

Female Genital Mutilation

What scares me of female genital mutilation

Flourish Itulua-Abumere
Faculty of Arts and Creative Technology
Staffordshire University
Stoke-On-Trent, Staffordshire. United Kingdom

What scares me of female genital mutilation

Definition: Female genital mutilation or female circumcision is a form of abuse that tends to cut off fully or partially the external female genitalia or other part of the female genital organs for non genuine medical reasons (World Health Organization, 2013). In the African Continent up to 27 countries practice female genital mutilation as a cultural ritual practice within ethnic groups and also there is prevalence in Asia as well but not as much as what is practiced in Africa.

Why it's so scary?

The barbaric practice is carried out with or without anaesthesia, in an environment that lacks health and safety standards or measures such as using one razor or knife for several women during the rituals, lack of infection control and dirty, rough premises. When you get circumcised as a woman depends on the particular culture, some get mutilated as early as when they were born to puberty. While some even get mutilated just before they get married it serves as a welcome letter into womanhood. The exercise entails one or more of numerous ritual procedures which indeed depends on the cultural and ethnic group. Now what really scary about this procedure is that in most cases the mutilator or person responsible for circumcision is usually not medically fit and lack appropriate training to carry out such technical and scientific procedure.

On a normal basis the process will typically involve cutting off all or some areas of the clitoris, clitoral hood and inner labia and in its most brutal and ruthless method *infibulations* of all or fraction of the inner and outer labia. This is not a joke or rock science, it someone honestly inflicting malicious, cruel wounds and sores on a human sensitive part and using culture as an excuse for the barbaric practice. As a matter of fact the world health organization named the last procedure mentioned as Type III female genital mutilation, where a tiny fissure is left for the course of urine and menstrual blood, and the injury inflicted during the ritual is opened up again for sexual intercourse and childbirth (Elchalal, et al, 1997; WHO, 2008; 2013). This scares me and should scare any reader. Now you can only but imagine what this undisputable backward act can cause. Off course as you can imagine, its consequences can never be over emphasised. The health consequences can cause immediate and frequent infections, chronic pain, cysts, barrenness, acute urinary retention, septicaemia, tetanus, transmission of hepatitis or HIV if instruments are non-sterile or reused and multiple difficulties during childbirth and deadly haemorrhage (Abdulcadir, et al, 2011). Other

disadvantages of the practise include the development of scars and keloids which can lead to strictures, blockage, difficulty or fistula formation of the urinary and genital tracts. Urinary tract sequelae include damage to urethra and bladder with infections and incontinence. Genital tract sequelae include vaginal and pelvic infections, painful periods and pain during sexual intercourse (Kelly & Hillard 2005). Complete obstruction of the vagina results in hematocolpos and hematometra (Abdulcadir, et al, 2011). Other complications include epidermoid cysts that may become infected, neuroma formation, typically involving nerves that supplied the clitoris, and pelvic pain.

Apart from the medical health complications outlined, there are also signs of Psychological complications which include depression and post traumatic stress disorder (Dave, et al., 2011). In addition, feelings of shame and betrayal can develop when the women move outside their traditional circles and learn that their condition is not the norm (Abdulcadir, et al, 2011). They are more likely to report painful sexual intercourse and reduced sexual feelings, but Female genital mutilation does not necessarily destroy sexual desire in women. How worst can this be? Some women still get forced to involve in such practice. This practise does no one good, its best to denial your daughter female circumcision to avoid all the life threatening health issues.

Female genital mutilation as an abuse and gender inequality

Approximately 125 million women and girls in Africa and the Middle East have gone through the pain and experience of female genital mutilation (UNICEF, 2013). More than eight million have experienced Type III, which is said to be more rampant in Djibouti, Eritrea, Ethiopia, Somalia and Sudan (Yoder & Khan, 2008). The customs and tradition of female genital mutilation is an ethnic identifier, embedded in gender inequality, wrong reasoning's and believes about sexual wholesomeness, humility, meekness, and efforts to have power and rule over women's sexuality (James, 1998; Bonnie, 2008). It is sustained by both women and men in countries that observes it, predominantly by females, who mistakes it as a benchmark to gain respect and power, and an indispensable crucial aspect of growing up their daughter in the right direction. What a mistake and unfortunate blunder these mothers make in other to retain their native dignity (Mackie & LeJeune, 2009)

Female genital mutilation has no acknowledged or recognized health advantage so far. It has immediate and late life threatening complications, which depends on various features. First the type of female genital mutilation, the circumstances (environment) in which the ritual process took place and whether or not the practitioner had medical training, considering the

use of unsterilized or surgical single-use instruments were used, whether surgical thread was used instead of agave or acacia thorns, the accessibility and provision of antibiotics for the victim, how small is the fissure left for the passage of urine and menstrual blood? And was the procedure carried out more than once? (Abdulcadir, et al, 2011).

From my definition of child abuse ‘The term child abuse is used to describe a range of ways in which people, usually adults harm children. Often the adult is a person who is trusted by the child, such as a parent, relative or family friend’ (Itulua-Abumere, 2013). In relation to this definition, any child undergoing female genital mutilation is unfortunately abused by people they trust, by the practice there parents think it’s right. Another definition of child abuse from my article ‘basic understanding of child abuse “a must know” defines child abuse as a is a ‘generic term encompassing all ill treatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health or development. Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm. Such assaults can take place within an institutional or community setting or within a family. The perpetrator may or may not be known to the child but most likely known and trusted by the child victim. (Royal Kingston, 2007)

From this point of view anyone who supports female genital mutilation is an abuser. If you fail to condemn the practice, you are equally guilty of abuse. A child should be protected. A woman should be loved and respected. No amount to cuts and sore infliction can give a woman any dignity, it instead takes away her dignity. Above all, with all the health issues associated with female genital mutilation above why will any parent want to their beloved child to undergo such procedure?

Please get educated, know the consequences of female genital mutilation, consider it a first degree violation of human right as well as an abuse most especially for children and avoid i totally.

References

Abdulcadir, J., Margairaz, C., Boulvain, M., & Irion, O. (2011). Care of women with female genital mutilation/cutting. *Swiss Med Wkly*, 140, w13137.

Bonnie, G. S. (2008). *The Oxford Encyclopaedia of Women in World History*, Oxford University Press, 2008 (pp. 259–262)

Dave, A. J., Sethi, A., & Morrone, A. (2011). Female genital mutilation: what every American dermatologist needs to know. *Dermatologic clinics*, 29(1), 103-109.

Elchalal, U., Ben-Ami, B., Gillis, R., & Brzezinski, A. (1997). Ritualistic female genital mutilation: current status and future outlook. *Obstetrical & gynecological survey*, 52(10), 643-651

http://en.wikipedia.org/wiki/Female_genital_mutilation#Complications

<http://www.who.int/reproductivehealth/topics/fgm/overview/en/index.html> accessed 20.01.2014

Itulua-Abumere, F. (2013). BASIC UNDERSTANDING OF CHILD ABUSE 'A MUST KNOW', Society and Culture: upublish.info

James, S. M. (1998). Shades of othering: Reflections on female circumcision/genital mutilation. *Signs*, 23(4), 1031-1048.

Kelly, E., & Hillard, P. J. A. (2005). Female genital mutilation. *Current Opinion in Obstetrics and Gynecology*, 17(5), 490-494.

Mackie, G., & LeJeune, J. (2009). Social dynamics of abandonment of harmful practices: A new look at the theory. *Special Series on Social Norms and Harmful Practices, Innocenti Working Paper*, (2009-06), 20.

Royal Kingston Department of Health, (1999): Working Together to Safeguard Children and Families

UNICEF. (2013). *Female genital mutilation/cutting: a statistical overview and exploration of the dynamics of change*. United Nations Children's Fund.

World Health Organization (2008):(2013). Classification of female genital mutilation: Sexual and reproductive health.

Yoder, P. S., & Khan, S. (2008). Numbers of women circumcised in Africa: The production of a total. United States Agency for International Development