

Perspective: The Problem of Female Genital Mutilation (FGM) Practices in the UK and Somalia

Shaminul Shakib^{1*}, Shayesteh Jahanfar² and Joseph Inungu³

¹*Master of Public Health, Central Michigan University, USA*

²*Reproductive Epidemiologist, Assistant Professor, School of Health Sciences-Mph Program, Central Michigan University, USA*

³*Professor, Program Director, Master of Public Health (MPH), School of Health Sciences, University of Kinshasa, Kinshasa*

***Corresponding Author:** Shaminul Shakib, Master of Public Health, Central Michigan University, USA.

Received: February 27, 2020; **Published:** June 12, 2020

Abstract

Female genital mutilation (FGM), a traditional custom is still being practiced in some parts of the globe due to a mix of cultural, religious and social factors. According to World Health Organization (WHO), more than 200 million girls and women have been victims of Female genital mutilation (FGM) in 30 countries; mostly African, Middle Eastern and Asian nations where the practice is prominent. The at-risk population of Female genital mutilation (FGM) is young girls between infancy and age 15. Most importantly, Female genital mutilation (FGM) is a violation of the human rights of girls and women. The practice of Female genital mutilation (FGM) is deeply in-rooted within the Somalian tradition and culture. On the contrary, despite United Kingdom being a developed nation an existence of Female genital mutilation (FGM) can be found due to the high volume of migration that took place in the nation from countries who practices FGM. Somalia's biggest struggle to eradicate Female genital mutilation (FGM) is having to establish a clear sense between whether to abide by the supreme law of the country structured by the constitution or the practice of Islamic Shari'ah ruling. While there is some push for anti-FGM laws from both the spectrum of law system, it is definitely not efficient enough to produce positive results. It is quite urgent to adopt a national policy and pass legislations to protect girls and women of all ages. While Somalia and United Kingdom have different degrees on the practice of female genital mutilation (FGM), girls and women in both the nations are at risk. Somalia lacks in policies and laws whereas United Kingdom has the laws in placed, but it still fails to eradicate the problem from their nation. The policy papers examines the nature of the practice as well as the prevalence, laws and policies relating to Female genital mutilation (FGM) in the United Kingdom (developed nation) and Somalia (developing nation) to draw a comparison of health burden on the population of girls and women.

Keywords: *Female Genital Mutilation (FGM); Female Circumcision (FC); World Health Organization (WHO)*

Introduction

Female genital mutilation (FGM), which is also interchanged with the term "Female circumcision (FC)" is a harmful traditional practice that has been performed in various forms throughout different societies. The practice of Female genital mutilation (FGM) involves any form of forced incisions or excisions on and of the female external genitalia based on sociocultural values/practices as opposed to medical reasons [1]. According to Akinsulure-Smith and Chu [2], the practice of Female genital mutilation (FGM) can be described as a form of gender-based torture. The practice is often tied to communities across the globe who practice/uphold the notion of patriarchal social values. The reasons behind the practice are complex since it can be connected to religious beliefs as well as cultural values. Though the problem is dominant in societies with patriarchal social values, developed nations in the west who believe in the notion of gender equality and have outlawed the practice are still vulnerable to it. One of the biggest reasons being that females from the immigrant population of Africa, parts of Middle East, Asia and the Pacific who reside in the west have been victim to the practice of Female genital mutilation (FGM) [3]. The acceptance of this vicious practice among first generation immigrants including the women in the family contribute and shape the problem of Female genital mutilation (FGM) to their prospective new homes in the west. Therefore, it is important to understand that, while the problem has more prominence in the Africa, parts of Middle East, Asia and the Pacific, developed nations in the west are not

completely secured from the practice of Female genital mutilation (FGM). This policy papers examines the nature of the practice as well as the prevalence, laws and policies relating to Female genital mutilation (FGM) in the United Kingdom (developed nation) and Somalia (developing nation) to draw a comparison of health burden on the population of girls and women.

What is female genital mutilation (FGM)?

According to World Health Organization (WHO), Female genital mutilation is defined as “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons” and are classified as the following types [4]:

- Type 1: Partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) known as clitoridectomy.
- Type 2: Partial or total removal of the clitoris and the labia minora (the inner folds of the vulva) with or without excision of the labia majora (the outer folds of skin of the vulva) known as excision.
- Type 3: The narrowing of the vaginal opening through the creation of a covering seal by cutting and repositioning the labia minora by stitching with or without removal of the clitoris.
- Type 4: Any other harmful procedures to the female genitalia for non-medical purposes (example: pricking, piercing, incising, scraping and cauterizing the genital area).

The current burden of female genital mutilation (FGM) on girls and women

According to World Health Organization (WHO), the following are the key facts in regards to Female genital mutilation (FGM) [4]:

- More than 200 million girls and women have been victims of Female genital mutilation (FGM) in 30 countries; mostly African, Middle Eastern and Asian nations where the practice is prominent.
- The at-risk population of Female genital mutilation (FGM) is young girls between infancy and age 15.
- Most importantly, Female genital mutilation (FGM) is a violation of the human rights of girls and women.

Origin of female genital mutilation (FGM)

Historians and Anthropologist can't trace an exact civilization or time in history of the establishment of the practice. But historical documentations do report that Female circumcision occurred in Ancient Egypt along the Nile Valley at the time of the Pharaohs thus, making Egypt the source country [5]. Historians also have tied the Romans of practicing Female genital mutilation (FGM)/Female circumcision (FC) to prevent the female slaves getting pregnant [1]. In the 1950's, Western Europe and the United States used to practice clitoridectomy (type 1 FGM) to treat perceived ailments like hysteria, epilepsy, mental disorders, masturbation, nymphomania and melancholia [6].

According the United Nations Population Funds (UNFPA), no religion in particular promotes or condones the practice of Female genital mutilation (FGM) but more than half of the girls and women in 4 out of 14 countries with available FGM data indicated that female genital mutilation was performed as a religious requirement [6]. It is quite important to understand the reality of the practice of Female genital mutilation (FGM). It revolves around the cultural values as well as religious justification therefore religious aspects shouldn't be undermined in order to eradicate the problem of Female genital mutilation (FGM).

Health problems caused by female genital mutilation (FGM)

According to World Health Organization (WHO), Female genital mutilation (FGM) has no whatsoever health benefits. As a matter of fact, the following health problems can be triggered by the procedure of Female genital mutilation (FGM) [4]:

- **Immediate complications:**
 - Severe pain
 - Excessive bleeding (hemorrhage)
 - Genital tissue swelling
 - Fever
 - Infections e.g. tetanus
 - Urinary problems
 - Wound healing problems
 - Injury to surrounding genital tissue
 - Shock
 - Death
- **Long-term complications:**
 - Urinary problems (painful urination, urinary tract infections)
 - Vaginal problems (discharge, itching, bacterial vaginosis and other infections)
 - Menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.)
 - Scar tissue
 - Sexual problems such as pain during intercourse, decreased satisfaction, etc.
 - Increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and newborn deaths
 - Need for later surgeries. Type 3 Female genital mutilation (FGM) can cause narrowing of vaginal opening which might require a surgery to allow proper room for sexual intercourse and childbirth (deinfibulation).
 - Psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc).

Why is female genital mutilation still practiced?

As stated before, Female genital mutilation (FGM) is practiced currently around the globe due to a mix of cultural, religious and social factors. World Health Organization lists the following beliefs/values that families/communities use to justify the practice of Female genital mutilation [4]:

- Female genital mutilation is considered a necessary mean to raising a girl properly and preparing her for marriage/adulthood
- Female genital mutilation is justified by beliefs which is meant to portray proper sexual behavior
- Female genital mutilation is often associated with cultural ideals of femininity and modesty
- No religious scripts per say prescribe the practice but often, practitioners manage to justify the act on religious groundings. Religious leaders take varying positions on the practice: some promote it, some consider it irrelevant and some contribute to its elimination
- Some local authority continues upholding the practice
- The argument of the practice being a part of the cultural tradition is often used to justify it
- In some of the societies, adoption of Female genital mutilation is rarely new. It is assumed that the practice might have been picked up from neighboring groups who practices it, or part of a wider religious or traditional revival movement
- In some of the societies, Female genital mutilation is practiced by new groups who move in the community and bring forth the practice as a part of their tradition.

Country overview of female genital mutilation (FGM)

Somalia

According to UNICEF, the practice of Female genital mutilation (FGM) is deeply in-rooted within the Somalian tradition and culture. The community holds the belief that Female genital mutilation (FGM) is necessary to “cleanse a girl child.” In some communities, girls can’t proceed with a marriage without having to go through the practice. Research has shown that Female genital mutilation (FGM) adversely affects the physical, mental and psycho-social well-being of Somali girls and women. UNICEF who have on-going projects to eradicate the practice of Female genital mutilation (FGM) believes that a long-term approach which will ensure community ownership including addressing the problem within the context of religion (Islam) is necessary to achieve the goal [7].

United Kingdom

The existence of Female genital mutilation (FGM) in the United Kingdom is largely due the high volume of migration that took place in the nation from countries who practices FGM. It’s prevalence is hard to determine because of the hidden nature of the crime [8]. In United Kingdom, Female genital mutilation (FGM) are performed by traditional excisors. A lot of the medicalized Female genital mutilation (FGM) are performed in the black market. If the family/community interested in the practice are not able to access the practice in the United Kingdom, girls of school age are taken aboard at the start of the school holidays, mostly during summer break. The timeframe helps them to recover before returning to school. This timeframe is commonly known as “cutting season” [9].

The prevalence of the female genital mutilation (FGM)

Somalia

A survey, "Somalia: Multiple Index and Cluster Survey" conducted by UNICEF and MICS in 2006 stated the following statistic in relation to Female genital mutilation (FGM) [10]:

- The prevalence of Female genital mutilation (FGM) in women aged 15 - 49 is 97.9%
- The central and southern regions of the Somalia have the highest prevalence rate of 99.2%
- Most of the girls who are victim of the practice are between the ages of 5 and 9
- Nearly 80% of the women have undergone Type 3 Female genital mutilation (FGM)
- 64.5% of women aged 15 - 49 believe that Female genital mutilation (FGM) should continue.

United Kingdom

According to Forward UK, a non-profit for women rights with a focus in Female genital mutilation (FGM) reported that 6000 girls under the age of 15 are at risk of the practice and 137,000 girls and women are living with the consequences of Female genital mutilation (FGM) in the nation [11].

A study conducted by City University for the House of Commons of the United Kingdom (lower house of the Parliament for the United Kingdom) in 2015 stated the following statistics in relation to Female genital mutilation [12]:

- A total of 5,702 newly recorded cases of Female genital mutilation (FGM) and 8,656 total attendances who went through the procedure of Female genital mutilation (FGM) was identified.
- A total of 43 newly recorded cases of Female genital mutilation (FGM) involving women and girls born in the UK was identified.
- A total of 18 newly recorded cases of Female genital mutilation (FGM) reported to have been undertaken in the UK, including 11 women and girls who were born in the UK.
- 90% of women and girls with a known country of birth were born in an Eastern, Northern or Western African country; 6% were born in Asia.

The FGM ties between the United Kingdom and Somalia

According to The National Health Service (NHS), 35% out of the 5391 newly recorded cases of Female genital mutilation (FGM) in 2017 were Somalians. Out of those 35%, 112 cases were born in the United Kingdom.

Law and policies for female genital mutilation (FGM)

Somalia

According to a report prepared by “28 Too Many”, a UK based non-profit who provide research and tools to end the practice Female genital mutilation (FGM) in Africa, Somalia’s legal system is a mixture of civil law and Islamic Law. Although, Article 15(4) under the constitution states that, “Circumcision of girls is a cruel and degrading customary practice and is tantamount to torture. The circumcision of girls is prohibited”, the supreme law of the country based on the constitution is only applicable after the implementation of Shari’ah (Islamic) law. In 2015, The Ministry of Women Affairs and Human Rights have expressed their desire to eradicate Female genital mutilation (FGM) through anti-FGM laws which will make the practice illegal. But no specific bill has been proposed yet. In 2016, Puntland (one of the five federal states in Somalia) signed an Islamic ruling (fatwa) against Female genital mutilation (FGM) as a part of government initiative to end the practice [13].

United Kingdom

Female genital mutilation has been illegal in the United Kingdom since 1985, by the implementation of “The Prohibition of Female Circumcision Act 1985”. Also, under “The Female Genital Mutilation Act 2003”, the practice has been criminalized [9].

According to The National Health Service (NHS), it is an offence to do the following [14]:

- To perform Female genital mutilation (including taking a child abroad for the practice)
- To help a girl perform Female genital mutilation on herself in or outside the United Kingdom
- To help anyone perform Female genital mutilation
- To help anyone perform Female genital mutilation outside the country on a United Kingdom national or resident
- To fail to protect a girl from Female genital mutilation as a guardian.

Any individual who performs the practice will face up to 14 years in prison. Anyone found guilty of failing to protect the girl they are responsible for as a guardian will face up to 7 years in prison.

Although, Female genital mutilation (FGM) is illegal in the United Kingdom, and all the laws and policies are in place, not a single perpetrator has been prosecuted so far [15]. A report published by The Home Affairs Committee in 2014 on Female genital mutilation (FGM) which was pushing for a better action plan to tackle the practice stated that, “The failure to respond adequately to the growing prevalence of FGM in the UK over recent years has likely resulted in the preventable mutilation of thousands of girls to whom the state owed a duty of care. This is a national scandal for which successive governments, politicians, the police, health, education and social care sectors all share responsibility” [12].

Critical assessment/recommendation on law and policies for female genital mutilation (FGM)

Somalia

Somalia’s biggest struggle to eradicate Female genital mutilation (FGM) is having to establish a clear sense between whether to abide by the supreme law of the country structured by the constitution or the practice of Islamic Shari’ah ruling. While there is some push for anti-FGM laws from both the spectrum of law system, it is definitely not efficient enough to produce positive results. It is quite urgent to adopt a national policy and pass legislations to protect girls and women of all ages.

Clear and concise anti-FGM laws with the help of all members of society, religious clerks who denounce the practice and the government needs to be drafted and implemented. In addition, they need to keep in mind the structure of the law that should be applicable and enforceable in the context of Somalia.

The laws need to have clear definition of Female genital mutilation (FGM), criminalization of all perpetrators of the practice (not limiting to parents only but including religious clerks and medical practitioners in favor of FGM). Cross-border Female genital mutilation (FGM) should be subject to criminalization in the same fashion. The laws also need to protect victims from verbal abuse, physical threats and exclusion from society.

For implementing the laws, they should be disseminated/published in lay language across the nation. Local community leaders as well as religious leaders should be educated about the laws. Enough resources should be allocated towards monitoring and reporting of FGM cases for updating the laws as needed. Most importantly, protection measures such as emergency telephone helplines or safe places should be provided for girls who are at risk of female genital mutilation (FGM).

United Kingdom

While United Kingdom has the laws in place, and resources such as monitoring from General Practitioners (GP), emergency helplines and non-profits dedicated to Female genital mutilation (FGM), it is still not effective enough to eradicate the practice within the diverse communities of the nation.

If laws are not implemented right, the sense of law abidance cannot be established among the communities who practices Female genital mutilation (FGM). United Kingdom needs to be stricter and should implement the anti-FGM laws accordingly. In addition, there should be an extension to the anti-FGM laws which will incorporate the right to anonymity to include victims from the practice to aid prosecution.

Intensive training on the denouncement of female genital mutilation (FGM) throughout different sectors of the community including Mosque, Community based organizations, Islamic Schools and regular schools should put in practice as a part of government initiative.

Conclusion

While Somalia and United Kingdom have different degrees on the practice of female genital mutilation (FGM), girls and women in both the nations are at risk. Somalia lacks in policies and laws whereas United Kingdom has the laws in place, but it still fails to eradicate the problem from their nation. The policy paper establishes the importance of acceptance of anti-FGM laws and policies by the communities in order to eradicate the problem. While there may be a need for creation, modification and implementation of anti-FGM laws and policies from a macro-state level, there shouldn't be any lack of effort toward the task because no girl or women should have to go through the vicious and barbaric practice of Female genital mutilation (FGM).

Bibliography

1. Odukogbe AA., *et al.* "Female genital mutilation/cutting in Africa". *Translational Andrology and Urology* 6.2 (2017): 138-148.
2. Akinsulure-Smith A and Chu T. "Exploring Female Genital Cutting Among Survivors of Torture". *Journal of Immigrant and Minority Health* 19.3 (2017): 769-773.
3. De Schrijver L., *et al.* "A multidisciplinary approach to clitoral reconstruction after female genital mutilation: the crucial role of counselling". *The European Journal of Contraception and Reproductive Health Care* 21.4 (2016): 269-275.
4. WHO. "Female genital mutilation". WHO (2018).

5. Kouba LJ and Muasher J. "Female Circumcision in Africa: An Overview". *African Studies Review* 28.1 (1985): 95-110.
6. UNFPA. "Female genital mutilation (FGM) frequently asked questions" (2018).
7. UNICEF. "Somalia - Communication, protection and participation - Female genital mutilation" (2018).
8. Ryan M. "Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change". *Library Journal* 139 (2014): 32.
9. NIHR | Female Genital Mutilation in the United Kingdom (2016).
10. Somalia 28 Too Many (2018).
11. Tackling Female Genital Mutilation (FGM) - FORWARD UK (2018).
12. House of Commons - Female genital mutilation: abuse unchecked - Home Affairs Committee (2018).
13. 28 Too Many | Somalia: The law and FGM (2018).
14. NHS | Female genital mutilation (FGM) (2018).
15. O'Kane M. "Female genital mutilation: facts you need to know about the practice" (2014).

Volume 2 Issue 7 July 2020

©All rights reserved by Shaminul Shakib., et al.