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FEMALE GENITAL CUTTING: *A CASE OF SEXISM AND VIOLATION OF HUMAN RIGHTS*

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ABSTACT: *The work is a think piece on female genital cutting and the health implications associated with the practice. The four different types of FGC commonly in use are discussed alongside the reasons advanced in support of each type by the cultures that subscribe to the practice of FGC. The purported merits as perceived by the practicing communities and cultures are contrasted with the negative health implications associated with the practice. In terms of the net balance of functions, the disadvantages are shown to outweigh the advantages (1) in the area of health, and (2) In the area of human rights. The paper therefore suggests some useful practical and cultural alternatives to FGC as well as makes recommendations for policy towards FGC abandonment in order to restore the dignity of womanhood.*

Key Concept: *Female Genital Cutting (FGC).*

INTRODUCTION

Worldwide, more than 130 million girls and women have undergone female genital cutting (FGC) and it is estimated that each year nearly 2 million more girls are at risk. The results of studies conducted in this area of cultural behaviour point out that the practice has serious health implications. Kiragu (1995) reports that in Nigeria female genital mutilation (FGM), which refers to a number of traditional operations, involving cutting away part of the female external genitalia, or other injury to the female genitals, is a serious cultural behaviour affecting maternal health especially during pregnancy and child delivery. Although a few studies have stressed that the practice has no negative side effects recently female genital cutting has been increasingly recognized as a health and human rights issue with serious socio-cultural implications. This position has been acknowledged by various governments, professional health organizations and the international community.

As a result of this awareness, greater attention is now focused on ways and means of ending the continued practice of female genital cutting. The practice of female genital cutting which is said to have originated some 2000 years ago in Southern

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Egypt or Northern Sudan (Bettina and Hernlund, 2000) serves either as a rite of passage to womanhood or defines a girl or woman within the social norms of her ethnic group or tribe. Although the practice has an ancient origin it has been adopted and institutionalized by many contemporary cultures in Africa and elsewhere. It is heavily practiced by adolescents in Chad and many tribes in Nigeria. FGC is generally performed on girls between ages 4 and 12, although in some cultures it can be carried out as early as a few days after birth or as late as just prior to marriage, during pregnancy or after the first birth (Toubia, 1995). From available evidence, FGC is practiced in at least 28 countries in Sub Saharan and North-Eastern Africa but not in Southern Africa or in the Arabic-speaking nations of North Africa, with the exception of Egypt (Population Reference Bureau, 2001).

In Nigeria FGC is a cultural behaviour that is still heavily adhered to. For example, in a small village in the South-eastern part of the country 36 (72%) of the availability sample, comprising 50 young girls and women interviewed claimed to have undergone one form of female genital cutting or another. Clearly manifesting ignorance of the health implications involved in the practice, as many as 15 (41.7%) of those involved claimed seeing nothing wrong with the behaviour and that they would perform it on their female children at the appropriate time (Umoh: field survey, 2004). In view of the health danger involved, and the fact that it is a violation of human rights, this article seeks to propose effective ways and means of discontinuing the practice by examining (1) types of female genital cutting, (2) why female genital cutting is performed, (3) why the practice has persisted, (4) approaches towards abandonment of the practice, and (5) recommendations for policy and future action.

CONCEPTUAL CLARIFICATION

Three terms have been currently associated with the above practice. These include female genital mutilation, female circumcision and female genital cutting itself. The terms are used interchangeably to describe the cutting or alteration of the female genitalia for social rather than medical reasons. For a long time the term female circumcision was widely used to describe the practice. This was later abandoned because it was found to imply an analogy with male circumcision. Compared to male circumcision, which involves cutting off the foreskin of the penis without harming the organ itself, female circumcision is a far more damaging and invasive procedure. Furthermore, while male circumcision is seen as affirming manhood, female circumcision is often perceived as a way to curtail premarital sex and preserve virginity. On the other hand feminists and health workers prefer the use of the concept "female genital mutilation" in order to emphasize the damage caused by the procedure. In recent times, the concept of female genital cutting has been preferred because it is considered less offensive and more neutral without being judgmental and pejorative. However, while the US Agency for International

Development (USAID) expresses a preference for female genital cutting the debate in search for an appropriate terminology for the practice is still on (USAID Policy on Female Genital Cutting, 2000). This article therefore uses the more popular concept of female genital cutting because while it suitably describes the practice, it is culturally neutral and inoffensive.

TYPES OF FEMALE GENITAL CUTTING

Wherever the practice is entrenched in the culture, female genital cutting (FGC) refers to a variety of operations involving partial or total removal of the female external genitalia. The female genital organ consists of the vulva, which comprises of the labia majora, labia minora and the clitoris, which is covered by its hood located in front of the urinary and vaginal openings. When the practice, because of its health implications, attracted world attention about half a century ago, the World Health Organization, the first United Nations (UN) specialized agency to take a stand against female genital cutting, in 1995 classified FGC operations into four broad categories. These include:

Clitoridectomy: This is referred to as type 1 FGC and involves the excision or complete removal of the clitoris itself. Immediate potential side effects include severe pain, hemorrhage, injury to the adjacent tissue and organs, shock, infection, urinary retention and tetanus. Long-term effect may include difficulty with childbirth or obstructed labour if the woman had been infibulated,that is, had the external genitalia cut off as well, and in some cases even death.

Excision: Excision involves the removal of the clitoris together with part or all of the labia minora. It is also called type 2 FGC. Women with excision have a high likelihood of experiencing hemorrhaging or perineal tearing during child delivery (Nafissatou, et al., 1998).

Infibulation (or Type 3 FGC): Infibulation is the removal of part or all of the external genitalia and stitching and / or narrowing of the vaginal opening, leaving a small hole for the purpose of urination and menstrual flow. (The external genitalia includes the clitoris, labia minora and the labia majora). Infibulation is the most damaging of all types of female genital cutting. Operations research studies conducted in Burking Faso and Mali have shown that women with infibulation are nearly two and a half times more likely to have a gynecological complication than those with either type 1 or type 2 FGC (Nafissatou, et al., ibid).

Unclassified (or Type 4 FGC): As the name implies, the unclassified female genital cutting refers to all other forms of the above cultural practice. They include pricking, piercing, incising of the clitoris and/or labia, burning of the clitoris and surrounding tissues, incisions to the vaginal wall and the introduction of corrosive substances or herbs into the vagina. Each of the above practices has its peculiar health side effects. The above are the four different categories of female genital cutting as practiced by the various cultures that subscribe to it. While it is difficult to establish both the number of women who have undergone FGC and how many have undergone each type, WHO has established that clitoridectomy, which accounts for up to 80% of all cases, is the most common procedure; and 15% of all circumcised women have undergone the most severe form of female genital cutting, which is infibulation (WHO, 1996).

WHY FEMALE GENITAL CUTTING (FGC) IS PERFORMED

Many reasons have been advanced over the years in justification for the sustained practice of FGC. These reasons vary from one culture to other. The reasons given here are those that are most common among the countries that endorse the culture of FGC. In some cultures, the practice is seen as a rite of passage into womanhood. When so considered, FGC is performed at puberty or at the time of marriage. Other cultures, on the other hand practice FGC as a celebration of womanhood, preservation of culture and tradition, or as a symbol of ethnic and/or tribal identify. Where such reasons prevail, the practice may be performed on girls at very tender ages, for example, before the age of puberty. Some cultures associate FGC with ritual overtones. Where this is the case, female genital cutting becomes part of cultural ceremonies.

Such ceremonies may extend over a period of several weeks, during which times, the beneficiaries (?) are feted and showered with presents and their families are honoured accordingly. Such occasions are moments of unparalleled joy, bringing together other family members, relations, friends, well-wishers and other visitors who celebrate sumptuously with food and drink in an atmosphere of freedom for the girl. Such rituals serve as acts of socialization into cultural values and norms and as important connections to the family, the entire community and a symbol of sentimental attachment to earlier generations. Where such is the case, the ritual ceremony involves three important aspects:

Educational Aspect: - through this aspect, a girl learns the role proper to her state in society as woman, wife and mother.

Physical Aspect: -this involves the willingness of the initiate to submit to physical pain to demonstrate her readiness to assume her new role courageously. The initiate is expected to demonstrate complete submission to the physical duress associated with this excruciating act of physical initiation.

Vow of silence: the girl must make a solemn pledge of secrecy not to narrate her experience during the ceremony to anyone. She is expected under the solemn ritual pledge to suffer and keep everything to herself alone (Tostan, 1999).

Although the reasons for practicing FGC differ by the culture, many communities actually believe that the practice preserves the girl's virginity as well as protect marital fidelity because it reduces a woman's sexual desire. Other reasons in support of FGC include: giving pleasure to the husband, religious mandate, cleanliness, identity and maintaining a good social standing. At the heart of all this is rendering a woman marriageable and attracting a favourable bride price, thus benefiting the family economically. From the point of view of the family, the practice is perceived as an act of love for the female members because through it, parents provide a stable life for their daughters and ensure their full participation in the life of the community.

This aspect is considered as very important because an uncircumcised woman has no access to status or a voice in the community. As a result of these perceived social advantages, many women who would disapprove of the tradition on health grounds still submit their daughters to the practice. These are some of the main reasons that give strong support to the practice of FGC in many African and non-African societies thereby encouraging the sustenance of the practice despite global disapproval. Although the above-perceived advantages are reasons enough to encourage its continued existence in a culture, there are more cogent reasons that encourage its persistence. We now look into some of such reasons.

REASONS FOR THE PERSISTENCE OF FEMALE GENITAL CUTTING

So far we have looked at the perceived social as well as cultural advantages that make the practice of FGC attractive to practicing communities. These reasons are seem to differ from culture to culture. Understanding the beliefs and perceptions that sustained the practice over centuries and directing efforts at changing such beliefs are the only ways to end the practice. Most importantly, the cultures that practice FGC share a common belief and frame of mind, which present compelling reasons why the clitoris and other external genitalia should be removed. These cultural mind frames must be taken into consideration by the agencies that engage in anti-FGC campaigns. The psychological, social and religious as well as personal (i.e. hygienic and aesthetic) beliefs that contribute to sustained practice are the results of long-standing custom and tradition. These traditions emphasize and give prominence to physical cleanliness, a life of chastity and virginity, upholding family prestige and the control of feminine sexuality in order to protect the entire community. Among the reasons listed above, in the countries surveyed by Demographic and Health Surveys, good custom/ tradition is the most frequently cited reason for approving of FGC, while bad custom/tradition is one of the primary reasons for discontinuing the practice (Population Reference Bureau, 2001).

This cultural mind frame must be taken into account by all stakeholders in anti-FGC programming.

In communities endorsing FGC traditions, a range of enforcement mechanisms are put in place in order to ensure its continued persistence. These include fear of punishment from the Deity, the unwillingness of the men folk to marry an uncircumcised woman, and the construction of local poems and songs that emphasize the importance of the ritual. Other measures meant to enforce compliance include exclusion from the community, divorce, forced excision and reward for compliance, for example, public recognition, gifts and the opportunity to participate in adult social functions. In other circumstances, the mere desire to conform to peer norms and pressure drives many young girls to seek circumcision voluntarily. Despite the widespread practice in some cultures, it has been noted that in some societies, for instance, in Eritrea, men are more likely than women to favour ending the practice (Eritrea Demographic and Health Survey, 1997).

In terms of its persistence, female genital cutting could continue indefinitely unless effective interventions convince millions of men and women to abandon the practice. Many African activists, development and health workers as well as people who follow the traditional ways of life recognize the need for change but they have not yet achieved sufficient and extensive social transformation.

APPROACHES TOWARDS ABANDONMENT OF FEMALE GENITAL CUTTING

Medical and health reasons are foremost among the reasons supporting the abandonment of the cultural practice of FGC. Despite the deep entrenchment of the practice in many cultures, efforts must be intensified in this direction in order to achieve the necessary success. The most important approach is in the direction of behaviour change. Certainly, putting an end to FGC will be a long and difficult process, requiring long-term commitment to establishing a foundation for sustained behaviour change. A report by the World Health Organization (WHO) has identified the following six critical dimensions/elements if any efforts to abandon the practice of FGC are to succeed. The report draws from survey data from 88 agencies with anti-FGC programmes and field assessment of five countries with strong programmes toward ending FGC (Population Reference Bureau, 2001). The six elements are:

(a) Strong and reliable institutions that are geared towards the implementation of programmes for the abandonment of the practice of FGC at the national, state and local levels,

(b) A committed political structure that supports FGC abandonment backed up with strong policies, laws and resources,

(c) The legitimation and institutionalization of FGC and related programmes into national reproductive health and development programmes,

(d) An effective coordination among governmental and non-governmental organizations,

(e) Trained medical professionals and health providers who can recognize and administer effective treatment of FGC complications, and

(f) Advocacy efforts that foster a positive policy and legal environment, increased support for programmes and public education.

Of the above elements, innovative behaviour change is considered the most effective strategy for ending FGC because of its potential in addressing the cultural roots into which FGC is enmeshed. Furthermore, as the World Health Organization (WHO) has emphasized, while laws and clear policy declarations prohibiting the practice may help to provide an overall framework for ending FGC, more comprehensive efforts are also needed. Such efforts are best if they originate from private and nongovernmental organizations based in the practicing communities themselves. This option has been further supported by WHO on the grounds that approaches that have relied on outside authorities or financial incentives have been less successful than those that have focused on community-based behaviour change.

In implementing the anti-FGC strategies, care must be taken as some of them entail some health risks, which may even be greater than those associated with the FGC practice itself. For example, the "health risk" approach, which emphasizes the harmful traditional nature of the practice despite its long-stranding use, when used in isolation of other educational efforts, has not been seen to reduce the incidence of FGC. Another controversial anti-FGC strategy has focused on educating circumcisers and training them for alternative sources of income, thus reducing the supply of FGC practitioners.

Armstrong (1991) in his study of alternative sources of income for FGC practitioners in Ghana and Ethiopia found that the strategy initially yielded positive results. But more recent studies have indicated that the approach faces many challenges. For example, an evaluation study 10 years later in Mali found that the alternative resource strategy yielded no positive results as parents continued to seek out the excisors to carry on the practice owing to their conviction and commitment (Population Council, 2000). It would seem, therefore, that in order to end the FGC practice, efforts should be geared towards reducing demand, rather than seeking to restrict the supply of incisors. Efforts in the future need to encourage broad, community-based education campaigns for different audiences and interest groups and promote discussion about FGC and its dangers. Such audiences which should include men, opinion leaders, religious leaders and traditional midwives should encourage discussion about FGC and urge local leaders to publiclydecrythe practice. But whichever strategies are settled for, the above approaches

are most successful when used in conjunction with other types of interventions, rather than in isolation for greater positive result. In order to ensure greater effectiveness and better result in the integration strategy with others, the following measures are suggested:

FGC abandonment approaches should be integrated into social and economic development initiatives that focus on women empowerment.This is a long-term approach, which works with women who are heads of households. It includes initiatives such as income generation, the provision of health services and literacy training programmes. At the end of the programmes, all groups in the community who have a stake at FGC practice sign a declaration stating their intention to abandon FGC.

Alternative rituals (to FGC) should be developed to substitute for the traditional cutting ceremonies. This can be done through the assistance of tribal and religious leaders who can develop other types of rites of passage rituals that emphasize such aspects like seclusion, information-sharing and gift-sharing celebrations. This practice can serve as a public declaration of abandoning FGC.

Women should be empowered through participatory techniques to collectively decide about FGC abandonment and to negotiate community support. This is a type of literacy programme that gives women the information and self-confidence needed to abandon FGC practice. In this case, the women themselves and other community members voluntarily decide on a public declaration to end the practice.This method should emphasize such aspects as (i) the practice of FGC is not popular in the developed world, (ii) the negative health implications of the practice, and (iii) formation of anti-FGC associations prohibiting boys to marry circumcised females, etc.

The costs and benefits of continuing or abandoning FGC practice should be emphasized through an intensive social marketing approach. "[(Social marketing is the process for increasing the acceptability of ideas or practices in a target group (Andreasen, 1995)]. Through the approach, a message is delivered to stake holders on a cost-benefit analysis about the negative effects of FGC on the community and persuading them to decry the practice. It could include an alternative ritual (as above), a cultural day that affirms the community identity and some positive aspects of the culture and even awards ceremony to leaders who encourage discontinuation.

CONCLUSION AND RECOMMENDATIONS

This article has examined some of the important issues surrounding the practice of female genital cutting (FGC) in the cultures that endorse the practice. Prominent among the reasons that would necessitate its local abrogation are its negative health implications and the fact that it is a violation of human rights against womanhood. Reasons fostering the prevalence of the practice have also been identified. In an effort to end this cultural cruelty, it is suggested that data on attitudes and prevalence rates should be

obtained in order to be armed with necessary background information on opportunities for intervention in formulating abandonment programmes.

Accordingly, in view of the indispensable role of policy makers and programme managers in anti-FGC attainment, the following recommendations are provided.

Governments and donour agencies need to support those agencies involved in FGC abandonment with financial and technical assistance. This is essential because the programmes initiated by agencies and nongovernmental organizations (NGOs) in this direction tend to be small in volume due to financial constraints with the result that only a small proportion of the people in need actually benefit.

Governments at various levels need to enact anti-FGC laws to protect girls and educate communities about FGC and human rights. However, there is need for prudence in this direction since heavy-handed enforcement can drive the practice underground. In order, therefore, to avoid any adverse results, legal support and protection should be provided for women. This will discourage circumcisers and families who may fear prosecution.

To sustain programmes, governments need to institutionalize FGC abandonment efforts in all relevant ministries. One way to achieve success in this direction is to change the social norms underlying FGC. Governments could also promote FGC abandonment through participation in national events such as the International Day of Population by awareness campaigns.

Training and financial support should be provided to health providers at all levels in order to prepare them for effective treatment of FGC complications and promote prevention. The training will equip health providers with the skills to determine the extent and severity of FGC-related complications while the financial support will facilitate the treatment of the problem.

The efforts by governments, donors, NGOs and other agencies working on FGC abandonment should be coordinated. By inviting each other to meetings and training sessions as well as coordinating at programme sites, duplication of efforts can easily be avoided.

International agencies, such as the World Bank and the United Nations, should assist NGO and government staff to develop their advocacy skills. Advocacy is essential in order to ensure that FGC abandonment programmes are sustained until the cultural behaviour is completely eliminated.

Managers (that is implementers) of FGC abandonment programmes should bring in all stakeholders in the design, implementation and evaluation phases of the programmes. Since potential beneficiaries are girls and women, their involvement is essential for success. Therefore, manager's approach should be participatory.

FGC abandonment programmes need to be based on sound research. Therefore, each community's perception must be the foundation of information and abandonment campaigns.

The youth should be the major focus of FGC abandonment programmes. The understanding here is that the youth are not only the most likely victims but they are also major change agents in the community.

The elite and urban dwellers should be included in the programmes by managers. Managers should consider this as an important aspect since FGC practice cuts across all socio-economic strata.

Managers should assess and build their programmes on the positive community values that underlie FGC practice. Anti-FGC programmes are more likely to achieve success if developed by the community itself than when they are brought in from outside by policy makers, educators and health professionals.

Anti-FGC programmes should involve the mass media by utilizing creative aspects of the community culture, such as folk media and drama in order to achieve a wider courage.

Managers/implementers of programmes need to be comprehensive in their approach both in the range of people trained and in the topics covered. Training must be seen as a critical component of FGC abandonment efforts. It enhances the ability of implementers to design, implement and evaluate community-based behaviour change and to develop mechanisms for sustainability. If all those who have a stake at FGC abandonment implement the above recommendations, it is believed that a high level of success will be achieved and female genital cutting will be eliminated from all cultures. This way, the health of the woman and her right to physical dignity will be guaranteed.

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