

# The New South Wales response to female genital mutilation

By Helen Basili

**When attempting to eradicate the practice of female genital mutilation, cultural sensitivity is of utmost importance.**

Media accounts of female genital mutilation invariably portray it as a barbaric practice, often stigmatising the communities involved who are accused of offenses such as child abuse or deep-seated misogyny.

It is assertions like these that enrage Juliana Nkrumah, Community Education and Development Officer of the New South Wales Education Program on Female Genital Mutilation (FGM). It is not that the pain and suffering and deaths associated with FGM

do not disturb her. It is just that she is tired of FGM being sensationalised, fed up with seeing women effected by FGM portrayed as victims and sick of hearing communities who practice FGM described as callous or primitive. "The way that some people have gone about their work on FGM has been nothing less than recolonisation and exploitation," she says.

Juliana argues that to really understand the practice of FGM, and work towards preventing it, it is necessary to abandon all preconceived notions and assumptions. Firstly, it does not occur in *all* African countries, indeed the practice is not confined to the African continent at all, and in countries where it does happen it is generally not a uniform practice.

Juliana cites the dismay she experienced when, as a teenager, she discovered that FGM was carried out in parts of Ghana, the country where she was born and grew up. "Because it is not in my part of the country, my people don't do it, we didn't understand," she says.

It is a mistake to assume that all women from countries practicing FGM have been effected. Although in countries like Somalia, Djibouti and Sierra Leone over 90% of women have experienced FGM, in Senegal, Cameroon, Uganda and Zaire the practice is a lot more sporadic with rates of less than 30%.

It is equally erroneous to surmise that all women who have undergone FGM are psychologically scarred by the experience. "These women don't see themselves as victims and it's important we don't give them the victim mentality," says Juliana.

"It's a loss because they have lost an organ but as to how

they redefine that loss, that is something that people should have the right to choose."

She advocates a close examination of what is meant by the term 'sexuality' and believes it is wrong to define 'sexual pleasure' as something concentrated in the external genitalia. "For some of the women who are circumcised it's like a blind person, they can sharpen other senses and use that to express sexual pleasure."

A woman's reaction to the operation depends on numerous factors: the extent to which the woman has accepted the norms of her culture, how old she was when the operation took place, where it took place and in what context.

"If a woman was circumcised in a ceremonial atmosphere where many activities are used to numb their feelings, they are presented with huge psychological buffers against the physical pain. I've been told girls come out [from the operation] and they are denied the chance to express that it was awful. They get the response 'what are you talking about? You get the red carpet treatment, you get festivities at the end of it, what are you talking about?'"

"All these festivities secure the girl against the psychological effects but when the girl has the operation outside the cultural context it has huge psychological effects," says Juliana.

She also cites anecdotal evidence, which suggests that the negative psychological impact of FGM may be reduced if the operation is done at a younger age.

Communities that practice FGM do so for a myriad of reasons that are as diverse as the communities themselves. It may be done for aesthetic reasons, to



promote hygiene, to accentuate femininity, to enhance the man's sexual pleasure, to mark a rite of passage into adulthood or to preserve a girl's virginity. Muslims, Christians, Jews and the followers of traditional Animist religions alike may practice it.

The NSW Education Program on FGM was established in September 1997 and is funded by the Commonwealth Department of Health and Family Services who allocate the money through the NSW Department of Health. Similar programs are conducted in other states and territories. The Program aims to prevent the occurrence of FGM in Australia and to assist women and girls living in Australia who have already been effected by FGM, to minimise the adverse health outcomes and psychological harm.

Prior to this, the Ethnic Affairs Commission of NSW also ran an education program on FGM that Juliana worked for. The program was funded by the NSW Treasury between April 1995 and November 1996 following the passage of legislation criminalising FGM in NSW.

The barriers to prevention are overwhelming. FGM is more than just an isolated event effecting certain individuals; it is an integral part of the day to day life of the village. "You have to think of what the process of change would do, not only to the individual, but to the whole life of that community. It would break the community apart," Juliana says.

She describes the importance of FGM in Sierra Leone calling it "a process of social cohesion." FGM takes place after the harvest. Groups of girls are taken to huts outside the village and circumcised together. While they are healing, the older women teach them all they need to know to live as an adult woman in the village. They are taught everything from child development and marital relations to dance and hair-care. When they return, the whole village participates in the celebrations.

"How do you get rid of the operation which is the defining factor in all of this?" asks Juliana.

"What we need to do is work through with [Sierra Leoneans in NSW] to separate the operation from the whole process, to say 'is there any other thing we can do to ritualise this process without touching the girl's body?' We haven't found anything at the moment and this is something we will be working on in the next few months."

The recriminations faced by women who refuse to circumcise their daughters are another obstacle to prevention. In the countries of origin, the child is likely to be ostracised at school and possibly for the rest of her life. The mother may be condemned by the whole community and faces the prospect of her daughter never marrying. As outcasts in their society their lives are virtually rendered unlivable.

Despite these difficulties, both the Programs have contributed to some important advances in the treatment and prevention of FGM in NSW and Australia. Program workers were successful in campaigning for the recognition of deinfibulation – the process of unstitching a vaginal opening which has been sewn together during circumcision – by the Federal government as a life-saving medical procedure. Now women effected by FGM can be deinfibulated in a public hospital and have the costs covered by Medicare.

Program workers assisted the birth unit at Auburn Hospital, in Sydney's west, to establish policies and procedures for the care of women effected by FGM during childbirth. They also assisted the Royal Australian College of Obstetricians and Gynecologists to publish a book on FGM for health professionals.

The Program played an instrumental role in the lobbying that resulted in the NSW Family Planning Association employing a part-time worker to deal with issues relating to FGM.

Most importantly, training programs have enabled many women effected by FGM to identify the health problems they experience as being a consequence of FGM and seek appropriate medical attention.



Juliana Nkrumah, Community Education and Development Officer of the NSW program on FGM.

The personal sacrifices for workers involved in running a program of this nature are significant and their perseverance is a key factor in making these achievements.

"It has been the most challenging time of my life", says Juliana, who has been employed by the program since 1995.

"I have had the community on my back, I've had stress and pressures, I've had people insulting me, I've had people vilifying my character. But one thing it taught me is to realise I'm pretty stubborn in the sense that I believed this had to be prevented in New South Wales and I put my life on the line for it."

**The NSW Education Program on FGM is based at Cumberland Hospital, Parramatta. For more information on the Program contact Juliana Nkrumah on 02 9840 4101 or Lesley Garton on 02 9840 3910.**