One day, on the way back from work, I went to say hello to them. It was during the holidays. Having found work, I often left my 'no' and stated explicitly that I had no intention of having it done. it asked me if I had had my children excised and infibulated. I replied our studies. When we returned to Mali, my mother was the first to

They were born in France, while my husband and I were finishing which she herself had undergone.

The following case of a mother who decided, with her husband, that circumcision has become deeply entrenched in tradition. This is to curb the passions of young ladies. Amongst Westerners it has sometimes practiced in Britain and the United States supposedly to "circumcised" each day. She was brought to Port Sudan Civil Hospital haemorrhaging severely after a village circumcision, without anaesthetic, in which she was excised and infibulated. She required 36 hours of blood transfusion and was still feverish and delirious when the photo was taken, 48 hours after the operation. In great pain and in a severe state of anxiety, she was constantly flinching, moaning, flailing her arms and uncontrollably rolling her eyes.

This is a common result of the most extreme and yet, the most widespread type of so-called female circumcision in some countries. The operation involves cutting away the external genitalia, followed by stitching the two sides of the wound together in a way intended to guarantee virginity until marriage.

Why are women circumcised?
These operations are medically unnecessary, agonisingly painful and extremely dangerous. Some girls die from shock and loss of blood. Others develop psychiatric problems from the trauma. Many have chronic infections lasting a lifetime and there are numerous troubles with childbirth, intercourse and menstruation.

Most of the estimated 70 million circumcised women and girls live in certain parts of Africa and the Middle East. There the practice thrives for a variety of social reasons, for instance, in many places a girl who is not circumcised is considered unfit for marriage. Without a husband she might have no means to support herself. Women therefore get caught in a vicious circle where survival may dictate that they submit to the circumcision knife.

The stranglehold of tradition
In many communities the social and cultural background to circumcision has become deeply entrenched in tradition. This is especially so where generations of poverty have bred ignorance about health issues. However, amongst many of the educated young there is a growing awareness that, in truth, circumcision has no medical, moral or religious justifications. Sadly, it is not always easy to challenge tradition. Take for example the following case of a mother who decided, with her husband, that their three daughters would not be subjected to the mutilations which she herself had undergone.

They were born in France, while my husband and I were finishing our studies. When we returned to Mali, my mother was the first to ask me if I had had my children excised and infibulated. I replied ‘no’ and stated explicitly that I had no intention of having it done. It was during the holidays. Having found work, I often left my children at my parents and came to fetch them at the weekend. One day, on the way back from work, I went to say hello to them. I was astonished not to see my daughters. Normally they would rush out to greet me. Then I asked my mother where they were. 'They're in that room', she replied, indicating the place where they usually slept. I wondered if they were sleeping, or just didn't know that I was there. I went into the room. There they were on the floor, on mats covered with cloths. At the sight of their swollen faces and eyes full of tears; I gasped and cried out: What is it? What's happened to you my children? But even before the little occupants of the room could reply, the voice of my mother reached me: 'Don't you go disturbing MY grand children, they have been excised and infibulated this morning'.

Let African women speak out
This young mother, asked her views on putting an end to the practices, replied: 'I don't how exactly how, but it doesn't seem to me impossible. At what price I don't know. But nothing can be done towards the abolition of these customs if the women concerned do not get together to impose their point of view'.

Progress is being made
FOWARD is a development from WAGFEI - an organisation originally set up under the auspices of the Minority Rights Group, called - The Women’s Action Group on Female Excision & Infibulation. Founded in 1981 by a group of African, Arab and Western women with expertise and concern about this problem, our achievements have included:

• First raising at the United Nations the question of female circumcision as a violation of Human Rights.
• Opening up the debate on this sensitive aspect of women’s health in both developing countries and the UK by, for instance, advising BBC2 on the making of its much acclaimed documentary film about the issue.
• Helping African women publish their work as part of the struggle to combat the practice in their own countries.
• Fundraising to provide financial support for health, research and education projects in Sudan, Somalia, Egypt and Kenya.

In Victorian times a less-radical form of circumcision was sometimes practiced in Britain and the United States supposedly to curb the passions of young ladies. Amongst Westerners it has now died out, in the same way as other abuses of the women such as widow burning in India and foot-binding in China have stopped.

The way "Foward"
One difficulty with WAGFEI was that the organisation's name was too explicit for working quietly in areas hostile to change. Reconstituted as FOWARD, we can present ourselves more acceptably for what we are, in terms of our broadest objectives: that is, as a non-governmental development agency, working to improve women’s health and social conditions in Africa and elsewhere, FOWARD has joined hands with development workers where circumcision is a problem to fight this damaging practice in the following ways:

• Public education campaigns, by local community and health workers, for the people. These aim to create awareness of why the practice is both harmful and unnecessary.
• Training and redirecting the energies of village "midwives" who make their living from circumcision, so that they can learn to practice positive aspects of health care.
• Carrying out research into the reasons for circumcision. This will help guide efforts to combat the practice in ways appropriate to different communities.

How you can help
In many poor countries women’s needs are the last to receive attention FOWARD desperately needs your support to change this. Here is what you can do to help:

• Join as an Honorary Member of FOWARD: we ask you to subscribe at least £5 a year (£3 for claimants). In return, you will receive our newsletter three times a year to keep you up-to-date with the progress being made. You will also be invited

Foundation for women’s health, research & development

What can we do to stop her suffering?
The seven year old child shown in the photograph, overleaf is one of the 4,000 or so little girls, babies and women ‘circumcised’ each day. She was brought to Port Sudan Civil Hospital haemorrhaging severely after a village circumcision, without anaesthetic, in which she was excised and infibulated. She required 36 hours of blood transfusion and was still feverish and delirious when the photo was taken, 48 hours after the operation. In great pain and in a state of anxiety, she was called - The Women’s Action Group on Female Excision & Infibulation. Founded in 1981 by a group of African, Arab and Western women with expertise and concern about this problem, our achievements have included:

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to any meetings being held in your area and to participate in other ways.

• Become an Honorary Representative: by undertaking to distribute our leaflets and organising at least one fundraising event a year. It need not be anything especially big or difficult - the kind of thing other people are doing is holding coffee mornings, jumble sales or going on sponsored runs.

• Give a Donation: because most of FOWARD’s work is carried out through local community workers, doctors and nurses, our investment is in people. A little money goes a long way in countries where just £10 can pay a nurse for a week.

• Affiliate Membership: is open to groups such as clubs, firms, churches and student unions. The benefits are the same as for individuals, but we ask you to subscribe at least £15 a year.

What not to do
Many people from countries practicing female circumcision are presently defensive about the practice, which has existed with them for over 2,000 years. Unless the pressure for change is seen to be coming primarily from their own nationals, it can be counter-productive. For this reason please do not organise petitions, protest marches or letter-writing campaigns. Instead, give your help by donating money or your time to fundraise.
In this way help can be channelled to responsible local people who fully understand what needs doing in their area. Their biggest problem is a lack of financial resources to support their urgent work.

Thanks to a generous grant from the Ford Foundation, Foward’s Director has been able to visit all the projects being supported to ensure that your money is being used in the most effective way possible. She, herself, was born in Ghana and trained as a medical scientist and sick children’s nurse in London. Most of her career has been dedicated towards fighting this awful practice which she first learned about as a young girl.

You can help - join foward
I/We enclose a donation and/or subscription for £

Name:
Address:

(please tick)

I would like to become a Honorary Member

I would like to know more about becoming an Honorary Representative

Our Group would like Affiliate Membership

(NB. Banker’s order forms are available on request. We are in the process of registering as a charity therefore covenant forms should soon be available too).

Please send form to:
Mrs Stella Elua Graham, Director,
FOWARD
Africa Centre, 38 King Street,
London WC2E 8JT.