

The Limits of the Law: Comparative Analysis of Legal and Extralegal Methods to Control Child Body Mutilation Practices

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1. INTRODUCTION

Throughout history and throughout the world, a wide range of body mutilation practices have been carried out by adults on children. Many such child body mutilation (CBM) practices involve sexual mutilation, including female genital mutilation in present-day Africa and other places, male circumcision in the present-day United States, penile skin stripping in nineteenth-century Arabia, female genital mutilation in the twentieth-century United States, subincision among Australian aborigines, and others. Practices involving non-sexual body mutilation include footbinding in China, infant cranial deformation in ancient Central Asia and numerous other places around the world, infant swaddling in ancient Central Asia, and others. Included here by extension is the drastic practice of infanticide, for which (obviously) no benefit to the individual is claimed. Infanticide has taken root in a wide variety of cultures and periods but will be examined as found in Nineteenth Century India.

This paper will focus on five representative CBM practices: artificial cranial deformation (ACD), Chinese footbinding (FB), female infanticide in Nineteenth Century India (FI), female genital cutting (FGC), and male genital cutting (MGC), both in North America and in developing countries. The undeniably profound differences between the various cultures that engaged in and in some cases still engage in these disparate practices only highlight the compelling nature of the analogies that we shall consider. In preparation for a comparison of legal and extralegal approaches to controlling (and perhaps eventually eliminating) the CBM's, we will delve into a number of pertinent sociological, anthropological, historical, economic, medical, and psychological contexts for each CBM: the setting in which the CBM

occurs (geographic, chronological, physical location, methods employed, persons involved, etc.), the age of the child, class and economic issues relevant to the CBM, gender of the child, complications of the CBM, pain caused and cultural norms related to the pain, roots or underlying social factors contributing to the CBM, explicit purposes of the CBM from the point of view of those performing the procedure, mythology relevant to the CBM, and issues related to sexuality and the CBM. As we shall learn, appreciating all these contexts is important in developing effective legal and/or extralegal approaches to controlling these CBM's.

All over the world, people recoil and say “yuck” to each other’s CBM practices while also justifying their own practice (if any) and saying “yuck” to cultures which have NOT adopted it.¹ The CBM practices are allegedly performed for the benefit of the child, but result in overall harm to the child while producing actual or imagined benefits only for others--parents, surgeons/midwives, and/or society. Analytical tools provided by a range of disciplines will be applied to explore how a broad variety of bizarre and extremely harmful practices on children are justified and rationalized into consistency with a culture's asserted values. A specified subset of these values can usefully be phrased as and viewed as legal norms regardless of the particular society’s level of formalism. According to E. Adamson Hoebel, law performs four critical functions “essential to the maintenance of all but the very most simple societies”: 1) defining relationships among the members of a society; 2) taming naked force and directing force to the maintenance of order; 3) the disposition of trouble cases as they arise; 4) redefining relations between individuals and groups as the conditions of life change.² Each particular CBM practice receives social, cultural, and therefore under certain circumstances, legal endorsement within the practicing culture's set of mores and values.

However, a culture’s legal (and extralegal) endorsement of its chosen form of CBM must eventually come into crisis, even if the

¹ Shweder RA. What About FGM? And Why Understanding Culture Matters in the First Place. In: Shweder RA, Minow M, Markus HR, editors. *The free exercise of culture: how free is it? how free ought it to be?* New York City: Russell Sage Foundation Press. In press 2001.

² Hoebel EA. *The law of primitive man: a study in comparative legal dynamics.* Cambridge, Massachusetts: Harvard University Press, 1967. p. 275.

practice may persist for a thousand years (as with FB) or even thousands of years (as with ACD, and perhaps FI in some settings). Sooner or later, activists will emerge to challenge the CBM based on alternative legal norms which will be asserted to be more universal and more accurate than those claimed by the culture as justifying the CBM. Paths to control and perhaps eventual elimination of the CBM may follow legal approaches, extralegal approaches, or a combination of the two. We will review historical examples of legal and extralegal efforts to control past CBM's, and will analyze prospects for control of extant CBM practices. We will find that while legal and extralegal approaches each have certain distinctive advantages and disadvantages, a fortuitous blend of both maximizes the chances of a successful outcome.

2. ON THE APPLICABILITY OF LEGAL NORMS TO “PRIMITIVE” CULTURES

CBM practices persist despite (and because) of their extreme harmfulness to the children and to society as a whole because they are simultaneously associated in complicated and interconnected ways with real or imagined benefits for and connections to society along a variety of axes—cultural, economic, class-related, medical, mythological, psychological, sexual, religious, “scientific,” etc. The rituals that various cultures develop may well be socially acceptable means of processing deep-seated primitive fears and impulses that would otherwise induce great conflict and anxiety.³ Cultures seem to institutionalize practices on children in part to promote the cultivation or preservation of desired values in society as a whole or among adults, including valor, pride, bravery, fulfillment of the assigned sexual role, religious devotion, willingness to sacrifice for the good of society, and countless others. Applicability of the concept of law does not require “advanced” societies. Any society, however “advanced” or however “primitive,” normalizes its own distinctive rules about childrearing, property, family structure, and other essential issues. Certain behaviors are allowed,

³ Lightfoot-Klein H. *Prisoners of ritual: an odyssey into female genital circumcision in Africa*. Binghamton, New York: Harrington Park Press; 1989. p. 188-9.

others are not. While not all rules give rise to legal norms, all legal norms are rules. According to one useful definition of law, at whatever level of technology and whatever level of legal formality, a legal norm exists whenever a rule's neglect or violation will be regularly met, in threat or in fact, by the application of physical force by an individual or group possessing the socially recognized privilege of so acting.⁴ We shall see how legal norms related to each society's chosen form of CBM diffuse themselves into many different levels of society and become so ingrained that they are viewed as cultural or religious or mythological. Their normative and behavior-controlling (legal) aspects then become submerged. Since the mere passage of decades in one culture may suffice to dramatically transform childraising norms,⁵ it is not surprising that norms may vary even more strongly between cultures separated by centuries and continents. In many other societies (indeed some would argue in all other societies⁶⁷) these take on forms involving some brand of child abuse and/or child body mutilation. In the societies we will examine, one specific form of CBM has been adopted. As will be seen, all the societies on which we are focusing, diverse though they are, share the common element of ordering their social and legal precepts so as to smooth the way and indeed, facilitate the performance of the particular form of CBM which they endorse. Appreciation of the various dimensions of the CBM's (setting, age, gender, class/economics, pain, roots, purposes, mythology, sexuality) is necessary to set the stage for consideration of approaches to control and perhaps eventual elimination of the practices. Legal norms thus can serve both to justify or preserve a CBM and also to challenge or control it.

2.1 Setting

⁴ Hoebel EA. *The law of primitive man: a study in comparative legal dynamics*. Cambridge, Massachusetts: Harvard University Press, 1967. p. 28.

⁵ Hamburg DA. *Today's children: creating a future for a generation in crisis*. New York: Random House; 1992. p. 31-8.

⁶ DeMause L. The history of child abuse. *J Psychohist* 1998; 25:216-36.

⁷ See also Bense RWT, Rheinberger MM, Radbill SX. Children in a world of violence: the roots of child maltreatment. In: Helfer ME, Kempe RS, Krugman RD, editors. *The battered child*. Chicago: University of Chicago Press; 1997. p. 3-28 [here, p. 3, 5.]

ACD: A gentle, continuous pressure is applied to shape the skull as befitting the custom of the society.⁸ The six principal methods employed were (and are): 1) molding the head of the infant, 2) the application of boards to the head, 3) the application of bandages to the head, 4) the application of pads to the head, 5) the application of stones to the head, and 6) by tight lashing to the cradleboard itself with the purpose of inducing deformation.^{9,10}

ACD was widespread from early times on every inhabited continent, including in the New World and on some of the Pacific islands, including Indonesia.^{11,12} The distribution of ACD extended from western Asia, across eastern Europe, through the Crimea, along the Danube, into the Balkans, Hungary and Germany and Hawaii.^{13,14} It was practiced by numerous Native American tribes.¹⁵ Well into the Nineteenth Century, it was common in the Caucasus region of Russia,¹⁶ throughout most of France, in Italy and elsewhere in Europe.¹⁷ The custom still survives from Greenland to Patagonia.¹⁸

FB: Footbinding began in about the tenth century and endured for a millennium.¹⁹ It was primarily practiced in China and Taiwan but a less severe form also cropped up in Korea.²⁰ Every night, mothers wrapped strips of cloth two inches wide and up to ten feet long around their girls' feet to bind the feet so tightly that the bones of the foot would

⁸ Henschen F. *The human skull: a cultural history*. New York: Frederick A. Praeger; 1966. p. 77.

⁹ Dingwall EJ. *Artificial cranial deformation: a contribution to the study of ethnic mutilations*. London: John Bale, Sons & Danielsson, Ltd.; 1931. p. 12-15.

¹⁰ See also Oehler CL. *Cranial deformation and tooth mutilation as an indicator of status among the late classic Maya at Copan, Honduras* [thesis]. Houston: Univ. of Houston; 1997. p. 38-40.

¹¹ Henschen, F. *The human skull: a cultural history*. New York: Frederick A. Praeger; 1966. p. 83.

¹² Dingwall EJ. *Artificial cranial deformation: a contribution to the study of ethnic mutilations*. London: John Bale, Sons & Danielsson, Ltd.; 1931. p. 122-130.

¹³ Henschen, F. *The human skull: a cultural history*. New York: Frederick A. Praeger; 1966. p. 81.

¹⁴ Dingwall EJ. *Artificial cranial deformation: a contribution to the study of ethnic mutilations*. London: John Bale, Sons & Danielsson, Ltd.; 1931. p. 147-48.

¹⁵ Dingwall EJ. *Artificial cranial deformation: a contribution to the study of ethnic mutilations*. London: John Bale, Sons & Danielsson, Ltd.; 1931. p. 161-191.

¹⁶ Dingwall EJ. *Artificial cranial deformation: a contribution to the study of ethnic mutilations*. London: John Bale, Sons & Danielsson, Ltd.; 1931. p. 33.

¹⁷ Dingwall EJ. *Artificial cranial deformation: a contribution to the study of ethnic mutilations*. London: John Bale, Sons & Danielsson, Ltd.; 1931. p. 36, 46-50, 63.

¹⁸ Henschen, F. *The human skull: a cultural history*. New York: Frederick A. Praeger; 1966. p. 83.

¹⁹ Levy H. *Chinese footbinding: the history of a curious erotic custom*. New York: Bell Publishing Company; 1967. p. 38-9.

²⁰ Levy H. *Chinese footbinding: the history of a curious erotic custom*. New York: Bell Publishing Company; 1967. p. 53.

be broken and the smaller toes forced under the foot, while the large toe was left unbound.²¹

FI: Infanticide has hardly been limited to the relatively well-documented case of Nineteenth Century India. According to Langer, among non-Judeo-Christian peoples infanticide has from prehistoric times been the accepted procedure for disposing not only of deformed or sickly infants, but of any newborns who might strain the resources of the individual family or the larger community.²² According to DeMause, firm evidence for it has been found in early Egypt, Israel, Babylonia, Greece, Crete, Algeria, Sicily, Sardinia, Sumeria, Britain, Ireland, Denmark, China, India, Mexico, Peru, Hawaii, Tahiti, and in fact virtually every early state.²³ Infanticide was often employed as a late and (for the mother) safer form of abortion. In Hellenistic Greece, infanticide, chiefly in form of the exposure of female babies, was engaged in to such an extent that the average family was exceptionally small.²⁴ Some data shows sex ratios of over two to one.²⁵ The Romans continued the practice.²⁶ Many cultures found that illegitimate children could be easily put out of the way, by exposure on a hillside, abandonment in the streets, by being tossed down a privy hole, or by countless other methods.²⁷ In Phoenicia, child sacrifice was commonplace. The actual burning of the child took place while music was played to drown out any lamentation by the parents. Children, probably already drugged or dead, were incinerated one by one.²⁸

Turning now to Nineteenth Century India, as many as 20,000 infants were annually destroyed in the districts Malwa and Rajputana alone.²⁹

Infanticide is more or less exclusively a Hindu practice; neither Moslems nor Christians engage in any noticeable levels.³⁰³¹³² In 1805,

²¹ Levy H. Chinese footbinding: the history of a curious erotic custom. New York: Bell Publishing Company; 1967. p. 25-6.

²² Langer WL. Infanticide: a historical survey. J Psychohist 1973; 1:353-65 [here, p. 353-55].

²³ DeMause L. The history of child assault. J Psychohist 1990; 18:1-29 [here, p. 17.]

²⁴ Langer WL. Infanticide: a historical survey. J Psychohist 1973; 1:353-65 [here, p. 353-55].

²⁵ Pomeroy, SB. Infanticide in hellenistic Greece. In: Cameron A, Kuhrt A, editors. Images of women in antiquity. London: Routledge; 1993. p. 207-22. [here, p. 211, 217.]

²⁶ Langer WL. Infanticide: a historical survey. J Psychohist 1973; 1:353-65 [here, p. 353-55].

²⁷ Rose L. The massacre of the innocents: infanticide in Britain 1800-1939. London: Routledge & Kegan Paul; 1986.

²⁸ Brown S. Late Carthaginian child sacrifice and sacrificial monuments in their Mediterranean context. Sheffield, England: JSOT Press; 1991. p. 172.

²⁹ Saxena RK. Social reforms: infanticide and sati. New Delhi: Trimurti Publications; 1975. p. 16.

³⁰ Panigrahi L. Social policy and female infanticide. New Delhi: Munshiram Manoharlal; 1972. p. 15-42.

for example, there were no young females whatsoever to be found among residents of the Jadeja district of northwestern India, one of the places where FI was most endemic.³³ Nearly three decades later, in the census of 1834 for every young female there were still two young males among the Jadejas.³⁴ Even thirty years later it was still common for individual villages to have absolutely no females of young age.³⁵ Residents of Narainpur claimed that no girl had been born since the English took possession of India!³⁶ Indians employed various methods to commit FI: 1) Various poisons, 2) Suffocation, 3) Exposure, 4) Placement of the umbilical cord on the mouth of the infant immediately after birth, 5) throwing the newborn daughter into a vessel of milk immediately after birth (the vessel was kept available nearby for this specific purpose) or else drowning her in a hole filled with milk, 6) Withholding nourishment, 7) Burying the infant alive, 8) Stifling her by filling her mouth with ashes.³⁷³⁸³⁹⁴⁰⁴¹⁴²

Indian infanticide is not merely of historical importance but is rather an ongoing reality in the new millennium. Even today India is struggling with preferential neglect of female children⁴³ as well as the more invisible but no less sinister practice of amniocentesis followed by selective abortion of fetuses which are determined to be female.⁴⁴⁴⁵⁴⁶ Recent research demonstrates the existence of wholesale infanticide among the Kallars of Madurai district, whereby fully 75% of female

³¹ Vishwanath LS. Female infanticide and social structure: a socio-historical study in western and northern India. New Delhi: Hindustan Publishing Corporation; 2000.

³² Venkatachalam R, Srinivasan V. Female infanticide. New Delhi: Har-Anand Publications; 1993. p. 46.

³³ Pakrasi KB. Female infanticide in India. Calcutta: Editions Indian; 1970. p. 16.

³⁴ Pakrasi KB. Female infanticide in India. Calcutta: Editions Indian; 1970. p. 16.

³⁵ Panigrahi L. Social policy and female infanticide. New Delhi: Munshiram Manoharlal; 1972. p. 132.

³⁶ Panigrahi L. Social policy and female infanticide. New Delhi: Munshiram Manoharlal; 1972. p. 132.

³⁷ Venkatachalam R, Srinivasan V. Female infanticide. New Delhi: Har-Anand Publications; 1993. p. 27.

³⁸ Pakrasi KB. Female infanticide in India. Calcutta: Editions Indian; 1970. p. 32-33.

³⁹ Phillip M, Bagchi, KS. The endangered half. New Delhi: UPALABDHI Trust for Developmental Initiatives; 1995. p. 15.

⁴⁰ Peggs J. Cries of agony. Delhi: Discovery Publishing House; 1984. p. 207.

⁴¹ Saxena, RK. Social reforms: infanticide and sati. New Delhi: Trimurti Publications; 1975. p. 12-13.

⁴² Vishwanath LS. Female infanticide and social structure: a socio-historical study in western and northern India. New Delhi: Hindustan Publishing Corporation; 2000. p. 5-6.

⁴³ Miller, BD. Female infanticide and child neglect in rural north India. In: Scheper-Hughes N, editor. Child survival: anthropological perspectives on the treatment and maltreatment of children. Dordrecht, Holland: D. Reidel Publishing Company; 1987. [here, p. 100-03.]

⁴⁴ Miller, BD. Female infanticide and child neglect in rural north India. In: Scheper-Hughes N, editor. Child survival: anthropological perspectives on the treatment and maltreatment of children. Dordrecht, Holland: D. Reidel Publishing Company; 1987. [here, p. 103-04.]

⁴⁵ Vishwanath LS. Female infanticide and social structure: a socio-historical study in western and northern India. New Delhi: Hindustan Publishing Corporation; 2000. p. 165.

⁴⁶ Muthulakshmi, R. Female infanticide: its causes and solutions. New Delhi: Discovery Publishing House; 1997. p. 20.

births are resulting in infanticide.⁴⁷ In 1993, as discussed more fully below, the latest in a series of laws was passed in an attempt to eradicate amniocentesis-driven selective abortion.⁴⁸ One particular careful analysis led to a conclusion that in the villages studied, infanticides, either through direct child murder or via sex-selective amniocentesis, had occurred in 40% to 50% of families in the last two years.⁴⁹

For those of us who may be tempted to feel smug about the prevalence of FI in the developing world, it should be noted that in the Nineteenth Century, England itself faced a fierce epidemic of infanticide, albeit in a less gender-selective form than that found in its territory of India.

Benjamin Disraeli wrote as early as 1845: “Infanticide is practiced as extensively and legally in England as it is on the banks of the Ganges; a circumstance which apparently

has not yet engaged the attention of the Society for the Propagation of the Gospel in Foreign Parts.”⁵⁰ Estimates of annual levels of infanticide in London alone around 1860 range from 300 to 1,200.⁵¹ Eighteenth-Century Scotland also experienced a virtual epidemic of infanticide.⁵²

FGC: Although many authorities recognize either three or four principal types of FGC, Lightfoot-Klein identifies five: mild sunna, modified sunna, clitoridectomy/excision, infibulation/pharaonic circumcision, and introcision.⁵³ This author adds two more types of special importance in the Sudan, intermediate and recircumcision or refibulation.⁵⁴ FGC has taken place on every inhabited continent, in Asia, Australia (among aborigines), Europe (including Britain and Russia), Latin America (Peru, Brazil and some parts of Mexico), the USA, Africa, the Roman Empire and amongst Oriental and African Jews, Christians and Muslims.⁵⁵

⁴⁷ George S, Rajaratnam A, Miller BD. Female infanticide in rural south India. *Search Bulletin* 1998; 12:18-26 [here, p. 21.]

⁴⁸ Phillip M, Bagchi, KS. *The endangered half*. New Delhi: UPALABDHI Trust for Developmental Initiatives; 1995. p. 144-74.

⁴⁹ Venkatachalam R, Srinivasan V. *Female infanticide*. New Delhi: Har-Anand Publications; 1993. p. 46.

⁵⁰ Rose L. *Massacre of the innocents: infanticide in Great Britain 1800-1939*. London: Routledge & Kegan Paul; 1986. p. 35-6.

⁵¹ Rose L. *Massacre of the innocents: infanticide in Great Britain 1800-1939*. London: Routledge & Kegan Paul; 1986. p. 38.

⁵² Symonds D. *Weep not for me: women, ballads, and infanticide in early modern Scotland*. University Park, Pennsylvania: Pennsylvania State University Press; 1997.

⁵³ Lightfoot-Klein H. *Prisoners of ritual: an odyssey into female genital circumcision in Africa*. Binghamton, New York: Harrington Park Press; 1989. p. 33-5.

⁵⁴ Lightfoot-Klein H. *Prisoners of ritual: an odyssey into female genital circumcision in Africa*. Binghamton, New York: Harrington Park Press; 1989. p. 33-5.

⁵⁵ Lightfoot-Klein H. *Prisoners of ritual: an odyssey into female genital circumcision in Africa*. Binghamton, New York: Harrington Park Press; 1989. p. 47.

Currently it is distributed “more or less contiguously across a zone running from Senegal in the west to Yemen in the east and from Egypt in the north to Tanzania in the south.”⁵⁶ According to Mackie, “with explainable exceptions, FGC is unique to that zone.”⁵⁷ It is seen in all levels of society, from university-educated to the simplest peasant, in city and country.⁵⁸ In the West, clitoridectomies have been used as a treatment in medical science.⁵⁹ In nineteenth century Britain and early twentieth century North America this procedure was used by some doctors as a cure for masturbation and various mental conditions.⁶⁰ Articles in popular American women’s magazines recommended the procedure as recently as 1976.⁶¹⁶² Respected medical journals also touted female genital surgeries well into the seventies.⁶³⁶⁴

MGC: Five major types of MGC exist: incision, infibulation, circumcision, subincision, and testicular extirpation.⁶⁵⁶⁶ For the purposes of this paper, we are focusing on the most persistent and widespread practice, male circumcision. Today male circumcision performed in the newborn period, during childhood, or at puberty is practiced by less than 20% of the world’s population.⁶⁷ The United States is at this time the only Western country that extensively practices nonreligious circumcision.⁶⁸

Male circumcision is being or has been practiced by a wide variety of primitive as well as advanced peoples throughout recorded history. It also has been found on all inhabited continents, occurring in Asia,

⁵⁶ Mackie, G. Female genital cutting: the beginning of the end. In: Shell-Duncan B, Hernlund Y, editors. Female “circumcision” in Africa: culture, controversy, and change. London: Lynne Rienner, 2000. p. 253-281. [here, p. 266.]

⁵⁷ Mackie, G. Female genital cutting: the beginning of the end. In: Shell-Duncan B, Hernlund Y, editors. Female “circumcision” in Africa: culture, controversy, and change. London: Lynne Rienner, 2000. p. 253-281. [here, p. 266.]

⁵⁸ Lightfoot-Klein H. Prisoners of ritual: an odyssey into female genital circumcision in Africa. Binghamton, New York: Harrington Park Press; 1989. p. 47.

⁵⁹ Wallerstein E. Circumcision: an American Health Fallacy. New York: Springer; 1980. p. 170-90.

⁶⁰ Bibbings L. Female circumcision: mutilation or modification? In: Bridgeman J, Millns S, editors. Law and body politics: regulating the female body. Aldershot, England: Dartmouth Publishing Company; 1995. p. 151-70. [here, p. 153-54.]

⁶¹ Kellison C. \$100 surgery for a million dollar sex life. *Playgirl* 1975; 2(12):52.

⁶² Isenberg S, Elting LM. A guide to sexual surgery. *Cosmopolitan* 1976; 181(5): 104, 108, 110, 164.

⁶³ Wollman L. Female circumcision. *J Am Soc Psychosom Dent Med* 1973; 20: 3-4, 130-31.

⁶⁴ Wollman L. Hooded clitoris. *J Am Soc Psychom Dent Med* 1973; 19:1.

⁶⁵ Bryk F. Circumcision in man and woman New York: American Ethnological Press; 1934. p. 120-62.

⁶⁶ Favazza AR. Bodies under siege: self-mutilation in culture and psychiatry. Baltimore: Johns Hopkins University Press; 1987. p. 152-59.

⁶⁷ Lightfoot-Klein H. Prisoners of ritual: an odyssey into female genital circumcision in Africa. Binghamton, New York: Harrington Park Press; 1989. p. 188-89.

⁶⁸ Lightfoot-Klein H. Prisoners of ritual: an odyssey into female genital circumcision in Africa. Binghamton, New York: Harrington Park Press; 1989. p. 188-89.

Africa, North and South America (among the native populations), Europe, among Australian Aborigines, and in Polynesia. It was practiced by the ancient Aztecs and Mayas as well as the ancient Egyptians, from whom the Phoenicians, the Arabs, and probably the Jews derived the practice. In most cultures it represents a rite of passage into adulthood and/or out of childhood, often as an immediate prerequisite to mating and marriage.⁶⁹

FGC and MGC: In many different cultures, when genital cutting is associated with initiation or a rite of passage, but not normally in the developed world or when performed on infants, a striking number of commonalities exist among the numerous different cultures performing genital cutting around the world. Lightfoot-Klein created a useful cross-cultural synthesis of similarities in attitudes and misconceptions about male and female sexual mutilations on a number of axes including: minimization of damage and pain, conceptualization of the cutting as promoting beautification, invention of false medical indications, the misconceptions that the mutilation promotes hygiene, or preventing future problems, or improves sex, or is universal, the medicalization of the cutting, the denial of long-term harm.⁷⁰

The author's review of countless reports on different rituals associated with male and female genital cutting reveals a remarkable number of common elements present in many different cultures and ceremonies (though none of these is present in all forms of GC): singing, dancing, the initiates gathering together as a self-conscious group with an identity distinct from those who did not go through this particular GC ceremony, the importance of enduring pain without reacting (common to virtually all cultures), the initiators are of the same sex as the initiates (common to virtually all cultures which have initiators),⁷¹ the initiators are themselves graduates of the initiation ceremony,⁷² playful elements of sexuality are included in the ritual, new clothes are worn following the ceremony, death and rebirth, entering adulthood and leaving

⁶⁹ Lightfoot-Klein H. *Prisoners of ritual: an odyssey into female genital circumcision in Africa*. Binghamton, New York: Harrington Park Press; 1989. p. 184.

⁷⁰ Lightfoot-Klein H. Similarities in attitudes and misconceptions about male and female sexual mutilations. In: Denniston GC, Milos MF, editors. *Sexual mutilations: a human tragedy*. New York: Plenum Press; 1997. p. 131-35.

⁷¹ See also Montagu A. Mutilated humanity. *Humanist* 1995; 55(4):12-15. [here, p. 12.]

⁷² See also Montagu A. Mutilated humanity. *Humanist* 1995; 55(4):12-15. [here, p. 13.]

childhood, the concept that the uninitiated individual is ugly and/or childish until he/she is cut, a period is spent by the initiates in seclusion after the ceremony but prior to their return to the larger society and during this time the initiates are taught many things concerning their people (history, traditions, beliefs, how to raise a family), a coming-out or “graduation” ceremony occurs after the initiation completed and is followed by the initiates rejoining the larger community, the concept that the initiates can never look back to the time before their initiation, the importance of the pain felt by initiates, the requirement that initiates (be they male or female) stoically endure the pain, a feast follows the ceremony, the initiation marks a change in the status of the initiate. Doubtless other shared elements also exist.

Whatever one’s beliefs regarding the ethics of male or female genital cutting of children, with or without their assent, one cannot help but be struck by the profound level of integration of these ceremonies into the cultural lives of the people, as well as the striking concordance in certain basic elements despite the impossibility in many cases of these cultures on different continents ever having directly transmitted information to each other. One can only surmise that the roots of these practices in individual and collective psychology run very deep. Caldwell et al. have noted that the geographical coincidence of MGC and FGC for a vast area north of the Equator in Africa means that the two practices were probably seen and justified in much the same way, and it is relatively unlikely that FGC was understood largely in terms of male control of female sexuality.⁷³

FB and FGC: Mackie has pointed out a number of remarkable parallels between FB and infibulation:

Both customs are nearly universal where practiced; they are persistent and are practiced even by those who oppose them. Both control sexual access to females and ensure female chastity and fidelity. Both are necessary for proper marriage and family honor. Both are believed to be sanctioned by tradition. Both are said to be ethnic markers, and distinct ethnic minorities may lack the practices. Both seem to have a past of

⁷³ Caldwell J, Orubuloye IO, Caldwell P. Male and female circumcision in Africa: from a regional to a specific Nigerian examination.” Soc Sci Med 1997; 44:1181-1193. [here, p. 1183.]

contagious diffusion. Both are exaggerated over time and both increase with status. Both are supported and transmitted by women [and] are performed on girls about six to eight years old.... Both are believed to promote health and fertility. Both are defined as aesthetically pleasing compared with the natural alternative. Both are said to properly exaggerate the complementarity of the sexes, and both are claimed to make intercourse more pleasurable for the male. Important general differences between Imperial China and Sudanic Africa are elite concubinage in China vs. commonplace polygyny [husband with multiple wives] in Africa, exogamy [marriage outside one's social group] vs. endogamy [marriage within one's social group], and agrarian and commercial vs. pastoral and horticultural production. Important similarities... are their histories of imperial female slavery and their rules of emancipation for the children of concubines.⁷⁴

FB, FGC and MGC: Rationales for FB, FGC, and MGC include cultural conceptions of femininity/masculinity, notions of marriageability and social acceptance, and cultural identity. Attitudes and misconceptions shared by these three CBM's include minimization of damage and pain, conceptualization of the cutting as promoting beautification, invention of false medical indications, the misconception that the mutilation improves sex, and the denial of long-term harm.

2.2 Age

ACD: ACD was possible only in the first years of life when the cranium is soft and malleable and the sutures are not closed.⁷⁵ It is only at this time that the cranium is plastic enough to yield to continuous pressure over considerable periods of time.⁷⁶

FB: Little girls were most commonly forced to start footbinding between the ages of five and seven, when their bones were still flexible, their life force or chi was believed to start flourishing, and their minds were supposedly mature enough to understand the importance of bodily

⁷⁴ Mackie G. Ending footbinding and infibulation: a convention account. *Am Soc Rev* 1996; 61: 999-1017. [here, p. 999-1000.]

⁷⁵ Henschen, F. *The human skull: a cultural history*. New York: Frederick A. Praeger; 1966. p. 77.

⁷⁶ Dingwall EJ. *Artificial cranial deformation: a contribution to the study of ethnic mutilations*. London: John Bale, Sons & Danielsson, Ltd.; 1931. p. 1.

discipline.⁷⁷ However, geographic and class factors did strongly affect the timing for initiating the process of shaping the “three-inch golden lotus.” The girl’s age at first binding, the tendency to unbind later in life, and average age at unbinding all differed regionally.⁷⁹ Sichuan girls, for example, were bound at an average of six years of age, while the average Fujian girl was not bound until she was almost twelve.⁸⁰ The upper class started binding as early as age three and the peasantry waited as late as age twelve or thirteen.⁸¹ FB typically ended between the ages of 13 and 15.⁸²

FI: In India, FI was normally carried out minutes or hours after birth. It was considered essential that it be done before the first nursing so as to prevent bonding between mother and child from occurring.⁸³

FGC: The most common age for FGC is between the ages of eight and twelve, although ages vary as widely as from eight days of age in Ethiopia, to even after marriage or for the first time after bearing children, as with some Swahili-speaking people.⁸⁴

MGC: In the United States, circumcision most commonly occurs within days after birth.⁸⁵ In Africa, depending on the group, it may occur anywhere between the age of seven to eight days (Morocco)⁸⁶ through the age of 25 years (among the Xhosa of South Africa).⁸⁷ As an illustration of the degree to which these practices can vary, it should be noted that the Konso of Ethiopia use circumcision not to mark the beginning of sexual maturity but the end of sexual life. Their men may

⁷⁷ Ping W. *Aching for beauty: footbinding in China*. Minneapolis: University of Minnesota Press; 2000. p. 6.

⁷⁸ Blake CF. Foot-binding in neo-Confucian China and the appropriation of female labor. *Signs* 1994; 19: 676-712. [here, p. 681-82.]

⁷⁹ Gates H. Footbinding and handspinning in Sichuan. In: Lieberthal KG, Lin S, Young EP, editors. *Constructing China: the interaction of culture and economics*. Ann Arbor, Michigan: University of Michigan Center for Chinese Studies; 1998. p. 177-194. [here, p. 184.]

⁸⁰ Gates H. Footbinding and handspinning in Sichuan. In: Lieberthal KG, Lin S, Young EP, editors. *Constructing China: the interaction of culture and economics*. Ann Arbor, Michigan: University of Michigan Center for Chinese Studies; 1998. p. 177-194. [here, p. 184.]

⁸¹ Greenhalgh S. Bound feet, hobbled lives: women in old China. *Frontiers* 1977; 2: 7-21. [here, p. 9.]

⁸² Blake CF. Foot-binding in neo-Confucian China and the appropriation of female labor. *Signs* 1994; 19: 676-712. [here, p. 678-79.]

⁸³ Vishwanath LS. *Female infanticide and social structure: a socio-historical study in western and northern India*. New Delhi: Hindustan Publishing Corporation; 2000.

⁸⁴ Sanderson LP. *Against the mutilation of women: the struggle against unnecessary suffering*. London: Ithaca Press; 1981. p. 19.

⁸⁵ Wallerstein E. *Circumcision: an American Health Fallacy*. New York: Springer; 1980. p. 1.

⁸⁶ Van Gennep A. *The rites of passage*. Chicago: University of Chicago Press; 1960. p. 70.

⁸⁷ Meintjes G. *Manhood at a price: socio-medical perspectives on Xhosa traditional circumcision*. Grahamstown, South Africa: Rhodes University Institute of Social and Economic Research; 1998. p. 7.

be in their 60s or older when the surgery is performed and they often become transvestites following the procedure.⁸⁸

2.3 Class/Economics

ACD: In most if not all settings where it was practiced, ACD was most common among the upper classes, and often served as a marker of class distinction.⁸⁹⁹⁰ One may recall the highly distorted, egg-shaped skull of Nefertiti, which millennia later still seems to carry an appeal for many.⁹¹ At Tikal, Guatemala, ACD was practiced by elite women at least a generation before nonelite women began the practice. The trait also appears in elite men prior to men of nonelite status.⁹²

FB: One interesting feature of FB (which is not true in general of the other practices examined in this paper) was that it was a mechanism, and in many cases the only mechanism, allowing the lower classes a realistic chance to move up the social ladder in later generations. Girls with particularly well-bound feet were potential concubines, maids, or even wives for nobility and wealthy merchants.⁹³⁹⁴ FB as a way to jump up the class ladder was a long shot, because the number of pretty poor girls greatly exceeded the number of rich potential grooms to marry them. Yet this was a virtually expense-free gamble open to anyone with a female child. All her family would lose was the girl's ability to do hard labor. The frequency of FB suggests that many parents were willing to forego that labor and roll the dice.⁹⁵

Gradations related to class tended to be found not only in the age at which FB began (as noted above), but also in the level of disability caused by FB. The very rich could afford for the women to be so

⁸⁸ Gregerson E. *Sexual practices: the story of human sexuality*. New York: Franklin Watts; 1983. p. 103.

⁸⁹ Sharer J. *The ancient Maya*. 5th edition. Stanford, California: Stanford University Press; 1994. p. 482.

⁹⁰ Haviland WA, Moholy-Nagy H. Distinguishing the high and mighty from the hoi polloi at Tikal, Guatemala. In: Chase DZ, Chase AF, editors. *Mesoamerican elites: an archaeological assessment*. Norman, Oklahoma: University of Oklahoma Press; 1992. p. 50-60. [here, p. 56.]

⁹¹ See Dingwall EJ. *Artificial cranial deformation: a contribution to the study of ethnic mutilations*. London: John Bale, Sons & Danielsson, Ltd.; 1931, p. 103-111.

⁹² Oehler CL. *Cranial deformation and tooth mutilation as an indicator of status among the late classic Maya at Copan, Honduras* [thesis]. Houston: Univ. of Houston; 1997. p. 41-45.

⁹³ Ping W. *Aching for beauty: footbinding in China*. Minneapolis: University of Minnesota Press; 2000. p. 59.

⁹⁴ Blake CF. Foot-binding in neo-Confucian China and the appropriation of female labor. *Signs* 1994; 19: 676-712. [here, p. 702-03.]

⁹⁵ Gates H. Footbinding and handspinning in Sichuan. In: Lieberthal KG, Lin S, Young EP, editors. *Constructing China: the interaction of culture and economics*. Ann Arbor, Michigan: University of Michigan Center for Chinese Studies; 1998. p. 177-194. [here, p. 177-78.]

helpless they could virtually not walk. Their lives therefore tended to be characterized by immobility, leisure, and tedium. When they did need to travel, they would be carried on backs of natural-footed female slaves. By comparison, middle-class women were able to walk four or five miles a day. The upper classes were also the first to engage in FB,⁹⁶ as well as being among the leaders of its elimination.⁹⁷

FI: In its setting in Nineteenth Century India, the roots of FI lay deep in the institutions of caste and marriage as well as in economics.⁹⁸

Families bore the responsibility of paying for no fewer than four costly ceremonies for their daughter—1) naming and ear-boring, 2) celebration of the attainment of puberty, 3) marriage (including dowry; this was the most burdensome of the four), 4) birth of the first child. The expense of these ceremonies was the main reason given for female infanticide.⁹⁹¹⁰⁰

Social codes required that a daughter marry only a husband whose caste was equal to or higher than her own, and also that she be married before a certain age.¹⁰¹ Not only is intermarriage prohibited between families of the same clan but between those of the same tribe.¹⁰² As if all this were not enough, a daughter's marriage would result in the alienation of the whole or the majority of the family's hereditary land. Moreover, the relative prestige of different castes and sub-castes was far from settled and in fact was a constant source of competition, dispute, and tension.¹⁰³

Those who bore daughters and yet claimed themselves to be of highest caste found themselves confronting an awkward dilemma—either find a husband for their daughter and thereby implicitly confess their caste to be lower than they had claimed (since literally no caste should be good enough for her if she was indeed of the highest caste), or bring their daughter up unmarried.¹⁰⁴ Both options were impermissibly shameful. Many such families therefore concluded that their only viable option

⁹⁶ Ping W. *Aching for beauty: footbinding in China*. Minneapolis: University of Minnesota Press; 2000. p. 32-33, 43.

⁹⁷ Greenhalgh S. Bound feet, hobbled lives: women in old China. *Frontiers* 1977; 2: 7-21. [here, p. 15-16.]

⁹⁸ Panigrahi L. *Social policy and female infanticide*. New Delhi: Munshiram Manoharlal; 1972. p. xii.

⁹⁹ Venkatachalam R, Srinivasan V. *Female infanticide*. New Delhi: Har-Anand Publications; 1993. p. 25-26, 45.

¹⁰⁰ Pakrasi KB. *Female infanticide in India*. Calcutta: Editions Indian; 1970. p. 13.

¹⁰¹ Panigrahi L. *Social policy and female infanticide*. New Delhi: Munshiram Manoharlal; 1972. p. 6.

¹⁰² Phillip M, Bagchi, KS. *The endangered half*. New Delhi: UPALABDHI Trust for Developmental Initiatives; 1995. p. 3.

¹⁰³ Panigrahi L. *Social policy and female infanticide*. New Delhi: Munshiram Manoharlal; 1972. p. 6-7.

¹⁰⁴ Panigrahi L. *Social policy and female infanticide*. New Delhi: Munshiram Manoharlal; 1972. p. 6-7.

was infanticide. As is discussed *infra*, the upper class and the politically powerful spearheaded many branches of the movements for elimination of FI, passing declarations and enforcing laws but also leading extralegal approaches to reduction of FI.

Incidentally, it should be noted that a parallel Hobson's choice would confront families in the lowest castes to whom males were born.¹⁰⁵ Such boys could expect never to marry since they could never find a bride from a caste lower than their own and also were subject to infanticide.¹⁰⁶ This problem has received virtually no scholarly attention, no doubt in part due to British and academic fascination with FI among highest-ranking castes but perhaps also due to lack of interest in infanticide of males. One might even suggest a parallel with the disproportionate level of American media and political attention to FGC relative to MGC, in a country where the majority of males are still being circumcised.

FGC: In a number of countries, Somalia for example, one of the reasons why virginity at marriage is extremely important is because upon it depends the payment of the bride price. Therefore genital mutilation is seen as an integral part of the culture.¹⁰⁷ In many countries, female genital surgeries are common even among the most educated classes of women.¹⁰⁸ Highly educated women (and men) are in the forefront of current FGC "eradication" efforts. This fact combined with the participation of many foreigners in the anti-FGC movement has contributed to a virulent backlash against efforts to curtail the practices.¹⁰⁹¹¹⁰¹¹¹¹¹²¹¹³

¹⁰⁵ Dickemann M. Female infanticide, reproductive strategies, and social stratification: a preliminary model. In: Chagnon NA, Irons W, editors. *Evolutionary biology and human social behavior: an anthropological perspective*. North Scituate, Massachusetts: Duxbury Press; 1979:321-367 [here, p. 346-47.]

¹⁰⁶ Tiger L. *The decline of males*. New York: Golden Books; 1999, p. 130-31.

¹⁰⁷ Sanderson LP. *Against the mutilation of women: the struggle against unnecessary suffering*. London: Ithaca Press; 1981. p. 54-55.

¹⁰⁸ Obermeyer, CM. Female genital surgeries: the known, the unknown, and the unknowable. *Med Anthropol Q* 1999;13:79-106 [here, p. 89.]

¹⁰⁹ Obiora LA. Bridges and barricades: rethinking polemics and intransigence in the campaign against female circumcision. *Case Western L Rev* 1997; 47:275-378.

¹¹⁰ Abusharaf RM. Revisiting feminist discourses on infibulation: responses from Sudanese feminists. In: Shell-Duncan B, Hernlund Y, editors. *Female "circumcision" in Africa: culture, controversy, and change*. London: Lynne Rienner, 2000. p. 151-66.

¹¹¹ Parker M. Rethinking female circumcision. *Africa* 1995; 65: 506-523.

¹¹² Green K, Lim H. What is this thing about female circumcision? *Legal education and human rights*. *Social & Legal Studies* 1998; 7:365-87.

¹¹³ Walley CJ. Searching for "voices": feminism, anthropology, and the global debate over female genital operations. *Cultural Anthropology* 1997;12:405-438.

MGC: The practice of non-religious circumcision in the US started among the upper to upper-middle classes in the late Nineteenth Century.¹¹⁴

All: FB in China, MGC in US, and Indian FI all started among the upper classes in eras of rapid economic and political change. The upper classes naturally had a greater opportunity to create and carry out such counter-natural practices. They had the luxury of creating physical markers on their children for their own neuroses. With FB and FI, a “first in, first out effect” has been observed. The powerful are the institutors of the practice and later, when the practice starts to be rooted out, they are also in the forefront of the opposition. “First-in” describes the preferential participation of the elites in ACD and American MGC, and “first-out” describes FGC.

2.4 Gender

ACD: Performed on both infant boys and infant girls.

FB: Primarily carried out on girls, with a primary purpose of reinforcing gender concepts and roles.

FI: By definition, carried out on girls, though as noted above, lower-class males were at least as subject to infanticide as were upper-class females. The difference is that infanticide of lower-class males did not draw public attention or concern. Both practices result from gender-related societal practices but are not principally motivated by a desire to strengthen or support such roles.

FGC: By definition only carried out on females, one principal purpose being to reinforce societal concepts of female gender roles.

MGC: By definition carried out exclusively on males, the

¹¹⁴ Lightfoot-Klein H. Prisoners of ritual: an odyssey into female genital circumcision in Africa. Binghamton, New York: Harrington Park Press, 1989. p. 188-89.

only CBM considered in this paper of which this is true. One primary motivation behind MGC in many if not most or all practicing societies is undeniably the reinforcement of male gender roles. Certainly the fact that the victimized gender has been seen as privileged and in fact the oppressor of females has significantly impeded the process of society recognizing MGC as a human rights violation and criminal act.

2.5 Complications

ACD: According to Henschen, brain damage will occur in at least some cases.¹¹⁵ Severe binding has caused death in some children and it can cause the obstruction of nasal passages.¹¹⁶ Infants and children often died from the organ-crushing aspects of cranial deformation or from secondary infections.¹¹⁷ Dingwall tabulates a wealth of evidence demonstrating the potential range of complications. A European who observed a Chinook child whose head was being flattened between two boards wrote: “Its little black eyes, forced out by tightness of the bandages, resembled those of a mouse choked in a trap.”¹¹⁸ Dingwall also reports that another observer described a child whose head had just been removed from the apparatus as the most frightful and disgusting object he had ever seen, with the front part of the skull completely flattened, and the child’s inflamed, discolored eyes protruding half an inch from the sockets.¹¹⁹ As practiced by the Koskimo Indians, “[t]he pressure is often so great that the noses of children who submit to it are constantly bleeding.”¹²⁰ Many French physicians labeled ACD as medically dangerous and condemned the practice, considering that it

¹¹⁵ Henschen F. *The human skull: a cultural history*. New York: Frederick A. Praeger; 1966. p. 77-78.

¹¹⁶ Oehler CL. *Cranial deformation and tooth mutilation as an indicator of status among the late classic Maya at Copan, Honduras* [thesis]. Houston: Univ. of Houston; 1997. p. 40.

¹¹⁷ DeMeo J. *Sahasasia: the 4000 BCE origins of child abuse, sex-repression, warfare and social violence in the deserts of the Old World*. Greensprings, Oregon: Orgone Biophysical Research Lab; 1998. p. 114

¹¹⁸ Dingwall EJ. *Artificial cranial deformation: a contribution to the study of ethnic mutilations*. London: John Bale, Sons & Danielsson, Ltd.; 1931. p. 166.

¹¹⁹ Dingwall EJ. *Artificial cranial deformation: a contribution to the study of ethnic mutilations*. London: John Bale, Sons & Danielsson, Ltd.; 1931. p. 166-67.

¹²⁰ Dingwall EJ. *Artificial cranial deformation: a contribution to the study of ethnic mutilations*. London: John Bale, Sons & Danielsson, Ltd.; 1931. p. 178.

played a part in the development of epilepsy, mental retardation, and chronic insanity.¹²¹

FB: It was said that one out of ten girls died from FB or its aftereffects,¹²² although this may have been an exaggeration. In addition to causing the girls ghastly pain, FB led to the literal putrefaction of flesh, with portions often sloughing off from the sole, causing a horrible odor. Sometimes one or more toes dropped off.¹²³ When the bindings were removed from one little girl in Chungking her feet were found hanging by the tendons, with gangrene extending above the ankles; another child in Nanking had an ulcer extending halfway up her knee and would have died from blood poisoning had her leg not been amputated.¹²⁴ Toes often drop off under the bindings, and not uncommonly half the foot does likewise. An early chronicler reported one poor girl's grief on undoing her bandage—"Why, there is half my foot gone!"—and how she herself said that, with half her foot, and that half in good condition, she would be much better off than those around her.¹²⁵

FI: Self-evident.

FGC: One particularly thorough tabulation of potential complications from FGC mentions pain, hemorrhage, shock, urinary infection, blood poisoning, fever, tetanus, infection, cysts and abscesses, keloid scarring, painful intercourse, infertility, recurrent urinary tract infection, difficulty in urinating, calculus/stone formation, clitoral hypersensitivity, anal incontinence and fissure, rigid scar tissue, serious delivery problems, stillborn child, post-natal fistulae, prolonged labor, lack of orgasm, sexual dissatisfaction, anxiety, depression, and death.¹²⁶ This is only a partial list. A relatively careful study in rural Gambia concludes that the relationship between FGC and long-term reproductive morbidity is unclear.¹²⁷ One pair of commentators rightly deplore the lack of rigor

¹²¹ Favazza AR. *Bodies under siege: self-mutilation in culture and psychiatry*. Baltimore: Johns Hopkins University Press; 1987. p. 63.

¹²² Little A. *Intimate China: the Chinese as I have known them*. London: Hutchinson & Co.; 1899. p. 140.

¹²³ Fielde, AM. *Pagoda shadows*. London: T. Ogilvie Smith; 1887. p. 27-8.

¹²⁴ Little A. *Intimate China: the Chinese as I have known them*. London: Hutchinson & Co.; 1899. p. 140-43.

¹²⁵ Little A. *Intimate China: the Chinese as I have known them*. London: Hutchinson & Co.; 1899. p. 141.

¹²⁶ Koso-Thomas O. *The circumcision of women: a strategy for eradication*. London: Zed Press; 1987. p. 25-28.

¹²⁷ Morison L, Scherf C, Ekpo G, Paine K, West B, Coleman R, Walraven G. The long-term reproductive health consequences of female genital cutting in rural Gambia: a community-based survey. *Trop Med Int Health* 2000;6:643-53 [here, p. 646-49.]

and failure to distinguish between different forms of FGC evident in many authors' lists of complications.¹²⁸ This comment does not detract from the undeniably grave and diverse complications caused by FGC.

MGC: Circumcision removes 50 per cent of penile shaft surface tissue and thousands of specialized nerve endings, fundamental to normal sexual response.¹²⁹¹³⁰ The externalized glans and inner foreskin remnant become dried and skin-hardened (keratinized), further desensitizing the penis, with progressive lifelong loss of sensation.¹³¹ Complications, including as many as 225 deaths each year in the United States alone,¹³² range up to 55 per cent depending on the definition applied, and willingness to report complications fully and accurately (for example, meatal stenosis, urethral fistulae, penile necrosis, accidental amputation of part or all of the glans, skin tags).¹³³¹³⁴¹³⁵ Circumcision causes behavioral and neurological changes, diminished self-esteem and body image, sexual deficits, and often lifelong circumcision-related stress.¹³⁶ Many circumcised men suffer ongoing symptoms of post-traumatic stress disorder.¹³⁷ ¹³⁸

2.6 Pain

ACD: Children often cried for hours under the application of the constricting apparatus without the parents realizing the cause of the child's distress.¹³⁹ In Brittany around 200 years ago, as soon as the infants were born, midwives molded and pressed their heads, endeavoring to make them rounder, a proceeding which typically caused

¹²⁸ Shell-Duncan B, Hernlund Y. Dimensions of the practice and debates. In: Shell-Duncan B, Hernlund Y, editors. Female "circumcision" in Africa: culture, controversy, and change. London: Lynne Rienner, 2000. p. 1-40. [here, p. 14-16.]

¹²⁹ Taylor JR, Lockwood AP, Taylor AJ. The prepuce: specialised mucosa of the penis and its loss to circumcision. *Br J Urol* 1996;77:291-5.

¹³⁰ Scott S. Anatomy and physiology of the human prepuce. In: Denniston GC, Hodges FM, Milos MF. Male and female circumcision: medical, legal and ethical considerations in pediatric practice. New York: Kluwer Academic/Plenum Publishers; 1999. p. 9-18.

¹³¹ Fleiss Paul M. The case against circumcision. *Mothering* (Winter 1997): p. 36-45..

¹³² E Wallerstein, *Circumcision: An American Health Fallacy* (Springer, New York, 1980), p. 153.

¹³³ Williams N, Kapila L. Complications of circumcision. *Brit J Surgery* 1993;80:1231-6.

¹³⁴ Kaplan G. Complications of circumcision. *Urol Clin North Am* 1983;10:543-549.

¹³⁵ Patel H. The problem of routine circumcision. *Can Med Assoc J* 1966;95:576-.

¹³⁶ Goldman R. *Circumcision: the hidden trauma*. Boston: Vanguard Publications; 1997. p. 1-6, 82-123.

¹³⁷ Rhinehart J. Neonatal circumcision reconsidered. *Transactional Analysis J* 1999;29:215-21.

¹³⁸ Menage J. Post-traumatic stress disorder after genital medical procedures. In: Denniston GC, Hodges FM, Milos MF. Male and female circumcision: medical, legal and ethical considerations in pediatric practice. New York: Kluwer Academic/Plenum Publishers; 1999. p. 215-20.

¹³⁹ Dingwall EJ. Artificial cranial deformation: a contribution to the study of ethnic mutilations. London: John Bale, Sons & Danielsson, Ltd.; 1931. p. 48.

the babies to howl with pain.¹⁴⁰ In certain tribes in Louisiana, when children were born, the upper part of their forehead was crushed and flattened with a board so they might be able to bear loads better. “The child cries and turns black, and when the mother presses on its forehead a white slimy fluid comes out of its nose and ears. Thus it sleeps every night until its head has taken on the desired shape.”¹⁴¹ Among the Chinook Indians, as Dingwall records some contemporary observers’ statements, “The process is attended... by a good deal of pain, and certainly the appearance of the child is shocking. Its eyes seem to start from their sockets, its mouth is contorted... the noses of the children were accustomed to emit a whitish pus.”¹⁴²

FB: The enforced breaking of the foot’s bones and the forcing of the smaller toes under the foot naturally caused the girls unspeakable pain. “The pain continued for about a year and then diminished, until at the end of two years the feet were practically dead and painless.”¹⁴³ In China, for a lady of virtue, “It was considered laudable for her to submit to the dreaded pain of footbinding in early childhood with stoical endurance, fighting back the tears in order to please her mother by achieving the criterion of beauty sanctioned through the ages.”¹⁴⁴ A truly loving mother in China had to teach her daughters how to endure pain physically, emotionally, and mentally.¹⁴⁵ Daughters were expected to grow up and eventually to be grateful to their mother for seeing them through this necessary process despite the hardship it presumably represented for them.¹⁴⁶ Pain was viewed not an unfortunate byproduct of the process but as a necessary experience for women to endure. According to this view, women needed to learn to be subservient to pain, so that they would tolerate the pain that was seen as an inevitable byproduct of the lust that their economic survival required them to

¹⁴⁰ Dingwall EJ. Artificial cranial deformation: a contribution to the study of ethnic mutilations. London: John Bale, Sons & Danielsson, Ltd.; 1931. p. 61-62.

¹⁴¹ Dingwall EJ. Artificial cranial deformation: a contribution to the study of ethnic mutilations. London: John Bale, Sons & Danielsson, Ltd.; 1931. p. 187-88.

¹⁴² Dingwall EJ. Artificial cranial deformation: a contribution to the study of ethnic mutilations. London: John Bale, Sons & Danielsson, Ltd.; 1931. p. 168-69.

¹⁴³ Fielde, AM. Pagoda shadows. London: T. Ogilvie Smith; 1887. p. 27-8.

¹⁴⁴ Levy H. Chinese footbinding: the history of a curious erotic custom. New York: Bell Publishing Company; 1967. p. 23.

¹⁴⁵ Ping W. Aching for beauty: footbinding in China. Minneapolis: University of Minnesota Press; 2000. p. 19.

¹⁴⁶ Ping W. Aching for beauty: footbinding in China. Minneapolis: University of Minnesota Press; 2000. p. 19.

inspire in men. Simple foot amputation, for example, would have defeated the whole point of binding as a “voluntary,” protracted, and disciplined self-sacrifice.¹⁴⁷ This trial in turn awakened the ardor and passion of her male suitors. “When a Chinese man sees a pair of lotus feet, he feels a tremendous pity for the fragile beauty that has gone through so much pain and suffering; he is in awe of the wonder that comes out of violence.”¹⁴⁸

FI: Obviously the techniques used for FI were in general extremely painful to the murdered child. Among the Phoenicians, mourning the emotions felt over the death of a child was considered inappropriate and was not indulged. Carthaginian families were apparently required not to react to death of child but to be proud of it and not react to pain of death.¹⁴⁹ Indians similarly suppressed all feelings in reaction to the child’s loss of life.¹⁵⁰

FGC and MGC: Anesthetic can rarely be used and may defeat the purpose anyway. For most if not all groups practicing FGC and MGC, at least on non-infants, stoically enduring the pain without reaction is a required test in the rite. Males thereby prove their manhood and their ability to defend the group and their family by force.

For Mandinga boys and girls, for example, stoically enduring the cutting is one of the most culturally valued displays of strength and courage.¹⁵¹

Similarly, in Kikuyu male and female circumcision, the crucial test was for the initiate to show no pain, to neither change expression nor even blink, during the cutting. The initiates remained utterly stoic and expressionless throughout. In Kikuyu tradition, it is this ability to withstand the ordeal that confers adulthood, that allows one to marry and have children, and that binds one to one’s age-mates.¹⁵²

¹⁴⁷ Blake CF. Foot-binding in neo-Confucian China and the appropriation of female labor. *Signs* 1994; 19: 676-712. [here, p. 687.]

¹⁴⁸ Ping W. *Aching for beauty: footbinding in China*. Minneapolis: University of Minnesota Press; 2000. p. 22.

¹⁴⁹ Brown S. *Late Carthaginian child sacrifice and sacrificial monuments in their Mediterranean context*. Sheffield, England: JSOT Press; 1991. p. 34.

¹⁵⁰ See, e.g., Peggs J. *Cries of agony*. Delhi: Discovery Publishing House; 1984. p. 130-66.

¹⁵¹ Johnson M. *Becoming a Muslim, becoming a person: female “circumcision,” religious identity, and personhood in Guinea-Bissau*. In: Shell-Duncan B, Hernlund Y, editors. *Female “circumcision” in Africa: culture, controversy, and change*. London: Lynne Rienner, 2000. p. 215-233. [here, p. 223.]

¹⁵² Walley CJ. Searching for “voices”: feminism, anthropology, and the global debate over female genital operations. *Cultural Anthropology* 1997;12:405-438 [here, p. 410.]

FGC: The pain associated with FGC is typically considered necessary for women to teach her to endure and to prepare her for the subservience required by her sex. By withstanding the pain of being cut, a woman demonstrates her maturity and readiness to endure the pain of childbirth and hardships of married life. In the Sudan, “severe physical pain is, in certain contexts, normative and positively valued and enforces ideas of personhood.”¹⁵³ Enduring the pain is a constitutive experience in preparing a woman for her role as wife and mother, her central role in Rendille society in Kenya.¹⁵⁴ Among the Nandi of Kenya, if girl is reported to be a coward in the ritual, or not a virgin, the parents and brothers are so ashamed that they threaten to kill themselves or kill the girl. Only the intervention of other people stops them from carrying out this threat.¹⁵⁵

MGC: In Yemen, if the male initiate even winks a little, or shows any sign of pain, he is either killed on the spot, deported in disgrace, or sold as a slave.¹⁵⁶ Among the Masai, a boy who cries out during the procedure will be declared a coward by spectators and disgraced along with his family. His parents will be spat upon for having raised a coward. The boy will be thoroughly beaten and his foot will be spat upon and he will be required to eat all of it.¹⁵⁷

A 1997 infant circumcision pain study was abandoned because inflicting pain on unanesthetized controls was deemed unethical.¹⁵⁸ Circumcision traumatizes infants, who have few pain-coping mechanisms.¹⁵⁹ Pain may be blunted but not eliminated by local anesthesia.¹⁶⁰ Pain causes irreversible changes in the developing brain, heightening pain perception.¹⁶¹ Atrophy of non-stimulated neurons in the brain’s pleasure

¹⁵³ Boddy J. Violence embodied?: circumcision, gender politics, and cultural aesthetics. In: Dobash RE, Dobash RP, editors. *Rethinking violence against women*. London: SAGE Publications; 1998. p. 77-110 [here, p. 104.]

¹⁵⁴ Shell-Duncan B, Obiero WO, Muruli LA. Women without choices: the debate over medicalization of female genital cutting and its impact on a northern Kenyan community. In: Shell-Duncan B, Hernlund Y, editors. *Female “circumcision” in Africa: culture, controversy, and change*. London: Lynne Rienner; 2000. p. 109-128. [here, p. 117.]

¹⁵⁵ Mbiti JS. *African religions & philosophy*. 2nd ed. Oxford, England: Heinemann Educational Publishers; 1969. p. 125.

¹⁵⁶ Chabukwar YV. A barbaric method of circumcision amongst some of the Arab tribes of Yemen. *Indian Medical Gazette* 1921; 56:48-49. [here, p. 48.]

¹⁵⁷ Saitoti TO. *Maasai*. New York City: Harry N. Abrams, Inc.; 1988. p. 81.

¹⁵⁸ Lander J, Brady-Fryer B, Metcalfe JB, Nazarali S, Muttitt S. Comparison of ring block of ring block, dorsal penile nerve block, and topical anesthesia for neonatal circumcision: a randomised controlled trial. *JAMA* 1997;298:157-62.

¹⁵⁹ Goldman R. *Circumcision: the hidden trauma*. Boston: Vanguard Publications; 1997. p. 20-6.

¹⁶⁰ Williamson PS, Evans ND. Neonatal cortisol response to circumcision with anesthesia. *Clin Pediatr (Phila)* 1986;25:412-5.

¹⁶¹ Dixon S, Snyder J, Holve R, Bromberger P. Behavioral effects of circumcision with and without anesthesia. *J Dev Behav Pediatr*

center follows severed erogenous sensory nerve endings.¹⁶²

Circumcised boys react with greater pain intensity to immunizations six months after circumcision.¹⁶³

As long ago as the Twelfth Century, the Jewish scholar Maimonides acknowledged that the very purpose of the Jewish circumcision ritual was to inflict a wound that the child would recall for the rest of his life.¹⁶⁴ “The bodily pain caused to [the penis] is the real purpose of circumcision.”¹⁶⁵ At the time medicalized circumcision was instituted in the United States in the Nineteenth Century, pain was seen as a necessary aspect of circumcision, which was in part favored BECAUSE of the pain it caused. John Harvey Kellogg, M.D., invented corn flakes as an intended preventive of masturbation, which was seen as responsible for a host of medical problems. Circumcision was likewise intended to prevent masturbation, and Kellogg noted the importance of the pain: “The operation should be performed by a surgeon without administering an anesthetic, as the brief pain attending the operation will have a salutary effect upon the mind, especially if it be connected with the idea of punishment, as it may well be in some cases.”¹⁶⁶ Along the same lines, physician A.W. Johnson Athol wrote, “In cases of masturbation we must, I believe, break the habit by inducing such a condition of the parts as will cause too much local suffering to allow the practice being continued... [T]he operation, too, should not be performed under chloroform, so that the pain experience may be associated with the habit we wish to eradicate.”¹⁶⁷ Along the same lines, Moroccan circumcision must not be performed before a boy is old enough to remember it, apparently so that he can remember the pain.¹⁶⁸ Note the ironic reversal of the suggestion that neonatal circumcision is harmless because it occurs before the boy is old enough to remember it.

1984;5:246-50.

¹⁶² Prescott JW. Genital pain v genital pleasure: why the one and not the other? Truth Seeker 1989;1:14-21.

¹⁶³ Taddio A, Katz J, Ilersich AL, Koren G. Effect of neonatal circumcision on pain response during subsequent routine vaccination. Lancet 1997; 349:599-603.

¹⁶⁴ Bollinger D. Circumcision: Initiation into Violence, Presented at the 6th International Symposium on Genital Integrity, 2000 Dec 7-9; Sydney, Australia. p. 8.

¹⁶⁵ Maimonides M. The guide for the perplexed. Pines S, translator. London: G. Routledge & Sons; 1904. vol. 3. p. 8.

¹⁶⁶ Kellogg JH. Plain facts for old and young. Burlington, Iowa: I.F. Segner; 1888.

¹⁶⁷ Athol AWJ. On an injurious habit occasionally met with in infancy and early childhood. Lancet 1860; 2:344-374.

¹⁶⁸ Crapenzano V. Rite of return: circumcision in Morocco. Psychoanalytic Study of Society 1981;9:15-36. [here, p. 30].

All: Pain has played a critical role and is a nearly inevitable byproduct of all these childhood body modification techniques. It is often viewed not as a regrettable side effect of the procedure, but as a desired and integral component of the overall process. At least where performed after infancy and arguably even when done at infancy (as is requisite for ACD and as is usual among certain cultures for FGC and MGC), a bond of shared suffering is often created among survivors of the practice.¹⁶⁹ The pain also serves to impress upon the candidates and all others concerned the social importance of the occasion.¹⁷⁰ A partner's awareness of the pain associated with that culture's particular form of CBM may also serve as a subconscious attractor.

The individual learns to transcend personal limitations and to suffer for the (at least professed) good of the individual, the group and/or society. Pain initiates and trains men in sacrificing their bodies as protectors and warriors; it prepares women for childbirth and suffering later in life.

2.7 Roots

ACD: The practice extends back to the earliest reaches of prehistory that we can touch archeologically.¹⁷¹

FB: Instances of FB can be traced back as early as 21st Century BC.¹⁷² It started to spread over China during the fifty years that elapsed between the T'ang and Sung Dynasties (907-959 AD).¹⁷³ Transmission of the custom followed the pattern of migration from north to south.¹⁷⁴

The rise of FB coincided with drastic economic, political and economic changes.¹⁷⁵ These were times of strong urbanization, expanding bureaucracy, commercialization of agriculture, monetization, and thriving trade.¹⁷⁶ As cultivation of agriculture, development of commerce as well as the arts brought great material abundance and

¹⁶⁹ Beattie J. *Other cultures: aims, methods and achievements in social anthropology*. New York: The Free Press of Glencoe; 1964. p. 210-11

¹⁷⁰ Beattie J. *Other cultures: aims, methods and achievements in social anthropology*. New York: The Free Press of Glencoe; 1964. p. 210-11

¹⁷¹ Dingwall EJ. *Artificial cranial deformation: a contribution to the study of ethnic mutilations*. London: John Bale, Sons & Danielsson, Ltd.; 1931.

¹⁷² Ping W. *Aching for beauty: footbinding in China*. Minneapolis: University of Minnesota Press; 2000. p. 29.

¹⁷³ Greenhalgh S. Bound feet, hobbled lives: women in old China. *Frontiers* 1977; 2: 7-21. [here, p. 7.]

¹⁷⁴ Greenhalgh S. Bound feet, hobbled lives: women in old China. *Frontiers* 1977; 2: 7-21. [here, p. 8.]

¹⁷⁵ Ping W. *Aching for beauty: footbinding in China*. Minneapolis: University of Minnesota Press; 2000. p. 43.

¹⁷⁶ Mackie G. Ending footbinding and infibulation: a convention account. *Am Soc Rev* 1996; 61: 999-1017. [here, p. 1000.]

artistic richness to China of this era, Chinese culture also faced severe invasions by foreign cultures.¹⁷⁷ Perhaps even more critically, in a culture which had always emphasized differences between men and women,¹⁷⁸ dramatic erosion of boundaries and hierarchies was occurring, blurring formerly stark distinctions and divisions between race, gender, and sex.¹⁷⁹ Under the money-driven economy of the Ming and Qing eras, demarcation lines were being elided and a merger effected between the previously distinct domains of artist and craftsman.¹⁸⁰ Signs of gender confusion were everywhere: cross-dressing women, girls raised as boys, female archery experts, male embroidery masters. Marriages between women and homosexual relationships became common for the first time in Chinese history, with men masquerading as women and thereby obtained opportunities to seduce virginal young girls.¹⁸¹ FB was in part sustained by neo-Confucianism,¹⁸² a Chinese philosophy emphasizing, among other things, moral and physical purity, especially for women.¹⁸³ Footbinding was women's way of supporting, participating in, and reflecting on, the community of Neo-Confucian discourse.¹⁸⁴ Blake's "mindful-body" theory interprets FB as a voluntary ordeal by which mothers taught their daughters to succeed in the male-controlled neo-Confucian world.¹⁸⁵ FI: FI took root amidst times of great change in Nineteenth Century India. The Muslim invasion brought profound cultural changes. The forced migration of the wealthy, influential, somewhat arrogant Rajput caste from the fertile Ganges-Jamuna valley to the deserts of Rajasthan and the forced conversion of many of them set the stage for the popularization of FI.¹⁸⁶ Intermarriage among castes also helped contribute to social instability, and raids by bandits made preservation of women's honor more difficult. Meanwhile, an increasingly complex

¹⁷⁷ Ping W. *Aching for beauty: footbinding in China*. Minneapolis: University of Minnesota Press; 2000. p. 69.

¹⁷⁸ Levy H. *Chinese footbinding: the history of a curious erotic custom*. New York: Bell Publishing Company; 1967. p. 31.

¹⁷⁹ Ping W. *Aching for beauty: footbinding in China*. Minneapolis: University of Minnesota Press; 2000. p. 69.

¹⁸⁰ Ping W. *Aching for beauty: footbinding in China*. Minneapolis: University of Minnesota Press; 2000. p. 45.

¹⁸¹ Ping W. *Aching for beauty: footbinding in China*. Minneapolis: University of Minnesota Press; 2000. p. 45-46.

¹⁸² Ping W. *Aching for beauty: footbinding in China*. Minneapolis: University of Minnesota Press; 2000. p. 47.

¹⁸³ Blake CF. Foot-binding in neo-Confucian China and the appropriation of female labor. *Signs* 1994; 19: 676-712. [here, p. 694-695.]

¹⁸⁴ Blake CF. Foot-binding in neo-Confucian China and the appropriation of female labor. *Signs* 1994; 19: 676-712. [here, p. 695, 708.]

¹⁸⁵ Mackie G. Ending footbinding and infibulation: a convention account. *Am Soc Rev* 1996; 61: 999-1017. [here, p. 1002.]

¹⁸⁶ Panigrahi L. *Social policy and female infanticide*. New Delhi: Munshiram Manoharlal; 1972. p. 4-5.

system of castes and clans was developing. Each caste had own intricate set of rules, each held itself apart from the others, and the ranking of the different castes varied from place to place. Consequently, the field for selection of bridegroom narrowed and narrowed.¹⁸⁷

Marriage of a daughter became more difficult for other reasons too. A high moral standard became expected of women just as crime and immorality was increasing.¹⁸⁸ As a result of the chaos and confusion ensuing from all this social change and ferment, some clans found themselves losing some of the social standing they had previously enjoyed, exacerbating tensions. All these factors interacted in complex ways and may have set the stage for society to process its deep fears by projecting them onto its children, in this case, its female children.¹⁸⁹

The birth of a son in a Hindu family was always desirable. By contrast, a daughter's birth caused her parents anxiety, particularly among high castes that were subject to losing status due to the ongoing reshuffling of social forces. Pride, poverty, contempt for the female sex, the caste system's rigidity and the simple difficulty of finding suitable bridegrooms all contributed to FI.¹⁹⁰

In Nineteenth-Century England, by contrast, the causes contributing to infanticide were illegitimacy, economic insufficiency, the widespread use of "baby farms" as well as nurses for hire (who in turn were usually forced to allow their own infants to die in order that they might suckle their mistress' child), and in many cases the absence of the father.¹⁹¹ In Eighteenth-Century Scotland, the culprits were economic changes which led to consolidation of large farms and eviction of small-scale tenant farmers, illegitimacy, and the difficulty of finding suitable husbands for young women.¹⁹²

FGC: Herodotus reported female circumcision in ancient Egypt in the 5th century BC.¹⁹³ FGC predates both Christianity and Islam, but it is

¹⁸⁷ Panigrahi L. Social policy and female infanticide. New Delhi: Munshiram Manoharlal; 1972. p. 4-5.

¹⁸⁸ Panigrahi L. Social policy and female infanticide. New Delhi: Munshiram Manoharlal; 1972. p. 4-7.

¹⁸⁹ See Lightfoot-Klein H. Prisoners of ritual: an odyssey into female genital circumcision in Africa. Binghamton, New York: Harrington Park Press; 1989. p. 188-89.

¹⁹⁰ Panigrahi L. Social policy and female infanticide. New Delhi: Munshiram Manoharlal; 1972. p. xii.

¹⁹¹ Rose L. Massacre of the innocents: infanticide in Great Britain 1800-1939. London: Routledge & Kegan Paul; 1986.

¹⁹² Symonds D. Weep not for me: women, ballads, and infanticide in early modern Scotland. University Park, Pennsylvania: Pennsylvania State University Press; 1997. [here, p. 3-12.]

¹⁹³ Lightfoot-Klein H. Prisoners of ritual: an odyssey into female genital circumcision in Africa. Binghamton, New York: Harrington Park Press;

unclear where or when such practices began; or indeed whether they were the invention of a single culture and proceeded to spread to others or were the independent creation of several different societies.¹⁹⁴ In the Middle East, family honor is defined almost exclusively in terms of the sexual purity of its womenfolk.¹⁹⁵ Economics, sexuality, honor, religion, and class are all tied up together and interconnected in ways difficult for Westerns to appreciate.

Pharaonic “circumcision” actually makes a woman (whether or not she is a virgin by the Western definition) into a Sudanese virgin.¹⁹⁶¹⁹⁷ The importance of this conceptual category of virginity in the Sudanese ideology cannot be overemphasized.¹⁹⁸ FGC thus has the power to transform the individual, from child into adult, from non-virgin back into virgin. It has the potential to transcend otherwise uncrossable boundaries. FGC gives power to certain women at same time that it constricts all women.

MGC: Male circumcision presumably arose independently in various parts of the world and was practiced from the very beginning in various forms.¹⁹⁹ Barring any dramatic and improbable future archeological discoveries, it is impossible to be certain about its beginnings. Various theories exist proposing that circumcision originated: 1. As a mark of subjection imposed by conquering warriors, 2. To prolong lovemaking, 3. As a test of endurance, 4. To avoid peril from sexual relations, 5. As preparation for sexual life, 6. As a hygienic measure, or 7. As a sacrifice.²⁰⁰

In the United States, medicalized (non-religious) MGC began in the post-Industrial-Revolution, post-Civil-War late nineteenth century, a time of profound change in gender roles. Masturbation was believed to

1989. p. 27.

¹⁹⁴ Bibbings L. Female circumcision: mutilation or modification? In: Bridgeman J, Millns S, editors. *Law and body politics: regulating the female body*. Aldershot, England: Dartmouth Publishing Company; 1995. p. 151-70. [here, p. 153-54.]

¹⁹⁵ Hayes RO. Female genital mutilation, fertility control, women’s roles, and the patrilineage in modern Sudan: a functional analysis. *American Ethnologist* 1975;2:617-633 [here, p. 622-23.]

¹⁹⁶ Hayes RO. Female genital mutilation, fertility control, women’s roles, and the patrilineage in modern Sudan: a functional analysis. *American Ethnologist* 1975;2:617-33 [here, p. 622-23.]

¹⁹⁷ Boddy J. Womb as oasis: the symbolic content of pharaonic circumcision in rural Northern Sudan. *American Ethnologist* 1982;9:682-98. [here, p. 686-87.]

¹⁹⁸ Hayes RO. Female genital mutilation, fertility control, women’s roles, and the patrilineage in modern Sudan: a functional analysis. *American Ethnologist* 1975;2:617-33 [here, p. 622-23.]

¹⁹⁹ Bryk F. *Circumcision in man and woman* New York: American Ethnological Press; 1934. p. 15.

²⁰⁰ Adapted from Loeb EM. *The blood sacrifice complex*. Menasha, Wisconsin: George Banta Publishing Company; 1923. p. 16.

cause a host of medical problems and circumcision was suggested as a possible cure precisely because of the loss of sensation it entailed.²⁰¹

The identification of moral hygiene with physical hygiene and the preoccupation with the banishment of all body odors also contribute to the passion for amputating foreskins.²⁰² To this day, social pressures are among the leading reasons why Americans opt for circumcision.²⁰³²⁰⁴

FB and MGC: The nineteenth century Protestant American culture which gave rise to medicalized circumcision shared a number of precepts with neo-Confucianism, the reigning philosophy at the time of the popularization of FB: an attachment to moral superiority, which could often be demonstrated through physical suffering; an emphasis on moral and physical purity, especially for women; a certain prurience; and a strongly pro-family orientation.

FB and FGC: Although it would be an exaggeration to say that modesty is an exclusive attribute of the female and honor is an exclusive attribute of the male, the idioms translating these concepts into the uses of everyday life cluster around the female on the one hand and the male on the other.²⁰⁵ And it is at the top that these forms of control are most intense.²⁰⁶ Both FB and infibulation originated under conditions of extreme resource polygyny as a means of enforcing the imperial male's exclusive sexual access to his female consorts.²⁰⁷

All: Insecurity around certain issues (in the case of FI, chastity and caste rank, for MGC, hygiene and sexuality, for FB and FGC, chastity, and, we may speculate, for ACD, social rank) leads to acting out on the most vulnerable members (the children) of an attempt to safeguard the feared area of loss. As seen *supra* in the discussion of class, these practices tend to be born during periods of unusually rapid change which may exacerbate this insecurity, although the practices may then persist

²⁰¹ Kellogg JH. Plain facts for old and young. Burlington, Iowa: I.F. Segner; 1888.

²⁰² Hodges F. A short history of the institutionalization of involuntary sexual mutilation in the United States. In: Denniston GC, Milos MF, editors. Sexual mutilations: a human tragedy. New York: Plenum Press; 1997. p. 17-40. [here, p. 23.]

²⁰³ Briggs A. Circumcision: what every parent should know. Earlysville, Virginia: Birth and Parenting Publications; 1985. P. 67-77.

²⁰⁴ Boyd BR. Circumcision exposed: rethinking a medical and cultural tradition. Freedom, California: The Crossing Press; 1998.

²⁰⁵ Antoun RT. On the modesty of women in Arab Muslim villages: a study in the accommodation of traditions. *American Anthropologist* 1968; 70:671-97.

²⁰⁶ Dickemann M. Paternal confidence and dowry competition: a biocultural analysis of purdah. In: Alexander RD, Tinkle DW, editors. Natural selection and social behavior: recent research and new theory. New York: Chiron Press; 1981. p. 417-438. [here, p. 425.]

²⁰⁷ Mackie G. Ending footbinding and infibulation: a convention account. *Am Soc Rev* 1996; 61: 999-1017. [here, p. 999.]

for decades, centuries or even millennia after the initial source of the insecurity has faded.

2.8 Purposes

ACD: Artificial cranial deformation is necessarily not a rite of initiation since it must be effected while the subject is an infant, when the head is still plastic enough to yield to continuous pressure over considerable periods of time.²⁰⁸ ACD may have been associated in some cases with a magical practice, and certainly in other cases reflects a desire to distinguish oneself or one's children from the masses, or to enhance a child's beauty.²⁰⁹²¹⁰ In some cultures, mothers believed that ACD could protect their children from disease.²¹¹ European ACD was greatly influenced by phrenology, according to which memory was located at the back of the head and that the brain needed to be elongated like the end of a gourd to open up space for memory.²¹²²¹³

ACD provides an example of how ancient cultures from the Old and New World enhanced or created certain defining features that separated them from their neighbors. Sometimes these customs indicated different statuses within one cultural group.²¹⁴ In many places throughout the world, ACD is likely to have been a mark of aristocratic lineage.²¹⁵

Other purposes which have been suggested include: to make the head appear more formidable (Mexico); to enlarge the face (Dominican Republic); to preserve facial symmetry (Colombia); practice believed conducive to health and vigor (Peru); to make people easier to rule

²⁰⁸ Dingwall EJ. Artificial cranial deformation: a contribution to the study of ethnic mutilations. London: John Bale, Sons & Danielsson, Ltd.; 1931. p. 1.

²⁰⁹ Henschen F. The human skull: a cultural history. New York: Frederick A. Praeger; 1966. p. 78.

²¹⁰ Dingwall EJ. Artificial cranial deformation: a contribution to the study of ethnic mutilations. London: John Bale, Sons & Danielsson, Ltd.; 1931. p. 101.

²¹¹ Henschen F. The human skull: a cultural history. New York: Frederick A. Praeger; 1966. p. 78.

²¹² Favazza AR. Bodies under siege: self-mutilation in culture and psychiatry. Baltimore: Johns Hopkins University Press; 1987. p. 63.

²¹³ Dingwall EJ. Artificial cranial deformation: a contribution to the study of ethnic mutilations. London: John Bale, Sons & Danielsson, Ltd.; 1931. p. 58.

²¹⁴ Oehler CL. Cranial deformation and tooth mutilation as an indicator of status among the late classic Maya at Copan, Honduras [thesis]. Houston: Univ. of Houston; 1997. p. 37-8.

²¹⁵ Dingwall EJ. Artificial cranial deformation: a contribution to the study of ethnic mutilations. London: John Bale, Sons & Danielsson, Ltd.; 1931, p. 45, 100-01, 146, 219.

(Peru); to facilitate bearing burdens on one's head; and to prevent a child's head from swaying from side to side on a cradle board.²¹⁶

FB: The common assumption that footbinding was an initiation ritual is mistaken. It was not. The following interview is representative:

“Did your mother do anything special on the day that she bound your feet?” we asked.

“No.”

“Did she choose a good day, or burn incense and pray to ask for success, or make special food, or put medicine on your feet?”

“No.”

“Where did she bind your feet, and who was there?”

“In the house, no one was around. It wasn't anything special.”

“Were there any customs?”

“No.”²¹⁷

Several explicit statements record that one purpose of FB was to hobble women and thereby to promote their seclusion and fidelity.²¹⁸²¹⁹ FB is believed by some to have originated in esthetic appreciation of the small foot and to have been maintained by male erotic interest.²²⁰ With a pair of perfectly bound feet, women of lower rank could have hopes of moving upward socially and economically by entering a more affluent or more educated family, often as a concubine or maid.²²¹ Young men would marry women who were a generation older and had ordinary features, provided they had a pair of perfectly bound feet.²²² “Through footbinding, a plain daughter could be improved, and a pretty one made beautiful.”²²³ Chinese women's bound feet were universally associated with both higher-status love and sex; thus they carried strong connotations of both modesty and lasciviousness, a potent combination

²¹⁶ Rogers SP. Artificial deformation of the head: New World examples of ethnic mutilation and notes on its consequences. San Diego Museum Papers 1975; no. 8:1-32 [here, p. 4.]

²¹⁷ Gates H. Footbinding and handspinning in Sichuan. In: Lieberthal KG, Lin S, Young EP, editors. Constructing China: the interaction of culture and economics. Ann Arbor, Michigan: University of Michigan Center for Chinese Studies; 1998. p. 177-194. [here, p. 180-81.]

²¹⁸ Mackie G. Ending footbinding and infibulation: a convention account. Am Soc Rev 1996; 61:999-1017. [here, p. 1001.]

²¹⁹ Levy H. Chinese footbinding: the history of a curious erotic custom. New York: Bell Publishing Company; 1967. p. 30, 44-6.

²²⁰ Levy H. Chinese footbinding: the history of a curious erotic custom. New York: Bell Publishing Company; 1967.

²²¹ Ping W. Aching for beauty: footbinding in China. Minneapolis: University of Minnesota Press; 2000. p. 59.

²²² Ping W. Aching for beauty: footbinding in China. Minneapolis: University of Minnesota Press; 2000.

²²³ Gates H. Footbinding and handspinning in Sichuan. In: Lieberthal KG, Lin S, Young EP, editors. Constructing China: the interaction of culture and economics. Ann Arbor, Michigan: University of Michigan Center for Chinese Studies; 1998. p. 177-194. [here, p. 177.]

for Chinese men.²²⁴ Here lies a fundamental contradiction of FB—it was designed to keep women chaste, yet is itself a highly eroticized procedure. Such oppositions are common to CBM practices, which by definition oppose nature.

Similarly to FGC, the immediate explanation always given for FB in its heyday was to secure a proper marriage.²²⁵ Others regard it as an ostentatious display of the practicing family's wealth, as appeasing male castration anxieties, or as a way of ethnically differentiating civilized Chinese from invading northern barbarians and of maintaining gender distinctions as refined Chinese males became more effeminate.²²⁶²²⁷²²⁸

FB helped consolidate and perpetuate the patriarchal Chinese kinship system.²²⁹ Physiological benefits were also claimed, as discussed *infra* in reference to mythology.²³⁰ Bound feet were claimed to be conducive to better intercourse.²³¹ Obviously it is possible that all these reasons were simultaneously at work. “To rebel against footbinding was as unthinkable as to oppose traditional Chinese mores, with their insistence on maintaining a sharp cleavage between men and women.”²³²

FI: Some of the functions of infanticide throughout history are: eliminating defectives, motherless infants, multiple births, and illegitimates; spacing children; regulating future adult sex ratios; and population control.²³³ In some societies, infanticide was the only practical and reliable method for limiting the number of children.²³⁴ Children of tender age have also been sacrificed to avert evil or calamity.²³⁵

²²⁴ Mackie G. Ending footbinding and infibulation: a convention account. *Am Soc Rev* 1996; 61:999-1017. [here, p. 1001.]

²²⁵ Mackie G. Ending footbinding and infibulation: a convention account. *Am Soc Rev* 1996; 61:999-1017. [here, p. 1001-2]

²²⁶ Ebrey P. Women, marriage, and the family in Chinese history. In: Ropp PS, editor. *Heritage of China*. Berkeley, California: University of California Press; 1990:197-223.

²²⁷ Mackie G. Ending footbinding and infibulation: a convention account. *Am Soc Rev* 1996; 61: 999-1017. [here, p. 1001-2.]

²²⁸ Levy H. *Chinese footbinding: the history of a curious erotic custom*. New York: Bell Publishing Company; 1967. p. 47.

²²⁹ Mackie G. Ending footbinding and infibulation: a convention account. *Am Soc Rev* 1996; 61: 999-1017. [here, p. 1002.]

²³⁰ Blake CF. Foot-binding in neo-Confucian China and the appropriation of female labor. *Signs* 1994; 19: 676-712. [here, p. 686-87.]

²³¹ Mackie G. Ending footbinding and infibulation: a convention account. *Am Soc Rev* 1996; 61: 999-1017. [here, p. 1001-2.]

²³² Levy H. *Chinese footbinding: the history of a curious erotic custom*. New York: Bell Publishing Company; 1967. p. 31.

²³³ Williamson L. Infanticide: an anthropological analysis. In: Kohl M, editor. *Infanticide and the value of life*. Buffalo, New York: Prometheus Books; 1978. p. 61-75. [here, p. 64.]

²³⁴ Williamson L. Infanticide: an anthropological analysis. In: Kohl M, editor. *Infanticide and the value of life*. Buffalo, New York: Prometheus Books; 1978. p. 61-75. [here, p. 73.]

²³⁵ Panigrahi L. *Social policy and female infanticide*. New Delhi: Munshiram Manoharlal; 1972. p. 1.

The main reasons for FI in Nineteenth Century India were the expense of the four ceremonies associated with having a daughter in one's family, along with the constraints imposed by the caste system and the requirement that the daughter marry into a caste higher than that of her family of origin.²³⁶²³⁷ Another authority listed desire to avoid unwanted female babies, escape from illegitimacy, desire to limit family size, and fear of deformity or sickness in the child.²³⁸

FGC: Among the many reasons cited for FGC are the following: 1) Beauty/cleanliness: Female genitals are unhygienic and need to be cleaned; female genitals are ugly and will grow to become unwieldy if they are not cut back; circumcision is the fashionable thing to do to become a real woman. 2) Male Protection/Approval: Circumcision is an initiation into womanhood and into the tribe; the noncircumcised cannot be married; circumcision enhances the husband's sexual pleasure; circumcision makes vaginal intercourse more desirable than clitoral stimulation. 3) Health: Circumcision improves fertility and prevents maternal and infant mortality. 4) Religion: God sanctifies circumcision. 5) Morality: Circumcision safeguards virginity; circumcision cures "sexual deviance" (i.e., frigidity, lesbianism, and excessive sexual arousal). 6) Belonging: The fear of losing the psychological, moral, and material benefits of "belonging" is one of the greatest motivations to conformity.²³⁹ 7) Pleasing personality: Cutting instills feminine traits such as calmness and submissiveness.²⁴⁰ 8) Religious sacrifice—giving up part of the body for salvation of the whole. 9) As an initiation rite into the tribe.²⁴¹²⁴² It should be noted that both religious justifications are erroneous, as nothing in Islam requires FGC or, for that matter,

²³⁶ Venkatachalam R, Srinivasan V. Female infanticide. New Delhi: Har-Anand Publications; 1993. p. 25-6, 45.

²³⁷ Panigrahi L. Social policy and female infanticide. New Delhi: Munshiram Manoharlal; 1972. p. 15-42.

²³⁸ Gurusamy S, Kubendran SC. A decade for the girl child (1991-2000). Social Welfare 1991; 37:16.

²³⁹ Toubia N. Female genital mutilation in a sexual and reproductive health perspective. In: Report from the Seminar on Female Genital Mutilation; 1995 May 29; Copenhagen, Denmark. Copenhagen: Ministry of Foreign Affairs; 1995. p. 7-20. [here, p. 14-15.]

²⁴⁰ Carr D. Female genital cutting: findings from the demographic and health surveys program. Calverton, Maryland: Macro International, Inc.; 1997. p. 19.

²⁴¹ Baasher T. Psychological aspects of female circumcision. In: Traditional practices affecting the health of women and children: female circumcision, childhood marriage, nutritional taboos, etc.: report of a seminar. Alexandria, Egypt: WHO Regional Office for the Eastern Mediterranean; 1979. p 71-105. [here, p. 74-76, 87-89.]

²⁴² Modawi S. The obstetrical and gynecological aspects of female circumcision. In: Traditional practices affecting the health of women and children: female circumcision, childhood marriage, nutritional taboos, etc.: report of a seminar. Alexandria, Egypt: WHO Regional Office for the Eastern Mediterranean; 1979. p 119-122.

MGC.²⁴³ For the North Sudanese, for example, infibulation emphasizes morally appropriate fertility, which they consider to be the essence of femininity. It purifies, smooths, and makes clean the womb's outer surface, thereby socializing or culturalizing a woman's fertility.²⁴⁴ It also may bond the girl with her female ancestors.

A variety of medical reasons have been incorrectly asserted, including 1) prevention of the enlargement of the clitoris and labia, 2) improvement of fertility, 3) prevention of maternal and infant mortality, 4) enhancement of the husband's sexual pleasures, 5) lack of ability to have a climax, 6) treatment of frigidity, and 7) prevention of mania, nymphomania and "onanism."²⁴⁵²⁴⁶ Most fundamentally, these operations are believed to ensure the transmission as well as the maintenance of the reigning cultural ethos throughout a woman's lifetime.²⁴⁷

MGC: As discussed *infra*, medical mythology suggesting the foreskin's connection with an astonishingly wide range of diseases was integral to the widespread adoption of male circumcision in the United States in the Nineteenth Century.²⁴⁸²⁴⁹ As reasons have been disproven, circumcision advocates have devised others to take their places.²⁵⁰²⁵¹ Current explanations for the CBM's persistence include physician pressure, religious justifications, cultural rationales, cultural inertia, and perhaps most egregiously, the desire that the child's genitalia resemble his father's.²⁵²²⁵³

²⁴³ Aldeeb Abu-Sahlieh SA. To mutilate in the name of Jehovah or Allah: legitimization of male and female circumcision. Amsterdam: Middle East Research Associates; 1994. Occasional paper no. 21. p. 16-20.

²⁴⁴ Boddy J. Womb as oasis: the symbolic content of pharaonic circumcision in rural Northern Sudan. *American Ethnologist* 1982;9:682-98. [here, p. 696.]

²⁴⁵ Baasher T. Psychological aspects of female circumcision. In: Traditional practices affecting the health of women and children: female circumcision, childhood marriage, nutritional taboos, etc.: report of a seminar. Alexandria, Egypt: WHO Regional Office for the Eastern Mediterranean; 1979. p 71-105. [here, p. 74-76.]

²⁴⁶ Modawi S. The obstetrical and gynecological aspects of female circumcision. In: Traditional practices affecting the health of women and children: female circumcision, childhood marriage, nutritional taboos, etc.: report of a seminar. Alexandria, Egypt: WHO Regional Office for the Eastern Mediterranean; 1979. p 119-122.

²⁴⁷ Abusharaf RM. Revisiting feminist discourses on infibulation: responses from Sudanese feminists. In: Shell-Duncan B, Hernlund Y, editors. Female "circumcision" in Africa: culture, controversy, and change. London: Lynne Rienner, 2000. p. 151-66. [here, p. 153.]

²⁴⁸ Hodges F. A short history of the institutionalization of involuntary sexual mutilation in the United States. In: Denniston GC, Milos MF, editors. *Sexual mutilations: a human tragedy*. New York: Plenum Press; 1997.

²⁴⁹ Briggs A. Circumcision: what every parent should know. Earlysville, Virginia: Birth and Parenting Publications; 1985. p. 54-63.

²⁵⁰ Hodges F. A short history of the institutionalization of involuntary sexual mutilation in the United States. In: Denniston GC, Milos MF, editors. *Sexual mutilations: a human tragedy*. New York: Plenum Press; 1997.

²⁵¹ Briggs A. Circumcision: what every parent should know. Earlysville, Virginia: Birth and Parenting Publications; 1985. p. 54-63.

²⁵² Lightfoot-Klein H. *Prisoners of ritual: an odyssey into female genital circumcision in Africa*. Binghamton, New York: Harrington Park Press; 1989. p. 188-89.

²⁵³ Briggs A. Circumcision: what every parent should know. Earlysville, Virginia: Birth and Parenting Publications; 1985. p. 67-77.

In the developing world, reasons given according to Favazza include “sanitation, substitution for human sacrifice, symbolic castration, desire to be like women, elevation to the status of manhood, sexual differentiation, enhanced fertility, contraception, resolution of identity conflict, permanent incorporation into a social group, control of sexual urges, a mark of caste, a test of endurance, a covenant with God, and so on.”²⁵⁴²⁵⁵

FGC and MGC: Parallel justifications for FGC and MGC including claimed enhancement of physical beauty, incorrect medical justifications, incorrect theories that it improves sex, or is universal, and its use as a rite of initiation into adulthood.²⁵⁶

2.9 Mythology

ACD: As mentioned *supra*, Europeans followed phrenological theories that memory was located at the back of the head and that elongation of the brain was advisable to free up space for memory.²⁵⁷²⁵⁸ Some mothers who practiced ACD believed in medical mythology suggesting it would protect their children from disease.²⁵⁹

FB: A mythological folk song about “Madam big feet” expressed the genuine danger that was perceived from natural-footed women. Everything about “Madam big feet’s” body was not only gross but also threatened the cosmic order.²⁶⁰ Her body represented the unstrung forces of nature that via earthquake and flood bring ruin, engulfment, contamination, and death. Social life on the scale envisioned by the Neo-Confucian imperial order was possible only if these elemental forces were restrained and mediated by human effort and individual initiative.²⁶¹ Chinese society thus projected its fears for its own survival

²⁵⁴ Favazza AR. *Bodies under siege: self-mutilation in culture and psychiatry*. Baltimore: Johns Hopkins University Press; 1987. p. 152-53.

²⁵⁵ Lightfoot-Klein H. *Prisoners of ritual: an odyssey into female genital circumcision in Africa*. Binghamton, New York: Harrington Park Press; 1989. p. 42.

²⁵⁶ Lightfoot-Klein H. Similarities in attitudes and misconceptions about male and female sexual mutilations. In: Denniston GC, Milos MF, editors. *Sexual mutilations: a human tragedy*. New York: Plenum Press; 1997. p. 131-35.

²⁵⁷ Favazza AR. *Bodies under siege: self-mutilation in culture and psychiatry*. Baltimore: Johns Hopkins University Press; 1987. p. 63.

²⁵⁸ Dingwall EJ. *Artificial cranial deformation: a contribution to the study of ethnic mutilations*. London: John Bale, Sons & Danielsson, Ltd.; 1931. p. 58.

²⁵⁹ Henschen F. *The human skull: a cultural history*. New York: Frederick A. Praeger; 1966. p. 78.

²⁶⁰ Blake CF. Foot-binding in neo-Confucian China and the appropriation of female labor. *Signs* 1994; 19: 676-712. [here, p. 692-93.]

²⁶¹ Blake CF. Foot-binding in neo-Confucian China and the appropriation of female labor. *Signs* 1994; 19: 676-712. [here, p. 692-93.]

onto its women and then onto its female children on whom FB was inflicted.

Medical mythology was also devised to justify FB. Lotus lovers came to believe that FB broadened women's hips and increased their vaginal folds.²⁶² The accepted physiological benefits of constricting the lower limbs included concentrating the blood in the upper parts of the legs and groin, thereby supposedly increasing sexual sensitivity and enhancing the fertility of the woman's "seed chamber."²⁶³ Bound feet were said to be conducive to better intercourse, a claim which of course is medically false.²⁶⁴

FI: The Purriar Meenas, who were even more addicted to infanticide than the Rajputs, believed that women born in their tribe are fated to bring disgrace to their families and sect.²⁶⁵

FGC: Medical mythology, religious mythology, and tribal/cultural mythology have all played a role in perpetuating FGC. Among unschooled Sudanese, for example, widespread beliefs exist that circumcision will keep the sexual organs clean, prevent malodorous discharges, prevent rape, prevent vaginal worms, help women conceive, facilitate giving birth, and somewhat paradoxically, make women both less sexually sensitive before marriage and more responsive after marriage. Of course, none of these reasons has any basis in fact.²⁶⁶ In both the Sudan and Somalia, a strong cultural myth persists that FGC will prevent the clitoris from growing to an enormous size.²⁶⁷

The Muslim religion does not require female (or male) circumcision.²⁶⁸²⁶⁹ Yet many cultures continue to connect FGC with the Muslim faith. For example, the mostly illiterate Sudanese, unable to review religious teachings on their own, believe infibulation is required

²⁶² Ping W. *Aching for beauty: footbinding in China*. Minneapolis: University of Minnesota Press; 2000. p. 237.

²⁶³ Blake CF. Foot-binding in neo-Confucian China and the appropriation of female labor. *Signs* 1994; 19: 676-712. [here, p. 686-87.]

²⁶⁴ Mackie G. Ending footbinding and infibulation: a convention account. *Am Soc Rev* 1996; 61: 999-1017. [here, p. 1001-2.]

²⁶⁵ Saxena RK. *Social reforms: infanticide and sati*. New Delhi: Trimurti Publications; 1975. p. 11.

²⁶⁶ Lightfoot-Klein H. *Prisoners of ritual: an odyssey into female genital circumcision in Africa*. Binghamton, New York: Harrington Park Press; 1989. p. 69.

²⁶⁷ Christiansen CD. *The lived experience of circumcision in immigrant Somali women: a Heideggerian hermeneutic analysis*. [dissertation]. Chicago: Univ. of Illinois at Chicago; 1995. p. 34.

²⁶⁸ Aldeeb Abu-Sahlieh SA. *To mutilate in the name of Jehovah or Allah: legitimization of male and female circumcision*. Amsterdam: Middle East Research Associates; 1994. Occasional paper no. 21. p. 16-20.

²⁶⁹ Moslem.org

by their faith.²⁷⁰ In Kenya, where clitoridectomy is practiced by tribes which have converted to Christianity, girls are confident they will be condemned to eternal hellfire if they do not undergo the knife.²⁷¹ The Mandinga of Guinea-Bissau link circumcision for boys and clitoridectomy for girls first and foremost to religious identity. Clitoridectomy is a cleansing rite that defines a woman as a Muslim and enables her to pray in the proper fashion, both of which are defining features of Mandinga identity.²⁷²

FGC and MGC: The tribal mythology of both the Dogon and Bambara of Mali suggests fascinating metaphorical powers for FGC and MGC. These two groups believe that when human beings first arrive in the world, they are both male and female and possess twin souls. The boy's "female soul" is in the prepuce, the female element of the genitals, and the girl's "male soul" is in the clitoris, the male element.²⁷³²⁷⁴ Often omitted in the retelling of this myth is what may be its most interesting part, stating that from the moment of birth, the Bambara child is inhabited by the Wanzo, an evil power which is in his blood and skin, and a force of disorder within the individual which prevents fecundity. The prepuce and the clitoris, seats of the Wanzo, must be severed to destroy that evil power.²⁷⁵ The Egyptians tell a similar story about the bisexuality of the gods.²⁷⁶²⁷⁷ Similarly, in Somalia it is thought that the human body has soft female and hard male components; through FGC, hard parts are removed from the girls.²⁷⁸

MGC: Medical mythology played a key role in the institutionalization and popularization of circumcision in the United States. At the time medicalized circumcision was instituted in the United States in the

²⁷⁰ Lightfoot-Klein H. Similarities in attitudes and misconceptions about male and female sexual mutilations. In: Denniston GC, Milos MF, editors. *Sexual mutilations: a human tragedy*. New York: Plenum Press; 1997. p. 42.

²⁷¹ Lightfoot-Klein H. Similarities in attitudes and misconceptions about male and female sexual mutilations. In: Denniston GC, Milos MF, editors. *Sexual mutilations: a human tragedy*. New York: Plenum Press; 1997. p. 42.

²⁷² Johnson MC. Becoming a Muslim, becoming a person: female "circumcision," religious identity, and personhood in Guinea-Bissau. In: Shell-Duncan B, Hernlund Y, editors. *Female "circumcision" in Africa: culture, controversy, and change*. London: Lynne Rienner, 2000. P. 215-233. [here, p. 219-20, 228, 231.]

²⁷³ Brain R. *The decorated body*. New York City: Harper & Row; 1979. p. 87.

²⁷⁴ Montagu A. Mutilated humanity. *Humanist* 1995; 55(4):12-15. [here, p. 13.]

²⁷⁵ Epelboin S, Epelboin A. Special report: female circumcision. *People* 1979; 6(1):24-29.

²⁷⁶ Assaad MB. Female circumcision in Egypt: social implications, current research and prospects for change. *Stud Fam Plann* 1980;11:3-16.

²⁷⁷ Meinardus O. Mythological, historical and sociological aspects of the practice of female circumcision among the Egyptians. *Acta Ethnographica Academiae Scientiarum Hungaricae* 1967; 16:387-97. [here, p. 388-89.]

²⁷⁸ van der Kwaak A. Female circumcision and gender identity: a questionable alliance? *Soci Sci and Med* 1992; 35:777-787.

Nineteenth Century, the foreskin was claimed to cause a host of diseases including epilepsy, paralysis, malnutrition, “derangement of the digestive organs,” chorea, convulsions, hysteria, and other nervous disorders.²⁷⁹ At that time, circumcisers used words such as hygiene to denote moral hygiene, not personal hygiene.²⁸⁰ Other medical reasons that were later given for this procedure in search of a disease include penile cancer, cancer of the prostate and cervix, sexually transmitted diseases, urinary tract infections, and most recently, HIV.²⁸¹²⁸²

All: Mythology, including medical mythology, religious mythology and/or tribal/cultural mythology are invoked by each practicing culture to justify, normalize and legalize their particular form of childhood body mutilation.

2.10 Sexuality

ACD: No direct relevance.

FB: FB was designed to produce a foot that would--among other things--be more sexually attractive to Chinese men.²⁸³ Ironically enough for a culture with profound concerns about distinguishing male from female, a lotus foot bore a distinct resemblance to a penis.²⁸⁴ As the bones become broken and the flesh deteriorated, her foot became a perfect penis-substitute, often losing several toes as they were bent under her foot in order to emphasize the big toe sticking out.²⁸⁵ On the other hand, the deep crease in the middle part of the lotus foot suggests the female sex organ, as does the lotus shoe.²⁸⁶ “Outside, a bound foot is erect and pointed like a penis; inside, it is creased and curved like a vagina.”²⁸⁷

²⁷⁹ Hodges F. A short history of the institutionalization of involuntary sexual mutilation in the United States. In: Denniston GC, Milos MF, editors. *Sexual mutilations: a human tragedy*. New York: Plenum Press; 1997. p. 17-40. [here, p. 23.]

²⁸⁰ Hodges F. A short history of the institutionalization of involuntary sexual mutilation in the United States. In: Denniston GC, Milos MF, editors. *Sexual mutilations: a human tragedy*. New York: Plenum Press; 1997. p. 17-40. [here, p. 23.]

²⁸¹ Hodges F. A short history of the institutionalization of involuntary sexual mutilation in the United States. In: Denniston GC, Milos MF, editors. *Sexual mutilations: a human tragedy*. New York: Plenum Press; 1997. p. 17-40. [here, p. 24-34.]

²⁸² Briggs A. Circumcision: what every parent should know. Earlysville, Virginia: Birth and Parenting Publications; 1985. p. 54-63.

²⁸³ Mackie G. Ending footbinding and infibulation: a convention account. *Am Soc Rev* 1996; 61: 999-1017. [here, p. 1001-02.]

²⁸⁴ Ping W. *Aching for beauty: footbinding in China*. Minneapolis: University of Minnesota Press; 2000. p. 14.

²⁸⁵ DeMause L. The universality of incest. *Journal of Psychohistory* 1991;19:123-164. [here, p. 151-52.]

²⁸⁶ Ping W. *Aching for beauty: footbinding in China*. Minneapolis: University of Minnesota Press; 2000. p. 14.

²⁸⁷ Ping W. *Aching for beauty: footbinding in China*. Minneapolis: University of Minnesota Press; 2000. p. 55.

Here, unlike with FGC and MGC, male and female elements are permitted to coexist.

The penis-toe became the focus of the man's perversion and of his sexual excitement during intercourse.²⁸⁸²⁸⁹ Chinese pornography prints and paintings showed men's and women's naked bodies and genitals but never bared the woman's lotus feet.²⁹⁰²⁹¹ This process demonstrates a sort of genitalization of the feet in footbinding Chinese society.

Bound feet became a profound sexual fetish, but a societal rather than an individual one. "The ways of grasping the foot in one's palms were both profuse and varied; ascending the heights of ecstasy, the lover transferred the foot from palm to mouth. Play included kissing, sucking, and inserting the foot in the mouth until it filled both cheeks, either nibbling at it or chewing it vigorously, and adoringly placing it against one's cheeks, chest, knees, or virile member."²⁹² Thus even sex with a female could simulate homosexual intercourse for Chinese males.

DeMause suggests that since the girl shared the family bed with her parents and presumably observed her father playing sexually with her mother's penis-foot, it is likely that the sexual aim of her painful mutilation was apparent to her.²⁹³ While they fawned over the appearance and disappearance of tiny feet in an erotic context, men contorted themselves in combinations and permutations of disgust, contempt, anger, rage, and pity for anything that associated them with the actual production of tiny feet.²⁹⁴

FI: No direct relevance.

FGC: For the Sudanese, infibulation ensures that when she marries for the first time, a woman is a virgin, by the Sudanese definition if not by the Western one. After each birth, woman's body restored, at least superficially, to its condition prior to marriage. During her 40-day period of confinement, she is re-presented to her husband as a bride and

²⁸⁸ Edgerton RB. Sick societies: challenging the myth of primitive harmony. New York: The Free Press; 1992. p. 134.

²⁸⁹ DeMause L. The universality of incest. *J Of Psychohistory* 1991;19:123-164. [here, p. 151-52.]

²⁹⁰ Ping W. Aching for beauty: footbinding in China. Minneapolis: University of Minnesota Press; 2000. p. 24.

²⁹¹ Blake CF. Foot-binding in neo-Confucian China and the appropriation of female labor. *Signs* 1994; 19: 676-712. [here, p. 688.]

²⁹² Levy H. Chinese footbinding: the history of a curious erotic custom. New York: Bell Publishing Company; 1967. p. 34.

²⁹³ DeMause L. The universality of incest. *J Of Psychohistory* 1991;19:123-164. [here, p. 151-52.]

²⁹⁴ Blake CF. Foot-binding in neo-Confucian China and the appropriation of female labor. *Signs* 1994; 19: 676-712. [here, p. 688.]

given gifts of clothing and jewelry similar to those she received at her wedding.²⁹⁵

FGC/MGC: Both FGC and MGC were intended to help incorporate boys and girls into adult societies of sexuality, reproduction and family. Even where performed on infants and thus necessarily not rites of passage, secular MGC can doubtless be motivated by inchoate, even subconscious, desires to formally induct them into the community and to help them along in life. Men are performers, initiators, and often the most ardent supporters of MGC, and women are performers, initiators, and often the most ardent supporters of FGC and FB.²⁹⁶

As discussed *infra* regarding mythology, numerous groups including the Dogon, the Bambara, the Egyptians, and the Somalis perpetuate genital cutting based on myths that male and female genital characteristics must be accentuating by removing non-conforming parts.²⁹⁷²⁹⁸²⁹⁹³⁰⁰ One Egyptian author notes:

As a young boy grows up and finally is admitted into the masculine society he has to shed his feminine properties. This is accomplished by the removal of the prepuce, the feminine portion of his original sexual state. The same is true with a young girl, who upon entering the feminine society is delivered from her masculine properties by having her clitoris or her clitoris and labia excised. Only thus circumcised can the girl claim to be fully a woman and thus capable of the sexual life.³⁰¹

Victims of both FGC and MGC often deny that any loss has resulted to their sexual sensitivity.³⁰² In the case of FGC, some Kenyan Rendille women insisted that sex was actually better after being circumcised,³⁰³

²⁹⁵ Boddy J. Womb as oasis: the symbolic content of pharaonic circumcision in rural Northern Sudan. *American Ethnologist* 1982;9:682-98. [here, p. 686-87.]

²⁹⁶ Boddy J. Womb as oasis: the symbolic content of pharaonic circumcision in rural Northern Sudan. *American Ethnologist* 1982;9:682-98. [here, p. 686-87.]

²⁹⁷ Brain R. *The decorated body*. New York City: Harper & Row; 1979. p. 87.

²⁹⁸ Montagu A. Mutilated humanity. *Humanist* 1995; 55(4):12-15. [here, p. 13.]

²⁹⁹ Assaad MB. Female circumcision in Egypt: social implications, current research and prospects for change. *Stud Fam Plann* 1980;11:3-16.

³⁰⁰ van der Kwaak A. Female circumcision and gender identity: a questionable alliance? *Soci Sci and Med* 1992; 35:777-787.

³⁰¹ Shaalan M. Clitoral envy: a psychodynamic construct instrumental in female circumcision. WHO/EMRO technical publication: seminar on traditional practices affecting the health of women and children in Africa. Alexandria, Egypt: WHO Regional Office for the Eastern Mediterranean; 1982. p 271.

³⁰² Hammond T. *Awakenings: a preliminary poll of circumcised men*. San Francisco: NOHARMM; 1994. p. 60.

³⁰³ Shell-Duncan B, Obiero WO, Muruli LA. Women without choices: the debate over medicalization of female genital cutting and its impact on a northern Kenyan community. In: Shell-Duncan B, Hernlund Y, editors. *Female "circumcision" in Africa: culture, controversy, and change*.

and among the Rendille³⁰⁴ and the Yoruba of Nigeria,³⁰⁵ few women believed their capacity for enjoyment had been reduced.

MGC: No Nineteenth Century physician would have denied that masturbation, unless stopped at a young age, had all sorts of dire consequences. Early promoters of circumcision fully acknowledged the sexual functions of the foreskin and advocated circumcision as an intentional destruction of those functions. Circumcision was alleged to reduce the likelihood of masturbation, thereby promoting both moral and physical hygiene.³⁰⁶ Intriguingly, exposure of the head of the penis by circumcision gives it a perpetual appearance of erection, transforming the sexually immature child into a symbolically mature state and separating him from the female world.³⁰⁷

FB, FGC, and MGC: Women's bound feet became mappings of human reproductive systems for both sexes, or what George Hersey calls "vectors"—ornamental indicators that point to or frame the sex organs.³⁰⁸³⁰⁹ MGC and FGC, of course, are literal reframings of the sex organs, mappings of the intact organs by use of the knife. MGC/FGC directly remap the genital organs, while FB does so through symbolic genitals, purging femininity of all earthly dross and carnality. While both male and female elements are permitted to exist within the simulated genitals created by FB, male and female elements may not coexist on the literal genitals as modified pursuant to MGC and FGC. MGC purges the male body of the "female" foreskin, while FGC purges the female body of the "male" clitoris.

London: Lynne Rienner, 2000. p. 109-128. [here, p. 118.]

³⁰⁴ Shell-Duncan B, Obiero WO, Muruli LA. Women without choices: the debate over medicalization of female genital cutting and its impact on a northern Kenyan community. In: Shell-Duncan B, Hernlund Y, editors. Female "circumcision" in Africa: culture, controversy, and change. London: Lynne Rienner, 2000. p. 109-128. [here, p. 118.]

³⁰⁵ Orubuloye IO, Caldwell P, Caldwell JC. Female "circumcision" among the Yoruba of southwestern Nigeria: the beginning of change. In: Shell-Duncan B, Hernlund Y, editors. Female "circumcision" in Africa: culture, controversy, and change. London: Lynne Rienner, 2000. p. 73-107. [here, p. 84.]

³⁰⁶ Hodges F. A short history of the institutionalization of involuntary sexual mutilation in the United States. In: Denniston GC, Milos MF, editors. Sexual mutilations: a human tragedy. New York: Plenum Press; 1997. p. 17-40. [here, p. 24.]

³⁰⁷ Nunberg H. Problems of bisexuality as reflected in circumcision. London: Imago Publishing Company, Ltd.; 1949. p. 8.

³⁰⁸ Hersey GL. The evolution of allure: sexual selection from the Medici Venus to the incredible hulk. Cambridge, Massachusetts: Massachusetts Institute of Technology; 1996. p. 11-13.

³⁰⁹ Ping W. Aching for beauty: footbinding in China. Minneapolis: University of Minnesota Press; 2000. p. 14.

3. COMPARISON OF LEGAL AND EXTRALEGAL METHODS TO CONTROL CBM'S

3.1 Introduction

According to E. Adamson Hoebel's useful definition of law, at whatever level of technology and whatever level of legal formality, the neglect or violation of a legal norm will be regularly met, in threat or in fact, by the application of physical force by an individual or group possessing the socially recognized privilege of so acting.³¹⁰ Pospisil defines law as possessing four attributes: authority; intention of universal application; *obligatio* or the duty of the defendant to rectify the breach of law; and sanction. As part of the process of identification with their social group, group members will typically comply with and internalize its laws.³¹¹ Broadly speaking, law consists of a norm coupled with the ability rightfully to apply force if the norm is violated. Typically legal norms will derive from broadly held values and/or from values held by those with the power to pass the laws. When values change, laws will eventually change in all likelihood, though the lag time can be painfully long. The gap between legal norms and social norms leads to a wide variety of phenomena such as popular resistance to laws, laws which exist on paper but are ignored in practice even by those with the ostensible duty to enforce them, and laws which accord in full with popular sentiment and therefore will typically prove effective. In our survey of the five CBM's, we shall see how legal norms related to each society's chosen form of CBM diffuse themselves into many different levels of society and become so ingrained that they are viewed as cultural or religious or mythological. Their normative and behavior-controlling [legal] aspects then become submerged.

³¹⁰ Hoebel EA. The law of primitive man: a study in comparative legal dynamics. Cambridge, Massachusetts: Harvard University Press, 1967. p. 28.

³¹¹ Pospisil L. The anthropology of law. Menlo Park, California: Cummings Publishing Company; 1978.

3.2 Legal Approaches to Control of CBM's—Specific Historical Examples

All: The terminology “eradication” is avoided when possible as it may fail to be sufficiently sensitive to the peculiar orientation of each CBM practice within a given culture. Such terminology tends to be rarely employed by native activists but usually by external agents of change. Moreover, it is often associated with germ theory and worldwide campaigns against infectious diseases.³¹² While “eradication” may be the ultimate goal, before this can be achieved, first the practice must be brought under control. Therefore the term “control” is preferred. In fact, as we shall see, the very process of learning why “eradication” is inappropriate as a goal may lead us to develop useful control techniques and approaches.

The peculiar persistence of these practices should be noted. Despite laws repeatedly passed forbidding the practices, FB and ACD persisted for a thousand years and longer, respectively, as does FGC today despite the passage of numerous laws intended to eradicate it. Laws rarely will by themselves bring a CBM under control. More commonly, law will either formalize a political process which has already run most of its extralegal course, or will ineffectively attempt to legislate behavior from above. Harsher, externally imposed measures will appear to succeed but will be resisted surreptitiously or subsequently as we shall see with FB, FI and FGC.

ACD: The Spanish authorities often tried to suppress ACD, operating from the ineffective position of condescending superiority toward the native superstitions. Resolutions were passed in 1567, 1573, and 1585, but none of these was particularly successful. The 1585 document used religious terminology to advocate for the extirpation of the native people’s superstitions, including ACD, which was classified as a sin. The punishment was fixed at a higher level for persons of high rank than for plebeians, and special scales of still milder punishments applied to

³¹² Lane, SD, Rubinstein RA. Judging the other: responding to traditional female genital surgeries. *Hastings Center Report* 1996; 26(3):31-40 [here, p. 38.]

women. Intransigent sinners were referred to an unspecified higher authority, although the precise sequel is unknown.³¹³

FB: Following the Manchu conquest of the Han, FB was outlawed in 1665 in order to assimilate Han people into Manchu culture.³¹⁴ This straightforward legal effort backfired in a decisive manner. During the period of the ban, levels of FB actually reached a peak. Evidently, interest in the CBM was enhanced by the law forbidding it.³¹⁵ Manchu women adopted the practice of binding their feet, and to the likely horror and chagrin of the rulers, even Manchu court members instituted a modified version of the CBM.³¹⁶ A subsequent legal attempt to eliminate the practice in 1847 met with no more success.³¹⁷ In 1911, the first laws were passed against FB after political approaches had already virtually eliminated the practice. The law thus merely served as a legal confirmation of an extralegal political movement's success.³¹⁸

FI: Human sacrifice has been practiced from the beginnings of history and continues today. Common in North African territories over two millennia ago, it was first forbidden by the Romans as early as 97 BC, by a decree of the Senate, with capital punishment as the penalty. Even this extreme sanction merely forced the practitioners underground, but could not extinguish the ritual for centuries. Only in the third century AD was human sacrifice almost entirely eliminated after the Emperor Hadrian passed the third and most far-reaching Roman law against it.³¹⁹ As recently as 1993, the Punjab Prenatal Diagnostic Techniques (Control and Regulation) Bill was enacted to limit prenatal screenings to determination of genetic abnormalities and to prevent its use for determination of gender.³²⁰ Similar laws were passed by the state of Maharashtra in 1988 and by Rajasthan and Haryana in 1993-94.

³¹³ Dingwall EJ. Artificial cranial deformation: a contribution to the study of ethnic mutilations. London: John Bale, Sons & Danielsson, Ltd.; 1931. p. 215-6.

³¹⁴ Mackie G. Ending footbinding and infibulation: a convention account. *Am Soc Rev* 1996; 61: 999-1017. [here, p. 1001]

³¹⁵ Ping W. *Aching for beauty: footbinding in China*. Minneapolis: University of Minnesota Press; 2000. p. 36.

³¹⁶ Edgerton RB. *Sick societies: challenging the myth of primitive harmony*. New York: The Free Press; 1992. p. 134.

³¹⁷ Mackie G. Ending footbinding and infibulation: a convention account. *Am Soc Rev* 1996; 61: 999-1017. [here, p. 1001]

³¹⁸ Mackie, G. Female genital cutting: the beginning of the end. In: Shell-Duncan B, Hernlund Y, editors. *Female "circumcision" in Africa: culture, controversy, and change*. London: Lynne Rienner, 2000. p. 253-281. [here, p. 255-6.]

³¹⁹ Brown S. *Late Carthaginian child sacrifice and sacrificial monuments in their Mediterranean context*. Sheffield, England: JSOT Press; 1991. p. 156.

³²⁰ Phillip M, Bagchi, KS. *The endangered half*. New Delhi: UPALABDHI Trust for Developmental Initiatives; 1995. p. 144-74.

However, such laws are difficult to enforce where both the hospital and the patient are motivated to violate the law, can easily keep the violation secret, and no one is likely to be motivated to complain.³²¹ Phillip and Bagchi suggest that if the government truly intends to stop selective female killing, it will have to take measures which are more specifically tailored to region, caste and culture. The villages can be sensitized to withstand the stigma against having a girl child. Improving the literacy level would also help.³²² We shall see that similar guidelines apply to the control of FI in other forms, as well as of the other CBM's. The British first observed FI in India in 1789.³²³ Again it should be underscored that infanticide of both daughters in high-status families and of sons in low-status families were common, but only the latter received serious attention at the time from authorities. And today studies of the phenomenon of male infanticide in India are virtually non-existent, while a small bookshelf can be filled with books focusing on FI. British strategies for the suppression of FI in north India may be divided into legal and extralegal approaches, with the latter being analyzed in the next section. Legal methods can be further roughly separated into four categories: A. Unmoderated legal coercion forbidding FI imposed by the supposedly "enlightened" colonial rulers, which rarely succeeded. B. Coercive legal measures endorsed and passed by local authorities. C. Legal measures relating to enforcement which did not directly outlaw FI. D. Measures designed to alter some of the circumstances that fostered FI such as wedding expenses. It should be noted that blended combinations of various of these approaches are frequently seen. As we proceed down the categories toward more culturally based and less legalistic techniques, we find—with exceptions—that they become increasingly successful. The harsher and more externally imposed measures may appear to succeed but will be resisted surreptitiously or subsequently as we see with FGC and FB also.

³²¹ Phillip M, Bagchi, KS. *The endangered half*. New Delhi: UPALABDHI Trust for Developmental Initiatives; 1995. p. 141.

³²² Phillip M, Bagchi, KS. *The endangered half*. New Delhi: UPALABDHI Trust for Developmental Initiatives; 1995. p. 142-3.

³²³ Dickemann M. Female infanticide, reproductive strategies, and social stratification: a preliminary model. In: Chagnon NA, Irons W, editors. *Evolutionary biology and human social behavior: an anthropological perspective*. North Scituate, Massachusetts: Duxbury Press; 1979:321-367 [here, p. 328.]

A. *Unmoderated legal coercion imposed by rulers*

In 1795 the crime had been declared murder in Bengal and soon further regulations were passed in 1799 and 1804 to strengthen the first.³²⁴³²⁵ It was known by 1816 that the Regulation of 1795 had failed to suppress the practice.³²⁶ In 1802 the British also passed a national law forbidding the practice.³²⁷ It is interesting that this law was not the focus of the successful campaign to control the practice. In fact, as with many of the current laws against FGC, it seems to have had virtually no influence on the practice. Instead, the focus tends to fall more on the fifty-year campaign against FI which was launched in 1804 by the Governor of Bombay, as discussed in more detail *infra*.³²⁸

Decades later, the British still found it necessary to take further forceful steps to reduce FI in India. A proclamation was issued in 1853 threatening certain prominent castes—in addition to the capital penalty already on the books—with confiscation of their lands unless they renounced FI.³²⁹ Dramatic short-term reductions of FI resulted, with numbers of female children doubling in some villages.³³⁰ All too often, however, the people quickly relapsed into their old habits if pressure and attention was not constantly maintained.³³¹ The legal system had difficulty dealing with these cases due to problems of proving the actual killer's identity.³³²

³²⁴ Panigrahi L. *Social policy and female infanticide*. New Delhi: Munshiram Manoharlal; 1972. p. 18,44.

³²⁵ Venkatachalam R, Srinivasan V. *Female infanticide*. New Delhi: Har-Anand Publications; 1993. p. 46.

³²⁶ Peggs J. *Cries of agony*. Delhi: Discovery Publishing House; 1984. p. 146.

³²⁷ Dickemann M. Female infanticide, reproductive strategies, and social stratification: a preliminary model. In: Chagnon NA, Irons W, editors. *Evolutionary biology and human social behavior: an anthropological perspective*. North Scituate, Massachusetts: Duxbury Press; 1979:321-367 [here, p. 328.]

³²⁸ Dickemann M. Female infanticide, reproductive strategies, and social stratification: a preliminary model. In: Chagnon NA, Irons W, editors. *Evolutionary biology and human social behavior: an anthropological perspective*. North Scituate, Massachusetts: Duxbury Press; 1979:321-367 [here, p. 328.]

³²⁹ Vishwanath LS. *Female infanticide and social structure: a socio-historical study in western and northern India*. New Delhi: Hindustan Publishing Corporation; 2000. p. 141.

³³⁰ Vishwanath LS. *Female infanticide and social structure: a socio-historical study in western and northern India*. New Delhi: Hindustan Publishing Corporation; 2000. p. 145-6.

³³¹ Saxena RK. *Social reforms: infanticide and sati*. New Delhi: Trimurti Publications; 1975. p. 49-50.

³³² Panigrahi L. *Social policy and female infanticide*. New Delhi: Munshiram Manoharlal; 1972. p. 90-2.

B. Coercive legal measures passed by local authorities

One might presume that rulings instituted against FI by regional rulers would prove more effective than mandates passed by a colonial power with vastly different culture. But even when passed by local government, coercive legal measures rarely fared better than laws passed by the British. The people understood that these rules were issued by local rulers to please the British.³³³ For example an agreement renouncing FI was passed by various Jadeja in 1808 at the urging of a British official³³⁴ but did little to stop FI among the Jadeja Rajputs.³³⁵ Similar events occurred elsewhere.³³⁶

C. Legal measures relating to enforcement

Other legal measures designed to halt FI were crafted which did not directly outlaw the procedure but rather aimed to develop administrative enforcement mechanisms to prevent the CBM.

One successful approach employed with minor variations in a number of different places created local authorities who were friends and neighbors of the people they would be stopping from practicing FI. A compulsory registration system for all children was initiated, along with measures entailing strict supervision by up to four important and preferably Muslim members of the village. The village's watchmen were directed to report the birth of every female child to the police station, and a policeman was then required to visit the house and see the child. One month later, the child's health was to be reported to the police station. If the female child died under suspicious circumstances, the body was to be sent to the civil surgeon for examination. The success of the

³³³ Saxena RK. *Social reforms: infanticide and sati*. New Delhi: Trimurti Publications; 1975. p. 49-50.

³³⁴ Pakrasi KB. *Female infanticide in India*. Calcutta: Editions Indian; 1970. p. 53-4.

³³⁵ Vishwanath LS. *Female infanticide and social structure: a socio-historical study in western and northern India*. New Delhi: Hindustan Publishing Corporation; 2000. p. 10, 56-60.

³³⁶ Saxena RK. *Social reforms: infanticide and sati*. New Delhi: Trimurti Publications; 1975. p. 20-1, 37.

measures within a short span of time was most striking and remarkable, although infanticide did continue using more subtle techniques.³³⁷³³⁸

Major national legislation followed. The Female Infanticide Act of 1870 required the registration of all births, marriages and deaths as well as providing for a regular census. Significantly, local governments were granted authority to hire special police forces to focus on the issue, since regular police tended to be overburdened with other obligations and not to see stopping FI as an important part of their duties. . Even though there was strong circumstantial evidence that the female child had been murdered, the courts were acquitting the accused due to lack of sufficient evidence. The success of the Act of 1870 was undoubted. The percentage of girls increased steadily every year from 1875, when it was 30.2%, to 1881, when it reached 38.6%.³³⁹ And yet the CBM was not to be quickly eliminated. To escape the Act's provisions, the castes which earlier practiced FI were now resorting to deliberate neglect of females.³⁴⁰

D. Measures designed to eliminate circumstances fostering FI

Some legal approaches were oriented toward changing the precursor conditions that contributed to FI by limiting dowries and wedding expenses, restricting movements of the wealthy mendicants who demanded hefty fees for assisting with weddings, and restricting hypergamy (marriage up the social ladder).³⁴¹ As early as 1847, the British passed laws to encourage endogamy and discourage hypergamy, which would in turn discourage FI as one byproduct. But these laws were resisted and after an uprising in 1857 the British temporarily abandoned these attempts. The first attempts at limiting dowries failed because they didn't address the all-consuming issue of hypergamy.³⁴²

³³⁷ Panigrahi L. Social policy and female infanticide. New Delhi: Munshiram Manoharlal; 1972. p. 98-101.

³³⁸ Vishwanath LS. Female infanticide and social structure: a socio-historical study in western and northern India. New Delhi: Hindustan Publishing Corporation; 2000. p. 141-4.

³³⁹ Panigrahi L. Social policy and female infanticide. New Delhi: Munshiram Manoharlal; 1972. p. 141-9, 188-9.

³⁴⁰ Vishwanath LS. Female infanticide and social structure: a socio-historical study in western and northern India. New Delhi: Hindustan Publishing Corporation; 2000. p. 141-7.

³⁴¹ Panigrahi L. Social policy and female infanticide. New Delhi: Munshiram Manoharlal; 1972. p. 77-80.

³⁴² Vishwanath LS. Female infanticide and social structure: a socio-historical study in western and northern India. New Delhi: Hindustan

Some leaders agreed to pass resolutions against hypergamy and in some cases to limit wedding expenses but these actions produced few concrete results.³⁴³ However, there is no evidence that any followup action was taken following the signing of these agreements. Mere resolutions at meetings could not change established social norms.³⁴⁴ Subsequent stick-carrot approaches worked better, combining liberal assistance with or relief of wedding costs and a tough line of action in case of breach of the code. Infanticide cases became more or less negligible till by 1874-5 no cases were reported.³⁴⁵

FGC: People in countries performing FGC commonly view unmodified genitals as ugly, unrefined and undignified, and hence not fully human. They associate unmodified genitals with life outside of or at the bottom of civilized society. “Yuck”, they think to themselves, “what kind of barbarians are these who don’t alter and improve their genitals.” The “yuck” is a mutual one.³⁴⁶

In 1946 a British law forbade all forms of female sexual mutilation in Sudan. This law proved not only ineffectual, but actually caused a religious and political backlash against colonial control. The nationalists saw the amendment as interference by the British dominated government and as an attempt to manipulate the lives of the Sudanese people.³⁴⁷ The population rushed to have its daughters infibulated before the law went into effect, causing high levels of complications and deaths. The arrest of midwives set off violent protests which led to the government largely refraining from further application of the law.³⁴⁸ In 1956 Sudan shook off colonial control, and in 1974 passed its own law forbidding the pharaonic procedure while permitting clitoridectomy.³⁴⁹

Publishing Corporation; 2000. p. 102, 110, 141-4.

³⁴³ Saxena RK. Social reforms: infanticide and sati. New Delhi: Trimurti Publications; 1975. p. 46-7.

³⁴⁴ Vishwanath LS. Female infanticide and social structure: a socio-historical study in western and northern India. New Delhi: Hindustan Publishing Corporation; 2000. p. 144-5.

³⁴⁵ Saxena RK. Social reforms: infanticide and sati. New Delhi: Trimurti Publications; 1975. p. 19-30, 47-51.

³⁴⁶ Shweder RA. What About FGM? And Why Understanding Culture Matters in the First Place. In: Shweder RA, Minow M, Markus HR, editors. The free exercise of culture: how free is it? how free ought it to be? New York City: Russell Sage Foundation Press. In press 2001.

³⁴⁷ Lightfoot-Klein H. Prisoners of ritual: an odyssey into female genital circumcision in Africa. Binghamton, New York: Harrington Park Press; 1989. p. 43-5.

³⁴⁸ Gunning I. Women and traditional practices: female genital surgery. In: Askin KD, Koenig DM, editors. Women and international human rights law. Ardsley, New York: Transnational Publishers, Inc.; 1999. vol. 1, pp. 651-82 [here, p. 665.]

³⁴⁹ Lightfoot-Klein H. Prisoners of ritual: an odyssey into female genital circumcision in Africa. Binghamton, New York: Harrington Park Press; 1989. p. 43-5.

Yet the practice continues, despite all the laws, with no serious attempt being made to keep it secret.³⁵⁰ These laws, then, have never become law in Pospisil's sense because they have never been internalized by the social group.³⁵¹³⁵² The law has played a limited role as a tool of control in Sudan for three reasons. First, the cumbersome legal procedure made it extremely difficult and time consuming for anyone to pursue an FGC case. Second, those charged with enforcing the law had their own daughters circumcised and, therefore, were part of the social machinery upholding the tradition. Third, the law was conceived as a part of the Penal Code and called for a prison sentence for those practicing FGC. No one wanted family members sent to prison for committing an act with strong cultural legitimacy and one considered completely acceptable by social measures.³⁵³

Such laws may prove counterproductive by preventing parents from bringing their damaged daughters to a medical installation when things go wrong after a badly managed circumcision. The child may bleed to death in preference to the parents' naming the perpetrator and facing subsequent ostracism.³⁵⁴

Moreover, people's fear that a law will be passed making the practice illegal can result in communities circumcising all girls before it is "too late."³⁵⁵ Backlashes in reaction to external pressures against FGM occurred in Sierra Leone, the Gambia, and Guinea-Bissau.³⁵⁶ Kenya was the site for an interesting indigenous variation on the uselessness of laws in the absence of popular support. In April 1956, an officially sanctioned local council of Meru leaders unanimously banned clitoridectomy. On returning in the evening from the council meeting,

³⁵⁰ Barclay HB. *Buurri al Lamaab*. Ithaca, New York: Cornell University Press; 1964. p. 240.

³⁵¹ Pospisil L. *The anthropology of law*. Menlo Park, California: Cummings Publishing Company; 1978.

³⁵² Hayes RO. Female genital mutilation, fertility control, women's roles, and the patrilineage in modern Sudan: a functional analysis. *American Ethnologist* 1975;2:617-633 [here, p. 621-2.]

³⁵³ Abdel Halim A. Rituals and angels: female circumcision and the case of Sudan. In: Shuller M, editor. *From basic needs to basic rights*. Washington, DC: Women, Law, and Development; 1995. p. 255-7.

³⁵⁴ Lightfoot-Klein H. *Prisoners of ritual: an odyssey into female genital circumcision in Africa*. Binghamton, New York: Harrington Park Press; 1989. p. 42-5.

³⁵⁵ Hernlund Y. Cutting without ritual and ritual without cutting: female "circumcision" and the re-ritualization of initiation in the Gambia. In: Shell-Duncan B, Hernlund Y, editors. *Female "circumcision" in Africa: culture, controversy, and change*. London: Lynne Rienner, 2000. p. 235-52. [here, p. 243.]

³⁵⁶ Hernlund Y. Cutting without ritual and ritual without cutting: female "circumcision" and the re-ritualization of initiation in the Gambia. In: Shell-Duncan B, Hernlund Y, editors. *Female "circumcision" in Africa: culture, controversy, and change*. London: Lynne Rienner, 2000. p. 235-52. [here, p. 243.]

the chiefs found that all the girls had been circumcised. In the three years following the passage of the ban, more than 2,400 girls, men and women were charged in African courts with defying the order.³⁵⁷

MGC: Male circumcision is already illegal under the existing laws and human rights treaties of many countries but Western-biased cultural blindness has to date prevented widespread official acknowledgment of this.³⁵⁸³⁵⁹ Two commentators have written perceptive articles

demonstrating that given the federal law against FGC, MGC must also be illegal under the constitutional principle of equal protection.³⁶⁰³⁶¹

The United Nations has already endorsed in official documents the principle that MGC qualifies as a human rights violation, at least under certain circumstances.³⁶²³⁶³ Circumcision violates all seven ethical principles of the American Medical Association.³⁶⁴

One obvious distinction between MGC in the United States and all other CBM's considered here is that as a developed country with an elaborately evolved system of civil litigation, the United States offers the realistic possibility of civil lawsuits as a second legal avenue to elimination of MGC. In many ways, civil litigation appears much more viable than criminal prosecution as a tool for reduction of this practice.

Substantial awards and settlements sometimes mounting into millions of dollars have resulted from civil litigation in the United States and other developed countries. In 1999, a settlement was reached in a \$10 million lawsuit over a botched circumcision which severed the tip of a Cleveland boy's penis.³⁶⁵³⁶⁶ In 1987, a Louisiana court upheld a trial

³⁵⁷ Thomas L. "Naitana (I will circumcise myself)": lessons from colonial campaigns to ban excision in Meru, Kenya. In: Shell-Duncan B, Hernlund Y, editors. *Female "circumcision" in Africa: culture, controversy, and change*. London: Lynne Rienner, 2000. p. 129-50. [here, p. 129.]

³⁵⁸ Smith J. Male Circumcision and the Rights of the Child. In: Mielle Bulterman, Aart Hendriks and Jacqueline Smith, editors. *To Baehr in our minds: essays in human rights from the heart of the Netherlands*. Utrecht, Netherlands: Netherlands Institute of Human Rights, University of Utrecht; 1998.

³⁵⁹ Svoboda JS. Routine infant male circumcision: examining the human rights and constitutional issues. Klein H. Similarities in attitudes and misconceptions about male and female sexual mutilations. In: Denniston GC, Milos MF, editors. *Sexual mutilations: a human tragedy*. New York: Plenum Press; 1997. p. 205-16.

³⁶⁰ Bond SL. State laws criminalizing female circumcision: a violation of the equal protection clause of the fourteenth amendment. *J Marshall L Rev* 1999;32:353.

³⁶¹ Povenmire R. Do parents have the legal authority to consent to the surgical amputation of normal, healthy tissue from their infant children?: the practice of circumcision in the United States, *7 J Gender Social Policy & Law* 1998; 7:7-123.

³⁶² United Nations Security Council. Commission of Experts' Final Report; UN doc. no. S/1994/674 (1994). sections IV.F and II.H.3.

³⁶³ United Nations. Convention on the Rights of the Child: Initial reports of states parties due in 1994: Lesotho. UN doc. no. CRC/C/11/Add.20. section VII.187(h).

³⁶⁴ Denniston G. Circumcision and the code of ethics. *Hum Health Care Int* 1996;12(2): 78-80.

³⁶⁵ Hudak S. Parents settle lawsuit over botched circumcision. *Plain Dealer* (March 25, 1999).

court's finding that a third-year surgical resident was negligent in modifying a circumcision technique on a child, resulting in the burning off of the child's penis, and upheld the jury's \$2.75 million award.³⁶⁷ In 1998, a British pilot who claimed his life was destroyed when a circumcision left him "grossly genitally mutilated" accepted a settlement in excess of UKP 800,000 (US \$1.3 million).³⁶⁸

To date, all such awards and settlements have occurred in cases involving either a "botched" procedure or a lack of informed consent. The legal status quo in the United States, whereby circumcisions are not punished either criminally or civilly as long as they are done "competently" and with "consent" of the parents, must be unstable. Parental consent is invalid except under certain limited circumstances not met by routine infant circumcision.³⁶⁹ More than one effort to demonstrate the general illegality of circumcision has already been launched. In 1987, a lawsuit by plaintiff Adam London on the merits of parental power to assent to their child's circumcision was denied by a California trial court, and the denial was subsequently affirmed by a state appeals court. Finally, the California Supreme Court denied a petition for review.³⁷⁰ More recently, despite well-settled precedent supporting the viability of such a claim which though technically moot is "capable of repetition, yet evading review,"³⁷¹ the Eighth Circuit Court of Appeals affirmed a trial court's invocation of lack of standing as a justification for refusing to consider a mother's claim on behalf of her son who was circumcised with his father's consent but without her consent.³⁷² Other lawsuits are currently under way to compel courts to rule that MGC is illegal.³⁷³

³⁶⁶ Suit over botched circumcision settled. Lake County (Ohio) News Herald (March 26, 1999), p. A-4.

³⁶⁷ Felice v. Valleylab, Inc. 520 So. 2d 920 (La.Ct.App. 1987).

³⁶⁸ Waddell D. Sex operation pilot settles for UKP 800,000. London Daily Telegraph (November 26, 1998): p. 3.

³⁶⁹ Svoboda JS, Van Howe RS, Dwyer JG. Informed consent for neonatal circumcision: an ethical and legal conundrum. J Contemp Health Law Policy 2000;17(1): 60-134.

³⁷⁰ Morris R. The first circumcision case. The Truth Seeker (July/August, 1989): 47-50.

³⁷¹ Southern Pacific Terminal Co. v. Interstate Commerce Commission, 219 US 498, 515 (1911). See also, e.g., Roe v. Wade, 410 US 113, 125 (1973).

³⁷² Fishbeck v. North Dakota, 115 F.3d 580 (8th Cir. 1997).

³⁷³ Kuntzman, Gersh. Sex life not good? Sue!--lawyer David Llewellyn is the Johnnie Cochran of the circumcised. Newsweek Web [serial online 2001 Feb 26. Available from: URL: <http://www.msnbc.com/news/536231.asp>

3.3 Extralegal Approaches to Control of CBM's—Specific Historical Examples

FB, FGC and FI: The first antfootbinding society was founded in 1874 by local missionaries for their converts. The society introduced the effective technique of having its members pledge not to bind daughters nor let sons marry bound women. The practice of footbinding in China was swiftly ended by pledge associations.³⁷⁴ FGC and FI are in relevant essentials roughly equivalent to FB and originate from similar causes. They persist because of the same convention mechanism. One family's choice does depend on another family's choice. A peculiar characteristic of a convention like these is that even if each individual in the relevant group thinks that it would be better to abandon the practice no one individual acting on her own can succeed. Every family could come to think that the CBM is wrong, but that is not enough: the CBM would continue because any family abandoning it on its own would ruin the futures of its daughters.³⁷⁵ If there is some critical mass of individuals, within a group of people whose children marry one another, who have come to the point that they would like to abandon the CBM, a public pledge among such individuals would forever end the CBM for them and also quickly motivate the remainder of the intramarrying population to join in the pledge and abandon the CBM as well. In the case of FI, the chiefs vowed not to give their daughters to a tribe which would not give their daughters in return, and limits on marriage expenses were agreed.³⁷⁶

FB: Antfootbinding societies propagandized the disadvantages of FB in Chinese cultural terms, subtly conveying international disapproval of the custom.³⁷⁷ Natural foot societies began to spring up everywhere at the end of the nineteenth century. Natural foot societies organized mass meetings where footbound and natural women showed their feet, connecting natural feet with progress, health, youth, high class, and the

³⁷⁴ Mackie G. Ending footbinding and infibulation: a convention account. *Am Soc Rev* 1996; 61: 999-1017. [here, p. 1001.]

³⁷⁵ Mackie, G. Female genital cutting: the beginning of the end. In: Shell-Duncan B, Hernlund Y, editors. *Female "circumcision" in Africa: culture, controversy, and change*. London: Lynne Rienner, 2000. p. 253-281. [here, p. 253-6.]

³⁷⁶ Pakrasi KB. *Female infanticide in India*. Calcutta: Editions Indian; 1970. p. 170.

³⁷⁷ Mackie G. Ending footbinding and infibulation: a convention account. *Am Soc Rev* 1996; 61: 999-1017. [here, p. 1001.]

future.³⁷⁸ Anti-FB societies made several arguments against the practice, not limiting themselves to moral or political reasons. Apart from the pain and physical torture, the procedure caused tremendous inconvenience, for example, when purchasing medicine for elderly parents.³⁷⁹

Perhaps the most effective appeal against FB was written by a Chinese man, thereby appropriately situating the anti-FB campaign the Chinese culture. He argued that the practice was an act of disobedience to the Emperor, who had pronounced FB illegal, and also that FB was sacrilegious because those who bound their daughter's feet ignored Confucius' teaching that people should respect and never injure their bodies. Mr. Chou, author of the Suifu Appeal, invoked practical economic concerns to support the abolition of FB, stating that stronger women made for a stronger, more productive nation. This Appeal thus framed the campaign against FB within the affected community's sociocultural context. Also, skillful lobbying of the Empress Dowager and other influential figures helped to end FB.³⁸⁰ The need to save national face proved a powerful motivation to end a custom that not only hindered modernization by keeping women out of the labor force, but also brought ridicule from the West.³⁸¹

Whenever binding did end, it ended rapidly. One conservative rural area 125 miles south of Beijing went from 99 percent bound in 1889 to 94% in 1899 to zero in 1919.³⁸² FB had ended for the vast majority by 1911, when a legal prohibition against it was enacted.³⁸³

FI: Four different systems for FI control were tried in India. They all had the same end in view but worked to achieve their goal by emphasizing different methods, varying with time and circumstance. One system could not be transplanted to another place as not only were the problems of a completely different nature but the attitude of the

³⁷⁸ Ping W. *Aching for beauty: footbinding in China*. Minneapolis: University of Minnesota Press; 2000. p. 38-41.

³⁷⁹ Levy H. *Chinese footbinding: the history of a curious erotic custom*. New York: Bell Publishing Company; 1967. p. 74.

³⁸⁰ Sussman E. *Contending with culture: an analysis of the female genital mutilation act of 1996*. *Cornell Int'l Law J* 1998;31:193-250. [here, p. 221-2.]

³⁸¹ Greenhalgh S. *Bound feet, hobbled lives: women in old China*. *Frontiers* 1977; 2: 7-21. [here, p. 16.]

³⁸² Mackie G. *Ending footbinding and infibulation: a convention account*. *Am Soc Rev* 1996; 61: 999-1017. [here, p. 1001.]

³⁸³ Mackie, G. *Female genital cutting: the beginning of the end*. In: Shell-Duncan B, Hernlund Y, editors. *Female "circumcision" in Africa: culture, controversy, and change*. London: Lynne Rienner, 2000. p. 253-281. [here, p. 255-6.]

officials and the people seemed equally different.³⁸⁴ The principal actors in most control efforts were the wealthy and the politically powerful. Certain chiefs were induced to enter into a pledge association similar to that which ended FB; they promised not to give their daughters in marriage to any tribe who would not give them their daughters in return. Also, another agreement was brokered setting an upper limit on expenses for daughters' weddings.³⁸⁵

In 1804, the Bombay Governor discovered the CBM among Rajputs in a certain town and instituted an anti-FI campaign that ended up lasting 50 years.³⁸⁶ Governor Walker had to rely chiefly on persuasive methods like holding meetings, writing letters and sending messages to the local chiefs. He achieved his aims to make FI a subject of constant discussion and to induce the chiefs to enter into engagements reducing marriage-related costs and difficulties and thereby facilitating a reduction of the practice.³⁸⁷ He instituted a plan involving the levying of fines against perpetrators according to rank and status and distribution of levied fines to others who adhered to the engagements. Not only were presents and rewards given to those who resisted FI but also pecuniary aid in the form of loans to meet the marriage expenses of their daughters.³⁸⁸

Times changed. By 1819, the Jadejas were already taking for granted that little danger lay in violating their earlier engagements since the British Government was no longer maintaining systematic surveillance of the villages.³⁸⁹ A new strategy was called for. A combination of measures was put into place: 1) A thorough census was taken. 2) The chiefs were made responsible on pain of loss of their sovereignty for maintaining the register of births and deaths as well as for suppressing FI in their own districts. 3) A plan of rewarding informers was launched. 4) The clans supplying daughters in marriage were encouraged to stipulate at the time of marriage that the issues of both

³⁸⁴ Panigrahi L. Social policy and female infanticide. New Delhi: Munshiram Manoharlal; 1972. p. 60, 95.

³⁸⁵ Pakrasi KB. Female infanticide in India. Calcutta: Editions Indian; 1970. p. 170.

³⁸⁶ Dickemann M. Female infanticide, reproductive strategies, and social stratification: a preliminary model. In: Chagnon NA, Irons W, editors. Evolutionary biology and human social behavior: an anthropological perspective. North Scituate, Massachusetts: Duxbury Press; 1979:321-367. [here, p. 328.]

³⁸⁷ Panigrahi L. Social policy and female infanticide. New Delhi: Munshiram Manoharlal; 1972. p. 48-9.

³⁸⁸ Panigrahi L. Social policy and female infanticide. New Delhi: Munshiram Manoharlal; 1972. p. 52-6.

³⁸⁹ Pakrasi KB. Female infanticide in India. Calcutta: Editions Indian; 1970. p. 61-2.

sexes should be preserved. 5) The program of giving presents of clothes or money for having preserved their daughters was continued.³⁹⁰

The system of informers produced immediate effects. Very soon even chiefs were being turned in for murdering their daughters.³⁹¹ In 1834 there had been 102 males under one year of age and only twenty females, but by 1846, there were 171 Jadeja females to 189 males of one year and under. Coercion through the system of paid informers helped. When the colonial government threatened the Jadejas with confiscation of their estates, they got the message. They realized that they would lose not only their estates but also their high position in the status hierarchy if they did not abandon female infanticide.³⁹²

No approach works perfectly on all levels. One shortcoming of this system, effective though it was, was that it required continuous and vigilant supervision, which was becoming increasingly difficult.³⁹³

Also, the social system as a whole was unceremoniously threatened through the inevitable tension created by the presence of hired informers. Forceful efforts to rigorously investigate and heavily punish FI might have been enormously effective to cow the orthodox spirit of the Jadejas but such high-handed actions were equally helpful at making the people more vigilant at concealing the crime.³⁹⁴ Penal enactments, without the concurrence of the body of the people, never can be of unmitigated benefit to the community. Until a wholesome public opinion is raised in the country, all punishments will appear either as acts of individual hostility or of gross public severity, and thus will prove useless.³⁹⁵

Besides rigorous coercion, the empirical approach of the colonial government towards suppression of FI among Jadejas took the form of discouraging hypergamy and encouraging the formation of pledge associations. Rajput social structure with its rigid hierarchy was not amenable to reciprocal marriage arrangements. Hence British efforts to

³⁹⁰ Panigrahi L. *Social policy and female infanticide*. New Delhi: Munshiram Manoharlal; 1972. p. 56-9.

³⁹¹ Pakrasi KB. *Female infanticide in India*. Calcutta: Editions Indian; 1970. p. 90-2.

³⁹² Vishwanath LS. *Female infanticide and social structure: a socio-historical study in western and northern India*. New Delhi: Hindustan Publishing Corporation; 2000. p. 63-4.

³⁹³ Panigrahi L. *Social policy and female infanticide*. New Delhi: Munshiram Manoharlal; 1972. p. 63-4.

³⁹⁴ Pakrasi KB. *Female infanticide in India*. Calcutta: Editions Indian; 1970. p. 121-2.

³⁹⁵ Pakrasi KB. *Female infanticide in India*. Calcutta: Editions Indian; 1970. p. 124.

encourage reciprocal marriage among Rajputs often did fail, despite persistent efforts. Many of the resulting unmarried women resorted to suicide. Death was “simply transferred to a later period of life to take place under more harrowing circumstances.”³⁹⁶

In the North-Western Provinces, officials were convinced that coercive measures would not succeed. Instead, familiarity with the Hindu religion enabled the sinfulness of the practice to be pointed out. Friendly meetings by British officials with local leaders convinced them to renounce the practice and work by using moral and religious discussions with their fellow citizens reduce the practice. Some commentators insist that moral considerations were the only persuasion used, though it is impossible to be sure no implicit coercion was exerted. Registration of the births of girls was initiated.³⁹⁷ Resolutions were passed by the chiefs fixing marriage expenses according to the family’s rank. The results were dramatic. Agreements were also forged to expel from certain castes practitioners of FI.³⁹⁸

The system employed in the Punjab benefited from the experience gained from other approaches. The Government attempted to effect reconciliations between groups belonging to the same caste. In some cases, they succeeded in obtaining consent to inter-marriages between both clans, and in some cases also, an agreement to fix marriage expenditures according to family incomes. The Punjab officials also engaged in extensive education to discourage the practice, holding large-scale meetings and throwing the entire influence of the government into stopping FI. The British were confident that the only effective way to control FI was “by carrying the people with them and by destroying the motives of the crime, by making its commission profitless, and by the gradual diffusion of morality.”³⁹⁹ For the change to fully take hold, the generations needed to be turned over. Patience played an essential role

³⁹⁶ Vishwanath LS. *Female infanticide and social structure: a socio-historical study in western and northern India*. New Delhi: Hindustan Publishing Corporation; 2000. p. 63-9.

³⁹⁷ Panigrahi L. *Social policy and female infanticide*. New Delhi: Munshiram Manoharlal; 1972. p. 84-8.

³⁹⁸ Panigrahi L. *Social policy and female infanticide*. New Delhi: Munshiram Manoharlal; 1972. p. 84-8.

³⁹⁹ Panigrahi L. *Social policy and female infanticide*. New Delhi: Munshiram Manoharlal; 1972. p. 84-8.

in this process.⁴⁰⁰ The value of education has again been demonstrated in efforts to reduce the recent resurgence in a new form of Indian FI.⁴⁰¹ The need for foreign campaigners against CBM's to also clean their own house came into sharp focus in the case of the English efforts to stop Indian FI. Simultaneous with the strenuous control efforts in India, England was rocked by news of widespread infanticides at home, and in 1836 and 1872 laws were passed to stop it.⁴⁰² The English were struggling to stop Indian FI while wholesale baby-killing was going on in their own literal backyards. I have not yet come across an analysis of this striking disjunction. Either the irony of this parallel was lost on all the leading authors on FI, or else they were too polite to mention it. FGC: Frontal assaults, even educational, nonlegal ones, even national ones, can backfire badly if perceived as externally imposed. In 1959, well-meaning Ghanaian governmental and non-governmental organizations gathered to discuss FGC. They decided to disseminate medical opinions on the practice's health effects, but failed first to develop an understanding of the traditional roots of FGC. This attempt only served to drive the practices underground, setting a foundation for future social disasters affecting young Ghanaian women.⁴⁰³ A less controversial approach than unnuanced total eradication has been to promote changes in values and attitudes toward female circumcision as part of a larger process of social transformation. This "development and modernization" approach assumes that improvements in socioeconomic status and education, particularly for women, will have far-reaching social effects, including a decline in the demand for FBC. Changing social conditions will not automatically change strongly held beliefs and values on female circumcision; it is still important to convince men and women that FGC negatively impacts their lives.⁴⁰⁴ Reasons for dropping FGC given by Kenyan women fall into three categories: 1) clitoridectomy and the associated ceremonies were seen as

⁴⁰⁰ Saxena RK. Social reforms: infanticide and sati. New Delhi: Trimurti Publications; 1975. p. 53-6.

⁴⁰¹ Muthulakshmi, R. Female infanticide: its causes and solutions. New Delhi: Discovery Publishing House; 1997. p. 66-102.

⁴⁰² Rose L. The massacre of the innocents: infanticide in Britain 1800-1939. London: Routledge & Kegan Paul; 1986. p. 35-6, 110-1.

⁴⁰³ Knudsen CO. The falling dawadawa tree: female circumcision in developing Ghana. Hojbjerg, Denmark: Intervention Press; 1994. p 181.

⁴⁰⁴ Shell-Duncan B, Obiero WO, Muruli LA. Women without choices: the debate over medicalization of female genital cutting and its impact on a northern Kenyan community. In: Shell-Duncan B, Hernlund Y, editors. Female "circumcision" in Africa: culture, controversy, and change. London: Lynne Rienner, 2000. p. 109-128. [here, p. 111.]

being uncivilized and counter to the Bible; 2) it was no longer the style and difficult to find operators to do it; and 3) it was expensive and undesirable for health reasons. Significantly, no one cited its illegality.⁴⁰⁵

An instructive story about control of FGC involves a program to provide basic education to Senegalese people which unexpectedly ended up causing FGC to be renounced in 31 villages. Ending FGC had not been a program objective. The Tostan program offers a comprehensive curriculum in national languages not only for reading, writing and mathematics but also for improving participants' essential life skills and socioeconomic conditions. One week of the course focused on problem solving regarding village health problems and included as one of its activities creation of a theater piece about a girl who died from FGC.⁴⁰⁶ Tostan staff perceived the breakthrough in ending FGC to derive from four essential steps: basic education, public discussion, public declarations, and media campaigns. The session on sexuality evidently also played a role in women's decision to end FGC, helping them to understand that they have the right to a healthy sexual life. Other factors contributing to the end of FGC in Senegalese villages: the time was right, the positive participation of Islamic leaders, and the importance of public declarations by villagers who courageously decided to oppose FGC. No doubt Tostan's nonjudgmental approach was also helpful, as educators never told the villagers what to do. The facilitators did not condemn the participants or accuse them of being violent, uncivilized, brutal or barbaric.⁴⁰⁷

MGC: A significant movement evolved in the last decades of the twentieth century to oppose MGC. A broad range of approaches are being simultaneously deployed: Media appearances, radical political action, academic conferences, grass-roots and professional organizations which quietly network, etc. The rate in the United States has declined from a high of 85% in 1979 to a current rate of 57% as of 1998.⁴⁰⁸

⁴⁰⁵ Robertson C. Grassroots in Kenya: women, genital mutilation, and collective action, 1920-1990. *Signs* 1996;21:615-642. [here, p. 630.]

⁴⁰⁶ TOSTAN. Breakthrough in Senegal: the process that ended female genital cutting in 31 villages. New York City: Africa Operation Research & Technical Assistance; 1999. p. 11, 15, 17, 34-5.

⁴⁰⁷ TOSTAN. Breakthrough in Senegal: the process that ended female genital cutting in 31 villages. New York City: Africa Operation Research & Technical Assistance; 1999. p. 78-80, 86-93.

⁴⁰⁸ Bollinger D. Intact versus circumcised: male neonatal genital ratio in the United States. Circumcision Reference Library. 13 Nov 2000.

FI, FGC and MGC: Both female and male infanticide were present in nineteenth century India, and yet only the former received significant attention from government and scholars, then and now. Similarly, both MGC and FGC are present today, and yet to date statutes and official “eradication” efforts have been directed only to FGC. No reason in logic or law can justify this discrimination. Moreover, campaigns against both FI and FGC in foreign countries have occurred while at home FI and MGC were proceeding in epidemic proportions. Women in countries practicing FGC have complained with understandable outrage about Western feminists who try to stop their “mutilation” while hypocritically performing their own favored types of body alteration.⁴⁰⁹ One should always clean one’s own home too.

3.4 Legal and Extralegal Approaches to Control of CBM’s— Lessons to be Learned

Legal measures probably never suffice to eliminate a CBM by themselves, as history has shown us time and again. The people must first accede to and even desire change. Working with native activists whenever possible is both prudent and effective. Forceful interventionist efforts by foreign missionaries who denied school admission to footbound girls failed to eliminate the CBM, as have ideologues raging against FGC from the comfort of the developed world. The control of FB took place because it was (accurately) perceived as primarily a Chinese effort; it did not and could not have occurred simply through the rules, laws, and edicts of outsiders. The campaign’s success derived from its educational and integrationist approach. Activists shift public opinion, and after that the practice’s incidence declined. And it was only then that the passage of a positive law could prove effective.⁴¹⁰ Law generally follows the current of society, rarely leading dramatic social transformations.⁴¹¹

Available from: URL: <http://www.cirp.org/library/statistics/bollinger3/>

⁴⁰⁹ Bibbings L. Touch: socio-cultural attitudes and legal responses to body alteration. In: Bently L, Flynn L, editors. Law and the senses: sensational jurisprudence. London: Pluto Press; 1996. p. 176-95. [here, .p. 187-88.]

⁴¹⁰ See Sussman E. Contending with culture: an analysis of the female genital mutilation act of 1996. Cornell Int’l Law J 1998;31:193-250. [here, p. 223.]

⁴¹¹ Svoboda JS. Routine infant male circumcision: examining the human rights and constitutional issues. Klein H. Similarities in attitudes and

Extralegal approaches can backfire, especially if they share the drawbacks commonly found with legal approaches—insensitivity to local culture, for example. Also, laws can do worse than not work; they can be counterproductive by reinforcing people’s resistance to control of a CBM. Despite CBM’s’ peculiar persistence, often a scale-flipping effect occurs in which non-observance of the CBM captures popular imagination.

What may be needed is a shift away from the paradigm that holds up criminal law as the only type of law that can be effective. The debate may take a new turn if greater emphasis is given to civil law measures. One example is tort law suits by a child against a practitioner when the child reaches a sufficient age. These approaches avoid the harshness, the scandal, and the high stakes of criminal procedure. The cultural debate will continue to derail the legal debate as long as the only operative remedy or deterrence is criminal law.⁴¹²

Familiarity with local culture and religion should be developed. This will facilitate decoupling the CBM from religion and culture, as will be needed to eliminate both FGC and MGC. It will also assist formulating a proposal for control in terminology which the native population can appreciate. The needs met by the CBM, including initiation, belonging, and facilitating marriage, will need to be fulfilled through other methods or else all efforts to control a CBM are likely to fail. It will be helpful to disseminate accurate information regarding problems created by a CBM—medical complications, economic difficulties, sexual complications, etc. Creativity should be cultivated, and ways should be found to help ease any difficulty which control may cause to individuals (such as performers of the CBM).

A number of lessons may be distilled from the successful CBM control efforts we have reviewed: 1) Make sure you are cleaning your own home, if necessary, while working to eliminate foreign CBM’s. 2) Be selectively firm. Adapt the approach to the specific location, officials, time, and place. 3) Meet the perpetrators of CBM’s on their turf. Don’t

misconceptions about male and female sexual mutilations. In: Denniston GC, Milos MF, editors. *Sexual mutilations: a human tragedy*. New York: Plenum Press; 1997. p. 205-16. [here, p. 208-9.]

⁴¹² See Abdel Halim A. Rituals and angels: female circumcision and the case of Sudan. In: Shuller M, editor. *From basic needs to basic rights*. Washington, DC: Women, Law, and Development; 1995. p. 255-7.

condemn their CBM, with its roots in their culture and history, as barbaric. 4) Be opportunistic. Do what works, and do not look to principles to guide effective control mechanisms. 5) Promotion of literacy and education will assist the control process. 6) Use persuasive methods when possible rather than prohibitory [legal] punishment. 7) Play as many different angles as possible; often practical reasons are more effective than legal or moral ones. As we saw with FI and FGC, ultimately the people must be internally motivated to control the practice or else the practice will resume as soon as the eye of authority looks the other way. 8) The less actual interference exerted by foreign authorities, the more powerful and efficient becomes the moral influence. 9) Be always vigilant. Care should be taken not to merely exchange one evil for a new one. 10) Don't be too radical. Listen to the people. Build common ground. 11) A combined carrot-and-stick approach can on occasion work very well. 12) Law can be the coup de grace but won't do the work for you. Mere resolutions or statutes cannot change entrenched social norms.

And, perhaps most importantly, supreme patience is required as CBM practices can require generations to transform.

4. CONCLUSION

CBM's that persist develop interconnections, apparent or genuine, with important social concerns such as adulthood, virginity, marriage, and initiation. All these practices clearly exact a toll on the entire fabric of society that probably even exceeds the inestimable suffering inflicted on the children and on those who care about them. All CBM's repaint on a large canvas the individual tortures and degradations that are first sketched out on the bodies of the children. Thus the entire culture becomes the sufferer from the wracks ostensibly only inflicted on the most powerless members of society. Approaches to controlling these CBM's always arrive too late for uncounted numbers of these tiny victims. A judicious integration of legal and extralegal approaches holds out the hope of helping to control and eventually end these practices. We can only hope that the line from person to culture can also be

reversed and we can somehow imbibe the benefits of curing a sick culture of its own private version of hell.

The rituals that various cultures develop may well be socially acceptable means of processing deep-seated primitive fears and impulses that would otherwise induce great conflict and anxiety.⁴¹³ We in the US live in a country of adolescents taking out our neuroses on children.⁴¹⁴⁴¹⁵ While FB is the most obvious societally shared fetish, all CBM's, those which are explicitly sexual and those which are not, could be generally described as culturally endorsed fetishes which promote the sexualization and commodification of the child.⁴¹⁶

Social endorsement of pain and violence erases its reality, subdues it, controls it. Even the language does that; terminology literally makes something conceivable. Language reflects this principle: among the coastal peoples of New Britain, deformed heads are said to "look good" while normal heads are called "big heads."⁴¹⁷ The Chinook take this a metonymous further step, calling men with deformed heads "good men."⁴¹⁸ An analogous if muddy concept that circumcision is necessary or at least helpful to being a "good man" still seems to hold some currency in certain demographic groups in the United States.⁴¹⁹⁴²⁰

The transformational power of CBM practices must be appreciated to understand these practices' persistence. CBM's can turn a boy into a man, a girl into a woman, a non-virgin back into a virgin, a woman of average appearance into a beauty, a middle class person into someone greater, or can even bring a family fearing economic extinction back to viability.

All these practices illustrate a strange combination of opposites requiring cultural if not individual double-think. Sexuality is controlled and masturbation stopped by removing part of the genitals, or women's feet

⁴¹³ Lightfoot-Klein H. *Prisoners of ritual: an odyssey into female genital circumcision in Africa*. Binghamton, New York: Harrington Park Press; 1989. p. 189.

⁴¹⁴ DeMause L. The history of child assault. *J Psychohist* 1990; 18:1-29 [here, p. 17.]

⁴¹⁵ Langer WL. Infanticide: a historical survey. *J Psychohist* 1973; 1:353-65 [here, p. 353-55.]

⁴¹⁶ DeMause L. The universality of incest. *J Of Psychohistory* 1991;19:123-164. [here, p. 151-52.]

⁴¹⁷ Dingwall EJ. *Artificial cranial deformation: a contribution to the study of ethnic mutilations*. London: John Bale, Sons & Danielsson, Ltd.; 1931. p. 136.

⁴¹⁸ Dingwall EJ. *Artificial cranial deformation: a contribution to the study of ethnic mutilations*. London: John Bale, Sons & Danielsson, Ltd.; 1931. p. 172.

⁴¹⁹ Briggs A. *Circumcision: what every parent should know*. Earlysville, Virginia: Birth and Parenting Publications; 1985. p. 67-77.

⁴²⁰ Boyd BR. *Circumcision exposed: rethinking a medical and cultural tradition*. Freedom, California: The Crossing Press; 1998.

or people's heads are made more attractive by deforming them, or family problems are solved by killing recently born family members. Cultural parochialism in analysis of others' practices is all too common while each culture's own form of CBM is reified as defensible, even admirable. One must always bear in mind the power of the "mutual yuck" that each society feels toward the presence of unfamiliar CBM's or the absence of familiar ones.⁴²¹ Practices emanating from other cultures tend to be perceived as primitive, barbaric, unnecessary and non-Western, while those from the West are more likely to be accepted. Those procedures most often performed by medics may gain some legitimacy from the empowered 'spaces' in which they take place and the professionals who perform them. "Eradication" efforts directed toward practices in "other" places are unlikely to receive enthusiastic receptions until at minimum we have cleaned up our own house and made a good-faith effort to appreciate the practice's full cultural context. It will be necessary for us to develop more tolerance for the customs of the "other," however abhorrent they may seem to us, and uproot parochial acceptance of "our" evils, however familiar and innocuous they may appear.⁴²²

There can be no fitter way to conclude than by glancing one more time at "our" own CBM, male circumcision. I would like to offer the words of anthropologist Nancy Scheper-Hughes, who exemplifies the spirit of the open-mindedness we will need by re-examining our own culture's chosen form of CBM and arriving at some striking, resonant conclusions. Scheper-Hughes awakened to the horror of MGC after she heard her son's shrieks from the waiting room. She pleads with her audience, composed of professionals at comparing cultures: "Where are the passionate voices of our Western, male medical anthropologists—some of them circumcised, some of them not—speaking out on the practice of male genital surgery in the United States? Why isn't male

⁴²¹ Shweder RA. What About FGM? And Why Understanding Culture Matters in the First Place. In: Shweder RA, Minow M, Markus HR, editors. *The free exercise of culture: how free is it? how free ought it to be?* New York City: Russell Sage Foundation Press. In press 2001.

⁴²² Bibbings L. Touch: socio-cultural attitudes and legal responses to body alteration. In: Bently L, Flynn L, editors. *Law and the senses: sensational jurisprudence*. London: Pluto Press; 1996. p. 176-95. [here, .p. 187-88.]

circumcision also one of the places “where we ought to draw the line?”⁴²³

While eventually we need to draw enough lines and circles and arcs to draft a new universe free of all forms of prejudice and all types of CBM, we can start our work by joining Scheper-Hughes as we sketch our own lines on our own pieces of paper. They may not be as strikingly composed or as perfectly formed as they could be, but they will ours. And they will follow our own heartlines, which may prove the best, even the only guides to lead us out of the wilderness and on the path toward a new age of respect for all children, everywhere.

⁴²³ Scheper-Hughes N. Virgin territory: the male discovery of the clitoris. *Med Anthropol Q* 1991;5:25-28. [here, p. 28.]