Female genital mutilation

Should be abolished

EDITOR—Is the abolition of female genital mutilation just another feminist issue? Is it racism or cultural insensitivity to stamp out this practice in Britain? Should we continue to avoid doing anything about it on the grounds that it is “a private, difficult, and sensitive” issue? Anyone who does not know the answers to these questions should take another look at the photograph of a female infant being mutilated¹ because it answers all questions relating to what the correct stance of the Western world to this practice should be.

Concerted action should be taken to abolish female genital mutilation in Britain, with full judicial and government support. The French example is worth studying.² The Royal College of Obstetricians and Gynaecologists has pioneered many initiatives in the past aimed at improving the health and welfare of women and may be best suited to coordinating activities aimed at evaluating the size of this problem and providing viable intervention strategies.

A lasting solution to this issue can, however, come only through a workable global initiative. The influence of Western-type education in stopping this practice has been documented in an indigenous population of Nigerian Igbo.³ This has been confirmed in many other reports, but it would be naive to believe that education alone is enough to eradicate the practice in every region of the world: education in this context probably acts as a marker of female emancipation and so may be a strong factor in certain parts of the world while in others its influence may be suppressed by stronger cultural factors. Furthermore, it is not realistic to wait for all women to become educated.

Contrary to J A Black and G D Debelles's assertion,⁴ female genital mutilation is not largely confined to Muslims, and attempts have been made to correct this misrepresentation.⁵ The perpetuation of this myth may provoke antagonism in the very areas where maximum cooperation is required for any global intervention to stand any chance of success. Religion has never nurtured female genital mutilation, except for that practised by the Christian Skoptoz sect in Russia, which in the past supported female genital mutilation with quotations from the Bible (Matthew xix, 12).⁶ Tradition is the main reason why this barbarous act still continues in parts of the developing world, and many Islamic areas do not have this custom.

Eradication of the practice in those Islamic

countries where it is still carried out may be easier than everyone thinks because religion is the dominant component of the complex mix of religion, culture, and nationalism that exists in such parts. Thus if Islamic scholars and leaders established that this practice was not required, support for it might melt away—rapidly, too, if a public stance was then taken against it by these leaders. The Western world can contribute positively to this by making quiet, unpublicised representations to these leaders: anything else might elicit negativistic responses. In the animist and Christian parts of the developing world, education, particularly of women, will lead to the disappearance of this custom in the long term, while intensive public health campaigns will hasten this process.

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1 Black JA, Debelles GD. Female genital mutilation in Britain. *BMJ* 1995;310:1590-4. (17 June.)

2 Meniru GI. Female circumcision among the Igbo of Nigeria: trends. *Nigerian Journal of Medicine* 1991;1:55-60.

3 Meniru GI. Female genital mutilation. *Br J Obstet Gynaecol* 1994;101:832.

4 Mustafa AZ. Female circumcision and infibulation in the Sudan. *Journal of Obstetrics and Gynaecology of the British Commonwealth* 1966;73:302-6.

Cultural knowledge is the key to understanding

EDITOR,—J A Black and G D Debelles's review of female genital mutilation is superficial in its treatment of the anthropological context and the complexity of the challenges facing professionals in child protection.² Current beliefs about the function of female genital mutilation are diverse and include easier childbirth and the prevention of infant death. Focusing on female genital mutilation solely as a control on female sexuality not only misrepresents the situation but is unlikely to enable professionals to establish meaningful dialogues with the communities in question—an essential prerequisite to eradication of the practice. Many communities regard the operations performed at initiation essential, to remove the female elements of the male (the prepuce) and the male elements of the female (the clitoris). For them, in common with almost every group in which it occurs, female genital mutilation is a prerequisite for a woman to be truly female.³ There are many communities in which female genital mutilation is believed to ensure “purity,” but, even in these, to regard it as an exercise in male supremacy makes sense only in a histological or anthropological context. The practice is currently maintained, and jealously guarded, by women.³

Female genital mutilation is not largely confined to Muslims but found across many ethnic groups and faiths, including Jews (Falashas) and followers of indigenous religions.⁴ The practice probably first arose among the southern Cushitic peoples, as

it and other southern Cushitic customs are found in the descendants of these peoples and in those of other groups influenced by them.⁵ These peoples are scattered across the African Sahel, which coincidentally is that part of sub-Saharan Africa in which Islam later became established.

Female genital mutilation occurs in less than 30% of Yemenis but is virtually universal in Somalia.⁴ Professionals need accurate information about its prevalence in the communities they serve: providing a vague average of 80% is unhelpful.

There has been no comprehensive study of the epidemiology of female genital mutilation in Britain, and thus no reliable information is available on when British children are mutilated. In Africa the age at which female genital mutilation is carried out varies from birth to marriage.⁴ Wherever the practice is illegal I would guess that it is performed opportunistically, regardless of age. Discussions with Somalis in Cardiff support this supposition.

Black and Debelles's article details orders that can be made under the Children Act. To my knowledge, an order has been obtained because of female genital mutilation on only one occasion; this case predated the act. Female genital mutilation is unusual in that once it has been performed the child does not face continuing risk. This, together with the powers that children have under the act to refuse examination and the difficulty of establishing in a court, solely on the basis of a sibling's experience, that a child is at risk of abuse, explains some of the difficulties facing local authorities. The Children Act may have made protection of this group more problematic.

Finally, the Somali community comprises clans, not tribes. Somalia is the most ethnically homogeneous of all the countries in Africa, having only one tribe—the Somalis.

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1 Black JA, Debelles GD. Female genital mutilation in Britain. *BMJ* 1995;310:1590-4. (17 June.)

2 Webb E, Hartley B. Female genital mutilation: a dilemma in child protection. *Arch Dis Child* 1994;70:441-4.

3 Ahmadu F. Rites and wrongs. *Pride* 1995 April/May: 43-6.

4 Hosken F. The Hosken report—genital and sexual mutilation of females. *Women's International Network News* 1982.

5 Fedders A, Salvadori C. *Peoples and cultures of Kenya*. Nairobi: Transafrica Book Distributors, 1979.

Professionals should not collude with abusive systems

EDITOR,—J A Black and G D Debelles do not go far enough in their article on female genital mutilation.¹ They state, “genital mutilation is a form of child abuse, though this term should not be used when discussing the procedure with families as it would be greatly resented.” This suggests that the feelings of the families and doctors should be given precedence over the feelings of the child(ren) being permanently mutilated. This represents collusion with an abusive system, which, unfortunately, is not unusual when children's feelings are concerned.²

They state that “there is little point in prosecuting parents for something which has already occurred.” If this principle was applied wholesale there would be no point in having a law prohibiting the act, nor would any prosecutions be brought for

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