
— ACTA COMMENTARY —

Female genital mutilation in the West: traditional circumcision versus genital cosmetic surgery

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This article intends to present the Scandinavian legislation on female genital mutilation and explore the implications of the laws. Juxtaposing trends of plastic genital surgery in the West with claims that female circumcision may be a practice generally abandoned in Scandinavia, we highlight the double morality inherent in current public discussions. Finally, we pose the question: Is the legal principle of equality before the law regarded when it comes to alterations of the female genitals?

Key words: female genital mutilation; genital cosmetic surgery; legalisation; Scandinavia

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Legislation in Scandinavia

Specific legislation on female genital mutilation (FGM) exists in Norway and Sweden, while the practice is forbidden under the general penal code in Denmark. Sweden was the first western country to pass a specific law in 1982, while the Norwegian law against female circumcision was introduced in 1995 (1). In Denmark, the practice of female circumcision has been punishable according to the more general ban of violence against the body since many years. In 2003, this legal section was reformulated to more specifically outlaw female circumcision in Denmark or on Danish-African girls abroad.

The Swedish law includes a prohibition of all 'operations on the external female genital organs, which are designed to mutilate them or produce other permanent changes in them (genital mutilation)'. Such operations 'must not take place, regardless of whether consent to this operation has or has not been given' (2). In the

Norwegian law, it is stated: 'any person who intentionally performs an intervention on a woman's sexual organs, thereby damaging those organs or causing them to undergo permanent changes, shall be convicted of sexual mutilation'. It is further added; 'consent shall not be a ground for exemptions from sanctions' (2). The relevant Danish legislation states: 'Any person who violates the integrity of another person's body with or without the consent of the other person, and cut or in another way remove the female external genitals completely or only partial, shall be liable to imprisonment for any term not exceeding six years' (3). What is obvious reading these laws is that age, ethnic background, and consent are irrelevant factors in a legal perspective. Hence, any change of the female genitals, which is not medically motivated, ought to be punishable. The laws were formulated to defend African women and girls from a harmful traditional practice (4–6), but legislation must be applicable to all citizens to meet with the legal principle of all citizens' equality before the law.

Abbreviations: FGM; female genital mutilation

Genital cosmetic surgery

The motives for genital cosmetic surgery among westerners are probably heterogeneous. Purely cosmetic surgery is defined in opposition to other forms of surgery, in that it supposes to change only the appearance of the patient (7). Mental and physical wellbeing seems to be prominent reasons for individual women. For the trend in general, it seems that ideals influenced by pornography play some role. The authors have found no systematic study on this issue in the Scandinavian countries, but evidence of a growing trend in the mass media (8–12). The procedures presented in the media include, e.g. reduction of the labia minora and tightening of the vaginal opening. In the mass medial accounts, these operations are presented as trends with beneficial outcomes when it comes to esthetics and sexuality.

Internationally, the issue of genital cosmetic surgery in relation to legislation has been highlighted (7,13). Allotey et al. (14) claim that the general acceptance of cosmetic labio plasty for nonmedical reasons, while society rejects the possibility of re-infibulation after delivery, is a sign of institutionalized racism in Australian society. So far, cosmetic surgery has traditionally remained a matter of little concern to the criminal law in Scandinavia.

The tradition of FGM among the Somalis in the Scandinavian countries

About 14 000 persons born in Somalia live in Sweden (15). Several thousands more were born in Sweden with at least one parent born in Somalia. 13 000 Somali citizens live in Denmark (16), while more than 11 000 Somalis have Norway as their new home country (17). Traditionally, a majority of the Somali girls go through infibulation before entrance to puberty, which involves excision of parts of the labias, clitoris, and stitching of the vulvo-vaginal opening. The primary motives for female circumcision in Somalia are that the practice is experienced as a religious duty and a prerequisite for marriage (18). Recent research shows the tendency of a general abandonment of this tradition when Somalis have come to live in countries in the western world (18–20). A qualitative thematic in-depth interview study with Somali immigrants in Sweden during 2000 indicates that Somali families in exile abandon the tradition of circumcision as the 'normality' of the state becomes questioned living in exile. The main motive power behind change is an internal debate within the Somali community on an Islamic view, ending up in a general conviction that Islam forbids any harm inflicted on God's creation (21).

There is also a fear of Swedish social authorities and an awareness of the risk of losing custody of the children, in contrast to the situation in Africa's Horn where the communities support the practice of FGM. The possibility of a drastic abandonment of 'deeply rooted' traditions is proven by the example of how abruptly foot-binding of small girls in China was left behind: a thousand-year-old tradition was abandoned within one generation (22). A drastic abandonment of female circumcision in connection to migration has also been evident among other ethnic groups than the Somali, like the Ethiopian Jews who have migrated to Israel (23) and Sudanese living in Cairo (24).

None of the Scandinavian countries has any documentation of cases of unlawful FGM among African exiled groups (1,25). In fact, France is so far the only western country where cases of illegal female circumcision have been brought to court. Since 1978, at least 25 prosecutions of West Africans circumcisers and parents have taken place (2). These law cases have concerned only West Africans. Studies conducted by Morison et al. (26) and Dorkenoo (27) suggest that there have been incidents of circumcision of British-African girls. No figures are given though. The study by Morison et al. shows that the longer a Somali immigrant lives in exile, the more likely it is that he or she abandons the tradition of female circumcision. In Denmark, a heated debate on female circumcision has led journalists to scrutinize the empiric evidence of female circumcision taking place in Denmark. Interviews with physicians at Danish schools, where in some places screening of all children, who start attending school take place, have led to the conclusion that the practice of female circumcision is a nonexistent phenomenon in Denmark (28).

The claims of a general abandonment of female circumcision in Scandinavia should not be confused with the fact that there are many Scandinavian-African women who are circumcised and need special attention when provided care (29–31).

Activists and officials have launched campaigns in Scandinavia with the objective to eradicate the practice of FGM in African exile groups. At the same time, there is a growing occurrence of genital cosmetic surgery, in the UK and US called 'designer vaginas', among members of the majority populations in the West. How does this phenomenon fit with the laws against FGM?

Concluding commentary

There is a generally accepted understanding that female circumcision is a practice widely upheld by

Africans in exile, despite the lack of documented cases (25). No authority in Scandinavia or in any other of the European countries has so far, to our knowledge, revised the clinical acts among plastic surgeons and gynecologists regarding cosmetic genital surgery. Many of these operations, which permanently change the external genitals, are probably performed in the lack of physical or psychiatric motives and should therefore be regarded as violations of the laws on FGM.

The aim of this article is not to argue that traditional female circumcision ought to be legalized, but to highlight the double standard of morality in this field. Scandinavian-Africans are tacitly accused of being trapped in primitive culture and pictured as potential 'mutilators' in public discussions, while evidence is weak or nonexistent. At the same time, genital alterations in non-African women seem to be widely accepted. As long as the legislation does not make distinction between adults or minor nor motives, the official stand in the Scandinavian countries violates the legal principle of all citizens' equality before the law. Blur in the legal field produces uncertainty in decision-making: who is to decide, and on what grounds, what is to be categorized as FGM, and what is to be categorized as plastic genital surgery when it comes to, e.g. and adult black woman raised in Sweden?

A revision of the range of relevant legislation as well as a revision of practice of genital cosmetic surgery ought to be carried out by the Scandinavian board of health and welfare, as FGM as well as genital cosmetic surgery cause permanent injury. In the future, clearer guidelines for gynecologists and plastic surgeons may be helpful in clinical work. Clinicians are facing not only African immigrant women, but also women from the majority populations who may have low self-esteem due to trend-based ideas about what is normal and what is beautiful in the genital area. The relation of legislation to different changes of the female genitals needs to be sorted out, for a general application of the law including all patients – regardless of their ethnic background.

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