



## A Study Of Health Consequences Due To 'Female Genital Mutilation' In African Novels With Special Reference To Abraham Verghese's Cutting For Stone And Alice Walker's Possessing The Secrets Of Joy

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<i>Article History</i>	<i>Abstract</i>
<i>Received:</i> <i>Revised:</i> <i>Accepted</i>	<p>The nations should be put to an interrogation whether women in their provinces are surviving safe? The discursive readings will fail to deny the fact that women in each nation have always been considered secondary or being subjugated by several modes. The existence of women has been restrained by the male strategists who exploit them to imposing the prerogative of their dominion and masculinity. Masculinity does not believe in mere exploiting women, it also imposes upon women to represent themselves as commodities to be served to men, be it to getting their genitals circumcised to prove that they are 'untouched' and 'virgins'. Female Genital Mutilation is a long-existing brutal practice which forces women to undergo their genital mutilation at their early ages. They are asked to get their genitals circumcised because it is an obligatory practice imposed by the supercilious imaginary customs of the males, in most of the communities. To understand the condition of women in this context, this paper analyzes the African history of enforcing the native women to undergo their genital mutilation (FGM), as being made as mandatory. To understand this locus, this paper dwells in the reading of the historical process of the female genital mutilation (FGM) being practiced worldwide, especially in Africa. To bring light in a more concentrating manner, the paper reads Abraham Verghese's first novel <i>Cutting for Stone</i> (2009) that is almost set in Ethiopia during the 1960s and the 70s and Alice Walker's <i>Possessing the Secret of Joy</i> (1992). Besides, many other African novels are also discussed in brief.</p>
CC License CC-BY-NC-SA 4.0	<b>Keywords:</b> - African Novels, African History, Female Genital Mutilation, Indian Social Activists.

## 1. INTRODUCTION TO ‘FEMALE GENITAL MUTILATION’

Female Genital Mutilation is a socio – cultural practice that involves circumcision of female genitals, unfortunately, which women have to accept on every bound. In many areas, it is done secretly or without letting the females know that they would be inflicted this painful and cruel exercise. It is a painful exercise that seldom includes the surgical equipment. In many cases, medical intervention and equipment are not used, and it is operated by the unskilled practitioners with the help of the basic items like scissors, knife, stones, crude blades, etc., when even no anesthesia is given.

The process is found evident in four types. The practitioners either cut a portion (prepuce) of the clitoris or clitoral glans to close the vaginal orifice; the practice is called ‘Clitoridectomy’ or ‘Pharaonic Circumcision’ (Type-1). Type 1 is practiced most in Kenya. There are three more types of FGM. In Type -2, FGM operates the partial or complete closure of clitoris or clitoral glans and labia minora also, when not necessarily, labia majora remains intact. It is also called ‘Excision’. When a small hole is maintained by inserting a twig sort of before the wound heals; as to that woman can urinate or menstruate, this process falls under Type -3. It also sews up or suturing the pore of vaginal introitus called ‘Hymenectomy’ or ‘Infibulation’. It includes removal of clitoris or labia minora (external genitalia). Type 4 is most painful as it includes all those non-medical procedures that include pricking, piercing, incising, scraping, and cauterizing the genital area. In all types, to get that portion healed, women have to keep their legs bound or tied for two weeks. They also consume herbs as antiseptic to convalesce. It is an ‘unclassified’ process. It also has repercussions as it can cause HIV AIDS in few patients due to unsafe equipment used for these procedures.

WHO FGM Typology Modified since 2007	
TYPE-1	‘Clitoridectomy’ or ‘Pharaonic Circumcision’-Partial or total excision of the clitoris and the prepuce. ‘It is called ‘Sunna’ in few Islamic Cultures.
TYPE-2	‘Excision’- Partial or total excision of the clitoris and the labia minora, with or without excision of the labia majora.
TYPE-3	‘Hymenectomy’ or ‘Infibulation’- Narrowing of the vaginal orifice by creating a covering seal through the cutting and apposition of the labia minora and/or labia majora, with or without excision of the clitoris.
TYPE-4	‘Unclassified’-All other procedures that fall under the definition of FGM, e.g. pricking, piercing, incision, stretching, cauterization, scraping and cutting into the external genital organs or introduction of harmful substances into the vagina.

**Figure-1** Kenya Ministry of Health-A Reference Manual for Health Service Providers. Population Council: Knowledge Commons. ‘Management of complications, pregnancy, childbirth and the postpartum period in the presence of FGM/C’. 2007 (Source- [https://knowledgecommons.popcouncil.org/cgi/viewcontent.cgi?Article=2393&context=departments\\_sbsr-rh](https://knowledgecommons.popcouncil.org/cgi/viewcontent.cgi?Article=2393&context=departments_sbsr-rh))

Imagine how difficult for women as born as women in this world! They are born as women who are subjected to remain commodities for males, who always believe in exploiting them sexually, mentally, and psychologically. Men seek women to get their private portion being circumcised even if they bear pain keeping that intact until they grow up to get married. Besides, men feel proud of justifying their sexuality (penetrating) or we can say that such men have pride when they acknowledge that they are penetrating a virgin, ensuring themselves that they will be the ‘first person’ in the world who would unsew the clitoris of their wives.

### 1.1 Health Consequences to Women due to ‘Female Genital Mutilation’

The fact is adverse, when such mutilating process takes place, some women die during the FGM/C procedure and those who survive, meet with various health problems. Akin-Tunde in his article states, “Urinary tract infection, pelvic inflammatory disease, clitoral neuroma, ulcers, chronic pelvic pain, infertility, and ectopic pregnancy occur. Others are Keloid scar formation (of firm and rubbery nodules or scars overgrow due to the cut takes place around clitoris), Puerperal disease, Tetanus infection, infections with hepatitis, and human immunodeficiency viruses and also abscess/pus formation.” (Tunde, 1)<sup>1</sup> Not only this, during the childbirth, some surgeons re-open the vaginal introitus of women which is called as ‘Defibulation Process’ or ‘Deinfibulation Process’ (Anterior Episiotomy) and then again, ‘Re-infibulation Process’ may take place - means to close again. This entire man -made forceful mechanism germinates, “Chronic pain and infection, promiscuous behaviour, organ damage, prolonged micturition, urinary incontinence, inability to get pregnant, Sepsis, difficulty giving birth, obstetric fistula, and fatal bleeding.” (Abdul Cadira, 1)<sup>2</sup>

Due to Type-I FGM, women may also suffer from infections arise from Herpes-Simple Virus-2 and Bacterial Vaginosis. Type -III FGM is more dreadful, it even leads to the development of Epidermal Cysts (Implantation dermoid). If these cysts left operated or cannot be identified, then these grow into abscess formation. The W.H.O defines that Female circumcision is, “All procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.”<sup>3</sup> Type III infibulation causes a direct mechanical barrier to delivery. Kenya Health Ministry adds, “Types I, II and IV can also produce vulval and vaginal scarring and keloids that can act as an obstruction to delivery. Infection and inflammation during cutting may lead to vulval adhesions, which effectively narrow or completely obliterate the vaginal opening. Some affected women may never become pregnant, and those that do may experience prolonged or obstructed labour, which can in turn lead to a fistula. Some women have reported that they sometimes suffer pain during sexual intercourse and menstruation that is almost as bad as the initial experience of genital mutilation” (Population Council 13-18)<sup>4</sup>

FGM found its traces around 500 years back, in Egypt. It was practiced by Phoenicians, Hittites and ancient Egyptians. “Greek historians and geographers, such as Herodotus (425–484 B.C.) and Strabo (64 B.C.–23 A.D.) point out that FC occurred in Ancient Egypt along the Nile Valley at the time of the Pharaohs, and thus Egypt is often considered as the source country of pronouncing the female genital mutilation as an essential process to take place. Thus, ‘Pharaonic Circumcision’ signifies an Egyptian culture of conducting circumcision on women sexual organ. The act of FGM/C was also reported long time ago among other nations of the world including the Romans where it was done in order to prevent their female slaves from getting pregnant.” (Tunde, 1)<sup>5</sup> Afterwards, it was found spreading to other nations also, particularly in the northeastern Africa - in Djibouti, Eritrea, Ethiopia, Somalia, Mali, Tanzania, Gambia, Mauritania, Kenya, Nigeria, Niger, and Sudan etc. Susan Benett in her report in Science Direct, reckons, “FGM does occur in 28 African nations, it is also a cultural practice in parts of Asia (among Muslim populations in Indonesia, Sri Lanka, Malaysia, and India) and the Middle East (Egypt, Oman, Yemen, and the United Arab Emirates).” (Benett, 1)<sup>6</sup> Amy Yee, a former correspondent for The Financial Times accounts, “In 30 countries around the world, at least 200 million girls and women alive today have undergone FGM; according to UNICEF -more than half of them are from Egypt, Indonesia, and Ethiopia”. (Lee, 2)<sup>7</sup> WHO asserts in its WA6-R16 -2023 report, “More than 200 million girls and women alive today have undergone female genital mutilation (FGM) in 30 countries in Africa, the Middle East and Asia where FGM is practiced.”<sup>8</sup> Sylvia Boguneicki in her brogan project asserts, “Globally, around 200 million females have undergone a form of FGM. Meanwhile, 21% of women aged 15-49 and 3% of girls under 15 years old are victims of female genital mutilation in Kenya. This includes nearly 4 million women experiencing this illegal, human rights denying procedure. Traditional practitioners usually perform FGM, but in the Kisii community, health personnel are responsible for two-thirds of the surgeries. Additionally, 98% of the surgeries take part in the North-Eastern region where roughly 1% takes part in the Western region. Kenya borders Somalia on the Eastern side where 36% of Somali women undergo FGM most prevalently. Even though Kenya is a developing country with an HDI of 0.509, girls in underfunded rural areas who obtained less education and are Muslim are more likely to suffer the effects of FGM.”(Boguneicki, 1)<sup>9</sup> This practice is prevalent among Christians, Muslims, Animists in African regions, when it is more popular specially with Sudanese and Nubian Muslims, as mentioned by Alexander Muacevic and John R Adler in their article titled ‘An Overview of Female Genital Mutilation in Africa: Are the Women Beneficiaries or Victims?’<sup>10</sup> Men of Arusha and Chagga Tanzanian tribes, feel proud when they marry circumcised women, and they even pay higher money in accepting those women. Kenya Health Ministry reckons, Kikuyu tribe governed by men had a belief that FGM contributes to increasing fertility, and they agreed to marry only those women who had been operated with FGM. The Abugusii, The Meru, The Digo, the Masaai, and the Swahili tribe also had same preconceived notion, in fact some of these above-mentioned tribes also believed that those women who bear mutilated vagina, may give better sexual pleasure. The Samburu considered that women turn mature only when they get their intimate organs mutilated.

## 1.2 Identification to Litterateurs of African Origin on ‘Female Genital Mutilation’

Many litterateurs of African origin have brought this serious and long persisting issue in their writings. Alice Walker in her novel *The Secret of Possessing Joy* exposes how tormenting is FGM in Africa, and how women can lose their lives due to these operations take place on their most private organs. In novel, M’lisa (the *tsunga*) was a surgeon who performed surgery on Tashi’s elder sister, but, Tashi’s sister could not resist those injuries, and bled to death. Tashi who was next after her sister to be operated, could not see her sister dying in front of her, and she grieved, “I remembered my sister Dura’s . . . my sister Dura’s . . . I could get no further. There was a boulder lodged in my throat. My heart surged pitifully. I knew what the boulder was; that it was a word;

and that behind that word I would find my earliest emotions. Emotions that had frightened me insane. I had been going to say, before the boulder barred my throat: my sister's death; because that was how I had always thought of Dura's demise. She'd simply died. She'd bled and bled and bled and then there was death. No one was responsible. No one to blame. Instead, I took a deep breath and exhaled it against the boulder blocking my throat: I remembered my sister Dura's murder, I said, exploding the boulder. I felt a painful stitch throughout my body that I knew stitched my tears to my soul. No longer would my weeping be separate from what I knew, she has been screaming in my ears since it happened." (An excerpt from Text)<sup>11</sup> However, Tashi had a good luck as her mother Catherine did not let her circumcised. She had got an apprehension that Tashi might also die, so she saved her daughter getting inflicted. Tashi's luck saved her life again, when an American man Adam loved her. Adam married her and took her to America. Tashi had a good and peaceful life, but at the same time, she kept repenting about her deceased sister, her Olinki culture, and her maternal family in Africa. Later, she realized that she could not abstain herself of the Olinki culture that thrusts mutilation as an obligatory exercise on every Olinki woman. She returned to Africa to pay honour to her sadist culture, and to allow herself to get circumcised. There, Tashi undergoes a paradoxical state in her selection of cultures; she remains in ambivalent circumstances, whereas finally, she chooses to go back and gives privilege to her former culture. When she felt that she could not forget her past, she went back to her native land, and got herself operated.

Here, Walker implies that women are conditioned in such a manner that they cannot imagine themselves growing beyond the gender specificity that erupts in their culture, even if they suffer at any expense. Alice Walker shows the repercussions of Genital Mutilation, like Tashi's sister died after she bled, other characters experienced a reduction in their sexual drive, or they suffer from dyspareunia.

Tashi's husband left her and moved out with his mistress Lisette; Tashi's baby got brain damage because of her vagina obtruded a narrow aperture. At last, Tashi also suffered a desire for vengeance when she found she was left alone in her life. She killed the *tsunga* (doctor), and got life imprisonment. She showed her grudge at the *tsunga* whom she identified as murderer, "The little girls who are dying, and the women too, are infected by the unwashed, unsterilized sharp stones, tin tops, bits of glass, rusty razors and grungy knives used by the *tsunga*. Who might mutilate twenty children without cleaning her instrument?" (An excerpt from Text)<sup>12</sup> Alice Walker grieves at the heinous practice of genital mutilation that aims to ruin the eminence of femininity as an individual and independent gender. She speaks, "If every man in this courtroom had had his penis removed, what then? Would they understand better that that condition is similar to that of all the women in this room? That, even as we sit here, the women are suffering from the unnatural constrictions of flesh their bodies have been whittled and refashioned into?" (An excerpt from *Warrior Marks*)<sup>13</sup>

Chinua Achebe, the African writer also brings light on this practice as evident in the Nigeria cultures, by giving special reference to Igbo culture. In his novel *Things Fall Apart* (1958), Ekwefi gave birth to her third child Onwumbiko. Readers can witness that she loved her son, but at the same time, was concerned on how to get him circumcised, "She did as she was asked. As soon as she became pregnant, she went to live with her old mother in another village. It was there that her third child was born and circumcised on the eighth day." (Achebe, 54)<sup>14</sup> It is evident in *Things Fall Apart* that male circumcision was also predominant in Igbo culture, and it was believed that circumcision assists the infant to get rid of Ogbanjee, the evil spirit. However, this infant also died, and continually nine others too died. Male and female circumcisions are also reflected in Ngugi Wa Thiong's *The River Between* (1965), it shows Gikuku society that makes it a regulatory practice for both the genders to get themselves circumcised at their early ages. This text questions the ethnic cultural practice of circumcision, and its aftermaths that affect the mental and physical growth of youth. A very sensitive novel *The Girls in the Wild Fig Tree* (2021) written by Nice Nailantai Leng Te, is about two sisters Nice Leng and Soila who belong to Maasai culture in Kenya. Soila sought to protect her sister Nice from being getting mutilated. She helped Nice to escape of that surgery, whereas she herself had to show obeisance in being operated. Soila's clitoris was circumcised but she was content she was able to save her sister from being victimized. It is a memoir by Leng Te that elaborates, how she challenged this painful procedure in Masaai community in Kenya. Leng Te shows her vehement reaction against the existence of FGM, Tradition can be good. Tradition can be beautiful. But some traditions deserve to die." (Text, 1)<sup>15</sup>

Waris Dirie and Cathleen Miller's autobiography *Desert Flower-The Extraordinary Life of a Nomad* discusses Waris's sufferings due to gendering imperialism practiced in Somalia, East Africa. Waris cries in pain and recounts her past to the readers. She asserts that she obeyed her mother to get her genital circumcised; hence submitted to her older monolithic culture, "She wanted to be superior to those who had not been circumcised



yet. As a circumcised girl is said to be pure and can be married to a man because the ceremony . . . will mark their transformation from being a little girl to becoming a woman.” (Text, 63)<sup>16</sup> Waris Dirie wrote another novel *Desert Dawn*, that recalls her past when she was hardly five-year-old, and her genital was mutilated. The narrator cries, “Mama tied a blindfold over my eyes. The next thing I felt my flesh was being cut away. I heard the blade sawing back and forth through my skin. The pain between my legs was so intense I wished I would die.” (An excerpt from Text)<sup>17</sup> These novels show Waris Dirie’s experience with FGM, then her sufferings due to excruciating pain, and then fleeing to London, and finally in becoming a fashion supermodel in the world, and till challenging the cruel practices that prevail in Africa.

A Somali writer and the recipient of the UN’s Humanitarian Award, Soraya Mire wrote a documentary *Fire Eyes: Female Genital Mutilation* in 1993. It was produced as a discourse on the practice of older and stereotypical culture of female genital mutilation in Somalia. It was premiered first at the Sundance Film Festival in Park City, Utah. It imbibes an autobiographical context when Soraya herself was subjected to circumcision, when she was very young. Her movie recounts her shriek in this manner, “Honey,” her mother said, “It’s about time. Time to become a woman. . . . That day exacted a terrible toll on her body, on her soul. That day, the doctor cut away her external genitalia. He sewed the raw edges together, leaving only a pinhole opening for urination and menstruation. He created a chastity belt of her own flesh, so she could be stitched shut until marriage, in an ancient rite of passage known as female circumcision.” (An excerpt from the Text and a review by Renee Tawaa)<sup>18</sup> Soraya Mire’s memoir *A Girl with Three Legs* elaborates the trauma Mire had to face before proceeding to marry her own abusive cousin. In fact, her own mother convinced her to accept mutilation by saying that it was a part of their culture. “When Soraya Miré was thirteen years old, the girls on the playground would taunt her, saying she could not play with them—not as long as she walked with three legs. Confused and hurt, she went to her mother, who mysteriously responded that the time had come for Soraya to receive her gift. Miré too soon discovers the horror of the ‘gift, female genital mutilation (FGM), whereby a young girl’s healthy organs are chopped off not only to make her acceptable to a future husband but also to rein in her wildness. (An excerpt from Text)<sup>19</sup> Ayan Hirsi Ali is an activist from Somalia. She was abused when she showed her reluctance to accept FGM, but she had to bear that pain, and she was circumcised. Her work *Infidel* (2006) is a staunch reaction against this hideous practice and traumatic pain that it delivers to women.

Let’s not forbid the Ethiopian text, Abraham Verghese’s *Cutting for Stone* that refers to FGM as an inherent practice in generations, and shows how women cannot transcend their identity beyond the cultural dominance in Ethiopia. The story is narrated by Marion Stone who was born as conjoined twin to Shiva at Mission Hospital (called “Missing”) located at Addis Ababa, in September, 1954. Their mother, Sister Mary Joseph Praise, an Indian Carmelite nun, died during their birth. Their father, Thomas Stone, the English surgeon of Missing, abandoned them, and settled permanently in another state. The orphaned infants were adopted by the obstetricians who hailed from Madras. Kalpana Hemlatha (Hema) and Abhi Ghosh, who had flown from Madras to work in Addis Ababa, adopted twins, and bestowed names to the infants, after J. Marion Sims, ‘father of modern gynecology’ and after the Hindu deity Lord Shiva. Abhi Ghosh learned surgery to separate the conjoined, and he went successful in his attempt also. At the same time, the political turmoil was also taking place in Ethiopia where General Mebrat, the commander of the Ethiopian coup sought to overthrow the emperor Haile Selassie. Abhi Ghosh was a good friend of Mebrat When Mebrat was imprisoned, Ghosh was also incarcerated.

By the time, the siblings had become adolescents, they grappled differences between them. They both liked a girl Genet who was a daughter of an Eritrean woman Rosina. Genet liked Marion but Shiva resisted this fact. He continued his bad pursuits to exploit Genet. He violated her virginity that brought distress to Rosina, and she forced Genet to mutilate her genital; hailed as FGM. However, after which, Rosina could not muster courage to see her daughter heaving with pain, and she committed suicide. Genet after her mother’s death spoke, “I am bleeding because the scars. . . I always bleed with. . . intercourse. Rosina’s gift to me. So that, I will always think of her when.” (Text, 337)<sup>20</sup> Hema had wanted to stop Rosina to take her daughter to the operation room for mutilation. She said when she looked at Genet’s grieving condition after her operation got over, “You have probably killed her, Rosina do you know that, the practitioners poured fluids and antibiotics into Genet’s veins.” (Text, 333)<sup>21</sup>

Poignant Genet quit her transient lovers, and joined the Eritrean liberation movement, also known as ‘Shabia’, a military organization that sought liberation from the colonial rule of Ethiopia in 1970. On the other side, Shiva remained at Missing, while Marion got occupied working for the Ethiopian party. Genet hated both the brothers; she provided Marion’s name in the black list because he supported the imperialistic ideology. Her troupe chased him in order to kill him. Marion sought to escape to save his life; he left Ethiopia, went to Kenya,

and then finally arrived at New York. Ironically, he confronted his own biological father there, and a denouement took place. The writer Verghese is realist, he speaks about the traditional horrific and harrowing practice of FGM takes place in Ethiopia through his work, and “it is dreadful”<sup>22</sup>, he implies.

When we look at two major novels in our paper, that we have taken, we notice that Tashi in Alice Walker’s novel *Possessing the Secrets of Joy* returned from America to get herself circumcised to pay honour to her immodest culture that had conditioned her firmly to abide by their rules. This implies that this tradition has been conditioned in the minds of Olinki women who cannot abstain themselves of this practice, at any cost. Even if they liberate themselves of this malicious practice, their conditioning constrains them to adhere to the codes of conduct of their stereotypical culture. On the other hand, In *Cutting for Stone*, Genet was forced to undergo this surgery when she could not rebel, and had to obey it. In fact, her own mother commanded her to undergo the torturous surgery. Tashi became weaker and she murdered the doctor whom she acknowledged as the culprit in her life whereas, Genet grieved her mother’s death, who committed suicide, when she could not see Genet suffered from pain after getting circumcised. However, after her mother’s death, Genet engaged herself to a rebellion against the Ethiopian government. These novels are the best portrayals of showing how deep-rooted these traditions have been, in the cultures; where either some are forced to undergo operations, or few accept subconsciously to prove that they are noble part of those tribes, sects, or religions.

Nigerian author Lola Shoneyin discusses the issue of FGM within the context of a polygamous household in her novel *The Secret Lives of Baba Segi’s Wives* (2010). This novel satirizes the polygamy and FGM that prevail in the Nigerian culture. The novel satirizes the effects of traditional mal- practices that weaken women’s dignity and their health also. *The Orchard of Lost Souls*, written by Nadifa Mohamed in 2013 is set in Somalia; it weaves the stories of three women, who together revolt against the country’s civil conflict. One of the characters deals with the repercussions of FGM that affect her identity and her interpersonal connections. *The Girl with the Golden Shoes* (2007) is a novel written by Colin Channer. This novel focuses on the life of a young Jamaican girl named Kesia, who is sent to her relatives in the United States so that she could avoid an FGM surgery in Jamaica. While the story isn’t set in Africa, it highlights the diaspora’s voice that utters her struggle to escape the harrowing practice of FGM in Jamaica. The narrative underscores the importance of cross-cultural understanding and the need to challenge oppressive customs. Chris Abani, a Nigerian author, addresses the issue of FGM in her novel *Becoming Abigail* (2006) through the character of Abigail, a Nigerian girl living in London. The text looks at how traditional practices and difficulties faced by immigrants clash culturally.

The topic of FGM and its consequences on the lives of the characters is briefly discussed in this Nigerian novel *Daughters Who Walk This Path* (2012), written by Yejide Kilanko. It is set in Nigeria, this novel centers on the life of a young girl named Morayo, who faces the threat of FGM as a rite of passage. The book delves into the complexities of tradition, identity, and the struggle for autonomy. Chimamanda Ngozi Adichie wrote *Purple Hibiscus* (2003) in which FGM plays an important role in the story. The novel examines how religious extremism affects family dynamics and cultural customs, such as female genital mutilation (FGM), commenting on the conflict between tradition and modernity. *The Daylight Marriage* (2015) by Heidi Pitlor is the novel that brings light on FGM, when a woman seeks independence from its demonic clutches. *So Long a Letter* is a novel written by Mariama Bâ; this Senegal novel addresses various issues faced by women in a patriarchal society, including FGM. The protagonist, Ramatoulaye narrates about her friend’s daughter, who died due to the complications arose after she underwent FGM. The book explores the conflicts between tradition and modernity and emphasizes the need for women’s agency and autonomy. (Empathy and Rage)<sup>23</sup>. Many writers feel ashamed of writing unreservedly on the concept of circumcision, so they use symbolic undertones to represent their views on it, like Flora Nwapa, a Nigerian writer in her novel *Efuru* (1966) uses ‘bath’ for circumcision. Nice Nailantai Leng Te in her novel *The Girls in the Wild Fig Tree* uses the word ‘cut’ for circumcision. Fauziya Kassindja in her memoir *Do they Hear when you Cry* (1998) writes about her intense pain she faced, when she was circumcised before she got married, this memoir is a story of the place Togo that lies in West Africa, where FGM is usually pronounced as *Kakia*.<sup>24</sup>

We have noticed that there have been abundant works seen in African literature; mainly novels that represent stark and bitter realism of the social dilemma towards continuing its traditions, and the social consciousness that plays a role in awakening the society to challenge the wrong practice and falsified ego of patriarchy.

## 2. A BRIEF DISCUSSION ON 'FEMALE GENITAL MUTILATION' IN INDIA

This cruel practice of female genital cutting or female genital mutilation (FGM) does not take place only in faraway Africa, it's not just being practiced in tribal societies or traditionally persisting in one religion, it is practiced worldwide, and even migrants have been the victims of this horrendous practice. Young girls aged six and seven are regularly being mutilated in India. Mumbai abounds with untrained midwives who continue to scar the body part of young girls, especially those naïve girls who hail from the Bohra community, a Shia sub sect. Masooma Ranalvi the Indian female activist says, "My mum told me come; I'll take you out and buy you chocolates. I happily went with her. She took me to Bohri mohalla (in Mumbai), a cluster where 90% Bohras live. We went into this dark decrepit building. I remember being taken into a room. The curtains were drawn. She said, lie down. Like an obedient child, I lay. My grandmother was holding my hands. An oldish woman pulled down my pants... I started crying. Grandmom said don't worry, it will be over in a jiffy. I shrieked in pain... I experienced a sharp, shooting pain and she put some black powder there... I came home and cried and cried and cried..." (Baweja, 1)<sup>25</sup> Aarefa Johari was also circumcised. Zehra Patwa, a 45-year-old US-based Technology Project Manager found out only a year ago that her most private parts had been tampered with. She dealt with the childhood trauma by finding out that it was blocked completely.

The Supreme Court declares that it is a crime punishable under the Indian Penal Code and the Protection of Children from Sexual Offences Act (POCSO Act). It states that it is violative of Article 21 and Article 15 of the Constitution that guarantees protection of life and personal liberty and prohibits discrimination on grounds of religion, race, caste, sex or place of birth (The News Indian express, 1)<sup>26</sup>

### 2.1 A Brief discussion on the Articles and Acts on 'Female Genital Mutilation' in African Countries

Female Genital Mutilation has been banned in 59 countries, including 26 African countries. Some missionaries too opposed this practice like John William Arthur, who came as a missionary in Kenya in 1929. Bruner asserts, "Arthur sought to strengthen the mission's resistance to the practice of FGM." (Bruner 1)<sup>27</sup> The missionaries, colonial governments, and the Kikuyu Central Association (KCA) have largely contributed to end this practice. There have been many African female activists who had suffered this monstrous act at their tender age, and now they run their own schools of activism in continuing their battle to end this hideous crime. Bogaletch Gebre from Ethiopia was mutilated in 1960, when she 12. She grieves, "Residents called the rite of passage cleansing the dirt." (Lee, 2017)<sup>28</sup> Bekelech Balecha underwent this procedure voluntarily to satisfy her husband's inquisition whether she was a virgin lady! She repents, "It was the most horrible experience of my lifetime." (Lee, 2017)<sup>29</sup> Abebech Yacob, a victim of FGM, recalls in pain, "I was bleeding almost 12 hours. I was almost dead." (Lee, 2017)<sup>30</sup> These activists are now contributing to educating the natives in Ethiopia. They teach and counsel women about its repercussions, and they insist targeted groups to react against this hideous practice. Many other female social workers have worked against this malicious practice like Burkina Faso urged in UN in 2020 to devise a few stricter rules to end this crime that intends to uphold the male dominance. Many countries have banned the FGM, like the Constitution of the Federal Democratic Republic of Ethiopia in 1995, published two Articles 565 and 566 respectively to deliver severe reprimands for those who practice FGM on 'a woman of any age' and who practice infibulations of 'the genitalia of a woman'. In Kenya, Section 19 till 21 criminalizes FGM. "It prohibits FGM including the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) and the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) which are reflected in the Prohibition of FGM Act (2011)"<sup>31</sup> Similarly, Somaliland constitutes Article 10 (1), 10 (2), 8, 24, 36 to protect the rights and dignity of women under the act of Human Rights, otherwise Somaliland government has not specifically designated FGM in any article.<sup>32</sup> In Nigeria, The Violence against Persons (Prohibitions) Act (VAPP) was enacted in 2015 to prohibit FGM in entire country. The articles 15(2), 17(2), and 34 (1) prohibit discrimination against women, which do not specifically mention FGM directly.<sup>33</sup> The Eritrean government again does not mention a punishment against FGM practice, specifically, but it has introduced Articles 7(2), 14, 16(1) to protect the dignity of women. "Proclamation No. 158/2007: A Proclamation to Abolish Female Circumcision (the FGM Act) 2, came into effect on 20 March 2007. It makes it a criminal offence to perform FGM on another person in Eritrea, and sets out the associated penalties."<sup>34</sup> Similarly, in Gambia, FGM is not specifically discussed in any article; whereas, many articles like 21, 28, 29, seek rights of women to be guaranteed. Besides, "the main law criminalizing FGM in The Gambia is the Women's (Amendment) Act 2015, which introduced Sections 32A and 32B into the Women's Act of 2010."<sup>35</sup>

In Namibia, FGM is found in less number. The practitioners do not remove clitoris or labia of women. Some skill workers in the Ovambos tribe in northern Namibia cut small pimples at vagina of the lactating mothers

which is called Eemhalo. In Namibia, minor cutting of labia or the vaginal lips are found in some quantity; otherwise, it is also now prohibited in Namibia. "In 27 September 2005 correspondence to the Research Directorate, the Coordinator of the Gender Training and Research Programme of the University of Namibia stated that "No FGM [is] practised by any community in Namibia" (27 Sept. 2005a). The Coordinator of the Gender Research and Advocacy Project of the Legal Assistance Centre (LAC) also noted in 26 September 2005 correspondence to the Research Directorate that "to the best of our knowledge FGM is not practised in Namibia." The LAC is a "non-profit public interest law centre in Namibia [of which the] main objective is to protect the human rights of all Namibians. It works in three broad areas: litigation and advice, education and training, research and advocacy (LAC n.d)." <sup>36</sup> Type –II and III are commonly practiced in Senegal, whereas, numbers have reduced due to emancipation of women. However, it is mostly found in practice at Toucouleur or Halpularen tribes in Mauritania and Senegal. <sup>37</sup>

## Conclusion

After observing various articles and acts implemented in various countries in African continents, we can suffice that ramifying results of FGM are dire; it fosters serious health issues, leading to at least intergenerational sufferings. Its eradication requires an urgent monitoring and stricter implications of the laws. It needs an attention. It also needs monitoring at very remote places, where it is conducted at nook and cranny, unofficially and in a concealed manner. In fact, most appropriate articles on nuclear theme of 'circumcision' should be introduced on prohibiting the FGM, when youth can understand its unaccepted traditionalistic norms, and can learn to prohibit FGM. Such works and articles can assist women to become vocal against men, surgeons, and people associated with performing this menial crime.

Moreover, it is of utmost importance that non-governmental organizations (NGOs), dedicated missionaries, scholars, researchers, passionate social activists, and even victims unite their voices in a concerted effort to vehemently oppose and condemn such detrimental practices. They should implore local civic authorities to uplift the human rights and individual freedoms, thereby effecting a comprehensive and lasting eradication of this distressing endeavor across all geographical domains. By steadfastly advocating for change, these agents of positive transformation can pave the way for a future, devoid of such anguish and distressing life for victims.

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