

Female Genital Cutting: shattering the debate yet still violating human rights

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Abstract: The international fight against the various forms of female circumcision, or the mutilation of the genitals of women and children, has many different aspects. Although no religious text from any religion suggests the practice, still in many countries the torture of young girls and women continue. Even though there is an assumption that the phenomenon is exclusive to the developing world, many practices in the West, such as vaginal and vulvar surgeries, as well as changes to the face and body of women can be included in the same tendency to portray women as impure, incomplete, and in need of improvement so that she can be accepted by prospective husbands.

Key words: female circumcision, mutilation, international law, human rights.



The topic of Female Genital Cutting (FGC), Female Genital Mutilation (FGM), or Female Circumcision (FC) is

usually linked to the traditional practices within specific African communities. The World Health Organization reports that in Djibouti, Egypt, Guinea, Mali, Sierra Leone, Somalia, and Northern Sudan over 90% of women have been circumcised. In Burkina Faso, Eritrea, Ethiopia, the Gambia, and Mauritania, the WHO publications show percentages over 70.¹ FGC also occurs to a much smaller degree in Indonesia, Malaysia, Pakistan,

¹ *Eliminating female genital mutilation: an interagency statement* - OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO by World Health Organization, Department of Reproductive Health and Research (2008) <http://www.who.int/reproductivehealth/publications/fgm/9789241596442/en/index.html> retrieved on 12/12/2009

and India as well as within immigrant communities who have settled in Australia, Canada, New Zealand, the United States, and in many European nations. International law and the laws in many countries consider female genital mutilation a human rights violation.² These practices differ in several aspects from other typical human rights violations which makes FGM even more egregious: female genital cutting is intended as a religious or traditional rite of passage or a coming of age and unlike most human rights violations, it is perpetrated by women on young girls with the blessing of the girls' mothers, aunts, and grandmothers. The girls' female relatives are often the ones who hold down the girl while the "cutter" performs the ritual of female circumcision. FGM enables women to retain a functioning role within their traditional societies where girls can only marry if they have been circumcised. So how can FGC that has dire consequences³ on the girls' health and a

negative impact on childbearing by augmenting infertility and that increases the mortality of baby & mother during childbirth still be so widely practiced? Even more puzzling, how are some of these genital mutilations becoming prevalent in Western cultures and not simply in refugee or immigrant communities? Do these new trends risk denying the classification of FGM as human rights violations?

The traditional cultures of Northern and Western Africa defend FGC as a rite of passage intricately linked to traditional and religious celebrations of the coming of age of women. These community festivities are designed to welcome girls into womanhood and provide the society with a way to insure all families comply with this requirement. Fathers who do not submit their daughters to this ritual find that nobody within the community will marry their daughters. In some cases the entire family may be ostracized. The actual procedure of cutting, mutilating, sewing, or circumcising girls is usually only a small part of an entire program of festivities that in some cultures can last a week. The words used by different cultures usually are linked to other benign traditions or simple acts of

² Neuwirth, J. (2001). Female Genital Mutilation: A Guide to Laws and Policies Worldwide (Book). *Human Rights Quarterly*, 23(3), 836-840.

³ The World Health Organization reports that many girls die as a result of hemorrhaging, septicemia and shock. It can also lead to long-term urinary and reproductive problems such as infertility, and following the difficulty of giving birth it increases the probability of fistula (tearing of the bladder or colon resulting in inability to control urine or feces leakage). *Eliminating female genital mutilation: an interagency statement - OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO* by World Health Organization, Department of Reproductive Health and Research (2008) <http://www.who.int/reproductivehealth/publications/fgm/9789241596442/en/index.html> retrieved on 12/12/2009. In Utz-Billing, I., & Kentenich, H. (2008). Female genital mutilation: an injury, physical and mental harm. *Journal of Psychosomatic Obstetrics &*

Gynecology, 29(4), 225-229, the authors explain that "Chronic physical problems like anemia, infections of the urinary tract, incontinence, infertility, pain, menstruation problems and dyspareunia are frequent. Women also have a higher risk for HIV infections. During pregnancy and delivery, examinations and vaginal application of medicine are more difficult. Women have a higher risk for a prolonged delivery, wound infections, a postpartum blood loss of more than 500 ml, perineal tears, a resuscitation of the infant and an inpatient perinatal death. Mental consequences after FGM include the feelings of incompleteness, fear, inferiority and suppression. Women report chronic irritability and nightmares. They have a higher risk for psychiatric and psychosomatic diseases.", p.225

purification. While the communities that practice FGC argue that these are part of their religious rites, no religious text, Christian, Muslim, or Jewish require or justify the circumcision of women. However, the Hadith, or Islamic religious commentary enables some to misuse of word “sunna” “sunnah” or purification which takes on a double meaning. Some religious leaders interpret the purification of women as requiring circumcision. However, while FGC can be widespread amongst the Muslim population of Ethiopia, Cote d'Ivoire, Kenya, Senegal, Benin, and Ghana, in others such as in Nigeria, Tanzania, and Niger, the prevalence of FGC is actually reported amongst Christian groups.⁴

Opponents of FGM explain that it is a “manipulation of women's sexuality in order to assure male domination and exploitation.”⁵ Indeed FGM represents a piece of the worldwide set of rules and traditions that oppresses women by giving them negative images of themselves as unclean or incomplete, that controls their sexuality, and that restricts their pleasure even once married. While the practices are said to insure virginity and fidelity, they promote pain during intercourse and increase mortality.⁶ The reasons women

learn at a young age why they must undergo the cutting reveal a severe devaluing of girls and women. Some cultures argue that FGM fosters the traditional patriarchal family system, that it can be a useful method for birth control. But above all it is a guarantee of moral behavior and faithfulness to one's husband. Women say it affords them protection from suspicions and disgrace. Yet others see it as a required initiation ritual that provides them with femininity and beauty.⁷ Finally, some argue it is more hygienic or is required for health reasons (myth that if a penis or the head of a baby touches the labia they will die). In these cultures, the economic advantages that are afforded women come at the price of submission and increased violence against women. Yet many debates over FGM in the past attributed these oppressive practices solely to the developing world or to refugee communities in the West.

A recent article by Little (2003) traced historical patterns of FGC that go back as far as the 15th century B.C.; FGC is documented in ancient Egypt, in ancient Rome, and in Tsarist Russia.⁸ More recently in the West, in England during the Victorian period, female circumcision became a form of treatment for psychological disorders and to prevent masturbation in women.⁹ In the US and Europe, Little explains

⁴ *Female Genital Cutting* by US Department of Health and Human services <http://www.womenshealth.gov/faq/female-genital-cutting.cfm> retrieved on 12/15/2009

⁵ Raziya Haji Abdalla Dualeh, cited in Sheldon, S., & Wilkinson, S. (1998). FEMALE GENITAL MUTILATION AND COSMETIC SURGERY: REGULATING NON-THERAPEUTIC BODY MODIFICATION. *Bioethics*, 12(4), 263. Retrieved from Academic Search Complete database. p. 273.

⁶ Sheldon, S., & Wilkinson, S. (1998). FEMALE GENITAL MUTILATION AND COSMETIC SURGERY: REGULATING NON-THERAPEUTIC BODY MODIFICATION. *Bioethics*, 12(4), 263.

Retrieved from Academic Search Complete database. p. 273.

⁷ Utz-Billing, I., & Kentenich, H. (2008). Female genital mutilation: an injury, physical and mental harm. *Journal of Psychosomatic Obstetrics & Gynecology*, 29(4), 225-229.

⁸ Little, C. (2003). FEMALE GENITAL CIRCUMCISION: MEDICAL AND CULTURAL CONSIDERATIONS. *Journal of Cultural Diversity*, 10(1), 30-34. Retrieved from Academic Search Complete database.

⁹ Hopkins, S. (1999). A discussion of the legal aspects of female genital mutilation. *Journal of Advanced Nursing*, 30(4), 926-933.

that the practice of clitoridectomy, one of the most prevalent forms of female cutting had become widespread in the 1930s when it was prescribed as a medical treatment for clitoral enlargement, hysteria, and lesbianism.¹⁰ The new trend especially in the US is for women to undergo mutilations such as Hymen surgery (hymenoplasty which used to be popular primarily in the Middle East and in Latin America). Other vaginal reconstructive or vulvar plastic surgeries have become the fastest growing segment in the field of plastic surgery¹¹. In the 1990s, when female genital mutilation became an international issue against which many groups fought to protect the rights of children and women, the conditions under which FC was done dramatically increased the health risks which made it a clear case of mutilation, torture, and a violation of human rights. Now the challenge is to continue to fight internationally against the genital mutilation of girls and women while addressing the cultural trends in the Western World and changing conditions for the practices in Africa. The “medicalisation of FGM” in some African countries (when it is performed by doctors, nurses, or midwives rather than traditional cutters) and the demand for more surgeries that alter women’s genitalia or other body parts deceptively make women more valuable when in fact these provide others in society the ability to define standards of women’s

beauty with extreme physical and mental health consequences.¹²

Including in the debate newer Western practices of FC presents several problems. As in many African traditional cultures, women and girls are the ones who often say they want the procedures because of their perceived increased value and of more opportunities for marriage. Western women are also denying the increased health risks that come with surgery and the reality of the increased incidence of pain during intercourse that follows surgeries that reconstruct the Hymen or vagina. Even when surgeries are performed with anesthesia and the patients receive antibiotics to minimize risks of infection, it still does not remove entirely the health risks nor does it fully prevent all the health implications that can result from these new forms of cutting.

The increased diversity of FC has led the World Health organization to modify its typology of FGM in 2007.¹³ While types of FGM are still divided into only 4 categories, the new classification provides for a lot more subtleties within each type. For example, Type I, the most widespread type was formerly defined as simply: “Excision of the prepuce, with or without excision of part or the entire clitoris”. It is now much more refined and describes all Type I as “Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).” However, it now provides distinctions between the major variations of Type I mutilations: “Type Ia, removal of the clitoral hood

¹⁰ Little, C. (2003). FEMALE GENITAL CIRCUMCISION: MEDICAL AND CULTURAL CONSIDERATIONS. *Journal of Cultural Diversity*, 10(1), 30-34. Retrieved from Academic Search Complete database.

¹¹ Chozick, A. (2005, December 15). Virgin Territory: U.S. Women Seek A Second First Time. *Wall Street Journal - Eastern Edition*, pp. A1-A14. Retrieved from Academic Search Complete database.

¹² Utz-Billing, I., & Kentenich, H. (2008) *ibid*.

¹³ *Eliminating female genital mutilation: an interagency statement - OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO* by World Health Organization, Department of Reproductive Health and Research (2008) p. 24.

or prepuce only; Type Ib, removal of the clitoris with the prepuce.”¹⁴

The increased awareness of FGM and the growing familiarity of medical professionals in the West with the diverse forms of female circumcision have had another unintended impact. Since many Western countries have criminalized FGM and have banned it, parents and families feel pressured to travel back to their home countries to have the cutting done. This has turned a formerly localized practice into a transnational crime and increases the need for protection by international law. Most statistics suggest that about 2 million girls and women are cut each year. So while international and national laws remain the frontline of the fight to protect girls and women, some community based organizations have successfully created alternatives for women living in traditional African cultures.

For example in Kenya, “Ntanira Na Mugambo or Circumcision Through Words” provides a week-long program that educates young women about their health and bodies while increasing their self-worth, and learning more effective forms of communication to solve problems.¹⁵ This program was created by a Kenyan organization and an international non-profit group. This successful model provides a way for retaining the cultural tradition while removing the harmful component of the cutting and still fostering the values of chastity and fidelity. Unfortunately, many women continue to undergo forms of FGM around the world. Yet in

Kenya, more of the procedures are also now performed in hospitals to minimize risks of infections and other negative health impacts.¹⁶ The medicalisation of FGM may reduce health risks somewhat but FGM even under sanitary conditions remains a violation of human rights by inflicting physical and mental harm on girls and women. Only one country has been very active in prosecuting cases of FGM: France. There not only those who perform the cutting, but also the parents of the girls are punishable with jail time. In over 30 cases the French Government prosecuted, parents have received suspended sentences while cutters have gone to jail for up to eight years.¹⁷ In the US, many states have anti FGM laws on the books which provide the possibility for prosecution but more importantly provides the possibility of protection of the girls and women.¹⁸ Yet, even bans are not without their controversy. Some women who have undergone FGM say that being described as ‘mutilated’ is another way that outside societal forces tell these women they are not ‘whole’ or ‘pure’ anymore. This explains the shift in the debate from originally describing these traditional practices only with the term mutilation. Nowadays, many activists and women themselves prefer to use the words ‘cutting’ or ‘circumcision’. This is a way for these women to empower

¹⁴ Ibid.

¹⁵ Douglas, C., McCauley, M., Ostrow, M., & Wimbrow, M. (2003). Kenya: new ritual may replace FGM. *Off Our Backs*, 33(5/6), 4. Retrieved from Academic Search Complete database.

¹⁶ Douglas, C., Verma, P., Goktepe, K., Nixon, L., & Harris, J. (2005). Kenya: FGM increasingly occurring in hospitals. *Off Our Backs*, 35(1/2), 5.

¹⁷ Rahman, A., & Toubia, N. (2000). *Female genital mutilation: A guide to laws and policies worldwide*. London: Zed Books.

¹⁸ Neuwirth, J. (2001). Female Genital Mutilation: A Guide to Laws and Policies Worldwide (Book). *Human Rights Quarterly*, 23(3), 836-840.

Hopkins, S. (1999). A discussion of the legal aspects of female genital mutilation. *Journal of Advanced Nursing*, 30(4), 926-933. doi:10.1046/j.1365-2648.1999.01170.x.

themselves and fight those that want to cast them as 'damaged goods'.

Another essential component of discussing any circumcision is of course addressing the ubiquitous practice of male circumcision. While for Jewish and Muslim men it is also part of cultural or religious traditions, in Western countries, circumcision has become an institutionalized practice done in hospitals that leaves few options for the parents and none to the male children. Many say the comparison is unfair that the health implications of male circumcision are nowhere as extreme as with female mutilation, yet it reveals the same biases often prevalent in debates over cultural practices. Traditional African women are seen as powerless and mutilated who need Westerners to save them from their lack of education and oppression. These conversations leave out for example the types of mutilations Western women undergo to transform their breasts from a tool for motherhood to a toy for male pleasure. Abusharaf (2006), a prominent Sudanese-American activist against female genital cutting provides many different approaches for an empowering dialog about the cultural biases and alterations of both women's and men's bodies across all cultures.¹⁹ El Guidi (2006), an Egyptian-American Anthropologist, reminds us that most feminist and Western activists who fight against FGM do not campaign against other forms of body modifications like nose jobs (rhinoplasty) face lifts (rhytidectomy) or breast enlargement (augmentation mammoplasty). Therefore, as we continue debating female circumcision and increase the

international fight against all female cutting, we need to remain critical and must be willing to become introspective about our own cultural practices.

The new trends in the Western World are especially alarming because women in traditional African cultures were starting to resist or transform the practice of FGM through education and empowerment programs. We also need not to forget that many girls and women around the world remain at serious imminent risk of mutilation and torture.²⁰ Women who flee their countries because of their fear of being forced to undergo female genital mutilation face tremendous odds in resisting their entire family and their culture in countries where they often have no recognized legal rights. So the increase in the Western world of the demand for more surgical means to alter women's genitals must be included in the assessment of the pressures women face in these societies but it cannot diminish the continued reality that most FGC is committed against the girl's wish, in unhealthy and unsanitary conditions, with excruciatingly painful and dangerous outcomes. In societies where the women want to resist these procedures, they have few options and often have no legal standing as persons before the law meaning their state will not protect them. It is clear that we need to enlarge the debate over the mutilation of human bodies in general. Yet, FGM and female circumcision or cutting still firmly belong in the realm of human rights violations.²¹

¹⁹ Abusharaf, R. M. (2006). *Female circumcision: Multicultural perspectives*. Pennsylvania studies in human rights. Philadelphia: University of Pennsylvania Press.

²⁰ Skaine, R. (2005). *Female genital mutilation: Legal, cultural, and medical issues*. Jefferson, N.C.: McFarland.

²¹ Brysk, A. and Jacquemin, C. (2006). "Bridging Borders for Human Rights" in Batliwala, S., & Brown, L. D. *Transnational civil society: an introduction*. Bloomfield, CT: Kumarian Press.



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