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Why are current efforts to eliminate female circumcision in Ethiopia misplaced?

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Abstract

This paper discusses the eradication challenges of female circumcision in Ethiopia. It argues that despite an overall decline in the practice nationally, eradication efforts have caused significant quandaries for girls and their families. The most common justification by far for its continuance is that circumcision confirms a girl's social place by proving her readiness for marriage and adulthood and thereby ensures her protection against material want. Hence, intervention has often resulted in the transformation, rather than the elimination, of the practice, the exchange of one type of risk for another, or even increased risk to girls. In discussing policy, the paper argues that there has been a misapplication of the risk concept in the promotion of change in Ethiopia. It calls for risk definitions and interventions that are more holistic, correspond more closely with children's social realities, and take into account the phenomenological dimensions of experience.

Key words: Female circumcision; Ethiopia; childhood risk

Introduction

Within research and policy internationally there is growing attention to children's development and well-being. This has brought to the fore concerns about the developmental and well-being implications of risk exposure during childhood (e.g. Engle et al. 2011; Grantham-McGregor et al. 2007). The catalogue of hazards is immense, comprising a vast array of circumstances, from 'natural' disasters associated with global warming, to individual acts of abuse. Increasingly, evidence from research melds with globalised human rights and/or feminist paradigms to emphasise the inherent vulnerability and powerlessness of children (especially girls) in the face of irrepressible natural and societal forces. This is the context for a groundswell of opinion which holds that among the greatest threats to children's health and well-being are those that originate from within their own families, communities and cultures. Thus, numerous organisations, researchers and advocates are joined together internationally in disparaging a range of traditional customs perceived as harmful to the young and a violation of their fundamental human rights. One of the most targeted practices is female circumcision, long regarded by many as among the most serious health hazards and rights violations faced by girls and women, particularly in Africa (Skaine 2005).

This paper examines the case of female circumcision[1] in Ethiopia, where, even though the proportion is declining nationally, with 80% reporting in 2000 and 74% in 2005, three out of four women had undergone the procedure in 2005 (Central Statistical Agency Ethiopia and ORC Macro 2006) and a little less than one woman in four had done so in 2011 (Central

[1] There is considerable debate about the labelling of female genital operations. The term 'circumcision' is employed here to reflect local usage, in which the same terms are applied to male and female circumcision, with analogies of 'pruning'.

Statistical Authority Ethiopia 2012). Infibulation[2] comprises around 6% of all procedures in Ethiopia and is restricted to peripheral areas such as the Somali region.

The international discourse against female genital operations and the political pressure behind it have provided powerful impetus to efforts to eliminate the practice in Ethiopia. As a signatory of the African Charter on the Rights and Welfare of the Child, the Government of Ethiopia is committed to '…take all appropriate measures to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child', especially those that are 'prejudicial to the health or life of the child' and discriminate on the grounds of 'sex or other status' (Organisation of African Union 1990). The National Committee on Traditional Practices of Ethiopia has determined that over 140 local customs fall within this category, and female circumcision, together with girls' early marriage (under age 18), has been proscribed in law. Health extension workers and other public sector employees advocate against the practice and encourage disclosure of infractions, punishment consisting largely of fines and imprisonment. However female circumcision in many parts of the country remains customary, and given the length and intensity of campaigns against it, plus what many regard as compelling arguments in terms of children's health, the question is why. It is unlikely that the reason is mere ignorance of the issues at stake. Other views must feed resistance to change, but what would they be? The empirical case research underlying this paper tried to discover them.

The paper suggests that attempts to eliminate female circumcision have produced significant dilemmas for girls and their families, since customarily it confirms a girl's social place by proving her readiness for marriage and adulthood. The practice is part of a broader strategy for the rearing, care, and protection of young women in a context of material insecurity

[2] The most invasive form of surgery, which, according to WHO (2010), involves the narrowing of the vaginal opening through the creation of a covering seal; the seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.

and shortage. In that situation, certain collective interests often prevail over individual welfare, and intergenerational mutuality is more prized than individual autonomy. The paper maintains that intervention has often resulted in the transformation, rather than the elimination, of the practice and in some cases has merely exchanged one type of risk[3] for another or actually increased risk to girls. In discussing dilemmas and debates around its elimination, the paper calls for risk definitions and policies that are more holistic, correspond more closely with children's social realities, and take into account the phenomenological dimensions of experience.

Methods

The research here reported was undertaken in the context of *Young Lives*, a panel study that is tracking 3,000 boys and girls in two age groups (one born around 1994 and the other around 2001) in Ethiopia through regular survey and qualitative research conducted over a period of 15 years. The children are from households located in 20 sentinel sites distributed across the regions of Amhara, Oromia, Tigray, the Southern Nations, Nationalities and People's Region (SNNPR), and the capital, Addis Ababa. The sites were chosen purposively to reflect rural and urban location and diversity in ethnicity, religion and socio-economic circumstances, while households with children in the appropriate age groups were selected randomly. The data reveal community and household conditions, children's experiences and perspectives on their lives and child outcomes of poverty and other adversities across a range of developmental domains – cognitive, physical, emotional, social and moral. So far, the study has gathered three rounds of survey data from the full sample of boys and girls and their caregivers and three rounds of qualitative data (collected in 2007, 2008 and 2011 respectively) from a sub-sample of children

[3] Risk is here defined broadly as a specific, acute, stimulus with a high probability of adverse outcomes.

from both age groups. The sub-sample is drawn from five sites, one from each of the regions from which the wider sample was drawn, plus Addis Ababa.

The paper uses mainly qualitative data collected from 50 older-cohort children, their peers, caregivers and other adults (community elders, religious leaders, teachers, health and other government officials) through focus groups, semi-structured and unstructured interviews and life histories. The study does not involve physical examinations. Nor does it record the incidence or forms of female circumcision, since that kind of enquiry is better suited to larger, nationally representative, samples. Nevertheless, researching attitudes towards and experiences of the practice is helpful insofar as it facilitates understanding of the lived reality of girls in Ethiopia, their sense of identity, self-esteem and wider well-being, their relationships with family and peers, and their transitions through childhood and beyond. The majority of caregivers and quite a few of the girls in the sub-sample have undergone the procedure, and this article reflects their perceptions and experiences as well as the views of others.

Evidence

Social perceptions

The Government of Ethiopia has emphasised health pathologies in its campaign against female genital operations. It appears to have been remarkably effective in raising awareness of official policy since all of the adults and children in the qualitative sub-sample were conscious of the ban on female circumcision and its rationale, and many supported it. The majority of those against the practice cited the reproductive health consequences, most mentioning generic risks they had learned about through advocacy campaigns. A few referred to personal experience. Thus, one elderly woman who had been married at age nine complained that genital operations affect sexual receptivity and in her case led to divorce. She reasoned that a circumcised woman

'doesn't love her husband. She wants to escape…. what can be done if she is not willing?' and went on to explain that, were it not for being circumcised, '[I] would have stayed with my first husband where there was will and love of the parents'. Similarly, a woman in SNNPR attributed the extreme pain she experienced during childbirth to having been 'profoundly circumcised' and girls in Oromia recalled a local girl dying shortly after circumcision, although we have not been able to verify this.

Although the ban on female circumcision undoubtedly has shifted thinking and acted as a deterrent in many quarters, there was considerable variation in attitudes among study respondents. A significant proportion of them remain unsure, or highly ambivalent, about girls being circumcised and some are adamant in their endorsement of the practice. For example, while it is not actually approved by any of the major religions, several Muslims in Addis Ababa invoked religious precepts as justification for its continuance. They contended that failure to circumcise girls is a sin, one group of girls stating that 'it is the *sharia* doctrine to practice circumcision'. The ban is particularly contested in Oromia and has resulted in many secret operations. Female circumcision also continues to be performed in Addis Ababa and Amhara, where the convention has been to circumcise girls soon after birth, whereas in SNNPR, its prevalence, the type of operation and age of affected girls varies widely across ethnic groups. Tigray is the one site where girls in the study seemed not to have been circumcised, though national surveys indicate that the practice does continue there. Thus, even though on the decline nationally, the procedure is still performed to varying degrees in all of the study sites.

Why then do so many people continue to approve of female circumcision despite the ban and widespread belief that it poses a threat to girls' health? In our study, the most common justification for its continuance by far was that it confirms a girl's social place by proving her readiness for marriage and adulthood (Boyden, Pankhurst and Tafere 2012; Gruenbaum 2005,

436).This suggests that for many people social considerations outweigh any concerns they might have about the possible health consequences or risk of punishment. The strongest social endorsement for the practice came from respondents in Oromia where, before the ban, it was an important rite of passage and a time for celebration, usually carried out when girls were deemed old enough for betrothal or marriage. A feast would be held on the day, attended by relatives, neighbours, and friends, and the girl would be given gifts. Since the surgery requires considerable skill, officiates would often be brought from afar and paid high fees. Circumcision would be followed by a transitional period (*gadoomsa*) of around two months when the girl would rest at home. During *gadoomsa* the wound would be bathed regularly with fresh eggs and alcohol and the girl would be served porridge, meat, bread and special dishes, such as stew and *farsoo* (a local beer). To make up for her blood loss, she would drink the blood of a goat or sheep slaughtered for the purpose.

Economic foundations

The significance of securing a girl's social place through circumcision needs to be understood in economic context. Most study households, especially those in drought-prone rural areas that depend on subsistence rain-fed agriculture, are very poor and highly susceptible to economic shocks (Woldehanna et al. 2011). At the same time, rates of morbidity and mortality are extremely high, one in five of the children in the sample having been orphaned of at least one parent. Hence, safeguarding livelihoods is an ongoing struggle, with personal survival largely contingent upon collective effort.

These exigencies have major implications for young people's choices, roles and accountabilities, with two major outcomes. First, considerable importance is attached to the young sharing the burden of household maintenance with adults. Thus, in 2009 over 90% of the

eight-year-olds and 98% of the 15-year-olds in the *Young Lives* sample in Ethiopia were involved in paid or unpaid work (Woldehanna et al. 2011). Caring for siblings and household chores absorbed the largest share of children's time, especially among girls and in rural areas. Second, marriage is a central strategy for building alliances and accessing resources outside the kin group, arranging a daughter's marriage during her childhood or adolescence having traditionally been seen as guaranteeing both her economic security and the family's economic and social heritage (Boyden, Pankhurst and Tafere 2012). Unsurprisingly, then, parents are preoccupied with safeguarding a daughter's marriage prospects. Adults in Tigray explained that parents are anxious to settle a daughter's future 'because they want to see their children's success. They do not want to see their daughters having children out of wedlock. They want to see their daughters '*berhan, abeba'* ('enlightened' and 'flowering')' (Camfield and Tafere 2011), this latter expression highlighting grandparents' desire to spend time with their grandchildren.

Parents go to considerable lengths to ensure that their daughters marry. A group of men and women in Tigray observed that the task becomes more urgent as girls reach adolescence and confront new challenges:

> At 12 years old, a girl starts to see her first menstrual period and… there is some behavioural change, like, fear, hiding, worry, confusion, feeling uncomfortable because parents do not talk openly about these matters…. This is also an important change for the parents because at this time their worry and concern about their girls increase…This is a crucial age to fix marriage mostly through the choice of parents…. It is the parents that decide for girls either to continue school or to get married.

Because there are numerous challenges in protecting a girl's honour and providing for her

future, parents often prefer to marry their daughters off when young rather than have them remain at school. Finding a husband for a poor girl was said to be particularly difficult.

The significance of circumcision in relation to marriage is threefold. First, circumcised girls are more likely than those who are not circumcised to have an arranged marriage that will bring economic advantage for parents, such as in the form of bride wealth. Second, to be considered fully mature and ready for marriage, females should display feminine attributes and be accomplished in domestic tasks, all of which are associated with circumcision. Third, uncircumcised girls are sometimes stigmatised and hence less likely to be considered for marriage.

Notions of femininity

In the past, circumcision was integral to a girl's maturation. It was understood to render her virtuous, modest, clean and calm, these characteristics being crucial markers of femininity and domestic competence and fundamental to the successful fulfilment of adult female roles and hence the transition to adulthood. Thus, historically, in Tigray circumcised girls were thought of as 'humble and obedient' and 'decent', while in Addis Ababa, genital modification is still said to prevent girls from developing 'bad behaviour', such as 'being emotional, out of control, restless, developing sexual need at an early age'.

In consequence, uncircumcised women are viewed with significant prejudice. They were depicted as impure, or unchaste, carrying 'waste material' in their bodies and being 'talkative'. They were also said to be 'sexy and fast to make sexual intercourse with the opposite sex, so that circumcision is beneficial to make them calm, especially with regard to sexual intercourse with men'. Belief in feminine purity seems to be particularly strong in Oromia, where the term

lumbutam [4] has now become synonymous with an uncircumcised female and is often used as an insult. In SNNPR, where female circumcision was associated with domestic proficiency, several respondents cited the local proverb, 'an uncircumcised girl breaks pots', y*altegarezech lej kiltisebralech,* which signals that women who have not undergone the procedure are reckless and clumsy in the home. One woman elaborated that her uncircumcised cousin frequently bumps into objects at home and another reasoned that if a woman is not circumcised 'she will break things. And if she prepares food, who is going to eat it?' Most likely, the latter statement implies that uncircumcised women may contaminate food while cooking.

Several respondents identified uncircumcised women as unmarriageable. Thus, another proverb quoted in SNNPR, *kaltegerezech koma tekeralech*, was explained as indicating that if a woman is not circumcised 'she will remain standing', or, in other words, 'will not get a husband'. This is regarded as a problem insofar as parents lose out economically when their daughters fail to marry and spinsterhood itself is linked with economic vulnerability and social stigma. A very different concern is that uncircumcised women are more promiscuous because their sexual impulses have not been curbed. Hence, the assertion that an uncircumcised woman 'will remain standing' contains an implicit sexual innuendo; her clitoris will remain erect due to continuous arousal. Promiscuity in itself threatens marriage prospects. In Tigray there was much emphasis on virginity in females and the saying *ekurti gualn ziteakuret me'arn ntkono aytsenen* ('a reserved girl and honey can be used for anything good') which implies that it is advantageous for women to be a virgin at betrothal or marriage.

Concerns about intervention

[4] According to one Amharic dictionary, *limbut* refers to 'uncircumcised male, foreskin'; however, a similar word *lemboch* means 'lower lip' and *lembocham* 'having a large lower lip' Kane (1990: 46) may be connected, and is an insult implying deviance from norms of beauty.

While many respondents approve of Government policy on female circumcision, the ban has invited considerable controversy and contestation in some areas. In a focus group in Amhara, female caregivers highlighted the disquiet it invokes in many:

> …the community believes that if girls are not circumcised, they may face challenges in their sexual life and may have complications during delivery…. Some parents circumcise because it is simply a tradition that a girl should not miss…. Those who do not circumcise their daughters don't feel comfortable because they think that their daughter has missed something important.

Indeed, one mother in Amhara lamented that her uncircumcised daughters had missed something 'very important', observing that 'girls should be circumcised according the tradition of the people of the area', while another explained that she 'is always thinking and bothered about' the fact that her daughter is uncircumcised. Yet another was anxious to know what might happen to her four daughters, all of whom refused to undergo circumcision and have yet to marry, while a grandmother said of her granddaughter,'…when I see some girls going around with the boys, I think that it would be better to circumcise my child because she would be calm and wouldn't be seen with boys all the time'. In Oromia, where uncircumcised females are labelled *lumbutam,* it was explained that this is 'a very harassing kind of term and a big insult. If one girl insults another girl saying that she is *lumbutam*, the insulted girl can easily feel embarrassed'.

Some respondents were less concerned about the social consequences of the ban on female circumcision and more focused on questioning the validity of government health warnings, while a few openly disputed them, citing perceived benefits of the procedure. For example, one respondent in Amhara mentioned the case of a woman who was only able to give

birth once she had been circumcised, whereas another argued that ‘an uncircumcised woman cannot agree with her husband during sexual intercourse’ (possibly indicating that she is more demanding sexually) and a fourth suggested that the loss of blood following the operation helps wash diseases away.

Anxieties about the ban are amplified by wider conditions and trends. Many adults perceive promiscuity among teenagers to have risen sharply with the higher age of marriage and reduction in female circumcision, and associate this with an increase in rape, illegitimacy, unsafe abortions, rates of HIV transmission, AIDS and other sexually transmitted infections. Specific examples were given, as in Addis Ababa where one girl was raped by a local boy and gave birth at age 13, and another died at that age following an illegal abortion. Adults in Tigray cited a rise in abandonment of women and their offspring, forced marriages and legal disputes around marriage, as one noted: ‘when this happens, the girl’s parents force the boy to marry their daughter. If the boy says no, the girl will tell him that she will take him to the court.’ All of these concerns are much exacerbated by the chronic shortage of abortion facilities and reproductive health technologies and amenities and the very limited family support for young women who bear illegitimate children in many parts of Ethiopia.

Additionally, ideas about girlhood are changing fast in two significant ways, with clear implications for attitudes towards female genital operations. First, growing aspirations around girls’ education and employment are leading many people to favour later marriages, which they believe enable girls to remain at school longer. Second, there is an emergent children’s rights discourse and because of this, and also because of the spread of education, a growing sense among adults that young people today are better informed and wiser than they were in the past. Therefore, some feel that the young ought to have a greater say in matters concerning them, including decisions around marriage and genital operations (which, paradoxically, can lead to

early marriage and female circumcision). But others worry about the growing autonomy among young people because they believe that young people do not have the insight to make appropriate life choices without proper guidance.

Unintended consequences

The ban has triggered serious discord within families and communities in some areas. One group of girls, all of whom opposed female circumcision, were at odds with their parents. One explained that her mother had arranged for her to be circumcised when she was very young, but when the circumciser arrived at the house, she escaped to a neighbour's house. Another said that her circumcision 'was conducted forcefully'. She had no chance to escape because 'there were many people in her home that day'. Seemingly, in Oromia, mobilisation against female circumcision has resulted in the vilification of those who have not undergone the procedure, leading them to become circumcised: 'when girls are ready for marriage, they are more willing to carry out circumcision… This is because of the fear of insult or bullying from others who have already undergone circumcision.'

Opposition to the injunction is sometimes expressed through a transformation in, rather than cessation of, the practice. For example, a Muslim mother in Addis reasoned that 'since it is *Haram* [sinful] to let the girls uncircumcised, people still cut the genitals of the girls slightly', though there was much debate among her peers as to what 'slightly circumcised' actually entails. Similarly, a mother in SNNPR undertook a 'token' incision on her daughter's genitals:

> I have five daughters and four of them have undergone circumcision… But one of them was not circumcised and her father was furious and forced me to do the same. So I got

the small part of her genitals mutilated. On the next day, she went out of our home without having pain. So her father suspected that I did not fulfil his order.

The Wolayita ethnic group in SNNPR has taken to conducting female circumcision under the guise of marriage ceremonies. Similarly, boys' circumcisions are sometimes used to mask operations on girls, a practice alluded to by the metaphor, 'to castrate the mule, they pushed the donkey to the ground' (*beklolemakolashet, ahiyanankebalelut*). If challenged by the authorities, guests bear witness to having attended a wedding or a male circumcision ceremony.

In some cases the ban may have increased, rather than reduced, risks to girls. In Oromia, young people – male and female – seem to favour female circumcision far more than do adults, possibly because as minors they are less exposed to the risk of prosecution. It was explained that **'**boys refuse to marry girls who are not circumcised', while girls are anxious to conserve their chances of marrying and avoid stigma and associated bullying. Thus, all of the girls in one focus group had been circumcised, seeing it as a vital means to 'get peace'. Some have convinced their parents to act against their better judgment and let them undergo circumcision, as one woman highlighted: 'After she witnessed a girl insulting another who was not circumcised, my daughter came home and asked me to organise her circumcision.' One girl apparently threatened to kill herself when her parents refused to have her operated on, so the parents relented. Most significant of all, though, is the advent of clandestine procedures organised by girls themselves, as happened in one community when local officials threatened to imprison parents for planning their daughters' circumcisions.

We were told that these operations are conducted without their parents' knowledge or consent, though it appears that there may be complicity in some cases, with girls assuming responsibility for their actions to protect parents from prosecution. The authorities in one community were forced to back down when they tried to take legal action against a woman for

circumcising 17 girls because the girls testified to having performed the operations themselves. Adults expressed serious misgivings about girls arranging their own operations, though. One father from Oromia elucidated why:

> …girls are conducting not only illegal circumcision but they are also violating the traditional norms by carrying out circumcision at any time and under any circumstance. Most of the time circumcision [today] is conducted during the night time. This kind of secret practice is totally dangerous for the life of the girls.

Discussion

With national surveys reporting an overall decline in female circumcision and a significant proportion of our respondents confirming that they oppose the practice, elimination efforts in Ethiopia would appear to have been quite effective. Many would regard this as a positive development. Nonetheless, before reaching this conclusion, two related questions merit reflection, by way of a reality check: (i) to what extent does reducing the incidence of circumcisions actually diminish risks to girls? (ii) does the decline justify the means used to bring it about? The answers to these questions can illumine whether the current trend is a true policy triumph or a Pyrrhic victory. The answers are far from straightforward.

Starting with the first question, it is important to identify from the outset what are the precise risks to girls of undergoing genital operations. Numerous medical studies (e.g. Almroth et al. 2001; Behrendt and Moritz 2005; Elnashar and Abdelhady 2007) have linked female circumcision (particularly infibulation) with diverse reproductive and other health disorders. Feminists and human (and children's) rights advocates also underline the discriminatory nature of the practice, its defilement of bodily integrity, negative impact on sexual functioning, and the fact that it is often performed on children who cannot give informed consent.

In accordance with this broad line of reasoning, the Government of Ethiopia has taken a strong stand against the practice. Nevertheless, prohibition remains highly contentious in quite a few areas of the country. This is not because people are ignorant of Government policy or because parents are cavalier about their daughters' well-being, but because official and popular conceptions of hazard differ widely. Prohibition is largely predicated on reproductive (and to some extent mental) health criteria, whereas public concerns centre on the social and economic dangers of abstaining from tradition. For adults, it is primarily about the risks to girls' marriageability and security, as well as the threat to familial integrity. Additionally, many women who have themselves been circumcised regard the health claims as exaggerated, since in their experience adverse physical consequences are rare. In fact, adults commonly consider uncircumcised girls to be at greater – not lesser – risk of adverse reproductive health outcomes than are their circumcised peers. Girls in Oromia are especially resistant to reform and reject government assessments of risk. They judge any danger of fines, imprisonment, parental censure or physical harm to be far outweighed by the social significance of circumcision as a symbol of maturity and femininity.

This divergence in perspectives arising from official intervention matters enormously because of its detrimental outcomes for girls. These include substantial family and community uncertainty and discord, an escalation in the vilification of uncircumcised females and secret operations conducted without due regard for personal safety. Isolating girls from traditional means of achieving social maturity is in itself hazardous, because individuals are unlikely to thrive outside their social group, especially where survival and health are precarious and systems of social protection weak.

It is not just official and popular conceptions of risk that diverge, however, for the authority of the scientific assessments that legitimate abolition has also been brought into question. Most conspicuously, the medical evidence against female circumcision has been

reviewed and found wanting and the causal link with reproductive morbidity brought into doubt (Morison et al. 2001; Obermeyer 1999, 2005; Shell-Duncan 2008). This has led various activists to call for eradication to focus on human rights violations rather than health outcomes. Yet, the human rights framework does not provide definitive guidance and leaves unresolved certain potential contradictions. Thus, for example, Bettina Shell-Duncan (2008) has argued that in the case of female circumcision, children's right to enjoy their own culture under the UN Convention on the Rights of the Child (CRC) can compromise, or be compromised by, their enjoyment of the 'highest attainable standard of health'.

Moreover, while a child's views are to be given 'due weight in accordance with the age and maturity of the child' within the CRC, adults (or States) are charged with children's protection until they reach age 18. This leaves unclear when a child can be regarded as mature enough to make her own decisions, or, equally importantly, whose opinion should prevail in cases of disagreement. Regarding this study's evidence in Ethiopia, girls organising their own operations against the advice of elders might be cited as proof that minors do not have the maturity or wisdom to act in their own best interests, or an expression of the insidious and oppressive power of patriarchy. Viewed differently, though, this development could challenge assumptions about young females as submissive victims unable to act autonomously or assume control over their lives (Kennedy 2009, 211; see also Ahmadu and Shweder 2009).

Thus, in answer to the first question, policy seems to have secured an unproblematic transition away from circumcision for many girls in Ethiopia. Nonetheless, it is not at all evident that this has reduced the overall risk to girls. In fact, in many cases, it has merely replaced one type of risk with another and may even have placed some girls in greater peril than they might otherwise have been. This suggests that overall risks to girls have not necessarily diminished.

With regard to the second question, some might argue that the end justifies the means, whatever the challenges involved. However, no matter which way you look at it, there are

problems with the kind of approach employed in Ethiopia, in which a specific social practice is singled out and targeted for abolition. Since the 'costs of going against the local current are very high and the benefits of being within the community's definition of "normal" are substantial' (Shweder 2002, 234), it is hardly surprising that the denigration of local custom has resulted in a backlash which has left numerous families and communities divided. Eradication can be deeply stigmatising of those who have undergone genital operations (Sabatello 2009, 153), while, at the same time, in situations where most girls and women are circumcised, '*not* to be circumcised may be the more traumatic condition' (Boddy 1998, 86).

Most important of all, though, *Young Lives* research indicates that the well-being and safety of girls cannot be assured by privileging physical protection, or bodily integrity, over all other considerations, sociocultural, economic, or psychological. This argument is particularly germane given that the health risks associated with female circumcision appear to have been exaggerated. The evidence presented here works against any simplistic notion that by changing one aspect of childhood experience, it is possible to change children's fate more generally. So long as the practice continues to have social power, the threats to social and economic well-being outweigh physical risks (bearing in mind the infrequency of infibulations) and health advocacy remains at odds with women's actual circumcision experiences, elimination efforts are misplaced. Indeed, a number of governments have conceded that prohibiting or criminalising female circumcision is not the most appropriate or effective way of dealing with the phenomenon (Harris-Short 2003).

There are other considerations. Abolitionist policy removes from those affected the possibility of deciding for themselves. Though in many areas of Ethiopia girls are circumcised during infancy, in regions like Oromia the procedure is carried out on teenagers; potentially, denying girls in their teens the right to decide for themselves subverts fundamental enabling principles of the CRC. There is also the fact that policy may not even have been the most

decisive influence in behavioural change in Ethiopia; belief that circumcision and other 'traditional' practices impede the fulfilment of girls' education and employment aspirations could well have been more instrumental in many cases (Boyden, Pankhurst and Tafere 2012; Rahlenbeck and Mekonnen 2009). Also, given the likelihood of under-reporting in national surveys due to fear of punishment, the true effect of policy cannot in reality be gauged.

All of this raises fundamental questions about the legitimacy, appropriateness and impact of current eradication interventions and hence their accountability towards children (Myers and Bourdillon 2012). William Myers and Michael Bourdillon (2012) maintain that there is something inherently relational and situational about the protection of children that resists universalisation and standardisation. This suggests that the onus on policy is to understand, adapt to and negotiate with local structures, institutions and values; such an approach is not intended to undermine international standards but to engage with complex local realities to ensure the best possible outcomes for children (Gruenbaum 2005, 429).

In particular, if policy is to be built around health outcomes, then medical science would do well to examine female circumcision through the lens of developmental science, which offers a more comprehensive, integrated theoretical framework for understanding the effects of childhood risk. Developmental science recognises the synergies between developmental domains that are intrinsic to well-being and growth, such that full appreciation of the impacts of female circumcision requires assessment of children's physical condition in conjunction with other outcomes (Schaffer 2006). A social ecological perspective may be helpful in understanding individuals as nested in and mutually constitutive with complex environmental systems (Bronfenbrenner 1979) that operate at different levels and through different mechanisms and processes. Thus human development is conceptualised as a dynamic transaction (Sameroff 1993) between the individual, the environment and the interaction of the two.

This theorisation also incorporates a phenomenological perspective in which subjective understandings are recognised as crucial mediators of risk outcomes (Bronfenbrenner 1979, 4). Children's feelings about identity and their sense of personhood, agency and inclusion accord with particular values and understandings. These are, in turn, influenced by the quality of their relationships with others and how they understand their relative social position and relative worth. Depending on the context, the social attributes of female circumcision include genital beautification, the performance of gender identity, ritual purification, or confirmation of reproductive maturity, sexuality and social belonging (e.g. Boddy 2007; Gruenbaum 2001, 2005; Shell-Duncan and Hernlund 2000; Larsen 2010; Mustafa 2006; Shweder 2002, 2005). Insofar as these attributes give girls a social place and in so doing, secure their transition to adulthood, the positive valuation of female circumcision can potentially offset any associated physical risks.

Conclusion

Much policy effort has been expended globally in safeguarding children against physical hazard, upholding their bodily integrity and furthering their rights more generally. The campaign against female circumcision, which has achieved considerable momentum internationally, is in line with this laudable aim. Nonetheless, shielding children against hazard, physical or otherwise, is fraught with complex challenges. Well-intentioned measures can fail simply because they have not engaged with the daily reality of children's lives, the values governing child rearing and protection and the decisions that they and their families make in light of numerous pressures and constraints.

Policies that aim to promote children's well-being need to be contextually grounded, taking account of the meaning of diverse social practices and their contribution to children's

roles, relationships, identity and well-being. The risk to children of any given practice should be evaluated using sound empirical evidence that reflects its outcomes across different domains of child development and well-being; such evaluations need to also consider the possible adverse consequences of reform, including the difficulty of reconciling contradictions inherent within international child protection frameworks.

Outlawing a social practice is seldom the most effective way of guaranteeing children's safety or their wider interests. Thus, rather than enforcement of laws barring female circumcision, the goal of protecting girls would be better served by ensuring they can access school, reproductive healthcare and health information, together with promoting alternative rites of transition for girls that help to render such operations superfluous and make society more hospitable to uncircumcised girls.

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