Female Genital Mutilation: A Matter That Must Be Stopped!

Fatouma Idrissa

Grand Valley State University

Follow this and additional works at: http://scholarworks.gvsu.edu/honorsprojects

Part of the Women's Studies Commons

Recommended Citation
http://scholarworks.gvsu.edu/honorsprojects/407

This Open Access is brought to you for free and open access by the Undergraduate Research and Creative Practice at ScholarWorks@GVSU. It has been accepted for inclusion in Honors Projects by an authorized administrator of ScholarWorks@GVSU. For more information, please contact scholarworks@gvsu.edu.
Female Genital Mutilation: A Matter That Must Be Stopped!

Fatouma Abdoulaye
HNR 499
Dr. Richard Hiskes
Honors Senior Project

April-15-2015
Introduction

I was in high school when I was chosen by the president of my high school to represent my school for a convention dedicated to young girls and women. The main topic was on Female Genital Mutilation (FGM), and I was very surprised to know that such thing is happening in the world and precisely in my country, Niger. After the convention, I was very uncomfortable the whole time till I got home. My mom asked me how the convention went because she knew how excited I was about representing my school. I just nodded and answered that it was fine. She gazed at me and asked what was bothering me. I remembered breaking down before even saying anything. She held me against her, and insisted I share my frustration. I, then, told her about FGM, the causes, the consequences, and all its implications I was taught at the convention. I was shocked when her answer was “I am a victim of circumcision too.” I felt like the whole world around me was going to crumble under my feet. I could feel this huge anger in my chest. I asked her what happened because I wanted to know who were those people who harmed my mother. That is when she told me about her story, which I will narrate later on.

In this paper, I will give an overview of FGM. I will first talk about the history around it, then, give some background information and connect it to Human Rights issues. I will bring up some failed attempt to eradicate Female Genital Mutilation. Finally, I will give some critics around the subject and an alternative solution to the issue.

1. Background
Before it became FGM (Female Genital Mutilation), it was first called FC (Female Circumcision). Even though the origin is unknown, evidence of such practice was found in the ancient Egypt by the Greek historian Strabo, in early first centuries A.D. From there FC spread to different parts of Africa, the Middle East, Asia and Latin America. The ritual varies depending on the communities and the cultural backgrounds; nonetheless, it has the same goals. FC is supposed to be a ritual to prepare young girls for womanhood and marriage. Girls who are not excised will have a hard time getting married because they are considered “unclean”. The ritual is a form of purifying young girls and preventing them from premarital sexual activities, and enhancing aesthetic beauty of the vagina (surrounding tissues). Thus, young girls need to be purified to be accepted as women in their societies. The practice is supposed to provide them a place in their own community.

Because it is an invasive ritual, World Health Organization (WHO) introduced the word FGM in 1990 at the Inter-African Committee on traditional practices affecting the health of women and children. FGM procedure involves blood, knives, and many other harmful objects. The instruments used are rarely sterilized. Special knives and razor blades are commonly used but this varies among cultures. It is done under no medical supervision and no anesthesia.

WHO defines FGM as a procedure involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. The organization also estimated that between 100 to 150 million young girls and women underwent that procedure out of which 91.5 millions are in Africa. Of these 91.5 millions, more than half are in three countries ranking amongst the highest in prevalence rate: Egypt, Ethiopia and Northern Sudan.
There are four types of FGM according to the World Health Organization reports. The first type, "circumcision" or "clitoridectomy", involves the removal of the prepuce or hood of the clitoris. The second type, "excision," involves the partial or total removal of the clitoris and all or part of the labia minora. The third type is "infibulation" and is common in Sudan, Somalia, and Ethiopia. In this procedure, the clitoris, labia minora and "at least the anterior two thirds and often the whole of the medial part of the labia majora" are partially or completely removed. The two sides of the vulva are then joined together with either adhesive substances such as eggs, sugar or acacia tar, or stitched together with thorns or silk. Flesh from the labia majora may be scraped off to enhance this process and a small passage for menstruation and urination is usually allowed. The fourth type refers to other practices that involve all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area. This type is less common.

Thousands of girls went through this ritual in west African Countries Like Niger, Nigeria, Mali, Senegal... and thousands more will go through it in the future because it is a part of their culture: a part of their identity. In the next hundred years maybe some ethnic groups will stop doing it due to the impact of globalization; however, there is still going to be some extremists who will invigorate the tradition. How would those girls escape from that?

Mariam is just like another typical little girl of four years old in Niger. She is the first child of her parents and has a little brother. Her father is in the military while her mom is a stay at home woman. Mariam used to spend the day helping her mother with the household chores. That year in September, her father received the visit from his two
older brothers. After their conversation, her parents told her that she had to follow her uncles. Mariam was too young to understand what was going to happen.

Her uncles brought her to a small hamlet outside of the city. There was an adult woman who asked her to sit next to one of the little girls in a hut, and brought her a beverage to drink. Few minutes later, she couldn’t help but sleep. When she woke up in the morning the sun was already at his peak. Her uncles already left her. The whole day, the women kept feeding the girls with only fruits and some concoction of medicinal herbs. At sunset, the girls received a long shower followed by prayers of purification. They were aligned by height in front of the biggest hut of the hamlet. An older woman and two women were already waiting. The ritual started when the first little girl got inside the hut. Mariam didn’t know what is going on, she only sees her fellows getting inside the hut and not come out of it. She could hear them scream so loud that at a certain point everything gets so quiet. When her turn came, she started panicking and crying. One of the women brought her inside the hut and she saw all the girls that passed by before her lying on the soil. She was forced to sit down and open her legs. While the older lady was preparing her surgery tools, the two women held her down. She started screaming at the contact of the blade on her genital part. She called her father as if he will show up miraculously and save her from this atrocity. The pain was so unbearable that she lost consciousness in the process.

While Mariam could be considered as a lucky girl when she woke up the next day in pain, and was still bleeding, some of the girls did not survive. She cried all day long and the worst part of it all was that nobody was there for her; she was on her own. The women didn’t care about the girls anymore; on the contrary if they heard them cry, they will call them cowards and bully them. By the end of day four, one of her uncles
along with other parents came to pick up their children. The parents of the dead girls recovered the bodies instead.

Mariam was brought home to her mother who took care of her. She never got the courage to look at the damage done to her, till she started seeing her first period at age fifteen. Today Mariam is forty-four years old and has five kids. Childbirth comes always with complications and sexual intercourse is painful to her instead of being pleasurable. She is not the only victim suffering from the repercussions of FGMs. Even though so many young girls die during the ritual and most of the ones who survived suffer their whole life from it, the society is still carrying the tradition.

2. Human Right Issue

It is true that the practice is a part of their customs and traditions for so many hundred of years, however it causes more harm than good. It raises sexual discrimination and inequality among people. Un-excised girls are treated as women with low morality even if they are still virgins. Some cultures believe that un-excised women are partially males and should be excised so that they don’t behave like men and want to rule the community. This violates the first article of the Universal Declaration of Human Rights (UDHR), which states that, “All human beings are born free and equal in dignity and rights.” It also violates the second article, which is against any type of discrimination.

FGMs not only violate those two articles, they also violate the third one that give the right to life, liberty and security for the person. Whenever a young girl dies during the ritual or from its consequences, she had her right to life taken away. The victims of FGM are also subjected to a form of torture. The practice is done without any anesthesia and is
non consensual. They are little girls and do not even know what it means to be “pure” or “dirty”. It is against the fifth article of the UDHR, which prohibits torture, and degrading treatment on human beings. The victims are indeed subjected to a degrading treatment. The clitoral area that is removed from the girls is usually left there for vultures to feed. The practice also denies women and girls their right to physical and mental integrity, freedom from violence and the highest attainable standard of health.

One will think that since the practice violates these rights, the United Nations will take radical actions against the practice and make it stop. The only thing they have been doing against it is to raise awareness and some countries allow the status of asylum to the victims. UDHR cannot do much more than this because it would infringe upon cultural diversity. Furthermore, there is the African Charter on Human and Peoples' Rights that is an international human rights instrument intended to promote and protect human rights and basic freedoms in the African continent. However, it raises many controversial issues that do not help solve the problem of FGM. Whereas few of its articles give reasons to take serious actions against FGM some of the article protect the practice. This is the case of the first part of article 22, which states that, “All peoples shall have the right to their economic, social and cultural development with due regard to their freedom and identity and in the equal enjoyment of the common heritage of mankind.” International laws cannot convict anyone practicing it.

3. Not Helpful Solutions To Eradicate FGM
There are countries like Uganda that adopted a law prohibiting female genital mutilation in 2010. The law severely punishes activities related to FGM. Whoever organizes the ritual will be imprisoned for ten years and the accomplices for 5 years. The law still did not help eradicate the practice on the contrary it just made it harder to regulate FGM in the country. The practice became a secret one. Girls are now being mutilated in secret huts and caves. The law, thus, succeeded in driving the practice underground.

Once socialized to perceive FGM as a necessary condition for women's initiation into adulthood, mothers feel obligated to subject their daughters to FGM to ensure they remain "pure" for marriage. Most of the communities that practice FGM argue that their forefathers did the same thing and gave birth to them. How can the practice be wrong if they survive it? And why should they be the ones to stop that age-old practice? It is clear that while having local and international laws against FGM is important; they are also ineffective at changing social beliefs, as there are many cultural and traditional influences attached to it, which explains why the practice still exists.

Those working to eradicate FGM have to acknowledge the risk of social stigma faced by women and girls who choose to reject the tradition. Everyone wants to feel loved and accepted by his or her own people. Everyone wants to feel like he or she belongs to his or her own group. The need to feel accepted is a basic human necessity. It will be hard to convince someone to stay away from his community based on the fact that the culture and beliefs are morally questionable. The notion that no culture is superior to another is relevant when an external nation with opposing views, values, and traditions seeks to assert or impose their values on another. That would bring a huge international polemic. Countries will start criticizing each other based on their cultural diversity and
that will bring war, which the UDHR is avoiding at all cost. Defenders of FGM think that it is just an attempt for western cultures to dominate other cultures under the subterfuge of health and safety concern. They think that ill-informed human right activists, while condemning non-western cultural values, are endorsing same sex marriage which is virtually prohibited everywhere else. In other words, the western effort to eradicate it is similar to “removing the speck in a stranger’s eye while ignoring the log in your own eye.”

To remedy the controversy several African feminists including Dr. Leslye Obiora a human rights activist and a law professor suggested the practice to be medicalized to ensure that the ritual is done in a “better way”. The latter means that the ritual will be performed under proper health care and supervision. Countries such as Egypt actually adopted the method claiming it would reduce complications and eventually end the practice (Mona Eltahawy, 2014).

Allowing the practice in a professional environment (Hospital) and let a medical doctor do it does not change many things, on the contrary it makes it seem less barbaric and more forgivable. People now would think that it is ok to do it and the government is endorsing them. The only thing that is different, if it is done in a hospital, is the pain during the practice and it will be in sterile conditions. However, anesthesia does not last forever. Few hours after the surgery the woman will still be in pain. How is she supposed to deal with the pain after the practice? How would she remedy the pain during sexual intercourses and childbirth? If we should allow any form of genital mutilation, we then have to agree that sexual enjoyment is a masculine right only, and women must do everything possible to please and satisfy their husbands, which in incontestably “unjust”. Women have the right to sexual pleasure too.
4. Critics Towards Its Eradication

People tend to compare FGM with male circumcision. Nowa Omoigui, a Nigerian born cardiologist practicing in USA, thinks that the ritual is mischaracterized and he is opposed to the eradication of FGM in Nigeria. According to doctor Omoigui, people are confusing a mere circumcision to a mutilation, and that similarly to male circumcision, in Nigeria, only the prepuce of the clitoris is removed. It has no medical ramifications to it. It has no negative consequence on a woman, on the contrary it will enhance her sexual arousal and making sex more enjoyable. He also compared FGM to cutting a toenail, which according to him is just removal of the outgrowing nails. Finally he concluded that the term mutilation is exaggerated.

One thing doctor Omoigui seemed to have forgotten is the fact that the prepuce will not grow back again but toenails do that’s why we cut them in the first place. Toenails harbor microorganisms, which will cause us to be sick once in our system. The prepuce does not. Male circumcision and Female genital mutilation are literally different things in some cases. The most common FGM is the total removal of the clitoris, which is a whole organ. Removing the clitoris in women is similar to removing the penis in men. How do you expect a man to have sexual intercourses without his sex organ? The practice do not bring any health benefits a woman, on the contrary it harms her. When brought against the impact of FGM on women's health and wellbeing, and the suffering victims endure, female genital mutilation does not merit any justification. Medical doctor or not, hospital or not, FGM should be banned.

5. An Alternative Solution
Eradicating Female Genital Mutilation has been and will be very difficult, however, it is not impossible. With the right strategy and great critical thinking it will be achieved. In order to show a community that its practice is harmful, the evidences have to come from members of that same community. Women who survived the procedure and are suffering from it need to testify and talk about it in their own communities. The issue is that most women are not comfortable talking about their feelings and their hardships. African women are taught to keep their issues to themselves. They are taught to suck in the pain and act as if everything is fine. They are taught to be “strong women”, which is ironical because a strong person is not afraid to say or act the way he wants to.

Having laws against FGM will not help eradicate it like we mention it earlier. It will be hard to regulate the practice and even harder when confronted with the women who get excised willingly. Should we punish them for doing that? That will be going against their rights of liberty and freedom, however; it will protect them in a way since they don’t know the consequences. Women are vulnerable when it comes to social stigma and influence. They would do anything to be loved by their family, husbands and peers. The same thing happened to Maimouna a survivor of the ritual. She wanted to be excised because all her friends were. Her own friends called her a half woman and that affected her. She asked her mom and her dad and both of them refused. Feeling pressured, she travelled in a remote village of her home country, Mali, to find a practitioner of that procedure. She did it without anyone knowing. It got complicated and was sent to the local hospital. She was diagnosed with HIV later on. Fortunately, she is getting the right treatment and now she is a mother of two children. In this case should we punish Maimouna for putting her life in peril? She did not know the consequences; nobody told her that she would have to struggle later. Her friends who pressured her are with no doubt
suffering too. However, none of them will ever talk about their own issues because of the way society will view it.

Although those women want to be excised, it is imperative to tell them about the consequences and give them evidence that might change their minds. It is just like parenting a child. It is parents’ duty to protect their children from harming themselves. If we allow kids to jump from the top of a roof or touch a hot surface then that will make us irresponsible parents. Responsible parents will tell kids not to touch a hot surface. Good parents will not tell their kids not to touch the hot surface because they say so, but because it will have very bad consequences. They will also bring up the story of a cousin who had a major burn after touching the hot surface. If the parents don’t have any related injury in the family, they will show their children a video of another child or pictures of similar situations so that the warnings make more sense. Yes, there are extremely stubborn kids who would still touch the hot stove and burn themselves, that does not mean that parents should give up on them and let them be on their own or even punish them for not following their order. On the contrary, the parents will take them to the emergency room and have their wound healed. They will then talk about the incident, which will forever stay in the kids’ mind (not to touch a hot surface!). Those children will also tell their friends about their experience at school and show their wound. If there is a friend of them who had in mind to touch a hot surface he will change his mind because of what he saw happened to his friend.

WHO and the UN should start acting as responsible parents and do their duty correctly. They should stop trying to make countries have laws against FGM but talk to the people. They should find victims of FGM who are willing to share their anecdotes and help prevent future cases. WHO should find a way to heal those victims of FGMs
through reconstructive surgeries and help them have a fairly normal life. In those countries with high FGM prevalence, appropriate plastic surgeon should be appointed to make help victims. The once with successful recovery should be motivated to share their story and will not allow their own children to go through the same hardships.

Female genital mutilation victims do not suffer only from physical pain, but also from mental pain due to the trauma it engendered. To top it off they are also victim of social inequalities and their health is at perpetual risks. Although, medicalization of the practice is a way to find a solution to the issue, it still violates other rights of the individuals and gives an indirect approval to practicing FGM. It still engenders pain and lack of pleasure during sexual intercourses for the victims, and there is still a sexual inequality. The practice is very hard to eradicate because of its cultural relativism aspect. Female genital mutilation is a practice that can be eradicated with the right strategies. WHO needs to focus more in helping victims regain their genitalia integrality then condemning the practice. Women victims of FGM also need to tell their stories. They should tell young girls and future moms about the consequences of FGM. Raising awareness on FGM from the victims will prove to be a more efficient solution.
References


