Concern mounts over female genital mutilation

An ancient cultural rite still blights the lives of millions of women. **Judy Jones** reports on opposition to a practice that is illegal in Britain but still continues

The UK crime writer Ruth Rendell and the consultant gynaecologist Harry Gordon at first seem to have little in common. Baroness Rendell is a distinguished writer and life peer; Mr Gordon is an experienced surgeon, living and practising in west London. But they both share an abhorrence of a 600 year old cultural rite which can not only induce agonising pain during urination or sex but also cause serious injury, infection, and death.

Female genital mutilation (commonly described as female circumcision) is performed across all ages—on tiny infants, young girls, teenagers, and women. Up to 140 million girls and women are estimated by the World Health Organization (WHO) to have undergone the procedure, and each year a further two million are thought to be at risk of it.

Most girls who undergo the ritual live in Africa and to a lesser extent in Asia and the Middle East. Increasingly, however, genital mutilation occurs among migrants from these countries who have settled in the United States, Europe, and Australia.

Female genital mutilation comes in several forms, the most common being "type II": excision of the clitoris with partial or total excision of the labia minora. Some countries, including the United Kingdom, outlaw the practice, but anecdotal evidence suggests that these laws are flouted. Few women are prepared to talk about it outside their own close circle. No one has been prosecuted under the United Kingdom's Female Circumcision Act of 1985.

At the Central Middlesex Hospital, London, Mr Gordon runs a weekly NHS walk-in clinic for African women seeking reversals of the mutilation. Those who attend are mostly Somali women. Most of them have undergone the type III procedure: excision of part or all of the external genitalia and stitching of the vaginal opening in order to narrow or tighten it (infibulation). Mr Gordon recently completed his 100th reversal (opening up the scar tissue and repairing the labia) at the clinic, and in 60% of cases all natural functions are restored.

Baroness Rendell visited Mr Gordon's clinic earlier this year. As patron of the London Black Women's Health Action Project, and an active campaigner against female circumcision, Baroness Rendell has been keen to spread awareness of the practice and of the availability and effectiveness of reversals.

"There's always plenty of fuss about cutting off people's hands in Iran. But I don't think most people know of the full horror of female genital mutilation," she told the *BMJ*. "It's an assault, and quite as bad as the binding of women's feet in China.

"[Going through] labour is terrible for these women; they mostly have to deliver by caesarean section. When they menstruate, stale blood gets left behind. It's a disgusting practice."

A cross party parliamentary inquiry on the practice, behind which Baroness Rendell has been a prime mover, is due to report in November. Convinced that some UK health professionals are still carrying out the operation on request, Baroness Rendell would like to see some prosecutions under the 1985 act.

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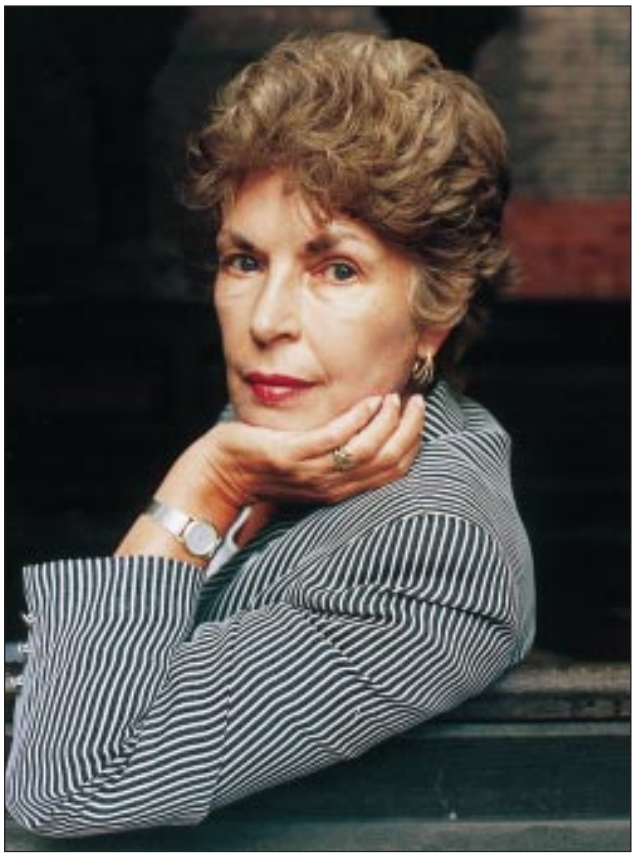
She is also pressing for resources to be put into education and awareness campaigns so that girls and women have a genuine, informed choice about whether they submit to the procedure or not. "If it is to be effective, then the approaches would best be made by health professionals or social workers of their own ethnic group. They won't talk about it to a white woman," she said.



Baroness Rendell: prime mover behind a cross-party parliamentary inquiry into female genital mutilation

The reasons most commonly given for female genital mutilation range from the psychosexual and sociological to the mythical and religious. It is said, for example, to heighten sexual pleasure in men and sexual desire in women, to increase fertility, to promote hygiene, and to strengthen social cohesiveness. The women who come to Mr Gordon's clinic have doubts about the alleged benefits.

"Patients either arrive pregnant or they have just got married," he said. "Mostly they live in London, but we have had women from Cardiff and Liverpool. Female genital mutilation is not conventional child abuse. The parents who put their children through this procedure honestly believe that they are doing the right thing, with 600 years of tradition behind them. I would rather see it stamped out through education than through prosecution."

Mr Gordon carried out many more reversals at Northwick Park Hospital, in north west London, before moving to the Central Middlesex in June 1997. He has been appointed a technical adviser on the practice to the WHO because of his experience and expertise on the subject. The organisation has for some years been seeking the cooperation of member countries to implement effective education and prevention strategies.

Recently, the WHO has expressed concerns that the practice may contribute to the transmission of HIV through use of one instrument on several girls.

Mr Gordon is encouraged by international developments but is depressed by the attitude of many doctors in Britain and the fact that hospital management sees reversals in terms of short term cost rather than long term benefit to individuals and taxpayers.

"The sadness is that I had a flourishing clinic at Northwick Park Hospital. After I left it was gradually downgraded. A lot of the time, the attitude I come across among the British medical profession is one of polite disinterest." □