

**Current Issues in Religion and
Politics II**

Edited by Mario I. Aguilar

**Female Genital Mutilation in the
Sudan:
The Complexities of Eradication**

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**Working Papers of the Centre for the Study of Religion and
Politics (CSRP) of the University of St. Andrews, Scotland, UK**

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Introduction to Current Issues in Religion and Politics 2

Mario I. Aguilar

Preface

This series of papers under the title of Current Issues in Religion and Politics aims at presenting original research conducted at the Centre for the Study of Religion and Politics (CSRP) of the University of St. Andrews. Papers edited and published have been prepared in the context of epistemological and contextual studies of religion and politics within specific contexts of the 21st century and constitute work in progress. All research works falls within one or more of the models of religion and politics articulated within the next paragraphs.

Paper 1 ‘Terrorist Reporting in the Swedish Media: Reinforcing an Oriental/Occidental Division?’ was prepared by Therese Rudebeck during an internship at the CSRP in 2011.¹ The paper is of importance because it highlights the political assumptions of terrorism in Sweden by the media fuelled by some political quarters such as the *Sverigedemokraterna* (Swedish Democrats, SD). Within this paper Rudebeck argues that the terrorist attacks on Stockholm on 11 December 2010 brought as a result a worrying assumption that terrorists were Islamists associated with foreign refugees living in Sweden and that the openness

¹ Mario I. Aguilar and Therese Rudebeck, *Terrorist Reporting in the Swedish Media: Reinforcing an Oriental/Occidental Division?: Current Issues in Religion and Politics* volume I – Working Papers of the Centre for the Study of Religion and Politics (CSRP), University of St. Andrews. St. Andrews: CSRP and Santiago, London and New York: Fundación Literaria Civilización, 2011.

of Sweden towards foreigners and asylum seekers constituted a risk to all Swedish citizens.

Rudebeck used the categories proposed by Edward Said in his seminal work *Orientalism* in order to suggest that uninformed quarters fuelled by the Swedish media were making a distinction between a political stabled Europe (the Occident) and a world of terrorism arising out of Muslim immigration from troubled countries in the Middle East (the Orient).²

Rudebeck's research paper continues previous research conducted at the CSRP by Alissa Jones Nelson and makes available Swedish sources to an English-speaking audience within an 'empirical model' for the study of religion and politics.³

Paper 2 'Female Genital Mutilation in the Sudan: The Complexities of Eradication' explores the now internationally sanctioned as illegal practice of FGM in the Sudanese region. Any new research on the Sudan is important since South Sudan became independent in July 2009 and some cultural and religious practices associated with FGM had been imposed by traditional systems associated with Islam.

This paper explains the cultural form of FGM and the difficulties of eradicating this practice that requires girls to be cut in different forms before marriage and after birth. The practice not only brings physical pain and emotional inability to enjoy sexual relations but perpetuates a male dominated world and a

² Edward Said, *Orientalism*. London: Penguin, 2003, 25th anniversary edition.

³ Alissa Jones Nelson, 'Job in Dialogue with Edward Said: Contrapuntal Hermeneutics, Pedagogical Development and a New Approach to Biblical Interpretation', Ph.D. Thesis, University of St. Andrews, 2009 published as *Edward Said, Contrapuntal Hermeneutics and the Book of Job: Power, Subjectivity and Responsibility in Biblical Interpretation*, London: Equinox, 2011.

social norm required by girls in order to acquire social acceptance and the role of wives and mothers. While the Sudanese state has signed international treaties banning this practice it has not ratified or enforce the end of the practice of FGM in Sudan. This paper recognises that cultural norms are slow to change but that it is possible and it suggests community involvement in educational programs and the re-employment of those practitioners who actually perform cuts on girls in the traditional setting.

This is an important paper that speaks of the clash between traditional ritual practices and the contemporary politics of a globalized world.

Preliminary Considerations and Theoretical Issues regarding Contemporary Research in Religion and Politics⁴

Research on Religion and Politics: there is a need to move further from the common assumption that either research on religion and politics is exciting or interesting (academic colleagues) or that religion has nothing to do with politics (taxi driver). The constitutional model of the U.K. where the monarch is both the head of state and the head of the established church tells us otherwise.

Research in Context: research on religion and politics requires a social context, with the stress on the social because it is within social groups and communities that narratives and normative statements about rules, be they religious or political take place (I refer here to the ongoing work within the School of International

⁴ Some of these ideas have been taken from Mario I. Aguilar, 'Models of Religion and Politics', paper presented to the seminar of the Centre for the Study of Religion and Politics (CSRP) on 5 October 2006.

Relations on ‘rules’, ‘force’ and other topics).⁵ As I have already stated in my 2002 work research in theology and religious studies have more to do with each other than what is usually acknowledged.⁶ Theology as a human narrative about God centres itself on the existence of the divine while religious studies or the study of religion in general examines the human manifestations of that divine existence as understood by human communities that shape their lives with rules, rites and celebrations that express the presence and action of God in the world.

Diverse Contexts: Normative forms of theology reflect a particular social context that varies and Christian communities have to mediate their own community rules with those of political systems and other social groups. It is interesting if not amusing that after 9/11 a clear interest in Islam has provided the ever increasing possibility of diversity on the face of religious fundamentalism and the growth of religious fervour among faith communities following Islam in the East as well as in the West. Among those responses: the U.K. advocated in 2006 a model of cultural diversity in which faith communities are very much part of the nation-building of political architects; France instead banned religious symbols in public places as to show respect and inclusiveness to all; Canada authorised the formation of sharia courts; the United States rallied faith communities under a rhetoric of nationalism and war.

⁵ Mario I. Aguilar, ‘Truth Commissions and Rules: Justice and Peace’, in Anthony F. Lang Jr. and Amanda Russell Beattie (eds.), *War, Torture and Terrorism: Rethinking the Rules of International Security*, London and New York: Routledge, 2009, pp. 162-173.

⁶ Mario I. Aguilar, *Current Issues on Theology and Religion in Latin America and Africa*. Lewiston, N.Y. and Lampeter, U.K.: Edwin Mellen Press, 2002.

Research as interpretive project: any research in religion and politics requires the possibility that there is a limitation to the interpretation of data, there is a hermeneutical aim rather than a cognitive one, and there is a diversity of opinions rather than a normative/objective one. The myth of ‘objectivity’ in the study of religion disappears.⁷

Research as a multi-disciplinary effort: several disciplines look at the same social or divine reality with different methodological assumptions and academic tools. While there is the need for specificity and disciplinary ‘correctness’ there is also the need for multi-disciplinary conversations recognising at all time that perspectives would be different and that disciplinary assessments are limited but not limiting.

Models in the Study of Religion and Politics

The Use of Models.- Models are heuristic devices, tropes, that allow researchers to speak and connect. Models do not dictate social action; however help researchers to communicate ideas about social action. They provide a language across disciplines that sometime connect disciplinary languages, other times transcend disciplinary languages. Models have been used mainly in the social sciences, however lately also within biblical studies through the so-called socio-scientific approaches to the biblical text.⁸

⁷ Mario I. Aguilar, ‘Introduction’ in *Current Issues on Theology and Religion in Latin America and Africa*. Lewiston, N.Y. and Lampeter, U.K.: Edwin Mellen Press, 2002.

⁸ See for example Philip Esler and Ronald Piper, *Lazarus, Mary and Martha: Social-Scientific Approaches to the Gospel of John*. Minneapolis, MN: Fortress Press, 2009.

Models ad intra.- These models suggest a specificity for theology and political science in which a single disciplinary methodology is assumed. A theological model presumes for example that theology and its predicaments assess social facts and social groups from a more normative ecclesial paradigm; a political science model presumes that political science has certain paradigms that are non negotiable to be tested in context. These ad intra models are usually found in the faith communities that have to ‘negotiate’ social action with others and in doing so rely on given canonical paradigms. Ad intra models look from the inside to the outside be it from a canonical standpoint or from an individual existentialist paradigm. The ‘we’ and ‘I’ are predominant modes of existence and subsequently of research.

Models ad extra.- These models suggest a change in mode of existence and ‘they’ becomes a predominant mode of existence. In terms of a Durkheimian world research on religion and politics remains a ‘social fact’ and issues of ‘organic solidarity’ and cultural difference a *modus vivendi*. The researcher focuses on a subject of research and while there is never the possibility of objective truths and singular paradigms given and accepted the subject of research is ‘out there’. That location of the subject provides a stronger possibility of multi-disciplinary research. The self-reflexivity does not disappear but the possibility increases of a dialogical conversation between partners in research.

Research Output.- Within the use of models is important not to unify research results, a danger that arises out of team work and common reports. Instead, the single disciplinary of a multi-disciplinary approach requires research statements that include common outcomes and diverse singular outcomes that could be contradictory at times. The quality of the output lies on the ongoing multi-disciplinary discussion rather than in the common, unified and agreed conclusions.

Examples of Models of Research

Choice model: The researcher makes a choice if to include religion or politics within a larger social grouping in society. A theologian would include religion as a factor within research in society while it could be that an economist or an anthropologist decides to leave out questions about faith communities or religious organisations within a larger study of a social group. For example, the latest book by Tomás Moulian, *Socialismo del siglo XXI: La quinta vía* omits any mention of the contribution of religion within a future theoretical shaping of a socialist society in Latin America but acknowledges that among the few contributions by social groups in shaping Latin American society comes from the Christian communities.⁹

Necessity model: The researcher expresses social needs within contemporary research, thus takes whatever has been outlines in the aims and objectives of the

⁹ Tomás Moulian, *Socialismo del siglo XXI: La quinta vía*. Santiago: LOM, 2000.

research project without room for changes in language and object of research. This is a more scientific model that sometimes relies more on statistics and numerical data than on heuristic devices to express diversity, change and anomalies.

Normative model: The researcher assumes given canonical paradigms and assesses social action ad intra outlining the usefulness of data related to those canons rather than the possibility of opening new frontiers within research. This model not only operates within the faith communities but also remains part of the normative academic ancestry where those who have studied under a particular school of thought take their own paradigms and assesses social difference in relation to norms of what is possible and what is not possible.

Empirical model: The interpretation of data remains secondary to the data and the outcomes remain unified without expressing statistical misconceptions or disagreements.

Theological model: The centrality of the divine remains a characteristic of this model. Theological narratives and canonical expressions of authority guide the research and implant data with a guided hermeneutical reading.

Neo-structural model: The structures of the mind or of society are explored and connected in a manner worth of Claude Levi-Strauss but without assuming

universal conclusions of method or shape.¹⁰ This model remains structuralist but with a human face and certainly trying to avoid any accusations of orientalism.

Constitutive model: An inclusive model that allows a central place for religion and politics within the research project and asks questions of one and the other.

Regulatory model: A model that combines the constitutive with the possibility of policy making within contemporary society. Within this model research aims at providing recommendations on religion and politics within society.

Selective model: Within this model the researcher selects to include, or to ignore, religion and politics and bases its research outcomes within a faith community or a social governing body.

Substantive model: The researcher interprets change from the point of view of the unchangeable within society and provides possibilities of change and diversity as the less favoured outcomes within research.

¹⁰ Claude Levi-Strauss, *The Savage Mind*. Chicago: University of Chicago Press, 1968.

Female Genital Mutilation in the Sudan:

The Complexities of Eradication

Iben Merrild

Female genital mutilation or FGM has afflicted 140 million women, often as minors, worldwide¹¹. In this paper the focus will be solely on the Sudan where rates are amongst the highest in the world. Firstly, I will assess the different types of FGM that exist determining which one is most prevalent in the Sudan and the negative health consequences it has for girls who undergo it. Secondly, I will examine the international as well as national treaties committed to ending this human rights abuse in order to determine Sudan's involvement in eradicating FGM. Further, I will try to find out why initiatives against this practice have not been as effective as anticipated at eradicating the practice; looking in particular at possible links to religion, male domination, backlash against foreign intervention and social norms being upheld by cultural customs. Finally, I will briefly look at ways to ensure the successful eradication of FGM.

According to the World Health Organization (WHO)'s modified typology from 2007 there are four different types of FGM with additional subcategories, Types I, II and III have been inflicted upon 100 to 140 million girls and women worldwide and "risk being performed on more than 3 million girls every year".¹²

¹¹ Bartlett, Annie, 'Columns reviews: Female Genital Mutilation: Treating the Tears: Haseena Lockhat', *The Psychiatrist: Formerly the Psychiatric Bulletin*, 2006, p.78.

¹² World Health Organization (WHO), 'Eliminating Female Genital Mutilation: An

The WHO provides a general summary of the types of FGM that exist; the degree and severity involved increasing from Type I to type III, with Type IV being the unclassified category involving procedures such as scraping, cauterization, pricking and piercing of the genitalia.¹³ Type I involves “partial or total removal of the clitoris and/or the prepuce”, Type II is defined as “partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision)” and Type III is characterized as “narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)”.¹⁴

It is important to note that in the modified typology from 2007 there are sub-divisions within the categories to allow for a more clinically precise categorization of the different FGM practices that exist. However, in reality it is difficult to distinguish between Type II and III as excessive scarring can lead Type II to be identified as Type III. Type IV is a much broader category, of arguably less harmful nature, that is necessary to “enable documentation of changes from more severe procedures, or to ensure that it cannot be used as a ‘cover up’ for more extensive procedures, as there are strong indications that pricking described as a replacement often involves a change in terminology rather than a change in the actual practice of cutting”.¹⁵

According to a survey carried out in Northern Sudan during 2000, that included 80% of the total population, the estimated prevalence of FGM in girls and women aged 15-49 was 90%.¹⁶ The practice of FGM in South Sudan tends to

Interagency Statement’, *World Health Organization*, 2008, p. 28.

¹³ See World Health Organization, ‘Female Genital Mutilation’, Fact Sheet 241, February 2010 at <http://www.who.int/mediacentre/factsheets/fs241/en>

¹⁴ *Ibid.* p. 24.

¹⁵ *Ibid.* pp. 24-26.

be less common;¹⁷ however, according to a WHO study group the total percentage of FGM during 2006 in Sudan was 82%.¹⁸ It is estimated that out of the total Sudanese population 18% undergo no FGM, 5% are subject to Type I, 5% experience Type II and 73% are inflicted with Type III which means that Type III accounts for 86% of FGM in the Sudan.¹⁹ It is common practice in the Sudan to have a party for the woman after the infibulations. As women do not celebrate their birthdays this occasion along with marriage and childbirth are the only times of personal rejoicing; where relatives come to congratulate the woman and offer gifts²⁰. Once the celebration is over the girl will lie still often with her legs tied together for about a month in a room ritually decorated with candles and incense.²¹ Despite the sense of ritual celebration and tradition involved, the girl often has little say in the process and she is subject to great pain and health complications that will be explored further below.

As FGM is a very sensitive subject, even taboo to talk about, and due to its questionable legality the negative effects and implications for health is often undocumented. However, as WHO states there are not known health benefits from FGM; it is a rather harmful, traumatic and painful process to women.²² The procedure is often carried out in unsterile condition by women who are not trained surgeons or nurses (as it is illegal to teach this practice in midwifery school in the

¹⁶ *Ibid.* p. 29.

¹⁷ Nagla Dawelbait, Pia Grassivaro Gallo and Marianna Pappalardo, 'A Campaign for the Eradication of Infibulation within an Extended Family', 2006, p. 247.

¹⁸ Windle, Sarah, Chuks Kamanu, Ebere Anyanwu, and John Ehiri, 'Harmful Traditional Practices and Women's Health: Female Genital Mutilation', 2009, p.172.

¹⁹ *Ibid.* p.172.

²⁰ Nagla Dawelbait, Pia Grassivaro Gallo and Marianna Pappalardo, 'A Campaign for the Eradication of Infibulation Within an Extended Family', 2006, p. 248.

²¹ *Ibid.* p. 248.

²² WHO, 'Eliminating Female Genital Mutilation: An Interagency Statement', *World Health Organization*, 2008, p. 1.

Sudan in an effort to discourage it²³), which can lead to gangrene, sepsis, cysts, chronic pelvic infection, severe pain, hemorrhage, acute urinary retention, fistulae through pregnancy and death.²⁴

Within type III, the predominant type in the Sudan, infibulation and scarring caused by it can hide and lead urine and menstrual blood to build up creating a hospitable environment for bacterial infection that can progress into the urinary tract²⁵. Moreover, Type III often results in sexual dysfunction as women are unable to have intercourse due to physical inability or pain.²⁶ Furthermore, Type III has been linked to infertility due to “ascending infections occurring after the procedure, causing damage (inflammation and scarring) to the fallopian tubes which leads to infertility later in life”.²⁷ In addition and as a consequence of FGM there are often mental and psychological consequences in the form of depression, post-traumatic stress disorder, chronic anxiety and a certain fear of having sexual intercourse and giving birth due to pelvic examinations and tearing of scar tissue and the physical barrier of Type III FGM among other things.²⁸ Despite these horrific consequences women who undergo Type III FGM will often demand reinfibulation after childbirth as it is believed to have significant benefits to women’s health and morality, as it purifies their bodies. If they fail to do so they risk their social standing and could face divorce proceedings.²⁹

²³ Nagla Dawelbait, Pia Grassivaro Gallo and Marianna Pappalardo, ‘A Campaign for the Eradication of Infibulation Within an Extended Family’, 2006, p. 248.

²⁴ Windle, Sarah, Chuks Kamanu, Ebere Anyanwu, and John Ehiri, ‘Harmful Traditional Practices and Women’s Health: Female Genital Mutilation’, 2009, p. 175.

²⁵ *Ibid.* p. 175.

²⁶ *Ibid.* p. 175.

²⁷ *Ibid.* p. 175.

²⁸ *Ibid.* p. 176.

²⁹ Nagla Dawelbait, Pia Grassivaro Gallo and Marianna Pappalardo, ‘A Campaign for the Eradication of Infibulation Within an Extended Family’, 2006, p. 250.

Thus, Female Genital Mutilation of any kind is a human rights violation which is obvious from the procedure itself as well as the consequences it has on the women's well being. This is both codified in international as well as regional treaties. The international Covenant on Civil and Political Rights, ratified by the Sudan in 1986, clearly states that "freedom to manifest one's religion or beliefs may be subject only to such limitations as are prescribed by law and are necessary to protect public safety, order, health, or morals or the fundamental rights and freedoms of others".³⁰ Thus, FGM, although a manifestation of belief which is a human right, is necessarily limited as to protect the rights of others, in this case girls and women. Furthermore, the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) defined discrimination against women as "any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field" and those who are parties are legally bound to undertake measures to end discrimination and submit reports on progress³¹. The Sudan unfortunately never signed or ratified this convention. Moreover, the Convention on the Rights of the Child specifically states and legally binds its parties, including the Sudan which signed and ratified it in 1990, making them obliged to undertake policies in the light of the best interest of children, in other words the abolition of FGM.³² Along this line of thought, it is

³⁰ United Nations, 'International Covenant on Civil and Political Rights', *Office of the United Nations High Commissioner for Human Rights*, 1966, article 18.3.

³¹ United Nations, 'Convention on the Elimination of all Forms of Discrimination against Women (CEDAW)', *United Nations: Division for the Advancement of Women*, 1979, Article 1.

³² United Nations, 'Convention on the Rights of the Child', *Office of the United Nations*

argued that parents may see FGM to be of more benefit than harm to their girls, however, “this perception cannot justify a permanent and potentially life-changing practice that constitutes a violation of girls’ fundamental human rights”.³³

There are more treaties found regionally such as the African Charter on Human and Peoples’ Rights (the Banjul Charter). It was ratified by the Sudan in 1986 and this particular charter declares that “the State shall ensure the elimination of every discrimination against women and also ensure the protection of the rights of the woman and the child as stipulated in international declarations and conventions”.³⁴ More recently, the Protocol on the Rights of Women in Africa, or the Maputo Protocol as it is also known, that has a special mention of FGM was signed by the Sudan in 2008 but has not been ratified yet. The Maputo Protocol specifies that “States Parties shall commit themselves to modify the social and cultural patterns of conduct of women and men through public education, information, education and communication strategies, with a view to achieving the elimination of harmful cultural and traditional practices and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes, or on stereotyped roles for women and men”.³⁵ Moreover, it commits to the “prohibition, through legislative measures backed by sanctions, of all forms of female genital mutilation, scarification, medicalisation and para-medicalisation of female genital mutilation and all other practices in order to eradicate them”.³⁶ Further, the African Charter on the Rights and Welfare of the

High Commissioner for Human Rights, 1989.

³³ World Health Organization, ‘Eliminating Female Genital Mutilation: An Interagency Statement’, *World Health Organization*, 2008, p. 9.

³⁴ African Union, ‘African (BANJUL) Charter On Human And People's' Rights’, *African Union*, 1981, article 18.3.

³⁵ African Union., ‘Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa’, *African Union*, 1995, article 2.2.

³⁶ *Ibid.* article 5.b.

Child ratified by the Sudan in 2005 promotes and protects the rights of the child. Thus, it is clear that Sudan is committed to many international agreements, although it still needs to ratify vital ones such as CEDAW and the Maputo protocol which are the only two pieces of international legislation that specifically ensure the human rights of women. However, in the case of Sudan there is the vital issue of upholding one's commitments to the international or regional community.

As to the reasons why FGM is still occurring one could argue that these are related to religion and to male superiority. Haseena Lockhat, however, has argued that FGM has nothing to do with religion, specifically refuting the claim that FGM practices are synonymous with Islam.³⁷ Lockhat has argued that “religion alone does not affect the prevalence of FGM, as prevalence varies by religion and country together”.³⁸ If one were to look at empirical data related to the Sudan 90% of Muslims surveyed were circumcised, in other words subjected to FGM, and 47% of Christians surveyed were circumcised while in Kenya instead only 28% of Muslims, 38% of Christians and 31% of Traditional/other surveyed were subjected to FGM.³⁹ Thus in Kenya the rate of FGM is lower than in Sudan and the practice of FGM is lower among Muslims than Christians. Therefore looking at these figures the practice of FGM cannot be associated with the practice of Islam or any other religion for that matter. Moreover, it is a fact that “FGM is not a religious practice as it predates the arrival of both Christianity and Islam in Africa and FGM is not known in many Muslim countries”⁴⁰.

³⁷ Bartlett, Annie, ‘Columns reviews: Female Genital Mutilation: Treating the Tears: Haseena Lockhat’, *The Psychiatrist: Formerly the Psychiatric Bulletin*, 2006, p.78.

³⁸ Windle, Sarah, Chuks Kamanu, Ebere Anyanwu, and John Ehiri, ‘Harmful Traditional Practices and Women’s Health: Female Genital Mutilation’, 2009, p. 173.

³⁹ *Ibid.* p. 174.

Another argument heard in relation to the prevalence of FGM relates to the need to achieve female subordination by men. This is arguably the case as “males are typically the main beneficiaries of harmful traditional practices [such as FGM that] often lead to loss of female control over sexuality, economic dependence, and political subordination”.⁴¹ According to Lockhat, FGM may have many purposes but is “most strongly linked with upholding traditional practices intended to guarantee chastity at marriage and prevent a woman sexually straying thereafter”.⁴² Furthermore, men in the Sudan indirectly contribute to FGM as “they traditionally understand female virginity exclusively in terms of suffering and blood during the first intercourse”.⁴³ Thus, the practice is very much engrained in the culture and tradition of a male-dominated community.

Although cultural differences and differing customs should never be used to justify the practice of FGM as it is clearly a human rights violation it is important to understand that it is not necessarily committed as an evil act as is often perceived by Western commentators. Rather, it is done with the best interest of the girls at heart as girls often undergo the procedure to ensure their social and economic security.⁴⁴ This is further linked to societal pressures kept in place by tradition. According to De Silva: although prevention programs have educated people about the health risks of FGM many of these programs have been carried out with no community initiative and involvement which at the end is vital to eradicate the practice of FGM as it is an embedded cultural practice.⁴⁵ Even

⁴⁰ *Ibid.* p. 178.

⁴¹ *Ibid.* p. 167.

⁴² Bartlett, Annie, ‘Columns reviews: Female Genital Mutilation: Treating the Tears: Haseena Lockhat’, *The Psychiatrist: Formerly the Psychiatric Bulletin*, 2006, p. 78.

⁴³ Nagla Dawelbait, Pia Grassivaro Gallo and Marianna Pappalardo, ‘A Campaign for the Eradication of Infibulation within an Extended Family’, 2006, p. 250.

⁴⁴ Windle, Sarah, Chuks Kamanu, Ebere Anyanwu, and John Ehiri. ‘Harmful Traditional Practices and Women’s Health: Female Genital Mutilation’, 2009, p. 178.

history shows that when in 1945 the British decided to make infibulations (Type III) illegal in Sudan there was on the following year a huge protest as parents wanted to ensure their daughters underwent the practice increasing the rate of FGM rather than correcting it.⁴⁶ With history in mind it is important to understand cultural norms and customs in order to comprehend why efforts to eradicate FGM have failed and how to bring about change in the future. It is also crucial to stress the fact that FGM is a cultural norm, thus a form of cultural violence. Therefore it is more harmful and cruel if justified by cultural norms and traditions often resulting in a process of normalization not perceived as wrong.⁴⁷ Even if FGM is universally recognized as wrong it takes time to change a cultural norm and the practice of FGM can remain in place for a long time.⁴⁸

Conclusions

Although the practice of FGM may still be very common in the Sudan, objections to Type III FGM are on the rise.⁴⁹ According to the US Department of State “Ministry of Health bylaws [in Northern Sudan] prohibit the practice of FGM by physicians and medical practitioners; however, midwives continued to conduct FGM [while] in the South, performing or causing FGM to be performed is punishable by up to 10 years' imprisonment, a fine, or both”.⁵⁰ In order to accelerate change it is necessary that the Sudan commits to the un-ratified agreements CEDAW and the Maputo protocol, which are the only agreements that

⁴⁵ Ibid. p. 179.

⁴⁶ Hernlund, Bettina Shell-Duncan and Ylva. *Female 'circumcision' in Africa: culture, controversy, and change*. London: Lynne Rienner Publishers, 2000, p. 33.

⁴⁷ Galtung, Johan, ‘Cultural Violence’, *Journal of Peace Research*, 1990, p. 294.

⁴⁸ Ibid. p. 294.

⁴⁹ Nagla Dawelbait, Pia Grassivaro Gallo and Marianna Pappalardo, ‘A Campaign for the Eradication of Infibulation Within an Extended Family’, 2006, p. 257.

⁵⁰ ‘2010 Human Rights Report: Sudan’, *US Department of State*, 2010, p. 53.

explicitly refers to FGM, and enforce them in practice to uphold human rights and end FGM. It is also highly crucial that the initiative comes from the communities themselves but also from traditional practitioners of FGM who are paid for their services. Those traditional FGM enforcers could be retrained as to become village health workers while educational programs are carried out to reduce the demand for FGM in the community.⁵¹ After an educational process those ready to abandon the practice of FGM should form pledge societies whereby parents of girls vow to leave their girls intact and parents of sons vow to let their sons marry girls who have not undergone FGM overcoming the social marginalization that accompanies and discourages people going against FGM as a social norm.⁵² It is clear that a combination of approaches is needed in order to end the practice of FGM in the Sudan.

Female genital mutilation is a great human rights issue affecting over 100 million women and girls worldwide. There are different types of the practice, which arguably complicates research further, with Type III, infibulation, being the most common in the Sudan where an estimated 90% of the girls have been subject to any form of FGM. The practice may result in death and if not it still has serious health consequences for the women both mentally and physically, and is something they will have to live with their entire life. Thus, it is recognized as a human rights violation by international and regional treaties such as the Covenant on Civil and Political Rights and the African Charter on the Rights and Welfare of the Child among others. However, the Sudan still needs to ratify and show its

⁵¹ Windle, Sarah, Chuks Kamanu, Ebere Anyanwu, and John Ehiri, *Harmful Traditional Practices and Women's Health: Female Genital Mutilation*, 2009, p. 180.

⁵² *Ibid.* p. 181.

commitment to the treaties that specifically refer to women and FGM such as CEDAW and the Maputo Protocol.

It is important to recognize that FGM is not occurring due to a specific religion. FGM is linked to a cultural tradition often involving the subordination of women and the practice of FGM coming to be seen as normal and necessary, a perception that slows down any cultural change. To advance change it is necessary for the state to commit itself to and enforce the international agreements on FGM while simultaneously allowing initiatives for change to come from the local community. Those community initiatives need to be backed with the necessary education about the dangers of FGM to reduce demand as well as with the provision of alternative jobs for FGM practitioners. It is my conclusion that the practice of FGM is complex to eradicate because it is embedded in cultural customs and norms that require change, a slow and gradual process that is nevertheless underway.-

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