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FEMALE CIRCUMCISION IN AFRICA CONTROVERSY: ANTHROPOLOGICAL PERSPECTIVE

AFRİKA'DA KADIN SÜNNETİ TARTIŞMASI: ANTROPOLOJİK YAKLAŞIM

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ABSTRACT: According to the World Health Organization, there are some cultural, historical and religious reasons underlying the practice in the regions where FGM is practiced. But, the discussions about the application mostly belong to the last years. The application takes place by removing the external genitalia of women partially or completely from these parts for religious, cultural and even therapeutic reasons. Although there are cultural and religious reasons behind female genital mutilation, the practice can significantly harm women, causing complications such as widespread infection, infertility, and increasing the chances of spreading diseases such as HIV-Aids. The tradition gained public notoriety, particularly with the popularization of a related story about African rituals in which FGM was challenged as a form of women's rights violence. From an anthropological perspective, probably the biggest complication in the custom of FGM is the belief, defense, and practice of the phenomenon by a large proportion of women. In this study, female circumcision is examined with an anthropological approach by making a literature review.

Keywords: Female Genital Mutilation, Cultural Relativism, Ethical Relativism, Anthropological Perspective.

ÖZ: Dünya Sağlık Örgütü'ne göre Kadın Sünnetinin (FGM) uygulandığı bölgelerde uygulamanın altından yatan bir takım kültürel, tarihi ve dini nedenler bulunmaktadır. Fakat uygulama ile ilgili tartışmalar çoğunlukla son yıllara aittir. Uygulama, kadınların dış cinsel organlarının dini, kültürel ve hatta tedavi edici nedenlerle kısmen veya tamamen bu kısımlardan çıkarılmasıyla gerçekleşmektedir. Her ne kadar kadın sünnetinin arkasında kültürel ve dini nedenler yatıyor olsa da bu uygulama kadınlara önemli ölçüde zarar verebilir ve bu zararlar yaygın enfeksiyon, kısırlık gibi komplikasyonlara neden olabilir ve HIV-Aids gibi hastalıkların yayılma şansını artırabilir. Gelenek, özellikle kadın sünnetine bir tür kadın hakları şiddeti olarak itiraz edildiği Afrika ritüellerine ait ilgili bir hikayenin popüler hale gelmesiyle kamuoyunda ön kazanmıştır. Antropolojik perspektifte, muhtemelen kadın sünneti töresindeki en büyük komplikasyon, kadınların büyük bir kısmının bu fenomene inanması, savunması ve uygulamasıdır. Bu çalışmada, literatür taraması yapılarak kadın sünneti, antropolojik yaklaşımla incelenmektedir.

Anahtar Kelimeler: Kadın Sünneti, Kültürel Görelilik, Etik Görelilik, Antropolojik Yaklaşım

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1. INTRODUCTION

According to the report, which was published by The World Health Organisation in 2011, Female Genital Mutilation (FGM), in regions where it is practised has sound cultural, historical, and (in some regions) religious roots. However, this tradition has attracted a number of controversies in the past three decades. The discourse relates to the practice itself and the procedures that are employed in removal of external genitalia of females either partial or total or any sort of mutilation done in these parts due to religious, cultural, or even therapeutically reasons. The tradition got public notoriety when a related story got popular particularly belonging to African rituals in which female circumcision was objected as a kind of violence of female rights (WHO 2011).

There are a number of reasons of FGM including religious, cultural, and social factors within families and communities. (WHO 2011). In this paper the term culture connotes to the beliefs, customs, way of life, social organisation, and arts of a community. In anthropological perspective, probably the major complication in morality of female circumcision is that a large group of females believe, advocate, and practise this phenomenon.

FGM can cause significant medical harm to women, and may produce complications for instance widespread infection, infertility, and increase chances of propagation of disease such as HIV-Aids (Andersson, *et al.*, 2012). Furthermore, also some anthropologists such as Larson 2002 argued that few perils such as FGM have overly been exaggerated in general public perception. Therefore, many a times an individual perceives that Africans, particularly African women, are passive victims of their personal patriarchy and ignorance. They are devoid of any possible joy, erotic etc. Such perceptions are actually based on a cultural relativistic rhetoric.

Cultural relativism has been used as theoretical lens by a number of scholars such as Krause and associates (2011) and Costello and associates (2013) to approach FGM. These experts have been objected to condoning FGM in their ethnicity, gender, and political economic analyses of FGM practices (Krause *et al.*, 2011). There are a number of causes of FGM practices. The most significant context is its deep roots in traditions, for instance in Africa if a girl is to be married, she must be “pure”, and by practising FGM a girl can gain higher level of purity. Such beliefs lie in the gender identities and reflect that FGM make a woman feminine. Furthermore, in many African regions for example in Somalia if a girl has not undergone FGM she will not be able to marry and consequently bringing shame to

the girl and her family. It also has financial consequences because the girl fails to bring in bride's dowry and thus a loss in family income (Costello *et al.*, 2013).

Often another reason for FGM is emphasised that men use FGM as a tool to overpower and control women. Men (who believe in FGM) support FGM practices, because they believe that female sexuality is dangerous thus must be controlled. Religious aspects of FGM are worth noting. Many Muslim FGM advocates these practices on religious grounds although there is no mention of FGM in Koran. Furthermore, considering officially recognised Islamic countries for example Iran, Saudi Arabia, etc. FGM is not practiced officially. Some Christian communities in Africa also found to be advocating FGM. Therefore, religious justifications of FGM are very weak based on the analyses of doctrinal sources in those religions (Rouzi, 2013).

2. DISCUSSION

2.1 CULTURAL RELATIVISM AND ETHICAL RELATIVISM

The concept of relativism can be further clarified by highlighting the difference between ethical relativism and cultural relativism. According to (Rai and Holyoak, 2013) cultural relativism is opposing ethnocentrism, and implies that public behaviour in one culture must not be evaluated using the standards of other cultures. The argument also produces various problems. Cultural relativism, at its most extreme, establishes that there is no universal, international, or superior morality, thus every moral and ethical rule belonging to all cultures has equal respect. On the other hand, contemporary human rights activists challenge several aspects of this concept. For example, the Middle East and Africa people practice FGM under the concept that it reduces the sexual pleasure of females and consequently minimises the likelihood of adultery (Renteln, 2013).

Women rights activists have protested against such practices by arguing that FGM and similar traditions violate fundamental human rights particularly the right of one's sexuality and disposition over one's body. Cultural relativism connotes that every culture has distinct standards, values, and associated practices which must be respected. Whereas some anthropologists argue that problems emerging from Relativism concept can be resolved through distinction of moral and methodological relativism. According to these anthropologists, cultural relativism is a methodological position and not a moral one (Downing, 2013). Cultural relativism requires us to understand other culture fully by carefully seeing how people of that culture see society, their motivations, their way of thinking, and their ways of those things. This approach not necessarily precludes moral judgments and consequent actions. For example, if an anthropologist is considering Nazi

atrocities, under methodological relativist concept he/she has moral obligations to ignore anthropology and provide interventions. But FGM is a different case, and an anthropologist must understand people's motivations for FGM by understanding the situations through point of view of people who are practising it (Braun, 2014). Only after doing this an anthropologist can question the morality of advocates of FGM and consequently decide if he/she should provide an intervention to stop it. Anthropologists must also acknowledge that different groups and people belonging to same society, such as different genders, different age groups, may have wide differences in their views regarding morality of an issue such as FGM (Nnamuchi, 2012).

The human activists particularly women rights advocates invoke the idea of human rights based on realm of justice and morality is superior to the customs and of laws any particular country, culture and/or religion (Carpenter, 2013). Such human rights include freedom of speech, freedom to follow religious beliefs without persecution, and right to be protected from being injured, murdered, or enslaved imprisoned without charge. These rights are justly unchallengeable i.e. a nation/culture cannot terminate them because they are universal and larger and superior to individual cultures and nations. Four United Nations documents define approximately every human right that should be recognised and implemented internationally. These documents are the Universal Declaration of Human Rights, the U.N. Charter, the Covenant on Civil Political Rights, and the Covenant on Economic, Social and Cultural rights (Carpenter, 2013).

Child labour, divergent sexual practices, breast ironing, and FGM are some examples of practices that emerged from the customs and tradition in some cultures and are considered ethical and acceptable in these cultures. While in other cultures, the same practices have no origin in customs or traditions and thus they are unethical and unacceptable. Considering the literature available in the field of anthropology, anthropologists and social scientists, find that there is abundance of such practices. Lutkehaus and Roscoe, (2013) argued that the diversity of cultures around the world is endless. Some other examples that have opposing moral values in different cultures are wife and child battering, cannibalism, infanticide, and polygamy. In our world there are some cultures or subcultures that justify such practices on moral grounds. However, Western cultures, in general regard such practices as illegal and immoral. Thus, this study establishes that there are different ethical standards in different cultures regarding various matters and practices (Lutkehaus and Roscoe, 2013).

Thus, the controversy of FGM is re basically underpinned on the conflict between ethical relativism and cultural relativism, because ethical relativism tends to make controversial claims. Ethical relativism concept connotes that there is relativity in all ethical

standards up to a degree that there cannot be a single, universal set of values or standards. Yet, ethical relativism, argue that some practices cannot be justified even if there are differences in one culture with respect to others and thus it could pursue such practices on the bases of those differences. The claims of ethical relativist are beyond observation and predict that all ethical standards irrespective if culture, customs, and religions must be relative (Mulongo, McAndrew, and Hollins Martin, 2014).

Anthropologists argue that cultural relativism ignores ethical relativism and ethical relativism acknowledges the notion of right and wrong or good and evil while evaluating a practice in a culture such as FGM. On the other hand, ethical relativists discredit any moral judgements based on cultural standards to justify such practices even they acknowledge that ethical standards in any particular culture emerge out of the cultural standards and vary from one culture to another culture. The difference between the judgements of anthropologists regarding FGM practices is credited to the difference in the evaluation perspectives (Boyden, 2012).

3. THEORETICAL INTERPRETATIONS ON FGM

There have been a number of interpretations of FGM practices in accordance with cultural perspective, feminists' perspective and others as well. Each of these perspectives have important implications in the way FGM have been judged and dealt by anthropologists. Following are some most common approaches and their implications on FGM practices.

3.1 FGM AND CULTURE

There are number of social factors that affect FGM practices, among which family is of course, the primary factor but the media also plays a significant role in the perceptions of common public regarding gender roles in a community. Numerous agencies are employing human rights messages for example FGM is a violation of rights of women and girls yet the training lacks easy-to-understand information about the rights being violated, the conventions of human rights, and the level of safeguard that should be provided to those human rights (Wade, 2012).

The body and gender sociology may the most appropriate factor to be considered first. Manhood significantly differs from feminineness for example definitions of man and women, and definition of male and female. Furthermore, the sexual differences among men and women also affect the body and gender sociology. Nonetheless the significant point here is that gender distinctions and characteristics are not universal except for those based on biological differences. Furthermore, the perception of healthiness, attractiveness, and

normality also differ from culture to culture. Every culture has different perception of physical health and existing diseases also have close relationship with the environment at local and global level. These perceptions also change over time. Giddens (1993) argued that religion, customs, and traditions also have deep influences on the perceptions and should be studied within the cultural and social contexts because they generate some sort of unspoken agreement upon various values and attitudes in a society with respect to genders. According to Bourdieu's theory of the practice, FGM is treated as a practice within local cultural context that serves to build female gender identity (Rai and Holyoak, 2013).

Clarke, (2013) also highlighted the development of behavioural differences through social learning with respect male and female identities in different societies i.e. masculinity and femininity. Gender socialisation acts as a support term that drives the perception of a person regarding his/her gender and consequences of those perceptions. Culture being an important factor also affects the traditional views regarding gender differences. The Gender role is a term that refers to how a person grows into his/her gender and it has significant impact on the gender identity of a person. If a person objects on these socialisation processes it is highly likely that the community would give string reaction. This is because the community expects men and women to behave in particular ways. A person faces these expectations everywhere regarding his/her actions and reproduces them.

Bourdieu (1994) argued that body of a person is a symbol of his/her society and/or culture that she/he lives in. Since the body is an expression, therefore an individual is a social cell that must replicate and remain compatible to maintain this social order. The human habit to use body as an expression of social belonging, identity, and cultural affirmation has deep roots in a society. Therefore, FGM can be recognised as a symbol of culture of a person.

Bourdieu (1994) pointed out that culture body "naturalises" the social body by making it realistic, self-evident, and affectionate. Human habit is a mental emotional system which drives human behaviour to act naturally without any reflections and this is how external social structures incorporate themselves into subjective principles. He also observed that habit also serve as an allocation system as a product of biographical experiences of individuals. Bourdieu also mentioned that the changes in behaviour and social structures occur when practicable behaviour transforms into critical reflection, and different people exploit different opportunities in changing respective habitus (1994).

The practice theory of Bourdieu probably explains the interaction between individual agents and social structures. It is primarily based on different categories and classes. Thus, an explanation for the recreation conducted by the people under the social

conditions that they are interacting with, regarding gender relations. In context of Bourdieu theory, FGM is a symbol of a patriarchal culture's domination over body of a woman (Bourdieu, 1994).

3.2 OPINIONS OF VARIOUS ANTHROPOLOGISTS

According to Bui (2012), people should make effort to abolish the FGM practices throughout the world. Bui (2012) also argues that FGM practices are violation of women rights on whom they are performed. Furthermore, the author argued that FGM is a symbol of men's intention to subjugate women and unequal treatment as humans. Salmon contents and advocates that FGM practice is an immoral and there is a need for anthropologists to follow moral relativism concept and identify FGM as fundamentally ill founded. On the contrary Elliott P. Skinner (1995) object on feminists who are working to stop FGM practices and accuses them of being ethnocentric. Skinner argues that African women are on their free will participating in FGM practices similar to the male initiation practices in Africa. FGM transform a girl into an adult woman. Skinner also rejects the argument that FGM practices are a symbol of men's efforts to subjugate women. He argued that feminists did not understand it correctly. Instead, Skinner (1995) argued that Africans communities were supporting FGM as a symbol of resistance to while domination.

Hayford and Trinitapoli, (2011) argued that there is an obvious motivation for anthropologists under ethical relativism to reject ethnocentrism while maintaining non-judgmental position with respect to alien cultures. Coyne, C. and Coyne, R. (2014) establish that mutilation put women at risk of severe medical damages. An operation is highly likely to cause infection immediately, and excessive bleeding may even cause death. Salmon explicitly criticised the cultural relativism approach which put anthropologists at a stance whereby they potentially support FGM practices by not criticising the morality of FGM practice as well as similar other practices in other cultures. Shell-Duncan, and associates (2011) pointed a middle way by arguing that anthropologists that choose morality over relativism while evaluating FGM practices do not necessarily need to forgo tolerance that is supported by cultural relativism. In fact, anthropologists should not make ethical judgments of practices of other cultures such as FGM in a way that their judgements reflect ethnocentrism or intolerance particularly if these practices have deep roots in their customs, and traditions, and society.

Considering the ethnological record, people from outside the FGM culture usually believe that FGM practices are a violation of humanitarian values. Although most

anthropologists would agree that culture is comprised of learned ways of behaviours, being symbolic, adapting, learning and sharing; there exist a number of views and opinions regarding FGM. Martin and associates (2012) argued that religion, customs, and traditions also affect life in a society and therefore they also affect the social and cultural contexts of FGM in any practicing society. Baron and Denmark (2006:339), argue that FGM is an unjustifiable and unsafe practice under human rights point of view because it is a violation of bodily integrity. Various feminists argue that FGM is a form of inhumane gender discrimination and women are potentially subjugated through FGM.

There are also a number of theories such as cultural relativism, feminism, and some others more theories regarding FGM practices which are worth mentioning. A common thing in these theories is that the underlying intention in performing a particular practice is a result of normative considerations and the relative weight of attitudes (Smith, 2011). The author suggests that attitudes are developed by beliefs and the results of particular behaviours. Normative considerations are developed by social pressure in either performing or not performing particular behaviours.

Numerous anthropologists point clinical consequences and health hazards that are caused by FGM upsets prompted western representatives and basically provided grounds for the anti-circumcision campaign in the west (Shell-Duncan *et al.*, 2011). The author also identified a contradiction among the arguments existing in the debate regarding legalisation of clinical treatment of FGM.

The anthropologists and researchers that oppose the circumcision of women elaborate unnecessary health risks in the procedure and they have “rights to health” as primary and fundamental argument against FGM practice. In addition, there are also some opponents against the legalisation of FGM procedures as they argue that it will serve as a hurdle in eliminating the phenomenon completely (Wade, 2011). Yet the advocates of legalisation argue that clinical treatment and legal processes should be established as a practical strategy to eliminate health risks and problems as well as a method to provide support and aid under the goal to recover victims of FGM.

Shell-Duncan, and associates state that we have a choice either to legalise clinical treatment of FGM or the criminalization of FGM in broad perspective and thus clinical treatment is obviously better choice in attempt to eradicate the phenomenon completely (Shell-Duncan, *et al.*, 2013). Mudege, and associates (2012) emphasised that FGM lies deeply as a part of culture, religion, and ethnic identity in various communities and the author also concluded that FGM was a human rights violation. In addition, Banda (2002) suggested that the idea of human rights applied to FGM is like a “one size fits all” case and

emphasised on the need to transform the issue from simply a soft law lacking sufficient influence to a rather hard law to have greater influence.

There is also the idea of the cultural relativity/pluralism. The human rights can also be viewed as relative in different cultural contexts. Berg and Denison, (2013) claim that cultural relativism approach does not imply ethical relativism thus lacks application relative ethics. The author argued that the understanding of good and bad, right and wrong, and moral and evils in a society is based on the cultural context, religious beliefs, upbringing, social encounters, and other numerous factors. Therefore, universality of morals cannot be established unless the idea of cultural relativity is discarded.

Advocates of FGM practices argue that they are not forcing people from other cultural backgrounds to adhere to FGM practices if they perceive FGM as morally and ethically wrong, therefore those who oppose should not try to eliminate FGM. Furthermore, there are several practices for example plastic surgery that are considered to be wrong in other cultures but are right in European culture which would start another endless discourse. Boyden, and associates (2012) suggest that it is not constructive to dismiss FGM by calling it barbaric and backward along with those who practice it. Therefore, it is essential to understand and acknowledge logics and reasons supporting any cultural behaviour such as FGM to start a constructive dialogue. The author further argues that existing strategies against FGM ignore various significant aspects for example marriageability of the daughters without FGM. This is why those strategies are ineffective so far.

For effective reconciliation of FGM issue Esho, and associates (2102) propose a “contested culture” approach that signifies inherent contradictions of a culture via “viewpoints of different classes, debates, genders, age groups, and other social distinctions”. Grunbaum concluded that there are no harmful effects of FGM on female sexuality (Esho, *et al.*, 2012). The authors identify religion as the most important motivation for FGM particularly in Africa. The author also emphasised that numerous factors such as rituals, religion, economic development, marriage, and sexuality exist to support FGM practices in African societies. The author also showed relationship between gender and these factors.

Pereda, Arch, and Perez-Gonzalez, (2012) in line with Gruenbaum also offer two anthropological perspectives with respect to FGM practices. She explores ritual, patriarchy, and marriage as motivational factors for FGM practices. Gordon also examined these cultural contexts of these practices. Gordon elaborated the prevalence of FGM practices and highlighted the period for which FGM has existed. Gruenbaum (2001) concludes that a

correlation exists between patriarchy and FGM, but the author failed to provide sufficient causal supporting explanation regarding prevalence of the act. The author identified that the main reason that FGM practices are surviving is the social and economic subordination of women and children that exist in patriarchal societies.

Lee and Shaw, (2011) argue that it is important to understand feminist approach besides anthropological approach regarding FGM. The feminists argue that women's rights as basic human rights are important and that criticises the cultural, social, political, and economic arguments in favour of FGM practices. Feminists argue that women, especially in developing countries, are continuously facing challenges against sustaining traditions due to rapid changes occurring in social conditions as a result of globalisation. In case adherence to tradition such as FGM involves human rights violations, the challenges may potentially become threat to life. FGM is a prominent example of such a tradition that has become a life-threatening situation for women and girls in some societies. According to Spencer, (2012) elimination of FGM is one of the most important activities of feminists that are trying to promote women's empowerment and integration in all communities and discourage harmful practices.

4. CONCLUSION

FGM could cause significant medical harm to women, and may produce complications for instance widespread infection, infertility, and increase chances of propagation of disease such as HIV-Aids. There are various approaches employed by anthropologists to examine FGM issues. Some advocate under cultural relativism perspective that FGM practices be continued without any objections by those who do not support it. On the other hand, various anthropologists examined FGM under ethical relativism perspective which emphasise that cultural norms must not be accepted as an excuse to violations of human rights particularly women's rights and hence FGM practices must be abolished in all communities. Opponents of FGM practices are supported by human rights activists and particularly Feminists who are striving to maximise women integration and empowerment in all societies of the world. Both approaches are based on solid anthropological principles and therefore there is no universal consensus on the issue. This paper argues that opponents of FGM are applying strategies that ignore various social factors and concentrate solely on human rights precisely on women's rights and therefore lack effectiveness. In order to reach a consensus anthropological community must develop a common perspective to examine the issue and related cultural, social, and religious

factors so as to reach common opinions about the issue. Only then a universal agreement on eradication of FGM can be achieved.

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