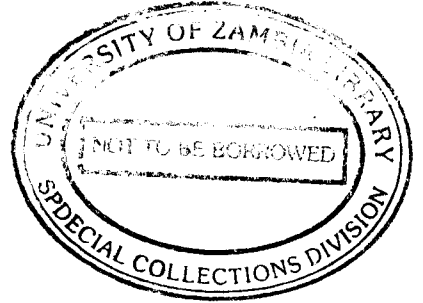


FEMALE CIRCUMCISION- IS IT STILL THE DREADED

EVIL?

BY

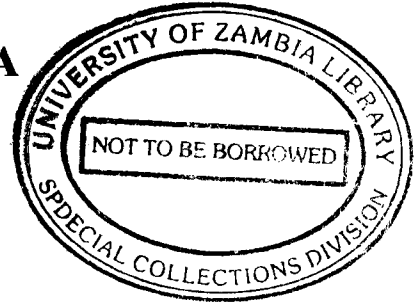


MPINGA NAMUNKONDYA

Being a paper presented in partial fulfillment of the examination requirements for the degree of Bachelor of Laws of the University of Zambia

2006.

**UNIVERSITY OF ZAMBIA**  
**SCHOOL OF LAW**



I recommend that the obligatory Essay prepared under my supervision by

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Entitled

**FEMALE CIRCUMCISION- IS IT STILL THE DREADED EVIL?**

be accepted for examination. I have checked it carefully and am satisfied that it fulfills the requirements relating to format as laid down in the regulations governing obligatory Essays

Supervisor:.....*me*..... Date.....*March*  
~~.....~~.....*Feb*..... 2006.

Mr. Mumba Malila S.C

## **DEDICATION**

To my parents, Febby Mwenya and Loward S. Simunkondya.

Thank you for all the sacrifices that you have both made to see me this far in my education and in my life. Your love, encouragement and support have seen me through it all. I only hope that one day I will make you proud, but I know there is nothing in this world I would ever do to thank you enough. May God continue to richly bless you.

Love you both.

## **ACKNOWLEDGEMENTS**

First and foremost I would like to thank God for the countless blessings he has continued to shower upon me.

I would also like to recognize the hard work, diligence and commitment of my supervisor Mr. Mumba Malila S.C, who spared time from his busy schedule to help and guide me through my work. I will forever be grateful to him for being the best supervisor I could have ever had.

I would also like to thank those who helped me get access to information for this paper; in particular, Mr. S. Mwalimu, my uncle, Mr. Brian Chilanga, Mrs. Ruth Chilanga, and Kay. Others are Organizations namely Women for Change, Women for Change Support Group at UNZA, Women and Law in Southern Africa Trust and the Women's Lobby Group.

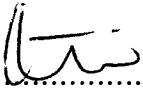
To the rest of my family members, thank you for your support and encouragement.

To all my friends at campus, Mundia, Sarah, Kabisa, Sandra, Mwitwa, Laura we have come a long way lets keep it tight, to Jennipher, Oga, John, Mulendwa, Dickson, kony, Nalukena, and Eunice, thanks for all the good times. Thanks to my very good friend and sister Bupe Chame for all the help in editing and typing, you are such a precious gem. And to my loving mate, confidant and best friend Joe thanks for the love and keep it coming.

To those not mentioned, you know you are always appreciated.

## DECLARATION

I, Mpinga Namunkondya do declare that all the ideas in this obligatory Essay are mine and that other authors ideas and works that have been referred to have been duly acknowledged.

Signature:.....

Date:.....20.03.07.....

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# **CHAPTER ONE**

## **THE ORIGINS OF THE TRADITIONAL CUSTOMS AND PRACTICES THAT HAVE GIVEN WAY TO FEMALE CIRCUMCISION.**

### **1.1 INTRODUCTION.**

“I was genitally mutilated at the age of ten. I was told by my late grandmother that they were taking me down to the river to perform a certain ceremony, and afterwards I would be given a lot of food to eat. As an innocent child, I was led like a sheep to be slaughtered. Once I entered the secret bush, I was taken to a very dark room and undressed. I was blindfolded and stripped naked. I was then carried by two strong women to the site for the operation. I was forced to lie flat on my back by four strong women, two holding tight to each leg. Another woman sat on my chest to prevent my upper body from moving. A piece of cloth was forced in my mouth to stop me screaming. I was then shaved.

When the operation began, I put up a big fight. The pain was terrible and unbearable. During this fight, I was badly cut and lost blood. All those who took part in the operation were half drunk with alcohol. Others were dancing and singing, and worst of all, had stripped naked. I was genitally mutilated with a blunt penknife.

After the operation, no one was allowed to aid me to walk. The stuff they put on my wound stank and was painful. These were terrible times for me. Each time I wanted to urinate, I was forced to stand upright. The urine would spread over the wound and would cause fresh pain all over again.

Sometimes I had to force myself not to urinate for fear of the terrible pain. I was not given any anaesthetic in the operation to reduce my pain, nor any antibiotics to fight against infection.

Afterwards, I haemorrhaged and became anaemic. This was attributed to witchcraft. I suffered for a long time from acute vaginal infections.”<sup>1</sup>

The above testimony brings to light the gruesome experience that many girls and even women go through in different parts of the world, but more so in Africa. Millions of these are brutally mutilated in the name of culture or any other justification that they can come up with. But then, what exactly is Female Genital Mutilation (female circumcision)? What is being done and should further be done to curb this practice? This essay will seek to address some of these issues, bearing in mind that this is a very wide topic, it will try to effectively highlight the more critical aspects.

In this paper, the terms Female Genital Mutilation and Female Circumcision will be used interchangeably, because though it is argued that male and female circumcision are the same, female circumcision is very different as it involves a wide range of practices that are not at the same level as those in male circumcision. Further, there are adverse consequences that result from female circumcision as compared to those that flow from male circumcision. The expression “female genital mutilation” (FGM) gained growing support in the late 1970s. The word “mutilation” not only establishes a clear linguistic distinction with male circumcision, but also due to its strong negative connotations emphasizes the gravity of the act.<sup>2</sup> In the 1990s, this term was adopted at the third conference of the Inter African Committee on Traditional Practices Affecting

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<sup>1</sup> Amnesty International, Female Genital Mutilation- A Human Rights Information Pack. Testimony by Hannah Koroma, Sierra Leone. [www.amnesty.org/ailib/intcam/femgen/fgm1.htm](http://www.amnesty.org/ailib/intcam/femgen/fgm1.htm). Accessed on 14.08.2006.

<sup>2</sup> [www.unicef.org](http://www.unicef.org)

the Health of Women and Children (IAC) in Addis Ababa.<sup>3</sup> Hence, the word is used as a means of reinforcing the fact that the practice is a violation of girls and women's rights, and thereby promotes advocacy for its abandonment both at national and international levels. Thus to a very large extent, the term "genital mutilation" best describes the procedure and its effects better than does the term "circumcision".

It is further important to note that this practice of Female Genital Mutilation is not found in this country, Zambia.<sup>4</sup> The one that is performed is male circumcision, especially in the Northwestern Province at what is known as the Mukanda Ceremony. Recently though, it can even be performed at hospitals by qualified surgeons. This type of circumcision seems to have more benefits for the male's reproductive health that it is not complained about, this probably being the reason that even the Amendment to the Penal Code does not list it among the punishable harmful cultural practices.

Section 157 provides:

(1) any person who conducts or causes to be conducted a harmful cultural practice on a child commits a felony and is liable, upon conviction, to imprisonment for a term of not less than fifteen years and may be liable to imprisonment for life.

(2) In this section "harmful cultural practice" includes sexual cleansing, Female Genital Mutilation or an initiation ceremony that results in injury, the transmission of an infectious or life threatening disease or loss of life to a child but does not include circumcision of a male child.<sup>5</sup>

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<sup>3</sup> Shell-Duncan, Bettina and Yiva Hernlund, [eds], (2000), Female "circumcision" in Africa: Culture, Controversy and Change, Lynne Rienner Publisher, London.

<sup>4</sup> Kangenda Kenneth, (2004) Female Superstitions of Sex, Minta Publishers Ltd Lusaka.

<sup>5</sup>The Penal Code Act (Amendment) No. 15 of 2005, Cap 87 of the Laws of Zambia.

Notably, even though Female Genital Mutilation does not exist in Zambia, there is a law to this effect, which is very commendable. This simply confirms that the practice is very real and exists elsewhere in the world, and keeping silent about it simply because it does not affect “us” would be an indication of disregard for women and girls and their rights. Hence, all who believe that every one is entitled to enjoyment of their rights to the full to live as normal human beings, should advocate for the abolition of all practices harmful to them, Female Genital Mutilation included.

## **1.2 WHAT IS FEMALE GENITAL MUTILATION?**

Genital Mutilation is considered to be a very controversial aspect of women’s health because it is estimated that 100 million women have been subjected to this brutally tormenting procedure.<sup>6</sup> Roughly, Zambia’s population is about 12 million, this would mean that the number of women is roughly nine times the population of this country. That definitely is a lot of people showing how grave this problem is.

The World Health Organization (WHO) defines female genital mutilation as comprising “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons”.<sup>7</sup>

This is an all embracing definition as it takes into consideration any form of injury to the female genitalia. Meaning that the degree does not matter, it could be severe or not severe but it is still considered mutilation. This brings into issue, the fact that mutilation has degrees which as shall be

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<sup>6</sup> BBC News/ Health/ Medical notes/ Female Circumcision.

[http://news.bbc.co.uk/2/hi/health/medical\\_notes/241221.stm](http://news.bbc.co.uk/2/hi/health/medical_notes/241221.stm). Accessed on 14.08.2006.

<sup>7</sup> WHO Media Centre Fact Sheet No 241. [www.who.int/mediacentre/factsheets/fs241/en/](http://www.who.int/mediacentre/factsheets/fs241/en/). Accessed on 14.08.2006.

seen as this essay progresses, range from excision of the hood of the clitoris or clitoris itself, to complete infibulation which involves removal of the clitoris, labia minora and labia majora.<sup>8</sup>

This is performed on girls as young as three, adolescents and occasionally on mature women. It is done in unsanitary conditions using razor blades, scissors, kitchen knives and even pieces of glass and these instruments are used on more than one person, hence increasing the risks of infection.<sup>9</sup>

Severe consequences flow from this procedure, some of them being chronic urinary tract and other infections, infertility, psychological trauma, sexual dysfunction and menstrual difficulties.<sup>10</sup> These are better explained by the WHO as being, cysts (these are growths including liquid that forms under one's skin or inside the body), abscesses (painful swelling filled with pus), keloid scar formation and damage to the urethra which brings about urinary incontinence. An incontinent person is one unable to control their bladder or bowels, leading to one urinating or defecating anywhere and anytime with no control. Another effect is called dyspareunia, which is painful sexual intercourse. The person might also experience some other forms of sexual dysfunction and difficulties during childbirth which causes severe trauma that may even result into life-threatening haemorrhage.<sup>11</sup>

Additionally, the victim of genital mutilation may suffer some psychological health damage. Some clinical cases of psychological illness related to genital mutilation have been reported.<sup>12</sup> The traumatizing experience surely is enough to leave a mental scar on any woman who undergoes it, it

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<sup>8</sup> Muslim Women's League, "Position Paper on Female Genital Mutilation" 1999-2006. [www.mwusa.org](http://www.mwusa.org).

<sup>9</sup> BBC News/ Health/ Medical notes 1998. [www.news.bbc.co.uk](http://www.news.bbc.co.uk).

<sup>10</sup> Op cit

<sup>11</sup> WHO Media centre fact sheet No 241.

<sup>12</sup> Baasher, T.A "Psychological Aspects of female circumcision" Report of a seminar in Egypt 1979.

is not surprising that such women might end up being psychologically affected for the rest of their lives. There is some nervous shock that is experienced and at times may be fatal.

### **1.3 TYPES OF CIRCUMCISION.**

There are different forms of female genital mutilation performed on different women and girls. These are clitoridotomy, clitoridectomy and infibulation.<sup>13</sup> These are considered to be the main types but there are other types that include a diverse range of practices which are mostly done in combination with one or other main types.

To make description of these different types of mutilation easier, it will be advantageous to identify which parts of the female sex organs are targeted during this procedure. The female sex organs are divided into two parts, that is, the external and internal genitalia. The external genitalia are the vital part in this exercise. This consists of the labia majora (pair of outer lips), the labia minora (a pair of inner lips) and the clitoris which is found on top of the vagina. The clitoris, which consists of a shaft and a distal glans, is a small erectile structure and is at times regarded as a primitive penis in women. The labia minora join to form the prepuce, which is a fold of skin that covers the clitoris. It is a highly sensitive organ because of its many nerve fibres.<sup>14</sup>

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<sup>13</sup> Amnesty International, Female Genital Mutilation–A Human Rights Information Pack 1997 [www.amnesty.org/ailib/intcam/femgen/fgm1.htm](http://www.amnesty.org/ailib/intcam/femgen/fgm1.htm). Accessed on 14.08.2006.

<sup>14</sup> Kangenda Kenneth, (2004), Female Superstitions of Sex, Mint Publishers Ltd Lusaka.

### **CLITORIDOTOMY.**

This type of circumcision involves the removal or splitting of the clitoral hood and is in some ways similar to male circumcision.<sup>15</sup> It is also known as sunna circumcision in Arabic, meaning or standing for anything approved by Islamic law and centred in Islamic tradition. However, it will be seen later that actually this practice of female circumcision predates the Islamic religion, and the Muslims oppose all forms of female genital mutilation.<sup>16</sup>

The World Health Organization defines clitoridotomy as Type I circumcision which involves excision (removal) of the prepuce, with or without excision of part or the entire clitoris. According to Amnesty International, this type of circumcision is the least radical of all forms of circumcision performed in Africa.<sup>17</sup>

In most Western countries this type of circumcision is usually performed on adult women and not children, this is because in the early 1950s, some doctors advocated for clitoridotomy of adults claiming it increased sexual sensitivity and sexual pleasure.<sup>18</sup>

Nevertheless, circumcision on the above grounds has declined on the premise that actually, although this increased sensitivity may be experienced, it does not last because with time the clitoris becomes hard and less sensitive, much less like the male when circumcised.

### **CLITORIDECTOMY.**

The World Health Organization puts this as Type II circumcision which involves removing (excision) of the external part of the clitoris with partial or total excision of the labia minora.<sup>19</sup> In

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<sup>15</sup> Morris, D(1985), *Body Watching*, New York; Crown pg 218

<sup>16</sup> AL-Quaradawi, Yusuf, *Circumcision: Juristic, Medical and Social Perspectives* ( 13/ Dec/2004 )

<sup>17</sup> Amnesty International, *Female Genital Mutilation- A Human Rights Information Pack 1997*. [www.amnesty.org/ailib/intcam/femgen/fgm1.htm](http://www.amnesty.org/ailib/intcam/femgen/fgm1.htm). Accessed on 14.08.2006.

<sup>18</sup> Paper by C.F McDonald, " Circumcision of the Female" (1958)

Africa, 85 percent of the mutilations consist of clitoridectomy or excision, according to Amnesty International and the WHO estimates this accounts for 80 percent of all cases of genital mutilations. These estimates give a clear indication that this is the most performed type of procedure.<sup>20</sup> This was reported to have also been practiced in English-speaking countries as a preventive measure against masturbation,<sup>21</sup> and also for consequences of ‘peripheral excitement’ according to Dr. Isaac Baker Brown, but fortunately this practice has disappeared from England.<sup>22</sup>

### **INFIBULATION**

This is known as Type III circumcision and it involves the excision of part or all of the external genitalia and stitching or narrowing of the vaginal opening.<sup>23</sup> This is known as Pharaonic circumcision. The journal, Plastic and Reconstructive Surgery notes; “female circumcision was practiced in ancient Egypt and relates to the Pharaonic belief in bisexuality of gods”.<sup>24</sup> Due to this connection the most severe type of mutilation is still known as Pharaonic circumcision down to this day.

Infibulation involves the two types already mentioned that is, clitoridotomy and excision. The clitoris is excised and all external genitalia are carved away, then the bleeding raw edges of the large lips (labia majora) are held together by thorns or any other thing that can be used as a fastening device. This is left to heal leaving a cover to form over the vagina. The legs of the victim

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<sup>19</sup>WHO Media Centre Fact sheet No 241

<sup>20</sup> Ibid

<sup>21</sup> Valentine RJ (Pseudonym) Adult Circumcision, (1974), a personal report: Medical Aspects of Human Sexuality pg.42.

<sup>22</sup> Comfort, Alex, (1968), The Anxiety Makers, Panther edition, London. Pg 111.

<sup>23</sup> Amnesty International, Female Genital Mutilation-A Human Rights Information Pack. [www.amnesty.org/ailib/intcam/femgen/fgm1.hhtm](http://www.amnesty.org/ailib/intcam/femgen/fgm1.hhtm). Accessed on 14.08.2006.

<sup>24</sup> Awake! Magazine, “Millions Are Suffering-Can They Be Helped? 1993 April issue pg 20-23. Watchtower Bible and Tract Society of New York Inc. 25 Columbia Heights, Brooklyn.

are tied together during the healing process which takes several weeks, and during this period a splinter of wood is inserted to create a tiny opening which will be used later for urination and menstrual discharge.<sup>25</sup> And to quicken the healing process, some pastes are administered to the wound. These contain herbs, eggs, milk, ashes or dung. This process may take up to 40 days and if the mutilation was done as part of an initiation ceremony, the victim will be taken to a special secluded place to recover while more traditional teachings and values will be imparted by the older women of the community.

Since the victim is sewn up, she has to be cut open by the husband on her wedding night before sexual intercourse, and also during childbirth as the opening will be too small to allow normal vaginal delivery. This means the infibulation is completely opened and has to be closed up at the insistence of the husband who threatens to reject his wife if this is not done. Hence, this is a life long violation of such a woman's human rights, and definitely she will never experience any sexual pleasure, but will only know the nightmare that sexual intercourse can bring. How can something this hideous be allowed to be perpetuated against the women of this world?

#### **TYPE IV CIRCUMCISION.**

This does not have a definite name as it includes a diverse range of practices which would involve pricking the clitoris with needles, burning or scarring the genitals as well as ripping or tearing of the vagina.

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<sup>25</sup> Fran P. Hosken, Female Genital Mutilation, WIN NEWS, [www.feminist.com/resources/artspeech/inter/fgm.htm](http://www.feminist.com/resources/artspeech/inter/fgm.htm). Accessed on 14.08.2006.

At times the tissue surrounding the vaginal orifice (opening) is scrapped off or cut, this is referred to as anguurya cuts and gishiri cuts respectively. Additionally, herbs or other corrosive substances are put into the vagina to cause bleeding as a way of narrowing or tightening the vagina.<sup>26</sup>

Having considered what female genital mutilation is and also the various forms that are performed on women and girls in many parts of the world, it now becomes imperative to examine some of the customs or traditional views that have helped promote this practice as a normal way of life in different cultural settings.

### **1.3 PRACTICES ENCOURAGING FEMALE GENITAL MUTILATION.**

This most dreaded practice of mutilating the female genitalia originated in Africa. Initially, it was believed to have some religious connotations, especially since the severe type is believed to be linked to the 'bisexuality of the gods of Egypt' and also the mummies of ancient Egypt.<sup>27</sup> Nevertheless, there are still some religious ceremonies that are connected with female genital mutilation. In the Muslim world there has been a controversy as to whether the Prophet Mohammed favoured circumcision of females. There is a Sunnah (words or actions of the Prophet) or Tradition of the Prophet that all those who advocate for the practice point to as their authority for performing it. They claim that a woman who used to perform circumcision in Medina was told by the Prophet (phub), "do not cut too severely as that is better for a woman and more desirable for a husband."<sup>28</sup> This even if were true would only permit and not mandate the practice of genital

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<sup>26</sup> [www.who.org/](http://www.who.org/) media centre.

<sup>27</sup> Awake! Magazine, "Millions Are Suffering -Can They Be Helped? 1993 April issue. Watchtower Bible and Tract Society of New York Inc. 25 Columbia Heights Brooklyn.

<sup>28</sup> Muslim Women's League, "Position Paper on Female Genital Mutilation" 1999-2006. [www.mwlusa.org](http://www.mwlusa.org).

mutilation. Meaning it would not be compulsory for everyone in the Muslim faith to be circumcised as a show of devotion to Allah.

However, many Muslims say this hadith has very little credibility if any at all. Actually all hadiths concerning female circumcision are non-authentic.<sup>29</sup> This hadith does not meet the strict criteria to be considered unquestionable. It has been classified as a *mursal*, which means that there is a missing link in the chain of transmitters as none of those who passed it were among the original companions of the prophet. And it is only found in one of the six undisputed authentic hadith collections of Abu Dawud (chapter 1888). Additionally, there is no explicit instruction in the Qur'an or in the writings of the prophet Mohammed which requires that the clitoris be surgically modified. Male circumcision though is widely practiced among the Muslims and is even explicitly mentioned in several sayings of the prophet.<sup>30</sup> This simply signifies that God approves of it being there it should not be tampered with.

In contrast the Qur'an promotes giving pleasure to each other during sexual intercourse, "it is lawful for you to go in unto your wives during the night preceeding the (day's) fast...." (2:187)

Conclusively then, it can be said without doubt that the practice of female genital mutilation predates Islam and does not get any support from the Muslim religion or even its Holy book, the Qur'an. Hence, Female genital mutilation being a violation of the bodily integrity of women and girls cannot be encouraged by Islam a religion that guarantees human integrity both in body and spirit. It doing so would be going against everything it stands for, including Allah the creator. In any case, female genital mutilation is widely practiced even in countries where Christianity and not

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<sup>29</sup> *ibid*

<sup>30</sup> *ibid*

Islam is the predominant religion. In Ethiopia, Eritrea, Sierra Leone, Sudan and Kenya, this practice is found among Christians and Animists.<sup>31</sup>

This confirms that this practice has no religious base and hence must be cultural. What then are some of the cultural beliefs that foster this practice?

In most cultural settings where female mutilation is practiced, it is considered an important rite of passage. It believed to promote marital fidelity, control the women's sex drive and prevent lesbianism.<sup>32</sup> A victim of infibulation explains:

“The importance given to virginity and an intact hymen in these societies is the reason why female circumcision still remains a very wide spread practice despite a growing tendency, especially in urban Egypt, to do away with it as something outdated and harmful. Behind circumcision lies the belief that, by removing parts of girls' external genital organs, sexual desire is minimized. This permits a female who has reached the dangerous age of puberty and adolescence to protect her virginity and therefore her honor, with greater ease. Chastity was imposed on male attendants in the female harem by castration which turned them into inoffensive eunuchs. Similarly female circumcision is meant to preserve the chastity of young girls by reducing their desire for sexual intercourse.”<sup>33</sup>

Due to the fact that circumcised women have their sexual desire terminated or reduced, they are less likely to engage in premarital intercourse or adultery, hence, men are told to marry circumcised women who are bound to be faithful in any circumstance and who definitely bring

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<sup>31</sup> Sami A. Aldeeb Abu-sahlial, “To Mutilate in the Name of Jehovah or Allah: Legitimization of Male and Female Circumcision. Available online [www.hollyfeld.org/fgm/refer/mutilate.html](http://www.hollyfeld.org/fgm/refer/mutilate.html). Accessed on 25.05.2006.

<sup>32</sup> Rahman, Anika and Nahid Toubia, (2000) *Female Genital Mutilation: A Guide to Laws & Policies World wide*, Zed Books, London.

<sup>33</sup> Nawal El-Saadawi, (1980) “The Hidden face of Eve, Women in the Arab World,” translated & edited by Sherif Hetata, Zed Press, London pg 33.

their husbands more sexual pleasure. This makes it difficult for uncircumcised women to find marriage partners as they are not considered 'women enough' in such societies.

In Somalia, the prospective husband's family has the right to inspect the bride before marriage so that they ensure that they are paying for the 'right thing'. Hence, mothers are charged with the responsibility of regularly checking their infibulated daughters to ensure that they are still 'closed' and worthy of the bride price that will be demanded.<sup>34</sup>

Another reason why female genital mutilation is practiced is because of the belief that it promotes cleanliness and hygiene, such that some terms used for mutilation are close or synonymous with purification, for example, tahara in Egypt and tahir in Sudan.<sup>35</sup>

Women that are not mutilated are considered unclean and so are not even allowed to handle any food and water. It is claimed the uncut genitals will grow long to the point of hanging down between the woman's legs and also that the clitoris and labia minora cause bad genital odors hence they have to be removed. In other communities the clitoris is considered to be a poisonous organ which if it comes into contact with a man's penis would lead to death or make the man impotent. Further it is believed that during child birth if a baby comes into contact with the clitoris it would have excess cranial fluid.<sup>36</sup> Female circumcision is also believed to enhance conception and fertility in the various communities where it is perpetuated. At other times circumcision is put as a condition for even other family members to be accepted in the community. For example, among the Samburu of Kenya, any uncircumcised girl is considered unclean and promiscuous and so has to be circumcised at about 14 or 15 years before they get married. An added condition in this

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<sup>34</sup> V.L Barnes, (1994), *Story of A Somali Girl*, Knopf, Toronto

<sup>35</sup> Amnesty International, *Female Genital Mutilation-A Human Rights Information Pack*. [www.amnesty.org/ailib/intcam/femgen/fgm1.htm](http://www.amnesty.org/ailib/intcam/femgen/fgm1.htm). Accessed on 14.08.2006.

<sup>36</sup> Research, Action & Information Network for Bodily Integrity of Women (RAINBO), *Female Genital Mutilation; Where, Why and How it is done*. [www.rainbo.org](http://www.rainbo.org)

community is that, even if the girl remains unmarried by her late teens, she still has to be circumcised if she has a younger brother or else the brother will not be initiated into the warrior class.<sup>37</sup>

From the above examples, it is clear that the victim of circumcision has basically no say in the matter. It all has to do with family honor and a good reputation, hence she has to conform so as not to bring reproach and shame upon her family. Her wishes are not even respected, worse still, even considered. One father in Cameroon said, "My daughter has no choice, I decide. Her viewpoint is not important."<sup>38</sup>

Clearly then, it has come out that female genital mutilation is encouraged through various means, both religious and cultural.

Firstly, it has been noted how religion has had some influence on this practice, though Islam predates the practice of female circumcision others still rely on the hadith that the prophet Mohammed encouraged genital cutting. Apart from Islam, members of different religious denominations also see circumcision as a way of preserving the chastity and purity of women; hence one wishing to be considered righteous and devoted to their faith will agree to be circumcised.

Secondly, there is the pressure to conform to the cultural norms in any given community. Families fear being viewed as outcasts with uncircumcised daughters. The third reason is wanting to be considered female. Circumcision is a form of gender identification. There are certain cultural settings where un mutilated girls or women are looked down upon as not being woman enough. The

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<sup>37</sup> J.C McKinley Jr, "At a ceremony in Kenya, a Brother and Sister Painfully Enter Adulthood," Article in New York Times, Oct 5, 1996.

<sup>38</sup> C.W Dugger, "African Ritual Pain: Genital Cutting," Article in New York Times, Oct 5, 1996.

clitoris and labia are viewed as male parts that have to be removed from a woman so that there is no mistaking a woman for a man.

Fourthly, those who advocate for circumcision of women claim that there has to be elimination or control of women's sexuality by removing a sensitive tissue of the outer genitalia, particularly the clitoris so as to attenuate female sexual desire, maintain chastity and virginity before marriage and fidelity during marriage. All this is done to afford men more sexual pleasure.

Hygiene has also been highlighted as a reason for continuing the practice, since anyone unmutated is considered as unclean. The external genitalia on a female are considered to be dirty and would become a disgusting site if allowed to grow to the extent of hanging down between the legs. Then finally there are myths that are propagated that a clitoris if not exercised will be poisonous to the baby at birth and might kill the baby. Another is that any penis coming into contact with the clitoris will lead to impotence of the man or even death. Added to this a woman not circumcised is told that she will never be able to conceive.

Sadly, so many women have been trapped into believing that female genital mutilation is for their benefit as they have to secure a husband by proving their virginity or simply show conformity to their culture and not be considered as outcasts. One wonders though, how many men will be ready and willing to undergo such painful and traumatizing procedure just to prove their virginity!

## **CHAPTER TWO**

### **THE PREVALENCE OF FEMALE GENITAL MUTILATION AND THE EFFORTS THAT HAVE BEEN MADE TO ELIMINATE THE PRACTICE.**

#### **2.1 INTRODUCTION**

This chapter will address two aspects of female genital mutilation. Firstly, statistics will be brought out to show just how prevalent the practice is worldwide and secondly, what efforts have been put into trying to eliminate the practice.

#### **2.2 PREVALENCE OF FEMALE GENITAL MUTILATION**

Female genital mutilation (FGM) is a global concern. Not only is it practiced among communities in Africa and the Middle East but also in so many immigrant communities throughout the world.<sup>1</sup> It continues to be one of the most persistent, pervasive and silently endured human rights violations. It violates girls and women's basic human rights, denying them physical and mental integrity, right to freedom from violence and discrimination and in most extreme cases of their life.<sup>2</sup>

The World Health Organization (WHO) estimates that between 100 and 140 million women and girls in the world have undergone some form of Female Genital Mutilation.<sup>3</sup>

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<sup>1</sup> Innocenti Digest (2004) Changing A Harmful Social Convention: Female Genital Mutilation/Cutting, UNICEF Innocenti Research Centre [www.unicef.org/irc](http://www.unicef.org/irc), accessed 12.11.2006

<sup>2</sup> Ibid Pg vii

<sup>3</sup> WHO (2000) Female Genital Mutilation Fact Sheet No. 241, World Health Organization, Geneva.

Recent statistics estimate that some three million girls and women are cut each year on the African Continent. That is sub-Saharan Africa; Egypt and Sudan. Of these, nearly half are from two countries; Egypt and Ethiopia <sup>4</sup>

Other countries where this practice is prevalent in Africa, stretch from Senegal in the West to Somalia in the East. Some Communities found on the Red Sea Coast of Yemen also circumcise their women and girls. Additionally, though there is no clear evidence, there are reports of the practice in Jordan, Oman, the Palestinian territories (Gaza) and in certain Kurdish communities in Iraq. It has also been reported among certain populations in India, Indonesia and in Malaysia. <sup>5</sup>

These statistics vary from country to country and in others from one ethnic group to another. Further, the degrees or types of circumcision performed vary. There are some countries where the rate of circumcision is very high, but the type performed is the less invasive type, and in others vice versa.

In Niger, that rate is 5 per cent. While in Guinea there is the all time high of 99 per cent.

<sup>6</sup> Other countries where Female Genital Mutilation/cutting is practiced include Cameroon, Djibouti, Gambia, Guinea Bissau, Liberia, Sierra Leone, Togo and Uganda. Democratic Republic of Congo (DRC) is said to have less than 5 per cent prevalence. While both Djibouti and Somalia have higher rates of 90 per cent. <sup>7</sup>Countries in the

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<sup>4</sup> [www.unicef-irc.org](http://www.unicef-irc.org), accessed 12.11.2006

<sup>5</sup> Amnesty International (1998), "section 1: What is Female Genital Mutilation, "Female Genital Mutilation – A Human Rights Information Pack, [www.amnesty.org/ailib/inteam/pemgen/pgm1.htm](http://www.amnesty.org/ailib/inteam/pemgen/pgm1.htm) #93 , accessed 10.2.2005

<sup>6</sup> Demographic and Health Survey, Niger, 1999; women aged 15-49, and Guinea 1999: women aged 15 -49

<sup>7</sup> [www.unicef-irc.org](http://www.unicef-irc.org) , accessed 12.11.2006

Northeastern part of Africa that is Egypt, Eritrea, Ethiopia and Sudan, have percentages ranging from 80 to 97 per cent, while in East Africa it is only 18 percent to 32 percent.<sup>8</sup>

As stated initially, Female Genital Mutilation is a global problem. This is due to the fact that migration has played a role in the spreading of FGM from Africa to Industrialized countries. France, United States of America and the United Kingdom have not been spared from this practice. West European countries like Norway and Sweden are also host to a number of women and girls who have been subjected to Female Genital Mutilation or are at risk of undergoing this procedure. In Switzerland, UNICEF has estimated that 6,700 girls and women have either undergone Female Genital Mutilation or are at risk of undergoing this procedure. A third of these are of Somali origin.<sup>9</sup>

In some countries, different ethnic communities have different attitudes and practices regarding FGM. In the Central African Republic prevalence ranges from 5 per cent among the Mboum and Zande – N'Zakara to 75 percent among the Banda, one of the largest ethnic group, the rate is 24 per cent.<sup>10</sup>

This brings out the issue of ethnic identity as discussed in the previous chapter. Ethnic identity and FGM are closely linked, that among some ethnic groups, no one is mutilated or circumcised, while among others all women and girls have to undergo the procedure so as to feel a sense of belonging.

It is also important to note that the ages at which this procedure is carried out will vary according to the environment. However, overall, it has to be done, especially to girls before they turn 15 years of age. Mostly it coincides with the onset of puberty.

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<sup>8</sup> Yader P Stanley, Naureddine Abderranim & Arlinda Zhuzhuni, Female G Genital Cutting in the Demographic and Health Surveys: A Critical and Comperative Analysis, DHS Comparative Repots No. 7, September 2004, ORC Macro.

<sup>9</sup> Op cit.

<sup>10</sup> Ibid Pg 6

In Egypt, 90 per cent of the girls are genitally mutilated between the ages of 5 and 14. In Ethiopia, Mali and Mauritania, 60 percent or more undergo the procedure before they turn 5 years of age. <sup>11</sup>

In Yemen as many as 70 per cent of the girls undergo FGM in the first two weeks after birth, according to a survey conducted in that country in 1997. while in Sudan, a study in 2004 found that 75 per cent undergo FGM at the age of 9 to 10 in South Dafur and in Kassala 75 per cent under go it between the ages of 4 to 15. <sup>12</sup>

In Benin, it is estimated that 50 per cent of the women and girls are subjected to this practice. It is widely performed especially among the Bariba, Peul (Fulani), Boko, Baatanou, Wama and the Nago. These ethnic groups are mostly found in the north of Benin in Alibori, Atacora, Bargou and Zou. Mostly this is Type II circumcision according to the WHO classification System, which involves excision of the clitoris together with partial or total excision of the labia minora. <sup>13</sup>

In Burkina Faso also 71.6 per cent under go Type II circumcision in all but a few of the 50 ethnic groups in that country. In Chad, according to the Demographic and Health Survey conducted in 2003, 60 per cent are affected, with Type II being common in all parts of the country and Type III confined to the Eastern part of the country bordering with Sudan. <sup>14</sup>

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<sup>11</sup> Demographic and Health Survey, Egypt, 1995 and 2000, Ethopia, 2000; Mali 2001, Mauritania 2000-2001.

<sup>12</sup> Bayoumi, Ahmed, 2003; Baseline Survey on FGM prevalence and cohort Group Assembly in Three CFCI Focus states, UNICEF Sudan country office.

<sup>13</sup> Report on Female Genital Mutilation as required by conference Report (H.Dept. 106 -997) to Public Law 106 – 429 congress 2001

<sup>14</sup> Demographic and Health Survey, Burkina Faso, 2001; Chad, 2003.

In Indonesia, FGM is practiced in parts of East, central and West Java, North Sumatra, Aceh, Soum Sulawesi and in Madura Island. However, the types common are Type I and other less invasive Type IV forms such as scraping or touching the clitoris to draw drops of blood or cutting a plant root symbolically without touching the person.<sup>15</sup>

Type I, II, III are widely practiced throughout Nigeria. Almost all ethnic groups practice female Genital Mutilation and among the largest ethnic groups that practice some form of FGM are the Yoruba, Ibo, Ijaw, Hausa and Kanuri. In the Nigerian states, the practice ranges from zero to one per cent in Yobe, from 90 -100 per cent in Benue and 90 – 98 per cent in Ondo.<sup>16</sup>

Finally, in Tanzania, the percentages range between 2.9 per cent in Mtwara to 81.4 per cent in Arusha. Female Genital Mutilation is practiced in approximately 20 of the country's 130 main ethnic groups. In Dodoma the rate of prevalence is 67.9 per cent; Mara 43.7 per cent; Kilimanjaro 36.9 per cent; Iringa 27 per cent; Singida 25.4 per cent and Kilosa with 20.2 per cent. Interestingly there is no report of it being practiced in Zanzibar and it is practically non-existent in the rest of the country.<sup>17</sup>

Notably, not every country has been included in this statistical analysis. Nevertheless, even with just these statistics from a few selected countries, the realization is that the rate of practice is alarming not only in Africa but the world over. It is touching on all women and girls practically everywhere, and if nothing drastic is done to arrest the situation, it might be too late to do anything. Therefore, the second part will now look at the various contributions that have been made in trying to end this practice so as to ensure protection of women and girls rights in various areas.

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<sup>15</sup> Study undertaken by Indonesia's Women Research Graduate Programme in Jakarta and West Java, 1998

<sup>16</sup> Report by the Tanzanian Legal and Human Rights Centre, 1999

<sup>17</sup> Ibid

### **2.3 VARIOUS EFFORTS AT ELIMINATING FEMALE GENITAL MUTILATION.**

Many Organizations, especially Non-Governmental Organizations (NGO's) have been very instrumental in this fight to end Female Genital Mutilation. They have also contributed to it being brought out of the 'closet'. Initially, it was considered a taboo to even mention Female Genital Mutilation to those outside the communities in which it was practiced.

These Organizations have highlighted the dangers of Female Genital Mutilation and declared support for efforts from various stakeholders in communities to eradicate the practice.

A number of these International Organizations and Conferences will be highlighted and so will their various efforts at ending the Female Genital Mutilation practice.

In 1990, the Organization of African Unity (OAU), now called the African Union (AU), adopted **the African Charter on the Rights and welfare of the child**. This Organization seeks to protect many of the Rights enshrined in the **Convention on the Rights of the Child**. A provision in Article XXI applies to social and cultural practices, requiring governments to take all appropriate measures to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the Child. In July 2003, an African Union Summit held in Mozambique adopted a protocol which calls for the banning of FGM; this was the **Maputo Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa** which came into force two years later in November, 2005.

Conclusively, it can be said that female Genital Mutilation is one of these harmful practices and so every girl child in all countries in the world is entitled to protection at

whatever cost from this harmful practice that also in effect violates the human rights, dignity, normal growth and development of especially the girl child.

In 1991 in Senegal, the Nao Tostan (Breakthrough) developed a non-formal Education program for more than 450 villages, which focused on participation and empowerment of women using materials drawn from Senegalese culture and oral traditions. These include games, small group discussions, theater songs, dances, story telling and flip charts. Classes are held in a number of villages, especially those where they frequently inter-marry.

Tostan did not condemn Female genital Mutilation from the outset, but instead waited for the women involved in the program to form their own opinion after the program. Thereafter, using the skills they had acquired, they approached their husbands and village elders to help in stopping this practice that they viewed as a violation against themselves and their daughters. A result, this practice was abandoned in 174 villages in Senegal by November 2000.<sup>18</sup>

In the same year, 1991, an Organization known as Women's Global Leadership Institute, which was sponsored by the Center for Women's Global Leadership, started a campaign called **"The 16 days of Activism Against Gender Violence**. This campaign is still running to date. It emphasizes the fact that violence against women is a human rights violation that causes devastating effects on the health of women and girls and it impedes their rights to inequality, development, security and peace. The terms "violence against women" and "gender-based violence" are used as a means of referring to a wide range of abuses that stem from gender inequality and women's subordinate status in society

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<sup>18</sup> Garry Mackie, A Way to End Female Genital Cutting, [www.fgmnetwork.org/articles/mackie 1998.utml](http://www.fgmnetwork.org/articles/mackie%201998.utml), accessed, 09.11.2006

relative to men, and as it has already been highlighted in the previous chapter, FGM is one way used to control women's sexuality for the benefit of men, thus placing them in a subordinate position. Actually, the decision to circumcise them is made by the menfolk who in this case will be their fathers and their husbands. These forms of violence include, but are not limited to: domestic violence; sexual abuse; rape, sexual harassment, trafficking in women: forced prostitution and harmful traditional practices that include Female Genital Mutilation.<sup>19</sup>

This Organization's campaign has been very instrumental in bringing out the human rights perspective of these forms of gender violence and also spearheads ways of ending these forms of abuse against women.

These 16 days run from November 25 to December 10, even the World Aids Day has been included to show how gender violence and HIV/AIDs are linked to each other thus the urgency in finding a means to its end. The 2006 theme for the 16 days of Activism Against Gender Violence was **"Celebrate 16 days: Advance Human Rights –End Violence Against Women"**. To date over 2000 Organizations in approximately 137 countries have participated in the 16 days campaign since its inception.<sup>20</sup>

The World Conference on Human Rights in Vienna in 1993 addressed female genital mutilation as a violation of women's rights. It is because of this that now legal and human rights organizations are including information on FGM in their training programs on women's rights, and the law is being held to combat this harmful practice. **The Vienna Declaration** States as follows:

"The human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights. The equal participation of women in political,

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<sup>19</sup> Center For Women's Global Leadership. [www.cwgl.rutgers.edu](http://www.cwgl.rutgers.edu). Accessed 09.11.2006.

<sup>20</sup> Ibid

civil, economic, social and cultural life, at the national, regional and international levels and the eradication of all forms of discrimination on the grounds of sex are priority objectives of the international community".<sup>21</sup>

This leaves no room for negotiations, all state parties need to ensure that protection of human rights is foremost. Women and girls in particular have special needs as they usually are victims of discrimination on the basis of sex. Female Genital Mutilation is a further way in which their rights are violated hence the need to fight it.

The International Conference on Population and Development held in Cairo in September 1994 also condemned FGM as a harmful practice and urged governments to prohibit it and give vigorous support to efforts among NGO's and religious institutions aimed at eliminating the practice.<sup>22</sup>

The United Nations Forum Conference on Women in Beijing, China in September 1995 also recognized FGM as a harmful traditional practice against women and girls and called for action by governments and other organizations to eliminate it.<sup>23</sup>

The World Health Organization (WHO) has also shown commitment over the years to supporting any national efforts against FGM, as well as sponsoring research and distribution of information about it. WHO is against institutionalizing the practice that is, having it performed by a qualified health professional in any setting. In 1995, a WHO technical working group meeting on FGM in Geneva came up with the WHO definition and classification of FGM that is currently being used internationally. Further, the

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<sup>21</sup>Vienna Declaration and Programme Of Action, (1993) par. 18

<sup>22</sup>Center for Development and Population Activities, Positive Deviance, An Introduction to FGM Eradication, Cairo, Egypt

<sup>23</sup>[www.un.org/womenwatch/daw](http://www.un.org/womenwatch/daw). accessed 14.05.2006

Regional Office for Africa launched a 20 year plan for accelerating the elimination of FGM in countries of the region by March 1997.<sup>24</sup>

The Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) has successfully established branches in 22 of the 29 countries that it has identified as having communities which practice FGM. It was formed in Dakar in 1984 to coordinate the activities of national NGO's focusing on training and information campaigns as it does. A symposium for Religions Leaders and Medical Personnel on FGM as a form of violence was organized by IAC, and it resulted in the **Banjul Declaration of July 22 1998**, which declared that the practice has neither Islamic nor Christian Origins or justifications and hence its continuity was condemned.<sup>25</sup>

For any who practiced this on the basis of religion, this was the turning point. Religion could and can no longer be relied upon as authorization for Female Genital Mutilation.

The Netherlands provides support to the IAC for all its programs. Recently, on 4<sup>th</sup> October 2006, women in Eritrea joined the nation wide campaign to eradicate Female Genital Mutilation by lobbying for a law to ban the practice and raise mass awareness among other nationals. Dehab Suleiman, Head of Information and Research at National Union of Eritrea Women (NUEW) said that "we also want Parliament to change the law so as to make it illegal."<sup>26</sup>

Other Organizations working against FGM include Forward International, Minority Rights Group, Commission Pour/Abolition de Mutilations Sexuelles (CAMS), Research

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<sup>24</sup> World Health Organization (WHO), Female Genital Mutilation: A Report on a WHO Technical Group, Geneva, 17 – 19 July 1995, Geneva: WHO 1996.

<sup>25</sup> Ras-Work, Berhane, Activity Report 1997, Inter-African Committee on Traditional Practices Affecting the Health of Women and Children, Addis Ababa, Ethiopia/Geneva, Switzerland 1997.

<sup>26</sup> [www-irinnews.org/report.asp?ReportID=55820](http://www-irinnews.org/report.asp?ReportID=55820). Accessed on 16.12.2006.

Action International Network for Bodily Integrity of Women (RAINBO), and Equality Now. All these have made tremendous contributions in research, financial and logistical support for grass roots initiatives. They have brought out the issue of FGM as an act of discrimination and violence against women and therefore a denial of the basic, social, economic, civil and political rights on women and children.<sup>27</sup>

These Organizations mentioned are by no means an exhaustive list. There are so many Organizations working for this just cause that also need to be appreciated and supported, but they cannot all be mentioned, that though does not mean they are not recognized. Nevertheless, the effort that has been directed at ending Female Genital Mutilation emphasizes the importance that so many people the world over attach to upholding not only human rights in general, but the rights of women and girls in particular. The more this practice can be spoken against through the help of so many international organizations, the greater the impact their message will have, and possibly the eradication of female genital mutilation could be seen in the nearest possible future.

The next chapter, however, will address the results that these efforts have had, and will also assess the impact that various pieces of legislation have also had. Have these contributions made any difference where female genital mutilation is concerned, or is it still the dreaded evil among women and girls?

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<sup>27</sup> Female Genital Mutilation: Strategies for Change-Amnesty International Act 77/16/97. <http://news.amnesty.org/library/print/ENGACT770161997>. Accessed on 29.12.2006.

## **CHAPTER THREE**

### **ASSESS THE IMPACT THAT LEGISLATION HAS HAD IN CURBING THE VICE OF FEMALE GENITAL MUTILATION AND OTHER ENFORCEMENT MECHANISMS THAT CAN BE USED TO STOP IT.**

#### **3.1 INTRODUCTION**

This chapter will address three things, firstly it will discuss what legislation is currently in place to help stop the practice of female genital mutilation; secondly, the impact that this legislation has had on this practice; and lastly, the other mechanisms apart from legislation that could be used to stop female genital mutilation.

#### **3.2 VARIOUS LEGISLATION ON FEMALE GENITAL MUTILATION**

Many countries around the world have enacted legislation prohibiting female genital mutilation, this encouragingly includes many African countries. Enacting legislation is the right thing to do as it encourages those who wish to abandon the practice to stop, as an environment will have been created where such individuals can receive support and protection.<sup>1</sup> Due to the tedious efforts of many international and national organizations even where there is no specific law, clauses have been incorporated into a number of international legal instruments and also into the legislation of a growing number of countries. As a matter of fact, half of the 28 countries where the practice is “endemic” have introduced legislation forbidding it and 7 countries have incorporated anti-female genital mutilation legislation into their constitutions or their criminal laws.<sup>2</sup> Enacting legislation in countries where female genital is practiced serves as a means of encouraging those who wish to stop to do so, because an environment will have been created where such individuals can find

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<sup>1</sup> Innocenti Digest (2004) Changing A Harmful Social Convention: Female Genital Mutilation/ Cutting, UNICEF Innocenti Research Centre, Florence, Italy. [www.unicef.org/irc](http://www.unicef.org/irc). Accessed 12.11.2006.

<sup>2</sup> Progress In Sexual and Reproductive Health Research No. 72. 2006, Department of Reproductive Health and Research, World Health Organization, Geneva, Switzerland.

support and also protection from others who continue the practice and would be in a position to intimidate them.<sup>3</sup> If the law is used to prevent and eradicate female genital mutilation, the practice must be clearly prohibited. Though the practice will not disappear immediately, even its gradual disappearance has to have some legal framework within which it will operate. However, it is important to note that wherever such legislation of a prohibitory nature is introduced, either at national or international level it should be where the citizens are already alive to the fact that female genital mutilation exists, it is a wrong practice and is now being legally prohibited. Only when this is done will the law function well and help in accelerating effective change in such societies. However, careful consideration has to be given to the kind of legislation enacted; the context into which it is introduced; how it is enforced; and how it is integrated into other aspects of a comprehensive eradication strategy.<sup>4</sup> Legislation therefore has three functions in any country, these being that, it explicitly states the country's disapproval of the practice; it also sends out a very clear message of support to all those who have renounced or may wish to renounce the practice just in case there could be people in their community intimidating them from stopping, or they could simply be afraid of being rejected and so the law takes them in by agreeing with the action that they choose to take; and lastly, it serves as a deterrent to any who may even be considering starting the practice.

As initially stated a number of countries have enacted legislation and now some of these pieces of legislation will be highlighted.

In Benin a law was passed in March 2003 outlawing all forms of female genital mutilation, and making the practice punishable with very heavy fines and jail terms of up to five years. Further, if

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<sup>3</sup> Opcit

<sup>4</sup> Female Genital Mutilation: Strategies For Change-Amnesty International.  
<http://news.amnesty.org/library/print/ENGACTION770161997>. Accessed on 29.12.2006.

the girl who has been circumcised dies, then an even steeper fine is imposed, and the female genital mutilation practitioner is imprisoned for up to ten years.<sup>5</sup>

In Burkina Faso the law against female genital mutilation, provides that, “anyone who harms the female genital organs by total ablation, excision, infibulation, desensitization or any other means shall be punishable by six months to three years imprisonment and a fine ranging from CFA francs 150,000 to 900,000 or by one of these two punishments only. Should this result in death, the punishment shall be five to ten years imprisonment”.<sup>6</sup> Apart from covering all aspects of female genital mutilation this law also places a duty on any with knowledge that such acts are to take place to report to the relevant authorities, failure to which they too will be fined.<sup>7</sup>

Other countries include the Central African Republic, where a law was passed in 1966, Cote d’voire in 1998, in Egypt the law was passed as Order No.261 of 8 July 1996 by the Minister of Health and Population.<sup>8</sup> Anyone found guilty of committing female genital mutilation in Djibouti is liable on conviction to five years imprisonment or to a fine of CFA francs 1,000,000.<sup>9</sup> In Ghana both the constitution and the criminal code stand as laws against female genital mutilation. The constitution provides generally that, “all customary practices which dehumanize or are injurious to the physical and mental well being of a person are prohibited”.<sup>10</sup> Additionally, the criminal code views the practice of female genital mutilation as a second degree felony which attracts a prison term of not less than three years upon conviction.<sup>11</sup> Guinea was the first country

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<sup>5</sup> Inter Press Service News Agency-<http://ipsnews.net/africa/print.asp?idnews=27048>. Accessed 16.12.2006

<sup>6</sup> Article 380, Penal Code of the Burkina Faso. Law No. 43/96/ADP of 13 November 1996.

<sup>7</sup> Article 382 of the Penal Code

<sup>8</sup> Innocenti Digest (2004), Changing A Harmful Social Convention: Female Genital Mutilation/ Cutting, UNICEF Innocenti Research Centre, Florence, Italy. [www.unicef.org/irc](http://www.unicef.org/irc), accessed 12.11.2006

<sup>9</sup> Penal Code (1995) Article 333

<sup>10</sup> Article 26(2) Constitution of the Republic of Ghana

<sup>11</sup> Criminal Code 1960 (Act 29) as amended, section 69A.

in Africa to introduce legislation against female genital mutilation. This law was enacted in 1965 and was later updated in 2002. Article 6 of this country's constitution prohibits any cruel, inhuman or degrading treatment, and further Article 265 of the Penal Code prohibits female genital mutilation and imposes the death penalty on any who carry it out.

Kenya enacted a law against female genital mutilation in 2001, which is contained in the 2001 Children's Bill. Niger introduced a law in 2003 which imposes a fine of between 20,000 and 200,000 francs, a jail term of six months to three years and ten to twenty years if the procedure results in death.<sup>12</sup> Senegal adopted a law in 1999, Tanzania in 1998 contained in the Sexual Offences Special Provisions Act (Act No.4 of 1998), section 169A. Law No. 98-016 of 17 November 1998 is what prohibits female genital mutilation in Togo.

In Uganda and Ethiopia the prohibitions are contained in their constitutions. The 1994 constitution for Ethiopia in Article 35 explicitly prohibits harmful traditional practices, including those that oppress women and cause them physical or mental harm.

Interestingly, even Zambia has a law in place prohibiting female genital mutilation. The Penal Code explicitly prohibits female genital mutilation as it viewed as a very harmful traditional practice.<sup>13</sup>

This is very commendable for Zambia and should be emulated by other countries where female genital mutilation is not practiced as this will serve as a safeguard against those wishing to take advantage that there is no law to stop them. People might be tempted to migrate from areas where the law prohibits to those with no law and start the practice. Hence such countries should enact

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<sup>12</sup>The Penal Code as amended by Law 2003-25 of 13 June 2003, Article 232.

<sup>13</sup>The Penal Code Act (Amendment) No.15 of 2005, CAP 87 of the Laws of Zambia, section 157.

laws as a way of clearly stating that though the practice is non-existent in their countries, they still do not condone it.

Apart from African countries those countries with a lot of immigrants from countries that practice female genital mutilation, have enacted legislation to try and curb the practice.

Australia, various states have legislation against female genital mutilation which was enacted between 1994-1996; actually six out of the eight states have made female genital mutilation a crime. These are Australian Capital Territory, Northern Territory, New South Wales, South Australia, Tasmania and Victoria. And not only do these laws prohibit the practice within the jurisdiction but also outside, such that even where an individual is circumcised outside the territory the same law would be used to prosecute the excisor. Consent is no defense, and on conviction one faces seven to fifteen years imprisonment.<sup>14</sup>

In Canada an Act was passed to amend the criminal code on 25 April 1997, and in section 5 this provides against child prostitution, child sex tourism, criminal harassment and female genital mutilation. In 1996 in the United States of America was enacted public law No. 104-208, and in particular sections 579, 644-5 to outlaw female genital mutilation. At federal level sixteen states have also passed laws against the practice. These include California, Colorado, Delaware, Illinois, Maryland, Minnesota, Missouri, Nevada, New York, North Dakota, Oregon, Rhode Island, Tennessee, Texas, West Virginia and Wisconsin.<sup>15</sup> New Zealand also has legislation against this practice. This is done through an amendment to the Crimes Amendment Act in 1995 which made female genital mutilation a crime punishable by imprisonment of up to seven years. This law

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<sup>14</sup> <http://www.ipu.org/wmn-e/fgm-prov-g.htm>. Accessed 26.12.2006.

<sup>15</sup> <http://www.fgmnetwork.org/legis/index.htm1>. Accessed 16.12.2006.

became effective in 1996 on 1<sup>st</sup> January, however, now in force is the Public Act which came into force on 25 February 2002, nevertheless it contains the same provisions.<sup>16</sup> Other countries include Norway (Law No.74 of 15 December 1995 prohibiting FGM), Sweden and the United Kingdom.

Sweden was the first Western European country to outlaw all forms of female genital mutilation in 1982. However, this law was revised in 1998 to make the penalties more severe, such that now when convicted one faces between two and ten years imprisonment. Additionally, section 23 of the Penal Code makes it a criminal offence to attempt, prepare, conspire or failing to report the offence if aware that it is about to take place. And a person resident in Sweden who arranges to have the procedure performed in another country can still be sentenced in Sweden under the same law there.<sup>17</sup>

In the United Kingdom, was the United Kingdom Prohibition of Female Genital Mutilation Act, 1985, which was repealed by the Female Genital Mutilation Act 2003. Section 5 stipulates that, “any person guilty of this offence is liable on conviction to a term not exceeding 14 years or a fine (or both), or on summary conviction for a term not exceeding six months or a fine not exceeding the statutory maximum(or both).”<sup>18</sup>

Further this Act makes it an offence to assist anyone undergo female genital mutilation outside the United Kingdom.<sup>19</sup>

Other countries have simply modified their existing laws so as to make specific reference to this procedure. These include Italy, Spain (Organic Law No.11/2003), and Belgium, Law of 28 November 2000 on the Criminal Protection of Minors, Article 29.<sup>20</sup>

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<sup>16</sup> Ibid.

<sup>17</sup> <http://annualreview.law.harvard.edu/population/fgm/fgm.htm>. Accessed 26.12.2006.

<sup>18</sup> <http://www.opsi.gov.uk/ACTS/acts2003/20030031.htm>. Accessed 01.12.2006.

<sup>19</sup> Female Genital Mutilation Act 2003, section 3(1).

It is clear that most of these laws contain almost similar provisions with regard to the offence itself and also the penalties. It is interesting to note that most of the western countries are further interested in prosecuting even those who commit the offence outside their territories. Thus having looked at all these laws from various parts of the world, it now becomes imperative to determine what impact they have had on female genital mutilation. Have they been felt to exist for the protection of those affected or are they simply on paper, to 'decorate' the laws of these countries with no effect at all on this practice.

### **3.3 THE IMPACT OF LEGISLATION ON FEMALE GENITAL MUTILATION**

It is very difficult to categorically say what effects these laws have had in the practice of female genital mutilation because most of these laws have been in existence for only short periods of time. However, having laws in place helps put in set the standards of what is morally right and wrong. Further, whatever laws are put in place have to take into account the social and political environment if they are to be effective. A sample of the various laws given above will be analysed so as to determine just how effective they have been in their respective countries.

In Burkina Faso the law was enacted in 1997 and by 2001 only 60 convictions of both excisors and accomplices had been carried out and resulted in imprisonment or fines. However, in a number of cases the prison sentences were simply suspended. At present several women excising girls have been handed prison sentences.<sup>21</sup> In the Central African Republic since the enactment of the law in 1996, no arrests have been made under it. In Ghana there is the opinion by many that the law has in effect driven the practice underground.<sup>22</sup> Somalia has a law which was approved in

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<sup>20</sup> Ibid

<sup>21</sup> Female Genital Cutting- Wikipedia, The Free Encyclopedia.

[http://en.wikipedia.org/wiki/Female\\_genital\\_cutting](http://en.wikipedia.org/wiki/Female_genital_cutting). Accessed on 26.12.2006.

<sup>22</sup> Ibid

1999 but there is no evidence that this law is being enforced. In Tanzania some arrests have been made under the law against female genital mutilation, but there are yet to be reports of any prosecutions thereafter.<sup>23</sup> Guinea under Article 265 of the Penal Code prohibits female genital mutilation, but no cases have been brought to trial regarding the practice under this law.<sup>24</sup> Since the passing of the law in Senegal only two arrests have been made but with no convictions. Further, the press in Senegal has suggested that having a law in place has actually driven the practice underground. In Tambacounda, the arrest of a grandmother and mother were ordered after a father filed a complaint that the two had ordered genital mutilation to be performed on his five year old daughter. The practitioner was charged but after public outcry, the cases were not pursued and no convictions were made.<sup>25</sup> Such reactions from the public also undermine the effectiveness of the law and thus the reason that societal change through awareness has to have been extensively done by the time that the law is being introduced, so that it simply accelerates the process.

In Togo enforcement of the law has also been ineffective. Though there is a law there only one arrest has been made and the outcome of the same case is not known.<sup>26</sup> In Sudan, type III circumcision was prohibited under the penal code, but though arrests have been made no further action takes place. Spain banned the practice in 2003, but at present no one has been convicted under that law.<sup>27</sup> Conclusively, then these few countries indicate that though there have been laws enacted, these lack enforcement mechanisms in most places. Additionally, in other places such laws have driven the practice underground, and in countries like Sudan where only a specific type

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<sup>23</sup> Report On Female Genital Mutilation as required by Conference Report [H.Rept.106-997] to Public Law 106-429 by Secretary of State to the House and Senate Committees, March 1, 2001. U.S.A State Department Library.

<sup>24</sup> Ibid, pg 22.

<sup>25</sup> Ibid

<sup>26</sup> Ibid

<sup>27</sup> Female Genital Cutting-Wikipedi, The Free Encyclopedia. [http://en.wiki/Female\\_genital\\_cutting](http://en.wiki/Female_genital_cutting). Accessed on 26.12.2006.

is prohibited other types are still being practiced, hence the practice continues. However, in some countries these laws have yielded results and the practice is dying down. More people are getting the courage to abandon the practice since they have the legal basis to do so and they know that they have support of the state behind them. Still in others, the law has helped to bring the practice out in the open and help in changing society values and attitudes. Another effect of national legislation in some countries is that it is now being carried out at an earlier age where girls cannot resist and it can easily be hidden from the authorities.<sup>28</sup> This is what leads to it going under as earlier alluded to, because even all ceremonial aspects are minimized so that public manifestation of the practice is hidden. All in all the major part is that more has to be done in the enforcement of these laws if eradication of female genital mutilation is to be seen. But then what more has to be done to help in this enforcement?

### **3.4 OTHER MECHANISMS THAT CAN BE USED TO ERADICATE FEMALE GENITAL MUTILATION.**

It is notable that various pieces of legislation have been enacted in a quest to end the practice of female genital mutilation, it is clear though, that so much more than the law has to be used as means to deter people from continuing with this traditional practice. As Rahman puts it, “though laws against female genital mutilation are necessary, they are not sufficient to stop the practice or to enhance women’s rights.”<sup>29</sup>

This brings to the fore the fact that other means have to be used in this fight to eradicate female genital mutilation because it being a feature of indigenous culture most women fear rejection by

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<sup>28</sup> Innocenti Digest, (2004) Changing A Harmful Social Convention: Female Genital Mutilation/ Cutting, UNICEF, Innocenti Research Centre, Florence, Italy. [www.unicef.org/irc](http://www.unicef.org/irc). Accessed on 12.11.2006.

<sup>29</sup> Rahman, Anika & Toubia Nahid, (2000) Female Genital Mutilation: A Guide to Laws and Polices Worldwide, Zed Books Ltd London.

their communities or missing out on the opportunity to get married. And so to end this practice, anti-circumcision activists must come up with strategies that aim at working closely with those in communities that practice it. The initial step to ending this vice is trying to reason with these people and get them to believe that the practice is indeed a serious wrong doing and a gross violation of human rights. This is a very sensitive step because it entails disrupting the rich and beneficial tradition that many would hold in very high esteem. This is so because most of the advocates of female genital mutilation see the tradition from the inside, that is, their perspective. They have no idea what life would be like without it. An opinion was expressed that, “it is extremely difficult if not impossible for legislation to wipe out such a deeply rooted tradition as female circumcision. Second and more important, laws and other similar measures do not give due consideration to such factors as the political climate and the socio-cultural way of life of the community concerned. Finally, if it is deemed necessary to introduce laws to combat a sensitive custom such as female circumcision, a genuine attempt must be made to grasp the full socio-psychological implications of these laws in order to avoid their undesirable results or unintended consequences”.<sup>30</sup>

To illustrate. Parents would subject their children to some form of dental health care believing it to be beneficial. Such parents would find it very difficult to give up such a practice just because some foreigners claim that dentistry is dangerous and leads to fatal diseases in middle life. Even if they carried out their own independent search and confirmed this, if others in the community did not give it up, it would be difficult to give it up though there were bad consequences associated with it.<sup>31</sup>

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<sup>30</sup> Margaret Schuler[ed], (1992), *Freedom From Violence: Women's Strategies From Around the World*, by United Nations Development Fund for Women, UNIFEM.

<sup>31</sup> Gerry Mackie, (1998), *A Way to End Female Genital Cutting*, St John's College, University of Oxford, London. [www.fgmnetwork.org/articles/mackie](http://www.fgmnetwork.org/articles/mackie) 1998. Accessed 09.11.2006.

Hence, the most effective method to use in eradicating any deeply entrenched problem like this one, is to start with the grassroots, understanding the underlying mechanism and then attacking the problem from the bottom, upwards. This was the method that the Chinese used to end a practice known as footbinding. This practice entailed binding the toes under the feet; force the sole to the heel, and tightly wrapping the girl's foot so that as she matured her feet remained tiny. It was painful, dangerous and disabling, yet it persisted because it was thought necessary for a proper marriage, the virtue of a woman and honour to her family. This practice persisted for thousands of years and was viewed as normal, however, it ended in less than a generation. A campaign was embarked upon which involved three ways of changing the tradition of footbinding. The first aspect was educating the people that the rest of the world did not bind their women's feet. Secondly, they explained the advantages of natural feet and disadvantages of bound feet in Chinese cultural terms, and thirdly, they formed natural-foot societies, whose members publicly pledged not to bind their daughters' feet nor let their sons marry women with bound feet. In this way, even those women with unbound feet could still find marriage mates.<sup>32</sup>

Thus apart from having laws in place the above steps can and should be used in this quest to eradicate female genital mutilation. The responsibility rests on entire communities to adopt culturally appropriate activities that will affect all stakeholders, including men and boys. Many women and girls are not even aware that it is not practiced universally by all women, and so even when they suffer medical complications associated with it, these are attributed to other supernatural factors. Where you have a community with the majority of women practicing female genital mutilation and have done so for many generations, it becomes difficult for them to understand why suddenly it should be condemned and considered as a crime. This is where education and comprehensive training at grassroots level come in because there is need for radical

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<sup>32</sup> Ibid

cultural and social change can only take place with a long term investment in such educational programs. The more knowledge the women, their husbands and entire communities have about the harmful effects of this practice, the more likely work will be done to end it. Conclusively then, it can be said that to be effective, any program aimed at eradicating female genital mutilation must take into account its unique nature. Not only should such a program focus on the health consequences of the practice, but should address the social and cultural factors, such as the network of taboos, myths and beliefs about women's nature, status and sexuality that promulgate female genital mutilation.

Laws cannot be effective if people are unaware of them, hence to create effectiveness the people have to be educated about already existing laws. It is more practical to make people aware of an existing fact, than to make them aware of the hope that such a fact may soon take place.<sup>33</sup>

To gauge the effectiveness of educational programmes aimed at eradicating female genital mutilation, it has to be clearly seen from the intentions of the individuals in these communities. It should come from them that they desire to publicly abandon the practice willingly. This will evidence the fact that they have been 'de-indoctrinated', and then the once deeply entrenched tradition will have been 'cut' from its source never to sprout again.

Just as social pressure moves individuals to want to be subjected to the practice of female genital mutilation, or coerce parents to subject their daughters to it, this same pressure can be used in the reverse to quicken the abandonment process. As long as more people are willing to let it go, these will influence others to do so as they will reduce the stigma that attaches to those who do not wish to be circumcised.

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<sup>33</sup>Margaret Schuler[ed], (1992) *Freedom From Violence: Women's Strategies from Around the World*, by United Nations Development Fund for Women, UNIFEM.

Apart from the community being educated on the disadvantages of female genital mutilation, those that do the actual cutting must be given alternative means of earning a living since most if not all of them solely depend on this to bring in some money. They should be helped to develop other skills as the case was in Benin. International Action Against Female Genital Mutilation (INTACT) in Benin as part of its strategy to eradicate the practice engaged practitioners in other fields of work and also provided them with loans at no interest, to be repaid on whatever terms the receiver deemed fit. This credit acts as a contract of confidence that the individual will abandon the practice of excision.<sup>34</sup> This method was also seen in Zambia with the TASINTA project where prostitutes were offered to learn other skills that would help them earn a living so that they could give up prostitution. This worked very well and is sure to work also with female genital mutilation.

Another mechanism that could be used to complement legislative provisions is involving religious leaders. In those areas where female genital mutilation still has religious overtones these leaders should be used to publicly disassociate it from any religious considerations so that they open up room for change to those that could still practice it as part of adherence to their faith.<sup>35</sup> This of course entails that these religious leaders are also educated first.

In conclusion, it is commendable that so many countries have come up with legal measures to combat female genital mutilation, but it is also evident that legislative provisions alone cannot eradicate this practice, other mechanisms must be used to complement the law. All these are centred on educating entire communities on the disadvantages of female genital mutilation and the importance of respecting human rights and most importantly the sanctity of life.

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<sup>34</sup> Inter Press Service News Agency. <http://ipsnews.net/africa/print.asp?idnews=27048>. Accessed on 16.12.2006.

<sup>35</sup> Innocenti Digest (2004) Changing A Harmful Social Convention: Female Genital Mutilation/Cutting, UNICEF Innocent Research Centre, Florence, Italy. [www.unicef.org/irc](http://www.unicef.org/irc). Accessed on 12.11.2006.

## **CHAPTER FOUR**

### **SUMMARY, RECOMMENDATIONS AND CONCLUSION.**

#### **4.1 INTRODUCTION**

This chapter will give a summary of the essay, recommendations on what other means can be used in this fight against female genital mutilation, and finally a conclusion will be given.

#### **4.2 SUMMARY**

This research paper has looked at the issue of female genital mutilation in general, reasons why women have to undergo it and its severe consequences that have led to activists advocating for its eradication. It has also brought out other means that can be used in this ongoing fight against female genital mutilation. Its breakdown was as follows:

Chapter One looked at the practice in general, that is, what exactly it entails, how it is done, the various types and their consequences. Further it brought out the traditional practices or beliefs that have led to many believing that they have to be subjected to genital mutilation. It was also explained why advocates for its eradication insist on it being referred to as genital mutilation and not circumcision. Nevertheless, in this paper these two terms were used interchangeably.

Chapter Two was more of a statistical chapter as it showed the prevalence of female genital mutilation worldwide. This included statistics on which types are practiced in particular areas and the ages at which these are done. This chapter also looked at the various efforts that so many organizations have put into this fight and the results that have come out of these efforts. The Maputo Protocol to the African Charter on Human

and People's Rights on the Rights of Women in Africa, the Vienna Declaration, and the Banjul Declaration of July 22 1998 were among the international documents highlighted on the results of these efforts.

Chapter Three went further to look at the impact that the various pieces of legislation have had in fighting female genital mutilation. It initially brought out which countries have put in place legislative measures and how these laws are being implemented if at all. The chapter went on to discuss what other measures can be used to help eradicate female genital mutilation since it was seen that the law alone is inadequate, it has to be complemented by other strategies such as those used to end footbinding tradition in China. These other means were all basically seen to be centred on education of entire communities on the effects of this practice and also on how its perpetuation is a gross violation of the rights of women and girls. It was also seen that this is a deeply entrenched tradition that makes up the way of life of many communities where it is practiced and people will have to be de-indoctrinated before they can be willing to give it up.

This final Chapter, Four, gives a summary of the essay, recommendations and a conclusion as to whether female circumcision is still the dreaded evil among the countless number of women and girls in the world today.

#### **4.3 RECOMMENDATIONS**

Seeing that so much has been said and done with regard to female genital mutilation and yet we are still a long way to go where its eradication is concerned, some recommendations will be made so that the existing means being used are either strengthened or changed altogether and other means will be suggested.

#### **4.3.1 LAW REFORM**

Undoubtedly, laws are in place to combat the female genital mutilation vice, however these are not being properly administered. The enforcement mechanisms are not in place and this is as good as not having any law in place. Most countries it seems simply enacted such laws without forethought as how it was going to be implemented. This is what has led to the practice going under in many countries. It is important to note that any laws enacted to fight female genital mutilation must be suited to the particular environment in which it is to operate but the trend seems to be that most countries just 'copy' others' laws. These laws need to undergo reform so that they become better suited to fight the practice in those countries, this will require that not only is the law passed in parliament, but that the areas which are affected are identified, the people who practice it and how the law can reach these people possibly in their local languages especially in those areas with high levels of illiteracy. Then there have to be measures of monitoring these people so that any breach of the law is immediately remedied. This will bring in enforcement officials as well, these need to be trained about the law in place that they have to help implement.

#### **4.3.2 ATTACH AID GIVING TO FEMALE GENITAL MUTILATION ERADICATION**

It has been known all along that female genital mutilation is a gross violation of human rights and so states should probably be reminded that abuse of these rights attracts serious sanctions as it meets with displeasure from members of the international community. It looks like the non judgmental approach has not yielded much results because those that practice this feel they have all the time in the world to change, hence its time the wakeup call was made. These states must be given a time frame within which to eradicate the

practice in their countries failure to which aid from the international community must be withheld, and only be given at progressive rate depending on how female genital mutilation is decreasing in the particular country t This will stress the importance that the international community places on human rights. These countries will be pushed to implement measures aimed at eradicating female genital mutilation within the shortest period possible, and the citizens will also be actively involved because they will realize what is at stake. Force through sanctions will probably help eradicate this practice faster. Sanctions have worked in areas of trade and other instances where there have been other violations of human rights and they would work in this area as well. Additionally, those states that seem hesitant to take progressive steps to end the practice should be taken to task by human rights advocates, all this however requires that there are laws in place under which such action can be taken. International organizations are very critical because they have both the money and the political power to influence governments and whatever policies they make, especially so with African countries that are so dependant on donor aid.

#### 4.3.3 **EDUCATION**

There should be a well organised system of educating women and girls in all countries where female genital mutilation is practiced. It should be made mandatory that information is provided in the school curriculum on the dangers of female genital mutilation and the legal measures in place for the protection of those that could fall victim to it. This process of education from as early as primary school will go a long way in de-indoctrinating these people of their traditional values so that they come to see this practice for what it really is, that is a gross violation of human rights, and this will quicken the process of social change. Women and men taught the dangers of this practice

will definitely not want their children subjected to it because this will touch on concern for their daughters which will most likely outweigh any social acceptance. Empowering women will be very helpful in this regard as they will be able to stand up for themselves and their daughters even where there is so much social pressure to conform. This empowerment will come through educating women so that they acquire skills necessary to earn a living and not depend so much on marriage since it seems to be a contributing factor. Further, there should be a deliberate policy to allow women placement in high offices, they must be placed in decision-making institutions where they can influence matters to do with violation of their rights and others like them. Women in this context includes even those that do the actual cutting, these excisors must be given other means of earning a living so that they desist from perpetuating the practice against their kind in the name of making a living.

This education should take a slight twist by involving even those countries where female genital mutilation is not practiced. These should join the fight against this practice by emphasizing that fact their women are not circumcised and yet are still normal and can be married off with their genitalia intact. Men should be in the forefront in this regard rebutting the myths about impotence, infant deaths and the poisoning of the manhood allegedly associated with having sexual intercourse with uncircumcised women. They should actually emphasize that sex with such women is even better. For example, in Zambia, it is a well known fact among adults that women need to go through certain traditional teachings before they get married which culminate into the kitchen party. One of the things that it is ensured they do is to lengthen the clitoris by pulling them. This is done to make sex more pleasurable. Thus Zambians can contribute to this fight by

pointing out that what is removed from women in certain cultural settings through the circumcision process is what women here preserve and even lengthen as a way of improving sexual pleasure. Further, no man has ever died after having intercourse with such women, actually some women have been sent back to be 'taught' after being discovered not to have lengthened their clitoris to the proper size. This is not a violation of women's rights because it does not take away from the enjoyment of sex by women neither does it involve mutilating any part of the female genitalia. The bottom line is that every culture will have its own characteristics and this should be encouraged because it identifies and sets that culture apart from others, but this should not be used as an excuse to violate anybody's rights. No one should be harmed in the name of cultural identity.

#### **4.3.4 MEDIA PARTICIPATION**

The media has to be very instrumental in this campaign because of the capacity it has to reach so many people. Graphic descriptions of the procedure will shed so much light on the harmful effects of female genital mutilation. Further the media should through interaction with people at the grassroots affected by this practice be able to give clear indication of how fast the practice is decreasing if at all.

#### **4.3.5 INSTITUTIONAL SUPPORT CENTRES**

There should be specific centres where all victims of female genital mutilation can run to for help, or those running away from it. It is not always that people have the courage to go to the law enforcement agencies like the police, thus such centres must be opened up to also monitor the implementation of all the laws in place in collaboration with other enforcement agencies. These will be better placed because the women and girls will feel safer to seek refuge at such places. These can also serve as refuge centres where girls

running away from parents who want to subject them to genital mutilation could be kept at least until it was determined that their homes were safe to go back to.

#### **4.3.6 ADEQUATE RESOURCES**

For the above recommendations to be implemented there has to be adequate resources financially. Thus it is also recommended that resources must be provided to facilitate the campaign against female genital mutilation, actually in those countries where it is practiced there should an allocation in the budget for any programmes to do with its eradication. The international community can also do well by providing financial and technical support for any programmes aimed at female genital mutilation eradication, and ensuring that such funds are used for their intended purpose.

#### **CONCLUSION**

Female genital mutilation exists, it is as real as the women and girls that undergo it. Thankfully it has been brought out of the closet by many advocates against it worldwide and now work has to be done to eradicate it completely. Everyone is affected, it is more like HIV/ AIDS if we are not infected individually or as a country by this practice then we are affected because somewhere out there a violation of human rights is taking place and as a global family we just cannot stand aside and watch. That is why even those countries free of it should join the campaign and press for laws against it to be enacted so that a clear message is sent to any who would want to take advantage of lack of law to migrate and set it up there. Victims of this practice need refuge, support and care; these should be accorded them by everyone even if it would mean granting them asylum in neighboring countries.

Further, this is a deeply entrenched tradition that has to be eradicated from the root for it to completely die out, thus a lot of effort must be put into meeting with the people responsible for its fostering at the grass root level. Those traditional practitioners must be targeted by the law and any other eradication programme so that they send out the message faster. Other violations of human rights are quickly remedied but this has been allowed to be practiced for so many years, now is the time that we all fight for its eradication. Women and girls need to feel safe everywhere and for this to happen a war has to be declared against female genital mutilation, because it is still the dreaded evil among those subjected to it.

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