

Hannah Jonsson (P)

Hannah Jonsson, Pageites

Mr Bagley

Mr Masey

Understanding Female Genital Mutilation; the Procedure, its Complications
and the Socio-Cultural Issues We Face Eradicating it

My subject area is female genital mutilation

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Understanding Female Genital Mutilation; the Procedure, its Complications and the Socio-Cultural Issues We Face Eradicating it

Female genital mutilation (FGM), otherwise known as female circumcision, is an ancient ritual which involves the cutting or removal of the external female genitalia. However, as such a prevalent and global, issue, it is not something that is readily discussed or receives a great deal of attention as a major human rights issue. This is something, I believe, reflects our cautious attitudes towards issues of sexual violence and control of women. It is something that must change drastically if we are to make any improvement in the hundreds of millions of lives of the women who are affected. By undertaking this project, I hope to raise awareness and lead an insight into FGM, as through my own experience, it is a matter that very few people know much about. Within this essay, I aim to develop a greater understanding of the procedure by addressing the practise and the reasons behind it, as well as the vast array of health issues caused by it. I will look into reconstructive surgery efforts made to reverse the procedure before concluding what more can be done in the future against FGM.

Defining and Distinguishing FGM

The term FGM comprises of all actions involving the partial or total removal of the external female genitalia or other injury to the female genital organs for non- medical reasons.ⁱ This is most often practised in areas of Africa, Asia and the Middle East, where UNICEF has estimated that in 2016, 200 million women have undergone the procedureⁱⁱ and although we cannot know exact mortality rates due to lack of accurate data, there are reported immediate mortality rates as high as 15%.ⁱⁱⁱ The significance of FGM is great, it affects many areas of the world and millions within them.

The ways in which FGM is carried out vary according to region or ethnic group. However, there are four main classifications with subdivisions, distinguished by the World Health Organisation (WHO) which are described below;

Type 1-

The partial or total removal of the clitoris and/ or the prepuce. With subdivisions distinguishing between 1a the removal of the clitoral hood or prepuce only, and 1b the removal of the clitoris with the prepuce.

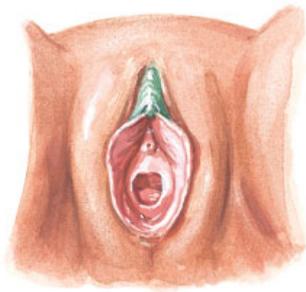


Fig 1

Figure 1^{iv} shows the extent of genital tissue which is removed with type 1. The green areas highlight the removal of the clitoris, and clitoral hood (type 1b) which is the most common of type 1 procedures. The entire clitoris is often removed down to the bone to ensure there is no remaining flesh.^v Although, this excision would require great precision, this is impossible as the victims are rarely under anaesthetic. Thus, this leaves women at a great risk of infection and risk of damaging surrounding areas, including the urethra. In Eastern and Northern Africa, the term 'female circumcision' is frequently used to describe this type of FGM^{vi}, presumably due to the link between the removal of the prepuce in male circumcision, and the removal of the prepuce in FGM, although anatomically, these are very dissimilar.



Fig 2

Type 2-

The partial or total removal of the clitoris and labia minora. The subdivisions differentiate between 2a the removal of the labia minora only; 2b the partial or total removal of the clitoris and labia minora; 2c the partial or total removal of the clitoris, the labia minora, and the labia majora, as shown by figure 2.

Type 3-

This involves the narrowing of the vaginal orifice with a covering seal by cutting and appositioning of 3a) the labia minora and/or 3b) the labia majora. With or without excision of the clitoris.

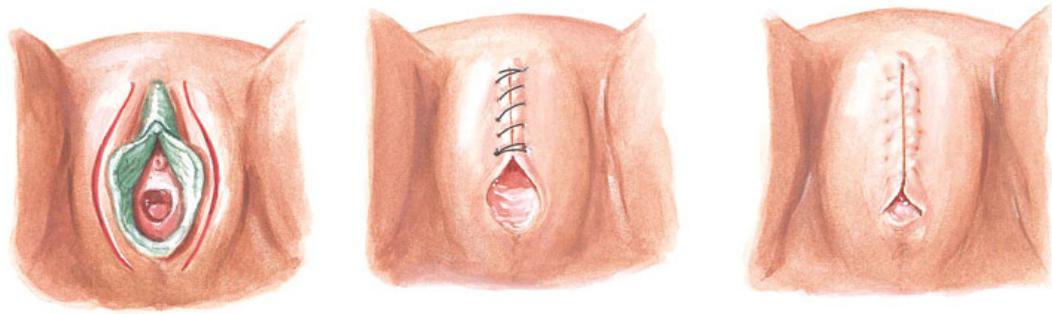


Fig 3

This is arguably the most severe practice as it leaves an ongoing risk of infection. This is due to the closing over of the vagina and urethra which leaves a very small space through which women must pass urine and menstrual fluid. This opening must be cut in order to have sexual intercourse and cut even further to give birth, which can lead to complications for both the mother and baby. Surveys carried out between 2002 and 2006 show that 30 percent of cut girls in Djibouti, 38 percent in Eritrea, and 63 percent in Somalia had undergone type 3. ^{vii}

Type 4 of FGM refers to any other procedure to the female genitalia for non-medical purposes. This includes pricking, piercing, incising and cauterization.

What are the reasons for FGM?

Undoubtedly, the process of FGM is fundamentally performed to exercise control over women, their role in society, and their sexuality. However, there are multiple ideas why this control must be exercised including to highlight gender difference, religious views and most significantly, social aspects.

FGM is not only used to mark ethnic boundaries but also to emphasize gender difference. Within the Dogon, one of Mali's ethnic groups, excision is obligatory due to their beliefs that a girl has both male and female characteristics, as do boys. Therefore, if a girl is to become a woman, these male characteristics must be removed. The clitoris is deemed a male characteristic and thus, must be removed. Similarly, the prepuce of a boy is seen to be

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feminine and in turn is also removed through circumcision. These operations are required for a child to progress into a responsible, adult member of society, and be sure of his/her sex.^{viii}

Whereas, some stipulate religious views as a reason for FGM. This is due to the fact that many of the areas in which FGM is prevalent can be highly religious and conservative areas. Although FGM is mainly prevalent in mainly Muslim and Christian countries, the procedure outdates both Islam and Christianity. For example, Herodotus wrote about the practice of FGM in Egypt in as early as 500 BC, whilst Strabo reported FGM in Egypt in 25 BC.

Whilst there is no explicit mention of FGM in the Qur'an, there exists a famous hadith (a saying attributed to the Prophet Mohammed). In which, the Prophet, tells a woman, known as an exciser of female slaves, that she is allowed to continue with the practice of FGM so long as the cutting is not too severe. Many therefore believe that FGM is recommended, but not enforced upon women according to Muslim beliefs.^{ix}

The Hebrew bible expresses that circumcision is obligatory for all male Jewish children following God's commandment to Abraham in Genesis 12-17. However, under Jewish Law, "any form of female circumcision would be considered bodily mutation and forbidden under Jewish law".^x Yet, there exists a Jewish minority group in Ethiopia, called the Falashas that practice FGM. This is because the Falashas practice an ancient form of Judaism, focussed on the Pentateuch which makes up the five books in the Old Testament. Nevertheless, upon survey of 113 women, it was found that although FGM was commonplace amongst Jews in Ethiopia, not all considered it to be related to religion. Instead, the reasons for FGM varied amongst ethnicities and the intention to control a woman's sexuality.^{xi}

It appears therefore that there is no unequivocal link between religion and FGM, but FGM is instead a mix of cultural and social factors which pressure members of society. Though FGM is not enforced by religious law, many of those practicing it consider it so due to its role in female sexual purity. As religion is widely prevalent in the areas where FGM is practised, it is perhaps manipulated in a way to support female chastity and control, which is commonly seen in religious texts already, and thus used as an excuse for the procedure. Whilst religion

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may be blamed for oppressive views towards women, this is in no way a justifiable reason for infibulation and as Fran P.Hoskne states, 'Infibulation is an obscene cruelty invented by men to control and debase women.'^{xii}

There is also a preference for infibulation in communities where women's genitals are preferred smooth and odourless to be seen as more hygienic, as the natural vulva is seen by both men and women as repulsive.^{xiii} Men may also enjoy the effort of penetrating an infibulated woman, which possibly heightens his idea of masculinity as he must exercise his power to force his way into her. However, most persuasively, FGM allows for the preservation of chastity and the curbing of women's sexual desire. In Sudan, and other Muslim areas, a families' honour is vested in its women, who are perceived as weak, morally inferior beings that are inherently devoted to sensuality, unable to exercise any conscious restraint. Thus, FGM is required to ensure a families' honour is upheld by controlling its women.^{xiv}

Similarly, common reasons for FGM given by women are the need for social acceptance and marriageability. UNICEF calls FGM a "'self-enforcing social convention" to which families feel they must conform to avoid uncut daughters facing social exclusion.'^{xv} This highlights why although education of FGM is increasing, and women are beginning to understand the issues surrounding it, FGM continues. There is a fear amongst families that their daughters will not be accepted or married as they are deemed 'unclean'. As seen in Somalia where infibulation is obligatory for the entire population as the men would refuse to marry an uninfibulated, 'open' girl. Here, the smaller the artificial passage equates to the greater value and higher the bride-price of the girl.^{xvi} FGM assigns status to a woman and her family and is a norm that must be filled for them to survive society.

Historically, infibulation is also linked to slavery as it makes women unable for conception, allowing them to be sold for greater value as they are chastised and easily controlled by their Masters. Thus, Gerrie Mackie who links FGM with foot binding, concludes that FGM is "practice associated with shameful female slavery came to stand for honor".^{xvii}

The Procedure

Most operations take place on prepubescent girls, and sometimes on babies and toddlers. The Egyptian Demographic and Healthy Survey in 1995 shows that more than three fifths of mutilated women were aged seven to ten at the age of the procedure.^{xviii} Whist, the 1997 Demographic and Health Survey in Yemen found that 76 percent of girls had been cut within two weeks of birth. Conclusive data also shows that in half of the countries with available data, the majority of girls were cut before the age of 5.^{xix} FGM appears to be occurring at such a young age because parents want to reduce the trauma to their children. However, they may also want to avoid government interference or resistance from the child as she grows older and may form her own opinions.^{xx} Nonetheless, it may also be to ensure an ingrained control over the child.

Multiple stories describe children being abducted by strangers or family members and taken to areas where many girls are cut. Here, they "may be pinned down so firmly that bones may fracture".^{xxi} Although, there are an increasing number of medical professionals carrying out the procedure, the majority are performed by traditional female practitioners. In Egypt, over 70 percent of procedures are carried out by doctors, and a further 5 percent performed by other health personnel. However, it is still reported that, in Egypt, 1 in 4 daughters underwent the procedure without any anaesthetic at all. Whereas, in Yemen, 97 percent of case of FGM are performed at home, with only 10% being performed by health personnel. This is a more representative view of FGM in Africa as further surveys show that 100% of cases are carried out by traditional cutters in both Niger and Senegal.^{xxii}

More recently, the procedures are being carried out with razors. However, Nigerian-born specialist midwife, Momoh, describes that "A single hole of 2–3 mm is left for the passage of urine and menstrual fluid by inserting something, such as a twig, into the wound. The vulva is then closed with surgical thread, agave or acacia thorns, or covered with a poultice such as raw egg, herbs and sugar."^{xxiii} This accentuates the risk of infection as such primitive, and unsanitary tools are used, often on multiple girls at once. This remedy is often described by girls who have undergone the procedure, as well as sand commonly being poured on the genitals before the excision to apparently make it easier.^{xxiv} Spice powders are also blown

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up a child's nose if she faints during the procedure, or on the tongue to ensure it is not bitten off in a spasm.^{xxv}

After the operation, the girl is wiped down with a rag and forced to stand. Her thighs are immobilized by tying them together and a bandage is applied covering from the waist to the knees for about two weeks. This is not removed until the end of the fortnight becoming a haven for infection.

Complications

Whilst the health impacts FGM has vary according the type of FGM carried out, its practitioner, and the conditions, FGM has an irrefutable array of effects on health. Although, the mortality rates due to FGM are not known, it is estimated that one third of girls will die having undergone the procedure.^{xxvi}

Short term effects of FGM include severe pain, infections, traumatic bleeding, hemorrhage, urine retention, swelling, shock and trauma. Infections include tetanus, septicemia and gangrene. There is also an unconfirmed association between FGM and Human Immunodeficiency Virus (HIV) as the use of the same surgical instruments without sufficient sterilization could lead to the transmission of HIV, especially as girls often undergo FGM in groups.^{xxvii}

In the long term, infections can also appear. Chronic genital infections with consequent pain and vaginal discharge can lead to cysts, abscesses and genital ulcers. Keloidal scar tissue also forms and urinary tract infections may appear. These can ascend to the kidneys, possibly resulting in renal failure, septicemia and death. Urination can also be extremely painful as the urethra may be obstructed or even broken during the clitorrectomy. With type 3 FGM blood cannot flow easily during menstruation which can lead to an excruciating and prolonged menstruation due to the build-up of scar tissue. This may lead to haematocolpos and haematometra, a medical condition whereby the vagina fills with menstrual blood, which requires surgery to remove the excess scar tissue.^{xxviii}

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In order to give birth, a woman must be cut open and closed again afterwards, known as defibulation. However, the narrowed vaginal opening still causes many obstetric problems. There is a high caesarean section rate due to the lack of inadequately trained staff and struggle in fetal monitoring due to obstruction. Furthermore, there is an increased risk of postpartum hemorrhage, postnatal wound infection as well as maternal deaths due to obstructed labor and hemorrhage. For the child, there are increased incidences of stillbirth and early neonatal deaths, which can be caused by hypoxia and brain damage.^{xxix}

To ensure patient safety and satisfaction during birth, defibulation is suggested. This may be done with local or general anesthetic, although it should be taken into account that a woman may prefer not to be awake due to previous traumatic experiences. Whilst some women ask for defibulation, many couples refuse it due to the fear that they may become 'too open' or to avoid ridicule of the husband by their own family and community. To ensure that women with FGM are treated effectively, medical professionals across the world require more specific training in the care of FGM victims and their families.^{xxx}

As FGM is often a traumatic experience, many girls and women also face a number of mental health problems. In 2008, the Norwegian Knowledge Centre for the Health Services conducted a review to assess the psychological consequences of FGM. Conclusively, the results showed that women who have experienced FGM are significantly more likely to experience pain during intercourse, reduced sexual satisfaction and reduced sexual desire. Having explored for relevant studies, they also noted that the psychological, social and sexual consequences of FGM are an under researched and neglected issue, as I have also found.^{xxxi}

A study in practicing African communities has found that women who have undergone FGM have the same levels of Post-Traumatic Stress Disorder (PTSD) as those who have experienced early childhood abuse. The psychological conditions that develop following FGM 'may be submerged deep in the child's subconscious and may trigger behavioral disturbances'^{xxxii} this may include flashbacks, sleep disorders and social isolation.

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FGM also has dramatic effects on relationships. Sexually, a reduced sexual desire due to pain can impact marital relationships and lead to feelings of anger, guilt and shame. A study carried out in Benha showed that 40.5% of women that had undergone FGM experienced dyspareunia (pain during intercourse), whilst only 18.8% of uncut women did. A further 17.5% of women who had undergone FGM felt their husband's dissatisfaction amounting to upset.^{xxxiii}

Furthermore, the vagina must be opened for sexual intercourse, and in some areas, including Somaliland, female relatives of the bride and groom may watch the opening of the vagina to ensure she is still a virgin.^{xxxiv} This can be a disturbing experience as if the remaining hole is too large, she will be seen as 'open' and 'unclean' so the procedure of FGM will have to be repeated bringing great shame to the girl and her family. The vagina may also be opened by a knife, or by the husband's penis. In the 1980's, psychologist Hanny Lightfoot-Klein interviewed men and women in Sudan about sexual intercourse with type 3. They described that the penetration may take from a few days to several months and over 15% of men are never able to penetrate their wives. Therefore, the opening takes place in great secrecy to protect the husband, as being unable to penetrate his wife reflects badly on his potency. Otherwise, the opening is torn open with the help of a knife.^{xxxv} Thus, throughout a woman's life, the only experience she has of her genitalia are extremely traumatic. Moreover, in societies in which women are taught not to even touch or see their own genitalia, it seems a tragic inevitability that they will develop these psychosexual issues.

Additionally, as FGM is often carried out by family members or close members of the community, victims often feel a sense of betrayal and bewilderment; especially as many are not aware they are victims until they become much older and witness it happening to other girls.^{xxxvi}

Reconstructive Surgery after FGM

Prevalence of FGM is increasing in Europe as migration from African and Asian countries continues to rise. A few women therefore have access to the reconstructive surgery that is

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now available. This surgery removes the skin to reveal the clitoris and then removes exposed scar tissue, as well as bringing the glans to their normal position.

In France, surveys were carried out on 2938 women who received surgery, assessing clitoral pain and functionality a year later. At the 1-year follow-up 81% had an improved sex life and 29% had a reduction in pain. 42% of women had a hoodless glans and 28% had a normal clitoris. Most significantly, after 1 year, 51% reported experiencing orgasms. Reconstructive surgery therefore appears to be great success in restoring pleasure and reducing pain. Efforts must be made to ensure this surgery is more readily available in developing countries where FGM is prevalent.

Other reports describe a young, Sudanese woman who had undergone type 3 FGM as a child. She displayed a large, vulval mass for six years and complained of apareunia, the inability to have sexual intercourse. The tissue mass was removed and genital tissue restored proving the reconstructive surgery a success for restoring some of the natural genital anatomy and for improved sexuality.^{xxxvii}

This displays the life changing effects that quite a simple reconstructive surgery can have. The clitoral reconstruction is reported to be a viable and successful procedure to reduce clitoral pain and improve sexual pleasure as well as restoring the aesthetics of the vulva. The results can be massive as the reduction of pain and increase of sexual pleasures can have positive outcomes on body confidence and general happiness. For example, after one woman requested surgery in order to reverse FGM, a procedure she had not consented to, she reported increased sexual desire and lubrication. She attributed this to her improving body confidence and happiness following the operation.^{xxxviii}

It therefore appears that reconstructive surgery alongside psychosexual therapy can prove very successful in improving the lives of victims of FGM, both physically and mentally. Whilst this cannot reverse the traumatic experiences that these girls have had, therapies can help to overcome any further barriers they face in their lives.

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What More Can Be Done?

With WHO estimating that between 100 and 400 million girls and women in the world having undergone some type of FGM it is clear that this is a vast human rights violation.

FGM manifests the gender inequality that is deeply ingrained into our social, political and economic structures. It is an issue that must be addressed immediately if we are to protect the millions of women it affects. Legislation is not enough. Since 1985, FGM has been a criminal offence in the UK,^{xxxix} yet, despite estimates that 170,000 women have undergone FGM in the UK, no successful prosecutions have been made.^{xl} To improve this legislation, I believe mandatory checks must be put in place to privately assess young girls in the UK. These should be following the large holidays, when many girls are sent abroad where the procedure can be performed. If a girl is found to have had the procedure, her family is to be interrogated and persecuted with vast fines, or prison sentences. Legislation faces problems regarding cultural traditions and expectations however, the issue of FGM must be considered severely to protect young, vulnerable girls.

Furthermore, in the UK, FGM must be included in educating our children to raise awareness of the issue as the majority of girls who undergo FGM do not know what it is until they have been mutilated. The function of the clitoris is absent in our modern sex education and if taught positively, could have great impacts on all societies.

Most importantly, community-led education is vital for eradicating FGM in the areas where it persists as it breaks the silence, raises awareness and addresses the stigma behind it.^{xli} There is a requirement for a significant social movement against the practice, and in my view, it seems the most effective way of doing so is through educating everyone within the communities. We must allow the communities themselves to decide against FGM for it to successfully, and sustainably end.

However, FGM is a product of gender-based violence. It is a procedure which advocates for the control of women and their rights. The most substantial change that can take place is a global one. Our ideas of female sexuality must change. We must be equally liberal with

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men's sexuality as we are with women's and stop identifying women's bodies as sexual objects. A woman's body does not belong to her husband, her family, nor her community. It is hers, and this idea must become central in education across the globe. This, I believe, will have the greatest impacts on women's lives, and could save millions of those in the future.

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