

CAMPAIGNING AGAINST

FEMALE CIRCUMCISION

London Black Women's Health Action Project

Le Projet action-santé des femmes noires de Londres fut établi en 1984. Bien que le domaine d'intérêt le plus important du projet centrât sur la circoncision des femmes, ses membres croient qu'elles peuvent seulement avoir un impact si elles placent cette question dans le contexte général de la santé des femmes noires. Le projet a l'intention d'établir une plateforme qui réunirait les femmes noires pour permettre de faire connaître leurs revendications et de lutter pour de vraies réformes en matière de santé, surtout dans le domaine de la mutilation génitale.

There has been no research done on the prevalence of female mutilation amongst African and Arab women in London. We do know that amongst Somali women in Tower Hamlets, few have escaped infibulation. This no doubt applies to Sudanese, West African and Arab women who will practice moderate forms of mutilation. Part of the difficulty in making any enquiry into the practice is the isolation of many of these women because of language difficulty, cultural differences and refugee status. Work must be done to bring women together so that they can gain strength from one another.

Genital mutilation remains a delicate and controversial issue. To date there is only one organisation in the UK which provides education and information either to health professionals or families. The London Black Women's Health Action Project (LBWHAP) believes that, as a result of not having any organisation to support these women, unnecessary pain and suffering have occurred. Caesarian sections have been performed in some cases by doctors because of lack of knowledge about female circumcision. The level of understanding and myth – not to mention racism – in the Health Service is great.

Today there is an increasing number of British-born girls of African and Arab descent whose families will be very concerned about taking a decision which

might contradict their own cultural traditions. The initiative for the LBWHAP came from the Somali women in Tower Hamlets who have been organising and discussing about infibulation for some time. As a result of this prolonged discussion, a very important step has begun but much remains to be done. Isolated women across London need to be contacted and encouraged to talk openly about their worries and concerns. They often have many other issues of survival for which the support of other black women will be a great help. It is only through such support and mutual help that infibulation can be stopped.

There is a need to work with young people, both boys and girls. As long as male children grow up without questioning the practice of genital mutilation, they are liable to expect to marry an infibulated woman. Some girls are subjected to a clash of cultures, in addition to general male oppression in both their own and the host culture. Support can be offered to them in going through what can come to be a conflict between their own culture and the demands of life in London.

The London Black Women's Health Action Project was set up in 1984 to provide grass roots education and support among communities most affected by the practice of female circumcision. The Project is totally opposed to the practice, but feels that recent British legislation which prohibits female circumcision is not the most effective way of stopping a centuries-old, traditional activity deeply rooted in the culture. In order to bring about change, it is necessary to get things out in the open, support women and men willing to risk breaking with tradition, and provide information which challenges the traditional ideas that underlie the practice. The project is trying to organise women and young people into an active campaign against female genital mutilation and at the same time carrying out research and educating health workers. This is the way forward. To do one without the other would be to do only half the task.

Various forms of what is collectively

known as female circumcision presently affect nearly eighty million women in Arab and African countries, where it has been in practice for centuries. It was observed amongst the ancient Egyptians and crosses all religious faiths; it predates Islam – which is often given as the religious justification. Female circumcision has been and still is, to a limited degree, practiced in the West: cliteridectomy was a common cure for hysteria (which often meant enjoying masturbation!), epilepsy and insanity in women in both the U.S. and Europe. It is still used for cosmetic and mental health reasons among more wealthy Western women by their well-paid surgeons.

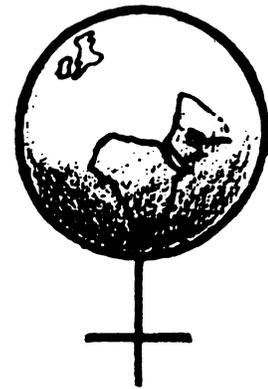
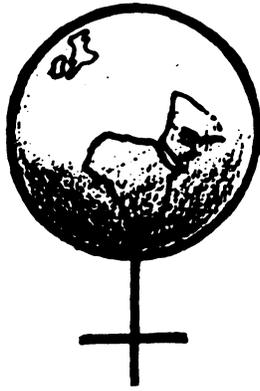
What is generally called female circumcision takes a number of different forms. The least severe is known as *sunna*, which involves the removal of the hood of the clitoris. *Excision*, or cliteridectomy, involves partial removal of the clitoris. *Infibulation* is the most severe and involves the removal of the clitoris as well as the adjacent tissue, and the sewing together of the vulva, leaving only a small opening to allow urination and menstruation.

In African and Arab countries, circumcision is performed on girls between the ages of eight days and ten years, usually by traditional midwives without anaesthetic. There is documented evidence of risks to health and life as well as psychological damage. But the vast majority of circumcised women have endured the practice without these more extreme developments. The practice, wherever it is performed, is used as a way of controlling women's sexuality and is only one manifestation of the oppression of women throughout the world. As Nawal El Saadawi says:

Amputation of the clitoris and sometimes even of external genitalia goes hand in hand with brainwashing of girls with a calculated and merciless campaign to paralyze their capacity to think and judge and to understand. For ages a system has been built up which is aimed at destroying the capacity of women to see the exploitation to which they are subject and to understand its causes . . .

Is female circumcision child abuse? Most definitely not! Girls are circumcised by loving parents in many parts of the world. The practice must stop for the sake of generations of women to come. None of those who have been circumcised would ever argue that they had been abused by their parents. It is an insult to

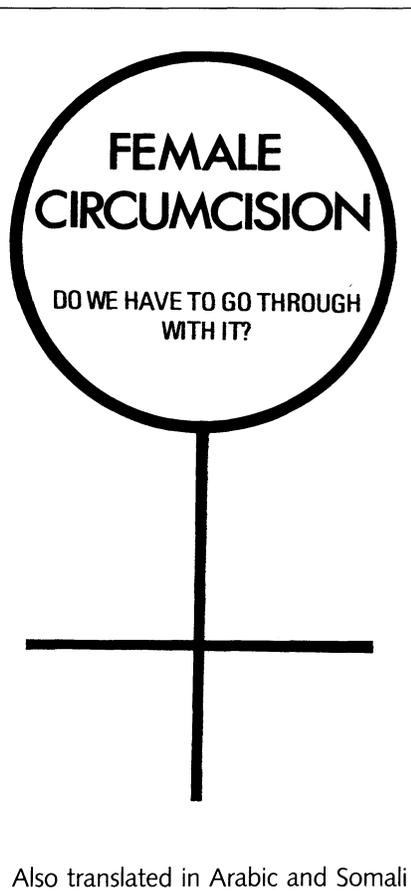
LONDON BLACK WOMEN'S HEALTH ACTION PROJECT



label part of a long cultural tradition, no matter how we agree it **MUST STOP**.

Many Arab and African countries where female circumcision has been traditional practice now have legislation prohibiting it. In October 1985, the UK joined the ranks of countries with such laws. Experience elsewhere indicates that, without an investment in support and re-education, making the practice illegal just drives it underground. Families in Britain who would traditionally have their daughters circumcised will be faced with impossible choices. Unless they have sufficient resources to go to a country where it is not illegal or where the law is not enforced, they may turn to "back street" and even more dangerous practices in order to fulfill what they believe to be the duties of responsible parents. Thus parents can be criminalised and labelled child abusers.

After some pressure, the British government made available a small amount of money to provide educational and support work with those people most directly affected by the new legislation. The money is totally insufficient to reach people now trapped in these circumstances. The Black Women's Health Action Project is producing newsletters, leaflets and videos on the subject and pro-



Also translated in Arabic and Somali

Pamphlet from London Black Women's Health Action Project

vides counselling to an increasing number of women and men. We are very angry at the hypocrisy of the government in its refusal to provide adequate resources, while at the same time mouthing pious sentiments about rescuing children from the terrible fate of circumcision. We also deeply resent the loophole in the legislation which will make it possible for white women to obtain circumcision for mental health purposes – as long as it has nothing to do with custom or ritual. This is just another example of institutional racism at work.

With or without financial resources, the Project will try to carry on its work in providing grass roots support for the eradication of female circumcision. Many more Arab and African women are now talking about the practice, which is an essential first step. We see our work as part of a wider fight against the oppression of women, black and white. It is in this context that the practice of female circumcision must be seen. It then becomes an issue which unites rather than divides us.

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