Not all cultural traditions deserve respect

Ruth Macklin

The position Arora and Jacobs defend regarding female genital alteration (FGA) has much to recommend it. Sanctioning a form of FGA that seeks to minimise if not eliminate harm to infants, adolescents and adult women, and at the same time show respect for cultural traditions appears to make good sense. In arguing for a *de minimis* procedure, the authors contend that any harm would be equivalent to that of male circumcision, a practice that is permitted by countries that have made FGA illegal. They are correct in saying that in a *de minimis* form, FGA could not reasonably be considered a human rights violation.

With these and other reasons that seem persuasive at first blush, why do I remain resistant to accepting this apparent solution to a public health problem that affects millions of girls and women? Two different considerations lead me to reject the proposal. The first might be dismissed as 'merely symbolic', but is nevertheless real. The second is deep scepticism regarding several empirical premises that underlie the authors' position.

There is no doubt that in whatever form, FGA has its origin and purpose in controlling women. Whether it be controlling their sexual behaviour in the most extreme form by sewing up the vaginal opening, or the lesser version of clitorodectomy to eliminate women's sexual pleasure, or the social requirement of making it a condition of being marriageable, as a cultural rite it signifies a means of making girls and women physically, aesthetically or socially acceptable to men. Arora and Jacobs contend that a minimally invasive form of FGA has parity with male circumcision tolerated in liberal societies. That may be true regarding the degree of harm the procedure causes, but it is not true of the origins or the continued symbolic meaning of FGA as a necessity for being an 'acceptable' woman. Those who would dismiss this concern as 'merely symbolic' should reflect on the recent controversy in the southern state of South Carolina in the USA. After a 21-year-old racist committed a hate crime, shooting and killing nine African-Americans in a church, debate ensued about removing the Confederate flag from the statehouse. The debate continues in numerous southern US states about whether to remove the flag and other symbols of the confederacy, which fought the Civil War to retain the system of slavery. Although it may be a 'mere symbol', displaying the flag today signifies overt racism, whatever its defenders may claim about cultural tradition in the southern USA. Not all cultural symbols deserve respect.

As for the questionable empirical premises, Arora and Jacobs admit that they are 'not suggesting that people whose beliefs or sense of propriety leads them to perform these procedures on their children would necessarily accept alterations in their practices to conform to the authors' views of what is acceptable'. (p. 4) Based on some of the statistics they cite, evidence points in the opposite direction. In Somalia, for example, a study revealed that 81% of subjects underwent infibulation and only 3% did not have FGA. 'Eighty-five per cent had an intention to subject their daughters to an extensive FGA procedure, and 90% supported the continuation of the practice'. (p. 2) The example cited of the Seattle hospital in which a compromise was reached with the local Somali population to allow a 'ritual nick' is hardly convincing evidence of what is likely to take place in Somalia. Whether it is 90% or a lesser percentage of the population, defenders of the most invasive form of FGA could readily maintain that respect for their culture requires toleration of the procedure they favour. The question of precisely what 'cultural sensitivity' allows or requires has no satisfactory answer. Like other vague concepts, it is used to mean exactly what the speaker wants it to mean in a given context.

The authors point out that 'marriage is associated strongly with quality of life in these traditions. In some cultural milieus, a woman who has not undergone a procedure to alter her external genitalia may find it difficult to marry'. (p. 14) This prompts the question how verification takes place in current practice, and how it can take place when the authors' proposed procedure is used. In arguing against using the term 'mutilation' to refer to FGA, the authors say 'a nick that heals completely is not mutilation in that there is no morphological alteration'. (p. 7) When the ritual is performed in infancy or even puberty and 'heals completely', it may be difficult to detect at the time of marriage. When FGA is conducted as part of a ceremony, whether at birth, as a rite of passage in puberty or in preparation for marriage, it is a community event. In addition to the individual who does the procedure, relatives of the girl or woman are present and there are witnesses, who may include members of the groom's family. But if the procedure is done by a medical professional in a hygienic setting, who will be present? And what form of verification is envisaged if FGA remains a condition for marriage? As one article notes: 'the intrusion of the groom and his family takes place even before he has married the bride, it occurs prior to the marriage proposal. The prospective groom may claim his right to ascertain that the woman is a virgin by inspecting her infibulation scar' (ref. [1], note 59, p.416). It is demeaning, to say the least, to require women to undergo inspection of their genitalia if FGA in whatever form is a cultural requirement for marriage.

The authors cite evidence that the prevalence of FGA is decreasing in some countries, especially among younger women. Cultural change proceeds slowly. But with strong support from non-governmental organisations, especially those comprising local and regional women, a cultural tradition designed to control women—even in its least harmful form—is best abandoned.

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Permit female genital 'nicks' that respect culture/religion but don't harm, say experts

Compromise needed to protect young women from more serious forms of genital cutting

A small surgical 'nick' or minimalist procedures that slightly change the look, but not the function or sensory capacity of a young woman's external genitalia, should be legally permitted as a compromise solution to the vexed issue of FGM, argue gynaecologists in the ***Journal of Medical Ethics.***

This more nuanced approach would uphold cultural and religious traditions without sacrificing the health and wellbeing of girls and young women, contend the US authors.

Despite 30 years of campaigning, the practice of cutting women's genitalia continues to flourish in many African countries and in immigrant African communities elsewhere. To date, attempts to stamp it out with legislation have failed, and may instead be driving it underground, they suggest.

"We are *not* arguing that *any* procedure on the female genitalia is desirable," they emphasise. "Rather, we only argue that certain procedures ought to be tolerated by liberal societies."

To begin with, the term 'female genital mutilation' (FGM) should be replaced with the less emotive 'female genital alteration' (FGA) to reflect the different types of procedure and their associated risks, and to minimise 'demonisation' of important cultural practices, they say.

FGM is not an appropriate term to use for the type of procedures they advocate, which are akin to cosmetic dentistry (orthodontics), breast implants, or the type of vaginal lip sculpting (labiaplasty) "for which affluent women pay thousands of dollars," they insist.

Current categorisation covers four types of female genital cutting, with type IV the most invasive and dangerous. But the authors call for a new system of categorisation that is based on the effects of the procedure rather than the process.

Category 1 would include procedures that should have no long lasting effects on the appearance or function of the genitalia, if performed properly: an example would be a small nick in the vulvar skin.

Category 2 would include procedures that change the appearance slightly but which are not expected to have any lasting effects on reproductive capacity or sexual fulfilment. Examples include pulling back the hood of the clitoris and labiaplasty.

Categories 3-5 would include procedures, such as clitoris removal and vaginal cauterisation that maim or harm and impair sexual fulfilment, pregnancy and childbirth. These should be banned, they say.

Categories 1 and 2 are no different to male circumcision, which is rarely performed for therapeutic benefit, but which is tolerated and legal in liberal societies, the authors argue.

And restricting these categories of FGA is "culturally insensitive and supremacist and discriminatory towards women," they contend.

Rather, permitting this compromise would better protect girls and young women from the long term harms of the more severe forms of female genital cutting, they suggest.

“In order to better protect female children from the long term harms of categories 3 and 4 of FGA, we must adopt a more nuanced position that acknowledges that categories 1 and 2 are different in that they are not associated with long term medical risks, are culturally sensitive, do not discriminate on the basis of gender and do not violate human rights,” they conclude.

But in one of a series of commentaries in response to this paper, Professor Ruth Macklin of Albert Einstein College of Medicine, New York, insists that there is no parity between categories 1 and 2 FGA and male circumcision.

“That may be true regarding the degree of harm the procedure causes, but it is not true of the origins or the continued symbolic meaning of FGA as a necessity for being an ‘acceptable woman',” she explains. “There is no doubt that in whatever form, FGA has its origin and purpose in controlling women.”

And she concludes: “Cultural change proceeds slowly. But with strong support from non-governmental organisations, especially those comprising local and regional women, a cultural tradition designed to control women—even in its least harmful form—is best abandoned.”

In another commentary, Brian D Earp, visiting scholar at the Hastings Center, Bioethics Research Institute in New York, argues that permitting minimalist FGA would generate a litany of legal, regulatory, medical, and sexual problems, leading to “a fiasco.”

Rather than continuing to tolerate male circumcision, and using this as a benchmark for allowing ‘minor’ forms of FGA, it may instead be time to consider taking a less tolerant stance towards both procedures, he says.

“Ultimately, I suggest that children of whatever sex or gender should be free from having healthy parts of their most intimate sexual organs either damaged or removed, before they can understand what is at stake in such an intervention and agree to it themselves,” he writes.

In a further commentary, Dr Arianne Shahvisi, of the Department of Ethics at the University of Sussex, says that a minimalist approach to FGA is unlikely to fulfil the intentions of the procedure—to change the aesthetic appearance of the female genitalia, and to control women’s sexual appetites.

And she wonders why the authors don’t take the opportunity to recommend a more minimalist approach to male circumcision.

“Rites of passage are important to all of us, but one must not cause irreversible changes to the body of another person without their consent,” she writes.

Finally, in a linked editorial, Dr Michael Dunn, of the Ethox Centre, University of Oxford, points out “The main argument is controversial, but its airing on the pages of the journal has a clear purpose: by subjecting FGM in its many forms to ethical analysis, we will be in a stronger position to develop and tailor interventions that function to prevent indefensible practices of this kind.”

The evidence suggests that at least 200 million girls and women alive today have been subjected to genital cutting, he says.