

INTERNATIONAL

Meeting changes attitudes on genital mutilation

By Farhan Haq
Special to Sentinel-Voice

THE HAGUE (IPS) — The Population Council, a U.S.-based group, and three Egypt-based universities claim in a study released earlier this month that the prevalence of female genital mutilation among Egyptian girls from the ages of 10 to 19 has fallen to 84 percent since the 1994 International Conference on Population and Development was held in Cairo.

Since the ICPD first put the spotlight on female circumcision in Egypt and other northern African states five years ago, girls approaching the age for mutilation have faced less risk of undergoing the procedure than those who reached adolescence before the Cairo conference, the report states.

"What has happened as a result of the ICPD is a new awareness," said Barbara Ibrahim, director of the Population Council regional office for West Asia and North Africa.

Ibrahim attributes the sudden decline in female mutilation rates in part to a new understanding of how prevalent the practice is

outside the circle of the educated urban elite.

Even as late as the middle of 1994, she argued, "we were not even aware of the practice", with most health experts underestimating its widespread nature in much of rural Egypt.

That changed when women's groups present at the ICPD pushed for the elimination of the tradition saying that the practice — which some call female circumcision and which normally involves the partial or total removal of female genitalia — violates women's rights and endangers their lives.

As Egypt's educated women came to realize in the post-ICPD period how many Egyptian girls are still circumcised, they pushed for change, lobbying against a 1994 decree by the Ministry of Health that allowed doctors to perform female mutilations in public hospitals and clinics.

That edict was reversed two years later, and the Egyptian Supreme Court upheld new laws banning female mutilation in 1997.

The effect of such changes has been dramatic. "We've gone into some villages where

circumcision (mutilation) has been virtually eliminated," Ibrahim says.

The nature of the problem has also been redefined, adds Dr. Magdy Helmy Kedees of the non-governmental group Caritas-Egypt.

"Before, Egyptians called the practice 'tahara', which means 'purity'," he notes. Now, he argues, using terms like genital mutilation "sharpens the nature of the practice" and makes clear what kind of threat it represents to women and girls.

Egypt is not the only country where the ICPD debate on female circumcision has led to pressure to eliminate the practice. The U.N. Population Fund estimates that female genital mutilation declined among eastern Ugandan girls by 36 percent between 1994 and 1996 as the result of a community-based campaign for its elimination.

Countries ranging from Ghana to Burkina Faso and Senegal have recently pushed initiatives to eradicate the practice, says Wariara Mbugua, manager of UNFPA's gender theme.

Yet, much work remains

to be done. UNFPA asserts that between 85 million and 114 million women alive today have undergone some form of female genital mutilation.

And the practice remains risky, Mbugua says. A study in Sierra Leone estimated that some 83 percent of the women who are mutilated in that country require medical attention.

The health risks of the procedure are many, including severe bleeding, shock, urine retention and infections. It is frequently fatal.

Ibrahim cautions that any effective strategy to eradicate genital mutilation should not focus only on the health risks: In Egypt, she argues, families who were alerted to the dangers of the practice simply chose to use professional doctors and sanitary locations. "We must address the gender issues," she said.

She notes that the Population Council surveys suggest that many Egyptian families continue to allow genital mutilations in order to "maintain femininity, maintain chastity and make

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WORLD BRIEFS

CHILDREN AT RISK FROM GLOBAL AIR POLLUTION

WASHINGTON (IPS) — Most of the world's children risk disease and death because they are growing up in rapidly expanding urban areas where they regularly breathe polluted air, according to health experts. A preliminary report by the World Resources Institute and the World Health Organization to be released this month, says that while air pollution can affect the health of all humans, the greatest impact is likely to be among urban children. Increased urbanization and rapid industrialization in developing countries are causing a virtual epidemic of diseases related to air pollution among young children, the report states. More than 80 percent of the world's children under age 5 live in developing countries, and half of them live in urban areas. "Most children who live in large cities in the developing world breathe air that is the equivalent of smoking two packs of cigarettes a day," says Devra Lee Davis, an epidemiologist with the Washington-based World Resources Institute.

CASINOS COULD BOOST TOURISM IN ST. LUCIA

CASTRIES (IPS) — When it was in opposition, the St. Lucia Labor Party vigorously campaigned against a government move to introduce casino gambling into the eastern Caribbean island. But now, just over one year after being swept to power, winning 16 of the 17 seats in parliament, the SLP is contemplating introducing casinos as a means of attracting tourists, particularly from North America. Like the Roman Catholic Church and other religious bodies, the SLP originally warned of a wave of crime, prostitution and other social ills which it was convinced would befall St. Lucia, if casinos came to the island. But, the idea of boosting the number of tourists, which stood at 600,000 last year, is changing minds. The tourism industry is a significant player in St. Lucia's economy. It has surpassed the vital banana industry and last year it accounted for 12 percent of the country's gross domestic product. It brought in more than \$350 million in foreign exchange earnings.

Kenya bomb victims getting surgery

NAIROBI, Kenya (AP) — Leaning on a cane, Charles Muiru tugged up his trousers to show his mangled legs, both broken in the U.S. Embassy bombing and hastily set by a nurse in the chaotic aftermath.

"It has been very difficult," said Muiru, who has waited patiently to have his crooked limbs rebroken and properly set. "But I just accept it. Many of my colleagues were hurt worse than I, and one right next to me was killed."

Six months after the Aug. 7 terrorist bombing that killed 213 people and wounded more than 5,400 others, scarred survivors are finally getting the reconstructive surgery they need to get on with their lives.

Hundreds gathered Monday beneath a blue-and-white striped tent on the grounds of Kenyatta National Hospital for their final screenings before two weeks of free surgery begin March 1. They were briefed on what to expect from the largely U.S.-funded operations that will fit amputees with prosthetic limbs, repair shrapnel-torn faces and graft new skin onto grotesque

burns.

"After the bomb exploded, we were just saving lives. Now the time has come to do the really meticulous work," said Dr. Meshach Onguti, a Kenyan physician supervising the 823 operations.

"Those with the worst injuries have come to terms with it. It's the ones with the small scars who worry the most — the receptionist embarrassed by the scar across her cheek who answers the phone with one hand and hides her face with the other."

A nearly simultaneous bombing at the U.S. Embassy in Tanzania killed another 11 people and injured 70. U.S. authorities believe Osama bin Laden, a Saudi exile and militant Muslim, masterminded the bombings. Three alleged co-conspirators are jailed in New York.

Most of those injured in Nairobi were passers-by hit by razor-sharp shards of glass propelled at bullet-like speeds by the force of the car bomb. Dozens were blinded.

"I just take it as it comes," said Gladys Andisi, hoping a medical miracle will heal her sightless left eye, a milky blue since her office window

exploded into a thousand tiny daggers.

The operations, being paid for by millions of dollars in grants from the U.S. government and gifts from companies and individuals worldwide, are a godsend to poor Kenyans who could never dream of affording corrective surgery.

Within hours of the blast, which claimed 12 American lives, hospitals in Nairobi ran out of bandages and sutures. The East African country doesn't have enough trained personnel, equipment or surgical supplies to help survivors who need long-term care, reconstructive surgery or rehabilitation.

The United States sent surgeons to Nairobi after the bombing, and more will arrive early next month to help with the operations, which run through March 15.

Charles Njonjo, who heads the National Emergency Disaster Fund, said it has processed nearly 3,000 claims for compensation and medical treatment. That leaves nearly 2,500 injured survivors who have sought neither money nor surgery.

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