

Female Genital Mutilation: A Glaring Reality

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ABSTRACT: Female Genital Mutilation refers to the inclusion of all procedures for partial or total elimination of the external female genital organs or external woman genitalia whether for cultural or for non-clinical reasons. It is carried out commonly on female between the ages of 0 to 15 years; however, occasionally married and adult women has been also subjected to this process according to the local or religious traditions and circumstances. In some nations, circumcision is practiced as early as a few days after birth and late as just prior to marriage or after the first pregnancy. Generally circumcision is carried out by a traditional practitioner who comes from a household in which generations of women have carried out the procedure. FGM is particularly widespread in Africa, where it occurs in about 28 countries and affects an estimated a hundred to a hundred and forty million women.

KEYWORDS: Genital mutilation, circumcision, clitoral hood, clitoral gland, inner labia, outer labia, infibulation, excision, vulva, vagina, gender inequality etc.

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I. INTRODUCTION

Gender based violence towards women and girls are the most common form of human rights violation that our world experienced today. The socio-political, spiritual and cultural structures consider women to be weak, inefficient and incapable in decision making. So they are conveniently being treated as world's most vulnerable groups and are subordinate to men. Violence towards girls and women is not limited to discrimination, physical or emotional abuse but it can take various types as well. The customs and practices pertaining to religion in different areas of the world also have contributed a lot to violence towards women. The societal acceptance of male superiority, domination and control of women are contribute to the occurrence of gender-based violence to a large extent. FGM, an unsafe traditional practice, refers to all procedures involving partial or complete removal of external female genital organs for non-medical reasons. It was estimated that between 100 and 140 million women and girls in the world are gone through female genital mutilation. It has been take place in all parts of the world, however it is most prevalent in Western, Eastern and north-eastern regions of Africa, some countries in Asia and Middle East and among certain tribal and immigrant communities in North America and Europe. It is recognized to be dangerous to women and girls in many ways. Firstly, it is painful and traumatic. Secondly, the removal of or damage to healthy and normal genital tissue interferes with the natural functioning of the body and thereby cause instant and long-term health consequences.

The gender-based violence against women is a frequent reality in the lives of women and girls in many parts of the world, developing and developed nations alike. It has been recognized as a violation of fundamental human rights of women and girls and enjoyment of their fundamental freedoms. The Declaration on Elimination of Violence Against Women adopted by the UN General Assembly in 1993, defines Violence Against Women as "any act of gender-based violence against women that effects in or likely to result in physical, sexual or psychological harm or sufferings of women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private spheres. "Gender-based violence has been recognized as a major public health issue." According to the report of WHO, among women aged 15-44 years, gender violence accounts for more deaths and disability than cancer, malaria, traffic injuries. Worldwide, it has been estimated that violence against women is a serious reason of death and incapacity among women of reproductive age as cancer or a greater cause of ill-health than any other diseases or accidents etc. The prosecution and conviction of a man, who beat or rape or sexually assault a girls or a woman is very uncommon when compared with other crimes and assaults. Therefore, violence operates as a means to preserve and reinforce women's subordination. Violence has a profound impact on women in one form or the other through her life. Before birth, with sex selective abortions, or at birth when female babies may be killed by parents, who are desperate for a son, it continues to effect women throughout their lives. Each year, millions of women undergo FGM. It is a very brutal and painful experience and about 200 millions of women have been victimized by this custom. According

to Toubia (1994) FGM is practiced today in 26 African nations with familiar rates ranging from 5-99 per cent. The practice is known across socio- economic classes and different ethnic and cultural groups, such as Christians, Muslims, Jews and followers of indigenous African religions. She stated that, '..... from the perspective of public health, FGM is much more destructive than male circumcision. The mildest type such as Clitoridectomy is anatomically equivalent to amputation of penis. Under the conditions in which most procedures take place, female circumcision constitutes a health hazard with short and long-term health effects.....' (1994).

II. CONCEPT OF FEMALE GENITAL MUTILATION

FGM is otherwise known as female genital cutting and female circumcision means the removal of partial or the total removal of the external female genitalia. It is a traditional or non-secular practice, carried out by a traditional circumciser by using a blade or a kitchen knife without anesthesia. The word 'mutilation' establishes a clear linguistic difference from male circumcision and emphasizes the gravity and harm of the act. Use of the word 'mutilation' reinforces the reality that the practice is a violation of girl's and women's rights. Until the 1980s female circumcision, meant that an equivalent severity with male circumcision, The Kenyan Missionary Council stated it as the sexual mutilation of women in 1929. It was in 1975, Rose Oldfield Hayes, an Anthropologist called it as FGM in the title of her paper and then in 1979, Austrian -American researcher Fran Hosken called it as mutilation in her report, known as The Hosken Report: Genital and Sexual Mutilation of Females. The term female genital mutilation was adopted at the 3rd Conference of the Inter-American Committee on Traditional Practice Affecting the Health of Women and Children in Addis Ababa, Ethiopia (1990). Immediately after this, the WHO advocated that the UN adopt this term, subsequently been extensively used in UNs documents and elsewhere the term employed by WHO (1991).

The circumciser is usually an older woman, however in some communities, male barber also perform FGM. The FGM is concentrated in 27 African countries, and found elsewhere in Asia, Indonesia, Yemen, Iraqi Kurdistan and Middle East countries. It is carried out from days after birth to puberty and beyond. FGM includes the removal of the clitoral hood and clitoral glands, the removal of inner labia, known as infibulation and is the most extreme form of circumcision, caused internal bleeding and death, infections, chronic pain, cysts, an inability to get pregnant, complications during childbirth, sexual dissatisfaction, fatal bleeding etc. In this last procedure, a small hole is left for the passage of urine and menstrual fluid. The practice is deep rooted in gender inequality, and attempts to control female sexuality and the ideas about purity. The United Nations Population Fund estimated in 2010 that 20 per cent of circumcised women had been experienced infibulation, the most severe practice mostly found in Northeast Africa, particularly Somalia, Eritrea, Djibouti, and Sudan.

III. TYPES OF FEMALE GENITAL MUTILATION

FGM as, "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 procedures are generally carried out by a traditional circumciser in girl's homes, with or except anesthesia. In 2005, UNICEF revealed that, "the large majority of girls and women are cut by traditional practitioner, a class which includes local specialists, traditional birth attendants and usually older member of the community, commonly a woman. Kinds of FGM are as follows.

1. Clitoridectomy: - the reducing of the "hood" or tip of the clitoris, leaving the muscles and nerves are intact or the partial or the total removal of clitoris and or prepuce.

2. Excision: -partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora. This ensures the destruction of muscles and nerves, the women does not experience or are seeking pleasure during the sexual intercourse. However, the entrance is not restricted.

3. Infibulation: - the process of the cutting of entire clitoris, the labia minora as well as at least two thirds of the labia majora. The two sides of the vulva (external genitalia) are then sewn together and leaving just small hole for a matchstick to pass through. If a finger can pass by through, the hole is considered as too large. In other words, narrowing the vaginal orifice with the creation of a covering seal by cutting and appositioning the labia minora and the labia majora, with or without the excision of clitoris.

Over forty Muslim and non- Muslim countries – mostly the sub-Saharan African nations of Egypt (87%), Sudan (87%), Somalia (98%), Ethiopia (74%), Kenya (21%),Burkina Faso (76%),Gambia (75%), Sierra Leone (90%), Djibouti(93%), Eritrea(83%), Mali (89%), Guinea (97%) and Chad (44%), (UNICEF 2016 report) practice some types of circumcision of men and women for cultural, social and financial reasons. FGM is perceived as a cultural custom among a variety of religious groups and is not itself a religious right. Clitoridectomy and Excisions are practiced in Chad, nations of Africa, Kenya and Tanzania. Infibulation is most intense and brutal form of circumcision and it includes the removal of the clitoris and vaginal lips there after stitching of the vaginal opening.

4. The fourth and the final procedure of mutilation involving tribal mutilation or burning of the vaginal orifice by using corrosives to narrow the vaginal opening. Among these the most severe form of mutilation is excision with infibulation here involves the partial or complete removal of clitoris, whole or partial removal of labia minora and labia majora and followed by the sewing together of the raw edges of the vulva so that the only a small hole remains through which urine and menstrual fluid may pass. It includes pricking, incising, piercing, scraping and cauterization.

Excision is most common in Kenya and much of Africa, regularly done without anesthesia and with a blunt knife or a razor blade by a woman. According to the Kenya Demographic and Health Survey of 2003, the Somali, Kisii and Masai girls have the highest percentage of female circumcision amongst the 20 or so ethnic companies living inside Kenya.

According to the Centers for Disease Control and Prevention in Atlanta, Georgia, an estimated 168,000 women and girls in the United States had been circumcised as of 1990. The U.S. Congress and a number of states have outlawed the practice of infibulation since 1996. Similar laws have been passed in Europe, New Zealand and Australia as well as in a number of African countries. WHO (2000) estimates that between 100 and 140 million women and girls have been subjected to one of the first three kinds of female genital mutilation worldwide. Clitoridectomy, Excision and the Infibulation are prevailed in Africa and in a few nations of Asia and the Middle East.

IV. FGM IN INDIA

In India FGM is practiced by the Davoodi Bohra, a section of Shia Muslim with about one million people, to practiced Khatna or FGM and does not have any laws here to ban this practice. In the community, cutting of women's vaginal part of clitoris is known as "haram ki boti" or "source of sin" or 'unwanted skin'. The cutting of clitoral hood of vagina is rooted with patriarchy, they believe that if a woman knows the pleasures she can receive through it, she might go astray in the marriage, is disgrace to the community. Older girls or untrained women in the community are commonly carrying out this with a knife or a blade on girls between the ages of 6-10 or before they hit puberty. The leaders of the community stated that 'Khatna' or female circumcision as an "act of religious purity".

In 2017, a Public Interest Litigation (PIL) case was registered against to FGM in the Supreme Court of India, filed by Sunitha Tiwari, a lawyer in Delhi, seeking a ban on FGM in India. The petitioner claimed that the practice violated children's rights under Article 14 (Right to Equality), Article 21 (Right to Life and Personal Liberty) enumerated in the Part III, as Fundamental Rights in the Constitution of India. While an advocate opposing the petition and argued that Khatna is an important part of their religious rituals and their religious affairs is protected under Articles 25 (Freedom of conscience and free profession, practice and propagation of religion) and 26 (Freedom to manage religious affairs) listed under Fundamental Rights in the Constitution.

V. CAUSES FOR THE PRACTICE OF FEMALE GENITAL MUTILATION

Now the practice can be found among Christians, Jews, Muslims and certain Tribal and Ethnic groups, but none of the holy text of any of these religions prescribes FGM. There are four important justifications cited for FGM:

- **Custom and tradition:** - Communities that practice FGM preserve their customs and maintain their cultural identity by continuing the tradition.
- **Women's sexuality:** - Society attempts to control women's sexuality by decreasing their sexual fulfillment.
- **Religion:** - It is essential to notice that FGM is a cultural, not religious, practice. In fact, while FGM is practiced by Jews, Christians, Muslims, and members of other indigenous religions in Africa, none of these religions requires it.
- **Social pressure:** - In a community in which most women are circumcised, family and friends create an environment in which the practice of circumcision turns into a requirement for social acceptance.

VI. HUMAN RIGHTS AND FEMALE GENITAL MUTILATION

Female Genital Mutilation is the manifestation of gender inequality that is deeply rooted in social, financial and political structures. It not only perpetuates normative gender roles but also represents society's control over women, is unequal and harm to women. Where FGM is widely practiced, it is supported by both men and women without question. If anyone departing from this norm may face condemnation, harassment and ostracism. It is considered as social convention governed by rewards and punishments. Seen from a human rights perspective, the practice reflects deep-rooted inequality between the sexes and constitutes severe form of discrimination against women. FGM is almost carried out on minors and is therefore a violation of the rights of the child. FGM violates a series of human rights norms and principles including principles of equality and non-discrimination on the basis of gender, right to life, and freedom from torture, inhuman and degrading treatment. The right to health, safety and physical integrity of a person, the right to be free from torture, cruel, inhuman and

degrading treatment, right to life when it takes one's life etc. are the essential rights violated by female genital mutilation.

1. The Right to be Free from Gender Discrimination

The right to be free from gender discrimination is assured in numerous international human rights instruments. Article 1 of CEDAW takes a broad view of discrimination against women, defining it as "any distinction, exclusion, or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment, or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil, or any other field." FGM is a practice aimed primarily at controlling women's sexuality and subordinating their position in society. When a woman undergoes FGM, she is a victim of discrimination based on sex that compromises the recognition and enjoyment of her fundamental rights and liberties. The impact of FGM on women's human rights is recognized explicitly in the recently adopted African Protocol on Women's Rights, which requires all states parties to prohibit and condemn "all forms of harmful practices which negatively affect the human rights of women and which are contrary to recognized international standards."

2. The Rights to Life and to Physical Integrity

The rights to life and to physical integrity are regarded core human rights. The right to life is protected by a number of international instruments, including the Civil and Political Rights Covenant. The Human Rights Committee, the body that monitors implementation of the Civil and Political Rights Covenant, interprets the right to life as requiring governments to adopt "positive measures" to preserve life. FGM can be considered to violate the right to life in the rare instances in which death results from the procedure.

The right to physical integrity, while often associated with the right to freedom from torture, encompasses a number of broader human rights principles, consisting of the inherent dignity of the person, the right to liberty and security of the person, and the right to privacy. Acts of violence that threatens a person's safety, such as FGM, violate a person's right to physical integrity. Also implicit in the principle of physical integrity is the right to make unbiased decisions in matters affecting one's own body. An unauthorized invasion of a person's body represents a disregard for that fundamental right. Violations of the right to physical integrity are most apparent when girls and women are forcibly restrained during the procedure. No much less compromising of physical integrity is the subjection of non-protesting women and girls to FGM except their full, informed consent.

3. The Right to Health

Under Article 12 of the Economic, Social and Cultural Rights Covenant, individuals are entitled to enjoy "the highest manageable standard of physical and mental health." The Committee on the Elimination of Discrimination against Women (CEDAW), in its latest General Recommendation on Women and Health, recommended that governments devise health policies that take into account the needs of women and adolescent girls who may be vulnerable to traditional practices such as FGM.

The issues related with FGM frequently have extreme consequences for a woman's physical and mental health. But even in the absence of complications, where FGM results in the removal of bodily tissue necessary for the enjoyment of a satisfying and safe sex life, a woman's right to the "highest attainable standard of physical and mental health" has been compromised. In addition, subjecting a person to health risks in the absence of clinical necessity should be considered as a violation of that person's right to health.

4. The Rights of the Child

Because children generally cannot properly defend themselves or make knowledgeable decisions about matters that may have an effect on them for the rest of their lives, worldwide human rights law grants children special protections. The right of the child to these protections has been affirmed in the Children's Rights Convention. Article 1 defines a "child" as a person below the age of 18 unless majority is attained earlier under the law applicable to the child. Article 3 affirms that "the best interests of the child shall be a primary consideration." While this principle may be widely interpreted to accommodate varying cultural views on what constitutes a child's best interest, such interpretations must be consistent with the Convention's other specific protections. The international community has normally viewed FGM as a violation of children's rights because FGM is regularly carried out upon girls between the ages of four and twelve, who are not in a position to give informed consent. The Children's Rights Convention requires States Parties to take "all appropriate advantageous measures to abolish traditional practices that are prejudicial to the health of children." The concern to end traditional practices that are harmful to health is also evident in the African Charter on the Rights and Welfare of the Child (the African Charter), which was adopted by the Organization for African Unity in 1990.

VII. CONSEQUENCES OF FGM

FGM is a deliberate procedure, associated with a series of health risks and consequences to female children and women. It has instant and long-term health consequences and is varying in accordance to the kind of the procedure performed. The immediate complications of the procedure include severe pain, shock, bleeding and hemorrhage, tetanus, urine retention, trauma and death ulceration of the genital region and injury to adjacent tissues. Bleeding is unavoidable since the damage to the blood vessels is inevitable. On the other hand, there is a shock emerge as a result of the loss of blood and pain because the operation carried out without anesthesia, the neurogenic or traumatic shock sometimes leads to death. Infection is the most common and immediate complication of female circumcision is caused by the use of unsterilized instruments such as kitchen knife or blades, and the infection may occur within a few days of the operation, if the genital area becomes contaminated with urine or feces. Despite this, urine retention for hours or days is a common and immediate complication of the procedure and is due to pain, fear of passing urine on the raw wound, tissue swelling, inflammation or injury to the urethra, leads to urinary tract infection.

Whereas the long-term consequences can occur any form of mutilation. However, excision and infibulation generally result in the severe complications such as chronic infections, intermittent bleeding, small benign tumors of nerves, which can result from Clitoridectomy and excision, causes severe pain. The different complication of infibulation includes; repeated urinary tract infection, excess growth of scar tissue or cysts at the place of cutting, chronic pelvic infections etc. The long-term complication is prolonged labour during child birth and this can cause life threatening complication for both mother and the child. For this, infibulated women must be cut open or defibulated during childbirth. After giving birth, women are often re-infibulated to make them tight for their husbands. Infibulated women may also experience increased pain during menstruation; such pain may be attributable to infection which causes severe pelvic congestion. FGM is also accountable for lowering the sexual desire of women. Women who have undergone circumcision experience a number of forms and ranges of sexual dysfunction. This dysfunction takes place when there is a scar in the female genitalia, which causes decay in organism. It is probably that the threat of maternal death and still birth are considerably increased, especially in the absence of suitable medical facilities.

VIII. CONCLUSION

The experience of nations throughout the world exhibits that no single tactic or strategy can eliminate FGM. Criminal laws will no longer change people's behavior. Characterizing FGM as a violation of human rights of women and girls has significant consequences both for NGOs and for governments. By invoking human rights standards, advocates can hold governments accountable for their laziness in response to FGM. Likewise, educational efforts, often effective, can't entirely eliminate aid for the practice. Governments must be willing to undertake a multi-strategy approach to eliminating FGM. They should open-minded to the efforts of NGOs and international organizations that are also engaged in the struggle. All these activities must be guided by a respect for the human rights of women and girl children.

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