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Female Genital Mutilation: The Price of Tradition

Introduction to Female Genital Mutilation (FGM)

Female genital mutilation is a form of gender-based violence that impacts girls and women in many regions around the world. Conventional wisdom mistakenly defines FGM as the removal of the clitoris, but there are three additional types: partial or total extraction of the clitoris and the labia minora, the narrowing of the vaginal opening, and other harmful nonmedical procedures that mutilate the vaginal area (Siddig). This atrocity is predominantly performed in Nigeria and other African countries, but also other places in the world including the United States. Israa Siddig, an obstetrics and gynecology specialist, explains, “[FGM] is still practiced in 30 countries in Africa, Asia and the Middle East. With increasing international migration, many women of diaspora populations living in Europe and North America have either undergone or are at risk of FGM” (Siddig 912). Ultimately, what is at stake here are the rights to one’s own body and the reclamation of these rights that should not have been initially revoked. By looking at the rationales for female genital mutilation, we can see that the justifications are contradictory, which most natives who administer these procedures do not see because of their reliance on tradition; this is important because the actual effects of FGM show no indication of why the obscenity should continue.

Intended Effects

There are countless arguments backing FGM that state it empowers women. Khadija Gbla, a survivor of FGM and an anti-FGM activist, reveals her traumatic experience and discloses a conversation she had with her mother who justifies FGM: “It made you a woman, you are empowered Khadija. Do you get ‘itchy’ down there?” (Gbla, 8:11). Gbla’s mother, like many other FGM supporters, defines empowerment as a suppression of sexual urges in which it transformed her into a woman, as if women should be deprived of these rights and that being sexual is not empowering. Depriving women of sexual pleasure is not only discriminatory, but also immoral. Women should have as many rights to their bodies as men do, and their sexual role should not be solely to provide pleasure to their male partners. By focusing on tradition and forcing her daughter to suppress her sexual urges for the rest of her life, Gbla’s mother overlooks the deeper problem of women not being in control of their sexual rights. This rationale is not justified because FGM did not empower Gbla. FGM made her feel ashamed of her body because she is mutilated, and she can only engage in painful sex. Gbla, Siddig, and Wilson advocate that empowerment is not sexually based or an FGM rationale. These women explain through their articles that empowerment is taking control of your life and not relinquishing your rights of being a woman or control over your body solely to uphold tradition and to please males.

Despite empowerment, the cultures that practice FGM rationalize it in many different ways. In Dorcas Olbanke Akintunde’s, “Female Genital Mutilation: A Socio-Cultural Gang Up Against Womanhood,” she states a plethora of rationales for FGM, one of which includes preventing promiscuity and prolonging virginity. This rationale has been an unjustified basis for many arguments that back FGM because it is believed that circumcised girls will remain “shy and virtuous.” In reality, depriving these women of their rights to sexual pleasure could make them more likely to engage in sex in order to explore these needs. There is no argument, nor any

evidence that suggests non-mutilated females are more promiscuous and sexually driven than mutilated females, which reveals that these arguments are irrational.

Another unjustified argument based on the removal of the clitoris is that it is seen as unclean. Akintunde explains that in Nigeria it is believed that the clitoris “harbors germs and should be cut off” (Akintunde 200). Akintunde concludes that the structure of the female genitalia does not allow for dirt to gather; therefore there is no argument or scientific proof for this rationale. An additional dispute favoring FGM is that the clitoris is seen as ugly and should be removed based on aesthetics. Gbla remembers that the woman who was performing her mutilation threw her clitoris across the room “as if it was the most disgusting thing she ever touched” (Gbla 3:39). This claim of aesthetics is based on the questionable assumption that women’s bodies exist solely to please males; performing FGM to make the vagina more aesthetically pleasing is an appalling rationale. Further, it is inaccurately reported that during birth, if a baby’s head touches the clitoris, the baby will die (Wilson 200). Again, there is no medical proof of this accusation and it is just another rationale used to justify an adverse procedure.

Actual Effects

The rationales for female genital mutilation are unjustified and show no indication of why it should continue, but the actual effects prove that FGM only has long lasting detrimental results. The long-term effects that are associated with FGM can be both physical and psychological. Some people may assume that pain is the most substantial effect of FGM, but they do not anticipate the aftermath. Gbla’s personal accounts reveal that she was emotionally and physically scarred from her experience with FGM. Gbla explains her fears: “I feel like I’m not a woman... Am I going to be asexual? Will I just live the rest of my life not feeling like

having sex, not enjoying sex?” (Gbla, 12:00). Gbla feels severe pain during sex, was denied sexual desire, and most importantly, was told that she was infertile due to the effects of this tradition. FGM is a gruesome procedure that takes away some of the most valuable aspects in a person’s life: intimacy, self-confidence, and the ability to conceive children. Siddig elaborates on the long-term effects of FGM on future pregnancy by stating, “African countries found that the procedure increased the risks of prolonged labor, postpartum hemorrhage, perennial trauma and C-section. The study estimated that FGM caused one to two extra perinatal deaths per 100 deliveries in African women who had undergone the procedure” (Siddig 915). Fortunately for Gbla, she defied the odds and gave a routine birth to a healthy little boy in 2015, but others are not usually so lucky.

Despite pregnancy risks, there are various other difficulties women subjected to FGM have to cope with for the duration of their lives. Siddig asserts that FGM victims experience more urinary tract infections because of limited urine flow, and even prolonged periods because the vaginal opening may be reduced. “I know a nine year old girl,” reports Gbla, “who has incontinence, constant infections, pain. It’s that gift. It doesn’t stop giving” (Gbla 14:30). Even though these effects are not life threatening, these women oversee more complications than someone without FGM. Gbla’s theory of how FGM is a gift that never stops giving is extremely useful because it sheds light on the constant difficulties that circumcised women face. Further, Siddig reports that genital cysts may result from the scarring of the procedure, leaving the woman in perpetual extreme pain. Siddig also points out that there is very little information on these effects because women rarely come forward with their complications due to fear or embarrassment. The effects of FGM do not reflect ‘empowerment’ or confidence in one’s culture, but instead embarrassment in one’s own body. This shame can contribute to other

psychological effects that FGM victims may develop.

The psychological effects of FGM include “post-traumatic stress disorder, memory problems, and other psychiatric syndromes” (Siddig 915). Gbla’s story supports this claim when she explains that she experienced post-traumatic stress disorder and memory loss, and only regained it when she was participating in an FGM activist group: “I pretty much had amnesia. I was in so much shock and traumatized by what had happened, I didn’t remember any of it” (Gbla 7:00). There are several other psychological effects besides memory loss and PTSD, primarily including sexual consequences, which Gbla also shares about. Because FGM removes a piece of genitalia or closes the vaginal opening, sex is excruciating. Siddig reports, “women who had been subjected to FGM were 52% more likely to report dyspareunia (painful intercourse) and more than twice as likely to report the absence of sexual desire. A third of recipients reported reduced sexual satisfaction” (Siddig 915). These women now attribute trepidation to their sex lives, which are meant to be comforting and physically pleasing. A woman with FGM has a lower sexual quality of life because FGM aims to control a woman’s sexual desire, depriving women of their human rights yet again. FGM not only makes sex painful, but also affects a victim’s everyday life.

Seclusion also plays a large role in the effects of FGM; FGM victims are secluded from enjoying sex. Type 3 (infibulation), which is the “narrowing of the vaginal opening through the creation of a covering seal,” is often used to enhance male pleasure during sex because it reduces the size of the vaginal opening, only leaving a small hole for menstruation (Siddig 913). This type of FGM is detestable; the pain that is caused by participating in sex is unimaginable since the remaining opening is so miniscule. Infibulation is a clear example of how FGM exists to benefit males with no consideration of the harm done to women. Wilson and Akintunde’s articles

both relate the idea that FGM provides men with more sexual rights and deprives women of them in FGM cultures.

Although there is a plethora of evidence refuting FGM, some victims argue that it is beneficial. Fuambai Sia Ahmadu, a Sierra Leonean medical anthropologist, refutes Gbla's story by describing her love for her circumcised body, claiming that it allows her to celebrate "[herself] ... [her] culture and traditions" (qtd. in Kabbatto). Ahmadu emphasizes that female circumcision is rooted in her culture and empowers women to display the love for their culture and their history. Ahmadu addresses neither the health concerns presented by FGM, nor the idea that many young females are subjected to this unwillingly. Despite Ahmadu feeling empowered by her experience, Gbla feels as though she was taken advantage of and her "empowerment" for being a woman was purloined.

Another effect of FGM includes the loss of free will. Angelica-Nicoleta Necuaesei's "Culture and Gender Role Differences" discusses the opposing arguments about free will. She argues that gender roles should not be associated with gender discrimination because they do not automatically reflect each other. Necuaesei explains that gender discrimination is only present when there is a loss of free will, which does not include the preservations of customs and traditions. Because FGM is primarily based on upholding customs and traditions, according to Necuaesei, it is not gender-based discrimination, or a loss of free will. Whereas Necuaesei suggests that traditions are not a loss of free will, Gbla and Goldberg's arguments convince me that FGM clearly neglects free will.

Gbla and Goldberg highly deplore FGM based on their personal accounts and research. Gbla's experience demonstrates a loss of free will because she had no choice regarding her procedure. She was nine years old when this took place and had no prior knowledge as to what it

was for, or what was being done to her. Gbla's mother subjected her to this torture because it is rooted in their culture; her free will was clearly stolen. Gbla reflects this idea by saying to her mother, "You have invaded me in the most sacred way" (Gbla 11:05). The one thing that people are most thankful for is their free will, but it is what Gbla recognizes she was deprived of regarding her own body. Susan Goldberg, editor of *National Geographic Magazine*, states, "Girls are uniquely at risk." This article shows how females are more at risk of living dangerous lives because of their gender, including being subjected to and the effects of FGM. The actual effects of FGM are based on personal accounts and research, unlike the intended effects. This is important because the ample evidence proves that this tradition needs to be terminated because of the lack of benefits for circumcised women.

Eliminating Female Genital Mutilation

In order to eliminate FGM, an approach of cultural understanding needs to be utilized. Despite their differences, Siddig and Wilson agree with Ahmadu's claim that FGM should be treated as valuable by analyzing the historical tradition of FGM practicing cultures that they are upholding. Wilson concludes that female genital mutilation can be seen as a parallel to the ancient Chinese tradition of foot binding with the exception that foot binding has been eradicated. The males and the bound women in China thought that small feet were beautiful and were a "sign of beauty and marriageability," comparable to FGM in which it is meant to prolong virginity and promote empowerment (Wilson 17).

Similar to FGM, foot binding was rooted in an extensive history. Wilson proclaims, "Prince Li Yu of the Sung Dynasty (937-978 CE) had a fetish for tiny feet" (18). The Chinese used these preferences and opinions of royalty to form their definitions of beauty. Foot binding empowered the confidence in one's ability to become wed in the Chinese society, comparable to

Ahmadu's argument that tradition is the driving force of FGM. Ahmadu and the bound Chinese society of the past would agree on the premises that these traditions should be celebrated because they uphold substantial meaning regarding history and confidence, but I insist that some traditions need to be broken.

The Chinese ended foot binding by having participating families only allow their sons to marry unbound women, promoting marriageability to the unbound. The first families to participate in this were breaking tradition and the cultural norm, which presumably caused conflict within the society. Eventually, as more families were educated on the harmful effects of foot binding and informed that natural feet are more beneficial, it was gradually eliminated throughout China. Although it was eradicated, it took time and empathy to coerce the Chinese society to abandon their prolonged tradition. By applying the Chinese eradication method to FGM, families could allow their sons to only marry uncut women, which would reverse the ideology of FGM and end the deplorable tradition definitively.

Though many people today see FGM as an atrocity, it is the norm in these cultures and is a valuable tradition. By including education, sensitive language, and community involvement in the elimination approach, the methods will not make the native people feel as though they are barbaric, but that they are taking necessary actions. Education is an important aspect in the elimination strategy because in order to end FGM, the practicing natives need to feel as though FGM is not beneficial, and that the effects are more harmful than rewarding. Providing education about female pleasure would be beneficial to males because they are now faced with the problem of pleasing their female partners during intercourse. Administering this education would alleviate some apprehension that males could have regarding the eradication of FGM because they may not know how to provide pleasure to a female that still has a clitoris or a non-mutilated vagina.

Also, being able to explain the harmful effects using sensitive language is the key to eradication. Incorporating community involvement and respected officials in the campaign would promote FGM elimination even more among these cultures because community leaders are highly respected for their ideas and contributions. Since foot binding is seen as shameful in today's society, using an understanding approach to end FGM would make victims feel respected and unafraid of gaining this label. Because FGM is such a sensitive issue, it can only be eradicated by utilizing a culturally based approach.

Conclusion

FGM's violent effects need to be taken into consideration when debating whether the tradition should be upheld or eradicated. The actual effects, including pregnancy risks, constant infection, PTSD, and many sexual consequences, reveal the reality of this dangerous practice and refute the intended effects. The rationales for FGM, including empowerment, suppression of sexual urges, and cleanliness, reveal that there is no clear evidence to support the continuation of the procedure.

Action needs to be taken immediately in order to end FGM. Although many people may not participate in the anti-FGM campaigns because they do not believe FGM is prominent in their society, it is closer than they may realize. Jumana Nagarwala, a Michigan emergency room doctor, was recently charged with "transportation with intent to engage in criminal sexual activity" (Kennedy). This is believed to be one of the first cases to be brought to the attention of the federal government regarding FGM's criminality. Nagarwala was accused of performing FGM surgeries on several seven-year-old girls and is currently awaiting her hearing. Although she denies her involvement, the evidence is clear that she participated in these violent procedures. FGM is a threat to girls and women all around the world and should not be

considered lightly. I look forward to the future and what the anti-FGM campaigns will accomplish regarding the elimination of FGM and the restoration of human rights back to the women who were initially at risk of FGM, in which they rightfully deserve.

Works Cited

- Akintunde, Dorcas Olubanke. "Female Genital Mutilation: A Socio-Cultural Gang Up Against Womanhood." *Feminist Theology: The Journal Of The Britain & Ireland School Of Feminist Theology*, vol. 18, no. 2, Jan. 2010, pp. 192-205.
<https://pluma.sjfc.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=47639630&site=eds-live&scope=site>. Accessed 22 Feb. 2017.
- Gbla, Khadija. "My Mother's Strange Definition of Empowerment." *TED*, Oct. 2014, Lecture.
https://www.ted.com/talks/khadija_gbla_my_mother_s_strange_definition_of_empowerment. Accessed 24 Feb. 2017.
- Goldberg, Susan. "What If All Could Thrive." *National Geographic*, Jan. 2017.
- Kabbatto, Denis. "Zero Tolerance for Anti-FGM Campaigns in Africa." *News time Africa*, 08 Feb. 2014. <http://www.newstimeafrica.com/archives/33861>. Accessed 15 Mar. 2017.
- Kennedy, Merrit. "Michigan Doctor Charged With Performing Female Genital Mutilation On Girls." *NPR*. NPR, 14 Apr. 2017. <http://www.npr.org/sections/thetwo-way/2017/04/14/523917425/michigan-doctor-charged-with-performing-female-genital-mutilation-on-girls>. Accessed 16 Apr. 2017.
- Necuaesei, Angelica-Nicoleta. "Culture and Gender Role Differences." *Cross-Cultural Management Journal*, vol. 17, no. 1, 2015, pp. 31-35.
<https://pluma.sjfc.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edsdoj&AN=edsdoj.8730f60fd17b47ceb9bd9eb32ffdefe2&site=eds-live&scope=site>. Accessed 15 Feb. 2017.
- Siddig, Israa. "Female Genital Mutilation: What Do We Know so Far?" *British Journal*

of Nursing, vol. 25, no. 16, 08 Sept. 2016, pp. 912-916.

<https://pluma.sjfc.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=118066776&site=eds-live&scope=site>. Accessed 01 March 2016.

Wilson, Ann-Marie. "How the Methods Used to Eliminate Foot Binding in China Can Be Employed to Eradicate Female Genital Mutilation." *Journal of Gender Studies*, vol. 22, no. 1, Mar. 2013, pp. 17-37.

<https://pluma.sjfc.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=85901539&site=eds-live&scope=site>. Accessed 23 Feb. 2017.