

Learning from the Community-Led Abandonment of Female Genital Cutting:  
Cultural transformation, *Tostan*, and implications for the abandonment of early child marriage

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**Abstract**

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Despite growing efforts by the international community, child marriage continues to violate the human rights of over 60 million girls worldwide. The NGO, Tostan, has been cited as one of the most effective programs for shifting community attitudes towards the elimination of child marriage, however, large-scale behavior change has been difficult to achieve. Tostan is internationally renowned as the force behind the voluntary mass abandonment of the traditional practice of Female Genital Cutting (FGC) throughout Africa. This groundbreaking success has led to an influx of research and literature that has shed new light on FGC and behavior change. With the similarities between child marriage and FGC as “harmful traditional practices” and social norms, the new discoveries and theoretical perspectives that have emerged as a result of the community-led abandonment of FGC provides a comparative portraiture that can add to the understanding of the practice of child marriage, and inform recommendations for the Tostan curriculum.

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*We must never merely discourse on the present situation, must never provide the people with programs which have little or nothing to do with their own preoccupations, doubts, hopes, and fears – programs which at times in fact increase the fears of the oppressed consciousness. It is not our role to speak to the people about our own view of the world, nor to attempt to impose that view on them, but rather to dialogue with the people about their view and ours. We must realize that their view of the world, manifested variously in their action, reflects their situation in the world. Educational and political action which is not critically aware of this situation runs the risk either of “banking” or of preaching in the desert.*

- Paulo Freire, ***Pedagogy of the Oppressed***

## **Introduction**

Child marriage continues to violate the human rights of millions of children in diverse countries across the world. In recent decades, there has been a growing effort by the international community to eliminate this practice with little evidence of success. The Senegal based NGO, Tostan, has been cited as one of the most effective programs for shifting community attitudes towards the elimination of child marriage (Diop, 2008; Malhotra, Warner, McGonagle, and Lee-Rife, 2011; Mathur, Greene, and Malhotra, 2003). However it still faces challenges in achieving large-scale behavior change.

Tostan's human rights based, non-directive education program provides a case example of how autonomy respecting assistance and bottom up approaches can successfully foster social transformation where traditional development approaches have failed. By providing community members with the basic tools and capability to identify and address problems most salient to their wellbeing, Tostan empowers communities to lead their own development. Through its methods, Tostan has been the catalyst for many community initiatives that have been salient to the development of thousands of rural communities in Africa.

Tostan has gained global recognition for being the force behind the voluntary mass abandonment of the traditional practice of Female Genital Cutting (FGC) in over 5000 rural communities throughout Africa. This groundbreaking success has led to an influx of research and literature that has shed new light on FGC with implications for understanding other "harmful traditional practices." The role of community-led public declarations to abandon FGC in Africa has provided strong support for Gerry Mackie and John LeJeune's (2009) social norm theory of Female Genital Cutting. Additionally, recent research on the stages of change in the decision to abandon FGC has unearthed surprising discoveries in the determinants of individual motivation to change behavior (Shell-Duncan, Hernlund, Wander, and Moreau, 2010).

Child Marriage and FGC are similar in their persistence as deeply entrenched traditional practices, and in the underlying social and cognitive factors that sustain them. What can we learn from the literature that has emerged as a result of the collective abandonment of FGC in West Africa? What makes the Tostan program successful in leading communities towards the abandonment of FGC? How can that knowledge be applied to our understanding of early child marriage and what are the implications for Tostan's curriculum?

The following essay aims to answer these questions by 1) Using recent literature around FGC and supporting theories to create a comprehensive portraiture of the individual and social transformation behind the abandonment of FGC in West Africa; 2) Describing the theoretical framework and key components of Tostan's Community Empowerment Program (CEP) 3) Applying what has been learned from the abandonment of FGC to our understanding of the practice of early child marriage and making recommendations to Tostan's curriculum based on these findings.

### **Child Marriage**

Child marriage is defined as marriage under the age of 18 (UNICEF, 2011). The act of child marriage is an internationally recognized violation of the fundamental human right to free and full consent to marry as stated by the 1948 Universal Declaration of Human Rights (UDHR) and there have been numerous subsequent UN agreements on the "minimum age at marriage and protection of children from sexual exploitation" (Malhotra et al., 2011). Whether forced into marriage or too young to make an informed decision regarding the implications of marriage or partner, a young girl's consent to marry cannot be "free and full" if she is not fully matured (UNICEF, 2001).

While both males and females are subjected to early marriage, existing gender roles and

marriage systems disproportionately subject girls to child marriage worldwide, with devastating consequences to their freedom, education, development, and health (UNICEF, 2011). Despite international and governmental sanctions against the practice, globally more than 60 million women between the ages 20-24 were married before the age of 18 (Malhotra et al., 2011). In the regions of West Africa, South Asia, and East and Central Africa, 30 percent or more of girls 15-19 are married, with some countries in Africa higher than 70% (77% in Niger and 71% in Chad) (Mathur et al., 2003).

In regions with a high prevalence of child marriage, the cultural value of a female is measured by her ability to fulfill her duties as a wife and mother. From childhood, young girls are trained for marriage and a life-time of “domestic and sexual subservience” —often to a husband that is anywhere from a few years older to more than twice her age (UNICEF, 2001). Immature pregnancy and child bearing and the loss of economic and education opportunities that occur with early marriage further validate the perceived cultural worth of females and their economic and social dependence (UNICEF, 2001).

Where early marriage is custom, it has become a widely held belief that marriage shortly after menarche is the best way to protect a girl from an out of wedlock pregnancy (and the shame that would bring to her family) and to remove her economic burden on her family. Therefore, early marriage is viewed as the most viable choice to preserve the pre-marital chastity and future of a daughter, ensuring the social integrity and economic stability of the family, and respecting the value of tradition (Mathur et al., 2003).

### **Health consequences**

In addition to lost opportunities for personal growth, education, and freedom, child marriage is a major contributory factor to early pregnancy, and associated with high

accompanying rates of obstetric health complications. Obstructed labor is the leading cause of maternal mortality, affecting an estimated 7 million women worldwide, 6.5 million living in the developing world (Wall, 2006). Labor becomes obstructed when the mother's pelvis is too small for the baby to fit through the birth canal and the baby becomes stuck. Without access to emergency obstetrical care to remove the baby, a woman can remain in labor for up to 4-5 days, knowing that her baby is already dead and that she will soon die because a cesaerean section is out of reach physically, financially, and socially (Roush, 2009). As the pelvis does not fully mature until several years after menarche, one of the major precursors of obstructed labor is early pregnancy (Wall, 2006; Roush, 2009).

Of those women who survive a prolonged obstructed labor, an obstetric fistula, or hole between the vagina and bladder forms, leading to a state of incontinence and social repercussions that can be worse than death itself (Wall, 2006). Because of the symptoms, obstructed labor and obstetric fistula are commonly attributed to an "act of god", punishment for a woman's adultery, and a venereal disease, resulting in moral disdain for suffering women (Wall, 2006; Ahmed & Holtz, 2007; Roush, 2009). The accompanying belief that a fistula results in irreversible infertility leaves a woman culturally valueless in societies where her social worth is determined by her role fulfillment as a wife and mother (Roush, 2009). Many reports show that due to misconceptions of the causes and by nature of the symptoms, women with Obstetric Fistulae often face social stigma, shame, and the inability to participate in income generating activities. Often they spend the rest of their lives ostracized from society and/or in extreme self-isolation (Donnay & Ramesy, 2006; Roush, 2009 ).

Women who form obstetric fistulae are for the most part "primiparous, illiterate, young and poor" (Donnay & Ramsey, 2006, p 256), often in a culture that practices early marriage. It is

estimated that over 2 million women (a majority in south Asia and sub-Saharan Africa) suffer from an obstetric fistula and between 50-80 percent of obstetric fistula cases occur in women 20 years of age or younger (Cook et al., 2004; Miller et al. 2005). Taking into account that a higher number of women between 20 and 45 years of age give birth, this disproportion is staggering (Cook et al., 2004). Possessing the predisposing factors that already mark one of the most marginalized populations, women with fistulae have been described as the “wretched of the earth” and “the most dispossessed, outcast, powerless group of women in the world” (Wall, 1996).

Medically, appropriate emergency obstetrical services prevent prolonged obstructed labor. However, social, cultural, and financial barriers limit access to these services among the population most at risk —poor, illiterate, young, and married girls in rural locations (Donnay & Ramsey, 2006). Thus, delaying marriage, reducing premature pregnancy, and preventing the occurrence of obstructed labor in the first place will dramatically reduce the worldwide incidence of maternal and neo-natal mortality and obstetric fistula.

### **International Community Response**

While early 20<sup>th</sup> century social reformers put child marriage on the human rights agenda, child marriage as a human rights violation in itself has received little attention. Most recent campaigns have centered on early pregnancy and school drop-out. Over the past decade there has been a push towards rights-based action and research on the issue with an emphasis on society wide behavior change (UNICEF, 2001).

Despite the significant increase in interventions aimed at child marriage in the last decade, governmental and non-governmental programs aimed at the practice are relatively new with little available evidence of their impact. A recent systematic review commissioned by the

WHO found that “The strongest, most consistent results are shown in a subset of programs fostering information, skills, and networks for girls in combination with community mobilization” (Malhotra et al., 2011, p. 2). However, only 23 of 150 potentially relevant efforts to prevent child marriage had documented an attempt to measure change in knowledge, attitude, and behavior in regards to the practice (Malhotra et al., 2011).

Much is known about attempted interventions to end child marriage, but the lack of rigorous evaluative measures leaves many questions about what is effective (Malhotra et al., 2011). Deterring early marriage is not as easy as disseminating information or outlawing the practice. In recognition of the adverse effects of early pregnancy and the importance of education and economic opportunities for young people, almost all of the world’s nations agree that childhood should last until 18 and 18 should be the legal minimum age to marry (Mathur et al., 2003). However, child marriage is a “harmful traditional practice,” deeply seeded in cultural norms and social structures that have been difficult to change, “especially where demographic and socioeconomic change have been slowest” (Mathur et al., 2003, p.4).

Child marriage is only one of many cultural practices that have been deemed harmful by the international world. From the perspective of non-practicing cultures, it may be seen as a clear violation of human rights, stripping a girl of her childhood and her freedom. Outsiders may wonder how parents in these countries could be so cruel to their daughters.

Female Genital Cutting (FGC) is another such “harmful traditional practice,” mostly practiced in sub-Saharan Africa. Due to its physical nature, the act of cutting the genitalia of a female is horrifying to hear about for many cultures and understanding FGC stops at the physical pain and restraint it has on a woman’s quality of life. They agree that action must be taken to eliminate this form of cruelty at all costs and commonly wonder how can so many parents bear

to torture their daughters in this way?

As we will learn from the work of Mackie and LeJeune (2009), FGC is supported by informal social sanctions and persists because of a universal love for our children. This theory can be extended to child marriage as well as other “harmful traditional practices”. Understanding that these are indeed *cultural* practices, and that the decision is interdependent on what others in one’s social group believe and do, has been integral to understanding the persistence of FGC and the mechanisms behind the abandonment of it. The theoretical work of Mackie (2000) and Mackie and LeJeune (2009) that has advanced the understanding of the social dynamics behind FGC, and recent findings by Shell-Duncan et al. (2010) on Readiness to Change (RTC) and individual determinants of motivation to abandon FGC, have evolved subsequent to the community-led abandonment of FGC – itself an immense learning experience for Tostan, who did not intend to end FGC, but whose education program has resulted in the collective declarations of abandonment of the practice throughout Africa.

## **Learning from the Movement to Abandon Female Genital Cutting (FGC) in West Africa**

### **Female Genital Cutting (FGC)**

FGC refers to procedures that result in the partial or complete removal or alteration of the external female genitalia for non-medical purposes. One of the most debated and scrutinized “harmful traditional practices,” FGC incorporates a wide range of procedures with varying degrees of severity. It is practiced in diverse cultural contexts throughout Africa and in some regions outside Africa such as Indonesia, Malaysia, and the Arab Peninsula, as well as among respective immigrant communities worldwide (Shell-Duncan & Hernlund, 2000). The WHO

recognizes 4 types of FGC, ranging from *clitoridectomy*, or the removal or partial removal of the clitoris, to *infibulation*, or the removal of the clitoris, labia minora and some or all of the labia majora, followed by the stitching together of the vagina, except for a small opening (Shell-Duncan & Hernlund, 2000). Different regions and cultural groups practice different types of FGC, with infibulation being the least commonly practiced and limited to Sudan, Somalia and parts of Kenya, Eritrea, Mali, and Nigeria (Shell-Duncan & Hernlund, 2000).

### **FGC as a Public Health Issue**

The elimination of FGC has been the object of numerous campaigns by western countries for centuries. The most recent resurgence of the issue arose during the 1975 -85 UN Decade for Women, launching a global movement with the “aim of creating and enforcing universal norms defining alterations of the female genitals as fundamentally intolerable” (Shell-Duncan, 2008, p. 225). Initially, this most current wave of international attention was based from a public health perspective, with interventions and arguments surrounding the health implications and obstetrical risks for women. In these early phases, FGC was considered an “epidemic” to be “eradicated much like any disease” (Hosken, 1978, p. 85 in Shell-Duncan, 2008, p. 226).

Supporters of the health approach operated under the assumption that if people were educated on and made aware of the negative short term, long term, and obstetrical health consequences of FGC (sepsis, tetanus, excessive bleeding, obstetrical complications), they would rationally decide to cease this practice. Resulting interventions centered on community-based education programs and awareness raising. These health education campaigns, while succeeding in raising awareness around FGC and the possible implications for health, failed to produce the large-scale behavior change that they envisioned (Shell-Duncan, 2008).

Shell-Duncan (2008) attributed three factors to this failure. The first was that even as awareness was raised around the health consequences, in a practicing society, the cultural and social advantages of performing FGC far outweigh the health consequences. In fact, many communities had been aware of the health consequences, but the future of their daughters and their desire for them to be “normal” and to marry, made the chances of these health complications worth the risk.

The second factor that Shell-Duncan (2008) notes is that there are many types of FGC and varying degrees of severity, with the most severe, *infibulation*, practiced in only a minority of groups. However, the information delivered during the health education campaigns were based upon cases of the most extreme complications resulting from infibulations and did not cater towards the type of FGC practiced in the target population. Therefore, for most women, these health complications were not their lived experiences or that of anyone they knew. As many campaigns entered communities, delivered their message, then left, these educational messages were nothing more than propaganda spread by a non-credible source.<sup>1</sup>

Third, presenting FGC as a health issue “makes it more amenable to treatment through medical care” (Shell-Duncan, 2008, p. 227). Despite the lack of evidence to support the notion that medicalization of FGC impedes intervention efforts, many national and international anti-FGC activists remain unmoving on their stance of zero tolerance for any form of FGC (Shell-Duncan, 2008). If FGC was indeed a health issue as it was being framed, forbidding health

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<sup>1</sup> The first systematic review of biomedical literature on the subject was conducted in 1999 (Obermeyer, 1999), and found that “despite the vast literature of harmful effects of genital surgeries...evidence on complications is very scarce.” (Obermeyer 1999-92 in Shell-Duncan, 2008 pg 226). Further, in 2006, the WHO published results of the largest and only prospective study of FGC and obstetric complications (WHO 2006, in Shell-Duncan, 2008 – pg226). While WHO found that women and babies of women who have undergone FGC are significantly more likely to suffer from maternal and peri-natal complications, the magnitude of this increased risk is modest, and when segregated into the three types of FGC, type I presents no increased risk in obstetrical complications.

professionals and facilities to perform the procedure, which could significantly decrease many health complications, provided confusing and conflicting views.

### **FGC as a Violation of Human Rights**

In the early 1990s, the global campaign to eliminate FGC transitioned from one of a pressing public health concern to that of international human rights. FGC went from being defined as a “harmful traditional practice,” by the inter-African committee, to a violation of human rights, and was widely accepted as so in the “expanding global culture of human rights” (Merry, 2001 in Shell-Duncan, 2008, p. 227).<sup>2</sup> Within this new framework, the international community placed pressure on African governments to outlaw the practice. However, the question of who (if anyone or entity) has the moral authority to condemn this practice has been the subject of heavy debate between human rights activists and cultural relativists (Shell-Duncan & Hernlund, 2000).

Like information, education and campaigns (IEC) that use messages of negative health consequences around FGC, legal interventions surrounding FGC have failed to bring about large-scale behavior change. Governments that have enacted legislation against the practice have done little to enforce them and practicing communities have little knowledge that they exist. Meanwhile, law enforcement and awareness has the potential to force the practice underground (WHO, 2011; Shell-Duncan, 2010). While there are ethical reverberations attached to outlawing a cultural practice, there has been some theorization and evidence that legal intervention may “derail local efforts” to end FGC and therefore, should be monitored carefully (Shell-Duncan, 2010, p. 87; Eastman, Monkman, & Miles, 2009).

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<sup>2</sup> However, “while FGC has been classified as a human rights violation “under the rubric of international law,” there is no international human rights instrument that specifically addresses FGC (Shell-Duncan, 2008, p. 227).

## **The Public Declaration of Malicounda-Bambara**

On July 31, 1997, to the shock of fellow community members and neighboring villages, a group of thirty-five mothers in Malicounda-Bambara, a rural village in Senegal, West Africa, publicly renounced the practice of FGC (Easton et al., 2009; Gillespie & Melching, 2010). The declaring women of Malicounda-Bambara had been participants of a non-formal, basic education program implemented by the NGO, Tostan. At their request, Tostan had extended the education program to pilot the newly created women's rights and health modules (Gillespie & Melching, 2010). Through class discussion of the introduced health topics, the women shared personal stories of painful experiences associated with FGC. Previously a taboo topic, open dialogue around these experiences allowed the women to make a common link between FGC and the health consequences. With Tostan as co-investigators, they researched it further in their community. Armed with this new information and looking at the practice through a new perspective gained from learning of their rights (and that they even had rights in the first place), the women made the decision to never practice FGC again (Eastman, et al., 2009, Gillespie & Melching, 2010).

The women of Malicounda-Bambara had abandoned the practice because they discovered that it was harmful to the health of their daughters. Using their new knowledge of their inherent rights –the right to engage in meaningful dialogue and their right to voice one's opinion in private and public forums, they took social action against the practice. However, others in the community and surrounding communities were outraged at what they interpreted to be an attack on tradition and the women experienced immediate opposition (Gillespie & Melching, 2010).

Despite this antagonism, Ngerigne-Bambara, a nearby village that was also completing the Tostan program, decided to follow the example of the women of Malicounda-Bambara. When another village, Ker Simbara, began to discuss the topic, a local Islamic religious leader, Demba Diawara, approached Tostan and the women of Malicounda-Bambara with a critical insight. He told them that the practice would not end unless the intramarrying group, or network of villages in which their children married, was included in the decision making process and the group abandoned FGC together. If the thirty-five women were the only ones to abandon the practice, they would surrender their daughters' chances for marriage and sentence them to a life as social pariahs (Gillespie & Melching, 2010).

Led by Diawara, the women of Malicounda-Bambara created a strategy to visit 10 villages in the intramarrying network to educate them and to foster open discussions about the taboo topic. Diawara, his nephew, and a traditional cutter traveled to each of the 10 villages and led community discussions where women opened up about their own personal stories of death, infection, and psychological trauma that occurred because of FGC. As a result, all ten of the villages agreed to abandon the practice. In February of 1998, representatives from each of the 10 villages, along with Malicounda-Bambara, Ngerigne-Bambara, and Ker Simbara, declared their collective abandonment of FGC and the momentum had started (Easton et al., 2009). Tostan has since evolved its educational program to include social networks and human rights and democracy in its 30-month curriculum (see Gillespie & Melching (2010) for a full account of this curriculum transformation). Fifteen years later, over 5000 communities throughout 8 countries in Africa have abandoned the practice through collective declarations.

Ranging from whether it is a public health issue or a human rights violation, to how to

intervene, and to whose moral responsibility it is to intervene in the first place, the practice of FGC has been a contentious subject in the international forum for decades. Having been decided upon by the communities themselves, the public declaration to abandon FGC was the first community led and large-scale behavior change around the practice. Because of this, it escaped the critiques that made FGC the poster child for the ethical dilemma of cultural relativism versus the universalization of human rights. Importantly, it showed the transformative power of human rights education paired with health information from the grassroots level.

A newspaper article highlighting public declarations caught the eye of political theorist Gerry Mackie. Only one year prior, Mackie made the prediction that a public pledge among a *critical mass* of people will not only end FGC for them but will quickly motivate the remainder of the intramarrying group to join as well (Mackie, 2000, p. 253). Mackie contacted Molly Melching, the founder of Tostan and explained that the declarations provided evidence for his Social Convention theory about the existence of FGC (Mackie, 2000). However, as he gained a broader understanding of the social dynamics behind FGC and “harmful traditional practices,” Mackie’s Social Convention theory of FGC shifted to a Social Norms theory (Mackie & LeJeune, 2009). While his theory has been refined, Mackie maintains that coordinated and public declarations of abandonment between an intramarrying group remains equally effective.

### **FGC: From a Social Convention to a Social Norm**

While there are many theories that explain the origin of FGC, there is no consensus of why it started or why some cultures choose to incorporate it. Most scholars “maintain that the conditions that led to the initial adoption of female “circumcision” are not static” and therefore, many agree that in the context of eliminating the practice, it is necessary to concentrate on the

mechanisms of why it continues to exist in present time (Shell-Duncan & Hernlund, 2000, pg 13). However, to many in practicing cultures, trying to explain why they practice FGC is similar to an American trying to explain why we drive on the right side of the road or why we speak English (Mackie, 2000). In a UN Special Report of a compilation of studies of attitudes to FGC, more than 54 percent of respondents stated that “tradition” was their primary reason for performing female circumcision (UN, 1986, p.13 in Shell-Duncan & Hernlund, 2000, p. 20). Likewise, a majority of survey respondents in the largest study on FGC simply stated that they continued the practice of FGC because it is “a custom and tradition” (Shell-Duncan & Hernlund, 2000, p. 20).

In early communication with Melching, Mackie (2000) used social convention theory, a game-theoretic approach, to understand the decision-making process regarding FGC. What his convention theory recognized and what early anti-FGC campaigns failed to address is that to practice FGC is not a decision made by one individual or family. It is an interdependent decision that is mutually beneficial to everyone in a relevant social group. There is a reciprocal expectation that others will comply with the social rule based on their own preference as well. Returning to the analogy of driving, it is in the best interest of everyone in the United States to follow the rule and to drive on the right hand side of the road. To deviate from this would not be beneficial to anyone. The only way to change this social convention is if everyone agreed to carry out a coordinated and simultaneous switch to drive on the left side of the road.

Similarly, Mackie (2000) maintained that FGC was locked in place as a marriage convention and peer convention and in the best interest of everyone in the reference group to comply based on reciprocal expectations. “FGC ultimately stems from a concern with premarital female chastity, paternity assurance, and marriageability, although this association may no longer

be explicit in all practicing societies” (Shell-Duncan & Hernlund, p. 19). As a marriage convention, FGC is necessary for a proper marriage. “As soon as women believed that men would not marry an un mutilated woman, and men believed that an un mutilated woman would not be a faithful partner in marriage, the convention was locked in place” (Mackie, 1996 in Shell-Duncan & Hernlund, 2000, p. 21).

As a peer convention, FGC is a sign that a young woman has been trained to respect and obey elder women in her social network and therefore, worthy of inclusion into the female social circle. By this convention, FGC “facilitates the accumulation of social capital by younger women and of power and prestige by elder women” (Shell-Duncan, Hernlund, Wander & Moreau, 2010, p. V). Thus, it is in the best interest of all women for the next generation to continue the practice.

The social convention theory of FGC has been the subject of debate and discrepancies in certain contexts. If FGC was only a social convention - mutually beneficial for everyone and needed for a proper marriage – why do cases of discordant married couples exist (where the husband is from a practicing society and his partner is uncircumcised)? Furthermore, Mackie’s original social convention theory overlooked other meanings and beliefs associated with the practice that are not compatible with a marriage or peer convention. For instance, for many in practicing societies, being circumcised is associated with being a good Muslim and in some cases, married women choose to become circumcised to escape the ridicule and rejection of their sister wives (Mackie & LeJeune, 2009). Thus, Mackie & LeJeune (2009) concluded that while FGC may have originated as a marriage convention, it is ultimately held in place by social, religious, and moral norms.

Unlike a social convention, a social norm is a practice that is enforced by informal social sanctions. That is, regardless of the individual’s interest, there is a mutual expectation to follow a

social rule. Social evaluation and moral judgment are consequences for non-compliance with that rule. For a girl, the consequence of being uncircumcised may not only be the loss of her marriageability, but also teasing, ostracization, stigmatization, and loss of social standing for her and her family. Likewise, being cut is associated with positive sanctions and social acceptance. It is because of this social norm that even married, uncut women are enticed into being cut in order to gain social acceptance and respect.

In addition to social norms, Mackie and LeJeune (2009) define moral norms, religious norms, and legal norms. Moral norms are upheld by internalized values that are enforced by an individual based on what they believe is “right” or “wrong,” independent of the expectations of others. An individual’s compliance with a moral norm is associated with positive feelings of being a “good person” while non-compliance can evoke negative feelings of guilt. Witnessing others’ compliance or non-compliance with a moral norm can impose feelings of admiration or anger. Religious norms are instated by God. Obeying these norms is done out of fear of deity and love for their God. Legal norms are formally stated by the law and are enforced by (usually negative) legal sanctions, such as imprisonment.

A new look at all of the supporting factors of FGC shows that while FGC as a social convention has not been completely erased, it is predominantly the social, moral, and/or religious norms that holds the practice in place. In practicing societies, uncut girls are often ridiculed and stigmatized by their peers. Parents who do not cut their daughters feel the guilt of being bad parents and are judged as so by their community, or a woman herself may choose to be cut in order to feel like a good person. Furthermore, complying with FGC is often associated with being a “good” Muslim. While FGC may not be sustained by all of these reasons in every social group, it is important to identify and address all relevant norms in order for the practice to be

abandoned (Mackie & LeJeune, 2009).

One of the most basic and fundamental moral norms at the root of the persistence of FGC is the desire to do the least harm possible to your child (Mackie & LeJeune, 2009). Because FGC ensures marriageability and social standing in practicing societies, to cut one's daughter is, in this context, to choose the lesser harm for them. Importantly, as Mackie (2000) first acknowledged, the inherent desire to fully realize this basic value is also the motivation behind the decision to abandon the practice.

Due to the social mechanisms behind the practice of FGC, behavior change cannot be achieved on an individual basis. According to Mackie and John LeJeune (2009), there are four possible scenarios that can result from the decision to practice or not practice FGC. Only two of these scenarios are permanent and stable and each has a degree of desirability. The most desirable circumstance is for all girls to be uncut and retain marriageability and social status. This, as seen in many societies, is a stable equilibrium and permanent situation. There is no reason to cut as all girls are able to marry while avoiding health consequences and violations to their human rights.

The next best option would be a state where not all daughters are cut, but cutting one's own daughter improved her marriageability and social status. However, the disadvantages of being cut do not make it beneficial for a family to cut their daughter when others are not being cut. If the advantages of cutting proved to be valuable enough to practice in a society that is non-practicing, many will soon follow suit and also cut their daughters.

The third best scenario would be if all girls are cut and retain marriageability. While her health is endangered and her human rights are violated, in this context, the advantage of retaining marriageability and social status is less harmful than the disadvantages. This is also a state of

stable equilibrium and explains FGC as a marriage convention and a social norm.

Lastly, the least desirable scenario is to choose not to cut in practicing societies. No one chooses this situation as no one wants to commit social suicide. From this standpoint, simultaneously changing from a state of equilibrium where all girls are cut to the best scenario where all girls are not cut would be in the best interest of everyone. However, since both scenarios are permanent and stable, there must be a coordinated and purposeful community decision to abandon FGC all together.

### **The Coordinated and Public Abandonment of FGC**

As depicted by the four scenarios above, even if every single person in a community is not in agreement with FGC, no one alone is going to stop the practice and sacrifice the future and marriageability of their daughter. In order for one individual to give up the practice, enough other people in the intramarrying group must also give it up—together. However, it is not necessary for every individual to collectively stop, not even a majority—but a *critical mass* of influential people that would persuade others to abandon the practice as well (Mackie, 2000). Supported by both the intramarrying group and most strongly by women themselves, it is necessary for the critical mass to include not only the social networks of intramarrying villages, but also inter-generations of women (Mackie & LeJeune, 2009; Shell-Duncan et al., 2010).

To better understand the concept of a critical mass, Mackie (2000) uses an example of an imaginary social convention where it is universal for audiences to stand up when attending a performance. An outsider arrives and explains that in other places, audience members all sit down when watching a performance. To some audience members, sitting may seem like a better option than standing, but only if enough other people can be enticed to sit at the same time. In

Mackie's words,

If only one person sits, she doesn't get to see anything on the stage. If only one family abandons FGC, its daughter doesn't get married (because of the belief that only unfaithful women forgo FGC). However, if a critical mass of people in the audience can be organized to sit, even just a column of people who are less than a majority, they realize that they can attain both the ease of sitting and a clear enough view of the stage. This critical mass then has incentives to recruit the rest of the audience to sitting, and the rest of the audience has incentives to respond to the recruitment. (Mackie, 2000, p. 255)

As Mackie pointed out to Melching upon first learning of the declarations, FGC is not the first practice to end with the public declaration of practicing communities. Mackie (2000) makes an important comparison between FGC and the ancient tradition of foot binding in China. Until the early 19<sup>th</sup> century, foot binding was a marriage convention, where men believed that they could not marry a woman without bound feet and women believed that men would not marry a woman without bound feet. The choice of one family depended on the choice of another family and in that way the practice persisted. Foot binding ceased within one generation after the adoption of "Natural foot societies" or "pledge associations," where groups of intramarrying families made a public pledge not to bind their daughter's feet or marry girls with bound feet.

Mackie (2000) points out three important components of the anti-foot binding campaigns, none sufficient on their own. The first was the realization of an alternative — that the rest of the world did not bind women's feet. The second is attaining new information on the advantages and disadvantages of the practice in cultural terms —the health consequences of bound feet. Lastly, there needed to be a formation of some sort of public pledge to abandon the practice within groups of people whose children married one another, with enough families abandoning the practice that their children could still marry each other.

This was the case in declaring villages. Through the Tostan program participants learned that other societies in the world, and even respected communities in their own country, do not

practice FGC (Wolof, the predominant ethnic group in Senegal does not practice FGC). They then discussed the advantages and the learned disadvantages of FGC. Lastly, a consensus was formed among their intramarrying group to hold a public declaration to abandon FGC.

Having announced publicly their intent to stop FGC at their own will, communities held themselves accountable for keeping their promise. While some had instated their own means of monitoring and enforcing the pledge, publicly announcing the decision and the pressure to keep one's word was enough for the practice to stop. Public declarations not only raised awareness among other communities, but reversed the social consequences of cutting one's child, by creating new negative social sanctions attached to the practice (Diop et al., 2008). In this way, being *uncut* became the new and preferred permanent situation and there was no reason to go back to cutting. As one woman from a declaring village stated, "...But I have yet to see the leaders have to reprimand anyone. Really, ever since we had our discussions and came to an agreement, our commitment has held firm..." (Diop et al., 2008, p. 22).

By officially declaring to surrounding villages the intention to stop FGC, the negative social sanctions attached to revoking one's word, both morally and socially, were enough enforcement to keep the new social norm. In the words of one community member,

I simply say to myself that when an "ass gorr" [honourable person] stands before everyone and declares that she has abandoned FGM/C, she must keep her word...kaddu gogou gnou wax, mo gnou ci rey [it is our word that unites us]. We would be really ashamed if people said, "Diabougou [the declaring village] declared that it was abandoning FGM/C, but people are still doing it." (Diop et al., 2008, p. 21)

Mackie's theory around the social dynamics of FGC explains why the decision to abandon is interdependent on the decision of others. Again, even if everyone in a group wants to abandon the practice, no one will do so on their own. As Mackie stated, a critical mass must not only be in

favor of abandoning the practice, they must persuade the rest of the social group to follow. But what determines the decision of an individual to change his or her behavior and become part of that critical mass?

## **Forming a Critical Mass: Motivation and Behavior Change**

### **Stages of change in the decision to abandon FGC**

Numerous cognitive models have been developed to understand the decision to “adopt a novel or innovative behavior” or change behavior problematic to one’s health, such as smoking (Shell-Duncan et al., 2010, p. 29). Central to these models is the construct of “readiness to change” (RTC), which refers to the degree to which an individual is motivated to change a “problem behavior” (ibid). These RTC models describe the individual’s motivation to change his/her behavior in terms of stages. While FGC researchers have adopted these models, only recently has the applicability of RTC models on the abandonment of FGC been investigated (Shell-Duncan et al., 2010).

In a large study on the dynamics of decision-making around FGC in Senegambia, Bettina Shell-Duncan provides evidence that the individual process of behavior change is consistent with RTC models, but points to a major distinction. In traditional RTC models, social behavior is assumed to be of individual volition and linked with the actual intention of exhibiting that behavior (Shell-Duncan et al., 2010, p. 31). This leads to two key assumptions; 1) that the behavior change is at the control of the individual and that the individual will be motivated to change once they are educated on the health risks, and 2) that the individuals “act rationally in assessing the information and risk and are empowered to take action in order to protect themselves” (Shell-Duncan et al., 2010, p. 31). Indeed, this has been the logic behind the health

campaigns that were the intervention of choice for FGC in the 90s as well as the safe motherhood campaigns to deter the practice of early marriage (Shell-Duncan, 2008; UNICEF, 2001).

As Mackie (2000) explained and as public declarations have supported, the practice of FGC is not an individual decision based on individual volition, but rather a collective one, requiring a collective decision in order for it to cease. Unlike the behaviors that have been the focus of previous “readiness to change” models, behavior change around FGC involves multiple decision makers. Individual action does not necessarily mean individual preference. Therefore, according to Shell-Duncan et al. (2010), the stages of change around FGC reflect two dimensions — the preference of the individual and the actual behavior they exhibit. These stages are identified as 1) Non-contemplator or supporter (willing practitioner) 2) Contemplator 3) Reluctant practitioner 4) Reluctant abandoner, and 5) Willing abandoner.

Focusing on the individual as a part of a larger social dynamic and assessing each individual’s readiness to change as part of a community can be useful in understanding the degree of concordance in the collective decision making process and the social context in which the decision makers are operating. Following the identification of these 5 stages of behavior change, Shell-Duncan et al. (2010) set out to understand the determinants. Linking the stage of readiness to change and the determinants of each stage can lead to the matching of different interventions to each stage, increasing individual motivation and thus the collective decision to change (Shell-Duncan et al., 2010).

### **Determinants of the stages of change of FGC**

In order to assess the determinants of each stage of change, Shell-Duncan et al. (2010)

used a decisional balance inventory to assign values to a list of advantages (pros) and disadvantages (cons) of FGC, quantitatively measuring individual motivation to change. It was hypothesized that individuals in different stages of change would give different values to the advantages and disadvantages of FGC. As predicted, Shell-Duncan et al. (2010) found a different level of motivation at each stage, with supporters of the practice valuing advantages of FGC at the highest and assigning the lowest value to the disadvantages. In contrast, the willing abandoners assigned the lowest value to the advantages of FGC and highest value to the disadvantages of FGC.

The disaggregation of given disadvantages into health and non-health categories provided a surprising discovery. Because of the failure of health education campaigns to result in large-scale behavior change, the value of health disadvantages was expected to remain the same with the different stages. However, the value of health disadvantages had the most dramatic and significant difference, with only a small variation in regards to non-health disadvantages between the 5 stages. Therefore, as people began losing support for FGC, they had a higher acceptance and internalization of the health risks associated with it (Shell-Duncan et al., 2010).

Yet another surprise was discovered upon further examination of the valuation of health disadvantages. In the 1990s, while anti-FGM campaigns still centered around negative health implications, HIV was added to address the speculated potential risk of HIV associated with FGC (Shell-Duncan et al., 2010, p. 61). In the case of Senegambia, where the incidence rate of HIV is below 1%, the risk of attracting HIV from FGC seemed to resonate more profoundly than the risks to obstetrical health. More interestingly, those who are convinced that FGC poses a higher risk for HIV transmission are more likely to accept all health messages in a campaign, even that of obstetrical risk. Additionally, while there are many indirectly related reasons why

FGC can be a risk factor to HIV (see Shell-Duncan et al., 2010, p. 61 for more detail), the internalized message in Senegambia was the risk associated with shared instruments<sup>3</sup>.

Why is HIV accepted more than obstetrical risks or other health disadvantages? As the most common reason given for the practice of FGC is “tradition,” abandoning the practice is seen as an insult to tradition and to ancestors and grandmothers who practiced this. HIV was a new element to the equation that could easily be justified because the virus did not exist before. Because of this, the risk of contracting HIV from FGC did not threaten the value of tradition. The realization of this changing context to include HIV and the new risks it presented was easily accepted. In this way, without questioning the choices of ancestors or undermining tradition, contemplators had justification to abandon FGC and willing abandoners were able to use this argument to convince others to abandon as well (Shell-Duncan et al., 2010).

The startling discovery made by Shell-Duncan et al. (2010) highlights the significance of understanding the role of internalized cultural values in an individual’s desire to change behavior. Unique to each culture is a set of beliefs, values, and practices that reflect and construct the social belief model of an individual. Efforts to change behavior around a cultural practice must appeal to the underlying social belief model, essentially changing the cultural meaning of the practice as it is conceived of cognitively by the individual. This requires working towards an intrinsically motivated shift away from the behavior, rather than imposing external forces that strip the practice from a culture or that “buy” the “right” behavior.

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<sup>3</sup> Shell-Duncan et al. (2010) notes that this has led to campaigns of “one blade per girl” to prevent HIV transmission while still performing FGC.

## **Understanding the Cognitive Process:**

### **Mental schema and behavior change**

A recent WHO policy brief (2011), *Female Genital Mutilation Programmes to Date: What Works and What Doesn't*, recognizes the failure of “interventions which only supply information, education and campaigns (IEC) to increase FGC awareness” of negative health outcomes. This is because IECs do not attempt to change the social belief models from which FGC has been developed. There has been a recent shift among many agencies from IEC interventions to behavior change interventions (BCI). These interventions work on understanding and changing the “mental map”, defined as the “learned knowledge and codes of behavior commonly shared among members of a particular community” (WHO, 2011, p. 2).

Strauss and Quinn (1997) describe these “mental maps” as schemas, or learned expectations that form our mental structures and allow the automatic interpretation of information beyond what is given. Schemas are strengthened by repeated participation in specific life experiences that create learned patterns of association that influence behavior and interpretations in new experiences. The interpretation of an experience by one’s schema determines the meaning given to it. Cultural meaning results from similar interpretations “of some type of object or event evoked in people as a result of their similar life experiences” (Strauss & Quinn, 1997, p. 6). Therefore, culture “consists of regular occurrences in the humanly created world, in the schemas people share as a result of these, and in the interactions between these schemas and this world” (Strauss & Quinn, 1997, p. 6)

According to Strauss and Quinn (1997), “Meanings are contextually variable, and changeable... constantly up for grabs as groups negotiate differences in their practices” (p. 25).

A new occurrence in the external world can therefore provoke new interpretations, changing an individual's schema and the meanings it creates. As these meanings become shared, culture naturally evolves due to a reciprocal and cyclical interaction between the intra-personal and external world. As Strauss and Quinn explain,

Culture is not a being above and beyond the people's schemas, practices, and the material causes and results of these things...people teach —both explicitly through their words and consciously chosen actions, and implicitly, by their example —and the socially constructed world teaches as well, in the sense that by living in it, people acquire certain implicit understandings. The cultural understandings that are the result of these processes are often continuous historically but not necessarily so. New understandings can arise and can then serve as the basis for the production of new cultural forms. (Strauss & Quinn, 1997, p. 26)

The durable and the self-reinforcing nature of schemas can make cultural understandings, beliefs, and values resistant to change despite changing messages around us. However, Strauss and Quinn stress that new schemas can be learned and previous ones can change under circumstances of intrinsic motivation and emotional arousal. The emotions associated with feeling like a “good” person and social evaluations of oneself or by others of approval or disapproval intrinsically motivate “good” behavior. Furthermore, through social evaluation by oneself and by others, one acquires a durable identity that one strives to be (ex. a “good mother”) that guides his/her behavior (Strauss & Quinn, 1997, p. 96).

Here we return to Mackie & LeJeune's (2009) analysis of social norms and the fundamental moral norm of doing the least harm to one's child. Mackie refers to McAdam's (1997 in Mackie & LeJeune, 2009) description of “abstract moral norms,” which are intrinsically motivated, for instance, by the desire to realize the identity of a good parent or citizen (Mackie & LeJeune, 2009). These abstract moral norms are more enduring than, and the force behind, the concrete social norms that reflect them (ibid.)

While abstract moral norms (ex. do what is best for your child) exist throughout time and transcend cultural boundaries, how they are implemented and the concrete social norms and social practices that are derived from them differ with social circumstances. It can be agreed upon that to strive to be a good parent and do what is the best for the future and wellbeing of one's child is a universal and inherent fundamental conviction. Not only will others evaluate one for their behavior in accordance with this belief, but one's desire to be a good parent is motivation on its own. However, what one does in order to be a good parent is not universal and agreed upon even within the same reference group (Mackie & LeJeune, 2009).

Due to similar mental schemas and life experiences, each culture implements a durable abstract moral norm through diverse concrete social norms that can change over time and between social groups. For instance, in the United States, one may believe that ensuring that their child has straight teeth by wearing braces is being a "good parent" and that anyone who does not do this is a "bad" parent. In some African communities, the "abstract moral norm" of being a good parent is realized through social practices such as FGC or early marriage (Mackie & LeJeune, 2009).

In the case of FGC, the inherent value of tradition gives deep cultural meaning to the practice. Directly arguing against tradition and disrespecting the choice of ancestors contradicts this intrinsic desire to be a "good" person and also evokes negative social sanctions. However, HIV/AIDS, a new development in the recent generation, allowed for free debate about what is actually best for children with the new circumstance, while still respecting the values of tradition and culture. In this respect, the decision to abandon FGC is not linked to a decision to attack culture. Rather, it is a community decision to change their way of life in order to continue to fulfill the moral norm of choosing the lesser harm for one's child – to be a good parent.

The introduction of experiences and information from the external world is critical to changing mental schemas and shifting the way in which practices are interpreted within a culture. While community education programs and social engineering initiatives have gained increasing popularity as methods of behavior change in the international aid community, most simply deposit information or provide incentives for behavior change that do not appeal to nor change the mental schemas of the communities that they are targeting. As the case of FGC demonstrates, it is possible for intrinsically motivated behavior change to be sparked by community education programs. However, these education programs must use methods that respect the autonomy of the learners and their ability to use their own critical reasoning.

### **Intrinsic Motivation and Education:**

#### **Autonomy Respecting Assistance and Transformative Learning**

David Ellerman (2009) provides a strong theoretical base for an alternative philosophy of development by advocating for indirect approaches of autonomy respecting assistance.

Autonomy respecting assistance is a way for those providing assistance (which Ellerman refers to as “helpers”) to help in a way that “respects, fosters, and sustains the autonomy” of those receiving the assistance, (which Ellerman calls “the doers”) (Ellerman, 2009, p. 7). Autonomy respecting assistance enables and expedites autonomous action - action based on the doer’s internal or own motivation (Ellerman, 2009).

Under Ellerman’s (2009) theory, conventional and direct methods of development have undercut internal motivation and self-help capacity by supplanting the volition of the doers with

the will of the helpers. Instead of enabling autonomous action, many development assistance agencies use social engineering to entice the “right” actions through external motives or rewards, or use acts of charity that temporarily relieve symptoms and undercut the incentive of doers to help themselves. Both social engineering and benevolence impede on internal motivation and consequent autonomous action. They ignore the schemas and the experiences of the “doers,” which are necessary for personal transformation and sustainable development.

Knowledge based assistance, aimed at “educating” populations so that they may do the “right” thing is not exempt from Ellerman’s (2009) idea of “unhelpful help” (p. 18). Acting on their own agendas, helpers in the development world often disseminate and transmit one-sided arguments and biased information that induce the “right” beliefs. Allowing the doers to perform their own experiments or come to conclusions based on all sides of an argument may cause them to come to the “wrong” conclusions and undermine the set goals of the helper. Therefore, knowledge based assistance commonly undercuts the learning capacity of the learners by transmitting “borrowed opinions” that favor the preferred outcome of the helper rather than allowing the doers to draw their own conclusions (Ellerman, 2009, p. 18).

Ellerman argues that help should be indirect rather than direct, and enabling rather than controlling, advocating for the Socratic approach of active learning. The Socratic approach puts the doer in the active role, as the one who is asking the questions and figuring out the solutions to his or her problems. The helper, instead of disseminating answers, facilitates the doer’s own learning and peer-to-peer learning. In doing so, the doer learns the truth through critical reasoning, instead of passively accepting the “truth” on the basis of authority. Under the Socratic principle, the goal of teaching is not to transfer knowledge but to teach a student the capacity to learn knowledge autonomously (Ellerman, 2009, p. 164).

Ellerman (2009) gives three suggestions for autonomy respecting, knowledge based assistance – suggestions that compliment Strauss and Quinn’s (1997) schema theory:

1) *Start from where the doers are* by using a bottom up approach and training local doers or brokering horizontal learning between doers. Take the time to understand the doer’s present day situation and institutions.

2) *See the world through the doers’ eyes* by understanding that the doers are not a blank slate and have their own experiences and frame of reference (schemas) to help foster learning by which the teacher can guide the student by asking questions that the student would have thought of himself.

3) *Respect the autonomy of the doers* by enabling doers to drive their own development at their own will and critical reasons, thereby having a natural ownership of the results of their activities.

### **Transformative learning**

Transformative learning enables active learning through methods that seriously challenge students to “assess their value system and worldview and are subsequently changed by the experience” (Quinnan, 1997, p. 42 in Taylor, 2009, p. 3). Transformative learning involves the “identification of problematic ideas, beliefs, values, and feelings; critically assessing their underlying assumptions; testing their justification through rational discourse; and striving for decisions through consensus building” (Mezirow, 1995 in Taylor, 2009). From a cognitive point of view, transformative learning is similar to Strauss and Quinn’s (1997) concept of cultural learning, which involves new or changing mental schemas and interpretation of events

—a natural shift in cultural meaning.

Taylor (2009) identifies transformative learning as being guided by the reciprocal relationship between the core elements of individual experience, critical reflection, dialogue, holistic orientation, awareness of context, and an authentic practice. Transformative learning theory emphasizes that individual and social transformation are inherently linked—that transformation on a personal level leads to social change. According to Strauss and Quinn (1997), culture is made up of shared meanings that are a result of shared individual schemas and shared experiences. Therefore, a change in individual interpretation of experiences must occur before a cultural transformation can take place.

Education theorist Paulo Freire is one of the most important contributors to transformative learning. Bridging theory and practice, Freire is most renowned for his work, *Pedagogy of the Oppressed* (2002). Originating from Freire's own lived experience of poverty and hunger as a child of a previously middle class family, and through providing literacy education to the peasant class of Latin America, *Pedagogy of the Oppressed* (2002), has been central to linking education to social change.

Freire (2002), states that freedom from oppression first requires awareness of the oppressive situation, which results in praxis, or informed action as a result of critical reflection. He emphasizes the necessity of dialogical teaching as a way of creating a “process of learning and knowing that invariably involves theorizing about the experiences shared in the dialogue process” (Freire, 2002, p. 17). As Freire states, “Only dialogue, which requires critical thinking, is also capable of generating critical thinking. Without dialogue there is no communication, and without communication there can be no true education” (Freire, 2002, p 93). This critical reflection through dialogue results in what Freire calls “*conscientizacao*” or “consciousness

raising “ —when the “oppressed” become aware of their social and political situation and their need to “fight for their liberation” (Freire, 2002). As Taylor (2009) states, through transformative learning methods, “learners develop an awareness of power and greater agency (political consciousness) to transform society and their own reality” (p. 5).

The idea of becoming aware of one’s own oppressive situation through dialogue is not only central to Freire’s *conscientizacao* but joins the cognitive theory of anthropologists Strauss and Quinn (1997) who highlight the simple action of “naming” problematic situations through interpersonal dialogue in order to gain awareness of one’s situation as a necessary step in changing mental schema. Freire’s method of “problem-posing education” uses dialogue as a way for teachers and students to be critical co-investigators of these problematic situations. Students do not accept information from a teacher, but reflect upon reflections of the educator who “constantly re-forms his reflections in the reflections of the students” (Freire, 2002, p. 81).

By co-investigation, students are increasingly “posed with problems relating to themselves in the world and with the world...and feel increasingly challenged and obliged to respond to that challenge “ (Freire, 2002, p. 81). The constant response and reflection of new challenges evokes new understandings, and in this way “problem posing education involves a constant unveiling of reality” upon which to reflect and respond to by both the educator and the students (Freire, 2002, p.81).

Problem-posing education respects the worldview of the learner, allowing the authentic realization of one’s relation with the world and reflections by both educator and student that transform these worldviews. It is this method that fosters transformative learning by leading to changes in mental schema and subsequent cultural transformation.

## **Transformative Learning in Practice:**

### **Tostan, Human Rights Based Non-Formal Education**

Tostan uses problem posing education, starting from and building upon the schemas of participants through autonomy respecting, participatory, and transformative learning methods that reflect upon their lived experiences and world views. It is through these methods that Tostan has been successful in encouraging intrinsically motivated behavior change that, through spreading through the social network, has led to the formation of a critical mass and subsequent social transformation that is led by the community. Rather than transferring knowledge and information to program participants, Tostan's human rights- based education program gives communities the ability to build new frames of reference around situations that were previously perceived as fixed in their lives and to use these new understandings to reflect upon new situations.

The following key components of Tostan's human rights- based, non-formal education allow participants to critically reflect upon and transform their perspectives of the way in which they live their lives and to have the capacity to decide how they want their lives to be lived. Instead of assuming the role of victim in their life situation, participants become aware that they are the forces that will improve their own lives and those of their children.

### **Community Empowerment Program**

Central to Tostan's program is a 30-month, non-formal education curriculum, known as the Community Empowerment Program (CEP). The CEP consists of 7 modules — Human Rights, Democracy, Problem Solving, Health and Hygiene, Math, Literacy, and Project Management (see Appendix A for a more detailed overview). Led in the local language by a

facilitator from the same ethnic group, the CEP uses traditional education methods, such as poetry, skits, and songs, with each module building on knowledge from the last. For example, human rights and democracy are used as a framework throughout, problem-solving skills are used to address issues in health and hygiene, and literacy exercises are used as an opportunity to revisit knowledge and discussions from previous sessions.

Each session of the CEP is meant to ignite dialogue, discussion, and new perspectives of the class. Because women, especially, do not usually engage in public speaking and community dialogue, the beginning sessions are built around the idea of discussion itself. The role of the facilitator is not meant to teach (hence the lack of the term, “teacher”), but to engage in learning and dialogue with the class, echoing the true learner-centered methods of Tostan.

### **Organized Diffusion**

By a method of organized diffusion, Tostan promotes the spread of knowledge and ideas by linking partners and communities within a social network to form a *critical mass*. The critical mass recruits a large enough portion of the community, or *tipping point*, to coordinate mass abandonment, which according to Mackie (2000; Mackie & LeJeune, 2009), is necessary for the abandonment of both social conventions and social norms. A critical mass and subsequent tipping point is attained by strategically selecting implementation villages, by including religious leaders and important stakeholders, and by using an “adopt-a-learner” method. Tostan carefully chooses about 5 villages for every 30 villages in the same intramarrying network that directly receive the CEP program (Mackie & LeJeune, 2009). For each implementation village there is one adolescent class and one adult class of 25 participants each. Each participant agrees to “adopt” at least one other person in their community and is responsible for relaying to them what

they have learned in class.

During village wide meetings and inter-village meetings, participants present what they have learned and discussed, using the skits, songs, and poetry that they have practiced in class. Tostan also hosts informational radio programs on a regular basis that are broadcast throughout the region. These methods are not only cost-effective, but allow the dialogue to flow outside of the classroom and into a public space at the individual, familial, community, and inter-community level, fostering collective decision making, and simultaneous social transformation.

### **Community Management Committees**

Another component of Tostan's 30-month presence is the establishment and training of a Community Management Committee (CMC). The CMC consists of seventeen village members, nine of which must be women (Ensuring Sustainability, 2010). Members of the CMC are democratically elected by the community to carry out projects designed during the CEP and to ensure the continuation of community development projects and cooperation with partner organizations after the termination of the program. Each committee is divided into separate "commissions" which are responsible for projects in different aspects of community development. Commissions include Income Generation, Children's Rights, Health, Environment, and Education.

Many CMCs register as official Community Based Organizations (CBO), which ensures their credibility and transparency in handling funds and resources. In 2006, Tostan created the Empowered Community Network (ECN), which "connects trained CMCs with NGO partners, microfinance institutions, businesses, government authorities, and other service providers so that they can access resources and funding to continue their community-led development projects"

(Ensuring Sustainability, 2010). Recent Tostan projects have provided specialized trainings to chosen CMC commissions that not only allow a cost-effective trickle of knowledge to multiple communities at once, but also require the CMC members to take full responsibility of projects at the community level. Furthermore, training multiple CMCs together fosters sharing and learning from one another's experiences.

### **A Framework of Human Rights and Democracy**

Tostan's success has been attributed to a human rights education that allows for the incorporation of human rights while escaping what has been described as the "two pitfalls of human rights education" (Talbot 2005 in Gillespie & Melching, 2010). On one hand, human rights education can be experienced as an act of moral imperialism or paternalism imposed by outsiders. On the other hand, by taking a stance of moral relativism, a human rights educator will have "no grounds on which to participate with the community in fostering social change" (Gillespie & Melching, p. 6).

The abandonment of FGC is attributed to the addition of human rights and democracy to the Tostan curriculum (See Gillespie & Melching (2010) for a detailed case study of how the curriculum was transformed). As described above, participatory research and attentiveness to learner responses allowed Tostan to incorporate Human Rights and Democracy in a personalized and localized fashion and learners could easily match international human rights to their own lives and experience (Easton et al., 2009). During an initial visualization exercise, participants imagine what they want their community to be like in the future. This visualization exercise of "imagining how things could be otherwise" (Greene, 1998 in Mezirow, 2009, p. 28) is crucial to the transformative process. What participants describe are fundamental human rights in their

own words – human rights introduced from the bottom up. It is only after this that the Tostan facilitator presents human rights through culturally relevant pictures and representations (Gillespie & Melching, 2010). Revealing the transformative power of human rights education, a participant in the Malicounda-Bambara declaration states, “...It is only because we learned about our rights and women’s health that all of this started and we decided to abandon FGM/C.” (Diop et al., 2008, p. 16).

Here we discuss the themes of Human Rights and Democracy in terms of Freire’s (2002) concept of “generative themes.” Generative themes are experiences that exist in people’s lives, which, upon discovery, have the potential to reveal unequal power relations and unjust social relations in ways that allow for those who realize them to take new action. Tostan discovered that Human Rights and Democracy were able to frame experiences so such “generative themes” arose. Naming and discussing human rights and democracy as existing themes opened for examination and put into question life situations and notions involving status differentials that were previously thought to be “given” or “fixed” (Gillespie & Melching, 2010,p. 17).

The realization and exploration of these themes allowed women to act on the health information they received as they recognized their capability and right to advocate for their own healthcare and that of their children. For instance, learning about the “right to voice one’s opinion,” gave female participants the green-light to speak out about FGC (Gillespie & Melching, 2010; Easton et al., 2009). In the same fashion, lessons on democracy introduced new information on issues such as “equality, voting, government duties, and citizen rights and responsibilities.” Importantly, it stimulated men and women to reflect upon and analyze decision making practices within their own households and community and affirmed “everyone’s right to decide how traditional culture should be interpreted and applied in daily life...” (Easton et al.,

2009, p. 235). As one participant observed, “Relations have changed between men and women, because now many of the village decisions are being made by women. We are participating in an important way in the social and economic development of this area.” (Diop et al., 2008, p 13)

Realizing the equal value of women and men as citizens in society and the right of all citizens to take part in decision-making beyond the household, participants were able to envision roles for women that had originally been attributed to males. This change is clearly depicted in an interview with a female Tostan participant;

Yes, we know now that women must help decide and orient things, take part in the country’s important socio-economic development decisions along with the men. Now we are convinced that women can do anything men can do, sometimes better, because we have abilities and aptitudes that should be taken advantage of. Why not a woman village chief? (Diop et al., 2008, p. 13)

Upon this realization, Human Rights and Democracy were placed at the beginning of the curriculum, becoming themes that framed the entire program. One of the most important changes to Tostan’s curriculum, the realization of basic rights that each individual already possessed, led to a change in mental schema that transformed the way in which everyday life situations were interpreted. This has not only led to the abandonment of FGC, but has been the impetus to many other community-led initiatives, transforming individual and community perspectives on what were originally thought of as fixed situations.

### **Participatory Research and Co-Creation of Curriculum**

From the beginning, Tostan’s curriculum has been based on the life experiences and research by and of the learners themselves. Because the development and transformation of the curriculum reflects what participants want to learn and the discourse that they use, it is truly able to start from the schemas and build on the life experiences that they possess. The significant role

of human rights and democracy in raising consciousness around given situations, particularly around gender roles, was co-discovered by both Tostan's team and participants. As the educational team and participants interacted, participants introduced questions around democracy, human rights, and health care — themes which allowed them to name and discuss problems in their community and to research them with Tostan acting as co-investigators. It was the result of the participants' own research, discussion, and decisions that human rights, democracy, and women's health was added to the curriculum (Gillespie & Melching, 2010).

Another important turning point was to switch the focus of the program to the entire community rather than only women or only children and to focus on human rights, not women's and children's rights. It was discovered that the initial decision to “empower” women through only offering classes to women and only on their rights was creating resentment among male community members (Gillespie & Melching, 2010). While the classes remain a majority women, the invitation of men to participate increased male acceptance and support of women attending the class. Inviting all community members to attend created an inclusive environment, and one more in line with the vision of human dignity for all. Considering the presence of males and their positionality at a familial, community, and global level, incorporating males into the process of individual and social transformation was one of the keys to fostering community behavior change.

### **Roots in local culture and religion**

Tostan works closely with religious leaders and is respectful of religious beliefs and local traditions even while instigating dialogue that may put traditional customs into question (Easton, 2009). The support of religious and local leaders is vital for ensuring that cultural and religious

values are amenable to behavior change. For instance, during community discussions about FGC, the local Imam assures community members that FGC is not in the Koran and that giving up a custom that they discover as harmful to their health is not retaliating against Islam. Remembering that religious norms are often one of the factors in the persistence of FGC, validation that one can still be a “good Muslim” if they abandon the practice is vital and the approval by religious leaders is critical to individual motivation to change. As one Tostan facilitator explains,

Those who attended had different points of view. Some were for, others against but did not say so publicly for fear of being attacked by the abolitionists. But the religious leaders told those present that Islam was not opposed to abandoning traditional practices deemed harmful to the people’s health. After these explanations, the people agreed to adopt this declaration. (Diop et al., p. 18)

Another important aspect of Tostan is that all of the staff at the national and regional level is African as well as a large majority at the international level. Facilitators that teach the CEP classes are from a local community or nearby and supervisors are of the same ethnicity and region. Understanding that culture is different even throughout the same country, Tostan considers the feedback of community members from each ethnic group that receives their program.

### **Holistic Approach and Integration of Lived Experiences**

Holistic programs, providing assistance on a wide variety of topics, are more credible. Their actions not only symbolize the good will and competence that indicate credibility, but prove them again and again by bringing about a sequence of valued changes on a variety of community needs. (Mackie, 2009, p. 11)

Many communities are suspicious of programs that are focused on one element or have one goal. Blending problem solving skills, information on health and hygiene, math and literacy

education, and project management, Tostan partners with communities to arrive at and fulfill their own agenda (Easton et al., 2009). A holistic approach not only provides credibility for Tostan, but the content that is learned provides a strong foundation whose components synergistically affect one another, such as, the democracy and equal decision-making power and the right to health, work, and education for all. This provides many routes to strengthening the formation of new schemas and by which to reflect upon and respond to new understandings of reality.

The holistic approach also includes different “ways of knowing” – more than rational discourse (Taylor, 2009). According to Taylor (2009), holistic orientation is one of the core elements of transformative learning as it “encourages the engagement with other ways of knowing – the affective and relational” (p. 10). Critical reflection involves the involvement of feelings and emotions. In line with Strauss and Quinn (1997), behavior change is more likely to occur with attached feelings of emotion in contrast to a rational process (Taylor, 2009). A holistic orientation engages emotions through expressive ways of knowing, for example, music, art, dance, and drama. In Taylor’s words,

Expressive ways of knowing provide the means to evoke experiences for greater exploration, help learners become more aware of their feelings and their relationship to sense making, and help concretize an experience allowing the learner to re-experience the learning experience through expressive representation. (Taylor, 2006 in Taylor, 2009, p. 11)

Together, these key components of Tostan have been the force behind the individual and social transformation of many practices and behaviors. While most recognized for the abandonment of FGC, it is important to remember that Tostan’s mission is community-led development and therefore, abandoning FGC is only one of many community initiatives. The promotion of cleaner environments, provision of healthcare, support of income generation

activities, and the protection of children are only a few examples of how communities have led their own development. Additionally, projects and activities are not uniform as they reflect the self-identified needs of the community.

FGC is a traditional practice that is upheld by social norms, most strongly, the moral norm of doing the least harm possible to one's child. As we have seen through Strauss and Quinn's (1997) schema theory and Shell-Duncan's (2010) discoveries on "readiness to change," behavior change can only occur as a result of intrinsically motivated decision to change based on the social belief models that support it. Tostan's transformative learning methods and organized diffusion have been successful in fostering community led abandonment of FGC.

### **Child Marriage from a New Angle:**

#### **Linking FGC and Child Marriage**

In the same way that FGC has persisted in practicing societies, child marriage is a self-enforcing marriage and peer convention, tied to social sanctions by both intramarrying social networks and intergenerations of women that make it impossible to break without a collective decision. Despite being similarly sustained practices that are both addressed in the Tostan program, child marriage has proven more intractable than FGC. Program evaluations of Tostan's program provide strong evidence of the mass abandonment of FGC. But while there have been community initiatives to protect girls from early marriage and evidence of attitude change, large scale behavior change has not reached nearly the same magnitude as FGC (Diop, et al., 2008). The abandonment of FGC is significant on its own but also provides a successful parallel that can be applied to the understanding of child marriage, leading to recommendations

for the curriculum content of Tostan and similar community education efforts.

### **Implications for Child Marriage**

There are underlying reasons behind the origins of child marriage —mainly to maximize fertility and to secure economic, political, or social family alliances (Mathur et al, 2003). Today, the continuation of this cultural practice is justified as a way to protect premarital chastity and to ease the economic burden that females put on their families. Similar to the practices of FGC and foot binding, the motivations behind child marriage are not static and the practice has become deeply rooted in cultural traditions and social norms —a fixed situation for many societies (Malhotra et al., 2011; Mathur et al., 2003). For females, to marry shortly after menarche is simply tradition and the way of life.

As with FGC, the fundamental belief behind child marriage is not to violate a human right, but to do what is best for the future of one’s child and family —to be a good parent. The act of marrying at an early age is based on preserving the value of tradition, premarital chastity, and the cultural worth of a woman. To delay the age of marriage would signify the disrespect and lack of these core values, jeopardizing a girl’s marriageability and endangering her entire family’s social and economic status.

Even if every family did not agree with the practice, deviating from the social norm and delaying marriage of one’s daughter alone risks the chance of becoming subject to social evaluation, judgment, and exclusion. Just as FGC continued in the wake of health education campaigns and legal interventions, child marriage persists. Qualitative reports show that many families, aware of the disadvantages of early marriage, have reported the desire to delay the age of marriage for their daughters (Mathur et al., 2003). However, despite individual preferences, the social and economic sanctions attached to child marriage continue it as a self-enforcing

traditional practice.

Child marriage is a community practice that persists by mutual expectations of marriageability and upheld as a concrete social norm. Because of this, it must be a community decision to abandon the practice purposefully and simultaneously. As observed in the community led declarations of abandonment of FGC, if the decision to end child marriage is collective, self-motivated, and public to intramarrying communities, the reversed social sanctions would make this decision self-enforcing, eliminating child marriage once and for all.

### **Child Marriage in the Tostan Curriculum**

Child Marriage is addressed after the session on FGC in the Kobi 2 module, “*Ending Harmful Health Practices*” (Tostan, 2011a; *See Appendix A for description of Kobi 2*). As in many of the sessions, the session on child marriage starts with a fictional, yet realistic, story about Fatou, a fourteen year-old girl who is given to marriage by her parents to an older man. In order to fulfill her role as his wife, Fatou moves in with her new husband and must cease her education. Two years later, Fatou becomes pregnant and her life is cut short by complications during childbirth (Tostan, 2011a). Fatou’s tragic story is not uncommon in rural, African communities.

Following the story, participants discuss community members that have suffered similar fates to Fatou. Questions that are asked by the facilitator engage them in dialogue surrounding their own perspectives on why girls marry early in their society and their own opinion of the practice. After relating the story of Fatou and marriage to their lived experiences, participants discuss early marriage in the context of their society and reasons why it is widely practiced. Participants point to the common reasons: to lower the economic burden on the family, provide protection for girls, and to prevent premarital pregnancy (Tostan, 2011a).

The class members then discuss how early marriage affects the lives of young girls. Asked to recall their knowledge on human rights and democracy, participants are able to discuss the violations of human rights that early marriage presents to girls. Participants then learn about the dangers of obstructed labor and fistula and the risk for young girls. Information about the law regarding early marriage in their country and the legal implications is presented. Examples are given of similar communities that have abandoned early marriage (Tostan, 2011a).

Participants then relate the practice to their goals of peace, security, and health for all (Tostan, 2011a). These are not only human rights, but also common goals that they envisioned for the future of their community and that appeal to their fundamental moral norms. A typical Tostan community decides that they cannot accept the practice under these conditions, and they then discuss what they can do in their community to delay marriage for girls. They present their ideas to the CMC and make a plan for activities that will help them reach their goal. Usually in tandem with addressing FGC, this involves social mobilization, awareness raising, village and intervillage meetings, and participation in a public declaration.

### **Recommendations to Tostan's Session on Child Marriage**

Even for communities that have publicly declared their abandonment of child marriage, actual behavior change is uncertain. However, despite the fact that child marriage is still widely practiced, Tostan is one of the few programs that have shown promise in shifting attitudes and behaviors around the custom (Diop et al., 2008, Malhotra et al., 2011). A qualitative evaluation of Tostan has found evidence that “early marriage has increasingly become a topic of conversation in the villages...Most informants stated that there are many disadvantages to the practice and, for this reason, it is in the population's interest to abandon it” (Diop et al., 2008, p.

24). However, a systematic review of programs that target child marriage found that “Tostan boasts a large number of converted communities through documented pledges but finds less conclusive results on actual declines in child marriage” (Malhotra et al., 2011). With the similarities between the two practices and the approach that addresses them, why has Tostan’s approach been so successful in the behavior change of FGC yet still faces challenges in catalyzing actual behavior change of child marriage?

Mackie (2000) predicted that in order to abandon a social convention, a viable alternative must first be presented. With FGC, the alternative was for all girls to remain uncut yet marriageable and to retain the social status of the family. Child marriage is still attached to economic incentives and fear of out of wedlock pregnancy that continues the practice in societies that have pledged to stop it (Diop et al., 2008). Furthermore, the persistence of child marriage as a deeply entrenched tradition means that to delay marriage for girls may not only seem like a non-viable alternative, but disrespectful towards the value of tradition and the choices made by previous generations (Mathur et al., 2003). Indeed, similar to FGC, the most commonly given reason for underage marriage is tradition. In fact, while community based women’s groups have been cited as one of the best vehicles for intervening in child marriage, they are often attacked for undermining cultural values and forced into secrecy with little or no support from traditional institutions (UNICEF, 2001, p. 15).

Understanding the perspectives of the community members — in Ellerman’s (2009) terms, starting from where the “doers” are, or in Strauss and Quinn’s (1997) cognitive theory, understanding the mental “schemas” behind child marriage, or for Mackie & LeJeune (2009), the “abstract moral norms”, provides further insight into what will internally motivate communities to stop the practice. Many interventions have focused on the affect that early marriage has on

education. However, formal education for girls is not an internalized value for societies where domestic subservience is the norm for females. Therefore, prolonging the education of girls is not a motivating factor on its own and does not make sense in the frame of the moral norm of doing what's best for one's child.

Like FGC and other traditional practices, early marriage is motivated by the fundamental and universal belief to do what is the least harmful for our children. What is best for daughters in African society is motivated by the cultural worth of being a mother and wife and the value and social implications attached to respecting tradition. Taking into account the internalized incentives that motivate individuals to continue early marriage — the economic burden of a female, protecting premarital chastity, and respect for tradition — the following are recommendations to Tostan's session on child marriage:

### **1) Include a visualization exercise on aspirations for and desired future of girls**

Evaluations of Tostan's curriculum have shown that the holistic curriculum has changed community views on the capabilities and roles of females in society beyond that of a wife and mother (UNICEF, 2001). Due to the generative themes of human rights and democracy, these evaluations of the Tostan program have shown that community members consider females capable of being and having the right to be equal contributors and decision makers in society and family (Diop et al., 2008). The schemas surrounding the gender role of women are being reconstructed by new information and dialogue that raises the consciousness of their situation. Revisiting the future of one's daughter in relation to these new acquired frames of reference can reinforce internalized attitudes through discussion, dialogue, and awareness-raising.

## **2) Include the advantages of education for all, with an emphasis on the opportunities for girls in the present day context and the significance for the envisioned future**

Traditional gender roles dictate that the worth of a woman is determined by her role as a wife and mother. From childhood, girls are trained to fulfill domestic duties and are financially supported by males. While often justified for males, delaying marriage and continuing education does not make sense for a girl. Therefore, her traditional role in society is reinforced and the tradition of early marriage continues as a social norm.

Shell-Duncan's (2010) discovery around the individual motivation to abandon FGC can be key to motivating widespread behavior change around child marriage and other harmful traditional practices. As seen with the internalization of HIV/AIDS, information that does not threaten the value of tradition can be an impetus to individual transformation and accepted in the debate surrounding a traditional practice. Emphasizing the advantages of the present day situation provides a platform for debating child marriage that does not disrupt the highly internalized respect for tradition, but appeals to the common intrinsic motivation to be a good parent.

Additionally, Shell-Duncan's (2010) motivation study showed that those who internalized the risk of HIV/AIDS from FGC, also had an increased acceptance of the obstetrical complications. Recognizing the communal aspect of child rearing in African communities and the deep ingrained respect for the choices of ancestors and elders, the ability to debate a traditional practice, without disrespecting tradition and culture can break the generation barrier and ignite conversation between everyone who makes decisions regarding the future of a child. In turn, the conversation can turn to other reasons to give up the practice and strengthen the

motivation to change behavior.

Along with the disadvantages of early marriage, dialogue and information should equally focus on the universal benefits of education and the new economic opportunities it provides for girls, families, and communities in the modern day world. Indeed, the rapidly changing global market economy presents exponentially greater economic opportunities for girls than a generation ago at a national and international level, and it continues to change. In turn, education for girls has attained a higher value worldwide. Creating awareness around this new situation and the opportunities that are now available for girls gives new meaning to the value of education for girls and can change the schemas that prioritize marriage over education.

### **3) Present and discuss positive examples of women who have delayed marriage in similar communities**

Presenting examples from other parts of the world, the country, and community, of females that are fulfilling other roles and making economic contributions to their families has potential to foster personal transformation. The Tostan session presents an example of a girl who delays marriage, continues school, and as a result, wins a prestigious scholarship. However, what does this mean from the schema of participants? Is it the chance to attain a higher education that is an internal motivator or the economic and social opportunities that an education would provide for the girl and her family? Can a girl continue her education, provide economic support for her family, and retain her and her family's social status in her community?

As Strauss and Quinn (1997) emphasize, new information and unexpected events can override existing cultural schemas. Furthermore, "schema resistant behavior will be especially noticeable and memorable, and especially likely to change a stereotype" ( Strauss & Quinn,

1997, p. 98-99). If the behavior is exhibited by an otherwise, good exemplar, or is clearly contradictory to the existing schema, this is more likely to arouse strong emotions and more quickly change the cognitive structure of the individual.

Again, Mackie (2000) saw in the abandonment of traditional practices of foot binding and FGC that the realization of an alternative is necessary to evoke behavior change. Therefore, providing examples of “decent” women that have delayed their marriage, continued their education, and contributed to their family’s economic state can provoke a strong, cognitive response, and foster internalization of the value of education and an increased age of marriage. As new individual schemas become shared, positive social norms associated with education and delayed marriage will begin to form.

#### **4) Include a session on child protection and discuss alternative routes to protecting girls**

In many societies where girls marry early, it is marital status and not age that determines whether a female is a girl child or an adult woman. It is also marital status that determines if a pregnancy is deemed acceptable or not. Just as preserving tradition and economic stability are perceived advantages of child marriage, another major reason is the avoidance of out-of-wedlock pregnancy. However, independent of marriage, early pregnancy is a violation of children rights and a danger to a young mother’s health and life. The acceptance of child pregnancy, yet harsh social sanctions attached to out-of-wedlock pregnancy makes early marriage an effective way to preserve premarital chastity. Furthermore, as early pregnancy has been deemed acceptable, delaying marriage in order to delay pregnancy does not appeal to the intrinsic motivation of the community.

Once again, we can look at the behavior shift around FGC as an example. One advantage

given for the practice of FGC is the deterrence of pre-marital sexual intercourse. While the absence of circumcision is no longer seen as an obstacle to marriage, it remains associated with an increased risk of out of wedlock pregnancy (Diop, et al., 2008). Even with this existing belief that an uncut girl is more promiscuous, the advantages of not cutting have outweighed disadvantages. However, because the social sanctions attached with premarital pregnancy (but not child pregnancy) remain strong, child marriage still remains an effective way of protecting the premarital chastity of girls (Malhotra et al., 2011; Mathur et al., 2003). As in the abandonment of FGC, once disadvantages outweigh the advantages of early marriage, behavior and norms can shift once again to preserve premarital chastity and also protect the rights of children.

In contrast to the opinion of many in the western world, early marriage is seen as the ultimate protection from “unsanctioned sexual activity” and male sexual attention (UNICEF, 2001, p. 6). Parents will also remove their daughters from school soon after menarche in order to shield them from sexual violations from male pupils and teachers. Again, from this viewpoint, delaying marriage and continuing education is jeopardizing the future and marriageability of girls and in fact, endangering them.

Understanding the underlying norms that sustain early marriage, it is important to discuss alternatives that can protect girls from premarital and unwanted sexual activity while protecting their human rights and preventing sexual exploitation. Tostan has recently been experimenting with a 6-month supplementary child protection training with select and established CMCs after the completion of the CEP. While long-term results cannot yet be reported, this project trains CMC members specifically on children’s rights, enabling them to lead communities in identifying and addressing problems that inhibit the protection of children. Anecdotal and field

reports from this project have cited successful community efforts that have prevented instances of forced/child marriage among other violations of children's rights, such as forced begging and abuse of Talibés (Koranic students) and forced migration of children for domestic servitude.

Including a session and opportunity for dialogue around child protection in the main CEP curriculum has potential to raise awareness around and allow the reinterpretation of social practices that violate children's rights. As a result of this consciousness-raising and in the context of Tostan's holistic curriculum, communities will be able to take action to protect children from all forms of human rights violations and to realize alternatives for protecting children that will help them achieve long-term goals for the future they envision. For instance, providing a safe place for girls to socialize, lifting the taboos around sex education, promoting new social norms and sanctions around sexual violence, providing community support for girls who are sexually violated, and improving female decision making power in all realms can be alternative ways to promote premarital chastity and protect children while delaying marriage.

#### **5) Compare the advantages of delaying marriage with the advantages of early marriage.**

By incorporating new information on the advantages of delaying marriage from the cultural schema of the community, it is easier to envision an alternative to early marriage that is fitting with goals for the future. Weighing the newly learned disadvantages of child marriage against the advantages of the practice will exercise critical reasoning in order for an individual to arrive at his/her own conclusions around the practice. The result of this transformation at an individual level is the formation of a critical mass, which holds the key to the voluntary abandonment of child marriage.

## **Conclusion**

Child marriage is a deeply rooted “harmful traditional practice” that continues to violate numerous fundamental human rights. While Tostan’s holistic and non-formal community education program has been one of the most successful in changing attitudes around the practice, large-scale behavior change around the issue has yet to be accomplished. Tostan’s breakthrough in the similarly intractable traditional practice of FGC has produced new and exciting findings that can be applied to efforts around child marriage. These discoveries have led to recommendations to the human rights based curriculum that reflect the schemas and cultural values of the participants. By appealing to the intrinsic motivation of Tostan participants and their wider social networks, changes to this curriculum may foster the shift from attitude change to behavior change.

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## Appendix A

### **The CEP Curriculum: An overview**

The 30 month Tostan Community Empowerment Program is divided into two sections; *Kobi*, which means to “prepare the field for planting” in the Mandinka Language, and *Aawde*, which is a Fulani word meaning “to plant the seed”. “The goal of the Kobi is to promote positive traditions while encouraging the discussion of how new ideas and practices can help build a healthier community” (Program structure, 2010). *Aawde* provides participants with practical skills such as literacy, math, and management that incorporate the knowledge and ideas gained in *Kobi* to improve their community.

#### ***Kobi 1: Introduction to CEP, The organization of Society, Human Rights, Democracy, problem solving***

*Kobi 1* introduces participants to the themes of human rights, democracy, and their place in society, from within the family to the world (Tostan, 2011b). The introductory sessions concentrate on the practice of participation and dialogue and involve a visionary exercise where participants imagine what they want their community to be in the future (Tostan, 2011b). Voicing and discussing these aspirations gives the curriculum an integrating framework, providing a common goal that motivates participants as they complete each session of the CEP. As noted, it was also discovered that this visioning exercise segues into the sessions of democracy and human rights, as participants are found to describe human rights and democracy in their own words when they discuss what they want their community to be in the future (Gillespie & Melching, 2010).

After Kobi 1, participants are well versed in democracy within their families, community, and the world, and human rights as it pertains to their every day life. They learn problem-solving skills that allow them to identify and solve problems in their community. They grow accustomed to participating in dialogue and voicing their opinions. Importantly, a foundation is built that allows participants to take acquired knowledge from subsequent sessions and to identify and create solutions to the problems that impede on the future that they have envisioned.

***Kobi 2 -Health and Hygiene: The importance of prevention, knowing your body, promoting good health, ending harmful health practices, promoting health in the community and region***

The second part of Kobi incorporates information on health and hygiene including education on sexuality and reproductive health that are considered taboo topics (Tostan, 2011b). By Kobi 2, participants are able to use participatory methods to discuss sensitive topics such as puberty, sex, and menopause. Following sessions on human rights, democracy and problem solving skills, participants are able to take this knowledge, identify problems in their community, and take action to improve the health of their community with the co-investigation of Tostan. It is during Kobi 2 that harmful traditional practices are introduced and discussed.

***Aawde: Literacy, Math, and Management***

Aawde consists of training in basic mathematics and literacy and program management (Tostan, 2011b). Beginning with a discussion of why it is important to learn how to read, write, and calculate numbers as it pertains to every day life and envisioned future, participants are introduced to literacy and mathematics by learning how to use mobile phones (Tostan, 2011b).

Universal in even the most remote and rural regions of sub-Saharan Africa, mobile phones as a learning tool is not only practical but motivates community members who want to learn to use their phones but are limited by their knowledge of numbers and letters. Community members learn how to navigate a mobile phone, text, and use the calculator. They learn about how a mobile phone can be useful in social networking, health SMS, and social mobilization.

The final part of Aawde and the CEP program revisits community members' aspirations for the future and incorporates management skills that enable participants to carry out projects to accomplish their goals (Tostan, 2011b). Applying problem solving, literacy, and math skills, participants learn to carry out a feasibility study, create a budget and action plan, calculate profitability, and use their mobile phones to carry out projects that are pertinent to their aspirations and desires —enabling community-led development.