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A Look at Female Genital Mutilation

Abstract

Female Genital Mutilation is deeply rooted in misogyny and sexism. This paper looks at current and past efforts of NGOs and other organizations that have tried to eradicate the practice in many countries, mainly in Africa. The strategies and techniques of these organizations have failed for many reasons, this paper highlights those that have worked and those that have failed. The next possible steps to reduce the practice have been proposed in the paper.

Keywords

Female Genital Mutilation, FGM

Disciplines

Africana Studies | Gender and Sexuality | Medicine and Health | Politics and Social Change

Comments

Written for AFS 250: Black Feminism in Film and Hip Hop.

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Norhan Gomaa

A look at Female Genital Mutilation

Female genital mutilation (FGM), also known as female genital cutting, female circumcision, or infibulation (Pauls 2012) is the cutting and removal of the female's clitoris and or the external genitalia (UNFPA 2015). The procedure is practiced in more than 30 countries in Africa, Asia, and the Middle East (WHO). Female genital mutilation is a harmful practice that impacts women around the world and should be abolished and outlawed in every nation. FGM leads to many medical complications, it is used to suppress a woman's sexuality, and is another tool to enforce the patriarchy. This practice only causes physical and psychological harm and has no physical benefits. Eighteen nations in Africa and twelve industrialized countries have outlawed the practice and many other nations around world should follow (Center for Reproductive Rights 2014). Even though it is prohibited in those countries the practice still goes on, especially in rural areas. Prosecutions for those who have committed the crime is uncommon. Legislation and local negotiations to stop the cutting of young girls and women fail in the end because there are not plans set in place for a cultural shift or to support FGM impacted individuals. FGM is a violation of women's and children's rights and should be taken into consideration when global feminism is discussed. The creation of FGM legislation and campaigns needs to be done in a holistic manner to protect girls in affected countries in a way that influences communities to stop this cycle of violence against female sexuality.

There are several types of Female Genital Mutilation, they include partial or total removal of the clitoris, the labia minora, and the labia majora. In the process of the procedure, several adults hold down a girl while one carries out the cutting. FGM mainly comes in three

types, type three being the most severe. Type one is the removal of the clitoris and perhaps also the removal of the surrounding skin. Type two is the removal of the clitoris and partial or total removal of the labia minora. Type three, also known as infibulation, the total removal of the clitoris, labia minora, and the stitching up of the labia majora to allow a small hole for the passing of urine and menstrual blood. After the type three of FGM is done the girl's legs are bounded together with rope to allow healing, which immobilizes her for weeks. The procedure is done with the use of a razor, knife or even broken glass, usually the tools that are used are not sterilized. Anesthesia is rarely used but withstanding the pain in some cultures signifies a path to womanhood. The procedure is conducted by older women in the community, relatives, or a health care worker. It is commonly done to young girls from infancy to the age of 15 (WHO).

Female genital mutilation not only affects a woman's physical body, but also has traumatic psychological impacts. The physical force used, and the pain felt during the procedure develops long term negative psychological effects. Post-traumatic stress disorder (PTSD), anxiety, depression, sleep disorders, nightmares, and social isolation are all symptoms reported by women who have had FGM (Chung 2016). There are anecdotes of teenage girls who have gone through FGM abroad and have returned to the UK and have become distrustful of others, withdrawn from communication, and reportedly failing in their learning environment when before the procedure, they were thriving. This psychological trauma often stays with these women for the rest of their lives. Submerged childhood trauma may trigger flashbacks and emotional distress which disrupts the life style and happiness of affected women. The stigma surrounding mental health issues and the denial of trauma disrupts reported data where FGM is normalized. The conflicting feelings of having trauma and fear from the procedure and wanting

“to gain social status, please parents, and comply with peer pressure” makes it easier for women to say “‘it wasn’t so bad’ rather than, ‘It was terrible, and I can’t change the fact that it was done to me’” (Chung 2016). This attempt to resolve conflicting feelings suggests that psychological effects of FGM are less likely to be reported in communities where FGM is normalized. Women who have gone through FGM are more likely to experience painful intercourse, reduced sexual satisfaction, and reduced sexual desire, than women who have not (Chung 2016). This leads to genophobia, causing women to avoid sex completely, having difficulty reaching orgasm, and feeling shame about sex and intimacy. Infibulation, which narrows the opening of the vagina, can make intercourse for both partners painful. A study found that 40.5% of newly married women in Benha, Egypt that have undergone FGM experienced difficult or painful sexual intercourse while 18.8% of uncut women did (Chung 2016). The inability to have sex makes childbearing harder which is often an important role for women in certain communities. The failure to produce children is often blamed on the woman. As a result, she is socially isolated because she is often rejected by her husband and her extended family (Chung 2016). FGM victims that move to Western countries and seek reconstructive surgery, do so to recover their identity, sexual pleasure, functionality, and the appearance of their genitalia. A Norwegian study found that 50–100% of their pool were satisfied with their deinfibulation because it improved their sex lives (Berg et al. 2017). However, about one third were dissatisfied with the appearance of their genitalia post surgery, because of the low social acceptance of deinfibulation (Berg et al. 2017). They believed their genitalia looked even worse than before. This social construct of beauty and virtue left these women distressed both post and pre surgery. This study underlined

the need for healthcare management and further support for women who seek these reconstructive services or have gone through FGM.

FGM has many negative health effects on a woman and has no physical benefits. Some of those health risks include: Vaginal infections, excess bleeding, genital tissue swelling, keloids, fever, higher risk of STIs, childbirth complications, problems during urination - sexual intercourse - menstruating, and death (WHO). For type three FGM, deinfibulation - the procedure of opening a closed vagina caused by infibulation - is needed to create a wider artificial hole to allow childbirth and sexual intercourse. The woman is usually stitched up again and repeatedly cut for subsequent childbirths; this constant procedure puts the woman's health at a greater risk (WHO). Infibulation closes the vulva and can obstruct urine and menstrual blood from exiting the female body, which will cause these bodily fluids to be retained, create an odor and possible infections. A justification as to why FGM is performed is because of the misconception that removing parts of a female's genitalia promotes cleanliness and fertility. "These misconceptions are based on the fact that secretions produced by the glands in the clitoris, labia minor and major are bad smelling and unhygienic and so it makes the female body unclean" (Moges p. 13-14). Within reality, normal discharged substances are odorless and natural - not dirty. Believing these false claims shows how uneducated FGM practitioners are about the biology of the female body. Infibulation and FGM does not make a woman's body more feminine or clean, but the opposite.

The majority of the people that practice FGM do not question the tradition and continue to support the practice. FGM happens for many reasons, but FGM is commonly done to preserve a girl's virginity and prevent infidelity within marriage. At one point, Gambia's president, Yahya

Jammeh defended not banning FGM because, “it is a part of [their] culture and [they] should not allow anyone to dictate to [them] how [they] should conduct [themselves]”(Cad 1999 p. 4). So, where do we draw a line between abuse and culture? Alice Walker compares FGM to slavery to argue that customs of abuse are not culture (1993). She argues that customary actions that are harmful shouldn't be labeled as culture, making them untouchable to criticism.

The most common purpose of the practice is to control a woman's sexuality and to lower her sex drive by removing her clitoris. A statistical overview of female genital mutilation/cutting done by UNICEF states, “While these justifications may vary across communities, they follow a number of common themes: FGM/C ensures a girl's or woman's status, marriageability, chastity, health, beauty and family honour” (p. 66). The reasons to continue this harmful practice powers gender inequality in societies where young girls are subjected to be cut in order to manipulate them to refrain from having sex before marriage. This practice mostly eliminates a woman's ability to feel sexual stimulation from her clitoris. Women are seen as people who cannot control their sexuality with the strong belief that they will become ‘whores’; ruining their family honor. Having FGM as a marriage prerequisite sets the standard that a woman is a gift from her family, given to a man for the purpose to start a family and have children. Ensuring fidelity and a successful marriage is widely the reason why FGM persists. As a result, her sexual desire will be decreased. Cultures that have these ideals blame the failure of a marriage entirely on the wife. It creates a normalcy or way of popular thought that women must limit their sexual desire and be subjected to harmful practices. This exemplifies a gender inequality issue, that women should not have sexual desire or pleasure. Audre Lorde's examination of the politics of silence when it comes to female pleasure applies to FGM victims, as their sexuality is silenced and they are

unable to experience life without pleasure (1978). Lorde expresses that life is not truly lived without pleasure. All the reasons for FGM ultimately lead to sexist and misogynistic views because boys are not subjected to such a procedure that is a deterrent of sex.

In some circumstances, the use of the label: female circumcision and not female mutilation or cutting is dangerous as it promotes the idea that this practice is similar to male circumcision when it is not. Some might justify that if FGM is so harmful then the outcry should be the same for male circumcision. FGM does not compare to male circumcision, the author of a publication in the Cultural Survival Quarterly Magazine has said:

Fran Hosken is the person who has published the greatest number of articles on the subject of ritual genital surgery on women. She asserts that the term frequently used in the literature in the past - 'female circumcision' - is in reality inappropriate, since circumcision of males leaves the entire penis intact while female circumcision usually involves the removal of the entire clitoris (Dean 1985 p. 1).

The use of the word mutilation proclaims the practice as heinous and that is essential for increasing the objection towards FGM. Male circumcision has health benefits in lowering the risks of STDs and UTIs as FGM does not but increases those risks. Male circumcision has more religious support as it is widely practiced amongst Islam and Judaism. Circumcision "considered in the same light as FGM... is a bizarre argument to make, rather like comparing ear piercing with sawing off a person's entire ear with a rusty hacksaw" (Hochhauser 2014 p. 1). Although labeling female genital cutting as FGM is better suitable when discussing the matter as a global health issue, but being culturally sensitive when doing grassroots organizing, labeling FGM as female genital circumcision is better. In order to create a cultural shift in FGM prevalent countries, the attitude that FGM is horrendous and barbaric will encounter resistance to change. When Westerners approach FGM in this manner, FGM practicing communities tend to become

defensive and resistant to listen. This Western attitude is counterintuitive for change and instead of using ethnocentrism, embracing non-western culture and being open to their practices will build trust between westerners and the targeted communities.

Creating FGM Legislation in the spirit of Anti-Islam or racism serves no benefit to the country of the affected people. Instead of solely criminalizing FGM, governmental resources should be focused on preventive practices and education. Since prosecuting and convicting under FGM laws has served as difficult for multiple reasons, the approach to the issue must change. A global network company, The Conversation states that since the UK has banned FGM in 1985 but there has only been “one FGM prosecution has been brought to trial, and both defendants were acquitted” and there has yet to be a conviction (Townley et al. 2018 p. 1). Simply criminalizing FGM is not enough, social movements to eliminate FGM serve as more effective. Educational dialogue about FGM and sexual and reproductive health within FGM-practicing communities suggests a better understanding of why they should not cut their daughters and girls. In countries like France, where sending French born children abroad to be cut is banned, has yielded higher numbers of prosecution. The punishment for cutting a girl under 15 years old is 10-20 years in prison; “up to 2014, about 40 trials had taken place in France and about 100 people had been prosecuted” (Berer 2015 p. 1). This method is only a part of the solution and only helps French nationals. Prosecuting FGM is difficult due to little reporting done by victims, health professionals, and witnesses. The fear of being socially ostracized or physically threatened has been a common reason for disapproving relatives and victims to not report the incident. Children who have been cut are unlikely to report their relatives and family members in fear of losing their family. Most healthcare professionals are not trained to deal with FGM victims as

patient confidentiality and cultural significance serves as an obstacle. Yes, effectively prosecuting those who carry out FGM procedures yields more prosecutions in Western countries but support systems for victims are needed to be put in place. 22 out of 28 FGM-practicing countries in Africa that have criminalized FGM but have rare prosecutions and lenient sentencing (Batha 2018 p. 1). Open dialogues in FGM-practicing countries are very important as prosecution has shown to be ineffective. However, if the same girls in FGM-practicing countries have been saved from being cut, it begs the question, what happens when they are not cut within a community where it is the norm? In third world countries where marriage is survival for women, marriageability ensures a girl's economic security and social status. Virginity, fertility, and family honor all play a role in marriageability and are justifications for FGM. If a girl has not undergone FGM, her chances of getting married greatly decrease. An uncut girl can become a social pariah because FGM is tied to being moral and having sexual control, because of the misconception that women cannot effectively control her sexual desire and that an uncut woman is dirty and polluted. In Kenya, FGM is rite of passage to adulthood and the cost of being uncircumcised includes not being able to “claim the benefits of adult status since [you] [are] regarded as [a child]” (Kinyanjui 2002 p. 73). The initiation includes a series of teachings, the young girls are “made full members of their families clan and society”(Kinyanjui 2002 p. 73). FGM has a heavy importance in most societies, to some, the social consequences that accompany not getting circumcised does not outweigh the benefits of being uncut.

Efforts to solely create legislation and prevent individuals from being cut has proven to be ineffective. Studies have shown that civic and community engagement support social change and decrease FGM prevalence. Open dialogues with Non-governmental Organizations and the

engagement of religious, ethnic, and community leaders are necessary to influence public opinion. The Frontiers Project in Kenya brought religious scholars, school teachers, police officers, and Somali families together for small group discussions to dissect the link between FGM and religious beliefs (UN Women). The discussions proved the lack of FGM in the Quran and disproving its link to religious obligations. Østebø specifically notes the use of religious leaders in Anti-FGM interventions in Ethiopia have been a critical for efforts to abandon the practice (2013). This strategy, allegedly brought whole communities and districts in Ethiopia to condemn FGM. Through this training, community members have shifted their views on FGM and proven that religious leaders play a big role in influencing FGM practicing communities. Ann-Marie Wilson has looked at strategies used to eradicate Chinese foot-binding and explains how they should be applied to eradicate FGM. The strategies used in China to stop foot-binding included, informing the public about the advantages of natural feet and disadvantages of bound feet, forming groups pledging not to bind and to marry unbound girls, and explaining that other countries don't bind and that China was being ridiculed (2012). In Senegal, 1991, the Tostan's program taught educational sessions in rural neighborhoods about topics other than FGM, such as human rights, health, literacy, and math. The program built trust with the community members of Senegal and with the help of Muslim imams, this "education and social mobilisation" brought 13 villages to pledge to not practice FGM (2012). This influenced intermarriage practices between villages, as FGM is often a marriage prerequisite. One can argue that foot binding is different from FGM thus why foot binding was eradicated in one generation. However, the same strategies can be implemented but modified to cater to the beliefs around FGM. Efforts done by NGOs and local organizations to promote abandoning this culture of FGM have proven time and

time again that they are more successful than legislation alone. Conducting workshops and community-led educational sessions discussing women's health and the abandonment of the practice needs to be increased to secure the future and safety of unborn girls around the world.

As previously mentioned, FGM legislation cannot be done in an ethnocentric approach, as this drives FGM practitioners away. In Bell Hook's book, *Feminism Is for Everybody: Passionate Politics*, she explains that Western feminists must confront the FGM issue in Africa and the Middle East without perpetuating the idea that these countries are "barbaric and uncivilized", as this reinscribes Western imperialism (2000 p. 47). Sexism in African and the Middle Eastern countries is portrayed as more dangerous and brutal than sexism in the US. Thus, when discussing global feminist issues, a decolonized feminist perspective is needed (Hooks 2000 p. 47). In Tanzania, NGOs have previously failed to build trust with rural communities by using formal education as an Anti-FGM outlet. A student accounts a teacher enabling students to abandon their ethnic identity by telling them that they "could never expect to make progress in life, as long as [they] clung to these outdated superstitions" (Winterbottom et al. 2009). This resulted in rural Tanzanians to view NGO-run schools with agitation and youth to reject their families (Winterbottom et al. 2009). Looking at how NGOs have failed to create change in the past and identify the mistakes can help future plans to stop FGM to be effective.

Female Genital Mutilation is inflicted out of ignorance and is an unnecessary procedure. More than 200 million women in the world have endured FGM (UNFPA 2015 p. 1). Cultural beliefs around the practice strengthens gender inequality because boys are not subjected to a similar procedure. FGM does not secure a girl's future as believed. In fact, it increases medical risks and its perceived cultural benefits should not outweigh its health risks. Instead of changing

women's bodies, the culture of FGM must change. Prevalence of FGM is slowly decreasing but it is not enough. Holistic campaigns and social movements, plus proper enforcement of legislation are the best strategies to bring Female Genital Mutilation to an end. FGM is a global health, women's rights, and child's rights issue. Government funding must be allocated towards support systems for victims, law enforcement training, social services, healthcare training, and community campaigning. Tactics for community campaigning should include, framing FGM discussions to be sensitive but to challenge ideals, the involvement of influential leaders, health education, public messages condemning FGM, social programs that support non-mutilated girls, and more. This approach needs to be adopted in order create legislation and campaigns that are holistic in a manner that creates a cultural shift that stops this cycle of perpetrated violence against female sexuality.

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