
Female Genital Mutilation (FGM): A Religious Practice or Violation of Basic Human Right of Women?

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Abstract: *A gendered harmful practice, Female Genital Mutilation (FGM) is a manifestation of gender inequality deeply rooted in social, political and economic structures. It also represents societal control over girls and women and perpetuates normative gender roles that are unjust and harmful. India has travelled a long path after completing seventy - six years of independence from the foreign bondage. It has proved remarkable progress in the field of science and technology, education and economics. But some unpleasant questions arise when we give a closer look as to the real conditions of women in the so called 'progressive' Indian society. It has been practiced in the 'Bohra' community in India. It can lead to health consequences that affect girls' and women's physical, mental and sexual health and well-being. World Health Organisation (WHO) strongly urges health care providers not to perform FGM and has developed a global strategy and specific materials to support health care providers against medicalization. This paper attempts to discuss this most sensitive issue since its origin. It will focus on its different types, prevalence as well as the risk factors related to it. Some recommendations have also been mentioned at the end to stop this inhuman practice.*

Keywords: *Bohra, Medicalization, Violation of Human Rights, World Health Organisation.*

Date of Submission: 26-07-2024

Date of Acceptance: 30-07-2024

Introduction

Female Genital Mutilation (FGM) (also known as female genital cutting, female genital mutilation / cutting (FGM/C) and female circumcision) is the ritual cutting or removal of

Female Genital Mutilation (FGM): A Religious Practice or Violation of Basic Human Right of Women?

some or all of the vulva. The prevalence of FGM varies worldwide, but majorly present in some countries of Africa, Asia and the Middle East and within their diasporas. As of 2024, UNICEF estimates that worldwide 230 million girls and women (144 million in Africa, 80 million in Asia, 6 million in Middle East, and 1-2 million in other parts of the world) had been subjected to one or more types of FGM.

For ages society had differentiated between male and female. Male enjoyed all sorts of rights in society and female had only duties, no rights. As women were considered as the weaker sex so they were confined to the private sphere of home and family. The domains of men were defined as 'public', enabling them to enjoy power and the democratic rights. Women were supposed to perform domestic work and to bear children. Men's world was that of production; women's world was that of re-production. In the male-dominated world, women had always been considered as inferior, less competent, less valuable and therefore, they had been subjected to discrimination and deprivation from all spheres – social, economic, political and cultural. According to Bharati Roy, *"a male sphere of public life was supposed to be one of prestige and power, a female sphere was private and not public and it was a life of degradation and confinement"*. The feminist movement wants to treat every individual not on the basis of sex but as a human being. There should be gender-equality everywhere. The feminist movement attempts to establish the right of women, to improve their standard of living, to spread education among them and to empower them so that they can achieve self-reliance and self-confidence that would help them to play an equal role with men in all the fields.

This paper attempts to discuss the most violent and sensitive issue, that is practicing of Female Genital Mutilation (FGM) on the basis of violation of basic human rights of women. In some African communities, FGM is a religious practice. In others, female genitalia are considered ugly or offensive and removing external genitalia is believed to make a woman more hygienic and aesthetically pleasing. FGM is also believed to increase fertility. A woman who has been "circumcised" is considered more marriageable and more culturally and socially acceptable. Uncircumcised women are shunned, called derogatory names and denied access to certain positions and roles that "adult" women can occupy. The procedure is done in unsanitary conditions and often compromises the health of these young women. Many have experienced post-operative shock and suffered from painful menstruation and infections even some of them bled to death due to haemorrhaging, experienced post-operative shock and suffered from painful menstruation and infections. Those who survive, FGM are often left with psychological scars that may never heal. These practices have been widely condemned by other cultures as barbaric and cruel. According to the United Nations' End Fistula Campaign, this particular form of female genital mutilation frequently results in organ damage, urinary incontinence, and obstetric fistula.

Objectives of the Study

Despite several legislative measures adopted in favour of women, during recent years, countless women continue to be victims of discrimination and gender-specific violence.

Female Genital Mutilation (FGM): A Religious Practice or Violation of Basic Human Right of Women?

Surprisingly many have blamed the women herself is the probable cause that led to such heinous crime. FGM refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-medical reasons. The major objectives of the study are as follows:

1. What female genital mutilation (FGM) is all about?
2. Where does the practice come from?
3. What are the different types of FGM?
4. What are the consequences of FGM?
5. Which international and regional instruments can be referenced for the elimination of FGM?

Methodology: The study is primarily descriptive in nature. For this study, secondary sources are used and examined. The findings of other scholarly studies on the same problem have also been taken into account. Different journals and the newspapers are considered as a source of data.

Discussion and Analysis

The Vedic period is said to be of complete equality for women. Then came the feudal period where foreign invasion took away women's freedom. Again in the phase of national movement against foreign domination, women's rights and equality were regarded as important along with other issues. In post independent India, even though there has been noticeable rise in the activities directed towards women's emancipation, most of the women in the rural areas are illiterate and trapped in a vicious circle of poverty and deprivation. Though the main purpose for women empowerment is to enhance the quality of life for women, but it also has deep ramification in social, political and economic scenario.

In the patriarchal society men dominated over women in every sphere of life. Women were considered as inferior to men in all respects. According to Shoma Chatterji, "*Patriarchy and Capitalism operate effectively together to use women as a profitable source of production and reproduction while keeping control over women's labour and perpetuating their inferior status*". The socialization process in which children learn these gender roles begins at birth. Children learn at a young age that there are distinct expectations for them based on their assigned gender. Cross-cultural studies reveal that children are aware of gender roles by age two or three; at four or five, most children are firmly entrenched in culturally appropriate gender roles. Parents often supply male children with trucks, toy guns and superhero paraphernalia, which are active toys that promote motor skills, aggression and solitary play. Female children are often given dolls and dress-up apparel that foster nurturing, social proximity and role play. Studies have shown that children will most likely choose to play with "gender appropriate" toys even when cross-gender toys are available.

Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM): A Religious Practice or Violation of Basic Human Right of Women?

According to World Health Organization, FGM refers to '*all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-medical reasons*'. The practice of FGM is painful, harmful and incredibly dangerous in any form, but the most severe and debilitating type – infibulation – is so shocking, it's difficult to even write about. The procedure is usually done on young girls before the onset of puberty, to ensure chastity. The purpose is to reduce sexual desire, ensure that a young woman remains a virgin until marriage and increase sexual pleasure for the future husband. The experience of many women who undergo the procedure, however, involves painful or difficult intercourse. The circumcisers even usually do not use anaesthetic during mutilation. With this method, the pain lasts throughout a girl's life – when they have a period, when they have sex and when they give birth to a child. When a girl has experienced FGM, the stitches are opened up just before the marriage – in some cases, the husband or one of his female relatives will enlarge the vaginal opening using a small knife to allow intercourse. At childbirth, many women also have to be cut again because the vaginal opening is too small to allow for the passage of a baby.

The Origins of the Practice

It predates the rise of Christianity and Islam. It is said that some Egyptian mummies display the characteristics of FGM. Historians such as Herodotus claim that, in the fifth century BC, the Phoenicians, the Hittites and the Ethiopians practiced circumcision. It is also reported that circumcision rites were practiced in tropical zones of Africa, in the Philippines, by certain tribes in the Upper Amazon, by women of the Arunta tribe in Australia and by certain early Romans and Arabs. As recent as the 1950s, clitoridectomy was practiced in Western Europe and the United States to treat perceived ailments including hysteria, epilepsy, mental disorders, masturbation, nymphomania and melancholia. In other words, the practice of FGM has been followed by many different peoples and societies across the ages and continents.

In Africa, FGM is known to be practiced among certain communities in 29 countries: Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Cote d'Ivoire, Democratic Republic of Congo, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Togo, Uganda and Zambia. Certain ethnic groups in Asian countries practice FGM, including communities in India, Indonesia, Malaysia, Pakistan and Sri Lanka. In the Middle East, the practice occurs in Oman, the United Arab Emirates and Yemen, as well as in Iraq, Iran and the State of Palestine. In Eastern Europe, recent info shows that certain communities are practicing FGM in Georgia and the Russian Federation. In South America, certain communities are known to practice FGM in Columbia, Ecuador, Panama and Peru and in many western countries, including Australia, Canada, New Zealand, the United States, the United Kingdom and various European countries, FGM is practiced among diaspora populations from areas where the practice is common.

Female Genital Mutilation (FGM): A Religious Practice or Violation of Basic Human Right of Women?

In 2019, an estimated 4.1 million girls genitals were cut. This number is projected to rise to 4.6 million in the year 2030. If FGM practices continue at recent levels, 68 million girls genitals will be cut between 2015 and 2030 in 25 countries where FGM is routinely practiced.

Different Types of FGM

The World Health Organization (WHO) has identified four types of FGM:

Type I, also called **clitoridectomy**: Partial or total removal of the clitoris and /or the prepuce.

Type II, also called **excision**: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora. The amount of tissue that is removed varies widely from community to community.

Type III, also called **infibulation**: Narrowing of the vaginal orifice with a covering seal. The seal is formed by cutting and re-positioning the labia minora and/or the labia majora. This can take place with or without removal of the clitoris.

Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping or cauterization.

Other terms related to FGM include incision, de-infibulation and re-infibulation:

Incision refers to making cuts in the clitoris or cutting free the clitoral prepuce, but it also relates to incisions made in the vaginal wall and to incision of the perineum and the symphysis.

De-infibulation refers to the practice of cutting open a woman who has been infibulated to allow intercourse or to facilitate childbirth.

Re-infibulation is the practice of sewing the external labia back together after de-infibulation.

Types I and II are the most common, but there is variation among countries. Type III – infibulation – is experienced by about 10 per cent of all affected women and is most likely to occur in Somalia, northern Sudan and Djibouti.

The Consequences of FGM

FGM has serious implications for the sexual and reproductive health of girls and women. The effects of FGM depend on a number of factors, including the type performed, the expertise of the practitioner, the hygiene conditions under which it is performed, the amount of resistance and the general health condition of the girl / woman undergoing the procedure. Complications may occur in all types of FGM, but are most frequent with infibulation. Immediate complications include severe pain, shock, haemorrhage, tetanus or infection, urine retention, ulceration of the genital region and injury to adjacent tissue, wound infection, urinary infection, fever and septicaemia. Haemorrhage and infection can be severe enough to cause death. Long-term consequences

Female Genital Mutilation (FGM): A Religious Practice or Violation of Basic Human Right of Women?

include complications during childbirth, anaemia, the formation of cysts and abscesses, keloid scar formation, damage to the urethra resulting in urinary incontinence, dyspareunia (painful sexual intercourse), sexual dysfunction, hypersensitivity of the genital area and increased risk of HIV transmission, as well as psychological effects. Type III FGM, may cause complete vaginal obstruction resulting in the accumulation of menstrual flow in the vagina and uterus. Infibulation creates a physical barrier to sexual intercourse and childbirth. An infibulated woman therefore has to undergo gradual dilation of the vaginal opening before sexual intercourse can take place. Often, infibulated women are cut open on the first night of marriage (by the husband or a circumciser) to enable the husband to be intimate with his wife. At childbirth, many women also have to be cut again because the vaginal opening is too small to allow for the passage of a baby.

International and Regional Responses

Several international human rights organisations have been advocating, promoting and protecting the rights of women from the middle of the 20th century. In 1966, the [International Covenants on Civil and Political Rights](#) and on [Economic, Social and Cultural Rights](#) condemn discrimination on the grounds of sex and recognize the universal right to the highest attainable standard of physical and mental health (Art. 12). In 1979, the UN General Assembly adopted the [Convention on the Elimination of All Forms of Discrimination against Women](#) (CEDAW). It requires State Parties to: "take all appropriate measure to modify or abolish customs and practices which constitute discrimination against women" (Art. 2f) and "modify social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes" (Art 5a).

Most governments in countries where FGM is practiced have ratified international conventions and declarations that make provisions for the promotion and protection of the health of women and girls. For example: There are also some international conventions and declarations which propagate the health of the women. They are as follows:

On 10th December 1948, the Universal Declaration of Human Rights has been adopted by the General Assembly of the United Nations. The five articles in this declaration strongly condemn FGM. It gives emphasis on the standard of living of the all human beings. The Convention of 1951 is related to the status of the refugee, still certain traditional practices such as FGM has been discussed in it as a source of high risk of death. The Convention of 1984 recommends Torture and Other Cruel, Inhuman or Degrading Treatment should be punished. The Committee against Torture clearly states in General Comment No. 2 that FGM falls within its mandate. The Convention of 1989 talks about the protection of child right and wants the interference of the state in case of any kind of violation is happened. General recommendation 14 (1990) recommends educational and training programmes; to include appropriate strategies aimed at ending FGM into national health policies.

Female Genital Mutilation (FGM): A Religious Practice or Violation of Basic Human Right of Women?

The Vienna Declaration of 1993 has included FGM as a gender-based violence. Similarly in 1994 in the International Conference on Population and Development Programme of Action urgently calls the governments to take proper action against the cutting of the female genital. The process to eliminate the dangerous practice has also been discussed in the Platform for Action of the Fourth World Conference on Women in 1995.

In 1997 in the Article 18(3) of the African Charter on Human and Peoples' Rights women's and child's rights are highlighted. In 1998, the Addis Ababa Declaration on the Violence against Women wants to formulate necessary laws regarding the elimination of FGM. Later it was adopted by the Organization of African Unity (OAU). The Banjul Declaration also stands in favour of its elimination.

In 1999, the United Nations Social, Humanitarian and Cultural Committee through its Resolution recommend the states to implement proper legal measures against those traditional practices which are responsible for the damage of the health of the women. In 2000, in the Beijing Declaration an initiative has been taken to ban FGM along with the other gender-based violence against women. In 2001, the European Parliament tries to implement measures to protect the survivors of the FGM and make necessary actions, such as asylum, for the girls who are on the verge of FGM. In 2003 the Maputo Protocol in Africa calls for the "elimination of harmful practices". 2010: Commission of the Status of Women passed Resolution 54/7 on ending FGM.

In 2011, the African Union Assembly has considered FGM as a violation of basic human rights of women. In 2012 United Nations General Assembly has passed resolution to eliminate FGM. Similarly in 2014, the Human Rights council also stands for the noble cause of abolishing the barbaric practice.

In 2015 the Sustainable Development Goals has taken the motto to eliminate early as well as forced marriage and FGM. In 2016 United Nations General Assembly through its resolution (A/RES/70/138) recognizes FGM as a "discrimination against the girl child and the violation of the rights of the girl child."

In May 2016, WHO in collaboration with the UNFPA- UNICEF has launched a guideline for the review of the survivors of the FGM and in 2018 it has inaugurated a handbook comprising the preventive method as well as the effective mechanism to get rid of the complications from FGM.

Conclusion

Since 1997, great efforts have been made to counteract FGM, through research, work within communities, and changes in public policy. In 1997, WHO issued a joint statement against the practice of FGM together with the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA). The UK hosted the first ever Girl Summit on July, 2014 aimed at ending all forms of FGM and forced marriage (in the UK and worldwide) within a generation. As part of the summit, the Government is asking people to pledge their support through social media with the hashtag #GirlSummit and they have created the world's first "Instagram documentary" in honour of girls affected by child, early and forced marriage and FGM. International Development Secretary Justine Greening said: "It's fantastic to see so

Female Genital Mutilation (FGM): A Religious Practice or Violation of Basic Human Right of Women?

many people coming together to show their support for girls. There are too many girls around the world who are being denied the freedom to control their bodies and their futures. The Girl Summit is helping to drive momentum towards this unique opportunity that we have to end harmful practices such as FGM and child marriage within a generation."

In the time of the worldwide pandemic, two factors attract attention to this topic. Sudan has criminalized the practice of FGM and secondly that lockdown has led to a huge increase in FGM in countries like Somalia which has the world's largest FGM with about 98% of the women being cut. Sadia Allin, Plan International's head of mission in Somalia persuaded the government to ensure that FGM is included in all COVID responses. United Nations Population Fund (UNFPA) has warned that the COVID-19 pandemic could lead up to an extra 2 million girls worldwide being cut in the next decade. It also estimated that 2,90,000 girls could be cut in Somalia alone in 2020 and claimed that this spike is related to Ramadan, which is the traditional time for girls to be cut.

Every child has the right to be protected from harm, in all settings and at all times. The movement to end FGM – often local in origin – is intended to protect girls from profound, permanent and completely unnecessary harm. The evidence shows that most people in affected countries want to stop cutting girls, and that overall support for FGM is declining even in countries where the practice is almost universal (such as Egypt and Sudan). Nevertheless, activities for the elimination of FGM should be developed and implemented in a way that is sensitive to the cultural and social background of the communities that practice it. . Ending FGM will take intensive and sustained collaboration from all parts of society, including families and communities, religious and other leaders, the media, governments and the international community.

Notes & References

Askew I, Chaiban T, Kalasa B, 'A Repeat Call for Complete Abandonment of FGM', *Journal of Medical Ethics*, 42:619-620.

Bruyn M. De , 'Socio-cultural Aspects of Female Genital Cutting',1998,KIT.Chattarjee, Shoma A, ' Gender and Conflict' , New Delhi:UBS Publishers' Distributors Pvt. Ltd., 2006,p.1.

ECOSOC document E/CN.4/Sub.2/1999/14: 'Third report on the situation regarding the elimination of traditional practices affecting the health of women and the girl child', by Ms. Halima Embarek Warzazi, pursuant to sub-commission resolution 1998/16

Hekmati, M. , '*Towards the Eradication of Female Genital Mutilation in Egypt*' . 1999.

Izett S. & Toubia, N. (1999) ; '*Learning About Social Change. A Research and Evaluation Guidebook using Female Circumcision as a Case Study*. London: Rainbo,1999.

Leye E., Roelens K., & Temmerman, M ; '*Medical Aspects of Female Genital Mutilation*'. International Center for Reproductive Health:University of Gent,1998.

Female Genital Mutilation (FGM): A Religious Practice or Violation of Basic Human Right of Women?

Roy, Bharati Roy (ed.), *Women and Science*, Kolkata: University of Calcutta, Women's Studies Research Centre, 1990, p.1
Smith, Jacqueline 'Visions and Discussions on Genital Mutilation of Girls, An International Survey', Amsterdam, Defence for Children International, 1995.

Toubia, Nahid 'Caring for Women with Circumcision. A Technical Manual for Healthcare Providers', London: Rainbo, 1999.

UNFPA, '*Demographic Perspectives on Female Genital Mutilation*', New York, 2015.

UNICEF '*Female Genital Mutilation /Cutting: A Statistical Overview and Exploration of the Dynamics of Change*'. New York.