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

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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:

[1] Clitoridectomy- Partial or total removal of the clitoris.
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 programme 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.

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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.

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Biography of Author
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.