inequality’ (2014, 2). The UN webpage for the International Day of Zero Tolerance for Female Genital Mutilation asserts, ‘(FGM)…reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women and girls’ ([UN](#_ENREF_22)).

Yet the women I spoke to in Iran did not see it this way. They saw FGC as a religious obligation, just as they still see male circumcision as a religious obligation. Noor Kassamali ([1998](#_ENREF_13)), an East African doctor who raised FGC at a United Nations conference for women in 1980, argues that western constructions of FGC, in particular feminist ideas and legislative approaches to the issue have been ineffective and counterproductive because they have been seen as superior, imposed by force by outsiders and demanding immediate change to deeply ingrained practices. Three decades after Kassamali raised the issue of FGC, an evaluation of anti-FGC programmes concluded ([WHO 2011, 4](#_ENREF_31)):

*‘…messages that do not resonate with communities such as “FGM is used to control women” or that it is “a form of violence against women” were used. These messages…do not address the underlying reasons and values which lead communities to practice FGM.’*

Community education campaigns were found to be similarly confused about who they were addressing ([WHO 2011, 3-4](#_ENREF_31)):

*‘In Ethiopia for example, posters depicting excision of a girl with blood on the knife and girl may have been shocking for westerners but was a normal event for Ethiopians…much...was not research-based, used symbols that might not be understood by low-literate audiences, conveyed judgemental or threatening messages...’*

The evaluation also found that agencies horrified by FGC hurriedly designed interventions without consulting with or looking at why particular communities practised it, saying ([WHO 2011, 4](#_ENREF_31)), ‘…the programmes, although vast, are designed in a haphazard fashion with no strategic format.’ For example, a Kenyan government report found ‘…the Alternative Rite of Passage approach has sometimes been used even when FGM/C is not a central element of the group’s rite of passage’

([Evelia et al. 2007, 24](#_ENREF_11)).

Many communities that practise FGC today live in conditions similar to those the Iranian women lived in during the 1950s and beyond. All but one (Egypt) of the 23 countries where FGC prevalence is more than 10 per cent are classified by the United Nations Human Development Report as among the least developed in the world. The average life expectancy in these 22 countries is 57.6, average years of schooling is 3.3, almost one quarter of all children under five years old are underweight, and the average gross national income per person is $2070. Kassamali ([1998, 51](#_ENREF_13)) argues that FGC:

*‘…must be seen within the perspective of the tremendous economic hardships and other urgent health problems that exist in these countries…Unless the issues of dire poverty, hunger, illiteracy, and unhygienic conditions are addressed and there are simultaneous efforts to advance the status of women through economic and educational means, the impact will be marginal.’*

In Somalia, where more than 90 per cent of the population practises FGC ([UNICEF, 2014](#_ENREF_26)):

*‘…203,000 children are acutely malnourished and 600,000 require sustained nutrition interventions…an estimated 3.2 million Somalis lack access to health care, more than 1.74 million children lack access to education and more than 2.75 million people lack sustainable access to water, sanitation and hygiene.’*

The report of an anti-FGC programme that targeted the Somali community in Kenya noted, ‘It sometimes becomes difficult to engage in discussions on FGM/C with people who are moving around in search of basic necessities like water and food. The programme should expand to include some practical as well as strategic needs of the community’ ([Abdi and Askew 2009, 29](#_ENREF_2)).

Even an evaluation of Tostan’s programme, which dramatically reduced rates of FGC, reported, ‘Some respondents made a point of saying that the knowledge acquired is good, but has no benefit for daily survival’ ([Diop, Moreau, and Benga 2008, 27](#_ENREF_7)). Major problems faced by the communities who abandoned FGC in Senegal include needing to travel kilometres to tap water and having no access to schools or health services.

Diop et al’s evaluation noted that a lack of basic services limited the ability of participants to fully benefit from the knowledge they gained through the Tostan programme and recommended structural interventions be delivered in conjunction with education. A report of another programme stated, ‘Even women do not consider the practice a priority problem in the community’ ([Abdi 2007, 16](#_ENREF_1)). While FGC does have harmful consequences and many members of practising communities want it to end, other threats to the health and human rights of women and girls may require more urgent intervention in the eyes of the community.

Addressing issues of poverty, hunger, water insecurity and poor amenities is undoubtedly harder and more expensive than tackling FGC alone. Given that the UN has looked for cheaper strategies to end FGC because it considers the Tostan programme too expensive ([Dugger 2011](#_ENREF_8)), it is highly unlikely that funding to address structural factors as well as FGC will be forthcoming.

But designing programmes to end FGC without addressing issues that damage health more broadly or that deny most FGC practising communities their rights to education and an adequate standard of living is problematic. Choosing to prioritise issues whose harmful effects can be attributed directly to community behaviour, while ignoring those caused by global inequality, can be characterised as victim blaming.

The argument against delivering programmes that place exclusive or most emphasis on abandoning FGC is particularly strong when many girls and women living in communities that practise it experience it as an essential part of their culture that makes them feel empowered (Abusharaf 2011, Ahmadu 2014 and Abdi 2007). An evaluation of the Tostan programme many years after it had finished found that even in villages that had pledged to abandon FGC, some people involved in the programme resented it.

Even the best organisations have interests independent of and not necessarily aligned with those of the communities in which they work. The Tostan report found that women had expected a greater improvement in their lives and summarised their sentiments ([Diop, Moreau, and Benga 2008, 28](#_ENREF_7)):

*‘…we were asked to abandon a centuries-old custom; we did it, even though we never saw all of the disadvantages of it that were talked about so much; therefore, we should receive something in return to compensate for this great loss of a cultural marker of ethnic and cultural identity.’*

Participants who thought that their village had not benefited from financial grants made as a result of participating in the programme as much as other villages felt embittered to the point of threatening to return to practising FGC as a type of ‘blackmail’. Others felt that Tostan, which received widespread national and international publicity and kudos for its FGC abandonment work, benefited from the abandonment more than they did ([Diop, Moreau, and Benga 2008, 16-17](#_ENREF_7)):

*‘Some informants, including some participating women closely involved with the event, also felt the women had been “duped” by Tostan, which was criticised for having disappeared after it got what it wanted…some informants say they could not continue to be active on the FGM/C committee, because it demanded too much time and took them away from their families, while they got nothing in return for it from Tostan.’*

*Conclusion*

The Iranian example stands in stark contrast to even the most successful and lauded anti-FGC programme today, that of the Senegalese NGO Tostan. The decision to abandon FGC in Iran was made and sustained through the natural power structure of the community without fanfare, funding, resentment or overblown claims as to its significance for women’s lives.

Ahmady (2015) draws on eight Iranian studies of FGC, finding that it is still being practised in very few parts of the country. But despite no official intervention or programmes, it is declining ([Ahmady 2015](#_ENREF_6)) and has also been completely abandoned in several other areas. Comparing his data with UNICEF data ([2013, 101](#_ENREF_27)) where rates of FGC in older women was comparable to the rates he found in Iran (prevalence under 50 per cent) suggests that FGC is declining in Iran at least as fast, if not faster, than in places where anti-FGC programmes have been concentrated for decades.

Ahmady attributes declining FGC to, “Changing times and modern life, the death and non-replacement of Bibis [cutters], lack of willingness to accept FGM by the younger generation, education, and the impact of the media, as well as some level of support from the clerics” ([2015, 26](#_ENREF_6)).

Iranian communities where FGC practice has declined or ended have not brought these changes to international attention because they have no motivation to do so. On the other hand, international aid donors, UN agencies and NGOs, no matter how well-meaning, have financial and ideological interests in promoting themselves as the only groups capable of ending FGC, in exaggerating both the effectiveness of their interventions and the impact FGC abandonment has on women’s lives and in promoting FGC abandonment as an international priority.

We should be suspicious of the disproportionate effort spent on issues which focus on community behaviour compared to issues which emphasise global inequity. While FGC practising communities have participated in abandonment programmes and derived some benefit from them, the real question is this: Were communities in control of where the funding is spent, would they have prioritised FGC abandonment? If the answer is no, the idea that anti-FGC programmes empower women and communities deserves more serious scrutiny.

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