

Female Genital Mutilation in Africa: Awareness, Education, and Support to Eradicate the
Practice

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Contents

Executive Summary.....	2
Female Genital Mutilation in Africa: Awareness, Education and Support to Eradicate the Practice.....	3
The Contributing Factors of Female Genital Mutilation’s Lack of Awareness:.....	5
The Side Effects of Female Genital Mutilation in Africa:	7
Short Term:	7
Long Term:	8
People That Should Consider Victims to Female Genital Mutilation.....	8
Solutions:	8
Conclusion and Recommendations:	9
Appendix A.....	11
Appendix B	12
References	13

Executive Summary

Female Genital Mutilation, or FGM, is a problem that currently plagues African women. The lack of awareness is why FGM is occurring and it needs to be addressed. The World Health Organization had said FGM is the practice of partial or total removal of female genitalia or other injury to the female genitals for non- medical reasons. There's been a high prevalence of FGM in "the horn of Africa." This has occurred because of old traditions, but with new medical advances and learning more about sexual reproductive health, developed nations have seen the repercussions of the procedure and how they do not justify the action. The numerous physical ailments surpass the old myths about reproduction and chastity believes these old villages have.

Westerners have let this practice occur because FGM has been put under the blanket of "traditions" and the tradition should be left alone. We've let the cultural and economic factors of FGM occur because "A tradition should be respected." Young girls are taught that they should be cut because a boy won't want to marry them if they aren't. Young boys are taught to marry a cut "pure" girl. These kinds of thoughts have forced the newer generations to feed into older traditions. Most of these villages are also rather poor; girls see marriage as a way out of poverty. The "need" to marry makes FGM more prevalent because in their eyes you cannot get to point b (marriage) without going through point A (Female Genital Mutilation).

There are many serious side effects to FGM. They range from short term effects that could easily be helped, however due to poverty they are not aided and they develop into long term medical issues. Infections, trauma, blood clotting could lead up to infertility, negative self-esteem, and death. People with western thinking should also think about who this problem is affecting. This does not only affect the primary victim, which is the woman. This also claims families, neighbors, and children as the secondary victims.

There have been many discussions on how to eradicate Female Genital Mutilation. World Vision has started an effort to help normalize and encourage women and families to opt against Female Genital Mutilation. They have built townships to let women know there will be support for the women who are ostracized due to refusing the procedure. WHO has also started an educational effort against Female Genital Mutilation by opening clinics for women to learn about their reproductive systems and the lack of need of Female Genital Mutilation. This type of intervention had been effective in the past. It's up to the larger organizations to go to Africa and be more one on one help to the victims and family of Female Genital Mutilation

- Education to the African people about sexual health and their reproductive system
- Support to the women and girls that are brave to go against norms and not subject themselves to Female Genital Mutilation
- Donations to the Organizations that help make this dream a reality.

These are steps that the general public, organizations, non-profits and governments can take to help the women in need.

Female Genital Mutilation in Africa: Awareness, Education and Support to Eradicate the Practice

Female Genital Mutilation, or FGM, is a problem that currently plagues African women. The lack of awareness is the reason why FGM is still occurring in Africa. According to Dorkenoo and Elworthy (2006), there is an average of 2 million girls that endure the pain of an FGM procedure a year. The World Health Organization (2008) has defined Female Genital Mutilation ultimately as “...procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons” (pg. 1). World Health Organization has divided Female Genital Mutilation into four very specific types. Type 1 would be a Clitoridectomy: a partial or total removal of the clitoris or sometimes (however rare) only the fold of skin surrounding the clitoris (the prepuce). Type 2 would be an Excision: the partial or total removal of the clitoris and the labia minora and or the labia majora. Type 3 would be an Infibulation: the narrowing of the vaginal opening by sewing together the inner or outer labias. Type 4 is any and all harmful procedures to female genitals such as pricking, piercing, incising, scraping etc. Figure 1 is a visual representation of how the procedure is mapped out.

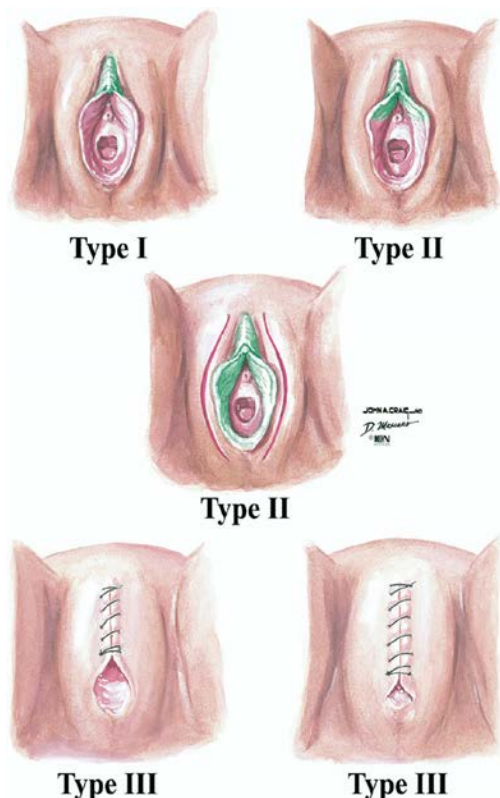


Figure 1: How to differentiate the variations of Female Genital Mutilation. This figure illustrates the types of Female Genital Mutilation types as defined by the World Health Organization.

From Horowitz C., Jackson J. 1997. Types of Female Genital Mutilation. [Illustration] Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1497147/>

Lack of Awareness of Female Genital Mutilation in Africa

There has been action to attempt to eradicate Female Genital Mutilation from occurring however it is still a procedure that is occurring throughout Africa. According to Mark Leon Goldberg, (2013) there are 6 countries that have above 80% of women aged 15-49 who have undergone Female Genitalia Mutilation: Sierra Leone (88%), Guinea (96%), Mali (89%), Egypt (91%), Sudan (88%) and Somalia (98%). Figure 2 will illustrate all of the countries in Africa that have documented evidence of Female Genital Mutilation. If you would like to see the full list of countries turn to Appendix A .

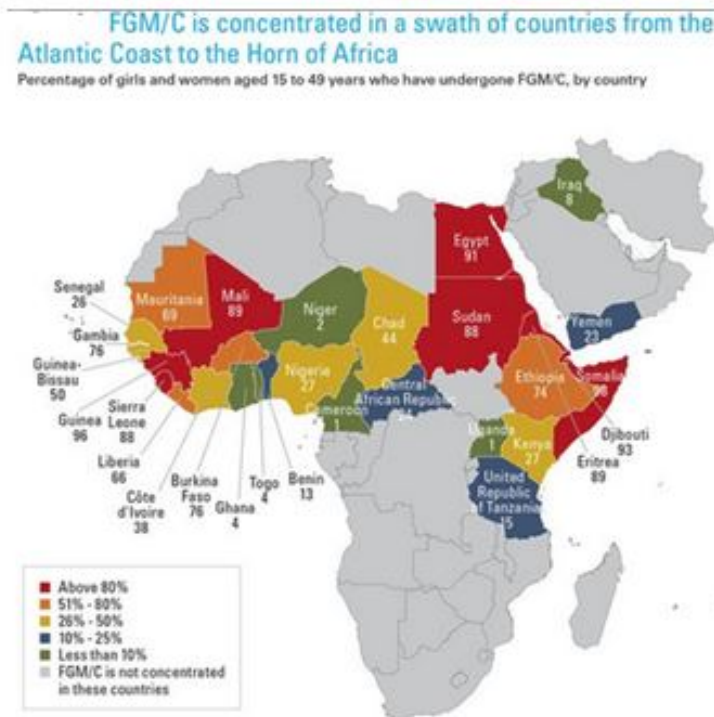


Figure 2. Occurrence of FGM in Africa by countries. This map will illustrate how prevalent Female Genital Mutilation is in Africa.

From Goldberg, Mark. 2013. Map of the day: The countries where female genital mutilation is still rampant. [Illustration]. Retrieved from <http://www.undispatch.com/map-of-the-day-the-countries-where-female-genital-mutilation-is-rampant>

This practice came from many years of tradition and many believe that we as westerners should not interfere with a foreign culture's practices. Others will agree however that with all the new medical advances and knowledge about sexual health and the reproductive system we cannot just turn a blind eye. The physical repercussions of this practice will affect women their whole lives. It can lead to numerous physical problems such as infections, painful urination, dysmenorrhea, (the ceasing of menstruation), fistulas (the continuous leakage of feces or urine), possible sterilization and lastly trauma.

Lack of Awareness of Female Genital Mutilation in Africa

Female Genital Mutilation is occurring in general due to old social traditions. The physical act of mutilating a woman's genitals for the well-being of her future husband is an old male dominant ideal. This is a way males are still suppressing women, they must oblige and have an unnecessary procedure just so men can have the certainty they are pure before marriage. This common practice created by men in small villages serves the purpose to pressure the women to want the procedure and continue the cycle of subordination. This leads to the high percentage of Female Genital Mutilation procedures a year and making it a norm. Neither men nor women want to go against cultural norms in any culture.

These women who have been forced to have Female Genital Mutilation in the past need to be heard and the women who are at risk of getting "cut" need protection from old societal norms. This problem can be a problem of the past with the right action. Female Genital Mutilation is a present day problem that occurs in Africa due to cultural traditions and social practices: if there was an increase of awareness of this problem there is a chance that FGM could be eradicated

The Contributing Factors of Female Genital Mutilation's Lack of Awareness:

There are two main reasons as of why Female Genital Mutilation occurs but there is only one reason why there is a lack of awareness.

There is a cultural traditional and economic practice aspect to Female Genital practice which feeds to its continuation. There are many cultural beliefs and traditions that keep the practice alive and we as westerners use the excuse "It's part of their tradition, it's ok." That is why westerners sometimes lead us to turning a blind eye. In most of these small villages, girls are taught at a young age that they must grow up, get married and start a family. At the same time the young boys are talked about the purity of a woman and when choosing a wife he should pick one that is modest and pure. The aspect of virginity and purity cannot be questioned if a woman was circumcised and sewn together until marriage. Men are taught to want to marry a woman who is "closed", in the contrary if a woman were to not be circumcised, there would be zero possibilities of a marriage proposal.

WHO (2008) asserted that women look at marriage as a way to escape poverty and get a better life. Most of the girls in the village are living in poverty. From birth they are expected to work hard, help the family thrive, help mother with the chores etc. They will constantly hear from their mother "Learn how to cook, or a man won't want to marry you," "If you can't clean you think you will find a good husband to support you?" Researcher Erica Weir (2000) stated that about 80% of the young girls she talked to in her research say that they want to get cut or already got cut so a "good husband can take her from her poor home and give her a better life like my father did with my mother." (p.1344) This cycle of traditional beliefs has driven the procedure to continue.

Lack of Awareness of Female Genital Mutilation in Africa

World Vision (2013) has started a program with the mission to go to Africa and help the women who have been affected by Female Genital Mutilation. They create clinics to attempt and reverse botched procedures or help women who have recently had the procedure with the more acute side effects. In their website there is a story of a woman who finally gives a face to all the victims that have had to live with the procedure and had a negative experience. Bushara is a woman from Sudan who was asked if she still agrees with the Female Genital Mutilation practice after her experience, “Never will I ever submit my daughter to this, it ruined my life and broke my family apart, and no good can come from it.” Bushara married and became pregnant, however due to the Type 3 Female Genital Mutilation procedure; she developed a fistula and had a stillbirth in her second pregnancy. Her husband left her and their 3 year old daughter, who later became ostracized by the village. Bushara’s mother and father took her in however they strongly debated over their granddaughter’s future in Female Genital Mutilation practices. Due to the differences of opinions on their granddaughter’s fate, Bushara’s parents also divorced and now both Bushara and her mother speak out against Female Genital Mutilation. The World Vision organization helped them become independent so they can speak out against Female Genital Mutilation.

Bushara’s story wraps up all the reasons why Female Genital Mutilation is still alive. Her father was heavily involved in his daughter’s “well-being” and determined in order to be a good wife she must be able to prove her virginity and purity. If she did not participate in Female Genital Mutilation she would be expelled from the village and her life would be that of an ostracized woman. Women are given the ultimatum of having the procedure or being expelled from the village.

There must also be a consideration about the attitudes of sexuality from the small villages from where Female Genital Mutilation is prevalent. Most of these women are young, subordinate and quiet about personal matters. They are taught to not let anyone know too much about their personal business. A story similar to Bushara’s elaborated of the privacy of Female Genital Mutilation from the point of view of a “cut” woman. She told the interviewer that she did not want to talk to anyone about the after effects of her procedure because she was always expected to be “reserved and private”. According to Braddy and Files (2007), women do value themselves in their purity and modesty. The women who were interviewed were from a village that has had some World Health Organization educational clinics helping them reverse some effects of FGM. Braddy and Files (2007) quoted them saying,

We are modest women; we do not speak of who is cut or who is going to get cut. We treat it as a private matter that only our mothers, “surgeon” and husband know. We did not like at first how you came here and asked us questions about relations between our husbands, it’s just something we do not speak about. (p. 156).

This is a strong statement to make, which leads me to conclude that Female Genital Mutilation is extremely unnecessary, if these women were so modest to speak to a doctor about a procedure or answer medical questions there is a high chance these women will not be as promiscuous and “un pure” as they imagine.

Lack of Awareness of Female Genital Mutilation in Africa

It's not necessarily that there is any knowledge about Female Genital Mutilation, however its more about why it's still occurring even though we know it's wrong. Our lack of action is what leads to this mutilation to occur. If there was more involvement in organizations that helps aid these women and populations then eradication of this ancient practice would take effect.

Some people would argue that Female Genital Mutilation is a cultural practice that should be left alone. Western beliefs and principles should not be forced to everyone. However we cannot ignore that Female Genital Mutilation is a practice that is in clear violation of the Universal Declaration of Human Rights. Article 5 of the Universal Declaration of Human Rights (1948) states "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment". The forcing of women is clear violation of article 5 because it is a cruel, inhuman and degrading act to have their genitals removed. What can happen if people start to slowly make exceptions to Human Rights?

The Side Effects of Female Genital Mutilation in Africa:

Overall most of the effects Female Genital Mutilation has are physical and mental harm to women. Kaplan-Marcusan (2009) mentions in his report of Female Genital Mutilation that permanent side effect Female Genital Mutilation can have is infertility to women. Goldberg (2013) states that men and women have the misconception that Female Genital Mutilation can lead to higher fertility and believe the old wives tale "The purer the woman the more bountiful she will be as a mother." In the documentary "The Cut" by Kallestein, we follow two women, Mary, a 14 year old about to get circumcised, and also Alice, a 20 year old woman who has decided against it and studying to be a social worker. She stated in the documentary "I believe that if these girls could be educated, understand what it really means ...because out of circumcision there is no benefit. Just problems" (2009) Science has 100% disproven one of the main reason's African tribes strongly support Female Genital mutilation. Would the fathers and mothers of the young girls still want to make their children go through the procedure if they knew Female Genital Mutilation actually diminishes fertility and conception and possibly makes their daughters infertile?

Short Term:

Rymer (2003) has noted in his research that Female Genital Mutilation can also lead to less severe side effects such as infections, disfigurement of genitals, trauma, poisoning of the blood, fistulas, the ceasing of menstruation, and blood clotting. All these effects will be endured by the girls without medication and if left untreated can cause infertility or death. For those who do not know, fistulas are another reason why most husbands leave their wives. It is seen as shameful and husbands do not want to keep a marriage with a woman who is affected by that ailment. So either way, even if a woman is lucky enough to conceive, she might still be divorced if she developed a fistula.

Long Term:

The woman must also deal with the negative psychological effects of a botched genital mutilation procedure. Women will not be able to look past the fact that they are “defective” and due to their inability to conceive or to bring a child to term, they will devalue themselves. This can continue into an even further spiral of problems that are irreversible and damaging. This devaluing cost the family and the female immensely; it will be a life changing event that might never be reversed. Even if the procedure can be changed, she will still have to deal with the trauma and the memories of the pain she endured. According to Weir (2000), she states that the procedure can take up to 6 weeks of being bound together and letting the sutures heal. These girls had to live through six painful, medication-free weeks of being bound by rope and only standing to urinate; which was just as painful as being cut all over again.

People That Should Consider Victims to Female Genital Mutilation

These effects affect women mostly; however these effects also affect the family unit. If a woman is plagued with any of these problems and the husband abandons the wife, like in Bushara’s story, there will be a change of the people living in her mother and father’s home. She might be brought back into her old childhood home or she might be ostracized by the village. The parents have to stretch their hard earned money one extra way to help support the extra daughter back at home. Sometimes these fistulas don’t develop for years; what would happen if the daughter is ostracized by the village and her parents are too old to work and feed her? Her ex-husband isn’t forced to support her or any of his children after the divorce. Those individual might starve to death if left alone. The mental anguish of the parents must be unbearable.

There might be an impact to a child. If a woman was cut and sealed, there is a chance the child might not survive a birth. The child might suffocate due to the small birth canal or even be born with an infection. We must remember that a child depends on the mother and her health affects the development of the child. If there were any disease passed to the mother during her FGM procedure, such as hepatitis it could be passed to the child through the blood stream they share in while it’s in utero or during birth.

We must also take into consideration that there are efforts to ending Female Genital Mutilation with clinics in Africa. However if we do not raise awareness and create action to eradicate Female Genital Mutilation those same clinics might be overran with corrective clients. Their mission to educate against Female Genital Mutilation will be put aside and all they will be doing is fixing a botched procedure, while a new one occurs. We would of created a whole new cycle instead of stopping the problem at its source.

Solutions:

There have been many discussions on how to eradicate Female Genital Mutilation. World Vision has started an effort to help normalize and encourage women and families to opt

Lack of Awareness of Female Genital Mutilation in Africa

against Female Genital Mutilation. They have built townships to let women know there will be support for the women who are ostracized due to refusing the procedure. These townships are run by the organization and lead by the women and men who choose against FGM. There currently are 6 villages funded by World Vision with close to 30 families living in each village. In order to aid this, funding from organizations would be a start to aid the continuation of this mission. Organizations similar to World Vision can either help fund this or create their own villages so there are more options for the nay sayers. If you would like to get involved with any organization to aid the eradication of Female Genital Mutilation reference Appendix B.

WHO has also started an educational effort against Female Genital Mutilation by opening clinics for women to learn about their reproductive systems and the lack of need of Female Genital Mutilation. The women are approached in a caring understanding way. Their message isn't "Female Genital Mutilation is bad and barbaric," it is a message of understanding "I understand how much you care and love your daughters and you only want what is best for them and their health." That is, after all, the point of stasis in the discussion of Female Genital Mutilation. The women are educated on what negative health repercussions the procedures cause their girls and then if the women are convinced they are encouraged to sign a pledge against Female Genital Mutilation and later referred to the townships similar to the ones World Vision has created so they do not feel isolated in their decision. This type of intervention has been effective in the past. The best example of this is the recent eradication of the Chinese foot binding practice. Chinese foot binding was also a long dated tradition dating back to the 10th and 11th century. There were failed attempts in the 17th and the early 19th century to eradicate this practice but it wasn't actually eradicated until the early 20th century.

These actions can be a catalyst to the ultimate goal of finally swaying the African people to the absolute outlawing of Female Genital Mutilation. Once the stigma of going against the current and going against tradition is faced it will be much easier to sway the general population to come together and banning the practice. Female Genital Mutilation is a practice that needs to be tackled in steps; it will be a long process. Going against generations of traditions need to first be addressed in a sensitive matter so that people do not shut down.

Conclusion and Recommendations:

Female Genital Mutilation is an outdated practice that leads to more harm than well. It is a method of female suppression and violates Human Rights. Females who endure the procedure endure pain for weeks at a time while it "heals" to later have the incisions reopened during marital sex. We cannot ignore that this outdated practice brings immediate danger such as infection and reproductive health problems. We also cannot ignore that this practice also brings more long term and permanent problems like death and infertility. We should take a stance as a nation to help the women who have lost their voice in these villages. Donations to organizations that help in the eradication of this practice

Lack of Awareness of Female Genital Mutilation in Africa

through education and the creating safety nets for women who took a stand against Female Genital Mutilation go a long way. Donations are the easiest and smallest step the general public can make to help larger organizations eradicate the practice. It's up to the larger organizations to go to Africa and be more one on one help to the victims and family of Female Genital Mutilation

- Education to the African people about sexual health and their reproductive system
- Support to the women and girls that are brave to go against norms and not subject themselves to Female Genital Mutilation
- Donations to organizations that already have the mission of FGM eradication.

These are steps that the general public, organizations, non-profits and governments can take to help the women in need.

Appendix A

Countries and their percentages of Female Genital Mutilation occurrence

Somalia 98%

Guinea 96%

Egypt 91%

Mali 89%

Sierra Leone 88%

Sudan 88%

Burkina Faso and Gambia 76%

Ethiopia 74%

Mauritania 69%

Liberia 66%

Guinea-Bissau 50%

Chad 44%

Cote d Ivoire 38%

Kenya and Nigeria 27%

Senegal 26%

Central Africa Republic 24%

United Republic of Tanzania 15%

Benin 13%

Ghana 4%

Togo 4%

Niger 2%

Cameroon and Uganda 1%

Lack of Awareness of Female Genital Mutilation in Africa

Appendix B

Organizations that help in the Female Genital Mutilation Eradication mission

28 Too Many

African Women's Organization

Ban FGM

Campaign Against Female Genital Mutilation

Daughters of Eve

FGM-HILFE

FGM National Clinical Group

FORWARD: The Foundation for Women's Health, Research and Development

GAMS

Integrate Bristol

RISK

Stop FGM Now

The Desert Flower Foundation

The Orchid Project

With (he)art against FGM

World Health Organization

World Vision

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