

COMMENTARIES

Genital Mutilation as an Expression of Power Structures: Ending FGM through Education, Empowerment of Women and Removal of Taboos

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An estimated 130 million women worldwide have been subjected to genital mutilation, and their ranks are swelled by a further 3 million girls each year. Female genital mutilation (FGM) (the term in common usage internationally) is practised in 29 African countries and in Yemen, Oman and Indonesia; it has been imported to the industrialised countries by certain groups of immigrants from these countries. All forms of FGM are irreversible and cause various kinds of physical and mental harm and complications. German Development Cooperation (DC) has devised successful approaches to ending the practice of FGM.

From an intra-cultural perspective, the focus of FGM is not primarily on surgical intervention or the manipulation of a girl's or woman's sexual organs but rather on raising the status of the woman/(future) wife or even on initiating her into a "powerful" secret society. Even when the cutting is experienced as traumatic, the practice is not rejected. Instead, the excised body is viewed as having achieved the aesthetic norm: the genitals in their natural state are denigrated as being unaesthetic, unclean or even as harmful to health.

The status of eligibility for marriage (or for preparation for marriage) fills the girls with pride.

Mothers, circumcisers and other, mostly elder women, enjoy their power: their skills with the ritual are in demand, their knowledge of how to raise the young is respected. They know the significance of virginity and the power of sexuality, which needs to be checked. Or they are bowing to the necessity of excising from the bodies of their daughters the – from their point of view – dangerous "maleness" to be found there. Several ethnic groups are convinced of the threatening nature of the clitoris as a male characteristic within the female body. They believe, for instance, that during birth the baby will die if it touches the mother's clitoris. Thus the circumcisers are proud to do their (religious) duty and join in the process of increasing the girls' eligibility for marriage (and raising the bride price).

The pain involved in rites of passage makes the shared memory the more profound, lends the process significance, gives the girls a sense of identity and engenders a life-long feeling of solidarity among a particular age group. The rite of excision is not considered damaging to health: subsequent health problems are attributed to other causes. It is the will of the gods. The community is loud in its praise. Girls, mothers, fathers and everyone else are conforming to what is right and proper.

FGM as a Serious Violation of Human Rights

The outsider perspective looks quite different: FGM is internationally considered a serious violation of human rights and physical integrity. Following the colonial era, since the 1970s many African and other intellectuals and activists have been working to combat the practice. They expose the severe physical injury inflicted particularly by the most extreme form of female genital mutilation, infibulation, which accounts for 20 percent of all excisions and is primarily practised in the Horn of Africa; and they recount the compulsion and force used against babies, small children and girls who are too young to be able to decide for themselves.

They analyse the imbalance of power between the sexes, with control and subordination of women and the institutionalisation of force by means of the genital mutilation of female bodies. At three major UN conferences in the mid-1990s, (international) women's networks achieved a major breakthrough in the globalisation of women's rights. Following the World Conference on Human Rights in Vienna in 1993, the International Conference on Population and Development in Cairo in 1994 and the Fourth World Conference on Women in Beijing in 1995, the reproductive and sexual rights of women were globally acknowledged to be human rights. Various international conventions ensued. Today, FGM is considered throughout the world a "harmful traditional practice" that is to be banned – one that is prohibited not only by international convention but also in the constitutions and legislation of a number of African countries.

The Maputo Protocol: a protocol on the rights of women in Africa

During the second summit meeting of the African Union (AU) on July 11, 2003, in Maputo, Mozambique, its 53 member states added a protocol to the African Charter on Human and Peoples' Rights (which had been passed in 1986): the Protocol on the Rights of Women in Africa or "Maputo Protocol" for short. The protocol was the result of the efforts of numerous NGOs to add a protocol to the African Charter that would protect - explicitly and specifically - the rights of women. Among other points, the protocol establishes a ban on female genital mutilation and guarantees the right of women to sexual self-determination.

Traditional and Modern Law

Despite the fact that an African, in the person of Kofi Annan, has been Secretary-General of the UN since the mid-1990s, the UN Conferences in Vienna, Cairo and Beijing took place in an entirely different world than that of the persons who practise FGM. It appears that the authority of governments does not extend all the way to villages and outlying regions. Often divergent legal mechanisms coexist. The formal legal systems of many countries by no means provide a reliable and consistent framework for daily human activities and behaviour.

The Human Body and Power

In all cultures, the shaping of the relationships among human beings and the establishment of socio-cultural norms is bound up with the exercise of power. The body is a symbol of reified power relationships, because the social connections within a society also find expression in corporeal images. Control over people's bodies is thus, concomitantly, an expression of the social control being exercised within a society. FGM is best understood not as an isolated phenomenon but rather as the tip of the iceberg of asymmetrical gender relations.

The exercise of power is usually closely tied to economic development and the definition of property rights. Where FGM is an expression of patriarchal control, women usually have little (economic) independence and few property rights or opportunities for an education. Since in patriarchal communities the socio-economic survival of women lies in the hands of men (first in those of their fathers and then in those of their husbands), male power considerations are involved in the treatment of women. Under such circumstances, how can women hope to renounce the specific practice of FGM? FGM can only be eliminated if the economic and legal rights of women generally are increased and gender equity established.

German Development Cooperation (DC) activities in this field

On behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ), GTZ has been supporting governmental and non-governmental organisations since 1999 in various African countries through the supraregional project "Promotion

of initiatives to end Female Genital Mutilation". It currently advises Technical Cooperation (TC) projects on integrating measures against the practice of FGM in Ethiopia, Benin, Burkina Faso, Guinea, Kenya, Mali, Mauritania and Senegal. The project provides both technical and methodological advisory services, strengthens local capacities, sets up networks among the various actors and promotes knowledge management on FGM both on site and internationally.

Concrete measures

Aside from TC projects and programmes, a variety of other partners in cooperation have been included in the promotion of initiatives within partner countries, such as the Kreditanstalt für Wiederaufbau (KfW development bank), the German Development Service (DED), German NGOs and other donors.

The German initiative to end FGM is part of the Donors' Working Group on FGM/C (DWG), which was founded in 2001 with the aim of exchanging information, identifying best practices, increasing effectiveness and improving coordination between public and private organisations engaged in stopping FGM. Some of the organisations represented are: the EU Commission, UNICEF, USAID, the World Bank and the WHO. The consensus in the DWG is that FGM must be presented as both a health and a human rights issue.

These partners are active in the fields of reproductive health, education, gender and the promotion of human rights: they raise the issue of genital mutilation within these contexts. The purpose of this is, in addition to ensuring a broad impact, to ensure that successful approaches are firmly consolidated, so that they continue even after the conclusion of support by the supra-regional project.

Intermediaries, who can also act as multipliers – especially in the fields of health, education and the media – are given further training, and public relations work and lobbying are conducted on the topic of FGM.

The country and priority area strategies of German Development Cooperation in the countries affected are analysed. Points where FGM intersects with other themes are identified, and it is determined how FGM might be integrated into the setting of priorities. In the process, other cross-sectoral themes and mainstreaming approaches are taken into consideration (e.g. HIV/AIDS).

The supra-regional project advises the BMZ on introducing the topic of FGM into government negotiations or consultations and into the drafting of German Development Cooperation strategy papers. The project provides information on the significance and status of FGM and/or ending FGM in the respective country and drafts proposals on how to deal with the issue in the context of government negotiations. This process also contributes to securing the necessary funding for the issue.

FGM and Poverty Reduction Strategy Papers (PRSP)

Many countries (e.g. Benin, Burkina Faso, Ethiopia, Ghana, Guinea, Mali and Niger) have already produced PRSPs that take up FGM directly in connection with gender, gender equality and discriminatory or harmful practices. The PRSPs produced in Yemen, Cameroon, Senegal and Uganda include the issue of FGM in the context of human rights, violence against women, gender, reproductive health, participation, empowerment and education.

First signs of success

There has already been considerable success along the way to ending FGM. The range of possibilities for intervention is great. Among the project's activities are promotion of awareness-raising and behaviour change, dialogue about traditional values, the empowerment of girls and women, information and education about human rights, health, and hygiene, the promotion of education, cooperation with men and religious leaders and the upgrading of health workers.

In **Guinea**, a country with a high prevalence of FGM, calling someone "uncircumcised" is a common insult, which connotes the lowest of the low. Given these circumstances, the success of the partner initiatives of the FGM project was particularly impressive. They gained the trust of broad segments of the population: whole villages now speak openly about excision and are taking part in public anti-FGM events. Families that do not want to let their daughters be cut approach the initiatives on their own and inquire about the possibility of initiation rites without excision. In some places, uncircumcised girls even take a public stand, boldly and proudly speaking out against the traditional social stigmatisation.

Discussion groups and inter-generational dialogue events are very popular. The participants think over their

situation and come up with solutions on their own instead of being sensitised in the usual “frontal” manner. Such activities are also finding acceptance on the political level.

Unusual and unexpected developments impressively confirm the success bringing about change through dialogue with the population, with respect to the status and rights of women and girls. In **Ethiopia**, for instance, the marriages of uncircumcised young girls have been publicly celebrated and reported in the local media.

In **Ethiopia**, the FGM project has been working since 2001 with a GTZ project that supports women in demanding their legal rights. It has proved possible in this instance consistently to correlate outsider-perspective measures with insider-perspective ones and deliberately to dovetail them. The global standard for the outlawing of harmful traditional practices is enshrined in Ethiopia's constitution and national laws. To see that this standard is upheld in the villages as well, national law is “ratified” a second time through village law validation ceremonies, and thus expressly “translated into local law”. The process is supported by NGOs versed in ethnic law and through awareness-raising measures. Through this channel, local judicial bodies have been able to break with certain harmful traditional practices, such as FGM.

In **Burkina Faso**, the integrated community-based approach used by the organisation TOSTAN in Senegal was adopted, adapted and put into effect under the title “Village Empowerment Programme”. The subject of FGM was also successfully integrated into school curricula and teacher training programmes.

In **Kenya**, German TC supports the use of alternative rituals, in which girls undergo initiation rites but are not cut.

Since 2004, the FGM project in north-western Benin, along with various other GTZ programmes, has been supporting the organisation of a civil society forum. Among those represented are regional representatives of the ministries of justice, health, family and education, the police, and the public prosecutor's office, as well as doctors, journalists, midwives, circumcisers and village elders. A 12-member “task force” directs the action undertaken between the six-monthly

plenary meetings of 40 to 60 persons. The project takes advantage of GTZ's access to state and municipal bodies to create a new platform for discourse on intra-societal issues as they arise.

Lessons learned

- (1) Among the lessons learned at GTZ from its broad experience with eliminating FGM, the following are particularly deserving of mention:
- (2) For those concerned, FGM is often not viewed as a medical problem. Due to the magnitude of the social pressure exerted, information about health consequences has yet to convince people to reject the traditional practice.
- (3) FGM is not a “women's problem” but is rooted in society as a whole.
- (4) FGM is considered an important cause of girls' dropping out of school prematurely. Many girls suffer from health problems, pain and trauma after the operation, and this leads to frequent absence, inattentiveness, poor performance and a loss of interest in school subjects. In some parts of Africa, FGM is also connected with a preparatory period of some months, which poses an additional obstacle to successful schooling.
- (5) Girls who are subjected to FGM at school age, as is the case, for instance, in Kenya, are then often considered grown up and eligible for marriage. Uncertainty in regard to their perception of themselves and consequent role conflicts can have negative impacts on their education. There have been reports of arrogance and lack of respect on the part of some girls toward their uncircumcised female teachers and classmates. At the same time, they tend to adopt a subservient attitude toward male teachers and boys in their age group. At this point, many girls lose interest in going to school because neither they nor their families see the relevance of school to their new role as wives- and mothers-to-be. So they simply leave school.
- (6) A further reason for dropping out of school is that the parents, after sponsoring an expensive FGM ceremony, are no longer willing or able to pay for their daughters' education. FGM is a major impediment to the primary education of girls, and yet primary education can be a good instrument for overcoming the harmful practice.

- (7) Girls and women who undergo FGM are at greater risk of contracting HIV. Often the operation is carried out under unhygienic conditions. Gender-specific power structures favour FGM and expose girls and women to the consequences of unprotected sexual intercourse.
- (8) All of these factors result in the continuing exclusion of women from gainful employment and active participation in society.
- (9) Often health workers contribute to the continuation of FGM by performing excisions themselves.
- (10) Successful prevention must be undertaken on all socio-political levels and also trans-sectorally. National plans of action to end FGM are the most promising in terms of broad impact.

At present, there are many positive indications that the subject of FGM is losing its taboo status in the countries affected. Politically, it is acquiring significance as the banner issue for the realisation of human rights and the equality of women. Discussion in the media, the involvement of politicians and other opinion-shapers and also the socio-political debate about the legal framework are preparing the way in these partner countries for effective anti-FGM measures.

In 2004, Ethiopia became the fourteenth African country to pass a law banning FGM. One year earlier, the Inter-African Committee (IAC) organised a three-day General Assembly conference in Addis Ababa. More than 200 delegates from over 30 countries spoke out openly against FGM and declared February 6 as a “Day of Zero Tolerance to FGM”. Comprehensive and ongoing measures are needed to translate public declarations and expressions of political intent into deeds.

Challenges

In view of the complexity of the practice of female genital mutilation and its deep roots in tradition, no rapid changes are to be anticipated. What counts is long-term commitment.

There is a growing tendency to have the procedure carried out under hygienic conditions by medical personnel or in health service facilities. GTZ, in agreement with the position of the WHO, rejects this medicalisation, since no unnecessary physical injury should be inflicted by medical personnel, nor can such practices be tolerated or supported. Such “medical” procedures do not alter the fact that FGM is harmful to health and violates human rights. There is also a danger that medicalisation may lend apparent legitimacy to genital mutilation and thus actually contribute to the continuation of the practice. A clear position must be maintained on this point.

Since FGM is generally closely bound up with the status of girls and women as “marriageable”, it is indispensable that one also work with men. The main point here is that FGM lose its position as a criterion for marriage in men’s eyes.

As a rule, religious and traditional leaders exert great influence on the populations of FGM-practising societies. They must therefore be integrated both as a target group and as intermediaries in measures to stop FGM.

There is a further need for support in the area of quality control during the realisation of promising approaches, and also for supplemental scientific research, regional exchange of experience and knowledge management.

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