

THE UNFORESEEN END TO FEMALE GENITAL MUTILATION.

The History, Politics and Future.

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Introduction

Female Genital Mutilation (FGM) refers to the practices that operate, alter, or remove the external genital organs in young girls and women. The procedure is performed using a blade or shard of glass by a religious figurehead, town elder, or a medical professional with limited training (WHO, 2023).

The practice of FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against girls and women. The practice also violates a person's rights to health, security and physical integrity; the right to be free from torture and cruelty and the right to life, in instances when the procedure results in death (Mohammed et al., 2018). FGM which has been a prevalent practice in Africa, Middle East and Asia, is not territorial in nature and extends beyond borders, some immigrants in the United States and Western Europe still practice it, by sending their daughters back to their homeland to undergo this procedure. FGM, in India has been modelled in Bohra Muslim community, as “khatna” or “khafz” (Tripathi, 2020).

The aim of the present research is to analyze the political environment, geographical landscape and the gap in approaches to curb Female Genital Mutilation by comparing literature and several sources regarding FGM as well as to explore the phenomena perpetuating the custom. This research also attempts to explain the concept of this practice by analyzing different beliefs that support its continuation.

Historical Background

The origin of female genital mutilation is widely debated. Early evidence suggests that the practice was probably used in ancient Egypt as a sign of separation from the aristocracy. Another group of scholars believe that the practice began during the slave trade, when black female slaves entered ancient Arab societies. Some even believe that FGM became prominent with the arrival of Islam in parts of sub-Saharan Africa. While there are other historians who propose that it originated among certain ethnic groups in sub-Saharan Africa as part of puberty rituals. It was generally believed throughout history that female genital mutilation ensured female virginity and reduced female desires (FGM National Clinical Group, n.d.).

The practice of FMG is supported by traditional beliefs, values, and attitudes across societies. In some communities it is valued as a rite of passage into womanhood, in others as a means of preserving a girl's virginity until marriage. In many countries, female genital mutilation is a prerequisite for marriage, and marriage is essential for a woman's social and economic survival.

Some African women also believe that if their daughters are not circumcised, they will not get a husband.. This harmful tradition was driven by taboos from generation to generation.

FGM is deeply rooted in some cultures while some believe it is done for religious reasons, however, it is not limited to a specific culture or religion (Kerubo, 2010). Female genital mutilation has also been practiced by gynecologists in the UK and the US to 'cure' women of masturbation and insanity. Female genital mutilation continues in some communities in various forms, and even into today, it is a harmful tradition for girls and women.

Political Landscape

Due to a perceived lack of meaningful choice regarding decisions of their own bodies, women who are subjected to this practice are considered in Western development discourse to be disempowered. Thus, the prevalence of these practices can thus be understood as a key mechanism for challenging such power relations in favour of women's rights, and gaining greater control over the sources of power. There is evidence of FGM in 28 African countries, and figures suggest a prevalence of more than 70% in Burkina Faso, Egypt, Eritrea, Ethiopia, Guinea, Mali, Mauretania, Northern Sudan, and Somalia (Knox, 2021). Many African governments, including Benin, Burkina Faso, Ivory Coast, Ghana, Senegal and Togo, have taken steps to prevent FGM by criminalizing it by law. However, extensive development history has shown that the universalist stance adopted in legislation alone is ineffective at best and fundamentally ineffective at worst.

In the case of FGM, the gap between what Western feminists see as sexual violence and what Africans see as ritual ultimately hindered the effectiveness of top-down approaches in changing community opinion. who practice genital mutilation. The discourse of the Western "anti-mutilation" campaign sometimes reinforced the determination of communities to continue cutting, resisting culturally imperialist narratives. To be clear, this is a culturally imperialist narrative in which female genital mutilation is presented as indisputable proof of African women as voiceless and passive victims: whose sexual and reproductive capacities are controlled by "barbarism".

As a result of state-level failures in redressing the gendered power relations at the heart of cultures, notions of 'empowering women' have gained a foothold in key statements from the WHO and United Nations regarding FGM. However, in keeping with the dominance of the neo-liberal ideology and its consumerist core, the version of empowerment that has historically been popularised by these organisations places emphasis on the self-optimising individual.

The neoliberal and awareness-raising models of empowerment outlined so far share several problematic Western assumptions that emerge when analyzing FGM practices and call for dismantling. Initially, both see empowerment as a one-way progression towards a pre-defined goal, in which development targets become 'conscious' actors, then manifesting as economic dependence or attempting to undermine existing hierarchies. Actual experiences of pain, pleasure, tension, sexuality and health are rarely discussed in development accounts,

often forgotten in educational medical descriptions, but the embodied experiences of girls and women should probably be central to understanding the process. about empowerment and what it does to them. Analysis of the status of women must therefore be based on their real lives, not on the general assumption that they lack scientific knowledge about health and well-being, both because of science and because of the deeply culturally specific resonances of female genital mutilation.

Second, challenging patriarchal power relations and empowering women as a result of FGC can simplify a complex situation caused by multiple factors at multiple levels. The issue is not so much how men oppress women, but how both, through their active participation, internalize a system of asymmetrical values and gender restrictions. Research has shown that in many societies, self-cut older women become practical gatekeepers and beneficiaries of the social order, single-handedly authorizing, and performing operations and ensuring that their daughter's "benefit" from the same social label and culture.

Conclusion

Only 51 countries around the world have a legal framework to combat female genital mutilation. Lack of political mobility and awareness of FGM around the world affects the availability of protective measures for women and girls at risk. Of the 92 countries with data on FGM, only 51 specifically addressed FGM (Equality Now, n.d.). The nature of combating FGM requires not only a global but also a nuanced response adapted to the specific regional complexities of FGM as practiced in different countries and communities. The United Nations global goal of ending FGM by 2023 is only possible with better information about FGM and its prevalence, more investment to end FGM, effective enforcement of laws against FGM and tailored and comprehensive policies and services for survivors in all countries. where female genital mutilation is common, which can only be achieved through interstate cooperation and oversight and support from supranational organizations.

References

Equality Now. (n.d.). The Global Movement to End FGM. Equality Now. <https://www.equalitynow.org/the-global-movement-to-end-fgm/>

FGM National Clinical Group. (n.d.). Historical & Cultural. FGM National Clinical Group. Retrieved 2023, from http://www.fgmnationalgroup.org/historical_and_cultural.htm

Kerubo, K. R. (2010). FEMALE GENITAL MUTILATION- EFFECTS ON WOMEN AND YOUNG GIRLS. Theseus. https://core.ac.uk/display/38021037utm_source=pdf&utm_medium=banner&utm_campaign=pdf-decoration-v1

Knox, A. (2021, March 19). Female Genital Cutting in Africa: The West and the Politics of 'Empowerment'. E- International Relations. <https://www.e-ir.info/2021/03/19/female-genital-cutting-in-africa-the-west-and-the-politics-of-empowerment/>

Mohammed, E. S., Seedhom, A. E., & Mahfouz, E. M. (2018, October 17). Female genital mutilation: current awareness, believes and future intention in rural Egypt. *Reproductive Health*, (15), 175. <https://doi.org/10.1186/s12978-018-0625-1>

Tripathi, N. (2020, January 28). Female Genital Mutilation: A Humanistic Approach. SSRN. <https://dx.doi.org/10.2139/ssrn.3529267>

World Health Organization (WHO). (2023, January 31). Female genital mutilation. World Health Organization (WHO). Retrieved March 9, 2023, from <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>