

*Private Members' Business*

I will read the bill as she has presented it to bring the impact once again of the horrible mutilation to the public view. The amendment will include:

A person who

(a) excises or otherwise mutilates, in whole or in part, the labia majora, labia minora or clitoris of a female person; or

(b) aids, abets, counsels or procures the performance by another person of any of the acts described in paragraph (a),

is guilty of an indictable offence and liable to imprisonment for a term not exceeding five years.

In 1992 the Ontario College of Physicians and Surgeons expressed concern over a rise in the number of requests for infibulations, which is the cutting off a young girl's genital parts including the clitoris and the subsequent sewing together of the opening leaving room for only urination and menstruation. We are addressing the issue today because the increase is reason for concern.

Canada has been cited by the World Health Organization as being one of 40 countries involved in the practice of what has euphemistically become known as female circumcision but is more correctly referred to as female genital mutilation or FGM.

FGM causes any number of both short and long term problems including excruciating pain; hemorrhaging; occasional death; exceptionally high rates of infections to the urinary tract, bladder, reproductive organs and bowel; menstrual and pregnancy problems; anaemia and disfiguring cysts which not only reduce or eliminate sexual pleasure but often result in extreme pain during intercourse and can even prohibit it.

Unlike male circumcision there is no dispute within the medical community as to the benefits versus the harm of female genital mutilation. The medical community judges FGM to have no benefits and is harmful in many ways with both the short and long term implications already cited.

Charles Kyazze, head of Ottawa's African Resource Centre, believes that FGM is being performed primarily by members of African communities where it is accepted and perpetuated as a legitimate cultural practice. It is also being performed in hospitals by doctors who argue that if they were not performing the procedure in a controlled environment, the child would be exposed to a much higher risk of infection and would suffer much more pain during and after the procedure. In some cases, Kyazze says, families are sending their children to Africa for the procedure.

• (1830)

That Canada has been recognized as a state in which this procedure is practised, in private homes as well as in hospitals, validates our argument to codify female genital mutilation in Canadian legislation.

Christine Hodges cited recently in the *Globe and Mail* the story of a Chadean woman who, reluctant to have her daughter suffer the procedure and despite pressures from her mother and grandmother to have it done, had decided not to have the procedure performed on her children. However, because her daughters became so distraught and unhappy at being singled out as different because they were the only women in their cultural community not to be so altered, she agreed.

She chose the least mutilating of the procedures which would not carry with it the high risk of infection and would not result in the inability to have normal pleasurable intercourse. Despite her western ideas about the procedure, she recognized that her daughters had to live in this cultural context, remaining supported by the community and sharing many of the same beliefs. As appalled as Ms. Hodges was at the idea and action of FGM, she had a better understanding of the motivation behind it as it was presented within the context of the community in which it was practised.

The point of this story is not that culture and ideas of what is right and wrong are relative but that within their own context cultural practices can be understood, tolerated and at times respected and admired. We certainly have no power as a nation to impose our own ideas and beliefs on other nations. We may voice our displeasure, concern or even contempt but we cannot expect another nation to abide by our laws and practices on their own soil any more than someone coming from another nation should expect to impose their laws and practices on Canadian soil.

When a cultural action is taken from its original context and placed in our own, it is therefore our obligation to examine it and rightly judge whether it conforms to Canadian social and cultural norms.

I may not wish to judge FGM as an action that is inappropriate in Africa, but I do condemn it as an action that is inappropriate within the context of Canadian culture. With that in mind I would like to pose the following questions with regard to not only this particular bill but how we address and judge the cultural practices of residents and citizens coming from countries with sometimes different and even conflicting beliefs and ideas.

Where do we draw the line on how much of each culture we are willing to promote? What criteria do we use to judge the appropriateness of an action of an ethnic group? If we are not able to use our own cultural and state criteria then how do we justify prosecuting some men who claim that physical abuse of their wives is a cultural thing? It is one thing to allow people to promote their own cultures, but at what cost? Do we compromise what we as Canadians hold to be worth preserving and maintaining in the name of cultural diversity and cultural tolerance?