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Female Genital Mutilation

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Female genital mutilation (FGM) is the name commonly used for an ensemble of ritual practices affecting the sexual organs of girls ranging in ages from a few weeks old to puberty. FGM is practiced in twenty-eight countries of sub-Saharan Africa: its incidence varies widely, from 98 percent of women in Somalia and Egypt, to 50 percent in Benin and Kenya, and 5 percent in Congo and Uganda, according to the Female Genital Cutting Education and Networking Project.

Though commonly used, the label FGM is nevertheless disputed because it implies a negative evaluation of the practice. From the point of view of some people who use these practices, they do not consist of mutilation. For many, this label is an expression of Western prejudice and its lack of respect for and paternalism toward other cultures. Among African populations, the most common term is *female circumcision*; in the international literature, the term *female cutting* is gaining wider currency.

This terminological question clearly shows how FGM represents one of the most complex cases of normative pluralism (norms of custom versus norms of law) in contemporary society, which highlights the problems faced by universalist models of law and society and the tensions between feminism and multiculturalism.

FGM consists of many practices that vary by their procedures, physical and psychological consequences, social meaning, and so forth. These practices range from **[p. 578** \downarrow **]** purely symbolic ones (for example, piercing the clitoris), to removal of the clitoris or other external parts of the female genitalia, to the most harmful (infibulation, which, in addition to removing the labia and the clitoris, the vaginal opening is stitched together).

Muslims practice FGM as do some Animists and Christians. Contrary to popular belief, it is not an Islamic precept, but derives from a tradition preceding Mohammed and later adopted by Islam in a form (sunna) that is not considered obligatory, as shown by the absence of the practice in Maghreb countries. In recent years, different Islamic authorities have expressed public opposition to FGM.

The traditional meaning of FGM varies between a rite of passage from childhood to puberty, to a rite of sexual differentiation. In either case, it corresponds to a central



moment in the woman's life, celebrated with important ceremonies. According to the myths of various populations, the uncircumcised individual is neither male nor female. Those societies that practice female excision typically practice male circumcision as well, and according to many, these practices should be treated together. The belief is that the original, undifferentiated state of nature is overcome through the intervention of culture, without which human beings cannot join together and hence procreate.

Gender differentiation, which in the West usually occurs through education, here is marked on the body. One could state that FGM represents a "total social fact" whose symbolic meanings can only be understood from within. It is nevertheless clear that it involves several dimensions of difference between Western and African cultures: the position of women with respect to men, of parents with respect to children, of the individual with respect to the group and his or her own body.

Functions typically attributed to these practices range from hygiene, to aesthetics, beauty, and easier childbirth, but also chastity—as is clear in the case of infibulation—and reduction of female pleasure. Even today, in some contexts FGM corresponds to a highly binding social obligation. An uncircumcised woman is not a real woman, is impure, and cannot marry and have children; she shames her family, which in many African cultures means ostracism and uncertain survival.

From the perspective of Western culture—but also of an ever-increasing part of African populations—FGM constitutes harm to the physical integrity of minors, a denial of their right to independently make choices regarding their bodies and their future, and a clear manifestation of women's oppression. Starting from the second half of the twentieth century, FGM has been considered a practice violating human rights. Actually, many international declarations and conventions condemn it and require governments to oppose it. An increasing number of African countries ban these practices, but their laws are widely ineffective. In Western countries, the practice is generally subject to criminal penalties, at least as far as law in the books.

In the United States and Canada, authorities explicitly consider FGM a crimes punishable with imprisonment if performed on a girl under the age of 18. In Europe, some countries have chosen specific legislative measures, such as Great Britain, while others have preferred not to establish new rules. A prime example is France

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where, in accordance with a model of integration that denies any legal or institutional recognition of cultural differences, the practitioners of FGM and the girl's parents have been charged under the penal code in several cases for grievous bodily harm.

The decision to criminalize FGM has turned out, however, to be problematic, primarily for the psychological aspects. The parents certainly do not intend to harm their daughter. Moreover, FGM continues to be performed clandestinely or by repatriating the child; this results in the community's isolation—in particular, girls are kept away from health and public services for fear of being reported. It leads to further harm to the child and any siblings whose parents are imprisoned, despite being adequate caregivers in all other respects. Furthermore, repression of the practice leads many African men and women to claim FGM as a symbol of their own ethnic heritage that they should defend against Western interference. As a result, trials in France have almost always ended with light and suspended sentences, revealing what jurists have called "I'embarrass de la justice," divided between the need to condemn and the need to avoid punishment.

A serious policy opposing FGM requires a set of coordinated approaches centered on prevention, as **[p. 579** \downarrow **]** endorsed by the 2003 Cairo Declaration, which calls for criminal sanctions as the last step of a "long-term multidisciplinary strategy." This implies a complex set of public measures; active monitoring, education, and medical and social assistance; schooling; and employment of affected women. Support of those parents who choose not to follow the tradition could include recognizing their right of asylum, as Canada has done, for those who do not want to return to their native country as a means to protect their daughters from these practices. In general, to be effective, intervention programs must not be seen as imposed; they must work from within the perspective of African women, supporting the approaches and strategies put in place by the women themselves to mediate between tradition and innovation.

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- Child Abuse
- Cultural Identities

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Further Readings

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