

Female Genital Mutilation: Meaningful Tradition or Detrimental Practice?

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Model, author, actress, and social activist Waris Dirie once said, “I feel that God made my body perfect the way I was born. Then man robbed me, took away my power, and left me a cripple. My womanhood was stolen. If God had wanted those body parts missing, why did he create them?” Waris Dirie is referring to a controversial practice called female genital mutilation, also sometimes referred to as female genital cutting. This practice is indeed very controversial and multi-faceted, which is the main reason why I was so drawn to it as a research topic. Based on the plethora of information available on the subject, it is obvious that female genital mutilation is an epidemic that needs to be stopped immediately. The procedures involved have no health benefits whatsoever and are harmful to the development of the victim’s formation of self and personal identity, as well as the identity of the female gender as a whole. It is necessary to begin educating the public across the globe of the terrible consequences of these procedures in order to implement laws where necessary, followed by the strict enforcement of said laws.

Louise Terry, a faculty member of the Health and Social Care Department at South Bank University in London, wrote an article titled “Female Genital Mutilation: A Literature Review” that reviewed what FGM is and its prevalence across the globe. According to Terry, female genital mutilation incorporates “any procedure that involves removal of or injury to a part or parts of the female genitalia for non-medical reasons” (41). Most commonly, these procedures are performed on girls between infancy and the age of 15 predominantly in Africa and some countries in the Middle East and Asia. The extent to which these procedures reach

depends upon the type of procedure performed. In Terry's article she outlines the four main types of FGM and what each type entails (42). Type 1 involves the "excision of all or part of the clitoris (clitoridectomy), which can involve the excision of only the prepuce, which consists of the skin surrounding the clitoris" (42). Type 2 involves the "excision of the clitoris and partial or total excision of the labia minora" (42). Type 3 involves the "excision of almost all of the external genitalia and stitching up of the vulva to leave only a tiny opening" (42). Finally, type 4 involves "any other procedure such as pricking, piercing, or scraping of the genitalia" (42). Although it is not always clear which type young girls are experiencing, it has been estimated that about 140 million women and girls have undergone some type of FGM worldwide (Terry 42). Surprisingly, these practices have been in place for thousands of years, with some mummies in Egypt showing that FGM was routine practice as long as 5,000 years ago. As recently as the 19th century however, a clitoridectomy was often used in the management of epilepsy, sterility, and excessive masturbation (Terry 41). None of these procedures, regardless of time, type, or place, serve any medical purpose.

If these procedures are not medically necessary and hold no health benefits, why are they still performed? Frances Mascia-Lees, a professor at Rutgers University and a knowledgeable author on the topics of feminism and anthropology, wrote our textbook which touches on this very question. In our textbook, titled *Gender and Difference in a Globalizing World*, Mascia-Lees offers several suggestions as to why these practices are still performed, such as the religious reasons given by some people. Other people suggest that these practices are used to indicate virginity (and therefore marriageability), but probably most frequently people suggest that these practices are seen as a rite of passage that "indicate that a young girl is now a woman and that she is clean, smooth, and pure" (66). In the village of Hofriyat in Sudan for example, these practices identify virginity and without it, a woman is not marriageable. According to Mascia-Lees, "in societies where a woman's economic well-

being is directly tied to her ability to marry and her status to her ability to have children, ensuring virginity can become a matter of survival” (66). After compiling these findings and considering the weight of the matter at hand, it becomes apparent that many girls are forced into these procedures due to the cultural importance placed on them. These young girls must undergo these painful and unnecessary procedures in order to prove that they are now pure, clean ‘women’ and no longer ‘girls’.

Now knowing what FGM is and why it is practiced, it is important to consider the consequences of this harmful tradition. There are innumerable potential health risks associated with these procedures, especially in situations where the tools used aren’t being sanitized and the people performing the procedures aren’t trained professionals, which unfortunately is the case in many situations. Referring back to Terry’s article, even in the best of conditions, there are still countless potential risks. Terry outlined several of these complications, including “injury to nearby vulval tissues, recurrent abscess formation, urinary tract and bladder infections, dysuria, pelvic inflammatory disease, post-partum hemorrhaging, prolonged and obstructed labor, and inability to have sexual intercourse” (43). These are just a few of the over 40 potential physical complications that Terry listed in her article. On top of these complications, there are also several psychological consequences of these procedures, such as depression, anxiety, regret, post-traumatic stress disorder, and psychosexual problems (Terry 43). Young girls are being pressured into these procedures by other members of their community and family, however after the procedure is completed it is the young girl that must deal with the consequences. These girls are taught to believe that these painful procedures are necessary for them to be ‘marriageable’. It is in this way that FGM functions to keep women in these cultures at a disadvantage and reinforces the true patriarchy of the cultures. This tradition is psychologically detrimental to the young girls that are going through it and functions to maintain a gender imbalance within the societies it is performed.

Going off of this assumption, L. M. Liao of the Institute for Women's Health at the University College London in London UK performed a study of the effects of FGM on women later in life, of which the findings were published in an article titled "Adult Recall of Childhood Female Genital Cutting and Perceptions of its Effects: A pilot study for service improvement and research feasibility." Over a 6 month period 19 women attending a women's clinic in London were asked several questions about their experience with FGM through a structured interview process. From this study, several interesting findings were reported. According to Liao, "41% of the participants attributed some current physical health problems to their FGM and 41% also attributed some mental health problems to their FGM" (293). Unfortunately, even more scary statistics were recovered from this study, including "24% reported having sexual difficulties because of their FGM, 12% reported a fear of men, 24% reported emotional or family problems associated with FGM, and 12% highlighted FGM-related issues as significantly affecting their overall lives negatively" (Liao 293). Based on these findings, it is safe to say that a woman's identity and future are severely impacted by these procedures. It is nearly impossible for these women to figure out who they truly are without being influenced by the thoughts and traditions being forced upon them.

Knowing how harmful this tradition is and knowing the severe consequences, why hasn't this been outlawed? Priva Shetty, a representative for the World Health Organization, wrote an article on the future of FGM and its related legislation titled "Slow Progress in Ending FGM". Thankfully, according to Shetty, "international pressure to end FGM has been mounting since 1997, when the WHO, UNICEF and UNFPA issued a joint statement calling on governments to ban the practice. This commitment was renewed in 2008 and, in 2012, the UN General Assembly passed a resolution to step up efforts towards the elimination of FGM" (6). Building on this, she also reports that "the fight to end FGM is now global, with international agencies such as the United

Nations Children's Fund (UNICEF) and the World Health Organization (WHO) at the helm, and has strong support from governments, such as that of the United Kingdom and nongovernmental organizations (NGOs)" (6). Although this is most definitely a step in the right direction, this is only the beginning. Outlawing this tradition across the globe is an absolute must, followed by the strict enforcement of the new laws. It is not until FGM is completely eradicated that women will finally be able to rest without these painful injuries that leave such deep emotional scars.

In conclusion, female genital mutilation (FGM) is an epidemic that unnecessarily modifies the bodies of young women across the globe. These procedures are both physically and psychologically harmful to the girls involved and inevitably damage their formation of identity later in life. On top of this, FGM also tinges the overall view of the female gender and in some ways reinforces the patriarchy of the cultures involved. Now that this tradition is gaining more attention internationally (as it should), there is hope that sometime in the near future it will be abolished completely. Only then will girls and women across the globe be able to function and form their true identities based on their own choices, beliefs, and experiences.

Works Cited

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