

Preserving a Woman's Genitalia: An Analysis of Female Circumcision/Female Genital Mutilation in Africa

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Abstract

There continues to be a high prevalence in the rate of female circumcision/female genital mutilation practices in about 28 countries in Africa. Worldwide prevalence estimates that FC/FGM affects over 140 million women, with an additional two million girls and women undergoing the procedure every year. The purpose of this research is to determine the point where one's culture becomes an impediment to one's rights to good health and development. Finding a balance between a society's way of life and the protection of individuals from the violation of their human rights is addressed in preserving women's genitalia.

Testimony

'I was genitally mutilated at the age of ten. I was told by my late grandmother that they were taking me down to the river to perform a certain ceremony, and afterwards I would be given a lot of food to eat. As an innocent child, I was led like a sheep to be slaughtered.

Once I entered the secret bush, I was taken to a very dark room and undressed. I was blindfolded and stripped naked. I was then carried by two strong women to the site for the operation. I was forced to lie flat on my back by four strong women, two holding tight to each leg. Another woman sat on my chest to prevent my upper body from moving. A piece of cloth was forced in my mouth to stop me screaming. I was then shaved.

When the operation began, I put up a big fight. The pain was terrible and unbearable. During this fight, I was badly cut and lost blood. All those who took part in the operation were half-drunk with alcohol. Others were dancing and singing, and worst of all, had stripped naked.

I was genitally mutilated with a blunt penknife.

After the operation, no one was allowed to aid me to walk. The stuff they put on my wound stank and was painful. These were terrible times for me. Each time I wanted to urinate, I was forced to stand upright. The urine would spread over the wound and would cause fresh pain all over again. Sometimes I had to force myself not to urinate for fear of the terrible pain. I was not given any anaesthetic in the operation to reduce my pain, nor any antibiotics to fight against infection. Afterwards, I haemorrhaged and became anaemic. This was attributed to witchcraft. I suffered for a long time from acute vaginal infections."

Hannah Koroma, Sierra Leone (Amnesty International, 2005)

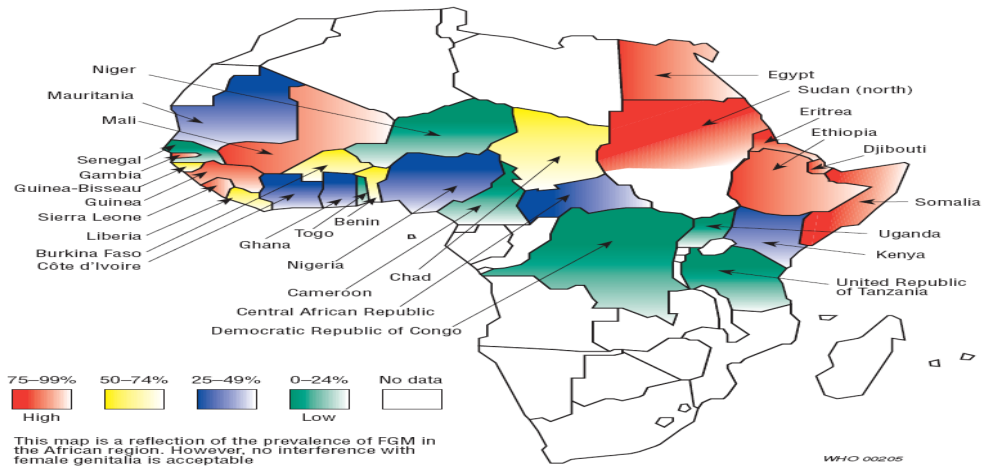
Introduction

For nearly 2,500 years, infants, young girls, and women in some African countries succumb to the traditional act of Female Circumcision/Female Genital Mutilation. Controversies continue to surround the complex cultural and painful act that violates the rights of women and children. The topic of Female Circumcision/ Female Genital Mutilation elicits heated debate between opponents and supporters of the act. Opponents of FGM seek its eradication as they argue that it violates human rights, rights to development, rights to good health, rights of women and children by causing its victims to adhere to lifelong health and psychological complications. Supporters of FGM justify its continuation by emphasizing the importance of maintaining one's cultural tradition as it prepares young children and women for womanhood and marriage and secures one's place in society both socially and economically.

Nonetheless, FC/FGM is a traditional act commonly practiced on young girls and women in some African countries. The World Health Organization (WHO) defines the act, as all procedures, which involve partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or any other non- therapeutic reasons. (WHO, 2001) Depending on the degree of severity, the female's clitoris, labia minora or small lips, and the labia majora or large lips are cut or scraped away and in some cases sewn together, leaving only a tiny opening for the passing of urine and menstrual fluid.

Currently, female circumcision is widespread in about 28 countries in Africa. It is important to note that not all groups in Africa practice female circumcision as it is

practiced in twenty-eight out of fifty-three African countries. (Lightfoot-Klein, 1989) In addition, prevalence varies from country to country and from one ethnic group to another. About 90 percent of women in Egypt, Somalia, Mali, Ethiopia, and Sudan undergo this practice. Ethnic groups like the Kikuyu in Kenya, practice excision and the Luo do not; in Nigeria, the Yoruba, Ibo, and Hausa girls and women experience the circumcision of their genitals, but not the Nupes or the Fulanis. (Dorkeeno, 1994)



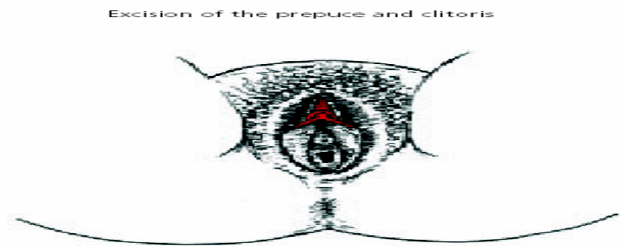
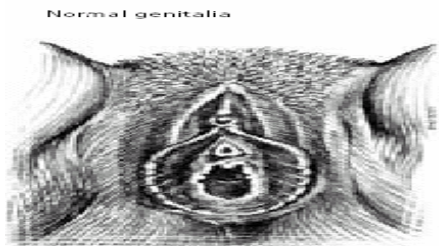
Over 140 million African women have been circumcised, with an additional two million girls and women subjected to the procedure every year. The vast majority of female genital mutilation is excision of the clitoris and the labia minora, accounting for up to 85% of all cases. The extreme form is infibulation, which constitutes about 15% of all procedures. (Amnesty International, 2005) The incidence of infibulation is much higher in Djibouti, eastern Chad, Somalia, central and northern Sudan, southern Egypt, and parts of Ethiopia and Eritrea. (Greubbaum, 2001) These women are at risk for immediate short and long term health and psychological complications resulting from experiencing this traditional practice.

Historians have traced the origins of female circumcision back to as early as the fifth century before the Christian era. The oldest historical source to this act is to be found in the writings of Greek historian, Herodotus, who reported that the Phoenicians, Hittites, Ethiopians as well as Egyptians practiced the custom of Female Circumcision. This traditional practice evolved as a means for protection against rape for young girls taking animals out to the pasture or an early attempt at population control. (Lockhat, 2004) According to Hanny Lightfoot-Klein (1989), various authors have shown that early Roman and Arabs practiced female circumcision. "In some groups it appears to have been a mark of distinction, in others a mark of enslavement and subjugation." (Klein, 1989) Furthermore, the practice of cutting a woman's genitalia resulted from primitive man's desire to gain mastery over the mystery of female sexual function. By excision of the clitoris, sexual freedom in women is curbed and women are changed from common to private property, the property of their husbands alone. (Klein, 1989)

Descriptions of the various forms

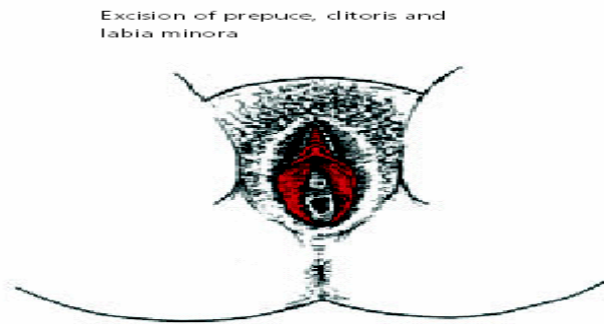
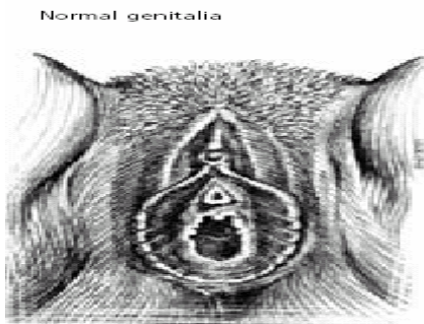
The WHO categorizes Female Circumcision/Female Genital Mutilation into four basic forms depending on the degrees of severity. (WHO, 2001)

Type I: Circumcision or Sunna ranges from excision of the prepuce (the fold of skin above the clitoris) with the tip of the clitoris to complete excision of the prepuce and clitoris



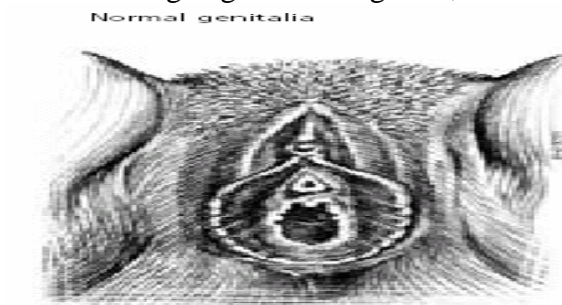
(WHO, 2001)

Type II: Clitoridectomy or Excision of the prepuce, clitoris and labia minora



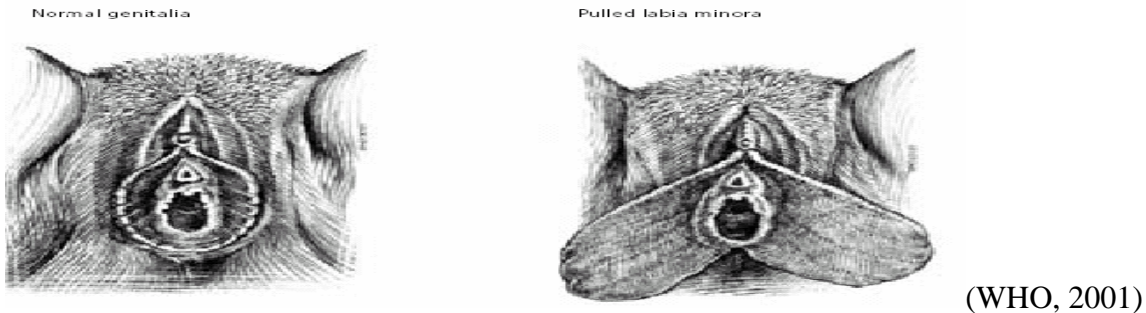
(WHO, 2001)

Type III: Infibulation or Pharonic Circumcision is the most severe form of the practice and it involves the removal of virtually all of the external female genitalia. The entire female clitoris, labia minora, and most of the labia majora are cut or scraped away and the remaining edges sewn together, with a tiny opening left for urine and menstrual fluid



(WHO, 2001)

Type IV: Unclassified: includes pricking, piercing or incision of clitoris and/or labia; cauterization by burning of clitoris and surrounding tissues; scraping (angurya cuts) of the vaginal orifice or cutting (gishiri cuts) of the vagina; introduction of corrosive substances into the vagina to cause bleeding or herbs into the vagina with the aim of tightening or narrowing the vagina; any other procedure which falls under the definition of FGM given above



The Process and Conditions of the Practice

The age at which females are circumcised varies anywhere from eight days after birth to 14 or 15 years old, depending on the country and particular culture. In countries with female circumcision data, the median age of the females ranges from the eighth day after birth in Ethiopia, to less than two months in Eritrea, between five to eight years in Sudan, 10 years in Egypt, and as late as 14 or 15 in Kenya. In Tanzania, young women are circumcised on their wedding nights, and in Mali, the operation may be performed on married women after they have had their first child.

A traditional birth attendant or elderly women generally perform the operation. In urban areas of some countries, medical professionals usually perform female circumcision in hospitals. The procedure may take 15- 20 minutes depending on the skill of the operator, the type of excision, and the resistance put forth by the girl.(WHO, 2001) The instruments used to perform female circumcision range from household knives, old razor blades, tin lids, sharp stones, broken glasses, and other cutting instruments. Scalpels are used in hospital settings. (Slack, 1988) When infibulation takes place, thorns, cat or lamb intestines may be used to stitch the two sides of the labia majora together. A girl's legs may be bound together for up to two months to facilitate healing. (Amnesty International, 2005) With the exception of hospitals, this traditional act is often performed without any anesthetics, and the instruments used are rarely sterilized.

Reasons and Justification for the Practice

Custom and tradition are the most cited reasons for the practice of FC/FGM. (Amnesty International, 2005) According to Toubia (1994), this ritualistic practice reflects the ideology and cultural values of each community that practices it. Davies (1976) stated that female circumcision “an expression of male power” is a demonic desire to control female sexuality, and endless tyranny of the dominating male behind the defense of culture.

Other reasons and justification for the enduring prevalence of this practice include: socio-cultural reasons, hygienic-aesthetic reasons, religious reasons and psychosexual reasons. In addressing socio-cultural reasons, FC/FGM serves as a rite of passage, a marker of movement from childhood immaturity to adulthood maturity. Baasher (1982) reported that in FC/FGM practicing communities no one will marry an uncircumcised female. The late Jomo Kenyatta, Kenya's 1st president and a member of the Kikuyu wrote that no proper Kikuyu would dream of marrying a girl who had not been circumcised. (Kenyatta, 1953) In countries such as Sudan, Mali, and Kenya, an

elaborate ceremony filled with special songs, dances, and chants is performed to teach young circumcised girls their duties as wives and mothers. The whole event is one of excitement, anticipation, and festivity. The circumcised girls are showered with gifts, money, and new clothes adorned with henna and gold jewelry, and given almost a bride-like status. (Baasher, 1979) Because societies that practice this act are patriarchal and largely patrilineal, a woman's access to land and security is through marriage and only circumcised women are considered suitable for marriage. (WHO, 2001)

For hygienic and aesthetic reasons, societies that practice this act argue that a woman's external genitalia are ugly and dirty. According to Dorkeeno, in Egypt, for instance, the unexcised girl is called nigma (unclean) and bodily hairs are removed in an effort to attain a smooth and therefore, clean body. (Dorkenoo, 1994) Young girls and women in African countries that practice FC/FGM are believed to be naturally polluted and they can only reach a state of cleanliness suitable for marriage and childbirth through excision. (Hosken, 1994)

Also, in addressing religious reasons, FC/FGM is practiced by Muslims, Christians, and non believers in a range of communities. Despite the fact that FC/FGM is not known in many Muslim countries such as Saudi Arabia, Jordan, Iran, etc. it has, however, frequently been carried out by some Muslim communities in the genuine belief that it is mandated by the Koran and demanded by Islamic faith. According to Adeyemo (2003), the ideology that FC/FGM is associated with the religion of Islam is erroneous because as a cultural practice, its prevalence is widespread in countries that are predominantly Christian in their religious beliefs.

Another reason for the practice of female genital mutilation is that circumcision of the genitals ensures virginity, preserves the chastity of a woman and thus maintains family honor. (Assad, 1979) These psychosexual reasons are responsible for the enduring prevalence of FC/FGM in practicing communities, as an unexcised girl is believed to possess an overactive and uncontrollable sex drive, with the likelihood of losing her virginity prematurely, thus bringing disgrace to her family while damaging her chances for marriage. (WHO, 2001) Because the clitoris is believed to drive women into making uncontrollable, insatiable demands for sex, circumcision of this organ minimizes her promiscuity, preserves her chastity, and maintains her family's honor while reducing her likelihood for extramarital affairs. (Lockhat, 2004)

Human Rights versus Cultural Rights

In analyzing Female Circumcision/ Female Genital Mutilation, two major opposing views continue to prevail. While the Human Rights Perspective argues that this practice violates a basic human right of intact genitalia, the Cultural Self Determination Perspective insists that female circumcision represents a cultural rite of passage. Using the Universal Declaration of Human Rights adopted by the UN General Assembly in December 1948, Lockhat (2004) attests that all human beings are born free and equal in dignity and rights. The number of articles relevant to the prevalence of Female Circumcision includes:

Article 3: Everyone has the right to life, liberty and the security of person.

Article 5: No one shall be subjected to torture or to cruel inhuman or degrading treatment or punishment

Article 15: Everyone has the right to a standard of living adequate for health and wellbeing of himself.

Based on these articles, opponents of Female Circumcision/ Female Genital Mutilation argue that the practice violates basic human rights, the rights to health, the rights of women and the rights of children.

In contrast, supporters of this practice argue that female circumcision is a tradition that prepares females for womanhood and marriage. Lockhat (2004) suggests that advocates of the practice argue that it is neither inhumane nor degrading and it is not done to exploit or damage the health and well being of the females. Matais (1996) stated that as a traditional practice, FC/FGM is often thought to purify and protect the next generation from dangerous outside influences. As part of intensive group socialization, FC/FGM establishes age set relationships, generational respect and authority patterns. Other functions of the traditional practice include, control of female sexuality and marital chastity. FC/FGM ensures marriage in a society in which men have been taught that only circumcised women make good wives. Nonetheless, it is said that the three most difficult and yet joyous times in a women's life are at her circumcision, marriage, and on the birth of her first child as they mark her transition from one stage of life to another. (African Update, 1996)

The heart of these two controversial views lies in finding a balance between a society's way of life and the protection of its individuals from the violation of their human rights.

Purpose of Research

The goal of this research is to explore one's cultural rites of passage verses the violation of human rights. Utilizing past research, the point where one's culture becomes a violation of their human rights is analyzed. Arguments in support and against Female Circumcision are also explored to understand the occurrence of the practice on infants, young girls, and women. Opponents of the practice argue that FC continues to perpetuate because it is practiced in patriarchal societies where men subjugate women. In these societies women have low status educationally and economically. Despite the detrimental health and psychological implications of the act, Female Circumcision continues to prevail because it is used to control the sexuality and marriage ability of females. Calder (1993) attests that women's sexuality is controlled because excision of the clitoris decreases sexual desire and pleasure, and guarantees virginity until marriage.

Proponents of the practice argue that Female Circumcision is a cultural practice used as a rite of passage to prepare young girls for womanhood and marriage. It also guarantees the virginity of young females until marriage. Althaus (1997) confirms that a girl's virginity is considered essential to her family's ability to arrange her marriage and receive a bride price. Female Circumcision ensures the economic future of a girl child by guaranteeing a bride price.

Nonetheless, this research explores theories of social change, health perspectives, psychological perspectives, anthropological perspective, arguments against the practice from human rights perspective, and arguments in support of the practice using a cultural rights approach. Acceptable interventions and prospects for the future are also analyzed in this research to find a balance between a society's way of life and the protection of individuals from the violation of their human rights.

Methodology

Using an interdisciplinary approach, this research analyzes female circumcision/female genital mutilation qualitatively by conducting a literature review. Books, peer reviewed journals, newspaper articles, and non-governmental sources, are explored to understand the cultural rites of passage and violation of one's human rights.

The research efforts of many different individuals such as Fran Hosken, Hanny Lightfoot- Klein, Haseena Lockhat, Nahid Toubia, Efua Dorkeeno, Esther Ogunmodede, Ellen Gruenbaum, Daniel Gordon, Alison Slack; in conjunction with joint statements from World Health Organization, United Nations Children's Fund, United Nations Population Fund; organizations such as Amnesty International, Minority Rights Group and articles from *Human Rights Quarterly*, *African Update*, *Medical Anthropology Quarterly*, *International Family Planning Perspectives*, *Journal of Health and Social Behavior*, *Journal of Marriage and Family*, *Health Care for Women International* were used to explore cultural rights of passage and the violation of human rights.

Understanding Female Circumcision/ Female Genital Mutilation requires much more than merely knowing the facts, therefore an interdisciplinary approach using descriptions, narratives, and examples from many different sources is used in this research. Theories of social change, health perspectives, psychological perspective, anthropological perspective, arguments against the practice from a human rights perspective, and arguments in support of the practice from a cultural rights perspective are analyzed. The information sought examines the point where one's culture becomes a violation of human right.

Theories of Social Change

Three theories of social change are used to examine, the practice, prevalence, and persistence of mutilating a woman's genitalia. According to Yount (2002), modernization theory, convention theory and feminist theory offer three different explanations for persistence in the practice of FC/FGM.

Modernization theory argues that female genital mutilation perpetuates in partilineal societies whereby male family members inherit land and women acquire access to resources through marriage. Nonetheless, modernization theory predicts that increased urbanization, education, wage labor, communication, and economic development will reduce the value of landed inheritance, alter attitudes about marriage and women's position and thereby weaken the practice of female genital mutilation. (Kennedy, 1970; Hayes, 1975)

Evidence about the role of modernization is varied. Although urban residence is negatively associated with female genital mutilation and its perceived necessity in Egypt and southwestern Nigeria (Yount, 2002), Hicks (1993) has attributed the absence of change in some urban areas to persistent socio-economic ties with rural settings. The absence of these changes can lead to close ties with families in rural areas for sources of support, such as child care, food supplies from cash crops, or economic resources. These ties are then responsible for the prevalence of this practice in both urban and rural settings. In addition, Yount (2002) attests that certain aspects of modernization such as medicalization of practice and the use of anesthetics in hospital settings have also been associated with the adoption of less severe forms of circumcision.

Convention theory argues that conditions of resource inequality are responsible for the origination of female genital mutilation. According to Yount (2002), 'in societies whereby high ranking men attract multiple potential wives, families, become motivated by competition to enforce codes of modesty upon their daughters.' (Yount, 2002) Mackie (1996, 2000) stated that the main force perpetuating the custom is the link between female genital mutilation and marriage ability. The maintenance of female genital is a conventional sign of marriage ability that is universal. Women in FC/FGM communities, who support the practice, are caught in a self reinforcing belief trap or a belief that cannot be revised because the perceived costs of testing it single-handedly (e.g, loss of family honor, unmarriageable daughter) are excessive. (Mackie 1996, 2000) Nonetheless, Mackie (2000) suggests that marriage ability is a vector of transmission and the main engine for the continuation of FC/FGM in practicing communities.

Ahmadu (1995) states that significance of female circumcision extends beyond marriage ability in the cases of Kono women of Sierra Leone. Reproduction and sexuality are the main reasons for the prevalence of this practice in Kono community as the presence of the clitoris is seen to inhibit female fertility and sexuality. Kono women adamantly believe that if left untouched, the clitoris will continue to grow and become unsightly, like the penis leading to incessant masturbation and sexual insatiability. According to the Kono ideology, masturbation is seen as a deterrent to female fertility. Once a young girl discovers that she can sexually stimulate herself or be manually stimulated by others, she does not desire or seek vaginal penetration by a man's penis. Nonetheless, excision of the clitoris for the Konos would inhibit uncontrolled masturbation in girls and sexual insatiability for women. (Ahmadu, 1995)

Nonetheless, convention theory predicts that the eradication of FC/FGM would occur when the common practice elsewhere of not performing female circumcision is introduced, information about the harmful effects of female genital mutilation is reinforced, advantages of intact genitalia are perpetuated, and ‘pledge associations’ whose members promise not to circumcise their daughters are enacted. (Yount 2002)

Feminist theory offers a third explanation for the persistence of female genital mutilation. According to Yount, female genital mutilation persists because it enables women to define their collective social identity. Yount (2002) attests that the practice allows women to acquire some protection and economic security through marriage. Western feminism offers another explanation for the persistence of the practice. Leonard (2000) states that western feminism argues that female genital mutilation persists because it represents a form of patriarchal control over women’s bodies and sexuality. Women then adhere to a social and moral order that expects them to be silent, subservient and pure. (Leonard, 2000)

Despite the differences in these two explanations, both predict that a change in the prevalence of the practice would occur with economic, educational, and social changes in the opportunities open to women. According to Yount (2002) national and community based studies in Egypt show that better educated women less often approve of FC/FGM and less often decide to circumcise their daughters to the practice.

Health Perspectives

In addressing health perspectives, the occurrence of female genital mutilation has immediate short and long term complications that are grave. Sanderson (1981) suggests that some girls die following mutilation, while for others, the physical effects of excision and infibulation range from little discomfort, to problems, which persist throughout life. Dorkenoo (1994) stated that the health risks and complications of female genital mutilation depend upon the gravity of the mutilation, hygienic conditions, the skill and eyesight of the operator, and the struggles of the child. In Nigeria, for example, Esther Ogunmodede stated that most children become so uncontrollable with bewilderment and panic that accidents occur resulting in the serious mutilation of the girl’s genitals. (Sanderson, 1981)

Short-term complications of all types of FC/FGM include severe pain, bleeding from rupture of the blood vessels of the clitoris, shock, and possibly death. About 15 percent of all circumcised females die of bleeding or infections, other reports estimate that out of 1,000 females who undergo female genital mutilation 70 women die as a result. (Dorkenoo 1994) Slack (1988) suggests that death occurs as a result of excessive bleeding, infections, shock, and other complications. Infections caused by using unsterile cutting instruments are also a very common immediate complication associated with FC/FGM. Rahman (2000) suggests that such infection may also occur within a few days of the procedure if the genital area becomes contaminated with urine and feces.

Septicemia is also a result of infections if bacterium reaches the bloodstream. Fatal cases of tetanus have also been recorded following the mutilation of genitals. A possible additional problem resulting from all types of female genital mutilation is that lasting damage to the genital area can increase the risk of HIV transmission during intercourse, which can lead to the Acquired Immunodeficiency Syndrome (AIDS). (Amnesty International, 2004)

According to Toubia (1993), long-term complications are said to be associated more often with infibulation than with excision or clitoridectomy. According to an article by Amnesty International (2005), infibulation can have even more serious and severe long-term effects: chronic urinary tract infections, stones in the bladder and urethra, kidney damage, reproductive tract infections resulting from obstructed menstrual flow, pelvic infections, infertility, excessive scar tissue, keloids (raised, irregularly shaped, progressively enlarging scars) and dermoid cysts. Althaus (1997) suggests that chronic urinary infection is a result of the inability to pass urine because of pain, swelling, and inflammation following the operation.

Other complications include fistulae (holes or tunnels) between the bladder and the vagina or between the rectum and vagina. (Rahman, 2000) Infertility or sterility can also result if pelvic infection causes irreparable damage to the reproductive organs. According to Mustafa (1966), 20-25% of cases of sterility in northern Sudan are a result of infibulation practices.

Infibulated girls also undergo painful menstruation, as blood cannot escape freely. They may also accumulate blood clots around their vaginal opening. Dr Ollivier (1980) a military doctor in Djibouti described the case of a 16-year-old infibulated girl brought to the hospital with unbearable abdominal pains. She had not menstruated for several months, and had not had intercourse, but her abdomen was swollen and sensitive, with signs of the uterus in labor. He performed a de-infibulation surgery by opening up the scarred vaginal wall and released 3.4 liters of blackish foul-smelling blood. (Dorkenoo 1994)

Common sexual problems range from diminished desire for sex to pain during sexual intercourse, to avoidance of it completely. According to Sanderson (1981), in Sudan, for example, lack of sexual gratification is common and this is due partly to the absence of the clitoris, which contains nerves of vital importance to sexual enjoyment. With infibulation, normal sexual intercourse cannot take place, because the female's vaginal orifice is too small. Sanderson (1981) attests that it can take months before penetration is possible. Sometimes a husband slits the infibulation scar, or summons a midwife to perform the operation in unhygienic conditions. The de-infibulation of the female then results in more bleeding and pain, in addition to severe lacerations and bruising during sexual intercourse. (Sanderson, 1981) These open wounds may increase a woman's susceptibility to AIDS during intercourse. (Slack, 1988) Where vaginal penetration is impossible, anal intercourse takes place and this can lead to tissue damage and distortion to the anal passage.

Complications during childbirth are also unavoidable. According to Lockhat (2004), tight, unopened circumcision scars and heightened sensitivity to the vaginal and vulva areas can make internal examinations and labor very painful. Also the ‘scarred and hardened tissue often blocks the birth passage and results in tearing of the vaginal area, excessive bleeding, or a ruptured uterus.’ (Slack 1988) Esther Ogunmodede (1981) attests that labor is unnecessarily prolonged for days. Prolonged labor can lead to tearing of the scar tissue in infibulated females, causing excruciating pain as well as bleeding, injury to adjacent structures and fetal distress with sudden brain damage or even mortality. (Lockhat 2004)

Psychological Perspectives

In addressing psychological perspectives, Baasher (1979) suggests that a small number of clinical cases of psychological illness related to genital mutilation have been reported. However, the few studies conducted on FC/FGM psychological effects report anxiety before the operation, terror and fear at the moment of mutilation, and unbearable pain during the procedure. According to Rahman (2000), girls have also reported disturbances in eating, sleep, mood, and cognition shortly after experiencing the procedure. Many girls and women experience fear, submission, or inhibition and suppressed feelings of anger, bitterness or betrayal. Studies from Somalia and Sudan indicate resulting negative effects on self-esteem and self-identity. Edna Isma’il a lecturer of female genital mutilation described how mental complications begin early in life for Somali girls when they hear tales of horror from already infibulated girls who taunt them before they are mutilated. (Sanderson, 1981)

On the other hand, Dorkeeno’s research describes references to special clothes and good food associated with the event, to the pride felt in being like everyone else. (Dorkenoo 1994) Amnesty International (2005) accounts that festivities, presents, and special attention at the time of mutilation may mitigate some of the trauma experienced. But the most important psychological effect on a woman who has survived is the feeling that she is acceptable to her society, having upheld the traditions of her culture, preserved her chastity, and made herself eligible for marriage, often the only role available to her. To be different then produces anxiety and mental conflict, as an un-excised, non-infibulated girl is despised and made the target of ridicule without the ability to marry anyone in the community.

Anthropological Perspective

Ellen Gruenbaum and Daniel Gordon offer two anthropological perspectives on the practice of FC/FGM. Gruenbaum explores patriarchy, ritual, and marriage as conditions for the practice and Gordon examines these procedures in a cultural context. These researchers provide an understanding for the enduring practice and prevalence of FC/FGM.

Gruenbaum (2001) attests that there is a correlation between FC/FGM and patriarchy, although it does not offer a sufficient causal explanation for the enduring prevalence of the act. Necessary conditions for the perpetuation of this practice are the social and economic subordination women and children adhere to in patriarchal societies.

According to Gruenbaum (2001), because subordination of women and girls is so common, there is bound to be a strong correlation between patriarchy and female circumcision.

In addressing, the common question, “Why do they do it?” Gruenbaum (2001) suggests that the questions are about manifest functions, what people believe to be their reasons, and what they hope female circumcision will accomplish for them and their daughters. The rituals associated with the practice may play a role in establishing/enhancing gender identity or marking status transitions, but they do not provide a clear understanding on why children undergo a painful and harmful practice that seems to offer nothing positive. In understanding the practice of circumcision, Greunbaum (2001) suggests that maintaining one’s virginity as well as honor, respectability, and morality are vital to women’s marriage ability. Circumcision of the genitals becomes vitally important as it preserves, protects, and maintains a girl’s virginity, honor, respectability, and morality. Because marriage provides a woman with economic and social security, circumcision of genitals prevails despite health complications.

Daniel Gordon’s research on female genital mutilation explores the practice from a cultural context. Gordon (1991) suggests that mutilation of genitals is a rite of passage that serves as a marker of the movement from child to adult, in which the similarity between male and female is removed, permitting a ritual differentiation of the sexes. According to Gordon, the fundamental reason for this practice is that it serves as ‘something of a social puberty, powerfully signifying the young girl’s future passage into sexuality.’ (Gordon, 1991) Adhering to female genital mutilation changes a circumcised girl’s status from being a young girl to a woman, who is now subjected to strict codes of modesty, chastity, morality, respectability, and honor. The rewards for loyalty to the strict codes are honor to the family and improved marriage prospects for the young mutilated girls. (Gordon, 1991)

Human Rights Perspective

Raham (2000) authoritatively defines human rights to include moral and political claims that every human being has upon his/her government or society as a matter of a right and not by virtue of kindness or charity. To view FC/FGM as a violation of the human rights of women and children is to view this practice as an infringement by governments and societies upon their moral and political claims. (Rahman, 2000)

Opponents of female genital mutilation argue that the practice violates the human rights of women and children as well as their rights to development and health. Using a human rights framework, several studies have examined various conventions that place FC/FGM as a violation of women right’s, children’s rights and their rights to health:

In addressing violations of women’s rights, opponents argue that female genital mutilation denies females their sexual integrity. Article 1 of the Women’s Convention (1979) focuses on the rights of women: *the term discrimination against women shall mean any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by*

women, irrespective of their marital status, on a basis of equality of men and women of human rights and fundamental freedom in the political, economic, social, cultural or civil field.

To view FC/FGM as a basis for discrimination against women, this practice meets two principal criteria of the terms of Article 1: first female circumcision is a distinction, exclusion and restriction based on sex and secondly it has the effect of hindering a woman's ability to enjoy her human rights equally to men. Rahman (2000) attests that FC/FGM falls within the criteria of Article 1, because the practice, reserved for women and girls, has the effect of hindering their enjoyment of fundamental rights. FC/FGM as a matter of gender discrimination, is supported by Article 5 of the UN Convention on the Elimination of all forms of Discrimination against Women (CEDAW 1979) which upholds the need to:

modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customs and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women.

Nevertheless, citing evidence from these conventions, opponents of FC/FGM argue that the practice violates women's rights by causing its victims to adhere to gender discrimination. Since a woman's ability to enjoy her natural physical female characteristics or obtain sexual fulfillments is hindered on the basis of gender discrimination, the practice can be characterized as a violation of human rights.

In addressing the violation of children's rights, Lockhat (2004) suggests that any form of FC/FGM practiced on children constitutes a violation of the rights of that child. According to Rahman (2000), because children cannot adequately protect themselves or make informed decisions about matters that may affect them for the rest of their lives, human rights law grants them special protection.

The Declaration of the Rights of the Child, adopted in 1959 by the General Assembly of the United Nations states that:

Article 2: The child shall enjoy specific protection and shall be given opportunities and facilities by law and other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity.

Article 12 upholds: The rights of the child to the enjoyment of the highest attainable standards of health and to medical and rehabilitation facilities.

In addition, The Children Rights Convention (1989) upholds that governments should protect the best interests of the child. Articles in the convention that address the welfare of the child include:

Article 2: States parties shall respect and ensure the rights set forth in the present

convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's parents, legal guardian's race, color, sex or language.

Article 3: In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities' legislative bodies, the best interest of the child shall be a primary consideration.

Article 6(2): States parties shall ensure to the maximum extent possible the survival and development of the child.

In citing these articles, opponents of the practice argue that FC/FGM violates the rights of infants and young children. The UN Declaration of the Rights of the Child and The Child Rights Convention state that every child should have the ability to develop physically, in a healthy and normal manner. However, circumcised infants and young girls are afflicted with health and psychological complications. Their rights to good health and development are denied to them without their consent in the name of a tradition.

Furthermore, in addressing the violation of the rights to good health, Slack (1988) suggests that FC/FGM can be seen as a violation of the right to health because women and children are circumcised in unsanitary conditions without the use of any anesthesia. These females endure debilitating pain, shock, and even death as their genitals are mutilated. Their rights to good health are violated because they endure immediate and long-term severe/chronic health complications that are detrimental to their well-being. In addressing the rights to good health, The Universal Declaration of Human Rights Article 25 states that: *Everyone has the right to a standard of living adequate for the health and well being of himself and of his family.*

In addition, The International Covenant on Economic, Social and Cultural Rights, Article 12 upholds: *the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.*

Because the health and psychological complications associated with FC/FGM can have an overwhelming effect upon a child and woman's physical and emotional health, the procedure can be viewed as a violation of their right to good health. The mutilation of a woman's genital deprives her from enjoying 'the highest attainable standard of physical and mental health,' guaranteed by the International Covenant on Economic, Social and Cultural Rights.

Cultural Rights Perspective

For over 2000 years, many women and children in 28 practicing African countries have experienced the circumcision of their genitals. It is important to understand that these African societies exist as networks of mutually interrelated and dependent groups, emphasizing community rather than self and the individual. According to an article in African Update, the rights of individuals in FC/FGM practicing countries

are not isolated questions and are not normally asserted against group interests because traditionally, the group protects the individual. (African Update, 1996)

Nonetheless, in practicing communities, FC/FGM is seen as a collective experience because it provides a clear and essential function as a way of life. Daniel Gordon (1991) suggests that the operation is a rite of passage, because it serves as a marker of the movement from childhood to adulthood, signifying a young girl's future passage into sexuality. Ifeyinwa Iweriebor points out that the practitioners do not perform genital surgery on their girls to harm them, but rather they engage in the activity for "the noblest of reasons." (African Update, 1996) Iweriebor suggests that in some cultures, FC/FGM serves as a component of a rite of passage to socially acceptable adulthood. For others it represents a nuptial necessity, a mark of courage (particularly when it is carried out on older people), a reproductive aid, and an enhancement of sexuality while increasing fertility. 'Many parents want FC done on their daughters because it protects them from would-be seducers and rapists.' (African Update, 1996)

Nonetheless, the rationale and validation for the procedure as a cultural practice include: sexual control of females, marriage ability, economic security, and tradition. The importance of maintaining one's tradition is a widely held justification for the continuation of the practice. In preserving a woman's genitalia, one needs to understand that FC/FGM is a deeply rooted cultural practice that perpetuates beyond health complications or human rights violation. Proponents of the practice purport that children and women will continue to adhere to female circumcision as a rite of passage because it represents one's way of life. According to Slack (1988), when 280 men and women in Nigeria were given questionnaire surveys about their experiences with the practice, maintaining tradition was the prevailing reason given for the continuation of the act.

In addition, several declarations such as The Universal Declaration of Human Rights suggests, that the right of people to participate in their culture is a human right: *Article 27(1): Everyone has the right freely to participate in the cultural life of the community.* Also, The Declaration of the Principles of International Cultural Cooperation suggests that: *Article 1: Each culture has a dignity and value which must be respected and preserved.* Citing these articles, advocates of this practice argue that FC/FGM practicing communities have a right to adhere to their way of life because the traditional act represents a form of socialization into cultural values, a connection to family, community members and previous generations, maintenance of community customs, and the preservation of one's cultural identity. (Amnesty International, 1997)

Because, the practice of FC/FGM serves as a rite of passage, proponents argue that this transitions young girls from childhood to adulthood while equipping them with skills for marriages and childbirth. According to Rahman (2000), the process of becoming a woman thus contributes to the maintenance of custom and tradition by linking young girls to the lifestyle and roles played by other women. For Kono women, Ahmadu (2000) suggests that the positive aspects of the practice include the initiation ceremony and the celebration of women's preeminent roles in history and society. Among the Kono, a woman is a woman by virtue of the fact that she has been initiated as

the ceremony has the positive value of creating sameness among all women and maintaining equality within age groups. (Ahmadu, 2000)

Acceptable Intervention and Prospects for the Future

In addressing acceptable interventions and prospects for the future of millions of infants, young girls, and women in countries that practice this act, responses and initiatives aimed at slowly changing the practice of FC/FGM are ongoing.

Measures have been taken to put an end to FC/FGM on an international and local level. In Ethiopia, the Ministry of Education implemented educational radio broadcasts to warn its citizens about the detrimental effects of FC/FGM. The National Committee on Traditional Practices in Ethiopia, a committee that includes UN agencies and UNICEF, sponsors the broadcasts. The committee has taken a broad range of activities including: the production and distribution of teaching materials, awareness raising workshops, and awareness raising symposia for media and research. This action, along with a government ban on FGM, is slowly eliminating the practice. (Dorkeeno, 1994)

Also, in Somalia, the SWDO (Somali Women's Democratic Organization) in conjunction with the AIDOS (The Italian Association for Woman and Development) and fully supported by the Somalian government, launched a national campaign to eradicate FC/FGM. While the SWDO was responsible for the content and direction of the campaign, the AIDOS provided technical and methodological support. Information packages were developed to distribute to women, young people, religious leaders and medical professional. These were followed by seminars for women on strategies to bring about change. In addition, the government of Somalia, in collaboration with UNICEF has supported a series of awareness raising seminars calling on women grassroots organizations, religious leaders, health professional and politicians to develop polices on eradication of the practice. (Rahman, 2000)

The UN has also helped fund programs in Sudan where Dr. Amna Abdel Rahman has been working through the Sudan National Committee on Harmful Traditional Practices (SNCTP) to eradicate FGM. Using education materials, SNTCP works with policy makers, men and women organizations, local authority officials, religious, and community leaders, to provide information about the health effects of FC/FGM. In addition, SNTCP undertakes training and information campaigns for local midwives and traditional birth attendants, perpetrators of the practice. (Dorkeeno, 1994)

In Nigeria, the National Association of Nigerian Nurses and Midwives (NANNM), trains health workers to identify the different types of FC/FGM and the harmful effects associated with them. A number of methods such as educational campaigns in markets, televised drama, visits to social and community groups, meeting with traditional and religious leaders to teach people about this harmful traditional practice have been utilized. Also, the Federal Ministry of Health sponsors public awareness and education projects to inform communities about health hazards associated with FC/FGM. (Lockhat. 2004)

Kenya National Committee on Traditional Practices founded by the United Nations Children's Fund (UNICEF) and the United Nations Development Programme (UNDP) work in collaboration with other organizations including WHO, The International Federation of Women Lawyers (FIDA) and Maendeleo Ya Wanawake (MYWO) to eradicate FC/FGM in Kenya. (Lockhat, 2004) Using educational based approaches and radio campaigns, efforts have been focused on informing the community on the dangers of the practice to developing alternative initiation rites of passage that emphasize positive cultural and traditional rituals without incorporating female genital mutilation. (Afrol News, 2005)

In Mali, the Association Malienne pour le Suivi et l'Orientation des Pratiques Traditionnelles (AMSOPT) has carried out projects on the harmful effects of FC/FGM with youth, religious leaders, and excisior throughout Mali. Representatives of the Ghana Association for Women's Welfare (GAWW) speak in communities about the practice and the organize workshops on the female circumcision. Furthermore, numerous actions mounted to preserve a woman's genitalia include; international efforts, legislation, education economic improvement and campaigns.

International Efforts

Dorkeeno suggests that FC/FGM is an international issue because it exists in dozens of countries amongst various ethnic groups. The practice also transcends international boundaries as millions of circumcised girls and women have been forced to flee their countries to become refugees or immigrants in receiving countries.

International organizations such as UN, WHO, Amnesty International, Minority Rights Group, have also stated that female circumcision is a human rights issue because it violates the rights of children and women. Because FC/FGM damages the health of infants, young girls, and women, their right to the highest attainable standard of physical, sexual, and psychological health is violated.

International efforts incorporate numerous international conventions and declarations that address protecting the rights of girls and women, their right to good health and the elimination of female genital mutilation as stated in: The Universal Declaration of Human Rights (1948), The International Covenant on Economic, Social and Cultural Rights (1966), The Convention on the Elimination of All Forms of Discrimination against Women (1979), The Convention on the Rights of the Child (1989), The Declaration on Violence against Women (1993) and The Platform of Action of the Fourth World Conference on Women (1995).

Utilizing the mandates from these conventions, UN Specialized Agencies work with women and governments in FC/FGM practicing countries to create awareness in the subject of mutilating women's genitals. These agencies promote, provide technical assistance and mobilize resources for national and local groups that will initiate community based activities aimed at eradicating the practice. (WHO, 1997)

WHO has adopted clear national policies aimed at eradicating FC/FGM. In addition, general education for the public with emphasis on the dangers of the practice, educational programs for traditional birth attendants and other practitioners have been intensified by WHO to demonstrate the harmful effects of FC/FGM. (Dorkeeno, 1994) In addition a joint statement declared by WHO, UNICEF AND UNFPA is to support global, national and community efforts for the elimination of FGM in order to achieve health and well being for women, girls, their families and communities. (WHO, 1997)

Amnesty International (1997) stresses the relevance of a human rights approach to work against FGM. AI's central goal is to contribute its expertise and experience in human rights campaigning, advocacy and education, as well as its strength as an international and independent mass-membership organization with an increasingly strong presence in Africa, to support and complement the activities of other organizations and individuals who are working towards the eventual eradication of FGM. In addition, organizations like Minority Rights Group, an international research and information unit, support African women campaigning for the eradication of FC/FGM. Foundation for Women's Health Research and Development (FORWARD International), an independent international organization, promotes awareness of FGM, using TV and radio as a medium. FORWARD International acts as an enabler for community organization's grassroots projects, by providing training and educational materials for women working to eradicate the practice in their communities.

Nonetheless, the mission of preserving women's genitalia from a tradition with many harmful health complications would continue to preserve when international organizations adopt strong policies that enforce member countries to develop legislative actions that clearly abolish female genital mutilation. World Health Organizations, United Nations, United Nations Commission on Human Rights, Amnesty International should continue to develop properly planned and well funded programs that focus on finding practical and localized solutions at the grassroots level. These programs should relentlessly educate and create awareness of the health complications associated with the practice. International agencies would also coordinate research, to become a vital resource of factual data and established methods of preserving a woman's genitalia.

Legislation

In addressing legislative actions, Sudan is the first country in Africa to legislate against FGM. The Sudanese government opposes infibulation-type circumcision affirming that it is contrary to the teaching of Islam. In Kenya, the prohibition of FC/FGM is one of the measures contained in the Children's bill passed by parliament in 2001. Female genital mutilation is also banned through Ethiopia's 1994 Constitution, which prohibits harmful traditional practices.

Furthermore, in December 1997, Egypt's highest court of appeals upheld a government banning of the practice, prohibiting all medical and non medical practitioners from performing FC/FGM in either public or private facilities. Since 1996, FGM has been banned in Burkina Faso. President Rawlings of Ghana issued a formal declaration

against FGM and other harmful traditional practices. In 1994, Ghana's parliament amended the criminal code to include FGM as a specific offense. A law passed in 1999, illegalized FC/FGM as a criminal act in Senegal, punishable by a sentence of one to five years in prison. Opponents of the practice in Nigeria, rely on Section 34 (1) (a) of the constitution of the republic of Nigeria which states that; *no person shall be subjected to torture or inhuman or degrading treatment*, as the basis for banning this practice.

Despite these legislative actions in some African countries, other countries like Eritrea, Uganda, Cameroon, Gambia, Benin, do not have laws explicitly against the practice of FC/FGM. In addition legislation is though to have had little effect in rural areas. Nonetheless, Slack (1988) suggests that legislative actions in conjunction with active consistent support and enforcement by each government would derail the prevalence of female circumcision. Because the rights of children and women have ample support in international law, Rahman (2000) stated that governments are bound not only to refrain from violating rights but also to ensure that rights are universally enjoyed in their jurisdictions. Governments have the right to enforce laws to change discrimination against women, abolish practices that are harmful to children and ensure health care.

The duty of the government to modify customs that discriminate against women has been stated in The Women's Convention (1979): *Article 2: State Parties undertake all appropriate measures, including legislation, to modify or abolish existing laws, regulation, customs and practices which constitute discrimination against women.* The duty of the government to abolish practices that are harmful to children have been addressed in The Children's Rights Convention: *Article 24: State parties take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.*

In addition it is the duty of the government to ensure health care as stated in the African Charter: *Article 14: State Parties shall take measures to ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care.*

Citing this article, it becomes imperative for governments to enact laws aimed at changing discriminatory practices, abolishing practices that are harmful to children, ensuring good health and protecting the human rights of infant, young girls and women. The enactment of laws to protect girls and women would guarantee that people understand that FGM is wrong. Laws enacted make it possible for FC/FGM to be classified as human rights violations for women and children and their rights to good health. Rahman (2000) suggests that government actions can create a political and legal environment that deters people from practicing FC/FGM.

Understanding that passing laws will not be enough on its own to protect girls and women from FC/FGM, governments should enact laws to go in conjunction with community education to raise awareness of the health complications and to change attitudes of the practice. Laws against the practice will function effectively with the

improvement a similar system of child protection to inform the against the female circumcision and assist in the enforcement of the legislation

Education

In addressing educational measures, governments should devote resources to supplying educational information to FC/FGM practicing communities about this practice, its harmful effects and human rights in general. The educational resources provided by the government should include information about the potential physical and psychological complications associated with the mutilation of genitals. In preserving a woman's genitals, governments should provide practicing communities with concise educational materials that demonstrate how the practice violates the rights of women and children and their rights to good health.

Also, Rahman (2000) suggests that a form of participatory education, which encompass; literacy training, analytical skills, problem solving, health information and human rights principles should be provided to women over time, in countries that practice circumcision. This approach would seek to empower women and provide them with information about the harmful health complications of the procedure in other to enable them abandon practicing FC/FGM. With enough information to empower themselves, these women would then urge their governments, to make public declaration to denounce the mutilation of one's genitals.

Nonetheless, some countries have adopted education measures as an effort to eliminate FC/FGM. In Nigeria, the African Men United Against Female Circumcision (AMUAFC) educates men and women about the significant health complications associated with FC/FGM. In Egypt, the Ministry of Education uses educational radio series broadcasts to inform people about the harmful effects of FC/FGM. The Babiker Badri organization in Sudan uses teaching methods such as questions and answer booklets and posters to educate Sudanese women about the deleterious effects of FC/FGM. The Ministry of Education in Kenya, which oversees the Federal Institute for Curriculum Development and Research, has made it a requirement to include educational materials discouraging harmful traditional practices, including FC/FGM in primary school curricula. Sinim Mira Nassigue, a Non Governmental Organization (NGO), was established by a group of Guinean men and women. They conduct educational seminars on the deleterious effects of FC/FGM. Also, in Senegal, The NGO Tostan wit the support of the United Nation's Children's Fund began a non formal educational program for women in more than 450 villages. One of its aims was to encourage the empowerment of women. Using games, small group discussions, theatre, songs, dance, story telling, and flip charts, women are taught literacy skills, problem solving skills, women's health and hygiene, management skills, leadership skills, and human rights.

Economic Improvement

In countries in which FC/FGM is a prerequisite for marriage, women and girls whose economic security depends on their ability to be married have little choice but to undergo the mutilation of their genitals. Interventions on the local level by governments, should include polices that enable women to raise their economic status and generate

more income. These policies should ensure that both women and men have the right to work and the right to equal pay for work. Governments should create policies that ensure equal access to education and training for girls, and participation in public office and decision making for women. (Rahman, 2000)

In attempts to eradicate FC/FGM, some countries have adopted economic improvement of women as an action against all forms of FC/FGM. The Kembatta Women Self-Help Center in Ethiopia empowers Kembatta women and their communities and supports their rights to be free from harmful customary practices such as FC/FGM. The center provides vocational training and advancement of women entrepreneurial skills to provide economic improvement for Kembatta women. In Kenya, the Maendeleo Ya Wanawake Association (MYWO, advance the standard of living of life of Kenyan women, by providing measures such as vocational training to enhance the welfare of women and their families. The Tanzania Media Women's Association (TAMWA) has consciously and tirelessly worked to uplift the status of women in society by informing and highlighting the issues and problems which act as barriers to emancipation as full and equal members of the society. This has been done through research work, meetings and seminars, news reports and features, radio and television.

Campaigns

The most important and pleasing development in the eradication of FC/FGM is that African women and men are leading campaigns for its abolition in their communities. In Cameroon, the Ministry of Women Affairs has conducted a campaign against traditional practices that are harmful to women, including FC/FGM. The ministry participates in and supports educational campaigns organized by women's groups working in FC/FGM practicing communities.

In Central African Republic, the Ministry of Social Welfare and NGOs including Women, Nutrition and Development have been involved in awareness building campaigns aimed at eliminating the practice. The Mutawinat Group in Sudan conducts awareness campaigns to eradicate the practice of FC/FGM among Sudanese women. The SWDO (Somali Women's Democratic Organization) and the AIDOS (The Italian Association for Woman and Development) implement campaigns in Somalia to eradicate FC/FGM practices. Also, the Gambian Committee against Traditional Practices (GAMCOTRAP) uses campaigns to inform the public about the harmful effects of traditional practices including FC/FGM. These campaigns provide information on the harmful effects to women, community leaders, youth and children. But campaigns have not been successful in countries like Senegal. The Campaign Pour L'Abolition des Mutilations Sexuelles (CAMS) wanted to use campaigns and organized seminars to galvanize grassroots feminist women's movements to eradicate FC/FGM. This project collapsed due to financial difficulties.

Nonetheless, local governments can foster these campaigns by providing financial and educational resources NGOs. With increased resources, African men and women continue to embark on awareness raising campaigns aimed at providing educational

information, economic improvement and empowerment of women. Campaign programs will specialize in developing health educational materials that inform communities about the complications of FC/FGM.

Conclusion

These acceptable interventions and prospects for the future provide little evidence that the practice of female genital mutilation will decline substantially in the near future. Given the lack of enforcement of most laws against FC/FGM or the resistance put forth by proponents of the practice or the minimal aid from international organizations to eradicate this act, it is unclear whether these measures would eliminate this deeply ingrained cultural practice. Nonetheless, the fundamental question is to assess whether FC/FGM, as a cultural practice violates one's human rights, rights of children, rights of women and rights to good health. Slack (1988) suggests that the controversy boils down to one of tradition versus health- the right to carry on a tradition versus the right to protect infant, young girls and women from debilitating pain, shock, health complications, psychological trauma, permanent bodily damage and even death.

Opponents of FC/FGM define the act as a complex deeply rooted traditional practice that infringes the rights of women and children, proponents suggest that the practice is a fundamental part of a collective cultural experience that relates to the essence of a girl's womanhood, family honor, economic prosperity, and social identity. Because 6000 infants, young girls and women undergo this procedure every day, acceptable intervention should continue to utilize international efforts, legislative laws, economic improvement projects, awareness raising campaigns, and education efforts, to preserve a woman's genitals. The fundamental goal of these measures is to find a balance between a society's way of life and the protection of individuals from the violation of their human rights.

As Toubia points out, 'clear policy declarations by local government and professional bodies are essential to send a strong message of disapproval.' (Toubia, 1993) The greatest achievement of all is to empower African women to lead the campaigns themselves. Governments can provide these women with resources and tools for self-empowerment, economic security, income generation, health services, literacy training and human rights principles.

Because the limitation associated with this research is the inability to conduct the occurrence of FC/FGM in practicing communities, further studies should conduct field research to explore the prevalence of this act within the 28 African countries. Further research should also analyze mediating factors such as mother's circumcision status, rural and urban residency, socioeconomic dependency of women on men, father's literacy level to understand their role in the high prevalence of FC/FGM. Male attitudes towards this traditional practice should also be addressed by future research in attempts to campaign against the genital mutilation of infants, young girls and women. Also, the proposed acceptable interventions and prospects for the future should be accessed and evaluated to examine their impact in preserving a woman's genitalia.

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