



## TOUCH A HEART, REACH MY WORLD



### GCWM Advisory Voted Statements 2016

#### Female Genital Mutilation

- Whereas, Female Genital Mutilation (FGM) has severe consequences for women's physical and mental health; and
- Whereas, we believe God created women perfectly, and because FGM is practiced in some degree in most of the church's world divisions,
- Whereas the SDA Church has a voted statement on female genital mutilation,
- Resolved, to seek the support of church's leadership to speak out against this practice in and out of the Adventist church

#### SDA Church Voted Statement Female Genital Mutilation 2000

##### Introduction

As part of their mission to the entire world, Seventh-day Adventists have a firm commitment to provide health care that preserves and restores human wholeness. By wholeness we mean the harmonious development of the physical, intellectual, social, and spiritual dimensions of a person's life, unified through a loving relationship with God and expressed in generous service to others. Because Adventists believe that each human being is created in God's image as a unified person, rather than as a duality of body and soul, we believe in a ministry of grace that affects all aspects of human life, including physical and emotional well-being.

Ministry to the entire person leads Seventh-day Adventists to be concerned about the widespread practice of female genital mutilation.[1] Often referred to as "female circumcision" or, more recently, "female genital cutting," such practices currently affect scores of millions of living women and girls, with additional millions of girls disfigured annually. These estimates do not account for the young girls who die as a result of the more radical forms of genital mutilation. These practices range from excision of the clitoral prepuce to complete removal of the vulva with closure of the

vaginal opening. Our central concern, expressed in this statement of principles, is for all forms of female genital injury that lead to physical dysfunction or emotional trauma. Moreover, such procedures are often done with unclean instruments, without anesthesia, on forcibly held young girls between the ages of four and twelve. Hemorrhage, shock, infection, incontinence, damage to surrounding organs, and massive scarring are frequent results. In addition to this physical devastation, genital mutilation is also emotionally traumatic.

Women who have been subjected to genital mutilation are also often afflicted with a variety of long-term gynecological health problems, including fistulas, chronic infections, and problems with menstruation. Upon entering marriage, intercourse is usually a painful, traumatic event, often necessitating reopening of the scarified vaginal opening. Childbirth may also be impeded due to rigid scarring of the tissues. At times, maternal and fetal deaths also result.

In the cultures where female genital mutilation is prevalent, the practice is considered justified for a variety of reasons. It is believed, for example, that such mutilation will preserve virginity in unmarried women, assist in controlling their sexual drive, strengthen sexual faithfulness for married women, and increase sexual pleasure for their husbands. It is also believed that removal of all or part of female genitalia improves cleanliness, is cosmetically desirable, and makes childbirth safer for the infant. Because of these beliefs, women who have not undergone such procedures may be considered unsuited for marriage. Despite evidence against such reasons, and despite the efforts of numerous human-rights organizations, the practice of female genital mutilation continues in a variety of cultures, with a prevalence exceeding 90 percent in some countries.

In some cultures, female genital mutilation is defended as a form of religious practice. While Seventh-day Adventists strongly advocate protection of religious liberty, Adventists believe that the right to practice one's religion does not vindicate harming another person. Thus, appeals to religious liberty do not justify female genital mutilation.

#### Biblical principles

The Adventist Church's opposition to female genital mutilation is based on the following biblical principles:

1. Preservation of life and health. The Bible presents the goodness of God's creation, including the creation of human beings (Gen 1:31; Ps 139:13, 14). God is the Source and Sustainer of human life (Job 33:4; Ps 36:9; John 1:3, 4; Acts 17:25, 28). God calls for the preservation of human life and holds humanity accountable for its destruction (Gen 9:5, 6;

Ex 20:13; Deut 24:16; Jer 7:3-34). The human body is "the temple of the Holy Spirit," and followers of God are urged to care for and preserve their bodies, including the Creator's gift of sexuality, as a spiritual responsibility (1 Cor 6:15-19). Because female genital mutilation is harmful to health, threatening to life, and injurious to sexual function, it is incompatible with the will of God.

2. Blessing of marital intimacy. Scripture celebrates the divinely ordained gift of sexual intimacy within marriage (Eccl 9:9; Prov 5:18, 19; Song of Sol 4:16-5:1; Heb 13:4). The practice of female genital mutilation should be renounced because it threatens the Creator's design for the experience of joyful sexuality by married couples.

3. Healthful procreation. For married couples, the gift of sexual union may be further blessed by the birth of children (Ps 113:9; 127:3-5; 128:3; Prov 31:28). The fact that successful childbirth is threatened by female genital mutilation is additional grounds for opposition to this practice.

4. Protection of vulnerable persons. Scripture prescribes that special efforts be made to care for those who are most vulnerable (Deut 10:17-19; Ps 82:3, 4; Ps 24:11, 12; Isa 1:16, 17; Luke 1:52-54). Jesus taught that children should be loved and protected (Mark 10:13-16; Matt 18:4-6). The genital mutilation of young girls violates the biblical mandate to safeguard children and protect them from harm and abuse.

5. Compassionate care. Love for the neighbor prompts Christians to provide compassionate care to those who have been injured (Luke 10:25-37; Isa 61:1). Christians are called to care with compassion for those who have experienced physical and emotional trauma caused by female genital mutilation.

6. Sharing truth. Christians are called to overcome error by expressing the truth in a loving manner (Ps 15:2, 3; Eph 4:25). The fundamental truth of the gospel is intended to liberate people from all types of bondage to falsehood (John 8:31-36). Thus, Christians should join in sharing accurate information about the harm of female genital mutilation and the beliefs that underlie this practice.

7. Respect for cultures. Christians should be sensitive to and respectful of cultural differences (1 Cor 9:19-23; Rom 12:1, 2). At the same time, we believe that God's principles transcend cultural traditions (Dan 1:8, 9; 3:17, 18; Matt 15:3; Acts 5:27-29). The fundamental principles of Scripture provide a basis for the transformation of cultural practices. While we acknowledge that female genital mutilation is firmly entrenched in many cultures, we find this practice to be incompatible with divinely revealed principles.

## Conclusion

Because female genital mutilation threatens physical, emotional, and relational health, Seventh-day Adventists are opposed to this practice. The Church calls on its health care professionals, educational and medical institutions, and all members along with people of good will to cooperate in efforts to eliminate the practice of female genital mutilation. Through education and loving presentation of the gospel, it is our hope and our intention that those threatened by this practice will find protection and wholeness and that those who have been subjected to this practice will find solace and compassionate care.

[1]"Currently, the different types of female genital mutilation known to be practised are classified as follows: Type I Excision of the prepuce, with or without excision of part or all of the clitoris Type II Excision of the clitoris with partial or total excision of the labia minora Type III Excision of part or all of the external genitalia and stitching/narrowing of vaginal opening (infibulation) Type IV Unclassified: includes pricking, piercing or incising of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissue; scraping of tissues surrounding the vaginal orifice

[angurya cuts] or cutting of the vagina [gishiri cuts]; introduction of corrosive substances or herbs into the vaginato cause bleeding or for the purposes of tightening or narrowing it; and any other procedure that falls under the definition of female genital mutilation given above." This classification is taken from Female Genital Mutilation: A Joint WHO, UNICEF, UNFPA Statement. Published by World Health Organization, Geneva, 1997.

This document was adopted by the General Conference Christian View of Human Life Committee in April, 2000, and was referred to those Church departments and institutions which will find the material useful.