Female genital mutilation is usually performed by unskilled traditional birth attendants, professional circumcisers or traditional healers using crude instruments such as unsterilized, sharp razor blades or knives and without anaesthesia. The same unsterilized knife is used on other girls with the attendant risks of the spread of infections including HIV. Short-term complications include severe pain and a risk of haemorrhage that can lead to shock and death. In addition, there is a high risk for local and systemic infections, with documented reports of abscesses, ulcers, delayed healing, septicaemia, tetanus and gangrene. Long-term complications include sexual frigidity; genital malformation; urine retention resulting in repeated urinary infections; obstruction of menstrual flow leading to frequent reproductive tract infections and infertility; chronic pelvic and obstetric complications; and prolonged and obstructed labour. FGM has long-term physiological, sexual and psychological effects such as anxiety and depression. It also impairs women’s sexual enjoyment.
Because the procedure is coupled with the loss of blood and use of one instrument on a number of candidates, the risk of HIV transmission is high. Also, due to damaged sexual organs, sexual intercourse can result in tissue lacerations, which greatly increases risk of HIV transmission. The same is true during childbirth and subsequent loss of blood.

Female genital mutilation can be approached from different angles: it can be regarded as a health issue, a cultural issue, a women’s empowerment or gender issue, and a human rights issue. These different perspectives lead to different ways to address FGM, which are not mutually exclusive.¹

- The health approach stresses the health advantages of not undergoing the procedure. This approach, if not supplemented by other approaches, has tended to medicalize FGM because many people believe they can avoid side-effects by having their daughters circumcised at health clinics or hospitals.
- The cultural approach examines how alternative local practices that are not detrimental to women could be enforced. This includes supporting and celebrating the social meaning of rites of passage that are positive to women while condemning and eliminating FGM.
- The women’s empowerment approach seeks to find positive roles for adolescent girls through education, training and for example, sports. It can also include finding alternative sources of income and status for traditional excisors, who generally, are women. This is a wider approach and needs to involve community and even religious leaders.
- The human rights approach provides normative language for saying that the procedure is wrong. The authoritative nature of the ethical, legal and human rights languages legitimizes efforts to advocate for the eradication of FGM. The challenge is to train people in the use of this approach which is based on international treaties and resolutions explicitly recognize FGM as a harmful traditional practice that violates human rights. Some examples are the United Nations Convention on the Elimination of

Governments have clear obligations under international laws to take measures to eradicate and prevent FGM by addressing the human rights implications of the practice in a holistic manner. Several international treaties and resolutions explicitly recognize FGM as a harmful traditional practice that violates human rights. Some examples are the United Nations Convention on the Elimination of

Female genital mutilation sometimes threatens the lives of girls and women and always violates their human rights


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and condemn all forms of harmful practices which negatively affect the human rights of women and which are contrary to recognized international standards. States Parties shall take all necessary legislative and other measures to eliminate such practices.”

A multi-disciplinary approach

Female genital mutilation has been outlawed in several African countries. Laws against FGM are necessary, but not sufficient to stop the practice or to enhance women’s rights. Making FGM illegal does not eradicate it, but could drive it underground. The use of law should thus be one component of a multi-disciplinary approach; and outreach efforts by civil society and governments aimed at changing perceptions and attitudes regarding FGM should precede or accompany legislation. These activities should reach a wider public with government actors, religious and traditional leaders, health providers, teachers, youth, social workers and media involved. In particular, men must be targeted as well as family members, including grandmothers, mothers-in-law, etc. 2

In order to empower women against FGM and other harmful traditional practices (HTPs) and reduce their vulnerability to HIV infection, programmes and campaigns should employ the following key strategies from a rights approach:

- Promote a culture of opposition to all forms of harmful traditional practices against women and girls, using the media and involving men in addressing gender stereotypes and discriminatory values and norms which increase the risks faced by both women and girls.
- Organize public education campaigns on the rights of women and girls and encourage the public to report cases of HTPs and gender violence to the law enforcement agencies.
- Enact laws and policies that prohibit HTPs and promote the rights of women to property, inheritance and a minimum age of marriage.

Networking and collaborating with NGOs will help to achieve the desired results because of their unique experience and expertise, which enables them to play a crucial role in advocating for the implementation of laws and policies to eliminate FGM. In Africa, the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) is an important networking organization. IAC campaigns over the years have led to the demystification of traditional practices and helped put the issue of FGM on the global agenda. It has pioneered world mobilization against harmful traditional practices including FGM. Advocacy has contributed to legislation against HTPs and FGM in some African countries and mobilization of communities has resulted in public rejection of FGM. IAC organized an International Conference on ‘Zero Tolerance to FGM’ in 2003, during which February 6 of every year was declared ‘International Day of Zero Tolerance to FGM’. As a result of the activities of IAC and the collaborative efforts of other networks and organizations, both government and NGOs, there is evidence of a decrease in FGM prevalence in many communities.

The example of Nigeria

In Nigeria, much is being done to combat FGM. IAC/Nigeria holds meetings and programmes in both urban and rural communities to inform the public about this practice. It uses videos, booklets and the mass media to reach school-age children. The government is officially opposed to the practice, to which approximately 19% of women have been subjected (varying from 1% in the north to 60% in the south of the country). Associations of nurses, midwives and doctors have actively campaigned against FGM and several NGOs are active in the field of IEC, advocacy and services. Examples are GPI (Girls’ Power Initiative); WACOL (Women’s Aid Collective); and WHARC (Women’s Health and Action Research Centre). 3 GPI has carried out activities on the promotion of the rights of girls and mobilizes them for development and participation through education, research and relevant studies; WACOL has a shelter/safe home for victims of domestic violence including adult women who would like to avoid circumcision. It also offers legal advice/assistance, counselling, and documentation of cases of abuse. WHARC conducts community sensitization seminars to educate community members on contemporary issues in reproductive health, including the harmful effects of traditional beliefs and practices on the reproductive health of women.

Educatin the community is probably the most important way to change the practice of longstanding traditional practices like FGM. Knowledge about its harmful effects is the first step. However, eradicating FGM would entail a comprehensive approach to promoting behavioural change against this harmful traditional practice, combining both legal and community approaches.

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