

Female genital mutilation study legislation passes Assembly

Senate bill sponsor sought

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In Dr. Grace Mose's hometown in Western Kenya, 97 percent of women undergo female genital mutilation or cutting, and according to the World Health Organization, the percentage is almost as high in many other African countries. But it is the number of women in New York who undergo the procedure that Mose is trying to draw state leaders' attention to.

Mose, the director of the Immigrant Women's Health Initiative at Family Planning Advocates of New York State, says that though it is known that women are undergoing the banned procedure here, it's impossible to tell in what numbers.

All kinds of estimates have been done on the prevalence of female genital mutilation in New York, Mose said, but since they are based on simply knowing which communities traditionally practice it, "you can only guess" at how often it's happening today.

In order to find out, legislation is being proposed that would require an annual study be conducted on the prevalence of the procedure for the state Health Department and Office of Children and Family Services to evaluate. The agencies, according to the bill text, would then have to "establish and implement appropriate education" and "preventive and outreach activities"



Gazette Photo by Katrina Kieltyka
Dr. Grace Mose, director of the Immigrant Women's Health Initiative at Family Planning Advocates of New York State and an expert on the practice of female genital mutilation, is pushing for legislation that would require a study to be done on the prevalence of the practice in the state in order to remedy the situation in culturally appropriate ways.

in communities where the procedure is found to be practiced.

The bill, A.04159, sponsored by Assemblywoman Barbara Clark, D-Queens, passed unanimously in the Assembly on Feb. 23. The legislation was first proposed in 1995 and has been repeatedly passed by the Assembly but has yet to come to a vote on the Senate floor.

Mose says if the bill passes, the Health Department and Office of Children and Family Services will have to "be in touch with organizations that work with women, who can give direction on how to lead with the providers."

In addition to Family Planning Advocates, Mose cited the Sauti Yeti Center for African Women, an

organization that, according to its Web site, "empowers immigrant African women and girls to articulate, demand and exercise their rights." Working with these and other organizations, Mose says, will provide the "practical numbers" called for in the proposed bill.

Though the bill hasn't seen success

See Study on page 28

Study

Continued from page 19

in the Senate over the years, Jessica Gorman, legislative director for Clark, said the assemblywoman is going to work on getting a Senate sponsor this year. "The Senate is Democrat-controlled now," she said. "So now maybe the bill should go somewhere."

Gorman said Clark was motivated to sponsor the bill for many reasons: TV programs, reports and hearing from different advocacy groups caught Clark's attention, Gorman said, and she decided to sponsor the legislation.

Assembly Health Committee Chairman Richard Gottfried, D-Manhattan, said he supported the bill because "FGM is a serious problem, and I agree with Ms. Clark that having more information on the situation in a report from the Health Department would be useful in the efforts to stamp out FGM." When asked if he thinks the bill would be successful in the Democratic-lead Senate, Gottfried said, "I would suppose so."

Senate Social Services, Children and Families Committee Chairwoman Velma Montezette Montgomery, D-Brooklyn, according to her spokeswoman, Sandy Stewart, authored a bill several years ago to ban the procedure in New York

and is sensitive to the issue. She said the assemblywoman has not reviewed Clark's bill but is "certainly sensitive to the issue and will explore it further."

Senate Health Committee Chairman Thomas Duane, D-Manhattan, did not return repeated calls for comment.

According to the World Health Organization, female genital mutilation "comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for nonmedical reasons."

Mose, author of the book, "Thinking the Gusi Way: Insider Perspectives on Female Genital Mutilation (FGM)/Cutting and Strategies for Change" and an expert in the practice of the procedure said female genital mutilation occurs for "cultural reasons."

They range, said Mose, from parents' attempts to contain their daughters' promiscuity, to reinforcing gender definition in their societies. Ultimately, she said, women who undergo the procedure get more status and respect than those who don't. In some communities, the process has a "connection to survival" since women, who are rarely economically independent in cultures where the procedure is practiced, need to undergo it in order to get married, their only way of attaining property or money

to live off of, according to Mose.

The effects of the procedure are many, said Mose, who cited trauma, anxiety and depression as emotional effects, and hemorrhage, infections and urinary retention as physical consequences. "Anything you can imagine that comes from a wound," could happen, said Mose.

In her book, Mose provides strategies for change in the Kenyan tribe she focuses on. They involve empowering women economically so that the procedure is no longer needed. Other strategies, including criminalizing the process, didn't work she said, since the policemen who are supposed to enforce the ban are the same men who want women to continue receiving it.

Criminalizing the procedure alone does not work to stop the practice in New York either, according to the Center for Reproductive Rights, since the cultural attitudes surrounding it are deeply ingrained. Rather, the center says, "it is essential that efforts to prevent its practice include culturally sensitive education and outreach to the relevant communities."

The Immigrant Women's Health Initiative at Family Planning Advocates already involves itself with such outreach through its Immigrant Women's Health Initiative. As part of the initiative, the advocates work with health care providers

to ensure women are complying with federal standards for Culturally and Linguistically Appropriate Services.

According to the U.S. Department of Health and Human Services' Office of Minority Health, CLAS standards are used to ensure all people getting services from federally funded health care providers receive care "provided in a manner compatible with their cultural health beliefs and practices and preferred language," and have access to translation services if their English proficiency is limited.

As part of their initiative, Family Planning Advocates visits health care providers to assess how well they are following CLAS standards and to "identify strengths and weaknesses," says Mose. Additionally, the organization publishes a resource guide for health care providers titled, "Promoting and Strengthening Cultural and Linguistic Competency" that provides centers with resources such as translators and contact information of other organizations that promote culturally competent health care.

In relation to female genital mutilation, it's important that health care providers become competent in other cultures' practices, Mose says. "Those organizations who work with these women, when they see them coming through the door, those are the people who know the problem exists."