FEMALE GENITAL MUTILATION

Religious, Cultural and Legal Myths

In the interest of Muslim communities worldwide and in the UK in particular, The Islamic Cultural Centre and The London Central Mosque have collaborated with the Foundation for Women’s Health, Research and Development (FORWARD) in order to write this paper on female genital mutilation (FGM) also referred to as female circumcision or female genital cutting.

The main purpose of this paper is to provide a discussion of the myths and confusion that exist around the issue of FGM and to outline the definition of FGM. It will also cover the different types of FGM, the common justifications, the health complications, and the Islamic Fatwa on FGM. The paper will pay particular attention to the relationship between Islam and FGM, given that many Muslim (as well as non-Muslim) communities tend to associate FGM with Islam. Finally, the paper will attempt to shed some light on the child protection and human rights implications of FGM, as well as on the new FGM legislation in the UK and its implications for communities in the UK who continue with the practice.

What is FGM?

According to the World Health Organisation (WHO) ‘FGM comprises all procedures which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or any other non-therapeutic reasons’. The age at which girls undergo FGM varies enormously according to the ethnic group practising it. The procedure may be carried out when the girl is a newborn, during childhood, adolescence, at the time of marriage or during the first labour. In some FGM practising cultures, women are re-infibulated (re-stitched) following childbirth as a matter of routine.

WHO estimates that between 100 and 140 million women and girls have been subjected to FGM worldwide and that each year a further 2 million girls are at risk. Most of them live in 28 African countries, a few in the Middle East and Asian countries, and among immigrants in Europe, Australia, New Zealand, the United States of America and Canada. Due to the sensitivity of the subject and the non-prioritisation of the issue by the international community, systematic surveys have not been undertaken in all FGM practising communities.

In the UK it is estimated that over 100 thousand women have undergone FGM and that some 25 thousand girls are at risk. More substantial research is needed to establish the real picture of the FGM prevalence in the UK.

Types of FGM:
The following are the four main types of FGM as classified by WHO:

**Type I:**

Involves the removal of the prepuce with removal of part or all of the clitoris.

**Type II:**

Consists of removal of the clitoris with partial or total excision of the labia minora. This constitutes 80% of female genital mutilations performed.

**Type III:**

Infibulation (also known as pharaonic circumcision) entails removal of the clitoris, labia minora and labia majora with narrowing / stitching of the vaginal opening. This is the most extreme form of FGM, involving removal of almost two third of the female genitalia. This constitutes 15% of mutilations performed.

**Type IV:**

Unclassified: includes pricking/piercing/incising the clitoris and/or labia; cauterisation by burning of clitoris and surrounding tissues; scraping (angurya cuts) of the vaginal orifice or cutting into (gishiri cuts) the vagina, insertion of corrosive herbs into the vagina, and other procedure practised with the aim of tightening or narrowing the vagina; any other procedure which falls under the definition of FGM given above.

**Justifications and Reasons Behind FGM:**

The origins of FGM are complex and numerous. Indeed, it has not been possible to determine when or where the tradition of FGM originated. The justifications given for the practice are multiple and reflect the ideological and historical situation of the societies in which it has developed. Reasons cited generally relate to tradition, power inequalities and the ensuing compliance of women to the dictates of their communities.

**Reasons include:**

- Custom and tradition
- Religion; in the mistaken belief that it is a religious requirement
- Preservation of virginity/chastity
• Social acceptance, especially for marriage
• Hygiene and cleanliness
• Increasing sexual pleasure for the male
• Family honour
• A sense of belonging to the group and conversely the fear of social exclusion
• Enhancing fertility
• Many women believe that FGM is necessary to ensure acceptance by their community.

To make sure that girls and women conform to the practice, communities have put strong enforcement mechanisms into place. These include rejection of women who have not undergone FGM as marriage partners, immediate divorce for un-excised women, derogatory songs about women and girls who have not undergone FGM, public exhibitions and witnessing of complete removal before marriage, forced excisions, and instillation of fear of the unknown through curses and evocation of ancestral wrath. On the other hand, girls who undergo FGM are provided with rewards, including public recognition and celebrations, gifts, increasing their value as potential spouses, respect and the ability to participate in adult social functions.

The Health Complications of FGM:

FGM is traditionally carried out by elderly women of the village 'specialised' in this task, by traditional birth attendants (TBA), and very occasionally by barbers - usually without anaesthetics and with crude instruments such as razor blades, knives and broken bottles. In some communities, affluent families take their girls to medical personnel in an attempt to avoid the dangers of unskilled operations performed in unsanitary conditions. However, the “medicalisation” of FGM, which is wilful damage to healthy organs for non-therapeutic reasons – is unethical and has been consistently condemned by WHO[6]. When health professionals perform FGM it undermines the message that FGM denies women and girls their right to the highest attainable standard of health.

There is ample clinical documentation of the short- and long-term health consequences of FGM. However, there are few large series of case reports or quantitative community-based reports of frequency and patterns of the consequences of FGM. The health effects depend on the:
• Type of procedure performed,
• Extent of cutting,
• Skill of the operator,
• Cleanliness of the tools and the environment, and
• Physical condition of the girl or woman concerned.

**Short-term Health Complications:**

• Severe pain and shock
• Bleeding
• Infection
• Urine retention
• Injury to adjacent tissues
• Immediate fatal haemorrhaging

**Long-term health Complications:**

• Extensive damage of the external reproductive system
• Uterine, vaginal and pelvic infections
• Difficulties in micturation and menstruation
• Cysts and neuromas
• Increased risk of vesico vaginal fistula[7]
• Complications in pregnancy and child birth
• Psychological damage
• Sexual dysfunction
FGM as a legal concern in the UK:

The British parliament has passed a new law. The FGM Act 2003, which has replaced the previous 1985 legislation. This new law came into force on 3rd March 2004. The differences between the old and the new law are as follows:

Most importantly, the FGM Act 2003 introduced the concept of ‘extraterritoriality’. This means that any girl (who is a UK national or UK permanent resident) is taken out of the UK anywhere in the world for FGM, it is a crime and parents/carers are liable to be sent to jail.

The new law also increases the penalty for carrying out FGM, or arranging to have FGM carried out to 14 years imprisonment or a fine or both.

Lastly, the name of the law has changed to include the term ‘genital mutilation’ instead of ‘circumcision’.

One might ask the question, Why a new law? Or Why a law in the first place?

For the last decade, FORWARD has been campaigning for a new FGM law. FORWARD believes the FGM ACT 2003 is not intended as punishment for FGM practicing communities. On the contrary, the law is here to protect our daughters from the pain and the negative health complications of FGM. Parents from FGM practicing communities enforce FGM on their daughters because they believe that they are doing the best for them and do not view it as a cruel or inhumane act. But it is now clear that FGM represents a violation of the girl child’s human right to bodily integrity as well as a risk to her health.

It is also worth noting that some women from FGM practicing communities have realised that although FGM is a long established traditional practice it has hurt them and their daughters and consequently they decided that all girls from their community deserve a happy and a healthy childhood free from FGM.

FGM as a Human Rights Issue:

Equality, dignity and fairness are the core values of human rights instruments and protocols. Thus human rights should be universal, unalienable and fundamental. It is equally important that human rights must be practical, real and give access to justice. In 1997 a joint statement produced by the World Health Organization, the United Nations Children's Fund and the United Nations Population Fund confirmed the universally unacceptable harm caused by FGM, and issued an unprecedented call for the elimination of this practice in all its forms.

Many governments have passed laws and signed declarations stating that they
support women and girls' human rights, however, in real terms very little has been done. The rights of women and girls are enshrined by various universal and regional instruments including the Universal Declaration of Human Rights, the United Nations Convention on the Elimination of all Forms of Discrimination Against Women, the Convention on the Rights of the Child, and the African Charter on Human and People Rights. All these documents highlight the right for women and girls to live free from gender discrimination, free from torture, to live in dignity and with bodily integrity.

**FGM as a Child Protection Issue:**

In the UK, FGM is defined as a form of a physical abuse of girls. All professionals such as teachers, doctors, nurses, social workers etc have a responsibility to protect all children from all kinds of abuse, including FGM. If any of these statutory sector professionals finds out that a young girl has been subjected to FGM or is at risk of having FGM performed they are obligated to report it to Social Services.

By law, Social Services have to investigate any referral of FGM. This may include a child protection medical examination to establish whether or not a girl has undergone FGM. Social Services have the power to intervene in a family’s personal affairs if it is established that a girl has been subjected to FGM or is at risk of being FGM.

Social Service Departments can take several actions which may include:

- Meeting with the family to discuss FGM and explain the UK legislation and their role and to make sure that all the girls are protected from FGM.
- Preventing girls from travelling outside the UK if they are persuaded that the girls will be at risk if they go on holiday.
- Visiting very often to make sure that the girls are protected.
- Removing the girls from the home if they feel that the family is unwilling or unable to protect the girls from FGM **BUT** this is an action of last resort.

**FGM and Islam**

In communities where FGM is a traditional practice, it is practiced by community members who are Muslims, Christians, animist and even non believers. However, Muslims who practise FGM rationalize it as a Muslim religious obligation in spite of the fact that FGM predates Islam and it is interesting to note that globally most Muslims do not practise FGM.
FGM is neither a requirement nor a *Sunna* in Islam. All FGM related *Hadith* that are allegedly attributed to Prophet Muhammad {Peace Be Upon Him} have been proved to be inauthentic.

Words like "*sunna*" and "*tahur*" used for FGM by Muslims which erroneously endorse the link of Islam to FGM and brings the great religion into disrepute. All religions say God created human beings in the best forms and wanted them to keep the nature in which they were created. It is forbidden to make changes in God’s creation unless there is a compelling reason i.e. for medical reasons.

A number of Islamic scholars have issued various Islamic Fatwa on the issue of FGM most of which have disassociated FGM from Islam quoting both *Quran* as well as *Hadith*. Dr. Muhammad Lutfi al-Sabbagh, Professor of Islamic studies at King Saud University in Riyadh states:

> “Since all these risks are involved in female circumcision, it cannot be legitimate under Islamic law, particularly since nothing that recommends it is definitely established as said by the Prophet {Peace Be Upon Him}. It is, however, established that he has said: "Do not harm yourself or others". This hadith is one of the basic principles of this True Religion.

The conclusion to be reached is that female circumcision is neither required nor is it an obligation nor a *sunna*. This is the view taken by a great number of scholars in the absence of any hadith that may be authentically attributed to the Prophet {Peace Be Upon Him}.” [11]

**Conclusion**

It is well documented that FGM has no link with Islam. FGM predates Christianity, Judaism and Islam. FGM is neither a requirement nor a *Sunna* in Islam. All FGM related *Hadith* attributed to Prophet Muhammad {Peace Be Upon Him} have been proven to be inauthentic.

A wealth of research has shown that FGM has severe health and psychological complications for women and girls. It is also widely recognised that FGM is a direct infringement of women and girls’ basic human rights including their right to life. However, we wish to reiterate that many of those who carry out FGM on their daughters do so believing that is an act of love and protection and out of perceived religious obligation.

At this moment in history, Islam has been implicated in far more complicated issues, including international terrorism which has done great damage to Muslim communities both in the West and back home. We believe that Brothers and Sisters should be careful to preserve their true religious obligations and duties. We should not choose our sources of *Sharia* as and when we want. It is
obligatory for Muslims to have authentic and well documented Hadith and Sharia as sources of their religious duties.

**Islam is a religion based on the values of love and benevolence. Muslims should demonstrate these values in their daily life by not subjecting our daughters to the very painful and harmful tradition of FGM!**

**References**


**Table 1: Prevalence of FGM by country (WHO, 2001)**

**Estimated prevalence rates for FGM, updated May 2001**

**Please note:** Information about the prevalence of FGM comes from sources of variable quality. This summary has organized the information according to the reliability of estimates. New sources of information and corrections to the estimates will be posted on the website as they become available.

<table>
<thead>
<tr>
<th><strong>Country</strong></th>
<th><strong>Prevalence (%)</strong></th>
<th><strong>Year</strong></th>
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<tbody>
<tr>
<td><strong>Most reliable estimates: national surveys</strong></td>
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<tr>
<td>Country</td>
<td>Prevalence</td>
<td>Year</td>
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<tr>
<td>Burkina Faso</td>
<td>72</td>
<td>1998/99</td>
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<td>Central African Rep.</td>
<td>43</td>
<td>1994/95</td>
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<tr>
<td>Côte d'Ivoire</td>
<td>43</td>
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<tr>
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<td>1995/96</td>
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<td>Niger</td>
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</tr>
<tr>
<td>Nigeria</td>
<td>25</td>
<td>1999</td>
</tr>
<tr>
<td>Somalia</td>
<td>96-100</td>
<td>1982-93</td>
</tr>
<tr>
<td>Sudan</td>
<td>89</td>
<td>1989/90</td>
</tr>
<tr>
<td>Tanzania</td>
<td>18</td>
<td>1996</td>
</tr>
<tr>
<td>Togo</td>
<td>12</td>
<td>1996</td>
</tr>
<tr>
<td>Yemen</td>
<td>23</td>
<td>1997</td>
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</table>

Source for all above estimates, with the exception of Somalia and Togo: National Demographic and Health Surveys (DHS), available from Macro International Inc. (http://www.measuredhs.int), Calverton, Maryland.

For Somalia, the estimate comes from a 1983 national survey by the Ministry of Health, Fertility and Family Planning in Urban Somalia, 1983, Ministry of Health, Mogadishu and Westinghouse. The survey found a prevalence of 96%. Five other surveys, carried out between 1982 and 1993 on diverse populations found prevalence of 99-100%. Details about these sources can be found in reference #3 below.

For Togo, the source is a national survey carried out by the Unité de Recherche Démographique (URD) in 1996 (The reference of the unpublished report is

— Year refers to the year of the survey, except for Somalia, where years refer to the publication date of the MOH report. Note that some DHS reports are dated a year after the survey itself.

### Other estimates

<table>
<thead>
<tr>
<th>Country</th>
<th>Prevalence (%)</th>
<th>Year—</th>
<th>Source</th>
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</thead>
<tbody>
<tr>
<td>Benin</td>
<td>50</td>
<td>1993</td>
<td>National Committee study, unpublished, cited in¹,²</td>
</tr>
<tr>
<td>Chad</td>
<td>60</td>
<td>1991</td>
<td>UNICEF sponsored study, unpublished, cited in¹,²</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>85</td>
<td>1985; 1990</td>
<td>Ministry of Health study sponsored by UNICEF; Inter-African Committee</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>study; cited in²</td>
</tr>
<tr>
<td>Gambia</td>
<td>80</td>
<td>1985</td>
<td>study, cited in¹,²</td>
</tr>
<tr>
<td>Ghana</td>
<td>30*</td>
<td>1986; 1987</td>
<td>two studies cited in¹,², on different regions, divergent findings</td>
</tr>
<tr>
<td>Liberia</td>
<td>60**</td>
<td>1984</td>
<td>unpublished study, cited in¹,²</td>
</tr>
<tr>
<td>Senegal</td>
<td>20</td>
<td>1990</td>
<td>national study cited in¹,²</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>90</td>
<td>1987</td>
<td>Koso-Thomas O. The circumcision of women: a strategy for eradication.</td>
</tr>
</tbody>
</table>

For published studies year refers to year of publication. For unpublished studies, it is not always clear whether year refers to year of the report or year of the survey. Where no year is indicated, the information is not available.

¹ Toubia N. 1993. "Female Genital Mutilation: A Call for Global Action
(http://www.rainbo.org)" (Some figures are updated in the 1996 Arabic version of the document.)

2 World Health Organization. 1998. "Female Genital Mutilation. An overview"

3 Makhlouf Obermeyer C. 1999. "Female Genital Surgeries: The Known, the Unknown, and the Unknowable"; Medical Anthropology Quarterly; 13(1): 79-106

* One study found prevalence ranging from 75 to 100% among ethnic groups in the north; another study in the south found FGM only among migrants; the 30% comes from reference #1.

** A limited survey found that all but three groups practice FGM, and estimated prevalence at between 50-70%; the 60% comes from reference #1.

<table>
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<th><strong>Questionable estimates</strong>*</th>
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<td>Cameroon</td>
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<td>Democratic Republic of the Congo</td>
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<tr>
<td>Djibouti</td>
<td>98</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>50</td>
</tr>
<tr>
<td>Mauritania****</td>
<td>25</td>
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<tr>
<td>Uganda</td>
<td>5</td>
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</tbody>
</table>

*** These estimates are based on anecdotal evidence. They are cited in references #1 and 2 above.

**** A national survey has carried out by the DHS and the report is forthcoming.

[1] It is a UK based international organisation, which promotes change, good health and human dignity for African women and girls.


An obstetric fistula is the breakdown of tissue in the vaginal wall communicating into the bladder (Vesico-Vaginal Fistula - VVF) or the rectum (recto-vaginal fistula - RVF) or both. It is one of the most degrading morbidities resulting from pregnancy and childbirth. Early marriage and FGM are considered to be the prime causes of VVF.

A saying or action ascribed to the Prophet Mohamed peace upon him or an act approved by him.

The Holy book of Islam, it is the highest and most authentic authority in Islam.

Practices undertaken or approved by the Prophet Peace Upon Him and established as legally binding precedents.


The body of Islamic law based on the Quran and the Sunna.

http://www.iccservices.org.uk/news_and_events/updates/female_genital_mutilation.htm