

# Cultural Constructions, Representations, and Social Discrimination through the Violation of Human Rights

## An anthropological view for the case of Female Genital Mutilation

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**Abstract—** In sub-Saharan Africa, there are several cultural practices such as the Female Genital Mutilation (FGM) which among other, affects human health and well-being. Female Genital Mutilation is a traditional practice, and it is globally recognized as a violation of the human rights of girls and women. Globally, three million girls are at risk of female genital mutilation (FGM) and an estimated 200 million girls and women that have undergone FGM. This study aims to highlight the issue of FGM and discuss the cultural aspects of this issue which has been of particular concern to the international scientific community. The method which was followed is the literature review in electronic databases such as google scholar and research in conventional medical, nursing, and cultural libraries. The results of the study show that FGM is often carried out by unskilled, non-medical personnel who have little idea of the risks and complications of this practice, and most of the time they are traditional healers. From the other side, the whole medical community disagrees with this practice for both safety reasons and protection of women's human rights. While respecting the cultural values that function in every space-time framework, it is crucial to take into account issues relating to human rights and the protection of the individual's freedom.

**Keywords—** *Genital Mutilation, Africa, Women Abuse, Cultural Ethics, cultural construction, social discrimination, cultural representation.*

### INTRODUCTION

In sub-Saharan Africa, several cultural practices mitigate against the development of women. One of them is the Female Genital Mutilation (FGM). The World Health Organization (WHO) defines FGM as procedures that involve partial or total removal of the external female genitalia, or other injuries to the female

genital organs for non-medical reasons (WHO, 2012). Female Genital Mutilation is often a traditional practice, and it is recognized globally as a violation of the human rights of girls and women. Globally, three million girls are at risk of female genital mutilation (FGM) and an estimated 200 million girls and women in the world have undergone FGM (Sakeah et al. 2018, WHO, 2012).

The practice is undertaken with the ascribed expectation that it will reduce sexual desire and prepares women for adulthood or marriage. The practice has no known health benefits. On the contrary, FGM causes considerable harm to girls and women. It is a painful and traumatic experience that causes immediate and long-term consequences. It can lead to excessive bleeding, swelling of genital tissue, and problems with urination. It also makes women prone to traumatic injury during child birth (Koski and Heymann 2017). They also face psychological problems and social exclusion if they disagree to proceed with this traditional practice.

All girls are taught from an early age that they should undergo FGM if they want to be acceptable by their community but while they do not have access to education and accurate "west" information, they cannot realize that this is a cultural construction (Argyriadis 2016). A cultural construction can be defined as a set of ideas that turn into one significant IDEA such as "the bond of marriage between a man and a woman. Each culture has its own "construction" of what marriage is, and since they all have to embody healthy amounts of human nature they share many traits in common while still varying significantly in many details. Similarly Guilt, Duty, Honor, etc. are cultural constructs; they have meaning, but from one culture to the next the definitions can vary pretty wildly. There are also several examples of cultural constructions as laws, groups, norms, language, race, ethnicity, and gender. They exist as shared ideas, frameworks, practices, or perspectives on the world, which have real effects on how they organize human behavior

(Argyriadis 2016; Bjälkander et al. 2013, Olu et al. 2016, Leone 2011, Fund 2013).

Despite the fact that this issue is of great interest to people who live especially in Africa, it is important to receive information and their experience for people in other countries, too. There is no active research in Greece and Cyprus, places common for the authors of this article although due to the refugee movement to more developed countries, traditional practices like FGM are transferred with them and we need to know (Argyriadis and Argyriadi 2019).

### The case of Sierra Leone

Sierra Leone is a country in West Africa where FGM is widely practiced. It is commonly referred to as "Bondo". According to the 2013 Sierra Leone Demographic and Health Survey the national prevalence of FGM is about 90%, with prevalence higher in rural (94%) than urban areas (81%). Prevalence is also higher among older women ( $\geq 30$  years, 95% mutilated) than in the younger ones (15-19 years old, 74% mutilated) Fund 2013. However, records show that children as young as 9 years old have also had FGM.

In Sierra Leone, FGM is quite often carried out by non-medical personnel who often have little or no idea of the risks and complications that the practice may pose on the health of the victims. Nonetheless, trained medical personnel still connive and encourage FGM. Some of the side effects of this procedure include hemorrhage, shock, urinary tract infection, septicemia, tetanus, infertility, apareunia, clitoral neuromas, and vesicovaginal fistula yet the majority do not seek professional health care providers for these problems Argyriadi et al. 2019 (Eke and Elenwo 1999; Eke and Nkanginieme 2006). From a study conducted by Bjälkander et al., in 2012 it was reported that 85.8% of women who developed health complications due to FGM sought care, but only the minority had access Bjälkander et al. 2012. The majority of these complications are been treated by non-medics such as traditional healers, or/and sowe (circumcisers).

Sierra Leone was ranked 66 out of 86 in the 2012 Organization of Economic Cooperation and Development and also Social Institutions and Gender Index (SIGI). In a patriarchal society, women are believed to be wives and mothers. Legally girls must be 18 years before they can marry and forced marriage is prohibited. The National Statistical Office of Sierra Leone showed that in 2004 34.1% of girls aged 15-19 were married, divorced, or widowed (Fund 2013).

Women in Sierra Leone tend to enter into marriage relatively early. One in six women age 20-49 married by age 15, 48 percent married by age 18, and 64 percent married by age 20. The median age at first marriage among women age 20- 49 is 18.2 years. This will continue the vicious cycle of poverty as they will either be sent to school or drop off school. The cost of initiation into FGM society can cost a fortune, posing significant economic constraints on families who must save a lot of money to cover the costs and often must

choose between initiations, or sending daughters to school (Bjälkander et al. 2012).

School is the place that girls find security and education that makes them stronger for their future life. It is the place when they learn that they have rights, they hear for the first time about gender equality and they receive the appropriate tools to understand the cultural construction of their everyday life. Human development is vital through basic education, which increases one's thinking and reasoning ability. In this context, the tendency for girls to undergo FGM will decline if they complete their schooling. When girls are educated they can withstand the pressure of belonging and can understand the harmful consequence of FGM (WHO 2012).

FGM is clearly an act of discrimination against women and girls. It is also a sign of gender inequality and a violation of their rights. Most of the initiates are children who cannot withstand the stress of the procedure. They can die from hemorrhage, sepsis, or tetanus. Neonatal deaths are higher in women who have had FGM, also women whose babies needed resuscitation are higher (66% with type 111 cutting). The death rate for babies born by women who had been circumcised is estimated as 15% higher in those with type 1 cutting, 32% higher in those with type 2 and 55% higher in those with type 3 (Oduro et al. 2010).

All the above show a very specific traditional mentality that has its' source in the past, religion, and the power of men. However, it is widely accepted that those practices have to be banned and special policy decisions have to be adopted by the governments to protect young girls and women from the violation of their rights. Moreover, there are great discussions on this issue because it has to do with the social discrimination of girls if they do not undergo FGM and their exclusion from their community (Eke and Nkanginieme 2006; Koski and Heymann 2017).

### Discussion

There are numerous policies geared towards abolishing FGM as the slave trade or Victorian chastity belts have been abolished (Eke and Nkanginieme 2006). Several international human rights conventions have been signed by the government of Sierra Leone which considers and strongly supports the fact that FGM is a violation of international human rights. Some of them are the Convention on the Elimination of Discrimination Against Women, the Convention on the Rights of the Child (CRC) (1990), the International Covenant on Economic, Social and Cultural Rights (ICESR), as well as the African Charter on the Rights and Welfare of the Child (signed 1992 ratified 2002) and the Maputo Protocol to the African Charter on Human and Peoples' Rights on the Rights of the Women in Africa (the 'Maputo Protocol'). This has been signed but has not yet been ratified. Moreover, there are also local laws against FGM (Koski and Heymann 2017) that help to address this issue through other cultural regulations like the age of Suffrage, consent, and marriage, etc. The Sexual Offences Act

of 2012, confirms the legal age of suffrage in the 18th year. Child marriage was declared illegal in the Child Rights Act In 2007. To what extent this is prohibited is still questionable as from the UNICEF State of the World's Children, 2013, it was proven that about 44% of girls were married before their 18th birthday. Sierra Leone constitution stated in Article 6(2), that the State will discourage sex discrimination and Article 15 endorses "fundamental human rights and freedoms" disregarding sex. Articles 15 (a and c) declared the rights to "life, liberty, the security of the person" and Article 8(2)(b) promised that the State shall recognize, protect, and enhance "the sanctity of the human person and human dignity". The constitution finally accorded children exceptional protection as stated in Article 8(3)(f), which states that "the care and welfare of the...young...shall be actively promoted and safeguarded" (Argyriadis 2017).

In Sierra Leone there is no law against FGM currently. The Ministry of Gender, Social Welfare, and Children's Affairs, in Sierra Leone with expertise support from UNICEF, drafted the National Child Rights Act, 2007, that was in concordance with the Convention and the African Charter on the Rights and Welfare of the Child. These two most important actions characterize FGM as a violation of a child's right stating that it is "cruel, inhuman or degrading" and from the International commentators' view that it must be banned as it is a "harmful traditional practice" (November and Sandall 2018). Some more policies have been activated in order to increase protection for young girls and women. For example, the present government has launched the free education for all children in Sierra Leone and this will commence this academic year (2018-2019 academic year). On the 17 September 2018 Schools re-opened and recorded a high turnout of first-time attendees so as the next generation of Sierra Leoneans will potentially be able to take conscious decisions. In terms of educating traditional healers, The Inter-African Committee (IACSL) has started to engage the Soweis (excisors) and educate them on the health consequences of FGM and then provide them with an alternative source of income. This was accomplished with support from different partners including the local police force, schools, and the Masanga Education Association (MEA) in the Kambia Districts with these chiefdoms as beneficiaries: Brayama, Thoko-Limba and Magbema (Fund 2013; November and Sandall 2018). Another interesting initiative is the one of the Amazonian Movement (AIM) which targets Soweis (excisors) to join their organization and give up on the act by becoming activists and get involved in the awareness-raising campaigns against FGM. This entails publicly declaring to stop FGM by organizing the 'International Day of Zero Tolerance'. Finally, The Advocacy Movement Network (AMNet), the Community Initiative Programme (CIP), and Taia Development Programme (TDP) are organizations that focus on educating the community members on the consequences of FGM. These organizations target school going children and enlightening them about the harms caused by FGM, anticipating they will refuse FGM based on this information. Fambul Initiative Network for Equality (FINE)- specifically targets men, educating them as the

key decision-makers in our homes and communities on the mortality rates associated with FGM.

## Conclusions

To sum up, FGM as a global social crisis is an issue of deep discussions about its' existence, its' cultural construction, and in terms of addressing the issue. People from all around the world agree that potential interventions might work for a multi-factorial approach to see FGM from an interdisciplinary way. We have to admit that access to education from primary school to tertiary level, free for all children across the country can be quite helpful. FGM has been thriving in Sierra Leone due to its high levels of illiteracy rate and the representation of this practice is not always understandable by the residents. The governments of the countries who face this cultural issue should forget political ambitions and focus on the rights of women and children especially and pronounce FGM as a criminal and punishable offense. This will still be inhibiting the efforts or strides made at different conferences aiming at abolishing the act. The Media involvement – both formal and informal can also be a good issue for discussion in terms of disseminating information through radio discussion programs as most homes can boast a radio, social media (Facebook and WhatsApp), etc.

There are also current barriers to addressing this issue in policy/programmes like the fact that the Sierra Leone Associations are turning a blind eye to the issues relating to the consequences of FGM as the majority of the Soweis are either Traditional Birth Attendants (TBAs) or Maternal and Child Health Aides (MCHAs) all of whom are employees of the MOHS. Thus, the denial of the consequences related to FGM, makes the eradication of FGM challenging. Secondly, the legal age of adulthood is not as stated on the local cultural standards. Physical appearance is used as the ward stick to ascertain adulthood. These gray areas pose difficulties in the Child Rights Act law enforcement and preventing child marriages in rural areas. Another legal ambiguity that is challenging in Sierra Leone is the dualistic legal system. About 85% of the country's population is guided by the customary law and the remainder by the formal law. This implies that the majority of the country's population will solely be governed by by-laws, which might not have any sections relating to child- marriage, FGM, or women's rights.

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