

Female Genital Cutting: Abandoning Imperialistic Discourse and Moving Towards a Feminist Approach of Listening

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Abstract

There has been much discussion on the topic of Female Genital Cutting (FGC), which is commonly termed Female Genital Mutilation (FGM). Most of the discourse has focused on the harms it causes and how to eradicate the procedure. Research shows, however, that these attempts to end the practice have made little impact and that there has been almost no decrease in its prevalence. This paper seeks to outline the reasons why imperialistic approaches to criminalize the practice – coupled with a lack of research that listens to women and seeks to understand the practice – contribute to the lack of progress in reducing FGC. It also highlights the ways in which Western societies, which are quick to condemn FGC, may need to analyze their own cultural practices.

Female Genital Mutilation (FGM) is defined by the World Health Organization (WHO) as “all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons” (World Health Organization, 2014). This practice is also known as Female Genital Cutting (FGC) and Female Circumcision. I will use the terms FGC and Female Circumcision interchangeably for the purposes of this paper, and many authors I cite use the term FGM.¹ This ritual, which is common around the globe, has many implications for the women who experience it.

¹ The term Female Genital Mutilation (FGM) was coined in 1980 by Westerners at the World Conference of the United Nations Decade for Women. It has become the term most often used to describe this practice, in both academic settings as well as within human rights discourse. The naming of this phenomenon has very specific implications and leads a learner to make certain negative assumptions (Abusharif, 2001).

There are abundant health concerns, including risk of death. The complexity of this issue is apparent in the different forms that FGC takes across various cultures.

To explore the social constructs – cultural significance, purity, virginity, and gender – that surround this discursive issue, a feminist sociological discourse must be utilized. Who are these women and what is their voice in this? Are they simply bystanders and victims or do they have a stake in the ritual? If we simply focus on ending FGC, we ignore the various other implications that women face as they undergo this procedure. Their status in society is often dependent on this ritual; if we do not address the societal concerns, we do an injustice to women. What about the women who perform these procedures and the status this position affords them within their society? Again, if we ignore the economic implications, we are not looking at the issue completely. Researchers and advocates must avoid taking an imperialistic approach to solution-seeking, which is unfortunately common in the West. The women in FGC-practicing cultures are autonomous beings and they have a grave stake in the ritual's presence in their lives. We must listen first; what are the women saying?

If we listen to what women are saying, we find that ideas about the ritual are divergent. We cannot simply stop the procedure from happening and expect this issue to stop affecting women. This is a complex problem and we can still work towards its end. However, the underlying cultural significance of FGC must be addressed. An understanding of the social implications for women who both undergo this procedure and who perform it must be taken into account. We cannot simply end this practice without addressing the social structure it exists within.

Literature Review

There are four main types of FGC, each with still further possible variations, and an estimated 70 million to 140 million women worldwide are affected by the practice. Most studies approach FGC with the assumption that it is a violation of human rights. The goal of the majority of research has been to

show the dangers of the practice in order to further investigate how to end it (Livermore et al., 2007; Satti et al., 2006; Little, 2003; Johansen et al., 2008; Magied & Shareef, 2003; Magied, 2007; Brighouse, 1992; Ali, 2012). It is clear that while research has been successful in showing some of the possible dangers of the practice, FGC is still widely accepted in many parts of Africa. In fact, the rate at which it is done has increased slightly from 89% in 1979 to 90% today (Ali, 2012).

There is evidence pointing to multiple sexual and health concerns for women. Some of the complications for women's sexual health include: pain during intercourse (dyspareunia), inability for penetration and therefore sometimes further trauma to the genitals, no clitoral orgasm or complete anorgasm, and aversion to intercourse (Brighouse, 1992; Little, 2003; Lightfoot-Klein, 1989; Momoh, 2004). It should be noted that many women who participate in FGC hold deeply entrenched beliefs about women and sexuality. Specifically in the Sudan, where the most extensive version of FGC (infibulation) takes place, women are expected to be sexually submissive and are respected when found to be uninterested in sex (Lightfoot-Klein, 1989; Abusharaf, 2001). Yet, notably, the nature of researching sexuality is subjective and must be taken into consideration when considering the effects of FGC on sexual function.

Clearly documented health issues related to FGC are obstetric concerns. Women who underwent FGC were significantly more likely to have their deliveries complicated by factors such as cesarean section, postpartum hemorrhage, and prolonged maternal hospitalization compared to those who had not undergone the practice (Johansen et al., 2008). The complications for maternal health are well documented elsewhere as well, including maternal death and fetal distress leading to brain damage or death to the fetus. Sepsis is common, as is uterine rupture and vaginal fistulas (Satti et al., 2006; Brighouse, 1992; Little, 2003). Although research clearly shows risks to the perinatal health of women with FGC, it should be noted that some of these complications may be exacerbated by untrained medical professionals, including midwives and traditional birth attendants (TBAs). This is a necessary

consideration, especially in light of laws that have been passed in many African nations outlawing the practice of FGC. Women may be concerned that it is risky to go to a hospital, even if they would be protected from prosecution, and therefore they seek out the same person who performed their FGC procedure – even if they are not equipped to handle complications during childbirth (Satti et al., 2006). Also, they may be more prone to seek out midwives and TBAs so that they may be re-infibulated post-delivery, which hospitals may not do if it is outlawed.

It is also important to consider the other various health concerns that often present in women who have undergone FGC. These include: retention of urine or menstrual blood, urinary tract infections, pelvic inflammatory disease, blocked menstruation or painful menstruation (dysmenorrhea), HIV/AIDS, infertility, infection, hematocolpos (vagina filling with menstrual blood), scarring, shock, cysts, abscesses, hemorrhaging, and possibly death (Momoh, 2004; Ali, 2012; Livermore et al., 2007; Little, 2003; Brighouse, 1992). There is also a great risk for psychological trauma, although some studies report that (due to the societal rewards and desire of the women to be circumcised) these psychological issues are not as high as expected (Shweder, 2000). In some traditions, Pharonic circumcision includes the sewing together of the labia majora with the use of thorns (Ebomoyi, 1987; Little, 2003). Additionally, FGC is often performed without anesthesia or antiseptic (Momoh, 2004; Lightfoot-Klein, 1989). Therefore, some of these health complications may be due to the ritualistic way in which the procedure is performed, including lack of sterile equipment.

Despite these health risks, research clearly shows that women are perpetuating the norm of FGC in African communities. These women are mothers, grandmothers, TBAs, and midwives (Johansen et al., 2008). FGM is a very real source of income for those who perform it, and the women performing the procedure also carry respect in the community and are revered as leaders (Brighouse, 1992). We should be cautious in our criminalization of them and their trade. It is important to not view women simply as

the victims of FGC, but also to realize that women have a stake in this. To take on this view is somewhat provocative, but may help to explain why its eradication is complex and in need of new consideration.

Cultural understanding and sensitivity to the practice of FGC is one important step in this conversation. There are several reasons why this practice is deeply entrenched in these societies. Some of the reasons for perpetuation of the practice of FGC include: marriageability, power and self-control, community acceptance and family honor, esthetics, and finally religion and ritual beliefs (Abusharaf, 2001; Lightfoot-Klein, 1989; Abusharaf, 2006; Wilson, 2013; Ali, 2012; Satti et al., 2006; Momoh, 2004; Livermore, 2007; Little, 2003). The act of genital cutting cannot and should not be removed from these cultural contexts. For women living in countries that practice FGC, being uncircumcised means that they will have a difficult time getting married. In these societies, marriage is a key element to social status; without circumcision, women become stigmatized. Much of the research points to the reality that a woman's role in many of these locations is to marry and bear children (Lightfoot-Klein, 1989; Wilson, 2013; Abusharaf, 2001; Satti et al., 2006; Brighouse, 1992; Ebomoyi, 1987). If we are to look closely at this reality, we can better understand that part of this situation's complexity stems from the possible damage caused to women if the practice of FGC is simply stopped.

There is often an assumption from researchers and feminists that countries that practice FGC are patriarchal and male dominated (Abusharaf, 2001). Yet not only are women themselves perpetuating FGC's continuance, but it should also be recognized that many women see FGC as a benefit for surviving in a patriarchal society. Many women report that it gives them a sense of power (Abusharaf, 2001). This idea that FGC is a source of power can be true in regards to both in the woman's sexuality as well as her relationship with her husband. Women are often seen as sexually promiscuous when uncircumcised (Lightfoot-Klein, 1989; Abusharaf, 2001; Little, 2003; Wilson, 2013). This means that after being circumcised, they are respected for having the ability to abstain from sex. In a culture that sees men as sexually needy, this adds to the view that FGC makes a woman sexually powerful.

Women are also able to use this to give them power in decision-making (Abusharaf, 2001; Lightfoot-Klein, 1989; Little, 2003; Wilson, 2013). There is also the power over the self; some women feel that FGC provides them with self-control and mastery, which is seen as virtuous. Many women state that although FGC painful, it is worth it. They find glory in the suffering and it adds to their image as a strong woman (Abusharaf, 2001; Lightfoot-Klein, 1989; Ebomoyi, 1987; Brighthouse, 1992). Furthermore, it makes them feel clean. The clitoris is often seen as dirty and smelly, so its removal alleviates their discomfort with hygiene (Abusharaf, 2001; Little, 2003; Wilson, 2013; Brighthouse, 1992). While these views may differ greatly from Western concepts of sexuality, it is important to understand the different ways people perceive womanhood.

It is also clear that some of the reasons for FGC's perpetuation have to do with "fitting in" and cosmetic reasons. Women reported that they did not want to go against social norms or disrupt family expectations (Abusharaf, 2001; Little, 2003; Satti, 2003). In fact, Abusharaf (2001) states: "Since the individual woman lives within a larger collectivity, these rights are not seen as individual rights that are indivisible and unalienable, as commonly held in Western thought" (p. 135). In order to understand this phenomenon, we must realize that it is not specific to an individual, but rather to a group. Many studies also cite the reality that for women in these communities, an uncircumcised vagina is considered ugly. Some people believe that the clitoris resembles a penis, and that smooth genitalia are preferred (Abusharaf, 2001; Wilson, 2013; Little, 2003). While some research cites religion and purity as sustaining forces to the practice, it should be noted that it does not stem from a specific religion. While some Islamic and Christian sects in Africa support it, many do not. It is not found in any scriptural text, although some may consider it a religious ritual. Researchers should be careful not to assume religious roots, since many church leaders have denounced the practice (Satti et al., 2006; Livermore et al., 2007).

Discussion

There is an abundance of advocacy information that posits FGC as a violation of human rights, yet most of the related research and discourse are founded on the assumption that the practice is both violent and oppressive toward women. Few researchers and experts have effectively explored the question: Where are the women? While this question has been asked in terms of victimhood, too many times those who seek to understand this issue are blind to the reality that women are often the ones who desire its continuance and perform the procedure. If we are to be honest in our questioning of where the women are, we would do well to abandon Western imperialism and go directly to the source. Let's ask the real experts: the women in African nations who practice FGC. When researchers and activists seek to understand the woman's perspective, a much richer discourse can be developed.

I begin my discussion with the underlying need to shift how we conduct research on the topic of FGC. Existing research outlines possible health consequences of FGC and, as presented above, there are many physical, sexual, and emotional complications that can arise. Often, however, many women are willing to take risks and make that trade-off. In Abusharaf's (2001) study, multiple women voiced their memories of pain, but also spoke of how the pain subsided but the effects on their relationships lasted forever. This is an important distinction. As one woman said: "I think the pain goes away, but the relationships between men and women become very equal and strong. Circumcision gives a woman that power" (Abusharaf, 2001, p. 130). Another woman stated, "I know that circumcision has many benefits, which are more important than its troubles" (Abusharaf, 2001, p. 134). Although Islam (and other religions) do not specifically condone FGC, in some places it is commonly believed that the practice is a religious custom that serves as a source of spiritual strength. Lightfoot-Klein (1989) states, "They are deeply convinced of the infinite goodness and mercy of Allah, and they practice the obligations imposed by their religion fervently and with great joy" (p. 381). While it may be difficult for a Eurocentric approach to understand this trade off, it is imperative that we listen to the many women who contend

that for them, it is worth it. While it may never worth it to some women in Western societies, we must be cautious not to impose our own values on women whose lives we have not lived.

Central to this discussion is the idea of victimhood; women are often portrayed as helpless victims in debates about FGC. They are cast into the tale of male domination without their consent, which is ironic to say the least. As mentioned, many African women cite a feeling of empowerment that stems from their circumcision. A way in which a woman holds power through genital cutting is in relationships, specifically with her husband. As one woman describes, “that is why in Sudanese families women are very, very strong. I swear that in some houses the woman is so strong that her husband can’t breathe without her consent. I think this is true because of her power over her sexual desire” (Abusharaf, 2001, p. 130). Being circumcised gives women power in their communities; it allows them the opportunity to marry, for instance, and is a source of vitality in societies that highly regard purity and virginity. (While challenging the very idea of purity and virginity is necessary from a feminist perspective, we must remember that women must continue to live their lives as ideologies are shifting and social norms are challenged. We cannot ask people who must survive, function, and find happiness in their daily lives to sacrifice themselves in this process.) Many women experience empowerment through female circumcision, which is in direct opposition to the commonly perpetuated idea that FGC is a result of male dominance. In fact, the men know virtually nothing about the practice and it is the mothers and grandmothers who make the decisions about which form of cutting they will choose for their daughters.

Much of the discourse about genital cutting has focused on negative consequences for a woman’s sexuality. Many activists report that women who have experienced FGC lose their ability to orgasm, are unable to enjoy sex, and may even find sex to be extremely painful. This is a real experience cited by women who have undergone female circumcision. However, it is not the experience of all women – not even close. Many women speak of having orgasms in which “it makes one shiver”

(Abushraf, 2001, p. 128). For some, the tightening of the vaginal opening that pharonic circumcision creates makes sex more pleasurable by increasing friction (Abusharaf, 2001). Lightfoot-Klein (1989) points out that while the clitoris is often the source of pleasure for uncircumcised women, circumcised women find that other erogenous zones – such as the breasts, the labia majora and/or minora, and the lips – come to the forefront of pleasure zones. Some women even report feeling aroused by gentle touching of the scars left by their cutting (Lightfoot-Klein, 1989). Women also cite emotional attachment as a source of sexual pleasure; bonding between husbands and wives in the Sudan is common, for instance, and is often referenced when women report about their sexual lives. For them, this bonding is at the center of their ability to orgasm (Lightfoot-Klein, 1989, p. 380-381, 387). When reporting about orgasm, women use intense language to describe their experiences: “I feel shivery and want to swallow him inside my body”; “I feel as if I am trembling in my belly. It feels like a shock going around my body, very sweet and pleasurable”; “All my body begins to tingle. Then I have a shock to my pelvis and my legs...I seem to be flying far, far up. Then my whole body relaxes and I go completely limp” (Lightfoot-Klein, 1989, p. 387).

In many African cultures where female genital cutting occurs, there are also strict gender roles regarding sex. Men are expected to be forceful and aggressive, while women are expected to hide their sexual pleasure and desire. In fact, some places have historically given men grounds for divorce if his wife initiated sex (Lightfoot-Klein, 1989). While strict gender roles have their own set of problems that should be explored, it is of extreme importance that they are considered in the discourse about female circumcision. This is the society in which women live, and attempting to end genital cutting without a consciousness of these beliefs is a grave mistake. It also highlights the need to be cautious when interpreting and assessing reports made by women (specifically to male interviewers and Western strangers); these women have a stake in reporting low or no interest in sex (Lightfoot-Klein, 1989). While we should not minimize the experiences of women who feel pain and fear associated with FGC,

we must expand discussions of the practice to include all perspectives – not only the ones that support elimination of the practice.

Westerners often place women who perform and experience FGC in the category of “other,” so it’s interesting that the common social element of aesthetics – or beauty – is often overlooked in debates. Many women in Africa believe that the clitoris is ugly; they often fear that it will grow to the size of a small penis if uncut. They favor the “smoothness” of the infibulated vagina. In simple terms, they want their vagina to look good (Abusharaf, 2001; Wilson, 2013; Little, 2003). Does this sound familiar? It should; it’s called “vaginoplasty” and many women in the United States undergo the procedure every year. True, vaginoplasty is not the exact same procedure as FGC – but the similarities between them (and motivations for undergoing them) highlight how easy it is for Westerners to attack another group’s customs and practices before examining their own similar ones. Vaginoplasty shares the qualification with FGC that it is a modification of the vagina without medical need, and the correlations should not be ignored.

Along with vaginoplasty, Kim Q. Hall (2005) points out that we should not ignore the similarities that FGC shares with the surgery performed on intersex children – specifically because it is also performed on young children without their consent (Hall, 2005). Bodies born with penises that are less than an inch long or with clitorises that exceed three-eighths of an inch are “corrected” at the rate of approximately five per day in the United States (Sullivan, 2007, p. 401). Genitalia considered “abnormal” by societal standards of sex difference are operated on through cliterodectomies, cliteroplasties, and enlargement of the vaginal opening. Furthermore, boys with “micro-penises” are operated on to remove the penis and create normalized vaginal genitalia. Of the similarities between the surgeries done on intersex children and FGC in “third world” nations, Hall (2005) notes that these procedures are “routinely practiced in an effort to ‘correct’ or ‘normalize’ unruly bodies (that is, bodies that do not conform to cultural norms of gendered bodies); and both are performed to make bodies conform to

dominant ideals of bodily appearance and function without consideration of the effects the procedures can have on future experiences of sexual pleasure, health, or for the sexual self-confidence of those who undergo the surgeries and treatments” (Hall, 2005, p. 105). This points to a need to first look at our own nation’s constructions of “normal sex” and analyze the implications for intersex children.

It would be helpful to more carefully examine the work of those seeking to eliminate the practice of FGC. Ann-Marie Wilson (2013) has drawn many parallels between female circumcision and *Chanzu*, or Chinese foot binding. The practices share similarities in several ways; both are done on young girls without consent, to control sexuality, and within specific social and cultural norms. They also both have serious possible health consequences for those who undergo each procedure. Wilson (2013) has recommended that approaches focus on “benefits to health” rather than simply asserting that “FGM is wrong” (Wilson, 2013, p. 31). From this perspective, the goal of research should not be to eradicate the practice, but to learn about it and (possibly) to seek out alternatives that benefit rather than harm women. At the same time, women’s voices and perspectives must be at the forefront of data-gathering and decision-making.

Conclusion

I would like to outline three ways to move forward with future action regarding FGC. The first is to abandon the criminalization of this practice. When we make laws condemning those who engage in female circumcision, we send it underground and ensure that it remains unsafe. Such criminalization may also keep women who experience complications away from hospitals where they can receive proper medical care. Many researchers have cited the need to decriminalize it for these very reasons (Abusharaf, 2006; Abusharaf, 2001; Magied, 2007; Livermore et al., 2007).

The next step is to begin by listening. Westerners should be advised to tread lightly in matters such as FGC. The purpose of research should not begin with the assumption that we can save “third

world” nations from FGC; it should begin without assumptions. One might say that this is an impossible ideal, so a realistic intention should be to recognize our assumptions and know that they can shape research in negative ways. It would be most beneficial if researchers approached their studies with the intention simply to learn. This is why naturalistic observation and qualitative studies are imperative (Lightfoot-Klein, 1989; Magied, 2007). In order to conduct more research like this, trust will need to be built among research participants. I recommend that we listen; let the women who have experienced the procedure, the ones who perform it, and those who are invested in its continuance be the experts – not Western academics and NGO workers.

Finally, I think it is important that we discontinue the use of the term Female Genital Mutilation. It is imperialistic and degrading to women who have undergone the practice of FGC (Abusharaf, 2001). Furthermore, we should realize that it alienates these women. Researchers need to learn to listen more effectively, and must also realize that no one will want to talk to someone using terms that are demeaning – especially to people who are then asked to answer very personal questions! I suggest the use of the term Female Genital Cutting (FGC), as I have used throughout this paper. I also think there may be benefits to using the term female circumcision as that is how the women themselves often refer to it.

The goal of this paper was begin a deeper and more significant conversation about female genital cutting. It is time for Westerners to stop talking and start listening. Feminist discourse should abandon patriarchal ways of discussing this topic; namely, imperialistic ways. My goal is not to praise the practice of female circumcision, since I believe that we should be skeptical of it. However, skepticism begins with learning – not telling. What has been missing from the discourse is a genuine desire to learn and understand. If we can begin to approach this discussion without “othering” those who practice female circumcision, we may be able to witness significant changes for women worldwide. It may not look the same way as we think it will (or want it to), but the goal is to challenge patriarchy. As Audre

Lorde suggests, “The master’s tools will never dismantle the master’s house” (Kolmar et al., 2005). This means abandoning imperialistic approaches and listening to the people impacted by FGC.

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