

Epoch 3 Analysis on FGM

Female genital mutilation, also known as female genital cutting or female circumcision, refers to the practice of partially or completely removing the external female genitalia. The terminology utilized in this paper acknowledges FGM as the preferred term for this practice under consideration, which I will provide further discussion on further along in the essay. The practice itself is typically carried out on girls between infancy and age 15, although the age range varies depending on the culture and region. The procedure is often performed without anesthesia, using unsterilized tools such as knives, scissors, and razor blades. It is a deeply ingrained cultural practice that continues to be performed on girls and women in many parts of the world, the practice being most common in Africa, the Middle East, and Asia, although it has also been reported in some communities in South America and the Caribbean (Balde, 2021). FGM from a medical standpoint has no medical benefits, and with that it carries a significant risk of harm. The immediate risks of FGM include severe pain, shock, bleeding, and infection. Long-term complications can include chronic pain, scarring, sexual dysfunction, infertility, and increased risk of childbirth complications. FGM is also associated with psychological trauma, including anxiety, depression, and post-traumatic stress disorder (Leye, 2019). Despite the widespread harm caused by FGM, it continues to be practiced due to social, cultural, and religious beliefs. One of the main reasons for the continuation of FGM is the belief that it is necessary for preserving female virginity and chastity. In many communities, FGM is seen as a rite of passage into womanhood and a prerequisite for marriage. Girls who have not undergone FGM

may be stigmatized and face social ostracism. The practice is often carried out by traditional practitioners who are respected members of the community, further reinforcing its cultural significance.

Efforts to end FGM have been ongoing for decades, with organizations and individuals working to raise awareness, provide education, and advocate for legal bans. However, progress has been slow due to the deeply entrenched cultural beliefs surrounding FGM. Changing social norms and attitudes is a long and complex process that requires the involvement and support of local communities, religious leaders, and government officials. Some of the most notable current initiatives include:

- Raising Awareness-** Organizations such as UNICEF, WHO, and the UNFPA are working to raise awareness about the harmful effects of FGM through advocacy, campaigns, and outreach (World Health Organization, 2018). They also work with communities to promote dialogue and education about the practice.
- Legal Bans-** in which many countries have enacted laws banning FGM, including countries in Africa, Europe, and the Middle East. However, enforcement of these laws remains a challenge.
- Community Empowerment-** Community-based organizations are working to empower girls and women by providing education and support, promoting positive social norms, and advocating for their rights. They also work with traditional practitioners to promote alternative rites of passage that do not involve FGM.
- Medicalization-** In some countries, FGM is increasingly being performed in medical settings, leading to the mistaken belief that it is a safe practice. Organizations are working to discourage the medicalization of

FGM and promote safe and ethical medical practices. Engaging Religious Leaders- Religious leaders play an important role in shaping attitudes and beliefs around FGM. Many organizations are working with religious leaders to promote alternative interpretations of religious texts that do not support FGM. Lastly is research being done on the matter in which they are studying the prevalence and impact of the practice and the effectiveness of interventions aimed at ending the practice. This research can help guide policy and programmatic interventions.

The current efforts being done to combat this conflict are reminiscent of an epoch 2 framework, as there is much consideration into the cultural context of FGM, however yielding few solutions, as a deeper understanding has led western societies to often debate this issue instead of coming up with solutions. This is due to the framework being primarily focused on neutrality- that is by understanding cultural nuances that differ from our own, we can better accept other cultural practices or have a more nuanced understanding of them. However in this, we often miss the mark on actually reaching reconciliation or finding solutions.

Currently the research being done on FGM in communities is representative of Avruch's paper on culture in which he explains that in researching cultures it is important to recognize how the shifting of multidimensional cultures can make culture a difficult thing to study, especially when presumed human rights of a certain culture are concerned. He introduces two anthropological approaches to the study of culture which

are etic and emic approaches- in which the former makes broad level statements about cultures and often are gathered from secondary sources to create findings transferable to all cultures and compare them as such. However, emic approaches consider contexts to understand cultural nuances, in which researchers embed themselves within a culture to define the context of the conflict being considered. This method of research embodies an emic approach to researching FGM as well as the religious connotations around it in certain communities. It can also be seen in the solutions to this conflict, as current efforts to fight the practice are seen in volunteers traveling to these communities to talk with religious leaders and attempt to change their standpoint on FGM or convince them to eradicate the practice completely by providing incentives like money or access to western education.

In this alone we can see the major dropoff which epoch 2 frameworks have when addressing complicated and ingrained cultural conflicts like these. While it does involve creating an understanding of the issue which considers the cultural and religious implications of FGM outside of a western standpoint- it remains from an entirely western perspective of the issue and relies imposing these values onto other communities as a way of education on the topic. While I think FGM should be eradicated by my own beliefs, I also believe simply trying to understand the issue from another cultures perspective yet combating it through a western perspective drives the practice to not be eradicated but instead hidden- and this only creates an even more dangerous environment for the women and girl victims involved. A significant oversight in the

research pertains to the experiences of these women, their voices on the matter, as well as their silence on it. This calls into consideration Dwyer's article on considering silence in the wake of atrocity, and how this is not indicative of the victim being forgiving, forgetting, or moving on from the trauma endured. This is to challenge the binary model in which silence from a victim, this being the victims of FGM, means that they do not consider themselves to be victims. A common fallacy in the understanding of FGM is that the women and girls who take part in it are not considered because they do not wish to speak about it or do not speak badly of it, leading researchers to believe and report that they do not see a problem in the practice themselves and so it should not be eradicated on the basis of western human rights. However, further understanding into the system which surrounds these victims needs to be understood to see the implications at which they are often punished for speaking on the matter or not adhering to the expectations set by those in power by that community (Modrek, 2016). The adherence to cultural norms which a family is bound to in many of these communities continues to be a driving factor in the continued practice of FGM, even when the parties are aware of the medical implications surrounding it. The silence from victims and families in these communities on the matter of FGM needs to be considered when addressing the complexities of the issue because it gives direct insight into the structural power that enforces these practices blindly through religion.

Another epoch 3 consideration of this conflict lies simply in the way at which society speaks of the issue and its terminology. The discourse at which we label FGM

especially in Western society continues to play a role in the separation at which people believe the severity of the conflict to be, as female genital mutilation and female genital cutting hold two very different connotations, much less when female circumcision is used. The mutilation aspect creates a mindset in which there is no question as to if human rights are violated, as being mutilated is an extreme word used when non-consensual life threatening acts of violence are done onto one's body that greatly impacts their quality of life or kills them. Many people who use this term without being educated on the cultural implications behind it fail to recognize the root of the issue in which this is deeply entrenched in cultural norms- while it does exemplify the horror of the practice, it completely eradicates the idea that deeply ingrained in religious or community rights. This is not to say the practice of FGM is not indeed a mutilation, but the discourse at which we speak of it needs to be followed by education on the matter so that a better understanding on how to eradicate it is also apart of the conversation, instead of arguing on the terminology- which effects the narrative. On the other hand, using phrases "female circumcision" leads to much less of an understanding on the issue, while circumcision does hold a religious connotation and leads to the understanding that this is a practice- it also de-villifies the issue as male circumcision is primarily not an invasive procedure nor has negative medical repercussions compared to that of a female "circumcision". Around the world there is a major discrepancy at which we label this practice, and by doing this it continues to create major differences in how society views FGM, as well as takes away an incentive to do further research on one's own to truly understand the matter. Like mentioned earlier, this difference in the

label is greatly influenced by- as well as influences- the narratives which we are exposed to having to do with FGM. Winslade's paper on narrative approaches brings in an epoch 3 understanding of this and identifies this occurrence in many conflicts; and calls us to change our understanding how narratives create our reality, rather than inform it. In this matter, the narratives we are told of the cultural nuances surrounding it are primarily the dominant reality at which people who are often slightly educated on the topic hold- and this is what influences us to create these different labels for it based on those narratives. This specific circumstance falls under the author's technique he labelled as externalization, which separates the victims from the problem by creating the discrepancy of what is truly happening in the conflict among the third party interveners. The name by which people learn about something establishes their stance on it due to the narrative it tells- and this is indicative a major issue of creation of opinion as well as a limited understanding of the topic. It calls for those outside the issue to view it with some form of neutrality in which we are so focused on understanding the reasons it happens and grappling with the cultural difference- that we lose sight of the structural imbalance which exists to perpetuate it in the first place.

Through the world becoming educated on FGM and the complexities surrounding it, there continues to be fallacies in our research and dialogues which contributes to making the topic one with many differentiating opinions on how to combat it. Many of these frameworks, however, fail to consider the complexity in the cultural, religious, gender, and structural dynamics which take place that makes the issue necessary to

approach with a high education on the subject as well as incorporate epoch 3 frameworks of understanding. As seen above, using frameworks from epoch 1 and 2 only limit our ability to fully understand the subject as well as attempt to find ways to fix it because in our understanding of culture we try to possess neutrality as to be mindful of that culture. When engaging with conflicts like these in which parties of unequal status are involved, those who wish to help or get involved must also consider reaching an outcome which favors the marginalized group- which is hard to do when researchers only consider the religious and cultural contexts without truly understanding the side of the victims (in this case, those who have undergone FGM whose stories of participating in societal norms aren't being considered). This can be seen in Hansen's paper on Critical Theory, in which we as researchers must position social structures as creations rather than notions of truth. This re-defines what the problem of FGM is from being a western opinion of human rights, into something rooted in deep systems of oppression which will continue to exist if the solutions continue to be based on neutrality. Having polarizing debates on this topic in the western world only raises more concerns on how to see it, and often brings little resolution. If instead we focus on a common goal of protecting the health and welfare of the girls living in these communities, truly considering the stories of the victims or lack thereof, and being highly informed on the cultural implications which surrounds it should help to refocus our understanding of FGM and help raise solutions instead of just creating more debates within communities outside of the practice.

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