The anti-FGM campaign may undermine the wellbeing of those it should be helping

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Police and border officials have been running a campaign at airports across the UK to intercept families who could have taken their children abroad for female genital mutilation (FGM). Now the Metropolitan police chief has said medical examinations to identify FGM victims may have to be considered.

Dominating the campaign to end FGM has been a “barbarism” discourse grounded in the belief that FGM is a uniquely pernicious cultural practice. While it is important that we attempt to protect vulnerable people and challenge practices like FGM, we need to avoid simplistic, shrill rhetoric which may undermine those efforts.

**Consistency and complexity**

The anti-FGM campaign argues that FGM inflicts injury on vulnerable people, diminishes their potential for sexual satisfaction and perpetuates the oppression of women. If we believe that culture should promote human wellbeing, and that autonomy and sexual satisfaction is important for wellbeing, then cutting children’s genitals in the absence of urgent medical need is a practice we can well do without.
Yet, in liberal societies, we often accept children’s genitals being cut, since ritual male circumcision is seen as either harmless or positive. This is despite evidence suggesting that it is painful, has risks, can reduce sensitivity, alters sexual functioning and is, or historically was, performed for similar reasons to FGM.

Although ritual MGM is often, though not always, less dangerous and invasive than forms of FGM, and medical circumcision useful in dealing with a small range of conditions, we should be consistent in regarding it as troubling.

Challenging some basic assumptions about FGM and placing it more clearly in the context of Western understandings of male circumcision, the Hastings Centre Report on female genital surgeries in Africa concludes that some of the more extreme harms associated with FGM are less common than we might believe. It also points out that some of those cut believe that their experience did little or no harm and live in communities which do encourage sexual fulfilment.

This does not mean that people are not harmed (far from it), but decrying FGM as “barbarian” lumps together very different practices conducted for very different reasons, ostracising those who practise them. This is compounded by the tactic of coupling “barbarianism” with descriptions of the practice as “unIslamic” or “unChristian” – in essence, heretical. This is especially alienating given that the Abrahamic faiths have developed related conceptions of civilisation which view non-believers, heretics or blasphemers as harmful not only to themselves but to God.

Given that the UN has endorsed male circumcision as part of its HIV prevention policy, we now have the bizarre prospect of Western agencies marching into communities telling people that it is “barbaric”, backward and “unChristian” or “unIslamic” to cut girls, but “civilised”, forward thinking and “Christian” or “Islamic” to cut boys.

Calling FGM barbaric and heretical transforms what is a complex and varied issue to, in real terms, simplistic condemnation of parents who sincerely believe they are doing the right thing for their children. By extension, their children are also condemned as barbarian heretics and stigmatised as mutilated, compounding emotionally the physical injury inflicted by the cut.

**Promoting wellbeing and the law**

If we wish to promote wellbeing, we would do well to remember that one of the most significant factors in sexual fulfilment, which opponents of cutting seek to promote, is confidence in and contentment with one’s own body. As sex columns in Western media demonstrate on a daily basis, one can be physically intact and yet bereft of confidence, contentment and fulfilment. Sending the message to those who’ve undergone genital cutting, potentially in contrast to their own perspective, that they are mutilated, barbarian heretics is unlikely to promote confidence and fulfilment.

The extreme simplification of the way FGM is discussed has shaped wrong-headed attempts at its prosecution. This is shown in the recent case of Dr Dharmasena, who has been accused of conducting FGM by resuturing an infibulated woman after childbirth.
As Dr Katrina Erskine has pointed out, this attempt to limit harm through medical intervention was hardly an act of mutilation. Unfortunately for Dr Dharmasena, however, in the eyes of the law, his attempt to limit harm made him complicit in barbarism.

If we are concerned about the wellbeing of vulnerable people (and the societies that practice FGM can often be vulnerable), then this is an unfortunate approach to adopt. Let me be clear: I don’t wish to defend or romanticise genital cutting (it is troubling on many levels), but I do think we should try to avoid compounding its direct effects.

In place of the barbarism, heresy and mutilation discourse, attempts must be made to express solidarity with people in ways that don’t dominate or alienate them. We don’t have to be self-flagellating anti-colonialists to acknowledge the possibility that this kind of approach and rhetoric may both undermine wellbeing in general and fail to deal effectively with genital cutting in particular.

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