

FGM AND SEXUAL RIGHTS: QUERYING THE BOUNDARY BETWEEN THE  
TRADITIONAL AND THE MODERN

Kate Prendergast

DO NOT CITE IN ANY CONTEXT WITHOUT PERMISSION OF THE  
AUTHOR(S)

Kate Prendergast, University of Oxford

## ABSTRACT

Female genital mutilation (FGM) is currently practiced widely across much of the Middle East and northern and central Africa. There is an extensive debate about how best to understand and respond to FGM, which extends across academic, humanitarian and activist discourses. This paper argues that while this debate frequently places FGM in the context of assumptions about 'tradition' and 'modernity', these assumptions often have not have been subject to critical analysis. Specifically, it argues that attempts to read FGM as a 'traditional' rather than a 'modern' practice can work to obscure a fuller understanding of the phenomenon and may actively deny the sexual rights of women vulnerable to FGM. It therefore suggests these conceptual divisions need revision if we are to develop a fuller understanding of FGM, and its justification.

Within the wide range of issues that female circumcision – or female genital mutilation (FGM) – raises, it has become the focus of one debate that could best be described in terms of the cultural status of morality. This debate broadly coheres around putative differences between the relative value of culturally specific morality on the one hand, and of ideas about the universality of human rights on the other. Specifically expressed, defenders of FGM would include the rights of cultures to practice their own sets of sanctioned practices, even if they are violent, while its opponents hold the belief that it would be better if those cultures take on different moral principles, by dint of the violence of the practice – and hence by implication, make a claim about the superior nature of the cultural basis of their morality.<sup>1</sup>

Perhaps the most ‘packed’ word in that brief summary of these positions is ‘culture’, and it is not the purpose of this paper to begin to unpack its use in relation to FGM. The focus here is on a further (set of) term(s) used to describe FGM: the fact that it is described as a ‘traditional’ practice. A focus on FGM as tradition brings another perspective on the wider debate around its status as culture. From this perspective, FGM is defended on the grounds that it is ‘traditional’ culture and hence in some sense intrinsic to the continuation of traditional ways of life, while its opponents decry it for exactly the same reason: as an outdated practice preventing women realising their rights in a modern world.

It is suggested in this paper that describing FGM as ‘tradition’ occurs in the context of the construction of its opposite: ‘the modern’. FGM is then firmly placed in the camp

---

<sup>1</sup> Cox, D. (1998), more fully explores the issues around the relative or universal status of human rights discourse in relation to the rights of women in developing countries.

of 'the traditional', and is explained in the light of this distinction.<sup>2</sup> It is suggested that these distinctions, between traditional and modern, have been in turn largely constructed within a discourse framed around notions of western superiority, in which the West has come to stand for modernity. Thus, just as it is argued here that the epithet 'traditional' fails to adequately account for FGM, so it is also likely that, despite the West being normatively presented as the moral representative of modernity, this too is unlikely to adequately account for 'cultural' practices undertaken in its name. Seeing the debates around FGM as a struggle between tradition and modernity is therefore to perpetuate rather than resolve the issues it embodies and represents. It is argued that a more potentially fruitful way of understanding the practice of FGM is to cease to see it as an aspect of 'the traditional' at its worst, and to describe it instead through a different deployment of these discourses altogether.

What follows is a very brief survey of the generally known and accepted facts about FGM. As a practice, it is currently mainly confined to the Middle East and north and central Africa (DeMeo 1989). There are between 100-140 million girls and women who have undergone FGM, and around 2 million girls each year are at risk of being circumcised. FGM is mainly carried out on young girls, between infancy-fourteen years; the average age of circumcision is 7 (World Health Organisation 2000:2).

FGM is generally categorised according to the severity of the practice. The World Health Organisation (2000: 1) identifies four main types of procedure:

---

<sup>2</sup> For a more general comparable example: explaining the contemporary lack of development in the 'Third World' in terms of its culturally 'backward' status, see Mamdani (1996: 9-11).

- Type I - excision of the prepuce, with or without excision of part or all of the clitoris;
- Type II - excision of the clitoris with partial or total excision of the labia minora;
- Type III - excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation);
- Type IV - pricking, piercing or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissue;
- scraping of tissue surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts);
- introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purpose of tightening or narrowing it; and any other procedure that falls under the definition given above.

These categories are more generally understood as representing three main forms of FGM: practices that involve slight cutting of the genitals; excision – ie removal of the external genitalia; and infibulation, which involves excision and the sewing up and re-opening of the vagina after the external genitalia have been removed. The most common type of FGM is excision of the clitoris and the labia minora, accounting for up to 80 percent of all cases; the most extreme form is infibulation, which constitutes about 15percent of all procedures (World Health Organisation 2000:1).

As this brief summary makes clear, there are wide variations within the practice of FGM within and between Middle Eastern and African regions. While the African statistics cannot be broken down into further detail here, it is possible to make some broad points about its prevalence within Africa. The distribution of FGM indicates a

Nilotic origin for the practice (DeMeo 1989). There are fairly well delineated areas within which women undergo FGM, but a huge range of diversity within those wider boundaries. In Kenya for example, tribes within close proximity may or may not practice FGM (Wasunna 1999: 104). The most severe form – infibulation – is largely restricted to the region round the Horn of Africa, indicating a set of dynamics for the severity of the practice that are regionally based. In eastern and central Africa, female circumcision takes place in a context of the wider practice of puberty rituals, which may include symbolic, as well as light cutting of the genitals, and can include scarification – often of the face; and it is explicitly understood within the context of puberty oriented initiation. FGM is associated with groups who practice male circumcision, but this is not always the case.

The fact that such variations exist is an issue that needs further exploration. The literature on FGM is extensive, but it is not systematic, so while in some areas substantial research has been carried out, in others very little research has been undertaken. This in turn reflects the fact that the literature on FGM is generated by many agencies with an interest in the area, from international bodies like the United Nations, to anthropologists, feminists, and indigenous groups themselves. Hence it is itself in part a product of the disputes around the interpretation of FGM, and thus both reflects and impinges directly on those disputes. Finding out ‘why’ women practice FGM on their daughters may be the central issue under discussion, but the consensus around the phenomenon is not yet at the point where we can uncritically read the reasons given in the literature. In anthropology for example, ethnography around FGM is frequently highly charged, for reasons that include issues of confidentiality

and exposure.<sup>3</sup> However, if women's testimonies around the issue are subject to disputes over interpretation, it should come as no surprise that their recording and dissemination is not extensively practiced, since it is precisely in the articulation of these accounts that the debates around what FGM embodies and represents become open to more scrutiny and analysis.

With those caveats aside, the reasons most frequently cited by women in the general literature for practicing FGM, include ideas about cleanliness and hygiene; about controlling the female sex drive; about removing girl's 'male' parts to make them female; about becoming more attractive to the opposite sex; and about the continuation of tradition (World Health Organisation 1996; 2000:2).

These are very broad reasons cited in most general literature on the subject. Far more systematic work, for example that undertaken by the anthropologist Janice Boddy (1989), can reveal a far more subtle interplay of meanings given for female circumcision, and which in turn indicate that 'dual' meanings can be given for the practice: one for 'insiders' and one for 'outsiders'.<sup>4</sup> I suggest in turn that this play also specifically takes place around notions of tradition given as justification for the practice. If the first set of reasons cited in the literature revolve around the identity of being female, implying ideas of what it means to be acceptable as a female within a culture, the final reason implies issues to do with being female from the perspective of being outside that culture. While the first sets of issues: around acceptability,

---

<sup>3</sup> See for example Boddy (1989). Boddy's work highlights the degree to which 'voicing' reasons to justify practice is perhaps the critical issue at stake, and thus why anthropologists have to problematise what a published ethnography represents in terms of raising the profile of female testimony around FGM, for those who testify to their experience.

<sup>4</sup> Howard Morphy (1991) suggests similar discursive oppositions are at work in meanings indigenous Australians give for their art in the context of a commercial market in aboriginal art.

cleanliness, wholeness, being ‘made’ female, appear to be rules relating to behaviour and norms *within* a self defined group, appeal to tradition explicitly relies on obligations to perpetuate a practice because it keeps group identity together, i.e. separate or different - from *another* group.<sup>5</sup>

Thus, if notions of insider and outsider determine what testimony around FGM is articulated, so it is the use of tradition that in turn determines who those insiders and outsiders are, since at its broadest, it invokes local traditional practitioners (insiders) as against western modern critics (outsiders). As a result, the status of these terms are both uncritically reproduced, but also become the focus of dispute: are they to be believed and respected, and to what extent they should be critiqued? Even if, as it is argued here, ‘tradition’ incompletely accounts for the reasons non-western women perpetrate acts of violence on their daughters, it is also argued that FGM is a genuine ‘discursive’ or communicative device sending messages between as well as within cultural groups. In this context, as Boddy’s fieldwork implies, whatever FGM does or does not signify, it is an act whose very violence indicates those who practice it have very little voice or status within the broader hierarchies of discursive power, either within or beyond the borders of their own cultures.

This is perhaps best illustrated by a brief summary of the physical and psychological effects of FGM, which starkly reveal the price to be paid by girls and women for participating in this ‘traditional’ act. Immediate effects of the operation include: severe pain, shock, haemorrhage, urine retention, ulceration of the genital region and

---

<sup>5</sup> Frances Stewart (2002) has argued that differences within groups are qualitatively different from those between groups, not only because of the importance given to belonging to a group for human identity and praxis, but perhaps more significantly, because of the degree to which differences between western and non western group identities structure inequality and conflict in the contemporary world.

injury to the adjacent tissue (World Health Organisation 2000:1). Haemorrhage and infection can cause death, and transmission of HIV is also possible due to the use of one instrument in multiple operations. Long-term consequences include: cysts and abscesses, keloid scar formation, damage to the urethra resulting in urinary incontinence, dyspareunia (painful sexual intercourse), sexual dysfunction and difficulties with childbirth. Psychosexual and psychological effects include long-term feelings of anxiety and depression. Most powerful of all, women will also internalise the effects of FGM, and defend and hence perpetuate the practice on others.

Given the status that FGM has as a 'traditional' practice in Africa, it is disturbing how thin our understanding of its history: its origins and spread really is. The history of FGM is often presented with the barest of general facts, and studies of its origins and development remain piecemeal.<sup>6</sup> This is in contrast with studies of Middle Eastern male circumcision, whose origins and development are in general far better known and understood. Although the more general context in which circumcision rituals emerged and developed in the Middle East and north Africa has been explored, attempts made to link male and female circumcision rituals in the region, and a range of interpretive discourse brought to bear on the practice, our specific understanding of the history of FGM still remains under-developed. Thus, while specific literature may address the spread of FGM in particular areas more fully, there is a desperate need for far more work into its history. Without this, contextualising the claim that it represents 'tradition' becomes far harder to substantiate. Which tradition? For how long has it been practiced within particular groups? On what or whose authority is it

---

<sup>6</sup> Work such as that undertaken by Knight (2001) is among the relatively rare pieces of specialist research on the origins of FGM.

practiced as ‘tradition’? In many cases in Africa, many of these fundamental questions remain poorly understood, and consequently unanswered.

In this context, it is worth placing our lack of knowledge about the development of FGM in the Middle East and Africa against what we know about FGM as a ‘modern’ practice. Two examples are useful here. The first is that FGM was initiated in both the UK and the USA in the nineteenth century. Here, practitioners are on record as saying the reason was to prevent (excessive) masturbation, or ‘masturbatory insanity’ – one major reason also given for onset and spread of male circumcision in the US.<sup>7</sup> In Robert Darby’s words:

After the war, in a much-cited article, Rene Spitz surveyed the medical literature on masturbation and related the increasing condemnation of the practice to traditional Christian prohibitions against non-procreative sex and the publication of two alarmist texts in the eighteenth century: the anonymous *Onania, or the heinous sin of self pollution* (c. 1716), and Simon-Andre Tissot's *Onanism, or a treatise on the disorders produced by masturbation* (1758), from which nearly all the nineteenth century's invective against "solitary vice" can be sourced. Spitz quantified the greater prominence of punitive methods in the treatment of masturbation, in both girls and boys, in anglophone countries, and observed that "sadism" became "the foremost characteristic of the campaign" in the second half of the nineteenth century, including such "drastic measures" as surgery, restraint, severe punishment and fright; the surgery included blistering of the genitals, clitoridectomy in girls and circumcision in boys [Darby 2003: 1].

---

<sup>7</sup> See for example Dawson, B, 1915, *Circumcision in the Female: Its Necessity and How to Perform It*, *American Journal of Clinical Medicine*, vol. 22, no. 6, p. 520-523

The second is the reason often given in the general literature for the explosion of numbers of girls undergoing FGM in Africa in the contemporary world. Remarkably, the reason cited is ‘population growth’. Both these examples serve to reveal why FGM may not best be understood in terms of a traditional practice. The first reveals that, even when practiced in the modern West, as in Africa, control of sexuality lies at its heart. The second reveals the degree to which the fact that FGM is reproduced in contemporary societies has not been subject to any critical scrutiny. No explanation is offered as to *why* women should continue to pass FGM rituals onto their (increasing numbers of) children, and the assumption that it is simply ‘tradition’ fails to subject either the rationale or the effects of the reproduction of this tradition in the contemporary world to any systematic social or political analysis.

FGM thus appears in the contemporary world as a traditional practice whose origins and claim to authority are not adequately understood, and is countered by a notion of modern sexuality where this kind of thing doesn’t happen, when in fact it evidently does. If the use of these terms is part of an interpretive discourse that inadequately accounts for FGM, we need another approach to help us unpack the issues at stake. Some of these issues might be illuminated by reference to Foucault's (1978) notion that sexual identity is created through discourse, and that it acts (as he has demonstrated) on and through real persons and things, in turn giving them power to ‘act out’ or embody the ideology at stake.<sup>8</sup> In other words, to understand FGM, we have to subject the material *effects* of its discourses to critical scrutiny: what are the

---

<sup>8</sup> An important caveat in using Foucault in this context is that Foucault himself reproduced the traditional/modern split, by arguing specifically that it is *modern* sexuality that is created through discourse, implying a pre-modern sexuality that was genuinely embodied and pre-discursive. The history of FGM in Africa and the Middle East suggests instead the deployment of a range of practices at different times and in different places in which sexuality is controlled and punished.

*benefits* as well as the costs of FGM? Who loses and who gains from what Pierre Bourdieu (1999) would call the violence of this symbolic capital – specifically in this case, the relationship between FGM and the deployment of the authority of ‘tradition’?

As Jennifer Saul (2003:261-292) has argued, when tradition is invoked as a means of defending a cultural practice in the contemporary non-western world, it will often be attached to practices involving women and the family. This, she argues, is often the case because one reason frequently cited by western powers to ‘intervene’, invade, colonise or ‘civilise’ another part of the world, is because they lack rights for women. Keeping women as the bastion of tradition in this context means constructing particular sets of constraints women may face as ‘sacred’ – or at least as analogous to the ancestors in embodying collective forms of authority – because if such constraints are changed, the ‘group’ will lose its identity. While western powers may therefore use the defence of womens rights to pursue a colonial project with the violence *it* entails, other groups may use the lack of them in the name of defending themselves against such attacks. In either case, women’s rights appear to be traded in the conflict; specifically in this case, between those who identify as modern and ‘western’, and those who don’t. Although the rights of women appear to be the cause of this tension, in reality, the result is the subjection of non-western women to ongoing violence: in the case of FGM, to violence they perpetrate themselves.

Why, then, might African women mutilate their girl children in defence of their group traditions? Two reasons spring to mind. The first, as Saul suggests, is that it is an *internalised* form of the violence currently taking place between a western world that

seeks to dominate others and populations that either feel subjected, or feel under increased threat of subjection as a result. The second is that this violence falls directly upon women, because women stand to lose the most in this conflict. While many appear to believe modern discourse has the power to liberate women in the developing world, they fail to account for the fact that most women in Africa have seen few gains: the modern project may promise rights, but it repeatedly fails to deliver them. Modernity has actually brought Africa increased poverty, high levels of conflict, and a devastating HIV/AIDS epidemic.<sup>9</sup> In the realities on the ground in Africa, women may be faced with a range of overwhelming forms of social and political violence, in which FGM may function in preference to the alternatives. FGM may act as a way of keeping violence – and hence the gains of that violence – internalised, legitimised and sanctioned within local networks and local discourses; whilst in pursuing alternatives, women may find themselves paying an even higher price.

If the justification of FGM as ‘tradition’ functions to preserve cultural identity for groups under threat, it signifies the need for continued oppression of women in order to maintain distinctions between ‘traditional’ and ‘modern’ groups. The fact that women themselves internalise this discourse can only indicate the importance of enabling their capacity to *articulate* it. It is women who are affected by FGM that need to engage with the discursive categories through which they describe and explain it, and subject them to their own critical analysis. This includes an exploration of what may be meant by ‘tradition’: how it is invoked and what it signifies; as well as a focus

---

<sup>9</sup> See the United Nations (2004) for poverty, disease and conflict statistics, and their effects, in Africa. Modern forms of conflict, such as that in the Democratic Republic of Congo, have resulted in appalling sexual atrocities against women, including rape, and permanent sexual injury, by the gun (Nolen 2004).

on the social conditions in which these women find their voice, and in which their histories get both lived *and* produced.

This in turn indicates the power inherent in women gaining a sense of their rights *within* their own groups and networks rather than be viewed as ‘objects of tradition’, with the extraordinarily high price that goes with it. Implicitly continuing to regard FGM as the price to be paid to keep cultures ‘traditional’ can only be a recipe for its continuation; and perhaps even more disturbingly, for a continued recapitulation of particular versions of the traditional and the modern, and the conflict between them, that call forth exceptional forms of violence.

### References Cited

Boddy, J.

(1989), *Wombs and Alien Spirits: Women, Men and the Zar Cult in Northern Sudan*.

The University of Wisconsin Press, Madison.

Bourdieu, P.

(1999), *Outline of a Theory of Practice*. Cambridge University Press, Cambridge.

Cox, D.

(1998), Women's Human Rights in Africa: Beyond the Debate over the Universality or Relativity of Human Rights. *African Studies Quarterly*, Volume 2, Issue 3.

Darby, R.

(2003), The masturbation taboo and the rise of routine male circumcision: A review of the historiography. *Journal of Social History*, Vol. 36: 737-757.

Dawson, B.

(1915), Circumcision in the Female: Its Necessity and How to Perform It. *American Journal of Clinical Medicine*, vol. 22, no. 6: 520-523.

DeMeo, J.

(1989), The Geography of Genital Mutilations. Paper to the *First International Symposium on Circumcision*, Anaheim, California, [March 1-3, 1989](#), <http://www.noharrrm.org/geography.htm>, accessed December 14, 2004.

Foucault, M.

(1978), *The History of Sexuality*. Pantheon Books, New York.

Knight M.

(2001), Curing cut or ritual mutilation? Some remarks on the practice of female and male circumcision in Graeco-Roman Egypt. *Isis* 92(2): 317-338.

Mamdani, M.

(1996), *Citizen and Subject. Contemporary Africa and the Legacy of Late Colonialism*. Fountain, Kampala.

Morphy, H.

(1991), *Ancestral Connections: Art and an Aboriginal System of Knowledge*.

University of Chicago Press, Chicago.

Nolen, S.

(2004), The War on Women. *The Globe and Mail*, 17 November 2004, Canada.

Lightfoot-Klein, H.

(1991), Prisoners of Ritual: Some Contemporary Developments in the History of Female Genital Mutilation. Paper to the *Second International Symposium on Circumcision*, San Francisco, April-30 - May 3 1991,

<http://www.fgmnetwork.org/Lightfoot-klein/prisonersofritual.htm>, accessed December 16, 2004.

Saul, J.

(2003), *Feminism: Issues and Arguments*. Oxford University Press, Oxford.

Stewart, F.

(2002), Horizontal Inequalities: A Neglected Dimension of Development. *UNU World Institute for Development Economics Research*, Helsinki.

United Nations.

(2004), *Human Development Report 2004*. United Nations Development Programme.

Wasunna, A.

(1999), Towards Redirecting the Female Circumcision Debate: Legal, Ethical and Cultural Considerations. *McGill Journal of Medicine* 5 (2): 104-110.

World Health Organisation.

(2000), *Female Genital Mutilation, Fact Sheet N°241*. WHO, Geneva.

World Health Organisation.

(1996), *Female Genital Mutilation: Information Pack*. WHO, Geneva.