

# [Female genital mutilation (fgm) in africa](https://assignbuster.com/female-genital-mutilation-fgm-in-africa/)

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One of the controversial debates that have gained a lot of publicity on the world platform is the female ‘ circumcision’ which is mostly referred to as Female Genital Cutting (FGC). Feminist scholars have come up with another terminology to replace FGC owing to its conceived damaging nature. In 1970s and early 80s, opponents of the practice came up with the phrase Female Genital Mutilation (FGM).

This proposal is aimed at finding out why Female Genital Mutilation is carried out in African communities and if possible find ways of eradicating it. First, the paper starts by looking at the historical origins of the practice and also reasons given for its continuation among the communities who practice it. It also looks at what other scholars found out in their research on prevalence of Female Genital Mutilation in different communities of the world. This proposal also highlights the procedure intended to collect data on Female Genital Mutilation. It is believed that the findings of this research will go along way in finding favorable means of eradicating the practice in African women and girls.

1. 0 Introduction

Female Genital Mutilation is considered as Human rights violation by the United Nations. The practice is prevalent in Africa and some Arabic speaking countries like Yemen. FGM is also found in other parts of the world such as Europe, Australia, the United States of America, Canada and New Zealand. This has been attributed to migration of women with FGM.

This practice has been aggravated by customs, rituals, myths and taboos even though it has maimed or killed untold numbers of women and girls (Shweder, ).

(Dorkenoo, et al, 2001) defined Female Genital Mutilation as “ that which constitutes partial or total removal of the external female genitalia or injury to the external female genitals for non therapeutic reason”.

It is estimated that close to 3, 000, 000 young girls undergo Female Genital Mutilation every year. The practice of FGM has become under intense scrutiny from both print and electronic media, human rights groups and health organizations. Despite opposition from these groups, the practice seems to be on the rise in conservative groups. Research carried out on FGM will provide data that will go along way in assisting authorities to implement planning geared towards preventing and even eliminating the practice completely. It can also be used to inform maternity and gynecological care as well as other support services that are needed for girls and women with complications of FGM (Dorkenoo, et al, 2001).

1. 1 Background information

The origins of Female ‘ circumcision’ are not well defined although several scholars have come up with theories that try to trace the roots of FGM. “ The theological explanation given to Burton relies on a story which occurs in neither the Bible nor the Koran. The story says that Sarah, Abraham’s wife, was jealous of Hagar, the Egyptian slave girl who had become Abraham’s concubine and borne him Ishmael, the forefather of the Arabs. To diminish Abraham’s apparent love for Hagar, Sarah cut out Hagar’s clitoris as she lay asleep. God then, for reasons which Burton does not note, ordered both Abraham and Sarah to circumcise themselves. So began the practice of both male and female circumcision.” (Foster, 1994).

Some scholars are of the opinion that the conditions which led to the initial adoption of FGM are not static and that knowing them will not have any implications on the perpetuation of the practice (Shell-Duncan, et al, 2000) . Janice Boddy has argued that knowledge of this “ custom’s remote historical origins does not contribute to our understanding of its present significance” (Boddy 1982, pg. 685). Gerry Mackie traces the roots of FGM to Meroe (present day Sudan) where infibulation was practiced in the context of fidelity control and paternity confidence mechanisms under conditions of “ imperial female slavery” (Mackie, 1996). A report of the UN Special Working Group on Traditional Practices suggested that “ Female Genital Mutilation must have developed independently among certain ethnic groups in sub-Saharan Africa as part of puberty rites” (Dorkenoo, 1994, pg. 34).

1. 2 Statement of the problem

This project proposal is aimed at finding the effects of Female Genital Mutilation and seeking ways of reducing or eradicating the practice. It seeks to establish the influence of customs and beliefs on continuation of the practice among African communities; to identify the prevailing efforts by various organizations and governments to control the practice. Research and experience has shown clearly that there are medical and psychological complications associated with Female Genital mutilation and hence the need to set up necessary measures to eliminate the practice.

1. 3 Purpose of the study

To estimate for women and girls resident in Africa:

- The prevalence of Female Genital Mutilation among African women and girls

- The estimated numbers of girls at risk of Female Genital Mutilation.

- Health risks associated with Female Genital Mutilation

- The number of registered maternities, that is, pregnancies ending in a registrable live or stillbirth, to women who have undergone Female Genital Mutilation.

1. 4       Research questions

Why does the practice of FGM continue?
What are the health consequences of FGM?
What is being done about this practice?

2. 0       Literature Review

Richard A. Schweder in his article on female genital mutilation says that many researchers and anthropologists who work on this topic in various field settings in Africa have been aware of discrepancies between the global discourse on female circumcision and their own ethnographic experiences with indigenous discourses and physical realities (Schweder, 2004). Jomo Kenyatta wrote a thesis in anthropology at the London School of Economics which was published as a book entitled ‘ Facing Mount Kenya’ where he described both customary premarital sexual practices of the Gikuyu and the practice of female circumcision. Kenyatta goes on to say that “ no proper Gikuyu man or woman would have sex with or marry someone who was not circumcised”, that the practice was an important transition of many African girls and boys into adulthood.  In most African communities, female genital surgery is not considered as mutilation. Instead it is viewed as an improvement of female genitalia in their natural state (Schweder, ). Calling a woman ‘ uncircumcised’ or calling a man uncircumcised is considered a terrible insult and those not circumcised are looked down-upon in society.

In Uganda, an elder was quoted as denouncing “ foreigners who call us bad names, call us primitive and call our circumcision rites genital mutilation” (Newsweek int. ed., July 5, 1999, pg. 46). Among notable facts about this cultural practice is that most African women do not think about circumcision in human rights terms. Women who endorse female circumcision typically argue that it is an important part of their cultural heritage or their religion (Edgerton, 1998 cited in Schweder ). Although ethnic affiliation is the best predictor of who circumcises and who does not, the timing and form of the operation are not consistent across groups. Thus, there is enormous variability in the age at which the surgery is normally performed. There is also enormous variability in the traditional style and degree of surgery.

Dorkenoo, et al, (2001) in their statistical study to estimate the prevalence of FGM found out that the practice of FGM is embedded in ancient beliefs surrounding women’s fertility and control of their sexual and reproductive capacity. They go ahead and state that reasons given by communities who practice FGM vary widely but a common reason given for the practice is that it reduces the sexual desire of girls and women, promotes virginity and chastity, maintains fidelity in married women and is done for aesthetic reasons.

Shell-Duncan, et al, (2000) in their article titled ‘ Female “ circumcision” in Africa’ established medical facts about the practice. Their discussion was based on short-term, long-term and obstetrical complications. “ Short-term complications include hemorrhage, severe pain, local and systematic infection, shock from blood loss, and potential death. Infection is associated with delayed healing and the formation of Keloid scars. In addition, pain and fear following the procedure can lead to acute urinary retention.

Long-term complications are characterized by infibulations other than with excision or clitoridectomy” (Toubia, 1993 cited in Shell-Duncan et, al, 2000 ). They include genitor-urinary problems, such as difficulties with menstruation and urination that result from a nearly complete sealing off of the vagina and urethra. Untreated lower urinary tract infections can ascend to the bladder and kidneys, potentially resulting in renal failure and death. Chronic pelvic infections can cause back pain, dysmenorrheal (painful menstruation), and infertility.

3. 0 Methodology

In carrying out the survey, the researcher will have to employ various techniques to obtain data pertaining to female genital Mutilation. They are summarized below:

Sampling procedures; due to diversity of cultures in African communities, a random sample of communities practicing FGM will be done. A maximum of three countries can be representative of the African population that practices female Genital Mutilation.

Primary data collection – this will be done by administering questionnaires to respondents, interviewing and observation where the ritual is undertaken.

Secondary data collection - efforts will be made to contact published data that indicate the prevalence of Female Genital Mutilation in African countries.

3. 1 Conclusion

The quest to eradicating the practice among African communities has become so controversial. Some conservative communities have indicated that westerners are interfering into their ‘ healthy’ culture. Several campaigns have been carried out with an aim of saving young innocent girls from the brutality of ‘ primitive’ culture. Activists in some cases have proposed adoption of alternative rites of passage to girls at puberty stage. An example is the current effort by the government of Kenya and NGO’s of administering education to young Maasai girls as an alternative rite of passage rather than circumcision. The girls are taught the dangers of the ‘ cut’ on their health and given tips on sex education.