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**SOCIAL DYNAMICS OF ABANDONMENT
OF HARMFUL PRACTICES:**

A NEW LOOK AT THE THEORY

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IWP-2008- XXX

ADD DATE

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ISSN: 1014-7837

Readers citing this document are asked to use the following form:
Gerry Mackie and John LeJeune (2008), 'Social Dynamics of Abandonment of Harmful Practices: A New Look at the Theory', *Innocenti Working Paper No. XXX*. Florence, UNICEF Innocenti Research Centre.

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Social Dynamics of Abandonment of Harmful Practices:
A New Look at the Theory

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Summary: *[approx. half to two-thirds page substantive summary of the paper, highlighting background, coverage of the analysis, key findings and policy implications/recommendations]*

Keywords: *[assigned by IRC]*

Acknowledgments: *[by authors, edited as required]*

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I. Introduction

People seeking to understand how and why the practice of female genital mutilation/cutting (FGM/C) persists confront two central questions: How can families who love their daughters perpetuate a tradition that threatens their child's immediate health, puts them at risk for significant long term health problems, and violates their right to develop to full potential? How can FGM/C persist even in areas where attitudes have turned against it?

Over the past two decades, practicing communities, activists, scholars, governments, and non-governmental organizations have increased our understanding of the social dynamics of FGM/C and the challenges faced by those hoping to end the practice. Their efforts have also helped to generate unprecedented success in some communities and realistic hopes that the practice can be eliminated within one generation (UNICEF 2007). Two advances have been fundamental to this process.

First, the theory of self-enforcing social conventions, originally developed by Thomas Schelling (1960), and applied by Mackie (1996) to footbinding in China and FGM/C in Africa, helped explain why such practices persist and recommended community-level strategies for the abandonment of FGM/C. Second, the experience of programmes that “build the capacity of women to participate actively in decisions affecting their lives” (Diop and Askew 2006: 127), engage entire communities, combine participatory human rights education with local development activities, and organize coordinated abandonment, showed that this approach can indeed lead to widespread abandonment at the community level. A number of community-based programmes have implemented strategies that are consistent with social

convention theory and adapted them to a variety of social and cultural contexts (Hadi 1998; Hadi 2006; Hady 2003; Tostan 1999; Mackie 2000; Toubia and Sharief 2003; UNICEF 2005; Diop and Askew 2006; Mohamud et. al 2006). Due in large part to these programmes, over the last decade there has been an unprecedented movement of voluntary mass abandonments of FGM/C in communities in several parts of Africa, and their success has, in turn, enabled a better understanding of the types of programmes, mechanisms, and social conditions that are essential to the process of abandonment.

Recent publications by UNICEF, *Changing a Harmful Social Convention: Female Genital Mutilation/Cutting (Innocenti Digest, 2005)* and *Technical Note: Coordinated Strategy to Abandon Female Genital Mutilation/Cutting: A Human-Rights Based Approach To Programming (2007)* present an in-depth examination of the social dynamics of FGM/C at the community level. The Technical Note includes a game-theoretic analysis of the FGM/C practice as social convention of the type described by Schelling in his *Strategy of Conflict (1960)*. This essay builds on these analyses. It summarizes how social convention theory has been applied in the past to the practice. Next, it refines and broadens application of the theory to provide a deeper understanding of the social dynamics that lead to the abandonment of FGM/C and other harmful social practices.

Section I of this essay provides historical, empirical and theoretical background that informs later discussion of FGM/C and social convention theory.

Section II describes the possible origins of FGM/C as a means to control fidelity in a highly stratified empire with extreme resource inequality and polygyny, and how this practice spread within and across peoples.

Section III discusses some of the more common explanations of FGM/C today – patriarchy, culture (including ethnicity and religion), and marriageability – qualifying and contextualizing these explanations in a manner that facilitates integration with the analytical framework that follows.

In Section IV, the elements of social convention theory described in the 2005 *Innocenti Digest* and 2007 *Technical Note* are discussed, including the marriageability convention as equilibrium in a coordination game; the dynamic concepts of critical mass, tipping point, and reevaluation of alternatives; organized diffusion; and coordinated abandonment and public commitment. Although the initial application of the theory has been useful in practice, and has matched observations well, field observations suggest further attention to the role of social and moral norms in the continuation and abandonment of the practice, and to the power of transformative human rights deliberation in bringing about an end to the practice.

Section V considers these issues. It elaborates on how the near universality of the practice within a local intramarrying community embeds it in a network of self-enforcing beliefs difficult to revise, and suggests that the introduction of new information, its credibility and the credibility of those that provide it, are essential to achieve change. It carefully analyzes the incentive structures of social practices, and defines marriageability convention, social norm, and moral norm, noting that people's basic and most enduring values tend to be consistent with the fundamental moral norms expressed in international human rights discourse. It also clarifies how FGM/C can be maintained by marriageability convention, social norm, and moral norm, and how it may also in one community or another be overdetermined by other social practices: religious obligation, rite of passage, and the female honour and modesty code.

The most important development in the essay is that more fundamental moral norms can inspire revision of more derivative social norms and are therefore also central to motivating the abandonment of FGM/C. The purpose of a social norm sometimes is to implement a more fundamental moral norm. In the case of FGM/C, the social norm of cutting implements an underlying moral norm of care for one's children. In fact, this assumption – that parents love their children and want the best for them – is a common thread throughout this discussion. It is this fundamental norm that motivates the decision to practice FGM/C, and therefore, is essential to its abandonment.

By integrating theoretical understanding of FGM/C with nuanced observation of the various factors that shape and stabilize the practice of FGM/C and the forces behind it, this essay presents a framework for understanding FGM/C and for designing strategically sound and locally attuned policies and programmes that we hope will encourage its rapid, mass, and permanent abandonment across a wide range of communities.

II. Origins of Harmful Practices: Footbinding and FGM/C

We hypothesize that a number of the restrictive practices harmful to women today originated in circumstances of extreme resource inequality, polygyny, and hypergyny, as women escaping poverty married up to men of higher social strata (see “The Virgin and the State,” reprinted in Ortner 1996; Betzig 1986; Dickemann 1979, 1981). In ancient empires, there were many poor men at the bottom, and a few rich men at the top who demanded multiple female consorts: concubines and sometimes plural and perhaps ranked marriages. Elite males demanded fidelity of their consorts, often enclosing them and guarding them with eunuchs, and imposed additional fidelity-control practices, which varied from one civilization

to the next: in China, footbinding to enforce chastity and fidelity by limiting women's physical mobility; in Southwest Asia, seclusion of women and very modest dress; in Africa, clitoridectomy to suppress female desire and infibulation for complete control of chastity; in the Roman Mediterranean, a strong female honour and modesty code, enforced by widespread social sanction and internalized conscience.

In "Ending Footbinding and Infibulation," Mackie (1996, also Mackie 2000) hypothesizes that the practice of FGM/C, like that of footbinding, may have originated and evolved in the context of massive female slavery in a highly stratified empire, one in which the emperor and a few nobles used the practice to control the fidelity of their many female consorts:

Men...are more or less uncertain that a child is their own...Suppose...an ancient empire...with extreme resource inequality between families...When resource inequality reaches a certain extreme, a woman is more likely to raise her children successfully as the second wife of a high-ranking man than as the first wife of a low-ranking man (polygyny, or the practice of having plural female consorts)...The higher the male's rank, the greater the resource support he offers, the greater the number of consorts he attracts, the greater his costs of controlling the fidelity of his consorts, and thus the greater the competition among families to guarantee the fidelity of their daughters (Mackie 2000: 262).

If an emperor required a fidelity-control practice as a condition of entry to marriage or concubinage, then families in second and lower strata females adopted the fidelity-control practice in order to move their daughters into the emperor's palace. Women moving up to the first stratum created vacancies in the second and lower strata, which in turn were filled from third and yet lower strata whose families also adopted the fidelity-control practice. These practices were eventually adopted by families in progressively lower strata of society in order to enable their daughters to marry into higher strata, and became exaggerated over time by parents wishing to maximize the comparative value of their daughter. It was not enough to satisfy an efficient absolute standard, instead each family's women must be more chaste and faithful than the rest. Once the practice achieved a high concentration at each social stratum, in all but the poorest groups in society, competitive marriage markets compelled each family to subscribe to the exaggerated practice in order to marry even within one's own stratum. The practice became a conventional prerequisite of marriageability, universal within the intramarrying group, and persisted indefinitely, even centuries after the empire and its extreme inequality and polygyny vanished. Some practices – footbinding, FGM/C, seclusion of women – are external and can be imposed whether or not endorsed by the subject. The female honour and modesty code, however, is not only externally imposed, but through indoctrination its precepts may be internalized and endorsed by the subject as well.

As the influence of an empire is extended by traders and raiders, both within its boundaries and beyond, a centrally originating fidelity-control practice is integrated differently into the culture of each subject and contact people. A peripheral nationality may not itself highly esteem strict chastity and fidelity, but may adopt a fidelity-control practice wishing to marry its daughters to the wealthy traders in a higher stratum (see Mackie 2000 for a documented example). We hypothesize that the dominant nationality in the imperial capital is more likely to be afflicted with multiple fidelity-control practices.

In China, footbinding was practiced throughout the second millennium C.E. when China was most often a single centralized empire, populated primarily by the Han ethnic group. Both the practice of footbinding and female honour and modesty code were imposed as fidelity-control devices at the polygynous apex of society. A practice that had originated as a cruel mutilation designed to control females during the time of imperial female slavery metamorphosed into a universally required sign of respectable marriageability. The near universality and long persistence of the extreme physical constraint engendered hyperbolic stereotypes of female lasciviousness and sexual promiscuity (when in fact it was originating men who were culpable of such behaviour): “After a while, people in this culture begin to draw the false inference that women must be excessively wanton to require such scrupulous guarding of their honour” (Mackie 2000: 263). This in turn encouraged stronger versions of the honour and modesty code and justified harsher application of its strictures.

Footbinding probably originated in the emperor’s palace about a thousand years ago, and over several centuries diffused down social strata and to the edges of the empire (Ko 2005:105-144, Levy 1992:37-63). Given this more supported hypothesis, the intriguingly contiguous prevalence of FGM/C – stretching from Senegal in the west to Somalia in the east and from Egypt in the north to Tanzania in the south, intersecting in present-day Sudan (Nubia in ancient days) – suggests that it may have emerged under similar conditions (see Mackie 2000). We know, for example, that there were highly stratified empires in Nubia and in Mali, and further sources of extreme resource inequality across the FGM/C zone, and today the practice is most prevalent and practiced in its most severe form around the former centres of the ancient Nubian and Malian empires (see the maps of FGM/C prevalence in UNICEF 2007: 4-8). The hypothesis that FGM/C originated in ancient empires is speculative, but also is at least as plausible as any alternative hypothesis in the literature.

In contrast to China, the FGM/C zone of Africa had several imperial centres, more variable in geographic scope and temporal duration, and more multiethnic in composition. Today FGM/C is found within dozens of different ethnic groups, and perhaps is more

heterogeneous in form and meaning than was footbinding. Attitudes towards chastity and fidelity vary widely across groups that practice FGM/C. Some groups adhere to a strong female honour and modesty code, which might include infibulation, very modest dress, and honour killings; others have practical concerns having to do with unmarried girls avoiding pregnancy and spouses staying faithful; still others are concerned only with keeping up appearances. In Northeast Africa, FGM/C tends to be found together with a strong female honour and modesty code. Among practicing communities elsewhere, the strong code is found in some, more often a weaker code linking FGM/C to chastity and fidelity is found, and, more rarely, the practice is simply a requirement for marriageability having little to do with the values of chastity and fidelity.

Except for the assumption of an originating period of extreme resource inequality, the details of the origin story need not be exactly correct for the account to be useful. As soon as women believed that men would not marry an uncut woman, and that men believed that an uncut woman would not be a faithful wife, the marriageability convention was locked in place. Given the widely endorsed desire for marriage and having one's own children, women would choose to be cut in order to be married and have their own children, and men would choose women who are cut for the same reasons.

III. Society-level Explanations of FGM/C

FGM/C is sometimes explained in terms of one or another of three society-level variables – patriarchy, culture (including ethnicity and religion), and marriageability.

Patriarchy

Patriarchy, as both a structural institution and intentional act, is often used to explain the practice of FGM/C. Specifically, this hypothesis characterizes FGM/C as “an intentional (or subconscious) patriarchal action whose goal or consequence is the oppression of women” (Gruenbaum 2001:40, commenting on Greenbaum 1997). FGM/C is motivated by male domination and held in place by inequalities between men and women.

In the majority of cases it is mothers or grandmothers who organize and support the cutting of their daughters, and in many places the practice is considered “women's business.” DHS survey data from eight African countries where FGM/C is practiced show a higher proportion of women than men favouring its continuation (Yoder, Abderrahim, and Zhuzhuni 2004: 44). This is consistent with data and testimony drawn from field reports and case

studies (Gruenbaum 2001: 35; Johnsdotter 2002: 93-101; Shell-Duncan et. al 2000: 121-122). The perpetuation of FGM/C and professed support of the practice by women represent one of the chief puzzles that researchers have sought to better understand.

To say that patriarchy causes FGM/C is insufficient, because most, if not all, communities that do not practice FGM/C are also patriarchal. It is important to distinguish between what causes the origination of a social practice and what causes its perpetuation. In Section II we hypothesized that an extreme form of patriarchy -- imperial polygyny -- originated FGM/C and similar practices, but that the link to marriageability would cause the practice to persist indefinitely even after the originating conditions have vanished. Although the practice was in the selfish interest of members of the originating male elite, the practice need not be in the interest of the ordinary husband with one or a few wives in lower strata or in later generations. Men and women could endorse the practice simply because of mutual expectations by all that it is required for marriageability, and women could be active in its perpetuation since they are typically more responsible for the preparation of daughters for adulthood.

Given that FGM/C is in place in a community, however, it is likely that less extreme forms of patriarchy would encourage the continuation of the practice, and discourage its discontinuation. Patriarchal institutions include socioeconomic subordination that makes women dependent on marriage for material well-being and therefore, unable to risk not having FGM/C. They also include social norms that ensure that women have little voice in matters that affect them, rendering them unable to discuss subjects relating to sexuality including FGM/C, and unable to publicly challenge harmful, threatening, and subordinating practices. Patriarchy is a supporting condition of the practice (Gruenbaum 2001: 36-47), and when certain patriarchal institutions and norms are changed, the path to abandonment is eased. These changes, however, are not sufficient in themselves to end the practice.

Culture, Ethnicity, and Religion

Among the most widely cited accounts of the cause of FGM/C are those centring on cultural variables, such as ethnicity and religion. Clearly, FGM/C varies by ethnicity (Yoder, Abderrahim, and Zhuzhuni 2004, 31-33). However, ethnic differentiation is not a significant motivating factor in more than a few isolated contexts. Rather, FGM/C is more likely to be practiced in order to gain acceptance and recognition within one's own community – as a means of belonging, rather than of differentiation. Ethnic differentiation seems more a consequence than a cause of the practice. One exception to this generalization can be found in

some diasporal communities who, from motives of ethnic pride in difficult new circumstances, exaggerate traditions, adding an additional motive to explain the continuation of FGM/C. Footbinding, for example, lasted much longer among the Chinese of San Francisco in the United States than in urban China. For an example of FGM/C practiced as both an ethnic and religious marker, see Hadi (1998: 27).

Another commonly cited cause of FGM/C is religion, and religious obligation often plays a role in a family's decision to practice FGM/C (Abdi 2007; Hady 2003: 22). Despite the fact that no religious scriptures actually require FGM/C, communities sometimes consider the practice a requirement to make a girl spiritually pure. Among the Bambara in Mali, for example, excision is called *Seli ji*, meaning "ablution" or "ceremonial washing" (UNICEF 2005: 12; Dorkenoo and Elworthy 1992). Data on the role of religion are difficult to interpret because in many cases, religion, tradition and chastity are not differentiated. A study in Somalia illustrates that for some, the concepts of "religion," "to remain a virgin in order to be married," and "tradition" are "not fundamentally different," because "infibulation creates a barrier that preserves virginity, which Muslims consider the will of God and therefore religious" (Gruenbaum 2001: 50, referencing Dirie and Lindmark 1991). Surveys routinely show respondents frequently citing a multitude of reasons directly or indirectly related to religion – religion, health, cleanliness, and tradition, and control of female sexuality, among others – as reasons for the practice. (Daffeh, et al. 1999: 13, cited in Hernlund and Shell-Duncan 2007; see also Hady 2003: 22).

An ethnic or religious explanation of FGM/C is not sufficient since, first, it is practiced in a wide variety of ethnic and religious groups; and second, the practice is not necessarily universal within the broad descriptive group, but is often practiced only within a number of subgroups. Take religion: there are both Christian and Muslim communities who practice FGM/C, often believing that the practice is required by the holy book. Yet, nearby communities of the same religion may not engage in FGM/C, and worldwide most Christians and most Muslims do not follow the practice. Religious obligation *is* an important factor in the decision to practice FGM/C, but is typically just one of several elements within what one WHO report (1999) calls a mental map that incorporates the stories, beliefs, values, and codes of conduct of society, and which are in fact "interconnected and mutually reinforcing and, taken together, form overwhelming unconscious and conscious motivations" for its continuation (Ahmadu 2000: 295; cited in Hernlund and Shell-Duncan 2007).

The implications of this are two-fold. On the one hand, this suggests challenging the religious sanctity of FGM/C in isolation from other motivating elements, may help change

attitudes but will have little effect on behaviour, since religion is but one of several factors that maintain the practice. On the other hand, since these factors are “interconnected and mutually reinforcing,” this also suggests that disconnecting FGM/C from one factor may help to disconnect it from the others. For example, the basis of FGM/C’s traditional status may stem precisely from its religious status, or vice versa; and the connection between FGM/C and purity may stem from such religious interpretation as *Seli ji*. Alternatively, all effects – religion, tradition, piety, purity -- may be disconnected from FGM/C by a single authoritative source, such as a charismatic local leader who authoritatively declares the practice to be unacceptable.

Marriageability

Justifications offered for practicing FGM/C differ from group to group, but desire for a proper marriage is perhaps the most common reason offered *across* practicing communities, and is offered despite wide variation in ethnicity, culture, religion, severity of cutting, symbolic reasons for the practice, ritual or lack of ritual, and so on (see Hadi 1998: 17, 25; Hady 2003: 97; Gruenbaum: 70, 76-101, 192; Johnsdotter 2002; Shell-Duncan et. al 2000: 114-119; Mohamud et. al 2006: 81).

Statements by observers, anthropologists in the field, and those who practice FGM/C illustrate that marriageability plays an important role in the rational and prudent decision-making of mothers to cut their daughters:

From Egypt: “(M)otivated by love and concern for their daughters’ future, well-meaning women have perpetuated the custom and have insisted on inflicting pain on their daughters out of a firm belief in the physical and moral benefits of this operation *as a guarantee of marriage and consequent social and economic security*” (Assaad 1980: 3, emphasis added). From Sudan: “No matter how clever the public education message on the hazards of (FGM/C) or how authoritative the religious source that says it is unnecessary, parents know (FGM/C) is necessary if it is a prerequisite for their daughter’s marriageability and long term security” (Gruenbaum 2001: 192, emphasis added). From Kenya, “Even those who did associate health problems with (FGM/C) often favored continuing the practice to preserve their culture and to improve their daughters’ prospects for marriage” (Mohamud et. al 2006: 81). From Senegal, “Only when all members of the extended family agree will *we* assure that uncircumcised girls will be free from prejudice and able to find men to marry” (Tostan 1999: 50, emphasis indicating indigenous speaker). “If I don’t cut (*my* daughter), there won’t be anyone to marry her...I wish I didn’t have daughters, because I am so worried about them” (UNICEF 2005: 13).

Tradition, rather than marriageability, is usually the most commonly mentioned reason for FGM/C offered *within* a given community when respondents are asked why they believe FGM/C should continue (Yoder, Abderrahim, and Zhuzhuni 2004, 42). Tradition and marriageability are two sides of the same coin, according to social convention theory, we

shall see below. Observe that marriageability as a reason to continue is given more often in countries of low prevalence (ibid., from inspection of Tables 4.1 and 4.15, by Mackie's calculation there is a 0.74 correlation). It is possible that in countries of nearly universal prevalence, marriageability as a reason for cutting is too obvious to mention.

FGM/C is frequently, but not always, linked with concerns about female chastity and fidelity. In Somalia, for example, the practice is considered necessary for "making a virgin" and as a result, a marriageable woman (Hayes 1975: 622, cited in Johnsdotter 2002: 80), and similar beliefs exist across cultures, that FGM/C "makes," or at least marks, a sexually chaste, modest, and loyal wife. Similarly, FGM/C is often justified on the grounds that it protects girls from excessive sexual emotions and therefore helps to preserve their morality, chastity, and fidelity. In some places it may be associated simply with marriageability, and have very little to do with chastity or fidelity. The practice may additionally be associated with bodily cleanliness and beauty, such as in Somalia and Sudan, where infibulation is carried out with the purpose of making girls physically "clean" (UNICEF 2005: 12).

Marriage itself is especially important because of the socioeconomic conditions of practicing communities. In many areas where FGM/C is practiced, patriarchal economic customs and institutions make marriageability necessary to secure the long term financial security of daughters and their families (Greenbaum 2001: 46). In some places, the family may depend on a substantial bride price for their well-being (Shell-Duncan et. al 2000: 118). Among the Chagga of Arusha in Tanzania, for example, the link between FGM/C and the value of girls is explicit: the bride price for a girl who has undergone the practice is much higher than for one who has not (UNICEF 2005: 12). At the same time, an unmarried daughter has no assurance that she will survive in old age or ever experience economic security. Since state-funded social security protections cover only a tiny fraction of the population, marriage is a woman's primary source of material subsistence beyond early adulthood (Gruenbaum 2001: 87-101). Yet even if women had full economic independence, it is likely that many would still pursue marriage and children. In published data, across countries there is no apparent relationship between female economic independence and decline of FGM/C.

If, within an intramarrying community, families with daughters expect that families with sons expect girls to be cut as a condition of marriage, then FGM/C rationally advances the interests of the girl and her family. To be cut assures the daughter's ability to marry, and also likely improves the economic security of both the girl and her family.

This section has examined three prominent hypotheses about the originating and maintaining causes of FGM/C – (a) patriarchy, (b) ethnicity and religion, and (c) marriageability. The discussion lays the foundation to re-examine social convention theory as it is applied to FGM/C. The roles of self-enforcing beliefs, social norms, moral norms, and overdetermining factors are further considered to address unexplained observations and develop a more refined understanding of the practice.

IV. Applying Social Convention Theory to FGM/C

Social convention theory offers an explanation of how certain harmful social practices are self-enforcing social conventions, what social conventions are, why they are universal in a community, why they are strongly resistant to change, and how to organize the rapid mass abandonment of such a convention. In this section we outline the simple game-theoretic model as first introduced by Mackie (1996, 2000), adapted from earlier work by Schelling (1960), and further explicated in chapter 2 and annexe 2 of the UNICEF *Technical Note* (2007).

Game theory is the study of interdependent decision-making. The choice made by one player in the game depends on the choice made by the second player, whose choice, in turn, depends on the choice made by the first. In an interdependent larger group, the choice of each member depends on the choice of all members. For social convention theory to be applied to FGM/C, an initial assumption is necessary – an idea we later discuss in terms of fundamental moral norm – that *parents love their children and ultimately want to do what's best for them.*

Convention as Coordination Game

Simple metaphors can help explain how social conventions work. It does not matter whether we all drive on the right or we all drive on the left, but it would be harmful to everyone if some drove on the left and some drove on the right. Sweden had a convention of driving on the left, but with increasing connections to continental Europe, where all countries drive on the right, more and more serious accidents happened, involving Germans in Sweden or Swedes in Germany. In this context, all in their community of drivers would be better off if they could switch to driving on the right. Driving on the right is better for all than driving on the left, and either convention is better for all than no convention at all. The Swedes changed from driving on the left to driving on the right by coordinating on a moment of convention shift: everyone would switch on the same day and hour. Because our choices of

what side of the street to drive on are interdependent, no one individual can change on her own – all affected have to change together. The same goes for naming conventions. If we spend time together it doesn't matter whether we communicate approval by saying "Great!" or "Ottimo!" Not having a word that we understand in common would limit our communication. It is, therefore, convenient for everyone in the community to use the same term, although which word to use is arbitrary. A community that uses "Supercalifragilisticexpialidocious!", however, might find it advantageous to switch to "Great!" or "Ottimo!", either being easier to say.

The Swedes switched from all driving on the left, a *worse* convention, to driving on the right, a *better* convention, better in terms of their own understanding of the world, not anyone else's. Similarly, the adoption, continuation, and abandonment of FGM/C can be explained using the social convention model. Families carry out FGM/C in order to ensure the marriageability and status of their daughters within the intramarrying group. What one family chooses to do depends upon what other families in that community choose to do. No one family has an incentive to deviate: if they do, their daughter is destined to not be married or to have a poor marriage. As in the Swedish case, it would be a *better* convention if everyone gives up FGM/C, but for that to be effective it is necessary for everyone in the intramarrying community to give it up together. Families' choices of whether to cut their daughters create four possible scenarios:

- For all daughters to be uncut is the best state of affairs for members of an intramarrying community. Each daughter retains marriageability and family status, and each avoids harm to health and violation of human rights. For all to be uncut is a stable equilibrium – no one is tempted to depart from it, the situation is permanent.
- The next best state of affairs is for one's own family to cut their daughter to improve her marriageability when other families do not cut. However, the situation is unstable and not often observed because, if many of the other families are not cutting, a daughter would be even better off to avoid the harm of cutting, according to the model. Conversely, if many of the other families do cut, it is in the interests of one's own family to cut as well.
- The third best state of affairs is for all families in the intramarrying community to cut their daughters. For all to cut is also a stable equilibrium. This forms the basis of FGM/C as a marriageability convention.
- The worst state of affairs for one's own family is not to cut their daughter when everyone else does. The daughter's health is protected and her human rights are not

violated but she forfeits her chance to be married. This is also an unstable situation and is rarely observed. Where FGM/C is found, most or nearly all within the intramarrying community practice it.

When applying social convention theory to FGM/C, two stable equilibria exist: the best state of affairs, when no daughters are cut, and a much worse state of affairs, when all daughters are cut. The challenge is to move all families from a worse equilibrium to a better one.

Those who practice FGM/C inherit the all-cut equilibrium, as is often said, from their grandparents. Among roughly six precoded answers in DHS surveys as to why FGM/C should continue, the strongest support goes to the statement that it is custom and tradition (Yoder, Abderrahim, and Zhuzhuni 2004, 42). Long precedence and general practice within the community creates the expectation that all families will choose to cut their daughters, thus, any individual family would choose to cut as well given the marriageability problem. The survey respondents' appeal to tradition is consistent with the social convention model of FGM/C.

To summarize, individual abandonment would make a family worse off, as it denies the daughter's marriageability and family status. Collective abandonment makes everyone better off, as families preserve their status and daughters preserve their marriageability but do not undergo the health and human rights harms of FGM/C. Abandonment is possible, but only by coordinating a collective abandonment within the intramarrying community.

Critical Mass, Tipping Point, and Revaluation

The static version of the social convention model requires that most or all of the intramarrying community simultaneously abandon the practice. A more refined and dynamic understanding of the process, however, establishes a sequence of change. Its logic is captured by a simple story (adapted from Mackie 2000 and from UNICEF 2005). Imagine that there is a community that has a convention whereby audiences (at the cinema, at plays, at recitals) stand up rather than sit down. Standing is both universal and persistent. An outsider comes along and explains that elsewhere audiences sit, and think it better to sit. After the shock of surprise wears off, some people begin to think that sitting might be better, but this would be the case only if enough other people sit at the same time so that their view is not blocked. However, if an initial group of people in the audience can be organized to sit, even just a column of people who are far less than a majority, they realize that they can attain both the ease of sitting and a limited view of the stage. This initial group has an incentive to

persuade their neighbours to devalue standing and to recruit them to sitting for this will improve their limited view, and their neighbours have an incentive to conditionally commit to the effort – “I would abandon if enough other people would abandon as well” -- so as to be more comfortable while continuing to have a view. At a certain point, enough of the population is willing to sit so that their view of the stage would be at least as good as standing, their comfort would be improved, and as a result no one would be tempted to stand again: they coordinate on all sitting down at once. Past this point people who remain standing are increasingly isolated in their claim that standing is superior and over time adopt the new convention.

Similarly, a small core group of first movers, called the *critical mass*, can conditionally resolve to abandon FGM/C, and then has an incentive to recruit remaining members of the community to conditionally join in the effort, until a large enough portion, called the *tipping point*, is willing to coordinate on stable abandonment (for a complete graphical exposition of this model, see UNICEF 2007: 45-9). Any natural community is likely to contain early adopters of change, middle adopters, and late adopters. Early adopters are likely to be among the first movers, and tend first to influence those next most open to change, and so on. In programme practice, second movers are sometimes recruited using an adopt-a-learner strategy, where first movers adopt a friend, relative, husband, etc., and share information with them (Bodiang 2006: 116). After these second movers conditionally commit to abandon, third movers are recruited by similar methods, and so forth, until the tipping point is reached, at which community abandonment would be stable if enacted. At that point, a moment, or a process, of actual, *public commitment* is required, so that each member of the intramarrying community can see that most others in the community not only would abandon, but *do* abandon.

In the end, enough of the intramarrying community must be able to conditionally commit to abandonment, and that conditional commitment must become an actual commitment to coordinated abandonment. Whether the tipping point is obtained before, at the same time, or after the public commitment depends on circumstances in the local community and the content of the commitment. In one scenario, an especially authoritative statement of the community’s collective commitment to abandon might precede and motivate a process of recruitment of enough of the intramarrying community to accomplish coordinated abandonment of the practice itself (UNICEF 2005: 14). The most likely pattern, however, is a process that begins with the recruitment of enough people to conditionally

commit, followed by a moment of coordinated abandonment, in a large public gathering, for example, or by binding decision of the community authorities.

As noted earlier, the core group and those who one after another join them, have a powerful incentive to *recruit* others, and to *revalue* the alternatives of cutting and not cutting. Such recruitment and revaluation were observed in the abandonment of footbinding and are observed of processes culminating in mass abandonments of FGM/C. According to the model, valuing more the alternative of being uncut, valuing less the alternative of being cut, or both, has the effect of reducing the portion of the community needed to constitute an effective critical mass, and reducing the portion of the community needed to constitute an effective tipping point which accomplishes a stable change. As a result, members of the core group constituting the critical mass and their recruits are motivated to engage the remainder of the community through persuasive communication, including normative appeals about the valuation of the alternatives.

Organized Diffusion

The process of information transmission, persuasion, and mutual deliberation about the advantages and disadvantages of abandonment spreads through existing and created social networks within intramarrying communities. The process is termed organized diffusion to distinguish it from processes of spontaneous diffusion based on unilateral imitation, such as adoption by farmers of a new kind of seed or spread of a style in fashion (see below on unilateral imitation, and Rogers 2003 on diffusion of innovation). Because FGM/C is an interdependent practice, diffusion must be organized among all those individuals whose choices are interdependent.

Organized diffusion is the intuitive utilization of local networks of social relationships in order to promote conditional commitment to abandon FGM/C, within not only the residential community but also beyond it to other communities, not always nearby, that intramarry with the target community. Engaging communities outside the target community is necessary when there are intramariage relationships among them. For example, the NGO Wohi Reddu in Ethiopia organized effective abandonments among a few Afari nomad communities, but believes that the abandonments are unstable unless they are extended to a large enough number of related communities (Dagne 2006). As discussed earlier, it is not necessary at the outset to gain the support of the entire community, but rather a core group needs to agree to pursue community abandonment of cutting. The ideal individuals to bring about a critical mass within a single community are early adopters and notables, who are

likely to self-select anyway. Ensuring strong participation by women and including men in the process are also important.

One can imagine the marriage horizon of any community as a circle, and the marriage horizons of proximate communities as a set of overlapping circles. To mobilize one community thus excites the interest, positive and negative, of communities overlapping it. Organized diffusion takes place within a directly targeted community, and from it to overlapping communities not directly targeted. The overlap allows for programme efficiencies. In rural Senegal, where the average village size is about 800, to cover an area of 30 villages with a total population of 24,000, according to the NGO Tostan, it is sufficient to directly mobilize just 50 individuals in each of five villages, or about one per cent of the population (Mackie field notes, 2004). Using organized diffusion and other methods the NGO has facilitated abandonment by 3,500 villages organized in 35 separate public declarations of abandonment.

In Ethiopia, the NGO Kembatti Menti Gezzima (KMG) organizes multiple core groups that diffuse public discussion, decision and commitment in multiple arenas, saturating the community. The primary core group consists of 50 individuals, who after 18 months of deliberation form a committee of 10 to organize an end to harmful traditional practices in their local community. The NGO works in area where the age of cutting is 12 to 18 years, and another committee made up of uncut adolescents is also established. These committees organize public discussion in schools, churches and neighbourhoods and among members of traditional local women's associations and outcaste groups. Some leaders of the influential local indigenous insurance and microcredit society (*edir*) are recruited to be in the primary core group. Additionally, women members of the core group diffuse discussion to the local women's societies that insure against the extraordinary costs of child delivery, weddings, funerals; and to the local butter clubs that allow women to take turns raising cash, to traditional regular coffee chats, and to others on the long walks to weddings and funerals. Uncut adolescents mobilize their peers, their families, and their schools (Dagne, 2008).

In an urban area, one would identify the marriage horizon – the network of people that a target group would consider to marry – and the institutions and the notables prominent in organizing their community's relationships. A recent survey study carried out in urban areas of Guinea-Conakry on FGM/C and people's social relationships, for example, indicates important differences between those of lower income and those of higher income. The less wealthy strata tend to settle in neighbourhoods of similar ethnicity and language, for important decisions are more oriented to their rural community of origin and its notables, and

are less exposed to media messages. The middle and upper strata tend to live in mixed neighbourhoods more away from extended family, for more important decisions are oriented to friends, coworkers, media figures, and sometimes religious leaders, and are much more exposed to media messages (CRDH, StatView, Division de la Statique de la République de Guinée). Perhaps an abandonment programme among the urban poor would focus on home villages and city neighbourhoods, but one among the urban middle and upper classes would focus on friendship, workplace, and faith connections, on national and civic notables, and on media messages about the decency and marriageability of uncut women.

In a community that is isolated and does not intramarry with other communities, organized diffusion may result in faster abandonment, but the process will not spread outside the target community. In Deir El Barsha, a Coptic town of 12,000 in a Muslim area in Egypt, women only married within the geographically and culturally isolated town (Mackie field notes, 2005), which made stable mass abandonment more easily attainable. It also meant that the particular abandonment could not spread beyond Deir al Barsha. In such cases, the abandonment process must be organized separately, which is underway in several Coptic towns.

Coordinated Abandonment and Public Commitment

According to social convention theory, specific strategies facilitate *coordinated* abandonment of FGM/C. The case of footbinding in China (Mackie 1996, 2000) is instructive. After about a thousand years of practice, foot binding was ended in one generation in urban and coastal China around the beginning of the 20th century. The strategy used by reformers to end the practice had three elements: first, reformers educated the population by informing them that that the rest of the world did not bind women's feet. This presented the natural-foot alternative as thinkable and doable. Second, they explained the advantages of natural feet and the disadvantages of bound feet. And finally, they formed "natural foot societies" whose members pledged not to allow their sons to marry women with bound feet, as well as not to bind their daughter's feet. The reformers' strategy was completely successful in obtaining permanent change, and supports the social convention theory's hypothesis that facilitating coordination is the key to ending such a practice.

Attaining stable coordinated abandonment within an interdependent community of people requires several steps. Here, community does not mean any kind of community, for example, not the nation, not an artificial government category, not a trade association. Community means the local community of reciprocal obligation, especially of intramarriage

ties. The greater part of the community must be involved in community discussion, community decision, and community commitment. Community discussion changes attitudes. People must gain awareness of the existence of an alternative, and the alternative must become valued more highly than the practice. Community discussion in this context does not mean that central officials make didactic presentations to a few select local officials. Rather, community discussion means genuine discussion and debate on the merits of continuing or abandoning the practice among all those active in a particular intramarrying community. Community discussion is followed by community decision. Again, this decision should not be a top-down command, but rather a decision reached and supported by the greater part of the intramarrying community. The next step is to publicize community commitment: there must be a moment or a process of coordinated actual abandonment, so that each individual sees that most others do abandon. Community commitment does not mean that one or a few individuals have resolved to abandon the practice, or that public statements have been made against it. Rather, it requires the commitment of the greater part of the intramarrying community to abandon the practice together and to monitor adherence to the change. The coordination of abandonment shifts reciprocal expectations among community members from “most others will cut” to “most others will not cut.” Since the shift is to a more highly valued alternative for those coordinating to abandon, there is little temptation to revert. Private pledges, and more so, a joint public pledge, additionally put at stake one’s individual resolve and one’s social reputation for keeping commitments, which bolsters the irreversibility of the convention shift. Finally, an ongoing monitoring mechanism of some sort provides further assurances by periodically checking on the stability of abandonment, and mobilizing community sanctions against potential or actual transgressors.

V. Beyond Social Convention

The initial application of social convention theory has been useful in practice, and has matched observations well. The account of FGM/C as a self-enforcing marriageability convention seemed to resolve many explanatory puzzles about a practice heterogeneously manifesting across dozens of more or less contiguous cultures. It also seemed to predict and to explain observed processes of mass abandonment. The theory was not, however, detailed enough about some of the essential features of the phenomenon, and here we offer refinements.

FGM/C and Self-Enforcing Beliefs

A marriageability convention regulating access to reproduction, such as footbinding or FGM/C, is typically almost universal within an intramarrying community, because noncomplying families fail to reproduce and thus expire. As a result, there is almost no variation in the practice within the intramarrying community, which has unusual effects on the formation of some beliefs. People may reasonably believe that the practice is universal, for instance. When first-contact foreigners asked Chinese why they bound their women's feet, their response was astonishment that not everyone in the world engaged in the practice, and there are similar reports with respect to FGM/C in rural Africa. Jim, in Mark Twain's novel *Huck Finn*, raised without schooling in rural Missouri, considered Huck's claim that the Parisians do not speak English ridiculous, and even argued at length that it is conceptually impossible for there to be more than one human language.

If almost every female is genitally cut within one's horizon of knowing, then there is no basis for even conceiving of being uncut as an alternative. It is not that being cut and being uncut are understood as potential alternatives, the first feasible and the second not feasible (compare the "cultural menu" of Hernlund and Shell-Duncan 2007). It is that being uncut does not even exist as an alternative. Gosselin (2000) conducted open-ended interviews with 223 Malian women, and found that many had never thought of being uncut as an option. The incentive structure portrayed by the social-convention model implicitly assumes that people are informed of possible alternatives and choose between them. The simple model thus adequately represents typical family choices at the onset of the practice or near its demise. It does not adequately represent the typical family situation during generations of maintenance in areas where people know of no variation in the presence of the practice. For them, there is no choice, but only the imperative to cut. "In ethnic groups where nearly everyone circumcises girls, the issue is not one for debate, in terms of 'do I do it or not?' Rather, family members decide how and when it will be done" (Yoder, Abderrahim, and Zhuzhuni 2004, 13). In the absence of variation, it is reasonable to believe that everyone else in the world engage in FGM/C. This is a self-enforcing belief, in that believing it has consequences that maintain it as believed truth. One of the first steps on the road to abandonment, therefore, is to conceive of not cutting as an alternative.

Initially, it is reasonable for people in groups who cut to believe that people in groups who do not cut are prudentially, socially, and morally mistaken. It takes some time to learn that noncutting peoples believe they are promoting the interests of their children, that in their group they suffer no sanctions for going uncut, and that they believe their actions are morally

justified. Further, often the inference is drawn that women are naturally promiscuous unless physically altered, and the absence of variation prevents a comparison of the sexual morality of cut and uncut women. Finally, it is reasonable to believe based on wide expectation that a girl who has not had the procedure cannot be married, and that a man will never accept an uncut woman. The NGO KMG in Ethiopia organizes public weddings of uncut young women to overcome the self-fulfilling belief that uncut girls are unmarriageable. The first wedding was attended by 2,000 people and 317 uncut girls as bridesmaids. The bride wore a placard saying she was glad to be uncircumcised and the groom had a similar placard saying he was happy to marry a uncircumcised girl. Many more massively attended weddings of uncut girls have been organized among participating communities (Dagne, 2008).

It is likely easier to initiate an abandonment process in an area where practicing communities live nearby nonpracticing communities, or among those who are more frequently exposed to international communications and ideas, or where there have been sustained public information campaigns about FGM/C. In Senegal, for example, people in the Bambara or the Fulani ethnic groups deliberating on abandonment were able to observe that the neighbouring Wolof people who do not cut are good Muslims, have good morals, and make good marriages for their children (Mackie field notes, 1999, 2004). DHS surveys (Yoder, Abderrahim, and Zhuzhuni 2004, 48) show that in areas with lower levels of FGM/C prevalence, where there is likely to be more exposure to non-practicing groups, there is decreasing support of FGM/C among younger age groups, but almost no such trend in countries of highest prevalence.

To conceive of the uncut alternative as better also requires individual and collective deliberation by insiders about claims that FGM/C is harmful to health and human rights, and here again the absence of variation distorts evaluation. The near universality of FGM/C within an intramarrying community means that those involved are unable to compare a control group of their own practice to an experimental group of those who forego the practice. They therefore may consider even immediate complications as normal, and this makes it difficult for women to recognize the immediate health effects of FGM/C and to recall complications at a later date (Mackie 2003: 147).

Writing about complications of infibulation in Islamic Northeast Africa, Hicks observes:

Women do not even correlate subsequent physical discomfort, pain, and related gynaecological and obstetric problems with having been circumcised. Such physical problems are perceived as being the common lot of women. This is because the problems are, to one degree or other, prevalent among the majority of infibulated women; they are not viewed as unusual. Logically

then, neither the act of infibulation nor related sequelae (unless requiring emergency treatment) are high priority issues for women in these societies (Hicks 1996: 73).

Mackie provides a striking account of events in the Fulani village of Medina Cherif, region of Kolda, Senegal:

On hearing of the causal relationship from a source they considered credible...it took (a group of local women) thirty minutes of discussion to decide that the causal claim was correct. They reviewed local history and suddenly realized that incidents of death, haemorrhaging, and infection were immediately associated with (FGM/C), and they broke down and wept. One woman told me that she had her daughter who had haemorrhaged seriously stand next to a girl of the same age who was taller by about a foot. "She's never been the same since the cutting," I was told. "Before she ran around all day and played and since she's been quiet and dull" (Mackie 2003: 147-8).

Universality within the community is not the only reason health complications go unrecognized. A lack of awareness of such complications can be exacerbated by social norms of female modesty, which preclude discussion of human sexuality including with other women; and in some cases, by powerful norms of secrecy concerning FGM/C and its meanings.

Again, due to the absence of variation, to understand the practice as a violation of human rights, as an irreversible reduction of capacity in the absence of consent (Nussbaum 1999), and a violation of basic rights to life, to health, and to bodily integrity, requires reflective distance. A Bambara group was told the story of Chinese footbinding by their nonformal education facilitator. The participants thought it was horrifying that parents would do such a thing to their children. The facilitator responded that Europeans looked on the parents who do FGM/C in the same way. "No, no, no," the participants responded. "We do this to help our daughters." "So did the Chinese," the facilitator said (Mackie field notes, 1999).

Everyone evaluates the credibility of information that comes from others. Credibility has two aspects: good will and competence. Notables, political and religious leaders, medical and other professionals, local or beyond, may, depending on the individual, have a reputation for proven good will and competence. Good will is also estimated by whether the sender of information has the same interests as the receiver, or similar interests, or is similar in descriptive characteristics. In the absence of having the same or similar interests or characteristics, there must be good evidence that the sender cares about the welfare of the receiver. Competence is estimated by proven past successes, professional authority, quality argument, and effective response to contrary views, among other strategies. Credibility is also bolstered by the weight of sources: the more notable are more persuasive than the less

notable, many notables more persuasive than a few, many peers more than a few peers, many media messages more than a few, and so on. Much of our discursive learning is based on testimony rather than on direct experience, and the weight of sources helps us to evaluate the credibility of that testimony (see Mackie 1998 for a partial treatment of credibility).

Self-enforcing beliefs are strongly supported and any contrary message initially seems preposterous to those who hold such beliefs. A variety of messages, international, national, regional, local, the more credible the better, are valuable in softening such beliefs and opening the way for their more systematic revision. Credibility of message and of those delivering the message is an essential factor in the most effective mass abandonments. Programmes that deal with only FGM/C, or even only with reproductive health, are viewed with warranted suspicion. Why are outsiders obsessed with *this* issue, especially when there are so many other important needs in this community? Why do they disrespect our culture? Holistic programmes, those which provide support for a wide variety of community needs and interests, are more credible than a programme that addresses only FGM/C or a narrow range of sensitive topics. An ongoing holistic programme not only symbolizes good will and competence, it proves them over and over again by bringing about a sequence of valued changes on a variety of community needs. Good will and competence shown practically on easier issues become persuasive on more difficult issues. A nondirective attitude, combined with the creation of fora, informal and formal, for discussion of arguments for and against any contemplated change, is more credible than missionary didacticism and harsh propaganda. International instruments that enshrine human rights are credible because they are widely endorsed, and deliberations on what human rights mean in terms of the local vernacular and how they relate to the most fundamental values of the local community, can be transformative. Finally, the special credibility of charismatic local leaders is frequently key to mass abandonments.

After deciding on the existence of the alternative, and on the value of the alternative, and upon acquiring the idea that everyone in the community might be better off to jointly abandon the practice, there is a new unknown: Would a coordinated abandonment work? If such an effort were to fail, would it ruin the marriageability of their daughters? Would it bring shame on the families and villages involved? Would it bring down unsuspected supernatural penalties for going against ancient ways? Again, there is a credibility problem. The experience of the NGO Tostan in Senegal is that the first collective abandonment in an area is the most difficult, and each successive one in the area becomes easier. Those deciding whether they too should abandon the practice can send delegates to the successful villages in

another area to verify with their own eyes and ears that an alternative is possible, that others like them have concluded that the alternative is valuable, that collective abandonment works, that daughters' reputations remain intact, that the effort brought pride rather than shame to the community, and that no supernatural penalties occurred. Mackie (field notes, 2004) witnessed the visit of delegates from contemplating villages in Guinea-Conakry to a successful abandonment declaration in Senegal, and interviewed some of the delegates in their home village two weeks later. The delegates, and their associates in the home village, said they were much relieved by the experience, and as a result were immediately resolved to organize their own collective abandonment, and soon succeeded in doing so.

Social, Legal, Religious, and Moral Norms

So far we have refined the simple marriageability convention by considering the role of self-enforcing beliefs. Now, we will distinguish among several mechanisms, which alone or in combination can sustain a social practice. In two following subsections we will consider a series of factors that variably overdetermine the practice: first social norms generally, and second religious obligation, rites of passage, and the female honour and modesty code.

Until now, social convention theory as applied to FGM/C has emphasized marriageability *interest* and health *interest*, with little explicit development of normative considerations. Yet it is clear in almost every instance that the continuation or abandonment of FGM/C also involves social approval and disapproval, and moral judgments of right and wrong. In some communities, legal norms, religious norms or both also come into play. Additionally, a common feature of the best attested processes of mass abandonment is participatory human rights education, and it is plain from field observations that values discourse is central in the process of deciding to abandon. It is also plain from field observations that the public commitments to abandon involve more than coordination on a matter of mutual interest, but also enact changes in social norms, in the understanding of moral norms, and are often positive, celebratory, and ennobling in nature.

Recent scholarly advances in the understanding of norms help us to understand better social and moral features of both continuation and abandonment of social practices. Often terms such as *social practice* or *social norm* are undefined and are loosely applied to any and all observations of social behaviour. Here, we define what we mean by each, and we intend that each apply only to social behaviours marked out by the definitions. In particular, a social norm is enforced by informal social sanctions, among other features detailed below.

Sometimes the choices of individuals resemble one another's because each individual independently faces the same nonsocial constraint. For example, in Philadelphia people wear warm coats in the winter because it's cold, not because individuals believe that other individuals do wear warm coats or prefer that others do so. The individual is not following a social rule, is pursuing her own interest, and her action does not depend on the actions, beliefs, or preferences of others. Independent individual decisions aggregate to the *social regularity* of Philadelphians wearing warm coats in the winter, but it is not a social practice. What *style* of warm coat to wear, however, *is* a matter of social practice. A typology of mechanisms that sustain social practices follows (synthesized and adapted from Bicchieri 2005, Elster 2007, and Nichols 2004).

Unilateral Imitation (also known as “descriptive norm”). Here an individual imitates the action of many others in some reference group, as a convenient decision-making shortcut, or just unthinkingly. When riding a subway in a strange city, one does not need a map to know how to exit a station, one just follows the locals who know which way to go. The individual is following a social rule, pursuing her own interest, based on an expectation about the actions of others and a preference to do the same as others, but the individual's action is independent of any expectations or preferences by others about the individual's action. Expectations about action only involve the acting individual.

Social Convention. Driving on the left in London, or speaking French in Paris is a social convention. The individual is following a social rule, pursuing her own interest, based on an expectation that many others in the reference group act to follow the social rule and on the individual's preference to do the same as them. The many others expect the individual to follow the social rule and the many others prefer to do the same as the individual. Expectations about actions are mutual among members of the group. Compliance is in each individual's interest. That only cut girls are marriageable is a (marriageability) convention within intramarrying communities which practice FGM/C.

Social Norm. In one country the social norm is that a man introduced to a woman should shake her hand, and in another country the social norm is that he should not. The individual is following a social rule, perhaps against her interest, based on an expectation that many others in the reference group will follow the social rule, and that the many others prefer the individual to do the same as them. There is also the expectation that some of the others may informally sanction the individual concerning the social rule. Sanctions may be positive for complying with the social norm, such as acceptance, esteem, approval; or negative for defying the social norm, such as disapproval, rebuke, avoidance, ostracism, or violence.

Expectations about sanctions are mutual among members of the group. Positive or negative sanctions may be sufficient for individuals to feel it is in their interest to comply. In more traditional circumstances, transgression by one family member reflects on the character and standing of the whole family. Thus, upholding a community's social norms is important not just for maintaining an individual's acceptance in the community, but also for the individual's family. It may be that anticipated loss of the positive sanction of acceptance by the community for compliance with social norms is a more powerful motivator than negative sanctions.

Unconditional Moral Norm. The most basic moral norms are to do no harm, and to care for urgent needs of others (morality is far more variegated than this simplification). Fundamental moral norms are widely accepted by individuals, and as a result generate social regularities, but an individual's decision to act is independent of the actions or expectations of others. An individual feels righteousness for moral norm compliance, and guilt for noncompliance. Others may feel elevation or admiration for an individual's compliance, and anger or indignation over noncompliance. International human rights norms are of this character.

Legal norms are like social and moral norms, but are formally stated by law, the reference group is a constituted authority, and sanctions are formal and usually negative: fines, imprisonment, execution. *Religious norms* are commanded by God, and are obeyed by the believer out of love and fear of the deity.

A social practice is sustained by any combination of these mechanisms. Take the social convention of speaking French in Paris. It is in the mutual interest of two individuals to speak the same language, but failure to do so normally does no major harm to either of the two parties and is even less likely to harm third parties. The practice is almost entirely a social convention. Now take driving on the left in London, the most commonly offered example of a social convention. Driving on the left is in the mutual interest of all involved, because going into the wrong lane risks serious harm to oneself, and in that aspect, the practice is a social convention, formed by mutual interests. Defiance also violates a social norm: surely many would disapprove of the person who drives on the wrong side of the road, and a normal transgressor would feel shame for doing so. Moreover, noncompliance violates a legal norm, backed by coercive penalties. Since going into the wrong lane also risks serious harm to others, it violates the moral norm to do no harm. A harmed person or others on her

behalf would be angry at the violation of the moral norm, and a normal transgressor would feel guilt.

Similarly, a practice such as FGM/C might be sustained by some combination of marriageability convention, social norm, religious norm, and moral norm. There are also important relationships among the several mechanisms. This clarification is needed to explain the frequent discourse about social approval and disapproval and about right and wrong among those deliberating continuation or abandonment of the practice. It also helps explain the powerful force of human rights discourse in the process of abandonment.

FGM/C Maintained by Marriageability Convention, Social Norm, or Both

Overdetermination is the idea that a state of the world can be determined by more than one factor, each factor sufficient in itself to cause that state of the world. For example, each of two soldiers in a firing squad shoots one bullet at their victim: each bullet is enough to kill, but removing one soldier does not save the victim, rather both soldiers must be removed to do so. If a harmful social practice is overdetermined by more than one factor, then each factor must be addressed in order to end it.

For example, FGM/C may be maintained by marriageability convention, by social norm, or by both. The marriageability interest by itself is sufficient to maintain the marriageability convention of FGM/C. Positive and negative social sanctions by themselves also may be sufficient to maintain the social norm of FGM/C. An example from the Gambia illustrates this point. Although marriageability interest is widely mentioned across practicing communities, field researchers working among mixed (practicing and nonpracticing) ethnic populations in the Gambia, find little reference to marriageability. Rather, FGM/C is sustained in this area by a social norm enforced by informal social sanctions. A young girl or woman who is uncut can face stigmatization, social ostracism, and social isolation from her peer group. A middle-aged woman there said, “Even the children insult their mates who are not circumcised as *solema*...At times, you will see those children crying bitterly because their mates have isolated them...they will not stop complaining to their mothers...that they are always isolated from their mates who have been circumcised. In this way, the mother will end up taking the daughter to circumcision. If not, neither the mother nor the child will be at ease or comfortable” (Hernlund and Shell-Duncan 2007). Perhaps in the Gambia the marriageability interest was important to earlier generations in practicing communities, but is not in present generations, possibly due to greater mixing of practicing and non-practicing populations, although we know of no evidence for this

speculation. The case of a Gambian wife who was stigmatized in her household by other wives for not having been cut, suggests that the marriageability convention is gone but the social norm remains. Upon being cut “my co-wife congratulated me for being so brave and also presented me with some gifts of gold earrings and a ring” (Hernlund and Shell-Duncan 2007).

Community and peer pressure are important reasons for families with daughters or sons and sometimes even immigrating adult women to choose FGM/C. Foregoing FGM/C can lead to a loss of social standing for the girl and her family. Furthermore, marrying an uncut woman can damage the social standing of potential husbands and their families as well, thus increasing social pressure on husbands to marry cut women. In some cases, the cut wives of men who have other wives who are not cut look down upon the uncut wives (Mackie 2000). This kind of pressure can lead the uncut wife to insist on being cut in order to improve her standing within the home (Hernlund and Shell-Duncan 2007). Social sanctions are both negative and positive. The shame of being a *solema* amongst cut girls is counteracted by the positive incentive of group belonging after being cut. Through the procedure girls are also able to show respect for their family, show their bravery, and in some contexts become women. The ritual surrounding the practice can be accompanied by ceremony, gift giving, and a feeling of coming-of-age. That within some intramarrying communities uncut daughters and their families lose social standing, are teased, or are denied adult status, and that cut daughters and their families are socially accepted, indicates that a social norm is in place.

In some cases, a social practice “might first be a convention, become both a convention and a norm, and end up as a norm only” (McAdams 1999, 2740). For example, European scholars once followed the social convention of communicating in Latin, but after the invention of the printing press audiences demanded works in the local vernacular. The interest sustaining the convention of Latin among scholars ended, but the social norm of communicating in Latin lingered a good while, because anyone wanting to be esteemed as a proper gentleman and scholar would need to display knowledge of the dead language.

Because the processes of changing a marriageability convention and a social norm can coincide, social convention theory seemed to explain adequately most features of observed abandonments of FGM/C. The theory did not explain in enough detail, however, frequent observations of normative discourse in both the maintenance and abandonment of the practice. *The process for abandoning a social norm can be identical to the process for abandoning a social convention:* a large enough proportion of the relevant community

resolve to shift from a social norm and associated sanctions for doing FGM/C to a norm and associated sanctions for not doing FGM/C. Observed mass abandonments involved a shift in marriageability convention, a shift in social norm, or a simultaneous shift in both.

Why some social conventions based on interest *also* become social norms backed by social sanctions is an emerging and unsettled issue in the literature on social practices (see Bicchieri 2006, 39-42, for some suggestions). One possible reason for the emergence of a social norm is that an individual's failure to comply with the practice harms others in the community (Coleman 1990, 241-265). The prospect of harm motivates others to sanction norm compliance by the individual. Although failure to perform FGM/C harms the interests of the girl and her family, it does little to harm the interests of others in the intramarrying community. How then are others in the reference group motivated to sanction FGM/C as a social norm?

What follows is the most promising hypothesis about how the marriageability convention of FGM/C becomes a social norm. Recall that social convention theory assumes that parents love their children and want to do best by them. One of the most basic moral obligations is for parents to care for their children, not to do them harm, or when constrained, to choose the lesser harm for them. In the originating circumstances of FGM/C under imperial female slavery, parents fulfil the basic moral norm of choosing the lesser harm for their children by having them cut. Later, in maintaining circumstances of an ongoing marriageability convention, parents also fulfil the moral norm by complying with the marriageability convention: for their daughter to be uncut makes her unmarriageable and worse off than being married and cut. Inside the marriageability convention, to forego cutting most harms the child, and a parent who defies the convention faces anger for doing that harm and negative social sanctions for such a serious wrong. Outside the marriageability convention, to cut most harms the child, and anger and negative social sanction are due to those who cut. If it is feasible to collectively abandon the FGM/C convention, then not to abandon the convention most harms the child, and elevation, admiration, and approval are due to the members of a community who organize a successful collective abandonment.

McAdams (1997) distinguishes abstract moral norms from concrete social norms. An abstract moral norm is a general rule intrinsically motivated, such as to be a good citizen or to be a good parent or to respect basic rights. An abstract moral norm is more commonly found across different groups and is more enduring over time than a concrete social norm. Concrete social norms implement the abstract moral norm in particular social circumstances, are more relative from group to group and more apt to change over time. Being a good parent is

important in both Guinea and Korea, for example, yet what it takes to be a good parent is different in both countries due to differing social circumstances.

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.” (Yoder, Abderrahim, and Zhuzhuni 2004, 13).

McAdams has the right idea, but his distinction is cognitive when it should be evaluative. We suggest it is better to distinguish more fundamental moral norms from less fundamental social norms derived from them. This formulation is also more suitable for application in nonliterate societies, whose members are less likely to contrast the abstract and the concrete but more likely to contrast a fundamental value and a derived value. Enunciation of the fundamental moral norm directs the attention of people to the ultimate point of an implementing social norm. The fundamental moral norm, “do not harm your child” motivated the origination and maintenance of the marriageability convention of FGM/C, and the very same fundamental moral norm motivates abandonment once it is realized to be feasible. *The people involved are not changing their most basic values, but, in response to credible new information, they are realizing them more coherently and more fully.* This is hypothesized to be the explanation for the powerful force of human rights discourse in the abandonment of FGM/C.

How transformative human rights discourse brings about change will be discussed after we consider how several other factors can overdetermine the maintenance of FGM/C.

Additional Overdetermining Factors: Religious Obligation, Rite of Passage, and Female Honour and Modesty

So far we have discussed how FGM/C can be sustained as a marriageability convention, a social norm, or both. FGM/C may be sustained also by one or more overdetermining factors that vary widely across groups. Here we consider the three most prevalent factors: religious obligation, adolescent rite of passage, and female honour and modesty. Each factor appears in some practicing communities, but is not found as widely as the marriageability connection. First, in a community where FGM/C is perceived as a specific step a girl must take to fulfil certain religious obligations, interventions designed only to collectively resolve the marriageability problem may not be sufficient to end the practice without also taking steps to credibly address the believed religious obligation to

practice FGM/C. At the same time, a plan which addressed revision of religious norm, but not the problem of marriageability, would also not be sufficient to achieve abandonment. Gruenbaum (2001, 192) says that no matter how authoritative the source of the message that FGM/C is not a religious requirement, parents will continue the practice if it is a requisite of their daughter's marriageability and security.

A second overdetermining factor is the association of FGM/C with an initiation rite. Contrary to popular impression, FGM/C is often not associated with rite of passage. According to Hayes (1975:621) "infibulation is not a rite of passage among the Somali, nor do my data indicate that it is in Sudan, and according to Kennedy it is not so in Egyptian Nubia." Furthermore, the age at which FGM/C is done averages 7-11 across groups, but varies significantly between groups: in more than a few it is done in infancy, and in a few it can be done as late as after the birth of the first child. FGM/C clearly does not mark transition to womanhood at those ages. Sometimes, however, FGM/C is associated with initiation rites. In coastal West Africa, from Senegal to Nigeria, FGM/C is associated in a number of groups with elaborate initiation ceremonies at puberty, which in a subset of those groups also involves entrance into a women's secret society (Murdock 1959:263, 269). In the East African highlands, a number of groups are organized into age-grades entered by initiation, usually at adolescence and associated in a subset of those groups with FGM/C (Murdock 1959:337, 345). Historically, if a group with a tradition of an initiation ritual later adopts FGM/C, then FGM/C might be integrated into its initiation ritual. Initiation, especially among those secret societies that span local communities as in Sierra Leone, might be so loaded with other purposes and meanings that the supposed connection between FGM/C and marriageability becomes a trivial consideration in comparison. Ahmadu (2000) reports that to forego initiation, including FGM/C, into the religious practice of the women's secret society would have permanently consigned her to childhood status in her extended Sierra Leonean family.

Johnson (2000) says that although the Mandinga in Guinea-Bissau claimed that initiation and FGM/C are inseparable, half of the respondents were cut without any initiation ceremony. Hernlund (2000) says that it is becoming increasingly common for girls in the Gambia to be cut with less ritual and at younger ages and that this is part of a general trend. Efua Dorkenoo (1994: 3940) suggests that the trend to less ritual and younger ages undermines the hypothesis that FGM/C is explained as an initiation rite. DHS (Yoder, Abderrahim, and Zhuzhuni 2004, 48) confirm that in some practicing countries girls are being cut at earlier ages. If initiation is fading, but FGM/C stubbornly remains, perhaps that

is evidence that they are separate entities and that initiation is much more weakly persistent than is FGM/C. In some places the states of *adulthood* and *marriageability* might be distinct, such that the elements of the initiation ritual that establish adulthood are not sufficient to establish marriageability, which requires the separate step of male or female circumcision. In other places the states of adulthood and marriageability might be identical, so that retaining initiation ritual but abandoning FGM/C might be a feasible strategy.

The third and most difficult overdetermining factor is the female honour and modesty code, which requires not only actual chastity and fidelity, but costly symbolization of those qualities. It is found in association with FGM/C in the countries of Northeast Africa, and in pockets elsewhere. The strong code is found on other continents as well, but not in association with FGM/C. The honour and modesty code prescribes a suite of values and practices, including FGM/C, both internalized by training and enforced externally by social, legal, and religious norms. In many human groups spousal fidelity, actual and sometimes symbolic, is a powerful moral norm, although worldwide the double standard, of expecting more of the woman than the man, is common. The norm may be based on legitimate expectations of reciprocity: each spouse owes the other both fidelity and support. Traditionally, the male especially owes material support during pregnancy and child-rearing and the female especially owes the male a child that is his own. However, punishment for failure to reciprocate is more frequent and severe against women than men. Violation of the fundamental norm of reciprocity creates guilt in the transgressor, and anger in the transgressed; guilt and anger can involve the immediate parties, or the larger corporate family responsible for its members' behaviour, or the entire community. What counts as violation of the fundamental moral norm is implemented by more variable derived social norms. If, in a given community, a practice like footbinding, FGM/C, seclusion of women, or very modest dress stands for fidelity, then to defy the practice declares one's infidelity, even if one's actual intentions and behaviour are known to be wholly faithful, and such defiance can contaminate the woman's whole family.

How can FGM/C be disconnected from the honour and modesty code? Revise self-enforcing beliefs that decent women must be cut by learning that elsewhere decent women are uncut. Apply human rights discourse to the problem of unequal status and treatment of women and men. Revise concrete social norms about chastity and fidelity to be more coherent with underlying moral norms. Provide practical strategies for dealing with men's advances. Emphasize men's equal obligations to reciprocate fidelity and support.

Transformative Human Rights Deliberations

The most powerful but hitherto undertheorized factor inspiring FGM/C abandonment in local communities is the introduction of participatory human rights education. In the first observed mass abandonments, in both Egypt and Senegal, public commitments to end FGM/C, came only *after* human rights deliberation was introduced into their basic education curricula (Hadi 1998: 31; Tostan 1999). Tostan, after decades of work in Senegal that focused primarily on local development projects and basic literacy, health and life skills education experimentally added human rights education to its program. The first village where the module was added, Malicounda Bambara, on its own initiative after two years in the whole basic education program, was the first village to organize abandonment of FGM/C. A similar story is told in Deir El Barsha, where CEOSS had traditionally focused on health education, local development, and women's empowerment programs. Human rights education in Deir al Barsha meant that FGM/C was "dealt with from a broader perspective than merely focusing on its hazards and health problems. Primarily, this practice was projected as being a gross violation of the rights of women and female children...to live a life free of physical and moral violence" (Hadi 1998:31). The programs in Malicounda and Deir El Barsha were entirely independent from one another, are 5000 kilometres apart and in entirely different cultural zones, and each yielded unprecedented results surprising to programme administrators.

Before the introduction of participatory human rights education, often the main message about FGM/C was about health risks (Rogo, Subayi, and Toubia 2007:11-12). At the same time, parents turned to medical practitioners or reduced the severity of the practice (we do not know whether health education caused medicalization of the practice). With health education alone, medicalization of the practice is still consistent with the fundamental moral norm of doing the best for one's daughter, since medicalization reduces health complications while still enabling the daughter to marry. The introduction of broad deliberations about human rights transforms the process. Making the fundamental norm explicit justifies why a social norm should be revised – so that it can better realize the underlying fundamental norm. Participatory human rights education provides a justificatory framework and ennobles the process of norm revision. Individuals are not rejecting the bad, but are embracing the good.

The NGO KMG in Ethiopia in 2000 held workshops for 50 women from different subdistricts on gender, democracy, and women's rights. It also coordinated with government and community organizations, and built its credibility with community projects. Its webpage

in a 2002 entry states that, “We used to talk about helping girls one girl at a time. Now, our people have taught us that it is possible to seek not just change, but accelerating change.” In early 2003, it implemented a vigorous community dialogue program which has led to many coordinated community abandonments (Dagne 2008, <http://www.kmgselfhelp.org/hotissues.html>). Both human rights deliberation and coordinated community abandonment are necessary for change. National programmes in Egypt and Sudan are promoting positive human rights messages and discussions at national, regional, and local levels, and are experimenting with a variety of coordinated abandonment through community dialogue efforts at the local level.

We speculate that the realization that one possesses inalienable human rights, not only treasured as values in one’s own community but also recognized in international covenants activates a powerful endowment effect. The literature of the endowment effect finds that in many circumstances individuals tend to place higher value on goods or rights they already possess, as opposed to those they only wish to have. Prior to having certain rights, or prior to even having a conception of such rights, one will not place as much value on attaining them as one would in the alternate scenario of possessing them and having them violated or taken away. Once people realize they have rights – once rights are entered on their mental map -- they attach high value to securing and protecting the rights of themselves and their children.

Our account of revising self-enforcing beliefs relates also to another concept, that of release of adaptive preferences, developed by Elster, Sen, and, with respect to women in development, by Nussbaum (2001). The basic idea is that someone’s preferences may be mistakenly adapted to the choices they believe to be feasible, like the fox in Aesop’s fable who dismisses the grapes he can’t reach as no good anyway. For example, in Bengal in 1944 a survey found that 46 per cent of male widowers reported that their health was either indifferent or ill, as compared to 3 per cent of female widows (Nussbaum 2001, 80). Which is more likely? That the men are 17 times sicker than the women? Or that the men consider it feasible to improve their health and thus complain and that the women consider it not feasible to improve their health and assert, and probably even feel, that all is as it should be? Nussbaum writes about oppressed women being released from adaptive preferences. She tells the story of Vasanti, who once considered marital abuse as a part of woman’s lot in life, just part of being a woman dependent on men. “The idea that it was a violation of rights, of law, of justice, that *she herself* had rights that were being violated by his conduct – she did not have those ideas at that time, and many many women all over the world still do not have them” (Nussbaum 2001, 69). The difference is that the concept of adaptive preferences

assumes that people know of impractical alternatives but stop preferring them. In contrast, the concept of self-enforcing beliefs emphasizes that people do not even come to know of better alternatives.

Appadurai (2004, 68-69) offers an independently-devised conception similar to the idea of revising derived social norms in order to better realize more fundamental moral norms. He places more fundamental aspirations for the good life at the apex, which in turn back more derived intermediate norms about marriage, work, respectability, and so on, and these intermediate norms in turn back the specific wants and choices about one mate or another, one job or another, and the like. Development theorists, he argues, tend to study the specific wants and choices of people and to neglect the more fundamental norms behind those wants and choices. He also says that the materially better off have a more highly developed *capacity to aspire*. This capacity arises from the variety of experiences in their lives, which allows them to learn in detail the connections between immediate choices and ultimate ends. The capacity to aspire allows one “to explore the future more frequently and realistically.” Arousal and elaboration of the capacity to aspire is essential to the development of the materially worse off, he says. Appadurai’s conception is inspired by ethnographic study of an alliance of housing activists based in Mumbai. Two prominent recommendations of his analysis are, first, the need for processes that improve the capacity to aspire, and, second, cultural performances that enact consensus on those aspirations. The resemblance to observed mass abandonments of FGM/C is uncanny.

This essay concentrates on an irreversible abandonment of FGM/C but has indicated that abandonment of the practice is often just one part of broad changes for the better brought about by holistic, human-rights-based, community empowerment programmes. Nussbaum’s conception of central capabilities parallels Appadurai’s aspirations for the good life and our focus on transformative human rights deliberations. She too appreciates the *practical* power of such discourse for obtaining broad results:

We learn something about the likely stability of a consensus based on central capabilities when we note . . . that women who have become literate find literacy valuable and even delightful, that they report satisfaction with their new condition, and that the transition in their lives begun by literacy is not one that they would wish to reverse. The same is evidently true for health and sanitation, for learning to stand up against domestic violence, and for acquiring political liberties and capabilities: people who once learn and experience these capabilities do not want to go back, and one cannot really make them go back. The delight and satisfaction that makes people unwilling to go backwards is a very important sign that the conception we are developing is likely to be a stable one (85-86)

Transformative human rights deliberations should not be conceived of as the imperious transmission of informed and legitimated international norms to less informed and less legitimate local communities. Indeed, such an attitude would not respect the rights of the people making up those communities. Nor are such deliberations essentially a matter of opposing international moral norms to local social norms. Rather it is more a matter of what philosopher Hans Gadamer termed a fusion of horizons; in this instance, the joining of local values and practices, cultural and religious, with international rights discourse and experiences, each enlightening and improving the other. A general value, illustrated through a number of specific local examples, helps people identify which of their existing values are more fundamental, and which values derive from those fundamental values. Merry (2006) observes that the international human rights framework used by the international movement against violence to women is also enthusiastically appropriated by local, regional, and national movements to curb such violence. But, she notes, to be effective, human rights ideas need to be translated into local terms and be actively remade in the local vernacular.

We have said much about how a public commitment serves as a mechanism to coordinate families within intramarrying communities on abandonment, and as a mechanism activating individual and collective resolve to live up to the abandonment decision. The public commitment not only shifts the convention, maintaining the marriageability interest and advancing the health interest, just as importantly, it also shifts the social norm, so that going uncut becomes positively sanctioned and being cut becomes negatively sanctioned. Also, the moment, or the process, of public commitment can be a positive, celebratory, ennobling event (Mackie, field notes, 1999, 2004). Haidt (2003) claims to have identified a separate emotion of moral elevation, with distinct elicitors, subjective feelings, objective physiological markers, and action tendencies. Elevation “appears to be caused by seeing manifestations of humanity’s higher or better nature; it triggers a distinctive feeling in the chest of warmth and expansion; it causes a desire to become a better person one’s self; and it seems to open one’s heart, not only to the person who triggered the feeling but also to other people” (Haidt 2003: 864). It may sound maudlin to the cold mind of the social scientist, but if it is a identifiable entity with motivational force for social change, then it is a phenomenon that merits study.

Transformative human rights deliberations may fuel moral elevation in the hearts of women and other community members who believe that, in working towards the end of FGM/C and other problems in their community, they are doing something good, important

and necessary for themselves, their children, and their people, something that will contribute not only to this generation, but to generations to come.

They each admire the others, and each feel elevation, in the process of abandonment, which climaxes in public commitment. This is plain to visiting observers contemplating abandonment, who are attracted to enacting the event on their own behalf. One study reports, “The public declaration was also seen as an opportunity to increase the popularity of the village where it was held.” The head of one participating neighbourhood said, “It was important for the village. It enabled us to become better known” (Diop et. al. 2004: 28). See the norm shift in these statements – rather than feel shame at not practicing FGM/C, or for having practiced FGM/C in the past, one now feels pride to declare to the world one’s choice for the future. Rather than looking backward to understandable and nonculpable mistakes in the past, one is motivated to move forward to a positive vision of one’s people and their ways.

VI. Conclusion

Social convention theory was and is useful in helping to understand how for centuries nearly all the families in certain intramarrying communities imposed a harmful and dangerous practice on their children, how and why footbinding after a thousand years ended in a single generation, and how and why FGM/C, while stubbornly resistant to change, yields to organized mass abandonments. The initial model drawn from social convention theory, did not, however, treat in enough detail normative discourse, especially transformative human rights deliberations, observed as an essential feature of organized mass abandonments. Since the theory is becoming influential in practice (WHO 2008), it is important that these refinements be developed and evaluated.

This paper has attempted to summarize and update what we know about the causes of FGM/C, the social dynamics that perpetuate it, and those that effectively encourage its abandonment. Hernlund and Shell-Duncan (2007) are correct when they say it is important to realize that different communities practice FGM/C in different contexts, and that each context presents specific challenges for reformers. This paper has attempted to illuminate general trends that tend to be applicable over a broad set of cases, and the general model we have proposed – one which integrates self-fulfilling beliefs, marriageability convention, social norm, and moral norm – provides additional insights for understanding the abandonment of FGM/C in most practicing communities.

One scholar denounced “Western missionaries” for “harping on the ritual of female circumcision.” Instead, she says, “Let them save Africans from malnutrition, unhealthy environments and diseases. Let them save Africans from poverty and violence, themselves responsible for malnutrition, poor sanitation, lack of clean drinking water and infant mortality” (Russell-Robinson 1997: 56; cited in Gruenbaum 2001: 220). The empirical successes of approaches to ending FGM/C that are holistic, community-based and that use human rights education to promote social transformation suggest that the goals of ending FGM/C and of ending poverty and violence do not conflict. Rather, these goals can be synergistic, each supporting the advancement of the other.

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