

Female genital
mutilation extremely
controversial topic
criminology essay



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“ An estimated 100 million to 140 million girls and women worldwide have undergone female gender mutilation/cutting” (Population Reference Bureau, 2008). This figure is enormous and unsurprisingly, Female Genital Mutilation (FGM) is an extremely controversial topic within the international sphere. Whilst some may argue that it is simply natural and a general norm within certain areas and cultures, others, largely from the Western world, believe it to be an infringement of a basic human right and so many concerns and condemnations of the practice emerge from an ethical and humanitarian perspective. Engaging with this debate involves studying the works of two academics, Martha Nussbaum and Yael Tamir, both providing counteracting views towards such a complicated debate like this one. This essay examines the practice of female circumcision, arguing that it is legitimate for states like the UK to attempt to bring them to an end, thus agreeing with the argument made by Nussbaum, namely that “...we should be ashamed of ourselves if we do not use whatever privilege and power has come our way to make it disappear forever” (Nussbaum, 1996). My argument however is one of states only being able to legitimately intervene where FGM is being practiced against the will of females, yet if the practice is warranted and women, of adult age, consent to it, then it is not as permissible for states to intervene. Cultural opinions and determination are not valid enough reasons to allow such a horrific process to continue, specifically due to the medical implications of the circumcision procedure as a whole. The ‘ Capabilities Approach’ by Nussbaum (1999) is examined within this essay therefore, in terms of arguing that females should have the choice of whether or not to go through with the act of FGM as this procedure removes their opportunity to fulfil their full capabilities as both human beings and as women. Thus this <https://assignbuster.com/female-genital-mutilation-extremely-controversial-topic-criminology-essay/>

goes hand-in-hand with the argument that states are legitimate in intervening to allow capabilities to be satisfied. Finally, a series of policy recommendations are made with respect to the ways in which states, such as the UK, can intervene legitimately to prevent such practices occurring in future years, the key one being education. These measures will therefore protect the human rights and social welfare of females across the world, along with other institutions i. e. Non-Governmental Organisations (NGOs).

FGM is commonly performed on young girls “ as a rite of passage to womanhood” (Rahman and Toubia, 2000, p. 3). Since the early 1990s, FGM has gained global recognition as a serious health and human rights issue. Often this act is committed for social and cultural values as opposed to medical ones and so it is very difficult to begin a process of change as in order to do this, as the whole thinking of society and its actors would need be adjusted. Largely conducted within African countries, the practice, although having decreased in recent years, still poses a threat to the rights and capabilities of women in such areas. The fall in numbers of females undergoing such circumcision coincides with numerous global efforts to target “ excisors, medical professionals, and families who perpetuate the practice” (Population Reference Bureau, 2008). Political will and implementation of such legislation however is the key hurdle to achieving this.

FGM poses severe health risks, both physical and psychological in both the immediate/short-term and also the long-term. Some of these medical problems include: haemorrhaging, infections, septicaemia, shock from the severe pain and loss of blood, risks during childbirth, and in extreme cases, <https://assignbuster.com/female-genital-mutilation-extremely-controversial-topic-criminology-essay/>

death (Slack, 1988, p. 451). Other side effects include: “infertility, cysts and abscesses, urinary incontinence and psychological and sexual problems” (Population Reference Bureau, 2008). Intense trauma is often caused as many of the females who undergo this operation are of an incredibly young age, held down by force and circumcised with little, if any, anaesthesia (Slack, 1988, p. 454). These medical consequences for women who undergo genital mutilation are unbearable to even think of, let alone experience, yet still the practice continues due to the myths which surround the issue i. e. females being sterile until they have been excised and so the procedure will supposedly increase fertility (Slack, 1988, p. 447) and other myths that the clitoris is incredibly dangerous to women so if not excised will be harmful to the foetus, physically and spiritually (Slack, 1988, 460). Such myths are of course based on fictitious information but due to social pressures are not questioned but preserved, as has been the case for many years.

The following map illustrates where FGM is at its highest and thus such areas are the first which need to be aided through state intervention to stop it. Statistics have shown though, that although the practice is still occurring, largely within third world countries, the number of women undergoing FGM has actually fallen and so this is indicative that some level of progress towards eradicating FGM is occurring. African countries, specifically Egypt, Mali, North Sudan and Ethiopia are (according to 2009 figures) experiencing the highest rates of female circumcision procedures.

Source: Jaeger, Caflisch and Hohlfeld, 2009, p. 28.

In international relations, both high priority and low priority political issues need to be addressed, seeking global communication, negotiation and interaction. Globally, greater interconnectedness and increasing multicultural societies are leading to both domestic and international issues being discussed at a global level. This is indicative of states helping other states in terms of economics i. e. through increased trade and assistance during globalisation, and politics i. e. through the exchange of political ideologies and support. The argument here posits that if it is legitimate for states to intervene in economic and political issues, is it not also legitimate for states to intervene, when and where necessary, to improve social welfare and quality of life of the less fortunate? This does of course refer to intervention to stop FGM and resultantly improve the social welfare of women across the globe. Governments' duty to take action against practices like female circumcision is embedded in international human rights treaties and thus states must comply with this (Rahman and Toubir, 2000, p. 44). FGM is therefore a violation of a fundamental human right, and as the process cannot be reversed, the consequences are horrific. Bleeding profusely, reproduction problems, and even death are the terrible repercussions that those who undergo the process will endure. Hence these are serious medical implications and these are medical explanations for stopping the practice, as opposed to the usual moral explanations often spoken of within international ethics theory (Jaeger, Cafilisch and Hohlfeld, 2009, p. 31). Tamir (1996) however, makes the argument that before looking at other countries, we should look at our own countries as they are highly unlikely to be perfect. I disagree with this to some extent, particularly in relation to the issue of FGM. Countries where this occurs may simply believe this to be a custom or norm,

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something that is a normal and unquestionable part of a female's life.

Without being educated and increasing awareness though, this disturbing process will continue. The people living in such small communities view FGM as normality, relying on myths on which to base the rest of their lives. Thus, it is the duty of those more educated i. e. in the West, to use education as the catalyst to bring about change and in turn stop this practice from occurring against the will of females.

So why is it that FGM is seen as disgraceful whilst male circumcision is not seen with such unacceptability? A key reason for this relates to religion i. e. in Islamic teachings, male circumcision is natural and compulsory for all Muslim males. Male circumcision is not as harmful in any way when compared to FGM is and men are still able to fully function both physically and sexually whereas women aren't. Male circumcision outside of Islam is often undertaken for hygiene reasons and so all of these reasons clearly display the picture that within most societies around the world, male circumcision is widely accepted as a type of norm. The term 'female circumcision' seems to suggest an analogy with 'male circumcision' yet in actual fact, the "degree of cutting in female circumcision is anatomically much more extensive" (Rahman and Toubia, 2000, p. 4). In addition to this, FGM is seen as a way of sexually controlling females and although in current political debate this may seem to be rather liberal in appearance, "references to cliteridectomy commonly reveal a patronizing attitude toward women, suggesting that they are primarily sexual beings" (Tamir, 1996). Thus many advocates of cliteridectomy are concerned with corruption i. e. that the operation will restrict female sexual desires and in turn this will

make them chaste wives and mothers (Tamir, 1996). The issue here though is that sexual enjoyment from women is not an openly discussed matter, but rather a taboo in many traditional communities, and so cliteridectomy is in itself symbolic of repressing female sexuality.

Such non-Western cultural practices like FGM often symbolise resistance to the dominance of the West i. e. in Kenya, whereby cliteridectomy gained life as a political tool between British Colonials and African Nationals (Brown, 1991, p. 262, cited in Jaggar, 2005, p. 577/578). The counter-argument to this though lies within the hypothetical example given by Tamir (1996): mutilation enables women to be free of their reliance on men and thus they are able to function fully in order to follow social and political aspirations. The more common argument however is one of cliteridectomy and similar practices being corrupt in nature, restricting women and not allowing them to break free of the imposed barriers with respect to sexuality.

All of these issues relate back to cultural and traditional values and so it is often impossible to think beyond one's own culture. Nussbaum, a liberal feminist, provides an almost world-view which encourages people to think outside their own cultural box, raising the argument that just because something is done i. e. FGM, this does not mean that we cannot question it or interrogate it for the greater good. Her concerns therefore lie with issues of morality, freewill and choice. Nussbaum (1996) responded to Tamir (1996), focusing primarily on three points: (1) it is unfair to criticise another culture without being prepared to accept criticisms of one's own culture, (2) one cannot criticise another culture's acts without the certainty that their own culture is free of any evils, and (3) FGM is morally similar to dieting and <https://assignbuster.com/female-genital-mutilation-extremely-controversial-topic-criminology-essay/>

body-shaping as within American culture. Nussbaum (1996) agrees with the first point, disagrees with the second and believes the third point to be egregiously wrong, contending that the damage caused to women from extreme dieting and surgery can be undone in most cases, yet genital mutilation cannot be and so this is why it is of the greatest concern. The third critique Nussbaum (1996) makes is of greatest relevance as FGM is often compared cosmetic surgery and enhancements and so on by many theorists. It is often seen as the opposing argument, but as stated in the article, the eight differences between FGM versus dieting and surgery “ explain why Vogue is not illegal, whereas FGM is illegal in many of the countries where it occurs” (Nussbaum, 1996).

Nussbaum (1999) later built on Amartya Sen’s theory of ‘ Capabilities’ and this is of great relevance when examining the controversial topic of FGM. She understands capabilities to characterise each human life and is interested in ensuring that all persons have these capabilities to perform central functions, an explicitly Universalist standpoint. Her argument affirms that within the political arena, human beings exhibit moral capabilities which can in future be developed, yet such capabilities are “ deprived of the nourishment that would transform them into high-level capabilities” (Nussbaum, 1999, p. 236). Hence without these capabilities Nussbaum (1999) argues human beings are useless. With regards to FGM, the ‘ Capabilities Approach’ largely frowns upon the deprivation of individuals to have the opportunity to choose to be sexually active or indeed celibate (Nussbaum, 1999, p. 238). Capabilities require constant development to be able to function fully. With respect to Nussbaum’s work, ten “ central human

function capabilities” are identified (Nussbaum, 1999, p. 235). FGM breaks two of these capabilities, namely “bodily health” and “bodily integrity” (Nussbaum, 1999, p. 235). Hence according to these, states are legitimate in intervening and influencing other states where practices like female circumcision are taking away the capabilities of their citizens. Resultantly, the ‘Capabilities Approach’ is demonstrative of an accurate framework to use where the matter of states, like the UK, legitimising actions, such as FGM, is concerned. This ‘Capabilities Approach’ was later put into action by the United Nations Human Development Reports, arguing that GDP per capita was not a true reflection of this and instead, Sen argued that how people live their lives and other similar economic indicators, need to be examined.

Tamir (1996) opposes such points, arguing that there is much to criticise about one’s own culture before one is able to criticise another. So common Western practices such as cosmetic surgery, in her argument, would be open to the same criticisms from non-Western countries as FGM is for people within the West. In her critique, states are not legitimate in intervening in other countries before they have addressed all issues of a similar nature within their own home country. With respect to this argument though, the fact of the matter remains that those individuals who undergo surgery and other cosmetic enhancements are usually doing so out of their own personal choice and so this raises other concerns as to why people feel the need to do this, as opposed to intervening to stop it. Other theorists are generally more reluctant for intervention to occur i. e. Walzer, who would argue that intervention of any kind would only be necessary if a clear case of genocide

was being demonstrated where thousands of victims were losing their lives. In my critique of this though, the practice of FGM, although maybe not as severe as genocide, is indicative of female oppression and so causes a predictable number of deaths which could have been prevented had the right systems been put into place through state intervention.

The factor specific to FGM which makes it appropriate for outsiders to intervene and attempt to halt it is that of women not being given a choice of whether or not to undergo the procedure. Women should be able to decide for themselves whether or not they wish to be circumcised, with no pressure from external forces, yet before such a decision they must be made aware of the implications in terms of health and future capabilities. This is what Nussbaum (1999) is referring to in her 'Capabilities' argument as outlined previously. As prosperous developing countries, it is the obligation and duty of states like the UK to intervene to stop FGM when it occurs against the will of women, at least until sufficient change is seen and this change fosters sustainability. The following section therefore examines the ways of doing this.

Since the early 1990s, FGM has been recognised as a global human rights issue and so numerous efforts have been made to end it or to at least reduce the number of cases of it occurring. Initiatives such as the annual 'International Day Against Female Genital Mutilation' on February 6th, introduced by the United Nations Population Fund (UNFPA) in 2007, demonstrates this, calling for greater government commitment to programmes preventing the practice (Obaid, 2007). Although female circumcision is a heavily criticised practice in many developed countries, it is <https://assignbuster.com/female-genital-mutilation-extremely-controversial-topic-criminology-essay/>

not feasible to simply condemn the practice as this suggests that Western culture is paramount. Understandings of cultural relativism need to transpire but more importantly, a process of change needs to be instigated. Nussbaum (1996) is correct in critiquing Tamir for this (suggesting cultural relativism is a valid argument), explaining how it is difficult to morally decide whether or not intervention should be committed in terms of local or distant acts, and although individuals will legitimately prioritise about these decisions, this does not mean that we should not intervene.

“ Poor education and low levels of income among women in African countries, coupled with inadequate governmental support” (Wakabi, 2007, p. 1069) are the key issues regarding the eradication of FGM and only when such problem areas are addressed, can progress begin to occur. Rahman and Toubia (2000, pp. 58-68) identify three types of measure to be implemented in order to tackle the FGM issue: legal, regulatory and policy measures. It is important to note from the very beginning though that no single measure will be feasible if states are to intervene, but rather a series of combined approaches and changes must be adopted. Legal measures involve ratifying human rights arrangements to ensure that rights within such treaties are upheld and also carefully considering the imposition of criminal sanctions to dissuade people from committing the circumcision operation (Rahman and Toubia, 2000, pp. 59-61). With regards to regulatory measures, suggestions have been made of disciplining those medical professionals who engage in the practice and removing their licences if they persistently offend (Rahman and Toubia, 2000, p. 68). Finally, but most importantly, policy measure areas are discussed, these being: education, the

media, empowering women and increasing access to reproductive welfare services (Rahman and Toubir, 2000, pp. 68-71). The primary way of states intervening legitimately, in my argument, is through the process of education. By educating those within the countries where the practice of FGM takes place, the root cause of the problem can be targeted. This has previously been done through NGOs and alike, yet states too can intervene to promote adequate social welfare for the women within countries where FGM is a severe issue. Older generations need to be approached and made to understand the deficiencies associated with the practice and thus ultimately this will feed through to younger generations. Simultaneously though, younger generations too need to be targeted as they are the future and by educating them, forthcoming generations of females will be protected against such a painful practice. Governments need to begin devoting resources to providing FGM practicing countries and communities with information about the negative effects of the procedure and about human rights as important. Such information however must “ emphasize the potential psychological and physical impact...[as well as] examine the history and purpose” (Rahman and Toubir, 2000, p. 68). If we now examine the media, the argument made is one of facilitating public dialogue and discourse about FGM along with the promotion of women to be free from FGM by various media outlets (Rahman and Toubir, 2000, p. 69). This is a very good suggestion, yet in my critique, isn't feasible due to the fact that media within FGM practicing countries is relatively low, if at all existent. Thus this policy recommendation is good in theory yet in practice may not be as simple as first assumed. Empowering women is the third suggestion, self-explanatory in nature yet the ways of doing this include reforming policies <https://assignbuster.com/female-genital-mutilation-extremely-controversial-topic-criminology-essay/>

which prevent women from improving their status i. e. social, economic etc, ensuring women can work alongside men and that issues of equal pay are addressed (Rahman and Toubir, 2000, p. 70). Again this poses potential difficulties in that in certain rural communities, women are not seen as employable and do not have the opportunity to go out to work and more importantly have not been educated enough to undertake even the most low-skilled job positions. Hence such a recommendation is reliant on the previous policy suggestion of education, as only when communities are educated will the women within them be able to start working legitimately. The final proposal is that relating to reproductive services for females within the communities where female circumcision is occurring. These services are critical in providing women with accurate information about FGM as a whole in terms of their reproductive health (Rahman and Toubir, 2000, p. 71). This is a great service as it is well-known that women who have been circumcised require regular medical attention and so this would address this issue and make it a more widely recognised initiative. Hence the ideal outcome of this is that women, who understand the severity of the practice for their health, will be less likely to make their daughters go through with it (Rahman and Toubir, 2000, p. 71). This is ideal and would be the best possible solution but, Rahman and Toubir (2000) fail to consider the impact of community, religious, cultural, family and social pressures on women who do not undergo the FGM operation. Thus reproductive services although being an invaluable resource, are not as simple and easy in terms of changing social attitudes immediately. In the long-run however, reproductive services do have the potential scope to be a success.

Other suggestions for intervention include: withholding aid to those countries where FGM is continuing to happen along with working with local groups to support advocacy efforts promoting negotiated, verbal intervention as opposed to plain physical intervention. The critique of this though relates to speaking but taking no action and some theorists would argue that an issue like FGM can only be tackled by head-on intervention that doesn't pussyfoot around the topic but rather stops the practice for the horror it causes, and rightly so.

It can be argued by many that these policy recommendations are too simplistic and idealistic yet the fact of the matter remains that before any of these can be implemented, government structures need to be changed. In places like Somalia, several humanitarian organisations have launched campaigns to stop the spread of FGM, yet "the widespread insecurity and absence of a central administration have only handed minimal success to their efforts" (Wakabi, 2007, p. 1070). A case study of Mali however informs us of the positive impact of NGO based intervention, working alongside local communities and governments. The initiative here used a mobile cinema travelling from village to village to encourage the open discussion of women's health issues and once trust had been established, discussed FGM more openly in an attempt to change social attitudes towards it (Good, 2010). This programme has increased awareness about FGM amongst the Malian community, and is beginning to get positive results in Mali, where women are deciding against their daughters being circumcised (Good, 2010).

Kenya too has undertaken programmes, the key one being "Ntanira Na Mugambo" which translates to "Circumcision by Words" (BBC News, 1998). <https://assignbuster.com/female-genital-mutilation-extremely-controversial-topic-criminology-essay/>

This week long programme secluded women from males, informing them about FGM in a subtle manner i. e. referring to anatomy, reproduction, self-esteem building, dealing with peer pressure and respecting adults (BBC News, 1998). Thus this type of programme didn't abhor FGM outright but rather tackled the issues surrounding it, offering an alternative view yet allowing the women to make up their own minds.

Another project was employed in Uganda where an Outreach Plan was created, targeting leaders of rural communities who commit the practice of FGM. Such a plan provided local community leaders with economic incentives to stop the process i. e. that those women who undergo FGM find it incredibly difficult to work and thus their contribution to the workforce is trivial (Rahman and Toubia, 2000, p. 78). Such intuition prevents women from being forced to be circumcised whilst also positively impacting upon productivity and as a result increasing economic efficiency.

Outside pressure does still exist though and experts on FGM believe it is vital to actively engage with communities to ban the practice and penalise those who still conduct it. Thus as said before, education, although the most important element of this process of instigating change, cannot simply be the only solution, but rather must be combined with a series of other strategies.

To conclude, FGM is a practice heavily debated about within international relations due to the ethical concerns it raises and ultimately infringes.

Cultural relativist positions would argue that is necessary to understand the behaving of different groups due to cultural backgrounds, yet the stance that

we should simply accept differences is highly critiques where FGM is concerned. In my critique, the practice is one worthy of severe condemnation, yet through little fault of the people continuing it but rather the myths and general history surrounding it. Hence, ultimately it is these myths and historical factors that need to be eradicated in order to promote the safety of women across the globe, particularly in less-developed countries. Thus this essay has agreed with and supported the argument put forward by Nussbaum that it is legitimate for states like the US and UK to intervene to bring the practice of FGM to an end yet this is relative to the situation. My core argument however remains that if women are being forced to undergo genital mutilation, then it is acceptable for states to intervene through the measures discussed previously. However, if the procedure is consented to and women are voluntarily wishing to go through with it out of their own freewill, then states are not legitimate in intervening. Intervention thus is dependent on the factor of choice towards FGM, yet women and men alike should be educated about the medical and psychological consequences of it. Additionally, such education should enlighten communities about the falsities of the myths they cling on to and how they are in actual fact untrue. The 'Capabilities Approach' is fundamental to this process of education as it informs the public of how FGM can harm and worsen the capabilities of women. Education however will not work alone and must be accompanied by a series of other policy measures, namely legislation, regulatory policies and reproductive services. It is therefore legitimate for states like the UK to intervene to halt practices like FGM, according to the circumstances outlined in this essay and through the policy recommendations suggested.

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