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Women's Business? Reassessing the role of men in the perpetuation and abandonment of female genital cutting

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In the vast literature on female genital cutting, there exist two dominant but conflicting views on the role of men in the perpetuation of the practice. One paints men as culprits, with FGC viewed as a manifestation of patriarchal oppression of women. By making females sexually passive, FGC allows women to be chaste prior to marriage, and after marriage faithful to their husbands. By serving to signal fidelity, it is argued that FGC increases paternity certainty, and thus improves marriage prospects. In settings where women's future security and well-being is linked to their role as a wife and mother, being circumcised becomes a prerequisite to marriage.

An alternative perspective portrays men as relatively uninvolved in a practice described as "women's business" (Yoder et al., 1999, Hernlund, 2003). Noting that the practice is often organized and performed by women on women, anthropologists in various African contexts have emphasised women's agency, and the importance of initiation in the formation of a ritual community that creates bonds between women (Thomas, 2000; Kratz, 1994, Ahmadu, 2000). For instance, writing on the Meru in 1950's Kenya, historian Lynn Thomas traces how girls and women, rather than being victims, were central actors in the perpetuation of FGC. Her account reveals how female initiation, "not only remade girls into women, it transformed adult women into figures of authority within the community," thereby constituting and elaborating political hierarchies across generations of women (2000: 136).

These two divergent perspectives on the role of men in the perpetuation of FGC lead to conflicting predictions. If FGC is an underpinning of patriarchal structures, men should be

expected to be ardent supporters of the practice, as its elimination may pose a threat to their superior status in the social hierarchy. Alternatively, if FGC is indeed “women’s business,” men should have limited interest in whether or not the practice is maintained and be hands-off in the decision-making process. The questions we raise are:

- What role, if any, do men play in the decision of whether their daughters will undergo FGC?
- By whom are the decision made, and are men ever amongst those who negotiate a decision?
- Even if they play a peripheral role in the planning and activities surrounding FGC, does their opinion regarding support or opposition of the practice carry any weight?

To address these questions, we draw on data from a three-year mixed methods study of dynamics of decision-making in Senegambia. Research was conducted in three sites: periurban communities surrounding the Gambian capital, Banjul, rural villages along the North Bank border of The Gambia, and rural Senegalese communities directly across the border. Communities that lie on one side or the other of the Senegambia border share a tremendous amount in common in terms of culture, ethnicity, religion, pre-colonial history, landscape and climate. The practice of FGC is found in both places, as well; however, the surrounding circumstances vary. Notably, Senegal is the site of Tostan, a massive grassroots program that has organized abandonment of FGC in over 4,000 villages. Additionally, in Senegal legislation banning FGC was passed in 1999, whereas no such law exists in The Gambia. Since it was unclear how the legal ban would influence willingness to disclose information on recent decisions on FGC among Senegalese respondents, focus on this aspect of the research centered on Gambian respondents. At the end of this presentation we will, however, share some finding from our focus group discussions held with both Gambian and Senegalese respondents.

Estimates of the prevalence of FGC find that it is practiced by a majority of Gambians (76% according to the 2010 MICS data), whereas circumcising groups are a minority in Senegal. The 2010 DHS data estimate the prevalence there to be 26% (UNICEF, 2013). Clitoridectomy and excision are the most common forms, but to a lesser extent, sealing, is also found. Anti-circumcision campaigns have been ongoing in The Gambia for several decades as well, but only recently have messages begun to take hold.

In the past, FGC was carried out among pre-adolescent girls as a part of an elaborate coming-of-age ritual. Girls were typically initiated in large groups in the bush. Circumcision was performed by a ritual specialist – a *ngangsingba* – and was followed by a lengthy seclusion that served as a period of training, as well as healing. During seclusion, girls learned songs of initiation and received training on moral etiquette regarding how to display respect to elders, and in the future, to husbands and in-laws. Circumcised women are trained to “know the eye” – that is, to know how to communicate with non-verbal signs, and how to behave in a way that displays respect and promotes social harmony between genders and across generations.

In many African societies, FGC not only confers the status of womanhood, but renders a woman eligible for marriage. By contrast, in our study sites we find that female circumcision in most cases does not bear any direct relationship with marriageability. Instead, respondents often mentioned a number of factors that promote the practice, including cleanliness, that it is required by religion, that it attenuates sexual desire and serves to promote marital fidelity, and that it facilitates greater ease in childbirth. We find, however, that FGC is linked first and foremost to the concept of tradition. Numerous informants describe the practice as inherited from time immemorial, and often repeated the phrase, “We found it from our grandmothers.” Being from a “circumcising culture” features central in the formation of cultural identity, and girls who have been circumcised are, according to many practitioners, thought to have been properly raised to show respect and value “tradition.” Our research findings reveal that

circumcision serves as a signal to other women that a girl has been trained to respect the authority of her circumcised elders and is worthy of inclusion in their social network. In the context of our Senegambian study sites, where poverty is common and crisis is frequent, social ties are an important mechanisms for protection from uncertainty. Thus, girls who have undergone FGC are assured a source of social capital amongst other circumcised women (Shell-Duncan et al., 2011).

Although strong emphasis is placed on preserving culture and upholding tradition, certain aspects of circumcision and initiation practices have changed dramatically in recent years. As is common in many parts of Africa, there is a tendency for circumcision to be performed at younger and younger ages. In The Gambia, as in other regions, the reduced age at cutting is, in part, explained as a reaction to campaigns aimed at eliminating the practice, such that girls, and in some cases infants, are circumcised before it becomes “too late.” Other recent changes include the fact that circumcision is often now done individually rather than in large groups, and with little or no teaching or celebration. Girls are no longer typically taken to circumcision camps in the bush, but instead are circumcised in their own home or in the home of the *ngasingba*. Additionally a small but growing number of people are questioning whether FGC should be performed at all.

We find that the decision to circumcise a girl (or not) is complicated and often based on the opinion of multiple persons. Decision making regarding FGC can happen simultaneously on multiple levels. Interview and focus group discussion participants describe decision making by the community, the family, and the individual.

### *The community*

Traditionally, in many communities, circumcision for all girls was basically assumed. The decision to be made was not whether to circumcise, but when and how. Often, elders would designate a time for a large group circumcision when enough girls had come age to the proper age. The community-wide decision to organize a group circumcision would then instigate decision making at family and individual levels; for example, whether to participate in the group circumcision or to postpone until the next opportunity, or whether to travel or send a girl to a neighboring community to participate in circumcision there.

### *The family*

Decision making discussions within the family can be precipitated by the scheduling of a community-wide group circumcision or a circumcision at a relative's home or can be initiated by one of the family's decision makers. Our qualitative data reveal that mothers, fathers, and grandmothers are consistent participants in this decision; where there is conflict, these individuals have different degrees of power (to either prevent circumcision or make circumcision happen). Greatest authority is held by grandmothers and other senior women in the family. Regarding fathers, the extent of their "veto power" seems to vary a great deal from family to family. Those who exerted influence on the final decision were often supported by their own mothers.

### *The individual*

As large group circumcisions have become less common, decision making regarding when and how to circumcise has shifted to the family, also providing more opportunity to revisit the question of *whether* (rather than *when*) a girl will be circumcised. Some individuals act as the sole decision maker regarding whether they (or a child) are going to be circumcised. Often, this is by circumcising a girl in secret, circumventing debate that might otherwise occur and subverting other would-be decision makers. In other cases, the decision lies with a particularly powerful or overbearing decision maker. It is rare that young girls are, themselves, involved in the decision making process.

### *Survey results*

Survey data were collected from 955 Gambian women between the ages of 18 and 40, each of whom had given birth to at least one daughter. In the survey questionnaire, we asked mothers whether circumcision had been discussed in the past 3 years regarding any currently uncircumcised girls in their family. Additionally, we inquired about participants in decision making for girls who did undergo circumcision in the last three years. All of the girls who were asked about here are at some risk of circumcision: mothers reported that they either have circumcised daughters, or that they or their family might decide at some point to circumcise a daughter. In Senegal, because FGC has been criminalized, we instead asked normative questions in focus group discussions.

A total of 332 uncircumcised girls were identified, and mothers were asked an open ended question about why the girl has remained uncircumcised. The most common response was that it is not yet time to circumcise the girl (meaning often that the girl was not yet old enough, that not enough money had been saved, or that key participants were away). The next four reasons involved various forms of lack of consensus between decision makers; this suggests a growing level of ambivalence about a practice that was once assumed to occur.

Table 1 Reason Girls Have Remained Uncircumcised

	<u>Frequency</u>	<u>Percent</u>
It is not time to circumcise her yet	137	40.48
Consensus between decision makers hasn't been reached	76	22.36
Circumcision is not her or her family's tradition	38	12.39
Her mother/decision makers remain undecided or haven't discussed	34	9.97
Her mother opposes the practice	35	9.97
Unknown/other reason	16	4.83

For girls for whom circumcision had been recently discussed or performed, in most cases mothers were not sole decision makers. The survey results support the qualitative findings that extended family members often participate in the decision making process. Despite the fact that our informants often described FGC as "women's business," we find that it is not uncommon for fathers to be involved in the decision making process. For uncircumcised girls, fathers participated in discussion in nearly 40% of cases. For recently circumcised girls, fathers were involved in the decision making process in 17% of cases. It is particularly important to note that more fathers were involved in the conversations regarding girls who remain uncircumcised.

Table 2.7 Decision making participants reported by Senegambian women for daughters' FGC

<u>For uncircumcised girls recently discussed</u>			<u>For recently circumcised girls</u>		
<u>Relationship</u>	<u>Frequency</u>	<u>Percent</u>	<u>Relationship</u>	<u>Frequency</u>	<u>Percent</u>
Mother	10	13.33	Mother	34	20.99
Father	29	38.67	Father	28	17.28
Paternal grandmother	12	16.00	Paternal grandmother	32	19.75
Maternal grandmother	12	16.00	Maternal grandmother	35	21.60
Paternal aunt	9	12.00	Paternal aunt	19	11.73
Maternal aunt	2	2.67	Maternal aunt	7	4.32
Other	1	1.33	Other	7	4.32

Survey respondents were asked to report the preferences of decision makers in recent discussions or decisions regarding the circumcision of a girl in their immediate family (Table 2.8). These preferences reveal that when fathers were included in decision making, a much lower percentage of them favored FGC than any other group of decision maker: 25% of fathers were reported to have opposed FGC, as compared to 7% of mothers.

Table 2.8 Opinions of Decision makers Regarding FGC

Relationship	<u>Advocate Circumcision</u>		<u>Oppose Circumcision</u>		<u>Unknown/Undecided</u>		<u>Total</u>
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency
Mother	40	90.91	3	6.82	1	2.27	44
Father	41	73.21	14	25.00	1	1.79	56
Paternal grandmother	41	93.18	3	6.82	0	0.00	44
Maternal grandmother	46	97.87	1	2.13	0	0.00	47
Paternal aunt	27	96.43	1	3.57	0	0.00	28
Maternal aunt	8	88.89	0	0.00	1	11.11	9
Other	7	87.50	1	12.50	0	0.00	8
Total	210	88.98	23	9.75	3	1.27	236

Decision making in some instances results from achieving consensus among decision makers. In other cases, individuals can act against the will of other decision makers and have a girl cut despite the opposition of other family members. In particular, when there is a lack of agreement among decision makers, those who do not want a girl to be circumcised are often on constant vigil to prevent the girl from being “taken.” In Gambian society, parents do not customarily nor legally have sole decision making authority over their children. Instead, extended family members have rights over and responsibilities for children, and may make decision, including the decision to perform FGC, either with or without the consent of the biological parents.

An important question is, where and in what context are pockets of opposition against FGC emerging among men? The clearest lines of evidence are found in data generated in our focus group discussions. A total of 28 focus group discussions were held in groups divided along the lines of gender, age (elder vs. younger), study site (urban Gambia, rural Gambia, Senegal), and in Senegal, by whether the community had or had not participated in the Tostan

program. Comparing findings along these break characteristics, we find that in Senegal, both some elder and younger men shared that they had abandoned female circumcision. However, among elder men in particular, abandonment was in response to the law or participation in the Tostan program. Many respondents still valued the traditional reasons for supporting the practice: that it teaches girls respect for elders, it honors the traditions and wisdom of their ancestors, it attenuates sexual desire thereby helping to protect virginity prior to marriage and fidelity following marriage, and that it facilitates easier childbirth. Some respondent expressed deep resentment over a law that “breaks culture,” while other implied that the practice may have simply gone underground. Among younger men in both Senegal and The Gambia, particularly those who were more highly educated or had participated in youth development programs, an entirely different discourse was found. When asked about the advantages of FGM, a number of younger men entirely rejected traditional reasons for supporting the practice. For example, in one focus group held amongst young Gambian men, one participant stated:

As for me, I haven’t seen any advantages that the practice of female circumcision has on women. Instead, it brings a series of problems to them. The practice of female circumcision is rather harmful to women.

Another added:

The practice of female circumcision is both harmful to women as well as men. It has no use, instead brings about problems.

Those who opposed the practice of FGC also often embraced messages about the health risks of FGC, citing problems such as bleeding, miscarriage, and exposure to diseases such as HIV. Additionally some argued that, rather than facilitating easier childbirth, FGC could cause obstructed labor. A number of younger male respondents also rejected the idea that FGC promotes fidelity. Instead, they reasoned that a loss of sexual pleasure contributed to sexual insatiability and promiscuity. One young Gambian man explained:



You see, this female circumcision is causing a lot of problems in marital homes. The circumcised woman cannot stick to one person because her sense of feeling organ during sex is removed. As such, to satisfy such a woman is a big problem, unlike the uncircumcised woman. In the case where the husband fails to satisfy his wife sexually, the woman would be forced out to have sex with different men and you know no man wants his wife to be shared by other men when it comes to sex. Every man's wish is to have a wife who can be faithful to him... The worst of it is when unfortunately that woman who happens to have sex with a man who is HIV/AIDS positive without taking precautions. That woman would end up transmitting the disease to as many men as possible, including her faithful husband and even co-wife, if there is any.

How can we reconcile male involvement in a practice described as women's business? Our interview data reveal that male and female circumcision are clearly considered complementary practices within Senegambian groups in which both males and females are traditionally circumcised. This finding is consistent with Ahmadu (2005), who finds that female excision and male circumcision are viewed by both Mandinka men and women as parallel processes and institutions. Ahmadu's analysis elaborates that rituals for both female and male initiation are effectively symbolic reenactments of dual-sex roles in myths of the creation of the universe and sociocultural order. She argues that excision and circumcision "refer to the creation and transformation of the world from androgynous nature to sexually differentiated culture marked by cross-sex relations of power," and consequently concludes that female and male initiation assert interdependence and complementarity of both male and females social hierarchies. That is, FGC is women's business only vis a vis men's business.

## Conclusion

In conclusion, we do not find unequivocal support for predictions of the role of men generated from either the view of FGC as patriarchal oppression of women or as exclusive women's business. The patriarchy argument suggests men should be ardent supporters of the practice of

FGC. Our data show that while many men do support the continuation of FGC, they make up the majority of decision-makers opposed to the practice. This contradicts the expectation of the women's business perspective, which predicted that men should be uninvolved in decision-making. We find that decision-making is most often done by multiple people, often including men, and that when fathers were involved in conversations regarding circumcision, girls were more likely to remain uncut. This suggests that men can play an important role in ending the practice of FGC, and should be involved in intervention efforts.

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