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Genital Mutilation
A health and human rights issue

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The practice of female genital cutting and mutilation is continuing to wreak havoc on the health of women in countries all over the world. It is estimated that in Africa alone, 75 million women have been genitally mutilated in some manner.

The Inter-African Committee on traditional practices affecting the Health of Women and Children (the IAC) is campaigning to eradicate these practices and the campaign is gathering momentum. In 1989, the report of the UN Committee on the Elimination of Discrimination Against Women included a call for information campaigns to promote eradication of the practice of female circumcision.

A lack of cultural sensitivity on the part of some Western individuals and organisations has been a contributing factor to the difficulties faced by the IAC. While the history of Western involvements in the area has not always been productive, there are now opportunities for Western individuals and organisations to support African women who are campaigning against the practice.

The authors

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Justice Elizabeth Evatt, AO, graduated in Law from Sydney University. She practised at the Bar in NSW and the UK.

Throughout her career, Justice Evatt has had a particular interest in both family law and women's issues. She was Chief Judge of the Family Court of Australia for twelve years and was Chair of the Royal Commission on Human Relationships from 1974 to 1977.

Justice Evatt is currently the President of the Australian Law Reform Commission and the Chairperson of the UN Committee on the Elimination of Discrimination Against Women (CEDAW). CEDAW meets every year to evaluate how well states are observing the Convention on the Elimination of All Forms of Discrimination against Women, adopted by the UN General Assembly in 1979. The report of the Committee is submitted to the UN Economic and Social Council (ECOSOC). The Committee is composed of jurists, lawyers, teachers, diplomats and other experts on women's affairs, elected by the states that have ratified the Convention to serve in their personal capacities.

What is 'female circumcision'?

The term 'female circumcision' is a euphemism. It is used to describe a variety of traditional practices in which a woman's genitals are, in some way, cut or mutilated. Not only is the phrase a euphemism but it is medically incorrect to refer to all the different forms of clitoral and genital cutting and mutilation as circumcision.¹

The various forms of female genital mutilation (fgm) and female genital cutting (fgc) have been well-documented and numerous accounts exist of the different procedures. *Infibulation*, or *pharaonic circumcision*, is the most severe. Infibulation involves the removal of the whole clitoris, the labia minora and parts of the labia majora. Subsequent stitching of the vulva leaves only one small opening for urination and menstruation. *Excision* is a milder procedure and refers to the removal of the prepuce (foreskin) and clitoris and all or part of the labia minora. *Circumcision*, the most common procedure (which is also known as *sunna* ²) is a procedure whereby the foreskin of the clitoris is removed. There is a fourth procedure which involves a ritualistic nicking of the clitoris.

Given that any definitive and irremediable removal of a healthy organ constitutes mutilation (Koso-Thomas, 1987, 16), it would seem appropriate to refer to the first three forms of 'female circumcision' as genital mutilation. This clarifies exactly what is being spoken of when people refer to 'female circumcision'. The inadvisability of using the term female circumcision is highlighted by the fact that, by drawing an analogy to male circumcision, the use of the phrase obscures the dramatically different effects of female circumcision. Robin Morgan gives a more useful analogy when she points out that, despite the similarities between the practices referred to as circumcision - ie. that both are practised with no medical necessity and, in fact, with deleterious side effects to health - clitoridectomy is more analogous to total penectomy than to circumcision (Morgan, 1984, 765).

The effects are both immediate and long-term, physical and psychological.

The medical complications are severe. Immediate risks include haemorrhage, tetanus and septicemia infection from unsterile and often primitive cutting implements (traditional knife, razor blades), sexual mutilation, bleeding of adjacent organs, and shock from the pain of the operation which is carried out without anaesthesia. The struggles of the child may result in a more severe form of circumcision than had been intended - for example sunna could become an excision. In the case of infibulation the girl must lie immobile for quite a while after the operation. During this time her legs must be bound together to ensure the wound heals, and her excrement remains trapped within the bandage.

Long-term complications include severe scars which considerably shrink the genital passage, resulting in blockage of menstruation, painful intercourse, and tearing of tissue and haemorrhaging during childbirth. An infibulated woman can take two hours to empty her bladder. The average time required for an infibulated woman to urinate is 10 to 15 minutes.

Recurrent infections are also a major problem. Ironically, given that one of the reasons given for the practice of fgm/fgc is to increase a woman's fertility, the procedures lead to a greater likelihood of sterility. The psychological effects can include frigidity and insatiability, anxiety, melancholy and depression.³

A new threat to women who have had these procedures done is the increased risk of AIDS (CEG Report, 1989). The use of unclean instruments and the possible exchange of blood add extra risk factors. While insufficient study has been carried out in this area, there are clear indications that by increasing the risk of bleeding during intercourse the practice of fgm/fgc is likely to contribute to the spread of AIDS. A high proportion of AIDS cases are from areas where female circumcision is widely practised.

¹ Prof Ahmad Pratiknya, Faculty of Medicine and Faculty of Graduate Studies, Gadjah Mada University, Jogjakarta, Indonesia. From an address to the the International Seminar on Female Circumcision 13-16 June 1988, Mogadisho, Somalia. *Female Circumcision: Strategies to Bring About Change*, Proceedings of the International Seminar on Female Circumcision, 13-16 June, 1988, Mogadisho, Somalia, 51-56.

² 'Sunna' literally means 'tradition': (Koso-Thomas, 1987, 16).

³ Berhane Ras-Work, President of the IAC: press article quoted by Alison Slack (1988, 450 ff.).

Introduction¹

'Tradition', reflects Mary Racelis, Regional Director of UNICEF in Nairobi, 'represents that part of a people's culture that gives continuity and meaning to people's lives'. However tradition can become a negative force if it resists questioning and change - if it 'takes on an aura of morality and correctness even in the face of contrary indications'. Such has been the case with the traditional practice commonly known as 'female circumcision'.

It has been the tradition for many centuries in parts of Africa and, at various times, in countries all over the world, to 'circumcise' women.² It is often more appropriate to call this traditional practice female genital mutilation rather than female circumcision. For an explanation of these terms, see *What is 'female circumcision'?* in the opposite box. In this article, the term 'female genital mutilation' (fgm) is used to refer to the more extreme and medically harmful procedures. The more symbolic/ritualistic and less medically harmful procedures need to be differentiated. In order to move away from the chronic confusion resulting from the use of the generic term 'female circumcision' it is expedient to refer to mild forms of 'female circumcision' as 'female genital cutting' (fgc).

The Reasons for fgm/fgc

Religion

The origins of these practices are unknown. They are traditionally associated with Islam, but actually pre-date both Islam and Christianity.

According to many Islamic scholars, neither fgm nor fgc is a religious requirement.³ A sheikh from the Al Azhar University in Cairo has said that, given the esteemed place in which Islam puts women, the parents of girls should not hurt them by removing parts of their bodies without a health reason (*IAC Newsletter*, 1, Nov. 1985, 14). However there is no uniformity in the Muslim understanding of the correct attitude to fgm/fgc. There was some controversy in 1988 at the International Seminar on Female Circumcision, held in Mogadisho, Somalia, because Mohamed Salim Abdi Al Razik, the speaker on the attitude of Islam towards female circumcision, was in favour of the continuation of sunna (although he was categorical in his rejection of infibulation).

The practice of fgm/fgc is referred to in the *Koran*, although not in a way that suggests a full endorsement of the practice. Accordingly, when there are disagreements on the proper understandings to be gleaned from religious writings, it would seem logical to give consideration to a wider range of factors. The medical contra-indications of the various forms of fgm/fgc should be sufficiently persuasive to convince those who are unsure whether sunna is required by the Islamic faith.

The Christian church has had a history of opposition to the practices of fgm/fgc. Maurice Assad comments that fgm/fgc degrades the value of the human person as a creature that God has created according to God's image. He quotes Genesis 1:27: 'So God

created man in his own image, in the image of God he created him; male and female he created them', and concludes that, since God saw that what he had made 'was very good', it is not appropriate to mutilate parts of the body's organs.

By placing such a heavy emphasis on the requirement that a woman be a virgin at the time of marriage both religions have, albeit indirectly, increased the likelihood that fgm/fgc will continue. One of the reasons given for practising fgm/fgc is to ensure or encourage a woman's virginity until her marriage. Alison Slack points out that this is a questionable argument: it is always possible for a woman to be re-infibulated. The argument that, by decreasing a woman's sexual desire, fgm/fgc increases the likelihood of her remaining a virgin is also dubious because it has never been proved that fgm/fgc inevitably results in a decrease of women's sexual desire.

Myth

Various myths surround the practice. For example, in Ghana many people believe that fgm enables women to ascend to their ancestors at the time of death. Slack documents a whole range of beliefs, including the belief that if the clitoris is not cut it would grow to be the size of a penis, that the operation will increase fertility and the number of live births, and that the clitoris can be dangerous, either physically or spiritually.

Tradition

It seems that tradition is the factor that outstrips all others as a reason for the continuation of fgm. A strong and distinct tradition such as fgm can serve as a power that helps to bind the community together and provide a source of cultural identity. This reason may be particularly strong in immigrant communities.

Nahid Toubia comments that 'the individual in our societies cannot stand alone against the pressures exerted by the group. Our efforts [to eradicate fgm/fgc] must be geared towards finding a language that will communicate to society as a whole' (Toubia, 1988, 102).

A point to be noted in connection with tradition is that 'In many societies, pain has a mystic sense, and, by considering the problem from this point of view, one could explain why those who practise these kinds of traditions do not classify them as violence against women' (Toubia, 1988, 102).

Other (frighteningly familiar) reasons given for the practice are 'aesthetic considerations'. The idea that the female body is unattractive in its natural state can be found in Western cultures as well.

Economics

Groups whose livelihood is at stake if the practice of fgm is eradicated would form a powerful lobby against such moves. An important consideration in the campaign against

fgm/fgc is how to cater for the economic needs of the traditional 'circumcisers'. Rather than simply being told to cease earning an income, these people need to be trained in some other skill.

Another important consideration is that a woman may be economically dependant on finding a husband. If refusing to have fgm/fgc performed on one's daughter jeopardises her chance of contracting a good marriage, one may well be impelled into allowing the procedure to go ahead. It is critical to challenge the social inequities and cultural beliefs that leave women economically dependent on men. 'As long as women must marry to survive, they will do whatever they must to secure a husband - including submitting themselves and their daughters to sexual surgery' (Heise, 1989, 20). It is relevant to keep in mind the UN finding that while women do two-thirds of the world's work they earn a tenth of the world's income and own a hundredth of the world's property. While women are denied economic justice the campaign to end fgm/fgc will be more difficult.

Secrecy

'...fgc still remains shrouded in secrecy, protected by strong beliefs. Eradication of fc must involve social, religious and cultural transformation through education rather than a legal decree alone.' (*IAC Newsletter*, 7, Mar. 1989, 12) This statement highlights one of the perennial questions for those who campaign against fgm/fgc. What role should legislation play in this campaign?

The early history of attempts to end fgm/fgc by legislation were not happy. It seems that the legislation simply served to drive the practice underground. While legislation criminalising violent practices against women can be important in showing society's attitudes to such practices,⁴ the general feeling now seems to be that legislation will only be of lasting use if combined with education campaigns. As Berhane Ras-Work says, 'legislation can be effective only if there is a general consensus among the population concerned. For such an agreement to be reached, tactful sensitization is needed' (*IAC Newsletter*, 2, July 1986, 4-5). If legislation is not followed by intensive education, it can generate suspicion and misunderstanding on the part of the public, thus forcing the practice to go underground.

Linked with the question of legislation is another major question for campaigners against fgm. How far should the legislation or campaigns attempt to go? Should there be attempts to totally eradicate any form of interference with a woman's genitals or should there be an intermediate phase in which infibulation and excision are campaigned against, while sunna and milder forms of 'circumcision' are allowed?

The early Sudanese legislation only attempted to outlaw infibulation. This approach did not work, largely because it was too difficult to police. The World Health Organisation (WHO) and the Inter-African Committee on traditional practices affecting the Health of Women and Children (the IAC) advocate attempting to eradicate all forms of fgm and fgc. This seems to be largely the result of a pragmatic decision. At one meeting considering the

matter, when gynaecologists were unable to agree on a definition in lay terms of what operation should be allowable, a midwife pointed out that their inability to agree on a definition was indicative of how difficult it would be to ensure that practitioners had learned the new, appropriate procedure. As Fran Hosken says, 'wherever the practical reality of partial prohibition has been faced, implementation has been found to be impossible' (Hosken, 1988, 15).

The National Union of Djibouti Women and women in Gambia have not followed the WHO/IAC line on this issue. In Djibouti they are encouraging sunna in place of infibulation, and in Gambia the majority of women at an IAC workshop supported modernising medical facilities and training young circumcisers to replace older ones in order to ensure more hygienic conditions, rather than legislation aimed at eradicating fgm/fgc. WHO and the IAC opposed this medicalisation and modernisation of fgm/fgc.

History of the Campaign Against FGM/FGC

The campaign to eradicate fgm and fgc has had a complex history and illustrates some of the potential traps in cross-cultural interaction, imprecise language and the difficulties of challenging a tradition deeply embedded in the social and economic fabric of a society. There is now a strong push, both within Africa and internationally, to eradicate fgm/fgc by the year 2000. However the adoption of this campaign was not an easy process. The campaign to end fgm/fgc in Africa has unfortunately been tied-in with Western society's colonialist and imperialist history in the area. Any Westerner who writes or speaks about the traditional practices of other cultures must do so with some circumspection. The damage done by our opinionated approach to other cultures is so massive and unresolved that to risk adding to it is unforgivable.

The Christian church tried to prevent fgm/fgc in Kenya in 1906. In the Sudan, the colonialist government passed legislation forbidding fgm in 1946. Both attempts failed. They lacked the support of both the officials assigned the task of enforcing the legislation and the local people.

The West's lack of sensitivity has unfortunately continued in more recent times. While Western feminists have violently opposed the practice of female circumcision, they have not always understood its origins and reasons. Nor have they always been sufficiently sensitive to African cultural identities.

The most notable result of this insensitivity was the negative reaction at the 1980 forum of non-government organisations held in Copenhagen during the World Conference on the UN Decade for Women. At this forum a group of African women issued a statement reminding 'sincerely concerned feminists from the industrialised countries' that fgm/fgc 'is the problem of African women, and that without their participation no change is possible.' They also advised against 'inopportune interference, maternalism, ethnocentrism and abuse of power'.

The difficulties inherent in cross-cultural criticism are addressed in *Sisterhood is Global*, where Robin Morgan explains such negative reactions: 'all people's are understandably defensive of their own traditions'. She goes on to point out that African women have particular cause to resent interference 'because of the past record of colonial and neocolonial imposition of cultures, as well as of Western ethnocentricity and insensitivity to any practices that seemed "foreign" to Westerners' (Morgan, 1984, 1-37). Not only have some Western women been insensitively emphatic in their fight against fgm/fgc, but many Western women remain blissfully unaware of the many harmful traditional practices we inflict upon ourselves and our children. It is as if, when we turn our eyes upon ourselves, we develop blind spots about our own damaging traditional practices.

There is a wide range of practices which are engaged in by Western women to conform to some notion of appropriate femininity. Just as African women practice fgm/fgc to 'conform', so we have cosmetic surgery to change the shape of our breasts, to reduce fat, and to straighten or shorten our noses. The dangers of stomach stapling are such that it would no longer be recommended for 'cosmetic' reasons, but anorexia and bulimia, equally dangerous, are the results of similar attitudes which place a premium on a body shape which has been culturally defined as desirable. The pursuit of bodily goals for women which are defined by what is considered sexually attractive to men has spawned numerous life and health threatening practices designed to modify the natural female body, including dieting to remain girlishly slim, and mutilating one's genitals both for aesthetic reasons and in order to give the male more pleasure.

If some of our revulsion against other cultures' traditional practices were to be turned against our own damaging customs we would all be better off. Rather than shuddering at the thought of Chinese foot-binding we could shrink at the idea of wearing high-heeled shoes.⁵ Corset wearing in the 19th century and the use of carcinogenic hair-dyes today (Green, 1987, 253-257) are just two obvious examples of the West's harmful traditional practices. While it verges on the flippant to compare the (nevertheless very real) damage done by our high-heels to that of fgm there have been, and still are, pressures on Western women which have led to some horrendously damaging practices.⁶ To avoid hypocrisy, Western women must work to eradicate all practices which damage women's health. To weigh-in with criticisms of another culture's damaging customs while leaving one's own culture unscrutinised is unacceptable.

There are people who feel it is still inappropriate for 'the West' to be involved in the debate over fgm/fgc. Vicki Kirby argues against intervention by First World women. She says these women should not lay claim to owning the 'truth' of a practice which affects Third World women (Kirby, 1987, 35-55). She suggests that 'further neo-colonialist exploitation of these countries' is likely to result from 'the asymmetrical power relations which endorse such intrusive action'. However, in the face of the medical evidence of the great damage done by fgm, a more positive approach would seem to be that cross-cultural exchanges are not only possible but can be valuable. While human rights are hard to define, they should nevertheless be protected. Indeed, Robin Morgan suggests that the argument

that Western feminism's 'otherness' should exclude it from speaking on this topic is inappropriate. She points to the strong, indigenous feminisms found all over the world, and surmises that it is because our societies are male-dominated that these negative comments are made about the legitimate attempts of women to free themselves from oppressive traditional practices.

It should also be noted that many Africans speaking on the topic have not had any hesitancy in launching fairly blunt condemnations of fgm/fgc: for instance, Mrs Alabi, from the Federal Ministry of Health, Nigeria, says that the list of harmful practices practised on women and children 'clearly shows the extent of inhuman and barbaric treatment to which women and children are exposed in the name of culture or tradition' (*IAC Newsletter*, 9, May 1990, 7). Mr Kerekou, the President of Benin had this to say: 'The retrograde excision practice to which ...women...are cruelly subjected...[is a] shameful practice, which unnecessarily mutilates women. [It] is only a concrete manifestation of the obscurantist and retrograde ideologies which must be fought radically by political education' (*IAC Newsletter*, 3, Jan. 1987, 15).

While there have been two historically opposed views on whether cross-cultural criticism is appropriate, it is possible to adopt elements from both positions. One view holds that there is an absolute right to cultural self-determination. The other that there are traditions which are a violation of a human being's rights and it is legitimate to exert some forms of pressure to stop such practices. There are rarely, if ever, absolute answers. While there are some traditions which are justifiably intervened against, such as infibulation, the practice of which involves violating international human rights, there are also areas of freedom which can be defined by culture - possibly the free exercise by an adult female of a decision to have sunna, or some less damaging procedure - which should be recognised as a legitimate area of freedom from regulation.

One of the main reasons why, generally speaking, fgm/fgc can be seen as the violation of an individual's human rights is that the people upon whom fgm/fgc is practised are usually children. The onset of puberty is often happening earlier, therefore the age at which the operations are performed is lowering all the time. Indeed, it is often no longer connected with the age of puberty and may take place any time after the child is born. Children who are subjected to fgm/fgc are not exercising their choice. They do not have the requisite levels of education or autonomy.

Article 12 of the UN Convention on the Rights of the Child says that 'the States Parties to the present Convention shall seek to take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children'. There are other provisions in the convention which would discourage the practice of fgm/fgc. The decision whether a child should participate in potentially harmful practices should be postponed until the child reaches an age at which she is sufficiently mature to decide for herself.

In some African countries people may share the attitudes often found in Mali where the Mali National Committee of the IAC declared, 'people...have not yet conceived the

idea of children's rights in society and to approach the problem from this point of view would not, for the time being, produce any result' (*IAC Newsletter*, 3, Jan 1987, 10). Nevertheless National Committees of the IAC hope to establish a collaboration with the younger generation, who often disapprove strongly of fgm/fgc.

A Straightforward Approach

It took a number of years to overcome the barriers such as were reinforced by the Copenhagen conference. However at the UN Decade for Women conference in Nairobi, 1985, it was possible to discuss fgm/fgc openly. 'The African participants recognised the need for international solidarity to fight this practice...They showed a far more definite and positive difference in their attitude towards fc than that demonstrated at the Copenhagen Conference/Forum of 1980' (*IAC Newsletter*, 1, Nov. 1985, 11). It was at this 1985 conference that the IAC was set up. In 1986 it was possible for the President of the IAC, Berhane Ras-work to say that 'looking back at the days when the topic of female circumcision generated intense resentment and anger on the part of Africans, we can now smile and say that we have really come a long way' (*IAC Newsletter*, 3, Jan. 1987, 4).

One of the most important methods used by the IAC has been to focus on the medical/health issues raised by fgm/fgc. By adopting such a focus it has been able to curtail some of the arguments about the validity of what might at times have seemed to be cultural imperialism by Western feminists. By approaching the issue from a health perspective a greater *dégré* of objectivity is achieved.⁷

The IAC has adopted a valuable model of action in which Western supporters are able to contribute to a campaign which is firmly grounded in grass-roots activity in Africa. National committees in fourteen African countries initiate local activities and support local efforts aimed at the eradication of fgm/fgc. The IAC provides support for these National committees and organises regional and international networking through seminars and conferences and through the Committee's newsletter. The model used by the IAC means it is now possible for Westerners to be involved with the issues so long as they deal 'with the issue of traditional practices within the context of African culture and African life style and ... treat the subject in such a way as not to hinder effective action' (*IAC Newsletter*, 1, Nov. 1985, 2).

Another benefit of the approach adopted by the IAC has been the possibility for it, as an organisation steeped in the culture of Africa, to promote the positive aspects of various traditional practices. For example, there are various secret societies into which a young woman must be initiated before she can fully participate in the life of the community. While these societies can create problems for those battling female circumcision through their secret practice of fgm/fgc, these societies also have positive benefits, and it is important that these be recognised. One of their central benefits is to give economic power to women. Other valuable traditions promoted by the IAC are baby

massage, as practised in various parts of Africa, and the harnessing of African communal life as a means of communication (*IAC Newsletter*, 2, July 1986, 2).

The national bodies of the IAC undertake research, education programs, debates, workshops and training programs. These activities 'are progressing at an encouraging speed at both national and international levels' (*IAC Newsletter*, 1, Nov. 1985, 3). Hopefully as the campaigns gain momentum there will be a snow-balling effect which will speed things up even more. The growing presence of uncircumcised women will be useful as a means of dispelling the myths surrounding female genitalia. Currently one of the main educative tasks of the IAC is to inform women who have never seen normal female genitals what they look like. In order to cater for the low levels of literacy in many of the areas where fgm/fgc is practised, the IAC has developed anatomical models, flannel graphs and viewers with slides to serve as educational materials. It produces leaflets with graphics which can be used by the different national bodies.

The IAC encourages co-operation between medical personnel and traditional practitioners who, while very competent in the handling of herbal medicine, often diagnose illness in 'magico-religious' terms (*IAC Newsletter*, 2, July 1986, 6).

One of the most effective techniques of the Committee has been to use a tree-like structure by which instructors are trained to train new instructors.

There are on-going training and information campaigns. One training day in 1986 involved women 'animators' from 74 rural villages. A subsequent evaluation, in 1988, showed that in 10 out of the 74 villages not a single girl had been exposed to the ordeal of fgm/fgc.

The IAC has also concentrated its efforts on the sensitization and recycling of traditional birth attendants. Such approaches have ensured that those people who currently benefit from their implementation of the traditional practices are not disadvantaged when the population eventually abandons such activities.

The IAC's triennial review of its plan of action will be held in October in Brazzaville, Congo. The meeting will be co-sponsored by the WHO. A particular focus of the review will be on the possible link between traditional practices and the HIV virus.

Australia and fgm/fgc.

There have not been many documented cases of fgm/fgc in Australia. Indeed, an example of the dangers inherent in the imprecision of the phrase 'female circumcision' was illustrated in Western Australia in the mid 1980s. The media pursued some reported cases of 'female circumcision' and there were some extreme reactions against the practice occurring in Australia. What was not realised was that, rather than referring to clitoridectomy or infibulation, what was meant by 'female circumcision' was the practice of cutting or scratching the skin of the clitoral hood. According to reports, there is no permanence in the physical results of the ritual - there is no scarring and there is nothing cut away or damaged

(SBS, 1986). Such a process would pose as much of a threat and do as little (or as much) damage to a female child as would male circumcision. The media dramatisations of the issue failed to understand the distinctions between the different forms of fgm/fgc. Unfortunately this merely added to the history of our cultural biases. Male circumcision which has been widespread in western culture is accepted by many as the norm - while 'female circumcision' - a tradition foreign to Western culture - is automatically seen as 'barbaric' and ill-informed. Those calling for bans on 'female circumcision' would most probably be non-plussed at calls for a similar ban on male circumcision.

Infibulation, excision and circumcision would all be illegal under our current laws and, as an area of cultural freedom, the ritualistic nicking of the clitoral hood does not seem to call for new laws. Rather, education campaigns should be designed to ensure that all non-medically necessary procedures be left until the child is old enough to give her (or his) informed consent.

Margareta Linnander, the Executive Director of the IAC, was in Australia in May this year. She made an appeal to Australian development agencies to consider working with the IAC. The co-operation between the IAC and various Western aid agencies have been very productive. The Australian-based International Women's Development Agency (IWDA, PO Box 372, Abbotsford Vic, 3067, tel (03) 419 3004) has prepared a draft project proposal for a partnership between their organisation and the IAC. Their project would be a community health and education/training program to promote the elimination of the practice of fgm and to expand networking of women's health groups at national, regional and international levels. Not only would it provide support for the IAC, it would also increase awareness of fgm/fgc in Australia. The IWDA is currently seeking funding from the Australian Aid program.

Notes

¹ See the General References for sources which were relied upon heavily but not always acknowledged in the textual footnotes.

² 'Female circumcision is practiced (sic) in 26 African countries and affects 75 million women and children': Berhane Ras Work, President of the Inter-African Committee. The practice is prevalent in many countries with Muslim populations: in sub-Saharan Africa, the Arab Peninsula and the Persian Gulf. Examples are Burkina Faso, Chad Djibouti, Egypt, Ethiopia, Gambia, Ghana, Guinea, Kenya, Liberia, Mali, Mauritania, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Togo and Tanzania. 'Female circumcision' is practised among Muslim populations in Indonesia and Malaysia. These practices have also occurred in Papua New Guinea, and among the immigrant populations of European countries, Australia and Latin America .

³ Although circumcision is required for men; for women the mildest form, somewhere between sunna and the nicking process, is an option. (Slack, 1988, 457-8)

⁴ For example, Lori Heise says that research from the US and Canada suggests that

arrest may be an effective deterrent to future violence, perhaps because it communicates that society considers wife assault criminal.

⁵ Modern shoes with high-heels and tapering toes 'temporarily deform feet in a manner not unlike that achieved permanently by binding. Elevation of the heel shoves the toes forward, placing increased pressure on the ball of the foot, thereby encouraging the development of corns, bunions, calluses, ingrown toe nails and hammer toes. [High] heels reduce the leverage of the foot approximately 28% and increase the likelihood of sprained ankles.' They also lead to the structural shortening of the calf muscles and can damage a woman's posture permanently: Stewart, S., 'Footgear - Its History, Uses and Abuses', *Clin. Orthop.*, 88, 1972, 119. For first quote see Schnabel, T. and Schnabel, M., 'The Dangers of Dress: Medical Hazards in Fashion and Fads', *Trans. Am. Clinical and Clim. Assoc.*, 97, 1985, 183-190.

⁶ See generally Brownmiller, Susan, *Femininity*, Paladin, London, 1984.

⁷ Although it should be noted that the claim that Western medical knowledge is fundamentally objective is dubious: scientific knowledge is essentially a social enterprise, and 'medicine is never independent of social forces' (Kirby, 1987, 50). According to Kirby, the use of Western medicine still involves 'intrusive action' (Kirby, 1987, 49).

General References

In preparing this article the following sources were relied on heavily and have not always been fully acknowledged in the textual foot-notes:

Female Circumcision: Strategies to Bring About Change, Proceedings of the International Seminar on Female Circumcision, 13-16 June, 1988, Mogadisho, Somalia.

Heise, Lori, 'Crimes of Gender', in *World Watch*, 2 (2), Mar.-Apr. 1989, 12-21.

IAC Newsletters.

Kirby, Vicki, 'On the Cutting Edge: Feminism and Clitoridectomy', *Australian Feminist Studies*, 5, 1987, 35-55.

Koso-Thomas, Olayinka, *The Circumcision of Women: A Strategy for Eradication*, Zed, London, 1987.

Morgan, Robin, (ed.), *Sisterhood is Global*, Penguin, Harmondsworth, 1984.

Report of the Working Group on traditional practices affecting the health of women and children, UN Economic and Social Council's Commission on Human Rights, Forty-second Session, 3 Feb.-14 March 1986. E/CN.4/1866/42

Report on the Regional Seminar on Traditional Practices Affecting the Health of Women and Children in Africa, 6-10 April, 1987, Addis Ababa, 1987.

Slack, Alison, 'Female Circumcision: A Critical Appraisal', *Human Rights Quarterly*, 10, 1988, 437-486.

Toubia, Nahid, 'Women and Health in Sudan', in Toubia, N. (ed.), *Women of the Arab World*, Zed, London, 1988.

Text References

CEG Report: *Report on a Consultative Expert Group meeting on the Possible Link between Traditional Practices and the Transmission of the AIDS Virus*, May 9-11, 1989, ECA Addis Ababa, Ethiopia.

Green, A. et al., 'Use of permanent hair dyes and risk of breast cancer', *J. National Cancer Inst.*, 79 (2), August, 1987, 253-257.

Fran Hosken 'A World Review of Actions to abolish Female Circumcision/Genital Mutilation', in *Female Circumcision: Strategies to Bring About Change*, Proceedings of the International Seminar on Female Circumcision, 13-16 June, 1988, Mogadisho, 15.

Morgan, Robin, 'Planetary Feminism: The politics of the century', in Morgan, R. (ed.), *Sisterhood is Global*, Penguin, 1984, 1-37.

SBS-TV, documentary, 'Broken Silence', 1986.

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