Social Work and Female Genital Cutting (CE Article)

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Journal of Social Work Values and Ethics, Volume 4, Number 1 (2007)

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Abstract
This article examines the practice of female genital cutting (FGC) in the context of social work values and ethics. The article argues that, in spite of social work's respect for cultural diversity, the profession has a responsibility to work toward the elimination of harmful practices such as FGC, even when such practices are valued by a given society. A rationale for this change effort is put forward, as are bases for the development of effective interventions.
Key Words: Values and ethics, female genital cutting, female genital mutilation, women, health

Introduction

The profession of social work has historically allied itself with the poor and the dispossessed and has consistently supported policy initiatives designed to protect the rights of the oppressed. Similarly, social workers have advocated for the expansion of political rights to various oppressed groups through their support of progressive social legislation. This belief in the individual's right to self-determination is based on the profession's respect for persons regardless of ethnicity, gender, sexual orientation, or religious or political beliefs.

Support for such efforts is enshrined in the ethical codes of both national and international social work organizations. For example, the National Association of Social Workers *Code of Ethics* (NASW, 1999), states:

> Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people.... These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

The joint statement of ethical principles of the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (2004) uses similar language, stating: "The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being," adding that, "principles of human rights and social justice are fundamental to social work."

However, respect for individual rights and for diverse cultural practices may create an ethical tension that is difficult to resolve. Such is the case that occurs when a practice that is valued by a given culture is injurious to and oppressive of individuals and individual groups within that culture.

This paper seeks to address the practice of female genital cutting within the context of this tension between social work's advocacy on behalf of the oppressed on the one hand, and its commitment to cultural diversity on the other. The first section describes the practice of female genital cutting, in terms of methods, scope, and cultural significance. There follows the presentation of a rationale for action for those who wish to eliminate the practice. This section includes an analysis of the cultural relativist and universalist positions on the question of human rights that have thus far framed the debate concerning the issue, as well as a discussion of how feminist theory sheds light on the problem. The paper concludes with a set of guiding principles designed to assist in the development of positive approaches to the change process.

What is Female Genital Cutting (FGC)?

Every year, nearly 2 million girls across the world are at risk of FGC, and more than 130 million women and girls have already undergone the practice (Population Reference Bureau, 2001). According to Slack (1988), the practice has occurred for nearly 2,500 years, and began prior to the development of either Islam or Christianity. Although the geographic and cultural beginnings of the practice are unknown, infibulation, the most radical form of the surgery, has been traced to ancient Egypt, through the examination of Egyptian mummies (Slack, 1988). There is little additional information as to the origins of the procedure, although its practice in societies in different geographic locations and among different cultures indicates that it began independently among different groups.

Forms of Genital Cutting

Female Genital Cutting occurs mainly in Africa and some parts of the Middle East and Asia (van de Kwaak, 1992), although it has occurred in western countries (Slack, 1988). Van de

Kwaak (1992) describes three forms of genital cutting, including (a) Sunna: the removal of a small part of the clitoris; (b) Clitoridectomy: removal of the entire clitoris, along with all or part of the labia minora; and (c) Infibulation: removal of the clitoris, the labia minora, and the labia majora. In addition, adult women are often reinfibulated after giving birth. Although the type varies from culture to culture and country to country, about 85% of genital cuttings worldwide involve clitoridectomy, with infibulation accounting for about 15% (Lane and Rubinstein, 1996).

Genital cutting is performed with a variety of instruments, including "knives, old razor blades, broken glass, and sharp stones" (Slack, 1988, p. 442). The instruments are rarely sterilized, and the use of anesthesia is uncommon. The girl is simply held down by several women while the incision(s) are made. The operation is usually carried out by elderly women within the village, or midwives, on a mat outside or on the floor. Wounds resulting from the procedure are often treated with animal dung to prevent hemorrhaging.

The Impacts of Genital Cutting

FGC often results in serious medical problems for victims. Infections are common, as are later complications, including hemorrhaging, difficulty in urinating, septicemia, problems with menstruation, and obstructed labor, which can be life threatening (Lane and Rubinstein, 1996). Slack (1988) describes three types of health problems associated with the procedures (primarily excision and infibulation). These include (a) immediate and short- term complications, (b) long-term complications, and (c) psychological trauma. Immediate results include many of those mentioned above, as well as "damage to and bleeding from adjacent internal organs and tissue (including the rectum and urethra), and even death" (p. 451). Physicians in Sudan have estimated that the number of fatalities resulting from genital cutting, especially infibulation, is "approximately one third of all girls in areas where antibiotics are not available" (p. 451). Additionally, the highest rates of infant mortality worldwide "correspond closely" to countries in which genital cutting is widely practiced, such as Somalia.

Long-term complications may include chronic problems with infection, especially among infibulated women. Further, localized infections can lead to incontinence, pain on urination, infection of other organs, such as the kidneys, and finally sterility. Other problems include menstrual complication, scarring, and vaginal abscesses.

Psychological trauma may include anxiety regarding the event (genital cutting), irritability, depressive symptoms, or psychosis. Women can also come to fear sex, because of the pain

associated with the act. Certainly, pleasurable sensations are reduced. Van de Kwaak (1992) points to psychosomatic, psychosexual, and social complications that sometimes result, as well.

Cultural Justifications

In the societies where genital cutting is widely practiced, it is generally not regarded as mutilation, as it is sometimes referred to in the west (Lane & Rubinstein, 1996). There are various cultural bases for the procedure. Essentially, these fall into four categories: (a) sexual control of women, (b) religion, (c) cultural myths; and (d) tradition (Slack, 1988).

The belief that genital cutting prevents pre-marital and extra-marital sex on the part of women is a continuing theme. Robertson (1996) states that, although both boys and girls in Kenya underwent genital cutting as a part of initiation rites signifying their passage into adulthood, the process differed when it came to sexual matters. While the initiation process did include information concerning "socially permissible forms of petting" (p. 621), or ng- weko, "for girls, the element of control over sexuality...went beyond...self-restraint and was paramount, along with induction into the service of men" (p. 622). In fact, the purpose of the procedure, in this case clitoridectomy, was to prevent girls from experiencing sexual arousal from clitoral stimulation. At the same time, "competitive masturbation" for boys was allowed, while any form of masturbation among girls was met with disapproval.

According to Cutner (1985), in Islamic countries there is a belief that women are inherently sexually irresponsible, and that some form of control by men is therefore necessary. In clitoridectomy, this end is achieved through alteration of the woman's genitalia, reducing her sensitivity, pleasurable sensations, and thereby the desire for intercourse. Infibulation is thought to guarantee the virginity of a bride, and to discourage/prevent sexual promiscuity by married women, which is why they are often re-infibulated after giving birth. Narrowing of the vaginal opening is also justified in terms of enhanced sexual pleasure for the husband.

According to van der Kwaak (1992), sexual purity and control of female sexuality are intimately linked with women's cultural identity. In fact, genital cutting is normally a prerequisite for marital suitability, and subsequent motherhood, the two roles through which women in such societies derive their identity and status. In these societies, marriage is also often the only economic resource available to women. Genital cutting is also a means of maintaining purity in young girls and fidelity in married women. In some countries, Somalia, for example, the entire family is shamed if the girl's virginity is lost before marriage.

Members of societies in which genital cutting is practiced often cite religious beliefs as the basis for the procedure. Regardless of the fact that the practice is not specified in the teachings of any formal religion, Slack (1988) notes that it has been carried out by "Christians (Catholics, Protestants, and Copts), Muslims, Jews, Animists, and atheists" (p. 446).

Although the majority of Muslims worldwide do not practice it, many Muslims believe that female genital cutting is required by the teachings of the Koran. According to Lane and Rubinstein (1996), however, most Islamic scholars do not believe that genital cutting is required for females. It is not mentioned in the Koran but is reportedly referred to by the Prophet (Muhammad) in the Hadith, a compendium of his sayings and actions during his lifetime, although some scholars reject even the historical accuracy of this reference.

Christians in Egypt also engaged in the practice at one time, although Roman Catholic missionaries forbade it in the 17th century. Because the female children of their converts could not find husbands, however, the church later decided to allow the practice (Lane & Rubinstein, 1996).

There are other beliefs cited as justifications for female genital cutting, which Slack (1988) refers to as "myths." These include the beliefs that (a) the clitoris will grow to the size of a penis if not circumcised, (b) excision is essential for fertility, and (c) the procedure cleanses the female genitalia and improves its aesthetic condition. Van der Kwaak (1992) points out that infibulation is believed to be necessary "for reasons of health, cleanliness, and beauty" (p. 781). Indeed, in some cultures, the uncircumcised female genitalia is viewed as both ugly and unclean. Van der Kwaak (1992) also adds that many Somalis believe that infibulation increases fertility.

Finally, there are widespread beliefs that female genital cutting should be continued because it is a tradition of long standing, a belief held by both men and women (Slack, 1988). Why is tradition so important? There are various arguments. One is that traditions accepted by almost everyone in a society function to bind the society together. When such traditions are threatened, members of the groups fear the collapse of social structures. Hence, they may accept practices that they question privately. In regard to infibulation, the procedure is viewed as a rite of passage into adulthood, a change of status. In fact, many girls look forward to it, and spend days preparing for the event, although they often "feel shocked afterward" (van der Kwaak, 1992).

Social Work and Genital Cutting: A Rationale for Action

Why is the issue of female genital cutting of importance to social workers? Given the profession's explicit commitment to the doctrine of cultural diversity, this question is not an easy

one to resolve: Is female genital cutting a cultural practice that must be accepted as valid within the context of the cultures in which it is employed, and one on which the profession as a whole has no inherent right to pass judgment, or does it violate the profession's ethical base and require social workers to take action to eliminate its practice?

The former analysis would provide a simple answer, but perhaps a simplistic one. Social work, both in its professional codes, and in its history of and continuing advocacy in support of oppressed groups, requires action on behalf of those it perceives to be victims of oppression. Further, while embracing groups of diverse cultural backgrounds and beliefs, social work has strong ties to the women's movement in western countries, which has been in the forefront of efforts to eliminate female genital cutting. These factors, along with reevaluations regarding the definition and meaning of culture, provide a rationale for action for social workers who believe that the practice should be ended. The following discussion will therefore focus on (a) the social work profession's "official" position on the practice, as promulgated by prominent professional organizations; (b) the relationship between feminist ideology, social work, and female genital cutting; and (c) the reinterpretation of culture, as bases for action.

Professional Social Work and Female Genital Cutting

Professional social work organizations both internationally and in the United State specifically oppose FGC. In a statement of "Areas of Critical Concern for Social Work," the IFSW affirmed the position at the United Nations Fourth World Conference on Women, held in Beijing in 1995, which included "genital mutilation" as a discriminatory practice against girls that can affect their "health and well-being" and "have a devastating effect on women's lives" (IFSW, 1999).

NASW has taken a similar position, asserting that:

> The profession...endorses the treaties and conventions as they have evolved that establish that the rights of people take precedence over social customs when those customs infringe on human rights. Ritual genital mutilation is a case in point. NASW endorses the U.N. resolution that women's rights are human rights, no longer simply to be considered civil and political rights (Tessitore & Woolfson, 1997; United Nations, 1993, 1995a, 1995b, as cited in NASW, 1999).

Feminist Analysis and Female Genital Cutting

The pursuit by many feminist groups of the elimination of female genital cutting has drawn the ire of members of the societies in which the practice continues, including women. Denouncing

feminism as a western construct not applicable to cultures with different value systems, they perceive a paternalistic bent to the feminist agenda. Indeed, at various international conferences concerning women, the debate has raged, with feminists usually succeeding in incorporating their language into the final versions of formal documents. According to Brems (1997), at the 1993 United Nations World Conference on Human Rights, the "Vienna Declaration and Program of Action" explicitly affirmed rights of women and the "girl-child" as an "inalienable, integral, and indivisible part of universal human rights" (p. 151). The document also refers to the elimination of "traditional or customary practices" that may impinge on the rights of women, and urges member states to "remove customs and practices which discriminate against and cause harm to the girl child" (p. 151). Similarly, the 1994 International Conference on Population and Development in Cairo spoke of "harmful" cultural practices, such as forced marriage, child marriage, and female genital cutting. And at the 1995 World Conference on Women in Beijing, the eradication of "harmful cultural practices," with specific reference to female genital cutting, was called for in the "Platform for Action."

Despite such controversies, however, feminist analysis, which has informed social work theory and practice in regard to many women's issues, provides significant insight into the possible dynamics of female genital cutting. Specifically, a feminist analysis sheds light on oppressive social structures that perpetuate the continuance of the procedure. Feminist thought, through its concern with the particularities of experience, also leads to an analysis that contextualizes the problem. It focuses on the specific, concrete situation in which women and girls find themselves, a very different point of view from the abstraction of "human rights."

The Rethinking of Culture

Cultural relativism, as propounded by the American Anthropological Association in 1947, holds that "rights," as defined by western societies, are in fact a form of cultural imperialism when applied to societies with different cultural patterns, especially those in the developing world. Initiating a debate that has been ongoing for decades (Edgerton, 1992; Kluge, 1993; Spiro, 1986), the argument of cultural relativist argument essentially holds that western style "rights" are culturally derived phenomena, rather than universal truths to be applied to humankind as a whole. Thus, cultural relativists believe that documents such as the United Nations Declaration of Universal Human Rights (1948) simply enshrine a western belief system, rather than an objective set of ethical principles that can be applied to all societies.

Certainly, such concepts as social justice, self-determination, and self-actualization derive at least in part from the western emphasis on the rights of the individual, a concept somewhat foreign to many cultures. While those in the west take for granted the "fact" that each individual has certain "inalienable rights," the "universalist" position, in other societies the needs of the group, or the collective, may often take precedence. In some cultures, for instance, it may be assumed that if individual rights conflict with the good of the society as a whole, they should be limited.

This cultural relativist-universalist standoff essentially forces one to choose between acceptance of practices considered to be harmful to certain individuals and groups in a society, and intervening in societies other than one's own, implicitly "violating" multiculturalist doctrine.

According to Preis (1996), however, the concept of culture is being reconsidered, and this reconsideration may lead to a break in the standoff between the cultural relativist and universalist positions. Essentially, culture has been viewed as static, "a homogenous, integral and coherent unity" (p. 288-289). Recent analysis, however, focuses on the particularities of culture, as a "network of perspectives." Essential to this perspective is the specific context in which the individual finds herself. Realities are culturally constructed, but the "cultural construction of reality springs not from one source, and is not of one piece" (Barth, 1989). Therefore, cultures are not monolithic, and everyone within a given culture cannot be assumed to have the same needs, beliefs, and constructions of reality. Cultures evolve.

Principles for Action

Given the preceding analysis, it is clear that social work values mandate that social workers pursue efforts to eliminate the practice of female genital cutting in order to secure the physical, emotional, and psychological well being of women in societies where it is carried out. It is also evident that there is a valid rationale for precipitating cultural change that is consistent with social work values and ethics.

However, neither the ethical codes of NASW or IFSW provide social workers with a means of resolving the ethical tension between respect for cultural diversity and the commitment to the individual's right to self-determination. Indeed, NASW specifically states that its code does not provide such guidance:

> The *Code* offers a set of values, principles, and standards to guide decision making and conduct when ethical issues arise. It does not provide a set of rules that prescribe how social workers should act in all situations. Specific applications of

> the Code must take into account the context in which it is being considered and the possibility of conflicts among the Code's values, principles, and standards. Ethical responsibilities flow from all human relationships, from the personal and familial to the social and professional (NASW, 1999).

Given the absence of concrete guidance, what follows is a set of guiding principles that it is felt will be helpful in developing culturally specific interventions designed to eliminate or reduce the incidence of female genital cutting. While few interventive approaches have been discussed in the social work literature, the reader may consult Krenawi & Graham (1999) for additional approaches.

Demonstrate respect for and value the culture, its society, and its members

Behavior, rhetoric, or attitudes that reflect a condescending, "we know better than you do" belief system will be met with resistance, perhaps even by those who are initially open to outside intervention. Further, those who brook no debate on the issue--who insist that they are right and that the "other" is wrong--will run into stiff opposition. An example is found in an article by Thiam (1983): "... the purpose of these practices, whether it is admitted or not [emphasis added], is to control female sexuality" (p. 750). Such a statement errs in at least two ways. First, it assumes that there is no other valid point of view on the issue. Second, it ignores other aspects of the practice, which may constructively inform interventive efforts; namely, that female genital cutting is a valued rite of initiation in many of the societies in which it is practiced.

A similar example, from the same source, illustrates a negative assumption made about indigenous peoples who oppose intervention, or do not see FGC as a primary problem, focusing instead on the material needs of their societies:

> They appeal for aid from the wealthy countries, pretending to be unaware that asking for and accepting such aid means playing the same game as neo-colonialists and imperialists of every kind. Because of this it was felt...that certain collusion existed between bourgeois African women and neo-colonialism (Thiam, 1983, p. 752).

Certainly, this statement indicates not only a disdain for the views of others in the debate, but also a complete lack of recognition of the wishes and aspirations of the people who make up the society in which the practice takes place.

Include indigenous peoples in change efforts

Without the support of individuals and groups within the society that is the focus of change, efforts to abolish female genital cutting will have limited, if any, success. As Lane & Rubinstein

(1996) state: “Pragmatically...indigenous activists may more correctly judge when a given strategy will succeed...[while] western efforts, unguided by detailed cultural knowledge, may...inspire a backlash in which custom is viewed as intrinsic to the group’s now threatened identity” (p. 38).

Frame the change effort in concrete terms

Appeals to the health risks will be more likely to at least get people to listen than will abstract discussions of human rights. Talking with someone about a problem that is meaningful to them, that they have experienced, or that they can visualize, is a potent way to get their attention. “Although activities designed to educate both men and women about the health consequences of female genital cutting have been initiated only recently, they are the most effective campaigns so far” (Slack, 1988, p. 479).

Focus on the individual

Akin to the discussion of concreteness, the particularizing of the individual contexts in which the practice occurs may be a useful strategy. “Introducing specificity in an individual rights approach makes it possible to value a concrete person’s communal ties, not those that the dominant forces inside the community would like to attribute to him or her” (Brems, 1997, p. 163). Hence, feminist concerns regarding oppression of women as a group can be taken into account when focusing on the individual in the context of the cultural environment in which she lives.

Listen

Embedded in all of the points above is the necessity of being open to the feelings, viewpoints and wishes of others. Certainly, social workers know how to listen, and respectful attention to the viewpoints of others is a necessary prerequisite for the establishment of the trusting, constructive relationship that will be required to effect change on such a sensitive issue. This does not mean that we have to agree, as when an abusing parent rationalizes her/his behavior. It simply means that listening is a starting point for dialogue.

Conclusion: Implications for Social work

Female genital cutting is a practice that carries with it demonstrated health risks to women. Further, as it occurs primarily in societies characterized by the subordination of women, it is part of a system of gender-based oppression. While some may argue from the point of view of cultural relativism that western societies have no right to dictate to those in other areas of the world what is permissible in their communities, others see in social work’s history and ethical code a strong commitment to defending those who cannot defend themselves from harmful practices perpetrated

against them by those in positions of power. Cultural relativism can go only so far in informing such a debate. For example, many southerners in the United States during the Jim Crow era defended the practice of apartheid and oppression of African Americans as the "southern way of life," essentially a separate culture. Did this mean that those from other areas of the country had no basis for intervention on behalf of African Americans? Did it mean that this "culture" included all members of the region? Certainly, the answer to both questions is "no." Hence, there are times when efforts to effect change in other societies and cultures can be justified and are in fact necessary. This paper has attempted to describe a practice, female genital cutting, which many, both inside and outside the cultures in which it is prevalent, view as a harmful tradition that must be abolished. I have attempted to construct a rationale and framework for the development of interventions to eliminate the practice; namely, social work's history of advocacy on behalf of the oppressed, its strong support of women's rights, and the breaking down of the static concepts of culture that in the past have led many to stereotype and essentialize those within a given society. Principles for action have also been put forth, principles that are based on and are consistent with social work's mission, history, values and ethics. Social work is a unique profession, which has the potential to significantly add to the debate concerning this practice. I encourage others to join in the dialogue.

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