

A young woman of the Samburu tribe in northern Kenya undergoes circumcision as an essential cultural rite before marriage. Women hold her mouth closed to mute her cries of pain. The following photos in this chapter were taken of another Samburu girl, “Juliana”, during different stages of the same ceremony.

All images in this chapter by Mariella Furrer

female genital mutilation

Dating back centuries among cultures predominantly clustered in West, Central and the Horn of Africa, as well as Egypt, female genital mutilation (FGM) is a traditional rite to which an estimated two million girls are subjected each year. Performed as early as infancy and as late as age 30, most girls undergo the procedure between the ages of four and 12. Roughly 100 million to 140 million women and girls alive today have undergone some form of medically unwarranted genital cutting.¹ The prevalence of FGM varies widely in the 28 African countries where it is practised, from approximately 5 percent in Uganda and the Democratic Republic of Congo to over 90 percent in Djibouti, Egypt, Eritrea, Ethiopia, Guinea, Mali, Sierra Leone, Somalia and northern Sudan.² Cases also have been reported in some communities in the Arabian peninsula and South and Southeast Asia, and among African immigrants living in Australia, Europe and the Americas.³

Defining FGM

Synonymously identified as female genital cutting or female genital circumcision, “female genital mutilation” broadly encompasses “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons.”⁴ Although many variations in procedures as well as terminology exist within and across the cultures where FGM is practised, a standardised international classification for FGM was collaboratively developed in 1995 by the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF) and the United Nations Fund for Population Assistance (UNFPA).

The first method within the classification, commonly referred to as “clitoridectomy”, involves holding the clitoris of a girl child between thumb and index finger, pulling it out and then partially or fully

amputating it with a swift stroke of a razor, knife or other sharp instrument. The second method, “excision”, similarly involves cutting away the clitoris, but further entails slicing off a portion or all of the inner vaginal lips (*labia minora*).

With “infibulation”, the third classification, the inner surface of the outer lips of the vagina (*labia majora*) is also cut. The wound is then fused together with thorns, dung or other poultices, or stitches — a process that may be reinforced by tying together the girl’s legs for a period of up to six weeks. The resulting scar tissue typically covers the urethra and part or most of the vagina. A small hole is retained for the discharge of urine and menstrual blood.⁵ A fourth, “unclassified” type of FGM includes a wide range of harmful practices, from piercing or incising the clitoris to burning, scraping or introducing corrosive substances into the vagina.⁶

While it is estimated that 85 percent of all FGM practices worldwide fall within the first two types, approximately 80 percent to 90 percent of girls in Djibouti, Somalia and Sudan, as well as small percentages of girls in Chad, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Kenya, Mali, Nigeria and Tanzania undergo infibulation.⁷

International debate regarding the appropriate terminology to describe FGM is almost as controversial as the practice itself. All official United Nations documents currently use the term “mutilation” to emphasise its medically gratuitous and severe nature. Many working on the ground, however, maintain that the term “cutting” is a more value-neutral and therefore respectful articulation of a practice to which many cultures and individuals remain committed. Others working both internationally and locally have used the term “circumcision”. While still popular idiomatically, the use of this term is diminishing in international discourse because its association to male circumcision (removing the foreskin of the penis) minimises the nature and effects of most types of genital cutting performed on women. Comparable genital “circumcision” for men would involve the partial or complete removal of the penis, in addition to the foreskin.⁸

Although male circumcision is considered by some advocates to be a fundamental violation of a boy’s right to bodily integrity, its health impacts are currently the subject of heated discussion. Those opposed to male circumcision argue that it has negative impact on men’s health and sexuality. Evidence also suggests that when performed in unhygienic settings male circumcision can lead to infections, injuries and even death.⁹ A recent study conducted in South Africa, however, concluded that circumcision may have positive effects for males in terms of reducing their risk of contracting HIV.¹⁰

For females, the evidence is not similarly equivocal. Even the most minimal form of FGM can affect a girl’s normal sexual function and put her at risk of a wide spectrum of negative health consequences.¹¹

The health effects of FGM

The immediate physical effects of FGM may include severe pain, shock and haemorrhaging. There is also high risk of local and systemic infections, including abscesses, ulcers, delayed healing, septicaemia, tetanus and gangrene. Long-term physical complications may include urine retention and associated urinary-tract infections, obstruction of

menses and related reproductive-tract infections, infertility, painful intercourse and prolonged and obstructed labour.¹² FGM also can facilitate the transmission of HIV, especially if infected infants and girls are cut in group ceremonies where circumcisors use the same instrument on all the initiates. Even after it has healed, the scarred or dry vulva of an excised or infibulated woman can be torn easily during sexual intercourse, increasing the likelihood of HIV transmission by an infected partner.

In addition to a host of physical effects, the psychological terror of FGM may also have a lasting impact, including a sense for some girls of no longer having control over their own bodies — especially if they are

“When you cut a girl, you know she will remain pure until she gets married, and that after marriage, she will be faithful. ... But when you leave a girl uncut, she sleeps with any man in the community.”

ambushed and forced to submit to the procedure. One young girl from Burkina Faso recalled what she initially thought was a casual visit to a relative’s house:

“They asked us to go around for sweets and eggs. When we arrived, three women caught me, bundled me in to the toilet, pinned me down and undressed me. ... I saw the knife and knew what was going to happen. I cried out, but I couldn’t find the words to speak.”¹³

“Medicalisation” of FGM

In some settings, the heightened awareness of the negative health consequences of FGM has led to increased demand for and supply of genital cutting by official health personnel. A 1995 Egyptian demographic and health survey found that young Egyptian girls were three times as likely as their mothers to be cut by a healthcare professional.¹⁴ Data from 2000 suggests that more than half of all cutting in Egypt is done by doctors and nurses. Although cutting by medical professionals does undoubtedly reduce some of the immediate risks of FGM, the WHO and other international entities have advocated strongly against this “medicalisation” of FGM, citing the performance of needless procedures on children as a violation of medical ethics. Medicalisation is also occurring outside of health facilities. In Kenya, for example, circumcisors sometimes purchase antiseptics and tetanus toxoid to prevent infection. This type of activity is much more difficult to address than that of trained professionals.¹⁵

The wedding ceremony of “Juliana”, a Samburu girl in northern Kenya, is drawn out over three days and will include ritual circumcision. She will become the second wife of an older man who lives 130 kilometres from her village. Juliana’s responsibility will be to herd his cattle. Members of the community told the photographer of this series that Juliana was 16 or 17 years old.

On the first day, Juliana’s head is shaved in preparation for her excision. The skins she will sit on during the cutting are blessed, and her beaded necklaces are arranged.



Despite some trends towards medicalisation, FGM most often is performed by traditional practitioners in poor sanitary conditions and without anaesthesia. As initiates, many girls are forbidden to discuss the process or impact of the procedure, especially with unexcised women.¹⁶ The secrecy of the ritual, the absence of adequate health facilities in many of the countries where FGM is practised and the acceptance of its associated risks and complications may conspire to prevent women from receiving appropriate care for FGM-related complications. Nearly 84 percent of infibulated women in Eritrea, for example, reported receiving no medical assistance for problems related to cutting.¹⁷

Attitudes sustaining the practice

Custom, religious belief and, at the heart of these, the desire to maintain a woman's purity by restraining her sexuality have prevailed over the negative health effects of FGM to perpetuate the practice. A female circumcisor from Kenya explained that the ritual is a way to ensure purity and fidelity:

"When you cut a girl, you know she will remain pure until she gets married, and that after marriage, she will be faithful. ... But when you leave a girl uncut, she sleeps with any man in the community."¹⁸

While there is no definitive evidence documenting why or when FGM began, many theorise that it provided families a means to ensure virginity before marriage. Infibulation scars in particular form a "seal" that both guarantees and confirms a bride's chastity, and even the less severe forms of FGM may diminish girls' and women's sexual desire, thus decreasing the likelihood of premarital relations.¹⁹

Social control of women and girls remains a primary argument for FGM even today. According to a demographic and health researcher in Eritrea, the most common defence for FGM among survey respondents was

that "Chastity is a woman's only virtue and all measures have to be taken to maintain it. ... Women have to be protected, and infibulation is the defense mechanism."²⁰ Chastity is not a universal goal, however. In some communities in Kenya, Uganda and select West African countries, a girl may be expected to produce a child before marriage to prove her fertility. If she successfully delivers a baby, she will then undergo FGM and be married.²¹ In these atypical examples, FGM is practised on older girls and women.

Both men and women who embrace the practice say that FGM promotes cleanliness, attractiveness and good health. Implicit in their view is the perception that female genitalia are dirty, unsightly and, if left in their natural state, may breed disease or be susceptible to other maladies. The tradition also increases marriageability. FGM is believed to confer a sense of general calm on its initiates and, insofar as it decreases sexual desire, to limit the risk of extramarital affairs. In the words of one tribal elder in Kenya, "A circumcised woman will choose a partner for love, not for sex."²²

In some communities, in fact, FGM is a prerequisite to marriage. Failing to comply with the tradition may constitute grounds for divorce and/or forced excision.²³ In others, bride price may be significantly lower for an uncircumcised woman. A smaller vaginal opening is thought to increase a husband's sexual pleasure. Despite this, FGM cannot be assumed to be solely or even primarily "male-driven". Some men currently are acknowledging the negative impact of FGM and speaking out against it, even as societies of women continue to insist that FGM is a critical rite of passage for girls.

Practised by followers of Christianity, Islam and traditional or animist faiths, as well as some Ethiopian Jews, FGM transcends religious belief. Nevertheless, and notwithstanding the fact that FGM predates Islam, research suggests that Muslims in particular associate FGM with *sunna*, or "required practice". In fact, clitoridectomy is referred to as "*sunna* circumcision" in Arabic.²⁴ Although most Islamic clerics actively discourage infibulation and an increasing number of *imams* are speaking out against any form of FGM, some maintain that lesser forms are acceptable. For example, one cleric from Ethiopia, speaking at a regional conference on female genital mutilation concluded, "This conference,

"I was circumcised at 13 and have myself circumcised 23 girls since then. This is the only way I earn a living and feed my children. I was at school when my parents were killed – I had nobody to take care of me and entered the secret society."

and the medical research associated with it, does not show that the *sunna* circumcision — cutting only the outer part of the clitoris — has caused any medical complications. ... I believe that Islam condones the *sunna* circumcision; it is acceptable."²⁵

Across cultures, religions and continents, one common feature of the practice of FGM is the social conditioning of women and girls to accept and defend it.²⁶ Longstanding traditions and social norms have ordained

On the second day, Juliana is taken to the door of the hut where she will be excised. She removes her clothing, and cow's milk is poured over her head as a blessing. As she sits down, she is held firmly in place by other women as the circumcisor, another Samburu woman, prepares for the ritual.

Only women are allowed to attend the cutting, where Juliana's *labia minora* and clitoris are removed. In Juliana's case, the process took between five and 10 minutes. The other women cover her mouth to stifle her screams.



FGM as a social imperative that promotes the future wellbeing of girls. In most communities, songs and poems are used to deride and taunt unexcised girls. Myths similarly help to ensure FGM's perpetuation. In Nigeria, for example, some communities believe that if a baby's head touches the clitoris during delivery, the infant will die.²⁷ Community and family pressure to conform to traditional practices is great for both mothers and girls, and mothers are often the primary actors responsible for their daughters' mutilation. In the words of one mother who was interviewed at a refugee camp in Kenya, "The practice adds to a family's prestige in the community. Who would not want to bring honour to her family?"²⁸

There are economic aspects to FGM as well. The practice is an important source of income for circumcisors, who most often are female. In impoverished settings, the financial impetus can be very strong. The social support of the secret societies also can be very compelling, as one 26-year-old female circumcisor explained: "I was circumcised at 13 and have myself circumcised 23 girls since then. This is the only way I earn a living and feed my children. I was at school when my parents were killed — I had nobody to take care of me and entered the secret society. It was from there I got married."²⁹

Response: from legislation to prevention

In the 1970s and 1980s, FGM gained international attention as a critical health issue for women and girls. As a result, women's advocates have broadened the discourse surrounding FGM to include gendered considerations of women's subordination and oppression, acknowledging FGM as a violation of internationally recognised human rights, including rights to life, liberty and freedom from torture. Largely in response to the worldwide action of numerous local and international organizations, the WHO launched a 20-year plan in 1997 to accelerate the elimination of FGM. Since its inception, the WHO initiative has informed individual country plans to eradicate the practice.

Implicitly denounced in several international treaties and conventions that condemn harmful traditional practices, including the Convention on the Elimination of All Forms of Discrimination Against Women (1979), the Convention on the Rights of the Child (1989) and the African Charter on the Rights and Welfare of the Child (1990), FGM is explicitly condemned in the United Nations Declaration on the Elimination Against Violence Against

Women (1993), the Declaration and Platform for Action of the Fourth World Conference on Women (1995) and the African Charter on Human and People's Rights and its Protocol on Women's Rights (2003).

Many Western countries receiving immigrants from settings where FGM is customary have passed laws forbidding the practice, including Australia, Belgium, Canada, Denmark, New Zealand, Norway, Spain, Sweden, the United Kingdom and the United States. France has used existing legislation to prosecute FGM cases.³⁰

At the national level, 14 of the 28 African countries with cultures that perform FGM have instituted legislation prohibiting the practice, most in the last decade, including Benin (enacted in 2003), Burkina Faso (1996), Central African Republic (1966), Chad (2003), Cote d'Ivoire (1998), Djibouti (1994), Ethiopia (2004), Ghana (1994), Guinea (1965), Kenya (2001), Niger (2003), Senegal (1999), Tanzania (1998) and Togo (1998). Nigeria has state laws outlawing FGM (1999-2002), and Egypt's health ministry declared FGM unlawful and punishable under the penal code (1996).

Infibulation was outlawed in Sudan in 1946 and again following Sudan's independence in 1956, but the 1993 penal code does not explicitly prohibit FGM. Nor do several other countries with a high prevalence of FGM have laws proscribing the practice, including Eritrea (95 percent prevalence), the Gambia (60 percent to 90 percent), Guinea Bissau (50 percent), Liberia (50 percent to 60 percent), Sierra Leone (90 percent) and Mali (90 percent). Although no laws in Mali prohibit FGM, the Ministry of Women, Children and Family has developed a national plan for eliminating the practice by the year 2007.³¹

Despite progress in legislation, enforcement of anti-FGM laws in countries where they exist is often poor.³² Even more importantly, according to the president of the Research, Action and Information Network for the Bodily Integrity of Women (RAINBO), "Social change will not be attained through legal or punitive action alone."³³ Many

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experts argue that laws preventing FGM are valuable for underpinning education efforts and giving credibility to those working to eradicate harmful practices, but criminalising FGM practitioners can inhibit critical discussion and encourage those involved to "go underground" in

For the rest of the second day, the celebrations continue, with dancing and singing in anticipation of the actual wedding on the following day. Juliana was brought to her hut to rest after the excision.

On her wedding day, Juliana was too weak to stand without support. She had bled all night and was in terrible pain. Women gave her a traditional Samburu drink of cow's blood and milk, which is believed to replenish blood loss. Despite Juliana's condition, the wedding proceeded, and she was carried to the ceremony.



order to continue the practice, making an already dangerous procedure even more perilous.³⁴

Confronting cultural traditions

Experts consider the real challenge in eliminating FGM to be confronting deep-rooted cultural traditions. History already has proven that outlawing FGM without corresponding community sensitisation may increase the practice. When FGM was outlawed in Sudan in the late 1940s, thousands of people rushed to circumcise their daughters before the law went into effect.³⁵ Much more recently, Somali Bantu refugees seeking resettlement to the United States hastened to circumcise their daughters — some as young as one year old — when they were told that FGM was a criminal offence in the United States.³⁶

Findings from national demographic and health surveys indicate that women living in settings where FGM is practised most often endorse educational campaigns as the best way to abolish the procedure.³⁷ However, the education strategies must be tailored to each cultural context. Evidence from multicountry projects supported by the nongovernmental organization CARE, as well as those supported by the Promoting Women in Development (PROWID) project, indicate that education focusing only on negative health outcomes of FGM results in communities adopting forms of cutting with less severe health consequences. CARE and PROWID concluded that it was more useful to frame education within a larger context of the social wellbeing of girls and women, facilitating rather than mandating community members' decisions to abandon the practice.³⁸

Almost universally, the most effective community-level anti-FGM sensitisation initiatives, like those of the nongovernmental organization TOSTAN in Senegal, are the outcome of indigenous movements aimed at stopping the practice.³⁹

Many activists also agree that the key to ending FGM is increasing women's empowerment. As such, a number of projects include initiatives to help circumcisors find other means to support themselves; education programmes for girls and women' and "alternative rites" that forego FGM in favour of positive initiation rituals.⁴⁰ One project supported by the United Nations High Commissioner for Refugees (UNHCR) in Northern Kenya promotes female literacy, a component of which educates refugee women and girls about the integrity and value

of their bodies.⁴¹ Other projects have developed critical strategies for engaging men — especially community and religious leaders — in discussions of the cultural values and traditions that perpetuate FGM. Most activists concur that programmes addressing only one aspect of FGM, such as the legal framework, or one group of stakeholders, such as women, cannot effectively put an end to the practice.⁴²

Some activities, such as the alternative rites of passage programme operating in seven districts in Kenya under the auspices of Maendeleo Ya Wanawake Organization (MYWO) and the Program for Appropriate Technology in Health (PATH), appear to have been successful. From 1998 to 2003, Kenya witnessed a 6 percent decline in the number of females who reported undergoing FGM, particularly among women under age 25. Although these declines must be carefully monitored to ensure they reflect an actual waning of the practice, UNICEF optimistically contends that FGM in Kenya (where the practice is outlawed), has decreased by almost half over the past two decades.⁴³

Evidence of decline is not universal, however, or even common. This is partly because groups working on the ground reach only a small proportion of the population.⁴⁴ These agencies generally are underresourced and struggle with information gaps, most glaringly in

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the area of best approaches for ending FGM, as well as in ways to measure the success of programming.⁴⁵ Many organizations perceive that existing resources do not provide sufficient information or guidance for combating FGM.

The continued high prevalence of FGM in many countries confirms that any efforts to eradicate the practice must be sustained and strongly supported. The first anniversary of the International Zero Tolerance to FGM Day was celebrated only last year, on 6 February 2004. While such an event is a useful advocacy tool, it remains to be seen whether international "zero tolerance" will translate into support to the individuals and organizations that have dedicated themselves to working on the frontline of the fight to eliminate FGM. ■

Unable to walk, Juliana was dressed in her wedding skins and carried to the arch of sticks which she and her husband must pass through as part of the marriage ceremony. After the wedding, Juliana was supposed to walk with her new husband and his best man to her new village, some 130 kilometres away.

Considering the condition Juliana was in, the photographer convinced the family that she needed medical care. Juliana was taken by vehicle to hospital, where she underwent an operation to repair a deep cut in her vaginal muscle. The doctor who performed the surgery said it was unlikely Juliana was older than age 12. The following day, she was driven to her husband's village to begin married life.

