

FEMALE GENITAL MUTILATION:
AN ARGUMENT AGAINST THE CONTROVERSIAL PRACTICE

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Female Genital Mutilation: An Argument Against the Controversial Topic

“[The] woman’s only tool for the FGM procedure was a well used half of a razor blade, and the only painkillers she provided were sugar and powdered myrrh (an herb). After a short reading from the Koran to drive away evil spirits, one of the girl’s aunts was called upon to hold her firmly. Immobilized, she was placed on a stool with her legs spread apart. . . . Despite the young girl’s cries and supplications, the practitioner began her work, cutting away all the external genital organs—labia minora, clitoris and labia majora. Next, she sprinkled the wound with a mixture of sugar and myrrh, which was meant to stop the bleeding, and then used a scrap of cloth to tie the child’s legs together in order to bring the two open parts of the wound together to heal. . . . The child continued to bleed profusely all that day and evening [until she ultimately died].¹

In this story, published originally by UNICEF, a young girl’s life from Djibouti was not only affected, but it was cut extremely short due to this horrendously, gruesome practice. Throughout humanitarian communities worldwide, the topic of female genital mutilation (FGM) has caused immense controversy as young girls are forcibly coerced and persuaded to participate in this practice. In a world plagued by many contentious issues, it is quite easy for FGM to fade into the background of conversation, debate and change. The United Nations, UNICEF, and numerous other nonprofit organizations are working tirelessly to make the global community aware of the harmful effects of FGM, but it continues to be practiced. In nearly twenty-six countries in Africa and the Middle East, young women are forced or persuaded to participate in FGM. This issue not only affects the overall health, quality of life and sexual relations for many girls and women, but it also promotes a “deep rooted inequality between the sexes.”² In addition, FGM is a catch-22 for these young women: should they protect their physical bodies and self-esteem or should they protect their reputation? Practicing FGM adds stress to the marital and sexual relationship between husband and wife, but shunning FGM creates tension among

¹ Preston D. Mitchum, “Slapping the Hand of Cultural Relativism: Female Genital Mutilation, Male Dominance, and Health as a Human Rights Framework,” *William & Mary Journal of Women and the Law* 19, no. 3 (2013), Quoted from p. 602, 585-607.

² “FGM, Genital Mutilation, Excision, Health, Human Rights, Women, Girls, UNFPA.” UN News Center. January 23, 2016. <http://www.un.org/en/events/femalegenitalmutilationday/background.shtml>.

families, communities, and religious groups. This issue needs global attention to aid in the ending of the practice; therefore, this paper aims to contribute to the global conversation by increasing awareness of the reality of FGM and arguing against the practice.

BACKGROUND

Female genital mutilation can also be referred to as female genital cutting or female circumcision, but for sake of consistency in this paper it will be denoted as FGM. The custom of FGM is thought to have originated over 2,500 years ago, and generally affects the younger female population. The average age for FGM is between seven and ten years of age³ or between fourteen and fifteen, right before they are to be married.⁴ According to the United Nations, FGM comprises four types of procedures. Type I is referred to as a Clitoridectomy, which is the partial or total removal of the clitoris and/or the surrounding clitoral hood.⁵ Type II is excision which is the partial or total removal of the clitoris, labia minora and/or the labia majora.⁶ The most severe type of FGM is Type III, infibulation, which is the partial or total removal of the clitoris in addition to the sealing of the vagina; in this procedure, the labia minora and majora are cut and repositioned to create a seal over the vagina.⁷ Finally, Type IV is categorized as all other instances in which the female genitalia is pricked, scraped, incised, pierced, or cauterized for no medical reason.⁸ A rough estimation from the interagency statement on Eliminating Female Genital Mutilation, projected that anywhere 100 to 140 million girls and women in the world

³ Mitchum, "Slapping the Hand," 589.

⁴ Frances A. Althaus "Female Circumcision: Rite of Passage Or Violation of Rights?" *International Family Planning Perspectives* 23, no. 3 (September 1997).

⁵ Elizabeth Prine Pauls, "Female Genital Cutting (FGC)." *Encyclopedia Britannica* Research Starters, EBSCOhost (2014).

⁶ Pauls, "Female Genital Cutting."

⁷ *Ibid.*

⁸ *Ibid.*

today have undergone one type of the procedure, and each year alone, 3 million girls are at risk of undergoing these procedures.⁹

HEALTH RISKS AND COMPLICATIONS

First and foremost, women are more likely to experience negative effects to their health, wellbeing and sexual relationships.¹⁰ A review by Daniela Krick, a specialist in the Department of Obstetrics and Gynecology at Mitchell Plains District Hospital in Cape Town, South Africa, compiled an extensive list of the various immediate, long-term, additional, peri-procedural, and obstetric complications and outcomes.¹¹ During the procedure the undue complications that a woman could be exposed to include but are not limited to: pain, hemorrhaging, infection due to unsanitary utensils, and the transmission of diseases like HIV and hepatitis.¹² Immediately following the procedure, women endure pain from the exposure of nerves, excessive bleeding, difficulty passing urine, psychological issues, labial infusion, or even death.¹³ The long-term risks of FGM include chronic pain due to exposed nerves, epithelial cysts, a plethora of infections such as chronic pelvic infections and urinary tract infections, keloid formation, menstrual difficulties, sexual dysfunction, infertility, and lacerations due to sexual intercourse or childbirth.¹⁴

From an obstetric standpoint, FGM can easily cause difficulty attempting to monitor labor progress, increased tearing and rates of episiotomy, and an increase in post-partum

⁹ WHO, OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, and UNIFEM, "Eliminating Female Genital Mutilation: The Imperative," in *Eliminating Female Genital Mutilation: An Interagency Statement*, ed. World Health Organization, (Geneva: WHO Press, 2008), 1.

¹⁰ WHO, "Eliminating Female Genital Mutilation," 1.

¹¹ D. Krick "Female Genital Mutilation -- An update." In *Obstetrics & Gynecology Forum* 25, no. 4 (November 2015), 40-44.

¹² Krick, "Female Genital Mutilation," 43.

¹³ *Ibid.*

¹⁴ *Ibid.*

hemorrhaging.¹⁵ In most severe cases, women can die from excess bleeding as well as endanger the life of their babies.¹⁶ While the number of females that die due to FGM related deaths is not known, countries that have high rates of FGM also have high infant mortality rates.¹⁷ In addition to this extensive list of physical health problems, psychologically, women are at a greater risk to have fear of intercourse, PTSD, anxiety, and depression.¹⁸ Furthermore, FGM significantly decreases a woman's capacity to enjoy coitus due to the partial or total removal of the main female pleasure organ in most types of the procedure.¹⁹

QUALITY OF LIFE

As indicated by the various health problems that result due to FGM, women in Africa are experiencing a harder life than necessary. In the central and northeastern regions of Africa, many communities practice FGM, especially in large parts of Egypt, Sudan, Somalia, Guinea, and Sierra Leone which have over 80% participation rates.²⁰ Not only are women's bodies altered and modified from their natural state, a woman's self-confidence, ability to feel pleasure during sexual intercourse, or even have intercourse without pain are decreased.

While little research has been conducted on the psychological and psycho-sexual complications of FGM, small studies have concluded that there is a high risk of PTSD in women who have had one of the procedures.²¹ Women were twice as likely to report, in a separate analysis, that they had no sexual desire or sexual intercourse was very painful.²² Men are also

¹⁵ Krick, "Female Genital Mutilation," 43.

¹⁶ Mitchum, "Slapping the Hand," 589.

¹⁷ *Ibid.*

¹⁸ Krick, "Female Genital Mutilation," 43.

¹⁹ *Ibid.*

²⁰ *Ibid.*

²¹ *Ibid.*

²² *Ibid.*

speaking out about the psychological affects it has on their relationships with their wives. They have found that the lack of response from their wives has been disturbing and mutually unsatisfying because of their wives' discomfort.²³ Men have also spoken up about how the pain their wives feel is psychologically damaging to them because they feel as if they are harming their wives, they are dissatisfied during intercourse, and they feel their masculinity is being challenged.²⁴

PRESSURE FROM RELIGION

Religion is primary justification that is used for FGM, although there is little to no textual evidence of its necessity in the realm of religious affiliations. In 2007, the highest Islamic leader of Egypt issued a decree denouncing the practice,²⁵ but in 2015 a UNICEF Review stated that FGM in Egypt still had a 91% prevalence.²⁶ In 2011, the United Nations reported that over 4,100 religious leaders were speaking out against the practice of FGM and over 1,000 edicts had been released denouncing the practice.²⁷ Due to the strong influence that religion has on the opinions of FGM, statements have been made that "the role of religious leaders is extremely important," and "having the Iman on board to address this issue is very crucial."²⁸

While some communities argue that an argument against FGM is an anti-Islamic argument; this is absurdly untrue. Many communities that practice FGM operate under the pressure of religious leaders. In Africa, Muslims and Christians alike participate in the practice

²³ Nesrin Varol, Sabera Turkmani, Kirsten Black, John Hall, and Angela Dawson, "The Role of Men in Abandonment of Female Genital Mutilation: A Systematic Review." *BMC Public Health* 15, no. 1 (2015), 1-14.

²⁴ Varol, "The Role of Men," 3.

²⁵ Omar Sacirbey, "Religion Said to Be Key to Combating Female Genital Mutilation." *The Christian Century* no. 24 (2012), 16. Academic OneFile, EBSCOhost.

²⁶ Krick, "Female Genital Mutilation," 43.

²⁷ Sacirbey, "Religion Said to Be," 16.

²⁸ *Ibid.*

of FGM.²⁹ Though many people today think it is only practiced by Muslims,³⁰ the fact is that even Christians have practiced it in the past.³¹ For example, when chastity belts were used, rings were passed through the labia and vulva and either wired shut or closed with a lock!³² Christians defended the practice with Matthew 19:12: “and there be eunuchs, which have made themselves eunuchs for the kingdom of heaven’s sake.”³³ Despite this far stretch of application by this verse, FGM is not explicitly mentioned in any of the books of the Bible.³⁴ Islamic scholars have also confirmed that nowhere in the Koran is FGM even mentioned.³⁵ In a hadith, a story about the Prophet Muhammed written by Iman Abu Dawud, there is indication that Type IV FGM is condoned (or not objected to), but many Muslims reject this hadith.³⁶ The story states, “A woman used to perform circumcision in Medina. The Prophet said to her: Do not cut severely as that is better for a woman and more desirable for a husband.”³⁷ By rejecting this hadith, many Islamic scholars have begun to denounce the practice,³⁸ but several religious leaders are continuing to promote it.³⁹

SOCIAL STIGMA IN COMMUNITIES

While religion is a hefty determinant in whether or not FGM is practiced, the role of the surrounding community exerts an even greater amount of pressure. If a woman forgoes the procedure they are often “considered not marriageable” among the people of Cote D’Ivoire, and

²⁹ Sacirbey, “Religion Said to Be,” 16.

³⁰ Mitchum, “Slapping the Hand,” 593.

³¹ *Ibid.*

³² Sami A. Aldeeb Abu-Sahlieh, "To Mutilate in the Name of Jehovah or Allah: Legitimization of Male and Female Circumcision." In *Medicine and Law* 13, no. 7-8, (July 1994), 575-622.

³³ Aldeeb, “To Mutilate in the Name”

³⁴ Sacirbey, “Religion Said to Be,” 16.

³⁵ Mitchum, “Slapping the Hand,” 593.

³⁶ Sacirbey, “Religion Said to Be,” 16.

³⁷ Rashid, Qasim. "FGM Is an Act of Terrorism -- Not an Act of Islam." In *The Huffington Post*. March 7, 2014.

³⁸ Rashid, “FGM is an Act”

³⁹ Aldeeb, “To Mutilate in the Name”

they are often considered “unclean, promiscuous and immature” among the Samburu of Kenya.⁴⁰ In Uganda, women who do not undergo FGM, are prohibited from speaking in front of elders, marrying or holding positions of authority.⁴¹ The ceremony of FGM is also surrounded by the showering of gifts and attention upon the young girls and their families. Fathers and older female relatives decide whether the girls are to have the procedure done. If girls do not participate in FGM, they are often teased and ridiculed by their peers.⁴² One father from Cote D’Ivoire said his daughter “has no choice. I decide. Her view point is unimportant.”⁴³ The practice is argued by older women to be a way of embracing womanhood, by men as ensuring fidelity in marriage, and by various cultures as purifying the woman because they argue the female genitalia are dirty and should be removed.⁴⁴

In some cases the push for FGM is led by women in the community. Men in Oslo, Somalia stated that they would make their daughters undergo FGM as to not upset their mothers.⁴⁵ Families fear that if their daughters remain uncut they will be unable to marry, the family will stop supporting them and they will be cut off from her community.⁴⁶ The potential shame that can come as a result of a female’s refusal to undergo the procedure is often enough to persuade them into participating.⁴⁷ Young girls in various communities throughout Africa and the Middle East often have little education and few opportunities for independence and are then dependent upon their parents and then their husbands.⁴⁸ Seeking security for their daughters,

⁴⁰ Althaus, “Female Circumcision”

⁴¹ Mitchum, “Slapping the Hand,” 594.

⁴² Althaus, “Female Circumcision”

⁴³ *Ibid.*

⁴⁴ Sacirbey, “Religion Said to Be,” 16.

⁴⁵ Varol, “The Role of Men,” 3.

⁴⁶ Althaus, “Female Circumcision”

⁴⁷ Mitchum, “Slapping the Hand,” 594.

⁴⁸ Althaus, “Female Circumcision”

parents conform to an age-old tradition, and see FGM as a way to prepare them for a prosperous future.⁴⁹ But in fact, by conforming to tradition, many families are exerting total control over women, forcing them into a lower class from men, and reducing women to nothing more than sexual beings in the eyes of their community.⁵⁰ In some cases, women are forced to undergo FGM even if against their will.⁵¹

MEN AGAINST FGM

While enduring FGM is on the shoulders of the women around the world and within practicing communities, men have the potential to play a huge role by supporting and encouraging the women in their lives as they decide not to undergo FGM. One Somali woman decided not to have her daughter cut and experienced backlash from women in the community, but her husband supported her, encouraged her, and therefore, allowed an alternative future for his daughter.⁵² As of 2014, fathers in Egypt viewed women who had not been cut as promiscuous, a good indicator as to why the FGM rate in Egypt is the highest in all of Africa.⁵³ Yet these same fathers also acknowledged their “longing for change” and hope for abandoning the practice.⁵⁴ In a study involving 99 men, almost all of them agreed that women had a right to enjoy sex, but most of their oppositions to FGM were overridden by their desire to control their wives and ensure their chastity.⁵⁵ Men in Northern Sudan revealed that once they were married to a woman who had undergone FGM, they wished that their wives had not been cut. Somali

⁴⁹ Mitchum, “Slapping the Hand,” 594.

⁵⁰ *Ibid.*, 596.

⁵¹ Althaus, “Female Circumcision”

⁵² Mitchum, “Slapping the Hand,” 594.

⁵³ Varol, “The Role of Men,” 3.

⁵⁴ *Ibid.*

⁵⁵ *Ibid.*

men even went so far as to say that they did not want their daughters to undergo FGM but that social obligation pushed them to continue it.⁵⁶

HOW TO CHANGE

The first step toward facilitate the end of FGM is the education of men and women about the practice. Varole found that men who had a higher education, lived in a more urban setting, and were more well off, tended to be more against the practice.⁵⁷ A Village Empowerment Program in Senegal conducted over a six-month period reported “the change in the intention to their daughters amongst men was greatest among program participants.⁵⁸” At the end of the six months, 75% of male participants were in favor of abandoning the practice.⁵⁹ The United Nations wishes to promote “empowering education” to encourage men and women alike to become more knowledgeable by exchanging experiences, examining differing attitudes, and opening up dialogue between members of the community.⁶⁰ The UN wishes to provide different forms of literacy and analytical and problem-solving training through various classes and workshops. They also wish to use more abstract methods of informative communication through poetry, theatre, music, and dance. In order to be applicable worldwide, the UN hopes to cater each program to the different cultural and religious groups and their various concerns as well as to provide the same basic information to all members of each community to promote conversation and change.⁶¹

⁵⁶ Varol, “The Role of Men,” 3.

⁵⁷ *Ibid.*

⁵⁸ *Ibid.*

⁵⁹ *Ibid.*

⁶⁰ WHO, “Eliminating Female Genital Mutilation,” 1.

⁶¹ *Ibid.*

Popular figures in different countries can also be urged to talk out against FGM. Fatima, a Somali woman who appeared on America's Next Top Model in 2008, spoke of her FGM experience at age seven.⁶² She used her influence to create awareness of FGM. Education that revolves around empowerment is the key aspect to this method's success because of the gender inequality that relates directly to the practice of FGM.⁶³

Another option to promote change and to discourage FGM is to encourage alternative coming-of-age and marital ceremonies and rituals. The idea promoted by the UN is to keep the same rituals, without FGM.⁶⁴ This idea has proven helpful because it continues to engage the surrounding community, but also fosters condemnation of FGM.⁶⁵ In Kenya, an alternative initiation ritual was tried in which mother-daughter pairs participated in a six-day training program to inform them of the consequences involved with FGM as well as how to promote the abandonment of the practice. Then the girls were showered with gifts and given t-shirts by the community as well as a "book of wisdom" that was prepared by their parents.⁶⁶

The media, the government, and the humanitarian organizations of each country all play a large role in the abandonment of FGM. The media can contribute by bringing the information into the each home. Due to the private nature of the topic, open discussion of this issue can be uncomfortable and awkward. The media can help by opening up conversation on not just FGM, but also children's and women's rights, the consequences of FGM, and ways to combat the practice.⁶⁷ The government of a country within Africa has the explicit duty, as any government

⁶² Silverman, Marissa. "The War on Female Genital Mutilation." In *Issues Berkeley Medical Journal* 16, no. 2 (2009).

⁶³ WHO, "Eliminating Female Genital Mutilation," 1.

⁶⁴ *Ibid.*

⁶⁵ *Ibid.*

⁶⁶ Althaus, "Female Circumcision"

⁶⁷ *Ibid.*

in the world, to protect the rights of all humans and to align themselves with international human law. But state governments also have the responsibility of planning their strategy to ensure more holistic healthcare. State governments can also organize awareness campaigns about women's health, FGM prevention, and response efforts.⁶⁸ Nongovernmental organizations play a role in designing community-based programs that involve the support of the government.⁶⁹ For example, the National Association of Nigerian Nurse and Midwives organized a program to create innovative eradication program to allow their workers to inform young women about the harmful effects of FGM.⁷⁰

Religious and community leaders, healthcare providers, and traditional circumcisers also contribute to the power to change. Religious leaders give the community direction at the local and the national level. Leaders that advocate for the ending of FGM can generate support from their followers and influence change. Health care providers play a role in informing parents about the consequences of FGM. They can also team up with schools to provide educational public health programs. The most important way that health care professionals take a stand against FGM is by not performing or facilitating the practice.⁷¹ If circumcision does become less prominently practiced, circumcisers may become less prominent figures within the community, but when they do show support for eliminating FGM, they have the power to sway a large portion of the community.⁷²

While some laws against the practice of FGM exist, whether or not they are enforced or effective is the determining factor in their power. In Sudan, infibulation was banned in 1946, but

⁶⁸ Althaus, "Female Circumcision"

⁶⁹ *Ibid.*

⁷⁰ *Ibid.*

⁷¹ WHO, "Eliminating Female Genital Mutilation," 1.

⁷² *Ibid.*

so many protests broke out that the law has gone unenforced.⁷³ In 2015, Sudan had an 88% prevalence rate of FGM.⁷⁴ Outside intervention often engenders immense resistance from communities who see it as “cultural imperialism.”⁷⁵ Western feminists have also provoked negative reactions and backlash. One Somali woman said, “If Somali women change, it will be a change done by us, among us. When they order us to stop, tell us what we must do, it is offensive to the black person or the Muslim person who believes in circumcision. To advise is good, but not to order.”⁷⁶ The best way for Western feminist groups, nonprofit organizations, and human rights to be involved is to send support to local activist groups that are within each region instead of choosing to directly involve themselves. In order to promote awareness and seek out change, the women of African countries that practice FGM need to be empowered to make their own choices independent from yet supported by their husbands, families, and communities.

CONCLUSION

While the practice is not forecasted to end soon, raising awareness already shows promising signs of change. The younger generation, under twenty-five, is beginning to understand and see the harmful effects of FGM. The rising of a more progressive generation and encouragement from local authorities within the government and community, has created hope for the steady elimination of FGM. In Sudan, where women have traditionally undergone Type III FGM (the severest form), young women now endure the lesser mutilation of Type I.⁷⁷ This is trend is most certainly not the end to a monstrous issue within the realm of human rights, but a step in the right direction. Progress shall be made with the improvement of the social status of

⁷³ Althaus, “Female Circumcision”

⁷⁴ Krick, “Female Genital Mutilation,” 43.

⁷⁵ *Ibid.*

⁷⁶ *Ibid.*

⁷⁷ Althaus, “Female Circumcision”

women in the world, the improvement and spread of education, and the support from each individual community in order to empower women to make their own decisions. By ending the practice of FGM, there is hope for the improved health of women, stronger marital and sexual relationships between husband and wife, a lower infant mortality rate, greater pleasure for women, as well as a better world for women in which to raise their children. The end of FGM will be one small step towards the empowerment of women and a giant leap towards the advancement of society as a whole.

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