



Eritrea: Eliminating a Harmful Traditional Practice

Female genital mutilation is widespread throughout many regions of Africa and elsewhere. It is usually perpetrated during early childhood and has serious consequences for the medical, gynecological, and obstetrical well-being of girls. These effects persist throughout the childbearing years and beyond. Less often recognized are the psychological suffering, humiliation social dignity and self-concepts of the girls and women subjected to this traditional practice.

Infibulation that is usually performed during early childhood is the most radical and destructive form of female genital mutilation. It also has the most destructive gynecological and obstetrical consequences. The practice of infibulation was traditionally widespread throughout the Lowlands of Eritrea, and particularly among the nomads. During the thirty-year war for Eritrean independence, the medical department of the liberation forces that treated not only the combatants but also the civilian populations in the liberated zones frequently had to treat girls and women with major gynecological and obstetrical disorders. The majority of these were directly related to genital mutilation. The question was therefore discussed in detail among the combatants as to what measures could be taken to ease this dreadful burden on women to prevent serious medical complications. At the same time it was recognized that this

practice was totally incompatible with the efforts to improve the social status of women in the society.

Expatriate visitors to the field who were informed about the practice of genital mutilation among Eritrean nomads, and others abroad who heard about these practices were outraged and immediately insisted that the surgical infibulation be forbidden, with severe penalties for those who continued to this harmful traditional practice. These expatriates failed to understand either the delicate balance between liberation forces and the civilian population, or that the overall policy of the independence forces to unify the country depended on cooperation and close working relationships among all sectors of the population. Most outsiders further assumed that, at the present time, it was primarily the men who perpetrated these mutilations on

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women. Historically, the nefarious practices were no doubt instituted by males on females, but over centuries women had assimilated the cultural importance of the practice, on the premise that women who were not infibulated or circumcised were in danger of becoming sexually promiscuous or of becoming prostitutes. To preserve their respect in the community, women therefore insisted on the mutilation, and in many countries still do today.

The medical department of the Eritrean independence forces therefore made the decision not to forbid the practice in the lowlands or to impose any penalties on those who continued the practice. They recognized that trying to stop it by force would only alienate the population and drive the practice underground. Instead, voluntary meetings were called at which Traditional Birth Attendants (TBAs) who were the civilians who performed the infibulations were invited to par-

ticipate in repeated month-long workshops conducted by nurses and doctors on a voluntary basis. At these workshops TBAs were given detailed information about the severe harmful immediate effects of hemorrhage and infection; as well as about the serious long-term gynecological consequences, increased infant and maternal mortality, and the like. They also underwent courses in modern sterile technique, obstetrical practices, etc. As is the practice at Eritrean workshops, the transmission of information was followed by active discussion. Thereafter, the TBAs returned to their villages.

Although there were no systematic follow-up studies, anecdotal reports suggested that there was a gradual reduction in the adverse consequences of genital mutilation as the TBAs applied their new knowledge. However, it could not be expected that the practices were abandoned altogether during, or even after the war. Since independence, the National Association of Eritrean Women makes frequent visits to the nomads to continue these discussion based on mutual respect and cooperation. The general impression is that the practice is slowly disappearing.

Impact

The quickest solution for stopping the practices of female genital mutilation (and the one proposed by foreigner informal advisors) might at first glance appear to be to forbid the practice and to impose penalties on those who continued the practice. However, in view of the delicate relationship between the independence forces and the civilian population it would in any case have been politically inappropriate to impose such legal measures. Moreover, the practices would have merely continued underground. Instead, the independence forces relied on the inherent intelligence and willingness of the TBAs to modify their gynecological practices gradually, once they were given the necessary modern medical information as to how they might modify them, and to educate the civilian population by practice rather than by fiat. This approach also laid the groundwork for the continuing education of women by women after independence—an additional step towards assuring the equality of women.

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