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NEWS/The Charlotte Post

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Continued from page 1A spare the other three. Her mother, driven by peer pressure, wanted it nonetheless.

Slowly but surely, cultural norms are changing. Although more than 90 perchanging. cent of girls in Somalia, Egypt and Mali are mutilatthe practice is declining in other countries. In Kenya, only about 40 percent of women are mutilated. Most undergo Type I, which is the partial or total removal of the clitoris, or Type II, the removal of the entire clitoris and the cutting of the labia minora

In northeastern Kenya, where the ethnic groups are same as those the in Somalia, Type III, infibulation, is very prevalent, says Ian Askew, senior associate at the Population Council's office in Nairobi, the country's capital. In other parts of Kenya, Type III is extremely rare, and the past two decades have seen a trend moving from Type II to Type I. More commonly, people are ceasing the practice altogether. Finally, the messages about dire physical and emotional scars are sinking in.

"In the past, a lot of messages were oriented around saying how dangerous it is to people's health," Askew says. "The problem with that is, people will practice a less severe form rather than stopping it. There's far more emphasis these days that it contradicts basic human rights for good health and bodily integrity."

Girls in communities where female genital mutilation is practiced often have no choice. It's a prerequisite to marriage, a rite of passage that renders them viable members of their society. On a chosen day, a circumciser might come to the village, or the girls are brought to a neighboring village for local

festivities or traditional celebrations during which the mutilation can occur.

There's often no warning or means of escape, and girls tend to accept the tradition because it's culturally ingrained. However, an increasing number of girls are mobilizing to stop female genital mutilation and rejecting the practice within their communities

More than 130 million girls women around the and world have undergone genital mutilation, a practice some say began 5,000 years ago. At least another 2 million are at risk every year. The mutilation, generally performed without anesthetic, may have lifelong health consequences, including chronic infection, severe pain during urination, menstruction, sexual intercourse and childbirth and psychological trauma. Some girls die, often from bleeding or infection.

Female genital mutilation is practiced in at least 28 countries in Africa, as well as in Indonesia, Yemen, in a few communities in other regions of the world and in countries with African immigrant communities. Many countries, including those that take in these immigrants, have outlawed or are working to ban the practice.

Women known as female circumcisers overwhelmingly perform genital mutilation. In Sudan, midwives typically carry out the tradition, and in Egypt, barbers often do it.

'It's a harmful traditional practice," says Taina Bien-Aime, executive director of Equality Now in New York City, which works to protect the human rights of women and girls worldwide. "People sometimes attribute it to religion. It's not mandated by any religion. It's not sanc-

tioned in the Koran or the Bible. It's very important for people to understand that it's a human rights violation.

To help end the practice, midwives and traditional healers are encouraged to look into other avenues of generating an income. Also, new adolescent rituals in parts of Africa are replacing mutilation. Ceremonies continue to honor a girl's induction into womanhood, teach her to cook and become a wife and mother, but without the cutting.

In Senegal, a holistic and nondirective education pro-gram called Tostan, founded in 1991, has empowered villagers to lead a movement against female genital cutting. A staff of more than 600 Senegalese teach democracy, human rights, hygiene, health and management skills in national languages, said Tostan's director, Molly Melching. Since the first village made a declaration in 1997, 1,271 villages - more than 25 percent of Senegal's practicing communities have abandoned the cutting.

"Many more declarations are scheduled within the coming five months in all regions, involving many different ethnic groups," Melching says. Assistance from abroad

goes a long way, too. The Godparents Association Inc. takes care of 40 to 50 girls in Uganda each year, says Rebecca Salonen, who coordinates the volunteer organization from her home in Bridgeport, Conn. By writing letters and offering monetary support, men and women of goodwill serve as "godparents" to young women at risk of genital mutilation. For \$375, a sponsor provides for a girl's basic needs: medical care, uniforms and school fees.

In some communities, it will be another generation before the practice dies out, activists say. In others, it will take much longer. The shift has happened through grass-roots movements. Outside pressures and intervention only strengthen people's determination to protect their special tradi-tions, like FGM," Salonen says. "The culture can only

be changed from within.' So it's best to make gradual but long-lasting changes.

"Society is like a herd of cows," says Marilyn Milos, a registered nurse, founder and executive director of the National Organization of Circumcision Information Resource Centers in the San Francisco Bay area. "The only way to turn the herd is to move the cows, one cow at

a time. The herd changes direction when every cow is turned. That's what it takes for society to change." On the Net: Equality Now www.equalitynow.org Research, Action and Information Network for the Bodily Integrity of Women: www.rainbo.org Stop FGM: Female Genital Mutilation



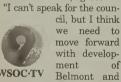
City Council debates whether to support latest HOPE VI application

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the housing bonds." Council member Malcolm Graham, who represents Belmont and part of Piedmont Courts, agrees.

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Piedmont



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Courts," he connection said. "Our first priority should be to get the \$20 million from the federal government. If we can get the \$20 million, from the feds, that would be the best of both worlds."

HUD's insistence on guar-antees puts city council in a

Housing Authority CEO Woodyard Charles said. "We'll not have a good chance of getting the grant without a firm commitment. They are unambiguous. The only contingency they'll accept will be whether we get a HOPE VI grant."

If council opts for a referendum and it fails, the city would have to find another funding stream, which council members worry would divert funds from other projects. Regardless of what happens with Piedmont Courts, referenda may become a staple of public housing funding.

"We appear to have the commitment," Burgess said, "but we will be taking a My gigantic leap of faith. belief is that a majority of council will go forward. I just feel very confident that the bonds will pass.' With a reduction in HOPE VI money nationally, the competition among cities will intensify. The goal is to funding maximize for

Piedmont Courts, especially on the federal side.

"We're in a Catch 22," said Woodyard, who'll meet with U.S. Sen. Elizabeth Dole's staff today. "We can do it now or do it later. It's a lot cheaper if we can get the federal government in on it.

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ifficult spot. Charlotte Housing Authority CEO Woodyard said. Charles Without an affirmative vote Monday, the application's chances of failure could increase

"HUD is looking for a definitive answer," Charlotte

Seat belt campaign will target high-risk groups

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police will step up enforcement in high-risk locales as well as conduct education sessions with community groups.

This next campaign we're going to concentrate on areas where people aren't buckling up," Eubanks said.



Especially disturbing is parents who don't buckle their children in safety seats, said Eubanks. He recounted a traffic stop where a mother had two children sitting on the floor of her car without restraints. MEDIC makes child-safety seats available to parents and provides instruction on installation

"I stopped her for speeding, and I didn't see her children at first," Eubanks said. "But she had an 18-month-old and a 2-year-old sitting

Eubanks

on the floorboard. Some people say they can't afford a restraint system. My response is you

can't afford not to.

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