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A cut for a lifetime.
The case of Female Genital Mutilation
among the community of Guinea Bissau in Lisbon.

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Abstract

After more than 25 years of efforts to delimit the traditional yet harmful practice of Female Genital Mutilation (FGM) it continues to be a deeply rooted tradition in many countries. There are approximately 140 million girls and women who have undergone this operation. Approximately a further 4 million continue to be mutilated every day. Furthermore, FGM has also become an issue that is becoming increasingly relevant in Europe and other parts of the world, due to the arrival of immigrants and refugees from countries which practice this tradition.

The main approach of this thesis is a legal- anthropological analysis of the practice of Female Genital Mutilation among the immigrant communities of Guinea Bissau in Portugal. As my research showed, FGM is still an important element and identity marker within the communities and therefore is even still practiced in Portugal. Working with both sides, the immigrants and the hosting society, my thesis has been an attempt to highlight the controversial points of view on this issue and to provide interpretations of legislative and preventative tools from which all stakeholders involved could benefit.

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List of Abbreviations

APF Associação para o Planamento da Familia
ASFP Austrian Association for Family Planning
BBC Behaviour Change Communication
CAT Convention against torture and other cruel, inhuman or degrading treatment of punishment
CIDM Comissão para a Igualdade e os Direitos das Mulheres
CEDAW Convention on the Elimination of All Forms of Discrimination against Women
CoE Council of Europe
CPLP Community of Portuguese Speaking Countries
CRC Convention Rights on the rights of the child
ECHR European Convention on Human Rights and Fundamental Freedoms
ECOSOC Economic and Social Council
EU European Union
FGM Female Genital Mutilation
HERA Health, Empowerment, Rights and Accountability
ICESCR International Covenant on Economic, Social and Cultural Rights
ICCPR International Covenant of Civil and Political Rights
NATO North Atlantic Treaty Organization
NGO Non-governmental organization
PAHO Pan American Health Organization
UDHR Universal Declaration of Human Rights
UN United Nations
UNICEF United Nations Children's Fund
UNESCO United Nations Educational, Scientific and Cultural Organization
UNFPA United Nations Population Fund
UNICEF United Nations Children’s Fund
WAS World Association for Sexology
WHO World Health Organisation
X Anonymous Interview

The Buccaneers[1] song talking about Infibulation

What is Infibulation? People say its tradition.
But what is tradition against the love and the trust of your children?

Early morning in Africa
Today she will be five
I tell you she gotta be tough for that
Pitiless turning point of life
Female attraction is no purpose for her yet
But a wicked complexion has a goal for her to get

She gotta stand what her mother did
Her grandma did it too, right
And society won't care a bit
Believe me because it's true
From a child to a woman with a knife that's full of dirt
But the fine little woman she doesn't know how it will hurt...

Infibulation is mutilation of Jah Jah creation and nothing else
Don't justify excision by tradition! Get in coalition to break the spells
Infibulation is mutilation of Jah Jah creation and nothing else
Don't justify excision by tradition! Get in coalition to break the spells

Boom! - As the blade cuts into her skin
Too late for her to fight
Yes she could try but she wouldn't win
Blindfolded from the light
Screaming and crying all the fighting is in vain
And redeeming her trying she got told to stand the pain...

Infibulation is mutilation of Jah Jah creation and nothing else, don't you know
Don't justify excision by tradition! Get in coalition to break the spells

Voluntarily killing a soul
Now what is wrong with them? Tell me now?
What's the reason now and what's the goal?
Just google „FGM"
So many children lose their laughter day by day
And for the sake of their children stop the suffering, I say

Infibulation – do something –is mutilation - don't turn your head
and don't turn your mind don't justify excision by tradition!
Get in coalition to break the spells.

[1] The Bucceners are an Austrian band. After watching an interview with Waris Dire about Female Genital Mutilation on television and following intensive research of this issue Joe Morgan was inspired to write a song about infibulation and speak out against this harmful traditional practice, Phone interview with Joe Morgan.

Introduction

After more than 25 years of efforts to delimit the traditional yet harmful practice of Female Genital Mutilation it continues to be a deeply rooted tradition in many countries. There are approximately 140 million girls and women who have undergone this operation. Approximately a further 4 million continue to be mutilated every day. FGM is one of the most dehumanizing acts of violence against women. As will be explored in this thesis it is a fact that this practice is a violation of the right to health and most fundamentally a threat to life as many die from the operation and its complications.

Furthermore, FGM has also become an issue that is becoming increasingly relevant for Europe and other parts of the world, due to the arrival of immigrants and refugees from countries which practice this tradition.

The main approach of this thesis is a legal- anthropological analysis of the practice of Female Genital Mutilation among the immigrant communities of Guinea Bissau in Portugal. The methodology of my research is based on a Grounded Theory to enable a permanent interchange between empiricism, hypotheses and theory. Furthermore I have also worked with the anthropological terms *emic* and *etic* which have served as analytical tools for my research. In this context, *Emic* was used to refer to the local perspective, an inside view of the Bissau Guinean community which will be reflected in this thesis in the form of informal conversations with community members as well as an anonymous (x) interview with an actual victim of the community[2] who has gone through the process of a mutilation.

The *Etic* and so-called non-local perspective refers to the view from outside, in the context of my case focusing on the view of the host community. Put into practice I have conducted expert interviews with Portuguese citizens from different academic areas most of whom are members of the Board of the National Action Plan against FGM. Other expert interviews[3] have been conducted in Vienna and Copenhagen in order to reflect different country approaches and how to work with the issue of FGM, in order to compare interpretations of legislative

[2] Which will be referred to as X.
[3] Respectively in a total there have been 17 interviews conducted for this thesis.

and preventative tools which the involved stakeholders in Portugal could benefit from.

The first chapter provide an overview of the topic in order to understand the practice of FGM. After a clarification of the various definitions that exist for describing this practice, the prevalence and the different types of FGM are elaborated including the resulting medical and health consequences.

The following chapter (2.) is devoted to the background and history of this practice focusing on the origins and reasons for the performance through an exploration of the common justifications such as social-cultural, psychosexual, hygienic-aesthetic and economic reasons for all the participants involved. Furthermore this chapter also covers the controversial debate of religion and Female Genital Mutilation.

Chapter 3 is an extensive assessment of the different rights that are violated by the practice of FGM with a special focus on the right to health, including an interpretation of the right to reproductive and mental health. In addition there is a section on the respective government obligations and responses from the international community for a more effective eradication.

Chapter 4 is committed to the case study and facing the challenge of FGM among the Guinea Bissau community in Portugal. The chapter opens with an overview of the two countries, Guinea Bissau and Portugal, and analyses their International Treaties and national law.

The last chapter is an extensive part covering recommendations for Portugal including several interviews that have been conducted regarding this issue. The chapter is divided into 15 different approaches showing efforts and measures that could that combat FGM in Portugal more effectively.

1) The traditional practice of FGM

1.1 Concept of FGM

"Female Genital Mutilation has nothing to do with culture, tradition or religion. It is a torture and a crime, which needs to be fought against".
Waris Dirie, UN-Special Ambassador

Around the world there are many cultural and traditional practices that affect the health and well-being of humans. One of the main ones affecting women and that has severe and life long consequences is Female Genital Mutilation (FGM). To understand it and in order to get an idea of the traditional practice of FGM, it is necessary to introduce some basic information.

Starting with the definition of the wording of this practice, we already find different approaches which are connected with humanitarian values, universalism and cultural relativistic views. The universalistic approach speaks about female genital mutilation which seems "technically accurate because most variants of the practices entail damage or removal of healthy tissues or organs[4]". Subsequently the international community and several women's health and human rights activists in this area have adopted this expression[5].

On the other hand, the principle of cultural relativism refers to the traditional practice as female circumcision, female traditional surgery or female cutting, terms which are "less judgmental and corresponds more to the term used in many local languages"[6]. Furthermore "organizations working with communities that practice FGM […] have found that his term can be offensive or even shocking to women who have never considered the practice a mutilation"[7].

Moreover the expression "female circumcision" evokes the idea of male circumcision and "echoes the term for the removal of the [male] foreskin"[8]. It is essential to draw a clear line between these two different forms of traditional practices. Both of them are irreversible but male circumcision does not include

[4] Gruenbaum, Ellen, The female circumcision controversy: an anthropological. Philadelphia: Univ. of Pennsylvania Press, 2001, p. 3.
[5] Rahman, Anika, Female Genital Mutilation: a guide to laws and policies worldwide. London: Zed, 2000, p. 4.
[6] WHO Progress Newsletter, Female Genital Mutilation—new knowledge spurs optimism. No. 72, 2006, p. 3.
[7] Rahman, Anika, 2000, p. 4.
[8] Toubia, Nahid cited in Gruenbaum, Ellen 2001, p. 3.

any disturbance to internal organs. Rahman gives a good example of comparing male and female circumcision where "the male equivalent of clitoridectomy, in which all or part of the clitoris is removed, would be the amputation of most of the penis[9]". In addition, male circumcision has no negative effects concerning sexual intercourse nor does it affect pleasure and orgasm and, in contrast to FGM, this practice has significant health benefits that compensate the complications. Furthermore, it has been proved that male circumcision lowers men's risk of HIV and it is therefore recognized as an additional intervention to reduce infection in men[10]. It is therefore not comparable at all with the pain and trauma of a female circumcision, which leads to a rejection of this term by many people, as "circumcision seems to trivialize the damaging act and the huge scale of its practice"[11].

So the controversy concerning FGM starts with the definition. For the sake of completeness, other terms that have not been mentioned so far used for this operation include "Excision", "Female genital excision" and "female genital cutting"[12]. Some international organisations such as UNICEF and NGO's refer always to both, in the term FGM/C. At the international level, FGM was mentioned for the first time in a resolution adopted by the United Nations Commission on Human Rights in 1952[13].

Coming back to the actual practice, a medical dictionary defines female genital mutilation as: "a broad term referring to many forms of female genital cutting, ranging from removal of the clitoral prepuce to the removal of the clitoris, labia minora and parts of the labia majora, and infibulation; done for cultural, not medical, reasons"[14].

More precise is the definition used by the World Health Organisation (WHO), United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA) in their joint statement from 1997 and the new interagency

[9] Rahman, Anika, 2000, p. 4.
[10] UNAIDS, Safe, voluntary, informed male circumcision and comprehensive HIV prevention programming: Guidance for decision-makers on human rights, ethical and legal considerations. Geneva, 2007, p. 13.
[11] Gruenbaum, Ellen 2001, p. 4.
[12] EU Daphne Training Kit, Prevention and Elimination of Female Genital Mutilation among Immigrants in Europe, African Women's Organisation 2005, p. 12.
[13] Skaine, Rosemarie, Female Genital Mutilation: legal, cultural, and medical issues. - Jefferson, NC: McFarland, 2005, p. 2.
[14] Medilexicon, at http://www.medilexicon.com (consulted 15 March 2008).

statement from 2008[15] as they define Female Genital Mutilation as "the partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non – medical reasons"[16].

Moreover it is necessary to illustrate the different forms of FGM which were classified in a Joint Statement from WHO/UNICEF/UNFPA in 1997 that was amended in 2008[17]. The classification includes four different categories which are[18]:

- *Type I* (commonly referred to as clitoridectomy and sunna) is excision of the prepuce, with or without excision of part or the entire clitoris. Type I is mostly practiced in Mali, Nigeria, Burkina Faso and Senegal.

- *Type II* (commonly referred to as excision and closed sunna) is excision of the clitoris with partial or total excision of the labia minora. Type II is mostly practiced in Sudan and Burkina Faso.

- *Type III* (commonly referred to as infibulation and pharaonic circumcision) is excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation). Type III is mostly practiced in Djibouti, Egypt, Gambia, Mali, Eritrea, Ethiopia, Somalia, and Sudan.

- *Type IV*: (not classified) All other procedures that involve pricking, piercing or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissue; scraping of tissue surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts); introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purpose of tightening or narrowing it; and any other procedure that falls under the definition given [above].

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[15] This new Interagency Statement is written and signed by a wider group of United Nations agencies than the previous one to support advocacy for the abandonment of Female Genital Mutilation.

[16] WHO, Eliminating Female Genital Mutilation: an interagency statement UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO, 2008, p. 1 &
WHO Progress Newsletter, No. 72, 2006, p. 1.

[17] WHO, Classification of Female Genital Mutilation, at http://www.who.int/reproductive-health/fgm/terminology.htm (consulted 15 March 2008).

[18] See illustrations of the four defined categories in the Annex Nr. 1.

The WHO stated that the type of procedure performed differs across areas and countries with ethnicity as the most decisive factor. “Current estimates indicate that around 90% of female genital mutilation cases include Types I or II and cases where girls' genitals were 'nicked' but no flesh removed (Type IV), and about 10% are Type III”[19].

The age at which the procedure is performed also varies throughout the countries and reaches from infancy to occasionally adults before marriage or after childbirth. However, there is a tendency to perform it at an earlier age for various reasons. The motivation has several explanations: for instance, the status of the family within some communities will immediately rise when their daughter is cut. Beyond this parents want to avoid traumatising their children, to avoid government interference and to avoid resistance from their children as they get older and form their own opinion[20].

The setting of the procedure varies between regions and communities. In relation with an initiations rite (rite of passage to womanhood) the location for the procedure can be a sacred site e.g. under a special, old tree, at a rock or at a riverside. In other cases the procedure is carried out in a friend’s or relative’s home and usually only women are allowed to be present. As Rahman states, “girls may be circumcised alone or with a group of peers from their community”[21].

Traditionally FGM is practiced primarily upon children and younger girls, “who have no say in the matter”[22] and do not know what will happen to them during the procedure. The “psychological consequences clearly can be expected to vary considerably, depending on cultural meanings that are taught and whether girls are prepared for the operations”[23]. Mostly the girl is held down and immobilized by a group of other women and by the mother, with her legs open. During the mutilation, nothing is done to ease the pain and only in few ethnic communities is the girl allowed to sit beforehand in cold water or snow, or receives some kind of traditional treatment such as creams or sap, to numb the cutting area. After the

[19] WHO Reproductive Health, at http://www.who.int/reproductive-health/fgm/prevalence.htm (consulted 15 March 2008).
[20] Reymond, Laura [et.al]: Female Genital Mutilation – The Facts, at http://www.path.org/files/FGM-The-Facts.htm (consulted 15 March 2008).
[21] Rahman, Anika, 2000, p. 3.
[22] Rahman, Anika, 2000, p. 3.
[23] Gruenbaum, Ellen, 2001, p. 7.

cutting the girl is mostly brought to another sacred place to recover from the operation. The wound itself may be “dabbed with anything from alcohol or lemon juice to ash, herb mixtures, porridge, coconut oil or cow dung”[24]. In some cases thorns are used to hold the labia together. In case of Type III, infibulation, the girl’s legs are bound together up to the hips and the girl has to stay on a mattress for the next 15 to 20 days so that the wounds can heal[25].

In Europe, doctors from ethnic communities usually practice FGM illegally at home or in private hospitals and surgeries. In some cases emigrants, from practicing communities residing in Europe, bring their girls back home to be circumcised in the traditional way.

1.2 Practitioners of FGM

For the most part traditional circumcisers who perform the procedure of FGM/C on girls are elderly accredited women, “who come from a family in which generations of women have been traditional practitioners”[26]. The same applies for male circumcision, which is traditionally only performed by men on men. Depending on the skill of the traditional practitioner, the circumcision lasts around 20 minutes.

In most cases the practitioners have not received any or only rudimental medical training. In few cases among richer families a professional and trained health attendant such as a doctor or a midwife carries out the circumcision in hospitals or private institutions. This medicalisation of FGM under any circumstances is condemned and opposed by the WHO and by other professional associations”[27]. The more hygienic procedure is mostly done under anaesthetic. Instruments are used in contrast to the traditional way, where crude, unsterile instruments such as knives, razors blades, scissors, and in some cases sharp

[24]WHO Teacher’s guide, Female Genital Mutilation. Integrating the prevention and the management of the health complications into the curricula of nursing and midwifery, 2001, p. 31.
[25]Janata, Martin, Weibliche Genitalverstümmelung - Geschichte, Ausmaß, Formen und Folgen, 2004, p. 10.
[26] Rahman, Anika, 2000, p. 3.
[27] The International Federation of Gynecology and Obstetrics (FIGO) passed a resolution in 1994 at its General Assembly opposing the performance of Female Genital Mutilation by obstetricians and gynecologists, including a recommendation to "oppose any attempt to medicalize the procedure or to allow its performance, under any circumstances, in health establishments or by health professionals". International Federation of Gynecology and Obstetrics, 1994 following the argumentation of the WHO Interagency statement, 2008, p. 12.

stones and pieces of broken glass are applied. With these instruments, which are often used in multiple sessions, a further problem namely the possible transmission and spreading of the HIV virus, arises.

1.3 Medical/health consequences

The UNICEF Child Protection Information Sheet says the following about FGM, "the pain of the procedure is known to cause shock and long-lasting trauma, and severe bleeding and infection can lead to death"[28]. The great pain of this practice, the fact that it is irreversible and its immediate and long-term consequences vary according to the type and severity of the procedure performed.

The torment that every circumcised girl goes through can be classified in three interrelated phases. One is the actual physical effects, immediate complications during, after and following the procedure. This physical pain often includes "scarring, infertility, painful sexual intercourses, rupture of the vaginal walls, long and obstructed labour, chronic uterine and vaginal infections, bladder incontinence, dysmenorrhoeal and obstruction of the menstrual bloods"[29].

Moreover childbirth often leads to further health risks and infections. For instance, the genital areas of an infibulated woman have to be cut in order to deliver the baby. According to a study conducted by the WHO in 2006, in six African countries it was proved that "a woman who has undergone female genital mutilation (FGM) is more likely to suffer complications when she gives birth to a baby than a woman who has not been subjected to genital mutilation"[30]. In addition to that striking new finding, further WHO studies have
shown that FGM has negative effects on newborn babies. "Most seriously, death rates among babies during and immediately after birth were higher for those born to mothers who had undergone genital mutilation compared to those who had not"[31]

In addition, in many cases the pain of the mutilation is connected with blood poisoning, poliomyelitis, hepatitis and HIV, which can lead to death. These complications often lead to absence from school and work. In the long run these

[28] UNICEF, Child Protection Information Sheet, Female Genital Mutilation/cutting, 2006.
[29] Skaine, Rosemarie, 2005, p. 23.
[30] WHO Progress Newsletter, No. 72, 2006, p. 4.
[31] WHO, Interagency statement, 2008, p. 11.

complications make it almost impossible for women to have a proper education and to find or keep a good job.

The long-term consequence of the practice often involves repeated urinary tract infections, chronic pelvic infections and excessive growth of scar tissue or cysts and fistulas[32]. Furthermore they suffer for a long time from pain when urinating or during menstruation. Another common long-term negative consequence is the pain connected with sexuality. Depending on the type of mutilation, the first sexual intercourse is extremely painful and dangerous as in some cases the woman has to be cut open (defibulated) to allow penetration. Further negative effects regarding physical pain include difficulties experiencing normal sexual sentiments as women's pleasure and enjoyment are often hindered.

The psychological pain of female genital mutilation may leave a lasting mark on the life and mind of the woman who has undergone it. "Girls have reported disturbances in eating, sleep, mood and cognition shortly after experiencing the procedure"[33]. Also "sitting and walking may become a torture, due to the rubbing of clothing on the scars or bruises"[34]. "In the longer term, women may suffer feelings of incomplete-ness, anxiety and depression"[35]. In many cases these psychological reactions have an impact on the personality and development of young girls, which can range from temporary trauma to permanent frigidity and even psychoses[36].

This can go so far that even in daily life situations, there are examples where women suffer panic attacks because they encounter certain objects that remind them of the mutilation situation. In many cases it also leads to dissociation, which means that women detach all related problems from the circumcision and in the end cannot remember anything about it. Another trauma that a circumcised woman has results from the fact that FGM is often performed by the mother or another close relative of the family, which leads to a feeling of being "betrayed" and bears for the circumcised woman as a consequence a massive loss of trust in her own family[37].

[32] Rahman, Anika, 2000, p. 8.
[33] Rahman, Anika, 2000, p. 9.
[34] Waries, Dirie, at http://www.waris-dirie-foundation.com (consulted 15 March 2008).
[35] WHO, Fact Sheet No 241, Female Genital Mutilation, 2001.
[36] Gruenbaum, Ellen 2001, p. 7, followed the argumentation of Abdalla.
[37] Janata, Martin, 2004, p. 12-13.

1.4 Scope of FGM

Finding sufficient data that show the exact scope of FGM is very difficult. One of the reasons for the difficulty of finding and collecting data is that sexuality and genital areas in traditional communities are still taboo subjects and people have been reluctant to speak about it. It relates to sexual anatomies that will rarely be mentioned to people that are not part of their own culture or belong to a different social milieu. Furthermore in many societies that practice FGM, it is "unremarkable, taken for granted and therefore unlikely to be spoken of among casual acquaintances visiting from foreign countries"[38].

Estimates from the WHO suggest that worldwide the number of girls and women alive today that have undergone some form of FGM/C lies between 100 and 140 million. This means that about three million females undergo this procedure every year[39] and that an average of about four girls a minute are mutilated.

Most of the circumcised girls live in 28 African countries, reaching from Senegal on the west coast of Africa to Ethiopia and Somalia in the east, to Egypt covering the north and Kenya and reaching to the United Republic of Tanzania which is bordering FGM to the south[40]. Over 80% of the circumcised women are from Sudan, Somalia, Djibouti and Ethiopia. Beside the African countries, FGM also occurs in Asia among the Muslim population, in Malaysia and Indonesia and in Middle East countries such as Yemen, Oman, Israel and Saudi Arabia.

Moreover circumcised girls and women are also increasingly found in Europe, Australia, New Zealand, Canada and the USA due to African or Asian communities emigration to these countries[41]. In Europe, for example, the number of mutilated women and girls is estimated as including up to 500,000 cases of whom approximated 75,000 live in Great Britain, 65,000 in France and about 30,000 in Germany[42]. As Skaine states, "about 15 percent of the cases of genital mutilation in Africa are of the most extreme form, infibulation"[43] and as a result of immigration FGM and its health consequences is becoming more and more of a

[38] Gruenbaum, Ellen, 2001, p. 15.
[39] WHO Progress Newsletter, No. 72, 2006, p. 2. & WHO, Interagency statement, 2008, p. 4.
[40] See also Illustration Nr. 2 in Annex.
[41] WHO, Progress Newsletter, No. 72, 2006, p. 2.
[42] Waris Dirie, at http://www.waris-dirie-foundation.com (consulted 15 March 2008).
[43] Skaine, Rosemarie, 2005, p. 50.

problem in our societies. Therefore, as Waris Dirie urges, “every woman who wishes so should have the possibility to have corrective surgery free of charge”[44]. Medical therapy for an infibulated woman would include plastic surgery and recovery, specifically the opening of the seams of her outer genitals. In case of painful scars the medical solution would be a scar correction and the same applies to fistulas where a specific recovery operation is needed. Apart from the reduction of pain, “sexual feelings return in 80 percent of the cases”[45]. Unfortunately at present there are not many competent doctors who are able to perform such operations. Furthermore, as already mentioned before, these operations are not known within the ethnic communities, are taboo or even contested and besides this, due to the costs, for the majority of the circumcised women they are not affordable.

2) Background and history

> “There are practices that our ancestors themselves,
> if they came back to life, would find obsolete and outdated[46]”

2.1 Origins of FGM

The most common question that I have to answer when introducing my thesis - topic, is the question why parents and families still agree to carry out these painful and harmful practices. To answer this question systematically requires examination of the great many value systems embedded in the cultural beliefs within ethnic groups and regions[47].

This brings up the question of where the history of the origins of FGM lies. The opinions on this are very controversial and “the absence of historical records makes the task of determining its origin difficult”[48].

The British Museum in London houses “a Greek papyrus dated 163 B.C” that mentions girls in Egypt being circumcised when receiving their dowries. Ancient documents and several authors reports assume that the practice of FGM began in Egypt and Sudan in the Nile valley and that it spread out through long distance

[44] Waris, Dirie, http://www.waris-dirie-foundation.com (consulted 15 March 2008).
[45] Waris, Dirie, http://www.waris-dirie-foundation.com (consulted 15 March 2008).
[46] Amadou, Hampaté Bâ, African sage, at http://www.gtz.de/en/weltweit/afrika/regionale-themen/9121.htmcited (consulted 15 March 2008).
[47] Gruenbaum, Ellen, 2001, p. 49.
[48] EU Daphne Training Kit, 2005, p. 12.

trade relations and intermarriages between tribes of Arab nomads[49]. Another source confirms this and also states that FGM was first practiced in nomadic Arab tribes to protect the tribe's women against any male attacks while they were on the field with their shepherds[50].

The WHO confirms that FGM is occasionally performed on women and children from non-practicing groups when they marry into groups where FGM is performed.[51] Furthermore in the case of rivalry, conflicts and wars over political and economic resources it is not surprising that in such situations individuals and communities are tempted to assimilate to other ethnic groups by also accepting harmful traditions such as FGM[52].

According to the WHO Teacher Manual on combating FGM, the reasons for the practice are classified into four different categories. To label them, they are discussed in order of "Socio-cultural reasons" (2.2.1.1), "Psycho-sexual reasons" (2.2.1.2), "Hygienic and aesthetic reasons" (2.2.1.3) and "Spiritual and religious reasons" which will be debated separately in the chapter 'the religious debate and FGM' of this thesis. In addition, certain economic reasons also seemed to influence the practice of FGM and these will be elaborated separately (2.2.1.4).

2.2 Reasons for FGM

The reason FGM came into existence is entirely unknown. Reasons for supporting FGM include a variety of different points of view.

The reasons for choosing that specific part of the body, due to its sensitivity and the pain of the circumcision, are to "teach self giving for the sake of the community"[53]. Ultimately, as the final step of the circumcision event, the healing is considered the last stage of this procedure.

In many communities circumcision is a form of membership accompanied by special rituals, festivities and celebrations that take place when the procedure is completed. In some ethnic communities these include the wearing of a special dress and having the body and/or face painted. By contrast, an uncircumcised

[49] Skaine, Rosemarie, 2005, p. 16.
[50] Gruenbaum, Ellen, 2001, p. 42.
[51] WHO, Interagency statement, 2008, p. 7.
[52] Gruenbaum, Ellen, 2001, p. 107.
[53] Skaine, Rosemarie, 2005, p. 18.

woman cannot become part of the community and can therefore not benefit from its membership.

However, the most frequent reasons are found in tribal myths. Some communities believe that a non-circumcised woman's external genitalia have the power to blind anyone attending to her in childbirth or cause the death of the husband[54]. Moreover supporters are of the opinion that FGM reduces infant death and facilitates childbirth by widening the birth canal.

Other unsubstantiated claims in favour of the practice include the justification of "circumcision to distinguish the sex of a child"[55], that FGM enhances fertility and serves the promotion of child survival. Furthermore in some communities it is related with minimizing the chance of getting tetanus or other childhood diseases. This totally contradicts the actual health facts, as the chances of becoming infected by Tetanus and other diseases rise after circumcision[56].

Further reasons are related to financial issues, as the parents and also the circumcised girl might receive money and presents and in return the circumciser receives money for the procedure.

One more reason needs to be mentioned: it is reasonable to believe that female circumcision contributes to the oppression of women, as it is only found in societies in which the oppression of women is established. Roughly defined this means that there is a strong cohesion between patriarchal structured societies, women's subordination and female circumcision[57]. UNICEF acknowledges "in every society in which it is practiced, female genital mutilation is a manifestation of gender inequality that is deeply entrenched in social, economic and political structures"[58] and represents society's control over women.

However, "it is in most cases women themselves who are the strongest advocates for the preservation of the practices and who in fact carry out the operations, and this simply does not make sense without understanding the economic, social and political constraints of their lives"[59].

[54] WHO, Teacher's guide, 2001, p. 37.
[55] Skaine, Rosemarie, 2005, p. 21.
[56] Interview conducted by Skaine, Rosemarie, 2005, p. 22.
[57] Gruenbaum, Ellen, 2001, p. 34.
[58] UNICEF, Changing a harmful social convention, Female Genital Mutilation/cutting, 2005 (a), p. 11.
[59] Gruenbaum, Ellen, 2001, p. 45.

To measure the political responsibility of FGM, it is important to consider the respective political structures and systems where FGM is practiced. In Africa this responsibility lies within the local political systems with which the majority of Africans socially, culturally and political identify themselves.

2.3 Ritual and meaning of FGM for the circumcised/victims

Before the following characteristics concerning the reasons for the practice of FGM are discussed, it is important to keep in mind that there is no single meaning of and reason why circumcision is still practised. It depends again on the diversity within the ethnic communities and regional differences. This section, though, tries to give a comprehensive overview of the different contexts and meanings. It is structured according to the different characteristics suggested by the WHO. However, this is only an approximate classification, as they are all interrelated.

2.3.1 Social – cultural reasons

Forms of body alteration are not uncommon in many African societies and are seen as part of the ritual to transition that recognizes a new status and new identity within a community. Furthermore, in many countries where FGM is practiced, it also serves as an ethnic marker between the different ethnic communities. Traditionally a ritual serves a functional role as a coming-of-age ritual, a rite of passage and "represents a celebration of courage, self giving, self denial and suffering"[60]. The girl's transition to adulthood is celebrated and "plays an important role in establishing gender identity and symbolically marking the difference between the sexes"[61]. In many communities it is believed that unless a girl's clitoris is removed, she will not become a mature woman, or even a full member of the society. Wiris Dirie emphasizes "still today, women, living in areas in which FGM is performed, believe that they will only become a real woman after the mutilation - even in regions where the mutilation is no longer part of an initiation rite"[62]. FGM represents, therefore, the identification of the cultural

[60] Skaine, Rosemarie, 2005, p. 113.
[61] Gruenbaum, Ellen, 2001, p. 48.
[62] Waris Dirie, at http://www.waris-dirie-foundation.com/ (consulted 15 March 2008).

heritage “an act of socialisation into cultural values and a connection to family, community members and previous generations”[63].

Another important factor is social pressure or peer pressure within the community. In many communities *not* undergoing this tradition is not an option. Even the girls themselves may wish to undergo the procedure as a result of social pressure and fear of stigmatization and rejection by their communities if they do not follow the tradition.[64] As stated by the WHO, “not undergoing the operation brands a girl as a social outcast and reduces her prospects of finding a husband”[65]. It imparts on a girl a sense of pride and an uncircumcised girl will have no right to associate with others of her age group or any other family and community members and her ancestors. Fear of community judgment and exclusion as well as being part of social conformity makes this practice cyclical[66].

Often it is also seen as “part of a mother’s duties in raising a girl ‘properly’“[67] and preparing her through FGM for adulthood and marriage. Contrary to this is the fact that the age of performance of FGM is getting younger and younger and “the cutting is performed at such an early age, that it cannot be construed as transition to womanhood but only an end to being a little girl and becoming an older girl with more responsibilities”[68].

Other scholars, such as the anthropologist Hanny Lightfoot-Klein suggested that the motives for FGM are going beyond initiation rites and are used more for control of populations and the desire of the man to gain power over female sexuality[69].

Saying that, FGM is often associated with pureness and virginity that is in many societies a prerequisite for marriage and it is believed that it “helps to preserve her morality and fidelity”[70]. For parents this comprises the obligation to make their daughters as acceptable as possible for their future husbands. In many practicing societies women are economically dependent upon males and, as a result of this,

[63] Rahman, Anika, 2000, p. 5.
[64] WHO, Interagency statement, 2008, p. 6.
[65] WHO, Reproductive Health, at http://www.who.int/reproductive-health/fgm/ending.htm (consulted 15 March 2008).
[66] Rahman, Anika, 2000, p. 5
[67] WHO, Reproductive Health, at http://www.who.int/reproductive-health/fgm/ending.htm (consulted 15 March 2008).
[68] Gruenbaum, Ellen, 2001, p. 70.
[69] Skaine, Rosemarie, 2005, p. 16.
[70] WHO, Reproductive Health, at http://www.who.int/reproductive-health/fgm/ending.htm (consulted 15 March 2008).

a lot of privileges are only guaranteed through marriage. This can be seen as a reason why FGM is practiced in many patriarchal, dominated societies where only excised women are considered suitable for marriage and this keeps the practice alive.

2.3.2. Psycho-sexual reasons

As already mentioned, virginity and marriage are interrelated in the practicing countries. But of course, as Gruenbaum states, "the significance of virginity extends to many non-circumcising patriarchal cultures as well"[71]. In cases of FGM this goes far beyond the "western" ideologies about virginity. In many practicing communities it is said that an uncut clitoris, of a non-circumcised girl, will grow big and enhance the organ, thus activating an intense sexual desire. In other words, the girl will have an over-active and uncontrollable sex drive. This would mean that she is more at risk of losing her virginity prematurely and bringing disgrace and shame on her family[72]. Therefore, in many practicing societies, FGM is still perceived "as a way to curtail premarital sex and preserve virginity"[73]. An intact infibulation, in a sense, really proves that a girl has not had intercourse, even though it could have been repaired. However, in general, an infibulated woman is already proof enough of her virginity[74].

So one of the fundamental reasons advancing FGM is the need to control women's and girls' sexuality which is socially constructed and depending on its context[75]. One argument for FGM that is always brought forward is that it helps to maintain the chastity of women and to ensure fidelity once married as sexual misconduct for women is related to honour and bears severe sanctions. In many societies, "honour is thought of as a quality that can be lost and is very difficult to regain, once lost"[76]. Respecting sexual behaviour and customs can be understood as a contribution to preserving these ethical values such as honour and decency.

Gruenbaum asserts, "male sexual desire in circumcising cultures […] is influenced by both biology and culture in a complex interrelationship". It is thought

[71] Gruenbaum, Ellen, 2001, p. 76.
[72] WHO, Student Manual, Female Genital Mutilation. Integrating the prevention and the management of the health complications into the curricula of nursing and midwifery, 2001, p. 24.
[73] Rahman, Anika, 2000, p. 5.
[74] Gruenbaum, Ellen, 2001, p. 84.
[75] Rhamann, Anika, 2000, p. 5.
[76] Gruenbaum, Ellen, 2001, p. 77.

that the tight opening of an infibulation or the narrowing of the vaginal orifice is found stimulating and enhances the husband's pleasure during the sexual act. It is important to note that the man's position is based on what is considered appealing and embedded in their cultural conditions and what they have been socialized to expect[77].

Many women believe that this tight opening prevents divorce or unfaithfulness by the husband. There is a contradictory opinion in polygamous societies, where the practice of FGM is performed to attenuate the sexual demands of the women or wife, in order to justify the men having several wives[78].

2.3.3 Hygienic and aesthetic reasons

The association that feminine and masculine genitals are dirty is found everywhere in the world and widely accepted on many continents. The difference between the countries lies in how people react to it and in the cultural practices which are exercised to primp the body.

In societies where FGM is a traditional practice, it is believed that a woman's external genitalia are ugly and dirty. Only removing and cutting of these parts of the external genitalia can guarantee purity and hygienic cleanliness[79].

2.3.4 Economic reasons

The bigger the operation or circumcision of a girl, the more dowries and money will be paid for the girl on marriage. In other words, her current value rises. If a girl is not circumcised this means that she has little or no chance at all of getting married. Furthermore, in many communities girls are often rewarded with gifts and presents, including money and celebrations after the operation. If a girl is not circumcised, the family does not get any money and the girl will be a financial burden for the whole family line[80].

Furthermore, the family might lose their honour and high position in their society and the consequence could be limitations and barriers to accessing land, jobs and

[77] Gruenbaum, Ellen, 2001, p. 153.
[78] Rahmann, Anika, 2000, p. 6.
[79] WHO, Teacher's guide, 2001 p. 38.
[80] Edirs, Rughia, Die Ursachen der weiblichen Beschneidung, in Bewußtseinsbildung und Informationen über weibliche Genitalverstümmelung in Österreich, Afrikanische Frauenorganisation, AAI, 2000, p. 9.

other opportunities. Another point that has been already mentioned is the fact that marriage is fundamental to economic imperatives such as security and social status. This is often used as another argument for the practice of FGM as the status is more important than medical health risks[81].

2.4 Ritual and meaning of FGM for the practitioner

As elaborated in chapter 1.2, FGM is traditionally performed by female practitioners who have been doing the same for generations. Mostly this profession has been passed on from generation to generation and women practicing it enjoy a high social status within the communities. This seems to be problematic. When the circumcisers come to the small villages visiting the communities, they literally call for the small girls of the village to conduct the cleansing or purification ritual. This situation provokes a lot of societal pressure and leads parents that might no longer be convinced of this ritual to decide to go along with this old tradition[82].

Given that the work of a circumciser is not completed after the first circumcision of a girl, this profession makes the job very well paid and easily covers living expenses. The United Nations Population Fund also acknowledged that FGM may in many cases be the major source of income for circumcisers[83].

After an infibulated woman marries, she has to be cut open to allow sexual intercourse with her husband. In some communities the husband himself will perform the operation but normally the circumciser will do it. In other cases if the husband could not open his wife he also has to ask the circumciser to assist him. Furthermore, the circumciser will be needed before a woman gives birth, again to open her up so that she can deliver the baby with fewer complications. Hence after the birth the circumciser has to re-infibulate the women, to sew her together. This procedure is obviously repeated after every birth.

Dependant on the payments for births and circumcisions, they cannot gain an adequate income where no circumcisions are performed[84]. It is evident that if this

[81] Gruenbaum, Ellen, 2001, p. 87.
[82] FGM Hilfe, Project sewing maschine, at, http://www.fgm-hilfe.at/ (consulted 15 March 2008).
[83] UNFPA, Calling for an End to Female Genital Mutilation/Cutting, at http://www.unfpa.org/gender/practices1.htm (consulted 15 March 2008).
[84] Gruenbaum, Ellen 2001, p. 105.

tradition should be eradicated completely, alternative job opportunities[85] need to be established for the circumcisers so that they can maintain their high social status and their income[86]. This leads us to the situation we have today, where many practitioners have "a personal interest in keeping the tradition alive"[87].

In addition there is of course always the question that if a practitioner gives up his/her traditional work, there will be another person that would take over the work and "clients" of the ex-circumciser. According to the Austrian NGO (Non-governmental organisation) *FGM Hilfe* this is not the case. This is because the activity of the circumcision stays within a family, this means that the profession is passed on from the mother to her daughter. If a practitioner decides to give up her activity it will leave this family tradition of the practice interrupted[88].

However, in many cases the independent, lucrative and well-paid job including economic security and other advantages involved means that the practice has been introduced in some communities where FGM was not practiced before. This is also often the case with doctors in rural areas who are increasingly becoming involved and performing this practice to supplement their income[89]. Therefore the harmful tradition of FGM will always be implicated within the communities in respect of their relevant economic and social structures.

2.5 The religious debate and FGM

A further reason provided for performing FGM on women is religion. Some practicing communities believe that removing the external genitalia is necessary in order to make a girl spiritually clean and therefore it is required by religion. But close examination shows that FGM is cultural[90] and "predates Christianity and Islam"[91]. Regarding its prevalence in Africa, several religious groups such as Jews, Christians, Muslims and indigenous communities perform it.

In terms of Jewish belief, the bible does not mention FGM, however, the Bible does not detail all traditions practiced by Jews. As Skaine states, "FC was

[85] Economic possibilities and projects challenging this change will be elaborated in chapter 5.
[86] Edirs, Rughia, 2000, p. 9.
[87] WHO, Teacher's guide ,2001 p. 38.
[88] FGM Hilfe, Project sewing maschine, at, http://www.fgm-hilfe.at/ (consulted 15 March 2008).
[89] Edirs, Rughia, 2000, p. 9.
[90] It is necessary to highlight that the term cultural means that it is shared and a collective phenomenon. Furthermore is culture learned and not biologically inherited.
[91] Skaine, Rosemarie, 2005, p. 16.

performed among the Jews in Egypt before Christ" and the practice has been maintained in certain communities following conversion to Christianity and to Islam[92]. Today, the Jewish belief and some Muslim countries consider only male circumcision to be commanded by god[93] and an obligation of believers.

The same applies to Christianity, where FGM is not mentioned in the Bible at all. Christian missionaries and colonial administrators in Africa have tried to condemn this practice but to date FGM "persists among a number of African groups, including Christians"[94]. Furthermore Christian theology interprets male circumcision as a rule that is no longer an obligation for believers, although in many countries, such as the US, it is still widely practiced[95].

Another view is that FGM is often linked with Islam but there are many Islamic countries such as Iran, Lebanon, Syria, that do not practice FGM. The situation is different in many African Muslim communities where the practice is strongly identified and many even defend it.[96] Occasionally, it is also performed in other Asian Muslim countries such as Indonesia. Regarding the correlation with Islam and FGM, it is a medical fact, that has already been mentioned, that FGM, especially infibulation, somehow creates a barrier and may preserve virginity. In Muslims societies this is considered as the will of God and therefore religious[97].

Along with this argument, a reference is often made to the Koran. However the Koran, which is the main Islamic law, does not demand Female Genital Mutilation and in reality it has nothing to do with religion[98]. Nonetheless many Muslim communities genuinely believe that it is part of their religion demanded by the Islamic faith. Muslims that advocate that FGM is permitted in their religion justify their argument on the basis of Hadith. As Gruenbaum assessed, "there are several problems with the use of Hadith[99] […] as these reports were initially passed down through oral tradition"[100], and could have been tainted by other factors. In some countries such as in Sudan where FGM is practiced, infibulation

[92] Skaine, Rosemarie, 2005, p. 118.
[93] Gruenbaum, Ellen, 2001, p. 61.
[94] Skaine, Rosemarie, 2005, p. 121.
[95] Gruenbaum, Ellen, 2001, p. 61.
[96] Rahman, Anika, 2000, p. 6.
[97] Gruenbaum, Ellen, 2001, p. 50.
[98] Waris, Dirie, at http://www.waris-dirie-foundation.com/ (consulted 15 March 2008).
[99] *Hadit*, Arabic for news/story. The record of the traditions or sayings of the Prophet Muhammad, revered and received as a major source of religious law and moral guidance of Islam.
[100] Gruenbaum, Ellen, 2001, p. 64.

emerged from pre-existing Islamic and non-Islamic practices. FGM was successfully synchronized into the Sudanese Islamic belief system and "there is reason to believe that some Arabs, too, may have practiced some form of female circumcision in ancient times"[101].

Regardless of the debate concerning whether religions dictated the practice of FGM it is the everyday practices and beliefs that shape people's lives. Hence the majority of people in Africa believe that FGM is required by their religion[102] and that the believers of all three religions "have at times practiced female circumcision and considered their practices sanctioned, or at least not prohibited, by god"[103].

However, as it is neither mentioned in the Old Testament or the Koran, nor in any Hebrew or Christian scriptures, it seems that Female Genital Mutilation and its connection with religion are the result of misinterpretations of provisions and it is not possible to establish a general association with its status. Therefore the religious exchange deserves attention and can be put to good use to eradicate some stereotypes of FGM and religion.

3) FGM and International Human Rights

"Human rights are foreign to no culture and native to all nations; they are universal"[104]

FGM is a global issue and as it is present in so many parts of the world, governmental and non-governmental bodies and stakeholders that address it are concerned[105] and International Human Rights standards are being applied at the regional and national levels to combat it.

However, as Gruenbaum highlights, "the enactment of laws prohibiting female circumcision practices has proven in the past to be not very effective at actually stopping the practices"[106] but contributed nevertheless to being an important tool for debating and awareness raising at the international level. Therefore these international covenants do have an impact and have proven to be more effective

[101] Gruenbaum, Ellen, 2001, p. 44.
[102] Skaine, Rosemarie, 2005, p. 120.
[103] Gruenbaum, Ellen, 2001, p. 60.
[104] Kofi, A. Annan, 1997 on the Human Rights day, at http://www.un.org/rights/50/dpi1937.htm (consulted on 15 March 2008).
[105] Skaine, Rosemarie, 2005, p. 79.
[106] Gruenbaum, Ellen, 2001, p. 207.

than national or local laws as a tool for change regarding FGM[107]. This chapter focuses on the investigation of the human rights within the international human rights instruments that are violated by the practice of female genital mutilation. Since much work has been done on the exploration of human rights and female genital mutilation, I have only focused on international documents and eliminated all the regional human rights instruments. After an interpretation of every right there will be a textbox showing the relevant covenants and its articles.

3.1 Human Rights violated by FGM

3.1.1 The right to life

The *Universal Declaration of Human Rights (UDHR)*[108], as the core source of Human Rights, does not specifically address human rights violations through cultural and religious practices such as FGM. The interpretation is based in brought rights as found in Article 3 of the declaration, such as the right to life, liberty and security. Nevertheless in respect of FGM, these three terms can be of relevance as the severe consequences of FGM interfere with a person's right to life, as FGM, due to the resulting severe bleeding and infections, can also be lethal. Furthermore, the practice of FGM violates the other two rights mentioned in Article 3, namely liberty and security. Rahman states, "girls are deprived of their rights to liberty and security when they are subjected to FC/FGM, either against their will or before they have reached an age at which they can give meaningful consent […] and are forcibly restrained during the procedure"[109]. Giving meaningful consent not to undergo this practice is impossible even for more mature girls, as due to economic and social consequences they often have no other choice.

The United Nations (UN) Special Rapporteur on Violence against Women mentioned female genital mutilation as a human rights violation in several reports by implicating it with a broader concept of domestic violence[110].

[107] Gruenbaum, Ellen, 2001, p. 209.
[108] Universal Declaration of Human Rights, General Assembly Resolution 217(A) (III), 10 December 1948.
[109] Rahman, Anika, 2000, p. 23.
[110] United Nations, Summary of the First Report of the U.N. Special Rapporteur On Violence Against Women, Its Causes And Consequences, 5 February 1996.

Textbox 1 - right to life	
International Documents	*Articles*
Universal Declaration of Human Rights	3
International Covenant of Civil and Political Rights (ICCPR)	6, 9 (1)

3.1.2 The right of non-discrimination

In Article 2 of the UDHR, gender (equivalent with sex) is equated with race, colour, language and religion and leaves a margin of appreciation for its analysis. The same applies for the *International Covenant on Civil and Political Rights*[111] as well as for the *International Covenant on Economic, Social and Cultural Rights (ICESCR)*[112], which "do not expressly mention traditional practices such as FC/FGM"[113].

The traditional interpretations of these rights, provided in the "International Bill of Human Rights", have generally failed to incorporate forms of violence against women. In particular this relates to violence in the domestic sphere and FGM. Seen from a human rights perspective, as the practice is only carried out on women, it reflects inequality between the sexes, and constitutes an extreme form of discrimination on the basis of gender[114]. Therefore FGM fits more within the definition of gender discrimination where the relevant conventions and articles of non-discrimination and accordingly equal rights of men and women are found in the textbox 2 below.

Textbox 2 - non-discrimination	
International Documents	*Articles*
Universal Declaration of Human Rights	2, 7
United Nations Charter	1 (2), (3) and 55 (c)
UDHR	2, 7
ICCPR	2 (1), 3

[111] International Covenant on Civil and Political Rights, General Assembly resolution 2200A (XXI), 23 March 1976.
[112] International Covenant on Economic, Social and Cultural Rights General, General Assembly resolution 2200A (XXI), 3 January 1976.
[113] Rahman, Anika, 2000, p. 19.
[114] WHO, Interagency statement, 2008, p. 1.

ICESCR	2 (2), 3
Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)[115]	1, 2 (a), 10 (a)

Gruenbaum sees female genital mutilation as a more basic form of violence, which is embedded in the disparities of human beings[116] and that is deeply rooted in traditional societies within persisting gender stereotypes. Therefore it is essential to assess also the *Convention on the Elimination of All Forms of Discrimination Against Women*, which deals in detail with all the measures that have to be taken to eliminate discrimination based on sex. Article 1-6 elaborates on the different measures that a state has to take in order to fulfil its duties under the covenant.

FGM, due to its severe procedure and "on the basis of sex", is per se a discrimination against women and defined in Article 1. According to this article, it must meet two principal criteria, "(1) the distinction based on sex and (2) it must have the effect or purpose of impairing the equal enjoyment of rights by women". Regarding the comparison with male circumcision, it is true that the procedures have certain features in common but the severity of most forms of FGM and the social message that is generally associated with the practice distinguishes FGM from male circumcision[117].

FGM is used as a way to control women's sexuality and can be seen as a "main manifestation of gender inequality and discrimination in denying girls and women the full enjoyment of their rights and liberties"[118] and fundamental freedoms. Furthermore, FGM defines the role of women and girls in their family and communities and is specifically addressed in Article 5 of this Covenant. This article calls upon states "To modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women".

[115] Convention on the Elimination of All Forms of Discrimination Against Women, General Assembly resolution 34/180, 3 September 1981.
[116] Gruenbaum, Ellen, 2001, p. 201.
[117] Rahman, Anika, 2000, p. 21.
[118] UNICEF, Female Genital Mutilation/Cutting, A statistical exploration, 2005 (b), p. 1.

FGM is not mentioned in this context, but as it is often interpreted as a form of oppressing women, these stereotypical roles do in some communities contribute to the adherence to this practice. Similarly in the preceding document, *Declaration on the Elimination of Discrimination against Women*[119], it is stated in Article 3 that all appropriate measures shall be taken to educate public opinion and direct national aspirations towards eradication of prejudice and the abolition of customary and all other practices which are based on the idea of inferiority of women. Furthermore, this revolutionary challenge became even more explicit when the United Nations Committee on the Elimination of Discrimination against women drew up recommendations for the governments that had ratified the convention "to undertake effective measures to eliminate FGM, including educational and health care measures". But as we can see in the ratifications of the countries, many of them have made a reservation respectively on certain clauses and articles, "that they consider inconsistent with their religious and cultural traditions or legal structures"[120].

Nevertheless, the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women provides women with one more powerful tool to challenge change, as individuals or groups can submit as stated in Article 2 individual complaints to the Committee.

Textbox 3 - UN Convention against all forms of discrimination against women
Article 1- 6
Article 5
Article 3
Optional Protocol Article 2

3.1.3 The right to be free from violence

With particular regard to the fact that FGM can be considered as violence against women, the *Declaration on the Elimination of Violence against Women*[121] offers some aspects that are related to this issue. Article 1 of this document defines the term 'violence against women' as "any act of gender-based violence

[119] Declaration on the Elimination of Discrimination against Women, General Assembly resolution 2263(XXII), 7 November 1967.
[120] Gruenbaum, Ellen, 2001, p. 211.
[121] Declaration on the Elimination of Violence against Women, General Assembly resolution 48/104, 20 December 1993.

that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life". Even though the term FGM is not specifically mentioned here, it is obvious that all the points elaborated can be applied to this practice. As has been discussed in chapter 1 of this thesis, FGM provokes physical, sexual and psychological harm and suffering for women and in chapter 2 it has been discussed that many girls are too young, or women are not even asked to give consent on whether they want to be circumcised or not. In this declaration this falls under the wording "coercion" as the women are not free or informed. In other words the right to physical integrity as laid down in many international documents is violated as everybody has the right to determine what happens to their own body. Furthermore, even in cases "where there is an apparent agreement or desire by girls to undergo the procedure, in reality it is the result of social pressure and community expectations and stems from the girls' aspiration to be accepted as full members of the community"[122]. It can be interpreted as opposing the practice of FGM, as the *Declaration on the Elimination of Violence against Women* specifically mentions in Article 2 (c) that it can be practiced in public and would apply to the medicalisation of FGM in hospitals and private surgery, or in private, which applies for the more traditional way.

Having said that, FGM is particularly mentioned in the following Article of this convention, where a clear definition of violence against women is given. Article 2 (a) confirms that "Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, **female genital mutilation**[123] and other traditional practices harmful to women, is explicitly stated to be prohibited".

Textbox 4 - free from violence and personal integrity	
International Documents	*Articles*
Universal Declaration of Human Rights	1
ICCPR	10 (1), Preamble

[122] WHO, An interagency statement, 2008, p. 9.
[123] Emphasis added.

ICESCR	Preamble
Convention Rights on the rights of the child (CRC)[124]	19, Preamble
Declaration on the Elimination of Violence against Women	1, 2

3.1.4 The rights of the child

Since FGM is mostly performed on young children, specific childrens' rights are of supreme importance. The *Convention on the rights of the child* is one of the first binding documents that specifically condemns harmful traditional practices and is one of the most widely ratified human rights treaties. Regarding the context of FGM it is important to note that in this convention (Article 1) a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier. This is a crucial point in respect to FGM. As described in chapter 1, the age when the circumcision is practiced varies but the tendency is to perform it at a very early stage. Therefore, "it could be argued that girls (under 18) cannot be said to give informed consent to such a potentially damaging practice as FGM/C"[125]. Article 19 (1) of this convention highlights that governments have to take all appropriate measures to eliminate all sorts of violence against children while the children are in the care of parent(s), legal guardian(s) or any other person.

This raises a very difficult issue as Article 3 (1) states that all actions concerning children should be taken in the best interest of the child and be of primary consideration. The interpretation of this can be very controversial. UNICEF highlights "While 'the best interest of the child' may be subject to cultural interpretation" it is important to point out that the practice of FGM is an irreparable, irreversible abuse and with its permanent and potentially life-changing consequences violates women and girls fundamental rights[126]. In addition the WHO similarly states "parents who take the decision to submit their daughters to female genital mutilation perceive that the benefits to be gained from this procedure outweigh the risks involved"[127]. However, the Committee of the Rights of the Child stated in several concluding observations that "the Committee

[124] Convention on the rights of the child, General Assembly resolution 44/25, 2 September 1990.
[125] UNICEF, 2005 (b), p. 1.
[126] UNICEF, 2005 (b), p. 2.
[127] WHO, An interagency statement, 2008, p. 9.

strongly emphasizes that FGM is a violation of the Convention"[128] and cannot be justified. Therefore paragraph 3 of this article states that "all States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children, which includes FGM".

Textbox 5 – International Covenant on the Rights of the Child
Article 2(1)
Article 3(1), (3)
Article 6 (1), (2)
Article 16 (1)
Article 19 (1)
Article 24 (1), (3)

3.1.5 The right to be free from torture and other degrading treatment

As previously stated, FGM implies serious medical and social consequences and, therefore, can be considered as a form of torture or degrading treatment. The right to be free from torture and other cruel, inhuman or degrading treatment or punishment belongs to the category of human rights from which there can be no derogation from the obligation on states to respect, protect and fulfil, at any time or place.

In respect to FGM, one further detail that needs to be considered is the parent's adhesion of submitting their children to the practice of FGM. This can also be important in considering FGM as a form of torture. However, as Rahman states it is a tricky situation, as "parents who procure FC/FGM for their daughters […] are not motivated by a desire to harm"[129]. Analysing *The convention against torture and other cruel, inhuman or degrading treatment of punishment (CAT)*[130], torture is defined as any act by which severe pain or suffering whether physical and mental is **intentionally** inflicted on a person[131]". This brings up the issue discussed in chapter 2.2, as social coercion and loss of honour within a society or ethnic community often leaves parents no choice. The wording "Intentional" is

[128] The same wording can found in several concluding observations. See e.g Concluding observations: Ireland, Committee on the rights of the child, Consideration of reports submitted by states parties under Article 44 of the Convention on the rights of the Child, 2006, p. 12.
[129] Rahman, Anika, 2000, p. 25.
[130] The convention against torture and other cruel, inhuman or degrading treatment of punishment, General Assembly resolution 39/46, 26 June 1987.
[131] Art. 1(1), emphasis added.

therefore not appropriate for the use of parent's intention to submit their children for FGM.

In addition, it remains uncertain whether this harmful practice can be defined as in Article 2 "cruel, inhuman or degrading treatment" as defined in the torture Convention and "since these terms remain largely undefined, it is difficult to make conclusive determinations"[132] and leaves a margin of appreciation for its interpretation.

Textbox 6 – to be free from torture and other degrading treatment	
International Documents	*Articles*
CAT	1
ICCPR	7
CRC	37
Declaration on the Elimination of Violence against Women	3 (h)

3.1.6 The right to religious freedom

The right to religious freedom is also relevant when dealing with FGM. As stated in chapter 2.4 some communities practice FGM in accordance with their religious requirements. Rahmann highlights that "for communities that view FC/FGM as religiously mandated, state interference in the practice of FC/FGM can be perceived as an infringement upon religious rights"[133]. This brings up the dilemma that state interference in case of this not absolute right of religious freedom would mean a limitation, denial of this right and governments are often in a precarious situation and "need to balance these sets of rights against their duty to protect the fundamental rights of every member in the society"[134]. Article 1(3) of the non-binding *Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief*[135], points out in Article 1 that the "freedom to manifest one's religion or beliefs may be subject only to such limitations as are prescribed by law and are necessary to protect public safety, order, health or morals or the fundamental rights and freedoms of others".

[132] Rahman, Anika, 2000, p. 26.
[133] Rahman, Anika, 2000, p. 38.
[134] Rahman, Anika, 2000, p. 38.
[135] Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief, General Assembly resolution 36/55, 25 November 1981.

Furthermore this declaration states that a child needs to be protected from all forms of abuse, which are carried out because of a religions belief or a cultural tradition. Article 5 (5) states that "practices of a religion or belief in which a child is brought up must not be injurious to his physical or mental health or to his full development [...]" and can thus be used for the interpretation against the traditional practice of FGM.

Textbox 7 – religious freedom	
International Documents	*Articles*
UDHR	18
ICCPR	18
Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief	1 (3), 5 (5)

3.1.7 The right to culture

As declared by the Human Rights Education Associates, "the right of an individual to enjoy culture and to advance culture and science without interference from the state is a human right"[136]. However this right brings up the discussion of the first chapter, which referred to universal human rights versus cultural relativism, which means that human rights are culturally relative rather than universal and raises cultural norms and particularities above international law and standards. Regarding the right to culture versus the right to be protected from harmful cultural practices it is evident, that most international human rights documents do not specifically deal with this issue. Mostly the right to culture includes the international consensus on stressing more the value of different cultures rather then cultural practices that infringe on human rights. As Rahmann states, "determining which cultural practices should be respected and preserved and which are unacceptable infringements upon human rights and fundamental freedoms is a complex task that must always be approached with caution"[137].

Regarding the traditional practice of FGM, it is obvious that it clearly violates women's human rights and, therefore, this harmful tradition is not protected under

[136] Human Rights Education Association, Right to culture, at http://www.hrea.org/index.php?base_id=157 (consulted 15 March 2008).
[137] Rahman, Anika, 2000, p. 32.

the right to culture. International documents that specifically address that problem confirm this reasoning.

Textbox 8 – right to culture	
International Documents	*Articles*
UDHR	27 (1)
ICESCR	13, 15 1 (a)
United Nations Educational, Scientific and Cultural Organization (UNESCO) Universal Declaration on Cultural Diversity[138]	4, 5

3.1.8 The right of Asylum

The *UN Refugee Convention*[139] can also be used against the practice of FGM covering women that are at risk of being submitted to this harmful practice in their home country. This can be a justified reason for granting asylum and to strengthen the argumentation against FGM[140].

3.1.9 The right to health

According to the WHO, health "is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity"[141]. Referring to FGM, "the complications associated with FC/FGM can have devastating effects upon women's physical and emotional health" and thus this procedure can be seen as an infringement of the right to health[142]. In relation to the practice of FGM, the right to health can also be understood as the right to an effective and integrated health system which should be accessible to all. This has also been highlighted by the Special Rapporteur in 2006 who stated that "underpinned by the right to health, an effective health system is a core social institution, no less

[138] UNESCO Universal Declaration on Cultural Diversity, UNESCO General Conference, 31 November 2001.
[139] UN Refugee Convention General, Assembly resolution 429 (V), 22 April 1954.
[140] Female Genital Mutilation as grounds for Asylum due to immigration from practicing communities into industrialized countries is increasingly becoming recognized as a problem. Many NGOs have addressed this issue and arguments discussed can be found on their websites. In her book 'Do they hear you cry', Fauziya Kassindja delivers insights about her own experience of claiming asylum on the grounds of FGM in the United States of America in 1990.
[141] Constitution of the World Health Organization, Preamble, entered into force on 7 April 1948.
[142] Rahman, Anika, 2000, p. 27.

than a court system or a political system"[143]. Effective health systems are gaining relevance in the case of FGM firstly, to make sure that members of the social sector and the health sector have a profound understanding of the different forms and the health consequences of Female Genital Mutilation and are also aware of the respective legal situation, to be able to treat patients adequately in their needs[144]. This is, for example, the case of a re-infibulation, the re-sewing of the vagina after giving birth where affected women themselves requested this procedure. It is necessary to bear in mind, that a "re-infibulation is an indirect approval of Female Genital Mutilation" and should be clear[145].

This has also been addressed by the Committee on the Elimination and Discrimination on Women, where they recommended to the governments as a key element of Article 12, clear health legislation, plan and policies, that meet the needs of women in a country who may be exposed to "any ethnic, regional or community variations or practices based on religion, tradition or culture" which applies also for FGM.

3.1.9.1 The right to reproductive health

Another issue that comes into play with the right to health is that of reproductive health care which was stressed at the International Conference on Population and Development (ICPD) in 1994. The Programme of Action, sometimes referred also as the Cairo Consensus, was remarkable in its recognition of reproductive health and women's rights. What makes this document so special is the consensus of the participating countries rooted in principles of human rights, with respect for national sovereignty and respect for various religious and cultural backgrounds.

According to Chapter VII of this document on reproductive rights and reproductive health, reproductive health implies "that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so"[146]. In relation to FGM, it is obvious that the right to pleasure and the ability to have orgasm infringes with this practice, or rather the consequences of this intervention.

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[143] United Nations, Special Rapporteur on the right of everyone to the enjoyment of the highest attainable physical and mental health, Joint Fact Sheet WHO/OHCHR/323, August 2007.
[144] Waris, Dirie, at http://www.waris-dirie-foundation.com (consulted 15 March 2008).
[145] Waris, Dirie, at http://www.waris-dirie-foundation.com (consulted 15 March 2008).
[146] WHO, Reproductive health, at http://www.wpro.who.int/health_topics/reproductive_health (consulted 15 March 2008).

There are many sexual rights associations, advocates, NGOs as well as the WHO who have been working in this area and advocate that the right to sexual pleasure should be recognized as a human right. The World Health Organization in collaboration with the Pan American Health Organization (PAHO) published a "Declaration of Sexual Rights" in 2000. It is stated within this Declaration that if health is a fundamental human right, Sexual Health including sexual rights are also basic human rights[147]. The referred right to pleasure is listed as sub point 5 of the eleven core principles of this declaration. Sexual rights are also found in the "Action Sheets" of the North American based organisation Health, Empowerment, Rights and Accountability (HERA) and can be applied to strengthen the argumentation against FGM as this practice is specifically mentioned. They identify actions to be taken and enforce legislation to "eliminate sexual violence, including rape within and outside marriage and as an instrument of armed conflict, **female genital mutilation**, infanticide, gender-based genocide, paedophilia, incest, sexual exploitation and all forms of trafficking"[148].

In this respect another factor that is important to mention is the role of male sexual pleasure and reinforcing masculinity that together with sexual rights has gained international attention[149]. HERA, for instance, emphasise in their report, that gender equality and non-discrimination[150] cannot be achieved without sexual rights, a statement that places sexual rights firmly within the international human rights framework. Moreover they advocate more effective promotion of sexual rights as human rights, which is connected to effective health care systems.[151] Therefore the "right to the enjoyment of the highest attainable standard of physical and mental health" as enshrined in Article 12 of the International Covenant on Economic, Social and Cultural Rights, can play a key role in preventing female genital mutilation. The WHO determines that "this can be done by providing women with information about their own sexual and reproductive health, making it

[147] Proceedings of Regional Consultation convened by Pan American Health Organization (PAHO), the World Health Organization (WHO), in collaboration with the World Association for Sexology (WAS), Promotion of Sexual Health Recommendations for Action, 2000, p. 37.
[148] HERA, Action Sheets, 2004, p. 30, emphasis added, at http://www.iwhc.org/resources/heraactionsheets.cfm (consulted 15 March 2008).
[149] Unfortunately due to time and word limits this cannot be further discussed in this thesis.
[150] For instance the right to choose to be sexually active or not, HERA, 2004, p. 28.
[151] HERA, Action Sheets, 2004, p. 28-31.

easier for them to understand natural body functions and the harmful consequences of female genital mutilation"[152].

3.1.9.2 The right to mental health

Furthermore, the right to mental health, as stated in the WHO Constitution is infringed upon by FGM. As elaborated in chapter 2.1.3, the mental health consequences of this procedure are in most cases severe and, therefore, can be considered as a violation of the right to health. This also applies to the emotional consequences for women not undergoing this procedure, as in many societies it is a matter of honour, economics and a requirement for getting married.

Textbox 9 – right to health	
International Documents	*Articles*
UDHR	25
ICESCR	12
CRC	24
CEDAW	10 (h), 12, 14(b)
Declaration on the Elimination of Violence against Women	3 (f), 4 (g)

3.2 Governments obligations under HR law

According to the International Framework of Human Rights, governments' duties and obligations are to respect, protect and fulfill the rights of individuals or groups. The duty to respect obliges governments to refrain from taking action; the obligation to protect requires governments to prevent violations of stakeholders and organizations. Taking measures and guaranteeing individuals their rights falls under the duty to fulfil. In respect to Human Rights and FGM, government duties related to it include modifying customs that discriminate against women[153], abolishing practices that are harmful to children[154], ensuring health care and access to health information[155], and to ensure that social order can be realized[156].

[152] WHO, An interagency statement, 2008, p. 19.
[153] Women's Convention, Article 2 and Article 5 (a).
[154] CRC, Article 24 (3).
[155] ICESCR Article 12 (2), CEDAW Article 12, CRC Article 24 (1).
[156] UDHR Article 28, ICESCR & ICCPR Preamble.

Obviously the duties of governments related to FGM are easily addressed but "standards for measuring government fulfilment of those treaties are less clear"[157].

As discussed in Chapter 2 of this thesis, it is mostly traditional practitioners who perform FGM and in this case, it is falsely interpreted that states are not responsible for Human Rights violations which occur within communities or behind closed doors and FGM has been "widely viewed as a 'private' act that is carried out by individuals and family members rather than state actors"[158]. A government's duty to ensure an individual's rights, including measures to prevent FGM could be in the form of educational programmes about health care. A different situation applies to doctors that may perform circumcisions in their offices, and know their defiance of the legal prohibition. In the latter case, criminal legislation and proceedings can be seen as a government duty. Nevertheless, highlighting these violations of human rights "whether through the United Nations system, national and policy regimes or the media – can often be an effective means of enhancing government accountability"[159].

For an extensive interpretation regarding FGM and the duties of governments under human rights law, recommendations and measures for states, as well as legal and policy strategies for NGOs, it is highly recommended to consult the already mentioned book by Anika Rahman[160]. As this has already been the subject of discussion in her publication, it will not be further elaborated in this thesis.

3.3 International Communities Initiatives and Responses

Documents, Conference papers and resolutions that fight for the elimination of FGM are found at regional and international level. A detailed compilation of the different programmes with relevant articles and paragraphs that contribute to the development of human rights law and FGM can be found in the Annex (Nr. 3).

[157] Rahman, Anika, 2000, p. 46-52.
[158] UNICEF, 2005 (b), p. 2.
[159] Rahman, Anika, 2000, p. 17.
[160] Rahman, Anika, 2000, p. 44-68.

4. Facing the challenge of FGM in Portugal

"I was convinced that girls born here, away from the villages, away from the grandmothers would be safe. But I was wrong"[161]

This chapter is an assessment of the situation of Female Genital Mutilation in Portugal. The focus group has been the Guinea Bissau community in Lisbon.

4.1 Guinea-Bissau

Location: Western Africa, bordering the North Atlantic Ocean between Guinea and Senegal
Size: 36,120 sq km
Population: 1,472,780[162]
Prevalence of FGM: Average of 50%, depending on areas, 100% Muslim
Practiced among Fula, Mandinka and Beafada groups: 70-80 %
Urban Areas: 20-30 %
Type of FGM: Type I and Type II

Since independence from Portugal in 1974, Guinea-Bissau has experienced considerable political and military upheaval. Indeed, it is still a fragile country with weak social and economic infrastructures and, according to the human development index[163] from 2007/2008, it remains the 3rd poorest country in the world[164].

Guinea Bissau is still in the transition period of national reconciliation and peace building and "recovering from armed conflict in 1998-1999, which resulted in

[161] Waris, Dirie, The right of Self-Determination – A Human Right, in Measures against Harmful Traditional Practices, Tome 3 from the EU-Conference "Joint Action of Member States against Harmful Traditional Practices", January 2006, p. 65.
[162] Estimation from CIA World Facts, July 2007.
[163] The Human Development index was created in 1990 by the United Nations Development Program (UNDP) and annually ranks countries worldwide in average achievements in four basic aspects of human development: life expectancy, literacy, education, and standard of living.
[164] The country depends mainly on farming and fishing. In recent years cashew crops exports have increased and the country now ranks sixth in cashew production. However thanks to pervasive corruption and its archipelago-like geography, Guinea-Bissau is becoming a more important transit country for the smuggling of South American drugs (mainly cocaine) to Europe CIA World Facts about Guinea Bissau from March 2008.

political instability, insecurity, weak law enforcement and economic stagnation"[165]. As a consequence, the unstable situation has very negative effects on the rights and well being of their citizens. The United Nations Economic and Social Council (ECOSOC) state that "Children's and women's rights are included in political declarations but protection systems and monitoring bodies for these rights are virtually non-existent"[166]. The government has prioritized economic performance but struggles to pay wages due to financial external debts. This has as a consequence severe affects on social services in particular health and education[167]. The outcome of this is few social policies and legal frameworks and due to a lack of funds and the absence of qualified resources law enforcement continues to function poorly[168].

4.1.1 International Treaties

Guinea Bissau's government has signed and/or ratified:
Women's Convention (23 August 1985)
Children Rights Convention (19 September 1990)
ICCPR (12 September 2000)
ICESCR (02 October 1992)
African Charter on Human and Peoples' Rights (04 December 1985)
African Charter on the Rights & Welfare of the Child (08 March 2005)

Regarding FGM, Guinea Bissau's laws and policies are not in accordance with the ratified conventions. In February 2000, a transitional government gave the power to the opposition[169] and as a response to the concluding observations of the Committee on the Rights of the Child in 2002, "a legal framework for child protection has been prepared in order to harmonize national legislation with conventions and other international instruments"[170]. However, as stated in the United Children's Fund report of 2007, violence against children and women

[165]United Nations, ECOSOC, Draft country programme document, Guinea-Bissau, Annual session, 4-8 June 2007, p. 2.
[166] ECOSOC, 2007, p. 2.
[167]UNICEF, Sylvana Nzirorera, At a glance: Guinea-Bissau, a victim of Female Genital Mutilation/cutting calls for its end, Newsline, 13 November 2007, at http://www.unicef.org/infobycountry/guineabissau_41785.html (consulted 15 April 2008).
[168] ECOSOC, 2007, p. 3.
[169] CIA World Facts about Guinea Bissau from March 2008.
[170] ECOSOC, 2007, p. 3.

remains a critical issue and Female genital mutilation continues to be widespread a practice[171].

4.1.2 National Law

The debate about FGM in Guinea Bissau started in the early 1980s. Soon after, the international community identified this problem and "actions started with the National Committee for the Elimination of Harmful Practices against Women and Children" which was launched by the government in the 1990s[172]. Nevertheless, Guinea Bissau still has no law prohibiting FGM. Skaine confirms that in 1995 a bill proposed to outlaw this practice was defeated by the parliament. However, the parliamentary assembly has approved a proposal to hold the practitioners criminally liable but only in the event of death brought about by the operation[173]. Furthermore cases of FGM can also be punished under the Guinea Bissau Penal code, "where provisions on 'intentional bodily Injury' may be applicable"[174]. The Guinean government has shown little interest in following up the campaign combating FGM and therefore the leading NGO in Guinea-Bissau *Sinim Mira Nassigue* is the key player dedicated to this issue[175].

Before the country's civil war in late 1990, a two-year nationwide education and awareness campaign against harmful practices was launched targeting excisiors, teachers and other traditional or religious leaders. It was initiated by the government and supported by many UN and international agencies and local NGOs[176]. The US embassy, for instance, financed regional committees to carry out campaigns focusing on rural areas and furthermore financed radio and TV spots and a theatre play, which was performed in regional centers to eradicate this practice[177].

However, due to political instability, the outbreak of civil war as well as the withdrawal of international donors these activities have not been carried out. Nowadays many international organizations are urging the government to improve the situation by passing a law prohibiting the harmful practice of FGM. This has

[171] ECOSOC, 2007, p. 3
[172] EU DaphneTraining Kit, 2005, p. 50.
[173] Skaine, Rosemarie, 2005, p. 241.
[174] Rahman, Anika, 2000, p. 171.
[175] EU DaphneTraining Kit, 2005, p. 50.
[176] UNICEF, 2007.
[177] Skaine, Rosemarie, 2005, p 241.

also been supported in an interview conducted by UNICEF, where a women's rights advocate and Member of Parliament Nhima Cisse told her story of female genital mutilation. She states: "I am aware that the law by itself is not going to change this entrenched cultural practice among Bissau-Guineans, but I believe a law is needed"[178].

Furthermore she urges the local authorities to approve "the construction of special 'barracks' in the bush, where FGM/C is carried out". Another problem that has already been discussed in this thesis is the fact that in Guinea Bissau hundreds of young girls have to suspend school to attend the ceremony and later on recover from their operation and that many of them never go back because of the trauma they have suffered[179]. The government has recognized this and has resumed the nationwide education campaign to discourage FGM[180]. There have also been some other isolated activities against FGM, for example, on International Women's Day or on the Day of Women in Guinea Bissau, where it is common to address this issue. Unfortunately there is no continuity afterwards and this underlines that it is currently commonly perceived that the country has more important social problems than combating FGM[181].

4.1.3 Performed On Whom

Although the practice is very widespread in Guinea-Bissau, its prevalence and forms vary from area to area and community to community. A study conducted by Amnesty estimates that "around half of Guinean women undergo FGM, both clitoridectomy and excision"[182]. Differences in this prevalence can also be found in the rural-urban division, where the former reaches 80 % and in urban areas about 20-30%.

FGM is mostly practiced on adolescent girls and babies as young as 4 months old[183]. UNICEF confirms this and states "in Guinea-Bissau, FGM/C is mainly performed on children and adolescents between 6 and 14 years of age – though it

[178] UNICEF, 2007.
[179] UNICEF, 2007.
[180] US Department of State: Guinea-Bissau. Country Reports on Human Rights Practices, March 6, 2007, at http://www.state.gov/g/drl/rls/hrrpt/2007/100486.htm (consulted 15 April 2008).
[181] Branco, Sofia, Cicatrizes de Mulher, Lisboa: Público, 2006, p. 142.
[182] EU Daphne Training Kit, 2005, p. 50.
[183] Skaine, Rosemarie, 2005, p. 232.

has also reportedly been performed on infants in recent years"[184]. Recognizing the young age of performance and considering the purpose of FGM originally as an initiation rite it seems very controversial. Johnson underlines "although many women claim that initiations rituals may soon no longer be practiced in Guinea Bissau, they confidently state that Female genital mutilation, like male circumcision, will never end"[185].

4.1.4 Reasons for performance of FGM in Guinea-Bissau

The people of Guinea Bissau believe that circumcision is an obligatory rite of passage for becoming an adult and was "historically linked to marriage" which took place within the context of initiation rituals[186]. Another strong argument for exposing their daughters to this practice is for religious and hygienic reasons. The initiation ritual itself involves "an educational period in the bush lasting from three to four months, followed by public 'coming out' dances" which teach them their position in society[187]. Within a study by the Austrian Association for Family Planning (ASFP), a group of Guinean women said that the women have to be cleaned by the circumcision ritual in order to be able to prepare the food for their husbands. Furthermore this study has shown that many of the young women do not see any connection between the circumcision and the medical complications which makes combating this practice more difficult[188].

4.1.5 By whom it is performed

The rituals themselves are organized and directed by female relatives of the girls involved who are generally mothers, aunts, or grandmothers. Men provide the money for the expenses of the intervention.

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[184] UNICEF, 2007.
[185] Johnson, Michelle, Making Mandinka or Making Muslims? Debating Female Circumcision, Ethnicity, and Islam in Guinea-Bissau and Portugal, p. 202-223, in Transcultural Bodies: Female Genital Cutting in Global Context, ed. Ylva Hernlund and Bettina Shell-Duncan, New Brunswick: Rutgers University Press, 2007, p. 210.
[186] Johnson, Michelle, 2007, p. 206.
[187] Johnson, Michelle, 2007, p. 206.
[188] EU Daphne Training Kit, 2005, p. 50.

4.2 Portugal

Size: 92,391 sq km
Population: 10,642,836 [189]
Prevalence of FGM: among immigrants from Senegal and Guinea Bissau
Urban Areas: mostly in urban areas (Great Lisbon)
Type of FGM: mostly found Type I and Type II

Portugal was one of the world powers during Europe's "Age of Discovery" in the 15th and 16th centuries as it built up a vast empire covering parts of South America, Africa, and Asia. Portugal lost much of its wealth and status following the 1755 destruction of Lisbon by an earthquake and also with the occupation during the Napoleonic Wars and Brazil's declaration of independence in 1822. In 1974, a left-wing military coup installed broad democratic reforms. In the following year, Portugal granted independence to all of its African colonies such as Angola, Guinea-Bissau, Mozambique, São Tomé and Principe and Cape Verde.

Due to its history, Portugal has its own strong tradition of immigration. Social and political responses to it are relatively recent in comparison with other southern European countries, since Portugal first became a migration destination in the 1970s. This was due to the fall of the dictatorship of the "Estado Novo"[190]and the already mentioned independence of its former colonies. As a result of these historical occurrences, many Portuguese citizens[191] who had been living and working in the colonies returned to Portugal. Most immigrants settled down in the Greater Area of Lisbon and only few settled down in rural urban areas throughout the country. This trend has continued until today for most of the immigrants[192]. But it has to be noted that the geography of immigration to Portugal has undergone truly profound changes since the late 1990s[193].

[189] Estimation from CIA World Facts, July 2007.
[190] Estado Novo (from Portuguese for New State) refers to the Portuguese authoritarian regime which was installed in 1933 by António de Oliveira Salazar, who ruled this regime from 1932 to 1968.
[191] So called "retornados".
[192] Fonseca Maria Lucinda & Ormond Meghann, Immigration in Portugal: recent trends and policy debates, MetroMed, Milan, 11 December 2003, at http://www.international.metropolis.net/index_e.html (consulted 15 April 2008).
[193] Mainly because of the World Fair (EXPO) in 1998 many Eastern European citizens were recruited for construction work and were maintained as a new generation of migrant workers.

Portugal was a founder member of the UN in 1945 and a founder member of North Atlantic Treaty Organization (NATO) in 1949. It has been a member of the Council of Europe (CoE) since 1976 and of the European Union (EU) since 1986 as well as being a founder member of the Community of Portuguese Speaking Countries (CPLP) since its inception in 1996[194].

4.2.1 International Treaties

Most European countries have penal codes and child protection laws which can be used when necessary to combat FGM[195]. Apart from national law, all European countries are signatories to the:

- International Covenant on Civil and Political Rights;
- International Covenant on Economic, Social and Cultural Rights;
- CEDAW Convention;
- Children's Rights Convention;
- European Convention for the protection of Human Rights and Fundamental Freedoms (ECHR)[196]

As the violations of FGM under international law have already been discussed in chapter 3, this legal analysis focuses on the European law documents and in particular the Portuguese penal code.

4.2.2 European Law

In the following textbox, the rights (from chapter 3 of this thesis) that are violated by the practice of Female Genital Mutilation are considered in terms of the European Framework. In the European Community[197] the scope of the guaranteed rights is enshrined within the European Convention for the protection of Human Rights and Fundamental Freedoms and within the Charter of

[194] Portal do governo Portugal: http://www.portugal.gov.pt (consulted 15 April 2008).
[195] Some European countries, such as Norway, Belgium, United Kingdom, Austria, Switzerland and Sweden already have specific laws addressing FGM. It is important to mention the fact that in these countries no cases of FGM have reached the courts. In contrast, one country with no specific legislation, France, has taken several FGM cases about FGM to court.
[196] European Convention for the protection of Human Rights and Fundamental Freedoms, 3 September 1953.
[197] The reference is made here to the Member States of the European Union.

Fundamental Rights of the European Union[198]. The textbox shows which meanings and scopes correspond with each other and can be applied at the same level.

Rights violated by FGM	*Articles of the European Convention for Human Rights and Fundamental Freedoms*	*Articles of the Charter of Fundamental Rights of the European Union*
The right to life	2, 5	2 (1), 6
The right to non-discrimination	14	21
The right to be free from violence	8 (1)	3(1), (2)
The rights of the child	-	24
The right to be free from torture and other degrading treatment	3	4
The right to religious freedom	9 (1), (2)	10
The right to culture	-	22
The right of asylum	-	18
The right to health	-	35

As this textbox shows, all mentioned violations of FGM are laid down in European Law and, therefore, it is the task of the European Union to ensure that these fundamental rights are respected.

The European governments within the European Union play, as stated by Berhane Ras-Work, Executive Director Inter African Committee, an important role at the instrumental level in influencing policy and action for effective protection of women and children from the harmful practice of FGM[199].

FGM has been specifically addressed in the following recognized documents. Council of Europe Parliamentary Assembly Resolution 1247 on FGM of 2001[200],

[198] The Charter of Fundamental Rights of the European Union was solemnly proclaimed by the European Parliament, the Council of the European Union, and the European Commission on 7th December 2000. The adapted version of the Charter was proclaimed on 12th December 2007 in Strasbourg, and was declared legally binding in all countries (except for Poland and United Kingdom) upon the signing of the Treaty of Lisbon.

[199] Ras-Work, Berhane, Female Genital Mutilation. Achievements and Remaining Challenges, p. 27-34, in Measures against Harmful Traditional Practices, Tome 3 from the EU-Conference, Joint Action of Member States against Harmful Traditional Practices, January 2006, p. 27.

[200] Council of Europe, Parliamentary Assembly Resolution 1247, 22 May 2001.

urges Member state governments that they should (i) “introduce specific legislation prohibiting genital mutilation and declaring genital mutilation to be a violation of human rights and bodily integrity”. Furthermore, as a result of immigration and asylum claims by individuals coming from countries where FGM is practiced, the Council of Europe specifically calls on the governments (ii) “to take steps to inform all people about the legislation banning the practice before they enter Council of Europe member states”; and to (iii) “adopt more flexible measures for granting the right of asylum to mothers and their children who fear being subjected to such practices”. Apart from other measures such as awareness raising campaigns for all groups concerned and special sex education sessions on the consequences of FGM in schools, the document also clearly states the criminal charges facing the perpetrators of this practice. It is stated that Member States are obliged (v), “to prosecute the perpetrators and their accomplices, including family members and health personnel, on criminal charges of violence leading to mutilation, including cases where such mutilation is committed abroad”.

This is a very important point that is raised. In many European countries (receiving countries), FGM advocating communities use(d) vacations to their country in order to submit their daughters to FGM in order to avoid being prosecuted under European legislation. Furthermore the issue of minority group’s rights within the European community is stressed. Minorities within a country are entitled to particular protection of their rights, in order to enable them “to maintain their own culture, free of interference and discrimination”[201].

The practice of FGM clearly infringes on Human Rights laid down by European and international documents and, therefore, can not be justified on the grounds of cultural relativism or minority rights. Moreover the receiving countries are obliged to intervene in the practice of FGM. This issue has also been addressed in the 2005 Council of Europe’s document on Women and religion in Europe which explicitly states that governments are obliged to “put into place and enforce specific and effective policies to fight all violations of women’s right to life, to bodily integrity, freedom of movement and free choice of partner, including […]

[201] Rahman, Anika, 2000, p. 34.

female genital mutilation, wherever and by whomever they are committed […]"[202].

However, in addition to passing a law prohibiting this practice and punishing perpetrators, it is crucial to use a bottom up approach, i.e. to mobilize affected communities. Rahman pinpoints this problem, "the real issue is whether sufficient safeguards have been instituted to ensure that such a law does not become a means of persecuting cultural and racial minorities"[203]. Further measures to eradicate this practice within the European Community fall within the government recommendations mentioned in the Council of Europe Resolution on FGM.

Similar argumentation denouncing FGM justifications on religious or cultural reasons can be found in the European Union Parliament Resolution on FGM of 2001[204] which is not legally binding but intended to prepare the Member States for an EU wide policy against FGM. It states in the first point (1) that it "strongly condemns FGM as a violation of fundamental human rights". In the following point it highlights that FGM is not only an African problem, but also a European problem. The resolution recommends that (2) "all member states should work together" and should either approve new legislation or harmonize existing legislation that is inappropriate or enact specific legislation to deal with the issue of FGM. Powell states that in respect to FGM within Europe there is "incongruity that has no internal consistency from an EU perspective; one can become a bona fide EU citizen in one Member State for fearing FGM, and not in another, despite the fact that free movement of EU citizens enables that same person to relocate within the EU"[205].

The EU Resolution also goes one step further and articulates clearly (3) "against any form of medicalisation" of FGM[206], "which would merely lead to the practice of female genital mutilation being justified and accepted in the territory of the Union".

In Point 4 the document tries to put the concept of FGM in a broader framework and emphasizes the importance of a bottom up versus any top down approaches in order to combat FGM effectively. Furthermore this document recognizes that

[202] Council of Europe, Doc. 10670, Report from the Committee on Equal Opportunities for Women and Men, Women and religion in Europe, 16 September 2005.
[203] Rahman, Anika, 2000, p. 35.
[204] European Parliament Resolution, 2001/2035 (INI), 20 September 2001.
[205] Powell, A. Richard et. Al, Female Genital Mutilation, asylum seekers and refugees, the need for an integrated European Union agenda, p. 151–162, in Health Policy, Nr. 7o, 2004, p. 155.
[206] Following the Argumentation of the World Health Organisation.

FGM “by its nature and consequences constitutes a serious problem” for society as a whole and calls upon the states to investigate it. As well as criminalizing it, the EU Resolution highlights that the measures adopted must also be community centered in order to convince people “of the need to eradicate such practices”. Rahmann similarly underlines the progressive and sympathetic involvement of groups affected by this practice in her chapter on FGM and minority rights[207].

Marily Haimé, Director of the Minorities Integration Policy Department in the Netherlands highlights that it is fundamental in the fight against FGM to cooperate with migrant and resident minority groups. In addition “changing cultural, social and religious attitudes must come from within” and should be considered by the relevant integration policy[208].

Another feature of this Resolution is the call upon the Commission (7), “to draw a complete strategy to eradicate this practice and to create mechanisms that enable women who are likely to be victims to obtain real protection”.

4.2.3 Portuguese National Law

According to Jorge Lacão, Secretary of State, in Portugal FGM is an issue “which has come to the forefront only recently” based on an analysis that proves migrant communities within Portugal are practicing FGM[209]. Durão Barroso, former Portuguese prime minister, was the first government minister to react to these findings by appointing a new office in CIDM (Comissão para a Igualdade e os Direitos das Mulheres) and asking the new officer to take the issue of combating FGM as first priority[210]. In 2003 there was also a discussion within the Parliamentary Assembly, where the coalition announced the intention to modify the penal code and to include a specific reference to the practice of FGM. According to the governmental level discussions, the interpretation of relevant articles from the penal code already provides sufficient legal backup to punish perpetrators of FGM, hence no additional article or reference is necessary. Many

[207] Rahman, Anika, 2000, p. 35.
[208] Haimé, Marilyn, Harmful Cultural Practices as they Relate to the Integration Process, p. 22-26, in Measures against Harmful Traditional Practices, Tome 3 from the EU-Conference, Joint Action of Member States against Harmful Traditional Practices, January 2006, p. 22.
[209] Lacao, Jorge: Country Statement, p. 51-52, in Measures against Harmful Traditional Practices, Tome 3 from the EU-Conference, Joint Action of Member States against Harmful Traditional Practices, January 2006, p. 51.
[210] Branco, Sofia, 2006, p. 88.

panels and follow up documents dedicated to the problem of FGM took place but until now the government has not approved any official document concerning FGM[211].

However, the issue of FGM was taken into consideration in the 2003 Resolution that approved the National Plan II against "domestic violence". The wording domestic violence was also in this context extended to Female Genital Mutilation and other traditional harmful practices "mutilação sexual feminina e outras praticas tradicionais nefastas"[212]. Point 6 of the executive summary of this plan is dedicated to female immigrants "mulheres imigrantes" and it is explicitly stated that apart from different values and cultural realities, new problems in the area of domestic violence have to be faced. Furthermore this report underlines that the Portuguese "government explicitly states that they do not consent to any forms of female genital mutilation in Portugal". Following this statement four sub points of the document list measures to be taken in this area. It underlines, for instance, that studies on FGM are to be promoted in order to discover the real dimensions of this specific problem (6.1). It highlights the sensitization work that needs to be done with the relevant immigrant communities in order to make them more aware of the violation of human rights from this harmful practice (6.2). In addition, this document stresses in 6.3, the criminalization of this practice and the need to train people working in the area of health (6.4) to deal with cases of Female Genital Mutilation.

The most recent document referring to FGM is the III National Action Plan for Equality - Citizenship and Gender[213], which runs from 2007 until 2010. This plan fits in with the commitments assumed by Portugal in response to several international requests and aims to establish an intense campaign against gender inequality in all areas of social, political, economic and cultural rights. The fourth area of this plans deals with Gender-Based Violence and the Plan foresees the adoption of measures and actions designed to combat gender inequalities, to provide protection and assistance to victims of gender-based violence and furthermore to encourage the elimination of gender stereotypes. Area 4, Point F

[211] Branco, Sofia, 2006, p. 90.
[212] Resolução do Conselho de Ministros n.º 88/2003, que aprova o II Plano Nacional contra a Violência Doméstica, 13 June 2003.
[213] Resolução do Conselho de Ministros n.º 82/2007, que aprova o III Plano Nacional para a igualdade, 13 June 2007.

explicitly mentions Female Genital Mutilation and encourages several stakeholders "to spread knowledge and awareness regarding the gender-based violence theme, particularly the problem of Female Genital Mutilation and the existing interventions in this area[214]". The plan foresees measures to begin in 2008 and to continue in this area while the Plan is in effect.

Concerning legislation, until today no specific law prohibiting FGM exists in Portugal. The harmful tradition is therefore punishable under National law, the general Portuguese criminal law (código penal – penal code[215]) that is applicable to every person.

First of all, the Portuguese Constitution guarantees in Article 13(2) the principle of equality between men and women. It states that "no one shall be privileged or favoured, or discriminated against, or deprived of any right or exempted from any duty, by reason of his or her ancestry, sex, race, language, territory of origin, religion, political or ideological convictions, education, economic situation or social circumstances". In addition Article 25 refers to the right to physical and mental integrity and refers in the second point (2) specifically to the fact that nobody should be submitted to torture or other inhumane, degrading treatments. Another right that should be respected and is enshrined in the Portuguese Constitution is the right to health in Article 64. As has already been mentioned, women at risk of being subjected to FGM can, under certain circumstances, be granted Asylum.

The Portuguese Penal code lists under Article 5 the five different categories of crimes committed abroad that can be prosecuted under Portuguese law. These clauses apply for Portuguese citizens as well as for foreigners found in Portugal, who can both be put on trial for crimes committed abroad. In regard to FGM this is a very important issue for child protection, when children travel abroad with their parents. In her book about Female Genital Mutilation Sofia Branco mentions that many Guinea Bissau immigrants that live in Portugal take their daughters to Guinea Bissau during their school holidays. There the girls will be cut in the traditional way and return mutilated to Portugal[216]. This has been confirmed

[214] Resolução do Conselho de Ministros n.º 82/2007.
[215] Accordingly the articles of the Portuguese Constitution: Art. 24 The right to life; Art. 13 The right of non-discrimination; Art. 25 The right to be free from violence, Art. 69 and 70 The rights of the child; Art. 25 The right to be free from torture and other degrading treatment; Art. 41 The right to religious freedom; Art. 73 The right to culture; Art. 33 The right of asylum; Art. 64 The right to health.
[216] Branco, Sofia, 2006, p. 84.

several times in my interviews and seems to be the most frequented option. As Europe does not yet have coherent legislation against FGM in all member states, it is often enough to travel to another country within a European Member state. The European Parliament resolution on FGM is in this respect, as stated by Powell "a step forward in solving this problem, calling on Member States to pursue, protect and punish any resident who has committed the crime of FGM even if the act was committed outside the State's frontier"[217]. Regarding Article 5 of the Portuguese law, the principle of extraterritoriality is included in the national law and makes FGM punishable even if it was performed outside the country.

Cases of FGM can be punished as crimes against physical integrity "crimes contra a integridade física" under paragraphs on bodily harm (§143) and grievous bodily harm (§144). Punishment depends on the type and consequences of FGM; Type I FGM can be seen within §143 as Bodily injury. All other forms of FGM fall under §144 covering offences causing impairment to health.

Paragraph 144 refers to the loss of an organ or principal member "órgão ou membro", and as all forms of FGM include a removal of a body part is also relevant in cases of FGM. Furthermore there is a reference to harms affecting sexual pleasure "fruição sexual" and given that these physical abuses, as stated in this article, can lead to serious lesions and incurable anomalies, which happens in many cases as a result of Female Genital Mutilation.

As this form of violence can also be life threatening, which can also be the case with FGM, in accordance with Portuguese law it can be punishable with a prison term of 10 years. This reasoning has been confirmed by Paula Ribeiro de Faria, law Professor at the catholic university of Porto, who officially declared in 2003 that the practice of FGM constitutes an offence to physical integrity "integridade física", which is punishable under the Portuguese Penal code[218].

Another subject that arises in the context of FGM within the Portuguese penal code is the issue of consent "consentimento" of the injured. Bodily injuries are not punishable if the injured person has consented to it and if they are not against the moral of public order or good customs. § 38 fixes the age for consent at 16 years but it is disputable whether someone at that age can know the gravity of this

[217] Powell, A. Richard, 2004, p. 155.
[218] Branco, Sofia, 2006, p. 91.

practice and give meaningful consent to undergo it[219].

The Council of Europe Convention on Human Rights and Biomedicine from 1997[220] also stresses in Chapter 2, Article 5 (2) that where a minor does not have the capacity to consent, parents or an authority may consent in the name of the child. However in the next sentence it stresses that "the opinion of the minor shall be take into consideration as an increasingly determining factor in proportion to his or her age and degree of maturity".

More doubtful is the qualification of FGM as not infringing good customs "bons costumes" as can be found in § 149 of the penal code. It is questionable that an FGM practitioner cannot be criminally charged when a person over the age of consent gives permission to undergo this practice. This is exactly what the law states. However in article 149 it is specifically mentioned that even if you are able to give meaningful consent, some practices (in this case Female Genital Mutilation) infringe good customs "bons costumes". Therefore the issue of voluntary consent may be irrelevant as the practice is a violation of this article.

Augusto Dias emphasizes the broad interpretation of this article. He states that even though FGM in its most grave form is an irreversible body injury, if a person over 16 freely consents to undergo it, and it is done in hygienic conditions, it can be difficult to argue that is against good customs. However, because it is irreversible and no matter how it is performed eventually people will suffer consequences, he does not agree with the interpretation given. He advocates that even if a person consents freely to it and the person is, according to the law, capable and should bear responsibility for his/her own decision, the practice should still be interpreted as a violation of this article[221].

Further legislation that can be used against FGM can be found in the amended Portuguese penal code from 2007. Women who are victims of or threatened by female genital mutilation are considered to be victims of gender-specific abuse and this falls with under Article 152, which deals with domestic violence ("Violência doméstica") and basically covers the whole range from inflicting bad treatment, offences of grave bodily integrity and harms leading to death and can

[219] The issue of consent has also been the subject of chapter 3. As has been discussed „social pressure" and voluntaryness within the community and family to undergo it should be considered.
[220] Council of Europe, Convention on Human Rights and biomedicine, Oviedo, 1 December 1999.
[221] Dias, Augusto Silva, Faz Sentido Punir o Ritual do Fanado? Reflexões sobre a Punibilidade da Excisão Clitoridiana, p. 187-238, in Revista Portuguesa de Ciência Criminal, n.º 16, 2006, p. 208.

thus be used against Female Genital Mutilation. The Secretary of State, Jorge Lacão, has also confirmed that the judicial authorities in Portugal still trying to deal with crimes such as FGM as domestic violence. Therefore he states that "the sentences and sanctions are more inline with the sort of penalty which applies to domestic violence"[222].

However, in addition to criminal law, several other laws can be applied in cases of FGM. Child protection within Portugal is covered by the Protection of Infants and Youths in Danger Law[223]. Regarding the issue of FGM, this law is also applicable. As stated in Article 2, the law applies to all children and youths living or found within the national territory and that any abuse of minors is punishable. In terms of FGM this means parents or guardians who allow their children to be submitted to these practices, are punishable. On the grounds of the already mentioned extraterritoriality - double criminality, this principle of the Portuguese Law applies herewith also for parents, who send their children abroad for this practice. In addition, according to Paula Ribeiro de Faria, in cases of FGM, the above mentioned law[224] covering child and youth protection can be applied. This justifies the intervention of the State whenever the danger of a practice that violates the children's rights to mental and physical integrity exists [225].

4.3 The case of FGM among the community of Guinea Bissau in Portugal

On the International Migrants Day on 18th December 2007 the National Statistic Institute (Instituto Nacional de Estatística) presented an analysis of the foreign population with residence permits in Portugal.

According to these statistics, in total 329 898 citizens of foreign nationally are currently residing in Portugal. Citizens from Guinea Bissau are the 5th biggest immigrant group with a total of 21 425 people[226]. A study from 2006 estimated

[222]Lacão, Jorge: Country Statement, p. 51-52, in Measures against Harmful Traditional Practices, Tome 3 from the EU-Conference, Joint Action of Member States against Harmful Traditional Practices, January 2006, p. 52.
[223] Lei de Protecção de criancas e jovens em perigo, Law n.º 147/99, 01 September 1999, and Law n.º 31/2003, 22 August 2003.
[224] Respectively Article 3 and 4 dealing with intervention "intervenção" of Law n.º 31/2003.
[225] Branco, Sofia, 2006, p. 91.
[226] Survey of the National Statistic Institute Portugal from 13 December 2007.

that out of this group around 8232 people are women[227]. According to Johnson the ethnic groups from Guinea Bissau that practice FGM, namely Mandiga, Fula and Befada, "make up approximately 22 percent of the total number of Guineans in Portugal"[228]. There is no statistical data available regarding FGM and its prevalence in Portugal, but if we take the prevalence of FGM of 50% in Guinea Bissau it could mean that around 4000 women living in Portugal are mutilated. According to some studies by the WHO in Portugal, and especially the Great Lisbon area, is considered as a country at risk concerning this practice. Similarly, the Association of Family Planning in Portugal (Associação para o Planamento da Familia – APF) stated in relation to FGM that the migrants' communities tend to concentrate in specific areas of the cities locally known as 'bairros da lata'. According to Johnson, these neighborhoods are "almost exclusively (settled) by immigrants from Portugal's former colonies"[229]. Female Genital Mutilation and other practices are, therefore, often seen as the reproduction of social and cultural elements and for that reason practiced even in Portugal and kept as a survivor mechanism[230]. The ambiguity has been confirmed by one girl from the community who states that "even though I was living in Europe my life did not change that much. Apart from the cold, I was actually inside the Guineas community and (…) I felt exactly the same as if I was in Guinea Bissau"[231].

Furthermore the APF has recognized that the sense of insecurity in a foreign country, as well as rejection or ignorance by the host society play an important role. It often pushes immigrants to more conservative behaviour regarding their identity than those in Africa. Due to increasing awareness among scholars about this issue, the women's organization UMAR held the first seminar on FGM in 2002.

Following this, in 2003 the Association of Family Planning Portugal carried out a survey within hospitals. The research among healthcare workers[232] conducted for a conference showed that 94% "had heard of it but did not realize that it was something that was relevant or happening in Portugal". As well as highlighting the

[227] Accordingly to this study from 2006 the total amount of Bissau Guinean immigrants was 24513, from which 16281 were men and accordingly 8232 women. Serviço de Estrangeiros e Fronteiras, Relatório de actividades Imigração, Fronteiras e asilo, 2006, p. 16.
[228] Johnson, Michelle, 2007, p. 205.
[229] Johnson, Michelle, 2007, p. 205.
[230] APF, Factsheet, Female Genital Mutilation (FGM)/Female genital cutting (FGC), p. 2.
[231] Interview with X.
[232] In the area of Great Lisbon.

non-existent health training on the treatment of the consequences of this practice, 97% of the interviewees were totally opposed to this practice and were in favor of eradicating it.

A further study by the Family Planning Association conducted in 2005[233], showed again that 92% had heard about it but only 4% claimed to have been confronted with cases of Female Genital Mutilation. Furthermore, only 3% had participated in specific health training concerning the treatment of Female Genital Mutilation.

Both inquiries clearly showed that there is considerable demand among health care workers for information about this practice[234]. Apart from the insufficient training of health care workers to work adequately with the needs of the communities the other fact that is emerging is the lack of statistical data concerning the real dimension of this practice in Portugal, as only few studies have been conducted and published[235]. Even though the Family Planning Association has, according to Alice Frade, "been working on this issue for six or seven years and the first document was written in 2004, the government, Barroso talked about it but nothing was done to change the situation"[236].

This problem has been taken up again by APF who initiated the participation to work on a National Action Plan against FGM in partnership with EuroNet Stop FGM Network. The EU Daphne program[237] was launched by 15 European NGOS with the purpose of developing an action plan for eliminating FGM in Europe. APF invited several different stakeholders to participate in this program and a group was formed in January 2008. On the governmental level Portugal is represented by Jorge Lacão, the secretary of State of Presidency of Ministers Council. He is also the official Mentor of this National Action Plan. The program works with a multidisciplinary approach and has partners in several public sectors which all are trying to contribute to this issue[238]. Frade says, "in our Daphne Project here in

[233] In the area of Loures.
[234] This will also bet he main critique in the health approach.
[235] Respectively the two publications about Female Genital Mutilation that tried to asses the situation here in Portugal have been carried out from the Portuguese Family Planning Association and a the book from Sophia Branco.
[236] Interview with Alice Frade.
[237] The EU Daphne Programme of the European commission has been established to combat violence against women and children, including the eradication of FGM, in Europe.
[238] Personal correspondence with Nuno Gradim.

Portugal, the main issue is to create a national programme and to put the issue to the women of the parliament (…) we want a political document[239].

At the time of writing this is the status quo on FGM in Portugal. The National Plan is still under construction and will be presented at the end of 2008. Asked about the first measures of this plan, Martingo stated that there will be "several measures, one of which will be a training kit to work on this subject with community leaders and communicators. Its disclosure and distribution will be one of the first measures". Furthermore she said of the contribution of the different organizations, "each one will be responsible for implementing the measures they have committed to"[240].

The Plan acknowledges the concrete need for action in a number of areas. The following section containing recommendations for further courses of action against Female Genital Mutilation is a reflection of the interviews I conducted and my personal ideas summing up the different methodologies that should be considered and applied for the success of the National Action Plan against FGM.

5. Recommendations for Portugal

Several programmes throughout the world focusing on the prevention of FGM have listed their priorities as "promoting, informing, motivating and teaching the adverse health effects in order to break the taboo surrounding this harmful traditional practice"[241]. This can be seen as the first step: focusing on short-term results and involving several actors in this area to combat FGM more effectively. After sensitization in this area, long-term commitments and measures designed to achieve actual behaviour changes need to be adopted. The EU Daphne Programme proposed a 5-stage model[242] in order to make a sustained behaviour change on the issue of FGM.

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[239] Interview with Alice Frade.
[240] Personal correspondence with Carla Martingo.
[241] EU Daphne Programme, Behaviour change towards Female Genital Mutilation, lessons learned from African and Europe, 2005, p. 3.
[242] *Stage 1* highlights that the individual is not thinking about FGM and has no intention of changing as social conditioning any existing views guiding his or her beliefs.
Stage 2 focuses on the individual's awareness; requests for more information about FGM are growing and the practice is questioned.
Stage 3 highlights that the individual recognizes the problem and intends to change the behaviour. Barriers to really condemn FGM might include strong social pressure from the community or a cultural clash during a trip back home.

In Portugal, as highlighted by all my interview partners, it is about mentality change about FGM. X stated that "we should work on changing the mentality, especially with women, that is the point here (Portugal) and in Guinea Bissau"[243] and make them understand why it is wrong. Hand in hand with mentality change goes the concept of Behaviour Change Communication (BCC), which should involve communities in an interactive process. In the example of Portugal this would mean a bottom up approach by the immigrant group from Guinea Bissau concerned, instead of a top down - one-way communication process from the government or other stakeholders. Keeping this 5-stage model in mind and applying some of their approaches[244] to the case of FGM in Portugal I further suggest the following procedures.

5.1 A participatory and multidisciplinary approach

"As it is deeply rooted, you can't change it from one day to the next so you need quite a broad approach in order to change people's minds"[245]

This approach draws on the BCC strategy and highlights that activities should always be developed in collaboration with communities and with professionals from various backgrounds. Portugal is a good example of that, since the Board of the National Action Plan on FGM is from various different public sectors and also involves two community based NGOs UMAR and Uallado Folai which are involved in community out-reach. This also includes working on this issue in Guinea Bissau as Alice Frade states: "we need to work not only with the community here in Portugal but also try to prevent FGM and to help the NGOs and health professionals and women's organisations in Guinea Bissau"[246]. In this way, a continuous dialogue with and support of the communities should take place in Portugal. According to one girl that is from one of the practicing communities, further promotion of projects within the communities here in

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Stage 4 highlights that the individual has decided not to perform FGM any more and might approach others involved in decision making through a public statement or to choose an alternative rite of passage.
Stage 5 highlights the difficulty of maintaining the new behaviour due to negative and positive reactions of the involved community.

[243] Interview with X.
[244] EU Daphne Programme, 2005, p. 8-12.
[245] Interview with Manfred Nowak.
[246] Interview with Alice Frade.

Portugal is necessary. She states that “there is a miscommunication here; there is something wrong. Inside the communities nothing is actually happening”[247].

This may also be due to the fact that “at the beginning they used to say that in Portugal we have lots of problems that need to be solved first, instead of working on FGM in Guinea Bissau”[248]. But although many women from Guinea Bissau live in Portugal, only recently have the government and Family Planning Association begun community-centred work. Yasmine Gonçalves from the Portuguese Family Planning Association confirmed this in an interview, “in the community we are starting debates on sexual health, reproduction, gender and women’s human rights, children’s rights. So the idea is not to talk just about FGM but things related to it as well, but it is still under construction”[249]. Another good initiative was the establishment of Uallado Folai, which is another association working with the communities and actually run by a member of the community, Ibraima Baldé who stands up against FGM. He is aware that this problem will not be solved within one generation but “somebody needed to start, because if nobody starts, nothing will happen”[250].

Even though informal interviews with some people from the relevant communities here in Portugal have confirmed that they do not see any of these initiatives, these projects are intended to make long-term changes and simply need a strong foundation to be fully implemented. Another indispensable fact that needs to be considered is the continuity and sustainability of the actions. This has also been criticized in several interviews with people from the Guinea Bissau community, who stated that most interventions here in Portugal and in Guinea lack continuity. X said of her experiences with community associations “maybe you should try to work with these different associations and make sure that they are actually doing something”[251]. She criticised that on many occasions associations claimed to work to prevent FGM but in the end the work was suspended or not implemented properly. She recommends that it would make sense to ask these associations to present results “that they went to this

[247] Interview with X.
[248] Interview with Alice Frade.
[249] Interview with Yasmine Gonçalves.
[250] Interview with Ibraima Baldé.
[251] Interview with X.

community and spoke about this and that (…) it is about changing mentality; it is not about acting only once, you should keep acting always, that is the point"[252].

For this reason it would be appropriate to have local focus points within the communities carrying out sensitisation work on a regular basis. As proposed by Gonçalves, "if they start to talk more about the FGM issue and if they learn about the consequences they could talk with other people and if there are some focal points than this would help to change people's minds"[253].

During the interview, Ibraima Baldé repeatedly pointed out that only community-centred work and having people leading from the communities will bring success. He reported on the work of his newly founded association, "I 'really' speak with them because I am from their culture and I speak their language and people will listen more carefully"[254]. Multidisciplinary means in this aspect also the involvement of the Portuguese society who should work more with this issue and recognize it as a "Portuguese" problem. This "would involve the whole society and not only one person"[255] for a successful eradication programme.

5.2 Legal approach

"If you want them to obey to the law, they should think that the law is right (…)
if they think that the law is wrong they will just break it"[256]

Portugal has no specific legislation on Female Genital Mutilation. The practice will therefore be punished in accordance with the Portuguese penal code. The opinions on having a specific law on FGM in Portugal are very divided. At the time of the parliamentary discussions the Portuguese Family Planning Association was clearly against specific legislation. As Frade said, "if we introduce the issue in penal code in Portugal they will be saying that everything is done, this problem is resolved. The penal code is the last thing that we need on this debate"[257]. Apart from seeing this issue as "resolved" introducing a specific penal code could on the other hand be seen as discrimination against certain ethnic groups here in

[252] Interview with X.
[253] Interview with Yasmine Gonçalves.
[254] Interview with Ibraima Baldé.
[255] Interview with X.
[256] Interview with X.
[257] Interview with Alice Frade.

Portugal. The girl from the community has also a very divided opinion on this[258] and said that a law is actually talking at cross purposes in this issue, "people that are supporting FGM have never been to school, so how should they know about the law, in a country that they don't even know"[259].

On the other hand people need to be informed that FGM is prohibited which, according to Nowak, does "not necessary mean that you immediately have to use criminal law against the women performing FGM, there might be other ways of prohibiting it"[260]. As it is about mentality change, Nowak further states in that respect "just to have a law does not help because they feel that they do nothing wrong, they do it according to their old tradition, so they don't understand why all of a sudden this is penalized or prohibited"[261]. But according to the girl from the community, "if it is not in the law, people will say that it is not wrong because it is not directly in the law"[262]. In my opinion, as FGM is a problem in Portugal there should be a direct reference to FGM within the penal code. I argue that a specific law on FGM has two functions. Firstly, the symbolic function that it is actually educating people, raising awareness of this problem. Secondly, a law also has a preventative function which should discourage people from performing FGM in order not to go to jail. So for me, personally it makes sense to put it in the Portuguese penal code. Brasil states similarly, "now in the present penal code there is a small link to Female Genital Mutilation but it is not clear, we don't have an article in our penal code that clearly prohibits it. So perhaps if we outlaw FGM in the penal code we can shout that this is also a problem in Portugal"[263].

A more coherent opinion exists about the specific legislation in Guinea that at present is once again being discussed by the Guinean parliamentary assembly[264]. Frade is in favour of specific legislation: "We support women's organisations and even governmental organisations who want to introduce a specific law on FGM, because in Guinea Bissau 50% of the women are affected by FGM, so it is a real

[258] The question about a specific legislation on FGM has been a separate question within my interview and can be fully read in the Annex, Nr. 4.
[259] Interview with X.
[260] Interview with Manfred Nowak.
[261] Interview with Manfred Nowak.
[262] Interview with X.
[263] Interview with Elisabete Brasil.
[264] Interview with Ibraima Baldé.

problem for them"[265]. This approach has been confirmed in the interview with the girl from Guinea Bissau who sees a need for a specific legislation. However she also questions it, as this would mean "in Guinea Bissau (…) you have to put half of the country into jail"[266] and this would not make sense. Furthermore this specific law would also mean that perpetrators, who are often family members, could be imprisoned. She said "I agree with the law but when I think about my mum I would not like to see her in jail because I can understand why she did it"[267]. This highlights that in both Portugal and Guinea changes to the law for future perpetrators should always be accompanied with a country-wide awareness raising campaign.

5.3 Human Rights-based approach

"She (mother) did it, because she thought it was the best for me"[268]

Human rights should be integrated as part of a larger package of information on health and hygiene and presented in a culturally acceptable manner. In Portugal the community-based associations could be used as mediators to conduct different activities within their centers using a "link between the social and cultural history of Portugal"[269] as is already planned according to the Family Planning Association. Furthermore Human Rights should also be a compulsory element in the curriculum of every Portuguese school. Workshops and sessions on harmful traditional practices could contribute to raising awareness and changing people's behaviour, so that when girls are at the age of being circumcised they dare to say "no".

Moreira highlights the intention of the new Action Plan against FGM and discussions are underway to even cover this issue in primary schools. She said "we want to put that in the plan because you can always talk about human rights with young people (…) to teach them about human rights of their body, of their integrity, the respect of our bodies and of others that could help to construct confidence and respect and to learn that girls and boys have the same rights"[270].

[265] Interview with Alice Frade.
[266] Interview with X.
[267] Interview with X.
[268] Interview with X.
[269] Interview with Alice Frade.
[270] Interview with Catarina Moreira.

Uallado Folai is planning a project which intends to send young educated people from the Portuguese communities to Guinea Bissau to explain about FGM in schools, to spread knowledge about it, to teach about human rights and to contribute in this way to combating FGM[271]. Processes for actual behaviour change can be long and slow, but I argue that teaching human rights at a very young age can be preventative and should also be started in Portugal.

5.4 Health approach

> "They are women who have undergone some very traumatic experiences, so we have to take very good care of them"[272]

In addition to the social aspects of circumcised women, the health approach emphasizes the harmful short- and long-term consequences for women who undergo this practice. A big advantage of this approach is that "it breaks the silence" about certain issues as it becomes more acceptable to talk about them in public situations. Still, as has been confirmed in all of my interviews the problem when dealing with FGM in Portugal is clearly that the health sector is not yet prepared for dealing with this issue. Frade stated, "health professionals are a main issue, they are a focus group and what was amazing with the first research is that lots of doctors do not understand what FGM is. When they see women with a mutilation, they don't understand it, they don't know what it is, they assume that it is a birth abnormality"[273].

The problem in Portugal, as the study has shown, is that FGM is still not recognized as a Portuguese problem and, according to Vicente, doctors do not have enough training to recognize mutilation. Vicente states, "you don't see if you are not prepared to see (…) we always see it but no we don't. That is the main obstacle"[274]. This shocking fact has also been confirmed by the mutilated girl from the community, she said, "I have been to two different gynaecologists (…) if they recognized it they did not say anything but probably they did not recognize it"[275].

But in this approach it is important to build some trust within the community. Gylche talks about the situation in a hospital in Denmark, "when they come to the

[271] Interview with Ibraima Baldé.
[272] Interview with Hanne Gylche.
[273] Interview with Alice Frade.
[274] Interview with Lisa Vicente.
[275] Interview with X.

hospital they will be examined by me or by another midwife who knows a lot of things about it. So that [the patient] feels that this doctor knows about my situation, I don't have to explain to anyone"[276]. This is something which also needs to be considered in Portugal. Vicente verified that this is also what she has been working on "but that sometimes it is not easy to change people's way of thinking but to make doctors and nurses understand that this problem exists"[277].

In the women's shelter they have been working with this issue from a psychological point of view; "what we do is, we talk with them, we contextualize what happened with them (…) it is personal, secret something that they don't want to speak about it. We have psychological help for all the women in the shelter so they can talk about that and other issues related to it"[278]. But doctors still seem to be the key actors in this issue as they are confronted with women "in regular consultation and can speak about it. Because if people are informed of the health problems caused by FGM, they do it less and less"[279]. This could also be used as a preventive measure by working with "gynaecologists, paediatricians because if they see small girls it is important that FGM could be prevented in case they go to Guinea to have it done"[280].

Furthermore it would also bring to Portugal here some numbers since as Vicente states "how many women are affected directly or indirectly or are at risk, we don't know that"[281]. In this respect, in my opinion it is really important to treat this as one of the central themes here in Portugal. This is because "when we talk about the health aspect it really concerns all of us. Because we live with it, during delivery, after delivery it has all affected us. Talking about sex, genitalia we should really respect our cultures, our traditions, our systems and we have to talk about it in a very careful way"[282]. This is something which needs to be considered as well. As already mentioned, this approach could help to establish more trust within the communities and a possible solution for their health problems related to FGM can be found.

[276] Interview with Hanne Gylche.
[277] Interview with Lisa Vicente.
[278] Interview with Elisabete Brasil.
[279] Interview with Lisa Vicente.
[280] Interview with Lisa Vicente.
[281] Interview with Yasmine Gonçalves.
[282] Interview with Umyma El Jelede.

It is for this reason that a specific women's health centre, as has been established in Vienna, could be helpful. A multidisciplinary approach would include community members working in these institutions and offering health counselling in their own languages. Yasmine Gonçalves suggested another approach in the form of mobile health cars. These would "do some consultations, to go there and if you need vaccination for your son, they could talk about it, take a leaflet." It is important that these mobile health centres deal "not only with FGM, because that would not work, we have to take the other needs first and then they talk about it"[283]. Another thing that needs to be considered is that doctors and health care workers need to be sensitized that a birth situation could produce similar feelings and pain as suffered during or from the mutilation. Gylche states that they "offer them epidurea (…) because when you are lying there and someone has pain they often get flashbacks to the circumcision situation. It is a bit the same as they have to stay there and stand the pain"[284]. So the health aspect should be the first priority for the National Plan against FGM. As women take the decision whether to circumcise their children, it is important that medical staff should bring up the subject of FGM as early as possible to ensure its prevention. It is essential to provide specific training on the issue of female genital mutilation and for the future FGM should also be integrated as a subject of medical courses, to provide solutions for people working with the communities.

5.5 Religious approach

> "I can't understand how our father allowed this to happen, especially because he is a conservative Muslim. He knows the Koran and by the Koran he knows that this is not something to happen"[285]

Within Muslim communities there is often the association that FGM is linked with Islam or even demanded by the Koran[286]. According Johnson's study, it is the women that still believe that female circumcision is essential to their identity as Muslims, whereas "men know that the practice has nothing to do with Islam"[287]. As the Koran or other Islamic documents do not require FGM, "it is essential to

[283] Interview with Yasmine Gonçalves.
[284] Interview with Hanne Gylche.
[285] Interview with X.
[286] For a detailed interpretation of this issue see chapter 2.5 of this thesis.
[287] Johnson, Michelle, 2007, p. 216.

inform and involve Islamic religious leaders in any strategies for changing the communities FGM behaviour"[288].

This reasoning has been confirmed in several interviews. In Austria the NGO Orient Express used a letter from an Imam denying any relation between the Koran and FGM which was translated into all languages to support the consultation sessions with potential victims[289]. Similar initiatives can be found in Denmark where as part of a conference[290] seven Imams published a final declaration on 'Women's Rights and Circumcision in Islam'. Compiled by several Imams in Denmark and England, this declaration suggests how Muslims should view female circumcision. In particular the focus lies on handling the religious arguments which are used to justify the tradition and to treat "secular" legislation. With this declaration the Imams try to convince all Imams in the world to answer the believers' doubts concerning the Koran and FGM.

Furthermore the final document points out that circumcision of girls is an illegal act in Denmark as well as in Europe and it can lead to legal procedures regardless whether the act is conducted inside or outside the borders of Denmark. At the end of the pamphlet there is a religious verification concerning the various relevant verses in the Koran and provides an extensive interpretation[291]. According to Hanne Gylche, the involvement of the Imams and the translation and distribution of this document in many places "has been a great success. Because we thought we should try to do something else, to reach this topic also in a religious way and if the Imams words are spoken then they will believe it"[292].

As the Imam of the Mosque in Lisbon has spoken out against the practice of FGM, a similar document as well as various posters reiterating the message printed in the different languages spoken by the Muslim communities in Portugal could provide a written proof for all believers. Furthermore I think it is necessary that the Imam integrates this into his speeches and makes reference to it on a regular basis. Another "religious" strategy used in Austria concerning FGM could also be implemented in the mosque in Portugal. El Jelede explained that she and her African colleagues do some kind of networking. They go to the mosques as

[288] EU Daphne Programme, 2005, p. 9.
[289] Interview with Saida Stadler.
[290] Conference on Women's rights and Circumcision in Islam, 20th August 2005 at the Danish parliament, Critiansborg, Copenhagen, Denmark.
[291] Final declaration of the Conference on Women's rights and Circumcision in Islam.
[292] Interview with Hanne Gylche.

well as to churches to “attend the prayers and after we eat something together in the church or talk immediately after the prayers in mosque” In this way she promotes the new health centre by publicising “that it is in their own languages, that it is free of charge”[293] and reaching out in this personal way to the women of the communities.

A more difficult issue when campaigning against FGM is the world of inhabited spirits. As stated by a Guinean, “this is a very difficult issue because in Guinea Bissau all the people believe in this and only think about this”[294]. He explained that in every situation - be it elections, in school, at a soccer match - it is the spirits that helped them and are used to explain success or loss. Gonçalves confirmed this reasoning for FGM that “the first women that start to talk about it, that she had to go to Guinea to pay some money in order not to be hurt by the spirits”[295].

Hence when working with this issue and campaigning more effectively for its eradication in Portugal, religion obviously plays an important role and should not be underestimated. Involving religious leaders and other influential spiritual people can be a way to reach out to the practicing communities and specific support from the government should be promoted.

5.6 Education approach

“Education is good because as I was growing older I felt that this is not right”[296]

This approach encourages discussing and elaborating the issue of harmful practices within a schools curriculum. Schoolteachers have an obvious role to play in preventing FGM. However, talking about FGM in class may be delicate and needs to be well-planned and pedagogically highly valuable in order not to stigmatize different immigrant groups and produce negative stereotypes. At a Conference in Brussels in 2006, Jorge Lacão stated, that Portugal has pursued “a program in schools involving a campaign which included sexual education and citizenship education” but until now it has not been implemented.

[293] Interview with Umyma El Jelede.
[294] Interview with Dimitry Monteiro.
[295] Interview with Yasmine Gonçalves.
[296] Interview with X.

However, education is also one goals of the current Action Plan against FGM. As Moreira states “we want to have it as a discipline but we want all the courses in the faculties, medical courses, courses from social sciences, law school to find some time and opportunity to talk only about FGM”[297]. Gonçalves also confirmed that they “will put some activities in that area (education), we train judges. So people that work with immigrants that come here, lawyers, know how to act in this area”[298].

Even though it can be difficult to talk about the issue of FGM in schools, in Denmark as well as Austria it is very common to pick FGM as a central theme. The Danish association for example refers that, “we go out and conduct teaching sessions with them, we give them courses in schools in clubs and wherever we can go”[299]. In Austria the NGO Orient Express works with different workshops in schools on the subject of FGM and focusing on a general overview, including history and highlighting that it was also once practiced in Europe and that it can happen to everyone[300]. Both organizations work with short films in order for students to get a picture of it and show the students the reality. Afterwards the Austrian NGO employs case studies in working groups. Stadler states, “in the beginning the kids are stunned that this exists but after 15 minutes it gets interesting and through these activities they are given a responsibility. This is also a feedback for us how children/youth think about this issue”[301].

In Portugal this could be combined with giving a general overview of existing harmful practices and trying to determine the negative portrayals of FGM and in particular racism and marginalization of practicing communities. Before taking this issue up teachers need to undergo training about the background of FGM. Having experts like health visitors coming to schools is an option if teachers feel uneasy speaking about FGM.

Furthermore people working with immigrants also need to be alerted and sensitized to know how to react when a case comes up. In Austria a teacher suspected somebody of being mutilated[302] knew exactly where to call and how to get help. The institutions, both in Austrian and Denmark always have leaflets

[297] Interview with Catarina Moreira.
[298] Interview with Yasmine Gonçalves.
[299] Interview with Hanne Gylche.
[300] Interview with Saida Stadler.
[301] Interview with Saida Stadler.
[302] Also because the girl trusted the teacher.

folders and even stickers[303] with current phone numbers to be used in case of help, which are handed out in their workshops. The preventive measure that should be worked on in this approach is that teachers are informed about FGM and are ready to take action if required.

5.7 Political approach

"Unfortunately the situation is still the same, no one is talking about it"[304]

This approach focuses on the political initiatives and attitudes when trying to eradicate FGM. Nowak states that "first of all, of course, there must be the awareness within the government to prohibit FGM and similar traditional practices because they are violating the Human Rights of Women, various human rights. They are discriminatory and violating the rights to personal integrity and dignity"[305].

This applies to the governments in both Guinea Bissau and Portugal. The problem that arises with FGM and the Guinea Bissau community is that in Guinea Bissau itself only three ethnic groups[306] actually practice Female Genital Mutilation. The other ethnic groups define the practicing communities as Muslims, "Guineans consider female circumcision to be a Muslim practice"[307]. Moreira also said that "in Guinea Bissau there are a lot of tribes and they think that FGM is only performed by some tribes and not by the others, but we are talking about one country and cannot excuse what these people think"[308]. This has also been confirmed by my conversations with the community. "If you ask them (the government) a lot of them will say that this is a Muslim thing, it has nothing to do with me but they are the representatives of the people, they have some responsibilities"[309]. Once more, during a talk in the Guinean Embassy with the ambassador Constantino Lopes da Costa, it was explained me that not everybody belongs to these ethnic groups that are practicing it and that they actually "don't

[303] For example small stickers to be placed on mobile phones, Interview with Saida Stadler.
[304] Interview with X.
[305] Interview with Manfred Nowak.
[306] Namely Mandigna, Fula and Beafada.
[307] Johnson, Michelle, 2007, p. 210.
[308] Interview with Catarina Moreira.
[309] Interview with X.

alert people that Female Genital Mutilation is a crime" here in Portugal and secondly that they "don't interfere"[310] in these things.

Similar attitudes can also be found in various "Guinean" associations.[311] As Frade states "what needs to be considered is the fact that in many Guinea Bissau migrant associations, people there belong to ethnic groups where FGM does not exist. So they have a superior point of view that 'the others do that but we don't do that'. We are against them"[312]. In my opinion the government should be on both sides and start dealing with this issue, firstly with legislation that is clearly anti-FGM and in a further step a countrywide awareness and education campaign against FGM involving religious and community leaders.

Concerning the situation in Portugal, I am of the opinion that the embassies must get involved. First of all, when issuing visas the Portuguese embassy in Guinea Bissau should clearly tell people intending to go to Portugal that performing FGM is illegal. This can be done, for example, in the form of a statement that the people have to sign or in the form of a leaflet that is handed out to people after the visa is issued. As Africans often prefer personal contact, a further option to consider might involve a face-to face explanation of the consequences of performing this practise. As a second step the embassy of Guinea Bissau in Portugal should advise them once again that this practice is prohibited and that people can actually be tried for practising it. When discussing this in one interview, Moreira stated similarly that there should be "information in the embassies, but not only in the Portuguese embassy in Guinea Bissau. The information should be in Portuguese and in other dialects that the people speak here in Portugal"[313]. She further mentioned that these information drives should also be carried out in other embassies and consulates of "other immigrant groups like Senegal where FGM is also practiced" and alert them that this is prohibited within the Portuguese law. She states further, "they must know that the Portuguese government condemns people who practice FGM. The embassies need to be involved; it is completely insane to think that his plan could actually be

[310] Interview with Constantino Lopes da Costa.
[311] The Associação Guineense Solidariedade Social is the most regonized one. But again, an inverview with a staff member proofed that they are not working with this issue of FGM, Interview with Ana Correia.
[312] Interview with Alice Frade.
[313] Interview with Catarina Moreira.

productive if the embassies are not involved"[314]. It is obvious that in Portugal cooperation from both governments and their embassies has to take place and FGM to be incorporated in their work.

5.8 Research based approach

According to the report on behaviour change, "this approach encourages the design of an intervention based on a thorough understanding of the local context"[315]. In an interview Hadis highlighted that every approach needs "a high understanding of cultural issues and the best would be different kinds of approaches and different kinds of personalities who are accepted by the community"[316] as discussed in the previous approach.

Secondly, with particular reference to Portugal, this research-based approach also means identifying how widespread FGM is in Portugal including the most practiced forms. The lack of concrete data concerning the actual extent of the problem has been criticized in various interviews. Vicente states "FGM is only important if you have numbers. Nobody sees it, is not in the main culture, Portuguese culture, so you don't have numbers here. Some people say a lot but you must have numbers to confirm this"[317]. A survey has been carried out twice in Portugal among health care workers and should possibly be extended to observation and monitoring of people working in these areas all year round. In the biggest maternity hospital in Portugal[318], Lisa Vicente is currently running an inquiry "to try to see what people think and know" in order to get a picture of the knowledge among health care workers and then in the next step to develop material for relevant training. She added that this inquiry also has another function, "because when you have an inquiry people begin to speak about it, it becomes visible" and contributes in this way to the awareness of further formation in this area[319]. It is obvious that facts and further research in this area is a prerequisite for tackling FGM. The Portuguese government needs to get involved and provide adequate resources to close these existing gaps.

[314] Interview with Catarina Moreira.
[315] EU Daphne Programme, 2005, p. 12.
[316] Interview with Etnis Hadis.
[317] Interview with Lisa Vicente.
[318] Maternidade da Alfreda da Costa, Lisbon.
[319] Interview with Lisa Vicente.

5.9 Social development approach

This approach should address different aspects of gender and development as well as the political, legal, health and economic development of the communities[320]. In the case of FGM this would also mean focusing on empowering women and re-educating men. Hadis said "men also need to be educated about FGM. It is a family business, the men are also involved, not only the women"[321]. She points out that you always need to consider the economic dependence of women undergoing this procedure "because the economic source is the man. He brings the food and everything so the women are dependent. You need to change the mentality of men and women. Not only the women, but both of them"[322]. As FGM is another expression of gender inequality, the empowerment of women is of key importance.

As confirmed in several interviews, "FGM is culturally an advantage for women, to have a good marriage. So if you cut that cycle, there is no reason to do it"[323]. Nowak also highlights the more successful eradication that "the more successful you are in establishing a society based on equality and non discrimination, on a gender basis, the more chances you have that these traditional practices will eventually stop one day"[324]. It is necessary to work with plans that foster women's economic empowerment. Frade reiterates in this respect the need to "try to empower women that carried out FGM in Guinea Bissau and work with them, for them to start to appear in the media, to talk about FGM" which could be one way to achieve social development.

5.10 Alternative rites approach

"I felt I was part of something, the feeling that you get when all the older women are happy about it and there is a party, something really nice"[325]

The idea of this approach is the creation of alternative rites of passage, coming of age rituals without cutting the women but embracing other meanings of the actual ritual. It is referred in the Daphne Programme, that "the success in this

[320] EU Daphne Programme 2005, p. 11.
[321] Interview with Etnis Hadis.
[322] Interview with Etnis Hadis.
[323] Interview with Lisa Vicente.
[324] Interview with Manred Nowak.
[325] Interview with X.

approach lies in its involvement of family and community members in designing the project"[326]

In Guinea Bissau there have already been some attempts to introduce alternative rites as "fanado models" where all traditional parts of the ritual are followed but without the cutting. The local organization Sinim Mira Nassingue emphasise the importance of including the fanatecas and uses the former circumcisers to supervise the alternative rites and hence still be the most important actors[327]. Other alternative rites could be a circumcision through words as practiced in Kenya which brings young candidates together for a week of seclusion during which they learn about how to become a women in society including also more modern issues such as personal health, hygiene, communications skills and self esteem[328]. Local context and cultural circumstances should be considered and should include the involvement of the community member especially those who have influence in these practices. In informal interviews it has been confirmed that FGM is also practiced in Portugal[329]. Moreira states "we know that female genital mutilation is practiced here in Portugal. That is for sure, we know that through the victims"[330]. In this case this approach applies also for Portugal and it is important that the Portuguese government does not deny this fact and starts dealing with this issue and promoting alternative rites.

5.11 Work exchange/reconversion of excisors approach

> "It is more about status, because it is not what they do and what they are actually living from"[331]

This approach should firstly educate the traditional circumcisers about the health risks of FGM and in a second instance provide them with alternative income sources. In this respect, the project "Sewing Machine" in Somalia that was initiated by the Austrian association FGM Help (FGM– Hilfe) seems to be a good

[326] EU Daphne Programme, 2005, p. 10.
[327] EU Daphne Training Kit, 2005, p. 49.
[328] EU Daphne Training Kit, 2005, p. 54.
[329] According to these informal conversations, there are a few people known within the communities who practice FGM here in Portugal. The other option is that families put money together in order to pay for the flight ticket of a „fanateca" from Guinea Bissau to Portugal to have their girls in Portugal circumcised in the traditional way.
[330] Interview with Catarina Moreira.
[331] Interview with X.

solution. The “Ex –practitioners” undergo a six month training programme to work as a seamstress. After successful completion of their course the women are provided with a sewing machine[332] and start to work in their hometowns. Part of this deal is that every seamstress is obliged to encourage another circumciser to be trained as a seamstress. Until now there has not been a relapse and by February 2005, 261 sewing machines had been given over to ex-circumcisers. 384 circumcisers have given up the harmful practice of FGM[333].

Furthermore, according to Johnson, when considering the difficulty associated with traditional initiation, most traditional practitioners “would rather earn a living by selling goods at the market”[334]. This reasoning has also been confirmed in an interview with Ibraima Baldé, who confirmed that in order for women to give up this profession, the government needs to create alternative jobs[335].

The Guinean girl that had been mutilated pointed out that it is more about status and not so much about the income “women do it but it is not mainly because of the money. If you do it you are someone really respected in the society, you have a high position in the society”[336]. Moreira confirmed this reasoning, and stated that the “government needs to give them another job, but a job that would also be valued in society”[337]. Such valued jobs might include helping to deliver babies or working in other health-related areas in Guinea Bissau.

5.12 Positive deviance/ role model approach

> “(…) If you come to Europe to talk about it than you are denying your own culture”[338]

This approach highlights the role of individuals who oppose FGM in their communities and “ promotes them as role models in the community, the so-called ‘positive deviants’”[339]. As mentioned in one of the interviews, at the moment this process is increasing in Portugal within the Guinea Bissau community, whereby individuals provide testimony about the procedure and stories of why they reject FGM. For example, on 6th February, the international day against FGM, Nene

[332] These are mechanic sewing machines that can also be used in areas without electricity.
[333] Project Sewing machine in Somalia, at http://www.fgm-hilfe.at/ (consulted 15 March 2008).
[334] Johnson, Michelle, 2007, p. 207.
[335] Interview with Ibraima Baldé.
[336] Interview with X.
[337] Interview with Catarina Moreira.
[338] Interview with X.
[339] EU Daphne Programme, 2005, p. 11.

Baldé first talked about FGM. Frade reports “she talked first in Creole and she said that she did not want to criticise anyone; she just wanted to talk about protecting the lives of families, children and women in Guinea Bissau and around the world”[340]. This was quite a difficult task as “even within the communities it is a forbidden issue and you don’t talk about it. And when you ask people in the neighbourhood they will always say “no”, but if you get to know the women and you are with them for a while they will confess, “yes of course mutilation exists, me, my sister have suffered it”[341]. So, in order to have more people like Nené Balde, the community needs support. Alice Frade also pointed this out, “I need to support them more so that they become strong enough to talk by themselves and not ask me to talk”[342].

The girl from the community explained more about the delicate role of a role model and stated that “even if I go there and talk to the community they would say she is lost, she went to Europe, she is lost”[343]. Furthermore she emphasized that it is important to find someone from the actual community who would speak out against FGM. Someone with a high status within a community, for example “someone that teaches the Koran or people that have a certain status due to money” as “these kinds of people would eventually make things change”[344]. From the side of the host society it also is important that more people get involved with this issue. Brasil is very positive about the changes, “perhaps this plan will open minds and to open up this issue so we can finally speak about it (…) the plan can help in this aspect to remind people, to raise awareness that this is a problem and people have a conscience about this and in a further step to dialog about this issue”[345].

5.13 Alphabetization approach

> “What I feel like is that when you are educated these things will lead to change”[346]

Possible ways to combat FGM in Portugal but which are also applicable around the world would be through literacy. Ibraima Baldé, president of the Guinean

[340] Interview with Alice Frade.
[341] Interview with Elisabete Brasil.
[342] Interview with Alice Frade.
[343] Interview with X.
[344] Interview with X.
[345] Interview with Elisabete Brasil.
[346] Interview with X.

association Uallado Folai, explained in an interview that following independence in Senegal, for example, many young people were sent to study abroad. The majority of this generation came back and contributed to the development of their villages. He thinks that literacy can be very beneficial in helping to eradicate FGM, as it is not possible to live in the same way as they lived 1600 years ago[347]. This argument has also been given in one of my interviews with the NGO Bright Future in Vienna, where Etnis Hadis stressed that the eradication of FGM needs time and that "people should know how to read and write. We need poverty reduction and literacy because without these we cannot reach our goal"[348]. The two members of the community both agreed that education could be a way to end FGM. This is of course another long-term goal as "it won't happen the way we would like it to happen – fast. It won't be like that, it needs time before it will happen"[349].

Monteiro talked about the situation in Guinea Bissau and said that literacy should not only focus on children but also include the people who actually perform FGM. Regarding the spiritual issue, he thinks that literacy in this respect can help[350] "when you educate children in the street and also when the international community or the government puts this question in the curriculum of the school in order to change their behaviour about these spirits"[351]. Moreira states that it will be important "for the Portuguese government to force Guinea Bissau to create stronger encouragement for young women to go to school and not to quit school. I think that this is the most important step to be made in Guinea Bissau, to understand that women really have to go to school"[352]. It is obvious that this project would involve financial resources and that governments in both countries as well as other international donors need to be involved.

[347] Baldé, Ibraima cited from Sousa, Vanessa Sena, Mutilação genital feminina: Um crime ainda silenciado, in Journalismo Porto Net from 7 March 2008 at http://jpn.icicom.up.pt/ (consulted 15 May 2008).
[348] Interview with Etnis Hadis
[349] Interview with X.
[350] Because these spirits are mostly dominated by the father who controls them. So a child grows up believing in this.
[351] Interview with Dimitry Monteiro.
[352] Interview with Catarina Moreira.

5.14 Media approach

In some European countries new ways of confronting the issue of FGM are emerging, "such as 'chat rooms' in Finland; 'peer groups for exchanging views and emotions' in France; and 'young girls committees' in Denmark"[353]. In terms of enabling true behaviour changes these new channels are important developments which need to be taken into consideration and put into the local context when designing new models of intervention. In this respect Portugal still needs to develop some kind of services. Chat rooms and committees are sometimes not so fruitful as the Danish Association pointed out: "before we had an anonymous forum where they could ask questions and write to us and then we would answer them. But we could see that the women were not used to using the computer, it was too advanced"[354].

However, an extensive homepage where civil society can obtain information about FGM in several languages within the communities should be created[355]. In this way people could anonymously obtain information about it and should be able to find all relevant addresses and institutions dealing with this issue. All my interview partners agreed with my idea and a similar proposal is currently being prepared by Lisa Vicente and her team. "One of the things I am doing here is creating a national plan for reproductive health and we are creating an internet site, and one of the things that we want to put here is about FGM"[356].

In addition to a homepage, a country-wide women's helpline, which is currently concerned with domestic violence, should also receive greater support as should networking. According to Wave Network in Austria, a helpline is one of the low threshold forms of providing adequate counselling and help, as everybody can afford it and is accessible 24 hours [357].

A further step to get the whole society involved could be in the form of a photo exhibition[358] or of short video films which could be played in cinemas before the start of the real film or displayed on the Lisbon metro screens. In Denmark two

[353] EU Daphne Programme, 2005, p. 26.
[354] Interview with Hanne Gylche.
[355] As for example the homepage from the Danish Association against FGM.
[356] Interview with Lisa Vicente.
[357] Interview with Julia Giradi.
[358] As has been in the case in Copenhagen at the beginning of 2008.

Danish film[359] productions also covered the issue of FGM and were broadcast in cinemas and even on television.

In addition newspapers have always proven to be a good medium for raising awareness. In this respect, in Portugal Sophia Branco has done a very good and decent job with her articles in Publico and her publication on the issue of FGM but the government should promote more work in these areas.

5.15 FGM Organization approach

This approach encourages the formation of a national association against FGM similar to the Danish National Association against FGM, for example. With the support of the government the organization was launched and is now based on a membership system made up of individuals and organizations. If enough people could be found to get involved in Portugal, this could be an effective approach. Apart from having a homepage in several languages that provides information about FGM, there could be a link site with details of all the relevant associations and people working in this area. Gylche pointed out that "there are a lot of people that use us as a scientific base because they discussed the issue in biology or other subjects in school and also civil society and I am answering them. We also have a lot of printed materials and we send them out if people request it"[360]. Several interview partners supported this idea; "if we had something like that in Portugal it would be good as people could recognize that it is important and that there is work to do here"[361]. The other positive side of a website would be that people who are in need could either contact the association directly or find help in one of the links.

Concluding Remarks

This thesis has been an attempt to prove that FGM is a global concern and to prove, with the case example of the Guinea Bissau community here in Portugal, that it can also be practiced in Europe. Taking into account all of the aspects that have been taken up in this thesis it can be concluded that within Portugal a lot remains still to be done in this issue. The focus for FGM eradication here in

[359] According to Gylche, One film is called 'let us talk', the other one is called 'secret pain'.
[360] Interview with Hanne Gylche.
[361] Interview with Catarina Moreira.

Portugal, as stated by the mutilated girl, needs to be more sustainable, collaborative with the community and multi-faceted in order to achieve a real change in attitude and practice. But this profound change must involve both parts of the society and brings us back to the two anthropological terms that were presented in the introduction.

A more *Emic* approach must be applied by the host society who should try to understand the reasons and history of FGM and why people are still practicing it. Furthermore when looking at our society, we will see that similar reasons exist for certain procedures[362] that women have to take up, in order not to be socially excluded or even discriminated. Since women don't stick to these antiquated rules, they could be described as less attractive in the eyes of the opposite sexes due to western beauty ideals[363]. This as a consequence puts them in a less favourable position in the marriage or partner markets. In respect to FGM also new forms of genital piercing and transsexual operations, that are clearly self-mutilations, should be challenged.

On the other hand, the practicing communities should be presented with a more *Etic*, non-local perspective and learn about the health and medical consequences as well as the legal/human rights aspects of this harmful practice.

In the case of Portugal a law opposing FGM combined with education programmes starting as early as possible and more involvement of civil society seems to be the best approach.

This thesis would have not been possible without the great help of all my interview partners, my friends here in Portugal and of course my supervisor, to whom I would like to express my profound thanks.

[362] I am specifically referring here to, e.g. washing or brushing hair, brushing teeth, cutting and painting nails, twitching eye brows or shaving legs and arm pits.
[363] In this respect, plastic surgeries like liposuction or Brest implants are also questionable.

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- Interview with Catarina Moreira, UMAR –Women's NGO, Lisbon, 19 May 2008.
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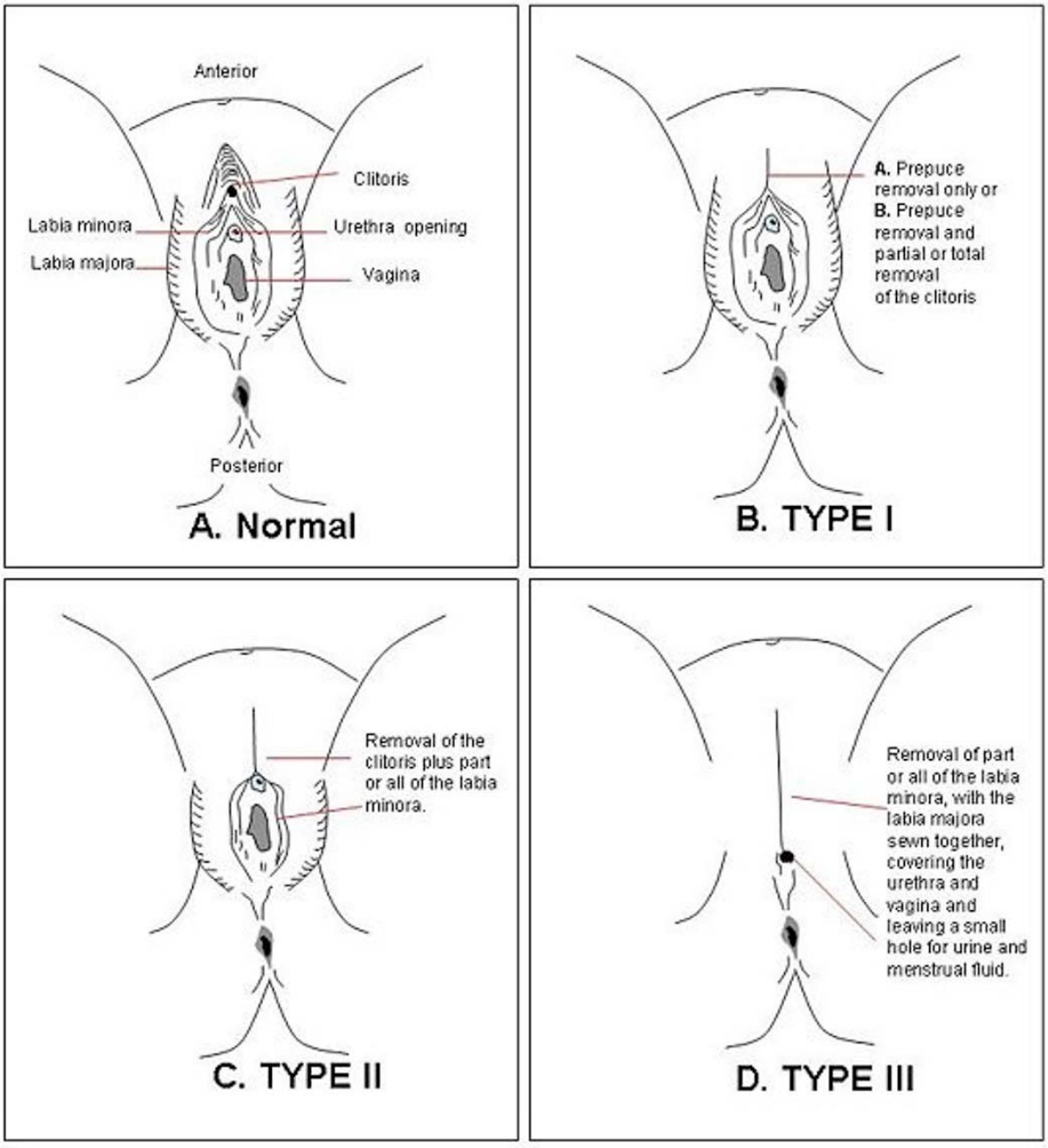
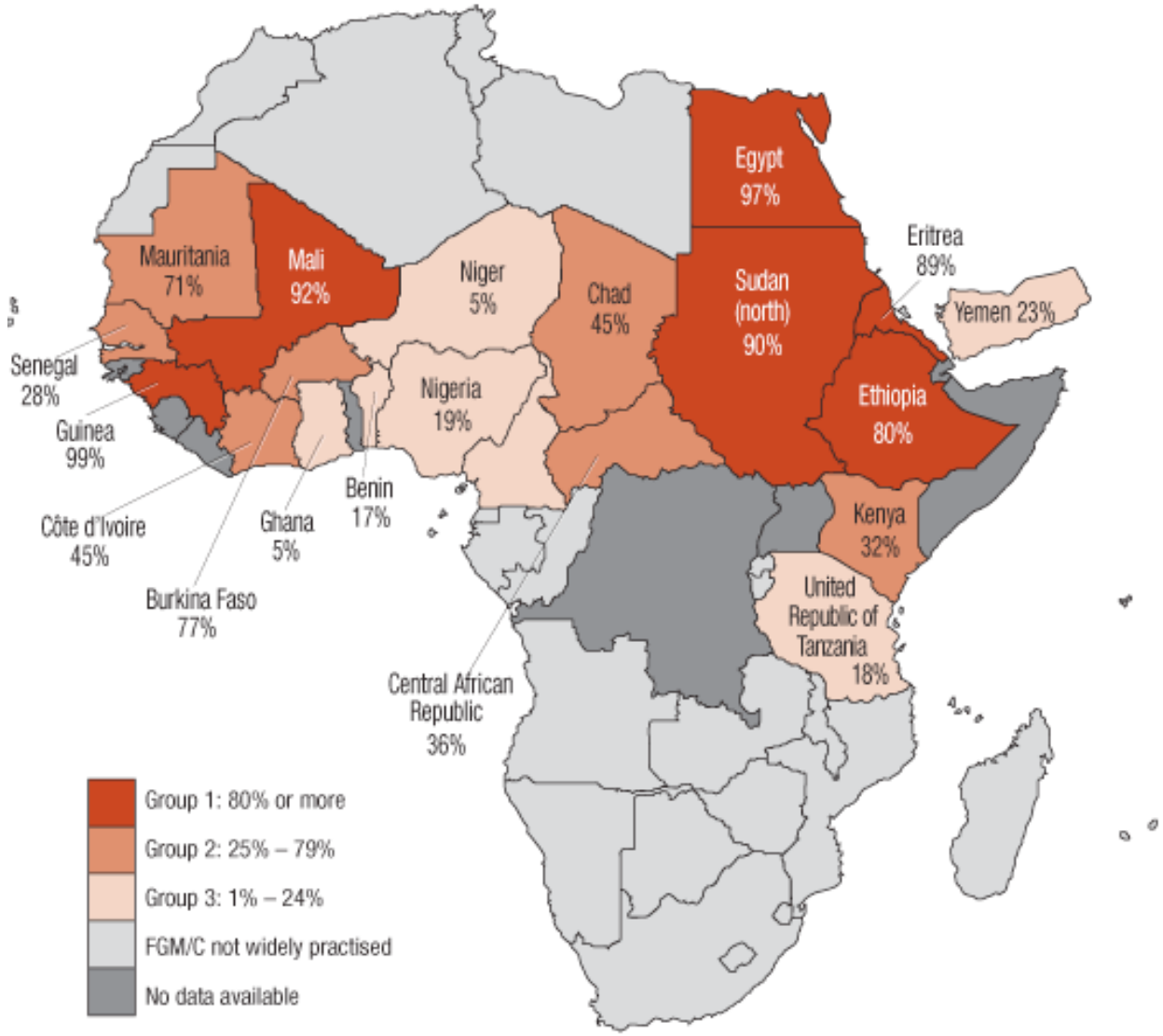
Annex

Nr. 1, 4 different FGM types



Nr. 2, Prevalence of FGM, Africa



Source : Female genital mutilation/cutting: a statistical exploration. New York: UNICEF, 2005.

Nr. 3, International Communities Initiatives and Responses against FGM

Teheran 1968 International Conference on Human Rights at Teheran, Proclamation of Teheran	Article 15, 16, 17
Beijing 1995 Beijing Declaration and Platform for Action of the Fourth World Conference on Women: Action for Equality, Development and Peace	IV. Strategic objectives and actions C. Women and health, Paragraph 89 - 111 D. Violence against women, Paragraph 112 - 130 I. Human rights of women, Paragraph 210 - 233

Cairo 1994 United Nations International Conference on Population and Development (ICPD) Programme of Action	VII. Reproductive rights and reproductive health, Paragraph 7.2 - 7.11 D. Human sexuality and gender relations Paragraph 7.34 - 7.40 VIII. Health, Morbidity and Mortality Paragraph 8.1 - 8.35 C. Women's health and safe motherhood Paragraph 8.19 - 8.27 V. The family, its roles, rights, composition and structure A. Diversity of family structure and composition Paragraph 5.1 – 5.6
Vienna 1993 World Conference on Human Rights Vienna Declaration and Programme of Action.	B3. The equal status and human rights of women, Paragraph 36-44
Cairo 2003 Declaration for the Elimination of FGM	"Legal Tools for the Prevention of Female Genital Mutilation"
UN General Assembly Resolution 53/117, 1999 Traditional or customary practices affecting the health of women and girls	FGM is explicitly mentioned in Article 3 (c) and (d)
ECOSOC Resolution 51/2, 2008 E/CN.6/2008/3 Commission on the Status of Women. Resolution on the Ending of Female Genital Mutilation.	Dealing explicitly with FGM.
Sub-Commission on the Promotion and Protection of Human Rights Fifty-third session Resolution 2000/10 Traditional Practices affecting the health of women and the girl child	Fifth report on the situation regarding the elimination of traditional practices affecting the health of women and the girl child
General Recommendation of the Committee for the Elimination of Discrimination against Women	1999, N° 24, Women and Health 1992, N° 19, Violence against Women 1990, N° 14, Excision

Nr. 4, Interview with Anonymous person, belonging to Fula, 29 years old, who has been mutilated, 18 May 2008.

I: Interviewer
B: Anonymous person who has been mutilated

I: What do you remember from your circumcision?
B: Actually I don't remember so much because I was too young, I was five and I don't remember even the pain. I just remember it was somewhere in the bush, it was something secret, with all the women's. I remember this part. I don't remember what I felt about it, I don't. I just remember the party after that. I felt I was part of something, the feeling that you get when all the older women are happy about it and there is a party, something really nice. I also remember that I had to stay in the house, I don't remember for how long, but for a long time. And I was not supposed to see anyone, to leave the house. I remember doing so and almost was beaten because the thing about it is just to be secret. I am not supposed to bee seen for a long period of time. When you are seen, when you actually go outside, there is a big party and it feels like you are a new person, this is the thing I remember about it.
I: In this time of the separation, they taught you how to cook and other social important codes or how was it?
B: Actually not, because I am from a small city and it is a different thing as what is happening in the village. When it is in the village you stay a long time away form the village, in a special place, they teach you a lot of things but I did not had that experience actually because it was only me and that was all. So I was not part of this ritual that is supposed to go with the circumcision. Another thing that I remember is that I can only remember the best things. But that is human, I guess because you only can remember the good things and never the bad things, and I just remember the good things. The good thing I remember about it, is that I could eat whatever I want, all the special meals whenever I wanted they would bring to me. So that was a nice thing.
I: So when did you find out that not every woman is circumcised, when did you realize that it is a few people that are circumcised?

B: I came to Portugal when I was around eleven years old and it never was an issue for me because it was a normal thing for me, so I never thought about it. And I remember one day there was one of my ants to visit and she was talking about it, she had a baby girl and she had some kind of argument with someone, I don't remember it clearly because I was too young, but she was saying something that she would not allow this to be done to her daughter. So I was already in Europe but I could not understand the meaning of that and what she was saying, that this is not right and all this other opposing things, I could not understand why. Even though I was living in Europe, my life did not change that much. Beside the cold, actually, I was inside the Guinean community and I felt the same. Inside the same group. So it felt exactly the same as if I was in Guinea Bissau. Beside from racism in school but that is another story.

So I remember my ant talking about this and I could not understand why she was saying that, why did she not want to do something that was supposed to be done to everyone. But this is also the reason why I think education is good because as I was growing older, I felt that this is not right. But at a certain point when I read all this books I realized that this is not good. Maybe this is not good, and when I was growing older it was getting clearer in my mind that this is not a good thing. But I cant precise the exact moment when that happened. But I remember I read this book about Fauziya Kassindja who explained all this process. She has not been going through this; she was just going away in order not to be a victim. So I remember this but I can't tell you the exact moment when I thought that it was wrong. I never had a conversation about this with my girlfriends because they were all different, from different societies so I never had this experience of sharing. The girls from my school were Europeans and even from other parts of African but I never had this experience of sharing. And also when I came here when I was only eleven, twelve years old, I was shy and I did not want to look different from my friends, so that is the point.

I: When you found out that it is wrong, did you express that feeling anywhere that this is wrong or was it just a feeling inside? Did you do actually something against it? Did you talk with somebody about it?

B: I only started talking about it, when I was going back to Guinea Bissau, which was a long time after I realized that it was not a good thing. I was not the typical girl of my community, we are supposed to get married early at the age of 15, quit

with school and than just get married. So you are not supposed to go to school, but I went even to the university and when I finished and when I opened up my own business it was like I owned my own voice inside my community. That means that I was able to say some things. So I spoke with my mum and I told her what I felt about it and that I felt that it was so wrong that I could not understand how come she did this to us. But then I could see that she was not wrong at all by doing that because it is part of the tradition. The difference would the harm for her not doing this to us, it was not a question of not doing it, it was perfectly normally, that is the point. But when I started to read and learn about this I went straight to my mum and said: I can't understand that how our father was allowing this to happen, especially because he is a conservative Muslim. He knows the Koran and by the Koran he knows that this is not something to happen. Some people don't agree but I know that my father would not think so. And than when I asked my mother she said that my father even told her, don't do that, this is not an Islamic thing, it is not supposed to be done. But she said I did it because she was the one who was taking the decision. Because the relationship between a mother and a daughter is a different thing. The woman is responsible for the daughter and eventually if she won't find a husband because she is not circumcised, and the responsible for that will not be my dad. So she made the decision, she did it, because she thought it was the best for me.

When I went back to Guinea Bissau and I started to work there I started to talk about this things inside the community to let them know that this is not right. But this is when I started talking about it. I remember also that when I was at the university and when I spoke to one of my friends, because she already read the book and she already knew and that is why I was telling her, like I had a boyfriend and I was getting afraid because he was from a different community and he would know when we go on to our sexual relationship he would know so I was talking to my girlfriend. But she was the only one I talked about it, even though I have a lot of good friends, I don't speak about this because I don't want to feel different.

I: And when you where a* gynaecologist *did he/she actually realize the mutilation?

B: So far, I have been to two different gynaecologists, one was from the UK and one was from here. If they recognized it they did not say anything but probably they did not recognize it.

I: Coming back to the ritual, how do you think for the future, this ritual can be maintained, and the nice things can stay but actually stop the cutting?

B: Well, I think it going to end slowly, we wish it would be in one generation so that the next one would be free from this but it is not exactly like this. And from my personal experience I must say that I did not had the actual ritual because I lived in a city, so I had no ritual I just have the cutting, the food and the nice things as cloth and so. So this is the main difference, it depends very much where you are about the whole situation. Because it was supposed to be something when they teach you how to behave in your adult life. But in my case I did not have this experience, I just had the bad parts of it, the cutting. So what I think is that from my own experience from what I saw and this is 2008 as I lived in Guinea Bissau for the last 3 years, I can assure you that there is nothing been done there. Unfortunately the situation is still the same, no one is talking about it. I have been in my community in the villages; it is still the same thing. Even here in Portugal my mum receives a phone call that they did it to someone in our community and that is a reason for joy. So you see, nothing is happening, everything is exactly the same. What I feel like is that, when you are educated these things will lead to change. So that is why I think that education is one of the ways to end it easily. It won't happen the way we would like it happen – fast. It won't be like that; it needs time before it will happen. Even here in Portugal I can see from my communities that some of this things still happen. I have one of my neighbours and she is from Guinea Conakry and one of her daughters is eleven years old and she was even born here. But the mother took her to Africa in order to cut her and than she came back. And now she has like a baby child from 5 months and I am not quite sure that she knows that she should not do it. The only way not to do it would be that she does not have the opportunity to go back to Africa and do it. Otherwise if she had the opportunity she would do it because there is noting being done inside the community. Campaigns, talking to the people, letting them understand that this is not good. But this would involve the whole society and not only one person. Because if you talk about it you are an outsider especially if you come to Europe and talk about it than you are denying your own culture. So you must work locally that is the point, people should work locally. Even if I go there and talk to the community they would say, she is lost she went to Europe, she is lost. Things like that, they would not believe that this is wrong. But if you can find someone from

the community that would say that is not good. Especially someone from the community that teaches Koran or people that have a certain status of the money. This kind of people would eventually make things change.

Even here, people inside the community, things are not different. One of my aunts has two daughters, both of them are born here in Portugal and she came here in the 1999, and I remember always saying her, I will take them to Africa, they cannot remain impure, things like that. But fortunately for her daughters she was not able to go, because for economic reasons she was not able to go to Africa and to do it. And now they are grown up and not it is to late, thank good.

But it is not that somebody went there to talk about that with him or her, as for my neighbour for example, when she took her first daughter to Africa to do it, she came back and her family doctor told her that this is so wrong and that was it. No one else came to talk to her and tried to convince her.

So if Portugal wants to end this they have to work with the local community here in Portugal.

I: But how exactly do you see this work with them? What would work?

B: There are several associations, maybe you should try to work with these different associations and make sure that they are actually doing something. Sometimes it is just the name. They put it because it is good to talk about it to say we are against FGM and we fight against it and in the practice what do they do? Maybe they should present results, so that they went to this community and spoke about this and that. Same in Guinea with some of these alternative rites, there is no continuity of these associations, next year the girl will go through the same procedure again in the traditional way. It is about changing mentality; it is not about acting only once, you should keep acting always, that is the point. And than come back later, because there is no continuity. You need to work with the community, especially with the women; they are the ones that decide in this issue. When I spoke to people they say that an uncircumcised girl is impure, the man don't want to marry here because she is impure, things like that. It is a mother's decision but by the end it is a societies decision. Because it is the men that don't want to marry the girls that are not circumcised. You see the problem. Here in Portugal, I am from this community, which is the main community that is practicing FGM, and I cannot see changes, actually, I can't. The people that are not into it,

did either not have the opportunity here because there was no one who would risk to do it, or they don't have the ticket to go to Africa, to take the kids there.
It is not because they are not doing it because they think it is wrong, that is not it, and they just don't do it because they don't have the opportunity. It is not the feeling that this is not good, even with my mother, I don't think that she actually believes it that it is not good at all, sometimes we talk about it and I don't know if she realizes how painful it is and how wrong it is. If she is here it is okay but if she will go there she will participate in this kind of things.

I: What should be done with the people that actually perform this? What should happen to them? Should they be given another job?

B: In the particular case of Guinea Bissau, I don't think that this is the main thing about earning their life. It is more about status, because it is not what they do and what they are actually living from. It is not about money; it is something that makes somebody in the community. So it is not about changing the work, it is about working mentality. In Guinea Bissau it is not about the money, this is what I feel. Women do it but it is not mainly because of the money. If you do it you are someone really respected in the society, you have a high position in the society. In communities who practice infibulation maybe, because she needs to come more often, but in Guinea Bissau who practices it only one time in the life of a women, the money issue is not the thing. It is not just about finding a different job. The one that did it to me had a different job, so that was not her main activity but still she is doing it, whenever they need her they just call her. We should work on changing the mentality, especially with women, that is the point here (Portugal) and in Guinea Bissau, it is the same thing.

I: What do you think about specific legislation and FGM? What is your opinion on having a specific legislation?

B: Actually I am divided, on one side I think that a specific legislation would be really important, especially in Guinea Bissau because half of the women are or could be victims, so maybe the state should say, this is my point of view. It should make a clear statement; we don't agree on this, we won't allow it! And this only could be done with legislation that is the point. Because even if it is inside the law, like physical offence, there is always a way to punish it, but that is not true. So maybe in the Guinea Bissau yes, a need for legislation. Here in Portugal, I am not so sure about it, here I think what should be made is to work with the communities

in order to change mentalities. Even if they would change the law here, people that are supporting FGM have never been to school, so how should they know about the law, in a country that they don't even know. We should work in a different position.

On the other side, I agree with the law but when I think about my mum I would not like to see her in jail, because I can understand why she did it. So the point is about not sending this entire people to the jail. In Guinea Bissau it would mean that you have to put half of the country into jail. So how can you do that? It is not possible, so let's change the mentality.

If you want them to obey to the law, they should think that the law is right (…) if they think that the law is wrong they will just break it. And even though I think that the law is not the solution, I don't think that it is the best way. They should state, this is from our point of view a crime and put it in the code but at the same time try to change the mentality. Because if it is not in the law, people will say that it is not wrong because it is not directly in the law. But what I see about Portugal, especially the treatment that they give to the immigrants I don't think that the law will change anything about it. Because they just marginalize the immigrants and they don't even care about them, they leave them there, this is from their community and we have nothing to do with this. This is the main thing that should change about the Portuguese mentality, because the Guineas that have been born here and brought to Africa to be cut, the government should at least think in this case, that they have something to do with this. This people are living here in our country, so maybe we should do something about this. But here in Portugal, the people don't care, it has nothing to do with them and what I think deeply is that unless some of this people in the community here will die because of FGM and it will go through all the newspapers, they won't react, they won't do something about it. They keep saying it there are a lot of things happening but only on paper. There are a lot of beautiful things, but they never go inside the communities. There is a miscommunication here; there is something wrong. Inside the communities nothing is actually happening. This is the main problem, because they don't care about immigrants and about communities.

I: But do you know that they are drawing on a National Plan of Action against it at the moment?

B: Really, that is the point, they got money to write and show it to the other people in Europe to confirm that they are stating that they work with the immigrant communities but nothing is happening. A lot of my Portuguese colleges never really heard about these things and when I go inside my Guinea community I see that the same thing is still happening. As I told you, my neighbour's baby girl is about 5 months and maybe she will be the next victim. They will never no unless she has not the opportunity to go to Africa and do it so that is the purpose of this national Plan, the plan is to fit whom? Portuguese don't care, when I read about Switzerland I think that maybe there they are doing something. You have people from the local Somali communities working with this issue. Here in Portugal I don't see this things happening, that is a pity and same thing for Guinea Bissau, especially for the government of Guinea Bissau. If you ask them a lot of them will say that this is Muslim thing, it has nothing to do with me and they forget that they are the representatives of the country, they have certain responsibilities, this is what I think.