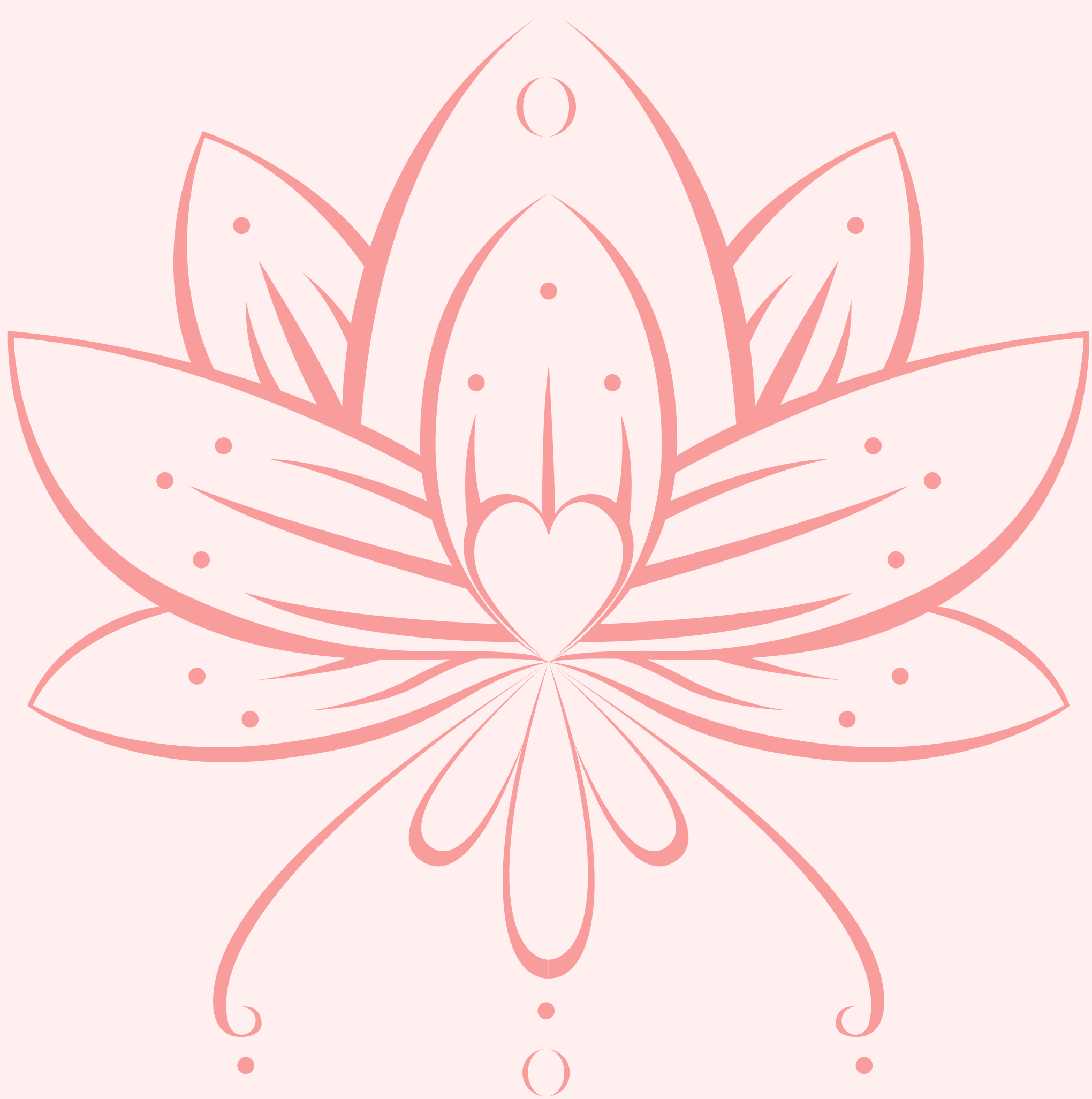


FEMALE GENITAL MUTILATION/CUTTING

# RELIGION'S INFLUENCE ON FEMALE GENITAL MUTILATION

The Role of Christianity and Islam

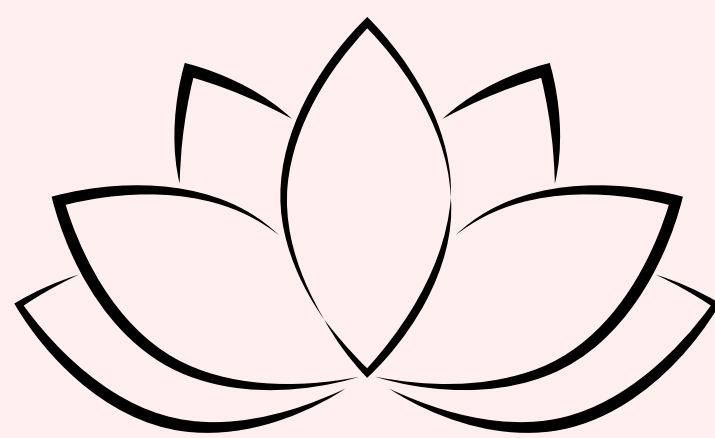


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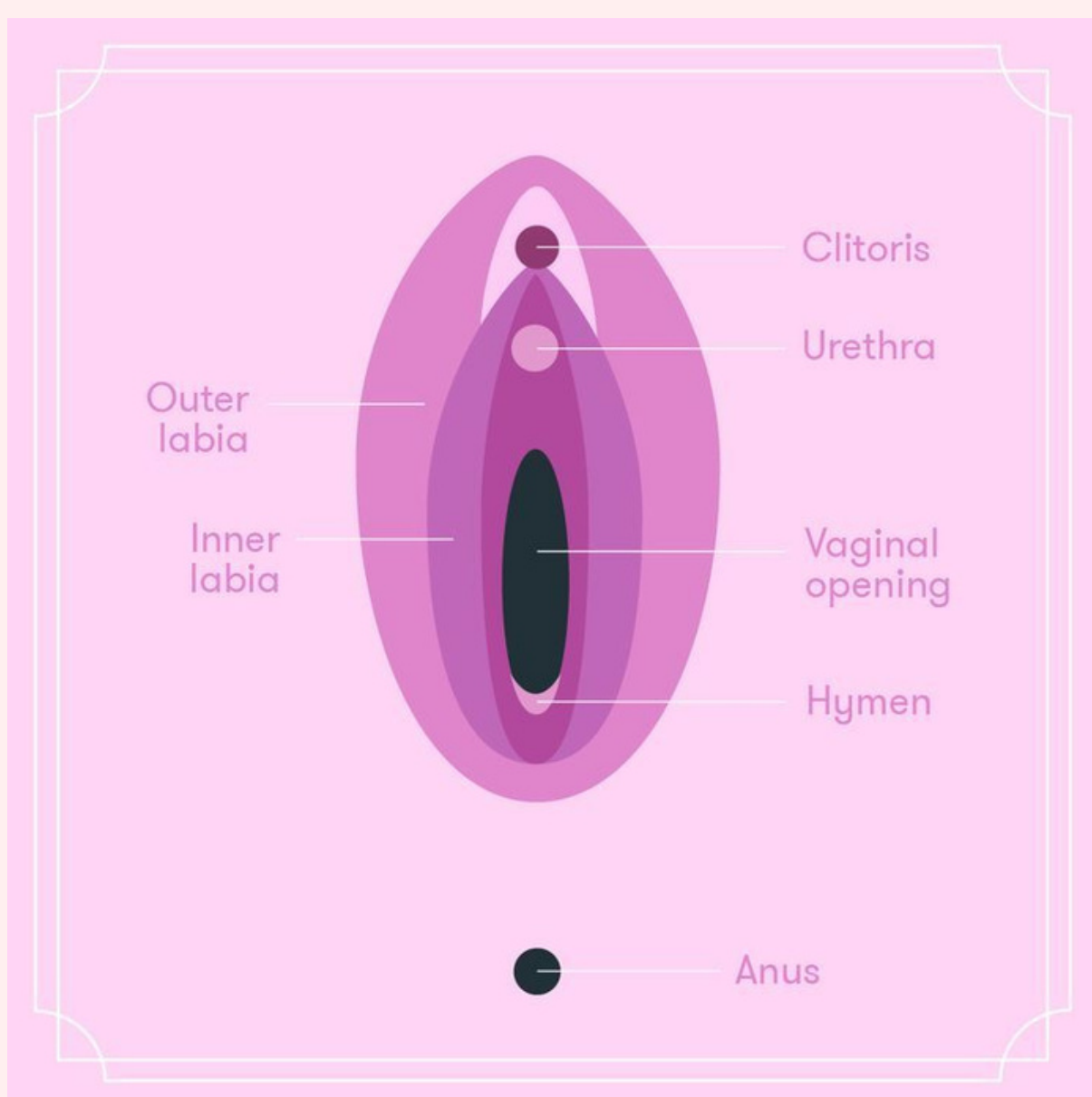
# What is Female Genital Mutilation (FGM)?

**Female genital mutilation (FGM)** - comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons

More than 200 million girls alive today have undergone FGM in 30 countries in Africa, the Middle East, and Asia  
(“Female Genital Mutilation”)



## Types of FGM



- **Type 1** - Partial (Sunna) or total (Excision) removal of clitoral glans and/or clitoral hood
- **Type 2** - Partial or total removal of clitoral glans and labia minora, with or without removal of labia majora
- **Type 3** - Infibulation, narrowing of vaginal opening through creation of a covering seal
- **Type 4** - Includes all other harmful procedures to female genitalia for non-medical purposes
- De-infibulation is sometimes needed for intercourse and birth
- Re-infibulation is popular after birth (“Female Genital Mutilation”)



# Positive Effects

FGM has no health benefits

## Negative Effects

FGM is associated with **increased risk of health complications** including

- Severe pain
- Excessive bleeding
- Genital tissue swelling
- Fever
- Infections
- Urinary problems
- Wound healing problems
- Injury to surrounding genital tissue
- Shock
- Death (“Female Genital Mutilation”)

### **Long term complications** include

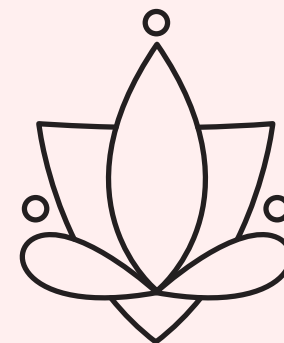
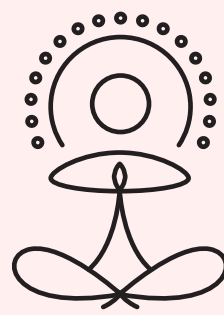
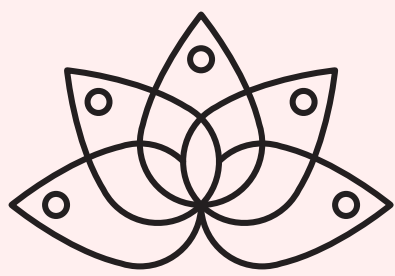
- Urinary problems (painful urination, UTIs)
- Vaginal problems (bacterial vaginosis, other infections)
- Menstrual problems (difficulty passing menstrual blood)
- Scar tissue and keloid
- Sexual problems (painful intercourse, decreased satisfaction)
- HIV transmission due to unclean equipment
- Increased risk of childbirth complications (difficult delivery, excessive bleeding) and newborn deaths
- High rates of fetal brain trauma, asphyxiation, and defects during birth with infibulation (Rushwan)
- Need for later surgeries (deinfibulation)
- Psychological problems (depression, anxiety, PTSD, low self esteem) (“Female Genital Mutilation”)

# Why is FGM Performed?

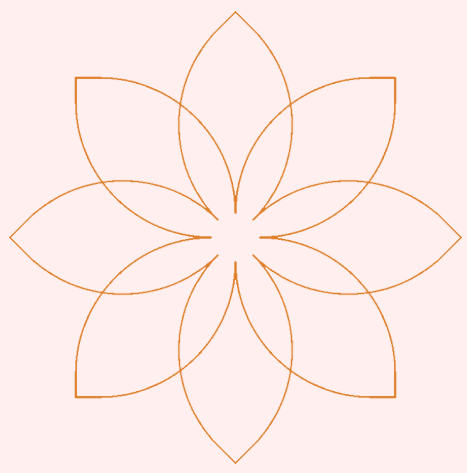
**“FGM is a manifestation of deeply entrenched gender inequality”**

Both men and women unquestioningly support FGM in practicing communities, driven by adherence to broader societal norms

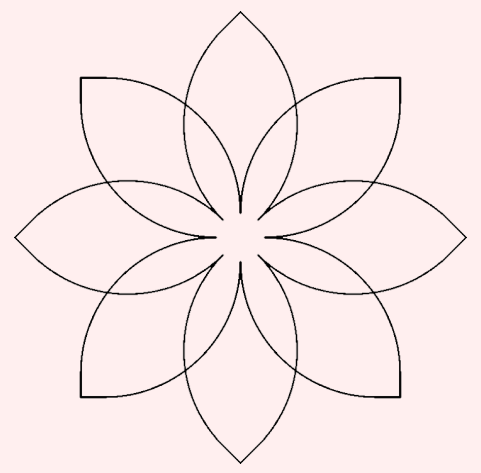
Despite the known harm inflicted on girls, FGM persists due to the perceived social benefits outweighing its disadvantages



- **Psychosexual reasons:** FGM is employed as a means of controlling women’s sexuality, ensuring virginity, marital fidelity and enhancing male sexual pleasure.
- **Sociological and cultural reasons:** Sociological and cultural factors view FGM as a vital part of a girl’s transition to womanhood, deeply embedded in a community’s cultural heritage. Myths about female genitalia and the supposed advantages of FGM contribute to the perpetuation of the practice.
- **FGM of surrounding women:** Mothers typically make the decision regarding the circumcision of girls, and there is a higher likelihood of daughters undergoing the procedure if their mothers have been circumcised or there is a significant number of women who have undergone circumcision within their community (Hayford and Trinitapoli).
- **Hygiene and aesthetic reasons:** Some communities justify FGM based on hygiene and aesthetic reasons, considering external female genitalia as unattractive or unsanitary.
- **Socioeconomic factors:** In many societies, FGM is required for marriage, driven by economic necessity and the dependence of women on men.
- **Religious reasons:** While not endorsed by Christianity or Islam, religious texts are sometimes misused to justify the practice of FGM. (“Female Genital Mutilation (FGM) Frequently Asked Questions”)



# Religions in Africa



## FGM predates Christianity and Islam

### Islam:

The close proximity of Arab and Muslim countries to Africa resulted in early interaction and integration of Islam into African religion. In many Swahili traditions there is evidence of Islamic tradition and the first mosque in Africa dates back to 1006 AD. Eastern African countries have high levels of Muslim populations; specifically Somalia, Tanzania, and Kenya. Islam spread throughout Africa thorough trade and neighboring countries spreading to Northern Africa. From Northern Africa trans-saharan trade created communities of Arabs and Muslims in western Africa in 1100 AD. (Hill)

### Impact of Colonialism:

- In the 17th century Portugal began invading Africa, taking over countries and cities. The conflict resulted in Arab rule over eastern Africa. They were eventually replaced with European rule.
- Colonialism started Christian missions to Africa where they took positions of power and converted Africans into Christians. Muslims were isolated and underrepresented.
- After World War II a Muslim revitalization was started and Islamic missions began from India and Pakistan.

(Lohdi)



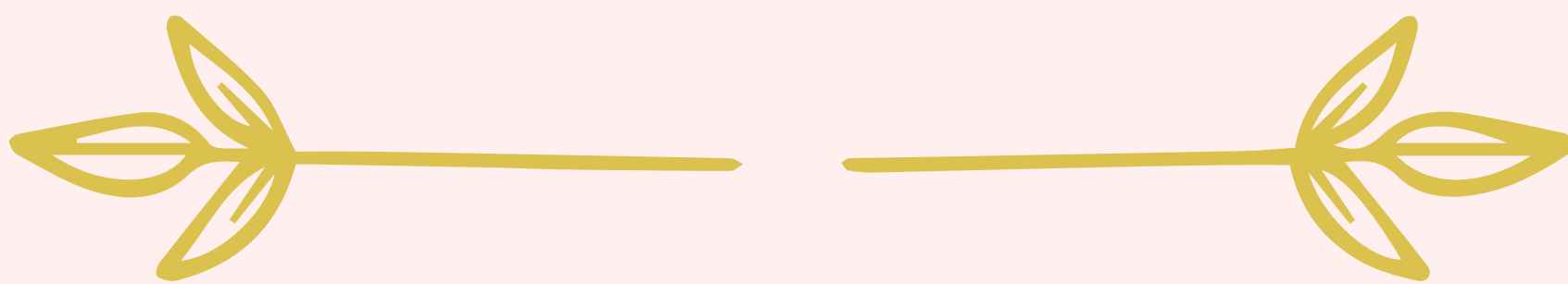
# Christianity

Christianity, like Islam, was present in Africa before organized missions, specifically in Sudan and Ethiopia. The main eras of conversion occurred later with mass missionary movements. (Etherinton)

Christian missions were mainly introduced to African countries as a result of colonialism. They approached with an attitude of enlightening natives to salvation and stamping out the native's heathen and witch-doctor religion. (Hassan)

## Types of Christian missions:

- Roman Catholic in the 13th century
- European Protestant in the 18th century
- British Presbyterian, Baptists and Methodist Missions in the 19th century
- Lutheran Missions in the 19th century



## Mission Specifics:

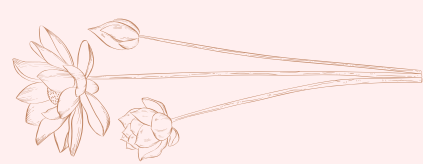
- Dominican and Franciscan catholic missions from France
- Crown and Papacy Missions from Spain and Portugal
- Jesuits
- Church of England
- Moravian Church
- Anglican Church Missionary Society
- African Methodist Episcopal Church

# Christian Missions and FGC

As a whole Christian missions and conversions are thought to have decreased the prevalence and practice of FGC over time.

## Religious Conflicts in Kenya: The Scottish Presbyterian Church Mission

One of the most known conflicts between religion and female genital cutting. Headed by Dr. John Arthur this mission specifically fought against the Kikuyu Central Association in a political and traditional battle. Lead by Kenyatta, the Kikuyu Central Association fought for the independence of Kenya from British colonizers, and doing so put a lot of importance on the maintenance of tradition, specifically female genital cutting. Arthur, a leader of the Scottish mission, set up funding to help girls get away from the ritual. The mission set up education and schools, dormitories, and excommunicated members that condoned the ritual. This fueled nationalist beliefs from Kenyatta and caused rising levels of genital cutting and hostility. (Pederson)



Most missions adopted a policy of tolerance, Catholic and Anglican churches accepted members that practice and even value the tradition. Catholics specifically have the highest rates of FGC in all Christian branches.

(Schafroth, 6)

**The main final policy was a course of education and schooling if possible.**

# Use of Religion/ Religious Texts to Support FGM

## Christianity

**There is no mention of FGM/C in the religious texts of Christianity.**

However, many people practicing FGM may consider it a religious obligation due to the dominant role female sexual purity plays in not only Christianity but other religions as well (El-Damanhoury). Additionally, Christian missionaries in Africa recorded historical instances of FGM in the early 1900s. This practice was observed among various tribal groups, which persisted in the name of tradition after their conversion to Christianity (“*What Are Religious Perspectives on FGM/C?*”). This may have aided in the association between the practice of FGM and religion.

## Islam

Although Islamic texts do not support FGM, there are a few Hadiths and interpretations of the text that have been used to justify the practice.

**Qur’an 16:23 “Then we inspired you (Muhammad) to follow the religion of Abraham”**

This verse orders Prophet Muhammad and all Muslims to follow the life of Prophet Abraham. It has been used to support FGM because Prophet Abraham was circumcised when he was 80, and thus it is crucial that all Muslims be circumcised (Asmani 3).

However, it is clear that the Qur’an strictly refers to *male* circumcision “with FGM/C predating both the Prophet Abraham’s time and the Quran, with additional proof that Prophet Abraham’s wives were not known to be cut” (“*What Are Religious Perspectives on FGM/C?*”). Proponents of FGM use inauthentic or misinterpreted Hadiths to claim that Prophet Muhammed instructed both men and women to be circumcised, which has formed the association between Islam and FGM (Asmani 4).

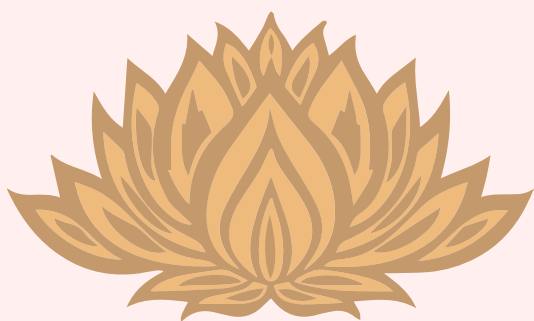
**In short, there is no authentic Hadith that suggests support or approval of FGM, as proponents have conflated the requirement of male circumcision with FGM.**



# Efforts to Condemn FGM/C

## Christianity

“To curb the continued practice of FGM, the Christian church has employed measures such as withholding full membership from families or refraining from baptizing individuals who have subjected their daughters to cutting” (*What Are Religious Perspectives on FGM/C?*)



## Islam

The accepted norm of Muslim scholars decides female genital cutting un-Islamic, deciding that it has no basis in Islam and is the claim to improve hygiene is false. (El-Damanhoury)

“Some scholars and some members of the community, having been convinced that FGM/C has no Islamic basis, agree that it should be stopped, but say that only Allah (SWT) can save the community to end the practice.” (Asmani, 24)

“A major reason is that scholars have inadequate information on the female genitalia, their functions, and the effects of FGM/C on the health and wellbeing of the women and girls. This is due to the secrecy surrounding the practice as well as “shyness” to approach the issue. Few scholars want to discuss the subject as they view it as a shameful and degrading subject, and they do not see it as a priority problem.” (Asmani, 25)

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