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Vol. 9, No 1, 2009
Vol. 10, No 1, 2010

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Welcome and Editorial

Tobe Levin

We gratefully acknowledge *On the Issues* magazine where some of the following material first appeared under "UnCUT/ VOICES: Unequivocally Against Female Genital Mutilation." *The Café*. November 2010.
http://www.ontheissuesmagazine.com/cafe2/article/121

While training in Paris, Khady Koïta heard a white gynecologist remark, "I can't understand all the fuss my colleagues make about excision." Addressing a group who would soon work with African immigrant women, many of whom had undergone FGM, the doctor called this interest "harassment" and admonished them "to mind their [own] business when it comes to African clitorises." Khady, enraged by this invita-tion to indifference, quipped, "It's so much easier to say if you still have yours."

This special issue of *Feminist Europa Review of Books* was inspired directly by Khady and a wealth of other voices in excellent yet un-translated books. Take *Mutilée*. When it appeared in 2005 it became a best-seller in France with 80,000 copies finding their way into readers' hands. Soon available in 17 languages, it had to wait five years for a publisher dedicated specifically to FGM—UnCUT VOICES Press—to appear in English. With her message of outrage, action and hope, Khady tells of a "sand-bellied" African kid surviving debilitating customs that mark the life cycle of girls. The memoir—*Blood Stains. A Child of Africa Reclaims her Human Rights*—insists on male accountability, law enforcement and a multi-pronged educational campaign against acts like excision and child 'marriage' that cement gender inequality and separate women from girls. (Reviews of the English and French versions plus an author interview appear below.)

The clarity and decisiveness of many non-English language texts told us that the movement against FGM would be best served if *Feminist Europa. Review of Books* collated contributions and made them available at a single address.

What is new? Two things. First, we offer you an entire chapter on FGM in Eritrea otherwise available only in German. Why the long excerpt? Diana Kuring's thoroughness, specificity, and concern that research serve action are exemplary and, in light of research we also review that not only downplays but casts aspersion on this sort of marriage, her work deserves diffusion. Second, we include for the first time lengthy reviews on books already in English. What moti-vated this departure? Too often, we came across studies that espoused an ideology like that of Khady's trainer: hands-off. Back away. Not all activists are scholars, of course, but we expected far more scholars to be activists. Those who are not tend to set perilous precedents.

If you have any doubt that insensi-tivity frequently appears in respectable places, especially to the west of the Atlantic, events that began on April 26, 2010, will disabuse you. Provoking a storm of worldwide indignation, the American Academy of Pediatrics — see http://www.aap.org/ —diluted unequivocal guidelines to distinguish between "harm-ful" and not harmful "rites" and urged changing U.S. law to permit "outreach" to "communities" by offering a clitoral "nick." This giant step backward, decried by activists across the globe, can only be explained in terms of US academia's ownership of the issue. By not registering unequivocal disfavor, volumes intended for university courses imply that the amputation of girls' genitals should not arouse an impulse to act, the subject of my opening review concerning "Anthr/ apologists." Failing to object can indeed be read as having no objection. Admittedly, unlike Africa or Europe, the U.S. history of chattel slavery makes it harder to expose

facts that can be twisted to degrade black people.

Embarrassed silence, however, is inadmissible when weighed against an urgent need to speak.

The present volume therefore weaves new and older discussions of mainly French and German sources with coverage of English-language texts. Highlights include a study by PLAN in Hamburg that, like Kuring's book, weds advocacy to scholarship.

In the Netherlands as well, "research was conducted … to provide support to health care professionals" with the understanding that sensitive attention to excised patients can accelerate abandonment. FGM in law, medicine and the humanities, specifically fiction, is here linking research to change.

In the section reproducing earlier reviews, you will find these unchanged. We chose not to bring data up-to-date to retain the flavour of the era and present the plenitude of approaches to the theme in terms of the politics of place. For different reasons studies in German and French have been exhaustive in their coverage, Germans attuned to the issue by a felt obligation to humanity derived from their actions in the Second World War, and the French as ur-advocates of human rights. Work published in Switzerland, Italy, Belgium, the Netherlands, Spain, and, of course, various African nations is also discussed.

Although some of the earlier work is reproduced in its entirety, this e-publication enables you to enjoy hotlinks to many reviews. The visual medium also inspired us to include reviews of films, some full-length, others shorter.

We conclude with a bibliography and an invitation: if you have published a book (or dissertation, though not an article) on FGM which we have left out, please let us know. This project remains unfinished; we welcome collaboration. Help us grow the list to encompass all academic fields—and then make it fade, for as soon as FGM is overcome, the plethora of disciplines in which we work will shrink. Sooner, not later, we'll cover only history.

(In)Particular: Female Genital Mutilation

Defining Womanhood as Pain … on FGM

Gone were her smiles while there she lay,
Hearing the cries of another girl …
Dread in her nerves and muscles taut as
Tradition inflamed her world.

On either side, with all their strength, old women
held on, preventing escape
and forced her to bear the blight of blades.
What unspeakable pain at such a young age!

Struggling just to remain alive
She hurled her grief at an unhearing pride.
Resistance reached a frenzied pitch.
Then they began to stitch.

One with the earth, her face in tears
Her body invaded by so many fears
She wanted to ask why she suffered like this
But slowly fell blank and lost consciousness.

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Female Genital Mutilation, „Highly Valued by Both Sexes“? Anthr/apologists versus Activists

Tobe Levin

Review of Hernlund, Ylva and Bettina Shell-Duncan, eds. *Transcultural Bodies. Female Genital Cutting in Global Context*. New Brunswick: Rutgers UP, 2007.[1] Review originally appeared in the *Journal on Female Genital Mutilation and other Harmful Traditional Practices,* Vol. 3, Number 1, 2010, pp. 52-61 published at the University of Addis Ababa by the Inter-African Committee. See also http://www.accmuk.com/fgm_factsheet_1.pdf

On the back cover of *Transcultural Bodies. Female Genital Cutting in Global Context*, Richard Shweder praises the volume for taking "us a huge step beyond the global activist and first-world media (mis-) representation of FGM" that fails to acknowledge "genital surgeries … [as] highly valued by both sexes." Strongly implied is that the "highly valued" is, in fact, worthwhile. This characteristic complicity with a harmful traditional practice makes the book ineffectual for activists; of limited use for journalists; and downright dangerous for intellectuals who already prefer passivity. In an attempt to condone, Shweder points out, where genitals are altered, most people approve.[2] *But of course*, in ethnicities that cut, the majority conforms. Who knows this better than NGOs do?

Yet this book, assigned to students, goes beyond a single example of 'talking-down' to activists: its designated adversary is "the global movement to 'eradicate FGM'" (1). Were you aware, for instance, that "the global eradication campaign itself … violate[s] several human rights" (26)? Perhaps sensing the fragility of such a charge, the editors warn us not "to draw up overly simplistic dichotomies between 'Western activists' on the one hand and 'African women' on the other—as such identities often coincide—nor to trivialize the powerful and committed engagement of … 'insiders' with a true stake in the practices who are working for their elimination" (26). Seemingly apposite, on deeper reading this passage reveals a perilous distinction between the "insider" stake holders who hail exclusively from FGM-practicing cultures ["''insiders' with a true stake in the practice"] and other volunteers whose fervor is nourished by empathy alone. Such a triage can only be based on ignorance (or worse, deliberate suppression)[3] of anti-FGM work as not merely honorable but indispensible.

Still, the recurring dismissal of courageous efforts by African, African-American, Afro-European and European activists *together*, however deeply disturbing, is still only a hint of what is

[1] The editors' first volume dealt with the issue in Africa. Shell-Duncan, Bettina and Ylva Hernlund, eds. *Female "Circumcision" in Africa. Culture, Controversy, and Change.* Boulder, CO: Lynne Rienner, 2000.

[2] Michelle C. Johnson notes that "After nearly ten years of working with Mandiga in Guinee- Bissau, I have not yet met a Mandiga woman who opposes female circumcision" (210). This statement is intended to defend if not to ennoble the preference.

[3] Search in vain in *Transcultural Bodies* for the watershed Bamako Declaration, a key manifesto issued by the Inter-African Committee in 2005 that insists the term "female genital mutilation" be consistently deployed—emphatically *not* cutting, circumcision, surgeries or modification. Failure to acknowledge this document amounts to dismissal of its authors and strikes me as an egregious lack of respect, for it is impossible that a competent peer-reviewer would not have brought its absence to the editors' attention. And note the omission of the real name of the big day. The editors attended in "2004 [the] USAID-sponsored Washington, D.C., con-ference commemorating the first anniversary of 'Zero Tolerance Day'" (ix). It is officially, and deliberately, called International Zero Tolerance to Female Genital Mutilation Day, the reason being to 'enforce' as far as possible acceptance of the idea that clitoral amputation and infibulation are, despite denials, medically mutilating acts. Later in the text, the real title is given, but only after the editors have rejected the wording.

wrong with the tone of this collection. More serious are repeated expressions of disdain for (most) NGOs that oppose FGM; consistent misunderstanding of the challenging relationship between advocacy and journalism;[1] and, ultimately, the gauntlet thrown to activists by that portion of the academy in anthropology departments, mainly and significantly based in North America, who claim the issue for their discipline as best suited to pontificate about it. Let me be clear: writing this review during a teaching stint in China, resident in Germany, active in Europe, I see in this volume a U.S.-based export whose close textual analysis reveals a consistent unhelpful undercurrent: the issue is too fraught to touch! Such a hands-off message paralyses the academic conscience and may well end in depriving NGOs of active support and research funds.

"Oh, dear," you may think by now, "this book has reached the unintended reader." Perhaps. Not an anthropologist, I have little patience for co-opting (and subordinating) FGM to illuminate "wider discourses and ensuing debates" on allied topics (Johnson 203), an approach shared by these essays. But I am credentialed: an Associate of the W. E. B. Du Bois Institute for African and African American Research at Harvard University *and* a thirty-four year veteran in advocacy to eradicate FGM, my activism embraces the EuroNet FGM, FORWARD-Germany,[2] and *Feminist Europa. Review of Books* (Heidelberg) which, since 1998, has carried my reviews of books on FGM published in German, French, Italian and Spanish.[3] The dearth of attention in U.S.-based writing to other-language sources deserves mention, for Africa and Europe offer alternatives. To illustrate, a pioneering collection of essays co-edited with University of Ghana's Augustine H. Asaah called *Empathy and Rage. Female Genital Mutilation in African Literature* (Oxfordshire: Ayebia, 2009; distributed in the U.S. by Lynne Rienner) shows that **what *Trans-cultural Bodies* refuses to do can indeed be done: advocacy and academia can join hands IF we want to see FGM end. This, however, is not what *Transcultural Bodies* aims to achieve.**

Despite lip-service to hopes of the rite's demise, hardly a chapter in the Rutgers UP publication is likely to speed eradication (a word, by the way, that its editors dislike). From terminology that refuses to see the amputation of girls' genitals as a mutilation to multiple framings of the issue that neglect international consensus on human and children's rights, the book reveals the serpentine nature of its discourse in seemingly acceptable (if repetitive) statements such as this by contributor Aud Talle: "Writing about female circumcision cannot be anything other than a blend of rigid scholarship and 'sympathy' writing" (Hernlund and Shell-Duncan 106). But "female circumcision" is not the issue! "Circumcision" means surgical removal of

[1] Well aware of pitfalls in speaking to the media whose interest naturally lies in sensationalism—if it bleeds, it leads—, activists often attend workshops designed to circumvent negative reporting to the extent that it can be done. The EU DAPHNE Program, for instance, included media training for EuroNet members.

[2] Modeled after one of the world's premier NGOs, FORWARD—UK (founded 1983) by Efua Dorkenoo, O.B.E.

[3] Typically, U.S.-based academics betray little or no awareness of studies published in German. With regard to Germany and Austria the deficit is particularly grave, as each energetically debates the issue and, since 1977, has been pioneering ways to deal with FGM. Although it is now outdated, I recommend for historical background Tobe Levin. "Female Genital Mutilation: Campaigns in Germany." *Engendering Human Rights: Cultural and Socio-economic Realities in Africa*. Ed. Obioma Nnaemeka. NY: Palgrave Macmillan at St Martin's Press, 2005. 285-301. At present the nation hosts more than thirty NGOs against FGM, most united in INTEGRA which maintains a committee consisting of federal government (ministry) representatives, state and municipal envoys and NGOs. It is perhaps not inappropriate to remind readers of Germany's present influence on both the European Union and, by virtue of its place in the global economy, on the world.

the clitoral prepuce, hardly the kind of ablation to which most girls are prey.

THIS is what FGM victims confront:[1]

> As soon as the circumciser began cutting her flesh, the [fourteen or fifteen year old Maasai] girl started to fight back. … The women [who thronged around her] … did not manage to hold her down. Finally, the elder brother and guardian … told the women … to use ropes to bind her. … The operation had to be executed immediately because the cattle were restlessly waiting to get out to … pasture[], and all the guests who had gathered were eager to begin … feasting. (94)

As a result, the assistants attempted to lasso "the [girl's] ankles [as she] … tried desperately to kick … off [the restraints]. The struggle continued for a while before [she] tired" enough to permit bondage. But without room in which to wrench her thighs apart, the actors needed outside intervention. It was soon forthcoming. "One of the men watching the scene … and waiting for the women to … finish[] … approached the house to offer his [help. He] forced his stick through the mud wall…, made a hole, and pulled out one of the rope ends. The other rope was fastened to a roof beam at the entrance to the house" (94-95).

This narrative, not yet at its climax, covers one entire page in Talle's chapter, for attention is deliberately diverted from the action by interventions explaining each step from the perpetrators' point of view, so that what is happening shall not appear to be what it is: violence, and quite specifically a form of violence criminalized by most nation's laws and international covenants. But to get to the point:

> At last, the circumciser could proceed with her work. With tiny movements she carved away the clitoris and the labia minora, while the women in loud voices instructed her how to cut. The blood rushed forward, and for us outside the actual scene, it was as if the excited voices of the women and the heavy breathing of the girl would never … end. (95)

Wait a moment. If the observer is outside, how does she know about these "tiny movements"? How can she discern what's cut? In fact, she "peeped through [an] opening in the roof that the women had made beforehand to lighten up the room" (95). Spying with her are any number of children of both sexes as well as the volunteer male who is "all the time holding tightly on to the rope [while gazing] into the narrow room to check that the women did a proper job" (95).

By this time, you, too, feel your stomach clench and, as intended, your sympathies may well have shifted from the teen to the anthropologist who, almost by accident, has found herself ethically compromised. I respect the integrity that leads Talle to admit:

> The smell of blood and sweat forced itself through the wall and incorporated us into what was happening inside. My own pulse beat more quickly than normal. Instantly, I understood what a personal challenge anthropological fieldwork could be. I was witnessing 'torture', [*distancing quotation marks glaring in the original*] and the fact that I remained standing with the others outside somehow sanctioned what happened inside the house (95).

My point exactly, with one proviso: anthropologists don't "somehow sanction" such an event. They give legitimacy to it and thereby vitiate activists' urgent appeals. For FGM IS torture—*sans* quotation marks. And even when performed in clinics under general

[1] In some instances the brackets contain quotes from the text that I have rearranged to improve narrative flow.

anesthesia, the amputations remain medically pointless and a violation of human rights.

More than a few authors in the collection sustain similar distortions, with Talle singled out for being so typical of much that is dubious here. If, admittedly, some chapters rely on objective data and even contain intriguing new data on sexuality after FGM, many also share faults with the above passage where emotional withdrawal abrogates scientific rigor. For example, Talle scripts like a creative writer in attributing thoughts and motives she could not possibly know to various actors and, in her effort to mediate the violence, abandons objectivity. She notes that "the nervousness of the women who executed the operation [*how does she know they feel nervous?*] had spread to the observers [*who, we have been told before, were, if anything, hungry*], and it was as if we sought support in each other's glances and presence" (95). Support? Why? Is there something untoward going on? Something, perhaps, thought to be *wrong*? Procedurally, certainly, as the victim was expected to cooperate, but by now she has been subdued and the usual ululations are, presumably, covering her screams, notwithstanding the "heavy breathing" curiously audible despite the reiterated loudness of in-hut attendants. Given our common understanding of the English language, the author can only be projecting her own malaise,—her own sense that indeed, she is witness to a crime—, onto those whose behavior shows no sense of wrong-doing whatsoever. Yet, in the end, like others in the guild, the anthropologist holds to a creed that pardons what she sees.

Evidence of the author's ambivalence and thereby her honesty is, to her credit, shared with us, emerging from a repeated disclaimer that prefaces this scene: her Maasai informants told her that this time, things "did not proceed 'normally'" (93) and she wishes her readers to believe this too— despite a dearth of scientific data in support. The research question is: given a statistically relevant sample of girls subjected to the cut, how many buck? How many grit their teeth in silence?[1] While told what is supposed to happen, what actually takes place, and how often, we simply don't know. And while I, too, lack the hard facts, having read testimonies and talked to victims, I have good reason to believe that girls' opposition is hardly uncommon. They do fight back.[2]

> Before the *halaleiso* had even touched her, Yurop cried out. At once, one of the women slapped her. … The general consensus held that this was no time to exercise forbearance … but in Yurop's case [nothing] quiet[ed] her down. She went right on screaming so they [gagged her with the cloth] ready for that purpose. … [And when] it was Ifra's turn, … like all the others, she [too] lit out of there. .... So first [they] had to catch her and, with fanatical violence, threw her onto the box. Then, repeat performance: Ifra screamed and tried to free herself, and again the women fought and gagged her. And so it went with Fatma, Muna, Suleiha and Nasra. All shrieked, all were gagged, the halaleiso never slowed down. Between girls she wiped blood off the box and with her foot kicked sand over the puddle on the floor. And now there was only one left, and that was me. (173-174)

Nura Abdi, in this excerpt from *Tränen im Sand,* presented as *Desert Tears* in the last chapter of *Empathy and Rage*, is, admittedly, not scientific. We see only five girls who resist but in ways that seem both believable and representative.

[1] A good number of first person narratives in English, German, Dutch and French are not short on rebellious victims. One well-known example is P.K. from Awa Thiam's *La Parole aux Négresses* (1978), popularized in Alice Walker's *Warrior Marks* (1993). Please note the time lag.

[2] Acknowledgement that girls resist is easily deduced from often cited reductions in age of cutting and elimination of womanhood instruction. We see this resistance in *Moolaadé* as well.

Representing the challenge that anthropologists face when confronting scenes like the above, Talle has come to terms with an early admitted distaste she eventually sheds. Because “female and male circumcision” were “the order of the day,” as a

> cultural phenomenon [they] no longer raised feelings of anxiety or indignation. In Geertzian terms I could remain ‘experience-distant’ to that sort of bodily intrusion (Geertz 1983). Particularly when confronted with this piece of ethnography, it felt safe to repose in the cognition of cultural differences (93).

Such a monumentally *unsafe* stance—vulnerable to ethical scrutiny—makes even the editors queasy. Hoping to shroud complicity, they evoke a “dual” among “FGC” scholars who oppose “rights and culture,” enabling them to mediate by applying a “’prorights anthropology’” and Marie-Bénédicte Dembour’s “’pendulum’” theory. As Hernlund and Shell-Duncan present her, Dembour sees in universal human rights one ‘extreme’ influence on society and in cultural rights (including misogyny) an equal and opposite ‘extreme’. These concepts mark two ends of an arc. However, once one tendency ascends, the pendulum swings back toward the other.

Agreeing that human rights and cultural rights signify extremes, Hernlund and Shell-Duncan write:

> It is our ambition that this volume add to the growing number of voices in the field of FGC studies and activism that call for a move ‘to the middle’. (2)

If you are, like me, unsure of what “the middle” means when the topic is ablation of a five-year-old’s genitals, the editors clarify by quoting Elvin Hatch, an “extremist” with whom they disagree. He exemplifies the ‘questionable’ tendency to see excision as a “’test case’” for the limits of cultural relativism by “group[ing] FGC with political executions, genocides, and honor killings as ‘situations in which ethical relativism is untenable’” (Hatch 1997, 372 qtd. in Hernlund and Shell-Duncan 7).

Now, am I correct to understand that whereas political executions, genocides and honor killings really are ethically reprehensible, FGM is not? And if FGM is not reprehensible, that is because the non-anthropologist fails to distinguish among more harmful and less harmful, that is, not reprehensible, types? The answer is yes.

While some scholars “wrestl[e] with … alleged and real health effects of FGC” (1) others “casually lump together under the label FGM/FGC/FC … diverse practices with varied consequences,” thereby causing “confusion” with regard to “the effects that FGC can indeed have on health and well-being” (2). Yes, as this wording suggests, more than a few contributors imply that some forms of FGM aren’t all that bad, an argument whose legitimacy should, at the very latest, have ceded to the *Lancet* whose findings have *not* guided editorial choices but have merely been acknowledged in a footnote about “the World Health Organization[´s taskforce] … on female genital mutilation and obstetric outcome [that] released a six-country study” (44). The first such investigation based on a statistically relevant sample, it “did find that women with [any form of] FGM, compared to uncut women, experienced an elevated risk of certain complications such as postpartum hemorrhage, stillbirth, or early neonatal death (WHO 2006)” (44). One can, I think, conclude, supported by the impeccable authority of one of the world’s leading medical journals, that reducing risk of “postpartum hemorrhage, stillbirth, or early neonatal death” means FGM is not a good idea for anyone.

Now, in June 2006, when *Lancet* appeared, “the manuscript was going to press,” so that, we are given to understand, it was too late for changes. Untrue! After all, the footnote is there. Decisive for inaction was rather the fact that *Lancet*’s

results make invalid not only considerable amounts of text but even entire chapters based on the idea that FGM's damage to health had not yet been measured and hence could not be known. Or as Shweder would have it, "lack of evidence of harm is equivalent to evidence of lack of harm" (14). So why not err on the side of those who cut? Granted, adapting the text to new knowledge would have been a Herculean task, but allowing misinformation not only to remain but keep its place at the heart of the project vitiates the credibility of the book as a whole by revealing it to be even more strongly in thrall to ideology.

More important, though, than the medical journal's inconvenient timing is the option the editors neglected that could have avoided this embarrassment altogether. *Had they only relied on activists*, and in particular the study's principal collaborator Efua Dorkenoo, they would at least have known the work was underway and what it intended to uncover. They then could have anticipated outcomes. This is not to say that Dorkenoo wasn't discrete; even when speaking with insiders, confidentiality was strictly observed. Nonetheless, simply talking to her or another of the activist investigators, one of whom is at Harvard Law School, might have prevented faulty scholarship[1] occasioned by the idée fixe that cultural majorities are, if not somehow in the right on this specific issue, also not entirely wrong.

As to the ethics here, if ending the practice brings clear advantages, continuing it does not, a state of affairs recognized by Ousmane Sembène, the pioneer Senegalese cineaste, whose *Moolaadé* prefigured *Lancet*'s findings. In 2004 in Cannes, the movie took first prize in the category "un autre regard," and both Sembène and starring actress Fatoumata Coulibaly[2] told me in private conversations that, without a doubt, it is against FGM. Nonetheless, in another egregious example of its sleight of hand, *Transcultural Bodies* reads *Moolaadé* quite differently—as not primarily about FGM at all.

Really? Here's our synopsis of the film:

> The storyline revolves around Collé Sy, an excised mother, who had freed her only daughter from the so-called purification rites, or 'salindé', organized every seven years. In this particular season, [six] little girls run away; [two drown themselves in the well while four others] seek protection—called Moolaadé—from Collé, whose defiance is known. She protects the children but [in doing so] revolts against her husband, his family, and the village as a whole. In conflict are the right to [protection] and attachment to tradition that approves excision. For her opposition, Collé is subjected to a brutal public whipping, her enraged husband trying to [compel] her to recant. His efforts elicit rapturous applause. 'Break her! Break her!' the crowd shrieks. But the forces of change are too strong. Increasingly, women join Collé to triumph over male-authored repression symbolized by the edict to burn all radios, a source of enlightened ideas. (*Empathy* v)

This quote, from Pierrette Herzberger-Fofana's dedication in *Empathy and Rage*, honors Sembène for being the first to produce a "full-length feature film contesting FGM" (v).

[1] Suspect scholarship is also involved when, for instance, in a volatile field like this one, a wildly outdated U.N. document from 1986 is cited (see p. 12).

[2] I attended three events at Mt. Holyoke in the fall of 2004 with Sembène, who showed his film and, one afternoon, participated in a podium discussion about FGM with Nawal el Saadawi who had been a guest at Smith that semester. I spent an evening with Fatoumata Coulibaly at Mali's national holiday celebrations on 21 September 2007 in the Embassy of Mali in Berlin, both of us guests of the Ambassador, Fatoumata Siré Diakité.

Now, in her contribution to the Hernlund and Shell-Duncan volume, L. Amede Obiora provides further evidence of the book's ideology-driven perspective as she takes Sembène and vitiates his forthright message. Interpreted not as a film against FGM, in Obiora's hands, its

> Important lesson … is that to respect the autonomy of individuals and the significance of their membership in local cultural worlds is to empower them to engage in critical deliberations of their positioning and commitments. This lesson is, arguably, subverted by the tenuous but relative expansion of the menu of options achieved for African immigrants by promoting female circumcision as evidence of persecution in the U.S. immigration process. (71)

According to my *explication de texte* this means, (a) 'female circumcision' should not be construed as persecution; and (b) should not be (mis)used by women to gain asylum in the United States because (c) doing so counters Sembènes main purpose in *Moolaadé*, to (d) reveal through a chronotope[1] that break-through need not be imposed from without but can emerge from within. This, in turn, is important, as (e) a "fresh alternative" for all of us activist outsiders in our "narratives that typically construe the practice as overdetermined [sic] by the vested interests of the elite and portray African women as monolithically condemned to slavish conformity" (Obiora 70).

Now, I agree that Sembène wanted to show what Obiora saw—the positive deviant deploying indigenous options—but did not wish to exclude what she covers up. When she writes that he "referee[d] the struggles surrounding female circumcision" (70) the reader automatically places him at neutral, as referees must of necessity be. At risk of redundancy, this is not so. The film and film-maker oppose FGM, even if the means to do so, as Stephen Bishop argues in *Empathy and Rage*, draw on an "oppositional narrative" that works from within the culture. For Obiora, the fact that an opponent is permitted to emerge at all—and, presumably, is merely thrashed, not killed—trumps all else. She extols "women … act[ing] as change agents" (70) in contrast to an asylum discourse that reduces them to passive victims. This activity, in turn, is what counts, making the object of protest—FGM—almost superfluous:

> … the film best animates the possibilities for change that inhere in a culture and illustrates the reality of indigenous transformative paradigms that often lie latent, even as arguably less efficient and effective reform aspirations are pursued. At once depicting culture as a surrogate for oppression and culture as a spontaneous zone of empowerment and resistance, the film extols knowledge as power, tracing how the culturally competent deploy the rich repertoire of cultural knowledge to fund radical change. (70)

Now, in light of my discussion with Coulibaly, herself an activist who suffered from excision as did the character she played, I'm disinclined to limit the protagonist to one of the "culturally competent deploying the rich repertoire of [indigenous] knowledge" (70), especially because the thematic shift in popular opinion, from women supporting to women opposing the 'rite', reaches fruition only once their catalyzing radios are ordered burned, and these had urged that excision be stopped.[2] Thus, in language

[1] Mikhail Bakhtin coined the term "chronotope," meaning a simultaneous time-space whose combined dimensions facilitate a leap forward, in this case rebellion exploding from the culture's heart.

[2] The radio's influence on the change of heart in *Moolaadé* cannot be over-emphasized, and it should be openly acknowledged: commercials and programming designed by local NGOs are frequently funded by international associations. Sini

better suited to the cinema screen, what Collé does is fight FGM; reveal the disfigurement resulting from numerous crude C-sections occasioned by her genital wounds; nearly amputates her finger by biting it in pain following a symbolic superimposition of FGM on intercourse, and shows enormous courage in not succumbing to the lash.[1] That Obiora defends these several scenes of torture—both by failing to censure them and by ennobling them under the mantel of culture—is, to say the least, ethically suspect.

A heavy charge, I know, given that, like most contributors to this volume, her aim is not only *not* to oppose FGM but to attack its critics who (a) perpetuate negative stereotypes of Africans, (b) supply "demonizing narratives" (73), (c) present "circumcision-as-persecution," (d) "ratif[y] … Orientalist discourses [that] ultimately subvert a paradigm of inclusion sensitive to multiculturalism and [(e)] reinforce reactionary gatekeeping [sic]" (73). To my companion militants in the European Network and the IAC, I say: take heed!

Lest I give the impression that direct interaction with activists takes place nowhere in this text, that isn't the case either, but activism's possible successes are explained away. For example, when visiting the London Black Women's Health Action Project, Aud Talle spies *FGM* [female genital mutilation] *is a worldwide issue*, a pamphlet that provides the occasion to communicate her feelings about its terms:

> [Because] the publication uses "FGM" in the title, [she] commented to Sarah that [she] preferred the more relativistic "circumcision" for the practice. Sarah turned against [her] and said, "But *it is* mutilation!" Her sharp answer surprised [Talle who] could do nothing but agree. [99-100]

This leads the researcher to consider the relationship between anthropologists' *Weltanschauung* and Sarah's concrete situation. Sarah, she notes, had been against FGM even before she left Somalia. In a British environment that values resistance, Sarah is assumed unable to comprehend a relativistic point of view. So, for the time being, Talle refrains from trying to convince her.

Talle continues, however, trying to convince herself that relative values remain valid. One informant, for instance, proud of the courage she showed as a girl, now admits that the *schmerz* "came afterward, when she married and had children. 'This was an experience of agony', she added" (101). And goes on

> without bitterness that she had suffered "in vain," while she pointed to her four-year-old daughter, noting that she "at least" should be spared from being "sewn." This woman had an unusual clarity when she spoke; it was as if she had been exposed to a sudden revelation—as if her present resistance had just waited to be awakened. (101)

Had Talle read Nura Abdi, she would not have been taken by surprise. This type of epiphany does indeed take place.

In Abdi's chapter called "Am I even a woman?" the Somali has asked for asylum in Germany and spends the first few weeks sharing housing with other refugees where "nothing" in the experience "rocked [her] as much as learning that not all women in the world are circumcised" (260). The discovery, to be sure, is far from amusing. Responding to a rumor that Nura "was the only one who wouldn't sleep around," an Ethiopian friend challenges her:

> "What's the matter with you? Why don't you have a boyfriend?" Hanna wanted to know. ... Then she looked at me as though a light had turned on and said, "Oh, right, you're Somali."

Sanuman in Mali in partnership with Healthy Tomorrow in Somerville, MA, is a good example.

[1] When I complimented Coulibaly on her acting in the thrashing scene, she explained that of course the duration was cinematically manipulated but the pain of the lash was real.

> I was taken aback. “What do you mean by that?” “You're circumcised,” she said. An awful premonition shook me. “And you're not?” I asked, doubt in my voice. … So out it came.
> And I learned that there are two kinds of women. (260)

Soon the asylum colony … housing newly-arrived Afghanis, Africans from East and West, Balkan refugees and Iraqis, was, despite the language barrier, abuzz with the news.

> And from all sides I was met by shocked, disbelieving, pitying glances. Above all the Yugoslavian women couldn't contain themselves. "How can anyone do a thing like that to such a pretty girl?" they wailed, shook their heads and felt obliged to offer comfort. As for me, I'd fallen into a nightmare. It appeared that not even the Afghan women had been circumcised! O.K., Ethiopians are Christian, I thought, so that might be [why]. But Afghanis are Moslems like me, and they don't do it? I felt myself hurled into hell.
>
> But the worst of it was, they appeared to consider me a cripple, half a woman incapable of any feeling. They behaved as though I had been the victim of a crime, as though it were shameful to be circumcised—whereas I had always believed, circumcision made me clean!
>
> I wasn't going to stand for that. It came to verbal blows between Hanna and me. "You're running around with all your filth," I hammered into her, "and proud of it?! Maybe you think it's better to stink like the uncircumcised? At least … I don't smell!" I was angry. "Aren't you ashamed to be like a whore down there?" And Hanna, scornfully: "You're as smooth as a wall between your legs. They killed your sensitivity. They've destroyed you.” I was shaking with rage. "Look at me!" I screamed. "I'm every bit as much a Mensch as you are! I have feelings just like you! And I'll bet I can love even better than you can!” … Didn't I *have* to defend myself?
>
> But to tell the truth, I didn't know what I was talking about. As a matter of fact, I knew nothing at all. Nothing about my body and nothing about sex. I'd wound up in a situation [unimaginable even] in my worst nightmare. In Somalia you talked about *gudniin* in lovely language, as you would about good fortune. Yet here I was, surrounded by people who reacted to it with horror. But putting two and two together, I drew the same conclusion as everybody else: There was something wrong with me. I became foreign to myself. (260-263)

Like Fadumo Korn in *Born in the Big Rains. A Memoir of Somalia and Survival*, Nura brings to exile her pride in purity, only to discover that what she prized was scorned, and what she scorned is praised—the canonical experience of the ‘circumcised’ woman in Diaspora. Fortunate to meet a sensitive and experienced gynecologist, she responds to his advice, "What you've suffered affects not only your body, but also your soul" (299). After long delays, she seeks defibulation, recovers a kind of wholeness, and concludes: "Circumcision is barbarity, mutilation without anesthesia, and we should put an end to it. Of course not in my wildest dreams did I ever imagine writing a book about it. But I often thought of someday helping other [victims]" (347).

What is my point in offering this lengthy excerpt? To refute charges against us activists.[1] Contrary to Hernlund and Shell-Duncan’s viewpoint, advocacy rarely lacks context or deals in stereotype. Nor does it fail to acknowledge that, indeed, facing up to the loss of both genitalia and

[1] Abdi’s book is in fact dedicated to FGM activists.

value is a trial of considerable magnitude. As the Bamako Declaration regrets, at least one generation—those cut and then displaced, literally or ideologically—will have it hard, as Abdi and Korn, among others, do. Yet their voices, though rare, are also representative. They do not, in sum, fit the description of campaigners readers find again and again in *Transcultural Bodies* portrayed as creators of "hegemonic FGM discourse" (Talle 101), fomenters of "'moral panic'" (Johnsdotter 20), authors of "travelling narrative [that] is thoroughly fetishized, in both Marxian and Freudian senses of that term" (Piot 164), "borrow[ing] racist, imperialist and missionary images of Africa that are centuries old" (Piot 164), or—by far the most serious charge—not only ineffective in ending the practice but responsible for slowing its demise by raising the issue in public at all. Why all the fuss, some contributors ask, if the 'rite', at least in Europe, is dying of its own accord? Talle and Johnsdotter, among others, hold this view.

The answer is simple: too little research shows this to be so. It wasn't until September 2007 that primary investigator Efua Dorkenoo released, at a ceremonial occasion in the House of Lords, the very first epidemiological study of FGM in England and Wales. Similar studies in other European countries are rare, with figures generally extrapolations based on estimated numbers of migrant daughters from excising cultures. And just as France proves with *Exciseuse*[1] that operators have either been flown in or are resident in Europe, a German hidden camera in 1999 (*Schlaglicht*) showed an Egyptian physician's willingness to perform a clitoridectomy. The doctor, disbarred but never prosecuted (as no crime took place), admitted he knew it would have been against the law but, among us, you know, we'll keep it all hush-hush. Waris Dirie, in *Desert Children*, a book all about the mutilation of African girls in Europe, also sees mutilation going on, as does the EuroNet.

Hernlund and Shell-Duncan, however, and, above all, Johnsdotter, a major proponent of the self-vanishing school, claim to have more reliable sources to argue that not only is the number of affected girls diminishing—*in spite of* FGM advocacy—but will likely continue to do so without any public attention at all. Just look at Israel, Johnsdotter points out. The Beta Israel have stopped. Indeed they have, but theirs is a very special case based on immigrants' desire to be Israeli and specifically not to preserve but to shed the 'culture' of their homeland in which their very name—Falasha, or stranger—meant they did not belong. This motivation is decisive and not shared by other migrant groups who have unwillingly left.

Unwilling migrants do honor aspects of culture that preserve rather than dilute identity, and FGM is indisputably one of those practices. Yet Johnsdotter, in one of the contributions which, I admit, angers me most, generalizes from her dissertation based on interviews conducted with an interpreter among fewer than 100 Somali immigrants in Malmo that the practice has as good as disappeared. The implication is, therefore, that national governments, the EU, NGOs and private donors are wasting their money funding advocacy groups to fight a phantom. How does she know it's an apparition, FGM performed in the EU? Because Sweden, as well as most other nations, has yet to prosecute even a minimal number of charges.

> In a few [trials] there was a possibility that illegal female circumcision had been performed but no way to prove it. The large share of unfounded suspected cases shows that the level of alertness is high in Sweden. It is unlikely that there is a substantial, but hidden, incidence of female circumcision, since most cases handled by the authorities turn out to be groundless. (132)

[1] Linda Weil-Curiel, Natasha Henry. *Exciseuse. Entretiens avec Hawa Gréou.* Normandy: CityEditions, 2007.

Here the abyss between academics and advocates appears at its most chilling. Activists know why this is so, because the problem lies at the very heart of advocacy work. Not because the charges are unfounded do cases escape the purview of the law, but because we NGOs wring our hands, clutch our hearts, and tax our minds when faced with the two untenable options: denounce parents and alienate communities—but go to court, or plod along in educational efforts that strive to include, not alienate, immigrant communities while at the same time risking girls' health and ourselves being charged with facilitating mutilators. In meetings lasting hours and hours, activists dissect these options to reach what is anything but a globalized, hegemonic response and, I admit, I resent the presumed superiority of ivory tower ideologues who research and report but far less often ACT.

As you can see, this anthology has, to risk being unacademic about it, gotten my goat, and the screed you have just read is, in fact, the first negative review I've ever written, preferring in most cases to let unhelpful books simmer in silence.[1] But here I felt the gauntlet had been too clearly and insistently hurled, and, if anything, I regret not having penned this sooner. For Martha Nussbaum is right:

> We should keep FGM on the list of unacceptable practices that violate women's human rights, and we should be ashamed of ourselves if we do not use whatever privilege and power that has come our way to make it disappear forever. (Qtd. in Hernlund & Shell-Duncan 26)

By this time you know what Hernlund and Shell-Duncan have to say about this. They ask, "Who exactly is 'we'?" Quite! *We* are dedicated activists. *They* are not. Instead, they denounce "denunciations of foreign traditions as morally retrograde," (26) a quality that the traditions, in turn, are obviously not. Or are they? You decide.

Science or Conscience?

Tobe Levin

Review of Shell-Duncan, Bettina, Ylva Hernlund, Katherine Wander and Amadou Moreau. *Contingency and Change in the Practice of Female Genital Cutting: Dynamics of Decision-making in Senegambia*. Summary Report of Research supported by UNDP/ UNFPA /WHO/World Bank Special Programme on Research, Development, and Training in Human Reproduction and by National Science Foundation Grant Number 0313503; and Shell-Duncan, Bettina and Ylva Hernlund, eds. *Female "Circumcision" in Africa. Culture, Controversy and Change*. Boulder and London: Lynne Rienner, 2000.

"To not choose is also to choose."—Jean-Paul Sartre, *with my thanks to Laura X.*

On Christmas Day, 1943, Josiah E. DuBois of the U.S. Treasury Department penned a "Report to the Secretary on the Acquiescence of this Government in the Murder of the Jews."[2] Having uncovered the State Department's obstruction of rescue, the staff proposed to their boss, Treasury Secretary Henry Morgenthau, that, as the President's personal friend, he should bring this travesty to Roosevelt's attention. Although aware that saving Hitler's victims was not part of the military's mandate, a reluctant Morgenthau

[1] I have passed up at least two requests for this reason: *The Journal of Mind and Behavior,* after publishing an article of mine in 1980, asked for a write-up on Esther Hicks' *Infibulation* which I refused to do once I understood the author was not advocating against the practice, and the second concerned a good friend's edited volume. I knew that the friendship meant more than whatever 'rewards' might follow a diplomatic but therefore less than honest review.

[2] Martin Ostrow, dir. *America and the Holocaust. Deceit and Indifference*. VHS. 1994.

spoke up and a Rescue Agency was born.[1]

My reluctance cedes to duty, too, to reveal what research on genital 'cutting' obscures: that *rescuing anyone from FGM was not part of the scientists' mission*. When interviews in Senegambia uncovered 332 pending cases, no follow-up appears (22). Even worse: the alleged 'neutrality' of polling likely strengthened interlocutors in their resolve to cut.

Researchers' not dissuading those they talked to from slicing children's vulvas can be construed as abetting because, given the fiction of impartiality, lack of censure is consent.

Inferred from *Contingency and Change in the Practice of Female Genital Cutting: Dynamics of Decision-making in Senegambia,* this conclusion emerges. Authors Shell-Duncan and collaborators embed several fallacies in a study whose list of respectable funders opens questions regarding investment of tax-payers' money. Although motivated by NGOs' imperfect efforts to stop what the authors call circumcision or FGC—not FGM—, the editorial group does not assess or even mention any of those associations working in The Gambia or Senegal[2] with the single exception of TOSTAN. Why not? Because their silence itself conveys a message: that NGOs' methods fail. The scientists don't consider that, with adequate funding, they might succeed, or that egregious under-funding, with various key exceptions, is the rule. This study, focusing instead on an approach to abandonment inspired by analogy to the demise of foot-binding, aims to show the inadequacy of the theory that apparently counts more than action.

The disputed hypothesis, formulated in the mid-1990s by Gerry Mackie, was influenced by rapid abolition of the excruciating Middle Kingdom custom. After a millennium, three converging trends quickly stopped the mutilation of girls' feet[3]: first, foreign missionaries joined indigenous positive deviants in their shared ire; second, activists recognized that bound feet improved marriage chances within an inter-marrying community, hence the convention; and third, they encouraged natural feet societies to issue public declarations, thereby generating a critical mass of males partial to large-footed brides. Such an approach, especially the public renunciation, has indeed reduced the number of FGM victims, but the authors are not concerned with how this works. More important is trumping Mackie, showing how the precondition for his theoretical model, an intermarrying community, does not hold for the surveyed Senegambian villages where 'circum-cision' was not a prenuptial requirement.

OK. Let's say Shell-Duncan *et al* have won the first round. Scholarly one-upmanship now leaves a theoretical vacuum. Notwithstanding the un-acknowledged but longstanding use of intergenerational dialogues by the German GTZ (now GIT), the authors describe an intergenerational peer convention that, however, turns out to be more ethically troubling than the marriage theory was.

The intergenerational peer convention reveals who orders a girl's organ sheered— and finding that person was the study's main aim. Less an individual, a family, a community, or an age-mate group, this decision-maker looks most like an elderly female,[4] a grandmother and/or elder wife. Following both a "self-enforcing" social convention (83) and a "social norm" that is "actively enforced" (83), seniors relate to juniors "by informal positive and/or negative sanctions, such as acceptance, esteem and approval, or avoidance, ostracism, and disapproval" (83).

What sanctions? Enforcing behavior, it appears, equates to acts that have come to be identified as mobbing. "Matriarchs," in

[1] See http://www.jewishvirtuallibrary.org/jsource/Holocaust/treasrep.html

[2] Wassukafo Gambia and the Gambian section of the Inter-African Committee among others...

[3] With isolated exceptions.

[4] As with so many research results, this one is not new. Since the seventies, we have recognized the preferences and power of the eldest generation.

Hernlund's words, "have the privilege of oppressing [a] younger generation'" (2003; 160 qtd in Duncan 12). Note please, the use of "privilege" and "oppress[ion]," the first a psychological red-carpet unfurled to soften the second. Similar bending-over backwards to mute horrendous facts occurs often in this text.

As to 'normative' oppression, how does it work? "People [would] start pointing fingers at [the uncut]," one informant explains (34), opening the door to readers' empathy with the excluded, though the authors never cultivate solidarity of sentiment with victims.

Instead, they note the lengths to which coercion can go. "In several instances, co-wives and/or female relatives of the husband [arrange] for the [new intact wife's] circumcision" (20). Further,

> Uncircumcised women who live with circumcised co-wives or in-laws often report being contemptuously insulted as *solema*. The fear of being labeled as *solema* acts as an extremely strong motivation for a woman to 'join' herself or her daughter with those who are circumcised. (20)

Amazing, isn't it, how this sleight of hand works: how slicing off an organ becomes 'join[ing]' a group. Remaining stubbornly unharmed, however, thus clearly brings taunts. As one interviewee, unaware of "what was going to happen" (20), confesses, they "'cut off [a part of her] body and thr[e]w it [away]" (20). When asked, "Who made you [go through with] this?" she replied, "My husband's brother's wife because I was hearing insults… 'jankadingo' [bastard...]."

The effect of this treatment on adult women in polygamous compounds, hounded to choose FGM to escape derision, surprises the researchers. But not a word is lost regarding the ethical status of such aggressive acts.[1] The authors merely conclude that women of advanced age should be favored recipients of campaigns'—not researchers'— advice.

The "advantages" identified as cementing such women in their honored roles are, admittedly, formidable. These matriarchs, gatekeepers restricting access to "social support and resources," reign over "social capital" (80), a good that increases with hierarchy and exclusion. The sandwich generation of mothers motivated to have daughters cut is thus explained in human terms as desire for community acceptance and fear of the exile's pain. I have no problem with this other than the price of finding out what was already very well known.

Especially when the key query is, what breaks the chain? The study cannot say. Billed as "a first step in analyzing the applicability and utility of a stage of change approach for describing the process of behavior change regarding FGC in Senegal and The Gambia" (48), quoted at length to give you a taste of the repetitive style, it concedes a grave constraint, namely inability to fulfill its own mandate. "We note limitations of applying the concept of stage to FGC." In other words, —and to their credit—, the authors admit the survey fails to image the process whose outlines they seek. Instead, it can only provide "a snapshot of readiness to change" (48). "The fluidity of the composition of the decision making group [as well as] the fact that an individual's opinion regarding FGC can shift …" (48) have not been shown. In sum, the real question remains moot. "Specifically, whether and how a decision is negotiated, differentials in power between decision makers, and how power dynamics shift over time are not captured by stage of change or other models of readiness to change" (48).

What we find instead is a compendium of ethically suspect cover-ups. Most upsetting is the near total absence of the girls themselves. Academia's restrictions on research with children notwithstanding, those for whose sake the study was

[1] Empathy for victims might also justifiably emerge, likely grist for a novelist's mill.

ostensibly done should have had their say, if not elicited from surveys then borrowed from the memoirs and creative writing available for decades. To ensure that we even understand what the subject is about, let's listen for a moment to Senegalese Khady Koïta, a representative voice:

> Inside, at that moment, three or four grown-ups had seized one little girl. Her blood-curdling shrieks jarred tears from my eyes. There was no escape; it was going to happen. The fourth or fifth in line, I sat with legs outstretched, trembling at every howl, my whole body wracked by the others' cries.
>
> Two women caught and dragged me in. One grabbed my head and, with all the strength in her knees, crushed my shoulders to the ground; the other clutched my thighs to force the legs apart.
>
> …
>
> [With] her fingers, the exciser grasps the clitoris and stretches that minute fragment of flesh as far as it will go. She then—if all goes well—whacks it off like a piece of zebu meat. Often, she can't hack it off in one go so she's obliged to saw.
>
> To this day, I can hear myself howling. …
>
> I called on my whole family for rescue, grandfather, father and mother, over and over, words vomited, hurled at this dreadful thing. Eyes closed, I didn't, couldn't, allow myself to see what that woman destroyed.
>
> Blood squirted onto her face. And the pain had no name. It resembled no other. It was like they were yanking out your guts. Like a hammer in your skull. Within minutes, I felt it not only at that spot but throughout my whole body, now home to a famished rat or an army of ants. I was swallowed whole by horror, engulfed from my head through my belly to my feet.
>
> … I knew I was going to die or that I was already dead. My body was nothing but nerves in a vise and my head an about-to-be-detonated bomb.
>
> For five whole minutes that woman carved, and sawed, and pulled and started all over again to be sure she'd gotten every last bit of it. …
>
> When it was over …
>
> They helped me to my feet, because from hip to toes there was nothing there. A void. I couldn't stand. Aware of a furious mallet pounding in my head but nothing at all in my legs, I felt like my frame had been hacked in two.
>
> Just then, I despised that woman already approaching the next victim with another blade to impose the same [distress]. (Khady with Marie-Thérèse Cuny. *Blood Stains. A Child of Africa Reclaims Her Human Rights*. Trans. Tobe Levin. Frankfurt am Main: UnCUT/ VOICES Press, 2010. [Originally *Mutilée*, 2005] 10-13)[1]

The pain notwithstanding, this is not a plea for medicalization;[2] rather, it portrays an act buried by euphemism, "circumcision" designed to lull readers—subjects and researchers, too—away from the agonizing truth. And the word does the same in the questionnaires. For instance, "Behaviour regarding FGC was evaluated with a single survey item: 'I would like to ask you about girls in your immediate family who are not yet circumcised. Will the uncircumcised girls in your immediate family be circumcised?' Those who responded 'Yes' were considered practitioners…" (38). Thus having clearly identified girls at risk, the researchers made it equally clear that nothing would be done to spare them, a deficit of action easier on the conscience knowing these children would not be

[1] In chapter 1 of Mariama Barry's *The Little Peul* (Trans. Carrol F. Coates. Charlottesville: U. of Virginia P., 2010. Originally published in 2000) you find almost exactly the same account.

[2] Beyond the issue of unspeakable pain that could be alleviated by medicalization, in „From Body to Brain: considering the neurobiological effects of female genital cutting," Gilliam Einstein shows that the severing of vulvar nerves affects the entire body. In *Perspectives in Biology and Medicine*, Johns Hopkins UP. Vol. 51, No. 1 (winter 2008): 84-97.

mutilated—as Khady just was—but rather circumcised.

The question then becomes, is science obliged to protect and not endanger? Should the interview itself be an instrument of change? Plan, in its 2010 study reviewed in these pages, says, "Yes," and so do I. Yet over and over again, indifference to this ethical mandate emerges. "In The Gambia, if a woman reported a recently… circumcised daughter or foster daughter, or if she had [a girl] … currently being considered for circumcision, or recently had been considered, she was asked to list all people participating in the decision-making process" (9). And to ensure that readers don't miss the point: "In cases where girls had recently been circumcised (within the last 3 years), or where circumcision was actively being discussed for one or more uncut girls, participating mothers were asked to identify people who took part in the decision making process" (17). Is uncovering the decision-making process more important than urging that a girl be kept intact? Would this information have been hidden had the survey advocated change?

The German Association for Gynecology and Obstetrics in its guidelines on FGM for health professionals proposes that the consulting room be used to counsel abolition and regrets "missed opportunities for prevention" (*Deutsche Empfehlungen für Angehörige des Gesundheitswesens und alle weiteren potentiell involvierten Berufsgruppen*. Herdecke: FIDE e.V., 2006. 1). The present investigation, in contrast, deploys a "research methodology [that had] been carefully designed to assure that no respondent [was] made to feel policed" (5). In other words, direct access to practicing communities was *not* used to raise awareness. Researchers were explicitly *not* "interested in challenging the practice" (94). Specifically, they left interviewees with a number of erroneous beliefs, among them that genital scarring and problems in childbirth were unrelated despite scientific evidence presented by *Lancet* that included Senegal. "Results [of a famous, groundbreaking study] show that deliveries to women who have undergone FGM are significantly more likely to be complicated by postpartum hemorrhage, episiotomy, extended maternal hospital stay, resuscitation of the infant, and inpatient perinatal death, than deliveries to women who have not had FGM" (Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries. *Lancet* 2006; 367: 1835-41. Pp.1838-1839). Now, the authors point out how, despite their expectations, health messages have begun to operate dissuasively, admitting that they "do seem to have had an impact" (131). Why then was *Lancet*'s news seemingly passed over in silence? Were interviewees told about these research outcomes? Nothing in the text suggests that they were, and this void is not only painful but sad.

Still, it is hardly surprising. A decade earlier, in *Female "Circumcision" in Africa. Culture, Controversy and Change* (2000) Shell-Duncan and Hernlund made no bones of their priorities. Among them is advocacy *for* FGM in clinical settings. Focusing in their first volume exclusively on Africa, having realized that widespread medicalization has already taken place, that "local health workers promote precautionary steps, such as the use of clean sterile razors on each woman"—note, not on each *girl*—and that "training on genital cutting [has been incorporated] as part of traditional birth attendant programs (van der Kwaak 1992)," (110) they laude these developments and advise that "…short-term 'intermediate' solutions, including medical support for female 'circumcision', need to be at least considered and evaluated" (111). Why? To damage less as a false alternative to not at all.

No convincing evidence shows that under the guise of more moderate cutting less tissue is actually taken, or that operating in clinics leads to the end of the 'rite'. Skeptical of this possibility, the

Inter-African Committee had already in the early nineties convinced the WHO, other UN agencies and NGO's to ban all forms of FGM undertaken anywhere, with or without anesthesia. They argued that medicalization would institutionalize and prolong the amputations, creating a new class of beneficiaries—namely medical doctors—increasingly difficult to dislodge. The practice, therefore, would be perpetuated, and the Shell-Duncan team brought no proof to the contrary. Their survey ten years later is, however, clearly an effort to show they had not been entirely wrong regarding incremental abandonment. As relativist academics for whom the local, not the global, is important, they see as their opponents not societies that cut but rather—clearly—activists who would stop them.

Opening the collection whose fourteen chapters are penned by no one revealing an activist affiliation, editor Shell-Duncan notes that one aim is "to bridge … conceptual boundaries" among multi-disciplinary approaches (1) but actually claims privileged access to the topic primarily for anthropologists and implies the inadequacy of other interventions, mainly those by NGOs. "Critics have argued that the discussion of female 'circumcision' by Westerners has been excessive, essentializing, and paternalistic. We agree" (2). Their volume, therefore, takes Western efforts as a primary object of analysis: chapters look at "the way in which the attentions and actions of outsiders are inevitably affecting the process of change," (2) which is, they argue with an undertone of regret, "irreversible" (3). After all, writing with the editors' blessing is Fuambai Ahmadu who concedes that "protecting the rights of 'a minority of women who oppose the practice is a legitimate and noble cause … [but] mounting an international campaign to coerce 80 million adult African women to give up their tradition is unjustified' (Ahmadu 1995:45)" (2).

Unjustified. In whose eyes? The girls'? No Peace without Justice, an NGO that fights FGM, thinks otherwise. Representing NPWJ, Khady speaks for the children, present too little in this volume and in whose name justice is claimed. Only two chapters focus specifically on girls and these are already post-pubescent: Lynn Thomas looking at *Ngaitana,* or defiance during the Mau Mau revolt of teens who "circumcised" each other; and in Southern Chad, Maybé youth for whom cutting is a fad. As to the "Lessons from the Colonial Campaigns to Ban Excision in Meru, Kenya," Lynn Thomas supports findings that make social convention based on peer pressure responsible for FGM. Yet, reacting against a government ban, when the fifteen- and sixteen-year-olds took the razors in hand, their efforts were half-hearted. Having had no idea of the cut's severity, the results they presented for elders' approval often thrust them for a second time under the blade. What Thomas did not necessarily intend to show but what emerges is that status is at stake: the girls could not bear to remain uninitiated because that would have left the female hierarchy of power inaccessible to them. This pecking order's placement under male domination is, however, explicitly denied.

Instead, feminist views fade behind Thomas' claim that "a historical analysis of the 1956 ban in Meru demonstrates the limitations of universalist discourse of sexual oppression, human rights, and women's health as well as poststructuralist deference to 'the Other' for an understanding of the social complexities of female genital cutting. Whereas the international controversy has largely cast girls and women as victims, examination of adolescent girls' efforts to excise each other situates girls and women as central actors" (131). Hold on for a moment. So "actors" are not, by definition, "victims"? It is somehow good to cut a clitoris, provided you're doing it yourself? Not only does the author beg the real (if unanswerable) question of benefit by blade, but also uses parataxis as the operative strategy, implying by unmediated juxtaposition that "universalist discourse[s]

of sexual oppression, human rights, and women's health" etc. suppress "social complexity," disregard female agency, and are therefore ill-equipped to understand what they are on about. The largely unnamed but often cited "Western critics" are a shadow hovering over the collection as a whole, straw men and women[1] whose shifting presence provides convenient but shaky scaffolding for arguments of evasion.

Here we confront the issue of agency.[2] Thomas like most contributors focuses on adult women, secondarily on adolescents, and not on little girls despite a pre-adolescent mean age at cutting. Hence, yes, activists argue emphatically that FGM involves children's lack of agency; that it constitutes child abuse. Now, Shell-Duncan points out that to be brought up 'normally' in societies that cut includes cutting, and we know that mutilation is enforced by mobbing. So, yes again, the child who breaks the chain bears a burden.

Still, the Inter-African Committee's Bamako Declaration addresses this liability as inescapable in processes of change:

> We want the world to know that in 1990 African women [activists] adopted the term FGM at the IAC General Assembly in Addis Ababa, Ethiopia. They took this brave step to confront the issue head on with … practicing communities … [to avoid confusion, to emphasize] the nature and gravity of the practice; to recognize that [only] a [continuing and painful] struggle [can alter] the mentality and behaviours of African people, [yet to insist] that this pain [is] integral to [empower] girls and women … to address FGM [and to take] control of their sexuality and reproductive rights. … Experience indicates that long-term change occurs [only] when change agents help communities to go through this painful process.

The issue—how to stop it—is, in this collection, evaded again and again, buried under the idea that opponents "trivialize[…] culture" (19), reproduce "'laundry list[s]' of rationales" (1; 19) and generally ignore complexity.

In contrast, this book "attempts to [include] a wide range of voices … revealing the often complex and multi-faceted processes through which individuals arrive at their positions of 'supporting' or 'opposing' the practice. Thus we seek with this collection to create a more balanced perspective than the current polarized debate…" (2).

A balanced perspective? When it comes to the "complete or partial removal or alteration of the external genitalia for nonmedical reasons" (3), or more specifically, the complete or partial amputation of the clitoris and/or labia majora and, in 15% of cases, sealing or infibulation of underage girls, tell me please, what is "a balanced perspective"? Having scrutinized *Female 'Circumcision' in Africa*, the answer continues to elude me.

[1] The only 'Western' critics actually criticized are Holocaust emigré Fran Hosken; lesbian theologian Mary Daly; and African-American novelist Alice Walker, all of whom would be hard put to understand themselves as icons of Western views.

[2] In some authors' hands, manipulation of agency back-fires. For instance, a Rendille bride who is excised on her wedding night has typically had her "marriage … arranged by [her] family without her involvement. … All preparations are kept secret from the bride-to-be if the family suspects that she may object to the chosen husband and run away" (335). This sounds like (a) the future victim of FGM has limited agency; (b) that avoiding rape and/or the razor might be reasons for running away; and (c) these dangers are a matter of indifference to the investigator who reports them as ethically neutral facts not expected to elicit a reader's rage. Warning: in this book, you will encounter this sort of thing all too often.

Veiled Pain. Research in The Netherlands on the Psychological, Social and Relational Effects of FGM

Erick Vloeberghs, Jeroen Knipscheer, Anke van der Kwaak, Zahra Naleie & Maria van den Muysenberg.
Utrecht: PHAROS, 2009.
An extended summary of the report is downloadable at http://www.pharos.nl/uploads/_site_1/English/Veiled_Pain-summary.pdf.

This report covers a study of the psychological, social and relational consequences of female genital mutilation among sixty-six women aged eighteen to sixty who have migrated from Somalia, Sudan, Eritrea, Ethiopia or Sierra Leone to the Netherlands. Snowball sampling led to our subjects who spoke to ethnically similar female interviewers selected and trained by a team of researchers from Pharos, Foundation Centrum '45 and the Royal Tropical Institute (KIT). The interviewers gathered qualitative as well as quantitative data. During their first meeting with a respondent, they conducted a semi-structured interview using a topic list on diverging themes such as the interviewee's own experience, influence of migration on the meaning of FGM, sexual behaviour and contact with caretakers. A short time later, five questionnaires were administered including the Harvard Trauma Questionnaire (HTQ), the Hopkins Symptom Checklist (HSCL-25), the COPE-Easy and the Lowlands Acculturation Scale (LAS). A number of focus group discussions were held with members of the target population. Interviewers were coached and monitored in close cooperation with the Federation of Somali Associations in the Netherlands (FSAN) and other community women's organizations.

According to the data sets, one in six respondents may suffer from PTSD while one-third reported symptoms related to depression or anxiety. On a psychological level, recurrent bad memories in dreams, pain, tension and fear are reported as well as feelings of powerlessness and listlessness. On the social level, anger, shame, guilt and feelings of exclusion are the most common emotions. A young woman from Sierra Leone that had undergone FGM at age twelve narrates what the mutilation meant to her:

> For some reason I became a frightened woman because of what they told me during my genital mutilation. They said 'you will be visited by a deceased person during your sleep'. They made it seem so real, I believed it. The room where it happened was a strange and isolated place. Since then I'm just scared all the time and I cannot be home alone ... This is all due to my circumcision. If a man makes a scary joke, it can get to me that hard; it just ruins my whole day. Then I get really pissed off. Therefore I say to [boy]friends, [don't ever] surprise me or touch me from behind… [And don't] dare make scary jokes with me.

The interviews show that talking about FGM is still difficult for a great number of women. Moreover, psychological impediments as part of mental illness are not always conceptualized or recognized. The idea that discussing the subject aggravates problems is still widespread—though there are differences among the communities in how open you can be about it. Somali respondents seem to have more problems communicating about FGM. Here is a Somali woman when asked if she would visit a general practitioner:

> A religious woman, I do not want the doctor to look at my genitals. Neither do I want to explain anything. I try to go on with my life despite the infection, simply by working hard.
> *Interviewer*: Have you ever been in contact with Dutch healthcare provisions?

> No, never. I never go to the doctor, not even if I have an infection. I do not want to show him my genitals and to tell what I've experienced.
> *Interviewer*: Would a female doctor be able to help you?
> I suppose so. I would dare to see her and am willing to tell her my symptoms. She is, after all, a woman and might understand me better, I think.

Since Somalis reported far less psychological distress than other women, underscoring might be possible. The major importance that Somali women generally attribute to religion, however, may provide them with a more adaptive coping style.

Chronic pain appears related to memory. Pain triggers gruesome flashbacks and vice versa: recalling or speaking about FGM can reawaken the hurt. Agonizing recall need not, however, picture the mutilation itself but a related experience (for instance, the first sexual intercourse or a delivery). A Sudanese woman thinking back to her honeymoon describes what happened to her:

> He seemed to push against a wall. That place had been sewn all my life; he could never fit in. I thought I would die the first time I had sex, I was so tense and nervous until he came ... My husband claimed his right to have sex with me, but since I'm infibulated not even a matchstick would fit. I asked him, begged him to take me to the doctor so that an operation could widen the opening. I went to the clinic—I had made an appointment. My husband finally came along and heard the doctor's explanation but once we got outside, he said that nothing of that was going to happen, no surgery.

During childbirth or when suffering from medical or mental problems, some respondents still hesitate to visit a clinician. Difficulties speaking Dutch and unwillingness to talk to non-family members about private matters (such as sexuality) hold them back. In many cases, however, previous negative experience with health workers who lack cultural literacy is equally important. Being looked at in an invasive manner (subject to the medical gaze) provokes embarrassment. A middle-aged Sudanese respondent describes her first delivery in The Netherlands:

> You feel ashamed. You do not understand why they [the healthcare workers] are startled at the sight of [your] genitals. Many caretakers saw me during labour. They would go outside to talk to each other, return and then look at me again. It took a long time. Finally I told them they should do a Caesarean, but they said there is no reason for it. There were six or seven doctors in the delivery room with me. I was afraid for myself ...

But careful, confident medical professionals who show sensitive behaviour and respect toward patients are able to smooth the tension and provide help.

Migration to the Netherlands has led to a major shift in how FGM is viewed. Very few respondents have had a daughter cut after coming to this country. Only one woman claims to be proud to be circumcised. The stream of media information as well as awareness campaigns and meetings among members of communities has revealed the consequences of FGM. Learning that neither the Quran, the Hadiths nor the Bible record approval of excision fuels the resistance of many who claim that because FGM is related to culture, not religion, it can and must be abolished. Media attention reinforces the conviction they do not want the same to happen to their daughter. The attention in fact legitimizes the desire and hope of many women to abolish the practice. This is what one of the Eritrean woman felt when she saw a documentary about female genital mutilation on TV:

> It was shocking. You can't look at it. It is so sad to see a girl suffering and in pain. And then to see what happens to women during childbirth, unbelievable. You feel helpless. It had a major influence on me. It is difficult to see, but also instructive. For people who have no idea or do not believe that it is dangerous, it is a good way of raising awareness. And for those who still believe that genital mutilation is good for a girl, they can now see clearly what their daughters are about to experience. And hopefully that will change their minds.

In a number of cases, together with knowledge of having been circumcised came suffering and anger. Some women are troubled that their mother allowed mutilation to take place, while others are enraged with men because "they are the only ones to profit from it." Their partners are influenced by the media and the internet as well—and in some cases have had sexual contact with women left intact. A Sudanese states that her husband watches adult movies during sex and demands that they too take different positions. "But it is impossible for me to do what she does. I am infibulated—she's not. Ask me no impossible things, I say to him then." In at least one situation a divorce resulted from the infibulated wife's inability to comply with her husband's sexual demands. Overall, however, there seems to be acceptance of changes due to migration and the idea that men and women should be allies in bed. Four of the respondents were explicit about their infibulations not keeping them from sexual pleasure.

After discussing both data sets, the following conclusions can be drawn:

1. Psychological symptoms are concomitant with FGM—but not by definition

Psychological, social and relational effects of FGM surfaced among our respondents. Symptoms of anxiety and depression were found among one third. One in six suffers from trauma-related symptoms. Respondents who underwent a milder form of FGM also reported post-traumatic symptoms.

2. Serious symptoms are explained by a combination of factors

A combination of infibulation, vivid memory, migration at a later age, little education and language skills and inadequate support from the partner are concomitant with serious symptoms. In particular, women who were infibulated, who came to the Netherlands at a later age and do not hold a job indicated feeling depressed and anxious. Whether or not these women have a vivid recollection of their FGM plays a role. When experiencing symptoms, these women may not be able to find the right words to express themselves. They feel embarrassed and inhibited and fail to receive the support they are looking for and need. The relationship with their partner is crucial to their experience of sex. When the wife receives no support from her husband, frequent and violent rows may occur. The inability of the wife to meet the (sexual) demands of a spouse can lead to chronic stress and exhaustion, and may on occasion result in divorce.

3. Pain triggers much distress

Recurring pain and infections affect the occurrence of psychosocial and relational problems by triggering memories of either FGM as such or of situations adversely affected by this event (first coitus, childbirth). Chronic pain and distasteful memories mutually reinforce each other and make for a situation of *mutual maintenance*. In a number of cases, pain during love-making had an adverse effect on the relationship and, as a result, on occasion also on family life.

4. Taboo on talking about FGM is a major influence

The impact of the cut on psycho-social well-being is highly influenced by difficulties in a woman's ability to talk about it. The social imperative (taboo) and FGM's influence on a woman's sexual experience (private matter) make respondents more inclined to keep symptoms to themselves and to avoid (the effects of) FGM as a topic of conversation. These women are used to keeping silent, which, even after their migration to the Netherlands, is the socially acceptable thing to do within their community. Keeping silent may heighten a sense of security while talking about it causes insecurity and/or stress.

5. Hinge moments are crucial to symptom development

Beyond the initial enactment of FGM, subsequent events also have a bearing on symptoms. These may include the first sexual experience or childbirth. Infibulated women in particular brand these experiences as traumatising, especially when they were sown up again after the birth. Unbiased attention from health care workers during childbirth is important to avoid humiliation and subsequent reduced therapy compliance.

6. Dysfunctional coping is linked to higher symptom reporting

Our research shows a high incidence of avoidance and substance abuse, but also of excessive snacking and television viewing. This coping style is dysfunctional in dealing with symptoms.

Avoidance is an important coping mechanism for our respondents. They tend to show a certain reluctance to discuss their experience of FGM because the topic opens old wounds. Others actively avoid talking about the issue after having felt misunderstood or because the topic is considered too personal.

7. Acculturation skills are crucial

In addition to the findings related to our research questions, the conclusion is warranted that social position and level of integration of the group are deciding factors. Level of fluency in Dutch and the extent to which respondents feel comfortable in the Dutch (health) care system co-decide whether women do or do not talk about their symptoms and the social problems resulting from their own FGM or that of their daughters.

8. Whether FGM is a religious requirement is of key importance

Despite having been infibulated, Somali respondents report fewer psychological symptoms than all other respondents. This may be explained by underreporting. However, what deserves attention is that many of them name the Quran as their most important coping mechanism and frame of reference. A number of Christian respondents from Sierra Leone and Eritrea also indicate that they feel supported by their religion and fellow believers. Both Muslim and Christian respondents felt morally and socially confirmed in their views despite the fact that FGM is neither mentioned in their Holy Books nor discussed among themselves.

9. Media attention is meaningful

Media attention and targeted information help respondents recognise the effects of FGM. Debates among themselves and with third parties have also strengthened respondents' rejection of the custom. In the Netherlands, no daughter has been cut. Furthermore, their new-found knowledge is used to argue against the 'rite' in discussions with relatives in the country of origin.

10. FGM appears to be a dying practice in the respondents' families

For our respondents, migration to the Netherlands set much in motion. Previous acceptance of FGM as the obvious course

appears to have changed into active resistance. Realizing that FGM is not a religious requirement has influenced their change in attitude as well as the ban on FGM in the Netherlands. The changes as a result of migration, increased awareness of effects, and desire to spare their daughters suffering have resulted in FGM apparently becoming obsolete in the respondents' families.

In general the research shows that psychological problems were found but on a modest scale. This means there is little reason to psychologize or pathologize the consequences of FGM. At the same time, some serious harm was identified among a relatively small though significant number of respondents. Since the research was conducted in order to provide support to health care professionals, in the final chapter the report offers recommendations. In chapter 5 a typology appears that divides respondents according to their coping styles, enabling care providers to distinguish among categories and thus to provide the most adequate health care for women who suffer from the aftermath of FGM.

An Early Chapter on FGM

Waltraud Dumont du Voitel

Trans. Tobe Levin

Commented excerpt from Rautenbach, Liselotte. *Fatime. Als Hofärztin im Harem König Ibn Sauds. Dokumentarbericht mit 20 mehr- und einfarbigen Bildern.* [Fatime. Medical Doctor in the Court of King Ibn Saud. Documentary Report with 20 Coloured as well as Black and White Pictures]. Olten/Stuttgart/Salzburg: Fackel Verlag, 1959.

Favorite princess in the house of the Ibn Sauds, Fatime lent her name to the memoir published by court physician Liselotte Rautenbach in 1959. The book, however, tells not only the life story of a single royal but also opens the curtain on joys and sorrows of the many women in the King's household in the 1950s. Rautenbach worked for three years as a doctor in Saudi Arabia where she encountered customs and traditions that surprised her, as she records in her chapter "A Sudanese gives birth" (p. 50ff). Among these novelties, she saw for the first time a "circumcised" woman when called on to attend her:

> Then I noticed a black thread in the skin where the clitoris was supposed to be but to my astonishment was not. I looked once, I looked twice and thought, "Can it be that black women are built so differently?" (50)

A Lebanese nurse informed her that this was nothing unusual. All Sudanese were like that so, to enable the birth, the doctor had to cut.

> I then learned that in the Sudan, as a seven-year-old, the girl had had her labia sewn together with an ordinary everyday needle and equally ordinary thread. Only to give birth would this thread be cut. I found this unbelievable but that didn't change the situation. I still had to get the child out. (53)

Afterward, the physician was compelled to sew the mother back up in order to calm the husband down. He was threatening to kill her, as he indicated to the nurse. The doctor was also in hot water for having cut his wife open too soon; this was supposed to happen only once the baby was well on its way, the timing best to enable immediate re-stitching. Otherwise, evil spirits might make their way in.

> The vaginal opening was to be tightened to accommodate the man who should be challenged to squeeze in. As for the woman, she would remain calm her whole life, excited sexually, if at all, only with great difficulty. The Sudanese husband wanted it like that. But many girls don't survive the procedure. Their wounds infected, they die in atrocious pain. (54)

A German colleague of Sudanese origin confirmed for the author that this cruel procedure does indeed take place in early childhood; that girls are tied up while the clitoris is cut off. And the thread she observed already suggested a "modern" form; earlier the ritual had been even more punishing. The reason given was that girls were too hot-blooded to ever be faithful while husbands were away on the hunt.

Despite the clinician's disturbing description of what little girls go through, readers are unknown to have expressed anger in Europe or beyond, suggesting they simply shrugged it off as the custom and tradition of those (types of) people, behaviors regarded as immutable.

Still, an indirect gesture of resistance can be inferred from the refusal of Catholic sisters in a mission in northern Sudan to transfer to the south. When the German woman doctor resided with them, she learned that the practice there had died out. The nuns refused to relocate "because they knew about this misery [mutilation] and wanted nothing to do with it" elsewhere (54).

If feminists in the late 1970s were criticized for their 'white bourgeois Euro-centricism' in taking up the issue, there has since been a sea-change in attitude expressed in books, reports, activities and outspokenness of victims who now call for solidarity among NGOs, human rights organizations and global feminism to end FGM. Rautenbach's description can no longer be brushed off as just another trivial, exotic detail that doesn't concern the world.

Senegalese Activist Challenges the Mistreatment of Women

Eleanor Bader

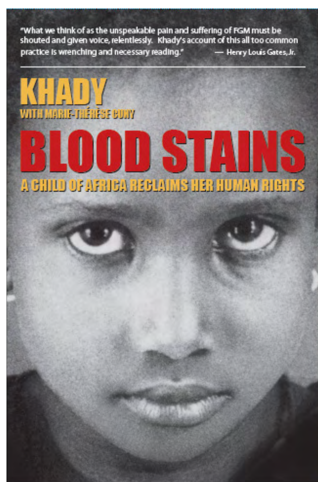
Review of Khady and Marie-Thérèse Cuny. *Blood Stains. A Child of Africa Reclaims Her Human Rights.* Trans. Tobe Levin. Frankfurt am Main: UnCUT/VOICES Press, 2010. Original *Mutilée.* Paris: Oh! Éditions, 2005. Review appeared in www.examiner.com on January 3rd, 2011.
http://www.examiner.com/literature-in-new-york/senegalese-activist-challenges-the-mistreatment-of-women-review.

When *Blood Stains* first appeared in Europe in 2005, it became a best-seller and has been translated into 17 languages. Now available in English, the book offers Westerners an inside look at female genital mutilation [FGM], child marriage, and the international feminist movements that are challenging both practices.

Like all good memoirs, author Khady's *Blood Stains* presents compelling details about the events that impacted her coming of age in rural Senegal. "My father worked for the railroad and was rarely around," she begins. "As tradition prescribes, I was given over to the care of a grandmother who took charge of my education, my grandfather's second wife Fouley who had no children of her own. … My mother's house sat 100 meters away. … Grandpa had three wives: Marie, my mother's mother, his first; Fouley, the second; and Asta, the third, whom grandfather had married, also according to custom, after the death of his older brother."

Khady describes her earliest years as love-filled, an enviable blend of outdoor play and schooling in gardening, cooking, reading, and writing. This idyllic existence ended in 1966, when seven-year-old Khady was told that it was time for her and her cousins to be circumcised.

"A dozen of so little girls between six and nine sat with legs outstretched on the steps in front of one of the grandmother's rooms," she writes. "The next morning, they roused me from sleep and showered me. ... We took the path past the mosque where men were already at prayer. … Speaking Soninke one of the grandmothers announced that we were going to be *salinde*, which means in our language to be purified for access to prayer. In French: excised. You could also say cut up." Khady describes blinding pain and an anguished six-week recovery following an operation that she subsequently learned removed her clitoris.



Still, like other girls in her community, Khady eventually resumed her education and life once again took on a familiar beat. Sadly, the respite proved short-lived. At age 13, Khady was told that she was to be married. The groom, a Senegalese man living in France, was nearly two decades her senior. Khady had no choice but to accept the arrangement, and despite her youth, move to Paris.

Not surprisingly, the marriage brought five pregnancies in quick succession. It also brought violence into Khady's life, and her descriptions of domestic abuse at the hands of her mate are horrifying. Later, when her husband took a second wife and brought her to live with Khady and the children, things moved from bad to intolerable.

The whirlwind that followed is a true testament to human resilience, for Khady not only managed to leave the marriage and find an apartment and job, but also became an activist—daring to fight against FGM and child marriage and support efforts to empower women. As the founding president of the European Network FGM, Khady has spoken before groups including the United Nations, arguing against cultural practices, like FGM, that undermine women's autonomy, health, and social development. Her advocacy has also extended to promoting female literacy.

Blood Stains brings the personal and political into sharp focus. Khady's opposition to FGM in the more than 30 countries where it is currently practiced—and her championing of gender equality—is direct and clear. In the end, her position is simple: Women's rights are human rights. And they are non-negotiable.

Discourse on FGM

Marion Hulverscheidt

Trans. Tobe Levin

Review of Kölling, Anna. *Weibliche Genitalverstümmelung im Diskurs: Exemplarische Analysen zu Erscheinungsformen, Begründungsmustern und Bekämpfungsstrategien*. [Female Genital Mutilation in Discourse: Exemplary Analyses of its Manifestations, Rationalizations and Oppositional Strategies]. Münster: LIT Verlag, 2008. Review originally appeared in *Frauensolidarität* 4/2009, p. 41.

Educator Anna Kölling shows in her book, focusing mainly on Egypt, … why constant self-reflection is urgently needed as a precondition for successful development interventions. Her theme, FGM, is broadly discussed in Western media. Yet despite numerous campaigns, considerable energy and worldwide interest, the number of clitoridectomy's victims in Egypt has

scarcely fallen. Instead, it has stagnated at a high level. Why? First, epidemiology is distorted by a startling discrepancy that appears in the numbers themselves. WHO statistics show that 97% of all Egyptian girls and women have been mutilated. In Cairo, however, you hear another figure: that 'merely' one in two has been cut. In 1995 Egypt passed a law against FGM in reaction to a media campaign. The new legislation permitted FGM but only in government clinics.

Although a further judgment has substantially weakened this law, it remains a fact that FGM is broadly practiced to this day in Egyptian health facilities, a tangible result of medicalization.

After all, it's easy to talk about health and difficult to discuss sex. And yet, Kölling points out, this shouldn't be the case in Islam which, in contrast to Christianity and Judaism, is a religion that affirms sexual pleasure, albeit within marriage for women. The book is especially recommended for those interested in an unemotional approach to the subject.

National Sovereignty Does Not Disappear

Evelyne Accad

Review of Heger Boyle, Elizabeth. *Female Genital Cutting: Cultural Conflict in the Global Community.* Baltimore: The Johns Hopkins UP, 2002. Reviewed for H-Gender-MidEast, 2004.[1]

Associate professor of sociology and law at the University of Minnesota, Elizabeth Heger Boyle has provided an unusual analysis of Female Genital Mutilation, usually referred to as FGM. The title already takes sides as Boyle refuses to stand with those—the Inter-African Committee and many African activists—for whom the practice is a "mutilation." Not by any means does she approve it yet prefers the neutral tone of the word "cutting." While I do not adhere to such neutrality myself, I respect Boyle's view and found her approach challenging and insightful. She raises many important questions concerning the international system and national administrations in relation to individuals, describing how choices made by governments and women highlight contradictions between human rights principles and sovereignty. She concludes that while globalization may exacerbate such conflicts, it can lead to social change.

Boyle provides background on the practice, traces its history within various social contexts and chronicles early efforts to stop it. The first chapter's contents, however, are not new, and I was surprised to find no mention of TOSTAN in Senegal, for instance, whose considerable success in

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curbing cutting exemplifies constructive efforts and vital results not only to end FGM but also to combat other forms of violence against women today.

Boyle then argues in chapter three that the inherent contradiction between global institutions and national sovereignty, though strained when charged with eliminating FGM, can be worked through over time. She shows how the practice may even exemplify an expansion of rights. The establishment of international law to protect women and children from the consequences of unequal power in the family helps us understand the mechanism.

The fourth chapter documents actions of various international associations along with the media and governments concerned with policy reform. It also illustrates the procedural character of the debate. Chapter five explores policies against the practice more specifically from the 1980s to the 1990s and assesses success in various countries. For example, Western nations have tended to pass formal laws while Africans establish bureaucratic guidelines. Additional illustrations populate chapter six that focuses on Egypt, Tanzania, and the United States to reveal how international debate has influenced national policy. Her interesting argument is that measures will be more hotly contested when reform affects locals, but that a nation's standing in the international system in turn influences domestic outcomes.

In chapter seven, Boyle examines the impact of religion on the practice and its continuation. She looks as well at occupation and colonization, and finds that employment and modernization are factors that strengthen or weaken adherence to custom, concluding that although regional development has influenced attitudes and behaviour, national resistance to international norms could outweigh the impact of local advancement. Thus, in recent years Egypt has stood out among nations because it has the most outspoken opponents to international norms against the practice.

In chapter eight, Boyle discusses demographic and health survey data from the Central African Republic, Egypt, Kenya, Mali and Sudan, showing how women who oppose excision tend to explain their position by appealing to health and other issues but not to culture.

In conclusion, Boyle admits that even though she intended to critically examine the controversial practice of FGC, she wanted equally to show the broader implications of the issue by addressing complex relationships among global actors, nation-states, and individuals, revealing the involvement of international agents in local practices while elaborating a theory of institutional interaction. She has certainly achieved her aims.

Excision or Painful Identities

Frédérique Giraud

Trans. Tomi Adeaga

Review of Cabane, Christine Bellas. *La coupure. L'excision ou les identités douloureuses.* [The Cut. Excision or Painful Identities]. Paris: La Dispute, 2008. Review originally appeared in http://www.liens-socio.org/article.php3?id_article=4873

The debate surrounding excision raises passions. Between those who adopt a neutral position in the name of respect for cultural differences and those who see the

parents of excised children as barbarians, Christine Bellas Cabane attempts to claim some sort of middle ground. Her documented study, respectful of defenders' and opponents' positions on excision, is always moderate. Despite her measured words, however, the author is clear in wanting to protect girls from the knife. Not an essay, the scientific publication elaborates Cabane's academic report for the DEA while contributing to a passionate dispute accessible to a broad range of readers.

Trained as a paediatrician and concerned with feminist issues while in medical school, the author felt unequivocal hostility toward FGM when she first encountered it. Interning in a nursery and infant protection department, however, enabled her to mix with families from the Maghreb during check-ups and altered her judgment. To overcome behavioural challenges when faced with cultural difference, Cabane enrolled at the University of Aix-en-Provence in 2000 to earn a DEA degree in medical anthropology, focusing on excision. After her defence, she continued to explore the theme as an associate of the centre for research and social sciences in Aix-en-Provence and joined a humanitarian association as well.

Divided into two parts, "Africa" and "France," the book presents interviews carried out in Africa before it focuses on immigrant women, the French legal context and the possibility of restoring the clitoris. Cabane highlights her informants' viewpoints and places anthropological whistle-blowers in the hotspot. Claiming to remain serene, far from prejudices and moral lessons, she gives the last word to her own case interviewer. She reveals interviewees' uncertainties, especially of those excised who remain convinced of the need to continue the practice. She held discussions with diverse people: lawyers, health professionals in rural areas, the excised, and women of all social and professional categories.

For mothers and grandmothers who excise their girls, to cut is to identify with the cultural heritage. Many justify the custom by evoking aesthetics and hygiene: to correct the effects of vulvar pigmentation or to clean and beautify the woman's external genitalia, said to be dirty and unsightly. In their view, removing the labia and clitoris promotes hygiene and makes the woman attractive. Others defend FGM as youth's initiation into womanhood and to maintain social integration. It is, furthermore, a guarantee that daughters will find husbands. To excise is therefore not to 'abuse' but to exhibit conscientious child-raising. It is about not leaving the child "bilakoro," meaning uncircumcised, the Bambara word repeated to researchers by all informants regardless of educational level. Multiple meanings hide behind the term, which the author accepts with sensitive attention to the emotional intensity invested in it.

The second part of *The Cut. Excision or Painful Identities* examines behavioural change by recounting the stance of Malian families with emigrant status. Due to the topic's sensitivity, gathering information from Malian girls posed a challenge. Interviewees tended to be distrustful and ill at ease. Nonetheless, the task raised the concrete issue of the study's link to

advocacy. The anthropologist had to position herself as paediatrician, researcher and committed woman. Cabane therefore situates the debate in France around the offer of repair surgery by Dr. Pierre Foldes who has pioneered restoration of the clitoris.

Christine Bellas Cabane judges neither the practice nor justifications given for it, but rather argues in the present. Her book reacts to attitudes towards immigrants that seem scornful and lacking in respect. On the whole, the author delivers a fertile text, seeking above all to know how excisions' effects are perceived in Malian society and what reasons are evoked to justify or fight it.

Empathy, Change and a Fondness for Home: FGM Fiction

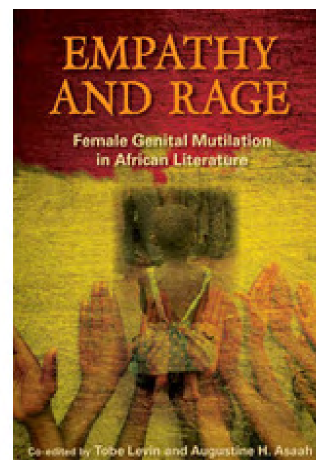
Ingrid Schittich

Review of Levin, Tobe and Augustine H. Asaah, eds. *Empathy and Rage: Female Genital Mutilation in African Literature.* Banbury: Ayebia Clarke; Accra, Ghana: Co-published with the Centre for Intellectual Renewal; Boulder, CO: Distributed outside Africa, Europe and the United Kingdom by Lynne Rienner, 2009.

Reviewing *Empathy and Rage—Female Genital Mutilation in African Literature* has been a rewarding challenge. The collection contains an abundance of information on FGM and issues of current debate, including protest and the search for identity. Linking politics and social sciences to the arts in a scholarly work, editors Tobe Levin and Augustine H. Asaah have produced a pioneering study accessible to anyone interested in the subject.

For in truth, this volume is no mere collection of disparate chapters, even if each can be enjoyed on its own. Rather, *Empathy and Rage* guides sensitive readers to understand the world as a respectful discourse among human beings from different cultures, societies, and religions on their way to discovering a shared ethics that unites them beyond borders and diversities.

The volume not only gives voice to those carrying the abolition message but also embraces the very nature of suffering and destructive social forces such as oppression, patriarchy, violence, and relentless competition for power which seem to dominate the globe, that is, the 'sickness of the world' at large. The Western reader cannot escape the trap of sympathy and anger that these pages set for him and her. No way out declaring Africa a far-away continent! No way out talking about foreign cultures and traditions from which 'enlightened' Westerners might raise elusive pity for those concerned! Core values are at stake, the text tells us, and they are not embodied in Western cultures alone.



The arts deal with body and soul, and artists relay messages, so it is not by chance that activists Levin and Asaah, both professors of literature, researched the rich sources that African creative writers pioneered concerning FGM. Issues of belonging were dug out, images of loss and homelessness. Who is genuinely African? Who is entitled to question African traditions? Africans living in Africa? American Africans? Diaspora Africans in Europe or elsewhere? Where is the home of an African? Where are Africans at home?

Alice Walker, a well-known African American writer, is introduced by Tameka Cage as torn between her Western education and her emotional attachment to ancestors lost through the trans-Atlantic slave trade. During her stay in Senegal and the Gambia while producing the documentary "Warrior Marks," Walker filmed on Gorée Island at the 'House of Slaves' whose curator welcomed them: "I know you are here on a pilgrimage, and it is good you are here. … You could be my distant cousins or my long-lost relatives. We … are related" (Walker/Parmar, *Warrior Marks*, 214). These words, balm to Alice's soul, are conveyed "in a soothing voice."

As far as I can see, an archaic conception deeply rooted in human minds grasps "home" as a place where one belongs, is accepted and embraced, conveying a sense of brother- and sisterhood. Men and women seem willing to carry any burden or accept almost any injustice in order to feel embedded in structures of belonging. FGM is deeply imbricated in this mental scaffolding, this tenacious clinging to home. No matter that FGM defines it. Centuries-old, the custom is emotionally anchored. And if Westerners generally look with disdain and horror at 'the practice', superiority feelings are misplaced because home means as much to them as to Africa's 'others'.

Beyond geography, you find in this book about FGM and fiction a lot about African courage and resolve, solidarity and strength of mind. With nuanced sensitivity, these chapters portray a quiet but adamant struggle of authors creating awareness by making FGM their literary theme of choice. Issues range from entrenched proponents of excision such as Jomo Kenyatta in *Facing Mount Kenya* (1938) which defends clitoridectomy as essential for maturity, to Annor Nimako in *Mutilated* (2001), a novel approved by the Ghana Educational Service as an optional literary text for secondary schools. Nimako informs not only about health risks of FGM but also its devastation of female sexuality.

Be warned, however. Uninitiated, you may linger too long in the asphyxiating horrors conveyed with all the emotional impact of their art by these committed writers: young girls and women 'purified' and prepared for womanhood by mutilation. It is hard to confront descrip-tions of children's trauma as they submit to the procedure and its unspeakable pain. It is even more difficult to realize their acceptance of tradition in order to serve and contribute—or so they are told—to the cohesion of their tribes.

Levin, Asaah and contributors describe, quote, insert crucial excerpts, and accompany the protagonists of the novels discussed. Though the editors clearly state their views, they prefer to 'mother' (and 'father'—one editor is female, the other male) in the background, their involvement even more striking than their expertise. Thus, replacing the outraged "They are doing *what*?" is a hesitant, "Why?"

When Christian missionaries rejected FGM, practitioners defiantly clung to it to define the group and dissent from Western domination. Early writers on the topic such as Kenyans Ngugi wa Thiong'o (*The River Between*) or Muthoni Likimani (*They Shall be Chastised*) are well aware of colonization and decolonization. They do not rush in to overthrow society but rather cast light on the conflict between their own culture and conversion, Christianity in this instance representing the loss of African identity. That is why some characters stick to tradition while others, even when critical of FGM, mute their doubts. Rejecting FGM makes a girl no longer "one of them." She risks being judged weak and ugly, and is likely to be ridiculed, humiliated, and isolated for her rebellion against customary, i.e. patriarchal norms.

May I add that Westerners also follow, sometimes slavishly, trends and lifestyles thrust upon them. Brand-name clothes show that they, too, "belong," and comply with patriarchal rules, enticed, for instance, by media to embody male

conceptions of beauty and sexual attraction. Western women and girls design themselves to arouse men. If Nature did not equip them adequately, more and more are taking measures, including surgery. Nonetheless, already adult patients of well-trained physicians, Northerners are "cut" in hygienic clinics; their African sisters, for the most part little girls, face midwives using blades or knives, and, restrained by strong arms, often lack anesthesia.

Authors identified by Elisabeth Bekers as belonging to a second generation of authors in the 70s and 80s do not refrain from portraying these girls' suffering. One young person, Hamida, "is lying on the cement floor, surrounded by four cement walls, her arms and legs rigid and bound together in a single bundle" (Dr. Nawal El Saadawi, *The Circling Song*, 24). Former Director General of Health and Education in Cairo, El Saadawi, an activist for feminism and justice, has been persecuted in her country and imprisoned. Her *Circling Song* describes a flowing pain with neither beginning nor end.

Other novels of the epoch join Sadaawi's in unreserved criticism of FGM, but resistance remains fragile. One girl for example rejects excision but commits suicide. Others are so overwhelmed that their selves are broken. Without any real liberation from tradition, dissidents achieve only short-term rebellions. Still, the cutting itself, understood as "a misogynist strategy of repression" (25), is increasingly linked to autocratic governance. At the hub of a third generation of writers Alice Walker, drawing on her experience as a civil rights militant, embeds the ceaseless circle of girls' and women's suffering into the feminist fight for human rights.

And women are no longer fighting alone. Take *Rebelle*, for instance, by Ivorian Fatou Keïta. Protagonist Malimouna espouses women's self-determination and campaigns against excision at the cost of a failed marriage. In Walker's *Possessing the Secret of Joy*, the heroine Tashi, sentenced to death, discovers at her execution that exuberant fulfillment "lies in … resistance against one's oppression. … I am no more. And satisfied" (34). Thus, in literature as in life, more and more girls resist. Claiming rights to mental health and physical integrity, voices emerge from global solidarity. Tashi "succeeds in 'exploding the boulder' in her throat that had prevented her from speaking about her own and her sister's victimization" (34). The process of protest may be slow and even dangerous; death threats are not unknown. Yet taboo has been broken, and a movement has been born—not only a *women's* movement but one with more than just a few good men, among them Ivorian Ahmadu Kourouma who enhances feminism with his art.

True, a few critics question literature's suitability in addressing social issues. In Ghana, for instance, Anne Adams contends that, in *Mutilated*, a novel for youth, literary quality cedes at times to propaganda. But strengths in both the literature and this collection outweigh weaknesses. Once you get through *Empathy and Rage*, you will know considerably more about Africa and the world. But take your time. You'll want to digest the cruelties described and recover from them: in this text children often weep and cry out. Nonetheless, an underlying tone of hope prevails, as Parmar wrote to Walker: "The world is something … made by human beings, and it can be remade by each and every one of us" (Walker/Parmar: *Warrior Marks*, 236). We all have work to do, fueled by our empathic rage. In the Preface, Comfort Ottah reminds us, she's had enough of politics played "with the blood, health and rights of African women and [girls]. Enough is enough."

Rite and Not Rite

Tobe Levin

Review of Zabus, Chantal. *Between Rites & Rights. Excision in Women's Experiential Texts and Human Contexts.* Stanford, CA: Stanford UP, 2007. Review originally appeared in *WASAFIRI. International Contemporary Writing.* No 63. Autumn 2010. 85-86.
http://www.wasafiri.org/

"What lies between a woman's thighs has always haunted the male psyche, presumably because it is a point of origin, the preconscious chaos of the womb. More particularly, man's horrified fascination with female sexual organs as an abysmal and yet tentacular site of darkness is legendary and supported by many texts and contexts. The bottomless, sulfurous pit, dear to King Lear, continues to incense the imagination, daunting as the (w)hole is, because of the alleged absence of a phallus" (1).

Chantal Zabus here opens a radiant study of "excision," guarantor of phallic absence. Her superb scholarship deserves broad diffusion, and I highly recommend it—encomiums first because I also perform as a friendly disputant to suggest an inadvertent erring on the side of those for whom female genital mutilation (FGM—whose use I emphatically affirm) is not the egregious human rights abuse many of the authors here claim it to be, and, therefore, is less a matter of human(e) urgency. Zabus mediates between "two Titans," cultural relativism and human rights, a stance that lends an unwarranted legitimacy to the former and undermines the latter, clearly a result she does not want, for not only is FGM critiqued but male mutilation as well—'real' circumcision happening "at the rate of one per heartbeat" (15). I applaud her courage in taking up this theme and thank her for compiling "experiential texts" that narrate torture.

Of impeccable credentials, Zabus hurls an overdue corrective into the arena of garrulous sociological, medical, legal and anthr/apological approaches to the slicing off *a vif* of girls' genitalia. Hers is the first single-authored book on pudendal amputations in fiction, myth, autobiography and psychoanalysis using poststructural and psychohistorical interpretation. Three sections scaffold nine chapters. First, "The Cult of Culture" looks at "Sexual Pre-Texts"; "Kenyan Reactance: Kenyatta, Huxley, wa Thiong'o"; and "Kenyan Women's Texts: Njau, Likimani, Waciuma." Second, "Speaking from Memory: Religion and Remembrance," examines "In Passing and Other Circumspections: Nwapa, El Saadawi, Rifaat"; "On Spurious Geneses: Nawal el Sadaawi"; and "Spoken Autobiographical Acts: Nayra Atiya's *Khul-Khaal*." Third, "From Sealing to Opening Up: Sex, Exile, and Empowerment" covers "The Sealed Condition: From the Beginnings to Freud and Herzi"; "Silence, Exile, and the Spectacle of the Fashioned Body: Aman, Barry, Dirie"; and "The Whole Woman and the Law: Keita, Ahmadu, Kassindja, Dirie, Khady, Abdi, Korn."

Zabus' inter-disciplinary, geographic scope is breathtaking. For readers inexperienced with FGM, she offers exegesis and background along with excursions into history, philosophy, and

religion covering four decades, three continents, and several languages—English and French, Arabic and German (in translation), local idiom and etymologies. "Sexual Pre-Texts" opens with Zabus at her best: "Whether in Ethiopia, Somalia, Egypt, Sierra Leone, or Sudan, it is believed that an oversized or an unexcised clitoris and masturbation are inimical to fertility because the first is an obstruction to coitus, and the second … an avoidance of [it]" (19). Or, equally laudable: "the clitoris has a long history of being long" (20). Both statements introduce gender rivalry, nearly always skewed to the male, for until recently, "those who knew—women—did not write and those who wrote—men—did not know" (Zabus paraphrasing Laqueuer 26). The "sexual pre-texts" (all puns intended) thus consist of ancient and early modern, Renaissance and Enlightenment treatises completed by voyeuristic travelers' tales about "Hottentot aprons" and ablated labia. That both genres arose simultaneously is significant: "Declitorizing practices in Europe … coincided with the discovery of genital operations in Africa. Although Ben Huelsman (1976) found 'no causal connection between these two events' (159), … clitoris-reducing operations provided European physicians with ready-made alibis to curb female sexuality" (25).

Huelsman notwithstanding, Zabus has convincingly shown how Freud, Marie Bonaparte, and twentieth century sexologists circulated notions regarding clitoral amplitude and function like those of African sources. But—and here the first quibble—the similarity is weakened by disclaimers. "African beliefs … on the role of the clitoris … were *eerily* similar to European ones" (24). "*Surprisingly*, these Egyptian women's stories … come close to post-Renaissance European medical discourse" (20 emphases mine). This over-lapping *isn't* startling because we are taken aback *only if* Africans are 'othered' and a shared humanity dismissed. In other words, European doctors needed no alibi; like their African counterparts, they were males and, as Zabus herself notes, "it is not so much the clitoris's exaggerated size that bothered both African and European men but female masturbation and same-sex female desire" (24). Indeed, she sees "such similarities in European and African discourse [that] one is tempted to imagine [an analogous] 'one-sex' … model aiming to preserve the Father in both Europe and Africa" (24). Although eighteenth century Europe substituted for this unit a binary template—woman no longer a lesser male but a "second sex"—neuroscience has since taught us otherwise. In sum, Zabus' "Sexual Pre-texts" permit a universal reading of aggressive acts against female genitalia even if this unanimity is unintentional.

It is, however, welcome to African women activists who embrace universality. The Inter-African Committee's Bamako Declaration (2005) turns the tables on cultural relativists by charging that to deny to campaigners equal ownership of human rights is racist. Zabus' chapter on "Kenyan Reactance" helps elucidate this seeming contradiction by situating "the origins of writing on excision… in colonial cultural anthropology," (35) a birth with two corollaries: first, opposition is tainted by male autochthon claims of 'outside intervention'. Yet "female self-writing—and therefore … a new subjectivity—was concurrent with questioning … the rite" (36). Clearly, the mere expression and not the provenance of protest is key. Thus, the flood-gates opened, writers reveal the "mutilation" they suffered, the term endorsed unequivocally by El Sadaawi, Rifaat, Barry, Dirie, indeed the plurality of female "testimonios." Again, Zabus shows this while appearing reluctant to do so, probably due to nostalgia for 'rites'.

But are excised females usefully placed between "rites and rights" at all? The perspective obscures FGM's increasing deritualization and med-icalization. At a conference of the Commission pour l'Abolition des Mutilations Sexuelles (CAMS) in Dakar, Senegal, I heard Assitan Diallo report on

Mali: her research showed that *already—in 1982*—ritual had faded. Weeks in the bush were incompatible with modernity. Yet Zabus' final chapter on "Modern Primitives" reiterates her premise that "the (pending) eradication of excision needs to be reassessed against the momentous return to ritual in the West" (273). What return to ritual? Modern primitives hardly constitute a majority movement. Nor can it be said, without significant qualification, that "African countries are now dis-continuing the practice of excision" (273).

How I wish they were, but a cursory glance at the internet will convince you otherwise, as would any activist. In the last analysis, what disables an otherwise brilliant text—one you really should read—is allegiance to an academic preference for some sort of feeble middle ground. But on certain issues, as the framers of the Universal Declaration of Human Rights knew well, there is no rite.

Excision and High Fashion according to Katoucha

Pierrette Herzberger-Fofana

Trans. Tomi Adeaga

Review of Niane, Katoucha with Sylvia Deutsch. *Dans ma chair.* [In my Skin]. Paris: Éditions Michel Lafon, 2007. Review originally appeared in www.grioo.com/ar, katoucha_et_la_monde_vu-par-elle-meme-dans-ma-chair-paris.

As the world celebrated "Zero Tolerance to Female Genital Mutilation" Day on February 6, 2008, French-speaking media headlined the disappearance of Katoucha under her real name, Kadidjatou Niane, daughter of renowned historian Djibril Tamsir Niane, author of *Soundjata* the Mandingo epic. According to *Le Figaro*, after an evening of wining and dining with friends, she slipped into the water while trying to reach her residence, a rented houseboat moored on the shore of the Seine. The landlord found her bag, mobile phone and bank card as well as her glasses on board. Since February 1, 2008, Katoucha had not shown any sign of life.

Accidental drowning, suicide, murder or removal,[1] speculation continues to gain momentum, not surprising given what she wrote in her book: "I prefer to bow out in full glory and to make a success of my exit" (176). Her story *Dans ma chair* [*In my skin*] is dedicated to her parents, children and "all young African girls," worthy symbol of the struggle that goes on today. The narrative concludes giving thanks for the many friendships with society women to whom her professional engagement introduced her.

Born in 1960 in Conakry, Guinea, Katoucha reveals in her autobiography—tantamount to a confession—that she had been excised at age nine by a woman doctor in her hometown. If "the wounds of childhood remain open" (38), this traumatising operation would determine the course of her life. Recalling the scene, she writes:

> It seems as if they are tearing off my legs, my belly, the pain spiralling up to my arms, neck, and head, I wail, I bleed, my body twists in all directions, I am dead. (10)

Although she was born into a circle of intellectuals, her mother preferred to "go by the book" (13) because, in any case, the extended family would not have hesitated

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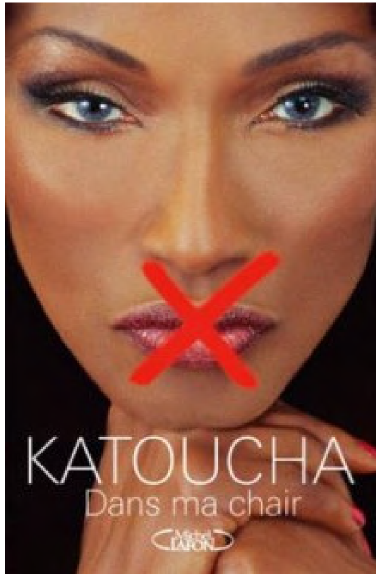
[1] **News release in *TIME:* Briefing. *DIED* by Harriet Barovick, Gilbert Cruz, Elisabeth Salemme, Carolyn Syre, Tiffany Sharples, Alexandra Silver & Kate Stinchfield. March 2008, p. 20.**

Instead of caving in to pressure from her archaeologist father to enter academia, Guinean-born **Katoucha** (born Katoucha Niane) became one of the world's first African supermodels, hitting the runway for the likes of Christian Lacroix and Yves Saint Laurent and starting her own label. Post fashion, the gracious celebrity used her fame and her horrific experience as a 9-year-old to write a book and speak out against female genital mutilation. Katoucha, who apparently fell from the houseboat she owned in Paris, had been missing since January. Her body was found in the Seine. She was 47. *TIME,* March 2008.

to cut her even without the knowledge of her parents. "In Africa still attuned to ‘other times', tradition must be honoured, no matter what your condition might be, whether affluent middle-class or a professor barded with degrees. Fail to yield to the habits of the forbears and society will banish you" (12).



Katoucha narrates her first ten years in Guinea under Sékou Touré’s dictatorial rule. Her father, vice-chancellor of the University of Conakry, is fired by the president but escapes from the country in order to save his offspring. Thus, Katoucha initially finds herself alone in Mali in the care of an aunt. Four years later, after a real odyssey, the Niane family, of Senegalese descent, lands in Dakar where all move in with the father’s sister-in-law. "My father finds pleasure in this country, a model of ethnic stability. For my part, I discover the white and sunny city of Dakar as well as the Senegalese, a merry and fun-loving people" (41).

Aunt Marie, secretary to the President of the Republic, the late Léopold Sédar Senghor, is "a distributor of happiness and solutions" (41). Katoucha pays a vibrating homage to this enthusiastic Catholic who ensures that her boss provide education for all her nephews and nieces in the prestigious religious institutions, Jeanne d' Arc and the Cathedral. The Senghor Foundation, created by the poet-president, benefits the famous historian, Djibril Tamsir Niane, who puts his expertise at Senegal’s service. Moving into the Foundation, he makes it both his workplace and his home.

A smart young girl, Katoucha frankly recounts her escapades showing how successfully she evaded her parents’ rigor. Often cutting class, she recreates a world in the image of her fantasies. At one point, she takes refuge on the island of Gorée; at another, with a group of friends, she travels far into the countryside: "With Moko and Alain, mixed French-Senegalese, we all leave, sometimes twelve of us, to furrow the roads and the tracks and bathe in the tumultuous ocean at Malika beach" (55). At seventeen, Katoucha gets pregnant and marries by proxy the father of her child in order to baptize her little girl, Amy, according to Moslem custom. Dreaming only of becoming a model in Paris and in love with Alain, Katoucha agrees to leave Senegal. Her hopes are not unrealistic, especially since *Essence Magazine* had already placed her on the cover, much to her parents’ dismay.

"Now to the two of us, Paris" (71) paraphrasing Rastignac, she succeeds only four months after arrival in entering the temple of fashion. In October 1980 following a Thierry Mugler show, this glittering fairyland would open its doors to her.

Top-model, she becomes the muse of large and famous designer houses like Azzedine Alaïa, Christian Lacroix, Givenchy, Chanel, and Dior. Paco Rabanne, her first patron, encourages her to continue her career beside the "number one," i.e. Yves St. Laurent, “Monsieur,” for whom she will be the icon while cat-walking in international arenas. From Paris to New York, Singapore to Marrakesh, Tokyo to Niamey, gala to gala for humanitarian causes or major international events such as the World Cup (football) in 1998 in Paris, her career goes global. "I am

proud to export the image of a new Black woman beyond borders" (90).

Punctuated by the birth of two other children, Alexandre and Aïden, marriages and divorces, her life is a series of delirious relationships, betrayals, and personal tragedies such as the assassination of her business associate by the Russian Mafia which made her seek refuge with Bacchus, god of the vine. "Through small shots, I permitted invasion. Overtaken by comforting drink, I ended up falling inside, knocked off balance into the trap of disproportion, an era of excess. But all that is finished" (179). This vibrating and artificial life leads the author to think of destroying herself.

With the Somali Iman, Jamaican Naomi Campbell, Sudanese Alec Wek, and her friend, the Burundian princess Esther Kamatari, "Katoucha, the Peule princess" inaugurates the era of "black is beautiful" or the "black guard." The first black and part-white models are very much sought after by great fashion designers. "The Ebony princess" mixes with celebrities like Alphadi, Karl Lagerfeld, Carla Bruni and others who hobnob in a fashion world that spills over into Paris by night where champagne flows and drugs circulate blithely.

"The great models live like divas, travel in first class or private jet, saloon car or limousine, and stay in dream houses. … A learned assembly of drivers, dressers and hairdressers twirl around us. They thrust into our hands a glass that we did not even have to ask for" (143).

Katoucha's charitable works mirror her physical beauty. In an interview, she mentioned the wish to set up children's villages to gather and take charge of orphans and street kids. She supported Miss France 2000, Sonia Roland, originally from Rwanda, in creating children's shelters for victims of the 1994 genocide within the "Project: Maisha Africa." In December 2007, she was the main actress in the film "Ramata" adapted from Abbas Dione's best-seller. The shooting took place in Dakar. All her life, Katoucha put an African proverb into practice: "I have long hands to take money, but spaced phalanges, too, to let it leave" (103).

Devoted, she gave without counting, showing generosity, not only toward her family in taking charge of her brothers' and sister's studies in France but toward many members of the black community in Paris. Thus, she began to sponsor all future models on arrival in France.

These young Black women called her "Ma'am" (102) as a sign of respect for her efforts to ensure their dignity and freedom by overseeing their careers. For example, in 2003 in Paris, her "former female Black colleagues" adorned the cat-walk for her, her close friend Esther Kamathari among them. In Africa, to create hospitals in divested areas, she continued working to encourage novice models and considered her return as a search for her innermost self, even if in Paris she lived "as a Senegalese." "She went to find her roots in Senegal because, forget where you come from and you are nothing" (181).

In 2005, as a star and jury member of the broadcast hit on M6 channel's "Top Model" she acted as guide and adviser to the new recruits, espousing the work ethic that the profession demands. When the

show closed, she founded "Ebony Top Model" in Dakar to provide an opportunity to young black and mixed girls who want modelling careers.

The work of a model, to be clear, is not horizontal. In this case, it has nothing to do with prostitution; at least this is what she rapped out in an interview in Ouagadougou. Instead, modelling requires passion for the trade plus discipline and strength of character in order not to fall into the excesses that numerous evenings of trendy nightlife, dazzle and artificial paradise encourage. Internationally known, black and multi-ethnic models are ambassadors of the continent and the Diaspora. … Katoucha was committed to the success of Black models and fighting FGM, this plague which continues to devastate female populations of Africa today.

Female Genital Mutilation: Antje-Christin Büchner on Tradition through the Lens of Human Rights

Marion Hulverscheidt

Trans. Tomi Adeaga

Review of Büchner, Ann-Christin. *Weibliche Genitalverstümmelung. Betrachtungen eines traditionellen Brauchs aus Menschenrechtsperspektive. Schlussfolgerungen für die soziale Arbeit in Deutschland.* [Female Genital Mutilation. Tradition through the Lens of Human Rights. Ramifications for Social Work in Germany]. Oldenburg: Paulo Freire Verlag, 2004. Review originally appeared in *literaturkritik.de*, No 3, March 2006. "Emphasis: Women's Rights" Genital Mutilation. Female Genital Mutilation.
www.literaturkritik.de/public/rezension.php?rez_id=8793

Despite its understated title, Büchner presents a comprehensive introduction to Female Genital Mutilation. Her scholarly study not only describes the ritual practice but also argues vigorously for facing the issue in Germany.

In the first of three parts we have the facts and background of the practice; in the second, the long road to acceptance of FGM as a violation of human rights; and in the third, action options for welfare work in Germany. Büchner falls back on the relevant German-language literature, without paraphrasing. The technical medical terms enlisted to describe the short-term and chronic physical consequences are defined in a glossary. Addresses of existing advisory boards and organizations in the country appear in an appendix. Thus, the volume also appeals to interested laymen.

"Why does FGM continue?" Büchner anticipates Western readers' naïve yet plausible curiosity, introducing with this query the section on sources and reasons for FGM. As non-judgmentally as possible, she clarifies the social meaning of the cultural practice for various groups and avoids presenting it as unique to Africa or tied to religion; she points to the plurality of places, times and reasons for its exercise. Reminding us that in the 19th century clitoral ablation punished homosexual women in Europe or was prescribed for masturbation, she finds a shared impulse behind the practice in male claims to control female sexuality, women and womanhood. Mutilation negates the woman's sexual self-determination, injures health and is discriminatory. Therefore, it is wrong even if from a socio-cultural perspective, it is thought to benefit its victims. Büchner navigates well this ambivalence; she is neither entrapped nor overwhelmed by it.

It has, however, been a long road to recognition of FGM as a violation of human rights, and the fight will go on until the last asylum application is resolved and right of residence decision handed down. These individual instances are embedded in even larger controversies: how to distinguish public from private persecution; how to deal with universal versus relative views of culture; how to

defend personal integrity when group requirements infringe on it, and how to negotiate discrimination on the basis of gender in the human rights debate. In the general Declaration of Human Rights from 1948 and in subsequent declarations, provisions that could protect against the practice are in place but are variously construed. When the Declaration passed, discrimination against women was regarded as natural. The prototypical human being was a man for whose protection in public the human rights concept arose. Women, relegated to the private sphere, did not receive protection. Not until the Global Women's Conferences gained influence for their compensatory declarations, such as the Women's Convention (CEDAW) in 1979, were women included.

Notwithstanding the fact that state laws supersede UN decrees, female genital mutilation is depicted nowadays as a violation of human rights on the basis of guarantees of physical integrity, somatic and psychological health, sexuality and reproduction.

These human rights claims come into their own in the third part where Büchner turns to FGM in Germany and focuses on the role of welfare work. Although no special legislation forbids tampering with girls' nether parts in the Federal Republic, the penal code permits prosecution of those who plan or abet such acts. Taking wards out of the country to commit a criminal offence (personal injury according to federal law) is also punishable. Regarding the German right to asylum, in contrast, persecution on the basis of sex does not represent sufficient reason to grant it; or at least this was the viewpoint of the Red-Green government coalition in 2001. And female genital mutilation was recognized only as an obstacle to deportation in the limited terms of § 53 of the alien law. Welfare work focused therefore on conflict among legal regulations and ambivalence in their evaluation. Female genital mutilation itself, a value espoused in the home nation, was also understood as a hindrance to assimiliation. At the same time, however, refusing the practice facilitated integration.

Büchner advocates for an open-door counselling policy and broadly applied training courses for employees on various advisory boards because this seems the only way to ensure that women and girls who mention FGM in a counselling interview are referred to specialists or to self-help. …

In sum, this clearly written book fulfils several tasks: it illustrates the most important facts about FGM, offers a reasonable argument, and convinces readers that female genital mutilation represents a violation of human rights. Morover, female welfare officers and political decision-makers *can* act to counteract this type of abuse, surely news of interest even to lay readers who care.

Who Is Listening?

Tobe Levin

Review of Behrendt, Alice. *Listening to African Voices. Female Genital Mutilation/Cutting among Immigrants in Hamburg: Knowledge, Attitudes and Practice*. Hamburg: Plan International, 2011.

Good news! No, *great* news! In Hamburg there remain a few "practicing families [with] positive or indifferent attitudes" (8) toward the ablation of girls' genitalia, but "overall, most immigrants from Sub-Saharan Africa speak out for the abandonment" of female genital mutilation. This is the result of a pioneering study by Alice Behrendt that also identified thirteen children at risk "in nine different families of West African origin" (18). Notwithstanding the unlikely-hood of these girls being cut in Germany, the research found out they may be sent abroad, if not to Africa then to Italy or France. A footnote promises "more detailed information about the response strategy" available from the study's sponsors (18).

The survey was commissioned by Plan Germany headquartered in Hamburg. Founded in 1937 in the UK, the organization is one of several development NGOs under assault in Facebook for not doing enough to stop sponsored African children from facing the blade. Although social media are not mentioned, it can be no coincidence that the aggressive internet campaign also originates in Hamburg. Given the general absence of high-quality research, however, critiques such as those on Facebook depend largely on anecdotal evidence. The Plan investigation fulfills a sorely felt need for facts.

Among the first to publish psychological studies of FGM's effects, author Behrendt is a consultant for Plan who, to obviate this dearth of reliable information, organized a three-month field study collecting qualitative and quantitative data among "685 women and 1082 men …. from 26 Sub-Saharan countries." Although it was found that about 40% of immigrants stem from practicing communities, numerous factors were uncovered—respect for German law enforcement, for instance—that dilute the threat of harm to daughters residing in Germany.

The resulting report is nothing short of a gold-mine, not only for the baseline data it uncovers but also for nearly all aspects of the program, from its literature review, to its employment of twenty student researchers from the ethnic groups involved to the research questions and answers clearly disaggregated by sex and country of origin, plus recommendations, policy implications and last not least attractive presentation. This well-designed and reader-friendly publication, also available free of charge as a pdf, features graphs, maps, an organogram of the "Behaviour Change Model" and the questionnaires themselves. These in turn were adopted from sections on FGM in the Demographic and Health Surveys used in Africa (see www.measuredhs.com).

From July to November 2010, data was collected in two ways. "Semi-structured individual interviews with African community members" were supplemented by "key informant interviews" (2) that "resembled a conversation among acquaintances" (3). Including "anyone with relevant information," (3) key informants were subdivided into (a) African community members; (b) health personnel; and (c) activists, counselors, or employees in intercultural centers. Statistically relevant representative samples for the quantitative survey could be found for the three largest groups from Ghana, Togo and Nigeria. The remaining numbers of Sub-Saharan immigrants were too small to provide representative samples by nation—an admission that only enhances the impression of impeccable integrity with which the investigation was designed and carried out.

"The aim was to establish an action plan against FGM/C in collaboration with members of immigrant populations from practicing countries" (9). Laudable, this intention proved challenging and provided the most intriguing section of the report, not only for the hurdles encountered but the honesty with which difficulties are revealed. These included a relative unavailability of women immigrants, some of whom needed permission from husbands to be interviewed; indifference toward a topic felt to take a backseat to more pressing existential urgencies such as work and residence permits; distrust on the part of interviewees who feared the demographic data would fall into the wrong hands and cause trouble. The interviewers reported, for instance, that "it was nearly impossible to mobilize persons living in homes for asylum seekers" (19). In addition, the topic itself elicited discomfort, embarrassment and shame. Informants sometimes said "it was taboo and that questions related to sexuality could not be discussed" (19). Worse still, painful memories returned, the queries putting informants "in a state of sadness and despair" (19).

Suffering, though, wasn't limited to interviewees. Interviewers, too, although

trained in sensitive approaches and generally from the same ethnic group as those they talked to, found themselves at times harassed, at others accused of betrayal or confronted by post-traumatic stress reactions that put them at risk of "secondary trauma" (19). Furthermore, "some interviewers [encountered] negative consequences in their daily lives" (19). Subject to malicious gossip and exclusion from meetings, they'd notice "whispering … when they entered a public place" (19). Friends' phone calls thinned and invitations slowed. "A group of musicians from West Africa, for instance, refused to play at a baptism," (19) unwilling to help out a person advocating against FGM. This weakening of "social support networks can be considered" one of the project's most serious trials (19). Other limitations of the study, such as the focus on Sub-Saharan Africa because no Egyptian hires came forward; lack of random sampling for the quantitative survey; exclusive reliance on oral reports and small samples for some countries (20) are explained, again adding credence to the integrity of the research.

The apex lies in recommendations that carry a structure of inquiry and advocacy into the future. At its heart are the courageous interviewers who, despite the travails encountered, want to go on to bundle energies of the 80% of informants who oppose FGM. It is suggested that African leadership form a Pan-African Committee to devise action plans based on insights gathered in the study, including dissemination of the present results and continued consciousness-raising through "films, radio spots, information leaflets, theatre and other strategies" (96) that target not only adults but also children. Striking among necessarily vague advice at this stage is a specific call for "watchdog committees" to sensitize parents planning to take a daughter abroad (96).

Yes, this is an exemplary study. Plan, Alice Behrendt and the research team deserve our thanks. I have some caveats, however, concerning the alleged neutrality of research, funding and a few smaller issues such as my preference for a better edited script that had been cleansed of wordiness and typos. Back from style to content, I quibble with the claim that "none of the European countries has carried out prevalence studies" (23). This may be technically correct but is misleading. The first epidemiological study of FGM in England and Wales was officially feted in Westminster on 7 October 2007 (I was there). Undertaken by FORWARD UK and authored by Efua Dorkenoo, it was financed by government.

I also wonder about prevalence figures for Senegal: "According to the DHS … in 2005, 28% of … women … have undergone FGM/C and the rate is almost as high for their daughters. The practice is very prevalent in … Tambacounda … where it ranges from 51-94%" (74). Given broadly disseminated claims by TOSTAN to have greatly reduced the incidence of FGM in Tambacounda beginning in 1998 with the first collective renunciations, I would simply ask that this fact be checked. And a similar issue arises regarding the figure for Benin, 13% as measured by the 2006 DHS survey. The credibility of a major German NGO, INTACT, is at stake here for its boast of having wiped out all FGM in that nation.

More serious, however, is an issue I have as a professor of literature and an activist. Words create realities, a perception that set me on edge right away, for I have a problem with the title of a study not concerning FGM but FGM/C. Why add the suffix 'cutting'? Why is 'female genital mutilation' insufficient to designate a medical fact and human rights abuse? Whose interests are served by deflecting the impact of an organ's excision?

To her credit, Behrendt anticipated my objection. She notes: "The importance of … a neutral attitude and … non-suggestive methods of posing questions was particularly emphasized … to avoid influencing the response … and to avoid … socially desired answers" (2). This is good but not without proviso.

In "A comment on the terminology used in this report," Behrendt explains: "[FGM/C] highlight[s] the gravity of the act but also … acknowledge[s] the need to choose an appropriate term where the context requires it" (11). "Cutting" is considered less accusatory or offensive to practitioners who, it is claimed, are more likely to become defensive and, out of peevishness, or, as some scholars call it, 'reactance', maintain a custom they might otherwise abandon. Now, diplomacy and tact are always de rigueur. Using the words of an interviewee is simple courtesy. But to make *official lexical preferences that invite indifference to harm* is something else. This report is addressed not only to communities but to civic society that needs the information in order to open its purse-strings. Let's make no mistake. Projects to stop FGM are expensive; tax-payers and people of conscience from technologically developed countries pay. But clearly, no one really wants to. How else can we explain the notorious underfunding of the issue over the past thirty years? Behrendt conflates these levels of discourse, the public and the private.

To be fair, I have the feeling that the choice was not entirely hers but was imposed. For one thing, when addressing the German public in German she uses "genitale Verstümmelung" or FGM. (See an interview with Alice Behrendt, http://www.plan-deutschland.de/fokus maedchen/schutz/verstuemmelung/interview/ Accessed 20.02.2011).

In the report, the effort to force linguistic "compromise" also suggests a style break at odds with her usual elegance, clarity and lack of equivocation. FGM, she notes, is inappropriate at times because it is "opposite to the expressions used in communities adhering to the practice" (10). Opposite? An ill-advised selection since the adverse of "mutilation" is intactness. Rather, what Behrendt ennobles are weasel words: "mutual help" in Guinea, "initiation," "cutting," "girl circumcision" elsewhere (10) terms not unlike the Igbo "bath"—all performing the customary service of a euphemism, i.e. to transform harm into good. Yes, by all means be diplomatic. Use language with which discussants feel at ease. But don't approve it or leave it unquestioned. And above all, avoid offering additional reason to an already indifferent public to abandon girls at risk.

Behrendt acknowledges the distinction I make here. „Plan is unequivocal on this score," she notes in the above-mentioned interview. "The practice is a mutilation. But to abolish it on the ground, we've got to use various strategies. There's a big difference between operating in the international arena and raising awareness at community level."[1]

I agree but insist on the public nature of the study. If it is to be duplicated, as it should be, in cities around the world where practicing communities reside, then it is addressed to people who ought not to confuse mutilation with cutting. After all, who will finance a Band-Aid for a cut?

In its Bamako Declaration, the Inter-African Committee is equally concerned with attempts to "dilute the terminology," contending that "Female Genital Cutting (FGC) does not reflect the accurate extent of harm." In place of euphemism, "the issue [should be confronted] head on with … practicing communities" because changing behavior and minds implies "struggle." "Pain [is] integral to [empower] girls and women … to address FGM, … their sexuality and reproductive rights," the Inter-African Committee concedes. In their view, "the term FGM [must be] retained [for it] is not judgmental. … A medical

[1] This is the original German for the English translation in the text above: „Für Plan besteht kein Zweifel, dass es sich bei der Praktik um eine Verstümmelung handelt. Aber um genau diese Verstümmelung abzuschaffen, müssen wir an der Basis mit unterschiedlichen Strategien arbeiten. Es ist ein großer Unterschied, ob man auf inter-nationaler Ebene gegen diese Praktik arbeitet oder aber Aufklärung an der Basis betreibt."

term, [it] reflects what is done to the genitalia of girls and women." (Dated: Thursday April 7, 2005 at Bamako, Mali) (http://www.female-genital-mutilation-fgm.forward-deutschland.de/resources/Bamako+DeclarationFGM.pdf). (Accessed 20.02.2011)

This is more than linguistic quibbling to the extent that terminology determines outcome. According to Behrendt, "Community based interventions show that the term 'mutilation' is contra-indicated when it comes to the abolition of FGM/C," proof being that a number of victims who "feel offended, stigmatized or victimized by the term" (10) have, when confronted with it, withdrawn support for campaigns it is averred they would otherwise have joined. Yet proof of these individuals having been 'positive deviants'—i.e. against the practice—BEFORE activists raised the issue is not given. Isn't there rather something else at stake?

I believe there is: an academic reluctance to own up to engagement. "This document is of a descriptive nature," Behrendt warns. "It can be used as a resource for advocacy campaigns but should not be considered an advocacy tool in itself" (11). I beg to differ and, in fact, the text does, too. Had communities not known that the research aimed to stop excision, researchers would not have been (mis)treated as they were. The study therefore acknowledged its forward-looking ideology, records a welcome taboo-break, transcribes an activist insurgency and takes a major step toward the aim we all share, abolition.

Retrospective I: Reviews of work on FGM from the first three paperback editions of *Feminist Europa. Review of Books.*

Female Genital Mutilation: Recent Contributions in German

Tobe Levin

Review of Hermann, Conny, ed. *Das Recht auf Weiblichkeit: Hoffnung im Kampf gegen die Genitalverstümmelung.* [The Right to Womanhood: Hope in the Struggle to End Female Genital Mutilation]. Bonn: Dietz, 2000. Review originally appeared in *Feminist Europa. Review of Books,* 1/ 1, 2001.

Review of Schnüll, Petra and Terre des Femmes, eds. *Weibliche Genitalverstümmelung: Eine fundamentale Menschenrechtsverletzung.* [Female Genital Mutilation. A Fundamental Human Rights Abuse]. Göttingen: Terre des Femmes, 1999. Review originally appeared in *Feminist Europa. Review of Books,* 1/ 1, 2001.

Review of Diaby-Pentzlin, F. and E. Göttke, eds. *Einschnitte. Materialband zu Female Genital Cuttings (FGC).* [Incisions. Documents on Female Genital Mutilation]. Eschborn: GTZ (Gesellschaft für Technische Zusammenarbeit), 1999. Review originally appeared in *Feminist Europa. Review of Books,* 1/ 1, 2001.

Review of Kirchenamt der Evangelischen Kirche Deutschland (EKD), ed. *Genitalverstümmelung von Mädchen und Frauen. Eine kirchliche Stellungnahme.* [Genital Mutilation of Girls and Women. The Church's Stand]. Hannover: Kir-

chenamt der EKD, 2000. Review originally appeared in *Feminist Europa. Review of Books,* 1/ 1, 2001.

All translations are the reviewer's.

A message from Juliane Nkrumah awaited me at the Manhattan Park Inn: "Read page 5 of *The Sydney Morning Herald.*"

The paper, available in the lobby, informed me that "censorship law, which allows pictures of genitals ... in broad-circulation publications so long as they are 'discrete' and do not include 'genital emphasis', did a disservice to women."[1] Why? A dramatic increase in requests from those "within the range of normal" for "reduction surgery, known as labiaplasty," was the culprit. Physicians were distressed "at the number[s] [who want] their genitals to look more like the computer-edited idealized images in men's magazines" (5). Clients—more than 60 in the past five years—range from their teens to early 30s, and are mislead by 'glamour' shots "often modified to enhance [the] appearance [of the vulva]" (5).

Is this FGM? Most will see a difference between the adult's decision, however questionable, to modify her body surgically and a child's subjection to the knife. But the Australians' desire feeds on Western hang-ups. Why is modification more aesthetic, more tasteful, than 'raw'? This urge also challenges us to think differently about 'female circumcision'. Specifically, many (Western) women are psychologically closer to the issue than they are willing to admit.

Though scorned as illusory by some post-moderns for whom the category 'woman' has been fractured, solidarity among women and empathic partnership with men are presupposed by the editors of four new German texts on FGM.

[1] Julie Robotham, "Doctors warn women over unreal images," Jan. 8, 2001, 5.

The Right to Womanhood

Conny Hermann, host of "Mona Lisa" (ZDF—Second [government-sponsored] TV Station), has been making history. In 1994, she aired Ariane Vuckovic's film shot on the Somalian/Ethiopian border. Seven-year-old Rooda's infibulation, with coverage in *STERN*, moved Germans to act. They donated 500,000.00 DM.

In 1995 Vuckovic returned to Addis Ababa. How had contributions helped? In a hospital classroom mothers learned about the rite's harmful effects. "'Not with my daughter'" they told the camera. An English version of Vuckovic's 1994 video was itself now used in Ethiopian village campaigns. In 1997 "Mona Lisa" broadcast the second documentary, encouraged by Egypt's about-face, first forbidding, then reinstating FGM.

A dedicated campaigner, Hermann addresses her book, *The Right to Femininity: Hope in the Struggle to End Female Genital Mutilation*, "to everyone who wonders why FGM exists at all and why the tradition, despite its cruelty, maintains its stubborn hold" (14). Not "an attack on individuals who practice it" but an attempt to work with African peoples, (14) Hermann contends that "[t]he West can help with money and educational materials" (14). Though inaccurate in asserting that *Mona Lisa* broadcast "for the first time on German television the suffering of millions of African girls" (10)—in 1981, Patricia van Verhaegen aired *Le Secret de leur corps* about infibulation in the Sudan—Hermann's

anthology makes an innovative contribution to the field.

The book of hope highlights rare but increasingly spectacular successes. In "Intervention bears fruit," Gerry Mackie describes TOSTAN. This UNICEF-supported NGO, teaching human rights and literacy in Senegal with no specific mandate to eliminate FGM, has witnessed adult students deciding to abandon the rite. Mackie reports: "The inhabitants of Malicounda ... 3000 Bambara ... announced on 31 July 1997 their resolve to stop FGM" (59). On 6 November 1997, the neighboring Nguerigne Bambara followed suit, leading to the Declaration of Diabougou on 14-15 February 1998, including a dozen settlements. A Declaration in Medina Cherif came next. In all, 1500 sites had been mobilized.

What unites these municipalities is intermarriage; clearly then, the 'critical mass' is decisive. "An individual where FGM is a precondition for marriage within a limited pool cannot abandon the custom unless joined by a significant number ready at the same time to give it up. FGM represents a convention which makes one family's choice dependent on another family's choice" (63; back translation). Foot-binding, also required by husbands for centuries, was eliminated within a mere dozen years by reformers following a three-pronged strategy. First, they enlightened audiences to the fact that elsewhere in the world, the custom was not followed. Second, they extolled the virtues of the unbound appendage. Third, they founded "Societies for Natural Feet" whose members vowed not to cripple their girls nor to demand lotus-hoofed wives. The public declaration worked and offers hope in stopping FGM, which continues in part because parents don't want girls to suffer in the marriage market. Thus, assuring that young men will marry uncut girls seems promising.

Public declarations like Malicounda's feature exciseuses giving up their tools. Conny Hermann interviews Oureye Sall, a midwife who has done just that. Because the intact were regarded as "dirty," were not permitted to cook nor even to sit with others while they ate, and were, in general, treated as pariahs, Sall had been convinced she was doing good in relieving girls of that appendage preventing their social integration—and by "sewing them up" (82). Of course, there were exceptions: "A few families didn't have their daughters done. But once they married into a group whose tradition it was, it was only a matter of time before the daughter-in-law would be mistreated. I know of one adult woman who cut herself in order to escape the insults" (79). Sall credits TOSTAN, however, with teaching her human rights and enabling her to see the cutting as "violence against women" (85). So she stopped amputating clitorises and now sells peanuts instead. Hermann's interview is remarkable for its well-chosen, tactful questions, its honest and enlightened answers, and for the room it provides Molly Melching, head of TOSTAN, to remind us that the West also inflicts pain, even on children, for the sake of beauty. "I have learned," Hermann concludes, "how essential it is to understand African thinking on the issue, to understand why traditional circumcision is, or was, important."

The stirring first-person account by Amina Hussein also anchors excision within a complex family setting, allowing outsiders to grasp its emotional side. At EXPO 2000, Amina's daughter read about

- the seven-year-old's excitement on her special day, scrambling onto her parents' bed and wondering at her father's hesitation to get up;
- her pride when the maternal uncle from the American Embassy in Mogadishu came in his car to call for her and her sisters, six and five;
- her shame at the clinic in town when exhibited naked;
- her feeling nothing due to novocaine during the operation but her increasing discomfort mounting to agony as it wore off;

- the insufficiency of anesthesia for her smallest sister whose screams shredded the air;
- the inability to urinate and scalding when, after a home treatment with smoke, her bladder emptied;
- and her middle sister's complications, an infection leaving hideous scars.

Yet, "one week later ... bandages were taken off and a big party took place. ... Mother praised her courageous daughters, as we 'came out' now ripe for society and our future husbands. We had at last been cleansed; we were rid of that 'filthy shit'..." (45). Details count; they humanize without excusing or failing to present as regrettable the misguided practice itself.

In "'My daughter won't be mutilated!'" Mohammed talks about those husbands for whose sake the surgery allegedly takes place. "Most men simply don't care whether or not their wives are in pain. They only want their fun," he avers, conceding, however, that "not all men are like that" (51). Despite taunts from his peers, Mohammed and his future wife had the scar opened under anesthesia four weeks before the wedding. Hermann's interview reveals not only that men, like women, adhere to tradition, but that there are some like Mohammed who, unequivocally, "reject circumcision of women" (53). Asked, though, how other men can be convinced, he replies, "I don't know" (54).

Cautious optimism is key. In the Sudan, for instance, where infibulation affects more than 90%, Ahfad University for Women has added FGM to its medical curriculum, requiring third-year students to do a four-week apprenticeship, visiting villages to discuss the operations (tactfully!) with imams, elders, and women. Each year four dissertations on the subject are also required.

As positive as all this sounds, however, Amina Badri's University of North London dissertation, interviewing 400 Sudanese men and women, in equal numbers, living in the UK and in Africa, dampens any premature rejoicing. Though nearly all male respondents were academics (including 23% physicians and 2% gynecologists) 79% in the Sudan and more than 50% in the UK support mutilation, opting for what they call "sunna." But what is 'sunna'? It can mean almost any degree of damage. More discouraging still, progressive women, Ellen Ismail notes, have begun to practice a "fake Tahur [cleansing, purification]": "A midwife comes and makes a small cut in the genital area, drawing blood. The girl is then convinced [she has been through what her age-mates have had] and is therefore released from psychological pressure" (92).

Let's make no mistake: FGM continues because girls beg their parents to be done and the women want it, the more so when resettled in strange, often racist environments. Part IV of Hermann's book looks at the ramifications for Europe of immigrants and refugees bringing the custom with them. To start, attorney Regine Kalthegener asks whether FGM shouldn't be grounds for asylum. Moving beyond opponents for whom the clitoris doesn't quite make it as an "important bodily organ" (115) which, therefore, under present law, would be offered legal protection against amputation, Kalthegener claims that, under the Viennese convention of 1993 defining FGM as a human rights violation and the Beijing Platform for Action of 1995 cataloguing it as violence against women, German courts could offer asylum more often than in the single instance in 1996 in Magdeburg. The problem is that, unlike countries enabled by a case-precedent tradition to interpret broadly the 1948 Human Rights Convention to include "private" persecution, German courts often narrow their options, at times revealing an abysmal ignorance of the practice itself. Regarding protection for girls already in Germany, two paragraphs in the penal code, 224 against bodily harm and 226 against grievous bodily harm, can be applied, but not without controversy, as debate rages around which really covers FGM, the first,

a 'mere' misdemeanor, or the second, a felony requiring extradition of non-German citizens. Wouldn't this dilemma be resolved, a multi-partisan group of Members of the Bundestag have asked, if a specific law naming FGM as its object were passed? Not necessarily: the French prosecute on the basis of existing statutes. Still under the shadow of the Nuremberg laws, do we really want to isolate a specific (in this case African) minority by enacting legislation applicable only to it? Serious as this objection is, Kalthegener concludes: "On the whole, in Europe, criminal laws are essential" (127).

Renowned attorney Linda Weil-Curiel, in "Criminal Prosecution, Recognition of the Rights of the Child," emphasizes the protective effects in application of the law. "... The number of cases of FGM [brought to the attention of the PMI (Protection Maternelle et Infantile)] fell [significantly] once trials began and the media reported on prison sentences meted out to parents and exciseuses. At the Göteborg conference in July 1998, a physician announced that ... in her suburb in 1985, 500 circumcisions of girls were recorded, in 1997 and 1998 not a single one" (155). Given these results, not to prosecute, Linda contends, is discriminatory, even racist. "What is the sense in forbidding FGM if parents who violate the law are not brought to trial but instead brag about getting away with it? I confront the doctors and social workers soft on prosecution with the question: how will you look the girl in the eye when she says, 'You could have prevented my parents from mutilating me. Why did you do nothing? Because I'm black?'" (155)

Fear in Germany and the UK of confusing 'intervention' in 'cultural traditions' with racism has been a real constraint. Great Britain has had the Prohibition of Female Genital Mutilation Act (previously the Female Circumcision Act) since 1985, and, with the largest number of affected African immigrants, that nation also hosts the most girls at risk, about 15,000. Yet, despite knowledge of a "precise, secret network in the UK as well as continental Europe which directs parents to addresses where the operations are performed" (Ina Ismail 164), no one has yet been tried. Studies by FORWARD, the London College for Tropical Medicine and the London Black Women's Health Action Program confirm that girls have been mutilated after arrival in the UK. Thus, "without ... adequate support, education or work within the groups themselves by their own members, [laws] will not change deeply rooted attitudes" (165).

Outsiders, too, have not only the right but the duty to act. In 1995, Ines Laufer reactivated the Terre des Femmes task force, emphasizing that the 'culture' of FGM isn't foreign at all but of a piece with universal efforts to "deform by force female sexuality in light of male desire" (175). Laufer outlines "masculine oppressive mechanisms" not limited to Africa: what else are corsets, intimate deodorants, stiletto heels if not evidence that the 'Western' body, too, is considered 'ugly' and 'dirty'? With Linda Weil-Curiel, who sees beyond all rhetoric to the "single real aim of mutilation ... to refuse women their sexual enjoyment" (160), Laufer insists that "the mutilation of a little girl's sexual organs is a symptom of sexism, a form of hatred and intolerance that exists everywhere. Also here, among us" (179), and concludes: "the fact that women are discriminated against and experience violence is not foreign. A culture that depends on the oppression of women in order to function is not foreign. Fighting as a European woman opposed to FGM does not mean sticking my nose into a foreign culture, but is instead a declaration of opposition to the well-known culture of sexism" (180).

Though a majority of activists eschew the so-called 'stridency' of a 'militant' feminist approach, most would agree that "to want to change the world by eliminating avoidable pain" (182) is a praiseworthy aim. Seven German associations with projects and contact addresses are included in Hermann's

anthology: Brot für die Welt, (I)NTACT, Marie-Schlei Verein, Rainbo, Terre des Femmes, UNICEF, and World Vision.[1] Foremost among them, however, is the Federal Minister for Development, Heidemarie Wieczorek-Zeul, outlining the government's initiatives. For the Minister, improving women's education and economic options is key. "FGM cannot be understood as an isolated problem. ... Not merely a matter of women's health and entitlement to an intact body, FGM requires intolerance toward all violence against women and insistence on all human rights" (145). The German government is involved in Mali, Guinea, Burkina Faso, Senegal and Egypt and, on the home front, Wieczorek-Zeul supports a law against FGM and for asylum.

Though I applaud Hermann's publiccation, I have a caveat or two. Errors and form suggest that the text was not refereed, a procedure less crucial for the non-specialist audience to whom, in fairness, the book is primarily addressed. Nonetheless, the introductory essay lacks footnotes for its more dubious assertions. For instance, Helga Ettenhuber holds that "In old Israel, in addition to boys, girls were also circumcised" (16). Come again?![2] She also claims that "the Ethiopian ethnic group, the Falashas, living according to Jewish tradition, circumcise their daughters to this very day. This shows that FGM is not tied to any religion..." (16). Naming Christian and animist practitioners to balance the association with Islam, Ettenhuber has nonetheless made a mistake. At the University of Beersheva, Dr. Belmaker's physical exams and research into FGM among the Beta Israel (so-called Falasha), now living mainly in Israel, show that the custom had not touched more than half of women born in the present generation of grandmothers (ca. 1950) and that among Jews it has been wiped out on Israeli soil—in fact, a missed opportunity to celebrate success![3]

A second irritating aspect is mis-representation of struggle against FGM in Germany. Helga Treib, reporting on (I)NTACT's achievement in persuading midwives to give up their tools, adds that she first learned about FGM in 1994. Had Treib left it at that, I could simply regret that German media, covering FGM since the late 1970s, had not reached her sooner. But instead, she justifies her ignorance of earlier activity with a rhetorical flourish, asking, "Who was bothered about the circumcision of African girls and women? Only a few, and they were hardly noticed" (102). In fact, what Treib names "a small circle of engaged women" (104) can be called a movement with documented working relations to pioneers Awa Thiam, Efua Dorkenoo, and Asma El Dareer.

For the record, the history is as follows.[4] In 1977, *EMMA* (circulation then 150,000) published Pauline Caravello's "Klitorisbeschneidung" [Clitoridectomy] (1977; rpt. 1997). As editor Alice

[1] FORWARD—Germany, founded in December 1998, was not recognized as a tax-exempt charity until July 1999, and was therefore not yet 'out' in time to meet the manuscript deadline. DAFI (Deutsch-Afrikanische Frauen Initiative) in Berlin was also founded too late for inclusion (early 1999). MAISHA e.V. in Frankfurt is a regrettable omission.

[2] On WMST-List (listmistress Joan Korenman) and the Israeli Feminist Forum (listmistress Marilyn Safir) I asked whether anyone else had ever heard of ancient Hebrews circumcising girls. I'll publicly thank my many respondents in another forum but consensus from experts was a resounding, "No!" The exceptions, however, are thought-provoking. If the ancient Egyptians were doing it, and those living among them absorbed many local customs, isn't it logical that....? And Jews in Northern Yemen are known to have performed FGM, I was told.

[3] Grisaru, Nimrod, Simcha Lezer, and R.H. Belmaker. "Ritual Female Genital Surgery Among Ethiopian Jews." *Archives of Sexual Behavior*. Vol.26. No.2.1997. 211 - 215 and see Levin, Tobe. "Ill at Ease with Mariam, Gloria Naylor's Infibulated Jew." *Holding Their Own. Perspectives on the Multi-Ethnic Literatures of the United States*. Eds. Dorothea Fischer-Hornung, Heike Raphael-Hernandez. Tübingen: Stauffenberg, 2000. 51-65.

[4] This is a slightly revised version of text to appear in a forthcoming publication edited by Obioma Nnaemeka composed of papers presented at the 1998 Indianapolis conference of the Association of African Women Scholars.

Schwarzer notes in the journal's twentieth anniversary edition, *mailbags* full of concerned and—yes, shocked—voices asked, "What can we do?" Anticipating this, Caravello allowed a Sudanese informant to reply, "'Here nearly all girls are circumcised, but no one talks about it. Newspapers are silent. So are tv, radio. Our only hope lies in an outcry from the world'" (115).

In response, as early as 1977, despite left-wing criticism on the grounds that *opposing* FGM was neo-imperialist, if not racist, hundreds of 'ordinary' West Germans met in various places around the country in solidarity with 'ordinary' Africans opposed to the custom. Hundreds were involved. At first *Emma* staff writer Adele Meyer co-ordinated, until the task proved too onerous to combine with her editorial work. Needed was a group to take over. The task fell to my Munich circle. Between 1977 and 1979 we ran information stands in the pedestrian zone on busy Saturdays; petitioned the World Health Organization and European institutions; collected a small but nonetheless useful thousand Deutsche Marks in support of Asma El Dareer's epidemiological research in the Sudan. But our principal accomplishment was publication of a modest book, *Materialien zur Unterstützung von Aktionsgruppen gegen Klitorisbeschneidung* edited by I. Braun, T. Levin and A. Schwarzbauer (Munich: Frauenoffensive, 1979) long out of print but available in university libraries. Translated, its title gives precisely our intent: *Material to Support Working Groups against Clitoridectomy*, a handbook to aid the informal committees in a dozen German cities.

Why did the movement peter out? Though EMMA has covered the topic often over the years, tension in Copenhagen at the U.N. Mid-Decade for Women Conference discouraged outside engagement. But once the Inter-African Committee formed in 1984-85, cooperative efforts under African leadership resumed.

Terre des Femmes ...

As early as April, 1983, Awa Thiam spoke at Terre des Femmes' first annual convention in Frankfurt, as FGM inspired that association's founding, a fact giving me the perfect bridge to the next publication under review. With our 1979 handbook sold out long ago, Germany had no guide to a subject attracting increasing attention in the 90s. Difficult access to background material often led to journalists' mistakes. As a result, the Terre des Femmes task-force produced a reader for both neophytes and experts.

For many reasons, the collection is unique. First, you can get it directly from Terre des Femmes for a modest donation, 15,-- DM including postage. Second, though popular, its provocative cover marks it as academic work: the drawing of a 16-year-old Somali came from University of Padua Professor Pia Grassivaro Gallo's Mogadishu study of the psychological impact on 196 girls between 8 and 16. From the bound child awkwardly rising from bed in the background, eyes proceed to the foregrounded face with hair flying above a half-smile and no body at all—certainly appropriate to the collection's title: *Female Genital Mutilation. A Fundamental Human Rights Abuse.*

It is on the verso that we read the origin of the cover design. There, too, we find that no less an institution than the BMZ (Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung)—the Federal Ministry for Development Aid—has financed the endeavor, with Minister Heidemarie Wieczorek-Zeul appearing again, promising help to governments and NGOs in Africa as well as campaigns on German soil.

Sections in this 295 page resource include "Experience and Opinions"; "Activities in the Field"; "Rights, Legislation and Law Enforcement"; and "Digressions"—a thoroughly fascinating addendum including three stimulating

pieces on clitoridectomy in 19th century Europe; on male genital mutilation and why we should oppose that abuse; and on the clitoris, including lesbian sources of new knowledge about its physiology and functions. Finally, an Appendix translates into German two important chapters from the WHO Technical Working Group's report; provides a beginner's reading list of German language material; and offers information about the authors, a virtual Who's Who of activists in Germany with Herta Haas, born 1907 (to whom the book is dedicated) our honored elder stateswoman.

Weaving in African voices whenever possible, Petra Schnüll's excellent "Introduction" reproduces Fran Hosken's epidemiological map; claims a "'soft' cultural relativist approach" (21) defined as "seeing and understanding cultural phenomena from within the specific context" (21); reviews inadequate attempts to find origins of the practice; and describes types of surgery: the standard, "extremely rare" "Mild Sunna" or circumcision proper; clitoridectomy or "modified sunna" which removes the clitoris; excision that suppresses clitoris and labia minora; plus infibulation and defibulation. (Most writers, however, don't list the "mild sunna," preferring a catch-all for other forms of abuse or instruments, such as clitoral damage via acid, introcision, vaginal scraping, etc.)

Schnüll then moves on to the FAQs. *Why does it go on?* In part because of social pressure: it is normal. *At what age?* At any time from shortly after birth to just before marriage or even during the first stage of labor. *Who does it?*[1] *Under what conditions? What are the operational steps? The consequences to the body? To the mind? To a woman's sexuality? What reasons are given for it? What is the role of tradition? Stigma? Gender expectations? Money? Beliefs about sexuality? Beauty? Religion? Initiation? Health?* ("[Infibulation] makes it harder for insects to enter the vagina" (39)—I'd never heard that one!]) Schnüll answers many of the rationalizations with 'simple' facts, though not devoid of irony. "That a rewarding sex life does not handicap women can be taken as self-evident, and in case her satisfaction were to be transferred to her environment, such a circumstance would, I suppose, not work to the disadvantage of the family" (40). Schnüll's position is both radical feminist and delicate. She sees that the "basic motive for FGM is control and oppression of women in the name of morality in a male-dominated society" (42) but finds this realization unconvincing in relation to the clear *intention* to *benefit* the amputee. Persuading people to stop doing 'good'—that's the challenge.

The activist and scholarly combined make this collection stand out. Contributors are, in nearly all cases, *both* activists and academics. Schnüll interrupted her dissertation to complete the book. Marion Hulverscheidt, with two contributions to her credit, completed her medical studies during its maturation.

Dr. Hulverscheidt, discussing "Health Consequences of FGM," opens with a photo shot in 1982 by Hanny Lightfoot-Klein. Caption: "Vaginal opening and infibulation scar of a twenty-five-year-old married woman who underwent an extreme form of excision and infibulation. She is being prepared for an operation to allow for a gynecological exam" (52). Pictures are worth a thousand words, and this one captures the medicalization of a victim's life as a result of transforming the outward appearance of that space between her legs. Though Hulversheidt starts by reiterating the book's political position, that "mutilation of women's external genitalia is a fundamental violation of human rights," her opposition is medical: "because

[1] A caveat here. On p. 45, Schnüll claims Ethiopian immigrants to Israel continue the practice. Fran Hosken and others claim they don't. Schnüll also fails to list the Bedouins who do. See Fran Hosken. "Canada: Female Genital Mutilation—Workshop Manual." *WIN News* 24.4 (1998): 33-35 and Dianna M. Cahn. "Lifting a Bedouin Veil of Secrecy" *The Entertainment Supplement of The Jerusalem Post*. June 18-24, 1993, p. 3.

of damage to the body's integrity, disdain for the boundaries between self and other, and the physical and mental consequences" (53). These she recites in excruciating detail, differentiating the acute from the chronic, the gynecological from the obstetric, and identifies areas—really too numerous to list—in urgent need of research, for instance, the relation between HIV and FGM.

Most readers, well-informed, will excuse my not offering detail. But to exemplify Hulverscheidt's clarity, just one explanation here. Most girls, to avoid the fire of urine on the wound, retain it. If the acid is held in too long, the bladder becomes incapable of releasing it. Why? "Because the over-full organ compresses the urethra and requires catheterization if the uro-genital system is to be spared major damage ..." (54). The constant risk of surgical intervention, often in the absence of medical personnel, further underscores FGM's potential to create lifelong invalids. Another instance: of dysmenorrhoe or painful menstruation, Hulverscheidt notes, "This is not only the most common side effect [of infibulation] but also has social and economic significance. A person ill or unable to work for one week each month can't attend school regularly, can't receive a proper education, and can't provide for herself. She is and remains dependent on her father or her husband, in any case, on the other sex" (55-56).[1] Although Sudanese women *are* educated and enter the work force, disruption of studies and professional life certainly occurs. How victims *feel* about these issues has yet to be described. Setting a research agenda represents one final aim. And under "Recommendations for dealing with FGM victims in Germany," Hulverscheidt laments the "extreme knowledge deficit" (59) among German doctors. She wants medical interviews with translators; sensitive examinations; pre-emptive opening of scars in cases of pregnancy (to avoid infections) or rapid episiotomies (toward the rectum) to avoid the additional trauma of caesarians. She closes, however, with a controversial statement: "I believe physicians should be trained to offer appropriate assistance but not to counsel or, let alone, forbid. The desire for and will to abolish FGM must come from the culture itself, originate with those involved" (60).

Though I don't see this as an either/or —physicians are ethically bound to inform that FGM is against the law—this line serves to bridge part one, the facts, with part two on experience and attitudes. Here Sudanese-born doctor Ina Ismail largely agrees with Hulverscheidt, going further to warn insensitive media of the damage insulting reporting can cause: "The matter is extremely complex, and if we restrict ourselves to condemning a society's negative practices, highlighting and emphasizing them, we can't succeed. This strategy has been used often enough by the media and personally, I see no sense in showing on TV how a girl is genitally mutilated. A Western audience already knows what the sex organs look like, with sex such a public topic. FGM's victims also need no one to tell them how miserably painful the procedure is. Such insensitive approaches lead to closing those doors already opened [with difficulty by activists.] The shock administered without corresponding explanations of historical, socio-political or traditional factors can't work. On the contrary, it provokes opposition and rage in the communities involved" (64). Recommending "informal channels as the best basis for change," Ismail praises FORWARD (Foundation for Women's Health Research and Development), UK, for its well-rounded approach, its seminars for professionals and private interviews with individuals at-risk. (Though Ismail doesn't mention it, FORWARD's Well-Woman Clinics support her thesis.) Yet, Ismail, educated at the Sudanese University of Wad Medani (1983-1989) doubts that a medical

[1] [Ismail writes (66) that the Sudanese government gives every woman one paid day off work at the start of her period. At first, she had believed this a woman-friendly measure.]

approach suffices. Knowing the dangers will not of itself erase beliefs in beauty, 'purity' and marriageability. Worrying her, too, is medicalization by the elite "which has not developed a critical attitude toward FGM, nor learned to alter its thinking" (66).

If Hermann brings the good news, Schnüll allows for little optimism. Gambian activist Binta J. Sidibe, caught by Cordula Kropke's photo in mid-sentence, hands poised in explanation, writes in "My Personal Experience with FGM" about her own burning desire to undergo the rite; how she admired and respected those who had gone through it, "especially when they returned from the bush" (69)[1]; how her "aunt [after excision] challenged [her] to dance, to demonstrate [her] courage and make [her] whole family proud. [She] danced, while family members threw a lot of money in [her] direction ..."(71). During the following six weeks at the Ngansimba's (excisor's) home the girls learned "secrets: how to be good wives, good mothers and good women with high moral principles, responsible and active members of the community. During this time [their] parents also cooked delicacies, bringing them to the Ngansimba's house" (71). The coming-out celebration proved to be equally joyful and delicious, with the beef, goats and sheep rotissaried throughout the night.

Was there no down side? Sworn to secrecy on pain of death for ever mentioning what had been done, Sidibe had not considered negative consequences until, at 24, while giving birth, she overheard the midwife grumble that FGM had caused the scar needing cutting to give the baby room. This led to speculation about the death at 39 of a close friend bearing her fourth child. "Could this ... have been a long-term result?" (72).

That trauma can occur during parturition was made excruciatingly clear by Comfort Ottah. At a 1995 seminar in Königstein, Comfort, from Nigeria, related how she, a midwife, was suddenly confronted in a London hospital by a woman in delivery whose vulva had been sewn. "Cut it! Cut it!" the young mother shrieked. Barely able to keep calm, Comfort felt her charge teetering on the brink of death. The experience made her a campaigner and early supporter of FORWARD.

Because her contribution is surely among the strongest pleas to end the practice ever penned, I offer it here in its entirety.

"Enough is Enough!"

In "The Rite of Female Circumcision" (*Emerge*, September 1996, p. 30—African-American monthly news magazine now defunct) Harriet A. Washington takes for granted that the "nearly 60 percent of newborn boys in the United States undergo a similar ritual" to that of female genital mutilation, and she refers to FGM as "a judgmental term that lumps together many types of female circumcision. For example, in clitoridectomy, the clitoris is nicked..." In response to Washington's aims—to trivialize the negative impact on a woman's health that could easily discourage international support for abolition—, Comfort Ottah wrote to the editor:

Dear Mr George Curry,

> I have recently read the article by Harriet A. Washington on "the rite of female circumcision" and find it offensive and insensitive to the suffering millions of African women and girl children.
> How can she compare male circumcision to Female Genital Mutilation? Does she know how many men go out to satisfy their sexual needs because it is impossible with their wives? Does she know how many women are abandoned by their husbands because they shrink away due to pain each time the husbands come near them for sexual relationship? Does she know how many broken marriages there are due to lack of sexual relationship between the man and his wife? Does she know how many men have become

[1] Contrast this with Alice Walker's *Warrior Marks*, emphasizing the dejection of the returning amputees.

impotent simply because each time they approach their wives, they weep with agony? How can you be hurting the woman you love? they ask.
How many babies have died due to obstructed labour? How many women have been left in a morbid state after child birth due to prolonged obstructed labour and damage to adjacent organs? What kind of culture deliberately leaves their women folk in a morbid state for the rest of their lives simply for being women?
Does she know how many school girls go off sick every month because they cannot menstruate freely? Does she know how many pupils spend 30-45 minutes trying to pass urine and are always in trouble with their teachers for being late to classes?
Does she know how many school girls are expelled from classes because they are described as disruptive and erratic in their mood swings because no one understands what they are going through as they have been sworn to secrecy never to mention their pain and suffering to anyone else?
Does she know how many suffer from recurrent urinary tract infections?
I have met these women and girls in my daily work both in the community and in hospitals.
In some African societies, stretching of ear lobes until they reached shoulder length was a culture but ... is now a rarity. Knocking off two front teeth was a culture [but is] no longer the case today. Tribal marks that deformed the face were a culture in the past; people are now seeking plastic surgery to erase them. Dressing up in leaves was a culture before but not now. Killing of twin babies was a culture before but now twins live and are cherished. Binding of feet, chastity belts, burning of widows or burying them alive, denial of voting rights for women, slavery, are cultures of the past because culture is dynamic and not static. ...
I forgive my fellow Africans who mutilated their women and girl children in the name of culture one hundred years ago, but [now], NO! NO!
We know better than that.
The kinds of Harriet A. Washington have played enough politics with the blood, health and rights of African women and their daughters. Enough is enough.

Comfort. I. Ottah, midwife, FORWARD, U.K.[1]

Like Comfort, Nahid Toubia, Sudan's first female surgeon, speaks from within the culture and outside it. Founder of Rainbo, proclaiming that "mutilation is not a measure of my value, ethics, or pride," Toubia writes, "Let's not beat around the bush. This practice represents African society's injustice toward women. Why is it so hard for us Africans to admit our mistakes and move on?" (80 back translation). She gives some answers: "It requires great strength of character to admit that the families they love and the societies to which they belong perpetrated such violence against them. Even if this occurred because of ignorance and with the best intentions concerning our welfare, we can still learn to condemn FGM without at the same time passing judgment on our families, culture and society" (79). For Toubia, the appropriate appeal emphasizes children's rights: "If adult women want to go on with the custom, well and good. But we are all responsible for ensuring that no minor girl is subjected to this practice" (79). As a physician, she insists that "the medical consequences ... can neither be hushed up nor denied" (77) and that "the demand for FC [female circumcision] in hospitals is wholly unacceptable because incompatible with medical standards which doctors and nurses have sworn to uphold, namely to maintain health and not to destroy the bodies of children" (78)—strong, uncompromising language, equally adamant when urging education

[1] On page 20 in *Weibliche Genitalverstümmelung. Künstlerinnen und Künstler aus Nigeria klagen an.* Exhibition Catalogue. Frankfurt: consellgruppe, 2000. [Female Genital Mutilation: Nigerian Artists Protest a Rite]. The publication with English translation is on-line at http://www.forward.dircon.co.uk/germany

and professional advancement for women as part of the struggle.

Peter Kisopia, a Masai and OXFAM pastoral co-ordinator, underscores Toubia's concern in his few informative words. "Female Circumcision: Cruelty to Women" expresses outrage at the practice's medicalization, understands it as "a cultural value" (81) and for that reason difficult to eradicate, but also calls unequivocally for its abolition—always edifying to hear from a man.

Men must be enlisted to stand by women possibly threatened by violence for their courage. As Efua Dorkenoo states in *Warrior Marks*, finger in air slicing the throat: "Women can be killed." Take Zara Yacoub: against the filmmaker from Chad a fatwa had been pronounced (since rescinded) because she broadcast "Dilemme au féminin," criticizing FGM. Interviewed by Regina Kalthegener and Sigrid Ruby, Yacoub explains: "Where I grew up, I would often hear little girls screaming while their genitals were being mutilated ... [And] a nice woman I know personally began smelling of urine after the operation. She was embarrassed but explained that the operator had split her urethra, making her incontinent" (85). Asked her opinion of prosecution, Yacoub is unequivocal: "[Because] girls are often brought back to their homeland to be mutilated, [we must penalize] FGM, to show that the operations are not common in the rest of the world. They are not 'normal'" (86). And her opinion of African critics who discourage outside help? "Those women are not realistic," Yacoub insists. "They miss the global dimension of the problem." Instead, "African women should be thankful ... Speaking for myself, I'm very moved by engagement here in Europe" (87).

"Putting it bluntly," says Dr. Asili Barre-Dirie, when asked whether women in Germany not of African origin should become involved, "they are obliged to. I call it solidarity" (95). Her interview's title, "I want to increase women's self-confidence," sums up her position well. A veterinarian from Somalia, Asili is vice-chair of FORWARD-Germany and takes a holistic view. How did she become a campaigner? She succeeded in convincing one family not to mutilate their daughters. Yet, despite her firm personal conviction that the custom should be stopped, Asili declares, "I wouldn't dream of denying belonging to a people with traditions worthy of keeping and encouraging. And I have no problem fielding questions about my personal 'victimization'. When people ask, the answer is that the experience made me strong. The 'victimization' increased my power to fight against FGM" (92). How is she going about it? First having founded a tax-deductible charity linking her German town with Shilabo, in Ogaden, East Ethiopia, where her husband's people settled, Asili used contributions to assist twenty women to become poultry farmers. This links increasing economic independence, self-confidence and refusal of infibulation. In Germany, with FORWARD, Asili is planning a campaign among teenage girls at risk.

To build bridges between those who do, and those who do not, perform genital cutting, Hanny Lightfoot-Klein offers enlightenment based on the "more than 100 painful births" she witnessed in the Sudan and she, too, warns: "Only when women and men [from outside] are ready to listen, instead of forcing their convictions egotistically on others, can they learn how to solve the puzzle of women's genital mutilation" (101). The enigma stems in part from the fact that non-excised women in Arab-Islamic societies south of the Sahara have been historically associated with slaves and prostitutes beyond the pale of male 'protection'. These women's sad fate, and that of their children, made them easier prey for rapists, plunderers and slavers. It becomes clearer why mainly (less educated) women, rather than men, continue promoting the custom (101), for who will not want to distance her daughter from slavery and prostitution? Lightfoot-Klein defends those who may disapprove but lack strength to defy the harassment,

condemnation, threats or even violence that rebels face. Her concern also extends to treatment for the genitally-mutilated once in the West: "We must impress upon doctors not to handle these women like medical curiosities and put them on display, but instead enable them to recognize how the mutilation of their bodies in childhood plagues them still, and how their medical problems can be effectively relieved" (103). Even more clearly, "future psychotherapists [must] never forget that these loving, caring individuals and keepers of the tradition which has victimized them should not be confused with sadists or blood-thirsty monsters" (103). The book as a whole concurs, its aim to 'humanize' the event without failing to insist it must be stopped.

Ines Laufer veers discussion in a less subdued direction. Interviewed as leader of the Terre des Femmes task-force on FGM, Ines aims her indignation at media, politicians, and informed private citizens who have done nothing. Indifference to others' suffering is unequivocally weighted by German history, and Ines deplores it. "Nobody seemed to care that fully conscious little girls were having their genitals cut off nor that [survivors] would be prone to suffer for the rest of their lives" (105). Ines considers unacceptable, and certainly unconvincing, the refusal to act out of 'respect' for another's tradition, especially since she sees the custom from a feminist perspective: "In all FGM-practicing societies without exception, women live in systematically constructed dependence on men, politically, economically and socially. This dependence is maintained by misogynist ideologies, laws, norms, and religion. For this reason, a struggle against FGM is hopeless unless it addresses these causes" (108). And the role of European women? "FGM doesn't strike individuals as members of a specific ethnic group, as Egyptians or Masai, for instance, but as women. The fact of exposure to male power [or violence] unites, with rare exceptions, all women on this earth, including you and me" (108). The defense against charges of meddling looms large in the interview, reinforcing an a priori defensive stance diffused throughout the collection as a whole—hence the sub-title, defining the tragedy as a human rights abuse, placing it on a universal plain. In truth, it remains a feminist issue. Asked what most hurts but also motivates her, Ines responds, "how rarely women identify with their sex as a basis for discrimination and magnet for violence ... How can people fail to see FGM as the most extreme, clearest form of women's oppression? That it has been ignored, repressed or simply accepted for so long is beyond me!" (110) "Whoever can't stand the idea of little girls having their genitals cut off has both the right and the duty to act," (110) she concludes.

In agreement, Dr. Herta Haas locates her engagement in autobiography. Born in 1907, Herta, targeted by Hitler, received her doctorate in July 1934, only to find herself the next day on a train to Italy where she would work as a nanny. The empathy of a Holocaust survivor and disdain for indifference toward what happens in 'foreign' cultures is not difficult to infer. Like Ines, Herta read an article on 13 September 1979 in *Die Welt* in which Peter Meyer-Ranke introduced "The Land of the Sewn Women." Immediately, Herta began to put the four languages she'd acquired in exile to work: "It was always clear that direct intervention by 'Whites' was out of the question. Africa had suffered colonization, so that anything even remotely reminiscent of it couldn't work" (113). Educational campaigns, however, to raise money in Europe were legitimate. Herta's papers, a trail blazed over more than twenty years, reveal her unstinting attempts to inform and raise funds.

Terre des Femmes, described by Gritt Richter in the following chapter, invests in promising projects including

- the first poster campaign in Germany (launched November 25, 1997);

- a questionnaire sent to physicians, to compile a list of experienced professionals whom excised girls and women can consult;
- a survey of foreign aid workers (more than half of whom had never received information on FGM);
- a pamphlet (borrowed from France) in five languages for new immigrants, distributed by the Ministry of Health;
- activities in Tanzania and Burkina Faso;
- and, of course, the book under review.

It also lobbies for asylum and urges linking AID moneys to support of abolition in Africa.

Turning from Africa to Europe, Pia Grassivaro Gallo and Franco Viviani on "FGM in Italy and the Working Group in Padua" note that "in 1988/89, Italian media were outraged by immigrants' applications to the public health services for female circumcisions" (121). In response, a working group at the University of Padua began research on FGM in Italy where victims' sometimes "surgically perfect" (123) scars suggest that the nation hosts a gray market for the operation. The task force has looked into the therapeutic relationship between Italian gynecologists and their circumcised patients, as well as the decision to defibulate. It launched an epidemiological study in 1993 of FGM in Italy and found five thousand girls at risk.

Gallo and Viviani include a targeted list of works cited. Five times as long, however, is the bibliography accompanying Charlotte Beck-Karrer's account of field research among Somali refugees in Switzerland. An ethnologist, Beck-Karrer confronts a double-bind, the participant observer both wanting and not wanting to intervene by encouraging attitudinal change. Beck-Karrer highlights two main issues, protection and care. Regarding medical attention, she prefers that Swiss physicians not ask, "Have you been in a traffic accident?" (132). Regarding prevention, she finds Swiss law ambiguous. Like the French, legislation envisions FGM as "deliberate grave bodily harm," (133) yet clauses guaranteeing religious freedom vitiate the certainty of conviction. A Turkish Muslim living near Zürich, for instance, won a court order freeing his daughter from compulsory swimming at school. The judgment emphasized, however, that parental decisions can be over-ridden if measures "endanger the health of the child" (135). In any case, law without enlightenment promises dubious results. "Switzerland has not yet made any attempt to win African women for sensitization campaigns, nor to pay them for their work" (137). Unlike government, Beck-Karrer's modest group ANTAGEM has reached out with brochures rejecting the practice but also deferring to African parents. "Respect is a precondition of persuasion in an atmosphere of trust. Therefore we often preach more energetically against a damning vocabulary like 'cruel ritual' and 'barbaric practice' than against the practice itself. We believe such labels are counterproductive" (137).

So, which arguments work? It depends on the candor of feminist discourse and on the culture. Dr. Amal Shafik, in "Resistance to FGM in Egypt" argues, for instance, *against* an emphasis on health. Reporting on a study by the Egyptian Fertility Care Society that shows only 7% of the wounded complaining of complications (with clitoridectomy, not infibulation), she urges activists to address FGM as a human rights abuse—all the more important since a health argument encourages medicalization. "In the daughters' generation, we find most operations performed by doctors and nurses which shows that FGM in Egypt is being progressively medicalized," (147) despite rejection of this alternative by all international conventions. The good news, however, is that "a second study of university professors uncovers their resolve to abandon the rite, to sink the rate from 100% to zero" (148). The Catholic Evangelical Organization for Social Services (CEOSS) has achieved stunning results with projects lasting five years, addressing literacy and leisure directly but

not FGM, and targeting influential persons. "It's impressive that in four communities [the Church] has [also] reduced the percentage from 100 to zero" (149). Integrating material in lesson plans, urged by the Ministries of Education and Health, promises success as well.

In Burkina Faso, although victory is not easily measured, model projects reward Terre des Femmes' support. The German group has privileged educational campaigns in Pouytenga District that integrate a human rights approach with information on family planning and AIDS, depending strongly on converting midwives to the cause. In her interview with Aminata Sigué, Regine Bouédibéla-Amangoua highlights the former's insistence on law: counseling is essential, but prosecution, as in France, should be esteemed (155). And in Gambia, Terre des Femmes works closely with APGWA—Association for Promoting Girls' and Women's Advancement—to improve social and economic opportunities, offering workshops on FGM's threat to health. Speakers often bring to villages the anatomical model developed by the IAC [Inter-African Committee].

In Tanzania, in contrast, NAFGEM, Network against Genital Mutilation, prioritizes a centralized office serving groups with various aims who include FGM among them. In the Kilimanjaro Region in the Northeast, the Moshi project involves villages where a 1996 survey revealed between 20% and 80% of girls were cut. Law forbids the practice, but this doesn't obviate the need to educate!

"Action" concludes appropriately with Tobe Levin and Ulrike Brown introducing fifteen international associations and fifteen resource persons, including addresses and websites. Though not exhaustive, the list gives researchers an excellent toehold on the topic.

The next section, Law and Legislation, opens with Elif Özmen interrogating the collection's subtitle. *Is* FGM a human rights violation? How is one to answer the cultural relativists? And why do Germans in particular feel compelled to do so? Given the Nazi past, the most liberal of all asylum laws following the war, and renewed debate when in the early nineties a much tougher bill was passed, campaigners have had to face a hands-off attitude from the Left, that is, from erstwhile allies. Özmen, therefore, argues for "cross-cultural universals," including freedom of opinion, belief and conscience (197) as well as protection of the individual. Whether or not Enlightenment ideals arose within the territorial confines of Europe, "humans as rational beings can claim certain rights," Özmen insists (197). The "inherent dignity" of the human being arises from that very human-ness, independent of cultural, national, or even historical contingencies (198). Listing the international instruments and relevant paragraphs, such as the Universal Declaration of Human Rights articles 3, 5, 6, 7 and 9, Özmen underscores the incompatibility of amputating children's body parts with the guarantees to which most states subscribe, and concludes with a powerful syllogism. If assurances are universal, and we enjoy their protection, aren't we then obliged to assure their universal application?

Attorney Regina Kalthegener in "The Right to Bodily Integrity: Legal Regulation of FGM in Germany and Europe" answers, "Yes," but ... Law addresses asylum and protection, each in turn fraught with complexity. In Germany, we recently liberalized asylum criteria to ease including gender. Kalthegener and Gabriela Lünsmann, discussing four decisions in Oldenburg, convey why the change was needed. "The German Supreme Court had early on expressed its will to interpret cases broadly, accepting gender-specificity. Nonetheless, in practice, it was like Russian roulette: the outcome depended heavily on which state or with which administrative court the plaintiff ended up" (201). At time of publication, only Magdeburg had granted asylum to a refugee from the Ivory Coast.

Regarding protection, this too is a minefield. In April 2000, Eric Friedler broadcast an Egyptian physician in Berlin. A hidden camera captured him describing the operation to an allegedly interested father, and the evidence reached the police. Still, no warrants could be issued in the absence of a crime, and girls tend not to denounce their parents. Teachers, the immigration service, and social workers phone Terre des Femmes regularly asking what to do if they suspect children will soon be cut. Understandably, communities are uneasy with the idea of neighbors denouncing neighbors, as indeed are many Germans, reminded of conditions in the Third Reich (and the former East). And should minors be taken out of the country, decisive are both criminalization abroad and discovery on return. Kalthegener concludes with a hard-nosed proposal that "gynecological exams take place before departure and after re-entry" (211).

This particular suggestion reached the floor of the Bundestag via a Bündnis '90/ Green Party Hearing in April 1997[1] followed by parliamentary debate in December 1997 and June 1998. Maria Brosch describes the resulting bill, Censure FGM, sponsored by a multi-partisan group. It calls for asylum, health centers for African women and an educational "offensive" in Germany to protect girls at risk.

Of all the wealth Schnüll's collection offers, "Exkurse" [Digressions] supplies the most provocative fare. Marion Hulverscheidt, in "Medical History: FGM in Europe in the Nineteenth Century"; Tim Hammond and Tina Kimmel, in "How Do Male and Female Genital Mutilation Relate to One Another?"; and Rita Götze, "The Clitoris from a Feminist Perspective" occasion a rethinking of the mainly objective, clinical, sensitive, and inoffensive articles that came before. Here we sense more clearly the passion, longing, tears, cries, and regrets tactically siphoned off from other inkwells. Not that the pieces themselves sweat. No, their tone remains surreptitiously scientific.

But Marion, clearly, was *angry* at Isaac Baker Brown (1810-1872) who, in mid-19th century London, performed numerous clitoridectomies, justifying them with reference to the Reflex Theory. This held that peripheral nerve irritation due to masturbation caused mental disturbance. As the controversy unfolded in *Lancet*, Hulverscheidt saw that Brown's colleagues hounded him out of the profession not for amputating, but for failing to secure permission of the patients' male guardians (234). There also appeared to be "no clear differentiation between criticism of the operations in themselves and criticism of Baker Brown as a person" (235). Ergo, European society, like present-day mutilating tribes, accepted, and possibly encouraged, the crippling of female sexual potential, as Nawal El Saadawi claims. Referring to Freud, Saadawi charges that "'even if European women escaped ablation of the clitoris, they suffered a form of circumcision in their mores and their minds. ... As gruesome as the physical cutting is, 'psychological removal' of the organ achieves the same result" (237). Saadawi targets a universal "patriarchal class system" and Hulverscheidt concurs: "This same patriarchy rules [here] with clitoridectomy offering a good, clear illustration of medical misogyny. That's how I want the history of excision in the West to be understood: as exemplifying the complicity between medicine and society, and not as a history of denunciation [of Africa]" (238).

Exceeding 'mere' complicity, MGM (male genital mutilation) in the West (mainly the USA) shows the power of the medical establishment to institutionalize an unnecessary surgical procedure that damages male sexuality and continues because it brings hospitals, doctors, pharmacies, insurance companies and instrument manufacturers money. Hammond and Kimmel argue convincingly that the twenty percent of all new-born boys in the world deprived of a

[1] See report in *WISE Women's News* 7/2, 1997, p. 24.

foreskin—some 13 million every year—have not been subjected to a relatively harmless cut, though the rate of complication swings from 2% to 10% (242). In fact, "the prepuce is not a vestigial or superfluous flap. New physiological research shows a wealth of important nerve-endings in the tissue, making it a highly-specialized component of penile sensitivity as a whole" (246). It functions to protect the organ, produce secretions necessary for painless intercourse, and maintain sensation that translates into less violent acts of penetration. Did you know that? Other research suggests a residue of trauma in the helpless, over-powered infant, a "wounding of the entire self" (Alice Miller 249).

Many people concerned with FGM distance themselves from the smaller male movement because the health damage caused by the misnamed 'female circumcision' is indisputably greater, and I have been one of them. Our fight is daunting enough as it is. Can I even imagine squaring off with the real heavies, the religious establishments of Judaism and Islam? To Hammond and Kimmel, opposing MGM promotes the cessation of FGM: alliance doesn't harm but help our cause since the two are linked. For instance, "should a man be brought by religious, familial, ethnic or medical tradition to disdain a part of his sexual organ as ugly, useless, dirty or even dangerous, he will be all the more ready to see female genitalia as [ugly, useless, dirty, and dangerous] " (250). The fact that both male and female victims come to terms with their wounds merely shows plasticity of character, but in the end "every circumcision performed on a child represents an infringement of human rights and a fundamental violation of medical ethics" (253), thus Nahid Toubia. The authors, signing off with a striking bibliography and organizational resource list, leave the impression of deep, passionate commitment to enlightening the public about this underexposed issue.

If little is popularly known about foreskins, even less is understood about the clitoris, a strange but true admission coming after more than 250 pages focused directly on that organ. Physiologically comparable not to the prepuce but to the penis as a whole, the clitoris appears in meticulous medical detail in the context not of amputation but of appreciation—the complex, exhaustive illustrations taken from Orlanda's *Women's Bodies, New Perspectives*, edited by the Federation of Women's Health Centers (1997). Rita Götze celebrates women in the self-help movement who encounter an organ not "straightforward and symmetrical," as medical texts would have it, but "different. ... Each clitoris, each vulva, like a face, individual and expressive" (259). How much there is to learn!

Not inappropriately, educational material is appended, including relevant sections of the WHO Technical Working Group's 1995 report and a modest resource list. Though I wish the acronym FGM had not been translated in every article, readers are spared the even greater repetition that might have resulted from essays previously printed elsewhere. So, Petra Schnüll and Terre des Femmes, congratulations! To a broad spectrum of German readers, your text brings precisely what they need.

Speaking directly to foreign aid staff ... the GTZ

What specialists lack is provided by *Einschnitte* [Incisions] *Materialband zu Female Genital Cuttings (FGC)*, edited by F. Diaby-Pentzlin and E. Göttke [GTZ: Eschborn, 1999]. Paradoxically both the most informal and academic of our selections, the collection speaks directly to foreign aid workers. Texts make no attempt to convince anyone that the practice should be stopped. On that point, general consensus reigns. Instead, essays enter the minds of those in favor, confronting conservatism on its own ground.

As a result, my margins have disappeared under a hail of grafitti at those

moments where tiptoeing around the traditional hard core appears somewhat cowardly. In my view, ethnographic distance treads a fine line between respectfully learning about a harmful tradition and condoning it. In other words, the literary critic confronts ethnographers' conventions.

Like each of the previous books published to fill an information gap, the GTZ (Gesellschaft für Technische Zusammenarbeit GMbH) [Society for Technical Cooperation, Inc.] has produced a manual to enlighten its field workers who are subcontractors to Germany's Federal Ministry for Foreign Aid managing campaigns against FGM in Africa. The sections are (1) "It's only women's pain"; (2) "Why does this practice continue?"; (3) "Body and Identity"; (4) "Women's rights are Human Rights" and (5) "Where Good Practices Begin."

"It's only women's pain" contains a mélange of poetry, field notes, interview and straight-forward reporting, characteristic of the collection, not shy of mustering the fullest range of language choices, from the strictly scientific to the emotional. To start, Somalian Dahabo Elmi Muse's famous poem on the three feminine sorrows introduces a female perspective followed immediately by Ahmed, speaking for Sudanese men, "The thought of hurting someone I loved so deeply caused me great discomfort" (11, back translation). Ahmed, drawing nonetheless on comradely discussions, charges most husbands with indifference to the woman's pain and their own. The morning after the wedding night not infrequently sends the couple to the hospital, both wounded. "A friend's penis had been rubbed raw..." (11).

The health threat to women, of course, is infinitely greater, as Anna M. (Muthoni) Mathai shows. Of all introductory essays, Mathai's stands out by virtue of its diary entries. A physician on loan to rural psychiatric clinics in Kenya, Muthoni writes:

> Five miserable looking women are huddled into the room by police officers. They have been charged with causing the death of ... a 17 year old school girl.
>
> One woman is the mother, the old woman with thick glasses is the grandmother, it was she who took the razor blade, the other three are neighbors, they had come to sing and rejoice.
>
> They did not intend to kill her, the mother had loved her. She was the grandmother's favorite grandchild named for her. That is why she wanted to do what was best for her, turn her into a woman. They said she wanted it, too.
>
> She bled and bled, they tried to stop the bleeding but they didn't know how, and she couldn't stop bleeding. They ran around in panic in the village trying to find someone with a car who could take her to the distant hospital, but there was nobody and she continued bleeding. She bled until she couldn't bleed any more. She was dead. The state wanted a psychiatric assessment. They were sane and of sound mind. As they turned to leave the grandmother tried to open the window instead of the door. She was called back, her vision was tested. She had undergone cataract removal, even with the glasses she could only see shadows. She was almost blind.
>
> After they were taken away, I thought about the faceless girl whom I had never known.
>
> She was probably strong, healthy. I thought of all the things she might have done, gone happily to school with her friends, played net-ball, laughed all the way to the river as she went with other girls to fetch water.
>
> And she died such a senseless death (13-14)

"In some areas of the Sudan," Mathai notes, "[an] estimated one third of the girls undergoing FGM will die" (13). Though "[un]substantiated by any published studies, it has been claimed that FGM doubles the rate of maternal mortality" (16). Nor are psychological effects well documented. Granted that girls and women want it, "case studies and personal reports ... indicate ... a real threat" (17). Though one of the first generation of spared Kikuyu, Muthoni grew up "living in a kind

of suspended anxiety" (17) mixed, admittedly, with "awe" and desire to enter the privilege of adult respect. Nonetheless, "FGM ... can be viewed as a deliberate attempt to suppress female sexual arousal and response," (20) so that the glaring research void should ask, finally, to what extent a crippled sexuality leads to compensatory or disabled adjustments.

After Gabriele Gahn, in "The Facts," ends the first part with a short review of surgical procedures and physical health problems per se, the real question comes up. *Why does the custom persist?* The last two of five essays tell it straight, at least where the secret societies of Sierra Leone, Liberia, the Ivory Coast and Guinea are concerned.

Why, then? For money and power. Studying the Kpelle, Caroline Bledsoe finds the Sande Secret Society reflecting a "rigid gerontocratic hierarchy" (79), "a means by which aristocrats maintain power" (82) by promoting class differences and elite privilege. "The Kpelle secret societies may function in some ways to educate initiates and create bonds of solidarity among members. But their most important functions lie in quite the opposite direction: strengthening patterns of stratification that allow aristocratic families to control low status people, elders to control youths, men to control women, and older high-status women to control other women. Applied to the Sande society, this proposition flies in the face of much recent women's literature that fails to view women as rational actors who may readily cast aside female unity when it is unprofitable" (82). As a result, "women who become powerful secular or secret society leaders achieve their status mainly by playing the 'male' game of trading rights in the women they control for political support" (83).

Bledsoe's 1980 essay contrasts strongly in ideology with the piece before it. In 1979, Carol MacCormack also looked at the Sande but saw, for lack of a feminist lens, "complementarity," not hierarchy. (She also consistently misspells "clitorodectomy" which, not surprisingly, is "a metaphor for social support [during] pain in childbirth" [74].) Over-immersed in the explanatory idiom of those observed, she misses the implications of her own examples. She shows how girls are distributed in marriage and exploited as laborers by Sande leaders and how women are deprived of democratic rights when made to swear to vote for certain candidates. She reveals that initiated boys take on new tasks while girls continue doing what they had done before, that is, a greater amount of work, which clearly disadvantages them educationally and emotionally (applying recent insights into the benefits of play). Why, then, does she conclude that "there is a complementarity and balance in this ethnic area of Sierra Leone in which women participate fully in economic and political life" (75)? The editors have shrewdly placed this essay before Bledsoe's, allowing the latter's to comment on it in retrospect, illuminating its ideological weakness.

Efua Dorkenoo's feminist introduction to the entire section accounts for continuation in terms of women's social debility without, however, failing to refer to relative strength in matrilineal configurations as well as "a certain degree of license within socially prescribed roles" (26). To avoid overgeneralization, she also points out that "in oppressive situations you will find extremely strong women who defy all kinds of assumptions" (26). Yet, "the common thread running through all the ethnic groups in Africa practicing FGM is that they are patrilineal-based societies... male-dominated ... where resources and power are generally under male control" (26).

Although "men are also victims of patriarchy," Dorkenoo admits (31), she focuses on external pressures on women compelling them both to want and to perform genital surgery. She shows grandmothers' interests in conflict with granddaughters' in terms of power maintenance and highlights the great respect enjoyed by the exciseuse. She

mentions girls' socialization and men's conflicting views. "'You want our women to be lesbians?" some ask (31). Dorkenoo critiques FGM in terms of women's and children's rights to good health and development, naming it "an extreme example of the general subjugation of women" (32). Yet she answers the homophobes obliquely with certain strategic advice. "To be successful, campaigns ... should not only eliminate but also replace the custom" (32).

Anke van der Kwaak points out how difficult this can be, since "Female Circumcision and Gender Identity"—her title—are intimately linked. Where words like purity, honor, and shame carry meaning even remotely related to sex, women struggle under the tyranny of limited choice, their

> engenderment ... the outcome and reflection of ... power asymmetry between the sexes. A Somali woman acquires dignity and power by 'becoming' a virgin, by becoming an 'object' for which a bridewealth should be paid, by being a wife, by being opened by her husband and bearing his children. But beyond all these precious achievements lies a provocative paradox: infibulation, which brings this all within reach of the woman, is at the same time considered (from the silenced inside female view) ... humiliating and painful. Within the inside view the paradox is solvable: everything has its price; the price of identity is infibulation. From an outsider's point of view, however, we are dealing with a contradiction. No identity can be sound if one has to pay for it by humiliation and mutilation. People who defend the opposite are then considered to be masochists or relativists (40).

Advocates, however, appear in the ascendancy. Modernization and an improving economy have not led to decrease but to medicalization and to compromise interventions also disapproved of by, for instance, the Inter-African Committee. Though van der Kwaak offers foreign aid workers a few practical media hints—the "radio plays an important role" (43)— she takes leave with more questions than answers. "What if [the women concerned] do not want to be 'enlightened'? What if the dynamics of development do not concur with the logic of development? ... Is all the attention we give to infibulation a reaction to urgent requests for help from millions of women? ... Or is infibulation one of the few remaining exotic peculiarities that give cultural anthropology its reason to exist?" (43)

Limitations of the discipline make me most dissatisfied with this section's centerpiece, Janice Boddy's well-known "Womb as Oasis: The Symbolic Context of Pharaonic Circumcision in Rural Northern Sudan," here in its original English. Admirably, Boddy asks why eradication efforts failed in the pseudonymous village of Hofriyat and concludes that the custom's embeddedness in an intricate web of beliefs helps explain its tenacity. Briefly, Boddy examines everyday symbols such as decorative ostrich eggs in the bedrooms of women hoping to become pregnant; womb-like, non-porous vessels for preparing certain foods; entrances fore (for the men) or aft (for the women) into people's homes; and water—all feminine-coded. She finds a linking of heat with fusion and closing, associated with an "aesthetic preference for small body orifices" (61) which in turn calls to mind infibulation. Consider in addition rigid social segregation and the fact that "women do not achieve social recognition by becoming like men, but by becoming less like men physically, sexually, and socially" (52). So much in the environment, it seems, conspires to give value to the specific act of sealing a genital orifice, covering over an (open) space.

Despite the interpretation's plausibility, I object to words that disinfect or sterilize scenes fraught with contaminants. Example: "A dozen hands push me forward. 'You've got to see this up close', says Zaineb, 'it's important.' I dare not confess my reluctance. The girl is lying on an angareeb (native bed), her body *supported* by several adult kinswomen.

Two of these *hold* her legs apart. Then she is administered a local anesthetic by injection. In the *silence* of the next few moments Miriam takes a pair of what look to me like *children's paper scissors* and quickly *cuts* away the girl's clitoris and labia minora. She tells me this is the lahma djewa (the inside flesh). I am surprised there is so little blood. Then she takes a surgical needle from her midwife's kit, threads it with suture, and sews together the labia majora, leaving a small opening at the vulva. After a liberal application of anti-septic, *it is all over*" (48) (Italics mine)

What is wrong with this picture? Granted, the passage reveals more about the observer than the observed, the coerced witness preferring to hold back, to not see. But does the need to cushion her emotion, to dim the horror, grant an ethical exemption to suppress the girl's feelings as well? Is the child *supported* by kin? Others would claim she is restrained. Do these women *hold* her legs apart? Others would claim the limbs are *forced*. Does *silence* reign as the shears sever skin? Edna Adan Ismail told me that more than anything else, her memory retained the sound of its own tearing flesh[1]. And finally, though the mid-wife *cuts*, she uses children's paper scissors, their blunted edges refracting danger away from the child. Thus, in the closure of safety, the episode ends.

But it isn't "all over" with the disinfectant, Boddy realizes, and "when I was as alone as one can be in the field, I suddenly felt the impact of what had taken place" (49).

What Boddy had witnessed—if we vindicate torture—was the fabrication of a woman, theme of the succeeding section on "Body and Identity" which views the African custom as no more than a particular form of "the social construction of gender," Corry Szanthovon Radnoth's title. Eschewing stasis, Radnoth describes "values not as historically perfected but as newly conceived on a daily basis by what people do" (85). Aware of Judith Butler's radical questioning of the relationship between sex and gender, both of which Butler understands to be continually reconstructed by performance, Radnoth targets (Western) women's increased avidity for plastic surgery. Western women suffer pressure not unlike their African counterparts, all mutilating for the sake of beauty, a beauty, however, that serves both to create and differentiate only two types of human being, men and women. What if, Ute Luig asks in "Lost Certainties," more than two sexes or genders exist?

Actually, at least 4000 different sexes populate our earth, that is, if you judge by the infinite variety in genital configurations, not to mention the hermaphrodites, intersexuals and other mosaics, whose genes contain any number of unconventional patterns. Yet, Birgit-Michel Reiter powerfully laments, present-day gynecological surgery proceeds immediately to 'correct' ambiguity of genitalia in the new-born according to two choices only, and since 'It's easier to make a hole than a pole,' the majority of extraordinaries will, independent of chromosomal data, become girls. "The idea of leaving the infant as it came into the world until it reaches its majority doesn't even come up" (97). As much anguish as parents may feel, not knowing if it's a boy or a girl, "organized intersexuals are united in contending, a much higher degree of psychological damage is suffered by minors forced into sexual conformity than the uncorrected would ever endure at the hands of a rejecting society. ... Nearly all feel uncomfortable in their false, constructed bodies, and many mention the extreme trauma of physical treatment" (97). Reiter estimates that 90,000 genitally mutilated individuals reside on German soil, the majority not of African origin. How then do these facts illuminate FGM in Africa? Emphasis on gender difference with two options only motivates the intervention here and there.

A final reversal of perspective closes the chapter. Did you know that you were thought of with disgust for that "cow

[1] Interview Dakar 1997.

pussy" between your legs? (Einschnitte 11; English original 280) An excerpt from *Aman. The Story of a Somali Girl* [1] may easily shock the Western female unused to thinking how bovine she remains, how uncouth, rough and wet, and ultimately unnatural, for natural is the smooth, shaven, easily perfumed and sweet-smelling bridge of skin, like the back of a hand, socially-constructed to create a woman. Aman reveals how a woman thinks when she remains committed to the custom, wishing only for medicalization; i.e. anesthesia.

But what about human rights? Development workers will be challenged by cultural relativists who reject intervention. Erika Bernacchi argues for a 'minimum standard' derived from international conventions. Buthaina Elnaiem agrees, but asks that top down models cede to bottom-up campaigns. How to find out what people want? Depend on bi-cultural mediators and examine societies' modes of change. How is progress normally achieved? By insider dialogue with international aid to back it up.

Also focusing on transition, Georg Elwert advises in "Cultural Concepts and Development Politics": "When aid projects fail, automatic blame is cast on the social traditions that stood in the way. Next time, the mantra reads: we'll take the tradition into account. Wouldn't it be at least as reasonable to ask in the first place how a culture's flexibility manifests itself? What areas have already generated innovation?" (128) Elwert concedes that this often remains hidden, borrowing a delightful passage from Ralph Linton concerning a "solid American citizen" in 1937 to illustrate his point (for the fun of it reproduced here):

> On his way to breakfast he stops to buy the paper, paying for it with coins, an ancient Lydian invention. At the restaurant a whole new series of borrowed elements confronts him. His plate is made of a form of pottery invented in China. His knife is steel, an alloy first made in Southern India, his fork a medieval invention, and his spoon a derivative of a Roman original. He begins breakfast with an orange, from the Eastern Mediterranean or perhaps a piece of African water melon. With this he has coffee, an Abyssinian plant, with cream and sugar. Both the domestication of cows and the idea of milking them originated in the Middle East, while sugar was first made in India. While smoking he reads the news of the day, imprinted in characters invented by the ancient Semites upon a material invented in China by a process invented in Germany. As he absorbs the account of foreign troubles he will, if ... a good conservative citizen, thank a Hebrew deity in an Indo-European language that he is 100 per cent American (128).

The useful will enter the culture and change it but syncretically, gradually, given the pre-conscious nature of routines. Clearly, the self-evident can be challenged only with difficulty, aid workers are warned. Important to trace, however, are the ways new ideas are taken up, digested and transformed. And the best agents resemble cultural border patrols.

The anthology moves from theory to practice in its final segment on intervention strategies, introducing successful projects in Uganda (REACH/ UNPD), Senegal (TOSTAN), Gambia, Kenya and other nations. Although Terre des Femme found foreign aid workers woefully unprepared to confront FGM, for those involved in the GTZ's sectional projects "fighting FGM" (198), that situation is changing.

Regrettable in this valuable collection is want of a copy or line editor. Readers may also question the variety of formats. Articles written for the anthology intermingle with some full-length and other highly condensed documents from third sources, occasionally presented in their original English. Without revision, the tome would have a hard time finding a 'real' publisher. I recommend it, none-

[1] *Aman. The Story of a Somali Girl*. As told to Virginia Lee Barnes and Janice Boddy. NY: Pantheon, 1994.

theless, not only to its intended audience of foreign aid workers and activists but also to all academics investigating FGM.

The Protestant Church

One last resource not available through usual publication channels but an important addition to the literature is the sixty-page brochure put out by Germany's Protestant establishment, *Genitalverstümmelung von Mädchen und Frauen. Eine kirchliche Stellungnahme*. [FGM: The Position of the Church]. Its extensive footnotes make it especially valuable for researchers even if its designated audience consists not only of all Lutheran churches in Germany, their foreign missions and development services, but also politicians, administrative agencies, and courts. The pamphlet informs judges, for instance, that the Church stands behind an interpretation of the Basic Law allowing FGM as grounds for asylum. In one of German-language literature's most comprehensive and well-documented chapters on "legal questions concerning FGM," the brochure recognizes that entry into Germany over or through a third, safe, country hinders asylum (for any reason) but that protection from extradition remains an attractive option.

The document uses an explicitly feminist discourse. Although eschewing a rapid pace "of social and cultural transformation"—because "what was once considered 'good' must now be recognized as 'damaging'"—in the last analysis "gender relations as a whole will have to change, since these degrading practices are part of the patriarchal power structure that presumes to control a woman's sexuality without consideration for her spiritual and physical well-being nor her self-determination" (36). The Church's unequivocal opposition to the practice, its exploration of preventive strategies for girls in Germany, combined with its sensitive and sensible recommendations for pastoral care of victims represent a highly important development among overall eradication efforts.

FGM Research in Law and Medicine in Germany

Tobe Levin

Review of Rosenke, Marion. *Die rechtlichen Probleme im Zusammenhang mit der weiblichen Genitalverstümmelung*. [Law and FGM]. Frankfurt am Main: Peter Lang, 2000 and Okroi, Eiman. *Weibliche Genitalverstümmelung im Sudan. "Female Genital Mutilation."* [FGM in the Sudan]. Hamburg: Akademos, 2001. Reviews originally appeared in *Feminist Europa. Review of Books*. 2/1, 2002.

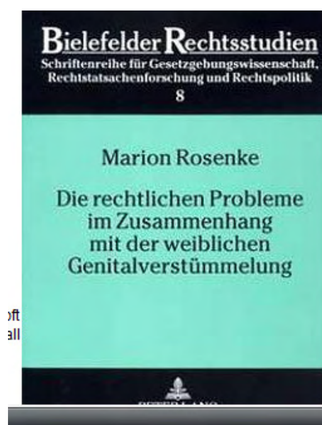
In a University of Potsdam Human Rights study of legal protection for women and children south of the Sahara, Obasi Okafor-Obasi[1] notes African approval of multiple international instruments such as the Universal Declaration of Human Rights (1948), CEDAW (1979), the Banjul Charter (1981) and more, yet concludes that "existing socio-political, economic and cultural problems ... infringe upon nations' ability to honor their own national and international commitments to realize women's and children's rights" (Publisher's brochure).

Because similar extenuating circumstances are absent in Europe, government is held fully accountable by Marion Rosenke in *Die rechtlichen Probleme im Zusammenhang mit der weiblichen Genitalverstümmelung.* [Law and FGM], her University of Bielefeld dissertation focusing on application of law, or the need to change it, for cases of FGM occurring within Germany. Entertaining no doubts that FGM violates women's human rights, she urges mandatory counseling of

[1] Okafor-Obasi, Obasi. *Völkerrechtlicher Schutz der Frauen und Kinder unter besonderer Berücksichtigung der Rechtslage in Afrika südlich der Sahara*. [Legal Protection for Women and Children with special attention to Jurisprudence in Africa South of the Sahara]. Menschenrechtszentrum der Universität Potsdam, Vol. 9. Berlin: Berlin Verlag Arno Spitz, 2001.

immigrants yet admits that the bridge from theory to practice remains embroiled. How are conflicts in German law negotiated? Issues include definition, prevention, and criminalization—though not, surprisingly, asylum—as codified in law and applied by courts on the local and federal levels.

One instance of complexity lies in Article 4, § 2 of the Basic Law that ensures freedom of religion. As a result, "mutilation of female genitals by Islamic adherents" can fall under this article (124), Rosenke shows in a useful chapter on "FGM according to Islamic religious law." Various interpretations of Sharia show Islamic authorities in disagreement, thereby allowing a minority who espouse FGM to take shelter under constitutional guarantees. How is this? Two indisputably accepted Hadith referring to circumcision permit argument over whether females are included. Whereas only Shafites claim FGM is a duty, Malakites and Hanbalites consider it recommended, meaning its abandonment may not be punished but its practice rewarded (71). As a result, "what we read again and again about Islam ... having nothing to do with FGM is false" (77).



Nonetheless, when rights clash, certain laws take precedence: "Abuse of Article 4, § 2 of the Basic Law [on religious freedom] exists if a person's dignity is violated. FGM, destructive to mind and spirit ... disregards the autonomy of human personality ... lowering the human subject to an object manipulated by sexual phobias legitimized by religion (implicit theory). The right of women and girls to protection—of their lives, of their bodily integrity, of their self-determination, of their choices in intimate relations ... —enjoys absolutely higher rank ... ahead of parents' religious freedom" (125).

German jurisprudence remains ambiguous, however, in the absence of any specific law against FGM. It relies instead on §223 of the Criminal Code against bodily harm and §224 against grievous bodily harm, the first a misdemeanor, the second a crime tied to extradition. But when courts (finally) bring charges—yet to occur, although it is known, operations take place on German soil—they will need to weigh motives and circumstances and above all distinguish between the two levels of harm. To Rosenke, §226, applied to "permanent disfiguration" should prevail, but "consensus is lacking with regard to the nature of disfigurement" (129) usually applied to the visible. Naturally, "if a woman has permanent difficulty walking after an intervention, suffers from chronic incontinence, or struggles with 14-day periods and is therefore unfit for work, a chronic illness can be certified ... and recovery considered improbable" (129), hence justifying application of §226. Yet, even in the absence of these clear qualifications, Rosenke holds parents accountable for also violating their legal duty to protect a minor (§225, 1 & 2 of the Criminal Code). Furthermore, she addresses the pretext of cultural identity brought up in defense of the practice but concludes that the violence involved delegitimizes such claims. In terms reminiscent of Elaine Scarry on torture, Rosenke notes: "'Violence extinguishes the human subject ... [now] dead before death. Violence ... makes words superfluous and therefore functions in a universal way, transcending all linguistic distinction. Society ends where violence in this particular sense prevails'" (131-132). And finally, regarding consent of the victims, she notes, "the right to human dignity cannot be abrogated [even] by the self" (133). In sum, the practice in Germany violates international human

rights norms; it cannot at present be adequately adjudicated, given massive "gaps in domestic criminal law" (166). At the same time, a sea-change in immigrant consciousness must accompany harder sanctions: those who practice FGM must be convinced it deserves to be punished.

Although Rosenke's book would earn any lawyer's applause, lay audiences will find the legal terminology hard going. Still, most readers will appreciate her energetic, philosophical finessing of even the smallest nuance. Strange, however, is her Foreword's failure to thank even a single known international expert for advice or guidance. (I assume therefore that she went the distance alone.) This lack notwithstanding, her bibliography is respectable, and the omission simply reiterates the present isolation in FGM research.

Moving from the courtroom to the clinic, we meet Sudanese Eiman Okroi whose dissertation in medicine became a monogram based on a questionnaire answered in August 1995 by 83 women, including some health professionals and others from among 470 patients at the Khartoum Teaching Hospital, Sudan. *Weibliche Genitalverstümmelung im Sudan. "Female Genital Mutilation"* (2001) is, in part, an epidemiological study of the incidence in Khartoum of degrees of operative damage which also looks at complications and sexuality. Twenty men of various ages and educational levels were interviewed as well. The author concludes that "not only does circumcision socialize the girl to fit into the woman's community but also risks her life ... [as] psychological and physical consequences follow [the victim] as long as she lives, exercising a major negative influence on her marriage and sexuality. The practice should therefore be fought by all possible means" (141) entailing persuasive campaigns, increased education for women, and inclusion of men.

Given the expected physician's stress on health, one of Okroi's findings that deserves reporting is infibulated women's experience of heterosexual pleasure. 47.5% (28 cases) describe their sexuality as "for the most part fulfilled" (100), though another significant proportion, 33.9% (20 cases), say it is "painful" while 18.6% (11 cases) consider it an "obnoxious duty" (100), the point being, though, that "as soon as the [agonizing] and traumatic episode of penetration [described in detail, taking from 7 days to three months] is over, most women—no matter what type of operation they underwent—are able to experience sexual desire and perhaps to achieve orgasm" (100).

Not to weaken this vehement stand for abolition, however, Okroi is a rare source of witness on the first night: "[Interviewees] described the time it takes to achieve complete penetration as the most horrendous in their lives. The first sexual experience, for most infibulated women, is pure torture [as] each attempt to penetrate a small recently opened wound—not permitted to heal—intensifies the pain" (97). Sexual desire? Orgasm? Out of the question. Later comfort testifies at best to the remarkable flexibility of human character.

But men don't have it easy either. Quite the contrary. "The penis is often seriously wounded. For this reason, in earlier times, the groom would be prepared for his marriage night by experienced men who taught him ... as follows: A small hole would be cut in a goat skin, first soft, then hard. Despite considerable distress, the husband-to-be would strain to penetrate the skin" (97). Today, the author speculates, prostitutes have replaced the goat.

Despite limitations in the sample which Okroi acknowledges, graphs, charts, and the solid questionnaire design will endear this work to sociologists and policy-makers, but not unexpectedly, the author's forte lies in detailed medical accounts of complications, with photos illustrating some of them. Turn to page 69, for instance, to encounter a full-color implantation dermoid cyst. The size of an orange, it had, before removal, distended the mount of Venus, as you can see in the photo, opposite ...

Another disturbing finding concerns Adal, or reinfibulation after parturition, thought to increase male pleasure. This practice, probably recently invented in Khartoum, is spreading among the wealthier classes: El Dareer (1982) reported it more likely among women with higher education.

Nonetheless, Okroi places hope in precisely these educated classes. Best-informed about complications, they were found to be replacing infibulation with "milder" forms of closure, marking, in the author's view, a "direct relationship between improved education and the struggle to end FGM" (135).

The Horned Beetle with the Double Pair of Wings[1]

Chantal Zabus

Review of Keïta, Fatou. *Rebelle*. [Rebel]. Paris, Dakar & Abidjan: Présence africaine/Nouvelles Editions Ivoiriennes, 1998; and Lefeuvre-Déotte, Martine. *L'Excision en procès: Un Différend Culturel?* [Excision on Trial : Cultural Difference ?] Paris: L'Harmattan/ Logiques sociales, 1997. Reviews originally appeared in *Feminist Europa. Review of Books* 2/ 2, 2002.

All translations are the reviewer's

On its cover, Fatou Keïta's novel flaunts the tell-tale razor of excision. Against a blood-red canvas, a giant Gillette blade, silhouetted by its own larger and darker shade, is slanted to evoke tracks or, for countless African women, a most opposite path to salvation or *voie du salut*, after the title of Senegalese Aminata Maïga Ka's novel (1985), which equally revolves around excision. The cover also exhibits an African female figure with doddering head and long, braided hair, which veils in chain-like locks her statuesque full-breasted body, thereby evoking both African ebony carvings and the European iconography of angels. Needless to say, the blade's metallic gleam contrasts sharply with the naked body that exudes vulnerability and defiance, qualities inherent in Malimouna, the rebel-with-a-cause of Keïta's book.

The novel's first pages detail a scene of inadvertent voyeurism: the girlchild Malimouna, daughter of a repudiated woman, is, from the treetop branch where she has climbed, the unwitting observer of a love scene between the young hunter Seynou and the village exciser, Dimikela. Malimouna then literally and figuratively falls off her tree into an inextricable imbroglio around two jealously guarded taboos, i.e. sexuality and excision. From the second chapter onward, Malimouna's fate is contrasted with that of Sanita, who will be shielded from excision by her educated, urban parents, so that Keïta posits education and sex education as instrumental in averting excision.

One powerful Ivorian literary antecedent in the representation of excision is *Les Soleils des Indépendances* (1970) by Ahmadou Kourouma. In the First Part to *The Suns of Independence*, the childless Salimata, while lying awake in bed beside the bulk of her snoring husband, Fama, recalls her excision. Memories unfold of that hazy morning when she was taken to the forest with a group of young girls and the exciser sliced off her clitoris,

[1] Research on this essay was made possible through funding of the umbrella project on "Autobiography and the body" (with special emphasis on excision aka "female circumcision," FGM or FGC) by Belgium's FNRS Research Council, 2000-2002.

considered the site of impurity and confusion. Remembering the death of girls under the knife, she fainted, missed out on the ensuing ceremony and was taken to Tiecoura the witch doctor's compound, where he raped her. Her rape is explained away as a hemorrhage due to the anger of the vengeful *jinn* who had blessed her infertile mother with her birth but had not been properly thanked. The subsequent wedding night with her new, imposed husband, is a nightmare, as he proclaims her "a woman without a hole."[2] After his death, she is passed on to the deceased husband's brother, who sequesters her for denying his advances; she then runs away into Fama's arms. Kourouma boldly aligns Salimata's excision, rape, and defloration in one continuum of nauseating pain.

Unlike Salimata, Keïta's Malimouna is spared as a result of a pact between herself and the exciser, Dimikela. The latter's love-act is indeed taboo, which hints at the hypocritical gap between Dimikela's private behavior as a woman with healthy sexual appetites and her public, sacred role as the village exciser. This also hints at the social pressures a woman of her status is subjected to. Yet Dimikela knows the ropes. She buys Malimouna's silence regarding her sexual debauchery by pretending to excise her; she makes only a small incision in her thigh. This tacit contract between exciser and potential excised brings added nuance to the former literary demonization of the exciser. Dimikela's contract thus bodies forth the use of the simulacrum, which involves a certain degree of complicity between the exciser and the excised girl and, more broadly, rivals the recent medicalization of the practice. It also augurs alternative rites, such as “ritual without cutting.”

On her wedding night, Malimouna's imposed husband shrinks away in sheer horror at the sight of her complete vulva, which Keïta describes, after penile penetration, as "gaping" (Fr: *béante*, 43), an ironic comment on the worst insult which consists in calling an unexcised woman "a gaping vulva." Instead of fleeing into the arms of another husband as Salimata did in *Suns*, Malimouna is forced into a harrowing quest to the capital, then on to France, where she is ill-treated by men, both black and white, and takes up a variety of jobs (as a nanny, an au-pair girl, a hairdresser, a dishwasher) until she earns a degree. Except for the fact that Malimouna returns home in the end, her itinerary closely resembles the Guinean Kesso Barry's in *Kesso, princesse peuhle* (1987) and the Somali Waris Dirie's contemporaneous autobiographical account *Desert Flower* (1998) as well as her later *Desert Dawn* (2002).

As a writer primarily known for her children's books,[3] it is no wonder that Keïta devotes considerable narrative space to Malimouna's early childhood. The girl keeps fireflies to collect their light until she realizes that they cannot even produce a spark in their plastic prison. This activity helps her gain insight into the dynamics of captivity and freedom. The experience also enables her later to steal the keys from her Bluebeard-like husband and flee the locked room in the middle of the night in a cloud of light, like the released fireflies. Thus Keïta embeds fairy-tale elements that act as a subtext of sorts and foregrounds female African orature.

Another such subtext concerns the "horned beetle," Keïta's metaphor for the "whole woman" with intact genitalia. When revisiting Seynou's and Dimikela's love-nest, Malimouna sees a black beetle with an unusual, smooth horn on its head, like a miniature rhinoceros. Tapping into her grandmother's tales, she imagines that the once powerful rhinoceros fell under the spell of a malevolent wizard who, out of envy for his mighty strength, shrank the rhinoceros to the size of a helpless insect

[2] Ahmadou Kourouma. *Les soleils des indépendances*. Paris: Seuil, 1970, p. 34 & p. 41.

[3] *Le petit garçon bleu* (Abidjan & Vanves: Nouvelles éditions ivoiriennes & EDICEF, 1996); *La voleuse de sourires* (Abidjan: Nouvelles Éditions Ivoiriennes, 1996); and *Sinabini, la petite dernière* (Abidjan: Nouvelles Éditions Ivoiriennes, 1997).

but left a vestigial horn to remind him of his past grandeur. Upon closer scrutiny, Malimouna discovers that the beetle has two pairs of wings, the second set of finer and more transparent ones hidden behind the first. Malimouna then conjectures that "without a doubt it was hiding those wings from the wicked sorcerer so as to, one day without his knowing, fly away and bathe in a magic pond that would restore him to his original shape" (23).

In the next chapter, after Dimikela spares her, Malimouna imagines proudly telling her friend Sanita that she too had kept that little piece of herself (Fr: *ce petit bout d'elle-même*, 33) intact and that she "now knew that it was indeed very soft to her touch!" (33). These episodes are subtly linked. The girl child in the "horned beetle" sequence finds out about the tactics of deception through the manufacturing of a second pair of wings to escape her culture's bodily surveillance. She discovers as well that she too has a little "horn" kept intact as a source of pleasure to her adolescent touch.

Female masturbation has a long history of pathologization and tribadic repression. This history culminates, in the West, with the popular, biomedical declitorization of women in Victorian England, when Isaac Baker Brown's removal of the clitoris with chloroform and scissors as of 1866 was considered a "harmless operative procedure." From his observations of female epileptics masturbating at the London Surgical Home for Women, Brown theorized that masturbation progressed from "hysteria" to epilepsy and eventually "idiocy or death." The unmarried female patient displayed restlessness, excitement and the desire to escape from home, while the married female patient shared these symptoms, along with distaste for marital intercourse. As late as the 1940s, physicians in the U.K. and the U.S. performed clitoridectomies to treat and prevent masturbation.[4] Masturbation has since then been reinstated, at times, with a lot of truculence and political fervor. A case in point is the American Joani Blank's *Femalia* (1993), complete with photographs of varied pudenda belonging to women diverse in age, race and ethnicity, intended as an improvement on drawings from Betty Dodson's *Liberating Masturbation* and Tee A. Corinne's *Cunt Coloring Book* (1988). The French sexologist Gérard Zwang's *Atlas du Sexe de la Femme* (2000) completes the end-of-millennium picture of the vulva from a clinical, anatomical viewpoint.

Keïta also ventures "down there." Equipped with her little "horn," Malimouna does not give up her Freudian "phallic activity"[5] as an adult. One powerful scene involves the adult Malimouna masturbating under the shower after a potential boyfriend, Karim, fails to make the expected romantic overtures: "The hot water, almost scalding her body, did her good and somewhat dulled her pain. She did not want to think any longer. She soaped up her whole body and, slowly, her hand slid down to that little piece of herself [*ce petit bout d'elle-même*]" (149). Almost but not quite. This scene, which sensuously blends masturbation, thwarted desire and emotional disarray, is interrupted by Karim, who then barges in, showering her with kisses. Both this scene of *masturbus interruptus* and the early scene of Malimouna recalling this solitary pleasure as a child highlight the *jouissance* that can be gained from masturbation and show *a contrario* that Malimouna, unlike her mangled "sisters," still has her clitoris.

[4] See, a.o. Elizabeth A. Sheehan. "Victorian Clitoridectomy: Isaac Baker Brown and His Harmless Operative Procedure." *The Gender/Sexuality Reader*. Eds. Roger N. Lancaster and Micaela di Leonardo (New York: Routledge, 1997), 325-334, and Barbara Ehrenreich & Deirdre English, *Complaints and Disorders: The Sexual Politics of Illness* (Old Westbury: Feminist Press, 1973), 34ff.

[5] Sigmund Freud. *The Future of an Illusion. Civilization and Its Discontents and Other Works* (incl. *Female Sexuality* [1931]), Vol. XXI (1927-1931), 225-243, 228-229. In James Strachey, ed., in collaboration with Anna Freud, *The Complete Psychological Works of Sigmund Freud* (London: The Hogarth Press; Toronto: Clarke, Unwin & Co., 1953).

That ritual masturbation precedes the excision ceremony in some African societies demonstrates that excision as a puberty rite irreversibly cuts the young woman off from the erotic enjoyment of her body.

In Paris, Malimouna clashes with her compatriot Fanta, who wants her reluctant daughter, Noura, excised and remains undeterred when Malimouna calls the practice a "mutilation" (125). Fanta's stubborn decision to go on with Noura's excision is also motivated by her disgust at learning that Malimouna is not excised and is having an affair with a White man, which signifies, to Fanta, an irreversible cultural contamination by loose, European mores. Malimouna, however, will be proven right when Fanta's daughter, in atrocious pain, dies of a hemorrhage.

Unlike early novels such as Nigerian Flora Nwapa's *Efuru* (1966), which extol the ritual practice as an inexorable rite of passage, *Rebelle* has the merit of recording "death-by-excision." Health hazards for the excised woman and girlchild, including death, had long been the exclusive concern of treatises in sociology or cultural anthropology or of male writing, such as Ngugi wa Thiong'o's *The River Between* (1965). The fact that Fanta's eleven-year-old daughter dies in a Paris setting also propels the account of excision into the literature of exile.

By considering imprisonment of the girlchild's parents, *Rebelle* shows it is attuned to recent debates in France about the criminalization of excision brought about by the 1993 revision of Clause 229-10 of the French Penal Code, the judicial point of departure for Lefeuvre Déotte's *L'Excision en procès*. Indeed, in France, three African girls died as a result of excision over a five-year span (1978-1982). In 1983, the French Supreme Court of Appeal decreed that the amputation of the clitoris was a "mutilation" under Clause 312-3 of the French Penal Code, following the case of a mentally unstable French woman, Danièle Richer, who had forcibly removed her daughter's vulva. In May 1988, excision was criminalized as a result of what Michel Erlich called "a non-ritualistic act of excision."[6] Under Clause 229-10 of the new French Penal Code, Soninke and Bambara families who ritualistically excised their daughters were thereafter indicted as criminals.

Building on Raymond Verdier's 1992 theories, Lefeuvre-Déotte enlarges excision to "sex scarification" (17), which she locates against larger attempts by the three main monotheistic belief-systems—Judaism, Christianity, Islam—to demarcate themselves from one another in their attitude to body markings—"*marquer pour démarquer*" (14). She also reviews the avatars of the clitoris in African societies—from the ancient Dogon of Mali to contemporary Bambara societies—and in the West, from Freud to Robert Stoller. As part of her research, Déotte met and interviewed the Soninke mother, Dalla Fonfana, on trial in 1989 for having her daughter excised and given a three-year suspended sentence. Among the witnesses Benoite Groult, the French feminist author of *Ainsi Soit-Elle* (1975) as well as Awa Thiam, the Senegalese author of *La Parole aux Négresses* (1978), testified against Fonfana. Déotte also mentions another famous case, that of the Soninke exciser Aramata Soko Keita, who, in 1991, was sentenced to five years' imprisonment for having excised six girls from the Malian, Paris-based Coulibaly family; the parents received five years suspended.[7] If Joséphine Guidi-Wandja in 1987 argued that an unexcised woman is "less of a woman,"[8] African women in powerful positions no longer defend the practice. The Senegalese lawyer Madame Niang defended, in two court cases, the prevailing French law over African custom and

[6] Michel Erlich. *Les Mutilations sexuelles* (Paris: PUF/Que sais-je? N° 2581, 1991), 114.

[7] See also the "Réquisitoire de Mme Commaret" on the Soko Keita [aka "Ramata Keita "] case; Azzize Court, Paris 6-8 March 1991, in *Droit et Cultures*, 21 (1991), 193-203.

[8] In Joséphine Guidi Wandja, "Excision? Mutilation sexuelle? Mythe ou réalité?" *Présence africaine*, 142 (1987).

argued that Africa and France concurred on the Human Rights issue (70). To prove that there was no cultural divide, she proceeded to quote clause 24 of the Children's Rights Charter and the African Human Rights Charter (1986), which stipulates that the State is compelled by law to protect the child.[9]

Déotte deploys her double pair of wings by visually laying out her book pages in diptych-like fashion. One column features the actual Parisian (Bobigny) trials, which she attended and transcribed, and the one next to it concerns the interviews she conducted with the mothers and excisers. What transpires in the Parisian trials of the 1990s is a mutually unintelligible dialogue between the judge and the *exciseuse* or the often French-illiterate parents who had their daughters excised according to African custom and against French law. This "dialogue" often turns out to be a monologue mediated, in the best of cases, by an interpreter faced with untranslatable, untransferrable notions. Overall, Déotte is shocked by this other rite or ritual in the French Assize court, which spectacularly fails to comprehend the position of these mothers. Déotte, however, is content with commenting on the clash between "cultural relativism" and "universalism," while failing to identify "woman" as the inexorable site of contesting forces and the only category that can potentially challenge and dwarf these two Titans.

All too often, the African woman is sitting between a rock and a hard place. In *Rebelle*, Fanta's husband Barou had earlier forbidden her the use of contraceptives, arguing that "if she was pregnant so often, it was God's decision and a blessing. She had to keep in mind that some women failed to have children and were repudiated on those grounds" (93). When the time of their daughter Noura's excision comes, Barou "threatens to repudiate [Fanta] as well as [Noura]" (121). If Fanta saves her daughter from excision, she becomes blameless under the revised French Penal Code. But she would then face marital repudiation and be left neither with resources nor the support and respect of other African, Paris-based families (let alone the families "back home") that cling to the ancestral rite. Fanta is thus caught in a double bind, bereft of a second pair of wings.

The novel takes on dithyrambic proportions towards the end, when Keïta seems to pour her heart out in a gush of fury and vitriol against excision. Alice Walker and Pratibha Parmar's documentary *Warrior Marks* (1993) is evoked without being explicitly named ("a Black American woman writer of international repute" 128), as if Keïta wished to legitimize the debate around excision by inserting it in a global (izing) context of sorority, however perverse. Yet, Malimouna has a bitter argument with her white husband-to-be, Philippe, over the issue of excision, Philippe calling it "a mutilation" (127), as she herself did. She becomes virulently critical of Philippe or any cultural outsider, however, who "criticizes [excision] without truly grasping all the ambiguity and difficulty of the predicament" (128). Philippe's stance thus becomes synonymous with "external critiques" (129), which are extended to Walker and Parmar's *Warrior Marks*. Malimouna is indeed infuriated by Walker's falsely syllogistic reasoning that "if Africans loved their children, they would not subject them to genital mutilations" (128). This raises, once again, the outsider/insider debate and the question of who has the moral authority to judge excision. The Parmar-Walker enterprise is, for that matter, fraught with multiple ironies. Although *Warrior Marks* is deeply mindful of the African girl-child, one of its somewhat condescending premises, put forward by Walker in e.g. a "Poem for Pratibha on her 38th Birthday" is that "we have come to/ this obscure/ place/ under a bright/ moon,/ bringing/ our feeling/

[9] See also the African [Banjul] Charter on Human and People's Rights (1981), Articles 18 & 19, and the Draft Charter on Human and Peoples' Rights in the Arab World (Article 15).

hearts/ intelligence/ and our/ willing and/ capable/ hands."[10] The "obscure place" is unequivocally the Gambia, which both women toured, but also the African heart of darkness where allegedly Conradian "unspeakable rites" are still in full force and need to be dispelled by Walker and her crew's "capable hands." Walker's neo-colonial crusading in West Africa and her "global womanism" have been severely criticized. The award-winning Togolese filmmaker Anne-Laure Folly's film documentary *Femmes aux Yeux Ouverts/ Women with Open Eyes* (1998) may be viewed as an elegant, West African response.[11]

In the last chapters of *Rebelle*, Malimouna, back in the Ivory Coast, emerges as an ambassador to advance the cause of women. As she takes up the presidency of the Centre d'Entraide aux Femmes, excision is brought brutally to the fore again. Amidst riots, petitions against arranged marriages for girl-children, and woeful testimonies of excised women, which make the novel veer into polemics, Malimouna is hijacked by her former husband's family, who demand her excision (157). However, all's well that ends well for Malimouna who, after getting rid of three husbands and lovers, ends up alone but as belligerent as ever.

Malimouna's fight to recuperate woman's maimed body as an instrument of pleasure, *jouissance* and empowerment needs to be put in its ideological context. Indeed, in 1998, the Ivory Coast was teeming with excisers' meetings such as the one held in Bangolo, some 450 km from Abidjan, where the *circonciseuses* publicly renounced their trade. They did so after Constance Yaï, president of AIDF [Association Ivoirienne de Défense des Droits de la Femme] and Malimouna's *alter-ego*, had explained to them the health hazards inherent in clitoridectomy and infibulation. Keïta's novel is therefore to be gauged relative to this collective pledge against both the practice and the practitioner of excision.

Keïta's *Rebelle* comes across as a counter-discourse that foregrounds an *unexcised* woman and therefore breaks with a long line of excised characters from e.g. Kenyan, Somali and Egyptian narratives by both male and female writers. Also, Malimouna returns to her native land whereas the excised exile usually does not. In Somali Hagi Dirie-Herzi's short story "Against the Pleasure Principle" (1992), the United States is presented as a liberating country. In Evelyn Accad's *L'Excisée* (1982), Switzerland features as the ideal home for the Egyptian excised woman—"Elle" [she] in search of holistic renewal. Likewise, Alice Walker in *Possessing the Secret of Joy* (1992) does not hesitate to present the Switzerland of Carl Jung as holding the key to all mythologies. By envisaging a return to her native land, Keïta resolutely takes the debate around excision back "home" where it now belongs. In the process, the "horned beetle" has grown a second pair of wings and has become a "rebel."

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[10] Alice Walker and Pratibha Parmar. *Warrior Marks: Female Genital Mutilation and the Sexual Blinding of Women*. San Diego, New York, London: Harcourt Brace/A Harvest Book, 1993. 56-57. See *Warrior Marks* by Pratibha Parmar; distributed by Women Make Movies (1993).

[11] Anne-Laure Folly. *Femmes aux Yeux Ouverts: Women with Open Eyes* (Amanou Productions, 1993); Subtitles Donald Jonson.

Retrospective II: FGM featured in *Feminist Europa. Review of Books on-line and available at* www. ddv-verlag.de gender studies

FGM in Germany

Helga Schulenberg

Review of Terre des Femmes and Petra Schnüll, eds. *Schnitt in die Seele. Weibliche Genitalverstümmelung - eine fundamentale Menschenrechtsverletzung*. [Excision of the Soul. Female Genital Mutilation as a Fundamental Human Rights Abuse]. Frankfurt am Main: Mabuse Verlag, 2003. See *Feminist Europa. Review of Books* 3/1, 2003; 4/1, 2004. 27. www.ddv-verlag.de gender studies.

Watering the Dunes with Tears

Nura Abdi

Trans. Tobe Levin

Excerpts from Abdi, Nura and Leo G. Linder. *Tränen im Sand*. [Desert Tears]. Bergisch Gladbach: Verlagsgruppe Lübbe, 2003. See *Feminist Europa. Review of Books* 3/1, 2003; 4/ 1, 2004. 28 – 33. www.ddv-verlag.de gender studies.

Excerpts from:
Section "Nomadic Life"
Section "In Germany"

THREE more on FGM, from France, Italy, and Switzerland

Tobe Levin

Review of Prolongeau, Hubert. *Victoire sur l'Excision. Pierre Foldes, le chirurgien qui redonne l'espoir aux femmes mutilées.*[1] Préface de Bernard Kouchner. [Victory over Excision. Pierre Foldes, the Surgeon Who Gives Hope to Mutilated Women. With a Foreword by Bernard Kouchner]. Paris: Éditions Albin Michel, 2006. See *Feminist Europa. Review of Books* 5/1, 2005; 6/1, 2006. 33 – 35. www.ddv-verlag.de gender studies.

Review of Busoni, Mila and Elena Laurenzi, eds. *Il corpo dei simboli. Nodi teorici e politici di un dibattito sulle mutilazioni genitali femminili.* [The Body as Symbol. Theoretical and Political Approaches to FGM]. Firenze: Sei Editori, 2004. See *Feminist Europa. Review of Books* 5/1, 2005; 6/1, 2006. 33 – 35. www.ddv-verlag.de gender studies.

Review of Lange, Benoït and Dominique Voinçon. *Cicatrice. Un village et l'excision*. [Scar. A Village and Excision]. Lausanne, Éditions Favre, 2004. See *Feminist Europa. Review of Books* 5/ 1, 2005; 6/1, 2006. 33 – 35. www.ddv-verlag.de gender studies.

Born in the Big Rains

Excerpts from Fadumo Korn with Sabine Eichhorst. *Geboren im Großen Regen. Mein Leben zwischen Afrika und Deutschland.* Mit einem Vorwort von Karlheinz Böhm. Reinbek bei Hamburg: Rowohlt Verlag, 2004. [*Born in the Big Rains. A Memoir of Somalia and Survival.* Trans. and Afterword by Tobe Levin]. New York: The Feminist Press, 2006. See *Feminist Europa. Review of Books* 5/1, 2005; 6/1, 2006. 26 – 28. www.ddv-verlag.de gender studies

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[1] *An English translation is available.* Prolongeau, Hubert. *Undoing FGM. Pierre Foldes, the Surgeon who Restores the Clitoris. Foreword by Bernard Kouchner. Trans. and Afterword* Tobe Levin. Frankfurt am Main: UnCUT/VOICES Press, 2011.

Lifelong Wounds

Martina Scherf

Trans. Tobe Levin

Review of Fadumo Korn with Sabine Eichhorst. *Geboren im Großen Regen. Mein Leben zwischen Afrika und Deutschland.* Mit einem Vorwort von Karlheinz Böhm. [Born in the Big Rains. A Memoir of Somalia and Survival. With a Foreword by Karlheinz Böhm]. Reinbek bei Hamburg: Rowohlt, 2004. Originally published as *„Lebens-lange Wunden“* in the *Süddeutsche Zeitung/* No. 245. 22 October 2004. See *Feminist Europa. Review of Books* 5/1, 2005; 6/1, 2006. 28 - 29.
www.ddv-verlag.de **gender studies.**

France still has a lot to deliver!

Florence Deguen with Claudine Proust

Trans. Tobe Levin

Review of Khady and Marie-Thérèse Cuny. *Mutilée*. [Mutilated]. Paris: Oh! Éditions, 2005.

Interview with **Khady** by **Florence Deguen. Trans. Tobe Levin. *"It is up to us women to eradicate this practice!" Khady Koïta, 46, excised at age 7.* Both originally published as *"La France doit encore délivrer. Mutilations."* In *Le Parisien*. 16 October 2005. See *Feminist Europa. Review of Books* 5/1, 2005; 6/1, 2006. 31 - 33.** www.ddv-verlag.de **gender studies.**

Reviews of Selected Films on FGM

Whereas our attention to books, when you include the bibliography that follows, aspires to completeness, the film list does not. Nonetheless, in an effort to capture as many titles as possible, we open with a link to UNICEF Switzerland that lists visual material in alphabetical order, overlapping at some points with our own annotated offering below.

See
http://assets.unicef.ch/downloads/filmliste_fgm_ste.pdf

This compehensive videography is divided into two parts, films of Western and African origin.

Western productions:

- A Cruel Ritual
- Another Form of Abuse
- Black Bag: Cutting the Rose
- Dabla! Excision
- A Dangerous Silence (Heart of the Matter)
- Femmes Assises sous le Couteau
- Femmes mutilées—plus jamais!
- Hibo's Song
- It's for Us to Decide
- L'afrique accusée
- Let Us Talk
- Mit meiner Tochter nicht
- Narben, die keiner sieht
- Tahara
- The Broken Silence
- The Secret Pain
- Warrior Marks
- Waris Dirie Speaks Out

African productions:

- Beliefs and Misbeliefs
- Bolokoli – Mädchenbeschneidung in Mali
- Changing Paths
- Cutting Edge (Uganda)
- Cutting Edge (Ethiopia)
- Die drei Wünsche der Sharifa – bei den Kunama in Eritrea
- Die Sache

- Dunia – eine Frau tanzt sich frei
- Fire Eyes
- From Awareness to Action: Eradicating FGM
- From Rhetoric to Reality.
- Broadcasting for Change: a Break with Tradition
- Genitalverstümmelung in Tanzania - Leben mit dem Schmerz
- Himmel und Hölle. Des Marelles et des Petites Filles
- Le Pari de Bintou
- Razor's Edge: the Controversy of FGM
- Rites
- Season of Planting Girls
- Senegal—the Power to Change
- The Day I Will Never Forget
- Uncut—Playing with Life
- Welcome to Womanhood
- Womanhood and Circumcision—Three Maasai Women have their Say

Marked Warrior: Alice Walker, FGM and the 'Western' World

Tobe Levin

Review of *Warrior Marks*. Dir. Pratibha Parmar, executive prod. Alice Walker. 1993; and Alice Walker and Pratibha Parmar. *Warrior Marks. Female Genital Mutilation and the Sexual Blinding of Women.* NY: Harcourt Brace, 1993.

A slightly altered untitled version appeared in the NWSA Journal. 6/ 3, Fall 1994. 11-14.

To end female genital mutilation, media attention is indispensible. A believer in the power of exposure, I say, "Thank you, Alice, and thank you, Pratibha, for releasing your pioneering book and film, *Warrior Marks*." The documentary that premiered in Washington, DC, in November 1995 concerns 140 million girls, that is "6,000 [cut] each day, 2 million every year" (Efua Dorkenoo, 1993). Silence is not an adequate response.

Yet, "I know how painful exposure is," Alice Walker says in the video's opening vignette. "It is something I've had to face every day of my life, beginning with my first look in the mirror each morning" (13). Thus, "in a deliberate effort to stand with the mutilated women, not beyond them," Walker offers as a leitmotiv the analogy to her visual maiming, what she came to identify, once having become a "consciously feminist adult," as "a patriarchal wound." As a girl, she hadn't received the gift Santa Claus brought her brothers: a gun. The sibling who customarily bullied her aimed at Alice who was standing on the roof of the garage, his copper pellet blinding her.

Alice narrates "Like the Pupil of an Eye: Genital Mutilation and the Sexual Blinding of Women" while viewers observe an excised girls' coming-out ceremony in Dar Salamay, The Gambia. Barren women's club members dance in front of the four- to eleven year-old children whose faces are freighted with symbolic poignancy. Although we cannot reach behind those eyes, the sadness speaks and discomfort shows. To Pratibha who was there, "they looked totally stunned, bewildered, in shock and total despair" (175). Whereas in print Pratibha cautions that "their feelings were unimaginable to [her]" (175), the drawn blankness of initiates contrasts—and conflicts—with the jubilation all around them.

The youngsters excised two weeks before also walk with difficulty. The book's longest section called "Journeys" gives the children's gait symbolic status. P.K.'s narrative, borrowed from Awa Thiam's *Speak Out, Black Sisters. Feminism and Oppression in Black Africa* (Trans. Anne V. Adams, 1986; originally *La Parole aux Négresses*, 1977) places this motif at the heart of the film. "I did not know what excision was," P.K. tells us, "but on several occasions I had seen recently excised girls walking … like little old ladies [trying to balance] rulers between their ankles. … I can tell you," P.K. adds about the characteristic shuffle of the genitally wounded, "it was not a

pretty sight" (106). While the dancer Richelle choreographs the joy of wholeness and horror of loss, the twelve-year-old remembers "the throes of endless agony, [being] torn apart both physically and psychologically" (107). Despite an imperative that "girls [her] age did not weep in this situation," P.K. confesses, she "broke the rule … with tears and screams of pain" (107).

How can mothers ignore these shrieks and, in Alice Walker's terms, "collaborate" with patriarchy? As French lawyer Linda Weil-Curiel tells Alice in the book, "Parents are always excused for what they do to their children. So when I read [*Possessing the Secret of Joy,* a novel on FGM that paved the way for the film], I was fearful. … Each time I turned the page, I was wondering: When will the excuse for the parents come? And I am very, very happy to tell you I never found that excuse, and I thank you for it" (266).

Do *I* want to make "excuses"? I hope not, yet campaigners need to understand that, not unlike right-wing women in the West, traditional females survive by negotiating with male power, a comprehensible strategy under harsh circumstances. In a sequence not in the film, Walker acknowledges this basic calculus: "[in] a culture in which men will not marry you unless you have been mutilated and there is no other work you can do and you are … considered a prostitute if you are not mutilated, you face a very big problem. Women mutilate their daughters because they really are looking down the road to a time when the daughter will … marry and at least have a roof … and food" (277). To many African activists, poverty as an issue trumps much else and, consequently, the efficacy of transforming individual awareness is doubted as the best path to freedom from FGM for significant cohorts of girls.

Nonetheless, *Warrior Marks* argues strongly that mutilation is child abuse and must be opposed like other habitual but admittedly harmful practices—for instance slavery and battering. The book version's epigraph reads: "'What is the fundamental question one must ask of the world? … *Why is the child crying?*'" Excerpted from *Possessing the Secret of Joy*, the answer ties Walker's empathy to her identifying with the suffering young person she once was. "It could have been me … passing through the slave house three hundred years ago, mutilated and infibulated," she recounts in the final interview on Gorée Island. "It's remarkable," she goes on, "that the [girls'] suffering … is the thing … least considered. Children cry in pain and terror … yet the elders ... just assume they will forget" (349). She concludes on tape, "Do we have a responsibility to stop the torture of children we say we love, or not? … Or are we like the midwife who said that when she's cutting the child and the child screams she doesn't hear it? Are we expected to be deaf?" (350).

No, we're not. We are expected, in contrast, to offer solidarity. Efua Dorkenoo, OBE, founder of London-based FORWARD, notes that a play she wrote along with infibulated refugees could not be performed. Her co-authors told her, "'Efua, if we put this on, we will be killed'" (245). Most outsiders do not run such risks. At the very least we will be perceived as meddling, our gravest threat to be called arrogant or insulting. Admittedly, words that avoid degrading victims are hard to find. Renaming them "warriors" and "survivors" doesn't really help. "Mutilation" has come under fire while neutral words elude the most skillful pens. Witness Walker's use of "brainwashed" (32) and "indoctrinated" (49); two initiates have been "programmed to say nothing they felt" (49). Is this merely outrage or a specific American blindness to aspects of difference invisible to the monolingual? Is it of a piece with devaluation of intimate experience in foreign cultures? Although both lived for a time in East Africa, neither Walker nor Parmer resided for a considerable period in the West African society portrayed—certainly a handicap. For instance, the original proposal expects to film people

"talking … about their sexual and psychological experiences of genital mutilation" (115); the cineaste and author are surprised when Aminata Diop tells them that her language has no words to discuss these topics. They seem genuinely taken aback when faced with a culture of silence.

As an 'older' activist involved in campaigns since 1977, I too find irritating the inevitable lacunae in the knowledge of newbies to the field. Although I applaud the urgency and speed with which Walker and Parmar took an idea and transformed it into media, it is simply not true of the international movement, as Pratibha asserts, that "except for the writings and voices of a handful of white feminists over the last decade or so, there has been a deafening silence" (94). As far back as 1986, Dr. Lillian Passmore Sanderson, under the auspices of the Anti-Slavery Society for the Protection of Human Rights, published *Female Genital Mutilation, Excision and Infibulation*, a bibliography containing seventy densely-filled pages.

These caveats aside, I urge you to see the film and read the book. Show *Warrior Marks* to your classes. … Join the chorus of African women demonstrating in London. "'We condemn FGM'," they shout. When asked why, they explain. That evening, February 1, 1992, a councillor in Brent had moved to legalize "female circumcision," arguing that British women too might benefit from it. "'We feel very strongly about this'," Bisi Adeleya-Fayemi tells the camera. "'It is child abuse and degrades women'." And nurse-midwife Comfort I. Ottah adds, "'I helped a little girl who came to me and asked, why? Why hadn't the government protected her from her parents? This is not culture; it's torture. And these girls suffer for life'."

Work Cited

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FGM's First Full-length Feature Film, Ousmane Sembène's *Moolaadé*

Assia Maria Harwazinski

Trans. Tobe Levin

Review of *Moolaadé*. Dir. Ousmane Sembène, Senegal, France, Burkina Faso, 2004. Review originally appeared in www.Journal-ethnologie.de Medien 2008 und 2009/ Filmrezension. ©Museum der Weltkulturen, ed., Frankfurt am Main, 2008.
http://www.journal-ethnologie.de/Deutsch/_Medien/Medien_2008_und_2009/Filmrezension_Moolaad=C3=A9/index.phtml

Ousmane Sembène's[1] film *Moolaadé* about female genital mutilation is not only a plea for abolition of this gruesome ritual but also an argument of practical value serving international law in asylum cases dealing with "flight from the menace of FGM." Cooperating in production were the U.N. and several African countries: Burkina Faso, Cameroon, Senegal and Tunisia.

Moolaadé is an unusual blend of film aesthetics, critical cultural consciousness-raising (including critique of religion) and movie-going entertainment. It thus provides a good example of a young

[1] Died in June 2007.

discipline, "visual anthropology," as a subset of cultural studies, showing what such a film can accomplish. This is especially true for regions where broad swathes of the population cannot read or, at present in Europe, where cultural "illiteracy" is widespread—that is, ignorance of the cultural context in which FGM takes place. *Moolaadé* increases understanding. Hence, this ambitious film and its director Ousmane Sembène can be called representatives of "visual anthropology." …

The setting is a small village with huts and a clay mosque in the traditional style. Preparations are presently underway to welcome a native son home from France where he has been studying and working, making him "rich" and "desirable" for marriage. He is supposed to wed Amsatou, the daughter of Collé Ardo. Amsatou and her father's three wives have already begun arrangements for the wedding. We see them making purchases from the "mercenary," a village merchant of dubious background and former UN Blue Helmet, who flirts openly with all the young women but makes a positive impression all the same. His female customers tell him that the goods will be paid for by Amsatou's future husband.

The real story starts with the flight of six girls—many quite young—to escape FGM. Two flee from the village, another four to Collé Ardo Sy who continues to suffer from her excision wounds. Collé´s eldest daughter also died as a result. In order not to lose her second child, she refused to allow her to be cut. This forms the background to the girls' request for asylum which is ensured when Collé Ardo winds a special rope around knobs on either side of the front entrance at about ankle level to warn all visitors that the courtyard is under a certain protection-ban called "moolaadé." No one dares to cross the threshold without her permission. Otherwise, the intruder would risk being cursed. According to folk belief, breaking the bond would sooner or later be fatal, and villagers remember individuals who broke the ban and died. "Moolaadé" is therefore a kind of self-fulfilling prophecy, but one that can be helped along by virtue of certain manipulations. Thus, the villagers exhibit just about equal amounts of fear of the curse and of Collé Ardo's wholly self-confident behavior.

Sembène here plays very effectively with the native understanding of the "right to asylum" in African tribal culture, gesturing thereby toward FGM as worthy of political asylum on the broader stage. Internationally, opinions are divided regarding FGM as a human rights issue, cultural relativists and universalists taking different sides.

Collé Ardo's rejection of excision leads her to offer sanctuary to the girls, and this provokes the excisers' anger. Resplendent in the outfits reserved for the ceremonies that take place every seven years, a phalanx of cutters appears before the door to recapture the run-aways. Their chief holds the staff with the double-headed cobra. Collé Ardo gives the girls a choice: "If you want to be circumcised, then go and have it done." But all refuse, forcing their pursuers to retreat. In short, in one tender scene, while sitting in the courtyard, Collé brings the girls to explain why they don't want to be cut. One lost a sister to the rite. All fear pain and death. A view of the circumcising hut in the forest

reveals why: there, barely able to move, the newly amputated girls whimper audibly. The eldest exciser commands them to stand, form a circle and dance. Their stiff legs held wide apart make their suffering clear; one's distorted face reveals the depth of her effort to comply before she collapses.

Sembène shows just how gruesome this ancient, archaic ritual of initiation and purification is and with what tenacity some African societies hold on to it. The cineaste spares viewers what so many gynecologists and urologists face: the sight of mutilated female genitals. He focuses instead on fear and pain, but that's enough.

Meanwhile, the return of the villager from Paris has occasioned a flurry of events. His father explains that he cannot marry Amsatou because she's impure. Only an excised girl can be considered. But the father has already taken care of everything. The returnee will wed a cousin, eleven-year-old Fily, who has been excised. The delicate girl, still a child, presents the water bowl in ceremonial greeting to her future husband. Amsatou observes what should have been her role and asks her mother, "Mama, why didn't you have me excised? Now, I'll never be able to offer water to a future husband!" One of the excisers visits Collé to insist that Amsatou can still be 'circumcised'; the young man would simply have to postpone the wedding for two weeks. But Collé remains adamant: "My daughter will never be cut."

To give weight to her refusal, Sembène allows Collé to bare her mutilated torso, revealing a battalion of scars caused by Caesarians bearing little resemblance to that operation as usually performed. Collé shrieks her opposition, determined never to have Amsatou excised as a result of her own mutilation and the need to be opened from top to bottom to deliver her second girl. The excisers respond by predicting that Amsatou will never find a husband because no man will marry a "bilakoro," an unexcised girl. In a similar vein, when the bridegroom pays his bill at the mercenary's shop and tells him about his new fiancée, the latter is appalled. "That little girl? She's barely eleven years old! She still drinks her mother's milk! You're nothing but a bunch of pedophiles! … You ought to marry Amsatou!"

Thus, Sembène uncovers not only the damage excision inflicts on women's bodies and souls, but also the social resonance when the cut has been refused. And he also shows how men behave when this refusal challenges their traditional structures of marriage and authority. The main issue is therefore how to transform attitudes.

Moolaadé provokes critical thought, and this is for Sembène the major import of his work: "I want to show this film to people who will go home afterward and think about it." He does this masterfully, as the haunting images refuse to fade. He also raises the FGM issue within the context of Islam. Is it a holy requirement or not, and how is this question answered? It is to be hoped that Sembène's film has the success it deserves and that it will be broadly shown in nations where a law against it has yet to be passed. In discussion Sembène has expressed his incomprehension of arguments from cultural relativism uttered by Europeans and Americans on female "circumcision." He believes that law is

sorely needed to enable decisive refusal. He doesn't see the point in having development aid organizations give excisers money to stop. Much more important is to finance campaigns to raise awareness, especially concerning health, on the model of AIDS work in African villages. The aim must be to change people's minds based on strategies that take the socio-cultural milieu into account. Both women and men must face the issue with critical reflection.

The Day I Will Never Forget: An Unforgettable Film about Female Genital Mutilation.

Barbara Kolucki

Review of *The Day I Will Never Forget.* Dir. Kim Longinotto, 2003. Review originally appeared in *Disability world. A bimonthly web-zine of international news and views.* Issue no. 22 January-March, 2004. www.disabilityworld.org.

A young girl about 8 years old, Fauzia Hassan, takes control of this film about half-way through the documentary. She stands in front of the camera as if making a presentation to her school class, or perhaps to the United Nations. She recites her poem about the fear, the pain, the memory and the wrongs committed against her on the day she was circumcised, becoming one of the estimated daily 6000 girls or women subjected to Female Genital Mutilation (FGM).

Fauzia is a fighter and she demands no less than a promise from her mother that her youngest sister will not be a victim of FGM. In fact, she tells her mother that the only way she will forgive her is with this promise. Her mother relents—and wonders aloud how God will judge her on the "Day of Judgment."

Another group of fighters in the film are girls and young women in Kenya who defy their parents, run away and then seek assistance from a lawyer to get an injunction against their families subjecting them to FGM. Reactions from the accused and communities are primarily dismay and disgust: these girls have abandoned their traditions, they must obey their parents, they must obey men, they must be circumcised.

Another fighter whom we regard with awe during the film is Fardhosa Mohamed, a gentle, soft-spoken nurse who, in her immigrant Somali community in Kenya, is relentless in her attempt to change the attitudes and behavior of her people. Her strengths are many, but above all, she listens and educates, telling a reporter: "I don't hate them for what they are. I just hate their actions."

Most of the others in this powerful film are the victims and perpetrators of FGM. They are the men and the women who, at least for today, refuse to accept new ways, even if they are presented with the horrendous facts of the physical and psychological harm, or the life-threatening dangers to girls and women during their cutting as well as during menstruation and giving birth. Nor do they accept the evidence that the practice has no theological backing but predates both Christianity and Islam. We hear in the film from the gamut in a community—the village leader, the new husband, the elder women, and the women about to be married.

Deeply imbedded beliefs

The film presents us with all of the rationalizations why this practice continues: it is part of culture and traditions that must be kept alive; the clitoris is either a male organ or it is somehow "dirty"; cutting keeps women from being promiscuous; it is demanded by religion, etc. We also hear from a small group of women who have been subjected to FGM and say that they can still feel aroused—and that they accept it as part of the wish of their family and the men they will marry. What is most evident is that these beliefs are deeply embedded in the

minds of women and men from all walks of life.

Kim Longinotto is the British filmmaker who directed the documentary. Her all female crew was thus enabled to be present for both discussions and actual circumcisions. Longinotto is increasingly well-known and applauded for her work on issues affecting girls and women—and the strong women who are leading the way to a better place. She has received numerous awards around the world for this and other films.

Review of technique and approach

I have reviewed hundreds of films throughout my professional life thus far. They have most often been about or included some aspect of disability. They have often, too, been about and for children. My personal opinion is that this is an excellent film about a serious topic that needs the attention and action of the entire world. I loved the nurse and the young girl who wrote the poem. And I shuddered listening to the women and men espouse the practice of FGM. I do, however, personally think that the film was a bit long, and that it was not as "tight" as it could have been in terms of continuity and editing.

Also, having worked in the field of social communications and behavior change for over 20 years, I also know that it is not enough to empower girls and women. Yes, women are often the most vocal proponents of—and the ones that commit FGM. Of course it is important to educate them about every aspect of FGM—from poor hygiene practiced by many circumcisers to the dozens upon dozens of complications. But it is the men who hold all the power. Full stop. In the film we hear a new husband say that allowing his wife to have a procedure under anesthesia "will bring shame on my family." He emphatically states that the man is the only person to make decisions. And he will not allow this procedure—even if it impacts on the health or life of his young wife.

It is absolutely critical to find male "positive deviance" in communities to show that one can still "be a man" - and support the elimination of FGM. Shame is used as the excuse for innumerable horrendous acts of violence against girls and women around the world. Just as there are female fighters and heroines in this film and in the world—we all should celebrate and applaud the men out there who refuse to feel shame, embarrassment or weakness when they make a decision to not allow FGM. Or better yet—nurture this same decision by the girls and women in their lives.

Recommended film

Do I recommend it to others? Absolutely yes.

"Head Held High": *Desert Flower* Flouts the Masculine Gaze

Anja Röhl

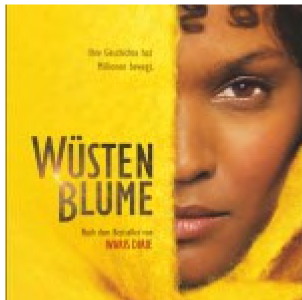
Trans. Tobe Levin

Review of *Desert Flower.* [Wüsten-blume]. Dir. Sherry Horman. 2009. Based on the book *by* Waris Dirie *Desert Flower*.

Editors' note: Opening on 29 September 2009 in more than 300 cinemas in Germany, the film reached hundreds of thousands of 'ordinary' Germans, raising citizens' awareness and contributing to support for political initiatives to benefit survivors and prevent girls from harm. Art and legislation here move hand in hand. ***Gratitude to our source:*** http://www.anjaroehl.de/wustenblume-rezension

Surprise! This is no dreary circumcision drama, no tragic 'dark continent' story in which Germans would ordinarily take no interest. Instead, the film depicts a tall young woman in London working as a cleaner in a fast food restaurant after she has been befriended by a store clerk who caught her shop-lifting. The heroine has learned the country's

language and been to a disco to dance but, when addressed by men, reveals her shyness. She has brown skin, and after awhile you notice that her reticence hides a proud strength. When a famous photograph catches sight of her, she starts her career as a "beautiful woman." Highly photogenic, her face reveals beauty in its expressiveness, and what does it express? Courage, resistance and dignity. Again and again, the photographer tells her, "Keep your head high!" So she throws her shoulders back, the very image of integrity. Here the portrayal of beauty does not correspond to masculine tastes, no gestures of submission. No. The model projects courage and strength and will therefore become famous.



Another definition of beauty

This movie is indeed startling because, although filmed for the most part in London and New York, it confronts young women in the West at best with an alternative concept of beauty and yet, unlike what you might expect, it clearly wants viewers to identify with its protagonist. Here young girls can learn that beauty is a feeling you have for yourself; that it emerges from your dignity, comes from within and needs have no truck with externally-imposed clichés. This is all the more surprising because the film begins in Africa, in the white desert sands through which a young girl marches day after day in order not to have to 'marry' an old man who has purchased her. The documentary-like images, charming even, are a mere prelude to the secret this young woman and many others keep in the train stations, airports and restaurants where they all silently clear tables and won't for the most part become famous like her.

The secret

Following the roommate's barged-in upon sex scene with her boyfriend, the young woman's even bigger secret is revealed. It's something painful, something that was done to her, and she shares it with her friend. Quickly, the problem is exposed, what must be one of the worst things of all, to undergo genital mutilation. Although it happened when she was three,[1] the sharpest of memories remains. At this dramatic moment, the protagonist still believes it happens to all women but her friend disabuses her and accompanies her to a gynecologist. The presentation is brief and unspectacular, abbreviated to accommodate the heroine's own extreme reluctance to discuss it. Next come the professional model's successes and failures, problems with an expired passport, a bogus marriage, the intervention of Immigration and her first nude poses in which we still find no hint of submission, nothing pornographic, but instead beauty that emanates from strength and pride. The film becomes a work of art precisely here, in its appeal to young women no matter what their ethnicity or color, in contrast to those too often 'normal' lascivious approaches in which beauty weds weakness. On the contrary. Women are strong and this strength makes them erotic. Which feminist might have said that? We find these words in Adrienne Rich and in this film with its images for girls that transmit self-confidence.

From impotence to action

At the high point of her career as the film concludes, the young diva begins to speak out about what she calls "the most important day in her life." No, not the day she was "discovered" or the one when she escaped alone across the desert. Rather, it was that day when she was a tiny child and

[1] The original autobiography states that the operation took place at age five.

they did that awful thing to her even while she lay restrained in her mother's lap wholly unable to receive the offered consolation. To speak out means to accuse, and accusation means a mission, and this mission is fulfilled in a speech before the United Nations General Assembly and for the ears of journalists throughout the world. The last scene is accompanied by text stating that the protagonist's actions in real life led to legislation in many countries forbidding FGM. Unspectacular and devoid of kitsch, the closing conveys a message: it's worth the trouble to resist. It can be painful, it drains your energies, but in the end it makes you strong and even beautiful, and no human being should give up, especially not if that person is a woman concerned for dignity. For when she fights for her own worth, she defends the dignity of others who have suffered the same devastating assault.

Toward the End of FGM

Sandra Mbanefo Obiago

Review of *Uncut! Playing with Life.* Dir. and prod. Sandra Mbanefo Obiago, Communicating for Change, Nigeria, 2002.
http://www.cfcnigeria.org

A film that discourages FGM, *Uncut: Playing with Life* was produced by a Nigerian media NGO, Communicating for Change. The film showcases the work of theatre for development activists, Perfor-mance Studio Workshop (PSW) run by Chuck Mike, and the Women's Health and Action Research Centre (WHARC), led by Prof. Frikay Okonofua, a Professor of Obstetrics and Gynecology at the Uni-versity of Benin.

The film traces the story of how a theatre piece changed the life and views of a professional ex-exciser, Stella Omoregie, and how her conversion started a revolution against FGM in Nigeria's Edo State in 1999.

The star of the film is Stella Omoregie, 52, a traditional birth attendant from the royal family of Benin, who once specialized in circumcision. She says she inherited her profession from her late grandmother who started teaching her how to perform circumcisions at age ten. But when she encountered Chuck Mike's theatre activists, who used her life story as material for a theatre piece, she started questioning the practice. By the time she saw their theatre piece which was a celebration of music, dance and drama set against traditional culture, Ms. Omoregie was convinced that circumcising girls was harmful. The play told the story of a pregnant woman who died from FGM: "I felt it is bad and from that day in 1995, I decided never to perform circumcision again."

Okonofua states that the film "mirrors the life of a woman who was a circumciser but because of the intensive campaign against Female Genital Mutilation and the effect of the law that was enacted by the Edo State Legislature, she stopped practicing FGM and instead began another job."

In 1999 FGM became a criminal offence in Edo State. Those convicted can be sentenced to two years in prison without parole. The law was part of a concerted effort to reduce the rate in a region where 90 percent of all women undergo the procedure. That's about 60 percent more than the national average. Professor Okonofua says he is confident that the film will go a long way toward eradicating it.

Mrs. Omoregie says it's a hard job to give up. Practitioners charge $5 - $20 depending on the age of the person being cut—and are also given yams, meat, palm oil and palm wine. But today, with the support of PSW, WHARC and other community based groups, she has been trained to produce and sell ice cream. FGM can be curbed, with small business loans to help excisers find another source of livelihood. Omoregie says campaigns against FGM must involve the family members who perpetuate beliefs linked

with circumcision among both men and women.

Forty-seven-year-old Rose Odion has 15 years of experience circumcising women and girls in Benin City. She explains some of the social pressures that still lead many women to undergo the procedure: “If a woman is not circumcised, nobody will marry her—it is a taboo even to get pregnant. If she does, she faces complications when being delivered of the baby. If the head of a male child touches the clitoris, the child will die.”

Mrs. Odion says most women in Edo State were circumcised as infants or teenagers. She says she has never had a complicated case because she observes all relevant taboos. One taboo maintains that on circumcision day, the girl’s parents must not quarrel; if they do, their daughter could bleed to death.

But today even the traditional rulers of Benin City question the wisdom of FGM. One of them is the High Priest of the Oba—Nosakhare Isekhure: “Well, society is dynamic. What we have seen from medical reports has appealed to the sensibilities of both men and women—who are now saying that many women are victims with the mutilation of their genitals.”

An official of the Women’s Education Center in Benin—Comfort Umeh—thinks there’s a place for traditional leaders in future campaigns against FGM. She says she’d like the producers to use leaders like the High Priest of Oba to get the message out—that women can take control of their own bodies if they let go of the past.

The film goes on to show how community and theatre activists started an FGM campaign which culminated in Edo State being the first state in Nigeria to pass anti-FGM legislation. Since the making of the film, many more states have passed anti-FGM legislation, proving that theatre is a vital tool for development and changing people’s mindsets, coupled with grassroots activism, media campaigns, advocacy and supporting legislation.

A Husband Changes Heart

Tobe Levin

Review of *Bintou in Paris*. Dir. Julie Pimsleur, Kirsten Johnson, Linda Weil-Curiel and CAMS. Paris: Commission pour l’Abolition des Mutilations sexuelles, 1994. Review excerpted from **Tobe Levin, "The Creative Writing of FGM as an Act of Violence and Human Rights Abuse." In Levin, Tobe, ed. *Violence: “Mercurial Gestalt.”* Amsterdam, NY: Rodopi, 2008. 111-122.**

Dawn leaks into the room, taking the census of ordinary objects, couch, crib and mother who suddenly bolts upright. The baby is missing! In a shattered voice Bintou pleads into the phone, “Aminata. Are they with you? ... Adama and Issatou ...” No, they aren’t. “Where then?” she rasps. Desperate, Bintou sprints to encounter her sister in a northern arrondissement of Paris. They assault a door. It opens, cautiously. “No,” the exciseuse replies, sucking her teeth, “no one has been here this morning.” Cut to Bintou’s key entering its lock and her husband Adama invading the frame. “Where is she?” shrieks Bintou, rushing to hold her tranquil daughter. “I’ve changed my mind,” the father states. “She’ll never be cut.”

These lines close activist attorney Linda Weil-Curiel’s 1994 video *Bintou in Paris* produced for CAMS (Commission pour l’Abolition des Mutilations sexuelles). It features a young Malian from Bamako who decides, without consulting her husband, to spare her daughter from excision. Learning of this, Adama spurns his wife and, together with his mother, pressures her to have the surgery performed. Self-assured, the mother-in-law lifts the receiver, promising to solve this “one-time little problem ...” Bintou, however, has the support of her sister Aminata who educates against FGM whenever she can, for instance at the check-out counter and the beauty parlour where the subtext is, of course, “il faut

souffrir pour être belle." Nonetheless, salon progressives sit in judgment.

Viewed as bad for health or as a dispensable ethnic marker—"Cut or not, we're still African," one woman proclaims —, in the last analysis, FGM is denounced by these immigrants in human rights terms, for why should violence be done to them? Why repress their sexuality? Why mistreat them because they are women? Though fiction, this drama set within a West African community in Paris uncovers the complex motives sustaining a harmful traditional practice. Its happy ending, occasioned by Adama's learning from an imam that the Koran says nothing about female rites, sets a good example but diverges from the more likely scenario. Yes, some campaigns have shown success, yet the practice persists not only in inhospitable environments such as most European countries, but in Africa where, among groups previously untouched by the phenomenon, it is actually spreading.

The film whose entire cast is African is highly recommended for consciousness-raising in Diaspora and for classroom use, its strength residing in its differentiated portrait of conflict within the immigrant community itself.

Practical Use

Shortakes of Books and Films on FGM

Compiled and translated by Tobe Levin and Waltraud Dumont du Voitel

PART 1: BOOKS

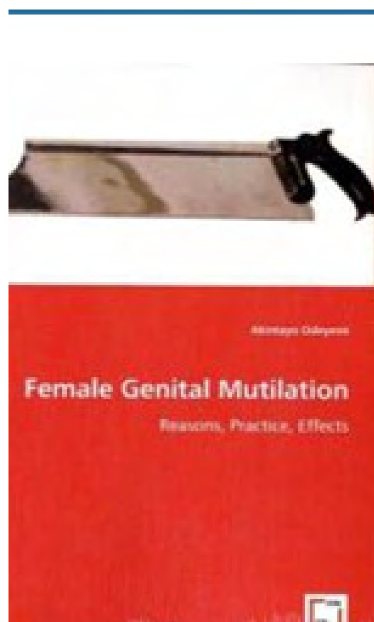
Korn, Fadumo with Inge Bell. ***Schwester Löwenherz. Eine mutige Afrikanerin kämpft für Menschenrechte.*** **[Sister Lionheart. A Courageous African Woman Fights for Human Rights]. München: Kösel-Verlag, 2009. (Thanks to Heidi Besas)**

A quick read with high quality photos, *Sister Lionheart* lines up past and present anecdotes in an activist's life, some of them quite humorous despite the basically sad nature of the subject—female genital mutilation. Although the "as told to" collaboration between two authors sometimes suffers from breaks in style, the book offers a back-stage glimpse of asylum politics and German bureaucracy as the protagonist works as a translator and culture broker for police, immigration, hospitals and related organizations. Featured are not only the political situation in Somalia where Fadumo and her husband travel to oversee humanitarian aid but also events orchestrated by the NGO FORWARD—Germany e.V. As vice president of the organization, Fadumo

develops from victim to militant, acting to halt a stubborn harmful traditional practice.

Odeyemi, Akintayo. ***Female Genital Mutilation—Reasons, Practice, Effects*****. Saarbrücken: VDM Verlag Dr. Müller, 2008.**

Despite international hype on the subject, female genital mutilation (FGM) continues unabated in many societies. Like most practices harmful to maternal health, this one is carried out under the auspices of tradition or culture. While many African traditional practices have their good sides, female genital mutilation has proved to be very harmful. This study examines the reasons given for the practice and its effect on families, especially women. It also provides insights into why many societies are finding it difficult to eradicate. The findings and recommendations will be useful to community leaders, mothers, decision makers and anyone looking for an opportunity to discuss the future of the 'rite'.



Bradley, Tasmin, ed. ***Migration, Women and Tradition. Taking FGM and Other Religious and Cultural Traditions to a Secular State.*** **London: Zed Press, 2011. (Publisher's information.)**

Is FGM on the rise in the UK and US? Why? What happens to religious and cultural traditions when they are taken from their context into a new, often secular, state? *Migration, Women and Tradition* is a fascinating look into contemporary life histories of women from ethnic minority communities in the West, focusing specifically on their experiences of under-researched cultural practices and how they navigate between their religious and cultural traditions and the secular state. The volume illuminates areas of tension and difficulty when some women actively try to reform aspects of their tradition whilst remaining furiously loyal to their cultural identity. Other examples highlight how young women are choosing to endorse traditional practices, seeing this as an important way of demonstrating the legitimacy of their religion and culture in the face of increasing hostility. This brave and original book tackles the sensitive and controversial issue of female genital mutilation, as well as surveying changing attitudes and practices around marriage and divorce. Using a cross-cultural perspective the book draws on the views of activists and community organisations who work with women to confront injustice.

Bekers, Elisabeth. ***RISING ANTHILLS: African and African American Writing on Female Genital Excision, 1960-2000*****. Madison: University of Wisconsin Press, 2010.**

This study shows how the debate on female genital excision has evolved over the last four decades of the twentieth century in response to changing attitudes about ethnicity, nationalism, colonialism, feminism, and human rights. The author discerns a gradual evolution in fiction—novels, plays, and poetry—from the 1960s, when writers carefully wrote around the

physical operation, to the late 1990s, when they situated their denunciations of female genital excision in a much broader, international context of women's oppression and the struggle for women's rights.

Gruber, Franziska, Katrin Kulik & Ute Binder. *Studie zu weiblicher Genitalverstümmelung im Auftrag von Feleknas Uca, MdEP*. [Study on Female Genital Mutilation on behalf of Feleknas Uca, Member of the European Parliament]. Terre des Femmes: Tübingen, 2005.

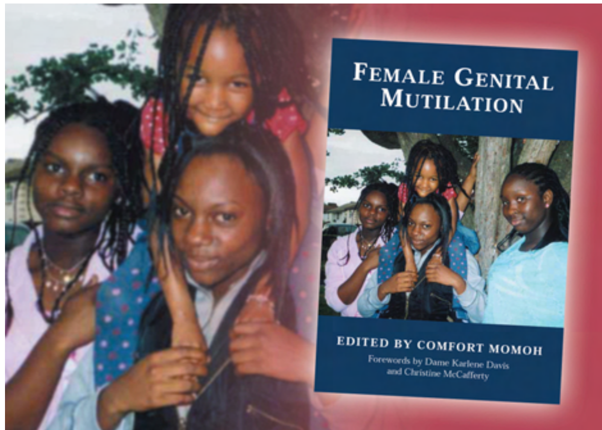
This study of FGM was undertaken by Terre des Femme in 2005 at the request of the European Parliament. In addition to illuminating the practice from sociological, cultural and economic perspectives it looks at the legal background at national and international levels.

Hulverscheidt, Marion. *Weibliche Genitalverstümmelung. Diskussion und Praxis in der Medizin während des 19. Jahrhunderts im deutschsprachigen Raum*. [Female Genital Mutilation. Discussion and Practice in Medicine during the 19th Century in German-Speaking Countries]. Frankfurt am Main: Fischer, 2002.

FGM usually enters public awareness as a barbaric act undertaken by an ‘inferior civilization’ somewhere far away in Africa. Hardly anyone knows that it had been widely practiced for the treatment of masturbation, hysteria and other supposedly female disorders in German-speaking countries and was the object of considerable controversy. Marion Hulverscheidt represents for the first time in a clear and sensitive language this almost forgotten part of medical history by using case studies. She provides references to ethnology and anthropology as well as to current debates on female genital mutilation.

Momoh, Comfort, ed. *Female Genital Mutilation*. Oxford, Seattle: Radcliffe Publishing, 2005.

Comfort Momoh’s edited volume features various contributors mainly in Great Britain who share their experiences in social work, medicine and psychology with female migrants confronting FGM. Their narratives are helpful to all those who come in contact with the topic and want to offer the highest standard of professional service to its victims.

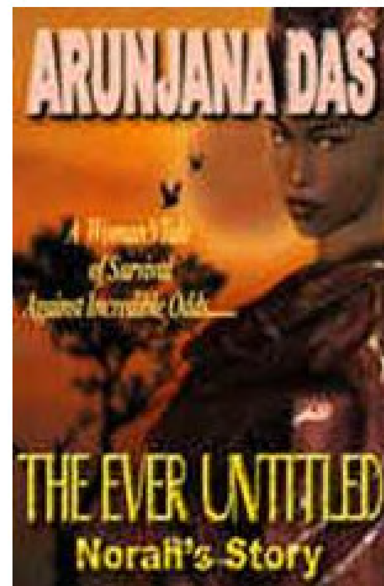


TERRE DES FEMMES, ed. *Unterrichts-mappe Weibliche Genitalverstümmelung. Mit einem Vorwort von Waris Dirie.* [Teaching Portfolio on Female Genital Mutilation. With a Foreword by Waris Dirie]. Tübingen: Terre des Femmes, 2007.

The portfolio contains proposals for school lesson plans and activity days, first-hand reports by victims, a comic book and background information to assist teachers in giving information on female genital mutilation in their classrooms. It also offers numerous ideas for young people's action toward ending FGM.

Das, Arunjana. *The Ever Untitled: Norah's Story.* Club Lighthouse Publishing, 2007. Ebook.

Norah's Story is about a young East Indian woman, the daughter of a doctor who migrated to Ethiopia to help the poor there. As a young child, she's bright, precocious and a bit of a dreamer until at age eight she experiences the ritual horror of female genital mutilation. At 13 she is married to a husband who betrays her in the worst possible way. While in advanced stages of pregnancy she is sold by her husband for alcohol to a gang of four men who rape her, causing her to lose one of the twins she is carrying. While her experiences would break a weaker person, through it all she eventually emerges with a sense of serenity derived from running away and raising her surviving baby daughter in South Africa. ... Years later with her daughter, a bright and gregarious teenager in whom Norah sees herself as she once was, the two return to Ethiopia to try to educate women about the horror the mother experienced. However, her precious daughter is kidnapped and subjected to the same horror which she doesn't survive. The mother, more determined than ever to make sure the story of the plight of thousands of women like herself is told, returns to South Africa to continue with her life's mission to fight against this atrocity. … Written in the first person, Ms. Das has captured Norah's raw, heart wrenching emotions with an incisive clarity that will make one weep for her and rejoice at her strength to overcome the horrors she experienced in her young life. (Bookseller's description).
http://www.fictionwise.com/ebooks/b72988/The-Ever-Untitled/Arunjana-Das/?si=0



Female Genital Mutilation in Belgium*: Study of Prevalence and Measures for the Future.*

The Federal Public Health Service published the results of a statistical study estimating the number of women with female genital mutilation (FGM) and the number of girls at risk of being subjected to FGM living in Belgium.
http://www.icrh.org/newsletter-november-23-2010.

Undertaken by the Institute of Tropical Medicine in Antwerp in collaboration with a monitoring commission (the International Centre for Reproductive Health re-presented by Els Leye, WIV, ONE, Kind & Gezin, Commissariaat Generaal Vluchtelingen en Staatlozen, Fedasil) this second prevalence study—a first one was done by ICRH in 2003—contains current statistics and shows the important need for prevention (to protect girls at risk) and medical/social treatment (for women with FGM) in Belgium.

The number of women and girls from countries where FGM is prevalent is estimated to be 22,840. Of these 22,840, 6,260 are most likely mutilated while 1,975 are at risk of being subjected to FGM (data January 1, 2008). Moreover, the number of women with FGM that deliver is increasing: over the past decade, their number tripled and is estimated to have reached 600 in 2007. During childbirth, complications due to FGM can vary according to the type of mutilation. The Dutch version of the study can be downloaded at
http://www.health.belgium.be/internet2Prd/groups/public/@public/@mixednews/documents/ie2divers/19065071.pdf.
The French version can be down-loaded at
http://www.health.belgium.be/internet2Prd/groups/public/@public/@mixednews/documents/ie2divers/19065073.pdf.

UNFPA Report. *Global Consultation on Female Genital Mutilation/Cutting* NY: UNFPA, 2009.

This publication contains rich research findings concerning global trends, the prevalence of female genital mutilation/cutting and its linkages with maternal and newborn health. It describes changing patterns and practices, including medicalization, and analyzes the threat FGM/C poses to the achievement of Millennium Development Goals as well as its economic and health costs. It identifies important lessons and discusses in detail case studies as well as the application of theories as a basis for accelerating the abandonment process.

It also addresses the need to close gaps in law enforcement, build capacity, mobilize resources and create global partnerships.

WUNRN http://www.wunrn.com.
Direct Link to Full 112-Page UNFPA Report:
http://www.unfpa.org/webdav/site/global/shared/documents/publications/2008/fgm_2008.pdf http://www.unfpa.org/public/publications/pid/2188

***The LANCET*, 367/9525.1835-1841, 3 June 2006.**
Doi:10.1016/S0140-6736(06)68805-3.
***Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries.* WHO study group on female genital mutilation and obstetric outcome.**
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(0668805-3/fulltext

Shortakes

PART 2: FILMS

Editors' note: One of the best and largest video/dvd collections on FGM belongs to attorney Linda Weil-Curiel in Paris, Commission pour l'Abolition des mutilations sexuelles (CAMS)

Folly, Anne-Laure. *Femmes aux Yeux Ouverts.* [Women with Open Eyes]. Amanou Productions, 1993.
www.newsreel.org

"A respectable woman should learn from her husband,
She shouldn't read,
She shouldn't have her eyes open."
Poem by a Burkinabe woman

In *Femmes aux Yeux Ouverts*, award-winning Togolese filmmaker Anne-Laure Folly presents portraits of contemporary African women from four West African nations: Burkina Faso, Mali, Senegal and Benin. The film shows how African women are speaking out and organizing around five key issues: marital rights, reproductive health, female genital mutilation, women's role in the economy and political rights.

Femmes Aux Yeux Ouverts introduces us to many unforgettable African women. We meet one who has fled a forced marriage and taken refuge in a convent. We join a community health worker demonstrating condom use in a market-place. An activist describes why it is more effective to attack female "circumcision" as a health issue rather than as a women's rights issue. Women entrepreneurs who control trade in major cities explain how they have formed their own mutual aid societies. A Malian woman who lost her daughter in the 1991 pro-democracy demonstrations describes how women continue to play a key role in the Malian revolution.

Femmes aux Yeux Ouverts shows how women are organizing at the grassroots level to insure their participation in the continent's current move towards democracy. It has screened to enthusiastic women's audiences across West Africa, reinforcing their demands for a place at the center of the development process and is available in French with English sub-titles.
http://www.mediarights.org/film/Femmes_aux_yeux_ouverts_Women_With_Open_Eyes

Inter-African Committee, Nigeria. *Beliefs and Misbeliefs*. Vision TV, 1994. 43'.

This powerful educational documentary prefaced by IAC President Berhane Ras-Work extolling positive African traditions such as infant massage segues quickly into an unforgettable scene on a Lagos sidewalk in which a male circumcisor is first seen cutting tribal marks on a baby's chest before proceeding to excise her clitoris. The film describes the health risks and chronicles efforts of the IAC to stop the practice. The happy end shows a village health visitor greeted by mothers holding smiling girl babies with their genitals intact.

Mire, Soraya. *Fire Eyes. Female Circumcision.* DVD, Documentation, Somalia. 1994. 60'

This film was one of the first to present an African viewpoint on the issue. "[The] Somali filmmaker … knows firsthand the traditional African practice of female genital mutilation. At thirteen she was subjected to [infibulation] and spent the next twenty years recovering physically and emotionally from its cruel legacy. *Fire Eyes* explores the socio-economic, psychological, and medical consequences …" The film is also a work of art.

Heller, Esther. Dir. *Let Us Talk*. Danish National Board of Health. 1998. 30'. Somali and English.

In discussion with professional women from the Somali immigrant community, the film explores their views on religion, health risks and psychological issues related to FGM.

Berben, Rita. *Bolokoli—Mädchen-beschneidung in Mali.* [Female Genital Mutilation in Mali]. BMZ, VHS, Documentation, Mali 2000, 30'.

The Bambara in Mali call female genital mutilation *Bolokoli.* Intact women are often discriminated against and accused of being prostitutes. Slowly, however, changes in Mali's attitudes towards FGM can be observed in that many are trying hard to abandon the practice. In her movie Rita Erben shows the struggle of these women, including Dang, a former exciser. The film can be rented from www.landesfilmdienste.de and www.dfz.de

Madeisky, Uschi & Klaus Werner. *Die drei Wünsche der Sharifa. Bei den Kunama in Eritrea.* [Sharifa's Three Wishes. With the Kunama in Eritrea]. Colorama Frankfurt & NDR, 2000. 45'.

In this documentary, one in a series looking at societies with matriarchal traits, all three of the dead Sharifa's wishes are traditional. She requires that a new burial mound be built since all existing ones are overcrowded; that a young man who impregnated a young girl compensate her with the prescribed cow; and, most gruesome, that girls continue to undergo FGM, in this case, infibulation. The youngest granddaughter Geneth, barely two years old, shall not be spared. Her mother Agid tries hard to get out of it. Each time a neighbor hints that the time has come, Agid looks uncomfortable and either avoids discussion or timidly suggests that some families in larger towns have stopped. Older women, however, insist on the dire consequences of refusal: exclusion from the community, denial of inheritance, and refusal of a place in the family vault. Most grave, however, is the spiritual threat, a grandmother's curse should her last will and testament not be honored. Torn between fear for her daughter and belief in the power of her ancestor's ire, Agid permits mutilation. The film is chilling in its suspense and unequalled in the way it enobles even these unsuccessful efforts to stop a regrettable practice.

Rashad, Sara. *Tahara.* Santa Monica, CA. Web.com Group Inc. 2001/2. 18'30. Arabic and English.

Tahara is the story of Amina, an Egyptian housewife living in Los Angeles who must decide if she will follow tradition and circumcise her daughter, Suha, or rather abandon this age old practice and save Suha from circumcision. Despite its illegality, Amina feels strongly that she must continue tradition because of pressure she receives from her mother, Zeinab, when her husband is away on a business trip.

Amina solicits the services of a surgeon who refuses, informing her of the serious health consequences of the procedure. When Amina returns home Zeinab argues with her and insists they will take Suha to the local daya (an illegal circumciser). Amina tosses and turns all night.

Memories of colorful pageantry compete with the horrendous pain and resentment Amina felt at her mother's abandonment.

Will she find the courage to confront her mother, Zeinab, to defy tradition and save her daughter from the brutal psychological and physical effects of FGM? Or will she submit Suha to the same horrifying fate?

Amina's dilemma represents that of many women who live in denial of their own oppression and cultural abuse. They will see Amina's struggles as their own. The film will hopefully encourage them to embrace truth in order to heal from their cultural wounds. Tahara represents the voices of women and girls who are suffering silently. Women must know they are not alone.

Tahara, a universal story, shows a family struggling to stay connected to their roots against a background of growing multiculturalism and what it means in the United States and abroad. It also reveals the tyranny of culture and family. Tahara

takes creative risks on issues not usually seen and will connect with viewers worldwide. www.taharafilm.com

Dethloff, Sigrid & Renate Bernhard. *Narben, die keiner sieht.* [Invisible Scars—Genitally Mutilated Women in Germany]. VHS, Documentation. Germany, 2001, 29'.

The movie deals with the difficult situation of migrant women in Germany who originally stem from FGM practicing nations. This is illustrated by the fate of Wata, an affected woman from Guinea who came to Germany when she was pregnant with her daughter Fanta. Now she wants to spare her daughter from genital mutilation and is struggling to remain in the country. The movie can be rented from www.evangelische-medienzentralen.de and www.landesfilmdienst-bw.de.

Pomerance, Erica. *Dabla! Excision*. [Stop ! Excision]. DVD, Documentation, Mali, Quebec. 2003. 73'

FGM continues in 26 African countries where, every year, two million girls undergo excision or infibulation, a tragedy that concerns not only Africa but the 'West' as well because mutilated women are now demanding asylum to protect their girls. Filmed mainly in West Africa in French and Bambara, *Dabla! Excision* tells the story—with English subtitles—of several African and Quebecoise women working courageously against these practices whose aim is to control female sexuality. The action includes the APDF—Association pour le Progrès et le Défense des Femmes maliennes founded by Fatoumata Siré Diakité who became the Ambassador to Germany from Mali. Distributed by Erica Pomerance. epomera@sympatico.ca

Heller, Esther. Dir. *The Broken Silence*. Copenhagen: Heller Films, 2003. 1'35" English.

"This film produced by Esther Heller (who has also produced two other videos entitled **'Let Us Talk'** and **'Now We Are Talking'**) had its UK launch on 22nd January 2004. The video is targeted at professionals who may come into contact with FGM in the course of their duties. The footage is what Esther describes as a 'talking heads' video, with professionals and activists discussing some of the more complex issues of FGM. [Then] FORWARD Director Adwoa Kwateng-kluvitse also appears in the film.

The video is an extremely good tool for training, awareness raising and highlighting the challenging issues that professionals face." http://www.forwarduk.org.uk/news/news/110

Maldonado, Fabiola & Ulrike Sülzle. *Maimouna—la vie devant moi.* [Maimouna—Looking ahead]. DVD, Documentation, Burkina Faso, Germany, 2006, 60' HDV.

Young Maïmouna from Burkina Faso fights against FGM. On behalf of the organisation "Bangr Nooma" she goes from door to door to inform people about the negative consequences of female genital mutilation. Thus, she faces head on superstition, social power structures, fears, contradictions and her own wounds. Maïmouna and her strength are in the foreground and make the film a vivid and hopeful document against female genital mutilation and for an independent life. The movie can be rented from www.maimouna-derfilm.de and info@maimouna-derfilm.de.

Knudsen, Mette. *The Secret Pain. A powerful documentary against Female Genital Mutilation.* DVD, Denmark, 2006. Subtitles: English and Danish. 75'

"Dramatic events destined Kate Kendel to live with various missionary foster parents in Sierra Leone and Scandinavia. At age 16, she returned to her biological family in Sierra Leone and was genitally mutilated against her will. We follow Kate back to her roots where the circumcisers' secret society, Bundu, is so feared that no government has yet been able to rock its power. *The Secret Pain* is a strong portrait of the psychological consequences women face after this kind of physical mutilation." Available from
www.angelfilms.dk
www.thesecretpain.com

FORWARD—Germany, Hélène Ekwe. *Im Schatten der Tradition*. [In the Shadow of Tradition]. Musical, Germany, 2006. Ca. 15'

An original creation of FORWARD—Germany's first girls' theater group directed by Hélène Ekwe, the musical features a German classroom coming to grips with the topic FGM. Pupils are assigned to read *Born in the Big Rains*, Fadumo Korn's memoir about her infibulation and growing awareness of the need to act to stop the custom. The girls dance a scene in Africa whose centerpiece is a German student not of African origin chosen from among those in the multi-ethnic classroom to suggest the universality of misogyny behind the act. The blade falls, the victim shrieks, and all are returned from the interlude to their German ethics class that explores the imperative to intervene when injustice is perceived. Life between cultures is a related theme.
Available from FORWARD—Germany
www.forward-deutschland.de

Bhavnani, Kum-Kum. *The Shape of Water*. DVD. Documentary. USA, 2006. 70'

Narrated by Academy-award winning actress Susan Sarandon and featuring an introduction written by Edwidge Danticat, *The Shape of Water* offers portraits of Khady, Oraisa, Gila and Bilkusben. They can be seen driving down "dusty roads through Senegalese villages and on the bustling streets of Dakar, walking through Brazil's Amazonian rainforest, standing on a busy corner in Jerusalem or taking a train ride into the Himalayan foothills. The women are abandoning female genital mutilation, tapping for rubber to protect the rainforest, opposing military occupations, sustaining the world's largest trade union, protesting dams that threaten to drown their homes and lives, and safeguarding biodiversity of the planet." The documentary reveals women's strength and improvement in their lives, one act at a time. "Nothing is softer than water/ Yet for overcoming what is hard and strong/ Nothing surpasses it." Lao Tzu.

Pomerance, Erica. *Caravane.* Associate prod. FORWARD-Germany, Tobe Levin, & the APDF, Mali. DVD. Documentation, Mali, Germany. 2007. 59'

From September 1-7, 2007, FORWARD — Germany and the Association pour le Progres et la Défence des Femmes maliennes (APDF) sponsored filmmaker Erica Pomerance who travelled with a group of young people and their APDF chaperones on a consciousness-raising tour to seven villages in the Ségou region of Mali. Viewers are invited to join the youth on their bus; as they prepare the terrain by introducing themselves to elders and opinion-leaders in the various towns; when they are surrounded by villagers listening with rapt expressions to the various reasons why these teens oppose FGM; and during breaks while the kids relax and joke around with one another and their village hosts. For anyone who has

wondered how the issue can be productively addressed on the ground, this film is a must. Distributed by FORWARD-Germany.
www.forward-deutschland.de

See also follow-up research in the form of testimonials by the original caravaniers in the Bamako office of the APDF, March 2011, filmed by Erica Pomerance:
http://www.youtube.com/watch?v=iIbO-VoRmO8

Dethloff, Sigrid & Renate Bernhard. *Hibo's Song. Circumcised Women between Tradition and Modern Life*. DVD. Documentary, Germany, 2007. 54'

"'She can't sit, she can't walk, she has got so much pain.' 19 year old Sudanese Nevin describes her mother's suffering in an asylum seeker's home in Germany. Samnia, 49, mother of four, was ritually mutilated as a child: her genitals cut off and stitched. After four opening and closing operations at childbirth and nine operations due to complications, she desperately wants to save her daughters from the cut. Dr. Sabine Müller, gynecologist in a family planning center in Berlin, has treated circumcised women for years. She knows that Samnia can only be helped with pain relievers. For Gihad Gibreil, however, Dr. Müller sees … that an opening operation might help her to experience childbirth without too many complications. But Gihad hesitates. Her husband Mohammed encourages her but for her this operation means touching a big taboo and breaking with a four-thousand-year-old tradition. The film shows the physical and emotional pain many circumcised women have and it presents a sensitive gynecologist who admits how much she had to learn from her African patients for a proper understanding of their situation. The film is set in Europe and goes back to Africa, presenting traditional and modern African thinking: the world and beliefs of a circumciser in Ethiopia, Nigerian artists challenging this ritual and the anti-circumcision song of the Somalian singer Hibo Mohammed Nuur." Available from CouRage@gmx.net

Avgeropoulos, Yorgos. *Secret of the Dawn*. DVD. Documentary. Greece, 2009. 55'

"… In Mali the percentage of sexually mutilated women reaches 85%. Little girls that are being kept captive by tradition and superstition are subjected to the cruel custom in a defenseless manner, experiencing awful consequences through-out their lives. Both the government and activist organization in Mali have been struggling against the practice these past few years." Cooperation partners in Mali included Sini Sanuman, known in Somerville, MA, as Healthy Tomorrow whose director is Susan McLucas. Available from Exandas Documentaries. Small Planet.
www.smallplanet.gr

Kallestein, Linda May. *The Cut.* Norway, Phantomfilm, 2009, 13'.

Mary and the community are preparing for her ceremonial cutting. Alice is studying to be a social worker specifically to oppose female genital mutilation. As the first in her village to refuse, she has paid a high price. Alice reveals the various myths she encounters concerning reasons for the cut while Mary, in contrast, has no voice but simply goes through the preparations and rituals in silence.
http://thecutdocumentary.org
http://web.me.com/lindamay/Linda_May_Kallestein/The_Cut___.html

Goldwater, Janet, & Barbara Attie. *Mrs. Gondo's Daughter*. USA/Mali, 2009. 60'

"Mrs. Goundo is fighting to remain in the United States. But it's not just because of the ethnic conflict and drought that have plagued her native Mali. Threatened with deportation, her two-year-old daughter could be forced to undergo female genital mutilation (FGM), like 85 percent of women and girls in Mali. Using rarely cited grounds for political asylum, Goundo

must convince an immigration judge that her daughter is in danger.

Sensitive and moving, this important film reveals how women are profoundly affected by the legal struggles surrounding immigration. As issues of asylum, international law and human rights collide with FGM and its devastating health consequences, filmmakers Barbara Attie and Janet Goldwater travel between an FGM ceremony in a Malian village, where dozens of girls are involved, to the West African expatriate community of Philadelphia, where Mrs. Goundo challenges beliefs and battles the American legal system for her child's future."
http://www.wmm.com/filmcatalog/pages/c757.shtml
see also
http://www.attiegoldwater.com/goundosdaughter/

Heredia, Paula. *Africa Rising*. Executive Producers Taina Bien-Aimé, Faiza Jama Mohamed, Jessica Neuwirth. Narrator Efua Dorkenoo. 2009, 62'. English, French, Somali, Swahili. English subtitles.

"From the Horn of Africa to the western shores of the sub-Saharan nations, everyday 6,000 girls are subjected to a practice called female genital mutilation or FGM. And everyday with little more than fierce determination and deep love for their communities, brave activists are leading the path against all odds to break the silence about this centuries-old tradition. Together, these women and men have created a formidable grassroots movement to end FGM. *Africa Rising* is an extraordinary film presenting an insightful look at the frontlines of a quiet revolution taking the African continent by storm."
http://www.africarisingthefilm.com/About.html

Gentile, Francesca. Dir. *Alel. A History of Female Genital Mutilation.* [Little Shell]. 2010.

"Alel" is a little African shell most often used to make bracelets. One of these is a souvenir for Suad Omar. Suad is a Somali woman who migrated to Turin 20 years ago. She comes from a cultivated Mogadishu family, has a bachelor's degree in foreign languages and came to Italy to join her husband, a student of veterinary medicine. She was trained to become a cultural mediator for the Turin municipal government. Meanwhile she had two daughters and a son.

Kassida Keirhallah from Lebanon is also a cultural mediator working for S. Anna Hospital in Turin. She accompanies women who need surgery due to genital mutilation. Although a Muslim, she doesn't recognize female genital mutilation as a part of her religion.

Suad plays in a theatre piece "Chi è l'ultima?" ("Who goes last?") In it, a Nigerian, an Italian and a Somali compare their relationships to family, tradition, occidental culture and FGM. Suad, who co-authored the text starting from interviews, is in fact an activist against FGM.

Kassida and Suad analyse why the custom continues. Both condemn infibulation but exonerate the women who practice it. Aiming to learn why anyone would want to infibulate a daughter, they conclude it must be for her future, for marriage and social acceptance. They oppose the West's condemnation of victim/ practitioners as acting like animals, but call instead for understanding and support of information campaigns against the practice.

Suad knows her community doesn't accept what she's doing, breaking a taboo in going against her culture and tradition, but she keeps on fighting for women's rights.

Long Chapter on Eritrea

FGM in ERITREA

Diana Kuring

Trans. Tobe Levin

„Female Genital Mutilation in Eritrea: Regional Variations" (Chapter 4, pp. 57 – 120) in: *Weibliche Genitalverstümmelung in Eritrea. Regionale Erklärungen, nationale Ansätze und internationale Standards.* [Female Genital Mutilation in Eritrea. Regional Explorations, National Approaches and International Standards]. Saarbrücken: VDM Verlag Dr. Müller, 2008.

4.1 Introduction to the practice
4.2 Eritrea's ethnic variety: demographics, values, and allegiance to the custom
4.3 Sequelae
4.4 Rationale

This chapter looks more closely at FGM: how Eritreans define it, where it takes place, and what in the Eritrean situation distinguishes it from other venues. People most intimately acquainted with this particular HTP provide context, consider consequences and offer rationales.

Despite the importance, if not decisiveness, of this locally situated knowledge, FGM has also been apprehended in terms of human rights engagement initiated at United Nations level. My aim is to work between the local and the global, to elevate contemporary international human rights debates to the center of analysis without losing sight of Eritrea's concrete situation.

To date, campaigns have shown limited success. Why? If we are to end the practice, a multi-dimensional approach is essential, but activists too often engage in short-term strategies based on incomplete analyses. I take a look at these in the passages that follow.

4.1 Introduction: what is female genital mutilation?

Female genital mutilation, orchestrated by numerous ethnic groups mainly in Africa, consists of enforced removal of the clitoris and/or the labia minora and labia majora. As Nahid Toubia defines it:

> Female genital mutilation is the collective name given to several different traditional practices that involve the cutting of female genitals. The term FGM is reserved to describe ritualistic [events] where actual cutting and removal of sexual organs take place.[1]

Often very young girls "between four and eight" are cut but "circumcisions … are also performed on infants only a few days old as well as on teens."[2]

1 Toubia, 1995:9
2 UNICEF, 2001. Back translation.

Professionals look at FGM as a gender-specific harmful traditional practice (HTP), an example of violence against women and a violation of human rights.[1] A rich understanding of the practice as a human rights issue on the part of Eritreans is conveyed by the student organization NUEYS:

> Harmful traditional practices are customs or beliefs that negatively affect the physical, emotional and psychological well-being of a person, or the political social and economic structure of a society. A community may not know when and how the custom was initiated [but continue doing it] because their ancestors did without [questioning] effects. ... Female genital cutting is one of the harmful traditional practices (HPT) that damage the health and lives of females.[2]

[1] Worldwide recognition of FGM as a human rights violation came in 1993 during the U.N. human rights conference and again at the U.N. Fourth World Women's Conference in Beijing, in 1995. For details see section 7.3.

[2] Additional harmful traditional practices in Eritrea include, for instance, removal of the [uvula], bride price, arranged marriage, early marriage and the premature pregnancies that result. See BUYS, 2001:4.

In 28 of Africa's 53 countries, FGM exists. Table 3 shows the specific distribution of the custom by nation. WHO estimates that 150 million girls and women have been victims. In Eritrea, the official rate is 89%.[1] Andemichael (2000) and Zerai (2003) suggest, however, that, depending on region, prevalence varies considerably. Among educated young women of the [Tigrinya] ethnic group, for instance, the rate has fallen to 62.2 %.[2]

Table 3: Prevalence of FGM in African countries[3]

FGM practiced in	Per cent afflicted	FGM in Figures
Egypt	97%	35,806,000
Ethiopia	80%	31,134,000
Benin	17%	712,000
Burkina Faso	72%	4,736,000
Djibuti	98%	389,000
Ivory Coast	45%	4,016,000
Eritrea	89%	1,994,000
Gambia	89%	681,000
Ghana	5%	546,000
Guinea	99%	4,538,000
Guinea Bissau	50%	402,000
Yemen	23%	2,075,000
Cameroon	20%	1,887,000
Kenya	38%	6,499,000
Dem. Rep. Congo	5%	1,450,000
Liberia	60%	987,000
Mali	92%	6,239,000
Mauretania	71%	1,101,000
Niger	5%	341,000
Nigeria	19%	12,344,000
Senegal	20%	1,185,000
Sierra Leone	90%	2,521,000
Somalia	98%	4,064,000
Sudan	90%	16,198,000
Tanzania	18%	3,100,000
Togo	50%	1,555,000
Chad	45%	2,216,000
Uganda	5%	720,000
Central African Republic	36%	745,000
Sum:		**150,181,000**

Official classification of genital mutilation into four main groups by the World Health Organization[4] has enjoyed international currency since 1995: clitoridectomy, excision,

[1] EDHS, 2003:197.
[2] Andemichael, 2000:31.
[3] Compare UNICEF (2005): On the Situation of the World's Children 2005:24 ff. As a base line for the femalepopulation of each country in absolute figures, I used United Nations, ed. *World Population Prospect*. The 2004 Revision, New York, 2005. Quoted in TERRE DES FEMMES 2006:20. In Table 3, the odd alphabetization can be explained by German spelling [translator's note].
[4] WHO, 1997:3f.

infibulation and unclassified[1] although boundaries among forms are elastic. The first type covers partial or complete removal of the clitoris. "In some [Eritrean venues] clitoridectomy can also be accompanied by stitching the upper part of the labia majora after the upper inner part has been rubbed with ash until it is lacerated and cut with a razor."[2] Type two, excision, means removing the clitoris and labia minora. In many communities the labia majora are also cut. UNICEF claims that 80% of all victims have experienced these variations.[3] According to Norwegian Church Aid, in Eritrea, however, "this form of female circumcision does not seem to be common, as the labia minora is not usually excised."[4] The third type, infibulation, signifies "removal of the clitoris, labia minora [and] inner surface of [the] labia majora. … The two sides of [the] vulva are then stitched together [leaving] a tiny hole for the passage of urine and menstrual blood to form a scar tissue over the vagina."[5] Marriage, intercourse and birth require re-opening the scar, called defibulation. "After giving birth women will usually be resewn to a pinpoint opening. The edges of the scar are first sanded and then restitched. … Widows and divorced women can also be infibulated to return to a state of virginity and thereby increase remarriage chances."[6] A nationwide Norwegian Church Aid survey shows that infibulation is broadly practiced.[7] In some ethnic groups, prevalence approaches 100%.[8] In comparison, UNICEF marks the worldwide distribution of infibulation at about 15%.[9]

The World Health Organization has expanded the above-named categories by adding a Type 4 to include varieties otherwise excluded from classification. These are

- pricking, piercing or incising the clitoris and/or labia
- stretching the clitoris and/or labia
- cauterizing by burning the clitoris and surrounding tissues
- scraping the vaginal orifice or cutting the vagina
- introducing corrosive substances or herbs into the vagina to cause bleeding … or [to] tighten … or narrow… the vagina, … and
- any other procedure that falls under the definition of female genital mutilation given above.[10]

Both midwives and circumcisers cut with "instruments [that] include razor blades, scissors, knives and—less frequently—slivers of glass. Antiseptics and anesthesia, rarely used, are often entirely unknown."[11] The mere listing of instruments confirms suspicion of unsterile conditions. In addition, the fact that a cutting tool may be used on a number of girls

[1] "In July 1995 WHO convened a Technical Working Group on Female Genital Mutilation in Geneva, Switzerland, which recommended adoption of this definition and classification" (WHO, 1997:3f.). The so-called "sunna" was not included in the WHO classification because it is performed "extremely rarely. It is characterized by pricking, piercing or removing the foreskin of the clitoris" (Schnüll, 2003:27).

[2] NCA, 2003:5f.

[3] UNICEF, 2000.]

[4] NCA, 2003:5f.

[5] NUEYS, 2001:5.

[6] Schnüll, 2003:29.

[7] Compare NCA, 2003:5f.

[8] See NCA, 2003:6.

[9] UNICEF, 2000.

[10] WHO, 2000.

[11] Lightfoot-Klein, 1992:53 as well as Toubia, 1995:29: "In many rural communities, the traditional birth attendant (TBA) is the circumciser. In more recent years, medically trained midwives and nurses have taken over from the traditional practitioners and have played an important role in legitimizing the practice. They use their prestige and knowledge of antisepsis, local anesthesia, and sterile suturing to win over the more affluent clientele from the traditional birth attendants. *Trained midwives commonly use medical supplies provided to them by ministries of health or UNICEF programs and intended to improve childbirth care*." (Translator's emphasis)

increases risks of hepatitis, HIV/AIDS and other infections.[1] The immediate aftermath is pain and possibly blood loss, shock and death. The spectrum of long-term effects runs from chronic infection and more pain to sterility, incontinence and increased mortality for pregnant women and newborns. In section 4.3 I'll look more closely at the health damage caused by FGM.

Now that you have been exposed to the broad-ranging and serious consequences of the practice, you may well be asking *why*.

Genital mutilation: origins remain unclear

As Toubia explains, FGM, despite divergent forms and ethnic-specific practices, serves in all cases to effect gender-specific socialization and initiation: "FGM is one of the traditional rituals that prepare girls for womanhood, although the age at which it is practiced varies widely. In some cultures, girls experience genital mutilation as early as infancy, while in others, the ceremony may not occur until the girl is of marriageable age—approximately 14 to 16 years old. [But most often girls are] between four and eight, at [an age to be] made aware of social role expectations confronting them as women."[2] According to the Society for the Rights of African Women (G.R.A.F.), the custom's origin lies in male power: "Wherever circumcision took root in Africa, it fell on fertile soil, namely patriarchy and the taboo of sexuality."[3] In addition, practicing ethnic groups consider the operation an untouchable norm passed on from one generation to the next: "We do it because it's done," they say. "Many women have their daughters cut because everyone else does."[4]

Culturally, FGM defines identity and femininity. Girls and women (not only) in Africa are socialized to become mothers and wives; the prevalence rate of 89% in Eritrea strongly suggests that social acceptance is a salient motive. Indeed, the government-sponsored *Eritrean Demographic and Health Survey* found 42% who named social acceptance as the most compelling factor. This includes consideration of marriage opportunities, mentioned by 25% of respondents. Only 18% felt FGM to be a religious obligation. Improved hygiene was important to 13% while 4% saw FGM as an effective deterrent to premarital sex.[5] In addition, social pressure encourages conformity, a compulsion at times so great that self-mutilation is not unknown. In June 2006, reports circulated of a Kenyan girl who had performed FGM on herself and bled to death. Her mother had rejected FGM.[6] Solange Nzimegne-Goelz, founder of G.R.A.F., explains: "Girls who haven't been cut are taunted by their classmates. Uncut girls do not receive marriage proposals, which means not only that they shame their families but also fail to bring in the bride price."[7] Recall the importance of the village as a source of socialization and norms in traditional African society. Without social support, survival itself is threatened: "Mothers who circumcise want only what's best for their daughters. Later they should be able to marry and thus be accepted by village society with their future secured. Marriage and children provide an enormous boost in prestige. At the same time, the woman who refuses to have her daughter done also has her best interests in mind: her girl should be spared the suffering and possible fatality. However, the abstinent mother will likely be unable

[1] Transmission of HIV via FGM has not yet been scientifically confirmed. Rather, the position is that "recently, concern about transmission of HIV/AIDS hinges on use of a single blade for more than one operation [and although] no in-depth studies have been undertaken, … a risk of infection clearly exists later on because, during intercourse, the inelastic scar reduces the vaginal opening or obscures it so that fissures and bleeding more easily occur and facilitate the spread of the virus." See WHO, Les mutilations sexuelles féminines, *Aide-mémoire* No 241, June 2000].

[2] Toubia, 1995:9.

[3] G.R.A.F. 2006.

[4] G.R.A.F. 2006.

[5] EDHS, 2003:197.

[6] http://news.bbc.co.uk/2/hi/africa/5109094.htm (accessed 10.11.2006).

[7] G.R.A.F. 2006.

to withstand the social pressure. Fear of being ostracized allows her only two options: give in or flee."[1]

These explanatory efforts answer only in part a multi-dimensional problem, why women approve of and carry out such genital assaults. To summarize motives that emerge from intra-cultural discourse, we find tradition, economics, aesthetics, initiation, religion, sexuality as well as health and reproduction. The heart of all this, as human rights advocates Nahid Toubia, Worku Zerai and Petra Schnüll express it, lies in discrimination against women: restrictions on their education, (political) participation and access to material resources.[2]

The Terminology Debate

Turning now to a peculiarly contentious aspect of FGM, a multi-level debate rages around "what to call it," with the battle running among activists, victims and other stakeholders. Here I discuss three main currents and how each understands the rite. Motivation to stop the practice as well as practical strategy often follows from the specific terminology.

In 1990 the United Nations began calling the practice female genital mutilation (FGM), identifying a human rights violation in alliance with explicit preferences of the Inter-African Committee against Harmful Traditional Practices (IAC).[3] In 1990 in Addis Ababa, the IAC issued a statement supporting the term "female genital mutilation."[4] Nonetheless, no consensus within the UN system has been reached, as shown by the press release of the UN Population Fund (UNFPA) at an international day against FGM in 2003 in Addis Ababa. "Representatives of UNFPA announced that they would be using the term Female Genital Cutting in their official publications. 'Female Genital Mutilation' is inappropriate because no one wants to be called mutilated. We must show respect for others' culture, values and traditions. We are in no position to condemn the practice."[5]

Although activists reacted with outrage to this policy change, female genital cutting (FGC) is not uncommon in the literature. Where do I stand? I support the point of view of a conference delegate from Mali: "Using FGC is an obvious attempt to find the golden mean between a term which is politically correct but that victims often find painful and the traditional female circumcision which seems to trivialize. Now, it's one thing to remain flexible and use in direct conversation with a victim words that avoid hurt feelings, but quite another to take up an inadequate term in official documents and thereby sanitize discussion. … This new politics of speech [instituted by the UNFPA] makes me fearful because it throws derision on our struggle and threatens to waste a great deal of valuable time, making it even more difficult to stop the practice in our countries."[6] This altercation shows how important the terminology is to all groups concerned.

For many activists, the 2005 Bamako Declaration[7] shows the way. This IAC document states unequivocally its preference for FGM *in all cases* in order not to dilute understanding of the operations' dramatic consequences.[8] It also targets lack of government accountability for anti-FGM work and urges that the problem be known as a human rights abuse. The IAC underscores that respectable institutions already see 'FGM' as appropriate: "The term FGM has been adopted and endorsed by the European Union, the African Union [which uses the

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[1] G.R.A.F. 2006.
[2] For further discussion of explanations, see chapter 4, section 3.
[3] The IAC, founded in 1984, has members in 28 African countries and six European ones. It opposes FGM and other harmful traditional practices such as early and forced marriage.
[4] See MoE/UNICEF, 2003:96 as well as Schüll, 1999:14.
[5] Richter, 2003:17.
[6] 192: Richter, 2003:17.
[7] See IAC, 2005.
[8] Literally, to dilute. See www.iac.de (accessed 22.02.2007).

term in] all their documentation including the most recent Additional Protocol to the African Charter on Human and Peoples' Rights, on the Rights of Women."[1]

Let's be clear on this: African women leaders with decades of experience insist on FGM as the appropriate label. It is African female—and male—activists who decry pressure to avoid the word 'mutilation' coming from international and Western donors. For this reason the Bamako Declaration states: "We demand that international agencies recognize the right of NGO's working in the field to continue to use the terminology FGM and not to be denied funding because of this. We demand that the voices of African women be heard and that their call to action against FGM is heeded."[2]

Despite the IAC's unequivocal position, some actors cling to the term "circumcision." How do they justify this? In raising awareness in Africa, they use "circumcision" for its supposed neutrality. They feel that to talk about mutilation is to deride sufferers, reducing them to victims, an unwanted label. Opponents, in contrast, see circumcision as understating harm and encouraging confusion with the circumcision of boys. Thus Nahid Toubia: "In communities where FGM takes place it is referred to as 'female circumcision'. This term, however, implies an analogy to non-mutilating male circumcision, which is [misleading]. Male circumcision is the cutting off of the foreskin from the tip of the penis without damaging the organ itself. The degree of cutting in female circumcision is anatomically much more extensive. The male equivalent of clitoridectomy (in which all or part of the clitoris is removed) would be … amputation of most of the penis. The male equivalent of infibulation (which involves not only clitoridectomy, but the removal or closing off of the sensitive tissue around the vagina) would be removal of [the entire] penis, its roots of soft tissue, and part of the scrotal skin."[3] To verify Toubia's viewpoint, all you need to do is compare the actual procedures in male circumcision and female genital mutilation. Their consequences clearly show what I believe, namely that 'circumcision' is for the female version an inadequate term.

Nomenclature in Eritrea

In documents from the Eritrean liberation struggle, protocols of my interviews, government pronouncements and NGO literature, I saw a transformation over time in Eritrean terminology.[4] The focus of this study as well as Eritrean data collection can help us understand why this development took place. Although the concept "circumcision" was commonly used by the EPFL during the war of liberation, current documents more frequently deploy female genital mutilation. The Ministry of Health justifies its support for these words as follows: "Female genital mutilation (FGM) is the term given to all procedures that involve partial or total removal of the female external genitalia and/or injury to the female genital area or organs for cultural or any other non-therapeutic reasons."[5] Attempts to marginalize the topic, as occurs in efforts to embed it in cultural or religious discourse as "circumcision," do not characterize the ministerial approach. Rather, female genital mutilation is presently regularly used. The concept implies a dramatic effect on health that warrants being called 'mutilation' even in an Eritrean cultural context. This is true not only of states actors but of others as well. For instance, in my interviews with experts and in analysis of documents, I found the Norwegian Church Aid (NCA) using FGM or female genital mutilation exclusively. This deployment reveals a generally accepted understanding of the practice and its political counterpart, in the desire for women and girls to remain intact.[6] Other actors researched in

[1] Inter-African Committee, 2005.
[2] Ibid.
[3] Toubia, 1995:9; see also Lightfoot-Klein, 2003, TERRE des FEMMES, 2003.
[4] A description of international transformations in terminology and official recognition of FGM as a human rights abuse is provided in chapter 6.3.3.
[5] MoH, 1999:4.
[6] See also analysis of NCA discourse in their anti-FGM work in Eritrea in chapter 5.2.3.

Eritrea include UN organizations such as the WHO that use female genital mutilation in most cases while, at the same time, referencing female circumcision.[1] A leading employee of the World Health Organization explains this usage and what it implies: "Recognition of its harmful physical, psychological, and human rights consequences … has led to use of female genital mutilation [,] a term that more accurately describes the procedure's consequences and distinguishes it from the much milder male circumcision."[2] What makes this explanation stand out is its emphasis on psychological residues and human rights.

To conclude, I'll define my own position. I'm concerned with the affected population in Eritrea and in Africa generally and therefore support the Inter-African Committee in its pronouncements of 1990 and 2005, unequivocally in favor of FGM. A corroborating argument is the UN recognition of FGM as well as its application in Eritrea.[3]

I turn now to FGM in its specificity in Eritrea, covering the range, the meaning, and the social inclusion of the operations in various ethnic groups. This comprehensive approach follows my feeling that only if we act simultaneously on numerous levels will we succeed at abolition.

4.2 Variations and meaning of FGM in Eritrean ethnic groups

For intervention to succeed, it's imperative to explore various ethnic groups' understanding of the practice as a political, cultural and religious—that is, a social—fact. Global efforts to censure the rite and reduce its prevalence require specific details that field research reveals.

In this section I describe FGM in Eritrea, focusing on distribution and attitudes of proponents and opponents. For various regions I also differentiate among internal motivations, consider how subjective judgment attributes advantages to FGM, and look at tendencies toward maintenance or regression.

In the background is the specific Eritrean context and the need to adapt strategy to each distinct group.[4] The following description sets the scene for a subsequent analysis and evaluation to be found in Chapter 5.1 concerned with indigenous understandings of the problem and corresponding eradication blueprints.

Judging by numerous publications in recent years, Eritreans see FGM as a deeply rooted, universal theme.[5] A broad political consensus also exists concerning FGM as a harmful traditional practice.

How then do Eritreans describe the surgery? All consulted sources and my own research confirm that clitoridectomy and infibulation are practiced.[6] However, data conflicts regarding prevalence. Concretely, the Ministry of Health determined in 1999 that 62% of all FGM consisted of clitoridectomy and 34% of infibulation.[7] Regrettably, however, the Eritrean Demographic and Health Surveys (EDHS) in both 1999 and 2002 applied only its own classifications and not those formulated by WHO, thus eliminating transnational comparison.[8]

One additional form of FGM is reinbulation after parturition. The 2003 NCA study reveals that 65% of new mothers requested renewed closure while 35% did not.[9] Ethnic

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[1] "Female genital mutilation commonly referred to as female circumcision" WHO, 1995.
[2] Andemichael, 2000:7.
[3] See MoE/ UNICEF, 2003:96 as well as Schnüll, 1999:14.
[4] See the Zentrum für transdisziplinäre Geschlechterstudien der Humboldt-Universität zu Berlin *Bulletin*, 28, 2005.
[5] "Knowledge of female circumcision is universal in Eritrea, and nine in ten women (89 percent) reported that they have been circumcised. This presents a slight decline from 95 percent prevalence in 1995." (CEDAW, 2002:46); see also Norwegian Church Aid, 2004:13.
[6] See CEDAW 2002:46; see also NCA, 2003.
[7] See MoH, 1999:9; for similar results, see NCA, 2003:14.
[8] The problem is intensified in that the applied categories are neither explained nor self-evident.
[9] NCA, 2003:20.

differences were visible in this particular decision: 100% of Hidareb women demanded stitching; among the Nara, 87% (138); of Saho women, 82% (156); of Afar 79% (100); of Tigrinya 17% and of Bilen 22% (40).[1]

Debate on Prevalence of FGM in Eritrea

On the one hand, FGM is thought to be universal in Eritrea.[2] On the other, reliable up-to-date statistics cannot be found. Why? For many reasons. For instance, interviewees must be at least 15 years old. In other words, prevalence among ethnic groups as it was fifteen years ago is being uncovered.[3] Girmay Andemichael alone overcame this obstacle by talking to girls between five and fifteen. Yet, his questioning raised another issue. Interviewees were often unable to say whether they had undergone FGM or not because many are ignorant of various kinds of cutting, their own anatomies, or medical terminology. And despite decades of awareness-raising by the liberation movement and present regime, the topic remains buried under a strong taboo.

Now, according to the government's *Eritrean Demographic and Health Survey*[4] administered by the Ministry of Health, the most recent data collection revealed that 88.7 % of women aged 15 to 49 in Eritrea had been FGM victims.[5] Compared to the *EDHS* 1995, the numbers sank from 95% to 89% in 2002. But the survey is deficient in that it ignores the high-risk group: small girls.[6] Regarding epidemiology when the survey was taken, results are therefore useless. And to add to the confusion, it's impossible to gauge WHICH forms of FGM had been carried out due to lack of conformity in applying the various terminologies. This then makes it difficult to compare this study with others.

As for urban and rural distribution, the two appear to be about the same (86.4 % in cities, 90.5 % in the countryside). But an important difference lies in the type of operation: "Urban women in general, and women in Asmara in particular, are less likely to have their vaginal area sewn shut than women in rural areas. More than half (52 percent) of circumcised women in rural areas compared with only 6 percent in Asmara had had their vulva closed. In urban areas, 56 percent of circumcised women had been nicked with no flesh removed, compared with 39 percent of women in rural areas."[7] Thus, despite the provisos above, we can observe a hopeful trend toward decrease in the practice despite the data offering limited knowledge about prevalence or the extent of cutting.

Age of victims and consequences dependent on age

In general, FGM is performed on girls as young as a few days after birth to 15 years. In 1999 the Ministry of Health determined that

- 43% of operations cut baby girls while they are still younger than one month;
- 25% between one month and 11 months;
- 7% between one and two years;

[1] See NCA, 2003:20.
[2] See among others Norwegian Church Aid/Zerai, 2004:13.
[3] See my discussion of age at cutting later in this chapter.
[4] "Since 1944, four countries in the region (Central African Republic, Cote d'Ivoire, Eritrea and Mali) have included questions on female genital mutilation in their national Demographic and Health Surveys." (WHO, 1997:7).
[5] See EDHS, 2002:156.
[6] FGM is usually carried out on babies and little girls, seldom on those approaching 15. But the survey looks only at women 15 and above.
[7] EDHS, 2003:198.

- 13% between 3-4 years, and only
- 11% when they are 5 years or older.[1]

The Norwegian Church Aid study undertaken four years later confirms these findings.[2] Important to note, however, is that neither report reveals how old interviewees were when questioned, making it impossible to see tendencies in cutting age. In contrast, the NCA distinquishes among ethnicities. Its data, set out in the following table, provides minimum knowledge on which to design interventions as it also suggests which key persons to approach and reasons why the operation is performed.

Table 4: Age of intervention in various ethnic groups[3]

Ethnic group	Age of intervention/ Percentage of affected girls		
	Before 8 days	9 days to 4 years	5 to 15 years
Afar	90%	10%	
Saho	50%	50%	
Bilen	48%	52%	
Kunama		59%	41%
Hedareb		50%	50%
Nara		58%	42%
Tigre		69%	31%
Tigrinya	35%	65%	

Clearly, Eritrea's ethnic variety makes generalization about age of intervention impossible.

Although generally lacking in countrywide studies of girls, one undertaken throughout the land in 1999 including 1069 girls under the age of 15 revealed FGM prevalence at 70.5%.[4] In addition to data on age we find information on religion and educational level, both indicators of decrease in the practice. Regarding the Christian community, 25.9% of Orthodox and 25% of Catholics have been affected. Among Muslims, 20.9% said they had not been cut.[5] These figures reveal that age, religion and educational level are prime indicators of potential decrease in the practice.

Development from infibulation toward clitoridectomy

A second remarkable development is abandonment of infibulation together with the move toward clitoridectomy. Communities that had practiced infibulation appear to be replacing it with ablation of the clitoris.

Although international media directs attention toward the more grievous intervention, it is not the most broadly practiced. Infibulation affects a minority of FGM victims over all. According to Nahid Toubia[6] and other sources, worldwide estimates place the number of infibulations at 15%. In Eritrea, however, as the following section reveals, demographics differ from the overall average as here 45% are sewn. Nonetheless, Eritrea confirms the broad observation that a trend exists away from the more dramatic to the 'less' damaging surgery. Thus, NCA data from 2006 reveal that among interviewed freedom fighters, 80% had had their daughters subjected to clitoridectomy and 'only' 20% to infibulation.[7] Among many reasons, I analyze four. First, the EPLF has been campaigning unequivocally against FGM

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[1] MoH, 1999:9. When considering these Ministry of Health Data, keep in mind that we don't know how many individuals were questioned.
[2] NCA, 2003:16. For further information on the direction of developments, see later in this chapter.
[3] NCA, 2003:16.
[4] Andemichaal, 2000:28.
[5] See Andemichael, 2000:31.
[6] See Toubia, 1995:10.
[7] See NUEYS/NCA/Zerai, 2006:41.

since the 1970s.[1] Especially in liberated areas and among EPLF members, a climate of opinion favoring abolition took hold, propelled by instruction in health risks, literacy campaigns and illegality of the practice. After independence, more institutions joined in these efforts. As the NCA describes the effects of intervention: "Nowadays … through … various awareness-raising campaigns, the significance of infibulation is on the decline though communities … want to continue clitoridectomy [sic]."[2] Because religion is often cited as a reason, awareness campaigns can target this viewpoint directly, showing that Islam requires neither infibulation nor clitoridectomy.

Note the following expert testimony from my interviews on awareness-raising in Muslim communities: "So the argument of the holy was they say stop the scissoring, the infibulation, but the cutting: no. But later on, when they saw the video, they say no. There is no small or larger cutting. Big cutting. It's all, it all makes a girl feel to [sic] pain, they all make the girl to bleed, they are one all in unhygienic way. So they say this is a cruel act."[3] She alludes to an Eritrean documentary that shows the operation. When cultural and religious rationalizations are by-passed and viewers exposed to the uncensored event, they often react spontaneously with enraged rejection of the custom. I doubt, though, whether this means a move toward abolition.

Rather, religious discussion motivates change from infibulation to clitoridectomy.[4] 'Sunna', as FGM is frequently called, continues despite Koranic silence on the subject. Those who support cutting refer to a Hadith classified as untrustworthy.[5] In an expert interview, an NCA worker reports on a typical workshop reaction: "But they call it sunna and … said it's our religion. What can we do? It's our culture."[6] In sum, the latest study on FGM in Eritrea "indicates that with time the practice of infibulation will be abandoned forever; however clitoridectomy will continue until people accept that it is not a religious obligation."[7] Agreed, clitoridectomy is a less harmful practice with fewer risks of acute or chronic infection as well as reduced complications in intercourse and childbirth. Thus, the step away from infibulation can be assessed, cautiously, as positive. For the girls it means a less harrowing future. Nonetheless, concentration on health risks alone means failing to address abolition on other levels including psychological trauma and the human rights violation that all FGM represents.

In fact, the resurgence of clitoridectomy likely resulted from an exclusive focus on health, as Norwegian Church Aid confirms: "Training manuals and reports incorporate FGM from a human rights perspective but the people seem to have grasped FGM from a health perspective and due to that they agree to stop infibulation but not clitoridectomy as they believe it is less harmful or is harmless. The gender perspective seems to be missing too. Hence there is a need to incorporate human rights and gender in awareness-raising efforts and to ensure that both trainers and trainees have properly grasped the concept[s]."[8]

An NCA report from 2005 confirms the tendency to replace infibulation with clitoral ablation: "When participants argued in favor of practicing clitoridectomy, some [trainers], instead of redirecting them were strongly supporting them. In certain instances the [trainers] were even more conservative. Therefore, community [activists] must be convinced to stand against all types of FGM before they start. If mobilizers [fear going against] the wishes of

[1] Chapter 5.2 looks more closely at the liberation movement's position on the issue, both during the war and once it came to power.
[2] NCA, 2005:20.
[3] Expert interview No. 3 (12-24).
[4] Chapter 4.4 provides a broader discussion of religious approaches to FGM.
[5] See chapter 4.4.
[6] Expert interview no. 13 (102-107).]
[7] NUYES/NCA, Zerai, 2006. 37.
[8] NCA, 2005:31.

target groups, an outsider [should direct] awareness creation exercises until [insiders] gain the confidence to work in their [own] communities."[1]

Finally, aesthetic and social norms contribute to the longevity of clitoridectomy. Mothers exhibit a deeply ingrained distrust of daughters; they fear that a pubescent girl with a clitoris will be promiscuous and thereby forfeit the mothers' own acceptance and honor. One FGM expert in the Ministry of Information summarizes: "The stitching, […], infibulate the laba [sic] majora and the laba [sic] minora is not good, in the woman's opinion. But the clitoris, it's the dirty part of the female genitalia. It's better to cut it. If the clitoris is not cut, the girl, the girl child when she's growing up, she needs a man … and then she's like a prostitute. And then it's not good. Most of the women, they believe in that."[2]

Concerning prevalence, EPLF freedom fighters must be considered separately due to their party's unequivocal hostility to FGM despite the fact that most female members have been victims. Thus, political positioning and individual experience suggest one approach to abolition, but how this has actually played out in Eritrea and under what conditions remains to be seen.

Sources for study of interventions against FGM by this particular group of activists include official EPLF documents,[3] contemporary with the war, and the unique one-of-a-kind study produced by Norwegian Church Aid called "FGM and Ex-Combatants" (2006). Extraordinary in NCA's research is its focus not only on women fighters but also on effects of anti-FGM policy on the surrounding population in areas occupied during hostilities. In 1980, the EPLF issued a decree forbidding FGM, valid for both the women in its ranks and the rest. First, then, let's look at tendencies in FGM prevalence among the combatants and their daughters. During the war, 25% of women fighters had children. Of these mothers, 80% declared that at the front they would not subject their girls to FGM.[4] And even after the war, more than half (54%) of the daughters remained intact.[5] Both mothers and daughters, therefore, provide an irrefutable example of the fact that uncut women do not become prostitutes.

In addition to uncertainty regarding prevalence, a second debate focuses on specific ethnic variations in Eritrea. Although the governmental investigation EDHS does not classify according to victims' ethnicity, other studies, including the NCA of 2003, aimed to gather information on group affiliation. Why? Zerai connected this data to increased effectiveness of intervention.[6] In general, activists in Eritrea believe that each of the nine ethnic groups has its own specific form of surgery and subjects girls to the procedure for varying motives. (Concerning ethnic distinctiveness, please see chapter 3 for economic, religious and geographical idiosyncrasies.)

[1] 2005:30.
[2] Expert Interview 5 (141-151).
[3] EPLF 1987.
[4] NUEYS/NCA/Zerai, 2005:21.
[5] See NUEYS/NCA/Zerai, 2005:22.
[6] In answer to my question Worku Zerai stated: "The ethnic component was used in order to compare …prevalence among … different … groups with the idea of using the data to educate every ethnic group. In other words, [we wanted] to train every ethnic group by using their specific data." (E-Mail to author, 11.10.1995).

Table 5: Incidence of infibulation in various Eritrean ethnic groups

Ethnic group	NCA Study[1]	US Study[2]
Hedareb	95 percent	90 percent
Tigre	28 percent	90 percent
Nara	94 percent	90 percent
Kunama	31 percent	19 percent
Bilen	no data	90 percent
Afar	no data	80 percent
Tigrinya	no data	7 percent

Some sources refer to the Kunama as matrilineal. One sign of matrilineality is women's economic strength, and, in this case, inheritance runs through the mother's line. In addition, women hold the power to make decisions for the group and to pass their names on to daughters. Independent FGM expert Worku Zerai explained to me, however, in what specific ways the Kunama fulfill criteria of matrilineal societies: inheritance occurs via the mother's male relations, a limitation that in fact undermines female power and has led to certain absurd contradictions in the literature. For instance, earlier information provided by the German charity Eselinitiative e.V. supported the intuitive conclusion that a matrilineal society would be spared FGM. Here's a line from Eselinitiative's website: "The Kunama are the only group in Eritrea that doesn't practice FGM."[3] This statement is all the more astonishing because the charity's founder wrote in her book on Eritrean women: "Clitoridectomy is obligatory."[4] Evidence was produced by the Ministry of Health in a 2005 documentary video and by the NCA, showing that the Kunama and Nara share the same custom. The NCA interviewee noted how, undertaken in April and May, "infibulation is in fact the worst in Kunama."[5] The NCA study describes the intervention: "After excising the clitoris and labia majora, the Kunama tie the child in three areas and the toes. After four days the girl is untied and cleansed. Again she is tied for a month. To protect her from pain and infection, a mixture of 'Shinfa' (lipodum) and 'Fersi' (undigested food stuff from the intestine of a killed animal) is applied on the mutilated vulva."[6]

Unfortunately, the NCA study provides no data on the Rashaida. Community leaders opposed the research making interviews impossible.[7] Still, even existing data often contains misinformation and should be used with caution, possibly limited to revealing tendencies.

How do various ethnicities justify the practice?

Appropriate intervention design must engage groups' explanations of the practice to themselves. How do proponents and opponents see it? What actually occurs? And what does economics tell us? How do various groups make sense of it? And what do Eritrean women think?

[1] NCA, 2003:14ff.
[2] US-Department, 2001:20ff.
[3] www.esel-initiative.de (accessed 07.08.2006).
[4] Christmann, 1996:33.
[5] Expert interview 14 (193-197).
[6] NCA, 2003:6.
[7] NCA, 2003:3.

Four categories illuminate FGM's value to its proponents:

- hygiene and aesthetics
- reproduction and sexuality
- cultural and religious obligations
- social acceptance.

The Eritrean Demographic and Health Survey revealed that 42% of interviewees named social acceptance as a key reason for the practice. One quarter mentioned marriage. Only 18% felt it was a religious obligation while another 13% thought it brought hygienic benefits. Four percent saw it as protection against premarital sex.[1]

Andemichael argues that "one of the main factors behind the persistence of FGM is its social significance for females. In most regions where it is practiced, a woman achieves recognition mainly through marriage and childbearing, and ma[n]y men refuse to marry a woman who has not undergone FGM. To be uncircumcised is thus to have no access to status or a voice in these communities. As a joint report of WHO and the International Federation of Gynecology and Obstetrics observes, the victims of the practice are often its strongest proponents."[2]

As the Ministry of Health discovered, the community supports FGM for the following reasons:

- Tradition demands it;
- FGM prevents girls from behaving immorally, guarantees virginity and makes girls 'pure'.
- FGM increases marriage opportunities and
- heightens the husband's pleasure.[3]

Eritreans believe that an uncut girl "is sexually immoral. She will lose virginity before marriage, and if she does so, she will not get a husband. [Or,] if she marries, she will be divorced as soon as it is known that she was not a virgin."[4] In addition, women say that "being uncircumcised is unthinkable. One would itch to insanity and run after men one's whole life. They believe no man would marry an uncircumcised woman, and that circumcision enhances the satisfaction of the husband during sexual intercourse. […] There is the belief that an uncircumcised clitoris 'will grow long and protrude outside' and the open vulva of an uncircumcised girl will let out the foetus during pregnancy."[5]

Such justifications suggest that effective intervention should target social acceptance and marriage opportunities. Even though only the Kunama consider FGM an initiation rite,[6] the operation serves elsewhere to prepare for the roles of wife and mother. Andemichael explains FGM "as part of socialization into womanhood."[7] And the Ministry of Health continues: "Most [mutilations] are not … rites of passage, but are performed to help the girl resist the sexual urge, remain a virgin until marriage and be faithful to her husband in marriage."[8]

Rationales vary by educational level and ethnicity. Of mothers with low educational attainment, 19% wanted to continue cutting because it was a question of culture; 63%

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[1] EDHS, 2003:208, CEDAW, 2002:46.
[2] Andemichael, 2000:9. That victims are the most verbal proponents is supported by an assistant in the Ministry of Health whom I interviewed. The next section develops this further.
[3] MoH, 1999:18.
[4] MoH, 1999:17.
[5] MoH, 19999:18.
[6] Norwegian Church Aid, 2004: 21.
[7] Andemichael, 2000:9.
[8] MoH, 1999:9.

considered that to stop the practice would run against religion.[1] Beyond certain ethnic differences, however, most groups approve continuing because it's culture: "Among women who stated that it is against culture are Bilen [99 percent], Kunama [88 percent], Nara [74 percent], Hidareb [74 percent], Tigre [62 percent] and Tigrinya [59 percent]. Afar women mentioned culture and religion as the main reasons for not discontinuing [62 percent]."[2]

These data notwithstanding, not everyone approves FGM. In fact, a social movement sees advantages in abolition. Of women questioned in the EDHS study, 30% who knew about FGM saw no benefits and nearly 1/3 of those critical of FGM also saw advantages in stopping, including avoidance of complications and pain. 14% of respondents thought that uncut women received more sexual pleasure.[3] "Less than five percent reported that an uncircumcised girl would give more pleasure to her husband than a circumcised girl, and the same proportion said that an uncircumcised girl would be following religion. Avoiding pain is the most frequently cited benefit among all subgroups; more than four in ten uncircumcised women (45 percent) mentioned it."[4] Most opponents were young and lived in Maakel province, the region surrounding the capital Asmara, with the highest living standard and educational level.[5]

Also undergirding Eritreans' continuation of the practice are material considerations. How economics works specifically for each ethnic group is the present topic. As expert Nahid Toubia has remarked, FGM represents a "lucrative market"[6] in several African societies. At times, midwives and doctors actually compete with each other for clientele; physicians argue that their sterile environment minimizes health risks. We can therefore assume that these stakeholders also approve of medicalization. But their support really hinges on social prestige and financial interests. Deteriorating economies in Africa are a catalyst for FGM in that the additional income for midwives, doctors and excisers increases in importance.[7]

Let's scrutinize FGM's economic component by comparing Eritrea to the Sudan, Gambia and Sierra Leone. In both Sudan and the Gambia, operators come mainly from poorer families and/or ethnic groups lower in status. But their incomes average more than those of nurses with diplomas, and both their prestige and incomes rise because they carry out FGM. As a result, campaigns against FGM need to consider these actors along with their prestige and incomes. This is especially relevant when secret societies come into play, as in Sierra Leone where proponents are "highly respected women leaders who control the traditional secret societies. To their followers, they are priestesses. … Never [having] been treated as social inferiors, they hold too much power and wealth to easily agree to give up their position."[8]

How does this illuminate the Eritrean context? In Eritrea, the economic dimension varies from one ethnic group to another, sometimes being quite important, sometimes less so. The scale moves, at one end, from festivals lasting many days to hardly any celebration at all as FGM will be acknowledged only by the females of the family. The following table provides an overview of the economics of FGM in Eritrea's ethnic groups.

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[1] See NCA, 2003:49f.
[2] NCA, 2003:50.
[3] EDHS, 2003:210.
[4] EDHS, 2003:210.
[5] See EDHS, 2003:210.
[6] Toubia, 1995:29.
[7] See Toubia, 1995:29.
[8] Toubia, 1995:29.

Table 6. Economics of FGM in Eritrean ethnic groups

Ethnic group	Finances associated with the practice
Tigrinya	In this largest of Eritrean ethnic groups, it is customary that relatives, usually grandmothers, aunts or women neighbors, perform the operation. Because they share a similar class status, they are generally not paid at all or are at times rewarded merely with enough cash to buy sugar and coffee. The 'initiate's' mother prepares a meal for the excisers. The practice therefore represents a minimal financial outlay for the Tigrinya.
Tigre	For the Tigre, FGM is a social event. In the northern Red Sea province, female relatives and neighbors drink coffee and eat wheat porridge. The exciseuse receives 20-80 Nakfa.[1] In the countryside villagers also visit the family, bringing congratulatory gifts. I don't know whether the family offers these visitors coffee and porridge in return. The cost of such festivities differs between rural and urban venues. In the provincial capital Keren, the wealthy slaughter a goat and invite the poor to eat. The exciser receives gifts, but the available data gives no information about the value of these presents. In addition, the initiate's mother receives gold[2] from her husband.[3] Thus, the material outlay for the Tigre can be significant but the prestige accrues to the community rather than to the celebrants themselves.
Hedareb	The Hedareb pay only 20 Nakfa or six kilos of flour.[4] In comparison to other Eritrean ethnic groups, economics plays no role here.
Bilen	The NCA study discovered that the Islamic Bilen in Keren pay "three kilo [sic] of sorghum, 2 bars of soap, a kilo of sugar and coffee and transportation money."[5]
Nara	For the Nara, a great deal of money goes into FGM. The entire village celebrates and must therefore be invited to eat and drink. Goats are slaughtered.[6] Guests give the initiate gold and jewelry. To lessen expenses, three or four girls from a single family are cut at the same time, or the surgery is integrated into the wedding of a close relative.[7] Thus, the economics of the event are highly significant for both the family and the village. The only missing data concerns the salary of the exciseuse: the NCA study gives no details.
Kunama	The Kunama have the greatest economic investment in FGM. Festivities last anywhere from a number of days to an entire month, and a cow or ox will be slaughtered. The whole village, relatives and neighboring villagers are invited. The girl's maternal uncle gives her a goat or cow. According to the NCA study, "her father also gives her a goat or a cow if she survives the operation.

[1] The currency was worth from 1.14 to 4.56 Euros.

[2] Handsome pieces of gold jewelry are traditional in many ethnic groups. The husband gives this to the wife at marriage, baptism or circumcision ceremonies. Ranging from 35 to 47 grams, this gold serves as insurance for the woman against hard times.

[3] See NCA, 2003:28.

[4] See NCA, 2003:29.

[5] See NCA, 2003:29.

[6] In May 2006 I attended a goat sale in the Massawa desert. The price was 350 Nafka—nearly the monthly earnings of a waitress.

[7] NCA, 2003:29.

> These animals are supposed to be taken with her to [the] new home which she establishes after she gets married."[1] The girl receives clothing from her parents and money from the guests as well. An additional financial burden is the goat to be slaughtered in honor of all those unable to be present. The exciseuse receives the legs and hide of the slaughtered cow or goat along with around 6 kilograms of grain, oil or butter, honey and traditional eye shadow. In urban areas, her remuneration includes meat from the butchered animals.[2]

Andemichael holds that opposition must contend with excisers' social prestige and material circumstances: "The practice places [circumcisers] in positions of considerable power, commanding respect among members of the community. They are invariably leaders and prominent political militants, and the hands that cut the clitoris are also those that deliver the babies. Any attempt to eliminate female genital mutilation must deal with this reality. ... Otherwise … the practice [may go] underground as it has in … countries where legislation … prohibit[s] it (Egypt, Sudan)."[3] In light of this, Norwegian Church Aid, providing substitute sources of income, gave excisers in northern Eritrea five goats. The policy, however, was soon reconsidered and alternatives sought. As NCA employee Hanna Mehari explained, the excisers preferred money, but the NCA's concern with long-term solutions inspired them to donate the small herds.[4] "Five goats, it's easy for the old woman to look [after] that. It's not hard."[5] But this optimism was misplaced. Goats were not a real alternative. For instance, take "the case of Mesuda Saleh ... 60 years old, Mesuda had [had] more than 40 goats and sheep at one time, but unable to look after them, she was forced to sell. Now that she, along with [the] other six practitioners who are as old as or even older than [she], has been given five goats, Mesuda says that she [still] finds it difficult at her age to manage even a tiny herd. Drought forces her to fetch food for them daily making them more of a problem than a blessing."[6] Given these hurdles, factoring in alternatives for excisers doesn't seem like an effective approach to stop FGM; at least, no real successes have been documented.

How do various stakeholders look at the custom?

Relevant groups involved in FGM include

- traditional midwives and excisers
- mothers
- grandmothers
- fathers and
- medical personnel.

For insight into dissuasive strategies, let's turn first to FGM proponents before hearing from those who reject it.

In general, fewer individuals support FGM than carry it out. "While 95% of the women have had FGM, only 57% of women and 46% of men support the practice."[7] Why the discrepancy? Educational level is significant. As Eritrea's Ministry of Health discovered, 71% of women and 69% of men without schooling say 'yes' to FGM. In contrast, only 18% of

[1] NCA, 20003:29.
[2] See NCA, 2003:29.
[3] Andemichael, 2000:4.
[4] Andemichael, 2000:4.
[5] Expert interview 14 (116-124).
[6] NCA, 2005:21.
[7] EDHS, 2002:167.

women and 13% of men with at least two years of college support the practice.[1] Therefore, education looks like a promising intervention strategy.[2]

Among FGM enthusiasts are midwives and excisers. Yet their roles are in flux. When asked who did the cutting, a first survey by the Eritrean Youth and Student Organization and the Ministry of Health[3] uncovered that 57% named excisers and six percent traditional birth attendants.[4] Two years later, a second study by the NCA in cooperation with youth organizations revealed that the percentage of both had altered upward. Now 67% of those questioned said the operation had been performed by excisers, and 23 percent said TBAs.[5] Why this finding? We can't tell. The data is insufficient and the study failed to record age or ethnicity, which might have revealed when FGM took place. Nonetheless, because excisers and midwives are central, so is their personal and economic interest. Clearly the practice secures their livelihoods because society grants them respect and approves their activity.

Admittedly, as a result of advanced age, older TBAs and excisers find it difficult[6] to give up their work and acquire new qualifications.[7] Whether age is a legitimate handicap or only a prevarication is impossible to say. But it is curious to find mostly the elderly at the center of attention while at the same time a cohort of younger TBAs and excisers exists. TBAs and excisers are, after all, convinced that what they do has advantages: "It is good for the girls."[8] Few acknowledge serious health risks. And even after sensitivity training, these stakeholders often continue to favor FGM.[9] Such deep conviction makes offering alternative sources of income, such as raising goats, unpromising. This in turn strongly suggests that understanding local conditions must guide intervention strategies.

In sum, TBAs and excisers see FGM as a positive contribution to the community and to the individual girl. This attitude brings them social status and economic security.

And what about women approving the custom even more than men do?[10] As the Ministry of Health revealed in 1999, women prefer to pass on the type of mutilation that they went through. Mothers also have the right to schedule FGM and choose the form. The questionnaire answered by 1051 girls revealed that 56% attributed the cut to their mothers.[11] Thus, mothers' rare decision-making power is deployed to their daughters' detriment.

But is this power real? Choices, after all, are not made in a vacuum: social control and fear of retaliatory consequences may well be driving these women to anticipatory obedience or to satisfy supposed wishes of society and husbands. They also appear to place little faith in their daughters' self-control as the girls' actions can indeed cause trouble. Enforcement of moral behavior, however,—a.k.a control of girls' sexuality—, is a warrant for marriage opportunities, social integration and income. The NCA, in evaluating an awareness-raising project, reveals how much power mothers really have. According to Worku Zerai, in Eritrea, "the FGM project [confronts] a patriarchal society where a man holds absolute power over his household." Concerning FGM, it had been solely the wife who organized her daughters' circumcision and chose the form. However, "nowadays interventions [have changed] husbands' [behavior so that they, too] have [begun] to get involved in [choosing the] type. "[12]

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[1] See MoH, 1999:10.
[2] In chapter 5.2, the topic will be discussed in greater detail.
[3] See NUEYS, 2005 as well as MoH, 1999:6.
[4] See NCA, 2003:18.
[5] See NUEYS/NCA/Zerai, 2005:21.
[6] In my interview with a Ministry of Health employee, I was told about "even the old women … practicing FGM, they have eye problem, you know, they are very old women." Interview No. 5 (86-88).
[7] See NCA, 2005:7.
[8] NCA, 2005:14.
[9] See NCA, 2005:14.
[10] See Interview No. 14 (217-218): "But the women, they want it. Men do not like circumcision."
[11] Andemichael, 2000:24.
[12] NCA, 2005:15.

This phenomenon—wives' *avant la lettre* obedience to expected patriarchal desire—was recorded in the *Eritrean Demographic and Health Survey* which found 43% of married women projecting husbands' approval. In addition, "[t]wenty-two percent of women do not know their husband's attitude, which may mean that many couples either do not consider circumcision an important issue to discuss or they are embarrassed to discuss it."[1] Still, 35% of the women suspected their husbands wanted to end FGM.[2] At the same time, if the husband's disapproval were in any way unclear, a wife's vulnerability would likely influence her choice to continue.

Women also approve the 'rite' in ignorance of its connection to other health problems. As Health Ministry employee Mismay Ghebrehiwet confirms that the "strongest supporters" are women "who have undergone the most serious form of female genital mutilation," adding that "those who really suffer … are the ones [least likely to mention any] problems [at all but instead] tell [others] to accept it as a normal thing. ... Something expected; nothing unexpected. And when we ask them about complain[t]s [sic], they don't even complain."[3] Given that security in this culture circulates in the coin of social acceptance, many women see no alternative but to continue a deeply-anchored practice. And because not every case of FGM leads to acute or chronic side-effects, traditionalists' opinions are confirmed, suggesting that awareness-raising stressing health and gynecological risks misses its mark. Furthermore, even for those open to an argument from health, FGM represents only one among many threats. The increasingly arduous trek to fetch water, lack of sanitation, nutritional deficiencies, low iron intake, and unceasing work also make Eritrean women ill, hardships that influence maternal morbidity in addition to risks associated with 'circumcision', suggesting that targeting health consequences can be counter-productive. Finally, understanding that their suffering follows from the procedure doesn't lead women uniformly to seek medical help; rather, they may consciously aim to demonstrate that whatever is hurting them has nothing to do with FGM.[4]

In fact, it is specifically as mothers that these women approve of FGM. In their eyes, to ensure a good future for their daughters in line with social expectations and values, they must be excised. And make no mistake: they believe they are providing their offspring a benefit, not an evil. They have infibulation carried out because they are—on a conscious discursive level—convinced of its value and rightness. In certain ethnic groups, the mothers have the final say, and either they themselves or the grandmothers do the actual cutting. They know precisely what it's all about. To assume they act out of ignorance is therefore inapplicable in this case. I would also speculate that their approval rests on another facet of their experience: they went through FGM but survived without the degree of acute suffering opponents emphasize. In any case, the NCA study gives the following percentages for girls who claim their mothers or grandmothers performed the operation on them: 47% in Bilen; 43% for the Saho; 32% for the Afar; 38% for the Kunama and 29% for the Hidareb.[5]

But especially astonishing is the stance of intact mothers who subject their daughters to the practice. The EDHS shows 17% of uncut respondents had at least one daughter who had been cut.[6] We don't know why.

Regarding men's attitudes, fathers, husbands and future husbands have varying stakes in the custom. Fathers concentrate on the envisioned advantages that FGM supposedly brings their daughters, on their socially prescribed responsibilities to provide for the ceremony as

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[1] EDHS, 2003:208.
[2] See EDHS, 2003:208.
[3] Expert interview No. 2 (127 – 141).
[4] See MoH, 1999:18.
[5] NCA, 2003:18.
[6] See EDHS, 2003:203.

well as the status accorded them by the community.[1] But these same fathers know very little about the procedure itself. From numerous interviews, I can corroborate the Ministry of Health: "Fathers don't know much about FGM, … how it is done, … or immediate or long term implications."[2] As husbands, they require their wives to be re-infibulated after giving birth[3] and in return assume fidelity and an increase in their own sexual pleasure. Whether individual expectations or group norms inspire demand for re-infibulation, we simply don't know: available data and the intimacy of the subject don't tell us. Yet young men as potential grooms have revealed their backing, seeing in the practice the guarantee of a 'good' bride, morally pure, virgin and socially acceptable. "Many of them refuse to marry girls who are not virgins or who have not undergone FGM. […] Other reasons for supporting include the desire to minimize problems in marriage, and … examples of girls being divorced because they have not undergone FGM and /or are not virgins."[4] In sum, men's perspective can be understood as securing patriarchal power by means of controlling women and their sexuality and, in this regard, it's irrelevant whether the standpoint is conscious or unconscious.[5]

Given the high cultural status of the elderly as guardians of tradition, enjoying respect due to age and experience, they are key to abolition or continuation. Grandmothers who approve the custom place a considerable amount of pressure on their offspring to have the grand-daughters done. And for the most part, they prefer the same type of operation they underwent themselves. It sometimes goes so far that grandmothers "'steal' and take babies for FGM secretly."[6] As explained by the Ministry of Health, young mothers, entirely dependent economically, do not feel it is their place to oppose the authoritative demands of these elders.[7]

In contrast, the study questioning 1051 girls revealed only 2.2% who said their grandmothers made the decision to cut.[8] This modest percentage, however, should not mislead us; indirectly the potent elderly influenced events. Relevant in this regard is the age at which the girls were cut. The range 1 - 15 includes a significant number of victims who were babies or toddlers and therefore don't remember. In addition, children in Eritrea have little access to the world of adults where decisions about FGM are made.

Grandmothers therefore support the practice to reinforce their culture and their own social status, derived from the girls' status that rebounds to the matriarch's honor. This appears to be the central motive.

As for health professionals, *their* motives derive in part from membership in the medical fraternity, in part from their roles as parents. As doctors, they are strictly forbidden to advocate or carry out the practice. If the physician favors FGM, however, he or she may not adhere to the requirement of advising against the operation in consultations. Fear of losing social status also drives this group for, as the Ministry of Health notes: "[medical personnel] want to be accepted as good members of … society."[9] Furthermore, "some health workers believe that FGM has value."[10] As parents, therefore, they support the intervention for their daughters. The supervisor of the Ministry of Information notes: "Even the nurses practice it. Some are doing it for their girl children. They know … FGM is … bad, but they do it. Because they always have. … When my girl child is growing up, and then she's running after the man, that's why they are afraid. They won't practice that, it's better to cut it and then she

[1] See MoH, 1999:21ff.
[2] MoH, 1999:26.
[3] See MoH, 1999:25.
[4] See MoH, 1999:26.
[5] See also for greater detail Beck-Karrer, 1996.
[6] MoH, 1999:26.
[7] See MoH, 1999:26.
[8] Andemichael, 2000:24.
[9] MoH, 1999:26.
[10] MoH, 1999:26.

stays at home."[1] Again, the motives behind support not only from nurses but mothers in general are fear that daughters may evade woman's traditional role, thereby endangering their own and the family's status. One manner of dealing with this contradiction, according to the medical professionals, is to "allow family members to 'steal' and take them for FGM."[2]

One ironic ray of hope, however, is the fact that, despite personal ambivalence, only a tiny minority of interventions are actually performed in clinical settings. Respectable sources support this conclusion: "EDHS also revealed that some of the girls and women (about 0.6 percent) were circumcised by health professionals."[3] The NCA Study places this figure at 1%.[4] What is so distinct in Eritrea becomes clearer when compared with neighboring states where prevalence rates are similar. In Egypt and the Sudan, FGM has been massively medicalised.[5] In those countries, widespread awareness-raising campaigns focusing on health consequences have indeed influenced the general population. The resulting behavior, however, is not abandonment but grand-scale movement into clinical settings because aseptic conditions promise reduction of undesirable side-effects. This development has not been observed in Eritrea and, in my view, it represents success of the unceasing and strictly articulated stance of the EPLF and PFDI against FGM.

In sum, when regarding various stakeholders, two keys emerge: concern for social acceptance and the conviction of benefit to be derived from FGM. It follows that well-designed campaigns should be tailored to the precise manner of expression used by the various groups invested in the practice, to meet them first precisely where they are. Targeted approaches promise the most effective enduring abolition.

In this regard, challengers' feelings are crucial. Which key groups have already turned against the practice and with what arguments? What are their motives and restraints? How can their professional and social locations be harnessed? To maximize comparability, this section returns to groups already introduced.

The good news is that, generally, a trend has emerged of families beginning to turn against FGM in both attitude and behavior. Seeing FGM as culture, not religion, "an increasing number of people believe that FGM is a tradition of no value."[6] To strengthen their position, many women have been demanding a law against FGM, emphasizing health risks, interference with sexual pleasure, surgical pain and the viewpoint that tradition itself may not be bad, but FGM is a bad tradition. Few see in the practice any attack on women's dignity, as sexual mores per se are upheld.[7] "Some opponents of FGM argue that the morality of the girl is not in her sex organs, but in her mind."[8] Willingness to modify or abandon FGM follows from the notion that genital surgery is no longer a universally accepted norm; and families who hold these views seek professional medical help.[9]

These are the global trends. The following passages look more precisely at how specific groups argue against the practice. First, why do women and mothers want to stop? And how have their positions emerged?

The 2003 NCA study shows that parents play a weighty role in whether or not their daughters will be mutilated. One fourth of intact respondents said that they escaped because of their mothers' opposition. 4.6 percent were left alone because their fathers objected. The mothers primarily cited danger to over-all well-being: "Mothers know that FGM leads to health problems. Mothers know that sometimes FGM operations go wrong. … Mothers know

[1] Expert interview No. 5 (161-171).
[2] MoH, 1999:26.
[3] MoH, 1999:6.
[4] See NCA, 2003:18.
[5] See the end of this chapter for further discussion of medicalisation.
[6] MoH, 1999:17.
[7] See MoH, 1999:18.
[8] Ibid.
[9] Ibid.

that women who have had infibulation cannot give birth without help. They must have someone to loose[n] the stitches.”[1]

Of note among the freedom-fighters is that this attitude had already emerged during the war. The study of former combatants and FGM (2006) confirms: “[Of those] who reported to have not circumcised their daughters, [four percent] did not do so because it was not allowed; [three percent] could not find a circumciser, [69 percent because] they thought it was harmful to their children’s health, [14 percent because] she is small, and [10 percent because] she is naturally circumcised.”[2] Thus, the argument from health was decisive for two/thirds of combatants, and of the questioned veterans, 79% wanted to see the practice end.[3]

From the ethnic backgrounds of opponents, a clear pattern emerges. As the 2003 NCA study showed, only the largest group, the Tigrinya at 32%, is against continuation; other ethnic groups support it.

Table 7: Percentage of FGM opponents in ethnic groups[4]

Ethnic Group	Percent of FGM Opponents
Tigrinya	32 Percent
Hedareb	0 Percent
Nara	5 Percent
Afar	13 Percent
Kunama	25 Percent
Tigre	17 Percent
Bilen	17 Percent

As for the family patriarch, medical personnel contend that no operation takes place against the father’s wishes. Some fathers stated that FGM is a backward tradition, and the Ministry of Health points out that younger fathers now know a lot more about negative health results.[5] Childbirth complications appear particularly abhorrent to this group, who also object to the “instruments used to carry out FGM [that] can cause disease.”[6]

Finally, medical opposition to FGM derives from knowledge of its consequences, contact with patients and many years’ involvement in awareness-raising efforts that began for some clinicians during the war of independence under EPLF leadership.[7] I find astonishing the following reason for annoyance, recorded by the Ministry of Health: “TBAs complain of the increased trouble they face, opening up and reinfibulating women with every delivery.”[8] The increased workload is a reason to abandon? This may at first appear counter-intuitive, but once we realize how limited medical resources are, it begins to make sense.

In sum, adversaries are principally concerned with health, and explicit approaches based on these findings have been deployed by numerous governmental and non-governmental campaigns. An evaluation of these efforts follows in chapter 5.2.

In sum, ethnic background ought to influence distinct approaches to abolition, although a clear majority objects to endangering well-being, suggesting that health remains a key to

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1 See MoH, 1999:21-26.
2 NUEYS/NCA/Zerai, 2006:26.
3 Ibid.
4 NCA, 2003:47.
5 See MoH, 1999:b21ff.
6 MoH, 1999:23.
7 See MoH, 1999:24.
8 See MoH, 1999:21ff.

intervention. For those who approve, social acceptance is a main factor and this must be directly addressed. The same holds for ethnic differences involving power structures and belief systems. Deployment of these insights by indigenous stakeholders is the subject of chapters five and six.

In the following, however, we return to FGM and risks to health that critics find so threatening.

4.3 Consequences and controversy surrounding FGM[1]

To abolish FGM and uncover links to an indigenous understanding of human rights, let's look more closely at the somatic, psychological and social consequences and the controversies swirling around them. Key to long-term eradication is in part awareness of what follows from each precise form of cutting. In the absence of specific knowledge, campaign statements may be perceived as unconvincing or, worse, as propaganda.

"Nobody understood the consequences, neither women nor men."[2] When in awareness-raising sessions, mutilated women from other African cultures hear FGM spoken of publicly for the first time, they often state that they simply didn't know about the harm. Really? How are we to understand this? The truth is that taboo, especially on sex-talk, has muted any but stereotypical viewpoints concerning women's and girls' health and their psychological and social disadvantages. As Hanny Lightfoot-Klein explains, "the multiplicity of problems from which these women suffer [is] generally not related to the cutting that took place in early childhood. Instead, distress is considered women's destiny. Because all girls are done well before puberty, there are no intact adult women with whom to compare that might lead to rejection of erroneous convictions."[3] Nonetheless, Norwegian Church Aid found 96% of FGM victims citing problems during sexual intercourse and parturition[4] with forty-three percent tracing their pain to the operation. The remaining respondents, 57%, claimed, however, to have had no harmful after-effects.[5] Thus, knowledge of the link between FGM and later suffering exists but this in turn reinforces the difficulty in understanding why, despite this knowledge, the 'rite' continues. In any event, the knowledge deficit should be acknowledged in campaign design.

Now, the severity of after-effects depends on the form of cutting, the experience of the exciser, hygienic conditions and the environment in which the victim recovers.[6]

A kind of common sense approach that has taken hold in Eritrea and internationally emphasizes the health, psychological and social consequences, including the immediate aftereffects of pain and bleeding that can lead to shock and death.[7] Infibulated women also contend with pain in menstruation and sex.

To understand broad-ranging dimensions of the problem, let's look at one example of infibulation's after-effects: "In a focus group discussion with men in Southern Red Sea, it was mentioned that men have to forcefully push to penetrate. In most cases … penetration takes 3-4 days."[8] Other group discussions with women and men revealed that, if the husband's strength was insufficient, his mother would be called. A significant number of women would also defibulate—open—the sewn vulva. The Bilen, Tigre and Hidareb follow this practice.[9]

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[1] See Toubia 1995.
[2] Bouèdibéla-Amangoua / Hütt, 1999:154.
[3] Lightfoot-Klein, 1992:79.
[4] NCA, 2003:24.
[5] See NCA, 2003:22.
[6] NCA, 2003:24.
[7] See NCA, 2003:24.
[8] NCA, 2003:26; Long-term effects were discussed in groups and interviews.
[9] See NCA, 2003:26.

Troubles during and after parturition are also recognized as stemming from FGM. Giving birth lasts on average longer, and risks for both mother and neonate increase. Vaginal examination before or during parturition is impossible in infibulated women. And once the neonate emerges, re-infibulation brings with it risks of potentially lethal infection, scarring and fistula.[1] Fistula, by the way, with its accompanying incontinence, is not 'merely' health-related. The social consequences are enormous as the impure stench stigmatizes the wounded and can lead to ostracism. Fistula victims tend to live in isolation and spend all their time alone in the house. But often, neither the patient nor the community is aware that the problem stems from FGM, so that the medical condition is considered the individual's burden. This theme will be further developed below.

Health consequences of FGM

Admittedly, when advocating against FGM, an emphasis on health is unavoidable, especially in cases of infibulation.[2] In my view, however, not only are bodies damaged; minds are as well, yet social and psychological consequences have been neglected. In the following I look at acute after-effects and long-term repercussions of these genital assaults, whereby it is important to tie developments as tightly as possible to the specific form of mutilation, as ever in the hope of devising more effective interventions. WHO feels the same: "The health consequences depend on … type and … severity of the … mutilation."[3] Now, while WHO is helpful in linking the form of cutting to the gravity of consequences, its own categories lack the called-for specificity in distinguishing acute from long-term effects. In addition to more precise descriptions, various ethnic groups' awareness of these will also be presented.

For instance, although several ethnicities claim the operation improves women's health, the opposite is true: "19% of all women who have had FGM develop health complications [with] 44% … from excision, 38% from infibulation and 6% from clitoridectomy."[4] Now, it remains doubtful whether in Eritrea four/fifths of victims emerge from the razors more wholesome than before. Consider the high rate of maternal mortality, 998 per 100,000 live births.[5] Questionable results may stem, however, from difficulties in data collection as no gynecological exam accompanied them and victims often don't see the relationship between their suffering and the earlier surgery.

Regarding immediate health risks, Eritrea's Minister for Labor and Society mentions acute dangers in clitoridectomy that follow from the age at which the Tigrinya perform it, challenging eyesight: "… normally among the Christian community … it [is] practiced … very early"—on "little, immature babies. That's why it becomes … harmful." To this damning comment, the Minister feels the need to add: "They never thought they were doing bad to their babies or their children."[6]

Good or evil motives aside, the scientific community now accepts the following medical complications as likely. WHO lists "pain, shock, bleeding, acute urine retention, injury to adjacent tissues, risk of transmission of blood borne diseases such as hepatitis B and HIV/AIDS from the use of unclean cutting instruments during group mutilations, and other infections leading to fever, tetanus, gangrene, septicaemia [sic], failure of the wound to heal and in some cases, death."[7] All forms involve significant blood loss from the vulva's high

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[1] NCA, 2003:27.

[2] For exhaustive analysis of health risks see Toubia, 1995; the Inter-African Committee on Harmful Traditional Practices in its Report on the Symposium for Religious Leaders and Medical Personnel on Females [sic] Genital Mutilation as a Form of Violence (1998) and Andemichael's 2000 study of FGM in Eritrea.

[3] WHO, 1997:4.

[4] MoH, 1999:9.

[5] EDHS, 1995:163.

[6] Expert interview No. 1 (21-28).

[7] WHO, 1997:4.

concentration of arteries and veins, and shock can follow from both pain and heavy bleeding. Just how many deaths result is unknown due to a dearth of reliable research, though for Eritrea, Andemichael suspects that "the mortality of girls and women undergoing these practices [is] probably high." He confirms, however, that because "few records are kept and deaths due to FGM are rarely reported,"[1] uncertainty remains.

Nonetheless, given catastrophic hygienic conditions, it would be logical to expect morbidity. Unsterile instruments, including broken glass and razor blades, comprise the surgical equipment that, when deployed on more than one girl, increase the danger of HIV as well as hepatitis, tetanus, and other infections.[2] Additional customary procedures also increase health risks. For instance: "The practice of blinding [sic] the patient's legs after the mutilation may aggravate an infection by preventing drainage of the wound. The infection may spread internally to the uterus, fallopian tubes and ovaries, causing chronic pelvic [inflammation] and infertility. … Tetanus is usually fatal, as well as the potentially fatal septicaemia."[3] Incontinence is another possible after-effect. "Injury to adjacent tissue such as the urethra, vagina, perineum or rectum results from the use of crude tools, poor light, careless techniques, or from the struggles of the girl. Incontinence can result."[4] Because urination itself is, at first, excruciating, girls avoid it for hours, even days, to prevent acid from touching the open wound, leading at times to long-term damage as the new situation, a tiny opening for passage of bodily excretions, continues to prevent easy drainage of the bladder. Voiding drop by drop can take up to an hour and is often painful.

Beyond science, it's important to consider ethnic groups' subjective stance. In fact, dangers are known to victims, either because they have suffered themselves or have heard about others' suffering. "Sixty-eight girls mentioned a complication that happened to others as a result of FGM, and fifty-nine experienced complication[s] themselves—bleeding, infection, severe pain, and recurrent urinary tract infection."[5] This high percentage of well-informed girls suggests no remedial need for information on immediate complications. They know.

Long-term health consequences

In addition to chronic pain,[6] renewed bleeding, problems in sexual relations, infertility, recurrent urogenital infections, fistula as well as scarring and cysts, in Eritrea in recent years the risk of HIV/AIDS has increased. Group cutting encourages it, when, for instance, the unsterile instrument transmits body fluids from one girl to another[7] or when sexual intercourse causes the woman's genitals to bleed. Clitoridectomy leads to distorted sensation in the outer genitals, above all loss of sensitivity but nerve damage as well.[8] Because very young girls are victims, often cut in the first week of life, the proximity of various organs causes trouble: inadvertent injury to the urethra can lead to infection and possible incontinence.[9] For infibulated women, these risks increase as the outer appearance of the genitals changes considerably, creating a barrier blocking release of urine and menstrual blood.[10] Fistula can also result from prolonged labor and lead to permanent urinary or fecal incontinence.[11] Incurable infertility can then result from all of this.[12]

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[1] Andemichael, 2000:10.
[2] See Lightfoot-Klein, 1992:75ff.
[3] Andemichael, 2000:11.
[4] Ibid.
[5] Andemichael, 2000:32.
[6] See CEDAW, 2002:46.
[7] See Andemichael, 2000:13f plus expert interview # 14 (149-152).
[8] Andemichael, 2000:13f.
[9] Andemichael ,2000:12.
[10] See Andemichael, 2000:13f.
[11] Ibid.
[12] See Andemichael, 2000:12.

Many believe that FGM makes childbirth easier but the opposite is true. The impossibility of vaginal examination increases the frequency of infection which in turn can cause miscarriage. In addition, infibulated women often experience prolonged labor[1] and mortality increases. The 2006 WHO study drew this conclusion, the first time a significant connection was scientifically established. WHO found that deaths of mothers and infants increased together with the severity of FGM, from 20% to more than 50%, in comparison to an intact cohort.[2] Frequent de- and reinfibulations[3] also contribute to maternal and child mortality.[4]

In addition to these physical complications, psychological damage can be observed as well.

Psychological consequences

Because the state's efforts to stop FGM presuppose harm, it is important to explore psychological as well as physical damage. For instance, is it self-evident that cutting female genitals necessarily causes psychological injury?[5] With this line of questioning, I am entering an emotional minefield neglected in the scientific literature. On the one hand, mainly white activists tend to relinquish objectivity when imaginatively projecting FGM onto their own bodies and lives. Their empathy leads them to believe that a significant trauma necessarily follows. Whether this is true, and with what manifestations, is the subject of this section.

A counterpart to this 'outsider' viewpoint is the emotional response of African 'insiders' for whom the undifferentiated interest of others in this theme is out of place, representing an attack on their culture and identity. Neither attitude is productive when looking at the psychological dimension of the practice. Two contrasting perspectives are those of Dr. Marion Hulverscheidt and Hanny Lightfoot-Klein. Hulverscheidt writes: "As reported from the Sudan, Gambia and Burkina Faso, [women and girls] are forbidden to express their pain. They are threatened with community rejection should they scream, cry, or defend themselves. This pressure silences the girls who fear isolation. The wounding of clitoris, labia, and vulva is already upsetting enough. The 'gag rule' only compounds the trauma [that can transform the] indescribable violence [into] reveal[ing], even if mysterious, psychological symptoms. Easily frightened, [the victims manifest] erratic behavior; they suffer from depression, from feelings of incompletion and inferiority. Deprived of the option to express their emotions and fears as adults, they had already been forbidden while excision itself took place."[6] In contrast, Hanny Lightfoot-Klein warns: "From outside Sudanese culture, it becomes nearly impossible NOT to think about this experience of overpowering trauma and extreme pain as a cause of significant psychological disturbance. Nonetheless, our view of things is colored by our own cultural conditioning."[7] In actuality, neither of these positions is supported by science.

In most Eritrean documents and interviews, you'll need to search long and hard before finding any substantial information on FGM'S psychological sequelae. One exception[8] is Andemichael's research including more than 1000 girls. He confirms that psychological and psychosexual dimensions have not been studied: "Clearly, the agony endured during the operation must remain with many women for years, if not a lifetime. Pain during intercourse is common. Especially with severe forms of the procedure, the woman sometimes has to be

[1] For Eritrea specifically see Andemichael, 2000:13f.

[2] See WHO, 2006.

[3] Defibulation opens the vagina. "During birth… defibulation is needed to permit the baby's exit." Schnüll, 2003:28. Reinfibulation sews the open vaginal edges together again.

[4] Expert interview No. 1 (41-50) as well as Andemichael, 2000:13f.

[5] See Berendt (2005) who examines psychological trauma in Senegal resulting from FGM.

[6] Hulverscheidt, 1999:56.

[7] Lightfoot-Klein, 1992:83.

[8] See also the CEDAW Report: "Largely prevalent in … rural areas, FGM brings serious health hazards to women and psychological trauma." State of Eritrea, 2005:33.

cut open to allow penetration. There are reports of … potency [problems] among some men who fear that they [will not be able to perform], and initial penetration can take as long as two to three months of repeated attempts."[1] Plausible as this sounds, the research does not reveal its sources. Who mentioned these problems? How many women do the knives and razors open? What is their background? These questions go unanswered. Still, despite possible over-generalization, Andemichael provides original insights, since only he addresses men's issues. Future research must fill in the gaps on male psychological response because, after all, men hold the key to abolition.[2] Like Hulverscheidt and Toubia,[3] Andemichael sees life-long damage inflicted on women: "The possible loss of trust and confidence in … caregivers has been reported as another serious effect. In the longer term, women may suffer feelings of incompleteness, anxiety, depression, chronic irritability, frigidity, marital conflicts, conversion reactions, or even psychosis."[4]

Often, psychological injury resulting from FGM is not recognized as such. "Many [traumatized] women … may have no acceptable means of [revealing their emotions], and suffer in silence."[5] Why this additional suppression? Why, in other words, in Eritrea, do psychological sequelae evade analysis? The answer may lie in the nation's habitual approach to psychological problems.

The climate of opinion that greets mental disturbance in general is the context against which responses to FGM trauma must be measured. In this respect I offer only a broad orientation. Too little data is available, not to mention the limitations I face as an outsider. Nonetheless, if we look at living conditions in Eritrea, we find that for decades, people have been confronted with extreme situations, including war, scarcity, famine, and a high mortality rate for women and children. Individual trauma fades when viewed against this landscape. Neither war nor reconstruction from 1991-1998 permitted dealing with psychological trauma. Compounding this is an attitude widespread in Africa that people are required to accept well-defined roles understood to contribute to the common good.[6] Individuality recedes behind an image of the human being woven into the social fabric, suggesting that specific subjective issues would also be de-emphasized. After all, mental phenomena are hard to understand in any context. Symptoms tend to be undifferentiated or masked and often have any number of causes only experts can unravel. Finally, an Eritrean reticence to openly discuss anything to do with sex plays a role.

Given this background, we would expect FGM to bring with it significant mental disturbance although this is difficult to pinpoint. "FGM is performed during infancy," Nahid Toubia confirms, "[so] it is unlikely the girl will remember the event itself. Even if the trauma lingers deep in her subconscious, psychology cannot predict the extent to which this traumatic memory will be clearly linked to sexuality in her conscious mind."[7] When not performed in infancy but on older girls, its victims see FGM as tied to their social roles, in particular in regard to men and boys. Thus, the practice is granted a socializing function.[8] As expressed by the Inter-African Committee: "[s]he feels that what happened with her is only, [sic] to please the man. This might affect her physical relationship with her husband. It may result in cold feelings and lack of desire to have marital relationship."[9] The wounded may, for instance, fear sexual intercourse. And worse: "[w]hen the pressure reaches a certain level, their condition

[1] Andemichael, 2000:8.
[2] This assertion is elaborated in chapter 4.2 on FGM in Eritrea.
[3] Toubia, 1995:19.
[4] Andemichael, 2000:14.
[5] Ibid.
[6] See also the Human Rights Convention of the African Union, the Banjul Charter of 1981.
[7] Toubia, 1995:17f.
[8] See Toubia, 1995:18.
[9] IAC, 1998:114.

can [become pathological].”[1] In contrast, however, perceived advantages can, in individual cases, serve as an antidote. Community acceptance of FGM, viewed against rejection of the un-cut, can lessen the psychological fall-out. German-Eritrean physician Asefaw examined 420 women and 50 men in a field study in Eritrea. In her words, “for those who have undergone FGC [sic] within its original social context, the intervention contributes to a positive sense of identity and self-worth. They experience the surgery neither as trauma nor as victim.”[2] This observation, I would add, does not represent common sense throughout all of Eritrea but speaks only for a specific community. And once outside this context, Asefaw continues, cut women are indeed victimized. Having spoken to 98 ‘circumcised’ immigrants in Germany, she found they were “often confronted with a paradox, that FGC, a custom that gives them identity, facilitates social integration and enhances femininity in their homeland contributes in Germany to their being viewed as ‘incomplete’ and ‘mutilated’ women.”[3]

In sum, we find a number of conflicting views regarding psychological sequelae of FGM. Here I have simply mentioned some. Chapter five will reconsider how this knowledge can contribute to intervention design.

Social sequelae of FGM

Social interpretations of FGM have a significant bearing on both health and psychology, representing a handicap not only for women but for society as a whole.

I illustrate this with reference to the dominance of stereotypical gender roles, especially the emphasis on bearing children. In fact, many people believe that FGM facilitates this activity and helps ease the birth process. In fact, however, FGM promotes infections that can affect the ovaries, clog the fallopian tubes and lead to infertility. Infertility in turn can endanger a marriage, not to mention threaten the woman’s survival. Failure to bear children can end in divorce and expulsion from the community because guilt is born by the woman alone. And often the cause of infertility is FGM. In the first study of the relationship between FGM and infertility in the Sudan, Almroth[4] confirms the practice’s proven negative effects on conception. Given the honor bestowed on mothers but denied the infertile, consequences are clear.

Incontinence, often due to fistula (VVF), and problems with menstruation are two additional burdens with social costs traceable to FGM. Clearly, these conditions trouble interpersonal relations by their unpleasant smell and suggestion of impurity. “Continuous leakage of urine and faeces can plague the woman all her life and turn her into a social outcast.”[5] In other instances, backed-up menstrual blood, obstructed by the tightened vaginal opening, causes a nasty aroma.[6] Understandably, victims isolate themselves at home, retreating from social life. Society suffers as well from what the WHO identifies as the negative influence on women’s contribution to public life. As wage-earners, for instance, they are handicapped by difficulty concentrating, general weakness and depression. Caring for children becomes more arduous as well.[7]

Psychological consequences of NOT carrying out the procedure can only be guessed at, given a lack of data. In places where the tradition is strong, dissenting families can be shut out of the ‘welfare’ system. In addition to losing social acceptance, the girl may indeed fail to find a husband. And without one, her chances of isolation increase and her very existence is at risk.

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[1] Toubia, 1995:19.
[2] Asefaw, 2005:50.
[3] Asefaw, 2005:50f.
[4] See Almroth, 2005.
[5] Andemichael, 2000:13.
[6] Ibid.
[7] See WHO, 1997:6.

4.4 The practice explained

The complexity of FGM requires retreat from global viewpoints to explore specificities in each cutting society whose individuals are motivated mainly by desire for social acceptance earned by conforming to traditional and religious prescriptions reinforced by gender-specific behaviors, primarily those concerning morality, subordination and control of female sexuality. Added to these are the supposed benefits of mutilation.

This section looks at specific reasoning around four parameters: social integration, religious obligation, health and traditional gender roles. How do Eritrean victims explain their custom? The approach requires thorough knowledge of the practice, once again as a platform from which to intervene.

I borrow from international studies to illuminate the Eritrean situation. Internationally, as Toubia states, the following explanations hold sway. Practitioners appeal to morality, social acceptance, religion, health, cleanliness, beauty and economics.[1]

Advantages of FGM as the community sees them

The Eritrean Demographic and Health Survey (EDHS) 2002 evaluated answers from 8,685 women asked why they believe FGM is advantageous. Table 8 gives the results. The quintessence is that 29.1% see no use whatsoever in the practice, whereas 42.2% named social acceptance as most crucial, followed by improved marriage chances, 24.5%. In my view, however, husband-catching is a sub-set of social acceptance, given that matrimony and the presumed motherhood to follow represent the highest positions of honor readily accorded women. Thus, 66.7% find approval by the community as most decisive, a result with obvious significance for abolition efforts. In contrast, only 17.6% named religious obligation. Whether campaigns in Eritrea are built around these findings is the subject of chapter 6.3.

Now, if social acceptance is the most important factor, we need to ask why community approval is acquired at the price of such pain. Examining alternative lifestyles possible in the absence of social support, we find that Eritrean women, today as in the past, confront certain existential problems. Education is elusive; exclusion from participation in public decision-making has been the rule. Hope must therefore be placed in the younger generation of educated women. Table 8 shows the relevance of education and suggests that this cohort ought to play a significant role in stopping the practice. Chapter 5.2 looks in detail at activists as members of a specific generation.

[1] Toubia, 1995:40, as well as Islam and FGM: http://www.mwlusa.org/publictions/positionpapers/fgm.htm 19.06.05: "In addition, circumcision is believed to ensure cleanliness, [to guarantee] chastity and to minimize the sexual appetite of women … thus reduc[ing] the likelihood that they will bring shame on themselves or their families through sexual indiscretions."

Table 8: Perceived benefits of female circumcision[1]

Back-Ground characteristics	No benefit	Perceived benefits of female circumcision						No. of women who have heard of FC
		Cleanlines/ hygiene	Social acceptance	Better mariage prospect	Preserves virginity/ pre- marital sex	Religious approval	other	
Type of circumcision								
Not circumcised	62.8	3.1	15.9	13.6	2.8	4.8	4.9	920
circumcised	25.1	14.3	45.3	25.6	4.5	19.2	3.1	7,765
Age								
15-19	40.0	7.9	34.4	19.5	2.8	13.0	4.1	1,958
20-24	32.4	11.7	38.9	23.0	3.7	16.8	3,7	1,443
25-29	30.7	13.6	41.6	24.8	4.7	18.2	2.8	1,536
30-34	25.3	15.2	44.5	25.7	3.8	21.1	2.3	1,107
35-39	23.0	17.2	46.9	27.5	4.8	19.1	2.5	1,081
40-44	20.3	15.5	49.6	26.5	7.4	20.4	2.8	827
45-49	14.8	17.2	52.1	31.6	4.9	19.9	4.6	732
Education								
No education	16.3	16.2	53.1	27.2	5.2	24.2	2.9	4,361
primary	28.4	14.0	40.9	27.5	3.9	14.1	4.4	1,617
middle	40.8	8.4	32.6	21.4	3,9	11.9	3.2	962
secondary+	55.4	7.3	21.4	16.7	2.7	7.6	3.4	1,745
Total	**29.1**	**13.1**	**42.2**	**24.5**	**4.3**	**17.6**	**3.3**	**8,685**

Eritrea's Ministry of Health offers an important proviso to the results above: not only direct answers but also hidden rationalizations and context should be factored in. This multi-level analysis represents an innovative approach as it reveals that government will not remain satisfied with expressions of content gathered from its people but prefers a critical stance feeding into abolition efforts. For as Table 9 shows, we can extrapolate from individual entries that women's inferior social status is a basic cause, an understanding crucial for effective intervention design. What community members see as the "immediate/underlying causes" is certainly a springboard but analysis cannot usefully remain on this level. FGM is therefore primarily explained by women's need for financial security and acceptance in a society where these goods are fairly rigidly tied to family. Control of sexuality, purity, beauty, morality and enhanced marriage prospects are simply tributaries to the river of community approval.

[1] Percentage of women who have heard of female circumcision and who report specific benefits [of the practice] for … girls, DHS Eritrea, 2002:210.

Table 9: Causes of FGM[1]

Immediate causes	Underlying causes	Basic causes
Promote virginity	Increase chances of marriage	Low educational level
Stop girls "running after men"	Make women's bodies more attractive to view	Women valued for being faithful wives and bearing children
Reduce/eliminate prostitution	Belief that men like circumcised women	Women seen as persons not fully capable of looking after themselves, who need to be looked after, and controlled for their own good and for the good of society
Promote fidelity in marriage	Lack of knowledge about the negative and harmful implications of FGM and what religion says about it	Desire to uphold the family name/ honour through acceptable sexual behaviour
Remove "ugly useless parts"	To do what everybody else is doing and be a good member of the community	Women's desire to acquire security and social acceptability through marriage
Make genital area "more attractive to look at"	To get respect in the community	Desire to make families more stable
Be acceptable to men		Fear of the unknown (e.g. itching)
Eliminate itching of the genital area		Low status of women
Rights of passage (Kunama)		Desire to be identified with the community
Protect girls from rape		To graduate to maturity (Kunama)
Religious obligation		Men's desire to own women
Be a good member of the society		Search for economic security in marriage
To uphold the family name		

In sum, Eritrea confirms that the subordinate status of women and need for social acceptance fuel continuation of FGM; hence, too, the usefulness of community testimony on this point as a guide to abolition strategy. Multi-dimensional activities that promote equal opportunity therefore appear promising. Education in particular can effect a sustainable increase in women's status and decrease in vulnerability.[2]

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[1] MoH, 1999:16
[2] See alsoMoH, 1999:6; Andemichael, 2000:8f.; EDHS, 2003:208; NCA, 2003:44.

The Norwegian Church Aid study, in contrast, emphasizes religious approaches. Their research reveals: "Women who reported to have circumcised their daughters were asked why … The results provide further insight into the factors that contribute to … wide spread support of the practice. More than half the women (1,152) [favor FGM] because they believe that circumcision is required by religion and culture."[1] The EDHS study of 2002 did not find the same high percentage; their questioning revealed 17.6% citing religion to justify cutting. This discrepancy, on the basis of existing data, cannot be explained. Nonetheless, as chapter 6.2 reveals, when I undertook my research one of the major approaches in Eritrea targeted arguments from religion. What are these arguments?

Influence of religion on FGM

To explore religious explanations I divide the subject into two parts, separating dogma from actual practice. Under practice I understand the application of belief and interpretation derived from everyday life. This is important, because previous studies insist that no monotheistic or natural religion requires FGM. Nonetheless, research in Eritrea reveals that practitioners believe in a relationship and, when asked, cite religious precepts as their motivation. They also see harmony between the practice and values such as what they call morality, purity, virginity and obedience.

In surveying religious argumentation, we find that, in fact, no books honored by monotheistic religions require FGM.[2] In addition, "in 80 percent of the Muslim world today, the practice is relatively unknown."[3] To justify FGM by drawing on Islamic writings, however, certain Hadiths, orally transmitted passages concerning the Prophet Mohammed, are brought forth. "Three [that] generally enter discussions of FGM … are considered weak, which means that it remains unclear whether the Prophet actually said what he is purported … to have done. According to Dirie: 'The first concerns hygiene and sexual intercourse and the second how much should be cut. In the Hadith "The Tale of the Exciseuse" the Prophet forbids infibulation but recommends excision, "if it must be [done],"—this, at least, is one interpretation. The Hadith quotes the Prophet as telling the exciseuse "not to exaggerate" and thereby "destroy the organ".'"[4] In practice, certain Imams deduce from this that infibulation is indeed forbidden but excision is recommended. "Others, in contrast, conclude that this Hadith doesn't recommend cutting but instead wants to reduce it because nowhere is it written that women must be cut."[5]

Rejection of cutting is codified in certain basic principles of Islam regarding physical integrity (hurma) and the law against inflicting harm (la darar wa la dirar). In 1997, the Egyptian Supreme Court actually applied this law to an FGM case.[6] Indeed, in some African countries, Imams have begun to take a public stance against FGM, denying any sort of religious obligation.[7] This position has been supported by a Fatwa against FGM issued in 2005 by Islamic religious leaders in Somalia who censured the widespread practice as "un-Islamic." "Genital mutilation of girls is strictly forbidden in Islam; it is a crime equal to murder," according to Sheik Nur Barud Gurhan, vice-president of the Central Organization of

[1] NCA, 2003:43.

[2] "As is the case with the quran [sic] and the Bible, the Torah has no specific mention of female circumcision. To date the only Jews known to practice FGM are the Ethiopian Falasha, who now live in Israel." Toubia, 1995: 32.

[3] Lightfoot-Klein, 1992:59.

[4] Dirie, 2005:186, and see also IAC, 1998:68.

[5] Dirie, 2005:186.

[6] See Dirie, 2005:187.

[7] The UN Special Representative Waris Dirie noted that religious leaders in 2000 in Tanzania and in 2002 in Chad and Senegal had begun to speak out against FGM. She raises an issue, however, about the lack of independence of these imams, for when making their statements, all had backing from European development aid groups. Therefore, the influence of foreign money should be considered. (See Dirie, 2005:187).

Islamic Clerics in Somalia.[1] In 2006 this position would be even more firmly underscored by the highest Islamic judge, Ali Goma'a of Al Azhar University in Cairo. "… Genital mutilation of women is a traditional violation without basis in the Koran where we find no authentic saying of the Prophet. … The practice must therefore cease because it violates one of Islam's highest values, do no harm. … FGM should rather be regarded as punishable aggression against humanity and the legislature should be called upon to declare the gruesome practice a crime."[2]

The Christian religion espouses a similar position. "God has created the bodies of men and women according to his divine will. Each of them, man and woman alike, are [sic] complete in their image—body and soul—as God's creation."[3] Thus, FGM is to be understood as an un-Christian practice.

These then are positions taken by religious leaders. How do things look in practice? And what concrete differences in standpoint do we find? Do these specific faith-based arguments offer intervention options?

In Eritrea, all religious groups practice FGM—Coptic, Protestant and Catholic Christians, Muslims and adherents of natural religions. According to the EDHS 60 percent of women understood the custom to be a religious obligation[4] that, in practice, means that "before a baby girl is baptized it is required that she should have undergone FGM. Among the Muslims, [a] majority … [who held] that FGM was a religious requirement … referred to it as Tahara which is equivalent to purity."[5] Conversely, an intact Eritrean girl is not allowed to enter a mosque to pray.[6] This contradiction between clear religious dogma and popular understanding lies precisely in unfamiliarity with scripture. According to Toubia, "[m]ost of those who practice FGM are not religious scholars and do not know these basic facts. To combat FGM among Muslim[s] … authoritative religious interpretations along the lines described above must be prepared in a manner accessible to ordinary people."[7] The Mufti of the Eritrean provincial capital Keren agrees: "[Those] who believe that infibulation has a religious base are those who do not know Islam and its doctrines."[8] Consequently, activities that address this ignorance, showing that belief in FGM as a religious obligation is erroneous, are promising.

Nonetheless, the question remains: if religious authorities clearly distance themselves from FGM, why do such large numbers continue to claim that the practice is faith-based? What values promoted by religion go hand-in-hand with beliefs in the rightness of cutting? "Purity" and "virginity" are clearly two of them, and among Christians, the view of Baptism as a cleansing ritual contributes to a feeling of compatibility between FGM and Christian beliefs.[9] Christian believers feel that girls must be "purified" before being baptized: "In the Ethiopian Orthodox Church, a woman is considered unclean if she is not circumcised, and many priests refuse to let such women enter their church."[10] Notwithstanding the Bible's silence, a Christian emphasis on chastity and control of female sexuality[11] suggests that "[the absence of] female circumcision … becomes an obstacle to marital fulfillment."[12]

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[1] *Ärzte Zeitung*: „Geistliche in Somalia erlassen Fatwa gegen Verstümmelung." 02.11.2005.
[2] TARGET, http://www.target-human-rights.com.
[3] IAC, 1998:114.
[4] See EDHS, 2003:213.
[5] NCA, 2005:12.
[6] See NCA, 2003:44.
[7] Toubia, 1995:31 f.
[8] NCA, 2003:49f.
[9] See NCA, 2003:5.
[10] Toubia, 1995:32.
[11] Ibid.
[12] IAC, 1998:116.

In the same way, Islam may not be the root of sexual mutilation but the faith tolerates it. "Without doubt, the emphasis in Islam on chastity and suppression of sexuality has prepared a fertile terrain for development of more severe forms of mutilation and most infibulations."[1]

What does this mean for abolition? Which factors promise success and which threaten to delay it? Potential lies in harnessing religious institutions. Because in Eritrea religious leaders exercise considerable authority, they can, on the one hand, influence the outcome. On the other, however, lack of education not only among the general population but also among village religious chiefs may derail efforts. In addition, the male-dominated clerical institution may well prefer to avoid open discussion of a socially taboo sexuality, in particular female sexuality. My fieldwork looked more closely at this question; results are given in Chapter 6.2.

Because religion and culture cannot be divorced, the next section interrogates culture.

Cultural background of FGM

Discrimination and scarcity of resources are among the foremost factors restricting women to the wife-and-mother role. "[Mutilation] is also closely tied to marital status—a significant aspect of African society—since it is seen as preserving [female] virginity … until … marriage."[2] One of many explanations for the practice is the desire for a virgin bride. As confirmed by the Eritrean daily *Profile*, FGM lessens women's sexual desire while increasing that of men; but it protects virginity and 'honor' while enhancing marital opportunities as well.[3] The NCA study quoted respondents saying that, in addition, FGM disciplines behavior and protects against rape. To understand why these women think as they do, consider that in general "'It is believed that an uncircumcised girl will go wild and chase men like cats—as stated in FGD [focused group discussion. Author's comment] of Tigre women in Dembe Zaul (Maekel Zoba). Infibulation is practiced to protect the girl from rape as penetration is not easy. Since our girls are shepherds, they go far away from their residence to look after livestock; there they can be confronted by men who attempt to rape them. In such a situation even if we don't succeed in preventing the accident, we can rescue them before the damage is done' said a community leader in Southern Red Sea Zone, elaborating the above statement."[4] To clarify, virginity is equated with a stereotypical female role, further evidence of socialization and control. In Eritrea an additional myth portrays uncut girls as impolite, lacking in respect and immoral.[5] FGM was further valued for enhancing fertility and betrothal options, as sewn brides are preferred because FGM supposedly certifies the fiancée's morality and virginity. And last not least, certain communities are convinced that sex with an infibulated woman is more pleasurable for the man.

In addition to teaching the girl her proper gender role, FGM has another socializing aspect. Many groups conceive of pain itself as ritual preparation for wife-and-motherhood. Females should learn to obey and understand hurt as a normal part of daily life. Injury is integral to an understanding of womanhood per se. The ethnologist Peller characterizes this valuation of *schmerz* as an initiatory but likely unconscious practice

> in which society encrypts deformation and pain in its value system … [while] individuals … remain unaware of [the subterfuge]. Instead, they believe that bodily modifications are freely chosen. Clearly, however, social norms and values are the wellsprings of choice. Social pressure, internalized and anchored in the self, influences victims to manipulate their bodies, or allow them to be manipulated, in order to remain part of the group, to be 'in' and appropriately marked as such. And the reverse is also

[1] Lightfoot-Klein, 1992:59.
[2] WHO, 1997:5.
[3] See Eritrea Profile, 27.10.2001.
[4] NCA, 2003:43f.
[5] MoH, ibid.:1.

> true, that we can extrapolate from the individual to the social as symbolized by the … most salient component [of excision], the pain itself. Pain and scars are, in general, significant … as they clarify the initiate's change of status. Excision separates women now ready for marriage and reproduction from girls not yet ripe for these transitions. And it divides the group of pregnant women into those of ethical behavior and the 'whores'.[1]

To underscore: pain facilitates social acceptance which drives continuity of an objectively noxious 'rite'.

Toubia confirms that in many societies pain is naturalized by "girls and women … [who] accept suffering as part of their sense of womanhood; [for these individuals], FGM [is a source of] pride and [access to] the community of women."[2] Now, it remains to be seen whether a similar understanding of pain, as Peller found in Ethiopia, exists in Eritrea. Lack of data doesn't allow a definitive answer but certain statements suggest this is so. For instance, a brochure disseminated by the Ministry of Health addresses the myth that "[t]he pain of FGM is good preparation for maternal life."[3] Eritrea also has a famous saying: a woman has to suffer three painful events, FGM, marriage and giving birth.[4]

One more reason for the rite's longevity is the excisers' economic interests. "[Excision] generates significant additional income for the circumcisers. While some may regard this as exploitation, both practitioners and their clients are convinced that the family of the circumcised is obliged to offer a gift in cash or kind for the service. Excisers will not readily relinquish the practice [without] alternative sources of income."[5] Add to this the fact that the exciseuse enjoys high status and respect.[6] Therefore, in designing campaigns, cutters' social and economic incentives must be considered. This in turn suggests the importance of alternative sources of income because "… FGM rewards its practitioners if they charge for services or receive social recognition and status."[7] Now, these same women are often also trained midwives whose expertise can benefit the birthing mother. Ironically, therefore, midwives are not only actors toward whom campaigns should be directed but the ideal enlistees in intervention strategies themselves.

In sum, let's keep in mind cultural and gender-specific explanations that reveal FGM to be a complex phenomenon built on deeply-rooted social discrimination against women. As Toubia states, "Changing attitudes toward FGM will inevitably involve change in the overall situation of women."[8] After all, "powerlessness … allows FGM to continue."[9] Toubia, therefore, urges multi-level intervention corresponding in complexity to the hydra-head of cutting itself.

Chapter six looks more closely at how these explanations influence concrete activity on the ground in Eritrea.

[1] Peller, 2003:10.
[2] Toubia, 1995:40.
[3] MoH, Ibid.:1.
[4] Oral statement given by a number of Eritrean interviewees, but not attributed to an identifiable individual.
[5] WHO, 1997:6.
[6] See WHO, 1997:6.
[7] Andemichael, 2000:8f.
[8] Toubia, 1995:6.
[9] Toubia, 1995:43.

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- „Ein Ritual, das lebenslanges Leiden für die Betroffenen mit sich bringt" Ein Interview mit Mamouna Quedraogo von Regine Bouédibéla-Barro
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What is
"Feminist Europa. Review of Books"?

Feminist Europa. Review of Books is a journal written in English which reviews feminist scholarship, creative and popular work by women published in Europe, (preferably) in languages other than English.

Feminist Europa. Review of Books was launched in 1998 as a project of the Division Communication and Cultural Practice of Women`s International Studies Europe (WISE) under whose generous auspices six issues were produced. Starting with its new issue 1:1-2 of 2001, it has been relaunched and is now published frequently by the German Foundation for Gender Studies, whose projects are in perfect tune with the goals pursued by our reviews journal.

Feminist Europa. Review of Books wants to strengthen ties among feminist scholars and women`s communities active in all European countries. Have you ever wondered what happens in the rest of Europe, outside of your own country and in languages you do not command? Our aim is to facilitate awareness of the productivity and debates within women`s studies across linguistic and cultural barriers in Europe, drawing on an extensive pool of scholars and activists committed to transcultural and transnational discourse. We host publications that have an impact on women`s culture and deserve to be known outside their local context; we foster the flow of information across national borders and language boundaries.

Feminist Europa. Review of Books is a unique project dedicated to transnational communication and committed to the creation of a new Europe, a Europe in which, i.e., feminists in France are perfectly aware of the discourse articulated by feminists in Ukraine, and communities in Seville can build networks with scholars in Sarajevo and activists in London.

Feminist Europa. Review of Books can greatly profit from the contributions offered by the networking community that the journal aims at creating. Our policy since the beginning has supported the presentation and diffusion of individual works and has encouraged reviewers to shape their contributions in different and personal ways. We believe that a community of women must speak in different voices and aim at offering a forum in which they can all find a place and a fruitful occasion for exchange and communication.

Clearly, ***Feminist Europa. Review of Books*** contributes to the objectives and projects pursued by the **German Foundation for Gender Studies.**

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The German Foundation for Gender Studies?
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It is a private initiative, which supports international projects. To make visible women's agency, traditions, culture and contributions to the history of humanity — these are the Foundation's aims.

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