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Female genital mutilation: multiple practices, multiple wrongs

Michael Dunn

Sitting down to write this editorial on 6 February, the Global 'Day of Zero Tolerance' for female genital mutilation (FGM), it feels somewhat disconcerting to be introducing a feature article arguing for a 'compromise position' towards a practice that is widely accepted as abhorrent. Indeed, I'm sure many of the journal's readers will share my intuitive response that there is little scope for ethical disagreement on this issue, particularly in light of recent evidence that suggests that at least 200 million girls and women alive today have been subjected to this practice.[1] Here, I introduce the collection of papers on FGM in this issue, expanding briefly upon the main arguments and counter-arguments put forward. The main argument is controversial, but its airing on the pages of the journal has a clear purpose: by subjecting FGM in its many forms to ethical analysis, we will be in a stronger position to develop and tailor interventions that function to prevent indefensible practices of this kind.

Arora and Jacobs's paper has a number of complementary aims. They begin by seeking to re-characterise FGM[i] practices by introducing a typology based on the functional impact of the procedure. They go on to argue against prohibiting procedures that have no lasting effect on morphology or function if performed correctly (which they refer to as 'Category 1',[ii] or the *de minimis* category, of FGM procedures), and that they believe would include such practices as making a small nick in the vulvar skin. Categorically, Arora and Jacobs are not arguing that all forms of FGM ought to be permitted; their claim is that prohibiting de minimis procedures will allow for cultural values in communities to be shown appropriate respect, whilst simultaneously enabling successful interventions to be taken to prohibit other FGM procedures that have long-term harmful consequences for the individual concerned. Whilst this proposal might look radical, it actually follows a well-trod pathway in public health policymaking whereby harm reduction strategies are adopted to address the harmful consequences associated with certain human behaviours.

The three commentaries focus on both empirical and ethical concerns with this proposal. In empirical terms, questions are raised about whether, in practice, the aims of harm reduction would be met. Macklin points to evidence about cultural attitudes that suggests that those who endorse and practice FGM would not be motivated to shift their behaviour towards less harmful procedures. Shahvisi concurs, drawing on anthropological research to suggest that Arora and Jacobs' strategy would face significant difficulties when applied in some cultural contexts.

The ethical objections to Arora and Jacobs focus on the inadequacy of an argument that is focused on the degree of harm that FGM causes to the females involved. Objections of this kind are written into public policy statements,[2] [3] which link the wrongfulness of FGM to a fundamental human rights violation that transcends any attempt to differentiate between types of FGM, and which seeks to design interventions that completely eradicate the practice. In her commentary, Macklin agrees with Arora and Jacobs that the *de minimis* category of FGM should not be considered as a human rights violation. The incongruity here need not trouble us so much; it is likely to be merely indicative of the fact that the assertion of human rights-based arguments can often function to muddy, rather than clarify, the terms of the ethical debate. Indeed, when we look in closer detail at the arguments developed by Macklin and relevant international agencies, we see the same central ethical concern being rehearsed: that FGM reflects and propagates problematic gender norms within some societies in ways that increase discrimination towards, and the exercise of control over, females.

Whilst Arora and Jacobs dispute this constitutive relationship between FGM and gender oppression, the concern that adopting a compromise position would set back political attempts to address gender discrimination looks to be worthy of further attention. However, I take it there is a strong sense that we want to explain the wrongfulness of FGM in terms of what the practice involves for the specific girl or woman concerned, not merely because of what it symbolises or because of its wider relationship with gender justice in societies. Given Arora and Jacobs' arguments, it is important to consider whether we can capture this individual-level wrongfulness in ways that apply to cases where the procedure causes no pain or distress, or has no long-term medical consequences. Earp looks to develop such an account when he argues that a person's genitals might have a special psychosexual significance. However, for Earp this significance still boils down to (future) harm-related considerations: nonconsented procedures on genitalia are likely to be experienced as especially harmful by a person later in her life.

Whilst Earp's argument here picks up something significant about the diachronic nature of the subjective experience of harms, it does not quite capture other ways in which FGM wrongs (rather than harms) the individual on whom it is performed. Here, one might helpfully look for guidance towards those arguments that have sought to clarify the wrongs associated with rape. In an important contribution in this literature,[4] the special interest that a person has in her 'sexual integrity' is outlined: a central component of a person's interests that is worthy of respect because of its fundamental relationship to personhood, rather than because of the value the person places upon sex or sexual activity in her own life. On this account, rape is "very wrongful for violating what we are" (*ibid*, p.390). Whilst further work would be needed to clarify the conceptual connection between the ritualistic practices of FGM and female sexual identity, and between the notion of personhood and a conception of individuals' 'central' interests, it is fruitful to think that this line of reasoning might be extended to provide an additional account of the wrongdoing involved in FGM procedures of all kinds.

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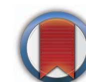

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[i]Arora and Jacobs prefer to use the concept of 'female genital alteration' (FGA) on the grounds that it conflates all procedures that alter a female's external genitalia. However, given that 'FGM' is the most commonly adopted and accepted expression in the public sphere, I use this term in this editorial.

[ii]Note, for the avoidance of doubt, that this categorisation differs from the Type I, II, III and IV classification system endorsed by the WHO.

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