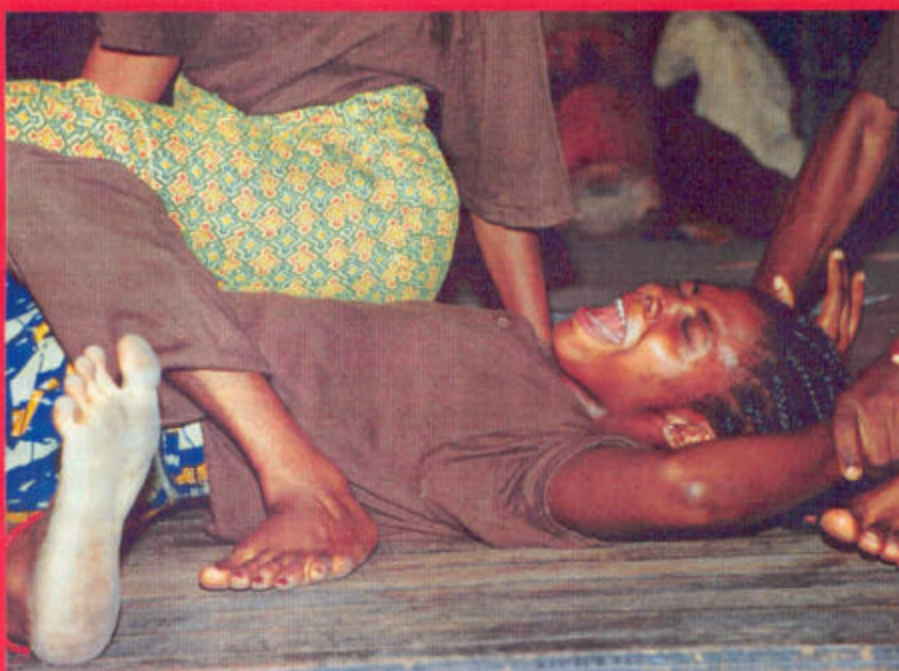


**UNCUT!**



**PLAYING WITH LIFE**

## ***UNCUT! Playing with Life!***

### **Background:**

Female Genital Mutilation is a common problem in approximately 28 countries in Africa. In about 85% of these countries, genital mutilation takes the form of *clitoridectomy*, where all or part of the clitoris is removed, or *excision*, where all or part of the labia minora is cut. About 15% of the cases of genital mutilation in Africa are of the most extreme form called *infibulation* in which all or part of the external genitalia are removed followed by the stitching and narrowing of the vaginal opening.<sup>1</sup>



Traditional circumcision knife in Edo State

According to figures released by the World Health Organisation, about 50% of Nigeria's female population is mutilated with the most common forms being clitoridectomy, excision and, in the northwest, some infibulation.<sup>2</sup> The most common reasons given for female genital mutilation, also called *female circumcision*, is that it is an important rite of passage for girls in to womanhood and that it prevents women from being promiscuous. In some communities, it is believed that if a baby's head touches the clitoris during childbirth, that either mother or child will die. Other communities view uncircumcised women as slaves. Most Nigerians who support the practice say it is because of *tradition*.

In a national survey conducted by Research & Marketing Services (RMS) in 1999 with a sample of 5000 respondents spread across all 36 states in Nigeria, the prevalence of FGM was highest in the following states: Ekiti (89%), Edo (88%), Ondo & Kwara (83%), followed by Ebonyi (76%) and Bayelsa (72%). The RMS survey found an approximate national prevalence rate of 40%.<sup>3</sup>

The effects of FGM are very grave. FGM can cause extreme pain, haemorrhage, and damage to the organs surrounding the clitoris and labia. Chronic infections can occur, also intermittent bleeding, abscesses and tumours. Urinary tract infections, kidney damage and stones in the bladder and urethra can occur, along with infections of the reproductive tract resulting from obstructed menstrual flow. Excessive scarring, keloids, cysts and infertility are further possible effects of FGM, with mutilated women often experiencing more painful, prolonged labour accompanied by first to third degree tears.<sup>1</sup>

<sup>1</sup> *Female Genital Mutilation: A human rights information pack*, Amnesty International, 1997

*Female Genital Mutilation: The Practice*, World Health Organisation, 1996

<sup>2</sup> *Female Genital Mutilation: Prevalence and Distribution*, World Health Organisation fact sheet

<sup>3</sup> *Archetypal Fears & Female Circumcision*, Margit Cleveland, RMS Media Services, 1999

In 1984, the Nigerian arm of the Inter-Africa Committee on Traditional Practices Affecting the Health of Women and Children (AIC), was set up. Over the years, the AIC have focused their efforts on training, information campaigns and advocacy, and have received support from the Ministries of Health, Education and Information.

In 1994, the United Nations came up with a Plan of Action based on two regional seminars held in Burkina Faso and Sri Lanka. The Plan of Action calls FGM a human rights violation and “an expression of the societal gender subordination of women” and encourages governments to take a variety of measures to bring the practice to a stop.

FGM was also placed high on the agenda at the Beijing Women’s Conference in 1995, and the *Beijing Declaration and Platform of Action* called for governments to eradicate all forms of violence against women including FGM.

In April 1997, three UN agencies - the World Health Organization, the United Nations Children's Fund and the United Nations Population Fund, unveiled a Joint Plan to bring about a major decline in FGM within ten years and to completely eradicate the practice within three generations. The plan focuses on educating the public and lawmakers on the need to eliminate FGM, and to encourage every African nation to develop and enforce national plans to stop FGM.

#### **Theatre as a Strategy to eliminate FGM**

In 1995, Chuck Mike, theatre activist and founding Director of the *Performance Studio Workshop* (PSW) theatre group based in Lagos, Nigeria, started a project called *Sister Help* (Synergizing Information Systems Towards Enhancing Reproductive Health and Eradicating Ligate practices) with technical support from the IAC and the Association for Family and Reproductive Health (ARFH).

The project focused on the eradication of FGM through *Theatre for Development*, which is a form of theatre that uses alternative communication, social development, community empowerment and participation as well as research to bring about mutual understanding between people through culture



Filming of the PSW Circumcision scene

and performance art. *Sister Help* focused on analyzing and exchanging information, education, dialogue, and influencing legislation through workshops, research, and performance.<sup>4</sup>

*Sister Help* assisted in setting up multi-disciplinary area task forces in places with high incidence of FGM such as Benin and Ibadan who worked along side the theatre for development troupes. Many months were spent interviewing a variety of stakeholders to understand why FGM is practiced. The culmination of the research was the play *Ikpiko and Other Inquiries After the Fact* which highlights the problem from a very moving, personal perspective of a girl born from generations of circumcisers who manages to escape the act but is deeply affected by the socio-cultural-political and emotional scars that mar her life.

The play and the entire project have done much to focus attention on this problem and encourage Nigerians to bring this harmful traditional practice to a stop. The research phase and theatre performances were also instrumental in raising awareness in many communities including in Benin City, Edo State. Through successful advocacy, networking, information and communication, the first anti-FGM bill in the Federation was passed in Edo State in 1999.

#### **About the Film: UNCUT – PLAYING WITH LIFE**

In 2001, Communicating for Change (CFC) became interested in the issue of FGM during the research phase of a film about theatre for development. During a reconnaissance visit to Benin City to prepare for filming, the CFC production team met



Young girls watch the PSW performance

Stella Omorogie, a circumciser who stopped doing female circumcisions after watching the play *Ikpiko and Other Inquiries After the Fact*. What was so unusual about Stella's story is that she was one of the staunchest advocates of female circumcisions during PSW's research for the play. It was only when she saw herself mirrored on stage that she was able to view the entire issue and her profession from a neutral point of view. For the first time Stella became aware of the pain and torture suffered by victims of FGM, and decided there and then never to perform another female circumcision.

*UNCUT-Playing with Life* presents the problem of female genital mutilation through the eyes of both Stella, a proud circumciser from the royal family of Benin, and theatre for development activists who studied her life and profession as research material for a play against FGM.

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<sup>4</sup> SisterHelp Information Brochure by Performance Studio Workshop

The film contextualises the problem by providing a traditional setting and point of view. Throughout the film advocates and activists express their personal views, highlighted by heart wrenching, dramatic theatre sequences showcasing the societal pressures responsible for the practice of female circumcision. Interviews include points of view of circumcisers, the High Priest of Benin, law makers, civil society activists, medical experts, as well as the youth.

Three very personal testimonies of teenage girls speaking about their anger and frustration regarding their own circumcisions and the anger they felt over not having had the right to choose, lends a raw emotional quality to the film.

The film includes a flash back sequence highlighted by an excerpt of footage shot during PSW's research phase which shows the horrific circumcision of a baby girl. The mother and child are interviewed six years later by the CFC film crew. This sequence is particularly moving and poignant as the mother, Patience Sanni, relates how she has finally accepted that female circumcision is harmful. She proudly states that her last child has not been circumcised.

The film also highlights the socio-economic problems associated with circumcisers giving up their professions, and struggling to provide for their needs. This too needs addressing if the practice is to be brought to a permanent stop.

But most importantly, the film shows how, over a six year period, people changed their beliefs and life styles as a result of a culturally sensitive development initiative. Stella's deep convictions are juxtaposed against colorful, dramatic and sometimes even humorous theatre sequences accompanied by a soulful, painfully rhythmical sound track that creatively accentuates the message. The film was shot on location in Benin City and Lagos, and was funded by the Ford Foundation.



Bowl of circumcision tools and ointments