

# FEMALE GENITAL MUTILATION- EFFECTS ON WOMEN AND YOUNG GIRLS

Karhu Rose Kerubo

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Diaconia, University of Applied Sciences

Diak South, Järvenpää Unit

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## ABSTRACT

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Female genital mutilation (FGM) is a term used to describe various traditional practices that involve the partial or total removal of the external female genitalia for cultural and traditional reasons in many African societies. This research addresses the concept of this practice by looking at the different beliefs that support its continuation. The study focuses on the experiences of women, who know more about the practice, by looking at their flashbacks, the procedure, consequences involved before and after the mutilation, cultural beliefs, religious views on the practice, and the human rights that were violated by the practice of female genital mutilation.

The research result indicated that female genital mutilation is not only a practice experienced by African communities anymore. Female genital mutilation has spread to other parts of the world and it has become a global issue through the increased rates of immigration and search for better living standards. The study also found out that FGM was a practice performed on the girls and women due to cultural beliefs that female genital mutilation (FGM) is used to signify a rite of passage from childhood to adulthood. To simplify that one is ready for marriage and other responsibilities that married women have, for instance taking care of the husband and bearing children. Other female genital mutilation consequences, which were revealed by the research, include the physical consequences, psychological consequences and social consequences, which occurred before and after the mutilation procedure.

In conclusion, female genital mutilation is a criminal offence according to legislation because it causes pain, violates the human rights and the health of women and puts girls at risk. Empowering people in the community with knowledge on the subject and providing the necessary resources will help eliminating the practice.

Key words: female genital mutilation, FGM consequences, interviews, Africa.

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## 1 INTRODUCTION

The topic of my thesis is female genital mutilation (FGM). Female genital mutilation refers to a variety of operations on the private parts of women and young girls that involves partial or total removal of the external genitalia. The practice causes injury to female genital organs for cultural or non-therapeutic reasons (WHO 2010).

The purpose of this research is to investigate the issue of female genital mutilation in Africa, as one of the biggest social problems that is affecting the majority of women and young girls. Female genital mutilation is recognized both internationally and locally to be an enduring tradition which is difficult to overcome because it violates the rights of women and young girls. The fact that those letting their children to undergo the procedure they do not know if they are violating the rights of the children because of the high level of illiteracy involved.

The main reason why I am writing this thesis about this topic is that during my studies in the “building society in diversity” course, I came across a book “Rethinking multiculturalism” by Parekh who was talking about “Rethinking multiculturalism and diversity. In his book about the different cultures from different countries, there was a particular chapter about female circumcision that caught my eye. After reading about it, I became interested in the topic and wanted to research more about it. What caught my eyes was when he said there was more than one type of female genital mutilation and I was not aware of it, although I come from one of the countries where female genital mutilation is practiced. I wanted to research more about the practice and gain more knowledge on it because as a community worker, there is a possibility to come across people affected by the practice and it will be good to offer help.

This is a sensitive topic, which needs to be addressed with great care, without affecting people’s feelings as it is touching on other people’s culture. Therefore, I interviewed women from four African countries where the practice has been going on for the last couple of years and is still going on. These countries are Somalia, Kenya, Sudan and Ethiopia.

## 1.1 Study area

As my area of study, I chose four African countries that practice female genital mutilation in large numbers. These countries include Kenya, Somalia, Sudan and Ethiopia. In these countries, people are protective of their culture and some of the traditions. Female genital mutilation is practiced in one of those cultures that many are protective about and this is one of the reasons as to why people continue with the practice of female genital mutilation. The practice has spread to other parts of the world because of immigration it is soon becoming a global issue.

## 1.2 Aims and objectives of the study

The aim of this research paper is to introduce female genital mutilation to the field of social work and social services as one of the social problems that affects women and young girls who come from the developing countries. The problem has spread to other European countries as the immigrants carry it along with them as part of their culture. For this reason, the study aims to make the professionals of community development work aware of female genital mutilation effects, and deal with multicultural issues that are affecting children and families. In addition, professionals need to be ready to intervene at any time because the practice violates the human rights of women and girls in the context of child protection and women's rights.

Objectives of the research include flashbacks from the practice of female genital mutilation. How the procedure is carried in their communities? Complications involved before and after undergoing the practice. How culture is influencing the continuation of the practice? The religious views, what different religious sects think of the practice and what they have done to stop it? What has been done to help the girls and women who are forced to undergo the procedure, and finally how the practice violates the rights of women and children?

### 1.3 Research questions

Female genital mutilation is one of the most dangerous practices that cause torture and death among those who undergo the procedure. Without much knowledge for those practicing female genital mutilation, meaning the practitioners of the practice and those, undergoing the practice. The girls and women do not know much about the human rights. On the one hand, the ones who do not practice FGM tend to identify it as violating the human rights of women and young girls in many ways. While on the other hand, those who do practice female genital mutilation do not see it as violating the rights of women and girls but rather as a rite of passage from childhood to adulthood, and as a part of their tradition that is followed. The researcher aims to find answers to the following questions by interviewing four women and reviewing previous literature on the topic.

1. What kinds of experiences do women have of the female genital mutilation?
2. What kinds of reasons are there to practice female genital mutilation?
3. How female genital mutilation violates the rights of women and children?

## 2 LITERATURE REVIEW

There are not many studies and writings on female genital mutilation (FGM) on an international level and in Africa as a whole because of the sensitivity of the topic. The little information can be obtained easily via the internet and books for those who can read, write, and have access to computers. Nevertheless, in the African countries where the practice is predominant, especially in the remote areas, it is difficult for people to access the information. This is because people are irritated of the practice and do not have the necessary resources, for instance enough money to buy the necessary tools to access the information they need due to poverty. However, not large numbers of people are supporting the practice in those regions where the practice is going on because it is part of their tradition that every member of the society is required to practice.

Momoh (2005, 5) states that female genital mutilation is one of the old practices that is found among the Hittites, Ethiopians and Egyptians. She adds that in ancient Egypt traces of infibulations are still found on the Egyptian mummies. She further argues that in the 19<sup>th</sup> century FGM was practiced by gynecologists in the UK and USA to cure from insanity and masturbation. Momoh (2005, 1) continues that in societies that practice female genital mutilation different factors of culture are present that support the continuation. According to her research, she mentions certain beliefs, custom rituals, behavioral norms, social hierarchies and religions as some of the factors that encourage the continuation of the practice. She adds that culture is learnt and children learn it from adults. Haralambos and Holborn (2000, 790) define culture as a way of life for its members, a gathering of routines and ideas that are shared and conveyed to further generations.

Boyle (2002, 26) states clearly that the dilemma of female genital mutilation is not anymore a matter for Africans only nevertheless, it has taken a turn and is spreading greatly in other parts of the world due to immigration. FGM is undoubtedly a cultural issue and something that holds the society together.



In 2004 Human Right association had a project in Finland known as “kokonainen” (whole woman), which was aimed at social and health care professionals. The project’s main idea was to recommend ways to social and health care personnel on how to go on when involved with cases of FGM. The aim of the project was to prevent FGM and promote good care of women and girls who have gone through FGM in the past (Finnish league for human rights 2004).

The first research in Finland was by Mölsä (2004), who is a Somalian born doctor, tackling issues on immigrants that come from countries where FGM is still goes on to be practiced. Compared to her first research on FGM, in 1994 there is a definite change. During the ten years, these people supported FGM practice, however, their point of view about the practice has changed and now none of the interviewees support the pharaonic, the most severe form of mutilation. However, they were uncertain about the other issues concerning FGM. Mölsä also encountered difficulties when conducting the research. The main problem was to find enough people to be interviewed due to the fact that this was a sensitive issue and sexual matters were not discussed especially between male and females in other societies like the African (Ihmisoikeusliitto ry 2004,5)

Research done by Tiilikainen (2004), focusing on the public health nurses in Helsinki, indicated difficulties when speaking about FGM. Lack of knowledge on the issue of FGM, lack of materials and instructions. No matter how difficult it is for the health care professionals to talk about FGM, it needs to be dealt with professionally (Ihmisoikeusliitto ry 2004, 5). From the research, it can be seen that the issues of FGM are also found in Finland.

## 2.1 Consequences of female genital mutilation (FGM)

World Health organization (WHO 2008) documented some of the implications of female genital mutilation on the health of women and girls. This included death that occurred because of over bleeding. Extreme pain that is caused by the cutting. Traumatic stress caused by what one has to undergo and severe infection that occurred because of the tools used. Other effects included urine retention, injury to neighboring organs severe bleeding, painful sexual intercourse, and complications in labor and painful periods. In a study on female genital mutilation comprising 28,000 participants, who were the victims of female genital mutilation, it was indicated that other problems such as high risks of caesarean sections and post-partum hemorrhage were reported to be higher among women who were mutilated with type I, II, and III. When comparing to those who were not mutilated (WHO 2008). However, studies conducted by Toubia and Rahman (2000) from Sudan and Somalia indicated negative effects on self-esteem and self-identity among women and girls who are mutilated.

## 2.2 Female genital mutilation and sexual intercourse

One of the main reasons why female genital mutilation is practiced among many African societies is following the belief that it controls the sexual urges of women and young girls. Dorkenoo (1995, 36) shares her view on psychosexual reasons towards FGM. She gave examples of some African countries such as Mali, Kenya, Sudan and Nigeria, where there is a belief, that if women are mutilated they are likely to be faithful to their future husbands. The clitoris is dangerous to baby at birth if not cut, thus when it comes in contact with the baby's head it may kill the baby. She adds that in Ethiopia, according to FGM research people believe that if a woman's clitoris is not cut, it may grow and resemble the men's penis and therefore cutting minimizes the growth rate and helps the women to maintain the femininity.

According to Amnesty International (1997) when looking at women and sex, female genital mutilation causes torture for most mutilated women. Sex can be excessively painful and even put the women's life at risk. Women who have been infibulated may experience painful intercourse through their life if they do not seek medical advice. In cases where there is no pain then there is no sexual fulfillment.

Clitoris is an important organ in experiencing sexual pleasure and orgasm among women. Mutilation of the clitoris would negatively influence sexual achievement and fulfillment among many women who have undergone the procedure of FGM (Light foot-Klein 1989, 11).

Research conducted by Asaah H. and Levin (2009) on women's enjoyment of sex indicates that female genital mutilation does affect women's enjoyment during intercourse. Another study conducted by Amnesty international (1997), among the mutilated women indicates that 90% of the women, who had undergone female genital mutilation disclosed having experienced an orgasm. Therefore, the element that influences sexual enjoyment and having orgasm are misunderstood.

Momoh (2005, 7) adds that some factors such as the type of female genital mutilation, the quantity of tissues taken away, extent of scarring, experience of the initial procedure, cultural and social expectations are reported to have impact on sexual functioning of those who have undergone the procedure of female genital mutilation. Unmutilated women according to research studies indicate that they are more sexually active than men are. Therefore, by mutilating them their sexual desire is under control. (Marks 1996). Women and girls are affected socially, psychologically and psychosexually in their lives if they were mutilated (Forward 2002).

### 2.3 Religion

Female genital mutilation is practiced with many religious sects country world. Many of the authors have stated other religions that practice FGM. The following religious institutions among others who carry the practice include Islam, Protestants, Catholics, seventh day Adventist and animists. (Mustafa 2001) and fellow writers note, that FGM is more common in Muslim communities than in other religious institutions. For example, in Sudan and Somalia, where the majority of people are Islamic, 80% of Muslim women versus 18 % of Christian women are mutilated. (Parekh 2005), states that many Muslim practitioners have linked FGM by reflecting it to "SUNNA" in the Koran.

Waris (2005, 168) point out that, there is no clear information in religious books concerning FGM. She continues by saying that the practice of FGM is not mentioned in either the Koran or the bible. Thus, she recommends that changing such misinterpretations could only be possible if female religious leaders become involved in the interpretation of religion because they are the ones affected by the practice.

## 2.4 Human rights and FGM

According to (USAID 2004) female genital mutilation was first recognized in the agenda of the United Nations in 1948 within the context of the universal declaration of human rights (UDHR). It was seen as a harmful tradition practice in the 70s and 80s, during the United Nation's year for women 1975-1989.

Efua Dorkenoo (1994) in the work of (forward 2002) states female genital mutilation is a clear demonstration of gender-based human rights violation, which intends to control women's sexuality and freedom. Internationally the practice is recognized as a form of torture and violence against women and girls. Some of the international agencies, WHO consider FGM as a violation of human rights include; World Health Organization (WHO), United Nation Children Education Fund (UNICEF), World Medical Association and the United Nations Population Fund. For example, WHO (1996) made an effort in fighting FGM by officially opposing the practice on FGM and classifying it as a violation of human rights. Likewise, in 1993 United Nation passed a declaration to support the use of the term "Female Genital Mutilation" to describe clitoridectomy, infibulations and other FGM related practices.

Mölsä (2004, p 18) mentions that, some non-FGM practicing countries from the eastern have shown interest to eradicate the practice by imposing some laws. This includes Sweden, the UK, and Finland among others. For example, in Finland female genital mutilation is by the Finnish law a punishable act in all forms. Since 1993, FGM is illegal in Sweden (WHO 1998).

Authors like Rahman and Toubia (2000) in their work they have listed the following as human rights that FGM violates.

*The right to be free from all forms of discrimination against women*

According to article 1, of the women's convention "Discrimination against women" based on sex FGM fits within this definition because it is a practice carried on women and girls that has the effect on their sexual desire and enjoyment of their fundamental rights. The pain it causes and not being able to be sexually satisfied is violating the rights.

*The right to life and physical integrity including freedom from violence*

Female Genital mutilation affects the right to life in situations when death occurs resulting from the mutilation procedure. What comes to the right to physical integrity, the practice violates the right to liberty and security of women and girls because they are subjected to FGM unwillingly before they have reached the age at which they can decide for themselves if they need to be mutilated. Also in cases when some communities believe that the women's body needs to be, altered implying it is ugly. Then respect for women's dignity in this case implies acceptance of their physical qualities that is the natural look of their genital and their normal sexual function.

*The right of the child*

Female genital mutilation is regarded as a violation of children's rights by many researchers. In those communities where it is practiced, children as young as a few months after birth to 17 years are subjected to the practice. When looking at those affected they meet the definition of "child" when considering factors such as the age.

*Right to health*

Looking at the International Human Rights law, every individual is entitled to enjoy the highest attainable, standards of physical and mental health. FGM is associated with complications that have bad effects on women's and girls' physical and emotional health. Subjecting any person to health risks, in the absence of medical necessity as in the cases of FGM, is a violation of that person's right. By not using any medication during the procedure and if the victims have any infections are not allowed to go to hospitals. That is one way of violating those people's rights to health.

*Rights of minorities*

International human rights law recognizes that members of the minority groups, racial, ethnic, religious or linguistic are entitled to special protection to enable them to maintain their own culture free of interference and discrimination. In Africa and worldwide FGM is practiced by minority groups and not by everyone in that particular society. When looking at the non-African countries where the practice exists, it is more common among the immigrants who are the minority group in that country. Under such incidents, the majority who are against the practice over powers the minorities and the minority needs protection by the law.

*Rights to religious freedom*

The right to religious freedom is an important human right to everyone. The Universal Declaration of Human rights protects the right to freedom of the thought and conscience and religion. The issue of religious freedom arises because some of the religious institutions are practicing FGM as a matter religion. There is no support of FGM in the Koran, but a number of African communities, where Islam is practiced they believe that FGM is a part of religion. Therefore, Interference of the practice in those religions to discontinue the practice is regarded as a violation of their religious right.

### 3 LAWS

#### Female genital mutilation laws in Africa

Many governments in Africa and elsewhere in the world have taken steps to eliminate the practice of FGM in their countries. These steps include laws criminalizing FGM practitioners and the use of civil remedies and administered regulations to prevent the practice from continuation. A growing number of African countries have enacted national laws outlawing female genital mutilation. Sixteen out of the 28 African countries that practice female genital mutilation have introduced specific legislations to ban FGM, either by statute, decree or even in their constitution. These countries among others include Togo, Tanzania, Senegal, Kenya, Guinea Ghana, Egypt Djibouti, central Africa republic, cote d'ivoire, Benin and Burkinafaso (Afrol news 2006).

#### 3.1 Sudan

Sudan was the first African country to introduce legislation against female genital mutilation in 1946 when the practice was banned through supplement to the penal code. The first law was passed in 1957 when Sudan gained its independence. The sentence passed is a fine/ imprisonment for seven years, but in 1974, the maximum sentence was reduced to five years (SOAT 1999). According to a report from the U.S department of state (2001), the current penal code in Sudan does not cover genital mutilation, although its provisions on "physical injury" might potentially cover female genital mutilation

#### 3.2 Somalia

There are no permitted legislations presently that prohibit FGM in Somalia. However, the administration introduced legislation against female genital mutilation in 1999. The awareness campaign against female genital mutilation initiated in 1980s, ended as the regime collapsed in 1991. In a few years following the civil war, international and local organizations, including the National committee against FGM and save Somalia women and children (SSWC) resumed activities in other parts of the country, but since there is no parliament in Somalia, there are no laws against the practice (World Bank & UNFPA 2004)

### 3.3 Kenya

The Kenya demographic and Health survey (KDHS 1998), revealed that approximately 32 percent of Kenyan women had undergone female genital mutilation. In Kenya, the practice of female mutilation is considered dangerous and the country has imposed laws to prevent the practice from continuation. In 2001, Kenya outlawed female genital mutilation among girls under the age of 18 years old, known as the children's act. This law stipulates, in section 18 that "Any conviction for FGM related offences carries penalty of 12 months imprisonment or affine of KSH 50, 000 or both". The same year the ministry of health supported the punishment and circulated the policy directive making FGM illegal in all health facilities. In 2003, the country signed the Maputo protocol, which in article 5 stipulates that, FGM should be prohibited and condemned (Ministry of Health 1999).

### 3.4 Ethiopia

Ethiopia outlawed female genital mutilation in 2004, but still the practice is deeply rooted and nearly universal in the country. In 2005, a government health survey of the country found out that 74 percent of girls and women had undergone the ritual cutting. The penalties for the practitioners range from a minimum of three months to a maximum of life in prison or monetary fines (Population Media Centre 2009).

Social pressure dictates the continuation of the practice, even though some girls and women would not prefer to undergo the procedure. Laws can act as one tool to end the practice because they can empower the women and girls to refuse undergoing mutilation. Nahid Toubia who is an expert on the subject of FGM, states clearly "In some cases people are informed about the practice and are well educated but they cannot stand the belief that women can live with their clitoris not cut." She adds that "the law is not meant to break up families and generations but "it sets the standards and informs what is morally right or wrong" (Toubia 2000).

Some of the countries have implemented the laws and that is why the percentage of mutilation has decreased. While in other countries like Sudan and Somalia, they have not because they lack a central government (Afrol news 2006).



## 4 BACKGROUND OF FEMALE GENITAL MUTILATION (FGM)

### 4.1 Classification of FGM

There are four types of female genital mutilation classified by WHO (2008), UNICEF and UNFPA I their joint statement. The types are presented below.

Type I clitoridectomy of female genital mutilation is done by taking out the hood of the clitoris only and not touching any other parts. Clitoridectomy type is one of the gentlest types of female genital mutilations that do not cause many health effects to those who practice it. The traditional name used for it is “sunna” in Somalia and “okwaroka” in Kenya.

Type II excision, is carried out on the victims by either removing of the whole clitoris/ or part of the labia minora. In some communities who practice this type, the labia minora are completely taken out. This is the most widely practiced form of female genital mutilation.

Type III infibulations, is practiced by surgically closing the labia majora. The genitals are sewn together leaving a small hole for urinating and for menstrual blood. Girls around the age of puberty are subjected to this type to ensure chastity. This is one of the dangerous types of female genital mutilation.

Type IV intermediate, it involves mutilation and stitching of the clitoris. The clitoris is taken out and the labia minora either stitched together, or can be done by leaving the clitoris uncut and removing the labia minora. The labia minora are then stitched together and the clitoris is left intact, or in some cases, it is cut off depending on the community.

### 4.2 Unclassified

This involves scarification of the hood of the clitoris, labia minora and vagina and removal of the hymen to some societies. It also includes pricking, piercing, or stretching of the clitoris /or labia.

There are no pictures for this particular type because it contains various operations that are difficult to sketch into a picture. Each community has its own way of doing the practice and the type depends on each community.

The most common types of female genital mutilation (FGM) are II and I with variation among countries. Type III, infibulations, constitutes about 20 per cent of all affected women and is most likely found in Somalia, northern Sudan and Djibouti. Both immediate and long-term complications are reported following the mutilation process. Multiple problems occur because of type III as its one of the extreme in places that practices it. The immediate complications include sudden death, extreme pain, tetanus, urine retention, and excessive bleeding. The long-term complications may include, menstrual cramps, lack of sexual desire, painful sexual intercourse and bladder infections (Afro-Arab 2003).

The procedure of female genital mutilation is extremely painful because it is done traditionally without any type of medication. The traditional practitioners called midwives improvise the tools they use locally from pieces of glasses, broken bottles, sharp thorns from trees, blunt knives made locally, and some made from stones by curving. The age at which FGM is performed on women and girl children varies from one country to another, tribe, and circumstances. Age ranges from a few days after birth to adolescent and just before marriage or after first pregnancy. In Somalia girls, undergo the practice aged four to nine years, Ethiopia when the baby is a few days old up to just before onset of puberty, Kenya before puberty and Sudan ranges from a few days old, to adolescent and just before marriage.

Different elements of culture are seen in societies where female genital mutilation (FGM) is practiced. Some of the elements one can find include different kinds of beliefs, religious, social hierarchies, norms and customs. Such communities tend to share some of the living ways and thinking in the same way when it comes to the issue of female genital mutilation. However, culture is learnt and children learn culture from adults. For same reasons FGM is spreading from one generation to another (Millos f. and Dennistion c. 2000)

Exploring the issues of gender, women and children's right, the practice of female genital mutilation is a big threat to the women's health and violation of their human rights. The fact that the practice is now seen as illegal in many countries that have imposed laws on it, better understanding of the practicing communities perceptions needs to be understood to find ways to encourage them stop the practice as it is mostly rooted in culture and believes (Hernlund and Shell-Duncan 2007).

Social pressure is also one of the factors among many communities in which most girls and women are circumcised, through this family and friends have created an environment in which the practice of mutilation becomes a requirement for social acceptance among the peer groups to avoid name calling for one to fit in the group (Boyle 2002).

Majority of the cases of FGM are found in Africa, among the 28 African countries. In countries for example, Egypt, Ethiopia, Somalia and Sudan prevalence rates is as high as 98% (see Table 1). While in other countries like Nigeria, Kenya, Togo and Senegal prevalence rate is between 20 and 50 % (Amnesty international 1997).

However, how big or small the percentage is in different countries the fact is that specific ethnic group's practice FGM and not the whole country. The practice has spread to other parts and is now taking place in Arabian Peninsula among the Yemen and Oman people. The practice is also reported in Pakistan, Indonesia and Philippines in the Muslim populated areas. Other factors such as immigration and refugee movement have contributed to the spread of the FGM to USA, Canada, Europe, Australia and New Zealand. Research by Forward (2002) indicated that 6,500 girls are at risk of FGM within the United Kingdom every year.

Table 1. FGM practices by country and type practiced. Source (Afröl News)

Country	prevalence	Type
Benin	5-50%	Excision
Burkina Faso	Up to 70%	Excision
Cameroon	-	Clitoridectomy and excision
Central AfrRepublic	45-50%	Clitoridectomy and excision
Chad	60%	Excision and infibulations
Comoros	-	Excision
Cote d' Ivoire	up to 60%	Excision
Congo	-	excision
Djibouti	98%	Excision and infibulations
Egypt	85-95%	Clitoridectomy, excision and infibulations
Eritrea	95%	Clitoridectomy, excision and infibulations
Ethiopia	70-90%	Clitoridectomy, excision and infibulations
Gambia	60-90%	Excision and infibulations
Ghana	15-30%	Excision
Guinea	65-90%	Clitoridectomy, excision and infibulations
Guinea Bissau	-	Clitoridectomy and excision
Kenya	50%	Clitoridectomy, excision and some infibulations
Liberia	50%	Excision
Mali	94%	Clitoridectomy, excision and infibulations
Mauritania	25%	Clitoridectomy and excision
Nigeria	60-90%	Excision, clitoridectomy and some infibulations
Senegal	20%	Excision
Uganda	-	Clitoridectomy
Sierra Leone	90%	Excision
Somalia	98%	Infibulations
Sudan	90%	Infibulations and excision
Tanzania	18%	Excision and infibulations



Figure 1: Location of places where FGM is practiced. Source: Afrol news

## 5 RESEARCH METHODOLOGIES

### 5.1 Research methodology

Research methodology is the choice one makes how to study a certain topic by gathering data and the methods she/he uses to analyze data in research (Silverman 2005).

Qualitative methodology of data collection was used in collecting the materials for the research. As defined by Miller and Crabtree (1992) the methods are more than one. It involves exploring attitudes, behavior, and experiences of the group studied. This research will focus on the experiences of Female Genital Mutilation among African women with experiences of FGM and knows more about it. The qualitative approach was valuable in obtaining more details that could not be achieved in numerical data or by using, for example, a questionnaire. By using interviews, the data is based on true personal feelings of the participants who took part in the study. The interviews were made simple and clear to avoid misunderstandings, between the researcher and the research participants.

### 5.2 Study location

The research took place in small towns that surround Helsinki region. The factors that contributed to choosing these particular towns were that the places were easily accessible in terms of transportation. Most of the participants have been living in these places for quite a long time in their permanent homes. The regions occupy most number of immigrants from the countries that I was planning to involve in my study. If I were planning to get more participants then it would have been easier for me to find them from here with the help of the interviewed participants.

### 5.3 Selection criteria of the participants

The selection criteria of the participants was based on, choosing those women who have been victims of female genital mutilation and have witnessed it practiced on other people either their close friends or their family members. The participants used in this research were chosen from a social network of people that I am familiar with. In number, four participants were chosen to participate in the research process.

The reason for only having four participants for the research was, to ensure that adequate time would be allocated to each of the participants to tell their story and for the researcher to be able to do the analysis. All the interviews were conducted in English language because the participants would communicate well in English. During the process, I did not encounter any difficulties except some participants being emotional. However, this did not prevent me from continuing with the interviews.

### 5.4 Research participants

In total, four participants took part in the interviewing process. Their ages varied between 20-35 years old. All had undergone female genital mutilation in their own countries before moving to Finland. Three of them had no educational background, as they had not attended school before only one is a university student here in Finland. Three were married with children and currently lived with their families, while one was single.

### 5.5 Procedure of data collection

Data collection was based on ten interview questions that were open-ended (appendix1) Open-ended questions are unstructured questions in which the respondent answers by using his or her own words (Seidman 1998). Two different types of methods were used to gather the information for the research. This included interviews and materials researched from the different books on female genital mutilation and internet web pages that other researchers have done research.

The interviews took place at mutually agreed time, date, and location chosen by the participants. Several authors suggest that ninety minutes is the optimum length for a qualitative research interview (Hermanowicz and Seidman 1998). Therefore, I suggested to the interviewees that the interviews may be approximately one hour but they can go as long as they wish so that I do not limit them with what they want to share. Finally, most of the interviews lasted for one and half hours, and only one ended up being one hour fifteen minutes. All interviews were tape recorded with participant's permission granted. Taping occurred as expected. It was clear and loud to understand what the participants were saying afterwards when I was listening and transcribing the materials from the tape recorder.

All the participants chose to have the interviews with no one present except me. The interviews were done in their homes as they felt safe, free to express themselves and easier for them to concentrate as it is the kind of environment they are used to. The interviews took place within one month at the agreed time with the participants from December 18<sup>th</sup> to January 30<sup>th</sup> 2010. Three of the participants chose to have the interviews in the morning from 9am - to 11 am. The reason why they chose this time of the day was that at that time they would be alone in the homes to avoid disturbance. While the children were at school and their husbands at work. The other reason was to avoid their children and husbands seeing them in pain when remembering about the FGM practice. FGM practice is a sensitive topic that is usually not discussed among men and women and outsiders because of fear of being judged. Therefore, the husbands would not be present during the interviews.

The women agreed to open up their stories because they were victims of female genital mutilation at younger age and they did not have anyone to talk to about what underwent through. They therefore felt it is good to share with me their stories and through them, those who still practice FGM will know the dangers involved and abandon the practice. Another reason was, they wanted to let other who does not know about the practice to know about it and be able to help the young children who are growing up in those countries, which practice FGM as part of their culture.



## 5.6 Data analysis

Analysis was based on the data provided by four participants through ten open-ended interview questions. The transcripts of interviews were read several times, according to what the participants were saying they had undergone through during female genital mutilation process. The important points that related to answering the research questions were grouped together and those that carried the similar information grouped differently. The information obtained from the ten interview questions were then used to formulate the following six themes that are used in the data analysis chapter.

- Flashbacks of the women from the practice
- Procedure of FGM
- Complications/ consequences
- Culture
- Religious views
- Human rights

## 5.7 Reliability of data

Like Golafshani (2003), he defines reliability as the degree of consistence with which results of a study can be reproduced again using the same methodology. To produce reliable results, qualitative research methods, such as interviews, and literature reviews were used in this research to gather all the information mentioned in this thesis about female genital mutilation.

## 5.8 Ethical consideration

Ethical considerations were addressed at the beginning before starting the interviews. Any sensitive issues that could have been distressing to the participants were considered. It was made clear to the participants that they can terminate the interview at any stage should they feel uncomfortable with certain questions.

To ensure confidentiality of the participant's welfare, their identities were protected and any names used have been changed. According to Polit and Hungler (1997), the participation of human subjects in research, especially if one is researching experiences,

must be taken care to ensure the participants are protected. During the interview process, the tape-recorder was used to record all the interviews with the permission granted from the participants. At the end of all the four interviews, the time was taken to transcribe the data and reflects on it. Data was then coded according to the questions and six themes developed from the ten interview questions. The six themes will be used to analys all the interviews

## 6 RESULTS

The six themes generated from the interviews will be taken into consideration in analyzing the practice of female genital mutilation in Africa.

### 6.1 Flashbacks of the women from female genital mutilation

Flashbacks are sudden recollections of the events that are accompanied by strong emotions (Encyclopedia). In this paper, a flashback simply means the memories from the day women and young girls underwent the horrible practice of female genital mutilation that has affected them in one way or another.

All the four participants were victims who had undergone female genital mutilation during their childhood, between the ages of 8-14. Some of them were educated and others were not educated, however the interviewers revealed similarities and differences when asked about the practice of female genital mutilation, even coming from different origins and backgrounds.

Undergoing female mutilation at a young age, the participants spoke very negatively about the practice from remembering what they had to undergo after flashbacking what happened to them. They were all against the practice after they had moved from their original homes to Finland and were educated about the practice from the doctors and those who had knowledge on the topic, for example, the women groups and organizations such as African women "africarewo". Since life has not been the same after undergoing the mutilation process, almost all of them have had problems associated with undergoing FGM. They said, "for example we do not see any reason why we were mutilated."

The following are some of the direct quotes from the women during the interviewing process.

*“I remember the same picture of these two fat women who held me down tightly. The memories are still fresh like it happens yesterday. I remember my friend who was the same as me who died after the process because she lost a lot of blood. I was extremely terrified after hearing my friend screaming and shouting for help because of the pain caused by the cutting. I tried to escape but they brought back. I remember the old try used to carry the broken pieces of glass that were used as the instruments for the procedure another says I remember not being able to sleep, walk and urinate for days”*

From all these flashbacks the participants noted that what they underwent through when they were young, the memories keeps on coming back and this has affected them because they did not have anyone to talk to and get the necessary help.

## 6.2 Procedures

A procedure refers to the steps followed when the process of female genital mutilation is done on women and young girls.

The question on procedure was *How is the procedure of female genital mutilation carried out in your own community?* The information and analysis on the procedure is based on the interviews. The participants came up with similarities and differences of the procedure in their respective countries.

According to how the procedure is done, despite the different countries of their origin, some of the words the women used to describe the cutting process include *pain, Dead, screaming, instruments, haunting, torture, bad and not easy.* The following were some of the similarities on how the practice was done from the experiences of the four participants who took part in this research.

Based on the interviews, the age varies from a few days after birth until before marriage or sometimes before women gives birth. Countries like Sudan, Somalia and Ethiopia it is usually a few days and goes on until before marriage and for some women it can be before giving birth.

In Kenya, mutilation takes place before puberty. The process takes 20 minutes per girl or a woman. This is for those who practice type II and III which are more severe. Those who undergo type one (see to appendix and background) the process lasts roughly five minutes.

The time when the mutilation takes place varies from one country to another. In Kenya, it is usually during the end of the year when the school holidays are longer. In Sudan and Somalia, it is when the family has money and in Ethiopia, it is during the August holidays during the harvesting seasons when they have enough food for the celebration to take place. Midwives and old women who are chosen by the community are the ones who do the mutilation for the girls and women because they are believed to have experience. They get cows, goats and money as a form of appreciation and as part of their income.

The whole process starts by girls arriving together with their parents or close relatives to the mutilation place as early as four o'clock in the morning. They arrive a few minutes early so that they get prepared before the work starts. The girls are taken into something built like a bathroom, and they shower with cold water to make their bodies numb so that they do not feel much pain because no medication is used. After that, they are escorted to where the midwife is seated and the cutting process starts. The following are the kind of tools used that were mentioned by the participants:

- White piece of cloth spread on the floor for the girls to sit on. It should be white as it symbolizes wholeness.
- Broken pieces of glass or sharp thorns, used as the cutting object. One cutting object is used on all the girls without changing and not fearing of transmitting diseases such as aids or hepatitis.
- Ropes used to tie the legs and hands so that they do not move when they feel pain.

Other things present at the cutting ceremony include:

*Two people who hold the girls mouth and feet to avoid loud screaming and too much movement. A candle- they use the candle to blow it at the end of the cutting process by the girls or women, to driving away the bad spirits from their body. A traditional stool for the midwife to sit on facing towards the position of sunrise to give respect to the sun that signifies holiness and good luck.*

When all the materials are ready, the “ceremony” starts. The traditional midwife who performs the work sits in front of the girl and starts cutting the genital parts, they start by cutting the clitoris followed by sewing up together the lips leaving a small hole a size of pen for passing urine and menstruations period blood only. The girls are then made to stay indoors with their legs tied together to avoid movement and for quick recovery. The girls are not allowed to drink any kind of fluids for one week to avoid urinating that can make them feel pain and delay the healing of the wound. Infections occur, they are not allowed to see the doctor but instead are meant to sit on a hot charcoal that is believed to kills the germs, but in the real sense, it is not the case but making the situation worse. If the procedure is not successful, it is repeated once again until the parents and the midwife are satisfied with the result. After healing, the girls are showered with presents that include new clothes and some jewelry that symbolizes that she is now ready for marriage and can have a husband at any time.

### 6.3 Consequences; Physical, Psychological, sexual

The tools used to perform the procedure are not sterilized, and in many cases, they end up transmitting germs that cause many health consequences for the women and girls. The victims of the practice suffer from different health consequences that result due to the wrong instruments used. These consequences can be categorized with four different aspects of “Human life” these include, health, physical, psychological sexual and social.

Table 2. Health, Physical, Sexual, Psychological and Social Consequences of FGM

Health	Physical	Sexual	Psychological	Social
Short-term consequences of FGM	Bleeding, fainting, fever, infections such as HIV/AIDS tetanus		scars, difficulties to sit and sleep	Embarrassment When visiting doctors.
Long-term consequences of FGM	Abnormal growths, recurring urinary tract infections, damage to other organs surrounding the clitoris, Pregnancy problems such as infertility and still baby.	Painful sexual intercourse, delayed sexual arousal, Lack of sexual desire.	Nightmares, Trauma, name-calling, pain and fear.	Respect in the community, Marriage, Isolation, Name-calling, Rejection with peers and divorce.

The physical health consequence problems after the process show permanent damage to the victims. If they do not die from excessive bleeding and infections such as tetanus, they will have other health risks that may occur during the healing process. Too much removal of the sexual organs from the vaginal area causes problems during delivery such as tearing, and bleeding that puts both the mother and baby at risk. When the mother pushes the baby out, it is difficult for the head to pass through a narrow hole and this causes death of the infants. Some of the participants mentioned that scares develop and strange growths that can be as big as a size of grape do grow on their private parts. Through this they are embarrassed when they go to hospitals either to give birth or for examinations if they have any problem.

Psychological consequences of FGM also caused psychological problems to the victims. All the participants reported having nightmares many times about pain and remembering how scared they were the day they were mutilated. The pain they experienced during the cutting, is associated with the delivery pain and that has caused women to fear when delivering, remembering the first pain and kill their unborn baby in the process.

Removal of the clitoris disclosed loss of interest and desire for sexual needs among the women. They also experience less sexual satisfaction and pain because of vaginal opening. Due to lack of sexual desire, many of the women are experiencing stress and their husbands are cheating on them with women who are not mutilated because they cannot bear the pain. Through cheating, many women are becoming victims of HIV/AIDS, which is transmitted by their husbands. Mutilation causes effects on sexual desires of women and may cause social problems that contribute to divorce, name-calling and feeling of isolation because others do not want to integrate with you.



## 6.4 Cultural beliefs

According to Lewis D. (1996), he defines culture as particular people's beliefs that are value orientation and value system, which give meaning, logic and significance to their existence and experience in relation to both the universe and other human beings. Momoh (2005, 1) points out that in societies that practice female genital mutilation, cultural elements such as behavioral norms, religious and particular beliefs are present. In this thesis work, culture will be in terms of beliefs that support the continuation of the FGM practice.

The women were asked, *why is female genital mutilation practiced in their community?* According to the participants based on the interviews, the most cited reasons include faithfulness to one future husband. It is believed in those communities that cutting the hood of the clitoris of a woman can diminish the sexual needs of the woman. Womanhood, once a girl undergoes female genital mutilation she is considered moving from childhood to adulthood and being able to bear children and have a husband. Men are allowed to visit the family of the girl who has undergone mutilation in the hopes of marriage while in the case of those who are not mutilated is vice-versa. Young girls chose to be mutilated to avoid social pressure from their peers, rejection from the community, name-calling and receiving presents from their parents. "Cleanliness" and "beautiful" were mentioned as cultural beliefs that support the continuation of FGM. Removal of the clitoris was considered as maintaining feminine by taking away the clitoris that many believe will grow and resemble the penis if it is not cut. Total removal of the clitoris and making it smooth is beautiful with some women. Birth reasons, the researcher found out that the girls believed what they were told with their elders that if a girl is not mutilated, when she gives birth and the baby's head touches the clitoris it would die, and so they chose to be mutilated out of fear.

## 6.5 Religious views

Various religions such as Islam or Christianity are not in favor of the continuation of the practice. From the interviewees, based on the analysis and information from the interviews, the women are told the practice has religious justification and therefore they had to do it if they wanted to be Muslim women. The traditions and beliefs have continued to be stronger in most African regions and many have become strict followers of their cultures, which is one of the reasons why the practice is still practiced. From the point of view of the participants, they mentioned that, many girls are mutilated in the rural areas compared to those in urban areas. The reasons for those in the rural areas were illiteracy and believing whatever decisions made for them. The reason why those in urban areas are not many is due to education they have received about FGM. Other beliefs mentioned during the interview included a belief that the ancestors will be happy, Maintaining gender identity and being allowed to read the Koran.

For instance in some parts of the world where the Islamic believers are, the leaders are arguing that FGM should not be practiced because it is altering God's creation, while in some parts they are supporting the practice according to the interpretation of various leaders from the Koran.

Christians have also spoken about the practice both in the churches and in seminars organized for both women and young girls to teach them about the negative effects of female genital mutilation. However, with some Christians, the practice has remained part of the tradition that they feel should be continued and not ignored.

According to the participants, those who are from Islamic religion had different perception about the practice compared to Christians. Islamic believers were at first supporting FGM because of the information they received from their parents and community elders when they were young that it was part of the Islamic rule.

However, after migrating from their birth countries, have to understand about FGM they are now against the practice considering what they have underwent and the information they have received, for example, from the medical doctors and psychologists regarding the FGM practice. Some of the words that were used when the young women were mutilated included, pure, respect “Sunna” being one of the words found in the Koran that is referred, as providing the guiding principle to Muslims community and Mohamed and his wife were circumcised therefore they should follow the paths of their prophet.

When the Christian participant was asked this particular question, she expressed herself by saying there was no reason why it should be practiced it causes harm, torture and makes one feel incomplete. By incomplete, she meant one of their important parts of their body that makes them feel as women is missing. She also mentioned some of the churches in her own country, which have shown co-operation in campaign against FGM these were: *Evangelical Lutheran churches, Seventh Day Adventist church, Catholic Church, Anglican Church*. The four women had no positive attitude towards the practice and they all agreed they would not allow it on their own children no matter how pressured they will be with their relatives and families.

## 6.6 Human rights

Human rights refers to the basic rights and freedoms that all people are entitled to regardless of Nationality, nation and ethic, origin, sex, language or other status (Amnesty 2010). Most of the African countries that still practice FGM do not take into consideration the welfare of their victims to be breaking the law or violating other people’s rights. This countries have based the practice as one of their traditions that every young female should undergo before regarded as member of the society.

Midwives who are doing this kind of work are earning a living by getting some income from the families of the girls whom they mutilate.

Illiteracy is one of the reasons why the practice still goes on because many people are not aware of the human rights and what are the consequences they cause to the girls and women in the future.

For the Participants who took part in this research, according to the information and analysis based on the interviews, they have travelled and had education about FGM and human rights. However, the participants fall victims of FGM when they were young and no idea what the practice is all about, and were not able to fight for their rights or escape and find help elsewhere. From the problems they have experienced after mutilation and the kind of education and help they have received has helped them to relate to their experience and came up with the following as ways of how they see their rights are violated by the practice of female genital mutilation.

The first point that was mentioned by all the participants was that they were mutilated when they were young without themselves being consulted whether they wanted to undergo the procedure, Moreover, in the case of FGM those under their care are the ones who are subjecting them to this cruel act instead of protecting them.

They have a right to enjoy sex. By cutting away the clitoris that is used to stimulate the sexual desire of the women and causing other harm to them, they feel robbed of their right to enjoy sex. It has also left some women unproductive due to the dangers associated to it. Based on the charter of sexual and reproductive rights FGM also violates the sexual rights of women. International Planned Parenthood federation (IPPF 1995).

Using unsterilized instruments/ tools and no medication, and one instrument is used for a number of girls; the chances of contacting infections such as HIV/AIDS are high. If one gets the infection, they are not allowed to see a doctor or go to a hospital, which is part of the health benefits that is necessary for every person. Through this, the victims feel they are roped their right to enjoyment of the highest attainable standard of health.

## 7 DISCUSSION

I found out that type III and I are the most common types of FGM performed in most African countries among the four countries that I used as the research area. Type is III mainly practiced by the Ethiopian, Somalian and Sudanese people. In Kenya, they practice type I because of the law banning FGM. They consider it to be simple and not causing many health problems and still it can be practiced and retain their cultural beliefs.

In many African communities, which practice female genital mutilation, the research finding discloses that some respected people, for example, the grandparents who are the elders of the community, support the practice. Some of the women and young girls who fear rejection and name calling in their community, from family and friends chose to be mutilated. Being illiterate for many African older women and young women ,not knowing the consequences caused by female genital mutilation has so far enabled the practice to go on in many African countries. Where girls move out of their community and get education about female genital mutilation, they are likely to oppose the mutilation, and in some situations they may choose to run away to avoid being subjected to the practice and seek refuge in churches or organizations that are supporting the elimination of the practice.

From the interviews, cultural beliefs are the most reasons that support the continuation of female genital mutilation among many communities in Africa today. Momoh (2005,) states some of the different factors of cultural beliefs such as certain beliefs, customs, cultural hierarchies and religious beliefs. The practice affects mostly girls and women of all ages. To avoid shame on their families by engaging in sex before marriage and not being able to find husbands in the future has enabled some girls and women to choose mutilation.

Making the practice a criminal offence and safeguarding the human rights of women and children has also reduced the age of the girls being mutilated in some countries for example in Kenya. The government has outlawed female genital mutilation on under age of 18 years old (KDHS 1998).

It was also found, some of the girls choose to be mutilated to receive presents from parents and be accepted in the community by their age mates. Other reasons for practicing female genital mutilation that were found from the interviews included pleasing the ancestors, to maintain gender identity by not allowing the clitoris to grow and resemble the male organs. Beliefs if the clitoris of the woman is not cut and touches the newborn during delivery it will die. Hygiene and beauty were some of the reasons why FGM is practiced.

Some people practice female genital mutilation for religious reasons. The research findings revealed that especially Muslims practice mutilation to show their commitment to Islam. However, some of the seventh day Adventist Pentecostal and Lutherans seem to practice the female genital mutilation for other reasons not based on the bible, but are against the practice. Female genital mutilation is more common in the Muslim communities (Mustafa 2001).

### 7.1 Age and tools used

The question about the age and tools used indicated that in all the four research areas, female genital mutilation is performed on the girl child and women. In some countries, the age for mutilation may be as young as a day old while in some it is before puberty or before giving birth. Research findings revealed that, only one instrument was used for all the girls without fear of transmitting diseases such as HIV/AIDS and hepatitis B. The instruments are traditionally improvised and no medication is used.

### 7.2 Physical consequences

The research revealed that the extent of FGM is physical consequences depend on the type of FGM, as this differ from to country to country. In countries that practice type, I/Sunna the health consequences are found to be minimal. The health issues cause permanent physical damage to the girls and women. If they survive the bleeding, which causes a lot of blood loss and infections such as tetanus, urinary infections and fever then they continue to have other health issues following the healing process that takes many days.

Once the organs are cut, they affect the other organs and muscles surrounding the vagina and this leads to the women's elasticity at the vaginal opening lost. This causes problems during delivery with increased risks of tearing when pushing the baby out if they do not have cesarean section and bleeding which puts the mother's health and baby at risk.

### 7.3 Psychological consequences

The psychological problems from the interview revealed recurring nightmares about the mutilation day, the pain they went through and fear associated with that particular day. Some of them were psychologically traumatized wondering why those they trusted to protect them such as their parents and grandparents, would allow such a painful operation to be performed on them. Difficulties to sit and sleep were reported which were associated with the pain of cutting.

### 7.4 Sexual consequences

The research findings disclosed that due to the removal of the clitoris, which is the sexual stimulant in women many did not experience a lot of satisfaction when having sex with their husbands. Many found sex painful because of the penetration and the vaginal hole being too small. Lack of sexual desire was also reported which leads to high cases of divorce because men are not satisfied and because of the pain women experience, they withdraw from having sex.

### 7.5 Social consequences

Embarrassment was a social consequence that was reported by many women when they visit the doctors/gynecologists because of the way their organs look due to the disfigurement caused by FGM. In some communities, it was also found that in some cases it is the girls who choose to undergo the procedure because of social pressure from peers, to avoid name-calling and find husbands in the future. In addition, the fact that the mutilation is associated with receiving gifts for those who undergo the procedure.



According to Toubia and Rahman (2000), WHO (2008); both are of the opinion that female genital mutilation does cause physical, sexual and social health consequences to those who undergo the procedure. The consequences are either short or long- term depending on the type of FGM practiced on the individual.

## 8 CONCLUSION

The discussion is focused on the results, the process of gathering the information, challenges, and limitations encountered during this research process. The result confirms that the practice of FGM is a social consequence that is affecting a number of women and young girls socially, psychological and physically. To eradicate the practice, there is a need for education campaigns in the communities that practice FGM. Although many African countries have criminalized the practice of FGM, this is not enough because the practice is deeply rooted in cultural and traditional practices. The campaigns needed to include topics on human rights violations and the harmful effects caused by FGM.

Issues dealing with culture are so sensitive and therefore those planning to tackle the issue of female genital mutilation that is deeply rooted in culture and traditional beliefs, should have enough knowledge on other people's culture and should not generalize culture. When discussing about people and their culture, also historical, economical social, political and geographical factors need to be taken into consideration, because they are part of the people and their life.

The research is important, not only for myself, but also for readers who will take part to protect children from abusive cultures that are putting children and women at risk.

This research project started in autumn 2009 when the research proposal topic was accepted. The objective of the research was to provide information on the flashbacks of women who have undergone FGM and to, find out how the procedure is carried out, complications involved after the practice, cultural factors influencing the continuation of FGM, religious views and how the practice violates the rights of children and women.

It was important to bring out the issues of FGM, because it is becoming a global issue due to the growing numbers of migrants. Others to be aware of the practice and the consequences it entails to be able to help in future.

The research started by conducting the interviews, which took part within the schedule duration. The interviewees were cooperative and everything went as expected. Finding information on books and through the internet was successful although not much has been researched on the topic in the field of the social. Through different organizations fighting for the elimination of FGM, they provided good information globally that were so helpful during the research.

The practice of FGM, to me was scary because of the little knowledge she had about the practice. Because western countries and culture do not know much on the practice, it was important to introduce the subject, the fact that knowing about FGM would make a difference in working life situations if similar cases come up.

Finalizing the research was very challenging, as this was the first research I have conducted. I did not have any previous experience how to write a research paper and what to include. There were some lectures from the teachers on how to proceed and some information from the books was very helpful during the process. The help of the allocated supervisor reviewed the written work many times and corrections were made. The time I spent was with the research very challenging in many ways. However, the skills and experiences gained during the whole process were useful.

The goals that had been set for the research were accomplished. The research questions were answered according to the information collected from the interviews, books and the internet. The following themes helped in answering the research question, flashbacks of the women from the practice, culture and human rights themes. Personally, and professionally, I gained a lot of experience while writing the research paper and searching information from the internet and various books.

Human rights are meant to protect every individual despite their color, ethnic background nationality and age. The practice of female genital mutilation has proven to be those cultural or traditional norms that need investigation in the light of human rights principles. Upon investigation, nationally and internationally it was discovered that the practice violates the rights of the girl children and women in the cultures that do the practice. It is cruel, harmful, painful and unnecessary because, it affects the health of others. Currently the practice is not only seen as a violation of human rights but also a criminal offence among many African countries.

Through empowerment, individuals who already have knowledge on the practice of female genital mutilation to educate others will be the starting point towards the elimination of the practice. Women and girls should be supported also by providing them the necessary information about the practice so they can help others in their societies who are still practicing FGM. Professionals in the field of community development should be encouraged to report any cases that they might suspect in their community if a girl has been mutilated or is at risk of undergoing mutilation by reporting to the authorities and organizations that are working towards the elimination of the practice. Some of the organizations include, Africarewo (African women organization) and Nicehearts ry, an organization for women in Vantaa.

Publishing materials in many languages would help in the elimination of the FGM. Lastly, female genital mutilation is a sensitive issue with many areas not researched, which could act as a future research topic for those who are interested in knowing more about the practice.

This research is beneficial to community development workers who work in communities with minority cultural groups. Through understanding other people's cultures the community development people will be able to identify the dangerous cultural practices that are practiced within minority groups thus they are able to save those subjected to the practices unwillingly.

Finally, this research work has had a positive impact on my professional development. I have gained knowledge on culturally sensitive practices. This knowledge will be useful for me in the future when working with child protection centers that involve cases of children seeking refugee because of being subjected to dangerous practices such as FGM. In addition, if I am working in immigrant organizations and NGOs dealing with minority cultural groups this knowledge will be useful for me.

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**Appendix 1 Interview questions**

1. What did female genital mutilation originate from according to your culture?
2. How can you define female genital mutilation?
3. What are the different types of female genital mutilation practiced in your country of origin
4. What are the different effects caused by female genital mutilation in your country?
5. What are the reasons why female genital mutilation is practiced in your country?
6. In your opinion, how would you consider female genital mutilation as a human right violation practice?
7. When is female genital mutilation practiced in your country among the communities that carry the practice?
8. Who performs female genital mutilation?
9. How is religion involved in the practice of female genital mutilation?

## APPENDIX 2

