FEMALE MUTILATION

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A global journey behind the curtains of the horrifying worldwide practice of female genital mutilation

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Contents

(The Questionnaire used throughout can be found on the *Female Mutilation Worldwide* website under Further Reading)

**"This book is most welcome. Each page …. rings the bell of the rebellion against female genital mutilation."*

Dr. Morissanda Kouyaté Executive Director of the Inter-African Committee

PREFACE

'Yet another book on female genital mutilation?'

No. Millions of voices and millions of pages on Female Genital Mutilation (FGM) will never be enough to describe this practice, coming from the depths of time in order, as it is believed, to submit and control women's sexuality for the benefit of men.

To achieve this sole purpose many forms of unfounded justifications are put forward: women's cleanliness, purity of the female body, religious prescriptions, ritual passage to a superior social level, self-control, family honour, etc. The colour of the cast does not change the fracture. Regardless of the names and the forms given to FGM, the practice will always remain what it is: **mutilation**.

During the last thirty years, the biggest challenge for those who fight for the elimination of female genital mutilation has been to make the world understand, as this book demonstrates, that FGM is not an esoteric phenomenon belonging to African tribes lost in the African savannahs and forests, to whom the rest of humanity must pay absolute respect. On the contrary, it is a clear violation of the rights and the physical and psychological integrity of girls and women wherever the practice exists.

We are combating a harmful practice and not a culture, because culture is highly positive. It is important to dispel any ambiguity: female genital mutilation can in no way be considered an element of any culture, when it consists of cutting and scraping the female genital organs in the name of absurdity.

For the purpose of clarification and exhaustiveness, FGM has been classified in different types depending on the severity and depth of the mutilation. This classification, although academically interesting, cannot hide the fact that there is actually one single type, the one that damages girls and women in their flesh, no matter the depth of the cut, which sometimes ends in the almost total closure of the vagina.

So this book is most welcome. The idea that FGM is only an African practice is no longer valid, since wherever an ounce of human rights is violated the entire humanity must react.

The Protocol to the African Charter on Human and Peoples' Rights, on the Rights of Women, adopted by the African Heads of State in 2003 in Maputo, and *Resolution 67/146 of the United Nations General Assembly*, are examples of the global commitment against female genital mutilation. From Kenya to Australia, from Egypt to the United States of America, from the United Kingdom to Sierra Leone, from Uganda to Yemen, from France to Iraq, the mobilisation must be total in order to eradicate this backward and inhuman practice.

Aware of the immensity and universality of the fight against FGM, the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children has set up, in addition to its 29 African national committees, 19 affiliated branches throughout the world, concentrating on 5 strategic axes: advocacy and sensitisation, legislation, retraining of excisers, care for victims and networking.

Each page in this book rings the bell of the rebellion against female genital mutilation.

Let us not comment on what it has taught us or try to find out who wrote it and for whom it is intended. The only question we should ask ourselves is:

What can I do to participate actively in this wonderful human adventure to free the world from one of the most absurd traditions, detrimental to the rights, the health and the life of women and girls?

ACKNOWLEDGEMENTS

The many people who have contributed to this book are its very essence. I am deeply grateful to each and every one of you, for taking time to request and then return your completed questionnaires and for bearing with me whilst I despatched numerous emails asking endless questions. Thank you for trusting me to try to get it right.

Huge thanks is owed to everyone who provided material to construct a narrative or who agreed to be part of this endeavour in any other way. For some I know it has not been easy, but I hope very sincerely you will all feel that the effort has been worthwhile. Each contribution is unique, and each adds infinite value to the momentum towards our common goal, the eradication of female genital mutilation.

Thanks are also due to Diane Ward and the team at New Holland, for their determination that I should write this book, for agreeing that it should be such an ambitious project and, very importantly, for their faith and patience when eventually it took longer than we might have wished.

I must also thank my family, especially my mother, daughter and sister, and many of my friends for their support and fortitude as they lived this project with me. Neither the subject nor the exercise has been easy and I hope you already know that I am very grateful to you all.

Finally I want to thank my husband, Tony (Martin Anthony) Burrage, for his steadfast and generous encouragement, every day for many, many months, as he shared his time, attentive concern and resources to keep me going. Without him this assignment would quite simply never have been delivered.

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Chapter 1:

FGM is Everyone's Business

This book comprises a collection of narratives by people whose lives have been touched, often very fundamentally, by female genital mutilation or, as many people call it, FGM.

The chapters of this book take us on a journey all around the world, across five continents. The stories are told by many and various people who offered, or whom I invited, to share their views and experiences, to help us all better understand what FGM 'means', and what campaigns and tactics are best suited, in what circumstances, to ensure that the practice is eradicated.

> *How can it possibly be that across the globe about 130, perhaps 140, million women and girls, even now alive, have endured and continue to live with the consequences of female genital mutilation?*
>
> *And however can it be that, as things stand, some three million more girls and women will undergo FGM in this and coming years? Why isn't stopping this abuse an absolute priority, everywhere?*

The commentaries, observations and narratives in this book are by more than 70 people from 27 countries, women and men who range in age from 13 to well beyond retirement –- survivors, family members, campaigners and involved professionals. The stories explore aspects of FGM, which shed light both on how the practice remains a reality, imperilling the futures, even lives, of millions of women and girls around the world, and on what must be done to support survivors and relegate this harmful practice to history forever.

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Imagine. You are a small girl, maybe ten years old, living in the bush somewhere sub-Saharan. It is early morning but already there are people milling everywhere in noisy celebratory mood.

Your mother rouses you and says, 'Today is The Day. Hurry! We must take you to the river to be cleansed in preparation. The herbalist will be here soon.'

Obediently, you follow your mother and other girls and some female relatives to the river, running cold after the night. Your clothes are removed, and you sit with your friends in the rushing water until your lower body is chilled.

Re-dressed in beautiful new attire, you return to the village, where family and neighbours are dancing and singing, fuelled by the potent local brew. There is a hut where something special going on. Instructed with your friends who also went to the river to join the queue, you wait to find out what is happening.

But the hut is dark, and within it all is not well. A girl is shrieking, women are singing too lustily. Alas, it is too late; your turn arrives and you enter uncertainly.

Your mother is suddenly nowhere to be seen. Three older women, one of them your own grandmother, strip off your lovely party clothes and force your legs apart …

You try to shout out, but someone gags you. The pain is intolerable as a woman goes about her business, cutting, scraping and stitching until you can no longer even writhe in protest. Betrayed by those you trusted most, beyond tears, too weak to move and shaking uncontrollably, you find your legs have been tied together, and you are carried to a makeshift bed to recuperate.

You dare not cry out again; the family's honour is at stake. Already bruised, perhaps even with fractured bones from being held down so tightly, passing urine will also require great courage for the next several days. It will feel as though your body is on fire.

And soon, you will be required to parade around your village with the other recently 'cut' girls, so that men may choose whom to purchase as a wife, perhaps as an extra bride to go alongside a more senior spouse. This financial transaction completed, your family will have reaped the benefit of the investment made in your brutal initiation all too soon to 'adult' status.

You will be at the disposal of your new husband, no longer the property of your father.

Very shortly you may discover you are pregnant, your young body still unready to carry a child.

Unlike your best friend (who was, you are told, possessed by bad spirits) you survived the genital mutilation recently inflicted. But will you survive the reopening on your wedding night? Will either you or your child survive pregnancy and birth? Afterwards, will you endure the unending nightmare of obstetric fistula?

In truth, no one knows, and very few, perhaps none, in your community perceive the links between your perils past and those still to come. These matters, they tell you, are determined by the gods or other ethereal forces. What will be will be.

How different your life will become from that of your cousin, who made it to safety in the refuge nearer town. She has managed to evade the 'cut' and is still in school.

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While this particular story is fictional it is typical of the scenario faced by three million girls across the globe every year.

These girls' external genitals – their labia and clitoris – are cut, perhaps completely hacked away. In some instances, they are then sewn up so that almost nothing except a small opening is left where before they had healthy, well lubricated and elastic apertures for elimination, sex and giving birth.

FGM can happen almost anywhere. The notion that it is a custom 'only' to be found 'in Africa' is, as we shall see, seriously misinformed. The commentators who contributed to this book come from five different continents – and we know too that the missing one, South America, also has pockets at least of the practice, for instance in Colombia. There have also always been some 'medical' practices that equate to FGM in nations such as the United States and the United Kingdom, but with the growth of the diaspora, Western nations now also face a very serious challenge in eradicating FGM.

As one informant tells us, FGM is the most common form of child abuse in Britain.

In some communities around the world FGM is performed in the first few weeks of life. Most often, it occurs in mid-childhood, somewhere around the age of eight or ten, or it might occur just before (often very early) marriage or even whilst pregnant.

Worryingly however there is evidence that the age at which girls are mutilated is dropping – the perpetrators may suppose this is 'kinder'; and they don't want the child to recall or report the event.

Sometimes the mutilation is relatively superficial, in other instances it is a deeply invasive wound and much skin and flesh is carved away, before the remaining flesh is re-sutured to leave just a pinhole for the passing of urine and menstrual blood.

The damage may even be re-inflicted on a mother every time she has a baby.

To the great concern of the global medical community, clinically trained operatives, anaesthetic and sterile instruments are increasingly involved, ostensibly making it seem that the mutilation is modern and acceptable. Traditionally the 'cutting' is most often conducted on several children at once, at least until recently with shared 'instruments' – broken glass, a sharp stone, traditional knives, even fingernails – and without pain control or asepsis of any sort.

Whenever and however FGM occurs, it offers no health benefits whatsoever to the victim. It often causes lifelong medical problems, it is usually traumatising and it not infrequently results in death (either in the short-term or prematurely later in life, perhaps of both a mother and her newborn child).

Hearing the practice described in these ways, new enquirers are totally at a loss to understand why FGM occurs, or how it can have continued over literally millennia.

This book asks and seeks through the narrative of our many contributors to understand:

- What FGM comprises and how it varies
- Which peoples have undertaken FGM in the past, and which still do it now
- The rationales and beliefs which underlie the practices and
- The consequences of FGM, for the victim, for their communities, and for us all.

We will also learn a lot about communities, perhaps our own, where FGM has not traditionally been practised.

- Why are there increasing numbers of women and girls in Western countries who have had or are at risk of FGM?
- Are there laws against FGM? (The short answer here is, yes – in many nations around the world.)
- What is being done to stop FGM, in traditionally practising societies and in the 'West'?

And, most importantly of all, we will ask, what can we learn from those with direct experience of FGM who are seeking to eradicate it? And what can we do to help?

- What can victims – who often insist as adults that they are 'survivors', not 'victims'– tell us about FGM and how to confront it? What are their personal stories?
- How can those, sometimes survivors themselves, sometimes not, who lead the way in combating FGM help us to understand the challenges and opportunities ahead?
- What are the roles of policy makers, politicians and the media?
- And… what can we do ourselves, as concerned citizens wanting to make a better, healthier world for women, girls and their families everywhere?

All this, drawing on observations and ideas from many sources to examine what FGM means and how it can be stopped, is offered in the context of acknowledgement that those in modern Western countries – where traditionally FGM has not occurred – are not in a position to take an absolute position of moral superiority. We too (I speak for my own country, the United Kingdom) have much to be ashamed of.

Child abuse of various sorts continues to blight the lives of large numbers of defenceless children, inequalities of health and prospects are often huge, and

patriarchy still rules in numerous ways to the detriment of many, men as well as women.

But in the end, none of these provisos changes the fundamental precepts which underpin this situation:

- FGM is amongst the most serious and cruel forms of human rights abuse.
- FGM often robs a woman of her sexuality, even before she is aware of it - she may never know much about sexual pleasure and love.
- FGM ruins health and sometimes kills.
- FGM can traumatise small children for the remainder of their lives.
- FGM is hugely damaging to entire economies.
- FGM is, in the most profound meaning of the word, an abomination.

It's estimated that FGM claims another victim somewhere in the world every ten or eleven seconds.

Understanding how this can happen is the key to making certain that, soon, it will never again blight lives to the shame of us all.

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Some of those represented here are the amazing colleagues with whom I've been collaborating for a while. Some of them have been active with me on previous campaigns, and perhaps even advisers when I wrote my first book, *Eradicating Female Genital Mutilation: A UK Perspective* (Ashgate, 2015). But most of the people you will meet in this book I 'found' via Twitter and through other social media connections. For months I put out feelers across my social media interfaces, inviting anyone who might be interested to contact me for more information on this project.

It takes a long time to reach out across the globe on difficult issues such as FGM. I am enormously grateful to each of our contributors for responding, whether they were approached by me or they made contact themselves, agreeing to complete the questionnaire from which the information we now offer was extracted. Everyone who responded to my open invitation and shared their ideas and information is included in this book.

The format of the questionnaire, which I devised and piloted over several months is available on *Female Mutilation Worldwide*, the website which accompanies this book. My questions, along with innumerable individual, private email and telephone conversations, enabled me to construct a 'narrative' account for each respondent – for many of whom English is a second or simply foreign language.

In every case, I have done my level best to remain faithful to the information and ideas they have so generously shared, and wherever possible I have also re-checked

with the person concerned, sometimes on several occasions, to try to be sure I have reflected their views and experience accurately. Omissions or misrepresentations may nonetheless sometimes remain. For these I apologise unreservedly, both to the person concerned and to the reader. I aim to correct any such inadvertent errors as soon as possible via the *Female Mutilation Worldwide* website.

With these caveats duly noted, our generous correspondents have taken us on an extraordinary journey.

We begin our travels with a close look at Kenya, the African country thought by many to have made the most overt advances in challenging FGM in a 'traditional, practising' context. The evidence and opinions offered here are illuminating and thought-provoking. It might be fair to say Kenya is at a crossroads in the fight to stop FGM, as various authorities and some citizens campaign vigorously against the ages-old customs and ways of traditional communities.

Next comes a journey, west to east, and then south, across the whole of Sub-Saharan and Southern Africa. Again, challenges and changes are emerging.

The following leg of our journey is from Northeast Africa (Egypt) via the Middle East to Southeast Asia, specifically, Indonesia. During this traverse it becomes evident that those tacking FGM must take on first the reluctance of many in authority to acknowledge that FGM is actually a problem. For much of this part of the world there is as yet barely a public vocabulary with which the concept of FGM can be examined, let alone a will proactively and officially to eradicate it. (The same deep reservations are true of some places in South America. We shall not visit that continent in the course of the present journey, but FGM also occurs there – as we noted for instance, in Colombia – although few are willing to acknowledge or discuss it.)

Australia is the stopping point after Indonesia. Here we have an opportunity to observe as a case study the emergence of a lobby (in which for clarity it must be noted I had some initial involvement) against FGM.

After Australia comes North America, mostly citizens of the United States, some originating from very different parts of the world, and a few Canadians. Here, in a different guise, observers might perceive the failure in some instances of public discourse to accommodate the vocabulary and realities of FGM, or even an inability to address publicly the practicalities of stopping abuse.

Crossing the Atlantic, we arrive next in Continental Europe. European nations north to south are included in our tour - here too we note the differences as well as the similarities of the challenges FGM presents in the various geographically dispersed elements of the diaspora. By now it must be evident to all who have shared our journey that there is no one, straightforward and obvious, way to make FGM history.

Finally we reach the United Kingdom, where significant efforts to end FGM have been made over the past few years.

As in previous chapters, a range of reports of case studies illustrates the complexities of the task with which campaigners in Britain are confronted. These reports illustrate how we must all respond as we can, drawing on whatever resources we can muster, to the challenge of eradicating the appalling practice of FGM forever.

Our global contributors to this book have generously shared a wide range of understandings of what FGM 'means' and how it should be addressed. The debates about how to eradicate FGM will continue for a while yet.. Whilst views on details may vary, however, the determination to spare future generations this cruel harm will without doubt continue unabated.

To return to the message with which we began this journey:

Female genital mutilation is everyone's business.

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A note on chosen terminology in this book

For the removal of any doubt, I am a white, Western woman and feminist sociologist. There is no question in my own mind – the debate is examined in detail in my previous book - that female genital mutilation is just that: FGM is 'mutilation'.

Further, FGM must be positioned within a patriarchal conceptual framework. This belief was informed and bolstered by the *Bamako Declaration* (2005) and the earlier stated preference for the term FGM (1990) of the *Inter-African Committee on Traditional Practices Affecting the Health of Women and Children* (known as the IAC and led by Dr Kouyaté, author of the Preface to this book).

Deliberations such as *Bamako* and the IAC's position also led me and some of my campaigning colleagues, all with different experiences and from different perspectives, to produce the 2013 *Feminist Statement on Female Genital Mutilation*.

This current publication is, however, no place to impose my own choice of terminologies. I am profoundly grateful to all who took time and trouble to collaborate with me in developing the material which follows. I have of course, without reservation, respected each person's preferred terms as they share their narrative.

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For references and weblinks, more information and further discussion of material and ideas in this book, please visit the Female Mutilation Worldwide website, at http://femalemutilationworldwide.com.

Chapter 2:

What is Female Genital Mutilation?

Why is it 'mutilation'? Why does it happen? What is being done about it?

All female genital mutilation involves some sort of harm for non-medical reasons to the sexual organs of a girl, woman or even a female baby. It is easy to understand why the French amongst others call this damage female *sexual* mutilation.

Beyond the common theme of damage, however, there are many different ways in which this harm is inflicted.

The World Health Organisation (WHO), an organisation now existing for over half a century, has very serious concerns about FGM. It defines four main types of FGM:

1. Clitoridectomy: removal to whatever extent of the clitoris, an elongated, sensitive and erectile organ of which only a small part, the sensitive 'button' at the front is visible. It would be almost impossible to remove the entire clitoris, as it extends backwards in a wishbone shape around the vagina. Nor (because the victim usually moves, and the operator's skills may be minimal) is it normally possible to remove 'only' the prepuce, which is the fold of skin surrounding the visible clitoris.
2. Excision: removal of at least some of the clitoris, and also of the labia minora (the inside 'lips' which surround the vagina) plus, in some cases, the removal of the labia majora, the outside 'lips'.
3. Infibulation: when the labia, whether or not otherwise cut or scraped away, are sealed (often sewn, with pins, thread or thorns) so that only a small hole remains for the excretion of urine and menstrual blood. The clitoris is often excised before the infibulation, and the girl's legs may be bound together for some weeks to ensure the 'seal' is effectively formed.
4. Other: this may include piercing, scraping, cauterising (burning), pricking, lengthening or pulling the labia or otherwise harming the female genitalia.

FGM is often carried out by maternal grandmothers or aunts, or by traditional birth attendants (often called TBAs or 'midwives') or others, including sometimes men, with a position in the community who have no clinical training. Increasingly, however, especially amongst wealthier and / or better educated populations, it is done by people with modern medical skills.

It has been argued that so-called 'medicalisation' is 'better', because the act is more likely to be delivered hygienically and with pain control. There is some evidence, however, that medicalisation also results in a greater degree of excision. The World Health Organisation and many national medical bodies are very clear that, whatever the circumstances, no-one anywhere with clinical qualifications should be involved in this practice, and that to be party to FGM is a serious ethical and professional misdemeanour as well as, almost everywhere in the world, a crime.

The rationales for FGM vary across communities and belief sets, and across time. Whilst often the traducing of any particular 'reason' will be followed by a different one, amongst those commonly noted are that FGM:

- reduces sexual desire and enables young women to control their sexuality (which, it is believed, would otherwise be rampant),
- increases modesty and purity (required by various religions and belief sets) and keeps the girl 'clean',
- increases bride price or dowry for the family and the likelihood of a 'good' marriage(essential for the parents in old age, as their 'pension'). These 'marriages' are often however contracted (by fathers and 'husbands') when girls are still at an age when sexual intercourse would be perceived by external observers as child rape – and the man may already have other wives,
- keeps the wife faithful – both for fear of pain if, in the course of illicit passion, she is deinfibulated, and because the deinfibulation will be evident, and punished,
- removes the perceived risk – a 'belief trap' which no-one dare test – of death which would arise if a man's penis, or a newborn child's head, were to touch the clitoris (which is sometimes believed to continue to grow, as a 'third leg', if not removed),
- is an important element of maintaining traditions and customs, sometimes required also by religion and
- may be (re)introduced where before it did not previously occur, either to fit in after a group moves to a new community, or else to define the group (diaspora) as different from its host society.

Despite these and many other claimed rationales for FGM, in reality it inflicts only harm. If it is not done, the harm will not arise. There are no 'benefits' beyond the increase, where such is the currency, in prospects for marriage and bride price.

Essentially, FGM confirms girls and women as simply economic commodities invested in by men (but often processed on their behalf by women) for other men. Tragically this investment, whilst bringing some economic return for the investor in the shorter term, has but limited longer term real return or reward for any party. It also often triggers lifelong ill-health and disability for the 'commodity' herself.

Nonetheless, even the fatalities – sometimes in large numbers, perhaps even 10 per cent or more in some locations, that follow FGM are explained away. It was fate, or bad spirits, community leaders will say, not the 'cutting', which caused the girls' deaths.

And for every death, there are many other victims of FGM whose lives are never again the same.

The immediate physical risks are obvious, ranging from haemorrhage, shock, tetanus and rampant infections, to broken bones (from the struggle of being held down) and damaged organs. Later, there may be recurrent urinary infections, open sores, a higher risk of HIV, cysts and many other persistently unpleasant and painful conditions.

Then there are the deep psychological wounds. Whether she is persuaded to 'volunteer' or is harshly kidnapped, the child undergoing FGM has been betrayed, her trust destroyed, by some or all of the people she holds most dear. No-one was there to protect her at her hour of greatest need.

It is not surprising that some women with FGM say the psychological, sometimes psychiatric, issues which arise post-event are even harder to bear than the physical ones. For some, too, it may be unsurprising that they choose in years to come to revisit the harm on their own daughters. They cannot countenance any thought that their mothers permitted FGM to be performed on them without compelling reason.

Also, sometimes far too soon after FGM has been inflicted, there are the risks associated with pregnancy and childbirth. Conception itself may be difficult, labour may be constricted, obstetric fistula (permanent tearing between the vagina and the bladder or rectum) may occur with truly horrendous life-long outcomes, and the child, male or female, may die or suffer permanent damage because of the difficult delivery. Even children who survive delivery are at extra risk, as women with FGM have a considerably higher overall maternal mortality of those without it. In Sub-Saharan Africa many children are tragically left motherless each year. These children are ten times more likely than others to die within two years of their mothers' deaths.

In short, as a contributor to this book reminds us, female genital mutilation is truly the 'gift' that keeps on giving; or, perhaps even more grimly, that keeps on taking.

At long last the nations of the world are starting to acknowledge the dimensions

of this gendered global pandemic – to reiterate, WHO believes about 130+ million women and girls are living with FGM, and another three million undergo it every year – and the global community is responding more definitively to the crisis.

Since 2003, there has been an annual *International Day of Zero Tolerance to FGM*, observed on 6 February. The day was that year by Stella Obasanjo, then First Lady of Nigeria, who declared it so during a conference organised by the *Inter-African Committee of Traditional Practices Affecting the Health of Women and Children* (the IAC), and is now observed by the United Nations to mark the struggle to make the practice history for all time.

Almost a decade later, very importantly, in 2012 the United Nations General Assembly adopted a resolution on the elimination of FGM; and before that, in 2010, the WHO and UN partner organisations published a global strategy to stop the medicalisation of FGM.

Since that time, in 2013, the United Nations Children's Fund (UNICEF) has published a 'statistical overview and exploration of the dynamics of change'. This publication offers analysis, drawing on seventy nationally representative surveys over a 20-year period, of trends and the relative success of various approaches in eliminating FGM in 29 African and Asian countries where FGM was then known to occur. This, the most authoritative global report on FGM ever, concluded that progress in eradication was being made, patchily and painfully slowly.

More recently still, in 2014 and 2015 Ban Ki-moon, the Secretary General of the United Nations, has been overt in his robust condemnation of and focus on FGM, working actively with campaigners world-wide, and with *The Guardian* to deliver a real step change and momentum in efforts to eradicate it.

It seems that, though often far too lethargically, we as the global community are learning more about, and acknowledging, where and why FGM occurs, and how the many valiant efforts in pockets around the globe – some of them evidenced in this book - can be conjoined to greater effect.

What now needs to be done is, in some respects at least, straightforward – more education, greater legal vigilance, better health care and more opportunities for women outside domestic servitude, in every community affected.

Other aspects require a more nuanced approach. The influencing variables are multitude. In practising communities the mindsets of the group leaders (or sometimes brutal regulators) are critical; but so perhaps are the modes of thought of those seeking to change minds on a more global scale. How, fundamentally, are we to understand and respond to FGM?

At what point, for example, do we as campaigners and professionals who seek to combat FGM, turn from accepting and accommodating terminologies to the much starker language of human rights and entitlement?