



**Female Genital  
Cutting:**  
**Breaking the Silence,  
Enabling Change**

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## Preface

In 1995, the International Center for Research on Women (ICRW) and The Centre for Development and Population Activities (CEDPA) began working in partnership to manage the “Promoting Women in Development” (PROWID) grants program, funded by the Office of Women in Development at the United States Agency for International Development (USAID). PROWID was a four-year grants program that sought to improve the lives of women in developing countries and economies in transition by promoting development based on practical insights gained from field-tested interventions. PROWID grants supported 45 different activities implemented by partner organizations in over 30 countries, including action-oriented policy research, pilot interventions, and advocacy that contributed to economic and social development with women’s full participation.

PROWID projects were grouped into three broad crosscutting themes including economic growth and development; governance, civil society, and women’s leadership; and domestic violence against women. Additionally, a small number of projects were focused specifically on female genital cutting (FGC) and on the challenges and transformations for women in post-conflict transitions.

This paper is one of several analytical documents synthesizing the findings across PROWID projects and their implications within the various theme areas. Recognizing that such themes overlap in their contributions to development, PROWID project staff worked in consultation with the partner teams in the field to identify key lessons derived from their project experiences and formulate recommendations for improving the design and practice of development. An overarching “best practices” synthesis paper concludes the set of documents, placing PROWID findings within a framework of development envisioned as the progressive realization of human rights and structuring the full range of recommendations as a final programmatic contribution to the theory and practice of women in development.

All of the PROWID synthesis papers are available upon request from ICRW and CEDPA, and can also be found on-line at the web site of either organization. To visit the ICRW web site, go to <http://www.icrw.org>, click on “PROWID,” scroll down to “Publications,” and look for the *PROWID Synthesis Papers* section. To visit the CEDPA web site, go to <http://www.cedpa.org> and follow the PROWID Publications link. *Reports-in-Brief* providing summaries of each project supported by PROWID are also available from ICRW and CEDPA by request and on-line.



## Acknowledgments

The authors wish to acknowledge all those who contributed to the spirit and content of this document. Particular inspiration was drawn from the women and men in Egypt, The Gambia, and Senegal who had the courage to challenge age-old traditions and tremendous social pressure in their pursuit of women’s and girls’ health and human dignity. Aiding these women were the equally courageous and committed staff of BAFROW (The Gambia), Tostan (Senegal), and CEDPA-Egypt and its local partners—the Coptic Organization for Services and Training (COST)-Beni Suef; Caritas-El Minya; the Community Development Association of Monshaat Nasser, Beni Suef; and the Center for Egyptian Women’s Legal Assistance in Cairo. Many of the women and men of these organizations and the communities that they serve participated in the PROWID-sponsored *International Consultation on Female Genital Cutting (FGC)*; their experiences and recommendations formed the basis of this document.

Several persons contributed immeasurably to this document in its final form, most notably: Andrea Bretting, who provided the bulk of the research; Trish Ahern of CEDPA, who read countless drafts; and Rana Badri of Equality Now, who also provided comments on the draft final. Heartfelt appreciation is also extended to Asma Abdel Halim, former coordinator of the USAID Intra-Agency Working Group on FGC and now with RAINBO, who not only provided comments on the draft document, but also accompanied the PROWID Project Coordinator on visits to the three projects, imparting invaluable insights and guidance along the way.

Very special thanks are also extended to Fatou Waggeh, Executive Director of BAFROW, and the BAFROW staff in The Gambia who provided the PROWID Project Coordinator with her first opportunity to meet with important stakeholders in FGC in Africa, namely former and practicing circumcisers, village women and girls, and local government representatives. Those experiences contributed to an enhanced understanding of the complexity of actors and influences that perpetuate the practice of FGC, and the association with BAFROW inspired lessons on commitment and sustainability.

# Executive Summary



**D**espite decades of efforts to end Female Genital Cutting (FGC), the practice persists today in more than 25 African countries, parts of Asia and the Middle East, and in numerous African immigrant communities living in industrialized nations.

FGC is a traditional practice that involves the physical alteration of the female genitalia. It is estimated that approximately two million girls are at risk of undergoing some form of FGC each year and, hence, are at risk of suffering a wide range of harmful consequences from psychological trauma to hemorrhage, HIV infection, complications during childbirth, and even death.

Justifications for FGC are most often based on aspects of tradition, religion, and notions of women's sexuality. Because reasons for the practice are so deeply rooted in the values and beliefs of societies, further complicated by the large number of stakeholders in the practice, FGC has proven a particular challenge to those who would end the practice.

While attempts to ban FGC date back to colonial times in Africa, it wasn't until the 1970s and 1980s that the practice began to gain international recognition as a critical health issue for women and children. Now, however, women's health and human rights advocates have broadened the debate over FGC to include considerations of power and women's subordination – considerations that preclude women and children from knowing and exercising their rights to health, bodily integrity, and freedom from violence.

Within this evolving framework of human rights and with the growing understanding of the need for culturally and politically sensitive,

inclusive and sustainable programs, three nongovernmental organizations (NGOs) from Egypt, The Gambia, and Senegal implemented highly successful projects to support communities in efforts to end FGC:

- **CEDPA-Egypt** worked in collaboration with four local NGOs, using a Positive Deviance Approach (PDA) to identify “Positive Deviants” (or positive role models) who had withstood social pressures and not had their daughters cut or who advocate against the practice. Through a systematic interview process with the Positive Deviants, NGO staff and community leaders were able to determine the factors that allowed women and men to go against traditional demands of society. The process of the PDA, used for the first time in the context of FGC, has broken traditional silence and acceptance surrounding the practice and has resulted in innovative programs and new advocates willing to actively participate in efforts to end FGC.

- **The Foundation for Research on Women's Health, Productivity and the Environment (BAFROW)** in The Gambia worked in collaboration with a variety of stakeholders –community members, circumcisers, religious and local leaders – to design an alternative rite of passage curriculum for the traditionally very important girls' initiation ceremonies. The new curriculum emphasizes important aspects of Gambian culture and provides instruction in health, hygiene, and religion, yet eliminates the cutting of young girls. This new curriculum, combined with reproductive health education classes for women, conducted by BAFROW staff, has led more than 30 circumcisers to abandon their profession and take on new roles as village health educators.

- **Tostan**, in Senegal, designed and conducted education classes for over 900 women in 30 villages, providing instruction in human rights, reproductive health, problem-solving and health and hygiene. Participatory learning activities, based in Senegalese culture and oral tradition, emphasized what women could do to create dialogue and positive change for themselves and their societies. As a result of the women's learning and active outreach to other communities in the region, the project culminated in 105 villages –representing approximately 80,000 people — that publicly declared an end to FGC with the full support of community members and religious and political leaders.

Following a review of project final reports on experiences and findings from the three projects, NGO staff members, community representatives and PROWID staff gathered at an *International Consultation on Female Genital Cutting* to share strategies, distill lessons learned, and make recommendations for designing and implementing successful programs to end FGC. These lessons and recommendations — derived from concrete field experiences — have significant implications for development practitioners, donors, and policymakers on how best to break the tradition of silence surrounding FGC and enable communities to abandon the practice. Specifically, NGOs and communities learned that the most successful efforts to end FGC involve:

- Integrated (rather than single-focus) approaches that address FGC from its myriad social, cultural, economic, legal, and political perspectives;
- Women's empowerment and enhanced decision-making as a crucial means to not only end a harmful practice but also promote women's overall participation in development;

- Concepts of human rights that have the power to transform women's self-perceptions and to link them to larger notions of dignity, rights, and responsibilities;
- Participation of new and influential voices that make compelling role models and effective advocates; and
- International NGOs that provide not only financial support and technical assistance in programmatic skills-building, but also facilitate processes for networking, sharing information, and documenting and disseminating experiences.

Additionally, *Consultation* participants suggested that development practitioners, donors and policymakers support, design and/or implement FGC programs that:

- Respect and celebrate culture (including religion) in order to design and implement programs that appeal to communities and build on important community values;
- Empower communities to abandon FGC freely and independently by providing members with accurate information, by creating safe environments for reflection and questions, and by involving stakeholders in the design and implementation of programs;
- Equip individuals and groups with tools to transform themselves and their communities by introducing new methodologies and innovative ways to reach stakeholders and promote a sustainable end to the practice; and
- Encourage political participation at all levels in order to facilitate community access, garner government support, and encourage legal measures that promote and protect women and children's rights.



# Introduction



**F**emale genital cutting (FGC)<sup>1</sup>, a harmful traditional practice, is believed to affect over 132 million girls and women worldwide, with an additional two million girls at risk of some form of the practice each year (World Health Organization 1998). Also widely known as female genital mutilation (FGM) or female circumcision (FC), FGC describes a range of procedures that involve the removal of the external female genitalia. The practice, most often justified by culture and religion, is at once staunchly defended by practicing populations and vehemently condemned by women’s health and human rights advocates. Once considered a practice limited to the African continent, instances of FGC are now found in developed and developing countries alike, remaining a firmly entrenched tradition of many societies despite geographic transitions.

Efforts to understand and eliminate FGC have historically been carried out by health and development professionals alarmed by the physical suffering, morbidity, and death linked to the practice.<sup>2</sup> Increasingly, however, FGC eradication advocates are using legal and international human rights mechanisms to promote women and girls’ equity, health rights, and bodily integrity. Referred to in the Universal Declaration of Human Rights in 1948, FGC and the struggle for its eradication have gained increasing recognition in more recent United Nations proceedings, providing momentum and hope to those who want to eliminate the practice.

Beginning in 1995, Promoting Women in Development (PROWID) issued small grants to

three nongovernmental partner organizations in Egypt, The Gambia, and Senegal. The partners designed and implemented projects addressing FGC, and carefully recorded their strategies, experiences, results and lessons learned. In addition, PROWID facilitated a May 1999 *International Consultation on Female Genital Cutting* that provided the three partners with the opportunity to share their experiences, learn from one another, and begin to develop regional networks to further their efforts to end FGC in their countries.

This document is not designed to provide a comprehensive history of the struggle against FGC in Egypt, The Gambia, and Senegal; nor does it purport to provide monolithic models for ending FGC. Instead, the document synthesizes the experiences, lessons, and recommendations that have emerged from three concrete strategies and attempts to document those experiences, to be shared among interested stakeholders.

The report first briefly examines the occurrence of FGC, common rationales for its practice, and its prevalence. Efforts to eliminate the practice are then explored within the context of an emerging human rights framework. Subsequently, a synopsis of the three distinct strategies, their methods and results, is provided. The final section of the document reports on the PROWID *International Consultation on FGC*—the discussions that took place and what PROWID partners identified as the critical elements of effective FGC interventions—and makes recommendations on how practitioners, donors, and policymakers can best enable communities to abandon the practice of female genital cutting.<sup>3</sup>

<sup>1</sup> For the purpose of this report, the term Female Genital Cutting or FGC will be used to describe a collection of procedures performed that alter the female genitalia. For an explanation of the terminology, alternate nomenclature, and definitions of procedures, see page 8 of this report.

<sup>2</sup> Physical hazards of FGC include, but are not limited to: injury and infection often leading to permanent disability; infertility; tetanus; HIV infection; debilitating menstrual pain; malformation of the genital area; painful urination and urinary retention; painful sexual intercourse; difficulties in childbirth, endangering the health and life of both mother and child; and death from uncontrollable bleeding or from shock (Population Council 1997).

<sup>3</sup> The use of the term “abandon” in this document is deliberate and indicates a belief that programs designed to end FGC are most successful when they enable individuals and groups to knowingly and independently give up the practice.

# What is FGC?



**F**emale genital cutting, female genital mutilation, and female circumcision—and countless names in local languages—are all terms used to describe the alteration of the female genitalia. The varying terminology has often sparked debate among supporters of the practice, advocates of ending FGC, scholars, development professionals, and policymakers.<sup>4</sup> For the purposes of this document, the following definition, provided by the June 1999 symposium, “Female Genital Cutting: The Facts and the Myths,” sponsored by the USAID Intra-Agency Working Group on FGC, will be used:

*Female Genital Cutting (FGC) is a harmful traditional cultural practice that involves any alteration or cutting of the female genitalia. Procedures range from snipping or removal of the clitoris and the labia minora to excision of all the external genitalia, with tight closure of the resulting wound. This practice is rooted in closely held traditions governing women’s status, identity, and marriageability.*

## Typology

Three main categories of FGC have been identified<sup>5</sup>:

- **Clitoridectomy** is the removal of part of or the entire clitoris. Bleeding is stopped with pressure or stitches.
- **Excision** is the removal of the clitoris and the partial or total excision of the labia minora. Bleeding is usually stopped with stitching, but

the vaginal opening is not covered. Approximately 85 percent of all women who have undergone FGC have had either clitoridectomy or excision performed on them.

- **Infibulation** is the removal of the clitoris and the partial or total removal of the labia minora. In addition, incisions are made on the labia majora to create raw surfaces that are then stitched together or kept in contact by tying the legs together until healing occurs. Resulting scar tissue from the operation covers the urethra and most of the vaginal opening. Depending on the size of the opening, sexual intercourse and childbirth may require a “recutting” (de-fibulation). In many cases, re-infibulation occurs following childbirth. Infibulation occurs primarily in Somalia, Djibouti, northern Sudan, and in southern Egypt and areas of Ethiopia (Toubia 1995).

## Historical Context

While there is much speculation about the origin of FGC, many scholars believe that the practice originated in Africa and was later adopted by adherents of Islam when they conquered Egypt in 742 A.D. Others believe that the practice originated on the Arabian Peninsula; while still others claim it arose independently in various places (For more complete discussion of the possible origins, see French 1992; El Dareer 1982; El Saadawi 1980). Contrary to the belief that only Muslims practiced FGC, historical evidence now documents the ritual among

<sup>4</sup> For many, the term “female circumcision” is a misnomer because female circumcision is in no way analogous to male circumcision (Dorkenoo 1995). Critics of the term “female genital mutilation” contend that it is a value-laden expression, coined by the West, to suggest that those who support or perform the practice are barbaric or intentionally seek to do harm. For the purposes of this document, the term female genital cutting or FGC has been adopted. This more neutral term reflects a desire on the part of the authors to leave open avenues for constructive dialogue among all FGC stakeholders and to foster ways to work with communities to assist them in their efforts to abandon the practice.

<sup>5</sup> The World Health Organization also recognizes an “unclassified category” of FGC that includes the pricking, piercing, stretching or incision of the clitoris and/or labia. This category can also include the cauterization of the clitoris and surrounding tissue, the scraping or cutting of the vagina or surrounding tissue, and/or the introduction of corrosive substances or herbs into the vagina (WHO 1998, p. 6).

Christians, animists, and Ethiopian Jews. Indeed, practices involving the cutting or piercing of genitals have been found throughout history and, in many cultures, not restricted to the African continent. The term infibulation, for example, comes from the Roman word “fibula” meaning clasp, and referred to the ring or clasp that was fastened through the genitals of female slaves in order to control their sexuality and reproduction (French 1992). And, as recently as the 1950s, doctors from some Western countries used female genital cutting to “‘treat’ hysteria, lesbianism, masturbation, and other so-called female deviances” (Toubia 1995, p. 21).

## Prevalence

FGC is currently practiced in 28 African countries, with cases reported in some communities in Yemen and in South and Southeast Asia. In addition, FGC is a common practice among Africans who have immigrated to other continents such as Australia, Europe, and North and South America for a variety of social, economic, and political reasons. In particular, ongoing civil wars in countries such as Somalia, Eritrea, Ethiopia, and the Sudan have created refugee populations seeking security in Europe and North America. Through these immigrant groups, FGC has been brought into host countries along with other cultural customs (Toubia 1995).

Both the threat and the occurrence of FGC in traditionally non-practicing countries presents new challenges for host country governments and for medical and mental health professionals confronted, perhaps for the first time, by the practice and its consequences. In the United States, for example, The Center for Reproductive Law and Policy reported in 1997 that the U.S. Congress as well as several state legislatures had passed statutes to prevent FGC in the U.S. and to support its eradication worldwide.<sup>6</sup> Other countries with large African immigrant populations, such as Canada, have likewise responded with legal measures to prohibit the practice. Still other nations, including Denmark and the Netherlands, have undertaken proactive steps to

prevent FGC among immigrant communities and to train health professionals likely to care for affected girls and women (United Nations 1999). And in the U.S., FGC gained national and international attention when a young Togolese woman, Fauziya Kassindja, fled her country and sought legal asylum in the United States in order to avoid being subjected to FGC by her extended family. After a highly criticized detention period of nearly 16 months, the Board of Immigration Appeals overturned the ruling of a lower court and granted asylum to Ms. Kassindja. The precedent setting case stated that FGC “‘can constitute persecution’ for the purposes of asylum,” and the ruling is binding on all U.S. immigration judges (Berkman 1996).

## Justifications for FGC

Through immigration, female genital cutting has become a global issue and is no longer simply the concern of practicing African nations. Despite this global recognition and efforts to eliminate the practice, FGC remains firmly embedded in the practices of many societies. Eradication advocates and development practitioners increasingly recognize that in order to end FGC, a fuller understanding is required of the complex reasons why FGC is performed, its significance, and the stakeholders involved. Individuals and groups of women and men endorse FGC for a variety of reasons that can vary from country to country and can differ among ethnic groups. However, research suggests that tradition, religious belief, and notions of women’s sexuality and control over that sexuality primarily contribute to the continuation of FGC.

**Tradition.** The majority of FGC supporters explain that the practice is customary or a part of their tradition. Some societies have even constructed elaborate initiation rituals or rite of passage ceremonies for girls using FGC and accompanying rituals as a means to welcome young girls to womanhood and to confer social acceptance or a sense of belonging within a community. Critics of these justifications are quick to point out, however, that trends point to

<sup>6</sup> Since 1996 the practice of FGC has been considered a federal offense in the U.S. if performed on persons under the age of 18 without medical indication.

girls being cut at younger and younger ages. This phenomenon, they say, makes it unlikely that the ritual in fact signifies new status or enhanced roles in society for the newly initiated (Dorkenoo and Elworthy 1994).

**Religion.** The impact of religious belief on the continuation of FGC is considerable and has been widely documented. While FGC does occur in some Christian communities and among some animists and a small population of Ethiopian Jews, it is particularly the Islamic faith that is cited among many Muslim communities as a reason for FGC. Countless religious scholars and leaders agree, however, that neither the *Qur'an* nor *Hadith*<sup>7</sup> instruct Muslims to perform genital cutting. Opponents of the practice say that it is the misinterpretation of Islamic texts and the lack of official and authentic explanations that lead non-scholars to adhere to the harmful practice, thinking it an obligation with which believers must comply or be subject to punishment (Toubia 1995).

**Sexuality.** Other powerful justifications for the practice of FGC are associated with notions of girls' and women's sexuality and its control. Research conducted in Egypt demonstrated that FGC is often associated by both women and men with a sense of female cleanliness and attractiveness (El-Zanaty et al. 1996). At the same time, FGC is also seen as a means to safeguard against pre-marital sexual activity, and as such, to prevent promiscuity and preserve virginity. Other related reasons frequently given for the practice are that it reduces a woman's sexual desire, ensuring her chastity prior to marriage, and her fidelity and husbands' sexual pleasure following marriage (Carr 1997).

## Early Efforts to End FGC

Efforts to address FGC in Africa can be traced back to the turn of the century when churches and missionaries protested the practice and colonial administrators unsuccessfully attempted to enact legislation prohibiting FGC. These early

actions most often resulted in a backlash against further Western infringement on African cultural beliefs and practices.

It wasn't until the late 1970s and early 1980s that FGC began to gain international recognition. At that time, fueled by a series of reports and research papers representing some of the first systematic attempts to document the practice, both African and Western representatives began to take up the issue in a more concerted fashion. Their efforts, however, continued to focus on the physical and psychological hazards associated with FGC; little attention was paid to how the practice was linked to issues of power, the subordinate position of women, and the social structures that facilitate the continuation of the practice (Rainbo 1997).

The colonial legacy, exacerbated by the sensationalist approaches adopted by Western media and "horrified" but well-intentioned opponents of FGC, left many Africans suspicious of Western motives and assistance. Indeed, the question of legitimate intervention, or who should have the right to address the practice of FGC, was the subject of intense debate during the United Nations Mid-Decade Conference on Women and the Non-Governmental Forum in Copenhagen (1980). Some nascent African women's networks strongly urged Africans to address the issue locally and to reject Western approaches and what was considered the West's condescending attitudes toward those who support FGC.

## Emerging Global Concern and Action

By the 1990s, arguments over who could legitimately work to end FGC gradually subsided as the understanding of and efforts surrounding FGC evolved into global concern for violations of women and children's rights. This more comprehensive understanding and increased recognition is clearly demonstrated by the proceedings of three recent international United Nations conferences<sup>8</sup>:

<sup>7</sup> The *Hadith* are a collection of the sayings of the Prophet Mohammed that were recorded from oral history. A directive (not a lesson) of the Prophet that is often cited as a reason for circumcision is a question from a speech. When asked about circumcision, Mohammed is recorded as saying to "circumcise but not to destroy (mutilate) for not destroying (the clitoris) would be better for the man and would make the woman's face glow." Subject to misinterpretation, the directive is an attempt on the part of Mohammed to deter the practice and acknowledge Islam's support of a woman's sexual satisfaction within marriage (Toubia 1999, p. 31).

<sup>8</sup> Prior to 1993, The Universal Declaration of Human Rights (1948), The United Nations Convention on the Rights of the Child (1989), The African Charter on the Rights and Welfare of the Child (1990), and The United Nations Convention on the Elimination of All Forms of Discrimination Against Women (1992) contained articles that referenced cruel and inhumane treatment and the individual's right to bodily integrity (Rainbo 1997).

- The second World Conference on Human Rights (WCHR) held in Vienna in 1993, was the first international conference to reference FGC, albeit not explicitly. The WCHR Programme urged the ““eradication of any conflicts which may arise between the rights of women and certain traditional or cultural practices,”” and asked States to strike down laws and discourage traditional practices that ““discriminate and cause harm to the girl-child”” (Boland 1997, p. 32).
- In Cairo, Egypt, in 1994, the International Conference on Population and Development (ICPD) included women’s reproductive and sexual rights in its agenda. The resulting Program of Action directly mentioned FGC and emphatically urged governments to prohibit the practice and to undertake proactive measures to do away with it.<sup>9</sup> The Cairo Program of Action was unique among international conference documents for its emphasis on the need for international commitments to be upheld through practical programmatic and policy responses (Rainbo 1997).
- The Fourth World Conference on Women that took place in 1995 in Beijing, China, solidified international support for FGC eradication and called for “enactment and enforcement of existing legislation against those who practice[d] it” (Rainbo 1997, p. A-3). Specifically, the Beijing Platform for Action states, “...Any harmful aspect of certain traditional, customary or modern practices that violates the rights of women should be prohibited and eliminated...” (FWCW Platform for Action, February 1996).

The series of international conferences held in the 1990s and their resulting plans for action have created and sustained momentum for a development paradigm that supports women’s empowerment, gender equity, and dignity for all humans. This new paradigm, or rights-based approach, establishes human rights and, in particular, women and children’s rights, as a legitimate goal of human development, as well as a means by which to gain comprehensive equity in the political, social, cultural, and economic spheres.

A rights-based approach derives its strength from its assumptions of obligation, participation, empowerment, and human dignity. More specifically, a rights-based approach to development presupposes that women, men, and children are not objects of development efforts, but rather actors who are instrumental in bringing about the enjoyment of their rights and in holding States accountable for ensuring that those rights are promoted and protected. At the same time, States are obligated to enact legal measures and policies that contribute to the fulfillment of its peoples’ human rights, and put an end to structural and customary barriers to that fulfillment (UNICEF 1999). This paradigm, encompassing rights *and* responsibilities of all stakeholders, has a significant impact on the manner by which citizens, citizen groups, and States develop, implement, and evaluate programs and legal measures designed to end female genital cutting.

<sup>9</sup> The ICPD Program of Action states, “...Measures should be adopted and enforced to eliminate child marriages and female mutilation...” (Paragraph 5.5)

# Applying Global Rights at the Local Level: Three Approaches to Ending FGC



**T**he international conviction that female genital cutting is a violation of girls' and women's rights is now well documented. Yet the basic challenge remains for governmental and nongovernmental organizations to determine how these declarations of human dignity can best be applied in the reality of a local context. It is within this framework of human dignity and the growing understanding of the need for context specific, culturally and politically sensitive, collaborative efforts, that three nongovernmental organizations from Egypt, The Gambia, and Senegal have implemented strategies to enable communities to abandon the practice of FGC.

## Turning Points: Egypt

Within three weeks of an orientation workshop on the harmful effects of FGC and possible community solutions to the problem, a volunteer literacy teacher in the governorate of El Minya:

- Taught her youngest pupils a song on female genital cutting and how it is a practice that is harmful and should be discontinued;
- Initiated a conversation on FGC with her 12- to 15-year-old literacy class students;
- Conducted home visits to five families of her students and convinced a mother of three

young daughters not to cut her girls, and convinced a mother and a father not to have FGC performed on their youngest daughter; and

- Identified two persons in her community who were opposed to female genital cutting and willing to admit their views and serve as anti-FGC activists.

How was it possible for a young Egyptian woman, in a conservative Egyptian community, to break a long-held silence and speak openly about female genital cutting? How was she able to persuade several parents not to follow social norms and cut their daughters? These seemingly small but significant steps demonstrate the ability of local women and men to work together to educate themselves and their families and to promote positive change within their communities. The driving force behind these events, and numerous others, was the use of the Positive Deviance Approach (PDA) applied to FGC.

## Background

The struggle against FGC in Egypt has taken many forms over the last number of decades, including lectures and production of materials to raise awareness on the harmful physical consequences of the practice, grassroots mobilization

### Incidence of FGC in Egypt

The most recent Egypt Demographic Health Survey (EDHS) revealed a nationwide FGC prevalence rate of 97 percent among ever-married women, ages 15-49. Muslims and Christians throughout the country practice both clitoridectomy and excision, while infibulation is found primarily in the southern part of the country. The EDHS further indicated widespread support for the practice providing evidence that 87% of Egyptian women support FGC for a variety of reasons including health and hygiene, the preservation of virginity, and as a good tradition to promote sociocultural integration. Only about 20 percent of those participating in the survey attributed the necessity of FGC to religious obligation (El-Zanaty 1995).

and policy advocacy campaigns, and the integration of discussions on FGC into health and social development programs. Most of these approaches have been based on studies that explain the sociocultural basis for the cutting and attempt to target the root causes of FGC by answering the question, “Why is FGC practiced on girls?” By contrast, the Positive Deviance Approach to FGC takes a fresh look at strategies to end FGC by trying to understand the factors that enable some families **not** to practice FGC on their daughters.

The Positive Deviance Approach (PDA) is, thus, a methodology that focuses on individuals who have “deviated” from conventional societal expectations and explored—though perhaps not openly—successful alternatives to cultural norms, beliefs or perceptions in their communities.<sup>10</sup> The PDA is based on community participation, and its strength lies in the understanding that the solution to a problem already exists within a community. In other words, by taking active part in a process of self-discovery, the people themselves have the capacity to identify and articulate solutions and to expressly apply those solutions to improve life in their communities.

### From Theory to Practice: The Positive Deviance Inquiry Process

In Spring of 1998, CEDPA-Egypt extended its partnership with the Coptic Organization for Services and Training (COST), located in the governorate of Beni Suef, to include collaboration on a Positive Deviance Inquiry. Over the next year and a half, CEDPA and COST were joined by three other partners: Caritas, Minya; the Center for Women’s Legal Assistance (CEWLA), Cairo; and Monshaat Nasser, also in Beni Suef.

The central feature of the Positive Deviance Approach in Egypt is an inquiry process that was characterized by three distinct phases:

**Phase 1:** Local NGOs and community development associations worked hand in hand with

community leaders to identify Positive Deviants. Positive Deviants are: (1) individuals who have stopped or prevented the cutting of young girls, for example, mothers, fathers, older sisters, and grandmothers; (2) individuals who have stopped performing the cutting, e.g., traditional birth attendants, circumcisers, or doctors; and (3) community leaders who oppose FGC such as priests, Imams, teachers or other officials.<sup>11</sup>

**Phase 2:** NGO staff and community leaders were trained in and conducted effective, sensitive interviews with Positive Deviants. The interviews focused on eliciting information from the participants in eight specific areas of interest:

- What is the Positive Deviant’s (PD’s) opinion of FGC?
- What have been the PD’s personal experiences with FGC?
- What are the specific reasons, events or turning points that led the PD to reject FGC?
- Was there conflict within the family as to the PD’s decision to stop the practice, and, if so, how did the PD deal with the difficulties encountered?
- What advice on FGC would the PD give to family or friends?



*Community women and staff of the Center for Women’s Legal Assistance (CEWLA) in Cairo participate in a workshop on conducting a Positive Deviance interview.*

<sup>10</sup> The PDA has been used in the past to facilitate better programs in areas such as nutrition, for example, by Save the Children in Vietnam (Stermin 1997). This is the first time that the PDA was used in the context of FGC.

<sup>11</sup> In conducting the PDI in Egypt, the term “Positive Role Model” was used in lieu of Positive Deviant because Positive Deviant did not translate appropriately into Arabic. For the purposes of this document, however, the term Positive Deviant will be used. It should be underscored that the term “Deviant” used in the context of FGC is not a pejorative term. Rather, it refers to someone who has, for a variety of reasons, not yielded to societal norms or pressures, but has instead “deviated” from them in a manner that is “positive.” In this usage, to deviate means not to cut or has not been cut.

- What are the PD's ideas for community-based strategies to end FGC?
- Does the PD believe that he or she can play a role in the struggle against FGC in the country? Describe that role.
- Is the PD aware of other community members who are not practicing FGC? Would he or she introduce them to the interviewer or other NGO staff?

During this phase, interviewers carefully recorded exact words, messages, and images shared by the PD. With the Positive Deviant's permission, those exact words might later be used for FGC education and communication strategies and other advocacy campaigns in the community.

**Phase 3:** After the interviews were conducted and transcribed, NGO staff and community leaders analyzed the information gathered from the interviews. This analysis then formed the basis on which new intervention strategies were formulated and from which new activities were developed to end FGC in those communities.

### Results

The use of the Positive Deviance Approach in the context of female genital cutting produced some extraordinary results. Through its work with four NGOs, CEDPA-Egypt trained a total of 31 women and 13 men in the process of Positive Deviance Inquiry, identified and interviewed 83 Positive Deviants in local communities, documented the project's experience, and produced



*Egyptian participants at the International Consultation on FGC.*

a PDI guidebook for distribution to other organizations seeking to replicate the process.

In addition, new strategies were developed, community awareness was raised, community groups and NGOs were strengthened, and new advocates created.

**New strategies developed.** Analysis of the PD interviews indicated that the emotional and psychological trauma associated with FGC is the most influential factor that led individuals to reject the practice. By better understanding the reasons why Positive Deviants did not practice FGC on their daughters or disagreed with the practice, local NGO staff and community members were able to design more effective ways of combating FGC in their communities, including:

- Targeting awareness campaigns at special groups such as young men, doctors, religious leaders, and older women who exercise large influence in FGC decisionmaking; and
- Inserting messages of Positive Deviants in information, education, and communication (IEC) materials and other behavior change communication media, and integrating positive role models in community-based advocacy activities.

**Community awareness raised.** Both staff of NGO partners and PDI participants reported higher levels of awareness on the issue of FGC after the Positive Deviance Inquiry. And, despite the fact that discussing FGC openly and freely remains challenging in Egyptian society, the PDI served to break the traditional silence surrounding the issue and to initiate many "first time events" throughout the project:

- For the first time, in two villages where the PDI was piloted, not a single girl was cut during the traditional season for FGC;
- For the first time, a young woman shared her "secret" of not having undergone FGC with people outside her own family;
- For the first time, an unmarried female community worker openly discussed FGC with her male colleagues; and



- For the first time, members of one community development association understood that not all women in the world undergo FGC.

### Collaboration and capacity strengthened.

Learning how to use the Positive Deviance Approach in the context of FGC enhanced the capacity of the NGOs and the community leaders in very significant ways. Firstly, the PDA is a generic and versatile methodology. NGO staff reported that the Positive Deviance Approach can be readily used to address other development challenges that exist in their communities.

The process of the PDI also had the important impact of strengthening and redefining the relationship between the community and the NGO—an unanticipated result. Three of the four organizations participating in the project admitted that the Positive Deviance Inquiry provided the first opportunity for community leaders and staff to discuss issues and design development strategies as equal partners. In the past, community leaders were considered by the NGOs to be recipients and implementers of the NGO-designed programs. The PDI allowed both groups to become true partners, creating relationships built on trust, respect, and reciprocity, and increasing the potential for sustainable programs.

**New activists and advocates created.** Many PDI participants, of their own initiative, have begun discussions on FGC in their communities, fostering dialogue with family members and friends on a once taboo subject. One woman's experience, as related at the International Consultation on Female Genital Cutting, was particularly compelling (see Khira's profile).

### Conclusion

The CEDPA-Egypt project demonstrated clearly that by involving communities directly in research, analysis, and program planning activities, the PDI process not only built the capacity of individuals and local organizations, but also provided the foundation for ongoing, community-based exploration, reaffirming the important development principles of sustainability and ownership. Perhaps most importantly, though, the PDI process demon-

### Profile: Khira

"The body is the same, but the talking is different," remarked an older woman referring to Khira, an 18-year-old community leader who had talked to her about FGC at the village water pump. "Your ears are opened now and your eyes are opened as well, and you start to talk about big things." The community leader responded: "Not my ears, not my eyes but something higher; it is my mind. It was dark and closed and now it is enlightened."

Khira is a recently married community worker from a rural community in the Governorate of Beni Suef. She was herself subjected to FGC as a young girl, but she is a self-described Positive Deviant who has vowed never to cut the daughters that God may grant to her.

Khira recounts with pain her experience with FGC, and relates that she did not realize that it was an unnecessary procedure. After participating in a positive deviance interview conducted by local NGO staff, however, Khira was encouraged to talk to people frankly about FGC. Despite the sensitivity of the topic and the fact that Khira was unmarried at that time, she decided to become an advocate for FGC elimination.

Since making that commitment, Khira has written about the physical and emotional pain that she experienced with FGC, and she convinced her mother and father not to circumcise her younger sister. Khira then took her advocacy efforts beyond the family level, organizing a meeting of 15 of her peers who had undergone FGC. She urged the young women to relive their experiences and to remember the trauma, pain, and bleeding. After two hours of discussion, all the women pledged to become advocates for their younger sisters—to "save" them from similar psychological and physical pain.

Today, Khira continues her anti-FGC work. She talks openly to mothers at women's meetings after church and has had much success in persuading them that FGC is not a protection of girls, their chastity, and marriageability, but rather a violation with severe consequences. With a new found respect and admiration for her commitment and hard work, Khira's family granted



her permission to travel to Cairo to take part in the PROWID-sponsored *International Consultation on Female Genital Cutting* – a normally unthinkable proposition for a young woman from her village.

strated that positive role models for FGC abandonment already exist within communities, and that these role models can take on important positions as advocates and strategists to end FGC. Accordingly, CEDPA-Egypt and COST have secured funding to collaborate with the Beni Suef FGM Task Force, consisting of ten local NGOs, to pilot a Positive Deviance Inquiry based on the *Guidelines* produced from the first project, and COST staff members will be trained to play a leading role in assisting their peer organizations.<sup>12</sup> At the same time, CEDPA-Egypt will assist NGOs participating in the pilot project to implement the strategies that were developed based on information from the Positive Deviants.

## Rites of Passage: The Gambia

In 1999, the Foundation for Research on Women's Health, Productivity and the Environment (BAFROW) reported that of 101 circumcisers identified in three administrative divisions of The Gambia, 30 had recently abandoned the practice. And, in the Niamina District specifically, BAFROW found that in 1997, only 12 girls were cut compared to 92 girls in 1996. Similarly, in the Fulladu District, baseline studies showed that 190 girls were cut in 1997, compared to 412 girls in 1996.

How were circumcisers—steeped in tradition and dependent upon the practice for income and social status—able to end their trade? How were community members persuaded not to perform



*BAFROW staff members conduct reproductive health education classes with village women in The Gambia.*

FGC on their daughters as part of an important traditional rite of passage? What was the process used to bring about these startling results?

## Background

Since 1991, BAFROW has worked in The Gambia with local communities to design and implement programs to enhance women's status in society. In particular, BAFROW has contributed to improving women's health, with a concentration in strategies to end the practice of female genital cutting.

## The Gambian Context

FGC in The Gambia has deep traditional roots and socioeconomic implications for young girls, community members, and circumcisers. The practice is part of a rite of passage ceremony for girls that is conducted in a context of secrecy and the supernatural, and the cutting itself is considered empowering to young girls in their transition to womanhood. Community celebra-

### Incidence of FGC in The Gambia

Out of a total population of 1.2 million, BAFROW research estimates that six out of eight ethnic groups in The Gambia practice FGC and that over 70 percent of the country's girls and women have undergone either clitoridectomy or excision. The age at which girls and young women are cut during a rite of passage ceremony varies from about five to 18 years of age (BAFROW 1999).

<sup>12</sup> The Office of Population, Health and Nutrition of the U.S. Agency for International Development is providing financial support for these continuing efforts to end FGC in Egypt.

tions accompany the ritual period, and the new initiates receive gifts and special recognition. For the circumciser and her assistant, the cutting grants community status and is a primary source of income.

With so many stakeholders and such a long tradition, it was clear to BAFROW that sensitization alone would never change peoples' attitudes and behaviors. The goal was to design a holistic intervention that would account for the interests and aspirations of all stakeholders.

BAFROW worked closely with local communities to design a rite of passage ceremony that emphasized the important aspects of Gambian culture and womanhood, while eliminating the cutting. At the same time, reproductive health classes for village women reinforced good health messages. Furthermore, former circumcisers were trained as village health promoters and facilitators of the new rite of passage curriculum. Some former circumcisers also participated in a pilot project and were assisted in starting small businesses that could serve as alternative sources of income.

### The Intervention

BAFROW began its project in October 1996 by conducting baseline studies in the targeted regions of Western and Central River Divisions. From these participatory studies, BAFROW determined the nature and prevalence of FGC in the Divisions, the justifications for the practice, and what factors contribute to its perpetuation. This information was then shared with community leaders who participated in the design and delivery of a new rite of passage curriculum.

At the same time, BAFROW continued its awareness raising campaign and assisted former circumcisers with new skills acquisition. Throughout the program, raising awareness and constantly reinforcing health messages remained a critical strategy for BAFROW that was accomplished through monthly women's health meetings, youth sensitization seminars, educational materials production, workshops for religious leaders, and regular visits to village and district chiefs to solicit their concerns and to lobby for the continued acceptance of BAFROW programs.

### PROFILE: Mansata

As part of an initiation ceremony, Mansata performed ritual "circumcisions" on young girls. Like many women who perform female genital cutting in The Gambia, she inherited the profession from her family and both her mother and sister are circumcisers as well. For performing the ritual cutting, Mansata received community prestige, as well as payment that formed the basis of her economic livelihood.

"I never thought that I would give up this trade," Mansata related. "When I first heard about the BAFROW program to end [FGC], I said, 'This is my tradition—the tradition of my family—and I cannot put it aside.'"

Today, Mansata no longer performs FGC, and she serves as the democratically elected president of the first Former Circumcisers Association of The Gambia. The Association, comprised of about 25 former circumcisers, has as its mission to persuade other practicing circumcisers to give up the ritual, to seek education on and promote women's health, and to seek new income alternatives.



At the PROWID-sponsored *International Consultation on Female Genital Cutting*, Mansata related that her decision to stop performing FGC was a result of education.

"...One day, representatives from The Gambian NGO, BAFROW, came to my village and began to teach the women about their health and the negative effects that FGC has on the health of women and girls. I came to understand that inflicting pain and harm on innocent children is a bad thing—perhaps even a sin. I knew then that it was time to give up my way of life, and that promoting good health is a worthier occupation than inflicting pain.

"Now that I have information and knowledge, I am actively involved in the promotion of women's health and have been teaching others so that they can change their behaviors. Once I understood the body, the organs, and their functions, and that the problems we as women had were not natural, I realized that removing the organs, or mutilating them, was actually harmful. I gave up the practice, and I have convinced others to change their actions as well—even my own family.

"Changing traditions and behaviors that have such long histories is not easy. When one does not understand a problem it is not easy to appreciate it. If you do not understand your health, you cannot appreciate the problems of FGC; and if you do not continue to educate people they will not understand. All we are seeking is knowledge. Knowledge will change people's attitudes."



*A permanent site for the new rite of passage ceremony in The Gambia—under construction.*

Specifically, BAFROW:

- Supported the formation of a 30-member technical advisory committee comprised of health workers, religious and community leaders, circumcisers, and local government officials. This committee developed the alternate rite of passage curriculum, emphasizing girls' health, girls' rights as individuals, and community responsibilities and religious education, while eliminating the physical cutting;
- Trained former circumcisers as village health promoters and as official facilitators of the new rite of passage curriculum;
- Built a permanent site for the new rite of passage ceremony so that parents, together with the young girls and invited community members, have a place to celebrate their culture and traditions; and
- Produced one thousand cotton bags displaying the message "Initiation without Mutilation" and distributed the bags to communities, schools, and circumcisers in targeted administrative districts.

By April 1999, parents and former circumcisers had pledged their commitment to the "initiation

without mutilation" campaign by registering 296 girls who would participate in an alternative ceremony.

### Advocacy and Mobilization

As part of its project strategy, BAFROW cultivated support for its work from religious leaders, local government, and former circumcisers through advocacy, networking and community mobilizations. Through the project:

- Two hundred religious scholars from around the country attended a two-day workshop sponsored by BAFROW to debate the issue of FGC as a religious obligation under Islam. The Minister of the Interior responsible for religious affairs delivered the keynote address and, following the event, a committee of religious leaders was established to support BAFROW's efforts in FGC eradication.
- Thirty-five administrative district chiefs, 50 village heads, and numerous local government officials attended a workshop to plan the implementation of a new passage rites curriculum. As a result, three district chiefs of Central River Division voluntarily update their colleagues on passage rite activities during district authority meetings, and BAFROW and its activities are welcomed in villages.
- An "Association of Former Circumcisers for Better Life" was established by former circumcisers themselves to explore alternative livelihoods and to provide health services to their communities. BAFROW is supporting the group's efforts by facilitating training in strategic planning and fundraising.

The cornerstones of BAFROW's work in ending FGC have been sensitivity, participation, and sustainability. Throughout the conduct of the project, BAFROW demonstrated that by cultivating relationships with stakeholders at all levels, people are engaged in a process that allows for education, reflection, and responsible action.

### Incidence of FGC in Senegal

In the Senegalese population of barely 8 million people, the practice of female genital cutting is often part of a traditional rite of passage ceremony that is usually conducted for girls between the ages of two and 11 years.<sup>13</sup> FGC in Senegal is practiced mainly in the north and the southeast of the country, and research estimates that approximately 20 percent of the female population have undergone FGC (Toubia 1995).

## Peaceful Transformations: Senegal

In July 1997, a group of Senegalese women from the village of Malicounda Bambara publicly pledged to end female genital cutting in their community. The entire village—women and men, religious leaders, and their chief—agreed to the decision after much discussion and debate. The catalyst for this decision, and the similar decisions of over 100 neighboring and distant villages, was the Malicounda Bambara women’s participation in a nonformal education program conducted by the Senegalese organization, Tostan.

The decision of the Malicounda Bambara community to publicly declare an end to FGC sparked a chain of events that received national and international attention. Senegalese citizens, community organizations, and international development agencies alike expressed their support to the women of Malicounda Bambara. Senegalese President Diouf also commended them and called upon other villages in the country to follow the lead of this extraordinary community. And, in 1998, President Diouf introduced a law to ban and criminalize the practice of FGC in Senegal that went into effect in January 1999.<sup>14</sup>

### Background

Since 1991, Tostan, a non-governmental organization in Senegal, has developed and conducted nonformal education programs in more than 450 villages in Senegal. The pro-

grams are based on the principles of participation and empowerment, and they apply adult-centered learning approaches with materials that draw on Senegalese culture and oral tradition. Modules address issues of problem solving, health and hygiene, management skills for income-generating projects, entrepreneurship, group dynamics and leadership. In addition to these main themes, supplementary modules—focusing on women’s health, early childhood development, human rights and democracy, and sustainable natural resource management—were integrated into the curriculum to enhance small group discussions on relevant community problems.

Through interviews with participants and a critical examination of the nonformal education program conducted in Malicounda Bambara, Tostan concluded that the module on human rights, recently added to the curriculum, had been the true catalyst for the public pledges to end FGC. When other village associations in the Kolda region of Senegal requested the education programs for their own communities, Tostan restructured its curriculum to *begin* with a module on human rights to pave the way for more pledges banning FGC.<sup>15</sup>

### The Village Empowerment Program (VEP)<sup>16</sup>

The *Village Empowerment Program (VEP)*, begun in 1998, was designed to train a new cadre of community educators and to educate 900 women in 30 villages on ways to improve physical and mental health. In addition, this new empowerment program sought to organize

<sup>13</sup> The different ages represent variations according to ethnic group and geographic region. Anecdotal evidence gathered during Tostan’s work suggests that girls are being cut as young as two weeks of age among certain ethnic groups.

<sup>14</sup> Though in support of a law to ban FGC, Tostan and village members sought a delay in its effect in order to educate the Senegalese people and allow communities to independently abandon the practice. They believed that in this manner Senegal would avoid a backlash to the law that had been experienced in other African countries.

<sup>15</sup> For the theoretical underpinnings of the public declaration, see Gerry Mackie’s “Ending Footbinding and Infibulation: A Convention Account.”

<sup>16</sup> In the original proposal, the project was titled the “Women’s Empowerment Program.” That name was changed to reflect the fact that, while the vast majority were women who participated in the education program and learned new knowledge and skills, the positive effects of the program were enjoyed by entire villages and, in fact, served to “empower” entire communities.

local mobilization teams that would visit the participating villages and discuss with community members the purpose of public declarations. It was hoped that the *Kolda Village Empowerment Program* would also culminate in public declarations banning FGC.

In December 1998, Tostan, in collaboration with its local partner, OFAD/NAFOORE,<sup>17</sup> and the VEP staff, began its work in the Kolda region with the full support of the Ministry of Health and the Ministry of Family, Social Action, and National Solidarity. The education curriculum focused on the four major themes of *Human Rights Education, Problem-Solving Skills, Basic Hygiene Instruction, and Women's Health*. While continued instruction in reading, writing, and mathematics is a central goal of the modules, technical and psychosocial skills acquisition are also of paramount importance.

In atmospheres of mutual respect, village education facilitators and learners discussed ideas for improvement and positive social change. Village education facilitators had been



*Community leaders and Tostan staff of Senegal participate in the International Consultation on FGC.*

carefully selected from among village development associations, and they had participated in intensive training sessions involving subject matter, as well as participatory education methodologies, use of local knowledge, and facilitation techniques to promote dialogue. Village facilitators were thus better prepared to use Tostan's instructional materials that incorporate games, small group discussion, theater, and dance to support the learning experience for village women.

Women in the VEP basic education classes met several times per week for two to three hours, discussing their traditions, sharing their knowledge, and learning new skills. At the end of each session, the participants evaluated what they learned in the class and decided what to share with adopted learners throughout the community.<sup>18</sup>

In addition to the scheduled classes, participants were also encouraged to organize public meetings for the other members of the community and to facilitate discussions during these public forums. Village men, respected elders, and religious leaders were invited to the gatherings that engaged audiences—through poetry, songs, and theater performances—in reflecting on human rights and their application in village life.

### Women's Empowerment Works

At the end of the program, Tostan reported startling results. In November 1999, 105 villages, representing approximately 80,000 people, held a ceremony in the village of Bagadadji and publicly pledged an end to FGC in their communities.<sup>19</sup> In the presence of community members, religious and local leaders, regional and national government representatives, national and international NGOs and donor agencies, and Senegalese media, a prepared declaration was read which began by stating:

<sup>17</sup> Organisation de Formation et d'Appui au Développement (OFAD/NAFOORE) is an association of village development organizations that includes 4,247 members and 78 village groups in the administrative district of Kolda.

<sup>18</sup> Each learner pledges to "adopt" another learner who is not currently enrolled in the Tostan program and to share new knowledge and skills. This brought the predicted number of persons reached by the program to 1,800.

<sup>19</sup> Education classes were conducted with women in only 30 villages. However, those women voluntarily presented the new information to neighboring villages not participating in the program. The result was that 105 villages were informed of their human rights and the harmful consequences of FGC and subsequently pledged to abandon the practice.

*“Today, the 28th of November 1999, we 105 villages [list of villages] forever renounce the practice of Female Genital Cutting as of this same day in the presence of our religious and traditional leaders. The negative consequences of this practice on the health of girls and women, as well as the opinion and advice of religious leaders and human rights advocates supported us in making this decision. We have, furthermore, taken all measures necessary to assure a total and sustainable respect for this decision...”*

—Excerpted from the Bagadadji Declaration

Tostan also conducted an evaluation in 10 of the 30 participating villages to ascertain other community effects of the program. The evaluation demonstrated that among the 10 villages:

- Women understood and were able to explain the different themes covered throughout the program. In particular, women participating in the evaluation were able to cite relevant human rights and responsibilities, and they related that this new knowledge had contributed not only to an end to FGC, but had also decreased domestic abuse in their villages. In fact, in all of the villages surveyed, *men* revealed that they understood a woman’s fundamental human right to health and safety and that they agreed to end violence against women. Perhaps most importantly, however, village women related that they have claimed their human right to participate in the decisionmaking processes in their villages. They report that they are no longer afraid to voice and defend their points of view at village meetings, and that they have confidence in their ability to bring about positive social change in their communities.
- Women and men have undertaken concrete actions to improve living conditions in their villages, particularly related to women’s health and village hygiene. For instance, women visit health posts more frequently and are no longer ashamed to go for gynecological consultations. They have also invited health workers to address community meetings and have resolved some immediate

## PROFILE: Imam Demba Diawara

Imam Demba Diawara, a 76-year-old local religious leader from the village of Keur Simbara, first grappled with the issue of FGC when women of his village asked him if FGC were a religious obligation. The women had learned about the negative health consequences of FGC through the Tostan education program in their village and thought to abandon the practice if, and only if, the Qur’an did not require the cutting. The Imam read, reflected, and consulted religious colleagues before telling the women that FGC is not an obligation of Islam.

Despite the support of Islam, Demba Diawara understood that community members would not be able to end FGC on their own. Parents were under too much pressure to continue FGC in order to ensure the “marriageability” of their daughters with their extended family networks in neighboring villages. In order for his village to end the practice and promote women’s health and rights, other villages would need to be consulted and persuaded to stop FGC.

For three months, the elderly Imam walked from village to village engaging extended family members in discussions on FGC and persuading them to join Keur Simbara in ending the practice. His efforts culminated in a public declaration ceremony that ended the practice of FGC in 10 villages.

The Imam could never have anticipated that his journey on foot would lead him to address Senegal’s National Assembly to discuss the role of grassroots education in supporting a law to ban FGC. Nor could he have foreseen his subsequent travel to Cairo and New York City to deliver his remarkable testimony at international conferences on the issue of FGC.



obstacles to health such as acquiring the means to evacuate sick people to distant hospitals, reopening health huts that were not functioning, and creating “health tables” to provide basic medicines for villagers.

### **Peaceful Revolution**

The Village Empowerment Program’s human rights education and application combined with action oriented learning is critical to its success. The focus throughout the six-month learning cycle is on what the women (and men) can specifically do to bring about desired positive change in their families and communities. By fostering an atmosphere of trust, self-discovery,

and learning, Tostan and the Village Empowerment Program not only contributed to an end to FGC in the region, but also established a firm precedent for women’s participation in important community decisionmaking. Women’s immediate needs for information and education were met, while progress was made in changing inequitable power relationships in their families and communities. Tostan’s program coordinator reported that community members began to describe the Tostan Village Empowerment Program as “...a peaceful revolution” which brought them new knowledge and insights about ways to transform their society.



# Enabling Change: Lessons and Recommendations



**C**ommitted to increasing women’s visibility in the development process and creating stronger linkages among people and organizations working to end FGC, the PROWID program invited project representatives from Egypt, The Gambia, and Senegal to participate in an *International Consultation on Female Genital Cutting* in May 1999 (hereafter, the Consultation). The content of the Consultation was carefully designed in partnership with participants to allow maximum opportunity to learn from one another and to promote collaborative efforts in ending FGC. Twenty-five women and men representing local and international NGOs, community members, religious leaders, former circumcisers, international donor agencies, and project staff and clients, gathered in Cairo, Egypt, to share their experiences and to discuss future strategies for the elimination of FGC. (See Appendix for the Consultation objectives and a complete list of participants.)

Based on the presentations and exchanges from the Consultation, as well as on a review of the final project reports, this paper offers some lessons learned and suggests recommendations for practitioners, donors, and policymakers in developing and implementing future programs.

The three programs implemented in Egypt, The Gambia, and Senegal all resulted in women and men abandoning the practice of FGC. While the strategies and contexts were different, in each case the first step toward change was to enable the individual to question the practice itself. The introduction of health information, discussions of human rights, and consultations with religious leaders all contributed to environments that were conducive to reflection and informed decisionmaking. Following these individual

transformations, women and men then took the initiative to become active participants in efforts to assist others to abandon the practice. These efforts included sharing new information with extended family members, organizing village discussion forums, and advocating for policy change with local and national government officials. Not only did the projects contribute to an end to FGC in countless communities, but they also provided the means for women to acquire the confidence and skills needed for increased decisionmaking roles at many levels of society. The new knowledge and skills acquired are enabling women to assert their rights, organize, build consensus and advocate for positive change, contributing to an ongoing shift in inequitable gender relations.

## Lessons Learned

The experiences of the three projects described in this document suggest some overarching lessons to consider when designing and implementing programs to end FGC. In particular, the insights that follow may be of value to development practitioners, donors, and policymakers as they consider the proposed goals and outcomes of their programs, the role of communities, and the most appropriate contributions to be made by local and international NGOs.

**Successful strategies employ integrated approaches.** The experiences of these projects suggest that programs that address one aspect of FGC, e.g., the legal framework, or one group of stakeholders — in isolation from society and its intricate relationships — cannot effectively and sustainably end the practice of FGC. For example, had BAFROW designed and conducted a new rite of passage curriculum in The Gambia without first teaching women and circumcisers

about the linkages between reproductive health problems and FGC, women would not have understood the need for a new ceremony, nor would circumcisers have been willing to give up their profession. Similarly, male members of the community would have been less inclined to support the new rite of passage had BAFROW not carefully enlisted the support of local government representatives and religious leaders.

In Senegal, Tostan clearly recognized that strategies that address FGC strictly by passing laws to ban the practice and punish offenders, run the risk of isolating those individuals who adhere to the practice, creating a backlash against the law or policy. As a result, the Village Empowerment Program was designed to educate communities, allowing them to freely decide to abandon the practice in support of the law. Projects that combine work with women, communities, influential stakeholders and policymakers, in a variety of sectors (e.g. health, education, political) create environments conducive to consensus-building at all levels of society and common commitment to ending the practice.

**Women's empowerment is crucial.** While the reasons for female genital cutting are varied and complex, the issue of women's subordination emerges clearly among all. Justifications for the practice, hidden under the guise of culture, tradition or religious obligation, obfuscate the fact that girls and women suffer physically and psychologically, that their sexuality is controlled, and that they are denied their rights to, *inter alia*, health, bodily integrity, and freedom from violence. It is essential that programs to end FGC consider community reasons cited for its continuation, as well as justifications relating to traditions of patriarchy, gender roles, and power relationships.

The project results clearly demonstrate a move toward greater gender equity, shared responsibilities, and the empowerment of women to take their rightful place at the decisionmaking tables. In The Gambia, former circumcisers now serve as health consultants providing education

and advice to villagers on decisions that affect the health and hygiene of their communities. In Egypt, young women are challenging societal norms by openly stating that FGC should not continue in their families or in their towns. And, in Senegal, women began a dialogue with husbands and communities, originally on the topic of FGC, which has extended into other areas of governance in their villages. These women now actively analyze village problems, present creative alternatives at village meetings, and implement their solutions. As one man from a Senegalese village participating in the Tostan project remarked, "Listen when I tell you. There is not a man in this village today [following the Tostan project] who does not dream to see his wife or his daughter a member of the Rural Counsel – or why not president or vice president of the Rural Community Association?" (Toukara 1999).

**Human rights are powerful tools.** Human rights are concepts that have often been accused of being Western-imposed and, with their emphasis on the individual, perhaps antithetical to African values. The experiences of the Village Empowerment Program in Senegal, however, suggest that human rights are powerful tools to introduce a universal concept of human dignity and a value system that promotes self-respect, recasting individuals' relationships to their communities. The idea that all humans, including Senegalese village women, have rights to promote and protect their dignity, made possible a new understanding of the women's own ability to acquire and use knowledge and their capacity to take action. In anecdotal evidence provided by a project evaluation, women who had participated in the Tostan program stated that they had a new-found confidence in their own opinions, and that they were both *entitled* to state their beliefs, and *obligated* to take action for the betterment of their communities. Health initiatives, spear-headed by the village women, are testament to their belief that health is a human right, and that they must seek ways to promote that right.

During the Consultation, participants from The Gambia and Egypt questioned human rights as

Western-imposed concepts and asked the Senegalese representatives how Tostan was able to effectively integrate rights into its educational program (see Human Rights poem, at right). The key, they answered, was that human rights concepts were presented in practical terms within a local context. Indeed, many community discussions resulted in reflections on human rights as they related to people's rights and responsibilities under Islam, an important aspect of daily life for the vast majority of Senegalese.

**New voices are effective advocates.** In all projects, providing safe opportunities to share thoughts and fears allowed women to gain the confidence to speak out against FGC. This individual confidence – women finding their voices – was a critical stepping stone toward women becoming activists for ending FGC. In The Gambia, for example, accurate health information and mentoring provided by BAFROW staff allowed once “full-time” circumcisers to develop the knowledge and conviction to quit a profession that had been in their family for generations. This new conviction led former circumcisers to form the “Association of Former Circumcisers for Better Life.” The goals of the Association are to “convert” other circumcisers and to actively seek alternative sources of income so that members may reach other circumcisers with their health messages and acquire new audiovisual materials for health demonstrations in their respective villages.

The experiences in Senegal also demonstrated how encouraging individuals to speak on the topic of FGC in incremental stages helped them to move from converts to advocates. Participants in the Tostan education programs were asked to identify a sister or friend (“ndey-dikke” in Wolof) with whom they would share what they learned in class every day. This proved to be an empowering experience for the women as they related that their “ndey-dikke” respected them due to their newfound knowledge. Having to teach another gave the women the confidence to then reach out to larger audiences, fostering positive dialogue within and among villages. During the project, women autonomously traveled to neighboring villages and presented dramas on

## **Tostan Class at the Moda Kane School:**

### **Women's Rights**

*We, the women of this class  
Have a new friend –  
A wonderful friend  
Who is righteous and just  
And who now guides us  
On the many paths of our lives.  
“Who is this friend?” you ask  
The name of our friend  
Is Women's Rights  
And to think we knew nothing  
About her before our class!  
Nothing about these rights  
That we want to tell you about now:*

*-All people are born equal  
And have equal rights!  
-The right to be protected  
from any form of discrimination  
Especially WOMEN!  
-The right to be involved in politics.  
-The right to work  
-The right to be informed  
-And the right to speak one's mind  
-The right to choose one's religion  
-The right to be protected from ALL forms of violence!  
-The right to have a family and marry the person of one's choice  
-The right to privacy.  
-The right to belong to organizations  
-The right to education  
-The right to land  
-The right to HEALTH*

*These rights  
Have changed our lives  
And our attitudes  
In our homes, in our neighborhoods  
And in our country.*

*Before we felt unsure and oppressed  
We walked with our heads lowered!  
But now our heads are held high -  
We have confidence and are ready  
To participate in all activities!  
Everyone should understand that  
Women's Rights are a Woman's Friend!*

*So let's spread the news to all people  
And especially all women  
So knowledge will spread throughout the land  
And ignorance and injustice be only remnants of the past.*

— (Tostan 1999, p. 39.)

FGC and led discussions with villages not participating in the Tostan education programs. Their efforts resulted in 105 villages in the Kolda region declaring an end to FGC instead of the 30 that were directly targeted.

Similarly, participants in the Egypt project were provided the opportunity to discuss a taboo subject and to admit that they disagreed with the practice. This discussion prompted many of the women and men to consult their local religious leaders and doctors for their viewpoints as well. Armed with accurate health and religious information to support their decisions, Positive Deviants are committed to helping others make the “right” decision with regard to FGC. As one woman from Beni Suef revealed during the International Consultation,

*“I was circumcised when I was 11 years old and will never forget the experience. But I thought it was okay because it is a part of our culture. However, now I’m convinced that it is not a good thing for girls, and I have started talking to many people to change their attitudes. The large number of people who did not agree with the practice but kept silent because they were afraid surprised me. I am no longer afraid, and I talked to my grandmother, a midwife who performs FGC for her livelihood, and convinced her to give up the practice. She has now obtained a loan from the local NGO and sells vegetables.”<sup>20</sup>*

**International NGOs can make important contributions.** At the Consultation, participants from the three projects worked together to identify the needs of individuals and NGOs in working to end FGC. In particular, enhancing the research, program design, and evaluation skills of local organizations and community staff was cited as critical building blocks to ending FGC at the local, regional, and national levels. It was agreed that with enhanced skills, organizations such as BAFROW, CEDPA-Egypt, COST, and Tostan would be better able to systematize and evaluate their work—providing them greater

capacity for sustainable and successful development efforts in the communities that they serve.

The PROWID project and the Consultation also illustrated another significant role that international NGOs can play in assisting communities and countries to end FGC—that of facilitator. The PROWID project validated an intervention model where the international NGO provided financial support and some technical assistance, but more importantly, served as facilitator to a process that led to the sharing and documentation of important experiences and lessons learned. During the Consultation, in particular, participants were able to discuss strategies and their potential application in other countries. For instance, Egyptian participants were intrigued by the concept of the Senegal public declarations and proposed to explore their feasibility in Egypt. The Gambian participants saw the strength and benefit of integrating a human rights focus into their education programs, and they left Cairo with concrete plans to include human rights information in a forthcoming reproductive health manual. For their part, participants from Senegal were interested in using the Positive Deviance Approach in villages that had not yet abandoned the practice, and they also recognized the benefits to networking and coordination with other NGOs, both in Senegal and in the West Africa region. In the end, participants in the Consultation were unanimous in their support for more gatherings that foster exchange and networking and build linkages within and between countries.<sup>21</sup>

### Recommendations

The similarities of the experiences and results described in this document suggest to development practitioners, donors, and policymakers some key aspects to consider when developing and implementing programs to encourage people to abandon FGC. These aspects include the range of stakeholders (such as circumcisers, female and male community members, NGOs, religious leaders and government officials at all levels of society), social norms and traditions, and the public policy environment. Based on

<sup>20</sup> This quote was recorded during the Consultation meeting held in Beni Suef.

<sup>21</sup> During the Consultation evaluation, participants praised the meeting because it was highly participatory in nature and included representatives from the village level. It was recommended that future gatherings should also be sure to include the opinions and perspectives of the women and men from the grassroots level.

the three country experiences, the following recommendations are proposed if programs are to be successful at ending FGC:

### ● **Respect and Celebrate Culture**

Cultural identity is shaped by the traditions and customs practiced in a community. Since FGC is an integral part of many countries' initiation rites, anti-FGC campaigns, especially when initiated by outsiders, are often equated as an attack on the culture itself. It is, therefore, critical to differentiate the practice from the value that the practice is intended to symbolize.

BAFROW recognized this important distinction and worked with community leaders and members to develop an alternative rite of passage curriculum that celebrates Gambian womanhood, as in the original ritual, but eliminates the harmful genital cutting. In the new rite of passage ceremony, the cutting is replaced by important health, religious, and human rights education, combined with other traditions and information that have been passed down to girls through the rite of passage ceremony for generations. At the recommendation of villagers and former circumcisers, BAFROW also facilitated the construction of a permanent site for the conduct of the new initiation rite, further marking it as a special event not only in the lives of young girls but in the entire community.

Tostan too, approached FGC from an appreciative and culturally relevant perspective. A rallying cry of Tostan program participants at public meetings in Senegal has been, "We are not fighting against a tradition, we are fighting for girls' and women's health!" (Tostan 1999, p. 91). In its education programs, Tostan has purposely avoided the use of audiovisual materials that contain representations of damaged female sexual organs, blood or pictures of girls being cut or crying. Instead, care was taken to present positive images of families who had rejected FGC, demonstrating the benefits of opting for good health and the enjoyment of human rights. Tostan also incorporated ele-

ments of Senegalese culture such as drama, storytelling, song, and dance in its curriculum. Participants felt that this was an important factor in establishing an enjoyable learning environment that greatly facilitated the reception of new ideas and information and contributed to sustained high levels of attendance.<sup>22</sup>

### ● **Respect Religious Belief**

Religion also contributes to cultural identity and is woven throughout the fabric of everyday life in Senegal, The Gambia, and Egypt. During the Consultation, participants agreed that FGC is a cultural phenomenon and not a religious obligation. At the same time, it was recognized that religion has also been used—incorrectly—to justify the practice. All agreed that in the struggle against FGC, religious leaders wield substantial influence over FGC decisionmaking and that they have a particular responsibility to interpret religious texts with the welfare and happiness of both women and men in mind.

The PROWID experiences have highlighted the different ways that religious leaders can be involved in FGC abandonment. In Senegal, Imam Demba Diawara underscored the importance of women's health to Islam and lent support to arguments that FGC is not supported by the Qur'an or Hadith. After reading the Tostan curriculum on women's health, Dr. El Hadj Saliou, an important religious leader in the Kolda region of Senegal, declared an immediate end to FGC in his own family, and following his village's participation in the education program, gave his official support to a public declaration ending FGC. He also publicly stated that FGC is a bad health practice and not required by Islam.

In the Gambia, 200 religious scholars from around the country attended a two-day workshop, sponsored by BAFROW, to debate the issue of FGC as a religious obligation under Islam. The Minister of the Interior responsible for religious affairs delivered the keynote address, and following the event, a committee of religious leaders was established to support BAFROW's efforts in FGC elimination.

<sup>22</sup> Of the original 953 women and men formally enrolled, 907 successfully completed the education program.

In Egypt, during workshops introducing the Positive Deviance Approach, religious leaders were invited to take part and answer participant questions. In some cases, those involved in the PDA project consulted religious leaders regarding decisionmaking on FGC.

- **Empower Communities to Independently Abandon FGC**

Empowerment can be defined as “the sustained ability of individuals and organizations to freely, knowledgeably, and autonomously decide how best to serve their strategic self-interest and the interest of their societies in an effort to improve their quality of life.” (CEDPA 1999) All three PROWID projects demonstrated the effective role that NGOs can play as facilitators that support individuals to become change agents for themselves and their communities. This occurred by involving communities in the design of FGC interventions; integrating reproductive health, human rights, and FGC awareness into education programs; and allowing for individual decisionmaking.

First, communities must be involved in designing and implementing the intervention. The program designers in these projects listened carefully to community members—both female and male—and the result was curricula and messages that spoke to core issues related to FGC.

To develop the Village Empowerment Program, Tostan conducted surveys in 13 villages to determine which topics in reproductive health were of the greatest interest to women and then ensured that the needs and priorities articulated by the women were preserved as well as those of government. After finalizing the topics, Tostan went back to the villages to get more information, especially regarding local terms used to describe health problems, traditional practices, and cultural taboos, and to address any additional concern on the part of the community related to content of the program.

For its part, BAFROW sought to understand the elements of the initiation rite that so deeply

resonated within Gambian culture and then to develop a curriculum that could express those elements in a positive way. This was accomplished through a 30-member technical advisory committee, convened by BAFROW, and comprised of health workers, educators, religious leaders, and circumcisers—all key stakeholders in FGC abandonment.

In Egypt, in the Positive Deviancy Inquiry, all participants were treated as equal partners in discussing FGC and designing development strategies, regardless of whether they were providers or recipients of services. This new dialogue between staff and the community has influenced the approach NGOs now have toward the elimination of FGC. For example, field workers of the Coptic Organization for Services and Training (COST) are already integrating what they have learned from the PDI into their advocacy work by using local terminology, knowledge, and experiences. In addition, they are counseling parents using new insights provided by the Positive Deviants, in particular, stressing the devastating psychological effects of FGC on young girls.

- **Facilitate Integrated Education Programs**

Changing such a deeply ingrained behavior as FGC is dependent on strengthening women and men’s capacity to make informed and autonomous decisions regarding the physical and emotional well-being of their girls and young women. BAFROW and Tostan’s education programs have been successful because they include accurate information and awareness that are the building blocks of empowerment.

During the Consultation, BAFROW staff explained the critical role that health information and awareness has in FGC decisionmaking. Previously, people believed that health problems suffered by girls who had recently undergone FGC were the result of “bad spirits.” Knowing how the female reproductive system and organs function, combined with an understanding of the transmission of disease and infection, has now enabled women to make the linkages between FGC and reproductive health problems.

Tostan, too, has cited accurate health information as one factor that enabled Senegalese women to make an informed decision regarding the practice of FGC. Indeed, understanding that not all women in the world undergo FGC and learning what uncut female sexual organs look like had an impact in shaping the women's new attitudes toward FGC. The Tostan program, however, added another critical element to empowering women to take the issue of FGC into their own hands—human rights.

While earlier Tostan programs focused on human rights discussion only as supplemental to the main program components, the Village Empowerment Program emphasized human rights education from the very beginning. Women were given a powerful tool by first learning about their rights, including health, physical and mental well being, bodily integrity, freedom from violence, and the right to have an opinion and to self-expression. Human rights awareness allowed women to view themselves and their world in a universal context and gave them the courage and impetus to claim those rights.

- **Create Safe Environments to Break the Silence**

An important support that the NGOs provided to the women and communities was the creation of physical, emotional, and intellectual “space” for individuals to break down the walls of silence surrounding FGC. BAFROW provided opportunities for women to discuss their experience with others in a safe environment during monthly group health classes and individual consultations conducted in Banjul at BAFROW's Well Woman Clinic, and during mobile health clinic visits to villages far outside the capital city. Former and practicing circumcisers were invited to special meetings in addition to village health talks in order to discuss FGC from their unique perspectives. In the Tostan classes, discussion time was built into the sessions and facilitators were trained to challenge participants to use new information and problem-solving skills to address issues themselves. These classroom exchanges allowed the women to open up to one another and created

a supportive peer group within their village and a network of women's groups throughout the Kolda region.

In Egypt, the three-day orientation workshop for the Positive Deviance Inquiry was the first time that many participants had ever discussed FGC in a public forum. By the end of the workshop, participants identified Positive Deviants in their communities with whom they could speak, despite earlier denials that any existed.

The Positive Deviance interview process also led to the empowerment of the Positive Deviants themselves. PDs revealed that it was very important for them to be given the chance to talk about FGC, and that the interview had enabled them to reflect on the issue and understand their anti-FGC position in a more positive light. Many interviewees also indicated the desire to talk more about the issue and expressed their regret that this process had not been initiated before.

- **Equip Individuals and Groups with Tools To Transform Themselves and Their Communities**

The three PROWID partners have demonstrated the efficacy of certain tools and methods for enabling individuals and communities to abandon the practice of FGC. Senegal and Egypt, in particular, offer compelling examples of the power of role models and role-play in changing attitudes and behavior regarding FGC.

The experiment with the Positive Deviance Approach in Egypt was largely premised on the assumption that positive role models, i.e., girls and women who are “virtuous,” married and have children but have not undergone FGC, could help others in changing their attitudes and behavior towards the practice. Indeed, this assumption rang true for the four communities that participated in the pilot. Not only were “virtuous” women who had not been circumcised identified, but also other upstanding and influential citizens such as fathers, grandmothers, doctors, and religious leaders — for a total of 83 Positive Deviants.

Additionally in Egypt, role-play emerged during the PDI orientation workshops as a vital tool to facilitate discussion of new ideas and to practice interview techniques. For instance, participants dramatized interviews with Positive Deviants. One participant acted as an interviewer, another acted as a Positive Deviant, and a third played the role of observer. After every role-play, participants discussed the responses and portrayals of their peers and colleagues. In this way, all the participants learned new information related to the issue and were able to understand FGC from myriad perspectives.

Through public pledges banning FGC in Senegal, individuals and entire villages became role models for other villages seeking to promote health and human rights and to end FGC. In their efforts to convince other communities to give up the practice, new advocates of FGC abandonment provided their own personal stories about how their experiences of FGC had negatively affected their own lives. Those powerful testimonies, delivered by respected individuals, were instrumental in persuading others to end the practice of FGC. This positive role model aspect converges with the underlying mechanism of the public declaration. As one researcher explains, an individual living in a group that intramarries with other groups practicing FGC would not be able to abandon FGC unless enough others were to abandon the practice as well (Mackie 1999).

- **Encourage Political Participation and Support at All Levels**

The State, with its ability to enact and enforce legislation and policies that either facilitate or inhibit FGC, is a significant player in debates over the practice. Both BAFROW and Tostan have successfully created positive dialogue around the topic with their respective governments.

In addition to networking with NGOs, BAFROW made a conscious effort to involve government entities in its work. During the process of developing and promoting the new passage rites curriculum, BAFROW actively sought the

participation of government officials in the administrative districts in which it worked. Thirty-five district chiefs, 50 village heads, and numerous local government leaders attended a workshop to plan the implementation of a new passage rites curriculum. At the same time, BAFROW has cultivated support and respect for its activities at the national government level resulting in an official Memorandum of Understanding between BAFROW and the Department of State for Health, Social Welfare and Women's Affairs. This agreement facilitated an NGO-public sector partnership that, during the course of this project, allowed BAFROW to train 154 community and State nurses and extension workers on FGC and its negative health consequences, and to enlist the support of State hospital workers in conducting research on women's health complications arising from FGC. In addition, BAFROW was instrumental in getting The Gambia's national midwifery examination to include a question on FGC as a health consideration.

While garnering the support of government leaders at all levels is conducive to ending FGC, there is no clear consensus among individuals and NGOs concerning the efficacy of national legislation banning it. The legitimacy that laws can provide, however, is sometimes outweighed by the very real fear of driving the practice underground and creating a backlash against not only the government but NGOs as well.

In Senegal, villagers played a significant role in the national political processes as a result of the Tostan education program. In fact, they have established a precedent for increasing grassroots voices heard in national decisionmaking. Tostan's role in assisting Senegalese villages to make the decision to abandon FGC — through education and public declarations — has since been recognized by the Government as a successful means for earning popular support for the law. Indeed, in October 1999, Senegal drafted a plan of action to eliminate the practice of FGC by the year 2005, using the public declaration method as a primary strategy for FGC abandonment.



## Next Steps



**W**ith enhanced skills, continued financial support, and increased opportunities to share strategies and work together, BAFROW, CEDPA-Egypt, and Tostan will continue their efforts to help communities abandon female genital cutting. Specifically, BAFROW plans to assist former circumcisers, young girls, and communities in the conduct of the new rite of passage ceremony at the recently completed passage rite camp. At the same time, BAFROW aims to consolidate its efforts with former and practicing circumcisers by hosting a national meeting. The proposed meeting will allow circumcisers the opportunity to exchange their concerns and experiences on how FGC prevention activities can be successful without negatively affecting the women's social and economic status and the culture and traditions of their communities. Sessions on strategic planning for the circumcisers will follow.

CEDPA has secured funding to assist villages that participated in the pilot of the PDA to implement FGC abandonment strategies that were designed based on information gleaned from the testimony of the Positive Deviants interviewed in 1998-99. In partnership with the FGM Task Force of Beni Suef, CEDPA-Egypt also plans to replicate the Positive Deviance Approach in new communities in that Governorate.

Finally, Tostan, in partnership with the Government of Senegal, will take its Village Empowerment Program and process of public declarations to all regions of Senegal, thereby supporting the Government's Plan of Action to eliminate FGC in that country by the year 2005. Meanwhile, plans for international expansion of the VEP to Mali, Sudan, and Guinea are currently under discussion.



# Appendix

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Monique Sternin and Bilal Ndiaye discuss "next steps" at the International Consultation.



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## Internet Resources:

**African Human Rights Resource Center**  
<http://www1.umn.edu/humanrts/africa/>

**African News Online**  
<http://africanews.org>

**Amnesty International: Female Genital Mutilation**  
<http://www.amnesty.org/ailib/intcam/femgen/fgm1.htm>

**Center for Reproductive Law and Policy: Legislation on FGM in the United States**  
<http://www.crlp.org>

**Equality Now**  
<http://www.equalitynow.org>

**FGMnetwork: Education and Networking homepage:**  
<http://www.fgmnetwork.org>

**Forward, USA**  
<http://www.forwardusa.org>

**International Planned Parenthood Federation (IPPF). Index**  
<http://www.ippf.org>

**Panos Institute. "Women's Health: Using Human Rights to Gain Reproductive Health." Panos Briefing No. 32. Online. Internet. December 1998.**  
<http://www.oneworld.org/panos/briefing/brief32.htm>

**Program for Appropriate Technology in Health (PATH). Female Genital Mutilation: The Fact**  
<http://www.path.org>

**Research, Action and Information Network for the Bodily Integrity of Women (RAINBO) has information about FGM activities throughout the world:**  
<http://www.rainbo.org>

**Tahirih Justice Center. An organization devoted to the promotion of human rights and the protection of immigrant women.**  
<http://www.tahirih.org>

**UNICEF Background Summaries**  
<http://www.unicef.org/pon96/womfgm.htm>

**United Nations Development Fund for Women: Mali's Struggle to Eradicate FGM**  
<http://www.unifem.undp.org>

**World Health Organization. Women's Health and Development Programme: Female Genital Mutilation**  
<http://www.who.int/frh-whd/topics/fgm.htm>

## Videos and Other Educational Materials

**Rites.** Videotape. Dir. Penny Dedman. Documentary. Filmmakers Library, 52 min., 1991

**Rites of Passage.** Maryknoll World Productions, 28 min., 1994

**Le Fardeau.** Videotape. Dir. Connie Hedrington Kamara in collaboration with CPTAFE. RAINBO, 30 min., no date

**Media/Materials Clearing House at the Johns Hopkins Center for Communication Programs.** Samples of communication and training material:  
<http://www.jhuccp.org>

**POPLINE at the Johns Hopkins Center for Communication Programs.** Citations and abstracts on population family planning and other health issues.  
<http://www.jhuccp.org>

For more information on the three projects discussed in this paper, the following Reports-in-Brief can be ordered from ICRW or CEDPA, or can be accessed on-line at either organization ([www.icrw.org](http://www.icrw.org) or [www.cedpa.org](http://www.cedpa.org)):

- ▶ "Ending Female Genital Cutting: A Positive Deviance Approach in Egypt." 1999. A PROWID Report in Brief.
- ▶ "Empowering Villages to End Female Genital Cutting: Community Programs in Senegal." 1999. A PROWID Report in Brief.
- ▶ "Rites of Passage: Responses to Female Genital Cutting in the Gambia." 1999. A PROWID Report in Brief.



Founded in 1976, the International Center for Research on Women (ICRW) is a private, nonprofit organization dedicated to promoting economic and social development with women's full participation. ICRW generates quality, empirical information, and provides technical assistance on women's productive activity, their reproductive and sexual health and rights, their status in the family, their leadership in society, and their management of environmental resources. ICRW advocates with governments and multilateral agencies and engages in an active policy communications program. It collaborates with other nongovernmental institutions to advance women's economic opportunities and rights in developing and transition countries.



Founded in 1975, the Centre for Development and Population Activities (CEDPA) is a gender-focused, international nonprofit organization active in over 40 countries with offices in Egypt, Ghana, India, Mali, Nepal, Nigeria, Romania, Russia, and South Africa. CEDPA's mission is to empower women at all levels of society to be equal partners in development. CEDPA collaborates with over 130 indigenous organizations on initiatives that seek to improve the lives of women, men, youth, and children. CEDPA builds the capacity of its partners to provide quality, sustainable programs. Youth development, reproductive health, human rights, and strengthened democracies and civil societies are achieved through strategies such as training, service delivery, social mobilization, and advocacy.

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