



HUMAN



Global Challenges

*Because
Right
begins
here...*

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A Global Concern for Women : FGM

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Abstract : *Female Genitals Mutilation/Female Genital Cutting or Female Circumcision refers to all procedures that involve partial or total removal of external female genitalia, or other injury to female genital organ for non-medical reasons. FGM (Female Genitals mutilation) is practiced in 30 countries in western, eastern, and north-eastern Africa and in some parts of Middle East and Asia. According to UNICEF report Egypt has highest number up to 27 million of total FGM women, while Somalia has highest prevalence rate of FGM at 98%. It is very difficult to completely eradicate this practice from the world because its roots are deep into the traditional and cultural norms of few societies. It is only possible through more education in those parts of world where literacy rate is very low and through counseling of parents and tribe heads. Time will come when such brutal practice automatically left by people when they realize by their self how dangerous these are to girls and their future.*

Key Words: *Female Genital Cutting; Female Genital Mutilation; Female Circumcision*

I. Introduction :

Female Genitals Mutilation /Female Genital Cutting or Female Circumcision refers to all procedures that involve partial or total removal of external female genitalia, or other injury to female genital organ for non-medical reasons. To clarify the terminology: "female genital mutilation" is the phrase currently used by UN agencies, including the WHO, to identify the ritual cutting of female genitalia. A term used in the past was female circumcision, which implied that the surgery bore some resemblance to male circumcision.

This is a misleading comparison because male circumcision involves removing only part of the foreskin of the penis without impairing sexual function. The practice experienced by girls is a clitoridectomy—the partial or complete removal of the clitoris, a female sexual organ, with lifelong side effects and significant sexual impairment. To better reflect the true debilitating nature of the practice, the term female genital mutilation is now widely used both by the World

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Health Organization and by many African groups advocating the elimination of the practice. Some organizations working for the eradication of the practice refer to it as “female genital mutilation/female cutting” out of respect for those women who have undergone the ritual and do not wish to consider themselves mutilated.

II. FGM Global Prevalence

Female genital mutilation (FGM) is prevalent in about twenty-eight African countries and among a few minority groups in Asia, affecting from 1% of women in countries like Uganda and Cameroon to 98% in others. It also occurs in some Middle Eastern countries, such as Egypt, some parts of Oman and Yemen, and among some groups in Saudi Arabia. A very limited form of the practice also occurs among some groups in Indonesia and Malaysia. Moreover, “Some immigrants practice various forms of FGM in other parts of the world, including some countries in Europe, the United States, Canada, New Zealand, and Australia. Most countries have enacted laws banning the practice”.

FGM is illegal in at least seventeen of the twenty-eight African countries in which it is practiced, and it has also been made illegal in eleven industrialized countries. Percentages of women and girls affected vary from country to country, and so does the nature of the procedure. Some three million girls every year are at risk of undergoing the procedure, which involves the excision of female genitalia for aesthetic and/or cultural purposes. It is estimated that between 100 and 140 million women, mostly in Africa, have undergone the FGM ritual during the last fifty or sixty years. In Sub continent among few communities like, Bohra Muslim Community, The sheedi Muslim community practice FGM. The practice is also found in Muslim Communities near Pakistan-Iran border.

III. Types of FGM:

The first type of FGM also name as Sunna Circumcision includes excision of prepuce, with or without partial or complete removal of Clitoris. Second type is also named as excision involves partial or total removal of the Clitoris and labia minora, with or without excision of labia majora. Third or most extreme form of FGM is called infibulation and involves Clitoridectomy followed by stitching of upper vulva. The fourth type include any other harmful procedure applied to genitalia performed for non-medical purposes, such as pricking or piercing introduction of corrosive substances in vagina etc.

IV. Justification for FGM in societies:

The main justification for the FGM included the Custom and tradition, women Sexuality, Religious justifications & Social Pressures other justifications includes the Hygiene and Aesthetic Reasons and myth of fertility enhancement and promotion of Child Survival. The four most common justifications for the FGM practice includes first Custom and tradition: In many communities, circumcision is performed as a rite of passage from childhood to adulthood. FGM represents an act of socialization into cultural values and a connection to family community members, and previous generations. Second Women’s sexuality: A fundamental reason advanced for FGM is the need to control women’s sexuality. For many communities that practice it, a family or clan’s honor depends on a girl’s virginity or sexual restraint. This is the case in Egypt,

Sudan, and Somalia, where FGM is perceived as a way to curtail premarital sex. In other contexts, such as in Kenya and Uganda, where sexual ‘purity’ is not a concern, it is performed to reduce the woman’s sexual demands on her husband, thus allowing him to have several wives it is intended to reduce women’s sexual desire, thus promoting women’s virginity and protecting marital fidelity, in the interest of male sexuality. Third justification is Religion: It is important to note that FGM is a cultural, not a religious, practice. The practice predates the arrival of Christianity and Islam in Africa and is not a requirement of either religion. In fact, it is practiced by Jews, Christians, Muslims, and indigenous religious groups in Africa. However it is strongly identified with Islam in several African nations, and many members of the Muslim community advocate for the practice during the 1998 International Conference on Population and Reproductive Health in the Muslim World at Egypt’s Al Azhar University, a traditional center of Islamic scholarship, it was agreed that certain harmful practices, including FGM, were the result of misunderstandings of Islamic provisions. The fourth justification includes the social pressure: a common explanation for FGM is social pressure. In a community where most women are circumcised, family, friends, and neighbors create an environment in which the practice of circumcision becomes a component of social conformity. Fear of community judgment, such as men’s refusal to marry uncircumcised women, contributes to this pressure. The World Health Organization identifies two additional perceptions:

Hygiene and aesthetic reasons: the external female genitalia are considered dirty and unsightly and are to be removed to promote hygiene and provide aesthetic appeal and the Myths: enhancement of fertility and promotion of child survival.

V. Statistics of decline in FGM practice:

There has been an overall decline in the prevalence of FGM over the last three decades. Yet, not all countries have made progress and pace of decline has been uneven. For example in Burkin Faso FGM practice has declined to 58% in 2010 as compared to 89% in 1980. In Egypt FGM practice declined to 70% in 2015 from earlier 97% in 1985. In Kenya FGM practice declined to 11% in 2014 as compared to 41% in 1984. In Liberia FGM practice declined to 31% in 2013 as compared to 72 % in 1983. In Togo FGM practice declined to 2% in 2014 as compared to 10 % in 1984. Current progress is insufficient to keep up with increasing population growth. If trends continue, the number of Girls and Women undergoing FGM will rise significantly over the next 15 years.



VI. Short term and long term consequences:

The consequences and effects of FGM are both immediate and long term and depend upon the type of FGM performed. The immediate complication includes severe pain, shock, hemorrhage, urine retention, ulceration of genital region. Long term consequences include damage to reproductive organs, infertility, sexually transmitted diseases. Long term includes maternal morbidity, mental and psychological effects. FGM may leave a lasting mark on the life and mind of woman who has undergone it. The psychological complications may be submerged deep in the child's subconscious and may trigger behavioral disturbances. The loss of trust and confidence in care-givers has been reported as possible serious effect. In Longer term, woman may suffer feelings of incompleteness, anxiety, depression, chronic irritability and frigidity. They may experience marital conflicts because of sexual dysfunction in both partners resulting from painful intercourse and reduced sexual sensitivity. Many girls and women, traumatized by their experience but no acceptable means of expressing their fears, suffer in silence.

VII. Conclusion:

FGM is a human rights issue that affects girls and women worldwide. As such its elimination is a global concern. In 2012, United Nations General Assembly adopted a milestone resolution calling on the international community to intensify the efforts to end practice. More recently, in September 2015, the global community agreed to a new set of development goals- the sustainable development goals (SDGs)- which includes a target under goal 5 to eliminate all harmful practices, such as child, early and forced marriage and FGM by year 2030. Both the resolution and the SDG frame work signify the political will of international community and national partners to work together to accelerate action towards a total, and final end to the practices in all continents of world. But practically it will be very difficult to completely eradicate this practice from world because its roots are deep into the traditional and cultural norms of society. It is only possible through education in that part of the world where literacy rate is very low and through counseling of parents and tribe heads. Time will come when such brutal practice automatically left by people when they realize by their self how dangerous these are to girls and their future.

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