

the taboos of reporting female circumcision

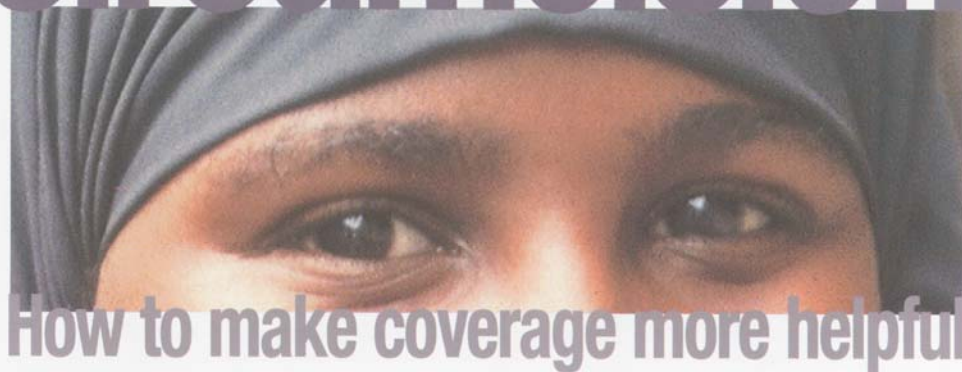


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How to make coverage more helpful

Most media coverage of female circumcision in Africa imposes a Western or 'cosmopolitan' framework that is, in the end, not productive, argues **Dr. Augustin Hatar...**

perhaps no issue is being debated with so much heat among feminists as is female circumcision. Though the practice occurs worldwide in varying degrees, the heat for the moment is on Africa, where it is automatically coupled with the 'backwardness' of the societies practicing it and the need to redeem them from such evil in the spirit of missionary zeal.

Debates around the issue have tended to be confrontational, polarising those that practice female circumcision and those that want to save them from it. Armed with arguments from the long history of the women's emancipation movement, many regard female circumcision as another frontier that women have to cross – and soon. It is seen as an act that dehumanises the woman for the self-indulgence of the male, who then sits back and 'collects' as many by-products of the circumcision as he can lay his hands on.

In this struggle between 'good' and 'evil' female circumcision has taken on a highly negative connotation, in the term 'female genital mutilation' – a phrase non-existent in the communities where it is practiced. The irony begins there: perhaps when these 'new missionaries' go to these communities to 'save' women, they are already talking about different things and are therefore unlikely to strike common ground from which both can move forward.

The truth is that both sides need to move forward together. History is replete with customs or traditions that may have been popular at a certain time, but are now obsolete. One can cite, for example, weddings which used to be lavish affairs and are now in many cases moving towards minimalism, with only seven people – the couple, two witnesses on each side and the official uniting them – attending the ceremony.

But female circumcision is a serious matter, which cannot and should not be easily compared to weddings, where (at least initially!) the by-product is happiness. Female cir-

cumcision kills, maims, is extremely painful and results in many other problems such as difficult delivery – one cannot sit back and wait for it to disappear. For all the cases of women suffering through circumcision rituals documented in the medical literature, there are probably thousands of unreported cases. Let us help devise better strategies with which to engage our brothers and sisters still practicing female circumcision so that they can perhaps develop new ways to deal with the issue.

In a recent report done by the Legal and Human Rights Centre in Dar es Salaam, Tanzania on the extent and practice of female circumcision in the country, researchers noted that most of those groups practicing it still strongly support the practice. Although a law against such sexual offences was enacted by the Tanzanian Parliament in 1998, punishing those who circumcise their daughters, the report noted that the practice has gone underground. Many even talked about the unfairness of such a law undermining parents who are being 'culturally correct' in raising their daughters.

In our work with the Barbaig community in northern Tanzania, again the same theme comes through: the 'cultural obligation' of female circumcision has been handed down from generation to generation, without anyone knowing its origins and hence no one taking particular responsibility for ending the practice.

The practice as such has gained a certain mystique in societies where much remains unknown, where the channels between the ancestors and the living are still active and few dare to offend the dead. In such communities laws are perceived as negative interventions because, as the Barbaig pointed out to us, they are made by cultural outsiders who do not understand local tradition and would care less if their society disintegrated.

These societies see female circumcision as 'fulfillment', a kind of cross that should be borne to ensure a sense of cultural accomplishment and belonging. It graduates a

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SOME SUGGESTIONS FOR REPORTERS:

- Avoid the term 'mutilation'. Those who practice it don't see it that way, and terming it such adds an emotional slant to the reporting.
- Report on the reasons/beliefs underlying the practice, to deepen understanding of its social significance. Refrain from superficial catch phrases.
- Represent the different forms of female circumcision and the different rationales for it; they are not uniform.
- Cover any events dealing with the subject in an illuminating way (seminars, etc.). It would be wonderful if local videos on female circumcision could be produced and screened in the communities themselves.
- Engage men (as well as women) from communities practicing female circumcision in an ongoing dialogue about the practice.

girl/woman from being just anyone to being a fully respected member of society with all the attendant rights and privileges. Her father is happy, her mother is happy, the other relatives are happy and the young woman anticipates having her own set-up within the same parameters as everyone else.

This is when we usually come in and say, "It is all right NOT to be like everyone else." But most indications suggest that our view has been largely rejected. Our technical explanations, medical evidence and volumes of 'women's lib' do not provide answers for these people. For them, belonging to their community has no alternative.

This sense of belonging is just as key in more 'cosmopolitan' societies. Those of us living in such societies have developed and adopted mannerisms which keep us blended in the social set-ups to which we belong. Although we are mobile and can 'belong' in many settings, we still tend to cling to certain ones we are more comfortable with and will often go to enormous expense to be seen to belong properly. We can move and start somewhere else if things go wrong. This is the difference: for many societies, such as the Barbaig, such luxury is totally unavailable. They have to belong there, with their people and their customs.

In my view we have failed to address this painful dilemma. We have not had the patience to understand these people, and have instead jumped to name calling. We have not tried to see them as we see ourselves, and we have adopted a 'wicked them' and 'good us' attitude. We have not taken enough time for dialogue with them; rather we have prescribed drugs for a disease we see, but that they do not.

Naturally, they have not taken the medicine.

Our work among the Barbaig raised questions we failed to answer. Yes, they, too, do not want their children to die. They, too, do not want to cause pain to their wives and daughters. But what can they replace such practices with, how and who will lead the way?

One obvious opening was that the Barbaig who were educated and therefore mobile were less enthusiastic about circumcising their daughters. Education, therefore, seemed one sure way of dealing with the problem.

This education, however, itself needs reform. The Barbaig told us that when their daughters finish standard seven (elementary school) they end up going to wash dishes for rich people in towns as domestic staff, which the Barbaig find humiliating. Education should rather empower these girls to go on and be 'somebodies', women who will come back and show the way forward.

To be able to do that, we shall need to invest in structures that can prevail on the Barbaig to release their girls to go to school. These are places where the nearest source of water may be 15 kilometres away, and yet the woman has to fetch water two to three times a day to give the calves water to drink, in addition to the normal usage of water. She has to fetch firewood, cook for her husband and chil-

dren and perform many other household tasks.

Such tasks require that she keep all her daughters near so that they can help. The workload also implies that as the cattle increase, a woman would rather have a co-wife to share in the work, and so on and so on, with even more co-wives. The

man sitting around there with ten wives will be interested in anything that will keep their sexuality low. The women themselves will not have a chance to bathe for long periods, will get skin rashes (*lawalawa*) and will gladly do anything that they are told reduces the risk of such *lawalawa*. These young girls, in a polygamous compound, will be glad to get married and go somewhere else. And they will not go to another ethnic group for marriage, as no young man from another ethnic group will have been there to admire her.

So there they are, caught in a circle leading back to themselves – one we mistakenly think we can break simply with information, statistics and medical reports. Anyone interested in the fate of female circumcision – and in the women it touches – needs to talk more to these communities. Journalists, therefore, should uncover new stories coming from these people themselves, and help us move forward together with a better understanding that could bring an end to this pain.

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PHOTO: ERIC MULLEN/ARND BRONKHORST

alternative Rites

Female 'circumcision' by other means By Malik Stan Reaves

the labia minora; and infibulation, the removal of the clitoris, the adjacent labia (majora and minora), and the sewing of the scraped sides of the vulva across the vagina, except for a small opening.

In rural areas, circumcision rites are usually carried out by traditional practitioners using crude instruments and little or no anesthetics. Urban dwellers and the more affluent are more likely to seek out professional health care providers. While in some cultures the circumcised include infants a few days old, most of the affected girls are between the ages of 4 and 12.

The health consequences of FGM can range from serious to deadly. "Short-term complications include severe pain, shock, hemorrhage, urine retention, ulceration of the genital region and injury to adjacent tissue," according to the U.N. release. "Hemorrhage and infection can cause death. Long-term complications include cysts and abscesses, keloid scar formation, damage to the urethra resulting in urinary incontinence, dyspareunia (painful sexual intercourse), sexual dysfunction, urinary tract infection, infertility and childbirth complications."

Yet female circumcision encompasses more than the practice itself. It is often deeply entrenched in the local culture, wrapped in a complex shroud of assumptions, taboos and beliefs that impact on a woman's social status and personal identity. Indeed, the central defining achievement of Circumcision through Words is not that it saves young women from the dangers of FGM, but that it captures the cultural significance of female circumcision while doing away with the dangerous practice itself.

A growing number of rural Kenyan families are turning to an alternative to the rite of female circumcision for their daughters.

The new rite is known as 'Ntanira na Mugambo', or 'Circumcision through Words'. It comprises a week-long programme of counseling, capped by community celebration and affirmation, in place of the contentious practice often known as 'female genital mutilation' (FGM).

The first Circumcision through Words occurred in August 1996, when 30 families in the tiny village of Gatunga, not far from Mount Kenya, ushered their daughters through the new programme. Some 50 additional families participated in the programme in December, followed by dozens of other families.

Circumcision through Words grows out of collaborations between rural families and the Kenyan national women's group,

Maendeleo ya Wanawake Organisation (MYWO), committed to ending FGM in Kenya. It follows years of research and discussion with villagers by MYWO field workers with the close cooperation of the Program for Appropriate Technology in Health (PATH), a non-profit, non-governmental, international organisation which seeks to improve the health of women and children. Headquartered in Seattle, Washington in the U.S., PATH has served as technical facilitator for MYWO's FGM programme.

FGM is practiced in about half of the rural districts of Kenya, part of a larger international population of more than 100 million women believed to be subject to varying forms of FGM across Africa and parts of Asia. The practice is generally grouped into three categories: incision, the cutting of the hood of the clitoris; excision, the cutting of the clitoris and all or part of

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