

Crusading Against Genital Mutilation

SOMALIA

Italian-trained Somali gynecologist Aisha Omar reckons daily with genital mutilation and the sometime fatal medical conditions that arise as a result. • Defying local tradition and culture, she is trying to teach poverty-stricken young women to become midwives. • In her path are Islamic extremist organizations determined to keep local women beholden to ancient but brutal traditions. • by Farian Sabahi

“People in Somalia are being slaughtered in the street,” says Somali gynecologist Aisha Omar. “Under such circumstance, who exactly is going to challenge the genital mutilation of women?” Female genital mutilation is commonplace in Somalia, where it is perceived as in line with traditional Islamic law and practice.

Aisha Omar, 42, a gynecologist who has spent years trying to teach young Somali women to become midwives, hails from an important local family. She could have moved to London with her mother, to Canada with her brothers or to Chicago with her husband. Instead, she chose instead to stay behind in Mogadishu, determined

to help women enslaved by ancient, brutal, sometimes fatal traditions. “Infibulation,” as it’s known medically, is the surgical practice sealing of the labia and the removal of the clitoris. For centuries, it has represented a way to preserve female purity by limiting sexual satisfaction. Most procedures are carried out in primitive circumstances, putting women’s lives at risk. Those who survive often suffer fistulas during childbirth. Those who survive find their lives made all but unbearable. In November 2008 Aisha won the Woman of the Year award from the Italian Val D’Aosta region. She spoke about the

After receiving her medical degree in Italy, Aisha Omar returned to Somalia where she opened a family clinic and an obstetrics school for midwives. Her clinic sees some 300 women a day free of charge.

Omar with an assistant. Often patients themselves later decide to enroll in a course, becoming nurses or midwives.



challenges facing her work in strife-torn Somalia.

You were awarded ?20,000 by the Italian region.

How are you putting it to use?

To finish writing an illustrated obstetrics manual in Somalia. We want to print it, hand it out, and open a traditional midwife training school in Mogadishu.

Why not in Djibouti, as you mentioned during the awards ceremony?

I met with members of the Djibouti bureaucracy and got nowhere, so I went back to Mogadishu. My goal was to find 100 girls who’d enroll in the course. But the civil war in Somalia makes it next to impossible for anyone to attend school on a regular basis. At the moment we have some 20 women students, but the number fluctuates constantly because of difficulty in reaching the school. Usually they come in the morning and leave in the afternoon after class. I wanted to create more of a college atmosphere, but creating a dorm environment would have been too dangerous.

What about the political situation in Somalia?

The government has to deal with al-Shabab and Hizbul-Islam, two armed Islamic groups. That’s only the tip of the iceberg.

What’s kind of woman end up in midwife practice?

They’re mostly young, between 19 and 22. Most are illiterate, which complicates the situation. Physically, they’re usually small women. They lost their first baby have recently had fistula surgeries.

What are the classic fistula symptoms?

Recto-vaginal fistula and vascular-vaginal fistulas are the result of a badly handled pregnancy, prolonged labor, or an excessively large fetus, known as a “macrosomic” baby. Sometimes one patient can have both vaginal and vesicular distress.

These are women have undergone genital mutilation, which means that when the give birth the pelvic walls don’t relax. They often reach the hospital too late to save their babies. Doctors usually recommend Cesarean deliveries, but they often refuse because they believe that Caesarean sections should only be for elderly women.

The problem is that often the child’s head is often already lodged in the vaginal canal and remains there for several days. This creates ischemia, or constriction, between the bladder and vagina, or between the rectum and vagina. Simply put, the tissue ties, becomes necrotic, because blood traffic is blocked by the head of the fetus.

This tissue then collapses and forms a fistula. In the vagina, the fistula is enlarged by urine flow, in the anus by the flow of feces.

The result is that the women smell and no one wants to share a room with them. Their husbands leave them and they’re discriminated against socially?

Are there solutions?

For these women, who are poor and illiterate women, sanitary pads are too sophisticated. They use rags, which usually just makes the situation worse because they produce infection. If you survive with this condition the skin over time becomes literally unrecognizable.

How did you first come into contact with these women?

I read about the disease while attending medical school at Rome’s La Sapienza. There were just a few lines about it, towards the end of a medical textbook. I didn’t fully realize the seriousness of the condition until I joined the Ugandan doctor James Kiyengo at the AMISOM hospital (African Union Mission in Somalia, a peace support group).

Before that, I had worked at Sister Leonella’s Ospedale di SOS Villaggi dei Bambini (SOS Village of the Children Hospital). But she was killed in a Mogadishu ambush in 2006. We had little protection from roving armed gangs such as al-Shabab, which opposes the government.

It was then that I moved to AMISOM where I met Kiyengo, who had studied at the University of Kampala clinic. He had a free clinic that was open Saturday, Monday and Wednesday. On average we saw some 300 women each day we were open.

And you saw these women as potential midwife school candidates?

Yes. Let me give you a concrete example. I met Ga’lo at the clinic. She was my patient first, and now she’s a student. Before the surgery we gave her ketamine, an anesthetic that can cause delirium. During the operation Ga’lo said she wanted to become a midwife. When she recovered, she kept her word. She’s 21 and had suffered from a fistula since she was 16.

So fistulas are connected to female genital mutilation?

Yes. We’ve been fighting against such practices for years. Our hospital refuses to carry out the procedure and advises against carrying out the tradition on moral grounds. But law in Somalia doesn’t prohibit female genital mutilation. The practice is still widespread in four forms, “sunna” (a small cut to the clitoris, which must

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bleed); excision of the clitoris; excision of the "labia minora" and its stitching at the base; and so-called "pharaonic circumcision," which is the full removal of both outer and inner lips of the clitoris, stitching it closed, and leaving an opening only for urine and menstrual blood. [Editor's note: In 2007, the United Nations declared February 7 as "International Day Against Female Genital Mutilation," marked annually.]

After your graduation and internship in Rome you returned to Somalia where you has opened three child maternity centers, in Mogadishu, Hargeisa and Burcoa. You've not opened the midwife school, which is focused on repairing fistulas and discouraging female genital mutilation.

Do you have any other projects in the works?

I like to lend a helping hand to the 20 Somali women detained for over a year in Libyan prisons. They were trying to get to Italy, but the Libyans intercepted them and jailed them [editor's note: Italy and Libya have a bilateral agreements to police illegal immigration]. The Somali government is too weak, both politically and economically, to help them out. Something has to be done to help these women get back to Somalia or be allowed to win their freedom and work in Libya. They can't remain jailed. I'm going to get Amnesty International involved and then go to Libya myself to request their release.

How do you subsidize your efforts?

I work in a health facility but the government does not pay me. I live in a hospital room all I need is a \$100 a month. My mother and my brothers help me out. My husband is a trader in Chicago, and he pays for the plane tickets whenever I need to go to Europe.

And your father?

He's gone. He was shot at the start of the civil war. Haven't you ever thought of joining your husband in the United States?

No, it's just too far away. I know that once I found myself in Chicago I wouldn't be able to get back into Somalia. Some of the gangs have sworn vengeance Somalis who, like my husband, acquired American citizenship. Anyway, what would I do with myself in Chicago?

Do you ever have the chance to even see your husband?

We usually meet up in Italy. I don't want to go to the U.S. and it's too dangerous for him to come to Mogadishu. We were classmates at university. I got married when I was 33. By that time my mother was seriously worried that I'd be spending my life alone.

So Italy remains a point of reference?

Yes. That's also the case from a professional point of view. Thanks to the ties I forged during my university days, I can send sicker patients, the ones that can't be treated in Somalia, back to Italy.

Understanding Somalia

Aisha Omar faces a daunting task. Created in 1960 out of a British protectorate and a former Italian colony, Somalia is a deeply unstable Horn of Africa state (with Eritrea, Djibouti and Ethiopia) that numbers less than 10 million inhabitants, a third of whom depend on foreign aid to stay alive.

Since military dictator General Siad Barre was overthrown in 1991, the country has faced constant civil war, with local warlords fighting each other and Islamic extremist groups taking full advantage to fuel the strife. The country's acting government has been unable to cope with widespread famine and dis-

ease. At an international level, Somalia claims sovereignty over areas of Ethiopia, Kenya and part of Djibouti, all of which have groups of ethnic Somalis.

A Human Rights Watch issued in April suggested that the presence of the armed Islamic extremist group Al-Shabab — which seeks Islamic state and has fought the UN-supported Transitional Federal Government (TFG) since 2004 — may have actually improved national stability. But the civilian population has been forced to pay a high price.

Al-Shabab, which means "Movement of Warrior Youth," swears by harsh Sharia law that includes corporal

punishment, summary jailing, and the death sentence. Trials are a rarity and the extremists have been known to imprison and torture men for sporting long hair and women for failing to adhere to strict Islamic dress codes.

According to the report, al-Shabab (which has been linked to al-Qaeda) has even banned teachers from using bells to round up students because the sound of bells was "too Christian." Al-Shabab opposes to music, has banned movie theaters and the watching of soccer matches. Not to be denied, another local Islamic group, Hizbul-Islam in, stopped Mogadishu radio stations from broadcasting music.