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LEGAL AND NON-LEGAL RESPONSES TO CONCERNS FOR WOMEN'S RIGHTS IN COUNTRIES PRACTICING FEMALE CIRCUMCISISON

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Abstract: Ute Gerhard’s book, *Debating Women’s Equality*, emphasizes the continuing importance of equality to the women’s rights movement. Gerhard tackles the feminist equality-versus-difference debate and concludes that both concepts are vital to women’s efforts to achieve status that is both equal with men but uniquely female at the same time. She directs her theories to the feminist movements in Europe, and concludes that women must primarily use law to claim their rights. This Book Review tests the applicability of Gerhard’s Western feminist theories to the anti female circumcision movements in Africa, and particularly focuses on the limitations of law as a method for claiming women’s rights in circumcising communities. Through this analysis, this Review illustrates the limited applicability of Western feminism to the experiences and goals of African feminists and suggests alternate, non-legal approaches to eradicate the practice of female circumcision in Africa.

INTRODUCTION

In her book, *Debating Women’s Equality*, Ute Gerhard seeks to reconcile feminist theories that urge women’s equality with those that recognize and celebrate the differences of women, as a gender.¹ Gerhard argues that equality and difference can and should go hand in hand, and that an understanding of differences between the genders is the best way to ensure equality of experiences for women and men alike.² The realization of equality, as a standard for measuring justice, is a primary focus of this book.³ Moreover, Gerhard urges

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² See id. at 3, 9–10, 91.
³ See id. at 1.
women to gain this equality through legal means, reshaping law and concepts of law and "human rights" in the process.4

In this European feminist book, Gerhard criticizes the American feminist equality discussion as inapplicable to the same discussion in European countries.5 However, she fails to analyze the application of her own European view of equality, and her reliance on legal measures for its realization, to non-Western feminist and cultural frameworks. This Book Review critically analyzes the limitations of Gerhard's legal, "rights-based" approach to women's equality in non-Western countries where women themselves are largely responsible for upholding and perpetuating certain types of inequality and abuse.6

This Book Review will explore the limitations of Gerhard's approach through a case study of the international women's movement against the practice of female circumcision7 in parts of Africa. Part I

4 See id. at 4, 179.
5 See id. at 162. American feminists, such as Catherine A. MacKinnon, have argued for the use of "sameness" rather than "equality," according to the Aristotelian line of reasoning in which only likes are to be treated alike. See GERHARD, supra note 1, at 162. However, Gerhard argues that this reasoning simply does not apply to European feminist theory, since most European constitutions have provisions establishing the legal equality of men and women, which therefore exclude consideration of gender difference. Id.
6 See ANIKA RAHMAN & NAHID TOUBIA, FEMALE GENITAL MUTILATION: A GUIDE TO LAWS AND POLICIES WORLDWIDE 48 (2000). Although this Book Review examines the limitations of the Western perspective, particularly as applied to developing nations, the author acknowledges that she herself is largely a product of Western feminism. While this author's approach attempts to embrace cultural sensitivity with regard to female circumcision, as a feminist issue and with regard to proposals for eradication, this Book Review is written from the perspective that eradication should be the ultimate goal. See Erika Sussman, Contending with Culture: an Analysis of the Female Genital Mutilation Act of 1996, 31 CORNELL INT'L J. 193, 213 (1998). This being the case, and in light of the physical and psychological trauma experienced by many circumcised women, without any medical benefit, this Book Review operates under the assumption that female circumcision, particularly in its most invasive forms, constitutes unequal and abusive treatment of women in the cultures in which it is practiced. See Micere Githae Mugo, Elitist Anti-Circumcision Discourse as Mutilating and Anti-Feminist, 47 CASE W. RES. L. REV. 461, 461 (Winter 1997).
7 See ELLEN GRUENBAUM, THE FEMALE CIRCUMCISION CONTROVERSY 3–4 (2001); Amanda Cardenas, Female Circumcision: The Road to Change, 26 SYRACUSE J. INT'L L. & COM. 291, 293 (1999). Use of the term "female circumcision" has become more widespread in the past couple years as a more culturally sensitive variation of the term "female genital mutilation," which became widely used by women's human rights activists during the 1990s. See GRUENBAUM, supra, at 3. "Female genital mutilation" may be an accurate choice of words in that it conveys the damage that the practice wields on healthy tissue on the female body. Id. However, the term, which carries connotations of bad or malicious intent, can be extremely offensive to women who participate in the practice, since their intentions are to elevate a girl's prospects for a successful life in her community. See id. Even though this Book Review utilizes the more culturally sensitive term, "female circumcision," this
will provide the background necessary for a discussion and analysis of female circumcision. Part II will address the theoretical complexities that female circumcision poses for (European) Western feminists, such as Gerhard, particularly the applicability of the public/private distinction. It will also question the usefulness of the “equality-versus-difference” debate that Gerhard articulates, in the context of female circumcision, where women use their gender difference to justify and uphold unequal treatment. Part III of this Book Review will discuss the limits of Gerhard’s emphasis on legal means for gaining equality, as it is applied to the international and local movements to end the practice of female circumcision in Africa. Law has only limited potential to eradicate a culturally embedded practice such as female circumcision. Efforts to criminalize these practices, especially where they bear the aura of Western intervention, have in most cases been ineffective and even counterproductive, causing the practice to become even more entrenched. Women’s efforts to gain equality in communities that practice female genital cutting must embrace culturally sensitive and innovative non-legal strategies, both as a precursor to and alongside efforts to eradicate female circumcision by law.

I. FEMALE CIRCUMCISION: DEFINITIONS, RATIONALES, AND DEBATE

Female circumcision is a prevalent practice among the populations of many African and Middle Eastern countries. The practice varies widely among different communities and people groups, ranging from “sunna,” the most mild form, which involves the cutting of the prepuce or hood of the clitoris, to infibulation, which involves the cutting of the clitoris, labia minora, and a large portion of the labia majora before sewing together the two sides of the vulva, leaving only

See id. at 3–4. While this Book Review will primarily utilize the term “female circumcision,” because it is a more commonly understood term with legal and political theorists, the author will also employ the term “female genital cutting,” which has gained some use in recent scholarship as a choice that is less offensive than “female genital mutilation” but less of a misnomer than “female circumcision.” See Rahaman & Toubia, supra note 6, at 4; Elizabeth Heger Boyle & Sharon E. Preves, National Politics as International Process: The Case of Anti-female-genital-cutting Laws, 34 Law & Soc’y Rev. 703, 705 (2000).
a small hole the size of a reed for the passage of urine and menstrual blood.  

The underlying rationales for this practice also vary greatly among practicing communities.  

In Kenya and parts of Uganda, female circumcision occurs when a girl becomes a teenager, as a rite of passage into womanhood before she is married.  

In Sudan, Egypt, Nigeria, Eritrea, and Somalia, female circumcision occurs at a much younger age.  

The goal in many of these communities is to protect a girl’s virginity, which is vital to ensuring her prospects for marriage.  

In communities where polygamy is prominent, female circumcision is also intended as a tool to curb women’s sex drive, thus easing the pressure on the husband to satisfy all of his wives sexually.  

Cultures have also practiced female genital cutting as part of an aesthetic preference for “smoothness” where female genitalia should be; per-

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13 See id. at 3.  
14 See Gruenbaum, supra note 7, at 49.  
15 See id. at 69–71; Rahman & Toubia, supra note 6, at 5, 78; Cynthia Fernandez-Romano, *The Banning of Female Circumcision: Cultural Imperialism or a Triumph for Women’s Rights?*, 13 TEMP. INT’L & COMP. L.J. 137, 140 (1999).  
16 See Gruenbaum, supra note 7, at 70.  
17 See id. at 79. It is important to note that the practice does not necessarily protect virginity, since infibulation can be re-done after intercourse. See id. at 78–79; Alexi Nicole Wood, *A Cultural Rite of Passage or a Form of Torture: Female Genital Mutilation from an International Law Perspective*, 12 HASTINGS WOMEN’S L.J. 347, 357 (2001). Nonetheless, in these communities, virginity is a social and physical construct, commonly viewed as “guaranteed” by infibulation, regardless of whether the woman has, in fact, engaged in intercourse. See Gruenbaum, supra note 7, at 79. Virginity may be more practically ensured through female circumcision by the decrease in a girl’s sexual sensitivity. See id. However, even though sex may be painful and hence unappealing for infibulated women and girls, sexual desire is a psychological attribute, and therefore might still be present. Minority Rights Group, supra note 12, at 7.  
18 Minority Rights Group, supra note 12, at 7; see Gruenbaum, supra note 7, at 87; Wood, supra note 17, at 357–58. The importance of marriage to a woman’s survival and security in many of these countries cannot be over-emphasized. See Gruenbaum, supra note 7, at 87. In a culture where women are poorly educated, if at all, marriage provides a woman’s surest hope for economic security, both during her husband’s life and in her old age, through the care of the children she bears. See id. at 79.  
19 See Rahman & Toubia, supra note 6, at 5–6.  
20 See Gruenbaum, supra note 7, at 78; Fernandez-Romano, supra note 15, at 143. It is important to remember that women in countries where infibulation is prominent are used to seeing smoothness and enclosure instead of exposed genitalia. See Gruenbaum, supra note 7, at 73. Thus, an infibulated woman is seen as beautiful by her cultural standards. See id. Indeed, an uninfibulated woman would seem masculine and ugly. Id. As shocking as practices surrounding female circumcision might seem to outsiders, one should remember that several cultures have beauty standards that involve medically changing the natural body. See id. at 72. In the Western world, skin removal, breast implants, nose alterations, face lifts, and liposuction are painful and risky medical procedures—even mutilations—aimed at achieving a more aesthetically pleasing body. See id. at 72; Cardenas, supra note 7,
ceived or actual preference by men for "tightness" during intercourse;21 and medical misconceptions concerning a woman's genitalia.22 Contrary to popular perception, female circumcision is not solely an "Islamic rite;" Muslims, Catholics, Protestants, Copts, Animists, and atheists all practice various forms of female genital cutting.23 While female circumcision is most frequently carried out by Muslims, there is actually no requirement in the Islamic religion for this practice.24

Numerous international treaties and covenants either implicitly or explicitly hold that female circumcision practices constitute an abuse of women and a violation of their human rights.25 While it has been successfully argued that many female circumcision practices are prohibited as "torture" under the 1948 Universal Declaration of Human Rights (UDHR)26 and the Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment,27

med at achieving a more aesthetically pleasing body. See id. at 72; Cardenas, supra note 7, at 311.

21 See GRUENBAUM, supra note 7, at 153.

22 MINORITY RIGHTS GROUP, supra note 12, at 7; see Wood, supra note 17, at 358–59. In some communities, female circumcision is performed to preserve distinction between the sexes. MINORITY RIGHTS GROUP, supra note 12, at 7. In many of these communities, genital cutting is urged by the belief that the clitoris will continue to grow and dangle like male genitalia if it is not cut. Id. Other medical misconceptions include beliefs that the clitoris can actually harm the male sex organs or a baby during delivery. Id.

23 See MINORITY RIGHTS GROUP, supra note 12, at 7; Wood, supra note 17, at 356–57. The source of female circumcision is found in cultural traditions. See MINORITY RIGHTS GROUP, supra note 12, at 7. However, although there is no religious requirement to do so, some religious authorities have adopted and encouraged this aspect of traditional culture. See id.

24 See MINORITY RIGHTS GROUP, supra note 12, at 7; see also Wood, supra note 17, at 356–57, 370. According to Dr. Taha Ba'asher, regional director for the World Health Organization, the misconception probably arose from a generalization of male circumcision, which has been framed more explicitly as a religious mandate in Christianity and Islam from the command by God to the Prophet Abraham, as applicable to the female. MINORITY RIGHTS GROUP, supra note 12, at 7; see GRUENBAUM, supra note 7, at 63.

25 Sussman, supra note 6, at 199–202.

26 Id. at 200. Article 5 of the UDHR states that, "[n]o one shall be subjected to torture or to cruel inhuman or degrading treatment or punishment." Id.

27 Id. This convention also forbids torture, which it defines as:

[A]ny act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as . . . intimidating or coercing him or a third person for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.

Id.
international covenants dealing specifically with women's rights have been even more explicit in condemning female circumcision as a human rights abuse. Article 2 of the Declaration on the Elimination of Violence Against Women specifically identifies "female genital mutilation" as a practice that must be condemned and eradicated by all states. In addition, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) guarantees to women several health rights including: the right to have one's health and reproduction protected and the right to adequate health care. The health consequences to circumcised females (particularly those subjected to more severe forms of cutting) include the following: intense pain, resulting from lack of anesthesia; shock; hemorrhage; discomfort, infection and other complications arising from retention of urine and menstrual discharge; fever; tetanus and genital infections from unsterilized instruments; the formation of obstructive genital scar tissue; sterility; cysts; painful intercourse; loss of at least some sexual pleasure during intercourse; and obstructed labor, which may result in a high number of still births or birth defects. Clearly a practice with such horrific health consequences and little to nothing in the way of health benefits constitutes a violation of women's right to adequate health and reproductive care, as guaranteed under CEDAW. Furthermore, both CEDAW and the Declaration on the Elimination of Violence Against Women specifically state that custom and tradition may not be used to excuse practices that are forbidden by these covenants.

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28 Sussman, supra note 6, at 201-02.
29 Id. at 201.
30 Id.
31 Wood, supra note 17, at 364. In the case of infibulation (which is the most serious form of circumcision, performed on an estimated 15% of all circumcised women), the wedding night can be particularly painful. Id. In order for the woman to be penetrated during intercourse, an almost fully closed vaginal opening will need to be re-opened. Id. It can take weeks before the husband is able to fully penetrate his wife, although there are reports of husbands using daggers or razor blades to open the closure more quickly. Id. In Somalia, tradition further dictates that a newly married couple should have prolonged and repeated intercourse over a period of eight days, with the woman trying to lie in bed perfectly still during this entire time to keep the wound from re-closing. Id.
33 See Sussman, supra note 6, at 202.
34 Id. at 201.
African feminists generally do not deny either the seriousness of circumcision nor the need to work for eradication of the practice. Rather, they object to the demeaning and imperialistic way in which some camps of Western activists have approached this issue. This Book Review attempts to blend the views of Western and African feminists. While this Review argues for the abolition of female circumcision, eradication efforts must be conducted in a way that is respectful of African women and their diverse cultures. Micere Githae Mugo perhaps best sums up this approach as follows: "[m]y rejection of circumcision is not a moral judgment of those who practice it."

II. THEORETICAL COMPLEXITIES SURROUNDING FEMALE CIRCUMCISION AND WESTERN FEMINISM

A. The Public/Private Spheres

The practice of female circumcision, deeply rooted in cultural tradition, introduces complexities that are distinct from traditional targets of feminist activism, such as domestic violence or rape, and hence eschews categorization by many of Gerhard’s feminist theories. In her final chapter on women’s human rights, for example, Gerhard addresses the familiar feminist recognition of the “public/private sphere divide.” According to this theory, abuses against women take place in the “nonpublic, intimate, private sphere of the family, where they are tolerated and go unpunished, and thus are not subject to public law or protection by the state.”

Female circumcision, however, is difficult to articulate as either truly public or private, in the sense implied by Gerhard. Far from being a secret, private matter, traditions surrounding genital cutting, such as protection of virginity, are seen as a community responsibility. Indeed, a large, community-wide celebration often accompanies

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36 Id. at 28–29.
37 Sussman, supra note 6, at 208.
38 Lewis, supra note 35, at 28–29.
39 Mugo, supra note 6, at 465.
40 See Gerhard, supra note 1, at 177; Minority Rights Group, supra note 12, at 7; infra notes 41–43, 47 and accompanying text.
41 See Gerhard, supra note 1, at 177.
42 Id.
43 Id.
44 Gruenbaum, supra note 7, at 82.
a young woman's circumcision. The stamp of "public" sanction on female circumcision practices has recently become even more pronounced, as some health professionals, charged by governments and activists to end the practice, have instead encouraged families to have their daughters circumcised in the more sanitary setting of public health clinics.

Furthermore, the "public/private" dilemma that is mentioned by Gerhard typically focuses on gender-based abuses that women experience in the private sphere at the hands of men. Thus, another important nuance to female circumcision is that the practice is primarily performed by women, on other women. Male preferences for wives who have been cut and/or infibulated propel the practice of female circumcision, in that women strive to meet these preferences to ensure prospects for marriage. However, it is women who perform the actual procedures and women who riot the loudest against abolition. In countries such as Kenya, where a girl is, generally, circumcised as a teenager, she will often voluntarily request for the procedure to be performed rather than having to be outwardly coerced to follow tradition. Thus, the public/private dilemma, which has been central to feminist understanding of women's experiences with abuse, may have limited applicability to cultural traditions such as female circumcision.

45 See Note, supra note 32, at 1948; Sussman, supra note 6, at 209.
46 See Minority Rights Group, supra note 12, at 20.
47 GERHARD, supra note 1, at 180. In her writing, Gerhard specifically confronts and condemns gender-based violence, including battering and other domestic violence, sexual abuse, sexual slavery and exploitation, and international trafficking in women. Id.
48 RAHMAN & TOUBIA, supra note 6, at 48; see Lewis, supra note 35, at 8–9; Jaimee K. Wellerstein, In the Name of Tradition: Eradicating the Harmful Practice of Female Genital Mutilation, 22 Loy. L.A. Int'l & Comp. L. Rev. 99, 102 (1999); Wood, supra note 17, at 360.
49 See GRUENBAUM, supra note 7, at 152–56.
50 Note, supra note 32, at 1947.
51 See Lewis, supra note 35, at 32; Wellerstein, supra note 48, at 9.
52 Minority Rights Group, supra note 12, at 17.
53 See GERHARD, supra note 1, at 177; CLARE DALTON & ELIZABETH M. SCHNEIDER, BATTERED WOMEN AND THE LAW 945–44 (2001). The public/private distinction has been important in human rights activism because it demonstrates why women, who are often abused in "nonpublic, intimate, private sphere of the family," are not adequately protected by human rights efforts that only focus at stopping human rights violations that are committed in public, by the state. See GERHARD, supra note 1, at 177.
Gerhard's understanding of the relationship between difference and equality is another example of Western feminist doctrine that does not easily translate to non-Western cultures that practice female circumcision. For Gerhard, difference is not the antithesis of equality; rather, an understanding of difference is essential both to ensuring and understanding a concept of equal treatment of the genders. In Gerhard's own words, "The principle of equality assumes that men and women are different and that they will not become identical as a result of equal treatment, but will be able to preserve their difference."

Gerhard's discussion of an ideal equality, which is crafted and instructed through difference, is of little current significance to the female circumcision issue, where most women in these communities must first be convinced that equality of treatment is something that they deserve or even want. Far from instructing a greater understanding of equality, difference is still used in these communities to justify unequal, and in this case, abusive treatment. In a nod to cultural relativism, Gerhard states, "A decisive step for women from non-Western cultures in demanding human rights was . . . that they themselves began to define the substance and meaning of their cultures, using their own experience and legal systems to confront patriarchal practices and interpretations." Gerhard is certainly right to applaud the activist work of hard-working non-Western feminists, such as African women who are seeking to end the practice of female circumci-

54 See id. at 7-11.
55 See id. at 3, 8. Gerhard argues that equal rights activism would not exist if there were not actual differences between people that resulted in unequal treatment. See id. at 8. Furthermore, Gerhard is critical of theories of equality that simply aim for women to "attain the status of men." See id. at 9. Rather, she argues for a standard of equality that is superordinate to the current status of either sex, so that each sex may maintain its differences while enjoying a dignified and equal status in society. See GERHARD, supra note 1, at 8-10.
56 See id. at 8.
57 See GRUENBAUM, supra note 7, at 32. The Fourth World Conference on Women in Beijing in 1995 provides an example of how "equality" has not been accepted by all women around the world. See id. At this conference, Muslim women from many countries argued against "equality" as a shared goal in the Platform for Action document. Id. Instead, they urged for usage of the word "equity," which implies separate, gender-specific roles for the sexes but fair treatment for women. Id. "Equity" in this sense, while a step in the same direction, is still a far cry from "equality" as understood by Western feminists. See id.
58 See GRUENBAUM, supra note 7, at 38-39.
59 See GERHARD, supra note 1, at 179.
60 See id.
sion in their countries. However, it is important to recognize that for the general population, change and equality are a long way off and, for many women, not even desired. 61 "Equality," however it relates to difference in Western feminist thought, is an ideal, even for African women activists, that must be taken alongside tradition in countries that practice female circumcision. 62

The failure of anti-circumcision efforts in Uganda illustrates that, for many African women, the desire for equal treatment may be some time in coming. 63 In Uganda, activists sought to eradicate female circumcision through the use of social marketing messages to community leaders in areas that practiced female circumcision. 64 In many areas, the effort initially worked. 65 Community leaders agreed that the costs of female circumcision outweighed the cultural benefits and publicly denounced the practice. 66 However, within a year, female circumcisions returned as a part of community life, largely at the request of teenage girls, who could not understand why they should not participate in this historically important rite. 67 The observations of Ellen Gruenbaum, made during her extensive research trips to Sudan, illustrate that notions of equality between men and women are almost inconceivable in areas of this country. 68 Gruenbaum noted that female circumcision, however painful, is rarely questioned by practicing women, who treat the practice as an inevitable component of womanhood, similar to the pains of childbirth. 69

In other communities, the particular form of circumcision practiced by a group might represent a key distinction between that group and outside communities, with the more intrusive forms of circumcision correlating to elevated group status. 70 In this way, gender differences not only propel unequal treatment of women within their communities, but this treatment might become intrinsic to a commu-

61 See Gruenbaum, supra note 7, at 32.
62 Id. at 25.
63 See Rahman & Toubia, supra note 6, at 78–79.
64 See id. These programs involved a targeting of community leaders and presenting them with a cost-benefit analysis of why female circumcision is not a good practice for the community. Id. This approach enjoyed initial success because of its "rewards program," which culminated in an awards ceremony, held during annual cultural days, in which leaders were praised for their decisions to order the cessation of female circumcision. Id.
65 See id.
66 Rahman & Toubia, supra note 6, at 78–79.
67 See id.
68 See Gruenbaum, supra note 7, at 38.
69 Id. at 38–39.
70 Id. at 104.
nity's very identity.71 In such a community, understanding and appreciating the differences between men and women, as Gerhard suggests, are unlikely to change the position of women, since pointing out these differences will more deeply entrench the reasons for their subordination.72

Women must first be seen as equal to men by virtue of their shared humanity.73 Only then can African women claim their rights alongside men in a way that recognizes and celebrates their uniqueness as women.74 With these theoretical nuances in mind, female circumcision provides a particularly interesting case study on which to test Gerhard's reliance on law outside of the context of the West.

III. ERADICATING FEMALE CIRCUMCISION BY LAW: LIMITATIONS AND ALTERNATIVES

A. Limits of Law and Criminalization

Gerhard stresses law as a vehicle to change,75 yet law has thus far had limited success in efforts to eradicate female circumcision, due to strong motivation to break such laws coupled with their general lack of enforceability.76 It is important to remember that in a community where genital cutting of some variety is a prerequisite to marriage, and where marriage is the key to survival, the decision to defy the law might seem like a rational choice to well-meaning parents and midwives.77 This choice becomes even more rational in light of the difficulty most governments have had in enforcing anti-circumcision laws.78 Efforts to criminalize have proven to be largely unenforceable

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71 Id.
72 See id.
73 See Wellerstein, supra note 48, at 116. The importance of the equality of all persons is expressed in the Universal Declaration of Human Rights, which states that, “[a]ll human beings are born free and equal in dignity and rights.” Id.
74 See GERHARD, supra note 1, at 91.
75 See id. at 4.
77 See GRIENBAUM, supra note 7, at 209.
78 See L. Amede Obiora, Bridges and Barricades: Rethinking Polemics and Intransigence in the Campaign against Female Circumcision, 47 CASE W. RES. L. REV. 275, 357–58 (Winter 1997).
when they run against a cherished social more\textsuperscript{79} and when the majority of the population would qualify as "criminal" under the new law.\textsuperscript{80}

Not only have efforts to criminalize female circumcision proven ineffective, but in many cases they have exacerbated the plight of African women.\textsuperscript{81} Initial efforts in several countries to curb female circumcision through law resulted in enormous backlash from the local populations\textsuperscript{82} and health care professionals.\textsuperscript{83} Instead of ending the practice, families reacted by circumcising their daughters at even younger ages, often "at night by lamplight."\textsuperscript{84} Under these circumstances, a girl who is already at enormous risk for infection due to the unsanitary conditions in which many circumcisions are performed, may be unable to seek professional medical help after the cutting has taken place, for fear that her parents will be criminally prosecuted for allowing the procedure.\textsuperscript{85}

While law certainly does have some value as an instrument of social change,\textsuperscript{86} history has made it clear that change must come not by

\textsuperscript{79} Id. at 357–58.
\textsuperscript{80} Trueblood, \textit{supra} note 76, at 465.
\textsuperscript{81} Sussman, \textit{supra} note 6, at 237–38.
\textsuperscript{82} \textit{See} Gruenbaum, \textit{supra} note 7, at 206; Minority Rights Group, \textit{supra} note 12, at 14, 18; Sussman, \textit{supra} note 6, at 237–38. In Kenya, the Church of Scotland began an anti-circumcision campaign in 1906, through which it pressured the British colonial government to outlaw the practice. Sussman, \textit{supra} note 6, at 237. In 1915, the church succeeded in getting a rule passed that banned certain types of circumcision of schoolgirls. \textit{See id.} The result of these efforts was that circumcision became even more entrenched in Kenyan culture, as a symbol of cultural resistance against an unpopular colonial government. \textit{See id.} at 237–38. In the years following the fall of British colonialism in Kenya, the post-colonial government supported female circumcision, as a symbol of Kenyan nationalism. \textit{See id.} at 238. While President Moi reversed this policy in 1982, and argued for criminalization, female circumcision is still legal and commonly practiced in the country. \textit{See id.} In 1946, British colonial authorities in Sudan passed a law banning female circumcision in that country. \textit{See} Gruenbaum, \textit{supra} note 7, at 206. In one of the government's first efforts to enforce the law, police took a local midwife into custody. \textit{Id.} The local population was outraged at this attack on their midwife and their customs and rose up in force to destroy the jail and free the midwife. \textit{Id.} at 206–07.
\textsuperscript{83} \textit{See} Gruenbaum, \textit{supra} note 7, at 176. In Sudan, for example, even medical professionals frequently disregard the 1946 law banning female circumcision in order to ensure that circumcisions are carried out under more hygienic conditions. \textit{See id.}
\textsuperscript{84} \textit{See} Minority Rights Group, \textit{supra} note 12, at 14. The Minority Rights Group interviewed a traditional birth attendant in Sudan who reported that even rumors of government plans to enforce anti-circumcision legislation in Egypt resulted in a frenzy of circumcisions performed by operators who continued their work under the cover of night. \textit{See id.} at 14. Secretive, night circumcisions were also reported in Sudan, following the criminalization of the practice in 1946. Sussman, \textit{supra} note 6, at 239–40.
\textsuperscript{85} Wellerstein, \textit{supra} note 48, at 132.
\textsuperscript{86} Gerhard, \textit{supra} note 1, at 4.
The most effective approach to eradicating female circumcision is one that combines legislation and work by grassroots organizations to change the tide of public opinion on the subject and to provide women with opportunities for survival outside of marriage. Change in "norms" and attitudes will lay the groundwork for legislation that will effectively outlaw, or at least limit, practices that are harmful to women.

B. General Guidelines for Successful Legal and Non-Legal Initiatives

There are three general guidelines that ought to be applied to any plan for eradication of female circumcision. First, whenever possible, efforts towards change must be implemented at the grassroots/community level. Most early failures at outlawing female circumcision were initiated by European colonial governments. These laws failed largely because they lacked support by the local peoples who practiced genital cutting. Outside judgment and interference have the tendency to appear patriarchal, and so African feminists generally prefer to work on the problem themselves, free from outside interference. Thus, international concern about genital cutting is best channeled towards supporting African women in their grassroots efforts at legal and non-legal change within their practicing

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87 See Minority Rights Group, supra note 12, at 14; Wellerstein, supra note 48, at 102.
88 See Gruenbaum, supra note 7, at 158; Rahman & Touvia, supra note 6, at 90; World Health Organization et al., supra note 76, at 15; Sussman, supra note 6, at 250.
89 See Rahman & Touvia, supra note 6, at 80.
90 See id. at 73, 79.
91 Id. at 79; see Cardenas, supra note 7, at 313.
92 See Gruenbaum, supra note 7, at 206–07; Rahman & Touvia, supra note 6, at 9; Sussman, supra note 6, at 237. In Kenya, the British colonial government attempted to prohibit female circumcision as early as 1906. See Gruenbaum, supra note 7, at 207. After independence, Kenyan politicians supported female circumcision as part of their political campaigns, as part of a nationalist program against the effects of colonialism. See id.
93 Gruenbaum, supra note 7, at 205.
94 See id. at 203.
95 See id. at 204. African female activists have achieved a greater measure of effectiveness than their Western counterparts through their ability to organize nongovernmental grassroots organizations focused on changing female circumcision practices and eventually eradicating the practice altogether. See Gruenbaum, supra note 7, at 206. One such organization that has been instrumental in the grassroots effort to end female circumcision is the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children. See id.
96 See id. at 204.
countries. This approach avoids imperialism, while encouraging change to arise from the work of women who best understand the problem and who have a personally vested interest in seeing change occur.

Second, rather than limiting their message to circumcision practices, activists should incorporate other issues that are already recognized and important to African women as part of integrated outreach programs. In many African countries, experiences of hunger and war, which are shared by women and men, often rank higher on women's lists of human rights concerns than do "women's issues" such as female circumcision. African feminists and grassroots organizations argue that anti-circumcision efforts must take this reality into consideration. Rather than pouring all of their resources into the eradication of a practice which many participants support, governmental and non-governmental organizations must gain legitimacy by giving equal attention to other important issues, such as needs for health care facilities and training, access to public education for girls, and access to clean water, which also affect the health of African women.

Finally, in considering any particular policy, it is important to remember that female circumcision is a widely varied practice, involving not only different techniques and types of cutting, but motivated by different cultural stimuli. While it is outside the scope of this Book Review to discuss recommendations and policies for each country where female circumcision is practiced, activists with a focus on one of

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97 See id. at 210, 212–13; RAHMAN & TOUBIA, supra note 6, at 74, 79, 80. International funding can be very effective in initiating grassroots education and activism. See GRUENBAUM, supra note 7, at 210. Furthermore, the statements contained in international conventions, when the product of some level of international consensus, constitute important educational tools for grassroots organizations. See id. at 212.

98 See GRUENBAUM, supra note 7, at 206.

99 See id. at 221.

100 See id. at 203–04, 216.

101 Lewis, supra note 35, at 33.

102 Id.; GRUENBAUM, supra note 7, at 203–04, 216; Leti Volpp, Feminism Versus Multiculturalism, 101 COLUM. L. REV. 1181, 1208–10 (2001). As an example of one such policy, the Sudan National Committee for Traditional Harmful Practices includes information about the health risks of female circumcision as only one part of an educational outreach program that begins by addressing other reproductive issues. See GRUENBAUM, supra note 7, at 197. These issues, including child spacing, contraceptive use, and maternal and child health, are often more readily accepted by local communities than the anti-circumcision message. Id. These educational programs do, however, lay the groundwork for acceptance of this message later on in the course of community education. Id.

103 RAHMAN & TOUBIA, supra note 6, at 73.
these communities must engage in further research so as to formulate a plan that will be both meaningful and effective in that area of the world.104

C. Non-Legal Eradication Efforts

1. Education

The modern movement against female circumcision has come to recognize the centrality of education in policies geared towards eradicating any and all forms of the practice.105 History has shown that legal efforts to change local traditions are ineffective, if not counterproductive, where they are not preceded by attempts to educate local populations as to why these traditions are harmful.106 Whether females are circumcised in an effort to ensure their chances for marriage,107 or as a symbol of one’s passage into adulthood,108 social standing and/or survival serve as powerful reasons to disobey anti-circumcision laws.109 An effective educational campaign against genital cutting will lay the groundwork for later efforts to criminalize the practice.110

Efforts to educate against female circumcision have necessarily gone through an evolutionary process.111 In the 1980s, activists in the movement against female genital cutting believed that education would initially be best received as a health issue, as opposed to a human rights or feminist issue.112 In many communities, female circumcision is justified through erroneous health beliefs.113 Activists be-

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104 See id.
105 MINORITY RIGHTS GROUP, supra note 12, at 16. A seminar held by the Cairo Family Planning Association in 1979 produced a set of fourteen resolutions aimed at eradicating the practice of female circumcision. Out of these fourteen, twelve resolutions focused on the need to educate local populations. See id. at 16–17.
106 See GRUENBAUM, supra note 7, at 207.
107 See id. at 87.
108 See id. at 195.
109 See id. at 206.
110 See id. at 207.
111 See GRUENBAUM, supra note 7, at 177; MINORITY RIGHTS GROUP, supra note 12, at 10. The Minority Rights Group publication cited here was published in 1980 and demonstrates the anti-circumcision movement’s focus on health education as a means to stop female genital cutting. See MINORITY RIGHTS GROUP, supra note 12, at 10. By 2001, Gruenbaum and exiled Sudanese Women’s Union leader Fatima Ahmed Ibrahim recognized the importance of addressing not only health concerns but also women’s place in society. See GRUENBAUM, supra note 7, at 177.
112 See MINORITY RIGHTS GROUP, supra note 12, at 10.
113 Id. at 7; see Wood, supra note 17, at 358–59.
lieved that health-based education aimed at disproving these beliefs would be more useful to discourage the cutting than would be an education program that offended cultural beliefs by focusing on critiquing the traditional role of women in the targeted society.\textsuperscript{114}

In more recent years, however, activists have begun to address the situation of women with increased boldness, not only from the perspective of health but also with a broader focus on the empowerment of women within circumcising societies.\textsuperscript{115} The reason for this shift is that activists are concerned that pure health instruction may leave communities with the conclusion that circumcision is an acceptable practice, so long as it is performed in as sanitary a way as possible, such as in health centers.\textsuperscript{116} Because activists are concerned not only with the physical harm of female circumcision, but with its intended purpose to curb the choices and sexual practices of women, current efforts have taken on a more ambitious agenda by seeking to empower women to claim an equal status with men in society.\textsuperscript{117}

2. Socio-economic Development

In addition to education, economic and social development initiatives in African communities serve as important non-legal methods to elevate the status of women.\textsuperscript{118} As discussed above, laws prohibiting genital cutting have been ineffective where an uncut woman is unmarried and where marriage represents her only hope for survival in her community.\textsuperscript{119} The key is to foster general education and career opportunities for women, so as to decrease their dependence on men for their livelihood.\textsuperscript{120} Once women perceive viable options for security and survival besides marriage, the health risks of genital cutting will pose a more compelling reason to cease the practice.\textsuperscript{121}

\textsuperscript{114} See Minority Rights Group, supra note 12, at 10; Wellerstein, supra note 48, at 141.

\textsuperscript{115} See Grunbaum, supra note 7, at 177.

\textsuperscript{116} See Minority Rights Group, supra note 12, at 16.

\textsuperscript{117} See Grunbaum, supra note 7, at 177–78.

\textsuperscript{118} See id. at 158.

\textsuperscript{119} See id. at 87, 209.

\textsuperscript{120} See id. at 192.

\textsuperscript{121} See id.; Rahman & Toubia, supra note 6, at 76–77; Trueblood, supra note 76, at 466–77. In Senegal, a two-year economic and development program intended to empower women resulted in the decision by the targeted village to abandon the practice in 1997. Rahman & Toubia, supra note 6, at 76–77. The program incorporated an emphasis on educating and empowering women through literacy training, the development of analytical skills and problem solving, and health and human rights education. Id. As a result of this initiative, women in this Senegalese village gained the self-confidence to publicly de-
However, economic development programs are only as successful in ending female circumcision as they are in elevating the status of women vis-à-vis men. Where economic development betters the situation of men, without also empowering women, circumcision of women might become even more entrenched in the community. This is seen in the recent development of irrigation projects in Sudan, where the projects were structured with male heads of households commanding family labor. This kind of situation might result in a further entrenchment of female circumcision if the increase of male wealth and power leads to an increase in the practice of polygamy, which is often seen as a symbol of male status. When adopted, polygamy has the potential to encourage stricter circumcision practices as a result of competition among wives to please their husband sexually. If the position of women is to be bettered and circumcision is to be discouraged, economic development programs must specifically target and empower women by introducing or supporting schools, clinics, and employment opportunities for women and girls.

3. Innovative Methods

A recent tactic that has enjoyed considerable success in ending female genital cutting is the introduction of alternate rites ceremonies. This approach, the product of a collaboration between a Kenyan grassroots organization and an international non-profit organization, has been effective in communities where circumcision of women is practiced as a "coming of age" ritual. The key to the successful female genital cutting and to end the practice without any direct external pressure to do so. Id.

122 See GRUENBAUM, supra note 7, at 159–60.
123 See id. This has happened in cases where economic development gives men, and not women, increased power and status, which leads to the adoption of polygamy. See id. at 160. Polygamy has often worked to further entrench female circumcision, often resulting in the adoption of even more invasive practices. See id. at 163. This happens where wives compete with each other for their husband’s affections and where he expresses a preference for a wife who is infibulated or infibulated more tightly than the others. See id.
124 See Gruenbaum, supra note 7, at 158–59.
125 See id. at 160.
126 See id. at 163.
127 See id. at 159–60.
128 See id. at 195–96.
129 Wellerstein, supra note 48, at 136. The collaborating organizations are Maendeleo Ya Wanawake, a Kenyan group, and the Program for Appropriate Technology in Health (PATH), an international non-profit organization dedicated to improving the health of women and children in developing countries. Id.
130 See GRUENBAUM, supra note 7, at 195.
cess of this approach is to design a ceremony that is a blend of traditional symbolism and values with an empowering program of modern reproductive and developmental education.131 A typical celebration may incorporate traditional dances, singing, and feasting, but omits the customary genital cutting.132 Alternate rites programs have met with a positive response from local communities in Kenya,133 where alternate rite ceremonies are called “Circumcision through Words.”134 These ceremonies include a week of seclusion during which the girls learn about cultural traditions concerning their roles in the community as women and mothers.135 In addition, the training incorporates instruction in modern health, hygiene, reproductive issues, communication skills, self-esteem, and dealing with peer pressure.136

The success of “alternate rites ceremonies” in certain communities demonstrates the need for continued innovation in developing non-legal techniques to address the practice of female circumcision.137 Future innovation might harness popular culture through contemporary theater, music, and films.138 These popular forms of communication and expression can be used to eliminate one of the primary motivating forces behind female circumcision by changing aesthetic preferences and ideals that favor a circumcised woman.139 Changes in cultural ideals are a necessary precursor to legislation seeking to regulate or eradicate female circumcision at a local level.140

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131 See id. at 195–96.
132 See id.; RAHMAN & TOUBIA, supra note 6, at 77.
133 See GRUENBAUM, supra note 7, at 195.
134 Id. at 195; Wellerstein, supra note 48, at 136.
135 See GRUENBAUM, supra note 7, at 195–96.
136 See id. at 196.
137 RAHMAN & TOUBIA, supra note 6, at 12.
138 Id.
139 See GRUENBAUM, supra note 7, at 73. The history of female facial scarring in Sudan provides an example of how popular culture can influence aesthetic preferences. See id. The intentional scarring of women’s faces, through cutting and scratching, was a widespread practice in Sudan for years, due to an aesthetic preference for scarred faces. Id. The practice has recently been discontinued, in large part because of the widespread influence of a popular song, which praised the beauty of the unscarred face. Id.
140 See id. at 207. The use of pledge societies in Africa to end female circumcision is another innovative tactic that warrants further investigation, given the success of this approach in eradicating foot binding in China. See GRUENBAUM, supra note 7, at 193–95. Foot binding, the Chinese practice of crippling a girl’s feet through bending and breaking at a young age in order to prevent proper growth, shares many cultural underpinnings with the practice of female circumcision in Africa and the Middle East. Sussman, supra note 6, at 215. Both practices were intended to ensure virginity and faithfulness on the part of women, and they were each equated with status and marriage prospects for women and sexual pleasure for men. See FAN HONG, FOOT BINDING, FEMINISM AND FREEDOM 45–46
4. A Return to Law

Despite the discouraging start for anti-circumcision legislation in many practicing countries, there are two primary areas in which a renewal of such legislation, introduced alongside non-legal strategies, currently show the most promise: the criminalization of female circumcision in clinics and hospitals\(^\text{141}\) and the utilization of international human rights covenants and discourse to address female circumcision.\(^\text{142}\)

a. Criminalization of Female Circumcision in Hospitals and Clinics

While health education remains a crucial component of efforts to educate against female genital cutting, these efforts should not proceed without laws in place that criminalize relocation of the practice to clinics and hospitals.\(^\text{143}\) Experience has shown that health-based activism works to an extent.\(^\text{144}\) That is, local citizens recognize the health problems associated with the performance of these procedures in unsanitary conditions by unprofessional practitioners using rudimentary instruments.\(^\text{145}\) Rather than abandon circumcision, however, many families have instead turned to health professionals at medical centers to have their daughters circumcised.\(^\text{146}\) Health workers are tempted to perform these procedures out of fear that a girl will be circumcised anyway, with or without their professional assistance.\(^\text{147}\)

\(^{141}\) See Minority Rights Group, supra note 12, at 20.

\(^{142}\) See Gruenbaum, supra note 7, at 193–94. In Africa, a plan to use pledge societies to end female circumcision would require that members pledge not to circumcise their daughters, with membership providing a social incentive to join. See id. at 194. Because pledges are common for other purposes in Africa, this approach might be effective in ending female circumcision. See id.
While medicalization is an attractive solution for saving lives in the short term,\textsuperscript{148} in the long term, medicalization could further institutionalize female circumcision in practicing societies.\textsuperscript{149} The danger is that medicalizing female circumcision not only represents a form of official sanction, but also bestows an aura of safety by removing many of the sanitation-based health concerns.\textsuperscript{150} Nonetheless, the fact remains that no matter how hygienic the hospital setting is, there may still be severe consequences for a woman's physical health and sexuality as a result of the removal of healthy tissue and/or infibulation.\textsuperscript{151}

A more compelling "medicalization" argument is a proposal to allow health professionals just to nick a patient's prepuce, a procedure which would let out a single drop of blood and respect the symbolism of the practice without incurring negative health consequences.\textsuperscript{152} While appealing on cultural grounds, this proposal has been largely rejected by the World Health Organization (WHO) and by a number of African commentators and organizations.\textsuperscript{153} There are two problems with allowing the institutionalization of a seemingly harmless practice of this nature. First, even Professor Obiora, an outspoken African advocate of medicalization, admits that institutionalization in health centers of this symbolic version of circumcision presents a "slippery slope" between symbolic procedures and those which result in damage through the removal of tissue.\textsuperscript{154} Secondly, given the scarcity of clinics and health services, there is little likelihood that families would actually go to the trouble of bringing their daughters to professionals for such a simple procedure.\textsuperscript{155} Particularly in communities where groups of girls go through circumcision at the same time, there is a very real fear of transferring HIV through even such a

\textsuperscript{148} Obiora, \textit{supra} note 78, at 367–68.
\textsuperscript{149} Cardenas, \textit{supra} note 7, at 312.
\textsuperscript{150} \textit{Id.}; Gruenbaum, \textit{supra} note 7, at 176; Minority Rights Group, \textit{supra} note 12, at 20.
\textsuperscript{151} Minority Rights Group, \textit{supra} note 12, at 5; see Gruenbaum, \textit{supra} note 7, at 189; Cardenas, \textit{supra} note 7, at 312. There are many health risks that accompany infibulation, regardless of how "hygienically" the procedure was performed: chronic infections of the vagina and uterus, scar formation on the vulval wound that can obstruct walking, growth of implantation dermoid cysts, obstructed labor, rupture of the uterus, painful menstruation due to the difficulty of blood being released, and many other complications. See Minority Rights Group, \textit{supra} note 12, at 5. Even with the least serious form of circumcision, clitoridectomy, there is certainly at least some harm done to women's ability to experience sexual pleasure. See Gruenbaum, \textit{supra} note 7, at 189.
\textsuperscript{152} Obiora, \textit{supra} note 78, at 365.
\textsuperscript{153} See \textit{id.} at 370.
\textsuperscript{154} See \textit{id.} at 366–67.
\textsuperscript{155} See Mugo, \textit{supra} note 6, at 464.
seemingly harmless procedure as a nick or prick to the prepuce.\textsuperscript{156} Given the dangers inherent in medicalization of even mild circumcision procedures, legislation against female circumcision in the clinical setting by health professionals is important to promoting better health and education in circumcising communities.\textsuperscript{157}

b. \textit{International Human Rights Covenants}

International human rights covenants and discourse suggest another possible avenue for legal involvement in anti-circumcision activism.\textsuperscript{158} Through international covenants, states join together to express their support for certain principles and expectations of how women ought to be treated in the global community.\textsuperscript{159} These expectations are recorded in written covenants, which may be binding on signatories and may exert moral pressure on non-signatories.\textsuperscript{160}

The primary limitation to this approach is that international human rights agreements are dubiously effective.\textsuperscript{161} Nonetheless, there are possibilities for a measure of success through the use of international legal agreements.\textsuperscript{162} The very process of creating international consensus on an issue such as female circumcision creates a forum for discussion and brainstorming among policy makers around the world who are interested in new ways to enact change.\textsuperscript{163} Once a consensus is reached, African policy makers and activists can return to their respective countries with a more impressive moral mandate to address circumcision practices within their respective populations.\textsuperscript{164} Finally, and most importantly, international conventions provide powerful

\textsuperscript{156} See id.
\textsuperscript{157} See Minority Rights Group, supra note 12, at 20.
\textsuperscript{158} See id.; Gruenbaum, supra note 7, at 209–16; Rahman & Toubia, supra note 6, at 89.
\textsuperscript{159} Wood, supra note 17, at 373.
\textsuperscript{160} See id.
\textsuperscript{161} See Gruenbaum, supra note 7, at 210–12; Mark W. Janis, An Introduction to International Law 272 (1999); see also Wood, supra note 17, at 373. For example, the 1979 United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) has been signed "with reservations" by many countries that find the concept of "equal rights" to be incompatible with their religious or cultural views of men and women. See Gruenbaum, supra note 7, at 211. In addition, CEDAW has been criticized as having "no teeth" because it lacks a protocol which would allow women to take complaints against their governments directly to the United Nations. Id. at 211–12.
\textsuperscript{162} See Gruenbaum, supra note 7, at 210.
\textsuperscript{163} See id. at 210; Boyle & Preves, supra note 7, at 704.
\textsuperscript{164} See Gruenbaum, supra note 7, at 213; Wood, supra note 17, at 373.
rhetoric to fuel grassroots efforts in practicing countries.\textsuperscript{165} Thus, while direct outside influence on national legislation has not been effective, less direct involvement by the international community for the eradication of female circumcision has the potential to support African activists in creating a mandate for eradication from their own people.\textsuperscript{166}

**CONCLUSION**

To Western and African feminists alike, the goal of eradicating female circumcision around the world represents more than a desire to end physical pain.\textsuperscript{167} It is a movement to empower women in society to claim their equality with men as fellow human beings and eventually to further realize equality by embracing their uniqueness as women.\textsuperscript{168} In this way, Gerhard’s focus on equality, which she regards as “indispensable as a standard of justice,” will continue to shape the empowerment of women in society, as the practice of female circumcision is brought to an end.\textsuperscript{169}

Law is one way to urge greater equality, in that normative values ideally form the background for well-intended legislation.\textsuperscript{170} However, anti-circumcision activists must be careful not to use law in a way that re-victimizes African women.\textsuperscript{171} In their outrage at this practice, Western feminists have turned too quickly to the institution of the law to try to end the cutting of their “sisters” in Africa.\textsuperscript{172} In so doing, since women are both the recipients and practitioners of circumcision, the victims become repainted and villainized as the abusers.\textsuperscript{173}

\textsuperscript{165} See Gruenbaum, *supra* note 7, at 212. For example, Gruenbaum recounts meeting a Nepalese woman at the 1995 NGO Forum in Beijing. *Id.* This woman explained how she and her female friends in Nepal had been unexposed to international ideas and did not know which rights they could claim. *Id.* Nepalese feminists used rhetoric from international covenants to make up songs about rights to teach local women. *Id.* An example of a now-popular lyric among Nepalese women in villages is: “I have the right to choose my own husband and decide for myself when to marry.” *Id.* This is only one example of the way in which a concept from international covenants about women’s rights can trickle down to affect the lives of local women through grassroots movements. See Gruenbaum, *supra* note 7, at 212.

\textsuperscript{166} *Id.* at 213.


\textsuperscript{168} See Lewis, *supra* note 35, at 11.

\textsuperscript{169} See Gerhard, *supra* note 1, at 1; Cardenas, *supra* note 7, at 311; Wellerstein, *supra* note 48, at 115.

\textsuperscript{170} See Gerhard, *supra* note 1, at 4.

\textsuperscript{171} See Mugo, *supra* note 6, at 478–79.

\textsuperscript{172} See Obiora, *supra* note 78, at 330.

\textsuperscript{173} Mugo, *supra* note 6, at 470–71.
Clearly the answer is not to throw all African midwives and mothers in jail through Western-imposed criminal laws. The answer is to educate women not only about why circumcising is a "bad health practice" but as to why, despite differences between the genders, women are entitled to autonomy over their bodies and over their personal decisions, both in society and in the home.174

Western feminists are only starting to realize what African women knew all along—that criminalizing circumcision or even educating against it will offer little protection until women have somewhere besides men to turn for security and sustenance.175 While Gerhard's insistence on legal remedies may be shortsighted in the context of communities that practice female circumcision, she accurately identifies the source of women's plight when she states that, "subordination, legal incapacity, obedience, hierarchical division of labor, and the authoritarian nature of sexual relations" are the "substance and core" of women's dilemma.176 By targeting aspects of society, aside from circumcision practices, where women have been disempowered, activists get to the core of Gerhard's equality-based concerns and move one step closer to ending the circumcision of women.177 In the words of Sudanese Women's Union leader Fatima Ahmed Ibrahim:

[C]ircumcision is not the cause of a problem, but is the result of a situation . . . . The cure is not to spend lots of money to convince women to stop . . . . The solution is to educate women, raise their consciousness . . . so they will not feel in need to circumcise to keep respect.178

174 See GRUENBAUM, supra note 7, at 177.
175 See Mugo, supra note 6, at 478; John Tochukwu Okwubanego, Female Circumcision and the Girl Child in Africa and the Middle East: The Eyes of the World are Blind to the Conquered, 33 INT'L LAW. 159, 161 (1999).
176 GERHARD, supra note 1, at 177.
177 See GRUENBAUM, supra note 7, at 177; Mugo, supra note 6, at 479.