Female Genital Mutilation

Ancient Practices Clash With Modern Medicine – Where To From Here?

By Eloise Sims

“An average girl who isn’t circumcised has very little hope for the future.”

This stark statement, by Nikki Denholm, manager of the New Zealand Female Genital Mutilation Education Program, puts an African reality on a practice that Western society views as abhorrent child abuse.

“An uncircumcised girl is not eligible for marriage. Without a husband she has no access to land or the income flow that comes from this. She can find herself ostracized,“ Nikki explains. “So a deep cultural understanding of why it’s such an important practice and why loving parents actually circumcise their daughters is crucial to helping prevent it in future.”

We’re sitting in a Wellington café, discussing one of the most complex social issues to face the immigrant world today - the custom of female genital mutilation.

Commonly practiced in countries across central Africa such as Ethiopia, Somalia and Sierra Leone, an estimated 153 million women and girls worldwide currently live with the consequences of FGM. In Somalia and Djibouti alone, 99% of native women are circumcised. And the issue isn’t solely an African one.

In an increasingly globalised world, where immigrant communities are growing rapidly and refugees are given safe haven in a myriad of countries, this ancient practice is bewildering and distressing Western health professionals and in turn, their reactions can inadvertently shame and isolate the women they treat.

In the UK, an estimated 170,000 women and children are living with the effects of FGM. Despite being illegal for the past 28 years, only this month has the first criminal prosecution, against a London doctor, gone to court.

In a report considered by Britain’s Crown Prosecution Service which recently reviewed a number of historic cases, it was estimated as many as 100,000 women in the UK alone have endured FGM, with doctors offering to carry out the procedure on girls as young as 10.

There are no recorded cases of FGM being undertaken in New Zealand. Outlawed here, Denholm tells me it could only happen in secret – the first knowledge of it being a young girl presenting with medical problems. So far, this hasn’t happened.

But in countries such as Australia and the United Kingdom, cases of girls between 14-18 years old (the typical age for the procedure) having their clitorises, labia, and/or genitalia excised have become more prevalent.

In Australia, while no official data exists, campaigners against FGM believe up to 120,000 migrant women have suffered FGM.

The procedure is illegal in many countries because of the serious effects of FGM on a girl’s health for the rest of her life. Denholm recounts one such instance in which FGM led to the deaths of young women. “I was recently in Somalia, and there were cases of young girls who were circumcised and didn’t stop bleeding. So the attendants tried to cauterize them with fire… and the girls died.”

While an FGM advocate, such as Fuambai Sia Ahmadu (advisor to the Vice President of the Republic of Sierra Leone) might argue that those cases were isolated, it’s clear through a simple study of FGM that the effects are numerous and largely harmful.

For those who survive the procedure without additional hemorrhaging or infection, there are a myriad of health consequences. Difficulties with urination, complications such as hematocolpos where menstrual blood backs up into the vagina, abscesses, pregnancy problems and delivery dangers, as well as increased risk of HIV, are common. A woman who has gone through the procedure can take up to 30 minutes to pass urine. On top of this, there are psychosocial consequences, such as trauma, as a result of the procedure.

As Denholm helpfully hands me diagrams of mutilated female genitals, I can’t help but shudder. I imagine myself, a seventeen-year-old girl, in the context of Africa.

Would this procedure have been performed on me? Almost certainly. The idea of being forced to lie down and be held still while my genitals were cut away, without my consent, or any anesthetic, makes me feel sick.

But, as Denholm explains, my instant reaction of horror is in fact detrimental to her cause. One of the main ways to manage the prevention of FGM is to firstly understand why the practice is so important and therefore common in immigrant cultures. It has roots stretching back thousands of years.

In Somalia, one of the more severe kinds of FGM claims its origins in Ancient Egypt, and there is evidence from Egyptian mummies that the practice was rife during the time of the pyramids.

In communities where FGM is commonly practiced, people view it as a beneficial procedure. Not only is it seen as a safeguard against promiscuity, and a necessary procedure in order to allow a girl to become a woman, but also it's also commonly claimed to be a part of the Islamic faith. In terms of status, income and society acceptance, FGM does bestow certain benefits on women. Put another way, without FGM, a woman is left socially, economically and emotionally isolated.

Many migrants to New Zealand affected by FGM view the procedure as an intrinsic and important part of their culture. But after spending time here, some of these women are finding themselves torn between their new-found understanding of the damage that FGM does, yet fearful of the consequences for their, as yet, uncircumcised daughters.

Those daughters are likely to marry within their own migrant communities – communities which are still, and likely to remain for some time, deeply ingrained in FGM culture. To their mothers, these children face being marginalized.

Denholm is one of a handful of campaigners in New Zealand working to bring about change with this brutal practice. She believes a deep understanding of why FGM is valued is necessary to create this transformation. She and the New Zealand FGM Education Program, through the Ministry of Health, work to prevent the occurrence of FGM in New Zealand.

New Zealand does not face the scale of FGM of larger countries with older established migrant communities. We have an opportunity to effect change within the space of two generations, if the health and social welfare systems work together.

The NZFGM Education Program is the catalyst. As well as protecting women who've been through the procedure, they also educate migrant communities, health professionals and childcare workers on how to handle the issues this procedure raises. She recalls several instances before her organization began working with healthcare professionals in New Zealand in which migrant women received abysmal care.

"Women would go into hospital to deliver their children and a doctor would come in, and call three or four people to come and view the woman's circumcision - he'd never seen anything like it!"

However, in the 17 years that she has been working with health teams, there have been far fewer incidents. Instead, she announces, the stance of medical staff has changed from being one of horror, to one of stifled political correctness.

"With almost 80% of the women who'd been through the procedure and then given birth in New Zealand, their midwife or doctor didn't even raise the subject of FGM with them. The women were desperate to talk about it with their doctors, but they were just too scared," she remarks. "So, there are clearly still huge issues with regards to care."

It's a minefield for health professionals. The balance between caring for the patient's immediate health needs and offering support for any long-term problems that FGM is causing, and knowing how to tackle the subject or indeed, simply how to respond, is hard to achieve.

Even the simple stuff such as requiring a urine sample for a suspected urinary tract infection can be fraught with difficulty. It can take more than half an hour to get a sample and it's much more likely to contain protein.

Denholm's tactics are designed to aid these health workers in a professional and mature manner. She hands me a resource kit across the table, and explains these kits are given to health professionals dealing with women affected by FGM, as well as student midwives, nurses, and doctors.

There are fact sheets, diagrams and instructions on procedures such as deinfibulating, all designed to make an alien subject easier to handle constructively and sensitively. In fact, several women in New Zealand with FGM have already gone through corrective surgery to assist their delivery of babies, with successful results.

So where to from here for FGM? Globally, many preventative efforts are underway to not only stop the practice, but also to support women who've been through the procedure.

In the UK, it's a topic of much debate in the media with many decrying the Government's lack of action in protecting its own citizens from the 'barbaric cruelty' which continues, behind closed doors.

In New Zealand, the quietly supportive approach of Denholm and her team appears to be making inroads. Of the migrant community women surveyed by the NZFGM Education Program in 1997, 75% said they wished their daughters to be circumcised. By 2008, this number had dropped to 46%.

But for Denholm, there's still a lot of work to do. "There are still huge issues with regards to care (in New Zealand)," she tells me. In the future, she will be working more closely with health professionals in training them to handle FGM cases, and with communities, to introduce alternative cultural practices to replace the rite of passage importance of FGM. Health education for the communities is another priority, so families can better understand the health consequences of the procedure itself.

As we pack up, she hands me a guide for child protection professionals, and I read it later that night. A quote from an African midwife working in New Zealand illustrates the dilemma facing communities starting this transition, the pain of being the first to introduce change:

"As a midwife, I know the terrible health results. As a mother, I know how the child suffers from being teased, insulted and excluded by her friends. She will face even worse problems later when the family of the man to whom she will be given in marriage will turn her down as 'unfit'.

"How can we stop these operations as long as we know that if our girls are not circumcised they will not find husbands and they will blame their mother. Their lives will be ruined, either way."

Sources:

Female Genital Mutilation in New Zealand – Understanding and Responding
(FGM Education Program for the Ministry of Health, May 2004)

Daily Telegraph, 7 January 2014 – FGM: Britain's First Ever Criminal Charges Could Be Brought As Cases Re-opened

ABC News, 30 October 2012 – 'Breaking the Silence Over Genital Mutilation Horror' by Caro Meldrum-Hanna.