

What is female genital mutilation and what is it doing in education?

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ABSTRACT

This article aims to provide some background knowledge on the procedure that is known as female genital mutilation/cutting (FGM/C), and sometimes referred to as female circumcision. This practice has been illegal in the UK since 1985 and is now deemed a form of child abuse. Nevertheless, there exist opposing standpoints within some FGM-affected communities where the practice is a social norm and is deeply rooted in their culture. This opposition creates a gap and the need for a research that listens to FGM-affected communities' opinions and the motivations that lie behind the continuation of this practice. I am from an FGM-affected community and I am conducting research that examines perspectives on FGM among affected communities in the UK. My purpose in writing this article is, first and foremost, to explain what FGM is and then focus on the impact that education can have on the eradication of FGM. Instead of asking what is FGM doing in a periodical for research in teacher education, maybe I should ask what is education doing about FGM?

FGM HISTORY

FGM practice dates back to antiquity. It is traced 'conceivably to the early beginning of mankind' (Lightfoot-Klein 1989: 27). Lockhat (2004) explains how different peoples and civilisations, in all continents, have passed through a phase in the evolution of their culture where circumcision of both sexes was practised. Hence female genital mutilation (FGM) is not a non-Western phenomenon, even though there is little reference to it as a Western practice in Western anthropological

literature. Horowitz & Jackson (1997) confirm that FGM is not unknown in the West and report that it was used to treat hysteria and masturbation. Although there is no conclusive evidence of its origins, historians have traced female circumcision to as early as the fifth century before the Christian era. The historian Herodotus reported this practice in ancient Egypt in the fifth century BC. It pre-dates Christianity and Islam and although it is practised by Beta Israelis of Ethiopia, Christians and Muslims, it is

KEYWORDS

FEMALE GENITAL MUTILATION (FGM)

FEMALE GENITAL CUTTING (FGC)

FEMALE CIRCUMCISION.

not mentioned in the Torah, Bible or Quran. The Greek geographer Strabo reported this custom in 25 BC when he journeyed to Egypt.

FGM DEFINITION AND DIFFERENT TYPES

The World Health Organization (WHO) (2014) describes FGM as 'all procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons'. WHO classifies FGM into the following four categories:

Type 1. Clitoridectomy is partial or total removal of the clitoris and/or the hood/prepuce. In some Muslim communities this type is also called Sunna. I will explain what Sunna means under the section on why FGM is practised.

Type 2. Excision is partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.

Type 3. Infibulation is cutting of the labia minora and labia majora with the clitoris and narrowing of the vaginal orifice with creation of a covering seal. This type is known in some countries that practise it as Pharaonic type.

Type 4 is all other harmful procedures to the female genitalia for non-medical purposes: for example, pricking, piercing, incising, scraping and cauterisation.

There are further classifications given to types 1 and 2 of FGM and the typologies are as follows. I am clarifying these subdivisions to elucidate a later section that describes medicalisation of FGM.

Type 1a. Removal of the clitoral hood or prepuce only.

Type 1b. Removal of the clitoris with the prepuce.

Type 2a. Removal of the labia minora only.

Type 2b. Partial or total removal of the clitoris and the labia minora.

Type 2c. Partial or total removal of the clitoris, the labia minora and majora.

FGM TERMINOLOGY

The term FGM was first used by Hayes (1975) in her article for the American Anthropological Association. However, it was popularised in a report by the American feminist Fran Hosken (Rafti 1979). The different terminologies used to describe this practice are important: for example, the UK government originally used the term female circumcision, in the 1985 Prohibition of Female Circumcision

Act. Then in 2003 this legislation was updated to the FGM Act.

Hosken is widely considered to be responsible for initiating contemporary feminist engagement with FGM. Her goal was to inspire opposition to FGM and support for eradication efforts (Wade 2009). However, Rafti (1979) argues that the ideological framework informing Hosken's report on genital/sexual mutilation of females is an extremely (ethnocentric) feminist one. Although what Hosken has done against FGM is admirable, Rafti (1979) makes a major criticism of her report: that Hosken lacks understanding not only of the concept of culture, but also of relativism. Wade (2009) cites anthropologists who offered empirical evidence that FGCs were culturally meaningful, even in some cases 'lov(ing) in context'. FGM is both normal and natural to people from countries that practise it and it is embedded and enmeshed in the fabric of their culture and identity. Communities from these countries have been coming to the UK and bringing their practice with them. In these communities FGM is known by other names which translate to either circumcision, purification or cutting ritual and never as mutilation. Although many will argue that the term FGM is a more fitting description of the practice, it is surrounded by controversy and rejected by some women who do not see their bodies/genitals as mutilated.

WHERE FGM IS PRACTISED

FGM has been reported to be practised in 29 African countries and in some parts of the Middle East and Asia. However, because global awareness around FGM has grown over the past decade, it is now reported in some parts of the world where it had not been known to be present or widely practised. According to the charity Stop FGM Middle East (2016), FGM is practised more widely than reported in the Middle East and central and Southeast Asia. It is reported not only in Indonesia and Malaysia but also in

Singapore, Brunei, Thailand, the Maldives and Pakistan. Several activists from the 'Dawoodi Bohra' community in India have spoken up against FGM. UNFPA (2016) reports FGM is practised by 'Emberá' communities in Colombia. Emberá are the only group in Latin America currently known to practise FGM, but they are also reported to be living in 'areas of Ecuador and Panama'. There are recent accounts that FGM is common in remote villages of Russia's Republic of Dagestan.

WHY FGM IS PRACTISED

The roots of FGM are complex and several reasons are given for its practice. In some parts of the world, FGM is seen as aesthetic and hygienic and some people believe the myth that it can prevent odour caused by the accumulation of secretions on vaginal lips. Religion, culture and tradition are the most cited reasons for FGM's continuation. Gender and sexuality are other reasons mentioned for practising FGM. FGM is performed in different countries and cultures for different reasons because the communities that practise it are not homogeneous. Some rationales include: assurance of a girl or woman's social status, chastity or marriageability; ritual marking of a transition to womanhood; and maintenance of family honour and respect. However, the main reason that FGM continues to be practised is to control a woman's sexuality. This is claimed by some Western feminists, although other feminist critics such as Germaine Greer (2007) disagree with this explanation. According to Greer, FGM is done by women to women and men are not consulted. Likewise, Njambi (2004) in her anti-FGM discourse refuses to refer to this 'diverse and heterogeneous practice as FGM and as harmful to female bodies and sexuality'. Nevertheless, UNICEF (2013) has 'a large body of literature that documents the adverse health consequences of FGM/C [female genital mutilation/cutting] over both the short and long term'. FGM practice is believed to be extremely painful and has serious health consequences, both at the time it is performed and later in life.

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As I mentioned earlier under 'FGM definition and different types', type 1 is sometimes referred to as Sunna in some Muslim communities. Sunna is the traditional part of Islamic law. It is based on the Prophet Mohamed's words or acts and accepted together with the Quran as authoritative and followed by Muslims. However, FGM is not ascribed in Islam, and its legitimisation under Islamic law has brought the religion into disrepute. The truth is that no form of FGM is performed in most Muslim countries.

AT WHAT AGE FGM IS PRACTISED AND ITS PREVALENCE

FGM is carried out at different ages in different cultures. In some countries it is done when the girl is newborn or a child, and in other countries when the girl is adolescent. In some cultures, FGM is performed just before marriage or during the first pregnancy. However, the majority of FGM cases take place between the ages of five and eight.

NSPCC (2016a) gives an estimated figure of 137,000 women and girls in England and Wales who could be living with the consequences of FGM. Worldwide, UNICEF gives the figure of women and girls alive today who have undergone FGM/C as 200 million.

FGM LEGISLATION

In this section I will describe why the UK government took action and banned FGM and how the law has been used to combat it.

In the UK, FGM became a public concern in the 1980s when a child from Mali died after going through the procedure. In 1985 the Prohibition of Female Circumcision Act made this practice illegal in the UK. Anyone found guilty of cutting or aiding and abetting a girl/woman to cut her genitals could face five years' imprisonment. FGM-practising communities in the UK started taking their daughters to have it done abroad to avoid persecution. In 2003 the

Prohibition of FGM Act made the practice illegal on any UK permanent resident anywhere in the world. Then Section 70 of the Serious Crime Act 2015 was used to extend the ban to all UK residents, omitting permanent from 'permanent resident', to protect girls/women from FGM. Furthermore, Section 73 of the Act, approved on 3 March 2015, inserted a new section into the FGM Act 2003 to make provision for a new civil law called the FGM Protection Order. This order can be applied in England, Wales and Northern Ireland and offers a means of protection to girls/women who are victims, or may be at risk, of FGM. The Home Office has since introduced yet further legislation to enforce the duty to protect girls from FGM: Mandatory Reporting, passed on 31 October 2015, requires health and social care professionals and teachers to report known cases of FGM in under-18-year-olds to the police (NSPCC 2016b).

FGM is seen as violence against women and girls, and the UK government has passed several laws against it both here and abroad using human rights grounds. Hayes (1975) writes that in the Sudan 'the British first suggested that the custom be outlawed in 1920, but they were advised by leading Sudanese to take no strong action against it'. Resistance to Western intervention in a culture that has been there for centuries is another motive for FGM to continue.

Although the Population Council (2006) reports that '27 out of the 29 countries where FGM/C is concentrated have laws or decrees banning it', MP Christine MacCafferty argued that 'legislations alone will not eradicate FGM' (Momoh 2005). Plan UK (2016) explains that even in countries where FGM is banned, girls can be equally at risk, as the practice is often hidden. In addition, laws are often not effectively enforced and prosecutions are rarely sought. Jane Ellison, the public health minister, in an interview with the Evening Standard (2013), said that 'FGM is child abuse but because of cultural sensitivity we've failed to protect

vulnerable young girls.' FGM practice has been a criminal offence in the UK since 1985, yet there has been not a single successful conviction. In September 2016, Home Secretary Amber Rudd said in her speech to the Conservative Party Conference that her government should be the one to see the first successful prosecution of FGM (Thomson Reuters Foundation 2016). Jane Ellison, argued that other ways of tackling the problem lay beyond the remit of the Health Department. She emphasised that responsibility for the issue lay with Michael Gove's Education Department (Evening Standard 2013).

It seems all fingers are pointing to education as being the best means to bring an end to FGM. However, before I go into combating FGM with education, I would like to illustrate a controversial approach that was suggested by some advocate Western doctors, who thought offering minor forms of FGM can end it.

FGM MEDICALISATION

When The Economist (2016) suggested that attempts to eradicate FGM for the last 30 years had not worked and it was time to try a new approach, it angered anti-FGM campaigners. This was because it aired the views of various Western doctors who advocated offering minor forms of genital cutting to daughters of immigrant families in the hope that it would stop the worst forms of FGM that cause long-lasting effects. The Economist was constructing its arguments on the different forms of FGM, and called type 3 (infibulation) a barbaric practice while referring to other versions as less harmful. It accepted that the United Nations-led campaign to end all forms of FGM had had some success. It agreed that between 1985 and 2015, FGM practice had fallen from 51% to 37% in the countries where it is most common. It was a controversial article because it admitted that there had been a drop in FGM practice with a blanket ban, yet still suggested a symbolic nick from a trained health worker was better than girls being cut by unskilled circumcisers. I

cannot participate in the dispute on how much physical impairment FGM can cause without mentioning male circumcision, with the hope that this is not interpreted as a comparison between the two. Male circumcision is legal in the UK and is performed by health professionals. It is only the penis foreskin that is cut. Some will argue that FGM type 1, especially 1a when only the clitoral hood is cut, may be less harmful. This is because they believe that this skin is formed of the same tissue as the male foreskin. Law and medicine have played their part in the attempt to stop FGM. Education, I am convinced, will have more effect.

ADDRESSING FGM IN SCHOOLS

Former Secretary of State for Education Michael Gove wrote to every school in England warning them about the dangers of FGM. This was after The Guardian's (2014) online petition to bring the issue into schools attracted more than 250,000 signatures. The campaign was led by a 17-year-old schoolgirl Fahma Mohamed. Fahma persuaded Michael Gove to put education at the heart of tackling FGM. She later met with UN Secretary-General Ban Ki-moon as part of her efforts to mobilise a campaign against FGM and get everyone behind its eradication. Fahma believed that education is key to breaking the FGM cycle of abuse. The UN General Assembly is taking all necessary measures, especially through educational campaigns, to bring FGM practice to an end.

UK government published in 2011 a multi-agency practice guidelines to support front line professional to prevent FGM and updated it in 2014. New guidance on FGM was published 1 April 2016 by the Home Office, Department for Education and Department of Health. This document included FGM in keeping children safe in education. Schools have a major role in tackling FGM. Besides identifying and reporting potential or actual victims they can raise its awareness among pupils.

Thomson Reuters Foundation (2016) reported that British schools were being urged to be alert to FGM and fight it with novel lesson plans ahead of the school summer holidays. This is the period when some families are feared to be taking their daughters back to their countries to undergo FGM. The play *Cuttin'* It suggested that FGM is practised here in the UK. It was written by a former teaching assistant who wanted to get into people's psyche and make them think about why a mother will put her daughter through FGM. A photographic exhibition and discussion was also used in ongoing efforts to eradicate FGM (Hackney Citizen 2016). The artist Aida Silvestri believes that education for more people that starts in schools for all staff, the pupils and their parents is the way forward. In an equality and diversity workshop the artist attended, she mentioned how Ofsted downgraded one school because a dinner lady didn't know about FGM. Since pupils in British schools might be affected by FGM, the UK government offers guidance to teachers including information on FGM as part of their PSHE (personal, social and health education) curriculum. The aim is to raise awareness among staff about the warning signs of FGM and the responsibilities of school staff if they suspect that a pupil might be at risk of undergoing FGM. Jane Ellison said that as a constituency MP she has spoken to teachers who had girls from at-risk communities in their school but didn't know about FGM (Evening Standard 2013). Some British professionals might be coming into contact with FGM for the first time in their life, and educating them will have an arresting effect on FGM. The government has targeted FGM as part of its safeguarding in schools.

The charity FORWARD (2016) has been working in schools on the issue of FGM. Their schools programme offers a comprehensive range of services for schools. These services are delivered in a sensitive and age-appropriate way by experienced facilitators. Their resources and lesson plan for secondary school received the PSHE Association Quality

Mark and they believe that schools play a vital role in protecting and supporting girls at risk of or affected by FGM. They believe that young people should be engaged and empowered to know about issues that affect them, their peers and communities. Their work with schools is focused not only on raising awareness but also the role that everyone can play in supporting girls and ending FGM. Pupils are equipped to be able to support themselves, their peers and siblings who may be at risk of or affected by FGM. FORWARD also has a project where 'Men Speak Out' against FGM. It is an educational project which aims to include men in the prevention and eradication of FGM.

Metropolitan police officers also undertake an educational activity and provide training to airport staff to conduct preventive work with passengers on outbound flights to FGM prevalent countries. Amasanti, Imcha & Momoh (2016) suggest a compassionate and proactive interventions that advocates for trainings and education as an approach to respond to and prevent FGM. This way British professionals can engage their service users and unite with the affected communities to eradicate together the practice of FGM through education.

CONCLUSION

The purpose of this article is to indicate the possibility of using knowledge to eradicate FGM. I conclude with the conviction that education of British professionals as well as the affected communities about the harms of FGM will be most effective in its eradication. Knowledge is power if we aim to empower girls and women with education to decide what should be done to their bodies. ■