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Cultural Violence towards Women: Female Genital Mutilation in Africa

Female genital mutilation (FGM) is a complex, patriarchal practice deeply rooted in many African cultures. It is defined as all procedures that involve altering, removing, or injuring any part of the female genital organs for cultural or non-medical purposes. FGM has been divided into four categories: clitoridectomy,¹ excision,² infibulation,³ and unclassified.⁴ The Inter-African Committee includes defibulation⁵ and re-infibulation⁶ as additional forms of FGM that continue to occur throughout a circumcised woman's life (Skaine 10). Although the practice is concentrated in the belt of Sahel, it is practiced in a total of 28 African countries. Among these African countries, clitoridectomies, excisions and infibulations are the most common forms of FGM. The World Health Organization estimates that 100 to 140 million women and girls worldwide have undergone the procedure and are suffering the consequences; of that total, 92 million are African girls ten years of age and older (2010). Nonetheless, FGM is performed on girls ranging from infancy to fifteen years of age. In Africa, approximately three million girls are

¹ Clitoridectomy is the surgical removal of the clitoris. This procedure on rare occasion only refers to the removal of the prepuce, also known as the clitoral hood.

² Excision is a cultural procedure in which the clitoris and labia minora are excised, with or without the removal of the labia majora.

³ Infibulation includes the excision of a majority of the vestibule, including the clitoris, labia minora, and labia majora. After the removal of the vestibule, the remaining skin of the labia majora is stitched together leaving only a minuscule, matchstick-size hole for urine and menstruation to flow through.

⁴ Unclassified encompasses all other forms of genital alteration; in example, pricking, piercing, cauterizing, slicing, and stitching.

⁵ Defibulation is a surgical procedure that involves slicing open scarred tissue that was previously sewn shut during infibulation. This procedure can be done to undo the stitching from infibulations for personal reasons, for medical purposes, to give birth, or to engage in sexual intercourse.

⁶ Reinfibulation is the re-stitching of the labia majora together after defibulation or tearing.

at risk of FGM annually. This topic has become a controversial global battle between human rights and cultural values.

Confronted with this conflict between international basic human rights and cultural values, we as a global community must assess how much of a country's traditions are of cultural significance and how much arise from inequality of the sexes and an underdeveloped patriarchal society. Can culture be used as an excuse for extreme cases of gender-based child abuse resulting in an alternate form of female infanticide? Having examined female genital mutilation in Africa and in a global context as it relates to the conflict in Africa, I have concluded that the universal elimination of FGM is necessary as it is a violation of basic human rights, which reinforces the subjugation of women by forcing them to undergo a procedure that mutilates the female genitalia for cultural purposes, resulting in adverse health problems. Those who undergo FGM experience severe psychological, social, sexual, and physical damage including excruciating pain, disease, HIV/AIDS, and even death.

Cultural Relativism

Cultural relativists and proponents of FGM argue that the practice is not in violation of human rights due to its role as a cultural component and suggest that those in opposition to FGM are exemplifying western society's imperialistic tendencies by imposing their beliefs on foreign societies. They view FGM as a cultural component since it has ancient origins and is regarded as an important aspect of the society's cultural beliefs and traditional values. Cultural relativists promote the notion that the moral integrity of a society should be based on their culture and not influenced by outside populations. Therefore, through the cultural relativist's perspective, "universalism is perceived as a plan to destroy diversity of cultures and to homogenize the

world” (Wangila 395). Regardless of the consequences, it is the goal of this group to protect the traditions of certain culturally diverse groups of peoples from universalism.

However, advocates of this theory fail to acknowledge the natural progression of societies worldwide. Scholars that embrace the moral universalistic approach analyze the origins of FGM and relate them back to cultural evolution, thus asserting that every human, as a member of the human race, is entitled to certain unalienable rights which must be abided by regardless of a country’s cultural discrepancies. Marie-Bénédicte Dembour asserts that when used as the sole method of societal examination cultural relativism “tends to assume that people are more determined by their culture than they in fact are’ making individuals impervious to considerations of morality, allowing culture to become ‘an excuse for abuse’” (qtd. in Herlund and Shell-Duncan 9). A society is not bound by the traditions of their ancestors. Societies advance by adapting, changing, and modifying their culture and traditions to cohere with individual, societal and universal principles. In addition, cultural relativism reinforces gender inequality by undermining attempts to create a more advanced and accepting culture.

Gender Inequality

As scholars debate the eradication of FGM, it is important to acknowledge the conditions of women and girls in African society. While the debate continues, women’s rights are still violated, and women are subject to inhumane treatment with underlying themes of degradation. The ongoing prevalence of FGM is a result of societies that value men more than they value women. Mrs. Berhane Ras-Work, President of Inter-African Committee, declared, “The destiny of Africa is intimately linked to the condition of its women” (qtd. in Skaine 7). The development of a modern society demands the reevaluation of cultural beliefs and traditional practices. A country cannot hold on to the violent and discriminatory traditions of the past while the rest of

the world progresses toward a future of equality. These unjust practices must be replaced with positive actions for the equality of society and the world.

The very origins of FGM are linked to sexual inequality, and discrimination against women. Although the definitive origin is unknown, many scholars find the practice dates back to slavery, where infibulations were performed to prevent slaves from procreating and reproducing their “impure” race (Boyle 28). Similar to the women in the African cultures examined, infibulated slaves were worth more and would be purchased at a higher value in the slave market. As a result of the slave trade migrating throughout this region, the customs have become a part of African tradition. Women in these countries are bound by the constraints of a male dominated society, which through torture and physical force makes certain that girls adhere to the rigorous standards of the community. The preservation of these traits is vital in these communities, which is reflected by the male demand for women to be circumcised before marriage. Dirie and Miller convey through personal experience that female circumcision is one of the greatest expenses that a household will pay for, but is perceived as a worthy investment for the family since the daughters will be more likely to be purchased for marriage and for a greater price (38). In Southern Nigeria, 92% of fathers had their daughters circumcised (Sakeah, Doctor, and Hodgson 75). Women are perceived as objects whose duty is to bring honor to their family by being sold for a high price. Moreover, it is unlikely that a female who has not undergone FGM will even make it onto the marriage market. By making FGM a prerequisite for marriage in a society where women have no rights without a husband, men eliminate any potential for opposition or choice.

Although this desire for circumcised females is related to the belief that women are unclean and must have their male⁷ parts removed to become clean and beautiful (World Health Organization 2010), it is more significantly linked to the patriarchal community's belief on what is proper for a female to feel about sexuality. In addition to the accepted custom of polygamy, FGM reinforces the notion that a woman is a man's property by controlling every aspect of her life, including her sexual and biological functioning. According to Zwang, it is inhumane to remove a female's genital organs as they are naturally inherited biological characteristics (qtd. in Dorkenoo 4). FGM is a social institution designed to socialize women's role in society. Girls are programmed to understand that their life is committed to marrying one man as a virgin and becoming a devoted wife without objections (Dirie and Miller 48). Circumcision is designed to ensure a woman's premarital virginity, marital fidelity, and ability to resist sexual deviance through fear of pain or lack of desire. Some studies convey that men additionally prefer circumcised wives because the miniscule, surgically created vaginal opening provides more sexual pleasure for the husbands (Sakeah, Doctor, and Hodgson 73), whom take into negligible consideration the effects it has on the women. This stringent social structure leaves women with very little opportunity to abandon the practice. Furthermore, the minimal voice that women have in these societies prevents them from creating social change.

FGM is traditionally supported as a customary right of passage into womanhood. However, the link between FGM and this right of passage is becoming obsolete. Community leaders are decreasing the age bracket to eliminate resistance from the child and restrict the government's ability to interfere (Sakine 15). Sources have recognized the combination of

⁷ "Male" refers to the belief that the clitoris and genitalia are masculine features that provoke masculine traits within the female such as promiscuity. By removing these organs, they feel that they are removing this masculinity from the female which makes her fully feminine. Until the FGM procedure occurs, girls and women are perceived as being dirty or sluts.

education and age assists girls in avoiding FGM by hiding, running away, or searching for political asylum. The fact that these communities are modifying their traditions in order to maintain the practice of FGM conveys that culture is not static; it simply adjusts according to individual's beliefs within an ever changing world. Under the circumstances of which FGM is socially prescribed within the cultural context, eliminating the traditional reference to a women's right of passage and trying to make FGM a mandatory procedure without cultural context transcends the boundaries of FGM as a cultural act; therefore, FGM is transformed into a blatant display of physical oppression against women.

In addition, these societies, like many other repressive societies, use education as a way to limit and control women. The *Beijing Declaration and Platform for Action* of the Fourth World Conference on Women addresses that "in 1990, 130 million children had no access to primary school; of these, 81 million were girls" (United Nations 110). The lack of education is a primary issue that women face in creating a just society and advocating against FGM. Denying women an equal right to education inhibits their ability to thrive as individual persons. It creates an educational hierarchy where the individuals at the top (males) have absolute power over those below them (females). "Education is a human right and an essential tool for achieving the goals of equality, development and peace" (United Nations 26). Ignorance and the absence of knowledge make these women incapable of advocating for their rights, especially relating to FGM.

Human Rights

FGM is a political issue that touches on multiple facets of international policy including, gender inequality and human rights. Cultural discriminatory practices such as FGM are often interpreted as male social institutions designed to limit females within a society, yet they are also

illegal under the United Nations Declaration of Human Rights. FGM is viewed as a way to prevent women from being controlled by their sexual desires, engaging in premarital sex, having an affair, or abandoning their children. This practice is also used as a mechanism which shames women into becoming “uncomfortable with their sexuality” (Boyle x), depriving her of entitlement to one’s own body and equality in the pursuit of sexual pleasure. Furthermore, FGM violates seven basic human rights, the rights of women and children, the right to health, the right to security, the right to physical integrity, “the right to be free from torture and cruel inhuman or degrading treatment, and the right to life when the procedure results in death” (World Health Organization).

According to the World Health Organization, “FGM is internationally recognized as a violation of the human rights of girls and women” (2010). It violates women’s rights by rendering them incapable to make their own decisions. Young girls are brought up without knowing the rituals of the sacred passage into womanhood will in fact violate their rights as a woman and rid them of their bodily integrity (Dirie and Miller 38). Only the girls who are informed have the opportunity to escape it by running away or hiding in the bush, with the very real fear of being kidnapped and circumcised against their will and possibly even against the will of their own families (Wangila 2007). After the procedure is complete it makes sexual intercourse impossible until marriage when the man will either force his entry or cut his new wife open using a dagger to gain vaginal penetration. This ceremony lasts up to eight days in which the husband continuously engages in sexual intercourse to prevent the woman’s wound from healing (Dorkenoo 1994). This traditional celebration of marriage as well as intercourse itself with an infibulated woman violates an individual’s rights by subjecting them to cruel and

inhumane behaviors. The practice constitutes violence towards women, which violates girls' legal rights and inflicts physical damage to females without their knowledgeable consent.

Health Risks

Psychological

The global debate isolates immigrant women from circumcising communities who have integrated into western society, making them outsiders and topics of debate. The women's mutilated genitals segregate them from mainstream society, thus contributing to the multitude of negative sexual, physical, and psychological health consequences. Even the simplest procedure, the clitoridectomy, is excruciating and psychologically scarring. Karen Hughs graphically illustrates the procedure of a clitoridectomy; as the untrained operator "digs with her sharp fingernail a hole in the length of the clitoris to detach and pull out the organ...the operator finishes this job by entirely pulling out the clitoris, cutting into the bone with her knife...the operator then removes the remaining flesh, digging with her finger to remove any remnant of the clitoris" (qtd in Sakine 11). The description of such an event conveys the inhumane treatment of women in these societies. According to Lineri, Rauhe, and Gallo's qualitative study, the psychological aftermath of FGM does not diminish over time; in fact, the pain remains tangible through the memories of FGM (89). This notion is exemplified through Dirie's memory of her own infibulation, "the pain between [my legs] was so intense that I wished I would die" (42). The emotional and psychological trauma that girls of that age are subject to endure hinders normal development. Not only is it physically limiting but there are severe mental risks. Psychological consequences may involve "anxiety, depression, chronic irritability, frigidity, and marital conflicts" (Sakeah, Doctor, and Hodgson 73). "Some women are so traumatized by the circumcision that they hesitate to touch their genitals even for cleaning. This hesitation carries

over into a lack of desire for sexual contact after marriage” (Sakine 27). Psychosexual conflicts arise, oppressing women’s sexuality and hindering their ability to function normally due to the fact that they fear their own body.

Female immigrants, moving from circumcising communities in Africa to Western societies, are faced with the shocking realization that FGM is not a universal practice. They are met with an array of emotions from friends, sexual partners and health practitioners who were previously unaware FGM. Whether it is shock, pity, empathy, anger, revulsion, or disbelief, the reaction in itself indicates a separation from the social norm. It becomes a point of distress when the women recognize that the sacrifice they made for their culture and tradition, was in reality a representation of gender-based inequality. “The scar of circumcision, a sign of excellence inscribed in their bodies when they were still very young, has become a mark of deficiency and difference - of less worth on a global scene” (Talle 103). What once made them feminine and beautiful in their African community, on a global scale makes them incomplete as a woman. Especially in societies that define sex and gender primarily on sexual anatomy, ambiguous or incomplete sexual anatomy reduces ones femininity, marginalizing them among the community.

In response, migrant women’s anticipation of the global community’s disapproval of their infibulations has led to an increase of at-home defibulations. Women both experiencing and anticipating these reactions are risking their lives and their health to undo what has been done to them. Regrettably, many circumcised women find it difficult to create a positive relationship with healthcare professionals as the majority is unfamiliar with FGM (Talle 103). The lack of knowledge leads practitioners to reprimand circumcised women, a situation which establishes fear, embarrassment and shame (Talle 103). By expanding cultural awareness, health practitioners would know to respond in an optimistic and encouraging manner. These social

interactions provide opportunity to shape positive relationships between healthcare professionals and victims of FGM, thus, increasing their ability to reduce the risk of complications resulting from FGM.

Physical

The physical consequences of FGM are the most detrimental and therefore are a primary focus of contemporary, medical research. As evidenced by individual studies and research on the topic, FGM has numerous detrimental consequences. FGM is illegal in most of the African countries where it is performed; thus, the circumcisers have no medical training. Additionally, due to the economic and indigenous conditions of many of these societies, professional surgery is not available for these procedures; consequently, sanitation is virtually nonexistent, anesthesia is not an option, and adequate tools are not provided. FGM is performed with a wide variety of instruments including razor blades, broken glass, knives, sharp rocks, scissors, or even the circumciser's fingernails (Dorkenoo 8). In addition, the young girl is often held down by relatives during the procedure; the struggle may reach a level of intensity that could result in breaking one or several of the girl's bones.

Some of the common consequences of FGM include STDS, damage to the urethra, anal sphincter, and vaginal walls, infections, septicemia, and death. Damage to the urethra and vaginal walls could lead to vesico-vaginal fistula in the same way that damage to the anal sphincter and vaginal walls could translate into rector-vaginal fistula. In addition, another prevalent issue with FGM is excessive bleeding and internal bleeding. It is estimated that fifteen percent of all FGM procedures result in death from hemorrhaging or resulting infections (Wangila 400). Unfortunately, this estimate is on the lower end of the reality these girls face. Due to the rural areas in which the procedures are performed, many of the deaths are not

reported. Moreover, the various infections the female may contract, due to lack of sanitation and a trained medical staff, may affect the female's genital and reproductive regions causing sterility or fetal brain damage.

Policy and Change

The initial health awareness approach taken by the World Health Organization and the Inter-African Committee in previous years was essential in initiating more aggressive campaigns against FGM. By first acknowledging the health risks associated with the practice and spreading global awareness researchers transformed FGM from a private matter to one that is under public debate (Hernlund and Shell-Duncan 13). Although I agree that global education on the subject and awareness is important in motivating cultural change, the past twenty-five years of both national and international efforts have not proven to be very promising thus far. Unfortunately, my studies have indicated that this deep rooted social practice cannot be eradicated through legal determent alone. Organizations and researchers must collaborate in examining both the cultural and scientific aspects of FGM to create a method of social change that is compatible with the already existing African cultures.

Scholars have recently asserted the importance of acknowledging the voices of the women and girls who are directly affected by the consequences of this procedure in the debate on FGM. Women in multiple African countries oppose FGM and express the desire for it to come to an end; however, the majority of them still had their daughters circumcised as a result of societal pressures. Researchers continue search for a method of deterrence that will actually have an impact on these African communities in abolishing FGM. Sakeah, Doctor, and Hodgson discovered that several factors contributed to the decline of FGM in Africa, the most important of which is men's rejection of the practice (2007). They found that men who received at least a

secondary education or had a wife with whom they are forced to experience the consequences of FGM were up to 86% less likely to circumcise their daughters (2007). This fact alone illustrates the great impact that male perspective and empathy has on a society. Higher education standards and training on the effects of FGM should be implemented in African countries, for it may be more effective than the current political legislation which bans FGM, but with very little enforcement. By simply implementing a law that makes the practice illegal, it only makes FGM that much more secretive and dangerous. As women continue to be circumcised the deaths are increasing due to fear of the penal punishment that would be involved by taking one's mutilated daughter to the hospital. The lives of these girls are being sacrificed for tradition, a majority of the times against their will.

The world calls for a cultural revolution through the progression and reestablishment of cultural values in circumcising communities. Sociologist, Martin Sanchez-Jankowski argues that with all forms of social change, culture is embedded into each individual who lives within a society; as culture is so deeply rooted, it will take time to create social change. However, as studies have shown, education, understanding, and empathy are key components in initiating this process. By educating girls and women, teaching them that they have rights, and providing them with knowledge, we can empower them to advocate for their own principals and self-worth. Also, by educating males on the effects of FGM and encouraging empathy among male members of the community, we can begin the process of cultural and societal change. Culture is a complex development created through social interactions. Therefore, the combined social force of scholarly assertions and the voices of women in circumcising communities can finally declare an end to this assault on women.

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