How is female genital mutilation perceived by different groups? essay

Business, Accounting

AbstractFemale genital mutilation (FGM) or cutting, also called female circumcision, is a cultural practice alarmingly prevalent in many African countries and other nations around the world. Despite the undesirable health consequences of FGM and the criminalization of this act in the participating nations, the cultural groups that continue this custom are reluctant in giving up the practice under the social belief that it is inherent in their culture. This research paper aims to explore the perceptions of various groups whether they are for or against the practice of FGM. It is also expected that this paper will discuss the types and procedures of FGM, its incidence around the world, its health effects and the debates surrounding the issue. The findings in this paper will also reveal the justifications of cultures that practice FGM while at the same time airing the opposing side of human rights groups and health organizations. Female Genital Mutilation (FGM) or female genital cutting is a cultural practice that started in Africa approximately 2000 years ago.

It is primarily a cultural practice more than a religious practice. Despite the opposition of several world health organizations, this practice is still being observed in about 28 African countries, some parts of Middle East, Asia, and primarily among immigrants in Australia, Canada, North America, Latin America and Europe (Amnesty International, 2004). Even though FGC is practiced in mostly Islamic countries, emphasis is given that it is not an Islamic practice.

FGC is a cross-cultural and cross-religious ritual. In Africa and the Middle East it is performed by Muslims, Coptic Christians, members of various indigenous groups, Protestants, and Catholics, to name a few. Review of

LiteratureAccording to the World Health Organization (2000), FGM “ comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons.” Three main types of FGM are practiced throughout the world: Type I: Sunna CircumcisionThis is the first and mildest type of FGM which consists of the removal of the prepuce (retractable fold of skin, or hood) with or without the excision of part or the entire clitoris. The term Sunna refers to tradition as taught by the prophet Muhammad.

According to a passage, ‘ Um Atiyyat al-Ansariyyah said: A woman used to perform circumcision in Medina. The Prophet (pbuh) said to her: Do not cut too severely as that is better for a woman and more desirable for a husband’. (Religious Tolerance, 2007)Type II: ClitoridectomyClitoridectomy involves the removal of the entire clitoris (prepuce and glands), as well as the scraping off of the labia majora and labia minora. This is said to be the most common type of female genital mutilation is excision of the clitoris and the labia minora, accounting for up to 80% of all cases (WHO, 2000). Clitoridectomy is practiced in countries where infibulation has been outlawed such as Sudan. It was “ invented by Sudanese midwives as a compromise when British legislation forbade the most extreme operations in 1946 (Sarkis, 2003).

” Type III: Infibulation or Pharaonic CircumcisionThis most drastic form of FGM involves the “ removal of the clitoris, the adjacent labia (majora and minora), and the joining of the scraped sides of the vulva across the vagina,

where they are secured with thorns or sewn with catgut or thread. This is then stitched up allowing a small opening to allow passage of urine and menstrual blood. An infibulated woman must be cut open to allow intercourse on the wedding night and is closed again afterwards to secure fidelity to the husband (Sarkis, 2003).” Infibulation constitutes about 15% of all FGM procedures.

FGM is mainly performed on children and adolescents between four and 14 years of age. However, it can also be performed on infants under one year old, as observed in some countries such as Ethiopia (UNICEF, 2007). Worse, it is usually performed under unsanitary conditions by a traditional practitioner with crude instruments such as razor blades, scissors, kitchen knives, and broken glass and without antiseptic techniques and anesthesia.

Among the more affluent in society it may be performed in a health care facility by qualified health personnel. The instruments mentioned before are frequently used on several girls in succession and are rarely cleaned, causing the increased susceptibility to a variety of viruses such as the HIV, and other infections. Beyond the obvious initial pains of the operations, FGC has long-term physiological, sexual, and psychological effects. Immediate complications include shock induced by severe pain, psychological trauma and exhaustion from screaming, hemorrhage, urine retention, ulceration of the genital region and injury to adjacent tissue. Long-term complications include, recurring urinary tract infections, pelvic infections, infertility (from deep infections) and septicemia, abscess formation; cysts; excessive growth of scar tissue, difficulties in menstruation, fistulae (holes or tunnels between

the vagina and the bladder or rectum), painful intercourse, sexual dysfunction, and problems in pregnancy and childbirth (the need to cut the vagina to allow delivery and the trauma that results, often compounded by re-stitching). Severe bleeding can also result in death. Oftentimes the practitioners are kept ignorant of the real implications of FGC and the extreme health risks that it represents.

The World Health Organization estimates that the number of girls and women who have undergone female genital mutilation is between 100 and 140 million. It is estimated that each year, a further 2 million girls are at risk of undergoing FGM (Amnesty International, 2004). FGM incidence is highest in African countries of Djibouti, Guinea, Mali, Somalia, and Sudan and in the Asian country of Indonesia. (Dietrich, 2003)A summary of all articles reviewed for this paper would reveal the following justifications by cultures that continue to practice FGM: Psychosexual: reduction or elimination of the sensitive tissue of the outer genitalia, particularly the clitoris, in order to attenuate sexual desire in the female, maintain chastity and virginity before marriage and fidelity during marriage, and increase male sexual pleasure; This is vital to this society as her honor for the family is depended on her not to be opened up prior to marriage. Sociological: identification with the cultural heritage, initiation of girls into womanhood, social integration and the maintenance of social cohesion; Hygiene and aesthetic reasons: the external female genitalia are considered dirty and unsightly (others view the clitoris and labia as male parts on a female body) and are to be removed to promote hygiene and provide aesthetic appeal; Myths: in the belief that it

enhances fertility and promotion of child survival; some groups believe that if the clitoris touches the man’s penis or the baby’s head upon childbirth, the man or the baby will die; prevents vaginal cancer; unmodified clitoris can lead to masturbation or lesbianism; and that it makes a woman’s face from turning yellowReligious: Some Muslim communities have the mistaken belief that it is demanded by the Islamic faith. The practice, however, predates Islam. If such beliefs are not preventing the local customs from continuing with this practice, several health and human rights advocates have taken up the fight to eradicate this two thousand year-old practice.

From their perspective, FGM is perceived as a human rights issue encompassing reproductive rights, protection from violence, women’s and children’s rights, all recognized at an international level. Anti-FGM programs were tabled in the 1958 United Nations agenda, and a working group was created during the UN Decade for Women in 1975-1985 that helped develop the 1994 Plan of Action for the Elimination of Harmful Traditional Practices Affecting the Health of Women and Children. The World Health Organization, the United Nations Children’s’ Fund and the United Nations Population Fund, are one in implementing plans that would bring about a major decline and complete eradication of FGM. In February 2003, the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) adopted a “ Declaration of Zero Tolerance to FGM on the African Continent”. Furthermore, Amnesty International also calls on all African governments to ratify the Additional Protocol on Women Rights in Africa adopted at the African Union Summit in Maputo in July 2003. A joint WHO/UNICEF/UNFPA

policy statement on FGM and a Regional Plan to Accelerate the Elimination of FGM were published to promote policy development and action at the global, regional, and national level. To date, these mark only a few of the advocacy and policy development plans that have been executed and laid out by different world organizations.

Interestingly, even among Muslim communities there have been debates surrounding the practice of FGM. The passage from the Sunnah is refuted by many Muslims as having little authenticity, stating that the Qur’an opposes FGM. The Egyptian government has also prohibited the custom, even if it is performed with the agreement of the child and her parents. On the other hand, one Fatwa (published opinion) issued by Muslim religious scholars state that parents must follow the lessons of Mohammed and not listen to medical authorities because the latter often change their minds.

Parents must do their duty and have their daughters circumcised. So far, only 14 African countries have adopted laws banning the practice. In the West, the procedure is outlawed in Britain, Canada, France, Norway, Sweden, Switzerland and the United States (Robinson, 2006). ConclusionDespite the absence of a theological basis for the practice and cultivation of female genital mutilation, it is a custom that even advocates find hard to eradicate unless there is a better understanding of the cultural beliefs that underlie this custom.

There is no denying the severity of this issue and the fact that it is a fundamental human rights violation – rights which are supposedly protected

by international law. The least one can do is share the optimism of Dr. Toubia, a physician from Sudan who asserts that no ethical defense can be made for preserving a cultural practice that damages women’s health and interferes with their sexuality [but] it is only a matter of time before all forms of female circumcision in children will be made illegal in Western countries and, eventually, in Africa. ReferencesDietrich, H. L. (2003). “ FGC around the world.” Retrieved May 14, 2007 from The female genital cutting education and networking project ; http://www.

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