How to Stop Female Genital Mutilation

by Maggie Mortimer

Female genital mutilation (FGM) is a widely practised procedure that involves the removal of all or most of the clitoris (clitoridectomy), all or part of the labia minora (excision) or both (infibulation). While international efforts are underway to stop the practice, FGM still flourishes, killing many young girls and maiming millions more.

Waris Dirie, who fled Somalia at 13 and later became a model in London, is the UN special ambassador for the elimination of female genital mutilation. She is also head of the Waris Dirie Foundation, an international organization dedicated to eradicating FGM. She has written a book—her third—Desert Children (Virago Books) about the movement to end FGM.

Waris Dirie: In a 1988 Barbara Walters interview for Marie Claire magazine, you recounted your experience of female genital mutilation in public for the first time. Was it the initial public feedback after this personal disclosure that led to a larger social activism and your eventual appointment as UN special ambassador for the elimination of female genital mutilation in 1997?

Waris Dirie: I didn’t expect the reaction on that interview to be so overwhelming. It really frightened me, because I didn’t know where it would lead me. After the interview, my mutilation had become a public matter and I didn’t know if I should be proud of being the first woman talking about that, because I wasn’t sure if this could save some girls from undergoing FGM or not—not because I was a successful model in those days—and from that day on I was often reduced to being a victim of barbaric traditions. But, after I thought about it for awhile, the idea of saving some girls from being mutilated had a major impact on me and I took that possibility as a great challenge in my life.

How has your strategy evolved/diverged in the years since?

Waris Dirie: When I started to fight against FGM, I was sure that the international solidarity would help me to erase that torture within a couple of years. I was young at that time, so I didn’t expect that it would maybe take my whole life or even longer until it is eliminated. I was depressed sometimes when I realized that, but now I know that we already saved some girls and I’m satisfied about every single girl that is not affected by FGM due to our work.

The practice of FGM outside the social customs of African, Arab and Asian countries continues to migrate with the population. Often, daughters are sent back to their country of origin, and it is performed in the girl’s new homeland.

Here in Canada, FGM is defined as aggravated assault under Section 268 of the Criminal Code. In other countries, legislation is similar, yet FGM still happens. With this in mind, what do you think are the most effective preventative measures?
Waris Dirie: Laws are important. But they can only be effective if the people know about the particular laws. And we also need more specific laws, which include the fact that girls are sent abroad to become mutilated. I’m deeply convinced that information and education are our strongest weapons to fight FGM. Therefore, my foundation works with opinion leaders, journalists and politicians, because they are the ones who inform others. During my research for Desert Children, I was really shocked about the lack of information among medical and social workers who are in direct contact with affected women. If they don’t know how to deal with the topic, who should know? We also need more studies which deal with the psychological effects of FGM to help women to overcome their traumatic wounds.

Do you feel that there is one model that can be used in places where FGM is indigenous, as well as in countries in Europe or North America where the practice has migrated? Waris Dirie: We need a worldwide campaign against FGM which includes legislative measures, information and education. The religious leaders could play an enormous role in that fight. With five words—“It is against our religion”—they could help to erase FGM for real! So, if we succeed in making FGM a matter of international interest, we could develop campaigns for specific groups affected by FGM.

There should be a medical examination in every school and kindergarten—where girls and boys are examined—which is not only focused on FGM, but also on sexual abuse and physical violence against children. If all parents are informed that we care about our children and are ready to do anything we can to save them from being abused in any form, I’m sure that the level of abuse would decrease.

We also need specific information for social workers and medical workers and we need a reporting requirement for professionals who notice a mutilation or who fear that a girl is at the risk of undergoing FGM. We also need a network for women who have undergone FGM. They should know that there is a reversal operation, which can decrease their pain—it can help to improve their permanent health complications.
What astounds me is the extent of FGM in one area and the almost unheard of numbers in another. In the horn of Africa—Somalia, Sudan, Ethiopia—it is estimated at 90 percent, while in Egypt, Liberia and Togo it is 50 percent, and takes a dramatic drop in other countries. I was also surprised that in Muslim countries outside Africa the practice has relatively low numbers, if none at all. Why such disparity?

Waris Dirie: The reason is that FGM is a pre-Islamic phenomenon. You will not find any word in the Koran which mentions FGM. In fact, there are some Hadiths where FGM is mentioned, but most of the Islamic scholars have proven them as being weak ones. Only one out of four Islamic schools preaches that FGM is sunna, which means it is the duty of every Muslim. This Islamic school is especially active in the horn of Africa.

All Muslims need to take this challenge to overcome FGM, but it is not only the religion which leads to the mutilations. We need information campaigns which work with the specific groups involved. For instance, I talked to a lot of men who didn’t know anything about their women’s mutilation, and especially not about the medical and physical health complications they suffer from.

What seemed a point of contention in articles I came across was the notion of FGM as a contributing vehicle to the transmission of HIV/AIDS. What is your take?

Waris Dirie: FGM is a contributing vehicle to the transmission of HIV/AIDS because of the dirty instruments used. But if we only focus on that part, it would lead to the argument that doctors should mutilate girls under hygienic and sterile circumstances. And this is not the right direction in our fight.

The Inter-African Committee has set a goal of 2010 for the eradication of FGM in Africa, and I will do everything I can to help them achieve their goal. I don’t know whether it is realistic to erase FGM by 2010, but I’m convinced that we need this optimistic goal to fight against this torture!

Your book discusses many difficult topics. The statistics. The mutilations. The medical complications. The deaths. The emotional and mental turmoil. Little girls packed off on holiday to meet such a fate. There is also
discussion on surgical options, including a technique to rebuild the clitoris. Stopping mutilation is obviously important, but what about surgical procedures for women who have been mutilated?

Waris Dirie: When I visited Dr. Pierre Foldes in France, who is the only doctor who does this reversal operation rebuilding the clitoris, I met my whole traumatic mutilation again. There was no way to think about it rationally, for me, while he showed me photos from this operation—it was just like being mutilated one more time. I’m still searching for women who have undergone this operation to talk to them about their experiences. I would appreciate it if there were a possibility to rebuild the clitoris—but only if it is accompanied with a psychological program for women who want to do this.

One thing we should do immediately is to send doctors to FGM practising communities who can offer a reversal operation without rebuilding the clitoris. A reversal operation for women like me who are affected by infibulation—the most severe form of FGM—could take a lot of pain and health complications away from women. It is just a little operation, where the woman is cut open again, and it takes only some minutes. It should be offered everywhere and without being charged for.

You have made a firm stance against FGM as “cultural identity.” In many places, not being cut is identified with being unclean and unworthy of marriage. Has there been a movement to replace FGM with positive celebratory rituals accepted by the community as a girl’s rite of passage?

Waris Dirie: I have a dream concerning this. I would appreciate it if we could turn the barbaric torture of girls to an educational program instead. We could try to take the girls away for a month, or even more, and start to teach them how to write and read. If the fact that a girl is able to write could make her a woman, we all could be satisfied with it.

FGM is often said to be necessary to turn a girl into a woman, so we need to change these attitudes to something positive. It would help to overcome these barbaric rites.

For more information, check out www.waris-dirie-foundation.com.

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