

For original article published in french language :  
<http://www.carnetsdesante.fr/Mutilations-genitales-feminines>

Personal translation of my own article below :

## ➤ Problèmes de santé ( Health problems )

# Female genital mutilations : what to know for fighting against them ?

July 2013 , par Delléa Didier

*Female genital mutilations are extremely common in some countries and in some communities in France .  
To fight effectively against them , good intentions are not enough : we must understand what is at stake for  
the women involved , their families and membership groups .*

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Several recent events have highlighted the issue of female genital mutilations : resolutions in November-December 2012 of the UN General Assembly finally banning them and urging states over the world to condemn them , International Day against the mutilation genital mutilations ( February 06<sup>th</sup> 2013 ) , article published on Slate Africa ( June 10<sup>th</sup> 2013 ) describing the death of a 13 years old girl in Egypt after female genital mutilations . To help the change of current situation in a sustainable manner in direction of the Human Rights , it is necessary to provide additional information on both historical and psycho-sociological aspects .



### **The situation in Egypt : a historical summary**

At year 2000 , the percentage of women and girls victims of female genital mutilations in Egypt was 97% overall , with differences according to their religion : 98% of Muslims and 88% for Christians .

In 1996 , the Egyptian Ministry of Health issued a decree declaring excision illegal and criminally punishable , but Egyptian Court of Justice overturned the government ban . Ten years later , the decision was still under appeal .

Then , under pressure from the international community aware of a projection by a team of North American television and the Human Rights Division of UN , the practice of female genital mutilation was declared illegal if it was not done by a doctor .

Finally , in 2007 , following in particular the highly publicized death of a young girl of 11 years after female genital mutilations and the reaction of a religious leader , the Egyptian Minister of Health promulgated a decree banning members of health professions to practice female genital mutilations .

In June 2008 , the Children Act was amended to condemn female genital mutilations , but in January 2009 , the government had not yet issued its implementing regulations ( according to NGO Human Rights Watch ) .

This is only on November-December 2012 that UN General Assembly adopted resolutions prohibiting female genital mutilations and strongly urging states to condemn them ( see news of News Center of UN and news of UN Women ) .

## What about elsewhere ?

At year 2000 , the percentages of women and girls victims of female genital mutilations :

- In Eritrea , 99% among those of Muslim faith and 92% among those of Christian faith ;
- In Mali , 89% and 94% among those Muslim faith , 85% among those of Christian faith , 90% among the others .
- in Burkina Faso , 78% among those of Muslim faith , 66% among those of Christian, and 61% among the others .
- in Kenya , 28% among those of Muslim faith , 38% among those of Christian faith , 31% among the others .

The field work to raise public awareness , especially among UNICEF teams , is a good thing , but the road ahead is clearly long . It should be noted in passing that the simplistic view of female genital mutilations as only a macho desire to control women is misleading and harmful : it does not allow us to make real and lasting change attitudes . Of course , this social pressure exists , but the phenomenon has much more ancestral grounds .

The most obvious progresses highlighted by UNICEF appear only in countries where the percentage of female genital mutilations was already lower than in other ( and therefore attitudes globally less entrenched ) , where they will not be able to be major and sustainable without a strong political , religious and social common will .

To deepen the psycho-socio-anthropological reflection for better efficiency in combat , you can read for example : " Symbolic Wounds : Test interpretation initiation rites " published on 1954 by the psycho-analyst Bruno Bettelheim ( 1971 for the French version ) and " Female Genital Mutilation " published on 2000 by the philosopher Pierrette Herzberger-Fofana ( Australian University Erlangen-Nuremberg ) .

## Our own mistakes in order to address the issues

First , even if the whole sub-Saharan Africa and Egypt represents virtually all cases of female genital mutilations , at year 2000 they also exist with :

- a relative frequency much lower than 50% in some population groups from the following countries : Pakistan , India , Bhutan , Malaysia , Indonesia , Saudi Arabia , Oman , Bahrain , United Arab Emirates ;
- an even lower frequency in many other countries of the world in some of their immigrant groups .

The *primum princeps* is to avoid condescending thoughts and attitudes of many actors , including humanitarian , who discredit everything they say or do even with good intentions . So this is :

- shortcut thinking , « female genital mutilations are a simple reflection of primary males' machismo for mastery of woman » , although of course it is involved ...
- selfishness hidden under a veil of respect : « we do not substitute us to governments of these under-developed countries which have to set up their own health organization » , with result that we will look only after other health problems , even if they are not those who kill the most on the ground ...
- selfish desire ( with medical intellectualism ) to deal only exotic diseases , which are not those who kill the most .

Thus , on year 2005 , about 11 million children die before age 5 years old worldwide , 9% were due directly to malaria , but 19% to pneumonia . In the African belt , the percentages were 9% for malaria , but 21% pneumonia , almost 2.5 times . Tolerance to the parasite ( immunity of premunition ) made pneumonia to

kill five times more than malaria among children more than 5 years old and 10 times among those more than 15 years old .

In the past it was also much more : the on year 1970 it was 17 million children who die before age of 5 years old worldwide , and on year 1990 it was still 12 million , for which malnutrition as a primary factor of comorbidity ( on year 1990 , 30% of children under 5 years old were underweight ) , but above the respective frequencies of causes of death were much more pronounced ( with international publications , so that cannot be ignored by humanitarian NGOs ) and on year 1985 , 35.6% died from pneumonia against 5.6% from malaria , and on year 1993 , 30.7% from pneumonia against 3.4% from malaria , ...

Although there have been medical advances since year 2000 , the number of deaths of children under 5 years old was reduced to around 7.5 million worldwide . Indeed , in the major cities of South-East Asia , malaria kills 20 times more than pneumonia and 10 times more for them over 5 years old . But in Sub-Saharan Africa , it still kills as many ( and 2 times more among those over 5 years old ) . This told , at the world level , pneumonia are still responsible for 18% of deaths before age of 5 years old against 7% from malaria .

And today as before , the ranking of leading causes of mortality doesn't hardly change where health facilities are lacking , and among children dying before age of 5 years old pneumonia greatly outperform malaria in the following countries : Laos ( 19 % against 1% ) , Myanmar-Burma ( 17% against 1% ) , Bangladesh ( 14% against 1% ) , Cambodia ( 12% against 2% ) , Madagascar ( 18% against 6% ) , North Korea ( 15% against 0% ) , Vietnam ( 12% against 0% ) , ...

In short , wealthy graduates of developed countries , we seem to consider that the moral lesson is more important than human life . But local people upon which our interests are , do not they make fun of knowing from what are going to die their children , brothers , sisters , ... ? Do not they just hope to see them to live ? In sum , if the same amount of money an NGO can save 10 times more lives , mainly those of children , isn't it better to treat pneumonia rather than malaria ? Especially when medical humanitarian NGO ask for money to provide primary care !

Second , we must recognize our limits of action and simply of influence , whether we are at a level of responsibility from the field to the UN : nothing efficient and sustainable without a team work of transversal type , but also without voluntary participation of population of horizontal type . To this we need to evaluate in all lucidity the basis of the problem and therefore the extent of the action points where to act ( together with several NGOs and associations , for practical reasons , or even for reasons of competence ) .

The fight against these mutilations passes through understanding their reasons in order to conduct appropriate prevention campaigns , but also by national and international laws , firmly and strongly enforced .

## **Evolution from the origin to a desirable future**

Some misconceptions are corrected by historical or sociological data . Thus , among the Egyptians , female excision dates back to 6,000 years Before Christ , so well before the onset of revealed monotheistic religions . At the time of colonization , the excision raises no controversy in Europe , anthropologists and colonial administrators , as well as the Catholic Church , had knowledge , but have not made much . Clitoridectomy is not a purely African phenomenon , it was even part of European medicine in the 18th and 19th centuries ...

In developed countries it is difficult to understand today why female genital mutilations are still practiced . Yet , we continue , legally and with the participation of physicians , to mutilate boys by circumcision for non-medical reasons , because parents imposing their beliefs to their offspring ! While functional and psycho-sexual effects are not comparable to those of excision , but ... As about the alleged efficacy of male circumcision against the transmission of HIV infection and therefore advocated by the WHO , it is interesting to look closely at the few studies at the origin of this recommendation . Not to mention , the health conditions in which it is practiced on the Sub-Saharan African land ( including recent studies which objectify complications ... ) .

Moreover , in a judgment that should make jurisprudence , the High Court of Cologne West in Germany found on year 2012 that :

- « The body of a child was changed permanently and irreparably by circumcision » ;
- « This physical change is contrary to interests of the child to decide later by himself in his religion » ( the judgment does not prohibit the act for medical reasons ) ;
- « The right of a child to physical integrity takes precedence over the right of parents » ;
- « The rights of parents in education and religious freedom are not violated if they expect the child to be able to decide on a circumcision as an adult . » .



## **To what reasons do female genital mutilation ensue ?**

### ***Sociological reasons :***

These practices have helped to define group membership, endorsed by tradition.

They are often part of rites of initiation and transition to adulthood ( without it , a girl cannot be considered an adult ) .

Most parents do not think to harm their daughter , but instead wish to facilitate their social integration .

Excision is considered a pre-requisite for marriage . Indeed , it guarantees the honor of the family ( a young girl who refuses to undergo excision is a disgrace for her family , especially her father cannot haggle her for the best price ) .

An un-excised girl is considered a second-class citizen , impure , a « bilekoro » as a typical expression in Mali ; for example , un-excised girls uncut do not have the right to prepare family meals .

Those who would refuse would be rejected by their families and ethnicity , thus returning alone to survive , cannot marry a man from the same community .

Finally , ethnic importance is considerable in immigrant populations : excision is a way to keep a cultural identity in a country that is not their own ( which is not necessarily Western and developed ) . Hence a very strong social pressure to make it to be practiced .

### ***Hygienic and aesthetic reasons :***

The clitoris is considered as a dirty and ugly organ , known to release a bad smell ; the girl is unclean as long as she keeps it .

In some ethnicities is a belief that the clitoris would grow at puberty and hanged between the legs like a penis .

Excision here would aim to make woman to be most beautiful .

### ***Economic reasons :***

Excisers are an integral part of society . Respected and listened , they come from ethnic groups that excise from mother to daughter . More , this is an important source of income for them . They are paid in cash or goods and they enjoy a high social position . In many countries , they also serve as traditional birth attendants . The eradication of this mutilations with the loss of their income and social status , it is often difficult for them to renounce to it . This is why the associations in the field include in their fight campaigns their conversion to dissuade them from returning to their former practice .

Excision also guarantees the assurance of a larger dot at the wedding of the girl . The dot can generally finance the marriage of son who is the guarantor of the continuity of the lineage , but also a form of retreat for parents ( girls going to live with the family of their husbands ) .

### ***Psycho-sexual reasons :***

The preservation of chastity is a common reason . These mutilations would preserve the virginity of the girl .

More by reducing the sexual desire of women , they would enable the control of their sexuality and of their reproductive functions , reducing the risk of extra-marital relations .

So it would compete to social stability , factor of importance in the context of a difficult life , even precarious .

### ***Reasons for beliefs :***

Many myths attribute evil powers to the clitoris .

- The Myth of the original bi-sexuality : Prior to initiation , the human being has 4 spiritual elements ( 2 cores ( *ni* ) and two intelligences ( *dya* ) ) which are housed in prepuce and clitoris . The male circumcision and female excision can keep only the *ni* and the *dya* and corresponding to their gender . It is a debt of blood that man must pay to the gods in order to have the right to belong to a specific gender . Thus , excision helps to make the woman more feminine , a concept often associated with docility and obedience .

- Myth Bambara : The land was originally inhabited by twins . The first male named *Pemba* took the form of *Balanza* , king of all trees . While he was united with his twin sister , the first female *Musso Koroni* ( old little woman ) , its spines wounded him during intercourse . She became mad and started to circumcise and excised all men and women she met , with nails and teeth , everywhere sowing chaos and misery , embodied by her dangerous clitoris named *wanzo* .

- The Dogon Myth : God ( named *Amma* ) wanted to unite the Earth whose the sexual organ is an ant and the clitoris a termite . Thus occurred the first disorder of the universe when God approached , the mound stood up and crossed the passage , showing her masculinity and her equality with God . The union did not take place , but God is all-powerful : he shot the rebel mound and joined himself to the excised land .

There are also beliefs that the clitoris can become so long that it blocks the entrance of the vagina and makes impossible every intercourse or that it just blows the newborn at birth and its ability to breathe .

Finally , in Africa , the fear of evil eye and of magic are very much alive . Thus , when a girl has complications of her excision , her parents attribute it to a curse . Associations on the field inform women of the village , marabouts and griots about these practices by demonstrating adverse effects in order to stop these mystical beliefs . While trying to promote beneficial practices such as breastfeeding , wearing infants on their backs ...

### **For a comprehensive political of women's emancipation**

« Education is the most powerful weapon to change the world » , said Nelson Mandela . To fight against female genital mutilations , it is essential to ensure that women and girls around the world access to education , to health , to sustainable livelihoods , to exercise their rights and to participation in political life , which will also benefit their families and their communities . This cannot be done efficiently and ethically if boys are not also included in the overall project or at least are not excluded , under penalty of sacrificing several generations of women before the emergence of a world more respectful and egalitarian .





In this respect , developments in some countries are worrying . Thus , according to the NGO Human Rights Watch ( January 2013 ) , after the abandonment of proposals including decriminalization of female genital mutilations , the Egyptian Constituent Assembly drafted provisions on women's rights which further seal in the draft constitution the exception provided by Sharia to equality right , reflecting the reserves still in force issued by the country to conventions on the rights of women .

In its 2010 Global Report on the status of human rights analyzed in more than 90 countries , NGO Human Rights Watch found numerous abuses committed in health care facilities and by health care providers . And Joseph Amon , Director of health and human rights division of Human Rights Watch , wrote in an essay :

« The code of ethics for health care providers prohibits ... World Medical Association specifically condemned ... According to the Hippocratic Oath , the physicians must treat all patients the best ... Despite these declarations and oaths ... accomplice participation of caregivers to torture or CIDT [ cruel , inhuman or degrading treatment ] is commonly reported , states and professional associations have shown little interest or ability to ensure the census . » .

« The UN Committee against Torture said ... medical staff makes both complicit in action practicing FGM [ female genital mutilation ] or disseminating information to patients clearly wrong about this , and in inaction by failing to terminate this practice as government officials . » .

« The actions and inactions of health care providers , which could be consistent , or otherwise outside the laws and policies of a State , leading to inflict intentionally and without justification , serious physical or



mental suffering should be recognized , condemned and fought ... So maybe , the Hippocratic Oath in which faith care providers undertake to abstain from all evil and injustice will become reality . » .

### **In Europe we are also concerned**

According to a study conducted and published by the High Commissioner for Refugees of UN on female genital mutilations and on asylum in the European Union , almost 20,000 women , girls and adolescents from countries where excision is practiced and other female genital mutilations seek asylum in the countries of European Union every year .

Based on the prevalence of female genital mutilations in their countries of origin , only for year 2011 more than 8,800 asylum-seekers aged from 14 to 64 years old present in European Union have undergone excision or other genital mutilations . In addition , more than 3,600 girls and young women under 14 years old who applied for asylum in European Union were at risk of female genital mutilations in their countries of origin .

France is the first country of asylum for these women , girls and adolescents . Between years 2008 and 2011 , on average , over 20% of asylum seekers in France were from countries which practice female genital mutilations . On year 2011 , 4,210 others have sought asylum in France .



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