

FGM and Women's Health

Annually, more than two million girls involuntarily undergo unnecessary clitoridectomies - the partial or complete removal of the clitoris, a female sex organ - despite significant sexual impairment and negative long-term health implications (Murray 47). The notable majority of these young women reside in underdeveloped countries, generally within the African continent, and experience prolonged conditions of poverty (Murray 48). With no medical or sexual benefits, genital cutting poses significant threats to women's health and human rights globally. As a result, cultural, political, and biological factors perpetuating female genital mutilation (FGM) of women in developing African countries spark local, national, and global responses as illustrated by Anne Firth Murray's From Outrage to Courage: Women Taking Action for Health and Justice, Thomas Lemke's Biopolitics: An Advanced Introduction, and Peggy Antrobus' The Global Women's Movement: Origins, Issues, and Strategies.

First, cultural influences uphold female genital mutilation practices in numerous African nation-states as necessary coming-of-age rituals inciting local unrest as Anne Firth Murray's From Outrage to Courage: Women Taking Action for Health and Justice portrays. An estimated "80% to 90% of all circumcisions in Djibouti, Somalia, and Sudan are [maintained as] traditional coming-of-age ceremonies or rites of passage to womanhood...to ensure that a girl is a virgin at the time of marriage, when the [vaginal opening] is either torn or cut open to allow sexual intercourse" (Murray 49). That is to say, the synonymy of female genital cutting with womanhood has cultural roots that affect a female's marriageability within her community. Without undergoing the coming-of-age rituals traditional to a community, a female fails to

achieve full personhood, making her both a social outcast and incapable of attaining financial stability through marriage. Essentially, female genital mutilation, a culturally embedded tradition tied to coming-of age ceremonies, ensures women's virginity and, therefore, reproductive purity in order to make women more desirable under the male gaze in many developing African countries.

Continuing, however, the application of female genital mutilation in rites of passage ceremonies provokes responses from human rights activist groups local to affected communities. Fundamentally, FGM "limit[s] girls' human rights in the sense of both violating their bodily integrity and limiting access to education, [triggering responses from] activists and public health officials, including locally based women's groups working to" eliminate the practice within "three generations" (Murray 46). In other words, small-scale activist groups draw attention to and seek to eliminate the negative effects of unsanitary female circumcisions, illustrating FGM as corporeally violating and medically dangerous. Increases in community awareness of the risks associated with female genital mutilation prompt local government health officials to increase both institutional health policy rigidity and sanitary medical care accessibility. At the crux, culturally embedded female genital mutilation practices implemented during coming-of-age ceremonies in developing African nation-states incite responses from local activist groups as well as health care officials invested in augmenting women's human rights through prevention of unnecessary corporeally invasive procedures.

Second, political interests further promote the employment of female genital mutilation practices in developing African countries as an agency-inhibiting force suppressing women's voices ultimately instigating governmental responses on a national level, as Thomas Lemke's Biopolitics: An Advanced Introduction depicts. Centrally, "female genital mutilation not only

disfigures a woman but also inhibits her full participation in society...to cater to men's sexual desires" in a violent display of biopolitics in which "the disciplining of bodies and the regulation of the population [claims] new categories of rights, such as the right to life, a body, health [and] sexuality" (Lemke 50). Most importantly, the forced subversion of the female body to male interests through genital cutting depicts women as unable to attain full personhood by hindering women's corporeal rights and obstructing women's capacity to assert autonomy. Consequently, female genital mutilation succeeds in oppressing women's agency and visibility within society, bolstering male dominance in political spheres and promoting patriarchal institutions. As a result, physically violating practices including FGM inhibit women's participation in public spheres of society, essentially silencing women's voices on both local and global scales.

Moreover, political forces perpetuating female genital mutilation ceremonies in developing African nations prompt national reassessment of the foundations defining government institutions. Most notably, struggles against institutionalized female genital mutilation "are characterized by the fact that they [support] a 'government of individualization'". They call into question the adaptation of individuals to allegedly universally valid and scientifically grounded social norms that regulate models of the body, relations of the sexes, and forms of life" (Lemke 51). National legislation banning female genital mutilation practices allow women to safely achieve full, autonomous personhood in which an individualized self can properly develop. That is to say, the political restructuring of national governments in the interest of including women in the public sphere involves recognizing women as separate from men as well as individualized in a manner that divides the category "women" itself into many subcategories. Governmental recognition of the silencing effects of female genital mutilation has caused entire nations to take legislative actions towards incorporating women into political and

public spheres of society by recasting the foundations of patriarchy that seek to inhibit women's agency into institutions mutually beneficial to both men and women in developing African countries.

Third, biological understandings of women's reproductive capacity under patriarchal social institutions uphold female genital mutilation practices as necessary in order to maintain reproductive purity, inflaming global responses concerned with women's health, as Peggy Antrobus characterizes in her work, The Global Women's Movement: Origins, Issues, and Strategies. Markedly, "a fundamental reason advanced for FGM is the need to control women's sexuality ... This is the case in Egypt, Sudan, and Somalia, where FGM is perceived as a way to curtail premarital sex...thus promoting women's virginity and protecting marital fidelity in the interest of male sexuality" and reproduction (Antrobus 50). Essentially, female genital mutilation suppresses women's corporeal autonomy, allowing men to maintain control over women's reproductive capacity and, therefore, ensure the perpetuation of a particular male's specific genealogy. More specifically, patriarchal institutions employ FGM practices to tangibly suppress female biological autonomy in the context of reproduction and protect male-centric lineage purity interests, which are often tied to wealth and power, through the physical manipulation of the female body. The importance of physically control the biology of female reproductive capacity in patriarchal communities in developing African countries incites the continuance of violence female genital mutilation practices.

Furthermore, patriarchal suppression of women's biological independence in developing African countries through female genital mutilation triggers international responses by groups including the WHO and the United Nations concerned with preserving women's rights to proper health care. In fact, "the Universal Declaration on Human Rights was one of the first important

instruments adopted by the [UN] in 1948, in response to health hazards including female genital mutilation, [a] practice [that] has been condemned in several United Nations conventions and declarations and by the WHO, which views FGM as a major health risk” (Antrobus 33). Most notably, female genital mutilation’s biological implications and long-term side effects secure international attention, sparking discourse regarding women’s rights to safe and sanitary health care. Acknowledgement of the medically dangerous aspects of female genital mutilation including impaired sexual health, infection, and disease precipitates global responses concerned with augmenting women’s human rights through international women’s coalitions, the World Health Organization, and the United Nations. Each of these international forces condemn female genital mutilation practices on the grounds that the unsanitary practice serves no medical purpose, encompasses an array of harmful side effects permanently damaging women’s health, and serves to silence women’s voices both locally and globally. In other words, global institutions cite the dangers to women’s biology as dominant factors in the push to outlaw female genital mutilation as exemplified by the UN declarations alongside the WHO’s stance on circumcision practices in developing African countries.

In conclusion, the perpetuation of female genital mutilation practices stem from cultural, political, and biological factors affecting 28 developing African countries (Murray 48). Employed as a coming-of-age ceremony, FGM allows patriarchal societies to institutionally silence women’s voices while also physically violating women’s bodies in the interest of protecting male-centric reproductive interests. However, the harmful long-term medical effects female genital mutilation has on millions of young women living under patriarchal societies annually do not persist unnoticed. The condemnation of FGM in developing African countries occurs on local, national, and global levels as illustrated by Anne Firth Murray’s From Outrage

to Courage: Women Taking Action for Health and Justice, Thomas Lemke's Biopolitics: An Advanced Introduction, and Peggy Antrobus' The Global Women's Movement: Origins, Issues, and Strategies.

References

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