



Female Genital Mutilation: A Dark Age’s Curse in the 21st Century



Anjali Singh ^a

Article history:

Received: 5 July 2016

Revised: 28 July 2016

Approved: 20 Augustus 2016

Published: 1 September 2016

Keywords:

Forms;

Health;

Countries;

Violation of Rights;

Female Genital Mutilation;

Abstract

The article deals with the inhumane practice of female genital mutilation which is practiced in a large part of the world even today. The practice not only affects the victims physically but it also traumatizes them for life. The article seeks to determine the scale at which it is practiced in different countries. The role of United Nations and its agencies have also been discussed. The author seeks solutions in her research and discusses the methods already being implemented to end this menace of the society.

2455-8028 ©Copyright 2016. The Author.

This is an open-access article under the CC BY-SA license
(<https://creativecommons.org/licenses/by-sa/4.0/>)

All rights reserved.

Author correspondence:

Name of Author,

Student at Lucknow University

Email address: anjali.shivi31@gmail.com

1. Introduction

Female genital mutilation (FGM) is an intentional procedure of altering or removing the genital parts of women either partially or completely. It can also be termed as female genital cutting or female circumcision. According to WHO, FGM is carried out on young girls before they hit puberty.

Till now, no benefit has been witnessed out of this practice. The only thing visible is the deterioration in the health of the victims. Practicing this tradition has led to serious diseases and deaths of many victims. Some women have even become incapable of being pregnant or delivering a child. It is considered as one of the most malicious practice. FGM is both morally and legally wrong. Legality of this practice is nowhere to be stated or seen. People have been hiding this practice from the society, but there are a few communities that consider it pious and mandatory for their survival in the particular community.

2. Research Method

The WHO has segmented this procedure into four types:

- a) Clitoridectomy- Partial or total removal of the clitoris.
- b) Excision- Partial or complete removal of the clitoris and minor labia with or without cutting the major labia.

^a Student at Lucknow University

- c) Infibulation- It is the most severe form of FGM. This procedure includes the expurgating of the clitoris and the labia and then stitching together the edges of the vulva. It is done to prevent the female from having any sexual intercourse. Only a small opening is left for the urine and menstrual blood to escape.
- d) The fourth type of FGM consists of the all other processes done to the genitalia for no- medical purposes, i.e. pricking, piercing, incising, scraping and cauterization.

3. Results and Analysis

The consequences of this practice are detrimental. Physical, as well as mental health, starts deteriorating gradually. The magnitude of this practice also includes death. The immediate death is usually caused as a result of either hemorrhage or tetanus. If the procedure is performed with few girls using the same tool, then it can even lead to the risk of contracting HIV. The ones with whom Type 3 of FGM (infibulation) is performed, are most likely to face the problem of passing urine or menstrual blood. Improper passing of the urine leads to bladder infections. Also, passing of menstrual blood through the stitched hole creates severe pain and the stagnation of menstrual blood leads to pelvic inflammation and abdominal cramps which further leads to death or infertility.

FGM causes emotional trauma too. It is not only the memory of being cut, helplessness or horror which the girl faces but also the ongoing effects of FGM throughout the girl's life can lead to emotional distress. Women are likely to face the problem of having a low esteem, high risks of depression and anxiety or maybe some sort of personality disorder. A 2010 study from a group of girls in Iraqi Kurdistan stated that:

“All the circumcised participants remembered the day of their circumcision as extremely frightening and traumatizing. Over 78% of girls described feelings of intense fear, helplessness, horror and severe pain, and over 74% were still suffering from intrusive re-experiences of their circumcision”

This hideous practice of genital mutilation of females is majorly followed in 27 countries in Africa, as well as in Indonesia, Iraqi Kurdistan, and Yemen. In countries like Somalia, Guinea, Djibouti, Egypt, Eritrea and Mali, Sierra Leone and Sudan, almost all young girls are cut, and their prevalence is 98%, 96%, 93%, 91%, 89%, 88%, respectively.

In some countries, FGM has been musicalized. In Egypt, most of the cutting is undertaken by trained healthcare professionals, which reduces the risk of infection, pain, and bleeding, but serves to make the procedure appear acceptable within the country, in the face of the UN resolution. An estimated 200 million girls and women alive today are believed to have been subjected to FGM; but rates of FGM are increasing, a reflection of global population growth. Girls and women who have undergone FGM live predominately in sub-Saharan Africa and the Arab States, although FGM is also practiced in select countries in Asia and Latin America, and amongst migrant populations in Europe, North America, Australia and New Zealand. An estimated 125 to 140 million women and girls are victims of FGM. Globally, a woman or girl is violated by FGM every ten seconds. This means approximately 8,500 women and girls are harmed by FGM daily.

FGM is internationally considered as a violation of human rights of girls and women as it reflects inequality between both the sexes and results in the most extreme form of discrimination against women and girls in the façade of making them pious and pure for their men. It violates their rights to health, security, physical integrity, their right to be free from torture or inhuman behavior. Their right to life gets violated when this practice results in death as well as when they do survive the mutilation for it hurts their dignified living and rights to dignified living is part of the right to life. The right to life does not mean mere physical existence, but it means living with self-respect and honor, free of any unreasonable physical, mental or emotional restrictions.

To promote the relinquishment of this practice, many efficacious and systematic efforts were needed. And to have done it on an international level, only United Nations could have helped, which it did. Their efforts emphasized on the societal dialogue and empowerment of the communities to abandon the practice from its deepest roots. Both United Nations Fund For Population Activities and United Nations Children's Emergency Fund came together to lead the largest global programmer to accelerate the banishment of FGM.

6th of February each year is observed as the INTERNATIONAL DAY OF ZERO TOLERANCE FOR FEMALE GENITAL MUTILATION by the United Nations. In 2016, on International Day of Zero Tolerance of FGM, a goal was set to totally eliminate female genital mutilation by 2030.

4. Conclusion

The complete abandonment of this practice is in itself a very mammoth task to perform. Only if everyone comes together, the problem can be solved. It is a very sensitive issue, being practiced internationally, because of dogmatic principals. There are many communities which consider it a part of raising a girl. Removing this notion

from their mentality is very challenging. By just putting a legal sanction, the task does not get completed, it is also very important to make the society understand the seriousness of this problem and to make them aware of its grave consequences. Also understanding the psyche of people following this practice and then accordingly counseling them could also help us in achieving our motive of eliminating this evil practice at a faster pace.

Acknowledgments

I am greatly indebted to my friend, Mr. Siddharth Dubey who helped me throughout. And also my mentor, Mrs. Geetanjali Joshi Mishra who took out time from her busy schedule to help me complete this paper.

References

Billaiya, R., Jain, A., Agarwal, R., & Jain, P. (2017). Introduction about Child Health Status in India. *International Journal of Health Sciences (IJHS)*, 1(1), 12-22.

Ghosh, C. (2017). A Study on-Evaluating Marketing Strategies Adopted by Home Appliance for Economic Development in India. *International Journal of Social Sciences and Humanities (IJSSH)*, 1(1), 9-15.

Jain, P., Jain, A., Singhai, R., & Jain, S. (2017). Effect of Biodegradation and Non Degradable Substances in Environment. *International Journal of Life Sciences (IJLS)*, 1(1), 58-64.

<http://www.breitbart.com/london/2016/06/29/female-genital-mutilation-cases-increase-due-migrants/>

<https://www.theguardian.com/society/2014/feb/06/what-is-female-genital-mutilation-where-happen>

<http://www.independent.co.uk/arts-entertainment/art/features/no-more-cutting-the-art-project-making-paper-vaginas-in-a-bid-to-stop-female-genital-mutilation-fgm-a7109506.html>

<http://www.endfgm.eu/female-genital-mutilation/what-is-fgm/>


<https://orchidproject.org/category/about-fgc/impacts/>

AHA Foundation Blog

https://www.globalgiving.org/fgm/?rf=ggad_16&gclid=Cj0KEQjw7-K7BRCKkIH3t_WwoskBEiQAD8oY3ph22v-Fiiv6j41niG_5esH1qFM86dzZXbAsMBEb0pIaAvbi8P8HAQ

<http://www.unfpa.org/events/international-day-zero-tolerance-female-genital-mutilation>.

Biography of Author

	<p>Anjali Singh is a student at Lucknow University. She has completed two levels (A1 and A2) of the German language from the German Embassy. She is currently working with an NGO, Project KHEL. She has also done her internship at Udayan Care.</p>
---	---