Questioning the Roots of Female Genital Mutilation- Is it Faith or Culture?

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Female Genital Mutilation: Is It Faith or Culture?

"I was six years old when it happened to me. I knew it was time for me because all my friends had it done to them at the same age. I got off from school hopelessly terrified. My friends said it was painful. When I got into the house, my soul felt cold, and I shivered with terror. My mom made my favorite meal for lunch that day. However, how could I eat knowing what was coming ahead? "I am going to be cut today!" I thought to myself. After being forced to take a shower, an old lady came into my mom's room, and she started talking with my mom asking her if we were ready. I knew the only way to escape was to run. I tried my chance, but I could not succeed. Before I could get through the door, my mom locked it. I had nowhere to go. The idea of opening my legs for a wrinkly old woman I know not of was terrifying and humiliating.

As soon as I saw the blade, I struggled to leave; I nearly succeeded but, when I opened the door, two other women were standing there. They grabbed me by my hands and placed me on the bed, stretching my legs wide open for the old lady to do her job. I cried for my mom, but she never came to my rescue. She was so close yet so far. I blanked out when the actual cutting was happening. The pain was excruciating and too much to bear. When I woke up, all I could remember was the razor blade and the old woman's head going down. At least it was a new blade.

Whenever I share my story, people ask me if I hate my mom. How could I hate the woman that brought me to this world? Hating her would not bring back my clitoris neither would my Labia minora."

The Controversy

Female Genital Mutilation/ cutting/ circumcision (FGM/C) has become one of the most controversial human rights violations in the 21st century. It is an alteration done to the female genitalia without medical purposes or the female's consent. The World Health Organization (WHO) describes it as "all procedures that involve the partial or total removal of the external female genitalia, or other injuries to the female genital organs for non-medical reasons" (Female genital mutilation, 2018). In 2016, UNICEF found at least 200 million girls and women in 30 countries have been cut. This figure is an estimate because the exact number is unknown (UNICEF's data work on FGM/C. 2016). There are four main types of the procedure: type 1; type2; type3; type4 (Female genital mutilation, 2018). Different places call circumcision different names. A name I was familiar with growing up was "*Nyakato"* and "Sunna" . There have been many disputes about the practice in the West as well as in the regions where it is predominantly practiced. Feminists see it as a way of violating or discriminating against the woman's sexuality. Other opponents perceive the practice to be barbaric. Further, studies have been done by medical professionals and psychologists alike, and they found that FGM has detrimental effects on women both psychologically and physiologically.

This paper is a review on FGM: types, impact on psychological and physical health and well-being, worldwide statistics and demographic information, and political/feminist issues. The approach is interdisciplinary, involving psychology, public health, medicine, history, and religious studies as it addresses the Islamic perspective, often used to justify the practice, as well.

Types of FGM

There are four different types of cutting (categorized from 1- 4) with type 1 being the least severe, and type 3 being the most critical. Type 4 includes a variety of procedures yet to be classified by the World Health Organization. A brief overview of the types of FGM is described below along with their respective health effects.

Type 1

Type 1 is also known as Clitoridectomy. This type as described by the WHO (2018), is the "partial or total removal of the clitoris and the prepuce" . A study conducted by Kaplan et al. (2011), found type 1 to be the most prevalent in The Gambia. Out of the 871 cases they looked at, 66.2% of the victims were subjected to Clitoridectomy (Kaplan, Hechavarria, Martin & Bonhoure, 2011). Although it is the least severe form, it causes indubitable complications like shock, hemorrhage (eventually leads to anemia), urogenital complications, etc. (Kaplan, Hechavarria, Martin & Bonhoure, 2011). Figure 1 depicts FGM type 1, and we can see the difference between the cut and uncut external genitalia.

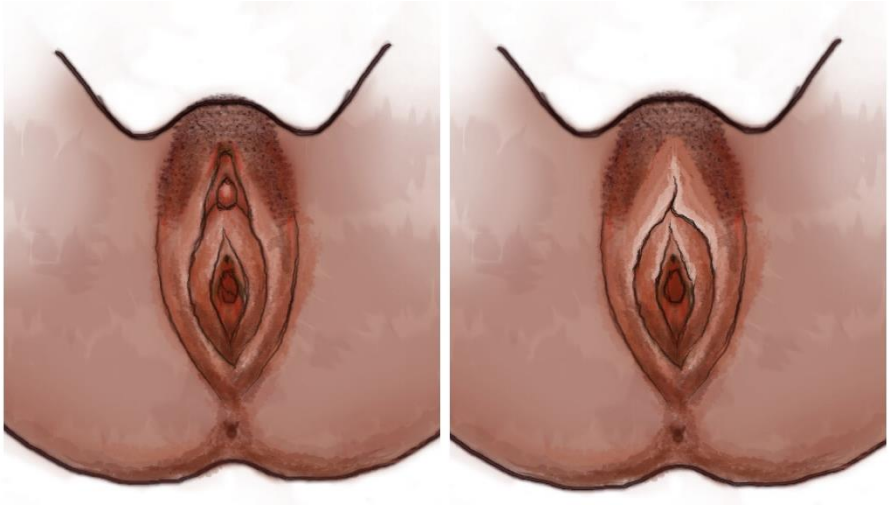


Figure 1: Clitoridectomy. Illustrations created by Linda M Glass, 2020.

Type 2

Type 2 is termed as excision. It is when the Labia Minora (the inner lips of the vagina) is removed along with the prepuce and clitoris. The removal process could be partial or total (Female genital mutilation, 2018). The case study by Kaplan et al. (2011), found 26.3% of their samples to have undergone type 2. They found both type 1 and 2 to have the same health complications. An illustration of type 2 appears in **Figure 2**. The red colored section is the part that is removed.

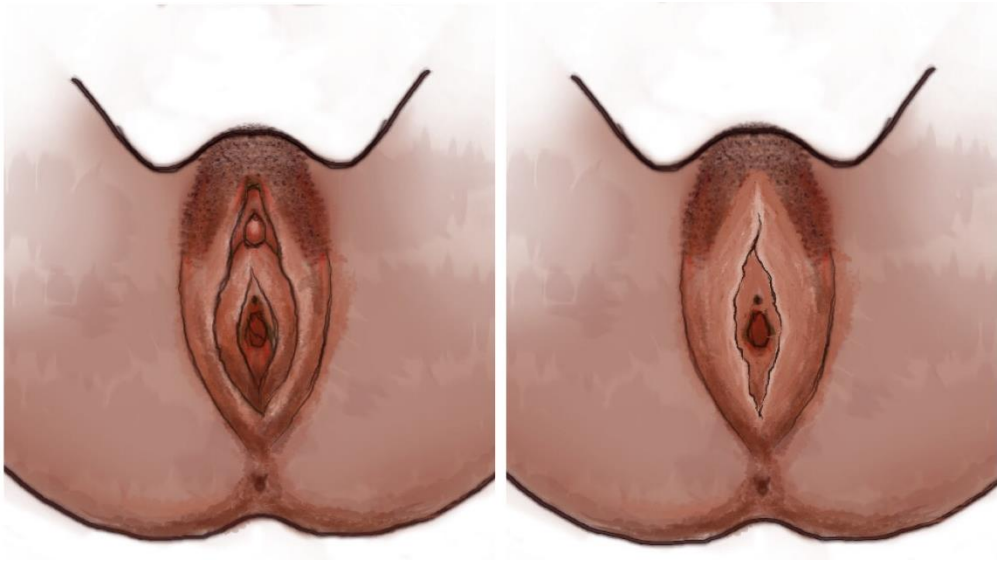


Figure 2: Excision (Type 2). Illustrations created by Linda M Glass, 2020.

Type 3

Type 3 is the most severe of all the forms, and it is known as Infibulation. It has detrimental health consequences ranging from hemorrhage to fatal outcomes (Kaplan, Hechavarria, Martin & Bonhoure, 2011). In this procedure, the clitoris, labia majora and minora are all removed and then stitched together for the tissues to fuse; only a tiny opening is left for the passage of menstrual blood and urine (Raymond, Mohamud, Ali, Makalou, Yakoub, 1997). In very rare cases, all the organs are kept intact, and the labia majora is stitched together. Individuals with this procedure are known to suffer from morbidity, mortality and even painful tears during coital penetration (Gayle & Rymer 2016). This form of cutting is common in Djibouti, Somalia, and Sudan (Raymond, Mohamud, Ali, Makalou, Yakoub, 1997). Kaplan et al. (2011), found 7.5% of women with this procedure during their case study in the Gambia. They

were also the most to suffer from serious health issues (Kaplan, Hechavarria, Martin & Bonhoure, 2011). Figure 3 illustrates type 3 by depicting, side by side, the vulva of the victim after being cut and after the stitch is removed respectively.

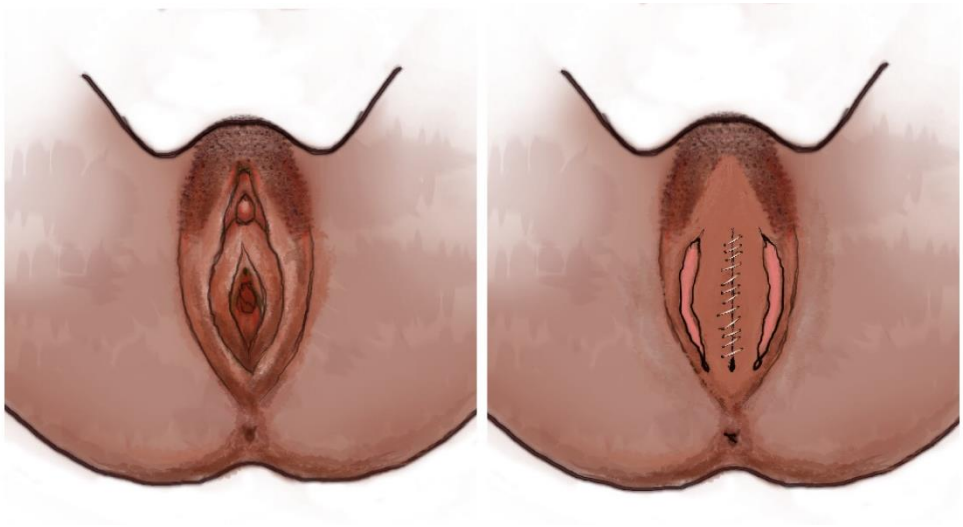


Figure 3: Infibulation (Type 3). Illustrations created by Linda M Glass, 2020.

Type 4

The WHO categorizes all other procedures that alter the external female genitalia as type 4. These include the introduction of corrosive substances or herbs into the vagina opening (Female genital mutilation, 2018). Other procedures include the labia and clitoris been pierced, pricked, or stretched and some go to the extent of burning them (Female genital mutilation, 2018).

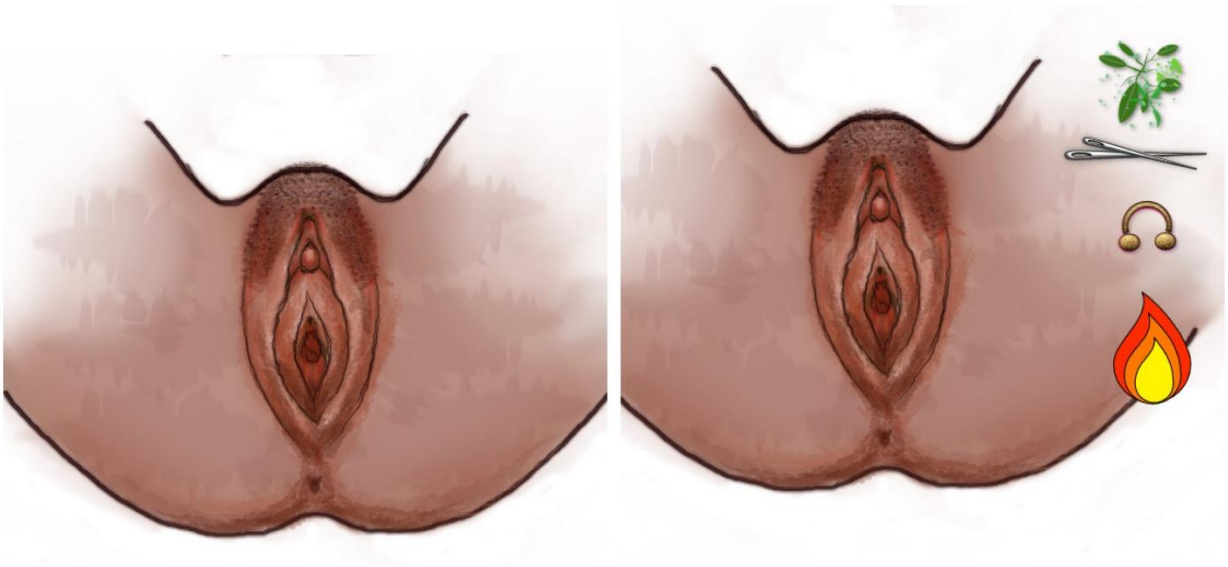


Figure 4: FGM type 4. Illustrations created by Linda M Glass, 2020.

Worldwide Data

FGM, though widely practiced among African and some Arabian countries, is also seen in Western countries due to migration. When people migrate to places, they migrate along with their customs, values, and beliefs.

Numbers

This number is quite large considering the strict laws against FGM in the United States. The World Health Organization (2018) has predicted that more women are at risk in countries where the practice is still prevalent.

From the recent statistics, 100-140 million women have been either circumcised or mutilated. This number is just an estimate. More people have been circumcised than have been recorded by the WHO because many incidences are not documented or reported. In addition to

this, womenshealth.org (2018) noted on its website that three million girls are at risk of being cut every year. Thus, about 8219 girls are at risk daily and five girls every minute.

Geographic information

Data collected from the Public Reference Bureau (PRB), noted that FGM is practiced in at least 28 African countries and few Middle Eastern and Asian countries (Population Reference Bureau, 2014). PRB (2014) also reported that FGM/C is practiced among many religious groups including but not limited to Muslims and Christians in these areas.

Figure 4 shows the statistics, demographics and location information of FGM collected from Population Reference Bureau. The data collected by PRB is recent as it was collected in 2014.

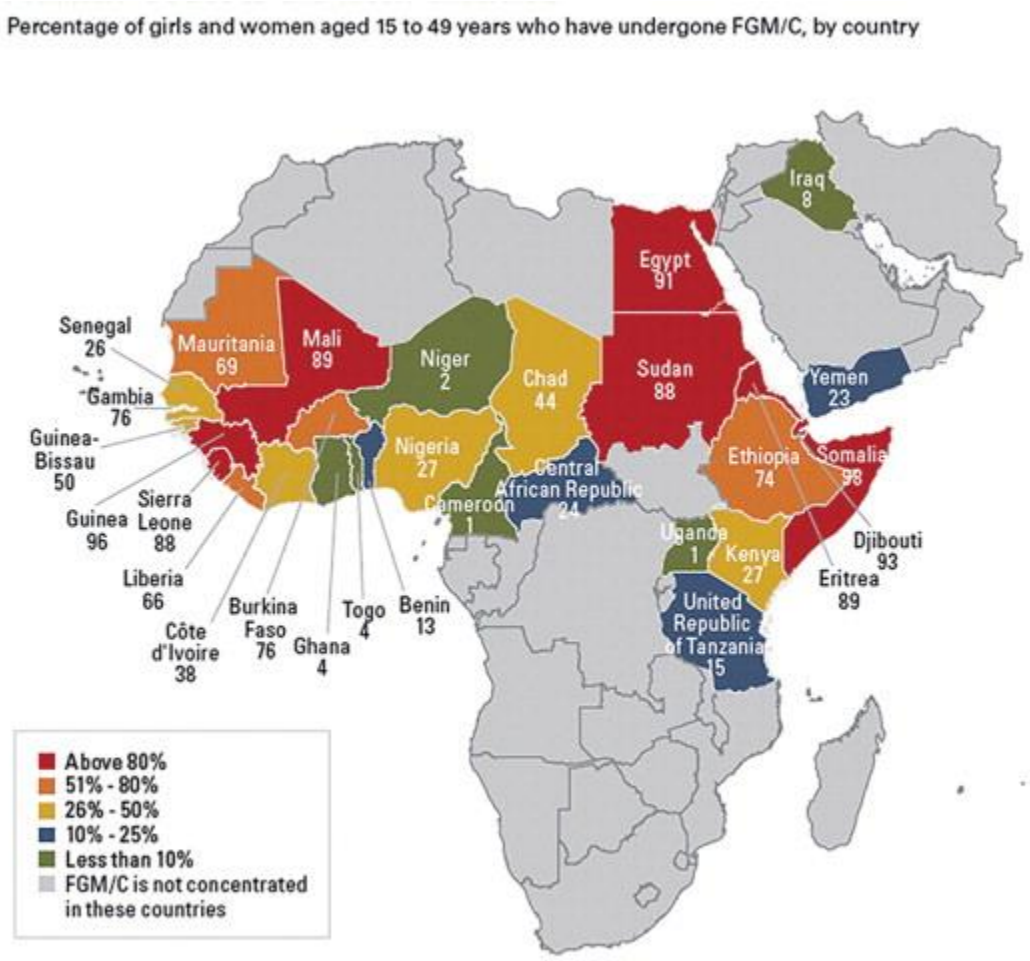


Figure 4: Map showing FGM activity; Source: *Female Genital Mutilation/Cutting (2013): a statistical overview and exploration of the dynamics of change, Reproductive Health Matters, 21:42, 184-190, DOI: 10.1016/ S0968-8080(13)42747-7*

The map in **Figure 4** shows the percentages of girls and women from the ages 15 – 49 in countries with FGM/C activity. Countries in the western and eastern part of Africa, show higher occurrences of the practice. These countries are Egypt (91%), Sudan, Somalia, Ethiopia (88%, 98%, 74% respectively). Western African countries include Guinea, Sierra Leone, and Gambia

(96%, 88%, 76% respectively). The highest occurrence is seen in Somalia with 98% of the individuals surveyed were cut. Two of the Asian countries surveyed (Yemen and Iraq) had 23% and 6% prevalence respectively. PRB also collected data from Demographic Health Surveys (DHS), UNICEF, and Multiple Indicator Cluster Survey (MICS) to look at the trend of FGM prevalence in Egypt, Mali, and Burkina Faso.

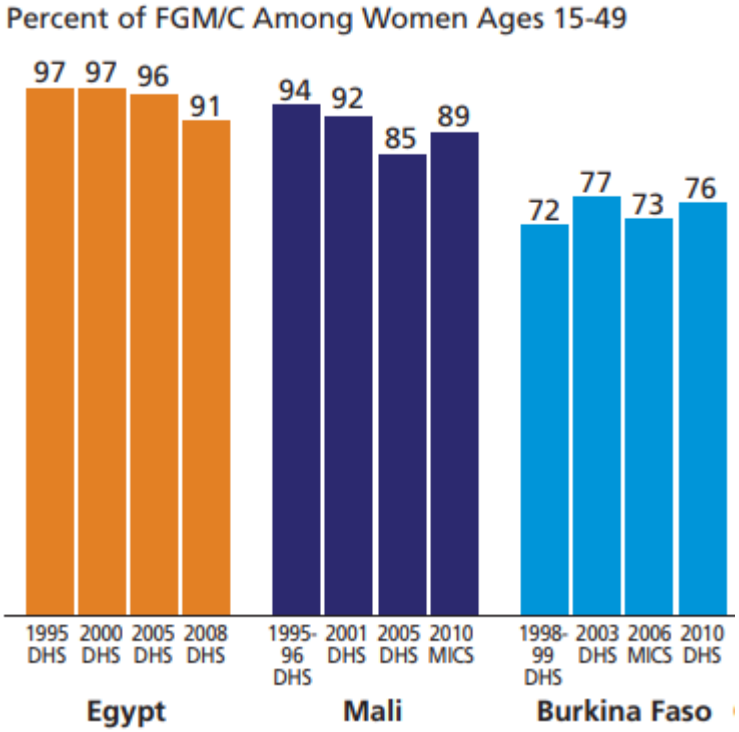


Figure 5: *Trends in FGM prevalence. Source: https://assets.prb.org/pdf14/fgm-wallchart2014.pdf*

There is a little overall decrease in the prevalence of FGM in Egypt and Burkina Faso. In 1995, 97% of the people (ages 15-49) surveyed in Egypt had experienced FGM. This number decreased by only 6% by 2008. It is a small decrease considering the advocacy to end the practice and the number of years (18 years) between the first and last surveyed population. The

prevalence of the procedure in Burkina Faso fluctuates among the years surveyed. Mali, on the other hand, showed a downward trend from the year 1995-2005 and increased in the 2010 survey.

The prevalence across all countries for which data exists appears in **Table 1.**

	Survey/Year		Types of FGM/C (%)			
			Nicked, No Flesh Removed	Flesh Removed	Sewn Closed	Not Determined
Benin	DHS	2011-12	5.6	68.9	12.5	13.1
Burkina Faso	DHS	2010	16.6	76.8	1.2	5.4
Cameroon	DHS	2004	3.7	84.8	4.6	6.9
Central African Rep.	MICS	2010	19.8	70.3	7.0	3.3
Chad	MICS	2010	9.5	80.3	7.2	2.9
Cote d'Ivoire	DHS	2011-12	4.7	71.1	8.7	15.6
Djibouti	MICS	2006	24.9	6.4	67.2	1.5
Egypt	DHS	2008	—	—	—	—
Eritrea	DHS	2002	46.0	4.1	38.6	11.3
Ethiopia	DHS	2005	—	—	6.1	—
Gambia	MICS	2010	0.1	89.0	8.9	2.1
Ghana	MICS	2011	5.2	73.8	7.9	13.1
Guinea	DHS	2005	1.7	86.4	9.3	2.6
Guinea-Bissau	MICS	2010	0.2	83.9	11.8	4.0
Iraq	MICS	2011	—	—	—	—
Kenya	DHS	2008-09	2.3	82.7	13.4	1.6
Liberia	DHS	2007	—	—	—	—
Mali	MICS	2010	14.3	55.1	2.4	28.3
Mauritania	MICS	2011	3.5	68.6	—	27.9
Niger	DHS	2012	7.2	78.4	6.3	8.1
Nigeria	MICS	2011	8.1	48.1	4.4	39.6
Senegal	DHS	2010-11	9.9	52.7	13.8	23.6
Sierra Leone	MICS	2010	1.1	71.9	16.6	10.3
Somalia	MICS	2006	1.3	15.2	79.3	4.2
Sudan	MICS	2010	—	—	—	—
Tanzania	DHS	2010	2.2	90.9	0.7	6.0
Togo	MICS	2010	25.8	64.1	5.2	2.4
Uganda	DHS	2011	—	—	—	—
Yemen	PAPFAM	2003	—	—	—	—

Table 1: Prevalence of Types of FGM in different countries**. Source:** *https://assets.prb.org/pdf14/fgm-wallchart2014.pdf*

As can be seen in Table 1, the types of FGM are described differently than the categories used by the WHO. "Nicked" could be construed as being type 1 or type 4. "Flesh removed" (which corresponds to both Types 1 and 2), is the most prevalent among all the countries except for Eritrea, Djibouti, and Somalia (4.1%,6.4%, 15.3% respectively). These countries have a higher prevalence in "sewn closed" (type 3) which is the most severe. It is more likely that

victims of FGM in these countries suffer from more adverse effects than other countries in Table 1.

Data on the prevalence of the types could not be collected for countries like Egypt, Yemen, Uganda (1% prevalence, see figure 5), Sudan, Liberia, and Iraq. Some have a high prevalence of FGM overall (Sudan, Egypt) while others have relatively low prevalence like Uganda.

Evidence of the Impact on Psychological and Physical Health and Well-Being

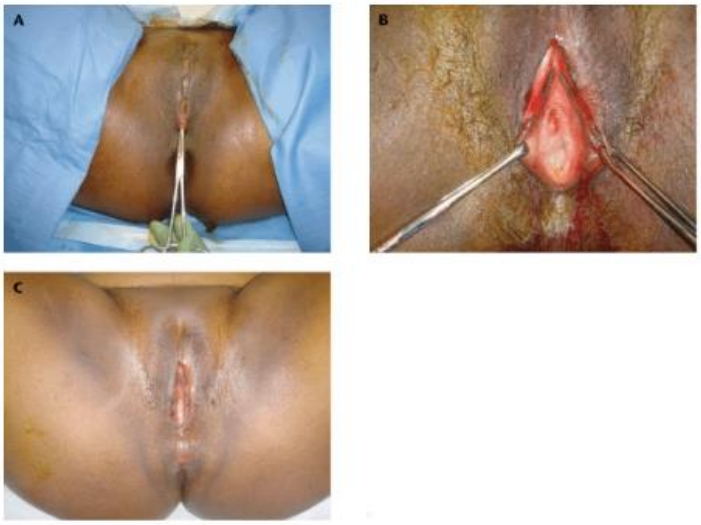
Using different descriptors for categories of FGM confounds the actual prevalence. But, since type 2 and 1 are more common and have less severe health risk than type 3, it is also possible that the majority of the supporters of FGM could have undergone type 2 or 1. In other words, they are at a lower risk of getting the side effects of FGM compared to type 3 victims. This is even though health professionals, activists, and many victims alike want to abolish FGM because of the many adverse health risks associated with it.

Health Risks

According to a journal article by Gayle & Rymer, (2016), FGM has many health risks associated with pregnancy and delivery. This is especially true for most women who have undergone type 3 who are more at risk during pregnancy due to the small opening they are left with (Gayle, & Rymer, 2016). This is more worrisome for developing countries because they have poor obstetric outcomes in general (Gayle & Rymer, 2016). Whitehorn et al., (2002) also found it to cause chronic pain syndrome which could later affect the woman during menstruation as she might have difficulties regulating her menstrual cycle.

Although FGM does not cause miscarriage, it leads to improper management during a miscarriage, especially in women with type 3 (Gayle & Rymer 2016). It makes it difficult for doctors to adequately monitor the process of miscarriage (Gayle & Rymer, 2016). The women would possibly have to undergo de-infibulation (reverse of infibulation-type 3) for the doctors to know the status of the cervix (i.e., whether it is open or closed), and to make sure that the women do not have any leftover biological products of conception (Gayle & Rymer 2016). This can be traumatizing for a woman as she would have to experience the pain of being cut (this time open) all over again. Figure 6 shows photographs of the de-infibulation process.

A different study by Kaplan et al. (2011), found FGM to be the cause of anemia. Other long-term effects these authors uncovered from the analysis of secondary data showed that women with FGM have an increased risk of contracting HIV. The reason is, the same blade is used for all victims during the cutting process, thereby increasing the chance of people contracting the disease. They also found FGM to be linked with infertility which occurs due to infections (Kaplan et al., 2011). An article compiled by Raymond et al. (1997), found that 20-25% of female infertility was linked to FGM complications.



(A) Type III female genital cutting: infibulated scar covering urethra and introitus. A Kelly clamp is placed at the small opening. (B) Defibulation is performed. The urethra and introitus is exposed. A buried clitoris is found. (C) Completed defibulation. The clitoris, labia minora, and majora are visible.

Figure 6: De-infibulation. *Source: Nour N. M. (2008). Female genital cutting: a persisting practice. Reviews in Obstetrics & Gynecology, 1(3), 135–139.*

Psychological impact

As the majority of FGM supporters argue for the inaccuracy of these physical health findings, they also seem to disregard the psychological implications it has on women. Whitehorn et al. (2002) found from their secondary data that FGM has been reported to suppress the ability of the woman to enjoy sex due to the tightening of the vaginal wall which men seem to enjoy (Whitehorn, Ayonrinde, & Maingay. 2002). A feminist might see this as a form of gender inequity. Other psychological implications that WHO (2018) identified include depression, anxiety, post-traumatic stress disorder and low self-esteem (Female genital mutilation, 2018).

A study by Alice Behrendt and Steffen Moritz in 2004, looked at the effect of FGM on the mental health of women in Dakar, Senegal. There were 23 women in the experimental group and 24 in the control group ranging from the ages 15-40. They conducted neuropsychiatric interviews and questionnaires to determine the traumatization and psychiatric illnesses of these

women. During their study, 22 of the participants described their circumcision as “appalling” and “traumatizing” (Alice & Steffen, 2004). They also reported feelings of “intense fear, helplessness, horror and severe pain during their initiation” (Alice & Steffen, 2004). With the information they acquired from the participants, they analyzed their data using psychiatric diagnoses based on the Mini International Neuropsychiatric Interview (Alice & Steffen, 2004). Alice and Steffen diagnosed 80% of the circumcised women with affective or anxiety disorders with 40% exhibiting signs of post-traumatic stress disorder (PTSD). Only one participant in the control group was diagnosed with affective disorder, and it was thought to be linked to her FGM experience.

The results obtained from this study indicate the likelihood of females that have undergone FGM being more susceptible to psychiatric disorders like PTSD and emotional distress. Although this study supports claims made by activists against the practice as well as other journal articles, it cannot be generalized due to the small sample size and in an area with a relatively low prevalence of FGM as shown in Figure 4. The different types of FGM can also trigger different psychological responses. Victims of type 3 are more likely to suffer from emotional distress and sexual displeasure (El-Defrawi, Lotfy, Dandash, Refaat, & Eyada, 2001).

The chronic pain described previously is, itself, also known to increase depression, worthlessness, guilt, reduced social functioning and even suicidal thoughts (Whitehorn, Ayonrinde, & Maingay, 2002).

Cultural Justifications

There has been a lot of controversy and debate over the origin of FGM. Proponents of FGM argue that it is religious while activists against the practice say that it has nothing to do

with religion and it is wholly culture – i.e., a culture that has been embedded and cast as religion. As it is seen under "prevalence of FGM" , it is mostly found in countries that have a high Muslim population. Proponents argue that it is part of the Islamic religion, but the history of the origin of FGM is not known. There are several reasons as to why is it viewed as a religious requirement and/or cultural practice.

Historical Basis

Like all practices currently viewed as human rights violations that were accepted in ancient times, the history and origin of FGM is not fully known. However, there are theories that it originated from ancient Egypt, Greece, and Ethiopia (Nour N. M., 2008) dating back 2000 to 5000 years ago according to the writings of Herodotus, an ancient Greek Historian. According to him, FGM has been in existence since the 5th century B.C. (Elchalal et al. 1999). Herodotus reported that Phoenicians, Hittites, and Ethiopians practiced it 500 years before Christ (Elchalal, Ben-Ami, Brzezinski 1999). In addition to the evidence from Herodotus' writings, Elchalal et al. (1999) reported that a Greek papyrus in a British museum also referenced female circumcision in Egypt before Christ. It appears, then, that FGM preceded both Christianity and Islam, thus proving at the minimum that it did not coincide with the advent of these major religions.

Other Cultural Arguments

FGM, in some communities, is seen as a rite of passage as seen in the Maasai tribe of Quezada county in Kenya (KRWGnews, 2014). The female members of the Maasai tribe are circumcised as they reach maturation. The rite of passage grants the status of maturity, womanhood and in the Maasai's tradition, availability for marriage which cannot occur without

FGM. In the Maasai's tradition, after circumcision, the girl is not allowed to see any of her family members for at least a year (KRWGnews, 2014). FGM or "emirati" as the Maasai people refer to it, as a rite of passage is essential to maintaining the social order and structure of their tribe in the face of encroaching Westernization (KRWGnews, 2014). An old woman who performed the practice in the Maasai community described emirati as an "important" practice that defines their community and each female individual (KRWGnews, 2014). Any female who does not undergo the practice is seen as useless in her community and disregarded as a "spinster" for the rest of her days (KRWGnews, 2014).

In addition to FGM being a rite of passage to womanhood and marriage, FGM is considered a necessary part of raising a girl properly. A girl that is circumcised in a community that holds high standards for circumcision is secluded in order to be taught "feminine roles" such as childbearing & rearing, nutrition and medicinal herbs, etc. (Elchalal et al., 1999). Only circumcised women are granted this privilege. Thus, being circumcised ensures that you're taught skills needed for your survival after marriage. Agreeing to be circumcised also means conforming to societal norms and values, hence, guaranteed acceptance as a member of the society and not being an outcast. FGM is also carried out at an early age to suppress any sexual desires a girl might have and to ensure that she remains a virgin when married. Feminists see this as a violation of women's sexuality and freedom.

Justifications from Faith.

In some societies, members of the community practice FGM because they are taught it is a tradition that is found in Islam and believe, therefore, that it is a duty of their faith to carry out the practice.

About Holy Texts

The Qur'an and Hadiths are the two main sources of Islamic Jurisprudence and is supplemented by Qiyas (analogical reasoning). The Qur'an is the holy book of Muslims that contain God's (ALLAH) words that were recited by the prophet of Islam, Muhammad (PBUH) through the dictation of Jibril (A.S), an archangel of God. Hadiths are narrations and stories about the life of Muhammad (PBUH) initially passed down through generations via oral tradition. It supplements the Qur'an in serving as a guide in any decision Muslims make. Qiyas, on the other hand, is an analogical deduction that aims to weigh and find solutions to issues that are not clear in the Qur'an and Hadiths (Munir, 2014). Muslims believe that any command in the Qur'an is a requirement on them and should be followed. It is believed that instructions that are not in this holy book are not requirements, but it could be *sunna* (optional) if mentioned in a hadith.

What Holy Texts Actually Say about FGM

Female genital mutilation may be mistaken to be an obligatory duty of every female child to fulfill as Muslims because there is no evidence from the Holy Qur'an to support FGM. In an interview with "Let the Qur'an Speak" , Dr. Shabir, president of the Islamic Information Centre in Canada, was asked about the religious view of FGM. His reply was holistic and clearly convincing that FGM is not part of Islam. Surprisingly, male circumcision from what Dr. Shabir said, is not found in the Qur'an either (Let the Quran Speak, 2017). However, male circumcision dates to the era of Abraham (A.S) who was commanded by God to circumcise himself and all his male family members in the Jewish tradition (Let the Quran Speak, 2017). Since, in the Qur'an (Surah Al-Nahl verse 123), Muhammad (PBUH) was commanded by Allah to follow the ways of

Abraham (A.S) unless told otherwise, the concept of male circumcision was adopted. It did not originate with Islam but was required because of Abraham's Judaic faith.

Despite not having any reference in the Qur'an, FGM is still embraced by the faithful because of several hadiths that seem to link it with Islam. Three hadiths are commonly used to support the mutilation of females' genitals. Below are the hadiths with the reasoning behind their use:

- One Hadith on Ghusl concerns when "circumcised" sexual organs meet. A family member who is very knowledgeable on the Qur'an, hadith, and *Fiqh* (a body of Islamic law) was interviewed. He agrees that FGM is not found in the Qur'an, but there are hadiths that support the practice which is an uncontestable fact. He quoted the hadith " إِذَا الْتَقَى الْخِتَانَانِ وَ جَبَ الْغُسْلُ," which he translated as if two circumcised organs meet regardless of the release of semen and or vaginal discharge, then ritual bathing (ghusl) is required. He argued that if circumcision was not a necessity for women to undergo, then the prophet (PBUH) would not have used the Arabic word "الْخِتَانَانِ" which means circumcised ***organs.*** He interprets this **plural** form of "organs" as applying to the sex organs of men AND women. However, according to an article by Munir (2014), the definition of "الْخِتَانَانِ" in the Arabic language means "sexual organs" – i.e., as belonging to the man only. Munir (2014) argues that the word is taken out of context because it should be used to "describe the predominance of the male sexual organ which is circumcised" (Munir, 2014). He went on further to argue that some scholars term this hadith as weak and cannot be used to make a ruling on such inhumane practice (Munir, 2014).
- A second hadith is among the most cited hadiths by FGM proponents:

> *"Umme 'Atiyah, a female companion of the Prophet, who says that there was a lady in Medina who used to circumcise girls. The Prophet said to her, "do not cut off too much as it is a source of pleasure for the woman and more liked by the husband."* (Munir 2014)

However, the narrator of this hadith is said to have had other hadiths that are of less authenticity and supposedly was crucified for by a Caliph (title for Islamic ruler) for fabricating a hadith (Munir, 2014). Also, the hadith mentions that the prophet advised the woman not to cut all the clitoris as it is a source of pleasure for the woman and desired by the man. Male opponents of FGM fear that they might sin for not allowing their daughters to enjoy sex during marriage. Although it might be used to support FGM, it is in fact evidence that the clitoris of a woman should remain intact as it is beneficial for both her and her partner. Conversely, the family member I interviewed said, when asked about this hadith, "if female circumcision is not part of Islam, then why didn't the prophet prohibit it?" His argument was because the prophet of Islam did not stop the woman but instead advised her, FGM is essential, and girls should be circumcised. This hadith has been reported to be lacking validity (Munir 2014), and thus it is not a reliable source to base the legitimacy of an inhumane practice on it.

- The third hadith FGM supporters cite is "circumcision is a sunnah for men and a source of respect for women" (Munir 2014). This hadith again, according to Munir (2014) is unauthentic. Islamic laws, rules, and regulations cannot be based on weak narrations. Moreover, this hadith emphasizes respect for women, but what is the importance of this respect if it is causing harm to women? As the hadith is considered unauthentic and has a lot of fallacies (Munir 2014), it cannot be used to determine any rule in Islam.

Thus, FGM is only vaguely described in holy texts and subject to various interpretations, even by devout Muslims.

Conclusion and Discussion

This paper reflects an interdisciplinary exploration of the origins of Female Genital Mutilation. The purpose of the review was to investigative if FGM was religious or cultural. After careful analysis, research and interviews, the origin of FGM cannot be entirely determined but it appears to precede both Christianity and Islam. From the prevalence and demographics of the practice, many would view it as grounded in faith because of the predominantly Muslim populations overlapping geographical prevalence. Yet, many other predominantly Muslim areas of the world do not practice FGM.

The evidence used to support FGM as Islamic is extremely weak. Oral narrations can be altered from generations to generations. People's thoughts and beliefs are incorporated that sound more like their beliefs than the words of the original narrator. Based on my research, FGM did not originate with Islam, and the leading Islamic jurisprudence (Qur'an) has no evidence of it. Thus one conclusion is that it cannot be religious.

For people who say FGM is part of their family tradition, culture, or their identity, and not necessarily grounded in faith, there is substantial evidence that FGM causes harm to women in terms of physical health, mental health, and human sexuality. As such, it can be viewed, fundamentally, as the worst form of child abuse, sexual abuse, and sexual assault. There have been a lot of heated debates on whether it is culture or religion, with people using various sources to justify the practice. However, the question that should be concerning to us and worth debating over is "How do we abolish this abuse and sexual assault of women by other women?"

A practice that murders infants, girls, at the age of seven or even less should not be justified. It should be abolished! The fact is, FGM is about oppressing women and their bodies. It is about controlling their sexuality, and that is a global issue, not a religious or a cultural issue.

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