UNFPA programme update - FGM/C

Asmara, November 2007, #3

Female genital mutilation/cutting

Female genital mutilation constitutes all procedures which involve partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reasons[1].

The World Health Organization (WHO) has further classified these procedures in four types, ranging from clitoridectomy or excision of part or all of the clitoris (Type I), to excision of the clitoris and part or all of the labia minora (Type II), and infibulation or excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (Type III). Type IV groups all other unclassified procedures that injure the female genitalia.

Norad, 2007

Community meeting under a Sicomoro tree in Eritrea

Female genital mutilation/cutting (FGM/C) is predominantly practised in Africa and South-East Asia, though spreading to new places because increasing displacement and labour migration. It is estimated that 100 to 140 million girls and women have undergone the practice, with every year an additional 3 million girls and women at risk of undergoing the practice.

In Eritrea, its incidence ranges from 78.3 percent of all women for the 15-19 years age group to 99.7 percent for the 45-49 years age group. 62 percent of circumcised women declare to have undergone the practice before their first birthday[2]. Customary sexual and reproductive health interventions such as traditional birth attendance, male circumcision and female genital mutilation belong to the main activities undertaken by traditional medical practitioners in contemporary Eritrea[3].

Despite the fact that the eradication of this severe threat to the health and bodily integrity of women has been an international goal since the early 1950s[4] - a goal that was actively pursued by the Eritrean People's Liberation Front throughout The Struggle for Independence - this extremely harmful practice continues to persist in Eritrea.

The UN Joint Programme on Abandonment of FGM/C in Eritrea, launched in 2007 and implemented by the Ministry of Health and the National Union of Eritrean Women, is a first national operationalisation of the joint statement made in 1997, by WHO, the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA) in which these UN specialised agencies confirm the universally unacceptable

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harm caused by female genital mutilation and issue an unqualified call for the elimination of this practice in all its forms.

The following short reflection on social theories and research findings intends to make a contribution to the national programme that is determined to stop this practice in Eritrea.

… an unconscious symbolic expression ?

People's appearance and body images reflect the values and meanings of the society they live in; the body can be read as a symbol of the social world to which it wants to confirm[5]. Body images are acquired as part of the process of growing up in a particular society, and even the most controversial forms of body alteration such as FGM/C are a result of the culture and the mindsets within which people grew up. As such, purification as a social value could be interpreted as an act of 'chasing dirt' intended to create unity in experience and maintain social order. Purity is highly valued in clitoridectomy practising societies and the concept not seldom refers to circumcision while it is also often linguistically linked to chastity.

… a boundary issue ?

Apart from body image also body politics could be at play for purpose of shaping the body to the needs of the society, such as controlling the external boundaries of the group to maintain a particular social order. When the sense of social order is threatened, the symbols of self control become intensified along with those of social control. Boundaries between the individual body and the political body become blurred, and there is a strong concern with matters of ritual and sexual purity[6]. Infibulation practising societies are often characterized by patriarchal structures with male dominated social hierarchies, respect for seniority, and women quite often the custodians of tradition; older men hold power over younger men and older women over younger women, a condition through which FGM/C continues its existence.

… a response to men's sexual anxieties ?

Male supremacy has given rise to various forms of female sacrifice[7]. While patriarchy in itself may not be the causal explanation for female circumcision, practices such as neglect of female children, sexual mutilation and daughter-in-law maltreatment are some of the consequences of patriarchy which may unconsciously continue to exist due to social and economic subordination of women. Increased focus on sexuality and clitoral orgasm in the 1970s helped in lifting the issue of FGM/C out of the sphere of taboo and shame, and made it object of public debate. However, traditional stereotypes quite often reconfirm beliefs as would women potentially lack control over their own sexual desire, thereby constituting a threat to men and social order. A circumcised clitoris and closed vagina is often associated with highly appreciated social values of chastity, purity and good hygiene, to the extent that mothers and grand-mothers see infibulation as the ultimate verification of their adherence to these values.

Norad, 2007

"Why can't we continue with our traditions ?", says the elder

… a human rights abuse ?

In the 1990s the international policy agenda started focussing on the eradication of FGM/C for reasons of flagrant violation of fundamental human rights, more particularly a violation of the child and women's right to physical integrity, thereby overruling the right to culture and the right to privacy[8].The International Conference on Population and Development (ICPD)[9] stated explicitly that "harmful practices meant to control women's sexuality have led to great suffering, such as the practice of female genital mutilation, which is a violation of basic rights and a major lifelong risk to women's health".

… a sexual and reproductive health concern ?

Immediate and long-term complications of FGM/C constitute a serious public health problem which endangers the life and health of children and women[10]. Haemorrhage or loss of blood from ruptured blood vessels, traumatic shock due to severe pain and anguish, infection such as tetanus, fatal septicaemia or blood poisoning and gangrene, urine retention and urinary tract infection, urine incontinence due to injury to adjacent tissue such as urethra, vagina, perineum or rectum are possible immediate complications documented by WHO. Long-term complications may be painful urination and incontinence, chronic pelvic infections and noxious discharge, vulval abscesses, hard scar genital tissue, dermoid cysts and calculus formation, urine and faeces incontinence due to formation of fistulae are among the long-term physical, psycho-sexual and psychological complications that result in difficult menstruation, sexual and reproductive dysfunctions, infertility and social outcast. These are obviously all preventable physical hazards to women's reproductive health that ultimately ruin their own life as well as the life of their families.

… a primary health care priority ?

Women, maternal and neonatal mortality and morbidity are clearly at stake and a broad range of health problems would be prevented if the FGM/C practice could be abandoned completely. The ICPD[11] explicitly underwrites this priority by recommending health workers to actively discourage harmful sexual and reproductive health practices as an integral component of primary health care. In this context, great caution should be exerted for medicalization of the harmful practice of FGM/C by making it part of the services provided by the health facilities. It goes without saying that such would imply the use of "medical knowledge contrary to the laws of humanity"[12] and conflict with "harnessing of knowledge for the benefit but not the harm of Mankind"[13], as per the medical code of conduct.

… an illegal act ?

Many of the FGM/C-related laws and policies on the African continent are donor-driven and had moderate success[14]. The ICPD[15] urged governments "to prohibit female genital mutilation wherever it exists and give vigorous support to efforts among non-governmental and community organizations and religious institutions to eliminate such practices." On 20 March 2007, the Government of Eritrea issued a Proclamation to Abolish Female Circumcision[16] which criminalises the practice and penalises those who incite, assist, perform, or fail to prevent the practice of FGM/C. The law should be viewed as one component of a multi-sectorial approach and its national promulgation will help in empowering community-based initiatives that are supportive to abandoning the practice[17]. The risk of actors going underground and mothers not going for neo-natal health services out of fear of persecution is expected to remain negligible as the law is accompanied by social mobilization of the entire community, in conjunction with comprehensive Information, Education and Communication (IEC), as the way forward to solve the problem.

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"It hurts to think of the negative aspects of our culture", says the woman

… a community convention.

In the regions where FGM/C is practised, the procedure is so old that most individuals today can not remember how it originated. Over time it has become a convention, deeply culturally embedded and persisting because no longer object of critical reflection. Its value is accepted within the practising community and people apply it as something natural and the normal and expected thing to do[18].

Every family could come to think that FGM/C is wrong, but that is not enough as the practice would continue because any family abandoning it on its own would ruin the future of its daughters under the pretext of encouraging sexual promiscuity and jeopardizing religious observance, physical neatness, virginity, feminity, fecundity, marriageability, etcetera.

Because of its conventional nature, it is not enough to educate individuals; emphasis should be on community participation and proactive involvement of all its members, with effective networking and all organisations assuming advocacy in support of wiping out the practice[19]. Accordingly, the ICPD[20] adopted that "steps to eliminate the practice should include strong community outreach programmes involving village and religious leaders, education and counselling about its impact on girls' and women's health, and appropriate treatment and rehabilitation for girls and women who have suffered mutilation. Services should include counselling for women and men to discourage the practice."

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"We as parents can influence our sons to marry uncircumcised women", says the man

Endnotes

[1]*Female Genital Mutilation,* Report of a WHO Technical Working Group, Geneva, 1995, pg 6
[2]*Eritrea Demographic and Health Survey 2002,* Calverton, Maryland, USA: National Statistics and Evaluation Office [Eritrea] and ORC Macro, 2003, pg 196-199
[3]Survey on traditional medical practices and traditional healers in Eritrea, African Traditional Medicine Day Workshop, Ministry of Health, Mendefera, 17 November 2006
[4]The UN Commission on Human Rights raised the issue for the first time in 1952
[5]*Natural symbols: explorations in cosmology,* Mary Douglas, Pantheon Books, New York, 1970
[6]*The Mindful Body: a prolegomenon to future work in medical anthropology,* Scheper-Hughes, N. and Lock, M., Medical Anthropology Quarterly 1, American Anthropological Association, 1987
[7]*African families in a global context,* Göran Therborn (Ed.), Nordiska Afrika Institutet, Uppsala, 2006
[8]*An area of conflict between culture and human rights: the practice of FGM in Eritrea,* Isaac, D. A., Oslo, Norsk Senter for Menneskerettigheter, 2003
[9]*Programme of Action,* International Conference on Population and Development, Cairo, 5-13 September 1994, para 7.35
[10]*Female Genital Mutilation: information kit,* Family and Reproductive Health, WHO, Geneva, 1996
[11]*Programme of Action,* op.cit., para 7.6
[12]*The Declaration of Geneva,* adopted by the General Assembly of the World Medical Association, Geneva, 1948
[13]*Islamic Code of Medical Ethics,* First International Conference on Islamic Medicine, Kuwait, 12-16 January 1981
[14]*Female genital cutting: cultural conflict in the global community,* Elizabeth Heger Boyle, Johns Hopkins University Press, Baltimore, 2002
[15]*Programme of Action*, op.cit, para 4.22
[16]*Proclamation No. 158/2007*, A proclamation to Abolish Female Circumcision, Volume 16/2007, Gazette of Eritrean Laws, Asmara
[17]*Knowledge Base Learning Research in Female Genital Mutilation/Cutting Abandonment Practice,* National Union of Eritrean Youth and Students/UNICEF, Eritrea, 2007
[18]*The Role of Men in the maintenance and change of Female Genital Cutting in Eritrea,* Trine-Lise Draege, Centre for International Health, University of Bergen, Norway, 2007
[19]*A study on female genital mutilation in Eritrea,* Worku Zerai, Norwegian Church Aid, 2003
[20]*Programme of Action*, op.cit., para 7.40

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Author: Dirk Jena, UNFPA Representative
Layout: Semaynesh Weldemariam, UNFPA Secretary
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United Nations Population Fund (UNFPA)
Hiday Street 5
P.O. Box 5366
Asmara, Eritrea
Tel: +291-1-151852
Fax: +291-1-151648

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