

# The world of feminist research essay sample

[Sociology](#), [Feminism](#)



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In the world of feminist research, there is a diversity of issues that can be studied, many of which are sensitive topics. An issue I chose to focus my research on is female genital mutilation (FGM). I have found that more research needs to be conducted on FGM, and it should be done in a way that respects the rights of the individuals and the culture in which it is rooted and practiced. FGM originated in Africa. The practice also occurs in the Middle East, parts of Asia, and in immigrant communities in Europe and North America. It was, and remains, a cultural, and religious practice. Female genital mutilation (FGM) is also known as female circumcision and is performed on young women before they reach puberty. There are four types of FGM practiced, but the first three are the most practiced. My main objective is to find out why the practice still continues despite its prohibition by law and efforts exerted to stop the practice.

To achieve this goal, I have organized my research paper into five main sections. In the first section, I will explain the history, and how the procedure is done and the type of FGM practiced, and in the second section, which has two sub-sections, I will provide information on the effects it has on the women and teenage girls and the difficulty they go through during life. In the fourth section, I will be explaining the organizations and the people who try to bring the awareness in abolition of FGM. And last, but not the least, in the fifth section, I will provide information on how to educate people about the issue.

The World Health Organization defines female genital mutilation as a practice that involves the alteration of female genitalia in a manner that does not relay any medical benefits to the victim. Female genital mutilation

(FGM), also known as female circumcision, is a destructive and invasive procedure involving the removal or alteration of female genitals. About 28 countries in Africa are said to be practicing FGM. According to The Hosken Report published in 1979, which showed a global review and country by country estimates of the prevalence of the practice, some countries like Somalia have an estimated prevalence of about 98%, while countries like Uganda have an estimated prevalence of about 5% (Skaine 36-37).

The presence of increasing numbers of refugees and immigrants from countries where female genital mutilation is practiced it is spreading in non-practicing countries among the immigrant communities. Some of these countries include Norway, Denmark, Netherlands, Sweden, United Kingdom and France (WHO b: 3; WHO 18-19). While there is no religion that requires this practice, it is widely practiced in Morocco, Sierra Leone among the Muslims and among the orthodox Christians in Ethiopia. However, this procedure is not practiced in Iran, Libya or Saudi Arabia which are Muslim countries, (Toubia 1995: 21). In Uganda, female genital cutting is practiced among the Sabiny for purely traditional reasons.

The procedure is carried out at a variety of ages, ranging from shortly after birth to sometime during the first age of pregnancy, but most commonly occurs between the ages of 2 weeks and eight weeks. There are four types of FGM practiced but the first three are most frequently practice. One is Sunna circumcision in which the tip of the clitoris and/or its covering (prepuce) are removed, Type II (Excision) Clitoridectomy where the entire clitoris, the prepuce and adjacent labia are removed, and Type III Infibulation

(a. k. a. Pharaonic circumcision) which is a Clitoridectomy followed by sewing up of the vulva. The categories of women and girls who are circumcised include (a) those who believe in the practice and voluntarily have the operation performed, (b) those who are kidnapped and forced against their will to undergo circumcision, (c) girls too young to have any control of the situation and who do not fully understand the operation, or (d) those who undergo circumcision because of social or family pressure (Koso-Thomas, 1987).

An example of a “ kidnapped” victim is one whose mother refuses to have the operation performed on her daughter. Another family member, concerned about the shame that an uncircumcised female may bring to the family and the girl’s value when the time comes for her to marry, may take the girl to be circumcised while the mother is away. In some societies, no man would marry an uncircumcised woman, thereby ensuring her to “ ruination” if she is left intact (Lightfoot-Klein, 1989). A girl’s virginity may be considered essential to her family’s ability to arrange her marriage and receive a bride price, as well as to family honor. Because of their status in their culture, young mothers often have little say in the matter of the circumcision of their daughters. Older women generally have a status more closely resembling that of men, which gives them authority and influence over their daughters and daughters-in-law. The older women are concerned with the welfare and continuity of their husband’s and sons’ patronage, which is one reason why “ they are most often the initiators of the infibulation ceremonies for their granddaughters and consequently are the chief perpetrators of the practice” (Lightfoot-Klein, 1989).

Momoh (9-10) says that in societies that practice female genital mutilation, a number of cultural elements are present. According to her, these include particular beliefs, behavioral norms, custom rituals, and social hierarchies, religious, political and economic systems. She goes on to write that culture is learnt and children learn from adults. Female genital mutilation has been supported by centuries of tradition, culture and false beliefs and it is perpetuated by poverty, illiteracy as well as the low status of women in societies.

FGM has caused many problems and I consider it to be a violation of human rights but more specifically children's rights, as it does not allow these young girls the opportunity to physically develop naturally, with liberty, dignity and protection from all forms of cruelty. Widespread health concerns were found like acute, long term, and obstetric health complications, varying degrees of complications from infections to still births and deaths. The complications of FGM are often treatable; however, all of these complications are preventable if the procedure is no longer practiced. It is a harmful practice that needs to be dealt with. The main arguments put forward for doing away with this tradition are the negative consequences related to the practice. One of the issues is the procedure being conducted under unhygienic conditions. Sometimes, the operations are carried out in an open space that was sometimes muddy because of the rains or dusty because of the sunshine. The knives and razor blades used were not sterilized and most of the times shared, which could lead to spread of illnesses like HIV AIDS. However, being from a culture that practices this act, it is associated with a lot of blood loss as a result of the cutting.

I remember when my sister gave birth to a daughter. After one week, she and my mother went somewhere only god knows, and when they came with the baby who cried the whole day and I ask my sister what happened, she told me the baby was circumcised and I asked why they do that. She said that it's part of culture. She said even me asking the question, I was circumcised. My mouth dropped but, being that it is performed in early stage of after birth I had no idea except now I realized why I was having discomfort when I use the bathroom and during my menstrual cycle. This is sad because no type of anesthesia is given to these victims which causes a lot of pain because there was no kind of pain medication given. The problem doesn't end there. When these victims get married they became less sexually active and so many complications during child birth.

According to Suresh Banayya Jungari, the practice of FGM is intended to prevent female sexual desire, thereby protecting a girl's virginity for her future husband. Control over girls' or women's sexuality through FGM is accepted in African communities in which the practice is high. When FGM is performed on a girl or woman, full enjoyment of her rights and liberties are, taken away from her (United Nations Children's Fund,). Sexual quality of life is drastically lower for those women who have undergone FGM compared with those who have not gone through it. for example, women who have undergone FGM have difficulty achieving orgasm by direct stimulation of the external clitoris.

Even though this practice is still being performed in our society, many government organizations including the department of health and (human

rights) groups are doing their best to ban the act. By teaching people about the awareness and the health risks that are involved with it. The Deputy Minister for Justice, Hugh Henry (Lab, Paisley South) who introduced the debate on Stage 3 of the Prohibition of Female Genital Mutilation Bill and said that it would provide better legal protection against female genital mutilation.

According to the World Health Organization, FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies.

Generally speaking, risks increase with increasing severity of the procedure. In 2008, WHO, together with 9 other United Nations partners, issued a statement on the elimination of FGM to support increased advocacy for its abandonment, called: "Eliminating female genital mutilation: an interagency statement", This statement provided evidence collected over the previous decade about the practice of FGM.

According to Regina There is a powerful global movement campaigning for an end to FGM at grassroots, regional, national and international levels have compiled 16 of the most notable charities, campaigns and organizations working towards an eradication of FGM across the globe.

According to Waris Dirie “ Female genital mutilation has nothing to do with culture, tradition, or religion. It is torture and a crime. Help us to put an end to this crime.” — Waris Dirie, Survivor of FGM, UN FGM Ambassador, Founder of the Desert Flower Foundation and former Supermodel(Regina,).

According to the Toubia, Izzett & WHO, the practice is a violation of human and gender rights. However, campaigners have made various mistakes in the effort against FGM. To correct this, various strategies need implementation during intervention. For instance, the approach taken should be multi-sectoral. Participants may be from the health or legal communities. Community groups should be able to work hand-in-hand with NGOs. The process of behavior change is a slow one. To eradicate FGM, the efforts have to be sustainable.

The enlisting of support by leaders from various fields is crucial. For instance, religious leaders such as Imams are influential in discrediting the practice. Many people immigrate to Western countries, such as the United Kingdom (UK), to avoid this ill practice. Consequently, the study discovered that immigrants who have undergone FGM experience complications. These may be hemorrhages and other effects. This becomes a problem for the healthcare systems of the resident countries. There are many barriers to the elimination of FGM.



With all these organizations raising awareness about the danger of female genital mutilation, it's also good to educate people especially the ones in the village and the rural areas. Raising awareness about the socio-cultural, sexual health and clinical care implications involved in FGM is essential. Education and training needs to be provided for all health and social care professionals who may work with affected women and girls and with their families. It is also important to consider the issues of ethnicity, custom, culture and religion in a sensitive manner. Professionals should explore ways of resolving problems about the continuation of this practice in ways that involve clients with their full participation. Education of male partners and community leaders might reduce the number of children, young and older women who suffer in the future. However, as WHO clearly shows, cultural practices like FGM have been ingrained for many generations, and will require extensive cultural education to address the issues thoroughly and effectively (WHO,). Nurse training has not included FGM as part of the curriculum in the past, and midwifery programs may not address the issues adequately either. The RCN recommends that FGM should be a part of sexual health education in all pre- registration and post-registration programs for nurses, midwives and health visitors. It is equally essential to raise awareness and the seriousness of the issues among teachers, school nurses and social service staff.

In conclusion, female genital mutilation is an unlawful offence because it causes pain, violates the human rights and the well-being of women and puts girls at danger. Empowering people in the society with knowledge on the subject and providing the essential resources will help eliminating the

practice. From my research, it can also be concluded that in the struggle to eliminate FGM, there is need for the three levels in society to work together. Understanding the justification for the continuation of the tradition, formulating initiatives with these justifications in mind, and involvement of the government are all prudent efforts for change. The one thing that can unite all the three levels is the law.

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