**Female genital mutilation: A midwife's view of genital mutilation**

Somalia and Djibouti in the Horn of Africa see more than 90 percent of women genitally mutilated. They are infibulated in the most extreme form of excision that involves removal of the clitoris and inner labia and then the stitching up of the outer labia.

Fabienne Richard worked as a midwife there for Médecins Sans Frontières and saw at first hand how dangerous infibulation can be for both mother and child. She saw women with swollen vulva hardened by layers of scar tissue who after several births had needed to be cut open and then sewed up again.

She came to realise that some local midwives are so inhibited by tradition that they refuse to cut through labial stitching even though it is the only way to create an opening for the baby. And they are expected to sew women up again afterwards, even if they don't want to.

"They find themselves torn between tradition and their medical knowledge," says Richard.

Back in Belgium, after the civil war that ravaged Somalia in the 1990s and saw an influx of refugees, Fabienne Richard started to get emergency telephone calls from gynaecologists who knew of her experience and wanted to ask if caesarians were the only option for an infibulated woman. The answer is that the baby can come out naturally provided the doctor does an incision. The World Health Organisation's guideline is to cut along the scar.

"Excision is a tradition linked to ethnic groups rather than religion," says Richard. "You have Muslims, animists, Christians. In Senegal, the Fulani do it, the Wolof do not.

Nowadays it's principally done as an ethnic rite, when in the past it was accompanied by an initiation into how to be a good wife and how to run a home. A girl has to be a virgin when she marries. Women are mothers and they aren't supposed to experience pleasure."

Things are gradually changing, she says. Some men are even saying it damages their relationship. "They might love a woman, but sex for her is an ordeal and the man doesn't know what to do."

Women are often the most active perpetrators.

Usually, female sexual genital mutilation is carried out by local midwives without anaesthetic and with tools like razor blades and scissors. But the medicalisation of the practice in countries like Egypt (where more than 75% of cases are now done under anaesthetic in clinics or hospitals) is not necessarily the solution. The procedure may be safer, but the purpose is the same - to subjugate women - and so are the longterm complications.

And the perverse element is that women are often its active perpetrators. "They see it as a choice between excision and social exclusion," says Richard. It can also be a good source of income for the usually older women who do it.
Infibulated women suffer recurrent infections - urine and menstrual blood can stagnate behind the closed vulva. And yet some women refuse the simple procedure that would allow them to end these infections and complicated births, with their high infant mortality rates. "They see it as more hygienic," says Richard. "The natural state seems dirty and exposed."

Genital Mutilation in Belgium

According to a study published in 2010, 6,260 women living in Belgium have been either excised or infibulated, and 1,970 children are thought to be at risk. The level at risk varies between families: the risk is higher in traditional, reclusive families where an older sister, for instance, might have been excised.

Excision has been illegal in Belgium since 2001, and the law punishes the practice even if it is carried out abroad. Some families send their children back home for it to be carried out in the village, often when they are quite small and unable to talk about it. Richard is the coordinator of GAMS Belgium, the Group for the Abolition of Female Sexual Mutilation, which was started in France. Thanks to the European Fund for Refugees, they have been able to hire staff to follow families and advise them. The European funding is crucial to their survival. Their leitmotif is that excision under any form, and whichever way it is done, is a violation of children's rights and must be abolished.

Some gynaecologists and urologists in Belgium have been approached by parents asking where they could go for a medical excision. "They didn't understand why their son could be circumcised by a doctor, and their daughter couldn't," she says. "They felt it was symbolically the same act, a harmless rite of passage. I say that an excision would be like cutting off half their son's penis. I think the image is strong enough to make an impression."