Female Genital Mutilation/Cutting: Key Influences on a Continued Controversial Practice

by Emma Ellis

Introduction

The rise of international migration, coupled with recent technological advances, has increased awareness of female genital mutilation/cutting (FGM/C), along with concern over the mechanisms by which the procedure is perpetuated throughout society (Burrage 2015). Efforts to better understand the cultural context of the practice stem from the current push to eradicate the procedure worldwide, especially since the United Nations declared FGM/C an act of violence against women in 1993 (Shell-Duncan 2008). The World Health Organization (2018) classifies FGM/C into four types based on the severity of the procedure performed. Type I, a "clitoridectomy," refers to a partial or complete removal of the clitoris and/or prepuce (World Health Organization 2018). Also known as an "excision," Type II includes a partial or complete removal of the clitoris and labia minora. The most severe form, Type III is often referred to as "infibulation" and occurs by using a seal, typically created from the labia minora or majora, to reduce the size of the vaginal opening. Finally, Type IV includes all other procedures performed on a woman that lack medical basis, such as incising, piercing, or cauterizing female genitalia (World Health Organization 2018).

The scope of FGM/C extends across the globe, with 200 million women alive today who have undergone some form of the procedure, as well as over three million girls who are considered "at risk" each year (UNICEF 2016). Among the 200 million girls who have undergone FGM/C, 44 million were under the age of 15 and over half were from Indonesia, Egypt, and Ethiopia (UNICEF 2016). The practice is overwhelmingly concentrated in Africa, the Middle East, and Asia, though it does occur in Europe, Australia, and North America largely among individuals who have migrated from areas where FGM/C is common (World Health Organization 2018).

No health benefits result from FGM/C, but short and long-term repercussions often occur depending on the severity of the procedure. Short-term complications range from swelling to infection to death, while FGM/C can hinder urination, menstruation, and childbirth in the long-run (World Health Organization 2018). Additionally, women who have undergone FGM/C often exhibit psychological issues, such as anxiety, depression, and PTSD (World Health Organization 2018; Vloeberghs et al. 2012).

The prevalence of FGM/C, as well as the severity of the complications it imposes on daily life, demands analysis and understanding of cultural and societal processes. This review strives to explain why FGM/C continues to be practiced, specifically by women who have undergone the procedure themselves. To analyze this issue, recent publications regarding underlying cultural influences are explored, as well as literature on the role of type, sexual experience, psychosocial state, and education level in predicting a woman's propensity to reject the custom. An analysis of third-party influences, namely legislation, non-governmental organizations, and community leaders, will also be completed. The paper concludes by suggesting a preventative and reactive response to FGM/C as well as suggestions about areas that need more research.

Cultural Basis

Historical Background and Relation to Current Commonalities

Female genital mutilation/cutting cannot be understood without first examining the cultural roots of the practice, as the procedure in its most elemental form is a tradition. Practiced for thousands of years, FGM/C arose almost spontaneously around the world, despite geographical barriers preventing communication between cultures (Burrage 2015). While the foundation of the procedure is often associated with religious beliefs, the custom occurred long before the creation of modern religions and was simply adopted by different faiths in subsequent years. In actuality, the commonality between the variety of communities that were first to practice FGM/C is

societal structure; the procedure gained popularity amid patriarchies where women were defined and treated as property (Burrage 2015). Though certainly not a causal relationship, the nature of a patriarchal society, and the limitations it imposes on women's voices being heard, creates an environment apt for the continuation of the procedure (Mackie and LeJuene 2008).

The link between FGM/C and gender roles persists today, as countries with a high prevalence of FGM/C are associated with lower statuses of women at all states of their life course (Prazak 2016; Sultana 2011). Lack of data tracking specific women's rights throughout all countries with a high prevalence of FGM/C makes it difficult to quantify gender disparities. Nonetheless, it is clear anecdotally that the practice only serves to further the hegemonic beliefs on which it was founded.

Key Form of Socialization - FGM/C Ceremonies

Though deeply ingrained in a variety of societies, the procedure itself differs largely between countries, or even among villages, specifically in regard to the timing and secrecy of the practice (Burrage 2015). While some communities perform FGM/C after birth, others wait until right before a wedding, framing the procedure as the final step before successfully entering into marriage (Burrage 2015). Regardless, girls most often undergo the procedure before they turn 15 (World Health Organization 2018). The age at which FGM/C occurs, as well as the presence of any legal prohibitions, affects the degree to which the event is public. In communities like Kuria, Kenya, elders will declare a specific time of the year as "Circumcision Season," hosting festivities to celebrate a girl's transition into womanhood that include music, food, and costumes (Wambura 2018). When the procedure is performed at a later age, FGM/C serves as a key component of a girl's socialization process, allowing her to fully understand and accept her identity as a future mother and wife. Furthermore, a girl's ability to withstand the physical pain of the procedure is even considered an indicator of her capabilities to later excel in her role as an elder woman (Wambura 2018).

In some cases, the shared experience of undergoing FGM/C will additionally create new bonds and connections among girls. In countries like Sierra Leone, undergoing FGM/C allows women to even join secret societies (Nyangweso 2014). Especially amid patriarchal societies, few moments exist that recognize and celebrate the actions of women to the extent of these ceremonies (Nyangweso 2014). The elaborate nature of these ceremonies is best illustrated by the fact that one concern about fully eradicating FGM/C is the economic losses that may result from a decrease in spending without each girl's coming-of-age ceremony (Burrage 2015; Ruiz, Martínez, and Belchí 2017).

The extent to which the procedure serves as a means to educate girls on their expected contributions to society is demonstrated through the songs sung during FGM/C ceremonies. Joyce Wambura (2018) conducted a study of the songs traditionally performed at FGM/C ceremonies in Kuria, Kenya. Several motifs were identified which emphasize the binary characterization of gender within Kuria. A woman's desired maternal instinct was emphasized through associations with hens safeguarding chicks and trees bearing fruit, while their role as an object of desire for men was expressed through their comparison to flamboyant earrings (Wambura 2018). Even expectations for the upcoming ceremony are expressed through songs, with women classified as a particular type of rock depending on their ability to withstand future pain. Alternatively, men are often compared to shields or iron rods to highlight their role as a confident and strong protector (Wambura 2018). The juxtaposition of motifs for each gender reveals the expectation that males and females will operate in two completely separate spheres. The songs thereby illustrate the role of FGM/C in outwardly propagating these beliefs, before, during, and after the ceremony itself (Wambura 2018).

However, the basis of FGM/C cannot be simply understood as a reminder of women's role in society; this argument does not account for the violent nature of the procedure. In a southwestern Iranian state of Khuzestan, FGM/C disappeared organically over the course of several generations (Latham 2016). The actual procedure was replaced by a new custom, during which a knife is passed under a girl's clothing three times without making contact with her skin. This tradition lacks the violent nature of an actual FGM/C procedure yet continues

to reinforce societal norms (Latham 2016). Thus, needing FGM/C to preserve cultural roles cannot be the sole explanation for the practice. Khuzestan serves as only one example of the different avenues through which this same process of socialization, yielding identical results, can occur (Latham 2016; Nyangweso 2014).

Deeply-Embedded Myths - The Traditional Male Perspective

While women serve as the face of FGM/C, tasked with both the preparation and the implementation of the procedure, an arguably more significant role lies with the men who decide what type of girl is or is not eligible for marriage (Ruiz et al. 2017). Although this role is more passive in nature, determining an individual's likelihood of entering into a suitable marriage is especially paramount in communities where girls lack the qualifications to independently support themselves (Burrage 2015). The connection between FGM/C and marriage desirability stems from the preferences of not just the men in a girl's immediate community, but among all surrounding villages who would be included in the marriage pool (Latham 2016). Therefore, an understanding of the range of male justifications offered for the procedure is paramount in explaining how FGM/C became so deeply embedded in society (Nyangweso 2014).

After interviewing 25 men from Mali, Senegal, Chad, Djibouti, Niger, Ghana, and Morocco, researchers have identified nine rationales for FGM/C that include health, religion, and sexual benefits, as well as the belief that female genitalia is most aesthetically pleasing after the procedure (Ruiz et al. 2017). For the purposes of this paper, I have categorized these justifications according to which party is the subject of the purported benefits. As such, these justifications can be divided into those that note benefits to women, their husbands, and the surrounding community.

When explaining the value of the procedure for the women themselves, men commonly describe the use of FGM/C in solidifying a women's cleanliness, both for the purpose of excising genitalia that increase a woman's risk of infection and limit her ability to fully engage in religious activity (Ruiz et al. 2017). These supposed benefits for women can be proven false through textual and scientific analysis, which is a key part of the demythologization process Ruiz, Martínez, and Belchí propose. Beyond diversifying types of information, their approach focuses largely on locating the most prevalent justifications for FGM/C and designing community-specific responses that devalue these myths (Ruiz et al. 2017).

The purported benefits for men center around the idea that girls who have not undergone the procedure will be uncontrollably promiscuous, both before and during a marriage. FGM/C is thus viewed as a way to ensure the virginity of a future wife (Ruiz et al. 2017). Additionally, the aesthetics of uncut female genitalia, mainly the clitoris, also explain the recurrence of the practice, as FGM/C allows the excision of more "masculine-appearing" sex organs (Ruiz et al. 2017). The starkly contrastive nature of gender roles in these communities, as seen in the musical motifs of FGM/C songs, augments the fear of a wife demonstrating masculine tendencies (Wambura 2018). A final proposed benefit for men is that FGM/C heightens pleasure during sexual experiences (Ruiz et al. 2017).

The last category of benefits, or those directed towards the community as a whole, includes largely the economic benefits of FGM/C ceremonies (Ruiz et al. 2017; Burrage 2015). In some communities, parents will spend an entire year's harvest earnings on a ceremony to certify their daughter's marriageability (Burrage 2015). Nonetheless, as aforementioned, the ceremonies themselves can occur without actually mutilating female genitalia, suggesting that the violent aspect of the practice could be eradicated without significant economic decline (Latham 2016; Nyangweso 2014).

Although Ruiz, Martínez, and Belchí (2018) cite demythologization as the solution to these fallacious beliefs, they fail to explore if more reliable information is unavailable or just ignored. A study exploring the social networks which connect sources of authority on these issues (such as physicians, religious leaders, and husbands of uncut women) to the typical man would offer better insight into how demythologization might occur.

Intergenerational Retaliation

Fleeing the Homeland - The Decision to Stay or Leave

An analysis of the future of an uncut woman and her mother is needed to understand the gravity of this situation, both in the context of staying or

leaving their homeland. In areas where FGM/C is more strictly required, women who fail to undergo the procedure will have increased difficulty entering into a marriage (Burrage 2015). Without a new male figure to replace the financial support of one's father, uncut women may experience extreme isolation and be potentially unable to support themselves (Burrage 2015). Thus, while mothers can choose to raise their daughters in the same community after not performing the procedure, mothers will fear the retaliation associated with forgoing group norms and continue to perform the procedure, as seen through Mackie's convention theory (Hayford 2005; Farina and Ortensi 2014).

Convention theory utilizes a game theory model to evaluate the underlying group interdependency of individual decisions. In the context of FGM/C, though it is best for everyone to forgo the procedure, this change will only occur if all villages in the marriage pool uniformly make this decision. Two positions of equilibria therefore exist: all women are uncut, and thereby equally desirable for marriage, or all women undergo FGM/C. Fear of transitioning between these states of equilibria, namely depriving one's daughter of marriage through individual abandonment of FGM/C, paralyzes movement to the better state of equilibrium. Mackie and LeJuene (2008) argue that until a large enough segment of the population rebels against the procedure, the community will remain at this more harmful equilibrium position. Justifications for FGM/C describe the same sentiment as in Mackie's theory, revealing the extent to which fear of isolating one's daughter is present in pro-FGM/C rhetoric (Hayford 2005).

The bleak prospects of remaining in a community after refusing to perform FGM/C suggest migration is essential for rejecting the custom, but both mother and daughter will be forced to make significant sacrifices if they move (Kahn 2016). Beyond the material losses associated with leaving one's homeland, a mother will be forced to abandon her family, cultural background, and sometimes other children for several decades (Kahn 2016; Lien 2017). Recognizing the gravity of this decision is paramount to understanding how strongly women must feel to leave their country, as well as why many mothers believe seeking asylum is too costly. As long as FGM/C remains as relevant as it is today in determining marriageability, a mother can simply not win in choosing either future for her daughter (Kahn 2016).

The Role of FGM/C Type in Defining a Woman's Perception

The type of procedure performed, as well as the process through which it is carried out, strongly influences a woman's perception of FGM/C and her likelihood of continuing the practice. After interviewing seven women who resisted FGM/C, Sarilee Kahn (2016) notes that each reported anticipatory fear in the days leading up to the procedure. This pervasive feeling of lacking control over daily life, while simultaneously witnessing the state of peers who have undergone the procedure, only heightened negative feelings towards FGM/C (Kahn 2016). Feelings were additionally amplified when girls did not know who had performed their procedure, as mutilators often hide their faces during the operation (Kahn 2016).

Beyond the manner in which the practice is carried out, the invasiveness of the procedure increases negative emotions toward FGM/C. In their study of twenty-eight Ethiopian women, Battle, Hennink, and Yount (2017) expound upon the mental and physical toll associated with each type of FGM/C performed. While no woman who experienced Type I FGM/C described the event as traumatic, the responses of women with Type II FGM/C fluctuated more greatly, with complaints of bleeding, pain, and lack of mobility after the procedure (Battle et al. 2017). Reports of these physical effects were amplified in the accounts of Type III women, illustrating the great variance between experiences. Thus, a woman's ability to continue to accept her community's view toward FGM/C largely depends on the implementation of her individual procedure at all stages (Battle et al. 2017; Kahn 2016).

Sexual Experience and Effect on Marital Relations

Beyond the initial recovery period, FGM/C poses physical difficulties that affect the act of sexual intercourse itself, along with a woman's perception of the experience (Battle et al. 2017). These inhibitions can prohibit a woman from fulfilling the obligations associated with her role as a wife, namely engaging in sexual relations with her husband (Battle et al. 2017). Researchers find that the same patterns exist between

type of FGM/C performed and strength of responses. As such, while women who experienced Type I did not view losing their virginity as traumatic, responses varied wildly among women who had experienced Type II and were largely negative among Type III women (Battle et al. 2017). Negative perceptions of sexual intercourse mainly stemmed from the physical reality of either vaginal tearing among Type II women, or inability to penetrate amid Type III women, accentuated by husbands manually cutting their wives if penetration was still not possible after a week (Battle et al. 2017).

The study reveals that the idea of sex was so traumatizing for Type III women that they would actively avoid relations by distancing themselves from their husbands, such as sleeping in their children's beds or encouraging other sexual partners (Battle et al. 2017). These behaviors are in contrast to that of Type I women, and, to some degree, Type II women, who would cook a nice meal or make their bed to initiate sex. The fact that all women could not vocally express their opinions on sex, but instead are forced to engage in behaviors that might align their husbands' wants with their own, highlights the power division among genders that is at the heart of this issue (Battle et al. 2017).

Nonetheless, women's inability to engage in expected sexual behavior often leads to marital distress. Beyond keeping multiple wives, husbands may even leave their Type III wives on the basis of "bad behavior," which seems to solely represent a woman's inability to uphold societal expectations (Battle et al. 2017). The degree to which FGM/C affects a woman's daily life is additionally exemplified by Type III mothers who chose to perform Type I or II on their daughters. Unable to fully exclude their daughter from the practice, changing the severity of FGM/C performed allows mothers to at least minimize their children's physical and mental distress (Battle et al. 2017).

Psychosocial Responses and Associated Coping Mechanisms

The psychosocial stress associated with FGM/C also determines a woman's propensity to outwardly retaliate against the procedure (Vloeberghs et al. 2012). Researchers focused on migrants from Egypt, Eritrea, Ethiopia, Sierra Leone, Somalia, and Sudan who had experienced all types of FGM/C. The researchers categorized women as either adaptive, disempowered, or traumatized based on their coping abilities (Vloeberghs et al. 2012). "Adaptive" women represented those who actively fight against FGM/C, while "disempowered" women include those who remain in their relationships and distract themselves from reality through television or substances. Comprised mainly of women who had undergone Type III FGM/C, "traumatized" women have likely divorced their husbands and now fully isolate themselves so as to avoid any triggers that might amplify their chronic stress, depression, and/or anxiety related to the possibility of experiencing sex again (Vloeberghs et al. 2012).

Thus, this study reveals an additional layer to the relationship between type of FGM/C and propensity to conform. Just as the trauma of experiencing Type III motivates women to take action to prevent their daughters from receiving the procedure, the psychosocial consequences of the practice are just as potent in traumatizing women to the point of complete disempowerment (Battle et al. 2017; Vloeberghs et al. 2012). Therefore, a threshold point seems to exist between the two responses, as Type III is either more or less conducive to change than less severe procedures, depending on the individual situation (Battle et al. 2017; Vloeberghs et al. 2012). Further studies should be completed to isolate and quantify the particular point where the marginal benefits outweigh the costs and should include women outside of migrant populations who may have had less traumatic experiences.

Education Level

A mother's educational background additionally predicts her likelihood to mandate the practice for her daughter, with higher levels of knowledge associated with a decreased desire to perpetuate FGM/C (Farina and Ortensi 2014). Researchers cite three theories that posit different explanations for this negative correlation (Hayford 2005; Farina and Ortensi 2014). Convention theory, as aforementioned, focuses on the influence of social norms and group interactions in a mother's decision-making process. Convention theorists believe that education allows for increased exposure to different groups who do not practice FGM/C, which increases doubt over the basis for traditional practices (Hayford 2005; Boyle, McMorris, and Gómez 2002). Modernization theory,

on the other hand, focuses on the role of education in increasing women's awareness of Western beliefs, particularly of the need for human rights and autonomy over one's health (Achia 2013). Finally, feminist theory centers around the power of women in a community (Hayford 2005). In this context, feminist theorists argue that the higher status of educated women provides them with greater faith in finding opportunities for their daughters beyond marriage (Hayford 2005).

Though higher levels of education are correlated with ending intergenerational continuation of FGM/C, undergoing the practice also leads to a decreased likelihood of finishing school and gaining the knowledge to form this conclusion (Burrage 2015). Particularly among communities where FGM/C is performed during puberty, girls will withdraw from school after the procedure, often due to the physical and psychological toll of the operation itself. Without a certain level of education, the options for girls outside of marriage upon which the feminist theory depends are largely decreased (Burrage 2015; Hayford 2005). Thus, FGM/C innately undermines a key means by which the practice can otherwise be minimized, creating a self-perpetuating cycle (Burrage 2015).

Third-Party Influences

Government Involvement - Legislation

Though legislation banning the practice of FGM/C is widespread, the efficacy of such prohibitions is debated. Currently, 26 countries in Africa and the Middle East have banned the practice of FGM/C, as well as 33 countries with high concentrations of migrants who practice the procedure (World Health Organization 2018). Locating cases to prosecute can be complicated, especially without violating doctor-patient confidentiality. Even among countries where FGM/C is only practiced by smaller migrant populations, officials struggle to acquire enough evidence for prosecution as the scars from the procedure heal quickly, especially when FGM/C is practiced abroad (Lien 2017). Furthermore, consequences for violating legislation has its own complexities, as high fines can significantly incapacitate the poorer families that more traditionally practice the procedure. Furthermore, incarceration would largely only target women who are the active perpetrators of FGM/C (Shell-Duncan et al. 2013). Researchers question whether the best way to help a recent victim of FGM/C is to force her family into a deeper state of poverty or send her mother, who is perhaps her strongest advocate, into prison (Shell-Duncan et al. 2013).

Thus, the argument for legislation lies less in seeking retribution for past crimes, but instead in deterring the continuation of the practice. A three-year study of legislation banning FGM/C in Senegal revealed that the prospect of legal repercussions only stopped those who already had reservations about the procedure, as they now had a concrete basis for ending their involvement (Shell-Duncan et al. 2013). The remaining portions of the community, though aware of the existence of the law, continued to practice FGM/C in secret. The law additionally reduced the training of the next generation of mutilators, forcing the community to bring in outside personnel (Shell-Duncan et al. 2013) Results such as these solidify UNICEF's position that legislation is a starting point to begin reform, as it creates an environment more suitable for later eradicating the procedure (Shell-Duncan et al. 2013).

Non-Governmental Organizations (NGOs)

While the impact of non-governmental organizations (NGOs) varies depending on the group, these third-party actors are often viewed as ill-informed about the communities which they seek to serve. Local women in particular believe that organizations advise impractical actions that will only get them expelled from their home and isolated from society (Kahn 2016). As such, none of the women involved in Kahn's study (2016) reported the involvement of NGOs in their decision to retaliate against FGM/C. Additional mistrust over the potentially neocolonialist intentions of NGOs, combined with cultural misunderstandings, further the perceptions of these groups acting as the condescending "Whiteman" tasked with disintegrating age-old customs (Pemunta 2011).

The nature of typical projects taken on by NGOs additionally facilitates poor relationships with communities (Pemunta 2011). Many projects focus solely on one issue, such as improving women's education, without examining broader issues like water scarcity and malnutrition (Latham 2016). By maintaining such a narrow scope, NGOs are unable to generate results and are often ridiculed for

having priorities misaligned with that of community leaders (Latham 2016). Furthermore, economic shortcomings and geographical barriers often limit the frequency of trips to more rural communities (Pemunta 2011). Unable to fully establish a presence in these areas, NGOs lose credibility, and mutilators confess to traveling to NGO awareness conferences, only for the sake of free lodging and meals (Pemunta 2011).

Certainly, the success of NGOs, particularly groups like Tostan, which facilitated the abandonment of FGM/C in 5,000 Senegalese communities, should not be discounted (Nyangweso 2014). However, this paper specifically focuses on the factors influencing mothers' decisions to continue the procedure. It is crucial to understand their perception of these organizations, regardless of whether it accurately represents reality.

Community Leaders

While the United Nations focuses on the role of governmental and nongovernmental organizations, researchers also demonstrate the influence of prominent actors in each community (Latham 2016). In countries like Ethiopia, clan leaders are deeply entrenched in all facets of their community's daily life through their oversight over each social, political, and economic controversy (Andarge 2014). Though new government structures are leading to a decline in the power of clan leaders, they still hold a position of prestige that could be of use in narrowing the distance between communities and outside organizations (Andarge 2014).

Furthermore, the impact of religious leaders is significant, particularly in communities where FGM/C is commonly justified through religious pretexts (Andarge 2014; Latham 2016, Nyangweso 2014). Repeated reassurance that FGM/C has no relation to religious devotion has significantly decreased the practice, as seen in Khuzestan (Latham 2016). Religious leaders are additionally less likely to be challenged, as their opinions are considered sacred, having evolved from a source of divine authority (Nyangweso 2014).

Thus, community leaders hold a significant amount of authority over their villages, which can be used to either debase common myths or ease third-party relations (Andarge 2014; Latham 2016, Nyangweso 2014). A repeated theme throughout all literature is the need to involve all members of the community in a discussion of an embedded societal institution. By offering their own opinions, community leaders can normalize such conversations as well as viewpoints that contradict traditionally-held values (Andarge 2014; Latham 2016, Nyangweso 2014).

Conclusion

The violent and invasive nature of FGM/C makes it extremely easy for outsiders to vilify those involved in the custom, blaming prominent women in the community for being apathetic and neglectful toward their daughters' strife (Burrage 2015). A deeper analysis of the underlying roots of FGM/C instead reveals the complexities behind this decision process, as the majority of variables are predetermined by the community's husbands, customs, and organizational leaders (Ruiz et al. 2017; Wambura 2016; Andarge 2014; Latham 2016, Nyangweso 2014). Thus, even though the elder women in a community are in charge of performing the procedure, they actually have very little control over the situation (Ruiz et al. 2017). The decision to continue FGM/C simply depends on which sacrifices a mother deems best for her and her daughter to make, as there is no current route where either can leave unscathed (Burrage 2015; Hayford 2005; Kahn 2016). While international calls to eradicate FGM/C are well-intended, the inability of the broader community to recognize the complex nature of this subject prevents concrete action from occurring (Pemunta 2011; Latham 2016).

After examining the available literature, I have identified two avenues for minimizing FGM/C until the practice can be fully eliminated, divided by their respective preventative and reactive nature. The preventative proposal centers around convention theorists' argument that the driving force for FGM/C is fear of condemning daughters who have not undergone the procedure to a life of social seclusion (Hayford 2005; Farina and Ortensi 2014). Debasing the connection between FGM/C and marriageability is therefore critical as this is the main consequence convention theorists highlight (Hayford 2005; Farina and Ortensi 2014). Thus, the male perspective on FGM/C, what I argue to be the starting point of the entire process, must be altered. Ruiz, Martínez, and Belchí (2017) address explanations that break down each myth they identify about the need

for FGM/C. However, resentment of NGOs and disregard of legislation suggests that community leaders are the most apt conduit to spread these notions of change (Pemunta 2011; Latham 2016). As aforementioned, studies of the social networks amid specific communities should be completed to locate individuals in the position to best enact change. By changing the image of the ideal bride, parents will be able to forgo FGM/C without the fear of sacrificing their daughter's marriageability (Hayford 2005; Farina and Ortensi 2014).

While changing perceptions of marriageability would be effective in limiting the need for FGM/C, this process would not alleviate gender divisions, which are at the root of the issue. The Khuzestan example utilized throughout this paper illustrates that gender inequalities do not necessarily leave a community once FGM/C is discontinued (Latham 2016). Thus, this secondary proposal ascribes to the feminist theory's argument of creating additional opportunities outside marriage (Burrage 2015; Hayford 2005). By improving education and employment prospects for women, mothers will not feel that marriage is the only route to securing their daughter's fiscal security (Burrage 2015; Hayford 2005). Future research should be completed to correct the current lack of quantitative data on the rights and capabilities of women in countries with a high prevalence of FGM/C, allowing for more targeted responses to improving conditions for women.

Regardless of the method chosen, the key to future movements against FGM/C is contextualizing and humanizing all actors involved. The strong hold FGM/C has on so many communities brings into question whether the problem can be practically addressed. However, successes in Senegal and Khuzestan exemplify the potential potency of properly-designed movements (Nyangweso 2014; Latham 2016). Certainly, a comprehensive understanding of the restraints on a woman's decision-making process will allow for projects that facilitate a much more organic and cohesive disintegration of FGM/C.

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