

HUMAN RIGHTS, CULTURAL TRADITION AND INTERNATIONAL DEVELOPMENT: CULTURALLY APPROPRIATE INTERNATIONAL RESPONSES TO FEMALE GENITAL CUTTING

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This article investigates the question of how to address, in an appropriate and effective way, an internationally defined violation of human rights that is also a cultural tradition. The practice of female genital cutting (FGC), an accepted and valued tradition, which has existed for centuries in some parts of the world, is investigated, and Amartya Sen's framework of human rights and development is used to critically assess development initiatives aimed at reducing rates of FGC. Sen's concepts of human rights and freedoms provide the foundation for the central argument of this article that: rates of FGC will only be reduced if families and individuals feel that their choice to reject FGC will not bring with it long term negative socio-cultural consequences for their daughters or themselves. The United States Agency for International Development (USAID), and its support for the Tostan program, is used as a case study to further consider the applicability of Sen's framework to development initiatives. It is argued that the Tostan approach to FGC was successful at reducing rates of the practice because it encouraged community-wide education, attitude change and abandonment of FGC, thereby reducing the potential negative socio-cultural consequences that might otherwise result from a rejection of the practice. The article concludes that this approach can be applied to other human rights issues, including early marriage and abortion. The wellbeing of the individuals affected by development policy should always be a top priority when policies are implemented.

INTRODUCTION

"Human rights, to justify that name, demand universality."
(Sen 1999, 228)

The practice of female genital cutting¹ (FGC) is a tradition that has existed for centuries, but which has also been internationally accepted as a violation of basic human rights over the past two decades. International opposition to the practice of FGC inevitably raises the question of how a widespread practice, globally defined as a violation of human rights, can be handled appropriately and effectively by the international community when it is also a deeply embedded cultural tradition. Using the framework of development and human rights, as defined by Amartya Sen, this article argues that rates of FGC will only be reduced if families and individuals feel that their choice to reject FGC will not bring with it long term negative socio-cultural consequences for their daughters or themselves. By relaxing the social and cultural forces which surround FGC, thus allowing families to freely choose to reject or pursue it, the cultural significance of the practice and the significance of protecting human rights can be respected simultaneously. A case study of the United States Agency for International Development (USAID) and its support for the non-governmental

organization (NGO) Tostan, a community education program based in Senegal, will be utilized to examine the applicability of Sen's theories to international development initiatives.

This article is divided into four sections. First, it provides a brief background to FGC as a global health and human rights concern. The second section provides the theoretical framework, which outlines how FGC can be discussed as a human rights and development issue. This section also assesses the international commitment to reduce rates of FGC. Third, this article evaluates the USAID policy on FGC through the theoretical framework, looking specifically at one successful case of policy implementation: financial support for the Tostan program. Finally, the article briefly explores how the theoretical framework applies or does not apply to other important development topics, specifically child marriage and abortion policies.

BACKGROUND TO FEMALE GENITAL CUTTING

The practice of female genital cutting (FGC) has existed for hundreds of years, primarily in Africa, although it has been also been carried out by communities in Asia and the Middle East. The practice is becoming more common in North America, Europe and Australia as a result of international migration of peoples from practicing cultures. FGC is defined by the World Health Organization (WHO) as comprising all procedures involving partial or total removal of the external female genitalia for cultural, religious or non-therapeutic reasons (WHO 2000). The age at which a girl may undergo the procedure will vary from region to region and can range between infant and mature woman, however it is typically performed between the ages of 4-12 years. FGC is usually carried out at the request of the girl's parents or relatives, and is often performed by traditional, medically untrained elderly female birth attendants, particularly in rural areas. The form and severity of FGC vary widely; the most common form is excision² and the most severe is infibulation³ (Ibid.).

A number of negative health consequences can arise as a result of FGC, which will vary according to the type and severity of the procedure performed. Short-term consequences include pain, shock and hemorrhage. Infection and hemorrhage are primary causes of short-term mortality (Ibid.). Because FGC is not consistently performed in medical settings, such as hospitals or clinics, the procedure is often carried out without any anesthetic, and the potential for transmission of infectious disease, including HIV/AIDS, can be high due to repeated use of the same, un-sterilized surgical instruments. Long-term consequences can be severe and include cyst and scar tissue formation, abscesses, frequent pain and obstetric complications, which increase the likelihood of infant and maternal mortality. Psychological consequences include feelings of incompleteness, anxiety and depression (Ibid.).

Despite the negative health consequences that can, and regularly do, arise as a result of FGC, prevalence rates are almost universal in a number of practicing regions. Rates vary widely, for example, in Cameroon prevalence was estimated at 1.4% in 2004, whereas in Guinea prevalence was estimated at 95.6%

in 2005 (UNICEF 2006).⁴ In 2000, the WHO estimated that the number of girls and women who had undergone the procedure was between 100 and 140 million. According to these estimates, each year approximately 2 million girls are at risk of undergoing FGC (WHO 2000). The WHO recognizes five primary factors driving the practice, with the significance of each varying from region to region. These factors are: (1) sociological in nature (initiation of girls into womanhood, social cohesion and identification with cultural heritage, significance for marriage); (2) based on beliefs about hygiene (belief that FGC promotes hygiene and improves aesthetic appeal); (3) based on myths (enhancement of child survival, increased fertility); (4) based on religious belief (some communities practice because they believe it is demanded by Islam; while it predates the faith, it has been incorporated into Islam in many cases); and, (5) can be psychosexual in nature (the most controversial and gender-discriminating of the forces which act to maintain FGC, including attenuation of sexual desire, maintenance of chastity until, and fidelity during, marriage and enhancement of male sexual pleasure) (Ibid.). Underlying each of the above factors are nuanced cultural relationships of gender and power. While an understanding of these relationships is important to broader discussions of FGC, an in-depth investigation is beyond the scope of this article due to the complexity of these issues.

Motives for performing FGC vary widely between regions; however, one overriding factor influencing the continuation of the practice is community-wide embeddedness and acceptance of FGC. For example, if FGC is considered essential within the marriage market, whereby a non-circumcised woman may not be marriageable, then, for those who are dependent on marriage as a source of economic and social well-being, abandonment of FGC will be impossible (Oboler 2001, 316). If the majority of the community abandons the necessity for FGC in the marriage market, parents will have the freedom to choose to have their child circumcised or not, without the threat of significant social, economic, religious and/or cultural harm to their daughters.

Attempts to eradicate FGC have been ongoing since the seventeenth century when Catholic missionaries in Africa first took note of the practice (Boyle et al. 2002, 38). Despite long-term international attention to the issue, prevalence rates remain high, as identified above (UNICEF 2006). In the past, the power of the cultural forces which act to maintain FGC were oftentimes misunderstood, and, as such, numerous interventions have been misdirected. This article uses Amartya Sen's framework to examine a culturally appropriate approach to international development and the elimination of FGC.

THEORETICAL FRAMEWORK: HUMAN RIGHTS, DEVELOPMENT AND INTERNATIONAL OBLIGATIONS

The international debate over the elimination of FGC exemplifies the cultural relativism (the premise that practices specific to a culture cannot be properly judged by those outside that culture because they can only be interpreted in terms of one's own beliefs and cultural understandings) versus universalism (the premise that, in this case, fundamental human rights apply equally to all human beings regardless of culture, race, religion, etc) debate.⁵ An extensive literature spanning numerous disciplines, including international relations, international law, anthropology, and women's studies, has engaged in this debate (see Perry (1997) for an excellent review of the theoretical aspects of the relativism/universalism debate; see Boyle (2002: 41-59) for a summary of the discourse from the mid-20th century to date). There is now a general consensus that FGC is a violation of human rights, however, many scholars and development agencies also recognize that cultural adaptation to eliminate FGC and promote the integration of new practices and norms must be done in a way that does not compromise the cultural integrity of the peoples for whom this practice is a tradition (Ibhawoh 2000, 839). In other words, though the cultural relativist argument has been insufficient in protecting the practice from international efforts to eliminate FGC, the embeddedness of the practice in some cultural groups is generally acknowledged. This article accepts the premise that FGC is a violation of human rights, and so moves beyond the universalism/relativism debate to focus more directly on culturally appropriate strategies for reducing rates of FGC, using Amartya Sen's framework of human rights to answer the question of whether and how to address a human rights violation that is also a cultural tradition.

Amartya Sen argues that while human rights and human capabilities have similar motivations, they are two distinct concepts (Sen 2005, 152); both, however, are relevant to a discussion of FGC. Human rights are roughly defined by Sen as one's rights to certain identifiable *freedoms*. This idea of freedoms incorporates both 'opportunity' and 'process.' The 'opportunity' aspect of freedom is similar to Sen's concept of capabilities, namely, the ability of an individual to take advantage of his or her personal means and prospects (Sen 2005, 154). If only the 'opportunity' aspect of freedom is considered, freedom and capability would appear to be essentially the same. Therefore, the 'process' aspect is crucial to Sen's framework of human rights, and to the application of this framework to FGC. The 'freedom of process' is one's ability to make a choice with respect to his or her actions. In short, 'freedom of process' measures an individual's agency, or power, to choose. Freedom in 'opportunity' and 'process' implies that the actions taken by an individual are the actions that the individual wishes to take *and* chooses to take, from among multiple options (Sen 2005, 152). Any action that is forced upon an individual, even if it is the action that individual might have taken anyways, is a violation of the 'process' aspect of that person's freedom. The 'opportunity' aspect, in contrast,

is only violated if the individual is forced to take an action they might not have otherwise taken. An example, below, further elucidates this theoretical approach to human rights.

When applied to the case of FGC, Sen's framework asks whether one has the freedom to choose the actions that are carried out on one's body. The 'opportunity' and 'process' aspects of freedom have different, but equally significant applications. The 'process' of freedom is violated in communities in which the practice is an absolute requirement for females to be economically and socially supported. Parents have very little agency when the alternative to FGC has significant negative ramifications for their daughters. As the practice is traditionally carried out on young children, the girls who are circumcised also have little or no ability to opt into or out of the procedure; the 'choice' is made by parents or relatives. With this imposition, the opportunity aspect of freedom is violated if the parents of children on whom the practice is performed might **not** have taken this action if another opportunity or course of action were available. Additionally, a woman's capabilities are limited if negative mental and/or physical health consequences result from the procedure; she will not be able to take full advantage of her set of personal abilities if she suffers from infection and pain. Therefore, according to Sen's concepts of 'process' and 'opportunity,' FGC is a violation of human rights if there is no freedom of choice associated with its application.

This article focuses specifically on the concept of choice as defined in Sen's framework. An additional argument, worthy of mention with respect to FGC, is Sen's discussion on cultural relativism. In his 2005 article, "Human Rights and Capabilities," Sen addresses the relativism/universalism argument with respect to human rights. He re-interprets the Rawlsian theory of public reason to state,

The role of public reasoning in the formulation and vindication of human rights is important because any general plausibility an ethical claim (or its denial) will have in terms of human rights will be dependant upon its ability to survive and flourish when it encounters unobstructed and well informed public discussion and scrutiny (Sen 2005, 160).

In other words, the universality of a human right is justified when it is publicly accepted as legitimate. While an extensive discussion of the universalism versus relativism of human rights debate is beyond the scope of this article, the concept of universal acceptance is important to the elimination of FGC. Community-wide recognition that FGC is a violation of rights, or even just that FGC is not an absolute necessity for women, allows the social forces that serve to maintain the practice to be relaxed, and thus enhances parental freedom of choice with respect to the decision to have a daughter circumcised. The cultural relativism framework acts to reinforce the applicability of Sen's framework of human rights by emphasizing the importance of community-wide recognition of FGC as a violation of human rights. This concept of community-level attitude change is significant to the success of the USAID policy and the Tostan program, as discussed below.

FGC, HUMAN DEVELOPMENT, AND INTERNATIONAL OBLIGATIONS

“Development can be seen ... as a process of expanding the real freedoms that people enjoy.”
(Sen 1999, 3)

Sen's framework of human rights answers the question of *how* to approach FGC, but it does not explore the equally important question of *why*. This issue can be answered using a human development framework. As put forth by Sen in his book, *Development as Freedom*, development requires the removal of major sources of unfreedom (Sen 1999, 2). Unfreedom in the case of FGC is the inability of parents and women to make a choice, free from cultural persuasion, about whether or not to pursue circumcision. This is significant to human development, which focuses on improving overall well-being, because human achievement is influenced by many factors including economics, political liberty, and good health (Sen 1999, 5). FGC is perpetuated by unfreedoms and inhibits a woman's ability to function to her fullest potential, because of its numerous negative mental and physical health implications.

This development framework is expanded by considering international commitments to development goals. At the United Nations (UN) Millennium Summit in 2000, world leaders agreed to the eight Millennium Development Goals (MDGs), a set of time-bound targets at the heart of the global development agenda. The MDGs provide a framework through which the UN system can work to improve the livelihood of all individuals, but particularly the world's poorest. Eradication of FGC fits into this framework through three goals: Goal 3, Promote Gender Equality and Empower Women; Goal 4, Reduce Child Mortality; and, Goal 5, Improve Maternal Health (UN MDGs 2005). International commitments and obligations again serve to reinforce the importance of developing culturally appropriate strategies for reducing the prevalence of FGC. This is especially important in countries where the practice is prevalent, as there can be significant local pressure against eradication efforts. Decreasing the prevalence of FGC must be both incorporated *into* development programs, for example, through education efforts, community development and human rights, and must be a *goal* of development programs in order to attain these international targets.

THE CASE OF USAID AND TOSTAN: ADDRESSING A CULTURALLY EMBEDDED VIOLATION OF HUMAN RIGHTS

This section examines the USAID policy on FGC, and specifically the Agency's support for Tostan, in order to elucidate the applicability of Sen's theory of human rights to international development initiatives. A brief history of the incorporation of FGC into American foreign policy is outlined below to explicate USAID's motivation for incorporating its FGC policy into its development spending. Subsequently, an analysis of different strategies for eliminating FGC provides the foundation upon which the argument is made in favour of choice-based development strategies, based on the framework provided by Sen. The lessons-learned from

past strategies and the theoretical discussion above are used to explain why the Tostan program is a successful strategy for eliminating FGC.

CURRENT U.S. AND USAID POLICIES ON FGC

American foreign policy interest in FGC in developing countries arose because of domestic concerns over the practice, which surfaced in the United States in the 1990's as a result of migration of peoples from practicing countries. On September 30, 1996, the Department of Defense Omnibus Appropriations Bill was passed in the United States with anti-FGC legislation as part of this Bill (Dept. of Defense 1996). The legislation had both domestic and international concerns. It criminalized the practice of FGC on females under the age of 18 in the United States, as an "infringement on the guarantees of rights secured by Federal and State law, both statutory and constitutional" (Dept. of Defense 1996, Sec. 645). The law also made education about the physical, medical and legal implications of the practice mandatory for all immigrants coming from cultures where FGC is practiced (Dept. of Defense 1996, Sec. 644). Finally, it instructed the U.S. Executive Director of each international financial institution to "use the voice and vote of the United States to oppose any loan or other utilization of the funds of their respective institution, other than to address basic human needs," (Sec. 579) for the government of any country which the Secretary of the Treasury determines has a history of FGC and has not taken steps to implement programs designed to prevent the practice (Dept. of Defense 1996, Sec. 579). The first two aspects of the law are domestic in nature. National criminalization of FGC is largely symbolic due to the low rates of the practice in the United States. The third component of this public law links American foreign aid to the actions taken by other countries to eradicate the practice. The outward-looking nature of this component of the legislation laid the foundation for different government departments to implement anti-FGC policies of their own.

The United States, as one of the largest donors of bilateral aid, is a significant player in the international development community.⁶ Although USAID's policies are sometimes controversial with other donors (for example, the overly strategic use of aid and USAID's policies on HIV/AIDS prevention have been widely critiqued), the Agency is a leader within the development community. This article examines the USAID policy on FGC for this reason; the significance of American development aid to many of the developing countries where FGC is prevalent means that USAID (and consequently the United States) controls a powerful policy tool through which it can impact the domestic policies of other countries.⁷

United States Agency for International Development (USAID)

The official USAID policy on FGC states that:

USAID recognizes FGC as a harmful, traditional practice that **violates the health and human rights** of women and **hinders development**. USAID opposes any practice of or support for Female Genital Cutting (FGC) and works toward the goal of total elimination of FGC (USAID 2000).⁸

The policy was designed to support existing U.S. Government and international policies and efforts to reduce rates of FGC around the world. In effect since September 1, 2000, the Policy Statement identifies two actions, which specifically direct USAID policy towards community-based, locally-engaged strategies; it is for this reason that USAID's policy is argued to be appropriate. The two actions are: to support local-level actors (e.g., NGOs, community leaders, religious organizations) in order to ensure that attempts to eliminate FGC are culturally appropriate; and to target stakeholders, including men, and boys and to focus on reducing and eventually eliminating demand for the practice (USAID 2000).⁹ As will be argued below, development agencies, exemplified here by USAID, can appropriately seek to reduce rates of FGC by adopting policies that direct funding and other actions towards locally oriented initiatives, such as the Tostan program.

Alternative Strategies

To answer the question of how to appropriately address a practice like FGC, an exploration of the effectiveness and lessons-learned from previously employed strategies is fitting. Past strategies for reducing rates of FGC have included: working with domestic governments to enact formal legislation; finding new employment for the women who perform circumcisions; debasing cultural justifications; educating mothers and communities about the negative health consequences associated with the practice; encouraging alternative rites of passage; and, the de-medicalization of the practice (Shabaan and Harbison 2005; USAID 2006a).

While not advocating that any of these strategies cease, it is crucial to recognize that the implementation of any one of these approaches individually will not decrease the demand for the practice significantly. Formal legislation supports efforts to reduce rates of FGC, however without enforcement and without public acceptance of the validity of such a law, legislation will have little effect on the rate at which FGC is carried out (Oboler 2001, 317). Employment for the traditional birth attendants who perform the practice is crucial, particularly through a development framework; however, this should follow a reduction in demand for such services. If families want their daughters to be circumcised, they will find alternative outlets through which to do so. Education about the negative health consequences of FGC is crucial to ending the practice. However, if a girl lives in a community where FGC is a requirement for marriage, for example, education alone is not enough, as a change in the community perception of the practice is necessary to relax

or reconsider the social constraints on marriageability. The same problem applies to alternative rites of passage. Finally, de-medicalization, a more heavily debated issue where doctors/nurses are encouraged not to provide the service of performing circumcision,¹⁰ is important but will not alone change prevalence rates, as demand for the practice can move to alternative, potentially less safe providers (UN News Service 2007). In order to effectively address FGC, the broader cultural, social and religious implications of the practice must also be addressed and families must feel comfortable that their choice not to circumcise their daughter will not have negative long term implications for her or the family as a whole.

What Makes a Strategy Effective?

Interventions need to make it possible for people to *choose* whether or not to have FGC performed on them or their daughters. In order to successfully accomplish this, demand for the practice must be reduced and the economic and socio-cultural implications for a woman who has not been circumcised must be relaxed. For example, “if FG[C] is considered essential within the relevant marriage market, nobody can afford to drop it unilaterally without planning to move out of that market” (Oboler 2001, 316). Thus, if a woman has moved away from that marriage market, for example through emigration to North America or Europe, she can afford not to be circumcised or have her children circumcised. In order to deal with the practice where it occurs most frequently, however, a community-based approach is required. Oboler (2001, 317) argues that elimination strategies must move beyond criminalization of the practice, and instead must focus efforts on community-based programs, which promote attitude and behavioural changes. “Effective eradication depends on attitude change, which can be best accomplished by gradual persuasion from community members committed to change” (Oboler 2001, 313).

Effective implementation, therefore, will recognize that traditional cultural beliefs are neither monolithic nor unchanging. Cultural change can result from individuals being exposed to new ideas, and being provided with the opportunity and freedom to adopt these ideas (Ibhawoh 2000). Amartya Sen’s framework of human rights supports this argument. Working within Sen’s framework, effective programs will be ones which recognize that those who choose to adopt these new ideas initiate a process of change, which may influence dominant cultural traditions (Ibhawoh 2000, 841). In the case of FGC, change can only come about as a result of broader cultural adoption of the norm or acceptance of non-circumcision. This article builds on this concept and argues that the USAID policy is effective, because it recognizes the importance of community-level action, which focuses on improving the individual’s ability to make an informed and free choice and thus encourages support for programs such as Tostan. The Tostan program is equally appropriate because it is designed to encourage voluntary, community-driven behaviour and attitude change. USAID has primarily provided financial support to Tostan for the implementation of the program in

Guinea and for the evaluation of the program in Senegal (USAID 2006c). The Tostan program is not solely supported by USAID; numerous other international organizations and NGO's are involved with Tostan, such as the Population Council and UNICEF. Additionally, *Deutsche Gesellschaft für Technische Zusammenarbeit* (GTZ), the German development agency, and the Swedish International Development Agency (SIDA), along with other development agencies and several private donor organizations, have provided substantial financial support to Tostan. This article focuses on USAID as *one* example of how development agency policy should be geared towards supporting appropriate means of addressing FGC. As argued by this author, Tostan is the means through which USAID effectively and appropriately seeks to reduce rates of FGC. The arguments put forth in this article apply to other international development agencies as well.

Tostan

Tostan is a non-profit NGO based in Thiès, Senegal, whose mission is to “provide human dignity to African people through the development and implementation of a participatory ... education program in national languages” (Tostan 2006). The village-based education program teaches residents about hygiene, human rights, women's health and problem solving. Through education seminars, women learn about health issues and their rights with a central and significant focus on female genital cutting (Shabaan and Harbison 2005, 384). Tostan gives the responsibility to the participants, particularly women, to make their own informed decisions as to whether FGC is right or wrong, or in other words, whether it is a violation of human rights or a tradition which must be carried on.

A key feature of the Tostan program is the “public declaration” against FGC, an activity which includes men, women, religious leaders and other stakeholders (Shabaan and Harbison 2005, 348). The declaration involves members of the community being given the opportunity to decide if they feel that FGC is harmful and should no longer be pursued. They may then make this opinion public at the declaration. The voluntary aspect of the declaration is crucial, and community members are invited, but not coerced, to join and publicly choose to oppose FGC. The community approach exemplified by the declaration reflects African socio-cultural realities, where decisions are generally taken by groups rather than by individuals (Diop et al. 2004, 35). It also builds into the framework provided by Sen, that the freedom to choose not to perform the practice on one's children, or have it performed on oneself, can only be met by relaxing the social forces which maintain the practice, such as marital expectations and religious beliefs. Tostan and the declaration are run by indigenous actors with an emic, or local, understanding of the cultural variables that work to maintain FGC.

As of November 2000, FGC had been abandoned in a total of 174 villages where community members have participated in the Tostan program, affecting approximately 140,000 people (U.S. Department of State

2000). The program was implemented, for example, in ninety villages in the Kolda region of Senegal and an evaluation of this program by Diop et al. (2004)¹¹ in twenty of the ninety Senegalese villages showed that significant progress had been made in eliminating FGC. The proportion of women who thought it necessary to practice FGC decreased significantly in the intervention group immediately after the program (Diop et al 2004, 19). For example, in the baseline survey,¹² seven out of ten women said they wanted to have their daughters, who had not yet been circumcised, cut in the future. This proportion fell to about one in ten women among participants and two in ten amongst women indirectly exposed to the program¹³ (Diop et al 2004, 22). This finding, along with the public declaration held on June 5, 2002, is evidence of attitude change as argued by Diop et al. At the declaration, women and men denounced FGC as well as all forms of gender discrimination and violence. There was a dramatic decrease in the approval of FGC from both men and women living in the villages subject to interventions (Diop et al 2004, 32). Evidence of behavioural change includes the finding that the prevalence of FGC among daughters of women participating in the program decreased overall, and the proportion of non-cut girls aged 0-10 years increased significantly (Diop et al 2004, 33). The program was replicated in Burkina Faso, with similarly successful results (Shabaan and Harbison 2005, 348). The U.S Department of State account of USAID's support for Tostan states,

These programs suggest that it is the women, men and leaders of the countries themselves who must bring about this cultural and social change. Governments and citizens of societies where FGM is practiced must take the initiative. It is clear, however, that outside support is often desired and helpful. The United States can best support eradication of FG[C] by providing financial aid and technical assistance (U.S. Department of State 2000, 17).

Support for Tostan directly meets the two actions identified in the USAID Policy Statement (support for culturally appropriate local-level organizations and working towards eliminating demand for the practice), which direct Agency policy towards supporting locally-based initiatives.

AN EFFECTIVE APPROACH - THE HUMAN RIGHTS AND DEVELOPMENT FRAMEWORK

In response to the original research question posed by this article, the international community can effectively, from a results-based perspective, and appropriately, from a cultural perspective, work towards the elimination of FGC through a development and human rights framework. Tostan, for example, took an approach that allowed individuals to make informed decisions regarding FGC and gave these individuals the freedom to choose whether or not to pursue the practice by supporting community-wide attitude and behaviour change through the public declaration. Within Sen's framework, Tostan's success can be explained by assessing how the program addressed the 'opportunity' and 'process' aspects of freedom (Sen 2005). The 'opportunity' aspect of freedom may not be affected as a result of the Tostan program, such that any

individuals who would have chosen to pursue circumcision for themselves or their daughters, regardless of whether another choice was available, can continue to pursue circumcision. What is crucial about the Tostan program is that it changes the ‘process’ aspect of freedom. By relaxing the socio-cultural forces acting to maintain FGC in a community (through such activities as the public declaration and the community-wide attitude change that came with it [Diop 2004, ii]), the negative consequences of not pursuing circumcision are also relaxed. Thus, for those individuals who would choose not to pursue circumcision, if given other options, their ‘process’ aspect of freedom is no longer violated. When addressing a violation of human rights that is also a significant cultural tradition, such as the act of FGC, this author argues that the educated choice of whether to continue the practice or not must rest primarily in the hands of those for whom the practice is tradition. FGC is not a cultural practice that can be quickly eliminated through the enactment of national or international laws, or even by educating communities about FGC’s negative health consequences. If rates of the practice are to be reduced, the individuals for whom FGC is a tradition must feel comfortable that the choice to cease FGC will not have significant negative social and personal consequences.

From a development perspective, gender equality and maternal and infant health have arguably been improved as a result of the decrease in prevalence rates of FGC, as the health issues associated with the practice of FGC, discussed above (WHO 2000), will affect fewer women. Due to the reduction in prevalence rates, it may be more likely that in future generations fewer women will suffer from the physical and/or mental health complications associated with FGC and will thus conceivably have a greater opportunity to be economically productive.

Finally, support for the Tostan program exemplifies Sen’s discussion of cultural relativism and the universality of human rights as public scrutiny of the ethical claim that FGC violates human rights led to rejection of the practice of FGC, thus further establishing the legitimacy of viewing FGC as a violation of rights (Sen 2005, 160-161). Tostan is a prime example of a program that achieved the human rights standards outlined by Sen. Any development program, which increases freedom of choice, however, should be considered successful by Sen’s standards.

CONSIDERATIONS, IMPLICATIONS AND POLICY RECOMMENDATIONS

Numerous considerations, implications and recommendations emerge from this analysis of appropriate FGC strategies. The first and most obvious recommendation to emerge from this examination is that USAID and other international development agencies should increase support for locally-engaged organizations, like Tostan, as an appropriate and effective way to decrease prevalence rates. A successful approach such as the one outlined in this article should be at the forefront of international efforts to address FGC. Criminalization,

de-medicalization, the adoption of alternative rites-of-passage and other methods can provide broader support for approaches that are community-based and focus on reducing the demand for FGC.

A second recommendation is that the approach employed by USAID and Tostan should be expanded to other similar practices, which restrict choice, and inhibit an individual's capabilities and freedoms. Child marriage is one example of a practice that, like FGC, inhibits or eliminates an individual's ability to *choose*. Although early marriage does not have the same immediate health consequences as FGC, it does have significant indirect consequences such as increasing a girl's risk of experiencing gender-based violence, creating a greater likelihood of contracting HIV/AIDS, and subjecting the girl to the risks associated with adolescent pregnancy, which include higher rates of maternal and child mortality (UNICEF 2005; USAID 2006b). The young age of girls at marriage, community and family pressures and economic and gender-based factors all suggest that the girl's choice, with respect to when and whom to marry, is limited (UNICEF 2005, 1). Additionally, early marriage may limit educational prospects, thus limiting future freedoms and opportunities (Ibid.). Early marriage therefore, like FGC, restricts the individual's freedoms and agency. Development programs, which seek to increase the age of girls at marriage (and effectively eliminate child marriage), could work to expand the ability of families and girls to *choose* when and whom to marry. Factors such as poverty, social expectations and gender inequality (UNICEF, 2005) may all play a role in limiting one's ability to choose in this case. Further investigation is required to determine the main barriers to such choices, which may vary between regions and cultures.

The first concern to emerge from this discussion relates to the public declaration associated with the Tostan program. The declaration raises the question of whether there is public pressure for community members to join the event, and whether there may be negative social consequences for not publicly opposing FGC. If stakeholders within the community participate in the declaration as a result of social pressure and not sincere, voluntary acceptance that FGC is a violation of human rights, then the reduction in rates may not be sustainable. Additionally, if individuals who support FGC are coerced into public opposition of the practice, it could be argued, according to Sen's framework, that this is also a violation of the process aspect of freedom. Further examination of the social forces driving an individual or family to join the public declaration in opposition of FGC is required.

A second consideration to emerge from the discussion in this article is that of the longer term effects of cultural change. Elimination of FGC may be viewed in the short term as a success from a development and human rights perspective, however longer term investigation into the effects of an elimination or reduction of the practice on gender and power relationships should be pursued. FGC is a deeply embedded cultural tradition, and arguably, elimination of such a tradition could have significant social consequences. An

understanding of long term implications of cultural change can help guide initiatives, which seek to eliminate the practice, in more appropriate directions.

A third consideration is the risk of overlooking the significance of individual and community-level choice in development programs and the potential for negative consequences associated with this. Bilateral aid allocation is one of the foreign policy tools available to donor countries and is determined by both the self interest of the donor country and the recipient country's need for aid (Neumayer 2003, 650). However, state interests should not supersede the interests of those individuals affected by a development initiative, or else the goal of improving the lives of others might be negated. USAID and other international actors must take caution to consider freedom and choice when implementing development policies. For example, from 1984 to 1993, and re-instated in 2001, the American Global Gag Rule required NGOs to agree that any funds received from the USAID would not be used to perform or promote abortion (Cohen 2000, 137). This policy was criticized in both popular media and academic literature as a case of domestic policy and state self-interest taking priority over the well being of individuals in the aid recipient state. While an in-depth investigation of these arguments is beyond the scope of this article, the criticism of the Global Gag Rule provides an important reminder of the relevance of the argument made in this article; that the goal of development strategies should be to encourage and expand the range of choices and enhance the ability of aid recipients to make free and informed choices. If the Global Gag Rule in fact limits a woman's ability to *choose* with respect to abortion, then further analysis of the appropriateness of the policy is necessary. The USAID approach towards FGC differs from the abortion policy in that an acknowledgement of local needs and concerns is written explicitly into the policy. Making local concerns a central focus of development policy enhances the sustainability, appropriateness and effectiveness of the initiatives which are implemented as a result of such a policy.

CONCLUSION

This article has sought to answer the question of how a widespread violation of human rights can be appropriately and effectively handled by the international community when it is also a deeply embedded cultural tradition. By analyzing the USAID policy and the Agency's support for Tostan, this article concludes that such traditional practices must be addressed at the local-level, and must work to allow individuals to make their own informed decisions. This article has argued that the USAID approach was effective because it recognized the importance of community education and voluntary, locally-driven behaviour and attitude change. The discussion in this article contributes to the literature on human rights and development not only

by explaining that FGC *is* a human rights issue, but also *why* it is appropriate that donors address it in their development policies, and *how* they can implement those policies effectively.

NOTES

¹ Strong opponents of the practice tend to use the term ‘genital mutilation’ to emphasize its negative implications for the women on whom it is performed, however this term connotes more vicious motives on the part of parents who have the procedure performed on their daughters than this author believes is fair. Proponents tend to use ‘female circumcision’ to compare it more closely to male circumcision, where in fact FGC is more similar to male castration. Throughout this paper the practice will be referred to as ‘female genital cutting,’ as this is a more neutral term, similar in meaning to ‘female genital modification.’ For lack of appropriate terminology however, the act of performing the procedure will occasionally be referred to as ‘circumcision.’ This author does not equate at least the most severe and invasive types of FGC with male circumcision.

² Involves removal of the clitoris and labia minora - Type II as defined by the WHO (2000)

³ Involves removal of part or all of external genitalia and stitching/narrowing of the vaginal opening - Type III as defined by the WHO (2000)

⁴ Statistics of the prevalence of FGC among women age 15-49 (including both rural and urban statistics).

⁵ These definitions are provided by the author.

⁶ For example, in 2005, the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD) showed the United States to be the largest donor of official development assistance (ODA) in the world, at USD\$27.62 billion. While not all American ODA is bilateral, the role and impact of the United States as an aid donor is significant (OECD 2005)

⁷ Boyle et al. (2001), for example, provide a case study of the effect of American aid in Tanzania. Soon after the adoption of the Dept. of Defense Omnibus Appropriations Bill, the Tanzanian Government began to act on international pressures to eliminate FGC by enacting formal legislation against the practice. The Tanzanian law, which soon followed, was written in English and phrased in much the same way as domestic American state laws against FGC (Boyle et al 2001, 534).

⁸ Emphasis added.

⁹ The Policy Statement outlines two additional actions, not addressed in this article. These are: to update the Agency strategy to incorporate FGC; and to develop a framework for research and advocacy to enhance eradication efforts (USAID, 2000).

¹⁰ Reliance on biomedically trained doctors became an alternative to the traditional birth attendants when parents started to learn about the negative health consequences.

¹¹ Funded by USAID.

¹² Survey of the twenty villages before the program was implemented.

¹³ Who learned about the information conveyed at the educational seminars through word of mouth (Diop et al 2004, 22).

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