

Female Genital Mutilation: Cultural Tradition or Human Rights

Violation?

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Introduction

Female Genital Mutilation (FGM), also known as cutting, includes procedures that intentionally alter or injure the female genitalia for non-medical reasons¹. In spite of FGM being internationally recognised as a violation of human rights, it is still traditional practice in many countries and cultures worldwide¹. FGM provides no medical benefit for women and girls, and is associated with numerous adverse health problems such as severe bleeding, infection, cyst formation, infertility and increased neonatal mortality¹. FGM is most often carried out on young girls between infancy and age 15, prior to puberty². FGM is concentrated in 29 countries across Africa and the Middle East where over 125 million girls and women alive today have been subjected to FGM³. With an estimated 3 million girls worldwide at risk of FGM each year⁵, it is our society's moral obligation to stand up to this cruel practice.

The World Health Organisation identifies and classifies four types of FGM as follows⁴:

- Type I – Partial or total removal of the clitoris and/or the prepuce (clitoridectomy) ⁴
- Type II – Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision) ⁴

- Type III – Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation) ⁴
- Type IV – All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization⁴

Worldwide, it is estimated that 90% of FGM cases are Type I, II or IV, and only 10% of cases involve Type III⁵. From a medical perspective, it is important that the treating healthcare professional is aware of which type of FGM a patient has undergone. This classification can help healthcare professionals, for instance in obstetrics, where type III FGM can significantly increase the risk of delivery by caesarean section.

FGM in the United Kingdom

In the UK, it is estimated that 137,000 women live with the effects of FGM². Due to the 'hidden' nature of FGM practice, the true extent of its prevalence in the UK is unknown. Since 1985, FGM has been a criminal offence in the UK under the Prohibition of Female Circumcision Act⁷. The Female Genital Mutilation Act 2003 replaced old legislation and modernised the offence of FGM, allowing prosecution for extra-territorial offences such as assisting a girl to carry out FGM on herself and taking girls abroad for mutilation⁷. To reflect the serious nature of the harm caused by FGM, the 2003 act increased the maximum penalty for FGM offences from 5 to 14 years imprisonment⁷. Section 72 of the 2015 Act inserts section 3A into the 2003 Act and states that if FGM is undertaken on a girl under the age of 16, each person

responsible for the girl at the time of FGM can be prosecuted for failing to protect a girl from FGM, an offence that carries a maximum penalty of 7 years imprisonment.

To date in the UK, no one has been convicted of FGM under the 2003 Act in England and Wales⁷. It is thought that reluctance to be identified as a victim of FGM deters girls and women from reporting this crime, however it is hoped that providing lifelong anonymity to women and girls affected by FGM will encourage more victims to come forward⁷, and that the introduction of tougher penalties will deter potential offenders from carrying out the practice, or taking girls abroad.

As of 31st October 2015, section 5B of the 2003 Act introduced mandatory reporting to the police of FGM on girls under the age of 18 by health and social care professionals and teachers⁸. The term mandatory reporting encompasses all 'known' cases of FGM, where 'known' describes a girl telling the professional that they have been subject to FGM or the professional observing signs of FGM on the girl that they do not believe can be otherwise explained (e.g. by a surgical operation) ⁸. In the event that a professional believes a girl to be at risk of undergoing FGM, they have a duty to report this to the police or local authority. The local authority may then apply for an FGM Protection Order (FGMPO), which aims to protect the girl in question and her siblings from FGM⁸.

FGM as a Cultural Tradition

To truly understand why FGM continues to be practiced across the world it is important to appraise research that has been undertaken to evaluate the opinion of the populations where the practice is concentrated.

A recent systematic review, including 1741 participants from various countries in Northern Africa/the Horn of Africa, found that factors perpetuating FGM include perceived health benefits, marriageability, sexual morals, tradition and religion⁹. Of the 21 studies that were included, two of the studies looked specifically at the beliefs of men, and concluded that men did express a preference for a circumcised wife⁹. When looking at the qualitative data collected, the most prominent theme was that FGM is seen as a 'highly meaningful and valued cultural tradition'¹⁰. Often participants believed that undergoing FGM is part of becoming a woman¹¹. Another common theme was social acceptability; participants described the decision to undertake FGM as one made by the entire community, not just the parents of the child in question¹². Two intricately linked themes include marriageability and sexual morals, regarding which women spoke of FGM as 'decreasing women's sexual desires' so as to protect them from engaging in sexual activity before marriage thus retaining their virginity¹³. Commonly, participants believed that natural female genitalia were unclean and FGM ensured good hygiene of the genitalia⁹. Lastly, this systematic review found that religion was a controversial theme. Whilst some participants cited religion as one of their main reasons for supporting the continuation of FGM¹⁴, others stated that FGM directly violated their religious beliefs¹⁵.

The review concluded that in countries where FGM is concentrated, the practice is often deeply rooted in the social system. It was found that FGM is often enforced by the community, and that the extensive enforcement of the tradition was strongly linked to avoidance of shame for the woman and her extended family, and maintaining honour⁹.

A 2013 report by Unicef states that women feel a strong social obligation to conform to FGM, and fear that if they do not, they will be excluded, ridiculed and criticized³. Women explain that they are most likely to subject their daughters to FGM over fears that if they do not, they will struggle to find a suitable marriage partner for her³. It was noted girls are more likely to undergo FGM if their own mother had been subject to FGM herself³. The review found that in Somalia, which, at 98%, has the highest FGM rate in the world, over half the female population believe that FGM should continue³. Strikingly, in Mali, it was found that over 74% of women also believe that FGM should continue³.

Although research shows that most cases of FGM are performed at home using either a blade or a razor, in Egypt, 72% of women had FGM performed by a doctor³. In 2006, The Ministry of Health in Egypt issued Decree No. 271 which banned health care professionals from performing FGM in government or non-government hospitals and clinics³. In 2008, Egyptian Parliament agreed to criminalise FGM, imposing a \$1000 fine and maximum sentence of two years imprisonment for anyone who performs FGM³.

As a counter argument, by allowing healthcare practitioners to perform FGM, Egyptian healthcare officials were able to regulate the practice and at least ensure that it was performed in a clean and safe environment with sterile equipment. Medicalising FGM would in theory reduce the number of 'backstreet' procedures and in turn reduce the complications that can occur as a result, such as infection.

Decades of campaigns aimed at eliminating FGM focussed on the health risks of FGM, and, as such, may have inadvertently promoted the medicalization of FGM and the notion that these health risks are largely avoidable if a healthcare professional performs FGM³. As these campaigns were not significantly reducing FGM rates, efforts have been made since the 1990's to contextualise FGM as a human rights violation¹⁶.

FGM as a Human Rights Violation

According to a 2008 report by the World Health Organisation, FGM is a human rights violation for many integral reasons. Firstly, FGM reflects a deeply rooted inequality between the sexes and constitutes an extreme form of gender discrimination⁵. Secondly, as FGM is almost always performed on minors, it must be regarded as abuse of the rights of the child⁵. Finally, FGM breaches the persons right to health, security and physical integrity, and the persons right to be free from torture, degrading and inhumane treatment⁵. In the event that a child dies as a result of FGM, their right to life has also been violated⁵.

It is imperative that measures are taken internationally to raise awareness about FGM and the physical and emotional harm that accompanies this traumatic practice.

This, and research into women's reasons for FGM discontinuance, can help to eliminate FGM once and for all.

In 2008 at the World Health Assembly, all member states agreed that FGM is a human rights violation and agreed to work towards the abandonment of FGM¹⁶. In recent years, 24 of the 29 countries where FGM is concentrated have prohibited FGM by law or constitutional decree³, making considerable progress in the fight to eliminate FGM.

In the UK, although legislation is in place that prohibits FGM by law, it has been reported that women with pre-existing FGM often go undetected until the later stages of their pregnancy, risking the wellbeing of both mother and baby¹⁷. In 2015, the Department of Health announced a £1.6 million pledge to improve facilities within the NHS for women who have undergone FGM¹⁷, recognising that more must be done to support women who have already had their human rights violated by being subject to this distressing procedure.

Eliminating FGM

Breaking the cycle of FGM is not an easy task. In countries where FGM is widely practiced, both men and women support it without question, making it a deeply ingrained social norm. Those who deviate from FGM may face harassment, condemnation and ostracism⁵. Understanding this shows us that individuals are unlikely to leave FGM behind without support from the wider community⁵. It is noted that girls may even be bribed to undergo FGM, receiving awards such as

celebrations and gifts⁵. As FGM has become an important part of the cultural identity of girls and women, by having it done, girls themselves may feel a sense of pride and belonging to their community⁵.

By evaluating women and men's reasons for continuing FGM, we can pinpoint exactly where change needs to be implemented to encourage discontinuance. An important but controversial reason for some women choosing FGM is religion. FGM is perceived to be associated mainly with Islam, but is in fact practiced by followers of all three monotheistic religions³. Equally, many people within those three religions do not practice FGM, and hence it is unlikely that the practice is mandated by religion. To further clarify the relationship between FGM and religion, the Al-Azhar Supreme Council of Islamic Research issued a fatwa in 2007 stating that FGM has no place in Sharia law and that FGM is a sinful action³. This is just one example of religious leaders speaking out against FGM.

Women who have secondary or higher education are significantly more likely to oppose the practice than those with little or no education³. It is also of note that women from wealthier households are much less likely to practice FGM than those from poorer backgrounds³. Younger women are more likely to support an end to FGM than older women, and women who have not undergone FGM are more likely to object to it than those who have³. From this research it is suggested that the above demographics are taken into account when targeting campaigns for the elimination of FGM.

Bringing an end to FGM requires sustained action at international, national and local levels³. It is a long-term commitment with no quick or easy solutions. It has been shown that abandonment of FGM on a large scale can be achieved by implementing a process of positive social change at community level³. This requires a significant number of families from a community, gathering together to make a collective, coordinated choice to stop practicing FGM³. This ensures that no family or girl are disadvantaged by the decision, for instance by being socially excluded or publically condemned. Each family needs confidence that others are abandoning the practice, and the decision needs to be widespread within the community in order to be sustained³. This action will in effect bring about a new social norm, one in which uncut girls will still be seen to have suitable marriageability and that the families from which they come maintain social status³.

Conclusion

FGM, although seen by many as a cultural tradition, is without a doubt, a violation of human rights that has been allowed to continue for far too long¹⁸. Although a lot of work still needs to be done to empower communities to say no to FGM, we are already seeing steady declines in FGM rates and decreasing support for the practice. This is because research has been undertaken to understand people's reasons for FGM continuation, leading to interventions and campaigns being targeted effectively to lead to FGM abandonment. Unicef have shown that in most countries where FGM is concentrated, the majority of girls, women, boys and men alike believe that the practice should end³. In Benin, a staggering 91% of women who have undergone

FGM themselves believe that FGM should stop³. These statistics give hope that one day, we will live in a world without female genital mutilation.

Word Count: 2,326

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