



International Journal of Human Rights in Healthcare

Tackling FGM through empirical research and cultural dialogue

Dan Reisel

Article information:

To cite this document:

Dan Reisel , (2016), "Tackling FGM through empirical research and cultural dialogue", International Journal of Human Rights in Healthcare, Vol. 9 Iss 1 pp. -

Permanent link to this document:

<http://dx.doi.org/10.1108/IJHRH-02-2016-0001>

Downloaded on: 01 April 2016, At: 04:03 (PT)

References: this document contains references to 0 other documents.

To copy this document: permissions@emeraldinsight.com

The fulltext of this document has been downloaded 5 times since 2016*

Users who downloaded this article also downloaded:

(2016), "Female genital mutilation/cutting: perspectives of men from Benin, Eritrea, Egypt, Ethiopia, Nigeria and Somalia after migration to Italy", International Journal of Human Rights in Healthcare, Vol. 9 Iss 1 pp. -



Access to this document was granted through an Emerald subscription provided by emerald-srm:368933 []

For Authors

If you would like to write for this, or any other Emerald publication, then please use our Emerald for Authors service information about how to choose which publication to write for and submission guidelines are available for all. Please visit www.emeraldinsight.com/authors for more information.

About Emerald www.emeraldinsight.com

Emerald is a global publisher linking research and practice to the benefit of society. The company manages a portfolio of more than 290 journals and over 2,350 books and book series volumes, as well as providing an extensive range of online products and additional customer resources and services.

Emerald is both COUNTER 4 and TRANSFER compliant. The organization is a partner of the Committee on Publication Ethics (COPE) and also works with Portico and the LOCKSS initiative for digital archive preservation.

*Related content and download information correct at time of download.

Tackling FGM through empirical research and cultural dialogue

Female genital mutilation (FGM), also known as ‘female genital cutting’, or ‘circumcision’, refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons (1, 2). FGM is practised in over 30 different African countries, as well as a number of countries in South-East Asia, including Indonesia and Malaysia. Yet due to increased migration and globalisation, FGM is now found in most countries around the world. FGM violates several fundamental human rights and is considered a severe and pervasive form of child abuse, breaching the Universal Declaration of Human Rights and the United Nations Convention on the Rights of the Child (3, 4).

This Special Issue is dedicated to the topic of FGM, and it brings together researchers from a number of different disciplines. The first paper is an extensive and detailed report entitled ‘Demographic Perspectives of Female Genital Mutilation’ (Loaiza et al., 2016), from the United Nations Population Fund (UNFPA). This report grows out of work that has been carried out over the last decade by the UNFPA and the United Nations Children’s Fund (UNICEF). The report takes as its starting point a rights-based perspective, yet carefully maintains a dialogue with practicing communities in terms of preserving the positive cultural practices that support and empower women and girls.

The second paper, ‘Belief systems enforcing female genital mutilation in Europe’ (Alhassan et al., 2016), explores the differing rationales that underlie the continued existence of FGM within the EU. This work grows out of a five-year collaboration from 2010-2015 by a consortium of seven academic and civil society organisations, coordinated by Coventry University in the UK. The project is notable for their innovative, immersive methodology, which employs participatory action research methods to identify particular behaviours and attitudes that contribute to the perpetuation of FGM in Europe. Only by elucidating the belief structures and the norms that propagate the practice of FGM, can there be a chance of challenging and ultimately altering it.

The third paper continues the painstaking and highly rewarding work of understanding cultural norms and attitudes that underlie the continued practice of FGM, but extends them to the male perspective. ‘Cutting: male perspectives after migration’ (Abdulcadir et al., 2016), explores attitudes that men in FGM-practising communities in Europe have towards FGM. Participants were drawn from communities whose heritage is from Somalia, Eritrea, Ethiopia, Benin, Egypt and Nigeria. Of particular interest is the differing role that religion inhabits vis-à-vis FGM, with religious motivations cited both as rationale for and as argument against the practice.

The fourth paper, entitled ‘Impact of FGM on Shangani women in Zimbabwe’ (Mutanda et al., 2016), returns the focus to the women most directly affected by FGM. This paper, authored by a research group based in Harare, maps out the troubling consequences of

FGM in the context of the high prevalence of HIV in south-eastern part of Zimbabwe. In particular, it explores the belief structures of the Shangani community, where FGM is a common, normative practice and where young girls are socialised early on into believing that it is a necessary and desirable step to adulthood. Both the ritual practice itself and the dismembering consequences it confers on the woman are independent but interconnected risk factors for sexually transmitted diseases, the most devastating being HIV.

The final entry in this collection is a comment paper, is entitled, 'Female Body: Using Female Genital Mutilation Law to Address Genital-Normalizing Surgery on Intersex Children in the United States' (Fraser et al., 2016). It brings a different perspective on the increasingly urgent discussion of the ethics of inter-sex surgery, an area of enquiry largely neglected by the medical profession. The paper takes the perspective that intersex surgery may equate to genital mutilation in instances where there are no clear medical indications, and no meaningful process of informed consent. The paper uses the insights and language that is often used to refer to FGM, and examines the ways it may inform and clarify the discourse around so-called 'normalizing surgery'.

Together, these articles make for rewarding—if at times painful—reading. Yet it is only through understanding the cultural practice of FGM, how it is rooted in ancient cultural practices and maintained through complex behavioural norms and belief systems, that we may be able to change them. Our contention is that cultural change will only come about through a commitment to empirical research and increased cultural understanding. Thus we are grateful to the Series Editor, Dr Theo Gavrielides, for supporting this effort and for generously agreeing to dedicate this special issue to this pressing human rights issue.

References

1. World Health Organization. Eliminating female genital mutilation: an interagency statement. Geneva: World Health Organization; 2008.
2. Department of Health. Female Genital Mutilation Risk and Safeguarding. Guidance for professionals. London: DH; 2015.
3. United Nations Children's Fund. Female Genital Mutilation/ Cutting: A statistical overview and exploration of the dynamics of change. New York: UNICEF; 2013.
4. Royal College of Midwives, Royal College of Nursing, Royal College of Obstetricians and Gynaecologists, Equality Now, Unite. Tackling FGM in the UK: Intercollegiate recommendations for identifying, recording and reporting. London: RCM; 2013.