

## 2 Female genital mutilation (FGM)

Female Genital Mutilation/Cutting (FGM/C) is one of the most persistent, pervasive and silently endured human rights violations. It has a profound influence on a girl-child's development throughout her life. The impact of FGM/C on women and girls compromises the enjoyment of human rights including their right to life, to physical integrity, to the highest attainable standard of health, as well as their right to freedom from physical and mental violence. According to a WHO estimate, between 100 and 140 million girls and women in the world have undergone some form of FGM/C. (UNICEF, Media Center, 2013)

Female Genital Mutilation (FGM) refers to the partial or complete excision of the female external genitals.<sup>5</sup> In practice, several different kinds of mutilations exist (see chapter 2.2). By damaging the female genital tissue and injuring the female organs for non-medical reasons, FGM interferes with the natural function of girls' bodies. An estimated 92 million girls over the age of 10 have been cut in Africa (WHO, Female Genital Mutilation, 2010: 1). Each year nearly 3 million girls are at risk of undergoing the practice: 8000 every day, 300 every hour (Terre des Femmes, 2011a: 1). FGM is mostly performed within the family or as a part of a public initiation ceremony. Female traditional circumcisers usually perform the operation. The manner in which these mutilations are carried out differ between various ethnic groups: knives, pieces of broken glass, burning charcoal, or razor blades may be used to cut off the female organs.<sup>6</sup>

In most cases, girls undergo the custom when they are between 7 and 10 years old, though it is occasionally also practised on adult women (WHO, Female Genital Mutilation, 2010: 4; CNLPE, 2006: 9). However, FGM seems to be practised at even earlier ages in many African countries: parents may want to reduce the trauma of their girls, or they may try to avoid government interference or resistance from children old enough to build their own opinions (Hosken, 1993: 35-37). Particularly in Burkina Faso, the approach of changing laws in order to decrease the prevalence of FGM has led to an increase of circumcised newborns/young children (see also chapter 3.5.1).

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<sup>5</sup> External genitals include the clitoris, labia, mons pubis (the fatty tissue over the pubic bone), and the urethral and vaginal openings.

<sup>6</sup> For more details on the types of female genital mutilation, refer to chapter 2.2.

FGM exists mainly in sub-Saharan and North-Eastern Africa. It is practised in at least 28 out of 43 African countries, and its prevalence varies significantly from one country to another, from as much as 99% in Guinea to as low as 5% in Niger (Toubia, 1995: 42-44; UNICEF Innocenti Research Center, 2005: 3; Hisel, 2001: 1). FGM is mainly practised in the 'patriarchal belt', which sprawls from Morocco to China (Latreille & Verdon, 2007: 67). Women are subject to the control of men. Mostly, it is the man who decides whether the girl will undergo FGM or not. In countries where FGM is strongly prevalent, it affects all socioeconomic groups. Outside the African context, the practice has been reported among certain populations in Asia (the Philippines, Malaysia, Pakistan, and Indonesia). In a few communities in South America, such as in Peru, East Mexico, and Brazil, women also undergo FGM. Some population groups on the Red Sea coast of Yemen are also known to practice FGM, and there are reports of limited incidences in Jordan, Oman, the Occupied Palestinian Territories (Gaza), Bahrain, United Arab Emirates, and in certain Kurdish communities in Iraq (Koso-Thomas, 1987: 17; UNICEF Innocenti Research Center, 2005: 3). In many countries outside Africa, FGM is not practised due to native traditions but is rather implemented by African immigrants as 'imported cultural knowledge' (UNICEF Innocenti Research Center, 2005: 3). Due to the continuation of the practice by immigrants, the topic of FGM has led to a heated discussion in Australia, Canada, England, France, and the United States (Toubia, 1995: 21-24).

## **2.1 Note on terminology**

There has been an increasing discourse on the terminology of FGM in the social science debate. The act used to be referred to as 'female circumcision/cutting' (FC). However, this term draws a parallel with male circumcision and could create confusion (WHO, 2008: 22; Rahman & Toubia, 2000: 4). While male circumcision involves cutting the foreskin of the penis without touching the organ itself, the procedure on the female body is far more damaging and invasive (Hisel, 2001: 3).

The NGO *Terre des Femmes* remarks that although the terminology 'Female Genital Mutilation' may be useful in official documents to underline the harm of the practice, the designation 'Female Circumcision/Cutting' should nevertheless be used when talking to persons affected. Many girls and women do not want to be stigmatised as 'mutilated' (*Terre des Femmes*, 2011b: 1-3; Gruenbaum, 2001: 3). Although 'mutilation' is technically accurate because most variants entail damage of healthy tissue, Gruenbaum adds that this term implies intentional harm

and is equivalent to an accusation of evil intent (Gruenbaum, 2001: 3). Gruenbaum emphasises that the procedure of cutting is linked to a deeply rooted custom, and although it causes harm to the girls (see chapter 3.4), a brutal intention is usually not the objective of the act.

A statement from the Director of External Relations, Gannon Gillespie, of the NGO TOSTAN<sup>7</sup> explains why the organisation has used the term 'Female Genital Cutting' (FGC) for over 13 years. He bases his argument on remarks from African communities, for whom 'cutting' is less judgmental and value-laden. Without any attempt to excuse or diminish the practice, Gillespie underlines that the intent of the practice is not mutilation, but rather the outcome of a decision made by parents who want the best for their child. They regard FGC as a step to become fully accepted in the community (Gillespie, 2011: 3rd break). Using the term 'mutilation' thus hinders dialogue and productive discourse with concerned communities as it implies criticism. Gillespie affirms that no one should stigmatise girls and women who have been cut. They ought to be free to choose the term that best defines them (ibid 5<sup>th</sup> break). As TOSTAN is cooperating directly with local communities, it is logical for such organisations to use a neutral term.

During the exhibition *Die Hälfte des Himmels. 99 Frauen und Du* at Bezirksamt Neukölln in Berlin, on 11 August 2011 I led a panel discussion with the Senegalese rap singer Fatou Diatta, alias Sister Fa.<sup>8</sup> Being an award-winning hip-hop star, she uses her voice not only to reach young people, but also for a new drive against FGM. In our conversation she pointed out that the word 'mutilation' should be used with much consideration:

I do not use the word 'mutilation', I say 'cutting'. The French word 'mutilation' means cutting with the intention to hurt. Many people describe it as a barbaric act. They ask how can a mother mutilate her own child. But my mother did not mutilate me. She had good intentions for my future and me; she wanted the best for me. If you are not cut, you're marginal-

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<sup>7</sup> The NGO TOSTAN, founded in 1991 in Senegal, has the mission to empower African communities for positive social transformation while installing education programs based in ten African countries and cooperating directly with local communities. In Wolof, the most widely spoken language in Senegal, 'Tostan' means *breakthrough*, as well as *spreading* or *sharing*.

<sup>8</sup> Sister Fa combines music with political activism. In her songs, she broaches the issue of FGM, forced marriage, women's rights, and gender equality. Every year she organises numerous outdoor concerts and visits schools in her home country of Senegal to confront youngsters with discussions on the harms of FGM. She collaborates with TOSTAN to stimulate a change of mind in her natal country. (More information on her activities and music can be found at: Sisterfa, 2014).

ised and might be treated as an animal. You cannot marry; you cannot cook for anyone. It is a condition for a good marriage. (Fatou Diatta, 11 August 2011, during the panel discussion)

Similarly, in order to capture the gravity of the signification 'mutilation' and at the same time to use a neutral diction for persons affected, *United Nations Children's Fund* (UNICEF) and *United Nations Population Fund* (UNFPA) have agreed to use the term 'FGM/C - female genital mutilation/cutting'. But for usage as an advocacy tool and to raise awareness on the significance of the topic, all United Nations (UN) agencies have agreed to use the term 'female genital mutilation/FGM' (WHO, 2008: 22). The term 'FGM' has been in use since the late 1970s. Because of the negative connotation of the word 'mutilation', it emphasises the gravity of the act. Some researchers and activists claim that the term 'circumcision' trivialises the damaging act and harmful nature of the practice (Gruenbaum, 2001: 4). The word 'FGM' was adopted at the third conference of the *Inter African Committee on Traditional Practices Affecting the Harm of Woman and Children* (IAC).<sup>9</sup> Since 1991 the terminology 'FGM' has been widely used in UN documents (UNICEF Innocenti Research Center, 2005: 1-3). The term was also used in the 1997 Joint Statement of the *World Health Organisation* (WHO), the UNICEF, and the UNFPA (WHO, 2008: 3). Today, 'FGM' is commonly used in academic circles as well as by women's rights and health advocates in order to emphasise the harm and severe effects caused by the procedure.

Official documents in Burkina Faso use the French expressions *excision* or *MGF* ('*mutilation génitale féminine*'). Moreover, the designation FGM is accepted in numerous law articles<sup>10</sup> and science papers as an umbrella term. Yet, until today there is an ongoing debate on the appropriate terminology for the practice.<sup>11</sup>

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<sup>9</sup> IAC is a non-government, non-profit international organisation set up in 1984 in Dakar, Senegal. The purpose of IAC is to promote the basic human rights of women and children by campaigning against FGM and other harmful traditional practices while promoting beneficial practices. The guiding principle of IAC is strongly based on education in order to bring about a positive change of attitude. Building the capacity of affected communities is a long-standing strategy of the organisation.

<sup>10</sup> See for example The Maputo Protocol, Article 5 b. In the article, it states: 'Prohibition [...] of all forms of female genital mutilation [...]'. The protocol was signed by 46 African countries and ratified by 28 of those countries. The Protocol was adopted by the African Union in the form of a protocol to the African Charter on Human and People's Rights on 11 July 2003. Burkina Faso signed the Protocol on 26 February 2004 and ratified it on 9 June 2006. For more articles on FGM, see chapter 2.4.

<sup>11</sup> For a more detailed discussion on the controversy of the terminology, refer to Obermeyer & Reynolds, 1999: 113.

In this research I use the term FGM in accord with numerous articles of human, women's and children's rights declarations and conventions. This research concentrates on the gravity of the act and possible tools that could help end the practice; it is therefore addressed to people engaging against the practice and to scholars researching about it. During the interviews with girls and woman who have undergone the practice, I used the neutral French term '*excision*' (literally translated, *excision* means 'cutting'). The following chapter gives more insight into the various types of FGM.

## 2.2 Types of FGM

Nahid Toubia,<sup>12</sup> a scholar and expert on FGM-related issues, defines the practice as follows:

Female genital mutilation is the collective name given to several different traditional practices that involve the cutting of female genitals. The term FGM is reserved to describe ritualistic practices where actual cutting and removal of sexual organs takes place. (Toubia, 1995: 9)

In an interagency statement from 2007, the WHO classified FGM into four types: the '*sunna*', '*excision*', '*infibulation*', and '*unclassified harmful procedures*' (WHO, 2008: 24; WHO Report, 1996: 3+9).

*Type I: Partial or total removal of the clitoris and/or prepuce.* This form is also called *sunna*, which means 'tradition' in Arabic (Lightfoot- Klein, 1993: 49). In some countries, the foreskin is not cut off, but instead the circumcisers make scratches onto the clitoris (RasWork, 2001: 5) Type I is also called 'clitoridectomy'.

*Type II: The complete removal of the clitoris and inner labia.* This form is called '*excision*' (ibid).

*Type III: Infibulation (Pharaonic circumcision or Sudanese circumcision).* The word '*infibulation*' is borrowed from the Latin word '*fibula*' meaning 'brace'. Originally, this form of mutilation was reserved for female slaves to prevent them from sexual intercourse (RasWork, 2001: 5). Infibulation is the narrowing of the vaginal opening through the creation of a covering seal. Parts or all of the external genitalia as well as the inner

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<sup>12</sup> Nahid Toubia is the founder of the research, action, and information network for bodily integrity of woman (Rainbo) in New York. She is a member of several scientific and technical advisory committees of the WHO, UNICEF, and UNDP. She is also the vice-chair of the advisory committee of the Women's Rights Watch of Human Rights Watch.

labia are cut off. Afterwards both sides of the labia are stitched together, with only a small opening for the act of urinating and menorrhea left open (Koso-Thomas, 1987: 16 - 18).

'Infibulation' creates a physical barrier to sexual intercourse and childbirth. Before sexual intercourse can take place, an infibulated woman has to undergo gradual dilation of the vagina, or the adhered genitals must be cut open; this procedure is called 'defibulation' (Peller, 2002: 104). Defibulations are often carried out on the first night of the marriage in order to enable the husband to be intimate with his wife (UNFPA, 2011: § 5).

Widows, divorced women, and women who have given birth are sometimes refibulated (circumcised anew), to give the impression of a maiden-like vagina. The raw edges of the wound are sutured and sewn together. Refibulation is sometimes called *adlat el rujal* (in English: male circumcision), because it is argued that it gives more sexual pleasure to the man (Lightfoot- Klein, 1993: 52).

*Types I – III* account for the most common forms of FGM (85% of all cases), with variation among countries. Infibulations constitute about 20% of all affected women and are mostly performed in Somalia, northern Sudan, parts of Egypt, Ethiopia, Kenya, Mali, Mauretania, Niger, Nigeria, Senegal, and Djibouti (UNFPA, 2011: §3; Hosken, 1993: 3-6).

*Type IV*: Other harmful procedures to the female genitalia for non-medical purposes. *Type IV* cases are difficult to classify and may include pricking, stretching, piercing, incising, scraping, and cauterising the genital area (WHO Report, 1996: 3-5). Sometimes the raw edges of the vulva are pinned together by long acacia thorns. In this case, the girl is immobilised while her legs are bound together for 10-40 days. The aim is to facilitate the growth of scar tissue. In some cases, parts of the clitoris get pinched off by fingernails, or rubbed in with hot spices until the organ is crushed and the girl has lost a sense of feeling in the nether regions (El-chalal, Ben-Ami & Brzezisnki, 1999: 103-104; Prinz & Katzensteiner, 1986: 2; WHO Report, 1996: 3). Experts also identify hybrid forms of *Types I-IV* of FGM, with seamless transitions.

There can be a huge difference between the specific types of FGM. The WHO is currently adapting the four categories of FGM, invented in 1995, to the reality of today. The reviewed version identifies five types of FGM. In its current draft, the fifth type refers to a 'symbolic' practice (involving nicking or pricking of the clitoris) that releases 'only' a few drops of blood (UNICEF Innocenti Research Center, 2005: 2).

Irrespective of the different categories, FGM can cause significant psychological or physical damage to the women. The following chapter provides some information on possible harms to the female body.

## 2.3 Complications due to FGM

FGM-related complications are manifold and in some cases lead to irreversible damage to the body and psyche of the woman. The extent of these complications depends on the type of FGM, the experience of the circumciser, the sanitary conditions, and the health of the girl being cut (Koso-Thomas, 1987: 25). FGM often impairs a woman's sexual and reproductive functions (Toubia, 1995: 9-11). Maternal and infant mortality rates are highest in FGM-practicing regions, although the actual number of girls who die as a result of FGM is not known (Hosken, 1993: 37-39). Late effects are not necessarily linked with FGM. According to a WHO study from 2006 carried out in six Saharan African countries (Burkina Faso, Ghana, Kenya, Nigeria, Senegal, and Sudan), women who have undergone FGM have a 30% higher likelihood of having a caesarean delivery. Moreover, the mortality rate for their children, either before or after the birth, is 55% higher. 60% of their newborns need special care (WHO, 2006: 258-260).

The removal of or damage to healthy genital tissue interferes with the natural functioning of the body and causes several immediate and long-term health consequences.<sup>13</sup> The lists of possible harmful effects (immediate physical and psychological problems and long-term complications) below are summaries from published literature including Rahman & Toubia (2000), the WHO Report (1996), Koso-Thomas (1987 and 2004), Gruenbaum (2001) and Berggren, Bergström & Edberg (2006).

### Immediate physical and psychological problems

1. Intense pain, due to the absence of anaesthetics during and after the procedure<sup>14</sup>
2. Severe bleeding/ haemorrhage (which sometimes leads to anaemia or bleeding to death)
3. Post-operative shock resulting from the pain, psychological trauma, and exhaustion from screaming

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<sup>13</sup> In her publication *Cutting the Rose*, Efua Dorkenoo (1995) provides a detailed clinical survey of the health impact of FGM.

<sup>14</sup> A study from 1985 in Sierra Leone found that nearly 97% of the 269 women interviewed experienced intense pain during and after FGM, and more than 13% went into shock (Koso-Thomas, 1987: 54-55).



4. Urine retention from swelling and/or blockage of the urethra, as well as pain in the act of urination (as a result of injury to the urethra, the labia or in some cases vagina grow together)
5. Damage to adjoining organs from the use of blunt instruments by unskilled operators and the violence of the resistance of the patient when anaesthetics are not used
6. Lymph vessel illness ('blood poisoning')
7. Fever caused by urinary tract infection
8. Wound infection, including tetanus<sup>15</sup> or HIV<sup>16</sup>
9. Bone fractures arising from forcibly holding the girl

### Long-term complications

1. If the clitoral nerve is permanently exposed, any touching of the vulva or washing is extremely painful
2. Anaemia due to blood loss
3. Painful or blocked menses (in some cases menstrual blood can only leave the body drop by drop)
4. Abscesses, dermoid cysts, and keloid scars (hardening of the scars)
5. General delay in wound healing
6. Accumulation of hard, narrowing scars
7. Kidney or bladder stones
8. Numerous cracks of the wounds and scars, which lead to constant wound infections
9. Menstruation disruption, leading to blood stasis and abdomen infection
10. Neuroma of the clitoris
11. Incontinence, pangs during the act of urination
12. Infertility
13. Exsanguinations during childbirth
14. Frigidity, which can lead to marital frictions or divorce
15. Painful sexual intercourse
16. Psychological effects including shock, trauma, nightmares, and depression

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<sup>15</sup> A survey in Sierra Leone (in a clinic outside Freetown) showed that of 100 girls, who underwent FGM, one died and twelve required hospitalisation. Of the twelve hospitalised, ten suffered from bleeding and five from tetanus (Hosken, 1993: 253-255). Tetanus leads to death in 50 - 60% of all cases (Institute for Development Training, 1986: 15-17).

<sup>16</sup> FGM is likely to increase the risk of HIV infections: unsterile instruments are used on several girls at a time (Koso-Thomas, 1987: 29-31).



Because of how harmful immediate or long-term complications are, physicians define FGM as a malicious injury (Ärztammer Berlin, 2008: 12). For more structured details on problematic health consequences due to FGM, readers may refer to Khaled & Cox (2000) 'Female Genital Mutilation'.

This chapter provided detailed information on the multiple damages to the female body caused by FGM. In the following it seems necessary to approach the topic from the human rights perspective in order to understand why and to what extent FGM violates existing human rights.

## **2.4 FGM from a human rights perspective**

On the international level, human, women and children's rights documents describe FGM as intentional and criminal injury. Regardless, FGM still continues as a traditional practice. FGM is still practised in 28 African countries. Of these, 16 African countries have enacted laws and/or regulations against FGM<sup>17</sup>; Burkina Faso is one of them (UNFPA, 2009: 15). Such legislation underlines that the practice conflicts with the basic laws of the international community. Human rights declarations and agreements, national and international, build the legal foundation for the ban of FGM in Burkina Faso. They represent central reasons why international and local institutions and organisations, as well as governments and individual activists, become active and feel responsible in engaging to end the practice. While the eradication of FGM has been included in resolutions and action plans at various international levels, this chapter concentrates on international laws that not only proscribe FGM, but also consider the practice a violation of human rights.

Both, the criminalisation of FGM in legal terms and the universal call for its prohibition can be regarded as a basic prerequisite for any attempt to take action against the practice. By enacting laws and regulations, the international community including human rights organisations use legal justifications to fight FGM. The following chapter examines legal documents forbidding any bodily and sexual injuries undertaken against women and girls.

This chapter is divided into sub-sections focussing on the human and women's rights perspective; the children's rights perspective; and the

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<sup>17</sup> The 16 African countries are: Benin, Burkina Faso, Central African Republic, Chad, Cote d'Ivoire, Djibouti, Eritrea, Ethiopia, Ghana, Guinea, Kenya, Mauritania, Niger, Senegal, Togo, and the United Republic of Tanzania (UNFPA, 2009: 15).

right the health. It closes with a discussion of FGM in the framework of cultural relativism.

#### 2.4.1 *Human rights and women's rights perspective*

FGM violates various human rights conventions and international laws that protect women and children from cruelty and violence and ensure their bodily integrity and access to health care, education, and self-realisation (Toubia, 1995: 44-45). FGM contradicts the *Universal Declaration of Human Rights* (UDHR)<sup>18</sup> by violating the right to life: 'Everyone has the right to life, liberty and security of person.' (UDHR, 1948: Art. 3).

Similarly, Article 5 of the UDHR emphasises that no human being should be subjected to torture or inhuman treatment (UDHR, 1948: Art. 5). Several other international agreements reiterate and strengthen different aspects of human rights mentioned in the UDHR. Article 12 of the *Declaration* grants special protection against any arbitrary interference of individual privacy. Similarly, its articles emphasise the importance of every individual's dignity and the right to the protection of the law against any interference (ibid: Art. 12). Likewise, Article 7 of the *International Covenant on Civil and Political Rights* prohibits torture and inhuman treatment or punishment (UN General Assembly, 1966: Art. 7). In this context, Article 1§1 of the *International Covenant on Economic, Social and Cultural Rights* states that all people shall freely pursue their economic, social, and cultural development (UN General Assembly, 1966: Art. 1§1).

The custom of FGM contradicts the right to physical and mental integrity and the right of women and girls to freedom from discrimination (Maier, 2003: 49; Rahman, 2000: 19; Art. 1 of the CEDAW, 1979)<sup>19</sup>:

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<sup>18</sup> The UDHR, adopted by the UN General Assembly on 10 December 1948, was the result of the experience of the Second World War. With the end of that war, and the creation of the United Nations, the international community vowed never again to allow atrocities like those of that conflict happen. World leaders decided to complement the UN Charter with a road map to guarantee the rights of every individual everywhere. The document they considered, and which would later become the UDHR, was taken up at the first session of the General Assembly in 1946 (UDHR, History of the Document, 2011).

<sup>19</sup> 'For the purposes of the present Convention, the term 'discrimination against women' shall mean any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.' (CEDAW, 1979: Art. 1).

Human Rights Education Through Ciné Débat  
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