Female Genital Mutilation Essay, Research Paper

Female genital mutilation (FGM) is referred to as the removal of part, or all, of the female genitalia. The most severe form is infibulation, otherwise known as pharaonic circumcision. It is estimated that 15% of all FGMs performed in Africa are infibulations. The procedure consists of clitoridectomy (all, or part of, the clitoris is removed), excision (removing all, or part of, the labia minora), and cutting of the labia majora to make raw surfaces, which are stitched together to form a cover over the vagina as they heal. A small hole is left to allow urine and menstrual blood to get out. The majority (85%) of genital mutilations performed in Africa involve a clitoridectomy or excision.

The type of mutilation practiced, the age at which it is done, and the way in which it is done differs according to a variety of factors, including the woman or girl?s ethnic group, what country they are living in, and their socio-economic status.

Female genital mutilation is performed at a variety of ages, ranging from immediately after birth to some time during the first pregnancy, but, most likely, it will be done between the ages of four and eight. According to the World Health Organization, the average age ids declining. This tells us that the practice is no longer associated with the initiation into adulthood.

Some girls go through FGM alone, but mutilation is often experienced as a group of, sisters, other close female relatives, or neighbors. When genital mutilation is performed as part of an initiation ceremony, as it is in societies in eastern, central, and western Africa, it is likely to be done on all of the girls in the community who belong to a certain age group. The procedure is done in the girl?s home, or the home of a relative or neighbor, in a health center, or, if done as an initiation, at a specially designated spot, such as a tree or river. Performing the procedure is an older woman, a midwife or healer, a barber, or a qualified doctor. Girls going through FGM have different degrees of knowledge about what will happen to them. Sometimes this event is associated with parties and gifts. Usually only women are allowed to attend; girls are urged to be brave.

On occasion, a midwife will be around to give a local anesthetic. In some cultures, girls are told to sit in cold water before the procedure, to numb the area and lessen the likelihood of bleeding. However, the most common way to perform this is to use nothing to take away or lessen the pain. The girl is held down, by an older woman, with her legs open. Genital mutilation is performed by using broken glass, a tin lid, scissors, a razor blade, or some other cutting instrument. When infibulation has taken place, thorns or stitches are used to hold the two sides of the labia majora together, and the legs may be held together for up to 40 days. Pates containing herbs, milk, eggs, ashes, or dung may be applied to help with the healing process. The girl may be taken to a special place to recover where, at times, traditional teaching is passed on.

It is estimated that 135 million of the world?s female population have underdone FGM, and two million girls a year are at risk?about 6,000 a day. It is practice significantly in Africa and is common in some countries in the Middle East; it also occurs in parts of Asia and the Pacific, North and Latin America and Europe, mainly among immigrant communities. Genital mutilation is practiced in more than 28 countries in Africa. There are no figures to date to tell us how common it is in Asia. It has been reported among Muslims in Indonesia, Sri Lanka, and Malaysia, however, not much is known about the practice in these countries. In India, a small Muslim sect performs clitoridectomies. In the Middle East, mutilation is practiced in Egypt, Oman, Yemen, and the United Arab Emirates. There have also been reports of FGM being performed among certain indigenous groups in central and South America.

In industrialized countries, female genital mutilation takes place most commonly among immigrants from countries where mutilation is performed. It has been reported in Australia, Canada, Denmark, France, Italy, the Netherlands, Sweden, the UK and USA. Most commonly, traditional doctors are brought into the country or the girls are sent overseas to be mutilated.

There are many physical and psychological effects of female mutilation. The physical effects can lead to death. During the procedure, pain, shock, hemorrhage, and damage to the organs surrounding the clitoris and labia can occur. Afterwards, urine may be held on to and serious infection can develop. Also, use of the same instrument on many girls without sterilizing it can cause the spread of HIV/AIDS. More frequently, chronic infections, bleeding, and small tumors of the nerve which are the result of a clitoridectomy and excision can cause extreme discomfort and pain.

Infibulation can result in more serious long-term effects: chronic urinary tract infections, stones in the bladder and urethra, kidney damage, reproductive tract infections, pelvic infections, infertility, excessive scar tissue, and cysts. The secrecy of FGM makes gathering data about complications caused by mutilation difficult. When problems do occur, they are likely to be blamed on the girl?s alleged ?promiscuity? or that sacrifices and rituals that were performed by the parents were not done so properly. Deaths as a result of mutilations cannot be reliably estimated at this time. People who support the practice say that major complications and problems are rare, while people who oppose it say they are frequent.

FGM can make a woman?s first sexual experience quite an ordeal. It can be extremely painful, in some cases, dangerous if the woman has to be cut open. Even when pain is not the case, the importance of the clitoris in experiencing sexual pleasure tells us that mutilation would adversely affect sexual gratification. The majority of studies done on women?s enjoyment of sex say that mutilation does impair her sexual fulfillment. Although, one study reported that 90% of the infibulated women interviewed said they had experienced an orgasm.

The psychological effects of mutilation are much more difficult to study scientifically than the physical ones. There have only been a small number of psychological illnesses reported involving women who have been mutilated. However, personal accounts of genital mutilation say they have feelings of anxiety, terror, humiliation, and betrayal, all of which could negatively affect them for a long time. Few experts say that the shock and trauma of the procedure may cause ?calmer? and ?docile? behavior, which would be positive in such societies. The most important psychological effect on a woman who has undergone mutilation is that of acceptance. She followed through with the traditions of her culture and made herself able to be qualified to be married.

Genital mutilation is practice for a variety of reasons: cultural identity, gender identity, control of women?s sexuality and reproductive functions, beliefs about hygiene, aesthetics and health, and religion. The most common reason for performing genital mutilations are custom and tradition. Along with other physical or behavioral characteristics, FGM is a classification in a group. Most people in mutilation-practicing societies cannot imagine a woman who has nto had the proceure done. In these societies, a girl cannot be considered an adult until FGM is performed.