FEMALE GENITAL MUTILATION/CUTTING IN AFAR COMMUNITY: A PRACTICE AGAINST FEMALE’S HUMAN RIGHTS

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Abstract

Female Genital Mutilation/Cutting is a widespread health risk and violation of the rights of women and girls in many African countries including Ethiopia. The problem is still vibrant in different parts of Ethiopia. Female Genital Mutilation/Cutting is highly practiced in afar community. The community forward tradition and custom, good for social Status, preserve chastity and increase marriageability, good for cleanliness, hygiene and beauty and promotes fertility as justification for the practice. The practice of Female Genital Mutilation/Cutting in the community violates basic human rights of females and children: the right to equality and non-discrimination on the basis of sex, the right to life, and the right to freedom from torture or cruel, inhuman or degrading treatment. Promoting Community Outreach activities against the practice, strengthening the enforcement of the law and human rights standards, empowering Girls to take a stand against Female Genital Mutilation/Cutting, utilizing media to fight Female Genital Mutilation/Cutting is essential to eradicate the practice in the community.

Key Words: Female Genital Mutilation, Females Rights, Human Rights

INTRODUCTION

The practice of FGM is disappointingly persistent in many parts of the world. This occurs commonly in developing countries where it is firmly anchored on culture and tradition of the Society. Female genital mutilation comprises any procedure involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural, religious or other non-therapeutic reason (WHO, 1996).
The practice of FGM has diverse consequences on the physical, psychological, sexual and reproductive health of women, severely deteriorating their current and future quality of life (Larsen, 2002). The immediate complications include: severe pain, shock, urinary complications, injury to adjacent tissue and even death (Onuh et al., 2006). The long term complications include: painful sexual intercourse, infertility, and difficulty with child birth (Okonofua et al., 2002). All these repercussions are a violation of women human rights which is promised on various international, regional and national human rights documents such as the right to equality and freedom from discrimination, freedom from torture and inhuman treatment, the right to adequate standard of health and the right to health.

The practice of FGM is among the traditional practice that threatens the basic rights of females in the Afar community. The community tried to validate the practice by using tradition and culture as justification for it. However, none of justification of the community related with the practice of FGM corroborates it rather it is visible violation of basic freedom and rights of females and children which need effective implementation of human rights principle in collaboration with stakeholders to realize females’ and children’s human rights.

In this regard this paper deals with the practice of FGM in the afar community: prevalence of FGM, the justification forwarded by the community, basic rights of females threaten by it and efforts required eradicating the problem. Hence, this paper has five parts. Part one of this paper is conceptual framework whereas part two deals with normative and legal framework of FGM. Part three deals with prevalence and justification of the practice in the afar community and female rights threaten by the practice. Part four and five is dedicated for conclusion and recommendation respectively.

1. FEMALE GENITAL MUTILATION BACKGROUND: PRACTICE, HISTORY(ORIGIN), JUSTIFICATION AND PREVALENCE

Conceptualizing Female Genital Mutilation/Circumcision (FGM/C) may not be an easy task, because the practice has different manifestation across community. All various type of practice performed on the female’s genitalia for various reasons are called FGM/C though the degree of cutting the healthy organ of females is different. FGM/C refers to “all procedures that involve partial or total removal of the external features of the female genitalia or other injury to the
female genital organs whether for cultural or other non-therapeutic reasons (WHO, 2008; Elgot, 2016). People who are against the practice especially in the western countries call it female gentile mutilation by claiming the fact that an irreversible removal of a healthy organ or tissue is essentially mutilation. So, even if FGM/C has different types and its severity is various, it makes no difference and it is still preserved as mutilating a women’s body. The opposite perception is that FGM/C varies from place to place and as a result of this some are sever some are not, so labeling all of them as mutilation is a bit ethnocentric wrong. On the other hand calling a cultural practice of a certain group that has been practiced for century’s mutilation is a bit offensive to both the culture and the people. The people practicing FGM/C also prefer the name female circumcision because calling it mutilation makes it seem very inhumane and brutal.

The precise origin of female genital mutilation is not known though evidence from Egyptian mummies suggests that a form of FGM was routinely practiced some 5000 years ago (Elchalal et al., 1997). In Africa and the Middle East, FGM is thought to have taken root centuries ago (Kandela, 1999). Yet even in those regions, there are some countries where the practice began relatively recently. Reasons that have been offered to justify FGM are complex and vary according to tribal roots and ethnic traditions. Explanations regarding the utility and purpose of FGM are usually entrenched in social, economic, cultural and political structures, and the procedure is often accepted without question. Some social justifications that are held by groups that defend the practice include: preservation of virginity and ensuring fidelity, identification with cultural heritage, to mark the transition of girls into womanhood, social integration and acceptance, particularly for marriage and family honor, hygiene and cleanliness, enhancing fertility and infant survival, increasing sexual pleasure for the male (the husband) and religion (Aldeeb, 1994; Broussard, 2008).

WHO estimates that between 100 and 140 million girls and women worldwide are living with the consequences of FGM today (WHO, 2008). Every year about three million girls and women, the majority under 15 years of age, undergo the procedure (WHO, 2006). FGM predominately occurs in 28 countries in Africa and the Middle East; they span a belt running from Senegal on the west coast of Africa to Ethiopia and Somalia in the east, where Egypt juts to the north and Kenya and United Republic of Tanzania extend to the South. Of these 28 countries, nearly half
of all FGM occurs in Egypt or Ethiopia. Recent survey data for 18 of these 28 countries show the prevalence of FGM to range from five to 97 percent of the female population (WHO, 2006).

2. LEGAL AND NORMATIVE FRAMEWORKS TO FIGHT FGM

FGM violates a series of well-established human rights principles, norms and standards, including the principles of equality and non-discrimination on the basis of sex, the right to bodily integrity, the right to life (in cases where the procedure results in death), and the right to the highest attainable standard of physical and mental health. The eradication of FGM is supported by a number of conventions, and international, regional and national agreements.

Convention on the Rights of the Child makes explicit reference to harmful traditional practices, and calls upon all countries to take effective and appropriate measures to abolish them. According to Article 24(3) “State parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children” (CRC, 1989). Likewise General Comment 13(2011) declares “the right of the child to freedom from all forms of violence and harmful practices” (Paragraph 29). These include, but are not limited to, Corporal punishment and other cruel or degrading forms of punishment; and Female genital mutilation. CEDAW General Comment 14 on Female Circumcision says that “noting with grave concern that the continuing cultural, traditional and economic pressures which help to perpetuate harmful practices, such as female circumcision.”

African Charter on the Rights and Welfare of the Child urges member states to combat harmful social and cultural practices including Female Genital Mutilation (ACRWC, 1990). According to Article 21 “States Parties to the present Charter shall take all appropriate measures to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child and in particular: (a) those customs and practices prejudicial to the health or life of the child; and (b) those customs and practices discriminatory to the child on the grounds of sex or other status.” The Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (also known as the “Maputo Protocol”) urges governments to combat all forms of discrimination against women, particularly harmful practices that endanger the health and general well-being of women, through legislative and regulatory measures (Maputo Protocol, 2003). According to Article 5, States Parties shall prohibit and
condemn all forms of harmful practices which negatively affect the human rights of women and which are contrary to recognized international standards. States Parties shall take all necessary legislative and other measures to eliminate such practices, including prohibition, through legislative measures backed by sanctions, of all forms of female genital mutilation, scarification, medicalization and para-medicalization of female genital mutilation and all other practices in order to eradicate them (Maputo Protocol, 2003).

Ethiopian national laws clearly prohibit customs that cause damage and injury on the physical body or psychological damage. Article 35(4) of the national constitution stated that “the State shall enforce the right of women to eliminate the influences of harmful customs. Laws, customs and practices that oppress or cause bodily or mental harm to women are prohibited.” The constitution prohibit the practice of FGM and pave the way for criminal law to penalize those individual that exercise the practice. The criminal codes of Ethiopia set penalty clause to punish those individual that practice FGM. In this regard article 565 and 566 outlawed the practice of female circumcision and infibulation of the female genitalia respectively (FDRE Criminal Code, 2005).

3. RESEARCH METHODOLOGY AND METHODS

This research has applied qualitative research approach. Qualitative research is about exploring behavior and attitude of individuals’ lived experience through in-depth inquiry (Dawson 2009). Qualitative research approach is about how people understand and experience their natural settings (Smith & Eatought, 2006). Hence, this research has applied qualitative research method to inquire behaviors and attitude of the afar community regarding the practice of Female Genital Mutilation because the approach help the researcher to dugout the understanding of the community about the problem in their natural setting (Linda & et al, 2008). The researcher has used primary data gathered from parents, circumcisers and clan leaders, and secondary data like human rights documents, literature and commentaries as source of data. Purposive sampling has employed to select informants that have potential information about the practice. The researcher has been highly obedient to research ethics in the process of sample selection. The researcher has used evaluative approach to interpret the gathered data in lights of human rights standards.

4. THE PRACTICE OF FGM IN THE AFAR COMMUNITY
4.1. THE PRACTICE AND PREVALENCE FGM IN AFAR COMMUNITY

FGM/C has long been outlawed in Ethiopia, but is still widespread in the country with an estimated 65 per cent of women between the ages of 15 and 49 (EHDS, 2016). The prevalence was 74 per cent (EHDS, 2016). However, the number varies across region. In regions like Afar and the Somali it can reach up to 90 per cent while other areas have a much lower prevalence due to different cultural norms in the diverse nation of Ethiopia.

4.2. COMMUNITY JUSTIFICATION FOR THE PRACTICE OF FGM

FGM/C is a sensitive practice that is embedded within complex sociocultural systems. Reasons vary across countries and cultures.

**Tradition and Custom**

The afar community practice FGM to preserve the cultural identity of the group. The Afar community forwarded several reasons or even contradictory reasons for the continuation of the practice. The community sees the practice as religious teaching though it is difficult to verify this belief from the religious holy books. One informant to this study says as follows regarding the role of culture to perpetuate the practice of FGM,

*We exercise the practice because it is the culture of the community that descended from our family. A family who did not mutilate the genitalia organ of its girl considered as the one who is against the mainstream culture and will face social stigma from the community as response for it’s did why because it is culture any member of the community has to practice (Informant 3, November 2018).*

The practice of FGM is considered as cultural norm in the community. It is common to infibulate children. The cultural though forced a women deinfubulated during child delivery to reinfubulate after delivery.

**Social Status**

In afar community where FGM/C is widely practiced, not participating in the practice results in stigmatization, being treated as non-adults or exclusion from the society because they are not part of the norm. One of the informants explicates the social stigma that her children’s will face in the community if she failed to circumcise her children as follows:
I have to circumcise my daughter because I do not want her friends to laugh at her and let the community to backbite my family. In the community, the non-initiated is not respected and she is repelled from gatherings. Moreover, the community dishonors parents that abstain to practice FGM. This results in social disrespect in our community. Hence, families have a duty to practice FGM to preserve their social status and to protect their children from stigma (Informant 6, November 2018).

Moreover, the community consider the effort of FGM practice eradication as intergenerational pressure where older women view elimination of the ritual as an attack on their identity and customs. As a result of this they tried to preserve this practice as good habit.

**Chastity and Marriageability**

In some societies, FGM is often driven by beliefs that the girl needs to be pure before marriage or that it reduces their sexual desires or libido avoiding promiscuity before and during marriage. In afar community, the primary aim for girls and women is marriage and a girl is supposed to be a virgin at the time of marriage with her state of infibulation being checked to ensure this. The supposed husband of the women highly expects the chastity of his wife otherwise he will go to suspend the relationship (Informant 9, November 2018). The community believes, if girls did not circumcised, they will not inter into good and permanent marriage relationship because girls may not keep their chastity unless infibulated.

**Cleanliness, Hygiene and Beauty**

FGM is associated with cultural ideals of femininity and modesty, which include the notion that girls are clean and beautiful after removal of body parts that are considered unclean, unfeminine or male. One of the informants says that “women have to circumcise to become a good woman. How women uncircumcised become modest? She can be modest girl unless circumcised (Informant 10, November 2018). The community considered circumcision as a means to make women modest and shy.

**Promotes fertility**

In some community, Part of women genitalia, that is supposed to be mutilated, can be seen as magic killer of baby during birth. This believes is obvious in afar community. One of the
informants says that “we have prepared girls for future childbirth unless the baby will die if he/she had touches the clitoris during childbirth” (Informant 7, November 2018). This myth is one triggering factor that forced the community to exercise the practice because the community believes that uncircumcised body of a women is magic killer of baby if the body of baby touched by the uncircumcised body of women during birth.

4.3. FEMALE’S AND CHILDREN’S HUMAN RIGHTS UNDER RISK BY THE PRACTICE OF FGM

Female genital mutilation violates a series of well-established human rights principles, norms and standards, including the principles of equality and non-discrimination on the basis of sex, the right to life when the procedure results in death, and the right to freedom from torture or cruel, inhuman or degrading treatment or punishment. As it interferes with healthy genital tissue in the absence of medical necessity and can lead to severe consequences for a woman’s physical and mental health. Female Genital Mutilation is a violation of a female’s right to the highest attainable standard of health.

Female genital mutilation FGM is a deeply rooted traditional practice that is still prevalent in the afar community and constitutes a major risk to the life of women and children in this locality where it is practiced. The practice of FGM in Afar community against female in general and child girls in particular violates series of basic human rights. The practice violates Equality and the right to be free from all forms of discrimination against women, the right to life and physical integrity, freedom from violence, injury, abuse, torture, cruel, inhuman or undignified treatment, the right to good health and wellbeing, the right to information and the rights of the child.

Equality and the right to be free from all forms of discrimination against women

Though, conventions incorporate equality of all human beings and outlawed discrimination of females in any grounds, discrimination based on sex is prevalent in Ethiopia in general and in afar community in particular. Female faced FGM that exposed them for a practice exercised against equality principle and violates the rights of women. The FDRE constitution under article 35(1) proclaimed the equality of women and men even though the practice is still clearly apparent in the community. Because FGM is a practice aimed primarily at controlling women’s
sexuality and subordinating their role in society, females are victim of discrimination based on sex that compromises the recognition and enjoyment of her fundamental rights and liberties. Hence, FGM is a practice that violates the equality and nondiscrimination rights of females’ in the afar community yet.

**The right to life and physical integrity**

The rights to life and to physical integrity are considered core human rights (UDHR, 1948). The right to physical integrity, while often associated with the right to freedom from torture, encompasses a number of broader human rights principles, including the inherent dignity of the person, the right to liberty and security of the person, and the right to privacy. Acts of violence that threatens a person’s safety, such as FGM, violate a person’s right to physical integrity. FGM can have detrimental lifelong health consequences including chronic infections; severe pain during urination, menstruation, sexual intercourse and childbirth; psychological trauma; and in some cases even death. This happens if the consequence of the FGM goes beyond the physical integrity damage.

Females in the afar community faced severe pain and trauma during cutting of their healthy organ. The FGM leave unforgettable memory on females since the type of FGM that practiced by the community is infibulation: the narrowing of the vaginal opening through the creation of a covering seal. This narrowing of the healthy body of female’s aim is reversing the irreversible body of females. The pain is severe not only at the time of infibulation but also during the menstrual and delivery periods. Women have horrible birth experiences that exposed them for weeks bleeding. Women expressed the event as they would have died if they had not been taken to the hospital (Informant 4, November 2018). This is portrays how FGM is a threat to their life and has death consequence which is violations of basic rights of human beings (UDHR article 3, 1948).

**Freedom from violence (the right to be free from injury, abuse, torture, cruel, inhuman or undignified treatment)**

The clitoris and surrounding genital tissues have a dense nerve supply and so are particularly sensitive (Koninckx and Renaer, 1997). FGM is usually performed without an aesthetic and therefore causes severe pain (Toubia, 1999). The pain is usually immediate, and can be very
severe indeed. The afar community uses a blade or razor for cutting without any medical assistance. This act exposed the child for irresistible pain which leave psychological trauma. Those adult women who undergo with FGM badly remember the occasion and the pain they experienced by the time. However, the children are facing the same agony yet though their families have memorized badly the pain they faced during their turn. All this tell us how FGM is torturous which is against the international human rights principle of human to be free from any form of torture (UDHR article 5, 1948).

**The right to good health and wellbeing**

Urine retention may be the result of injury, pain and fear of passing urine, or occlusion of the urethra during infibulation. Acute retention of urine usually occurs due to genital tissue swelling and inflammation around the wound (WHO, 2001). Those who undergo FGM face deflected urinary flow (normal flow of urine) and the area remains constantly wet and susceptible to bacterial infection (Okwudili and Chukwudi, 2012). Such infection may spread throughout the urinary tract, affecting both bladder and kidneys (American Academy of Pediatrics, 2010). It is obvious to hear such kind of experience from adult women in the community. The complications associated with FGM often have severe consequences for a woman’s physical and mental health in the community. Even in the absence of complications, where FGM results in the removal of bodily tissue necessary for the enjoyment of a satisfying and safe sex life, a woman’s right to the “highest attainable standard of physical and mental health” has been compromised. In addition, subjecting a person to health risks in the absence of medical necessity should be viewed as a violation of that person’s right to health. Hence, it is familiar to hear such kind of experiences of females in the community yet which is against female’s human rights.

**The right to information**

Also implicit in the principle of physical integrity is the right to make independent decisions in matters affecting one’s own body. An unauthorized invasion of a person’s body represents a disregard for that fundamental right. Violations of the right to physical integrity are most obvious when girls and women are forcibly restrained during the procedure. No less compromising of physical integrity is the subjection of non-protesting girls and women to FGM without their full, informed consent. Parents in the afar community consider FGM as a practice that every woman
passed through it. Because of this belief women have no rights to give saying regarding the
ceremony that is going to practice on her body and parents do not believe as women has the
right to decide on her body rather they consider it is her duty to undergo through the ceremony.
Hence, denying women to give saying on the ceremony that is prepared to happen on her body is
clear violation of the right to information because it is against the principle of informed consent.

The rights of the child

Children have a special right to health care, safe environments, education and a protected
childhood that allows full growth and development (CRR, 2006). Children have the right to be
protected from harmful traditional practices that threaten their life and dignity. Because of this,
parents shall not use Cultural arguments to justify violations of basic human rights (Dustin &
Davies, 2007). However, parents in the afar community practiced FGM on their children and try
to justify their action by referring culture as legitimate justification. It is obvious to see parents
when they retreat and fortress in culture to justify the practice of FGM. This is clear violation of
children rights in the Afar community. Hence, FGM shall be treated as a form of child abuse.

5. CONCLUSION

FGM is still practiced in Afar community of Ethiopia and resulted in various forms of human
rights violation on female’s rights. FGM is human rights violation that affects healthy life of
females. Deep cultural issues and strongly personally held beliefs which are not simple to
eradicate are likely to be involved in the perpetuation of FGM. Efforts to eradicate the practice
should incorporate a human rights approach rather than rely solely on the damaging health
consequences. As this practice intricate with culture and beliefs, interested researchers are
recommended to dig out the driving forces perpetuating this practice and intention for its
continuation.

6. RECOMMENDATION

Organized community based campaign and strategies against FGM practice like community
outreach, application of the law, empowering the youth - especially young girls, and mass
education through public radio and through coalition work has to be implemented to eradicate
FGM.
Community Outreach activities has to be done to eradicate FGM. Targeted communities (local circumcisers and families) shall get information on the dangers of FGM, on anti-FGM laws, and on the relationship between FGM, religion and the rights of women and children. Discussion shall organize with in families and the communities to encourage anti-FGM behavior and achieve community advocacy against FGM. This may become effective if sensitization programs through community mobilization and collaboration with the local media, and other local NGOs has conducted; and by engaging youth in the campaign. Training shall be given for focal person who are appointed by community members. These focal people can carry out sensitization workshops within their respective villages and act as monitors, reporting cases of FGM to the police. The focal individuals can increase community awareness through public, religious, and social meetings, and they also carry out home visits. They target many different groups from different communities and backgrounds. It is very important to have such influential leaders, because they safeguard traditional values and codes of conduct as they have the power to change the culture and practices and introduce new ideas.

Promoting the enforcement of the law to protect girls from FGM is important. Training shall be delivered to law enforcement officers on enforcing anti-FGM law in order to prevent girls from being subjected to the practice and to punish the perpetrators. Anti FGM law seminars shall be organized for schoolteachers and awareness assemblies for primary and secondary school students. It is good to encourage students to develop anti-FGM messages in the form of songs, poems and sketches, which are performed monthly, and during special events such as the International Women Day.

Empowering Girls to take a stand against FGM is vital. Once girls understand the dangers of the practice, and are equipped with knowledge of the law and their human rights, they can take a stand and refuse to undergo the practice. Therefore, training that targets girls in schools and organized youth camps, which both boys and girls shall be organized and delivered. At these camps, children can get education on children’s rights and on the consequences of FGM. Girls are not only given information on FGM, but they are also encouraged to publicly voice their concerns and denounce the practice of FGM and other forms of sexual abuse.

Using the media to fight FGM is essential. In order to share the message about the dangers of FGM and the laws against the practice with a wider community, it is vital to work in
collaboration with the local media. Preparing weekly programs aimed at consolidating information on the effects of FGM and the need for its elimination is important. Now a day the community become mobile phone user and can attend radio programs from their personal mobile phone. These media messages shall be created by grassroots activists, and aimed at traditional, religious and government leaders, women, youth, ‘circumcisers’, and health personnel. Listeners to the station are then able to call in and participate in the programs, sharing their ideas as well as their experiences with FGM
REFERENCE


