



Bridging Refugee Youth & Children's Services

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FC? FGC? FGM?: To Those Who Experience It, the Term is Insignificant. The Suffering Is Not.

by

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FC?
Female Circumcision
FGC?
Female Genital Cutting
FGM?
Female Genital Mutilation

**To those who experience it,
 the term is insignificant.
 The suffering is not.**

By Rana Bedri
 FC/FGM Independent Consultant

While there is no agreement about which term most appropriately describes procedures performed on the external genitalia of women and girls in many African countries (and in some Asian and Arabic nations), there is increasing acceptance of one undeniable truth: it inflicts enormous suffering on those who experience it—from the moment it is done until the end of their lives.

Female Circumcision (FC), Female Genital Cutting (FGC), Female Genital Mutilation (FGM) are different terms used to describe a range of procedures that are believed to extend over a 3,000-year period, documented in more than 25 African nations. They are generally justified by cultural, religious or health myths. Depending on the community, females as young as a few weeks and as old as 30 years are subjected to the procedures, now defined by the World Health Organization (WHO) as embracing five categories:

- **Type I:** Excision of the prepuce, with or without excision of part or the entire clitoris.
- **Type II:** Excision of the clitoris with partial or total excision of the labia minora.
- **Type III:** Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation.)
- **Type IV:** Represents a number of unclassified practices including pricking, piercing or incising of the clitoris and/or labia; stretching of the clitoris and/or labia cauterization by burning of the clitoris and surrounding tissue.

Among the health misconceptions used to support the procedures are such ideas that a clitoris left intact might grow into a penis; or that the baby might be killed during birth if it's head merely

touched the clitoris.

Culturally, these practices are performed as a rite of passage into womanhood by a number of tribes and ethnic groups across Africa. And religiously, some Muslim groups who perform these practices rely on a non-Koranic *hadith* (a saying by the prophet), considered to be controversial by some Muslim scholars. It is important to note that Muslims, as well as Christians and non-believers, perform this tradition.

News reports and research articles have indicated that the practice is usually done in non-sterile conditions using unsterilized tools. The procedures are usually performed by the local barber, or by women who do it as a trade, often referred to as "circumciser." These individuals do not possess the equipment or the know-how to keep their procedure germ-free. They often use rusted sharp metals, or broken glass, an old razor or

whatever is sharp enough to remove skin to do the task. A mixture of herbs and liquid is placed on the wound and the girl's legs are tied together for more than two weeks to allow the wound to heal. Infections, of course, are quite common, and many young girls bleed to death.

How common is the practice today? According to WHO, between 100 to 140 million are estimated to have experienced the procedures. The prevalence of the practice throughout the 28 African countries varies. In Sudan, Somalia and Eritrea more than 80 percent of women have suffered from the practice. But in Ghana, the prevalence is only about 15 percent. The most common procedure, WHO believes, is excision.

Efforts to eradicate FC started early in the twentieth century. Today, many non-governmental and governmental organizations in Africa and abroad are working col-

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FC Seminars Heighten Awareness

To help sensitize area health care providers and ethnic community leaders about the special cultural, medical and legal issues involved in dealing with female circumcision, ECDC conducted two workshops in May. Twenty-three health professionals attended the first, conducted in collaboration with the U.S. Department of Health and Human Services (DHHS) and the Agency for International Development (USAID).

Dr. Abdelhadi Eltahir, senior technical advisor at USAID, and Julie Chitty, a family nurse practitioner at DHHS, provided information on the physical, psychological and sexual consequences of each procedure; obstetric challenges facing health practitioners; clinical considerations for treatment; a review of the deinfibulation procedure; and the importance of adding cultural competence to gynecological knowledge. Also participating were Irena Lieberman, Director of Legal Services for the Tahirih Justice Center, who discussed federal and state regulations against the practice, and ECDC's Hanan Bedri.

Twenty-eight leaders of Arlington's ethnic communities attended the second event, learning about the health consequences and legal implications of the practice. Participants included leaders from Sudan, Liberia, India, El Salvador, Nigeria, Somalia, Ethiopia and Eritrea. Dr. Patricia Maloof gave an overview of the practice, identifying the different degrees of circumcision and the health consequences for each. The seminars were highly rated by participants, with several African men expressing renewed appreciation for the roles men need to play in helping stop the procedures.

Legal Actions Bar FGC in Some Nations, States

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laboratively to end the practice. Educational campaigns have dealt with the health issues involved and the lack of authoritative religious teachings to support its continuation. Some have attempted to devise alternative rites of passage rituals to preserve the cultural aspect without the cutting. While such efforts have reduced the practice in some areas, it is still widespread.

Another effort, and a very controversial one, is instituting legal prohibitions against all types of genital cutting and the prosecution of the perpetrators. During the last decade, Senegal, Tanzania, Togo and Kenya have banned the practice, although few individuals have been prosecuted under these laws for various reasons. Several states in America, including New York, Delaware, California and Texas, have laws prohibiting FC, with provisions for fines and jail terms for perpetrators.

In my opinion, there are two immediate advantages of instituting a legal ban: to protect campaigners from supporters who tend to be violent at times, and to provide a venue for young girls and women who refuse to undergo this ritual.

The influx of immigrants to the United States from the practicing communities requires appropriate measures to prohibit these practices from being performed on American soil and for responding to the needs of women who have undergone FC. Health care providers must be trained to treat them with sensitivity, keeping their personal opinions to themselves. Displaying any evidence of shock, revulsion or demeaning attitudes will only discourage these women from receiving the health care they need.

Change must come from within. Outsiders can provide information with respect to the culture and the communities, but we cannot dictate what they should do and how they should live their lives.

Another important element is the role of men. Men are as much involved in the continuation of this practice as women are. Hence they should be held accountable and integrated in all educational campaigns and medical interventions.

There are many sources for more information about this practice, including these websites: www.fgm.org, www.equalitynow.org; www.who.org; www.tahirih.org; www.crlp.org; www.rwlg.org;

www.rainbo.org, or by sending an E-mail request to:

(Rana Bedri is a former program manager and editor of *Awaken*, a publication of Equality Now, an international organization dedicated to action for the civil, political, economic and social rights of girls and women.)

Children's Picture Book Targets Enhanced Literacy

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company. He is now a librarian at the Children's Library in San Francisco, California.

Growing up in Ethiopia, Yohannes recalls hearing many tales from his storytelling father but remembers how scarce books were in his community.

"Books change lives," he says now. "Mine was changed when I was 19 and read my first book outside of school. I had just dropped out of high school and had no direction to my life. That one book, and the books that I came into contact with afterwards, gave me a sense of purpose and direction. Books became my best friends. They still are."

Maureen Evans, who now serves as EBCEF's president and executive director, first contacted Yohannes a few years ago while researching Ethiopian children's books on the Internet. She and her husband have four adopted children, including 13-year-old Ethiopian twins, Adanech and Aselefech. They joined her family in 1994 when they were only six years old.

"I have been blessed by the gift of my daughters," she said, "and have hoped in some way to 'give back' to

their country of origin. I see in Adanech and Aselefech the strength, beauty and potential of Ethiopia. That's what EBCEF focuses on: bringing literacy to children so they can bloom and thrive."

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 - African artwork and jewelry
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