

Female Circumcision

Strategies
for Talking About
the Issue

Proceedings of the
International
Seminar on Female
Circumcision
13-16 June 1988
Mogadisho, Somalia



IDOS
An Association for
Women in
Development



SWDO
Somali Women's
Democratic
Organization

THE STRUGGLE AGAINST FEMALE CIRCUMCISION AND THE SWDO- AIDOS PROJECT

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Esteemed guests, dear friends and colleagues, I feel particularly honoured to take this opportunity to speak before this honourable audience. I am also happy to see the growing interest of the countries concerned backed by the international community and their determination to search and find permanent solutions in the fight against female genital mutilation.

It is widely recognized that the victims of such harmful traditional practises as infibulation and female circumcision are mainly women, who may experience permanent physical, psychological and emotional damages. At times, such practices may lead to death and a permanent loss of speech. Yet this fact has been rarely acknowledged by policy-makers and opinion leaders, nor have effective measures been given priority until very recently in health development planning. These conclusions were the results reached during the proceedings of the Inter-African Committee's Regional Seminar held in Addis Ababa in April 1987, where a Plan of Action on the eradication of harmful traditional practices affecting the health of women and children in Africa was formulated and unanimously adopted by all the participants.

This plan of Action urged each country to implement it while identifying its own priorities and needs in accordance with their appropriate national development strategies suitable and applicable to its particular situation and cultural context.

At this point, I consider it relevant to quote from the statement of Professor Adebayo Adedeji, United Nations Under-Secretary General and Executive Secretary of United Nation Economic Commission for Africa, who reiterated at that historic event that Africa's traditions helped sustain our peoples during the harshest oppressive experience of the colonial era. He nevertheless urged us to admit that some of these traditions and customs are no longer relevant. "We must recognize that some cultural beliefs and traditional norms hinder women from fully enjoying their educational, political and so-

cial rights. The situation warrants a willingness to examine closely and critically our value structures and a readiness to disregard those practices which we find harmful to the health and well-being of individuals of our society while, at the same time, treasure the richer aspects of our culture which enhance and strengthen our community."

In compliance with these guidelines and cardinal principles, the Somali Women's Democratic Organization has attempted to apply them to its needs and its particular situation and wishes, therefore, to present a brief synopsis of its struggle and experience, the strategies adopted and the tools utilized in combating infibulation. It is particularly important to remember that in Somalia more than 90% of the female population is infibulated.

There is no question that infibulation, the suturing of the female labia has a very serious effect on women's health. It is carried out on girls at an early age, often under unhygienic conditions and with rudimentary surgical tools. As pointed out before, death can sometimes result from haemorrhage and infection. In a women's reproductive years the almost fully closed vaginal opening impedes the natural flow of fluids from the vagina and bladder and thus creates an extremely difficult situation for sexual experience and childbirth.

Infibulation most seriously affects the health of poor women, especially nomads and those living in rural areas, approximately 50% of the population of Somalia.

Although the most effective approach would be to target the rural people in order to eradicate or alleviate the practice of infibulation, it has been proved that these groups adhere strongly to highly traditional norms and lifestyles, hence their suspicion and resistance to any cultural change. Therefore we opted to initiate our campaign among the urban dwellers, who are more receptive and open to new ideas.

Moreover, infibulation has strong religious and sexual connotations, and therefore cannot be openly discussed or questioned. Rural people are thus more likely to refuse changes and modification of customs without an effort which could influence a more widespread and indigenous base of acceptance.

Given the great delicacy of the issue, any effort to change or eradicate infibulation must adopt an attitude which pays due attention to the traditional culture and religious practices and should make every effort to avoid a forced emancipative or ideological slant. We therefore opted to target the urban dwellers.

One successful effort at changing attitudes in Somalia was a project carried out in the Mogadisho area by the Somali Women's Democratic Organization (SWDO) in collaboration with a Swedish NGO. During 1984-1985, the two organizations sponsored and organized a series of seminars for SWDO members on the origins of infibulation and its health hazards. The positive results of this experiment proved the effectiveness of informative seminars to resolve a dual problem of disseminating information and encouraging dialogue on a subject normally considered taboo.

As a result of the climate of growing concern by Somali women, the Italian Association for Women in Development (AIDOS), in collaboration with SWDO is engaged in the implementation of a project to provide an information campaign on the health consequences of female infibulation.

This project was largely modeled on SWDO's successful seminar programme and is thus an extension of the work started by SWDO. The project consists of the development of several "information packages" to be used as a teaching aid by instructors who would conduct informative seminars for various target groups. Like SWDO's previous project, the objectives of the campaign are to provide information on the health aspects of infibulation in order to influence and initiate a change in the people's attitudes which could eventually lead to a gradual acceptance of the complete eradication of the practice.

The focus of our approach is to present the subject of infibulation primarily as a health issue in an effort to remove religious and cultural connotations from the discussion.

The attempts to change attitudes during the preparatory phase of the campaign included use of women's traditional oratory, since poetry is more persuasive among the common people. For this purpose a special informative seminar was designed and held for a group of well-known women poets who transformed and translated the main objectives and contents of the seminar into poetic form. Besides their literary aesthetics, these poems vividly describe and often incorporate specific agonizing examples from various stages of the poets' personal lives concerning the most meaningful phases at puberty, at marriage and at childbirth.

The result of these campaigns has been a change in attitude on the subject of infibulation: from a taboo subject into an openly yet controversially discussed issue. We see this as a positive step which encourages us to strengthen our efforts. This gathering itself is further testimony of the progress made. In fact, just a few years ago it was

unthinkable that such a number of men and women would gather to discuss this unmentionable subject.

The choice of target groups is a very important component of this project since the goal of the project was to introduce new thinking among certain socially influential groups which could influence a widespread modification of the practice of infibulation. Certain groups are more important to target because their attitudes create serious obstacles to change. With the goal of removing these social blocks and reaching people who will spread new thinking, the information campaign targeted the following groups:

- women and mothers influential in their community
- secondary-school pupils
- religious leaders
- medical and paramedical personnel

Women in their role as mothers are one of the most important groups to address, since out of concern for their daughters' social integration they have them infibulated at an early age. Next there are young women who through greater understanding of their bodies can influence the next generation of mothers. Equally important are the young men who as future husbands are traditionally very eager to have a virgin bride and regard infibulation as a guarantee of virginity.

The campaign has also focussed on increasing awareness on the part of doctors and religious leaders concerning the severe damage which can be done to a woman's health from a practice which is without religious origins. Support from these two groups would have a strong impact on current thinking and could lead in the long-run to more concern for women's health and the substitution of less severe forms of female circumcision.

The remaining parts of the project will be introduced by my colleague Elisabetta Cirillo, Head of the project on behalf of AIDOS.

I hope that the conclusions of the seminar will motivate all countries and peoples concerned to work successfully and determinedly for the complete elimination of women's genital mutilation in its various forms before the year 2000.