

Reflecting on the Language We Use

The word mutilation turns any question on female genital procedures into a non-starter and stigmatizes doctors, women and faith communities



BY ROSIE DUIVENBODE

PICTURE A YOUNG MUSLIM WOMAN FLYING TO THE U.S. TO attend an *Islamic* bioethics program at a time when the country is facing its first-ever federal female genital mutilation (FGM) case. Interesting? Now, add to this that the physician charged in this case is a Muslim. Well, I was that woman flying to the U.S., and the summer of 2017 proved to be a potent catalyst for changing my perspectives on FGM and some deep learning.

While many of my previous convictions have been challenged, let's start with the two that I feel are the most important to share. First, before this case came up, I had considered any form of cutting done to the female genitals as "mutilation." No doubt, many of you can relate. Second, I had wholeheartedly adopted the slogan "Islam has nothing to do with FGM — it's a cultural practice" and then gave it no further thought.

As I expect this to be an uncomfortable read for most, I want to emphatically state that I neither endorse nor consider these procedures harmless. That said, my research findings led me to reexamine my previously held attitude and beliefs about their place within our tradition. What follows is intended to spur an informed, constructive conversation about female circumcision within our community.

THE FIRST FEDERAL FGM CASE IN U.S. HISTORY

Dr. Jumana Nagarwala, an emergency medicine physician from the small (Shi'a) Dawoodi Bohra sect, was arrested in April

2017 for performing genital procedures on two minor girls at a Detroit outpatient clinic (<https://www.nytimes.com/2017/06/10/health/genital-mutilation-muslim-dawoodi-bohra-michigan-case.html?mcubz=1>). She maintains that this procedure is a religious ritual that involves the superficial removal of tissue from female genitalia. Over the past months, other girls she reportedly performed the procedure upon have been identified. Many individuals and organizations, both Muslim and non-Muslim, have condemned the practice in the media, and state legislators in Michigan and Minnesota have passed stricter laws against it.

IS "MUTILATION" THE PROPER TERM?

After several months of researching the topic, its bioethical implications and religious connotations, I now advocate that the public media, academicians and Muslim community leaders discard this loaded term to describe all such procedures. Many scholars from various disciplines have argued their case before me, and several terms have been proposed: female genital cutting (FGC), female genital surgery (FGS), female genital alteration (FGA), and others.

But before you choose your favorite term, let me tell you why.

First, there are many types of female genital surgeries, some of which have no credible evidence to support the assertion of long-term physical harm. The ritual nicking of the clitoral hood, which Dr. Nagarwala most likely performed, is one of them (Committee on Bioethics. "Policy Statement: Ritual Genital Cutting of Female Minors." *Am Acad Pediatr*. 2010;125(5)).

Second, and this may seem counter-intuitive, some women are active proponents of various procedures on the grounds that they find meaning in the associated religious or cultural rituals or support its continuation for aesthetic reasons. In some local languages, the relevant procedures are referred to as "genital cleaning" or "genital beautification" (The Public Policy Advisory Network on Female Genital Surgeries in Africa. "Seven Things to Know about Female Genital Surgeries in Africa." *Hastings Cent Rep*. 2012;(6):19-27). For some women, the suggestion that their bodies are mutilated is a real stigma (F.S. Ahmadu and R.A. Shweder. "Disputing the Myth of the Sexual Dysfunction of Circumcised Women." *Anthropol Today*. 2009;25(6):14-19).

Third, the recent rise in plastic surgeries done on female genitalia, which demonstrate considerable similarity to some of the religio-cultural rituals classified as mutilation, brings up the question of why we use that word to refer to one and not the other (J. Boddy. "The Normal and the Aberrant in Female Genital Cutting: Shifting Paradigms." *HAUJ Ethnogr Theory*. 2006;6(2):41-69).

In sum, the language we use is important. The word mutilation turns any question on female genital procedures into a non-starter and stigmatizes doctors, women and faith communities. If we want to have an open dialogue and listen to those who accept these practices, then we need to use neutral words. Therefore, I will now refer to all such procedures as female genital cutting (FGC). The term FGM will come up only when I refer to the position of others who do use this term.

OUR SLOGAN OF "ISLAM HAS NOTHING TO DO WITH FGC" IS ARGUABLY CAUSING CONFUSION AMONG MUSLIMS AND NON-MUSLIMS ALIKE. IN ADDITION, IT INHIBITS CRITICAL MORAL REFLECTION WITHIN OUR COMMUNITY. IF WE WANT TO REFORM OUR TRADITION, WE CAN'T START BY ALIENATING SEGMENTS OF OUR COMMUNITY OR WHOLLY DISCREDITING TRADITIONAL ISLAMIC LEGAL SCHOLARSHIP AS "UN-ISLAMIC" WITHOUT A CAREFULLY REASONED RE-ANALYSIS OF SCRIPTURE AND TRADITION.

THE WHAT, WHEN AND WHERE OF FGC

Female genital cutting, while less practiced than male circumcision, is performed in

many countries and communities. Both the nature of the modification and the age at which it takes place can differ greatly. Procedures are generally classified according to one of the four types described by the WHO (see table 1) and are performed from infancy until late adolescence. According to the above-mentioned Public Policy Advisory Network on Female Genital Surgeries in Africa, an estimated 90 percent of these procedures would be considered type I or type II, with infibulation making up only 10 percent.

Table 1: WHO classification of FGC
(www.who.int/reproductivehealth/topics/fgm/overview/en)

Type I (clitoridectomy)	Partial or total removal of the clitoris and/or the prepuce (clitoral hood).
Type II (excision)	Partial or total removal of the clitoris and the labia minora, with or without the labia majora.
Type III (infibulation)	Narrowing the vaginal orifice by appositioning the labia minora and/or the labia majora, with or without the removal of the clitoris.
Type IV	All other procedures on the female genitalia such as pricking, piercing, incising, scraping and cauterization.

The most recent UNICEF estimates contend that 200 million women have undergone FGC worldwide (https://data.unicef.org/wp-content/uploads/2016/04/FGMC-2016-brochure_250.pdf). It is practiced in several African countries, as well as in Asia, the Middle East and their respective migrant communities in the West. The rationale for it can differ greatly. For example, aesthetic considerations and notions of gender identity underlie many African traditions. Some procedures are performed to ensure chastity. Yet other communities, the majority of which are Muslim, view it as having religious roots.

DOES FGC HAVE ANY RELATIONSHIP WITH ISLAM?

Most surprisingly, my experience ended my adopted slogan that “Islam has nothing to do with female genital procedures.” In contrast to popular Muslim belief, both in the West and in many Muslim-majority countries, FGC is not *entirely* foreign to Muslims or Islam. Many Muslims in the U.S. have been asserting “FGM” has nothing to do with our religion, and under no circumstance do Islamic scholars allow mutilation. Upon closer inspection, however, a specific form of FGC can be found in our legal tradition, and our co-religionists practice several forms out of religious conviction.

Let’s take the current Dawoodi Bohra case as an example. Their members perform a form of circumcision on both boys and girls for ritual purity. Often referred to as *khatna*, it consists of making a cut or a tiny excision in the prepuce (the anatomical equivalence of a boy’s foreskin). This community sources the procedure (similar to male circumcision) within Islamic scripture, an interpretation they support by referring to various hadiths and the traditional stances of both Sunni legal schools and Shi’a scholars who seem to have permitted it.

Several legal manuals and classical scholars from all four Sunni legal schools refer to female circumcision and generally allow or recommend it (N.H.M. Keller, “Reliance of the Traveller, Ahmad Ibn Naqib Al-Misri.” 1997 and M. Munir, *Dissecting the Claims of Legitimization for the Ritual of Female Circumcision or Female Genital Mutilation (FGM)*. *Int Rev Law*. 2014;6). What they describe as female circumcision seems to be limited to a type 1 procedure, often specifying the removal of the prepuce only (V. Risplet-Chaim, *Circumcision*. In

“Islamic Medical Ethics in the Twentieth Century.” 1993:84-93). These positions are supported by several hadiths, which are located right at the center of debate and criticism by modern scholars and activists (K. Ali, “Reduce But Do Not Destroy”: Female “Circumcision” in Islamic Sources. In “Sexual Ethics & Islam.” 2006:97-111).

Moving from scripture to practice, consider this: More than half of the estimated 200 million women who have undergone FGC live in Indonesia, Egypt and Ethiopia. In many countries where FGC is practiced, its prevalence is highest among Muslims (United Nations, G.R. Gupta. “Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change.” *Reprod Health Matters*. 2013;21(42):184-190). In fact, it is frequently posited the majority of these women are Muslim (S.A. Aldeed Abu-Salieh. *Muslims’ Genitalia in the Hand of the Clergy, Religious Arguments about Male and Female Circumcision*. In: Denniston, ed. “Male and Female Circumcision.” Kluwer Academic/Plenum Publishers; 1999:131-171). Given these statistics and our scholars’ traditional position, can we confidently say that all of these people have completely misunderstood their faith, or is the relationship between FGC and Islam more complex than that?

My research seems to suggest that one form of FGC — albeit a minimal procedure with no established long-term physical harm — is sourced within our tradition and is observed by many contemporary Muslims. Unfortunately, many of us neglect this inconvenient truth and thereby risk marginalizing classical scholars and stigmatizing groups within the community. Truth be told, perhaps this is one path to eradicating FGC within the “house of Islam.” But is it the most appropriate and candid one?


Our slogan of “Islam has nothing to do with FGC” is arguably causing confusion among Muslims and non-Muslims alike. In addition, it inhibits critical moral reflection within our community. If we want to reform our tradition, we can’t start by alienating segments of our community or wholly discrediting traditional Islamic legal scholarship as “un-Islamic” without a carefully reasoned re-analysis of scripture and tradition.

Just as the word mutilation silences any informed debate on the harmfulness of the various types of genital surgeries, proclaiming that Islam has “nothing to do with FGC” closes all doors for deliberation and debate over this controversial practice’s legitimacy within our religion.

THE SPACE NEEDED

Being constantly under attack in an increasingly hostile Islamophobic society does not leave much space for critical reflection and makes researching such controversial topics difficult. While the pressure to deny any link between Islam and FGC is understandable, it might not be the best approach for us to take.

What we need most of all is honest and open intracommunity dialogue and systematic research into this practice’s history and religious roots, as well as how we should reform Muslim practices and Islamic legal scholarship authentically. As a prerequisite to beginning any such discourse, however, we need to use neutral terminology so as not to alienate and marginalize anyone. We also have to be open-minded and willing to have our pre-existing beliefs challenged as regards what these procedures mean to people and what their links with Islam are.

I think it’s valuable for our community to engage in this admittedly difficult endeavor. Hopefully, we will be given enough time and space to do so. The current federal FGM case proves that this conversation is not just relevant for the global public health agenda, but also for Muslims living in Western countries. Dr. Nagarwala’s trial, initially scheduled to start on Oct. 10, 2017, has been postponed until further notice. 

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