

Ann-Marie Wilson reports on the global incidence of FGM and its toll on women

BREAKING THE CYCLE OF FGM AND GENDER VIOLENCE

key points

- FGM is not a requirement within any religion.
- At least 125 million girls and women have experienced FGM in Africa and the Middle East, but it happens in the UK too.
- Churches have an opportunity to provide pastoral care that allows survivors to share their experiences, pain and suffering.

Meeting Manha¹ was my first experience of the horrors of Female Genital Mutilation (FGM). I was working in North Sudan. Manha was just ten years old and pregnant as a result of rape. She had undergone FGM and was unable to give birth naturally. Her terrible suffering spurred me on to devote myself to ending the practice. After studying FGM, working on anti-FGM projects and gaining birth attendant and fistula experience, I founded *28 Too Many*.

This name reflects the 28 or so African countries where FGM is practised – that's 28 too many. Our focus is on research that enables local initiatives to end FGM. As well as working closely with other charities to stop violence against women (VAW) and other harmful traditional practices (HTPs).

My dream is that if one woman does not cut her daughter, then (as a mother herself) she will choose not to cut her daughter and then that daughter in turn will choose not to cut her own daughter. This breaks the cycle of FGM, and over the course of five generations I believe that FGM could be permanently eliminated.

Global statistics

FGM has been making headlines in Britain but the problem goes much wider and deeper. Recent reports have shown that at least 125 million girls and women have experienced FGM in Africa and the Middle East. As many as 30 million girls under the age of 15 may still be at risk over the next decade.²

Shockingly, this equates to one woman or girl undergoing FGM every ten seconds.³ FGM is also carried out amongst diaspora communities within Europe, North America, the Middle East and Australia. Estimates show that 66,000 women and girls have undergone FGM in England and Wales, while 24,000 girls under the age of eleven are at risk of undergoing it.⁴

In Africa, the highest prevalence of FGM occurs in Somalia where an estimated 96.7% of girls aged 15-19, and an estimated 98.9% of women aged 35-39 have been cut.⁵ More positively, change is being made in other African countries like Kenya where the prevalence rate for FGM in 15-19 year olds has dropped from 37.6% (1998) to 27.1% (2008-9). Although measurable progress is now being seen in a number of countries, the existence of the practice itself still shows that much work needs to be done to eliminate it worldwide.⁶

Health implications

There are harmful physical and psychological effects that women and girls suffer following FGM. The most severe immediate consequence can be death caused by haemorrhaging and/or shock after the procedure. Women and girls are also at risk of contracting tetanus because of the unsanitary conditions in which FGM is often carried out. The situation is made worse where the appropriate medical treatment is not available or there is insufficient medical knowledge to correlate it with the contraction of infection.

Women who have undergone FGM are at risk of shock, open sores, cysts and cheloid scarring and have an increased risk of contracting HIV/AIDS. Infibulated girls commonly suffer from bladder and urinary tract infections. Pelvic inflammation, painful abdominal cramps and internal infections are commonly experienced by girls once they have started their menses.

FGM can also cause infertility for women due to womb infection,⁷ caused by stagnation of menstrual blood within the vagina. FGM also causes severe complications for both women and babies during childbirth. Postpartum haemorrhage, obstructed labour, prolonged hospitalisation following the birth of the child and increased need for caesarean deliveries are all common complications that occur for women giving birth. In Africa, FGM causes an extra ten to twenty deaths per 1,000 deliveries.⁸ Girls who have undergone FGM also experience psychological trauma including feelings of betrayal, shame, hopelessness, post-traumatic shock and depression.⁹

Religion and FGM

It is important to note that FGM is not a requirement within any religion. Some Islamic scholars claim that it is allowed by the teachings of the prophet Muhammad, but others, including the leading scholars of Al Azhar in Cairo and the Chairman of the Shari'ah Islamic Council in the UK, say that it is not allowed. In both Christianity and Islam there is emphasis on the fact that the human body has been created by God, and that we are encouraged to look after the body and not mutilate it in any way.¹⁰

Through work carried out by the church and religious authorities, myths surrounding FGM can be challenged and dispelled. The evangelical tradition draws upon Scripture in order to support taking action against harmful acts such as FGM:

*'Learn to do right; seek justice. Defend the oppressed. Take up the cause of the fatherless; plead the case of the widow.'*¹¹

This scriptural perspective is empowering people to use 'charity from the mission of God on earth... to proclaim a gospel of grace, forgiveness and love',¹² so that the suffering of women and girls who have undergone FGM does not go ignored. The role of the church then is to teach and discipline people so that they can learn about FGM and challenge those who support the practice.

The Bible's account of creation story states that once God had created the world 'God saw all that he had made, and it was very good.'¹³ This highlights the perfection of God's creation, and so by implication women's bodies are not to be harmed or mutilated through HTPs as it denies them of their natural rights as mothers, wives and humans.¹⁴

Action against FGM

In Africa an important development involved 120 religious leaders of the Inter Religious Council of Ethiopia (IRCE), regional members of IRCE, United Nations Population Fund and the Royal Norwegian Embassy. They took part in a National Dialogue

Forum allowing attendees to discuss the ways in which gender based violence (GBV) affects women or girls. The meeting concluded that there is no basis within Scripture to justify HTPs like FGM and that it is the responsibility of religious institutions to prevent these practices occurring. A consensus was reached that consistent moral and ethical education should be given to all through religious institutions as well as working with governmental and NGOs as well as supporting survivors of GBV through work with legal authorities.¹⁵

In the UK, the General Synod of the Church of England motioned the condemnation of FGM in 2002, enforcing the need for the elimination of the practice and urging the Anglican Communion to challenge HTPs including FGM.¹⁶

In February 2011, the Manor Gardens Health Advocacy Project hosted the launch of the first UK-wide multi-agency guidelines on FGM. Later that year the Project and a subgroup of Forum members organised the first-ever multi-faith conference against FGM in the UK. Panel members included leading religious scholars from the Muslim College, the Eritrean Bethel Church, the Muslim Council of Britain and the Salem International Christian Church. During the conference Sheikh Dalmar focussed on the 'common dignity...that extends to all human beings, regardless of faith...sex, [and] colour' and that anything that contradicts this, such as FGM, contradicts the will of God. The conference issued statements of support which were sent from mosques, churches and synagogues throughout the country.¹⁷

Action to stop FGM needs to take place at individual, community, national and international levels. Within the church there must be an emphasis on providing pastoral care that allows survivors to share their experiences, pain and suffering. The church should recognise FGM as sexual abuse and seek justice by supporting the punishment of perpetrators, and enforcing anti FGM legislation.¹⁸

Steps being taken by religious bodies include;

- Raising awareness in schools and among parishioners, social and religious leaders, implemented through the use of social, church and outdoor media
- Creating and supporting anti-FGM activities undertaken within parish youth groups
- Creating and supporting alternative, non-harmful initiation into adulthood within practising communities
- Working with non-governmental, faith based and community based organisations to increase awareness and stop FGM
- Encouraging people to become aware of the laws regarding FGM and to report cases to the appropriate legal authorities
- Using pastoral and development activities within the church in order to provide training for teens in family life education.¹⁹

Ann-Marie Wilson is director of 28 Too Many, a charity UK opposing FGM and gender violence.



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references

1. Name changed to protect her identity.
2. UNICEF. Female genital mutilation/cutting: A statistical overview and exploration of the dynamics of change. July 2013. uni.cf/1fq5AUr
3. 28 Too Many. Country Profile: FGM in Ethiopia. October 2013 bit.ly/1p6G4rc
4. Equality Now. Eliminating FGM in the UK: the way forward. November 2013 www.equalitynow.org/fgm_uk
5. 28 Too Many. Somalia: key country statistics. May 2013. bit.ly/1pFp6m9
6. 28 Too Many. Country Profile: Kenya. May 2013. bit.ly/1jQRcmB
7. Female genital mutilation can cause infertility. *New Scientist*, July 2005 bit.ly/1pFqAwD
8. World Health Organisation. New study shows female genital mutilation exposes women and babies to significant risk at childbirth. June 2006 bit.ly/1oW8eaM
9. Karanja DN. Female Genital Mutilation in Africa: gender religion and pastoral care. June 2003:52-56
10. World Health Organisation. Female Genital Mutilation. February 2014 bit.ly/1NbKzmv
11. Isaiah 1:17
12. Warby P. A Conservative Evangelical Argument for Integral Mission. 2014:6
13. Genesis 1:31
14. Warby P. *Op Cit*:23
15. Inter-Religious Council of Ethiopia (IRCE). Joint Statement. February 2014
16. Church of England. Female Genital Mutilation. March 2004 bit.ly/1mSyluz
17. Manor Gardens Health Advocacy Project. Faith Against FGM. February 2011
18. Karanja, D.N. Female Genital Mutilation in Africa: gender religion and pastoral care. June 2003:68
19. Norwegian Church Aid. The Ethiopian Catholic Church's Stand on Female Genital Mutilation. February 2013:23