

**RITE OF PASSAGE**

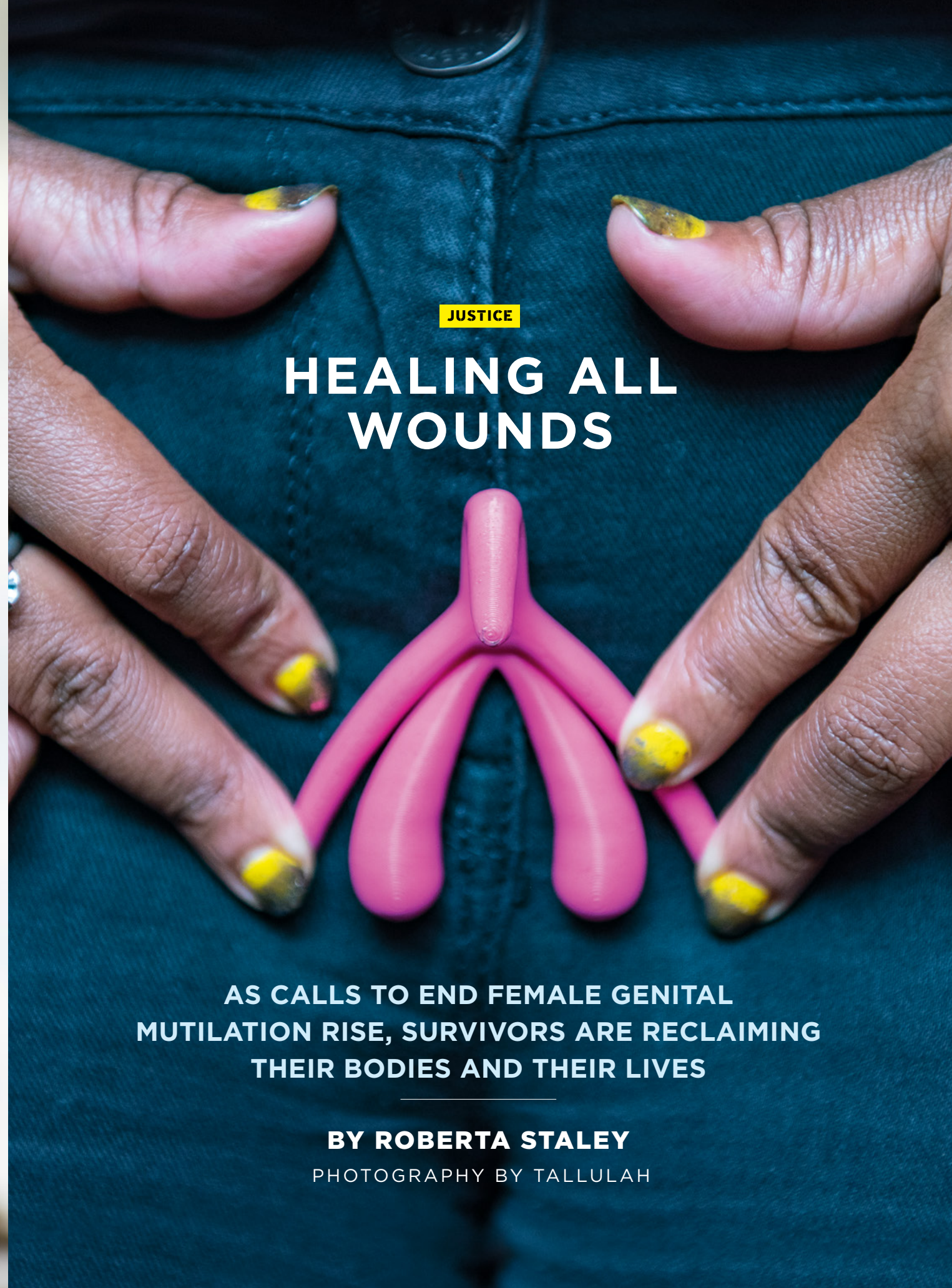
A Maasai teenage girl wears a white purity scarf to show she is mature enough for marriage — after she pursues her education and follows her dreams.

**OPPOSITE:** An anatomically correct 3D replica of a clitoris.



**JUSTICE**

# HEALING ALL WOUNDS



AS CALLS TO END FEMALE GENITAL  
MUTILATION RISE, SURVIVORS ARE RECLAIMING  
THEIR BODIES AND THEIR LIVES

**BY ROBERTA STALEY**

PHOTOGRAPHY BY TALLULAH





## ON A WARM MARCH DAY LAST YEAR IN KENYA'S BUSTLING CAPITAL CITY OF NAIROBI,

about 20 patients gather in the shady outdoor reception area of Platinum Surgery Center. But rather than quietly talk about spouses or lovers, children or jobs, the conversation focuses on one thing: FGM/C — female genital mutilation or cutting. “We shared the terrible stories and what every person went through — this thing that we were hiding for many years,” says Christine,\* a 31-year-old Nairobi businesswoman with neon-pink fingernails and a bright smile. “You pour your heart out to these ladies.”

The women, not only Kenyan but also Somali, Sudanese and Tanzanian, aged 21 to 65, all underwent FGM/C as girls or teens. After years of dealing with the physical and psychological effects of this practice — which predates both Islam and Christianity and is said to have been started by the pharaohs of ancient Egypt — they are here to try to become whole again. For some, this means urinating and menstruating normally. For others, it means orgasming for the first time.

The waiting area at Platinum, owned by Kenyan plastic surgeon Dr. Abdullahi Adan, is filled with trepidation as well as anticipation. Not all of these women will be candidates for clitoral reconstructive surgery. Like 200 million girls and women around the world, they had part or all of their external genitalia sliced off — usually without anesthetic — by women

### PAINFUL PRACTICE

Christine,\* a 31-year-old businesswoman in Nairobi, felt shame after being forced to undergo female genital mutilation as a girl.

called “cutters,” using implements such as unsterilized razor blades, scissors or broken glass. Another 3.9 million girls are at risk of being cut every year.

Many see FGM/C as the ultimate expression of the subjugation and control of women by society. But an awakening is underway, with women in places where FGM/C is commonplace raising their voices in protest. Adding to the groundswell are the actions of the medical community, interest groups, and NGOs like Clitoraid, an American humanitarian agency that helps fund this restorative surgery in Nairobi. Such groups are bolstering a grassroots movement that includes specialized care for survivors, as well as preventive initiatives to upend this tradition.

In the waiting room, Christine fervently prays to God: “Let me be one of the people who will be going through the surgery.” The memory of being held down at age nine, having her clitoris sliced with a razor blade, still haunts her and affects her self-esteem. With modern, urbanized Kenyan men increasingly rejecting FGM/C, encountering a cut woman is becoming less common. Christine recalls the shame she has felt when shocked lovers exclaimed, “Where is your clitoris?” She says, “It made me feel bad — less of a woman.”

Eventually, Christine is examined by Dr. Angela Deane of Calgary, one of three visiting surgeons from Canada, the United States and Australia who have arrived in Kenya for a 10-day volunteer mission to help FGM/C survivors. Deane, who has long blond hair and quirky pink glasses, is gentle and patient, upholding the gynecological principle of consent, knowing that FGM/C survivors can suffer anxiety and post-traumatic stress disorder. “May I examine you? Is there pain? Where?” And, “Do you want to look with me?” If yes, Deane gives the patient a mirror. This by itself can be traumatizing, as many women have never viewed themselves this way.

Deane approves Christine for surgery, which is undertaken by Dr. Marci Bowers of California, a world-renowned

family physicians, OB/GYNs, plastic surgeons, obstetrical nurses and midwives, probing their understanding and attitudes toward FGM/C and the scope of care they were able to provide.

Deane’s preliminary findings indicate that the greatest barrier to proper care is a lack of training, with only nine percent of respondents stating that they felt very prepared to provide adequate treatment to FGM/C survivors. Knowledge gaps include the short- and long-term complications associated with FGM/C or even how to obtain a proper medical history of survivors. “Canada is far behind the rest of the world in how we treat women who’ve been cut,” says Deane. “There are so many layers of complexity and culture that Canadian

physicians don’t have the skills to address. We also lack training for nurses and midwives.”

### GIVING HOPE

Dr. Marci Bowers (left) and Dr. Angela Deane perform clitoral reconstruction surgery in Nairobi, Kenya, in March 2019.

The World Health Organization classifies FGM/C into four different types. Type 4 is the least invasive and can involve genital pricking and/or piercing.

Type 3 is the most severe and at its worst involves a clitoridectomy (removal of part or all of the clitoris), as well as removal of the inner and outer labia. The wound is then infibulated, or stitched together, drastically narrowing the vaginal opening. Depending on the type of FGM/C, the practice can hinder urination and menstruation, leading to odour, infection, cysts and shame. It can make sex excruciating and cause childbirth to be dangerous for both mother and baby.

A woman who has undergone FGM/C is especially vulnerable to prolonged labour, vaginal tearing and excessive bleeding. For some, if their scarred, narrow genitalia isn’t first deinfibulated — a surgical procedure to widen the vaginal opening — their babies are at higher risk of complications and even death, as they cannot be pushed out the birth canal. Sometimes a caesarean section is needed to ensure safe delivery.

Interestingly, the very anatomy of the clitoris is what makes restorative surgery possible. Starting from the glans (the external part of the clitoris), the clitoral tissue extends two to four centimetres before splitting in half and running another five to nine centimetres under the muscle alongside the vagina toward the anus. The surgeon can bring forth a portion of this tissue and rebuild it into an external clitoris. With therapy following surgery, sexual pleasure is achievable for many.

Other countries far exceed Canada in offering help to FGM/C survivors. In the United Kingdom, for example, the recently opened National FGM Support Clinics provide a full range of multi-

disciplinary health services and counselling. And in France, surgeon and urologist Dr. Pierre Foldès, who pioneered the clitoral reconstruction technique around 2004, still performs corrective surgeries and trains other physicians to do the same.

Here in Canada, at least 80,000 women have suffered FGM/C — the vast majority immigrants from other countries, according to the End FGM Canada Network. As an OB/GYN resident, Deane assists women who arrive in labour at Calgary’s hospitals, including at the Peter Lougheed Centre. She estimates that one to four per month are FGM/C



physician who specializes in transgender surgery. Bowers took Deane under her wing shortly after the pair met late in 2018 in Calgary. Bowers has treated many patients from Canada, and always wanted a Canadian colleague to help relieve the demand. Deane was the perfect protege.

UPON HER RETURN to Calgary after the mission last March, Deane began researching the medical community’s training on caring for FGM/C survivors, including reconstructive work and delivering their babies. Deane is an OB/GYN resident at the University of Calgary, and she launched a study, surveying





survivors. The hospital is in the city’s northeast, home to many immigrants and refugees from African countries such as Sudan, Djibouti, Somalia, Eritrea and Egypt.

Deane is developing an information session on FGM/C that will be incorporated into the curriculum at Cumming School of Medicine where she studies. She hopes it will encourage other medical schools to expand their curricula and embrace enhanced medical care for FGM/C survivors.

**FGM/C IS SAID TO MARK** the passage from girlhood to womanhood. In reality, it is an expression of patriarchal control. In most cases, the primary intent of the practice — which can make sexual intercourse painful, uncomfortable or devoid of sensation — is for a girl or woman to keep her virginity until marriage and, once married, not be tempted to have sex outside the conjugal bed.

FGM/C is considered a violation of human rights by the World Health Organization and UNICEF. Deane recalls one Kenyan woman at the Clitoraid clinic describing the day she was cut as the moment “her inner light went dim.” “It is gender inequality, 100 percent,” Deane says. “And until women can decide for themselves about their own body, this will persist.”

While therapy and reconstructive surgery can help survivors, more work needs to be done to prevent FGM/C. Sweden displays ads on buses with a helpline for girls at risk, and some European countries recommend that girls who suspect they are being sent abroad to undergo FGM/C put a spoon in their underwear. This sets off an alarm at airport security, and staff take the girls aside to discuss their fears and concerns.

In the United Kingdom, the National Society for the Prevention of Cruelty to Children (NSPCC) set up a dedicated helpline in 2013 to assist those at risk of FGM/C. Between the

#### A NEW WAY

A group of Maasai teenagers chant and dance at the closing ceremony of a three-day community-led Alternative Rite of Passage in southern Kenya.

summers of 2013 and 2019, the NSPCC fielded over 2,700 calls — nearly one in five of them “so serious they were referred to external agencies,” the NSPCC reports. Starting this year, secondary schools in England are required to teach about FGM/C.

In Canada, the Criminal Code was amended in 1997, declaring FGM/C aggravated assault, punishable by up to 14 years behind bars. It is also illegal to take a girl to another country to carry out the act, although some families continue to send their daughters to regions in the Middle East or to African countries such as Somalia, Egypt, Sierra Leone, Mali, Sudan and Eritrea, places where UNICEF reports cutting rates are as high as 98 percent.

The End FGM Canada Network is pushing Ottawa to create a national action plan to support survivors and protect girls at risk of FGM/C. Canada, says the organization’s co-founder Giselle Portenier, needs to follow the lead of other countries and set up helplines and airport protections to assist girls who fear they will be cut. As it stands, Canada has no such measures in place. “We’ve sacrificed the human rights of children,” says Portenier, also a filmmaker, whose 2018 award-winning documentary, *In the Name of Your Daughter*, discussed FGM/C in Tanzania.

While Canada tries to respond to this issue more effectively, some of the most important advocacy work is being done by women, many of them survivors, in the countries where FGM/C is most commonly practised.

**A LINE OF TEENAGE MAASAI** girls stomp their sandal-clad feet in percussive unison, raising puffs of tawny dust

while chanting a high-pitched song. Their dance is part of the noisy and jubilant closing ceremony of the three-day, community-led Alternative Rite of Passage (ARP). It was held last August at Iltal Primary School in Kajia-do, a region of southern Kenya where up to 95 percent of girls in the Maasai community are being cut.

For the Maasai teens, wearing white silk-en purity scarves and colourful, ornate necklaces, chokers and bracelets with beaded geometric designs, the event signals a profound cultural shift. Unlike many of their older sisters, mothers and grandmothers, these girls have not undergone FGM/C. And they have embraced the change, wearing bold broad ribbons around their foreheads stating “No F.G.M.”

Amref Health Africa, a non-profit organization, first developed ARPs in collaboration with local communities in 2009 as an alternative to FGM/C ceremonies, which mark girls’ transition to womanhood. The three-day celebration provides young Maasai with sex education as well as self-esteem building exercises to help empower girls to say no to cutting. Participants are given emergency numbers to call if they fear there are plans to have them cut.

To boost its acceptance among older generations, the ARP ceremony includes community elders and women who used to be cutters, and mimics in duration the original rite of passage that previously accompanied the cutting of girls. Jane Nkoitai, 15, is one of 545 female and 88 male young people participating in the event. Speaking through a translator, Nkoitai says that she is “very happy I’m not going through the cut. I want to continue my education and become a doctor and change the community.”

Abdi Mohamed, 19, spoke at the ceremony, boldly exclaiming to the crowd of more than 1,000 people, “If you cut your girl, I will not marry her!” sparking laughter and a rousing cheer from the crowd. Afterwards, Mohamed states that the best way to end FGM/C is through education: “We hope one day it will be history.”

Many people, especially survivors like Christine, also hope that FGM/C will one day be relegated to the history books. Right after her clitoral restoration at the Platinum Surgery Center, Christine says she felt an immediate difference — a release. She laughs as she admits launching into a hymn called *I Thank You God* from her surgical bed.

Now, she doesn’t fear marriage or dread lovers’ scorn. “I’m new,” she says. “My life is changed.” **■**

*Roberta Staley is a journalist and author based in Vancouver.*



#### YOUNGER DAYS

The writer at age seven, which is when her family had her undergo khatna, or FGM/C, in Pakistan.

# UNSPOKEN

**I DIDN’T FULLY UNDERSTAND  
THE FRIGHTENING INCIDENT I EXPERIENCED  
AS A GIRL UNTIL RECENTLY.  
NOW, I’M LEARNING THAT FGM/C DOESN’T  
DEFINE ME — OR MY COMMUNITY.**

**BY ZAHRA KHOZEMA**

**K**ARACHI, PAKISTAN, the city where I was born, was always hot, but the heat felt more intense that afternoon. The sun was holding nothing back. I was around seven years old, and I was accompanying my mom and grandma to an old building in a neighbourhood close to ours.

We took the stairs up to an apartment and knocked. Before the woman inside could even open the door, my hair was stuck to my forehead with sweat. The adults greeted one another with “*salam*,” a traditional phrase that means peace, and we walked in.

Soon, I found myself lying on the carpet with my legs spread apart. I was told to pull up my dress and look at the ceiling. I turned to my grandma, and she nodded in encouragement.

The woman’s fingers pulled down my underwear, and the carpet felt itchy on my skin. A ray of light coming through the curtains reflected off something shiny in her hand, but I couldn’t see what it was. I clenched my fists, and tears rolled down my face. When I bent my legs in response to a sharp pain, someone held them down.

After we got home, I asked my mom why I had to wear what felt like diapers. She told me that all girls have to go through this procedure because it was part of our religion and not to tell anyone. After a day or two, it stopped burning when I peed and the bleeding came to an end. My mother and I didn’t speak of it again, and I had no idea what happened to me in that stranger’s dark apartment. Instead, I stayed silent and tried not to think of it.

A few years later, in 2005, my family and I moved to Canada. We settled in easily, thanks to our tight-knit Dawoodi Bohra mosque in Toronto. I identify as a Dawoodi Bohra, a small sect



within the branch of Shia Islam. The largest populations of this Muslim group live in South Asia, East Africa and the Middle East, but a significant number of us also live in Europe, North America and Australia.

Being Dawoodi Bohra, for me, comes with a rich history — one filled with colourful traditions, a sense of community and progressive teachings, especially in regard to higher education and leadership roles for women. However, this progressiveness conflicts with certain traditions that some people in my community continue to practise, including female genital mutilation or cutting (FGM/C).

I began to face these contradictions in 2017, when I was wrapping up my undergraduate studies in Toronto at Ryerson University. A friend shared an article on WhatsApp about the arrest of two doctors from our sect who practised FGM/C, known as *khatna* in our community, on young girls in Michigan. As I read the news piece, my body clenched up, like I was seven again.

Although the Qur'an doesn't mention khatna, many Dawoodi Bohras believe the sacred Islamic text of Da'aim al-Islam cites it as compulsory. To normalize the secretive practice, arguments about health, hygiene and girls having the same rights to circumcision as boys are mentioned by pro-khatna groups, like the Dawoodi Bohra Women for Religious Freedom. They also argue that banning khatna is an infringement on their rights.

After the arrest of the Michigan doctors, more stories on this issue started to appear on my social feeds, and I reminded myself not to question what was essentially a part of our religion. I was afraid that doing so could jeopardize the basis of my identity. But I couldn't help it; I became obsessed with the case. Thanks to the the internet, I could finally find answers to the questions swirling in my head.

First, I googled "FGM" because I wanted to know exactly what it was. According to the World Health Organization, FGM includes partially or fully removing the female external genitalia or otherwise injuring the female genital organs for non-medical reasons, such as cultural or religious purposes. I also saw diagrams that demonstrated cutting and sewing.

Distraught, I rushed into a bathroom stall at the library where I was doing my research, put the selfie side of my phone camera between my legs and tried to find any resemblance to what I'd just seen. There wasn't one I could detect on the small screen. I thought a lot about going to the doctor to find out what exactly had been done to me. But I didn't want to risk having my religion judged for outlawed practices. Plus, nothing physically hurt, so I didn't see the point. What was taken away couldn't be put back, I thought.

In my research, I also discovered that the term "female circumcision" has been criticized by the United Nations Population Fund for drawing a parallel with male circumcision. The physical and psychological health implications for women and girls are much more serious. The UN instead prefers the term "mutilation" to emphasize the gravity of the act and reinforce that it is a violation of women's and girls' basic human rights. In the late 1990s, the phrase "female genital cutting" was introduced since "mutilation" can imply that parents or practitioners perform this procedure maliciously. Some organizations use both terms.

The practice has been recorded in at least 30 countries. For many Canadians, FGM/C is a foreign term — something that happens in *that* part of the world. But it reportedly happens in Canada, too. In a 2016 Canadian Border Services Agency report,

officers were given photographs of cutting tools, belts and "special herbs" to watch for in the baggage of people entering the country that might be used for the practice.

As well, in a 2017 study of 385 Dawoodi Bohra women, two of the 18 Canadian participants said that they had experienced a form of the procedure in Canada. The anti-FGM/C organization Sahiyo, which conducted the study, categorizes khatna as a social norm in which the tradition is passed down through generations without question. Mariya Taher, the co-founder of the NGO and the author of the study, grew up in the United States in a Dawoodi Bohra household and says she underwent the procedure on a trip to India when she was young. Taher says that even if parents don't want their daughter to go through it, "there's pressure from other people in the community."



**SPEAKING OUT**  
Farzana Doctor, a co-founder of the End FGM Canada Network, is urging the government to admit FGM/C is a problem here.

I haven't heard of khatna happening in Canada. Many of my friends say they went through the procedure on trips abroad, just like Taher. This is called "vacation cutting." My friend Tasneem\* agreed to share her story under a pseudonym. The 23-year-old comes from a religious Dawoodi Bohra family in a suburb close to Toronto and remembers undergoing khatna in a home near her grandmother's neighbourhood in Pakistan when she was very young. She thinks scissors were used and, like me, was later told it was for "religious purposes" by her mother. When the topic came up in Islamic school in her adolescent years, she wasn't satisfied with the answer that it was to "suppress feminine proclivity."

Tasneem says she can masturbate, "but sometimes things will hurt," and she's fairly certain the localized pain is because of khatna. However, without a medical opinion, she has no way to know for sure, and she doesn't like going to the doctor. Tasneem says she isn't angry at her family members for having



khatna done to her. She realizes these cultural practices were "spoon-fed" to them — her mother had it done, as did her mother's mother, as a sign of faith and a requirement to be part of the sect. However, Tasneem says the family tradition ends with her — she won't have it done to her future daughters.

When I asked why she hasn't spoken up against the practice, she explains that anything sexual, especially about a woman's body, is very taboo in the Dawoodi Bohra culture. She says the commandment to carry out FGM/C comes from lectures by higher-ups in the community, and religious arguments will always be used to silence questions. "There's really no way for you to counter that," says Tasneem. "So a lot of people just don't see the point and are afraid of getting hit with that."

Farzana Doctor is trying to break that silence. She is a Toronto author and psychotherapist, and a co-founder of the End FGM Canada Network and WeSpeakOut. The network urges the federal government to acknowledge that FGM/C is a problem here and advocates for Canada to take the lead on protecting girls around the world. Doctor, who underwent khatna on a trip to India as a child, had nightmares and flashbacks after realizing what was done to her. She says that the secrecy of the practice adds to the trauma: "Nobody explains [the procedure] to us and they urge us not to talk about it, so we can't make sense of it."

Most people who do khatna believe they're only cutting the clitoral hood, but they sometimes damage the clitoris. Doctor says that FGM/C comes from a belief that a woman's sexuality needs to be controlled. If sex is not enjoyable for a woman, she is less likely to cheat on her partner. "It causes damage to sexuality, but it also shames sexuality in a huge way," she says.

Doctor identifies as Dawoodi Bohra but is not an active member of a congregation. She says change might be slow and that women need to start talking to other women, espe-

**PRAYER TIME**  
Women of the Dawoodi Bohra Muslim community in Mumbai, India, in 2013.

cially new mothers of daughters. She has heard of women lying to pro-khatna people about having it done to their daughters. This is a great way to resist, she says, but she wants these moms to be able to speak their minds on the issue. "The break in the cycle has to start somewhere."

FGM/C is an offence under the Canadian Criminal Code, but no one has ever been prosecuted for it. Part of the difficulty in addressing FGM/C in Canada is the lack of information about the practice. The Ministry of Women and Gender Equality has provided more than \$95,000 for qualitative research to shed light on FGM/C by studying perceptions among different cultural groups.

I know how difficult it is for Dawoodi Bohra women to speak up. I've tried to write this piece for years but trashed the document each time I started. I feared people viewing our sect in a negative light, and more so, being ousted from my community. But I'm doing this now because I don't think khatna defines me or other Bohra women who've gone through the procedure. I know we're so much more than this piece of tissue taken away from us.

I consider myself lucky to not have major complications from my procedure, but I wish it never happened. For a while, I carried some bitterness toward my mother. The trauma of knowing someone I love could hurt me as a child was hard to reconcile. When I recently asked her how she could watch that afternoon, she said she didn't enter the room. "Your grandma was with you. I couldn't see you like that," she told me. And with that, something started to heal. **®**

*Zahra Khozema is a journalist currently based in London, England.*