

Line by Line: A Journal of Beginning Student Writing

Volume 5 | Issue 2

Article 1

May 2019

Insight on Female Genital Mutilation

Kara Shunnarah
University of Dayton

Follow this and additional works at: <https://ecommons.udayton.edu/lxl>



Part of the [Creative Writing Commons](#), [English Language and Literature Commons](#), and the [Rhetoric and Composition Commons](#)

Recommended Citation

Shunnarah, Kara (2019) "Insight on Female Genital Mutilation," *Line by Line: A Journal of Beginning Student Writing*: Vol. 5 : Iss. 2 , Article 1.

Available at: <https://ecommons.udayton.edu/lxl/vol5/iss2/1>

This Article is brought to you for free and open access by the Department of English at eCommons. It has been accepted for inclusion in Line by Line: A Journal of Beginning Student Writing by an authorized editor of eCommons. For more information, please contact frice1@udayton.edu, mschlangen1@udayton.edu.

Insight on Female Genital Mutilation

Writing Process

This assignment was our third and final essay for this course; however, this essay is a continuation from my second essay in this class. Dr. Vorachek allowed us to pick any topic we felt we wanted to write about as long as it directly or indirectly related to gender. I had difficulty choosing at first, but then I began thinking about issues in our world and FGM stuck out to me. I first learned about FGM in high school, but never had the time for extensive research. I saw this assignment as an opportunity. Thus, I researched FGM, gathering information and data from many articles. I also completed my own survey to gather data, which was a requirement of the third essay. I combined my research, my own survey, and my personal argument to develop and produce this project.

Course

ENG198

Semester

Fall

Instructor

Laura Vorachek

Year

2018

Comparing Insight on Female Genital Mutilation

Kara Shunnarah

Imagine being an eight-year-old girl in Somalia, lying on your back in a humid hut as three women grip your arms, chest and thighs, holding you forcefully to the ground to assure you do not squirm or move. An older woman is near your clitoris, prepared to take a broken piece of glass to cut and mutilate your own body. The woman completes her work, stitches together the cut, and ties you up from your pelvis to your feet to aid the healing process. You have now, at eight years old, entered womanhood and are properly prepared for marriage. You are now completely feminine. Now, stop imagining this experience and realize this is a disturbing reality for over 140 million women living today (Gele et al., “Attitudes” 1). This reality is female genital mutilation.

The World Health Organization defines female genital mutilation as all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons (Adinew and Mekete 1). Within the last few decades, FGM has been brought into a global spotlight, focusing on the infringement upon female rights and the presence of detrimental health risks. Despite legislation prohibiting the procedure, the reasons for FGM’s continuation are blurred, as its purpose varies between cultures; however, the recurring themes defending FGM are to protect a woman’s femininity and to follow cultural tradition. Female genital mutilation encroaches upon the human rights of women and girls on the basis of preserving tradition and femininity, underscoring how this unjust practice should be dismantled to protect the health and dignity of females around the world. It is useful to compare the perspectives of individuals within female genital mutilation cultures to the perspectives of people outside of practicing cultures, allowing further insight and guidance on the action steps needed to dismantle the practice of FGM.

Female genital mutilation can impose various detrimental health effects upon the woman undergoing the procedure, underscoring how FGM inflicts unnecessary harm toward numerous women. A study done by the World Health Organization collected data from 28,000 women with FGM from six African countries. In this study, they found that the procedure “increased the risks of prolonged labor, postpartum hemorrhage, perineal trauma, and C-section” (Siddig 915). These risks atop others are a direct harm toward the health and quality of life of women in practicing cultures, putting them at risk for complications and even death. In fact, an article in the *William & Mary Journal of Women and the Law* written by Preston D. Mitchum discusses how death can result from FGM because of the unsanitary methods used by practitioners and community leaders. Mitchum asserts, “Often, practitioners use instruments such as razor blades or broken glass to perform the procedure” (592). These findings reveal that FGM is not a safe procedure for women, unnecessarily placing them at risk of harm. A study done in rural Minia, Egypt, gathered the attitudes of 618 men and women toward FGM. The results showed that females were more educated on FGM, including the health risks, than the men. However, despite having more knowledge, females were more supportive of the continuation of FGM compared to men, 60.3% versus 47.9% respectively (Mohammed et al. 3). In this particular case, women are still convinced that female genital mutilation should be supported and continued. This is because of the environment within FGM cultures. While the women are aware of the health risks, many still hold beliefs that FGM signifies womanhood and advances their ability to marry. Some women are receiving education, but it is in the wrong way. Rather than being taught that FGM is not necessary to their lives and womanhood, they are taught the opposite. Mitchum states that research in Sudan showed that “fifty percent of women who had undergone FGM say that they do not enjoy sexual intercourse, but rather accept it as their duty” (593). Women are being subjected to subordination to men through the practice of FGM, encroaching on their personal human rights.

I conducted a voluntary survey of 96 individuals—74 women and 22 men. The age range was 18 to older than 50. All of the respondents live in the United States, but 6.3% were not born in the United States. In these results, 92.7% agreed that education, within and outside of the United States, is vital to approaching the issue of FGM. When asked if FGM brought on any personal feelings, a woman replied, “If women were not labeled negatively without having FGM, then they would not do it. Education is needed to empower these women in a patriarchal

world.” This data reveals how individuals outside FGM culture who are living in the United States, a country highly situated on the rights and dignity of every person, understand FGM as an issue that calls for greater education and reform. Specifically, women need to be educated on their human rights, including the right to make a decision about their own bodies.

The foundations of FGM and the reasons it persists can be explained through comparing perspectives of individuals within and outside of FGM atmospheres. Those who perform female genital mutilation defend it on the basis of tradition and culture, underlining how numerous difficulties arise within efforts to terminate the practice. A study conducted in Hargeisa, Somalia, collected data from 215 randomly selected men and women on the attitudes of the practice of FGM. One of the findings was that the *Sunna* form of cutting, a “less harmful” way, is a requirement on the basis of religion and thus must be performed (Gele et al., “Have” 7). Female genital mutilation is most prevalent in the country of Somalia, with 98% of females being circumcised (Gele et al., “Attitudes” 2). Through this extremely high statistic, it is evident how religious community leaders have instilled its necessity upon their people. It is unjust that religious leaders are encouraging and fighting for the continuation of this practice through the means of religious requirement. Women are internalizing this social pressure and believing they must undergo FGM. In another study, 168 Iranian midwives were interviewed. When asked if FGM is a religious requirement that should be done, results showed that 142 of the women agreed to this statement (Zahra et al. 3830). Thus, the midwives, who are performing the practice of female genital mutilation, view FGM as religiously necessary. This is primarily due to their environments shaping how they perceive this practice. It is not seen as an invasion upon their rights or as medically unnecessary or dangerous to their well-being, but rather as a requirement to live as a welcomed and respected member of their community as well as an entrance into womanhood. In an additional study that provided a questionnaire to 9,159 women in Egypt, 5,858 women agreed that FGM is an important piece of religion (Jansson et al. 45). If families do not abide by “religious law,” consequences will result. These consequences include mass discrimination and hatred, abandonment from communities, and even the inability of a woman to marry (Gele et al., “Attitudes” 2).

This gives insight into another reason that the practice persists: the social and economic security that marriage provides. In many cultures, circumcision is performed to protect virginity, femininity, and genital cleanliness. In the same

study performed in Hargeisa, Somalia, 104 out of 108 men interviewed preferred to marry circumcised women over uncircumcised (Gele et al., “Have” 4). The attitude behind male preference is rooted in centuries of cultural teachings ingraining the idea that FGM is essential for women and marriage. Males *prefer* women who are cut because this affirms that they are feminine, innocent virgins. The idea of FGM as a form of preserving femininity is molded by tradition. In addition, the study that gathered data on 9,159 Egyptian women confirms that 5,397 women agree that husbands prefer circumcised women over uncircumcised women (Jansson et al. 45). This reveals that women believe FGM is necessary for acquiring a husband. This influence is directly due to the cultural environment and long-held traditional teachings that a woman has no choice but to undergo FGM if she wants to have any type of future. In my survey, 99% of the individuals agreed that female genital mutilation is not necessary for marriage. This shows how individuals outside of practicing cultures do not understand or support FGM as a basis of marriage, underscoring that the practice is culturally instilled. Furthermore, an Eastern Ethiopian woman who has undergone cutting and has witnessed the horrific procedure on her daughter, states in an interview, “Our community is very conservative and resistant to change. They say yes and gave their words to government officials and community workers, but they remain the ones who discriminate and outcast those who don’t undergo this practice” (Adinew and Mekete 3). She reflects on how resistance within countries where FGM is practiced is ultimately destroyed through tactics of discrimination and intolerance.

Despite FGM being illegal in some African countries, it is still performed in secret. The traditional elders find a way to perform FGM, and government officials do very little to enforce the law. Some may argue that diminishing the practice of FGM is forcing people to abandon their long-held cultural and traditional beliefs and practices; however, banning FGM would end a harmful procedure. In my survey, 68.8% of respondents said that attempts to end the practice of FGM is not an invasion of culture/tradition, and 25% of the respondents answered that they are unsure if it is an invasion of culture. Further, 83.3% of the respondents agreed that FGM does not have a positive impact on a woman’s life, and 15.6% of the respondents were unsure. These individuals, who live and have been raised in the United States, see that FGM is not benefiting a woman’s life and that discontinuation of this practice would not dismantle or

affect tradition in a detrimental way. In the survey, I asked: “Do you support the practice of FGM on a basis of tradition/culture?” A female respondent stated,

No. There is a line that is crossed when the action is harming someone. I believe in respecting cultures, and I understand how this topic is controversial. However, I believe in a certain level of right/wrong, decency, human respect, and the right of being able to choose to protect one’s self or being knowledgeable enough to know the broader picture outside one’s culture.

This insight underscores how FGM is a difficult issue to approach; however, the exploitation of female human rights and physical harm that occurs because of FGM affirms that it needs to be abolished despite long-held tradition.

Some individuals might claim that FGM is safe and non-harmful if it is performed in a sterilized hospital or health center; however, complications can still arise, despite sanitization. A study at outpatient clinics at Assiut University Hospitals involved 394 Egyptian women, half of whom had been cut. Results showed that whether FGM was performed by physicians or midwives, the long-term complications of FGM are still present (Ismail et al. 5). In my survey, 60 of the 96 respondents stated that they would not trust or support FGM being performed by professionals in a hospital. Given that 57 of my respondents stated that they hold an informed basis of knowledge on FGM, there is a correlation between being more educated on the topic and opposing the practice, even when it is conducted in a sterilized hospital by professionals. Thus, FGM remains a harmful, unnecessary procedure based on establishing femininity.

Female genital mutilation has been addressed for abolishment in different ways by several countries, yet within the past three decades, true progress has been difficult to achieve. FGM has been illegal in Kenya for the past 12 years; however, many still look past the law and perform the procedure regardless. In 2011, the Kenya government created the FGM Act to protect the rights of women and girls against FGM and prosecute those who performed it (Muchene et al. 2). Moreover, in Ethiopia, a 2005 Penal Code made FGM illegal within the country, yet people still privately performed the procedure (Adinew and Mekete 2). Legal actions are not solving this massive, convoluted issue. If the law is not enforced, then people will continue female genital mutilation. If the law is enforced, people will continue to secretly perform the procedure.

In Somalia, efforts to end FGM have been attempted, but major resistance from ordinary people and opinion leaders has prevailed. The Somali government adopted a zero-tolerance strategy in 1988, but this did not end positively. Zero tolerance was attempted again in 2012, but government ministers faced major opposition from Somalia's Federal Parliament and were forced to revert their claim and strategy of opposing FGM (Gele et al., "Attitudes" 9). Therefore, total abolishment might not be the instant, direct route to finding a solution given that it has failed over and over. Until the individuals within these countries shift their tradition and understand that ending FGM is not destroying their culture, other approaches must be taken to curb the practice. While progress may be slow, it is progress. It can be achieved in different, less radical ways but requires many different elements. With governmental authority out the window, other solutions must be explored and analyzed.

We must reach within these countries and shift traditional thinking, allowing an improved future for women and girls. Education is a main component of progress in abolishing FGM. Many women believe that they must undergo FGM to fulfill the notion crafted by society that they will be marriageable, pure, and feminine. Critics might argue that "to say women are victimized reinforces the stereotype that women 'are' victims" (Mitchum 605). However, if women do not recognize and understand their victimization within FGM, they are denying their subordination. This will hinder their ability to speak out against male dominance. FGM is deeply rooted within culture, yet tradition is subject to change as global understandings of human rights become more apparent. Individuals will change their behaviors when they realize the hazards and injustices of FGM and recognize that ending FGM does not diminish meaningful aspects of their culture (Muchene et al. 4). The formulation of a ritual or procedure that includes untouched and uncut behavior could be a path to explore for these individuals. Some may argue that attacking the practice of FGM is attacking the culture of these people; however, culture preservation can occur without the inclusion of cutting. In my survey, when asked if one agrees with FGM on the basis of culture, a woman replied:

This is a tough one. In most cases, I do value nonintervention in traditional culture, but this is different. It is the mutilation of another human being, especially a group that has also traditionally been treated poorly throughout history. Women deserve better than

this. When something is wrong and dangerous, it should not be protected just because it is “culture.”

In this response, it is evident that this practice places the health, rights, and dignity of females at risk. Educating women on the rights and human dignity they hold, within a patriarchal society, must be at the forefront of dismantling FGM.

Further, the relationship between marriage and female genital mutilation can end through the education of not only women, but men and entire communities as well. The eradication of this practice will not be achieved through individual attempt; rather, an entire community must band together against FGM (Siddig 916). Through Tostan projects in Senegal and Somalia, FGM has slightly decreased. Tostan programs educate individual communities on FGM, allowing them to form personal conclusions and decisions, which sometimes includes working together as a unit to end FGM (Gele et al., “Attitudes” 3). In my survey, 69.8% individuals agreed that there are solutions to FGM, and 55.2% agreed that FGM can be stopped over time. This highlights the importance of intervention from people outside of FGM culture because these individuals will be the people who enforce education, ultimately shifting the cultural basis of FGM. The law can only reach so far; lasting progress can be made through reaching directly within these communities to educate and inform.

Female genital mutilation invades the dignity of females on the basis of preserving tradition and femininity, revealing how it should be eliminated: allowing women to understand their human rights and defy societal constructs. FGM has serious health risks, which could be prevented if it is stopped. Female genital mutilation is defended through the means of cultural and traditional practices. Further, it is extended to imposing gender restraints upon females. With FGM being referred to as a process to preserve virginity and femininity, women are equated to being soft and innocent beings. It is difficult to terminate this practice overnight, as governmental laws have not made a notable impact. However, communicating with communities that practice FGM and educating males and females on the issue could prove to decrease the occurrence of FGM over time. The lives of women and girls are at stake. Until women understand that this procedure is not necessary in order to be feminine and properly prepared for marriage, FGM will continue. Until men realize that FGM has no correlation with marriage or a woman’s virginity or purity, it will continue. Until religious leaders and prominent community leaders thoroughly understand that the removal of

FGM does not destroy cultural basis or tradition, but rather that it enhances the life of a female being, it will continue. Only with direct integration of discussion, education, and action throughout these countries will FGM end.

Works Cited

- Adinew, Yohannes Mehretie, and Beza Tamirat Mekete. "I Knew How It Feels but Couldn't Save My Daughter; Testimony of an Ethiopian Mother on Female Genital Mutilation/Cutting." *Reproductive Health*, vol. 14, Dec. 2017, pp. 1–5. doi:10.1186/s12978-017-0434-y.
- Gele, Abdi A., et al. "Attitudes toward Female Circumcision among Men and Women in Two Districts in Somalia: Is It Time to Rethink Our Eradication Strategy in Somalia?" *Obstetrics & Gynecology International*, Jan. 2013, p. 1-12.
- Gele, Abdi A., et al. "Have We Made Progress in Somalia after 30 Years of Interventions? Attitudes toward Female Circumcision among People in the Hargeisa District." *BMC Research Notes*, vol. 6, no. 1, Apr. 2013, p. 1-9.
- Ismail, Sahar A., et al. "Effect of Female Genital Mutilation/Cutting; Types I and II on Sexual Function: Case- Controlled Study." *Reproductive Health*, vol. 14, Aug. 2017, pp. 1–6. doi:10.1186/S12978-017-0371-ReproductiveHealth.
- Jansson, Bjarne et al. "Women's Attitudes towards Discontinuation of Female Genital Mutilation in Egypt." *Journal of Injury and Violence Research*, vol. 2, no. 1, 2010, p. 41-47. doi:10.5249/jivr.v2i1.33.
- Mohammed, Eman S., et al. "Female Genital Mutilation: Current Awareness, Believes and Future Intention in Rural Egypt." *Reproductive Health*, vol. 15, no. 1, Oct. 2018, pp. 1-11. doi:10.1186/s12978-018-0625-1.
- Mitchum, Preston D. "Slapping the Hand of Cultural Relativism: Female Genital Mutilation, Male Dominance, and Health as a Human Rights Framework." *William & Mary Journal of Women & the Law*, vol. 19, no. 3, 2013, pp. 585–607.
- Muchene, Keddy Wanjiru, et al. "Knowledge and Attitude on Obstetric Effects of Female Genital Mutilation among Maasai Women in Maternity Ward at

- Loitokitok Sub-County Hospital, Kenya.” *Obstetrics & Gynecology International*, Aug. 2018, pp. 1–5. doi:10.1155/2018/8418234.
- Siddig, Israa. “Female Genital Mutilation: What Do We Know so Far?” *British Journal of Nursing*, vol. 25, no. 16, Sept. 2016, pp. 912–916.
- Zahra, Bostani Khalesi, et al. “Iranian Midwives’ Knowledge of and Attitudes toward Female Genital Mutilation/Cutting (FGM/C).” *Electronic Physician*, vol. 9, no. 2, 2017, pp. 3828-3832. doi:10.19082/3828.