

A POST CARD FROM UK



Changing policy for female genital mutilation and the case for change A Consensus Statement

Author:

Dr Muna I Abdel Aziz, MBBS, MD, MPH, PhD, FFPH
Consultant in Public Health Medicine, NHS Sheffield
On behalf of the Sudanese Public Health
Network (UK) and Sudan Health Consultancy

18 February 2009

DECLARATION:

The views expressed in this article are those of the author and reported opinions of other respected colleagues in the Sudanese Public Health Network as referenced. The author, the Sudan Health Consultancy and the Sudanese Public Health Network fundamentally oppose the grievous harm caused by female genital mutilation or cutting.

1. Definitions:

Fatwa: A religious opinion on Islamic law issued by an Islamic scholar

FGM: Female genital mutilation (circumcision)

FGM/C: Female genital mutilation or cutting

Halal: Conforms with Islamic jurisdiction

Haram: Does not conform to Islamic jurisdiction

Infibulations: Most extreme form of circumcision consists of removal of clitoris, and all or part of the labia minora and labia majora. Also called Pharaonic.

Sunna version: Sunna circumcision consists of the removal of the prepuce (retractable fold of skin, or hood) and /or the tip of the clitoris

Sunna: The way and manners of the Prophet Mohamed (peace be upon him) (Arabic: "habitual practice")

Female Genital Mutilation (FGM) is still criminal in Sudan despite being dropped from the Child Act 2009. The Council of Ministers recommended that it be carefully defined to distinguish from the 'sunna' variety and that harmful FGM be placed within criminal law. Public health professionals all concur that FGM is harmful and un-Islamic or 'haram'. The problem lies in the careful definition of harmful FGM when there are a few among us who say the 'sunna' version is not FGM at all.

For many fatwas (Islamic verdicts), there are equally credible counter-fatwas. Here we examine how this situation came about using forcefield analysis (as an example of a PH tool of change management). And we use the same tool to suggest actions to bring back the balance of opinion firmly against all forms of FGM; whether extensive or minimalist.

2. Summary

The article raises questions and calls upon each and every one of us to examine where we stand on this issue, make our own choices for ourselves and our families, and at the same time not to deny others the right to make their own choices too. If you feel as strongly yourself about the issue, please develop your own action plan of how you can advocate. The author's own action plan was to prepare this advocacy article – in the hope that the forcefield analysis tool will be used to take us forwards into a future free of FGM and not take us back further into the past.

3. Setting the scene:

مجلس الوزراء يسقط ختان الإناث من قانون الطفل

أجاز مجلس الوزراء مشروع القانون مسقطاً المادة ١٣ الخاصة بمنع ختان الإناث إلتزاماً بفتوى مجمع الفقه الإسلامي التي تميز بين الختان الضار (الختان الفرعوني) وختان السنة وفي ذلك قرر المجلس الموقر توصيف الختان الضار وإدراجه في تعديل القانون الجنائي الذي يجري إعداده حالياً. مع توفيق القانون مع قوانين الجنائي وقوانين الصحة والتعليم والعمل وغيرها تفادياً للتعارض في تحديد السن والعقوبات والمزايا المالية التي ينبغي أن تشمل المحتاجين دون غيرهم

Source: Council of Minister's meeting 5 Feb 2009 ¹

4. Furore among public health professionals and controversy ²

4.1 FURIOUS DISAPPOINTMENT

"This is an appalling and backward move and it is obvious that there is no good advocacy for children's and girls' rights from within those committees. I wonder how the fatwa came about and whether there is a challenging opinion in terms of the strength of the religious evidence."

"What the prophet was trying to do is to eliminate a long lasting cultural tradition which was there before Islam a long time ago by reducing the harm of it rather than making it a religious practice. Take slavery for example and compare, if we followed the logic behind sunna circumcision then we should establish a system of slavery in Sudan because it is sunna, isn't?"

¹http://www.sudan.gov.sd/ar/index.php?option=com_content&view=article&id=341:-2009-&catid=45:2008-06-06-15-26-14&Itemid=73

² Source: Responses from members of the Sudanese Public Health Network (UK)

"When we admit sunna, we destroy whatever was constructed over more than 70 years! And when midwives call for a "sunna" FGM nobody guarantees!!!"

4.2 CONTROVERSY

"We think & we hope this policy of Council of Ministers based on the Fatwa would do good to the health of families & families-to-be. We need to call things by their names. Laws & byelaws & punishment for FGM were there since 1921, but it had no positive impact because we are mixing things up."

"We need to define what is meant by Sunna circumcision - which just removing of tip of the clitoris & its prepuce & no more & if the family of the child wants to. What is practiced in the 37 countries world wide is FGM - which we are ALL fighting to control since 1921. My understanding, we need to advocate for sunna circumcision if we really want to fight FGM "

4.3 SO WHAT CAN WE DO?

"Laws have never changed something in Sudan..."

"Females in the Gezira are the most outspoken against the practice and a study done there showed that grandmother is the one who is pursuing the issue rather than the mother or the father. Most of the men in Gezira area said they would not mind to marry a girl who is not circumcised. You know why we have these results in Gezira? Because it is one of the states with a high literacy rate in Sudan especially among females. So let's focus more in increasing access of females to regular education."

"UNICEF is funding some state Ministries of Social Welfare to submit proposals on behalf of local NGOs, CBOs and women groups. Let's get the maximum from that. Kenya got a good experience. They fixed a date to celebrate getting rid of FGM. Every year new "escapers" join the festival, and the number is turning out very huge!"

5. Analysis of what actually happened?

5.1 THE DAY BEFORE – FATWA AND COUNTER-FATWA

Just the day before, the Second Islamic Conference of Ministers in Charge of Childhood took place in

Sudan 2-4 Feb 2009³. Thirty six other countries as well as Sudan were participants in the Conference. Among the background papers is concrete evidence against FGM in Islam with reference to the joint UNICEF & Al-Azhar Child Manual publication in 2005 (Children in Islam)⁴. For information, page 9 of the English summary [and pages 59-61 of the Arabic full version] refer to:

“Islam and female circumcision: From an Islamic perspective, the Quran says nothing relating explicitly or implicitly to female circumcision. The use of the general term ‘Sunnah Circumcision’ is nothing but a form of deceit to misguide people and give the impression that the practice is Islamic. As for the traditions attributed to the Prophet, peace be upon him, in this regard, past and present scholars have agreed that none of these traditions are authentic and should not be attributed to the Prophet”

5.2 THE COUNCIL OF MINISTERS PASSES THE 2009 CHILD ACT ON 5 FEB 2009

Careful reading of the news article itself reflects the Council’s decision to differentiate between harmful FGM and what is so-called ‘sunna’ circumcision. This is based on minority religious opinion (reported fatwa from Islamic Fiqh Council) and deeply held conviction by some professionals that this distinction is right and Islamic.

Setting aside whose view is right, what is clear is that opinion is deeply divided on where the line is drawn. All will concur that FGM is wrong – indeed ‘haram’ and religiously prohibited. The grey area is the precise definition of what FGM is and what it is not... So is any female genital cutting a mutilation? Those who advocate sunna circumcision seem to say that there is some very minor cutting that is not mutilation; and indeed a practice to be condoned if not encouraged.

And finally, further careful reading shows that the Council of Ministers did not entirely revoke the law against FGM, rather they dropped it from the Child Act and placed it within criminal law; so in effect they are still criminalising FGM – only just not the sunna variety...

³ <http://www.welfare.gov.sd/r/DocumentsEn.html>

⁴ http://www.unicef.org/egypt/media_2369.html

5.3 AND THE DAY AFTER

Indeed we read from UNICEF⁵ on 6 February [the following day] that as the world commemorates International Day of Zero Tolerance of Female Genital Mutilation, UNICEF has commended efforts by Sudan’s Government of National Unity, civil society and local communities to bring an end to the practice in the country.

“The dangers that female genital mutilation and cutting create for girls and women have been recognised by the government, religious leaders, health professionals, community elders and individual families in Sudan, and we applaud the collective efforts now being taken to eradicate the practice entirely,” noted the UNICEF Acting Representative.

6. We ask ‘What will it take to change policy?’

6.1 A CRITIQUE OF SUNNA CIRCUMCISION – DO NO HARM

For a definition of sunna circumcision, one may reflect on the definition put forward by one of our commentators: “removing the tip of the clitoris & its prepuce & no more & if the family of the child wants to” i.e. minimalist and with family consent. This embraces clear elements of ethics – informed consent and minimising harm, which we can use to critique this view. We raise questions here rather than give any answers.

(1) Informed consent: With science and religion coming up with different interpretations, it is really hard for individuals to decide which side to take. So the default is to stick to deeply held beliefs and values nurtured from a very early age. This is the reason why FGM is so culturally hard to fight. We should be encouraged by the example of cigarette smoking. It was Islamically ‘halal’ until the harm was so definitely proven. Now it is ‘haram’ and science and religion have one united response. No one today would say that using a filter is ‘halal’ or only one cigarette a day is ‘halal’. Maybe one day we will get there with FGM? We will get there when it is fully acknowledged that the harm far outweighs the culture.

5

http://www.unicef.org.uk/press/news_detail_full_story.asp?news_id=1271

(2) Consent of the family: Is the consent of the family truly sufficient as we know many girls grow up to live with the 'choice' made by their families for FGM however much or little the mutilation? Obviously the answer is 'NO' because if family consent were enough, then the girls with maximum infibulations have no choice in the matter at all and have no recourse to blame their families when they grow up. If consent is really important, why not wait until the girl is of the age to give her own consent freely? What proportion of girls who underwent FGM as a child would choose to undergo this freely at a later age?

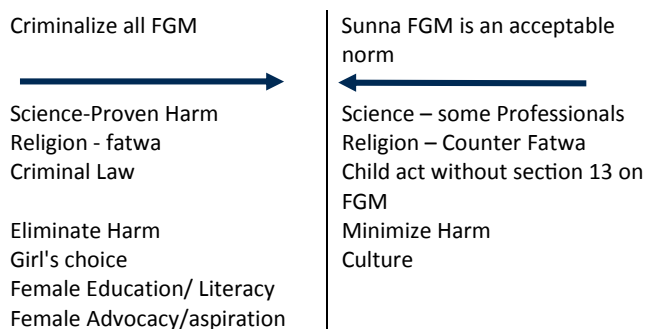
(3) Minimum harm: If we agree that extensive FGM is harmful, then the definition of Sunna circumcision on the basis of minimalist is really intended to minimise harm. This sets in context the hadeeth of the prophet to minimise if at all. Underline "if at all". This does not condone, but rather it mitigates. Can advocates of sunna circumcision guarantee that harm will not be done – either that more extensive cutting will not take place, or that none of the complications will occur immediately or in future?

6.2 HOW DID POLICY CHANGE?

There are science and religion arguments on both sides. There are professional advocates for both sides. What must have happened is that the side criminalising FGM were complacent, while the advocates for Sunna variety of FGM were active and politically lobbying. To examine this further, we propose the use of force field analysis as a brainstorming tool to understand the main issues and suggest possible future actions.

6.3 THEORY OF CHANGE MODEL – FORCEFIELD ANALYSIS

Media & Public Opinion, Political shift & the Law



6.4 HOW CAN WE USE FORCEFIELD ANALYSIS TO IDENTIFY ACTIONS FOR ADVOCACY?

What is clear from the above is that there is more to favour abolition of FGM than the sunna advocates. An interesting power struggle is between culture and the international community. We know that uncomfortable pressure from the international community is nearly always rejected by politicians. So the biggest pressure that the international community can bring is to support local community groups to counter culture from within.

We also know that historic change in culture is brought about mainly due to increasing literacy, advocacy and aspiration among females. This then is the winning card because there is no force opposing this.

We can also think how we can influence the advocates of sunna circumcision. If they are driven by the fact that they want to minimise harm, then we can point out that there are no guarantees that it will not be the thin edge of the wedge that inflicts even greater harm. If they are driven by a passion for individual choice, then girl's choice should feature even higher – the young girl's right to choose.

One can also question the value of law and politics. Is it worth the fight to challenge the current position? We know it is always better to have the force of law behind you than not. On the other hand, being illegal only serves to drive FGM underground. With criminal practices, the risk of infection and complications increases. Perhaps then we should not focus on the law so much?

If on the other hand, we do want to influence the law, then now is the time to work with politicians and decision makers to define harmful FGM and ensure it is incorporated fully into criminal law as proposed. In fact, there is an opportunity here to criminalise all FGM and not just child FGM. This was highlighted in the news article and stated as one of the reasons for shifting FGM from the Child Act and into criminal law.

6.5 SUMMARY OF ACTIONS TO UNDERTAKE TO CRIMINALISE ALL FGM

From the above, we have identified a number of actions we can undertake, presented here in the order of their priority and impact:

7. In conclusion – Taking action not taking sides:

It is not acceptable any more to sit on the fence. Nor is it acceptable to make your own informed choices, yet deny others the right to make their own informed choice. Granted you may not agree with others’ deeply held beliefs and values. However, as professionals we can at least ‘agree to disagree’.

Let us start; not from the differences, but from our common positions. We all agree that FGM is harmful and ‘haram’. By our own voices and by our own actions, we set an example to others. If you can prevent harm actively, then do so. If you cannot guarantee safety for all, then do not actively support something that could be harmful.

- 1) We need to all advocate a stop to FGM to the extent of criminalising it – Active advocacy.
- 2) We should refrain from advocating Sunna circumcision even if our own belief is that it is Islamic – Passive advocacy.

And finally, we can draw up individual and collective action plans – Prompts below

Stakeholder Action plan	Personal Action Plan - What can I do?
Focus on female education Support local community groups Align midwives and clinicians Lobby politicians and shape the Law Establish religious consensus	Choices for me and my own children My extended family, neighbours and community My professional capacity – active or passive advocacy Reply to this Postcard/article by emailing Sudanese_Public_Health_Network@yahoo.com

8. Key messages

- 1) FGM is still illegal and criminal in Sudan, as laid out in criminal law.
- 2) Dropping it from the Child Act, and placing it within criminal law makes all FGM illegal at

any age, not just child FGM. In this way, there is no defined age limit.

- 3) Criminal law does not define harmful FGM yet. There is an opportunity now to work with politicians and communities to define all FGM as harmful so that even the ‘sunna’ variety and any form of cutting is described within criminal law.
- 4) There is no purpose to be served by polarising public opinion on the basis of religious or science arguments. For every fatwa there is a credible counter-fatwa. There are a few professionals holding strong controversial opinions and who believe that ‘sunna’ circumcision is not mutilation.
- 5) The fact that policy makers made a distinction for so-called ‘Sunna’ circumcision does not mean it is right. This is the heart of the controversy. We need to agree to disagree and work together to prevent harm.
- 6) Personal and stakeholder action plans using the forcefield analysis tool can help identify points of consensus and opportunities to work together despite different beliefs.
- 7) We ask for active advocacy from all professionals to highlight religious opinion and the medical and sociological harm of FGM. We need consistent work for the root causes of illiteracy, ignorance and intergenerational culture (views of grandmothers as opposed to the choice of girls themselves).
- 8) We ask for passive advocacy from ‘sunna’ circumcision advocates. We ask that they advocate for health instead as they cannot guarantee this will be the thin edge of the wedge. By differentiating between minimal cutting, they are leaving the degree of cutting down to the individual, and opening up a door through which excessive harm can be done. This harm cannot be countered by education which will take a long time.

9. More information on FGM

- 1) FGM in Sudan. (Source: UNICEF, Sudan DHS 1989/90, MICS 2000)

http://www.childinfo.org/files/Sudan_FGC_profile_English.pdf

FGM is a widespread practice in Sudan. 89% of ever married women aged 15-49 in the Northern

part of the country have undergone some form of FGM/C. Prevalence rates vary across regional and ethnic lines. Levels of prevalence are significantly lower in Darfur (65%) and in the Eastern region (87%), indicating that the practice is not universal throughout Sudan's various ethnic groups. 74% of women have been subjected to infibulation. The least severe form of circumcision (Sunna) is prevalent among 22% of women and an "intermediate" type is around 2%. It also varies significantly across religion. Infibulation is most prevalent among Muslim women (83% compared to 27% among Christian women). Sunna is predominantly practiced by Christian, with a prevalence rate of 46%.

2) UNICEF statement on FGM

http://www.unicef.org/protection/index_genitalmutilation.html

FGM is practiced for a number of reasons including:

Sexual: to control or reduce female sexuality.

Sociological: for example, as an initiation for girls into womanhood, social integration and the maintenance of social cohesion.

Hygiene and aesthetic reasons: where it is believed that the female genitalia are dirty and unsightly.

Health: in the belief that it enhances fertility and child survival.

Religious reasons: in the mistaken belief that FGM/C is a religious requirement.

FGM/C is a fundamental violation of the rights of girls. It is discriminatory and violates the rights to equal opportunities, health, freedom from violence, injury, abuse, torture and cruel or inhuman and degrading treatment, protection from harmful traditional practices, and to make decisions concerning reproduction. These rights are protected in international law.

FGM/C does irreparable harm. It can result in death through severe bleeding leading to haemorrhagic shock, neurogenic shock as a result of pain and trauma, and severe, overwhelming infection and septicaemia. It is routinely traumatic. Many girls enter a state of shock induced by the severe pain, psychological trauma and exhaustion from screaming.

Other harmful effects include: failure to heal; abscess formation; cysts; excessive growth of scar tissue; urinary tract infection; painful sexual intercourse; increased susceptibility to HIV/AIDS, hepatitis and other blood-borne diseases; reproductive tract infection; pelvic inflammatory diseases; infertility; painful menstruation; chronic urinary tract obstruction/ bladder stones; urinary incontinence; obstructed labour; increased risk of bleeding and infection during childbirth.

3) UNICEF & AlAzhar, 2005. Children in Islam. Page 9 English, 59-61 Arabic.

http://www.unicef.org/egypt/media_2369.html

4) WHO, 2000. A systematic review of the health complications of female genital mutilation. WHO/FCH/WMH/00.2

<http://www.who.int/reproductive-health/docs/fgm.html>