

TESTIMONY

Female genital mutilations – A testimony

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ABSTRACT In Djibouti, the prevalence of female genital mutilations (FGMs) amounts to 98% and the practice is still in use. When I left, in 1999, I knew I would involve myself in the fight against FGMs and I describe here the outcome of an obstacle course of more than ten years duration. This paper is written on behalf of innumerable women, who could give you a similar account.

KEY WORDS Female genital mutilation; Africa; Belgium; Tradition; Status of the woman

In Africa, one is rejected by one's community if one does not meet the group's requirements. A saying goes that 'a man rejected by his community is like a rootless tree'.

In Djibouti, the country I come from, the prevalence of female genital mutilations (FGMs) amounts to 98% and, in my family, the practice is still in use. In that part of Africa, mainly infibulations (Type 3 of the World Health Organization; the most extensive variety of mutilation) are carried out. When I left, in 1999, I knew I would involve myself in the fight against FGMs.

Writing this has filled me with pride. It is the outcome of an obstacle course of more than ten years duration. I wrote it on behalf of innumerable women, who could give you a similar account. Please grant me – and them – a few minutes of your time.

THE MUTILATION, AND THEREAFTER

My father, who ran counter to the prevailing customs, did not want his daughters to be mutilated. So my mother took advantage of his being away to be free to do what she considered to be her duty. I never had a grudge against her: she was convinced she did well and wanted me to be clean and purified, to be an honour to my family, to be accepted and respected by the community and, above all, to be marriageable. No mother wants to hurt her child.

I was cut when I was five years old, at the same time as my two sisters. The memory of that day will remain with me all my life. I am still suffering from the aftermath of that evil procedure. Unlike other little girls who are assembled in a large group in a remote place and are all 'operated' on with the same instrument, my sisters and I were in the courtyard of the house and

nearly all members of the family were present. We were wearing nice clothes and had received many presents. The day was supposed to be festive.

Only then had my mom explained to us that we should be brave, should not scream and, above all, should be a credit to our family. A woman would cut away something dirty that was hanging between our thighs. It was still very early in the day. My aunts were all around me, ready to hold me in position, and the woman who was about to cut us was there as well. I was very scared. They had blindfolded me, and I tried to fight back. Then the woman started cutting, and I screamed so hard that I stopped crying. I was paralysed with fear and horrified. I have no recollection of what happened immediately afterwards. I took it into my head that I should not cry but honour my family.

When all was done they tied together my two feet so that I would not spread my thighs, to facilitate the scarring of the infibulation. I remained without moving, in the same room as my sisters, for two weeks. My oldest sister had suffered a complication. A blood vessel had been cut and she had lost much blood. She was transported to the capital city for treatment. Unlike thousands of other girls, she was lucky: she survived.

My dad was extremely angry when he learned about our infibulations, but could not go into battle with the almighty family. He threatened the woman who had carried out the infibulations to have her sent to jail and he nearly divorced my mother. Be that as it may, whether he was in favour of, or against, the mutilations had not made a bit of a difference for us, his daughters. Indeed, in Africa a child belongs to the community, and is not solely under the authority of the father and the mother. The grandmothers, the aunts and even the neighbours are entitled to have their say in such matters and may partake in decisions concerning any child in the community. The social pressure is enormous.

Once mutilated, you dare not show that part of the body. And you must not contemplate having a boy friend and living like a normal adolescent. When about to marry, you are afraid about what will happen during the wedding night, and when you get pregnant, you fear what may go wrong when delivering. Actually, you are constantly frightened. But this again is a matter that is taboo. Women among themselves do not talk about the cutting, nor about its consequences. Moreover, many women believe that this procedure is carried out all over the world, everywhere; that women are doomed to suffer; and that they must suffer in

silence. One does not show that one is in pain; one does not show any emotion. Attitudes and behaviours differ from those of European people.

A TRADITION LOST IN THE MISTS OF TIME

I was shocked when I learned that, in Africa, FGMs were performed only in certain countries, and that the practice was not universal, as I had thought; that religion did not demand it, and that it was an ancestral custom going back to the time of the pharaohs, or before. In regions where all women are cut, they do not question the rationale of the custom. FGMs are part of our traditions, of our customs, and their perpetuation rests on beliefs which are so deeply anchored that it is hard to call their *raison d'être* into question.

ALL BECOMES DIFFERENT

When I arrived in Belgium, because of the pain I had suffered, I decided I would involve myself in the fight against FGMs. I considered the custom to be of no use at all and extremely harmful.

In 2007, the 'Collectif liégeois contre les mutilations génitales féminines' was created by my friends, Jacques Chevalier and Ibrahim Abdoukader. At first all members of the organisation were grass-root militants, and were unpaid for their services. Since 2011, the organisation receives subventions; this has allowed us to develop and to professionalise our activities. I am genuinely pleased that a centre such as ours now exists in Liège and that it meets the many demands, not only of women concerned, but also of first-line professionals who deal with those women. We are extremely busy and I am happy to witness the progress that has been made since we started. I have a vision that our endeavour will eventually be crowned with success.

My job gives me the opportunity to meet many women. The stories they tell me make sense to me, because we often have undergone the same ordeals: the cutting, migration, the asylum procedure, the loneliness, the estrangement from one's country and one's close relations, the stubborn fear caused by having abandoned everything that constituted one's previous environment... Adapting to a western society with a different culture, a different religion, different languages, is often very hard and requires major efforts.

THE LEAP IN TO THE VOID

When you arrive in Belgium, you are sent to a centre of asylum seekers. Thereafter, if you are granted asylum, you leave the centre and must manage on your own. You must now get acquainted with having keys for your apartment, having a room for your personal use, doing the shopping, travelling by bus, having a banker's card, and so many other things of everyday life all of which one must first be initiated into.

Having moved to Liège, I started looking for an apartment. This was not an easy task: certain people are nowadays still very much discriminated against. When I gave a telephone call, I always succeeded in being given an appointment for visiting the place to be let, but once on the spot I was told time and again that the apartment was already rented out. I had to search for a long time and was finally forced to live in one of the least appealing neighbourhoods of the town. What I went through, most of the women we deal with at the Collectif have experienced as well.

The lack of information causes these women to feel abandoned and misunderstood. There are so many differences between Europe and Africa! In Africa, when facing an elder or an adult, one lowers one's eyes in token of respect. But, in Europe, if you do not look straight in the other person's eyes, this is interpreted as a lack of rectitude of character. Such differences in behavioural norms are frequent causes of misunderstandings. Our first objective, therefore, was to inform and to counsel the women, and to help them get to know and to assist each other.

THE FAMILY DECIDES

Not only have the women I meet undergone a FGM, but, often also, an early marriage, an enforced marriage with a first husband and, upon the latter's demise, with one of his brothers. They are married at the age of 13 or 14 years, with a friend of their father or with someone the family has chosen, because he will assist them financially. Sometimes, the husband is considerably older than the child he has taken for a wife: 20, 30 years, or even more! Some women meet their husband for the first time on the wedding day. They often become the second, third or fourth wife of the man. The girl's opinion does not count at all: the family decides for her. Once she is about to marry, the husband's family may get to know that the FGM she underwent does not correspond to that customarily

practised in their own ethnic group. If that is the case, they demand that the girl be subjected to a complementary procedure, which represents a new traumatic experience for her.

THE WEDDING NIGHT

On this occasion it is up to the man to 'open' or to smash in the septum created by the infibulation and that closes the entry of the vagina. By doing so he produces proof of his manliness. Some husbands thus refuse to bring their wife to the hospital, because they consider they are sufficiently virile to carry out the task with their penis, with a knife or with some other cutting instrument. Immediately thereafter, one must have sex, in pain and in fear.

THE STATUTE OF WOMEN

One woman said something that particularly stood out and that I would like to share with you. She stated that 'in certain African countries, a woman is never allowed to get a word in edgeways. She is treated like a child, she has no rights, and is never asked for an opinion. She is allowed to decide neither about herself, not about her own child'.

Something has struck me in my work: wherever the women may come from, be it Guinea, Somalia, Ethiopia, Djibouti, Senegal, Liberia, Cameroon, Burkina Faso, Sudan, Ivory Coast,... it does not matter: they all report the same physical and mental suffering, and they all have been subjected to some form of FGM, and an enforced marriage at a very early age. Take for instance that good woman called Fatoumata. She went through all of this. She was 13 years old when her family decided to marry her to her father's friend, who was 30 years older than she was, but was rich and would be able to provide for his family; she was to become his fourth wife. Not only was she a child, but she had to sacrifice herself for her family. She had four children with that man. She has run away from him, she is now 20 years old but she tells me that in reality she feels like she is fifty or older. Her childhood, her youth were stolen away from her. Now, she must run her life in Belgium, meet the asylum conditions, get hold of the necessary documents; but one thing is certain: she and her children are safe, and she is now in control of her own life and that of her offspring.

Women are considered to be of minimal importance. When still a child, a girl is not asked whether she agrees to be cut; as an adolescent, she has no say in the decision when and whom she will marry; and, when having children, she cannot object to have her daughters mutilated. This is why I am fighting: these terrible things must come to an end.

CONVINCING MY PEERS

When I started militating for the abolition of FGMs, my community was very much opposed. I was told that I was crazy, and shameless to discuss sexual matters with strangers. I would reply that if I would not involve myself into this, who would do it in my place? Women would object that my struggle would be to no avail. That the cutting would not be undone. And that I, who was working with a man belonging to my community, should have been ashamed to talk about sexuality in his presence! None of these arguments could convince me not to talk about FGMs, at every opportunity.

Possibly it is indeed too late for us, but we can avoid this ill fortune to affect our daughters. Because I addressed this issue so often, I finally succeeded in gaining the other women's support. I was lucky because some of my kind, who also pleaded for the abolition of FGMs, were banned from their community.

THE DISINFIBULATION

I had my daughter fairly late, that is, six years after marrying. My infibulation must have played a role in this delay of motherhood. For two years I experienced pain during sexual intercourse and, only to think of it, was a cause of suffering. I decided I would have myself operated upon to remedy this. I am grateful to my husband for supporting my decision; not all mutilated women have this chance. If he had opposed, I would have given up: even in Belgium, relations between genders cannot be amended by waving a magic wand. At the time my husband agreed to the desinfibulation provided I should keep all of this secret, for fear of the 'whatever will people say?'. Indeed how would the community react towards a man who consents to this kind of thing?

The first time I saw a gynaecologist, he put me at ease, showed empathy, listened attentively to what I

had to say, and counselled me adequately. He clearly was very much aware of the issue. The encounter differed completely from the accounts several of my friends had given of their distressing experiences during medical consultations. One in particular had told me the gynaecologist had invited several of his colleagues to come and have a look at the 'malformation'. He had asked her, in front of all those people, what had caused it, whereas at the time she was not even aware that she was any different.

MY DAUGHTER

Paradoxically, my husband wanted our daughter to be excised. He wished that she would not suffer like I had done when I was infibulated, and thus suggested that a 'Sunna' (Type 1) be performed instead. I was shocked: to let my daughter be excised seemed inconceivable to me; the mere thought of it made my back cold. My fight against FGMs was in the first place intended to protect the daughters I might have against these mutilating procedures. I realised that – of all people – I had not tried hard enough to have my husband change his mind although I should have started with him! So I explained to him that, even though Sunna would be a cause of less discomfort in daily life, the psychological trauma would be nearly the same as that of an excision or an infibulation, and that the sequelae would last for life.

When I returned to my country on holiday, in 2008, after being absent for nine years, I was genuinely pleased to see again my mother, my sisters and my brother, but I was scared out of my wits because my daughter was with me. She was two years old, which was an age perfectly suitable for the mutilation to be carried out. I talked to my mother: she stated that it was high time to proceed. I thought that it was useless to talk about the complications caused by an infibulation, as she would not understand. I approached the issue differently, and told her that I would be thrown into prison upon my return to Belgium if it appeared that I had my daughter cut.

This was quite a dilemma for my mom, because she considered that women who had not been cut are without a future. Even though she abided by my decision, she was sad because of her conviction that her beloved grand-daughter would one day be rejected by the community, and would not find a husband. In my

opinion, quite on the contrary, my daughter actually has a bright future in front of her and, because she has not been cut, she will make the most of her life.

A PLEA TO HEALTH CARE PERSONNEL

The women I meet individually often ask me how they could recover their dignity, their self-respect; how they could put an end to their suffering; and whether it is possible to undergo in Belgium a surgical procedure that would undo the FGM. We refer them for a desinfibulation so that they will experience less pain at intercourse, be able to pass urine normally, and menstruate without retention of blood in the vagina. They also have a psychological evaluation and treatment of the sequelae of their traumatic experience.

I dream of living one day in a world where these mutilating procedures have become obsolete. In order to achieve this, a major effort is required. We all will

have to testify, and to campaign hard in order for these practices to be finally abolished.

Right now, I am begging you, in your capacity as healthcare professionals, to lift the taboo. You have a major role to play; you have the means of spreading the information and contributing to the emancipation of women. They expect that from you, they want to be informed. They want you to talk to them. Do that, and also help them to feel at ease during the exchanges, listen to what they have to say: they still feel the pain. In their body, and it lingers through their mind.

ACKNOWLEDGEMENT

I am indebted to Jean-Jacques Amy for translating the manuscript which I had originally written in French.

Declaration of interest: The author reports no conflict of interest. The author alone is responsible for the content and the writing of the paper.