

Consenting to female genital cutting: should reinfibulation be permitted?

“Infibulation,” a variety of female genital alteration which is widely practised in Djibouti, Eritrea, Ethiopia, Somalia and Sudan, involves the suturing of the vagina, leaving a narrow vaginal opening. A woman whose genitals have been infibulated must accordingly have her vagina surgically cut in order to facilitate child-birth by vaginal delivery. After child-birth, a woman may request that her genitals be “reinfibulated” i.e. restored to their prior form. This paper considers whether such a request should be honoured by doctors and permitted within the law. It builds on the work of Saleh et al (2018), who do not offer a verdict but rather outline clinical considerations. Clearly, a woman requesting reinfibulation is influenced by the norms of her culture, and whose autonomy is therefore liable to be faulty, having been influenced by false consciousness, rendering her preferences adaptive. However, I show that similar arguments can be made in relation to various other medical decisions, and particular cultures should not be singled out as being automatically more consent-undermining than others. In particular, those who practice other cultures should not be required to demonstrate second order autonomy, where first order autonomy is considered sufficient for those within the home culture. To this end, I compare female genital cutting to cosmetic genital alterations in Western contexts, and outline some of the discrepancies in common ethical and legal approaches. I argue that provided the woman in question has capacity, it is not the place of the medical profession to make moral judgements about the effect of her culture on her autonomy. I finish by arguing that there is an over-riding responsibility to restore a person’s body to its form prior to any medical intervention, and this should be upheld even in the case of reinfibulation, especially for a body part as personal and significant as one's genitals.

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