

# FEMALE GENITAL MUTILIATION

AWARENESS RAISING  
AND INFORMATION

AFRICAN WOMEN'S ORGANIZATION



AFRICAN WOMEN'S ORGANIZATION  
against female genital mutilation

## AFRICAN WOMEN'S ORGANIZATION

Schwarzspanierstraße 15/1/2

1090 Vienna

Austria

[office@help-africanwomen.org](mailto:office@help-africanwomen.org)

[www.help-africanwomen.org](http://www.help-africanwomen.org)



# FEMALE GENITAL MUTILIATION

Awareness raising and information

About female genital mutilation in Austria

(Lecture series on FGM, Vienna, October 2000)



# Awareness raising and information

## About female genital mutilation in Austria

### Content:

Overview .....	5
Medical aspects of female genital mutilation .....	8
Awareness raising on female genital mutilation .....	9
The forms of female circumcision .....	11
The causes of female circumcision .....	14
Female Genital Mutilation and Human Rights .....	17
Political dimensions of FGM in Africa .....	24



# Overview

## I. Introduction

This part of the project aims to create a platform to discuss and exchange information on the issue of female genital mutilation (FGM). The problem of FGM outside the countries practising it is rather unknown and unnoticed. The discussion is intended to create awareness and mobilise resources in the long term, as well as to create awareness of FGM in order to gain knowledge on how to prevent and eliminate FGM.

## II. Goals

The short-term goals are to show the real problem of FGM, its magnitude and that FGM is spreading precisely where it can be practised without obstacles.

Another goal is to show activities that prevent and eliminate FGM, but at the same time to show that not enough has been and is being done in this area, and that joint and networked activities are needed that not only extend to the countries practising FGM, but are to be carried out globally in order to end FGM as quickly as possible.

## III. Review of activities

The project led to the formation of a platform in Austria through events held in various Austrian cities with high numbers of migrants from FGM practising countries.

These meetings took place in:

1. Vienna: Information evening at the Afro-Asian Institute (AAI) on 19 January 2000
2. Salzburg: Information evening at the Afro-Asian Institute (AAI) on 2 March 2000
3. Graz: Information evening at the Afro-Asian Institute (AAI) on 9 March 2000
4. Linz: Information evening at the Volkshilfehaus on 8 May 2000  
This evening was organised in Linz due to a special request of interested persons and organisations in Linz.



A group of experts discussed the forms of FGM, its prevalence in the respective countries, health consequences and its impact on the lives of girls and women.

There were extensive discussions on each of the main topics presented by the experts.

The topics included:

- Health and medical aspects of FGM
- Origins and causes of FGM
- International situation of FGM
- Political and legal aspects of FGM
- Religious, social and cultural aspects of FGM

All information evenings were very well attended. There were about a hundred participants on each evening, consisting of students, teachers, NGO representatives, social workers, journalists from local and regional newspapers and media and other people interested in FGM.

Speakers at the information evenings:

- Karin Ortner, Amnesty International Austria - The situation of FGM in Europe and the role of Amnesty International in the fight against FGM / FGM and human rights.
- Dr. Ragaa El Teriefi, African Women's Organization in Vienna - Origins and reasons for FGM.
- Dr. Rasheed Akinyemi, University of Vienna - The political dimensions of FGM in Africa.
- Dr. Zyadeh Jinniate, gynaecologist - The medical aspects of FGM.
- Dr. Zahara Mohamed, Somalia - The forms of FGM.
- Mag. Raghia Edirs, Sudan - Consequences of FGM and the economic reasons that lead to its practice.
- Etenesh Hadis, African Women's Organization - how the project started, the need for awareness raising, the areas affected by FGM, what has been done by whom and where in the FGM field.



#### **IV. Findings and results**

The awareness-raising on FGM generated a lot of interest. In the discussions that followed the presentations, it became clear that little information was available about FGM and that further similar events are very much desired and necessary. There is great interest in learning more about FGM and it would be useful to organise events for specific target groups such as students, development workers, teachers, etc. The information evenings held once were not sufficient and the audience asked us to organise further events on this topic. We were approached by the organisers from Linz. There, the interest was already very high in advance. In Salzburg there was a lot of media interest; there were several broadcasts about the evening and within the audience there were some privately interested people who expressed their interest in actively supporting anti-FGM activities in Africa materially and financially. There was also great interest in Graz, where there are also migrants from such countries.

In summary, it can be said that the activities carried out have raised awareness about FGM and have not only met with great interest, but have motivated many participants to actively support anti-FGM activities.



# Medical aspects of female genital mutilation

Dr. med. Schadia Zyadeh Jinniate

With every intervention in the integrity of the body, the doctor (surgeon) must weigh up the benefits against the risks. An operation is only justified if the benefit is greater than the risk and the patient has been informed of all the risks and gives his consent.

In this specific case, circumcision of the female external genitalia, in whatever form, does not show any benefit from a medical point of view.

However, there are a number of complications that can occur as a result of the procedure.

## **Early complications:**

- Bleeding
- Infection
- Fistula formation
- Urinary bladder infections

## **Late complications:**

- Gynaecological
  - Dysmenorrhoea
  - Vaginitis
  - Pelvic inflammatory disease
  - Sterility
  - Cicatricial pain
- Urological
  - Bladder emptying disorders
  - Urinary tract infections
- Sexual
  - Pain during sexual intercourse
  - Psychosexual disorders
- Obstetric
  - Infections
  - Birth injuries
  - Infibulation = obstructed labour





## Therapy options

1. For infibulated women: Plastic reconstruction of the external genitalia
2. For scar pain: scar correction
3. For fistulas: Fistula surgery

In summary, from a medical point of view there is no indication for female circumcision.

Finally, the suggestion to include information about female circumcision in the curriculum of medical studies.

# Awareness raising on female genital mutilation

Etenesh Hadis, African Women's Organization in Vienna

On behalf of the African Women's Organisation in Vienna and on behalf of the Vienna Institute for Development and Cooperation, I would like to welcome you very warmly.

First of all, I would like to thank all those who have made this project possible. Therefore, our thanks go to the former Minister for Women's Affairs, Mrs. Barbara Prammer for her support and encouragement and to the Director of the Afro-Asian Institute, Rector Petrus Bsteh, who provided us with an office and infrastructure in Vienna. We would also like to thank Amnesty International, especially Ms Karin Ortner, for her advice and support, and a special thanks from us to the Afro-Asian Institute in Salzburg and Graz for their support and cooperation, which made this evening possible.

We are now dedicating ourselves to this project in order to learn more about female genital mutilation, to understand the diverse and complex perspectives of this issue and to meet the increasing demand of many people to learn more about it.

Some of the main questions we are asked include: What is being done in Africa today to prevent and eliminate FGM? Are the reasons for practising FGM based on religious, cultural or legal factors? Is it a violation of human rights or is it the domination of women by men? As you all know, in many parts of the world where illiteracy, poverty and traditional practices prevail unchecked; talking about sex is taboo.

This has allowed traditional practices to spread unchecked and without difficulty. Nevertheless, some of the taboos and traditional practices are now being challenged.



Women began to unite and speak out clearly about traditional practices that affect them. One of them is female genital mutilation. The purpose of our committee is to talk about these cases.

I would like to show you the global extent of FGM and some important measures to combat it.

FGM is practised in many parts of the world. It is practised in some Muslim communities in Asia (India, Indonesia, Malaysia, Pakistan) in Australia, Brazil and Peru.

FGM is widespread in the Arabian Peninsula which includes Oman, Saudi Arabia, the United Arab Emirates and Yemen. FGM is widespread in Africa and practised in over 28 countries. Over 80% of women are affected in Sudan, Somalia, Djibouti and Ethiopia. While over 50% of women in Egypt, Kenya, Nigeria, Mali, Burkina Faso, Senegal, Côte d'Ivoire, Sierra Leone, Guinea, Liberia, Togo, Benin, Chad, Central African Republic and Ghana have been genitally mutilated.

### **The next question that arises is: what is being done?**

The first action against FGM dates back to the 1940s when the British banned the practice of FGM in their then colony of Sudan. However, the enforcement of this law was given priority and thus the desired result was not achieved. In the 1950s, the UN and its member organisations recognised the problem, but for taboo and political reasons were unable to take appropriate action.

It was not until 1979 that the World Health Organisation (WHO) organised a seminar in Khartoum on „The Impact of Traditional Practices on Women's and Children's Health“. This seminar was the first time FGM was officially discussed and clear national strategies for its elimination, the establishment of national commissions and access to public education were recommended. This seminar laid the foundation for the formation of the Inter-African Committee (IAC) on „The Impact of Traditional Practices on Women's and Children's Health“ by African women. The IAC is the main voice in Africa for the eradication of FGM in line with the Khartoum recommendation and the IAC 1997 Declaration. The IAC now has member organisations in 24 different African countries.

Since the early 1970s, an Austrian woman living in America, Dr. Fran P. Hosken, and her group have conducted a comprehensive study on FGM and founded an international women's network (WIN) which continuously collects information on FGM.



International organisations such as the UN and regional organisations such as the OAU have included resolutions in their agreements and have drafted resolutions to protect the rights of women and children from harmful traditions. As an example, the II. UN Human Rights Conference in Vienna in 1993, where 171 countries ratified this resolution.

Our project is part of these ongoing activities and aims to complement and enrich them. We have created the basis for the establishment of a network working together with the International Women's Network and the IAC.

This project will continue until the elimination and prevention of FGM is successfully enforced.

## The forms of female circumcision

**Dr. Zahra Mohamed Ibrahim**

The roots of the practice of FGM go far back into the past and are strongly linked to tradition, culture and myths. Women themselves took it upon themselves as a necessity and claim that it is required by tradition. FGM is traditionally shrouded in taboos and secrecy and is passed down from generation to generation. Therefore, there are few historical sources about it.

Nevertheless, there are accounts of such practices in these regions by 19th and 20th century travellers, adventurers and doctors from East Africa, Egypt and Sudan. Some of the sources indicate that FGM existed much earlier in the past around 163 BC.

Other sources claim that FGM even dates back to the time of the Prophet Abraham. It was practised in Africa before Islamisation and even earlier among the Copts in Egypt and Ethiopia.



There are 3 forms of female circumcision, depending on local customs, the skills of the mostly untrained circumcisers and the equipment used:

**1. Sunna circumcision:**

This is the mildest form and is limited to excision of the tip of the clitoris.

**2. Excision or clitoridectomy:**

This is the most common form and consists of removing the clitoris and adjacent parts and all external genitalia. The extent of the operation - how much flesh is removed - depends on local customs. Traditional old birth instruments such as knives or razor blades are used for the operation. Excision is practised across Africa from Egypt, Ethiopia, Somalia and Kenya in East Africa to the West African coast to Sierra Leone and Mauritania and in all countries in between including Nigeria.

**3. Infibulation or Pharaonic circumcision:**

This was traditionally performed in Egypt and is the most severe form. After removing the clitoris and adjacent parts, the two sides of the outer pubic area are closed together via the vagina and the bleeding sides of the labia majora are sewn shut. A narrow opening is left open to empty urine and menstrual blood.

This is mainly practised among Muslims in Sudan and Somalia to make sexual intercourse impossible. Infibulated women have to be cut open for sexual intercourse and child birth. Postpartum re-infibulation is also practiced in Sudan and Somalia. It is performed on all women in Somalia and on Somalis living in neighbouring countries. It is also performed on Muslims in Sudan, Egypt, parts of Ethiopia and along the Red Sea coast.

The age for the operation ranges from newborn babies 7-8 days old - as in Ethiopia and parts of Nigeria - to puberty. In East Africa, it takes place on the wedding night. Traditionally in Africa, it was a puberty rite between the ages of 12 and 15. Now it is performed at an increasingly younger age.

Both excision and infibulation are performed in unhygienic conditions, with unclean knives or frequently used tools. It is usually performed under a special tree outside the village, in a hut or in the backyard, which are unhygienic places for surgery and thus contribute to the spread of diseases, including AIDS. Today, in many African cities, surgery is performed in health centres under better sanitary conditions. Under the pressure of modernisation, many traditional ceremonies around this practice have been abandoned.



FGM is a crime that affects women in many ways. Its impact is not limited to women, but includes the whole society.

Hosken identifies the areas of cost below:

- The cost of the lives of female children and young women as a direct result of the operations;
- The cost of injuries, infections and increased risks during childbirth; as well as the cost of lifelong health problems; and also the cost of working time due to related sick leave.

The initial impact of FGM is on women's health and indirectly on children's health. The immediate consequences can be fatal bleeding during or after the operation. As the surgery is performed under unhygienic conditions, using traditional treatment and unsanitary equipment, uncontrollable bleeding, pain, blood poisoning, wound infections and prevention of wound healing can occur. Damage from surgery can be fatal. Chronic infections can lead to urinary and menstrual problems.



# The causes of female circumcision

Mag. Rughia Edirs

The original question we have to ask is why and what are the justifications that allow FGM to be practised and spread. In most cases, Africans and Westerners attribute it to the culture, custom and tradition of the society. This response is a good cover and justification for many inhumane practices that affect women. Proponents of this line believe that practices within a particular culture are unique and in line with the values, systems and customs of that culture and that there are no universal standards.

Harmful practices such as FGM do not belong to this standard. It is a violation of the human rights declared by the UN. It is also a constant reminder for women to retain their former status - to be voiceless and without choice. We should always be aware that most traditional practices victimise women.

Hosken, in her well-documented „Hosken Report“, also mentions other reasons for the mutilation of millions of helpless girls and for the silent suffering and death in Africa. These myths have their roots in poverty, ignorance about reproduction, illiteracy and lack of choice for women in Africa.

The most commonly mentioned reason for FGM, the cutting out of the most sensitive organs of the female body, is „to ensure women’s moral conduct in society and to safeguard their fidelity to their husbands“. Similarly, it is in Sudan, the Middle East and Muslim societies. It is necessary because it is believed that „a woman is not capable of controlling her sexuality“. It is a marriage requirement - no potential husband will pay a bride price for an uncircumcised girl. As the former President of Kenya used to say, „*No decent Kikuyu will marry an uncircumcised girl*“.

## Hygiene and ideals of beauty

In countries in Eastern Africa where FGM is practised - such as Egypt, Somalia, Sudan - the female genitalia are considered dirty and ugly. In Egypt, a girl who is uncircumcised is called „nigsa“ which means „unclean“. Body hair is also removed in order to obtain a smooth and beautiful body.



The same view prevails in Somalia and Sudan. There, infibulation is performed to obtain smooth skin.

When women are asked about it, they justify it with greater hygiene. These women see the natural texture of the genitals as „ugly“. The idea that female and male genitalia are dirty exists all over the world. This idea is widely held and accepted on many continents. The difference is in the way people react to it and in the practices that are practised to beautify the body.

## Economic background

### **The position of the mutilated girl:**

In many communities where girls are genitally mutilated, a girl is only a viable marriage candidate if she is still a virgin. There, virginity has a different meaning than in the West: the fact of being „circumcised“ represents virginity, whereas in the West virginity represents inexperience about sexual intercourse.

The bigger the operation performed on the girl, the more bride money is paid for her. In other words: Her market value increases. If a girl is uncircumcised, she is not a virgin and has few or no chances of marriage. This means that not only does the family not receive bride money, but she is a permanent financial burden on the family.

### **The economic position, of the person performing the circumcision:**

FGM is traditionally practiced by certain women in the community to whom this „profession“ has been delegated or even by traditional midwives. These women have a high social status from their profession as „circumcisers“ and are able to earn a living from it.

Considering that their work is not over with the first circumcision, they can sustain themselves by doing enough work. After an infibulated girl gets married, she has to be opened to make sexual intercourse possible. In some communities this is done by the husband, but usually it is done by the circumciser. Furthermore, if the husband has not succeeded in opening his wife, the services of the circumciser must be used.

Consequently, the circumciser is needed before birth to open the woman so that the child can be born. Subsequently, after the birth, the woman has to be sewn up again. This process is repeated at every birth. In this way, the circumcisers are always busy. It is clear that if the custom were to be abolished, alternative work would have to be created for the circumcisers so that they can continue to maintain themselves and thus retain their social status.



In many countries where FGM takes place, midwives are now better trained. As a result, FGM is now increasingly performed under anaesthesia (though often under local anaesthesia, which is insufficient for the pain it causes) and under more skilled and hygienic circumstances. Antibiotics are used to combat the infections that arise. The improved training of midwives has by no means led to a reduction in FGM, but on the contrary, in some regions to an increase.

This is linked to the fact that deep-rooted traditions do not simply disappear, but that the social status of midwives is still very low and the form of training increases their status. Furthermore, the income of a midwife is low and the operations bring her a lot of money.

Toubia tells of an ethnic group in Sudan, the Nuba, where girls were not circumcised before, but now modern midwives have introduced the practice because it brings a lot of money. She also reports that due to the worsening economic situation, a growing number of young doctors are performing these operations to supplement their income.

## Explanations for the preservation of the custom

In our view, none of the reasons mentioned, either alone or together, provide a sufficient explanation for the fact that the practice of FGM should continue to exist after many reasons have fallen away or become outdated and a considerable number of advocates in studies can no longer come up with valid reasons for FGM. So the only reason left is „because it has always been done“.

There are a number of explanations for condoning the custom, but there is no single intrinsically sufficient explanation. Through the ages women have been inculcated with the idea that they should see their sexual impulses in terms of satisfying the man. This notion should be seen in the context of the total economic and social structure of those communities where only marriage secures a woman's future.





# Female Genital Mutilation and Human Rights

Karin Ortner, Amnesty International Austria, Deputy Secretary General

Female genital mutilation can rightly be cited as one of the most widespread and systematic violations of the human rights of women and girls, some 135 million of whom are genitally mutilated worldwide. The World Health Organisation estimated that 2 million girls are mutilated every year -

6,000 every day.

A practice whose consequences are often devastating, sometimes even fatal.

- **Systematic uprising against FGM worldwide**

Genital mutilation is supported by many religious views on the nature of female sexuality. Although these practices are defended as a necessary step towards adulthood, the number of opponents is growing. Men and women in Africa but also worldwide reject it as a systematic form of violence against women and girls and a violation of their fundamental rights.

- **What has Amnesty done so far?**

ai only took action against violations by governments because they were considered to be bound by international human rights treaties. They provided the framework and justification for ai to intervene and hold governments accountable.

FGM, family violence, slavery and a whole range of other customs are equally serious violations of those rights that ai actively seeks to protect (such as the right to physical integrity and the right not to be discriminated against). They were only included in ai's campaigns if they were committed by agents of the state or on their direct responsibility.

- **New ways to hold the state accountable**

Recently, ai has sought ways to hold the state accountable under its international obligations when it failed to prevent or punish abuses of individuals. This points to a significant development in the understanding of human rights in the international human rights movement in recent decades.



- **No distinction between PUBLIC and PRIVATE**

The distinction between „public“ and „private“ ignores the fact that systematic crimes in the „private“ sphere are also public.

In so far as they arise from more or less officially approved prejudices, discrimination and intolerance.

In this way, it prevents these crimes from being regarded as human rights violations.

- **Active Amnesty work against FGM since 1995**

In 1995, ai decided to include the issue of FGM in its human rights work, although no decision had yet been taken on the question of other abuses by non-state perpetrators. In doing so, ai recognised the urgency of taking a stand against this widespread form of violence against women, which was prioritised at the 4th UN Conference on Women in Beijing in September 1995. This decision was just one of many steps Amnesty International took that year to strengthen its commitment to confront violence against women and girls more effectively than in the past.

- **Raising international public awareness**

Amnesty International's work included raising international public awareness and governments' awareness of the human rights significance of FGM; urging governments to sign and enforce international human rights treaties and respect other international human rights law directives related to this practice; supporting the efforts of other non-governmental organisations (NGOs) and individuals globally, nationally and regionally, as well as working with them to address the tasks listed above.

- **ai's contribution to stopping FGM**

- Initiatives should be led by ai groups in those countries where FGM is widespread. They should work closely with national and local NGOs and with community representatives who are best placed to act as grassroots teachers.
- ai's methods should be appropriate for the context, keeping in mind the complex and sensitive nature of the issue. **ai's strength lies in its potential for forum building.** Its awareness-raising workshops are intended to act as catalysts to reach the key sectors of media relations and lobbying of the authorities at local and national levels.
- ai should contribute to the work against FGM mainly from a human rights perspective, while recognising the need to approach this issue in a multidimensional way and to ensure that its work and that of other organisations is complementary at regional and international levels.



- **Modest steps as a consequence**

ai's first steps towards eliminating FGM were modest but encouraging. Meanwhile, work on FGM is a major challenge for Amnesty International. It requires a creative and careful approach to a multifaceted human rights problem that has its roots in cultural traditions and systematic discrimination against women and girls.

Amnesty International has had to rethink its methods and lobbying, moving away from focusing on governments to raising the awareness of opinion leaders in society. To find collaborative or complementary strategies, ai must work in parallel with its partners in the human rights movement.

The steps taken by ai members in Africa and around the world to date give Amnesty International an important role in protecting millions of women and girls.

Since the 1970s, many non-governmental organisations (NGOs) and a number of inter-governmental and governmental organisations have actively contributed to raising awareness about FGM and developing strategies to eradicate it.

Amnesty International (ai) first had to take stock of the activities underway at national and international levels.

*Only then could campaigns at government level and among civilians against FGM be conceived and launched. This was based on the analysis of existing governmental and non-governmental initiatives, as well as key sectors of society with regard to FGM: teachers, health workers and religious leaders.*

ai is clear that FGM is a „custom“ deeply rooted in the traditions of a number of societies. By approaching the problem with care and sensitivity, ai aims to place FGM in the wider context of violence and discrimination against women in all cultures.

ai therefore takes great care in developing the political will to support the abolition of FGM, mobilising public opinion through education and using international advocacy and networks.

ai does not seek to diminish the role of other key players in this field, but to support them and complement the activities of other organisations and individuals working towards the eventual abolition of FGM.

The central concern is to make the knowledge and experience of **human rights campaigns**, as well as its strength as an international and independent organisation with many members and an increasingly strong presence in Africa, available to other organisations working towards the abolition of FGM.



- **Lobbying at the international level**

At the international level, ai lobbies intergovernmental organisations (IGOs) to ensure the development, monitoring and provision of international tools in the fight against FGM.

*The development of partnership links with key international NGOs helped to make progress and created opportunities to provide collaborative support to local FGM-related projects.*

At the international level, ai is particularly well placed to promote coalition building in many situations. In cooperation with other national organisations and actors, action plans are thus created, on the basis of which lobbying with relevant authorities becomes more successful, especially as it strengthens local organisations and influences crucial parts of society.

*Any national action plan should take into account the government's commitments to international human rights treaties, the UN Beijing Declaration and the 1995 Programme of Action.*

ai recognises that the task of ensuring that international and national developments have an impact on the roots of the problem can only be fulfilled in close cooperation with domestic organisations and local actors. ai respects and supports the primacy of their expertise and their role as teachers. Nevertheless, ai wants to ensure that its own lobbying and widespread actions complement and reinforce local efforts to raise awareness.

- **The overall aim of ai's work on FGM is to contribute to the elimination of FGM by:**

- Emphasising the importance of approaching the problem of FGM on a human rights basis.
- The strength as an international, independent human rights organisation with many members through which governments can be influenced and key figures and organisations can be persuaded to take action against FGM.
- The support of international, regional, local organisations and the work of individuals to abolish FGM.

This form of violence has been systematically inflicted on millions of women and girls for centuries. The governments of the affected states have done little or nothing to prevent these customs.



- **... Manifesting a human rights perspective**

But while the prohibition of torture was enshrined in international law shortly after the Second World War, FGM has only recently been included in the international human rights agenda.

*In the context of human rights, the link of FGM to women's social and economic powerlessness is also exposed. The full breadth of the underlying factors of FGM's perpetuation is only revealed against the backdrop of the inseparability and interdependence of civil, political, social, economic and cultural rights.*

**According to human rights, the right of women and girls to physical and psychological integrity, the right not to be discriminated against and the right to the highest attainable standard of health are universal. Cultural claims do not justify violations of these rights.**

The human rights perspective places FGM in the broader spectrum of violence against women, which occurs in different forms in all strata of society. FGM is only one form of violation of human rights based on gender. It aims to control female sexuality and autonomy and is known in all cultures. Although it is conspicuous for its severity and scope, FGM should not be viewed in isolation. To overcome the view that international interventions in FGM are neo-imperialist attacks on particular cultural groups, it is crucial to recognise FGM as one of many forms of social injustice suffered by women worldwide.

**Human rights hold governments, local authorities and others in positions of influence accountable to respect commitments - made under international law - to prevent, investigate and punish violence against women.**

*A human rights perspective also obliges the international community to accept its responsibility to protect the human rights of women and girls.*



- **The Universal Declaration of Human Rights**

The Universal Declaration of Human Rights (UDHR), pillar of the human rights system, states that all human beings are born free and are equal in dignity and rights. It protects the right to security of the person and the right not to be subjected to cruel, inhuman or degrading treatment - rights that are directly relevant to FGM. The traditional interpretation of these rights has generally failed to include forms of violence against women (such as violence in the home or FGM). This stems from the erroneous view that states are not responsible for human rights violations committed within the home or community.

- **FGM and discrimination against women - oppression and/or control of women?!**

*„Excision is an attempt to give women a subordinate position by giving them this stigma that degrades them and constantly reminds them that they are just women, subordinate to men, that they don't even have the right over their own bodies or to physical or personal fulfilment. In the same way that we can see male circumcision as a measure of hygiene, excision can only be seen as a measure of oppression.“* Thomas Sankara, former president of Burkina Faso.

**FGM has its roots in discrimination against women. It is a means of forcing girls into prescribed roles within the family and the community.**

It is therefore closely linked to the unequal position of women within the political, social and economic structures of the society in which it is carried out.

**The UN Convention on the Elimination of All Forms of Discrimination against Women**, which came into force in 1981, describes in detail the measures that must be taken to end discrimination. Article 5 of the Convention calls on states to work towards the „elimination of prejudice and traditional and other customs based on the idea of the inferiority or superiority of one sex“. Gender-based violence has been recognised as a form of discrimination that makes it almost impossible for women to enjoy all rights and freedoms on an equal footing with men.

- **FGM and the rights of the child**

The UN Convention on the Rights of the Child was the first binding instrument to strongly address harmful traditional practices as an expression of violence. It obliges governments to *„take all appropriate measures to protect children from all forms of physical or mental violence, injury or maltreatment, neglect or abusive treatment, exploitation and sexual abuse while they are under the care of their parents or a parent, or of a legal guardian or any other person having the care of the child.“* - Article 19 (1). Article 24 (3) of the Convention specifically calls on governments to *„take all appropriate and effective measures to eliminate traditional customs which are detrimental to the health of children.“*



The **UN Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief** protects the rights of the child against ill-treatment committed in the name of a particular faith or cultural tradition and states that „*customs of a religion or belief in which the child is growing up shall not violate his or her physical or mental health or his or her full development...*“ - Article 5 (5).

- **FGM and the right to health**

The violation of the right of women and girls to physical and psychological integrity cannot be seen without its relationship to the systematic deprivation of women's civil, political, social and economic rights. Governments are clearly obligated by international law to take reasonable and appropriate steps to eliminate FGM. They are required to address the human rights consequences of this practice in a holistic manner. For violence against women is inextricably linked to gender discrimination in all its forms.

**FGM is a vivid example of the indivisibility and inseparability of all human rights.**



# Political dimensions of FGM in Africa

Dr. Rasheed Akinyemi, Department of Political Science, University of Vienna

## Introduction

Female genital mutilation is a rite of passage practised in many developing countries. Due to the active engagement of those affected by and victims of this practice, more and more attention has been paid to this issue.

One example is the case of top model Waris Dirie, who brought the genital mutilation performed on her in her childhood in Somalia to public attention and campaigned against FGM. NGOs in both developed and developing countries are working to raise awareness about the circumstances, impact and future strategies to end this practice, which violates women's most fundamental human rights.

The effort to raise public awareness of FGM also entails capturing the political dimension of the practice of FGM, thus putting the FGM debate on the political agenda of national governments and international policy forums.

Nevertheless, less attention is paid to the political implications. There is more focus on the cultural, traditional and religious backgrounds of FGM.

The literature and research of recent years show that researchers have increasingly focused on the various forms of FGM and their different backgrounds - in contrast, there have been hardly any studies on the political backgrounds. For example, the extent to which political systems have advocated and supported FGM has not been studied. This could also be responsible for the fact that it has not yet been possible to find political solutions to eradicate FGM in developing countries.

A proper understanding of FGM and the strategies to eradicate it should definitely include the political scope of FGM.

To understand the political dimension, it is important to consider the following aspects.





## African political systems and FGM

In order to grasp the political responsibility of FGM, the respective political structures and systems where FGM is practised must be taken into account. As already mentioned, the reasons for FGM practice cannot be traced back to a single cause, a particularity of a particular society or to a particular culture.

Even today, the practice is by no means limited to developing countries. It has been proven that FGM is also performed on daughters of migrants in European countries.

In Africa, the political responsibility for FGM lies more within the local political structures and systems, as it is through these that most Africans identify socially, politically and culturally. The power structures of these local political systems include leaders. Due to the close relationship between political power and traditional traditions, many customs and practices that take place within these local political systems have become justifications for these systems.

This is true in the case of FGM in Africa. The social importance of practising FGM for both individual families and circumcisers, as well as for maintaining the social and political cohesion of society, is important in traditional systems and any attempt to stop the practice is perceived as a threat to the system.

There is a mutual interest in maintaining power between the custodians of traditions and the custodians of political institutions and power. In some cases, these are the same power holders. Through the direct impact and relationship of the traditional political systems on the lives and daily routines of the majority of the African population, it is evident that FGM can only be eliminated through strong awareness raising within the rural African population and within the local political systems.

## Political responsibility

On the question of political responsibility, we have to look at the structures and institutions of today's political systems and the predominant power of African nation states. The political reality of Africa is that people live within two different political systems and authorities. The first and most important is the local one, as mentioned above. This system demands the loyalty of Africans and is legitimised by the fact that it does not require the use of force to be recognised. The African population identifies with this system because it does not come from outside and has not been imposed on them. The reverse is true in the case of modern African states with today's political system. The two systems are at odds with each



other both in terms of their orientation and in terms of the values and interests they represent. While traditional systems seek to protect and preserve cultural and traditional values and practices, modern African states with their modern political elites exemplify a double standard in their political behaviour. Although they intend to promote modern and sometimes Western values, they find it difficult to take responsibility for traditional and cultural rites that are incompatible with the new values. This is true of FGM practice in Africa. Post-colonial African leaders have given little importance to FGM because they themselves support the cultural, religious, traditional and male-dominated arguments for FGM practice.

In his anthropological book on Kikuyu society (Jomo Kenyatta: **Facing Mount Kenya**. First published in 1938. The quotation here refers to the Kenyan edition, Nairobi 1938), the first President Jomo Kenyatta emphasises the political significance of the practice of „irua“, *„that is circumcision or trimming the genital organs of both sexes“*. He wrote: *„It is important to note that the moral code of the tribe is bound with this custom and that it symbolises the unification of the whole tribal organisation“*. Therefore, FGM is not only seen as a „rite de passage“ in the marital relationship, but also as an important factor in Kikuyu tribal psychology *„this operation is still regarded as the very essence of an institution which has enormous educational, social, moral, and religious implications, quite from the operation itself..... Therefore the abolition of the surgical element in this custom means to the Kikuyu the abolition of the whole institution“*.

As mentioned earlier, the political responsibility for FGM practice lies within the political structures and systems within which the custom takes place. In the case of the Kikuyu, the local political system is responsible. It sees this custom as part of its identity, its political culture. It sees it as an important element in holding the society together. It punishes anyone who does not follow this practice through the individual families that make up that society. Just as Kenyatta reports on outcast Kikuyus who have sexual relations or marriages with uncircumcised women. *„If it happens, a man or a woman must go through a ceremonial purification“* or *„they must divorce the wife married outside the rigid tribal custom and then marry a girl with the approved tribal qualification. Failing this, they have been turned out and disinherited“*. (Quote from Jomo Kenyatta, Facing Mount Kenya, Nairobi, 1989).

This explains why contemporary African political leaders do not show political will or send signals to intervene against such practices. It is seen as an integral part of indigenous political systems and structures. Intervention would mean that the system would be destroyed, leading to a political confrontation between the indigenous political elites and themselves. This is a clear indication that post-colonial African states contain two different political systems. The relationship between state and society depends on these two systems. On the one hand, 80% of Africans identify closely with the indigenous system because they see it as regulating their social, political and economic life and the new political system almost



does not affect them. On the other hand, the African nation states with their structures and institutions are in direct relation with the population living in the urban centres (20%), whose daily survival depends on the political decisions of the new political class to the state institutions.

It can now be argued that the adherence of the new political class to custom shows that their political legitimacy depends on the respect and recognition of indigenous cultures and traditions because they rely on the leaders of indigenous systems for their political support. Modern African states and their political elite are in a competition for resources and in a crisis regarding their legitimacy. Thus, the modern political class sees FGM as a cultural phenomenon in the best sense and as a purely private matter in the worst sense. These are some of the reasons why almost nowhere serious political and legal steps have been taken to stop FGM.

Nevertheless, the question of political responsibility cannot be left aside, as the practice of FGM is established as a violation of human rights against women and as such the respect and protection of human rights within individual African states. The violation of civil and human rights includes the lack of adequate protection from traditional, religious and customary practices that are not in conformity with the dignity and respect of individuals and citizens. It is a violation of human and civil rights when a state tolerates within its political and geographical territory indigenous or other rituals and practices that affect the psychological and physiological health of its inhabitants. Thus, regardless of the reasoning of the late President Jomo Kenyatta of Kenya, the Kenyan state is responsible for the continuation of FGM and it is the responsibility of political leaders together with indigenous political leaders to do everything possible to abolish FGM. Before we ask what can be done, it is important to mention what has been done so far. Within the last few years and due to the pressure of the international community as well as the increasing awareness of African women's organisations, some countries started to make efforts to make FGM a thing of the past. These efforts are based on the one hand on legal provisions prohibiting and criminalising FGM. However, these countries do not have data on the extent and intensity of this practice. This means that it is almost impossible to assess the impact and success of these legal provisions.



## What can be done?

In 1930, the British House of Commons debated the matter of clitoridectomy and what could be done to eradicate the practice. A committee of MPs was appointed to investigate the issue. Jomo Kenyatta was invited to present the Kikuyu position to the committee. The committee members came to the conclusion that the best way to solve the problem was through education, and that the best way was to let the people freely choose which custom they would prefer to keep to the way of life that was changing for them.

In 1931, a conference on African children was held in Geneva under the auspices of the Save the Children Fund. In this conference, representatives of the Western world called for the „barbaric“ custom to be banned by law. It was suggested that African countries should have legislation making the practice of FGM and clitoris removal a criminal offence.

However, this popular position was for education to empower people to choose which customs to keep and which to abolish. It should be remembered that these two historical events, all of which can be read in Jomo Kenyatta's book, took place at the time of colonisation, when the colonial administration was responsible for the administration and legislation in Africa.

Therefore, we should ask ourselves what contribution the colonial powers made to the perpetuation and prolongation of the FGM custom. Of course, for the people, the opportunity for education to expand their consciousness to decide whether or not to retain a custom was welcome, but to what extent could this opportunity be used under a colonial leadership in African countries? Certainly, the colonial education system was not designed to raise the consciousness of the people. It was more to train a certain group of people who could be used to keep the colonial administration and economy running. The few who were privileged to enjoy the colonial and missionary education in the 1930s until the end of colonisation became the elites of the post-colonial period, where class formation was much more important than consciousness formation, which could produce the type of „rational“ thinking among the „tribal and barbaric“ African people. Therefore, it can be said that an educational system that would have favoured the eradication of clitoris removal and FGM was not introduced for the general population during the colonial period.

The post-colonial African states emerged as modern nation states with the aspiration to develop their societies into modern societies with a new orientation, especially in terms of a sense of nationhood. Nevertheless, the social and economic condition of the mass African population was underdeveloped and poverty and disease were common. Political



leaders were busy consolidating their political and economic power, which led to many different forms of power struggle. Post-colonial political circumstances were not conducive to eradicating FGM through education or other social programmes. The history of African development in the post-colonial period is characterised by civil wars, political military interventions, famines, environmental degradation, political dictatorships, corruption, high foreign debt, structural adjustment programmes, state decay and poverty. Under these circumstances, FGM is even intensified because the state is unable to act as an authority and is also unable to protect its citizens from the violation of human rights. Therefore, indigenous political structures were strengthened and gained popularity. They became socially, politically and economically more important to the people than the modern nation-state system, whose existence and importance was dwindling by the day.

Therefore, any effective solutions to the FGM problem should start from the grassroots organisations where the indigenous political systems prevail. This is the political sphere where the awareness process should primarily take place. It is at this level of society that one can begin to eliminate FGM and at this level that one can begin to make poverty and underdevelopment disappear. All efforts should be directed towards prevention rather than punishment of those involved in the practice of FGM. FGM has more social implications than legal ones. Through social and economic construction of society, all other areas such as culture, tradition or sexuality can be addressed. The legal component of FGM can only be effectively implemented in a society where the social and economic problems are solved.

Legislation can, but need not, be the sole solution to FGM. Politicians should show their political willingness to put FGM at the top of their social and development priorities. The problem should initiate political discussion, but at the same time create an environment that makes women's empowerment politically and economically possible. Then the legal aspect should be incorporated into the constitutions of all African countries and legislators should be responsible for establishing anti-FGM and gender programmes at all legal, social and economic levels. The main solution to eradicating FGM is to be achieved through education, which should be targeted at the consciousness of men and women, youth and adults, rural and urban populations as well as traditionalists and modernists.



## Conclusion

Ultimately, those involved in this awareness raising process and in the delivery of the social and development agendas are members of civil society and are active in many NGOs. Public awareness requires the active participation of civil society in Africa together with partners in the Western world. Here, civil society should not see itself as an alternative to the state, but as a partner. Its interests lie in helping the state to develop and implement social and economic programmes for the eradication of poverty. Furthermore, it is their duty to assist the state in promoting political and social awareness and to regulate the relationship between the state and the citizens. These functions of civil society are important to achieve those development goals that the state could not achieve or where the state could not reach the citizens, especially in the grassroots sector.

Civil society should be empowered to decentralise from urban to rural structures, and to move from male-dominated to gender-equal structures. NGOs involved in development cooperation should be sensitive enough to ensure that anti-FGM measures aimed at eradicating FGM are included in all projects. They should work with African NGOs to gain more insight into local and indigenous practices. They should also understand the reactions of local political leaders and other figures in order to gain acceptance for meaningful development programmes. This is particularly necessary where these programmes affect the political, social and economic position of those who practice FGM.

Governments in industrialised countries should ensure that in development aid and cooperation with African countries, more emphasis is placed on problems such as FGM than demanding more „governance“; they should make sensitivity to FGM a condition of development cooperation. This will make FGM an integral part of the development cooperation discourse.

Governments in industrialised countries should make sure that in development aid and cooperation with African states, more emphasis is placed on problems like FGM than demanding more „governance“, they should make sensitivity to FGM a condition of development cooperation. This will make FGM an integral part of the development cooperation discourse.

Finally, it should be pointed out that traditional and cultural practices are complex phenomena that need to be questioned through numerous methods. The role of social sciences and other natural sciences is important because only through adequate knowledge of the historical origins of social phenomena can they be understood and linked to human history and background. Only in this way can we develop standards that do not lead to the



destruction of social structures. We must be aware that the introduction of foreign approaches to problems from a particular indigenous origin often causes more problems and conflicts at other levels. Therefore, we must acquire knowledge about societies and their phenomena, especially in the case of FGM, for which there are no serious scientific explanations for its origin or historical background. While the call for the elimination of FGM should be widely supported, research on the political impact and implications of FGM should also be intensified, thus linking social solutions with political ones.



**Imprint:**

Self-published. Publisher and responsible for the content:

African Women's Organization

Schwarzspanierstraße 15/1/2

A-1090 Vienna

Editor: Karin Ortner; Layout: Renate Ungar; Translations: Christiane Ugbor

October 2000

