FEMALE CIRCUMCISION, EXCISION AND INFIBULATION[1]

The subject of female genital mutilation has received special attention in the issues of Al-Raida[2]. A report was published in it about the work of Fran Hosken, an experienced reseracher on the topic and author of the voluminous «Hosken Report». Another report in Al-Raida dealt with the Khartoum Seminar organized in 1978 by the World Health Organization for the study of the problem. It is noteworthy that other international organizations have equally handled the subject: the UNESCO, the UNICEF and lastly, the Minority Rights Group which recently published a report on the subject containing detailed facts, programs and practical proposals for change.

The size of the problem is clear when one considers that female genital mutilation in one form or another is practiced in almost all the countries of North and Central Africa, in parts of South Africa, in the southern states of the Arabian peninsula and in the United Arab Emirates.

Types of Mutilation

1) Circumcision or cutting of the hood of the clitoris. This is the mildest type of mutilation and it affects only a small proportion of the millions of women concerned. It is known in Muslim countries as «Sunna» (tradition).

2) Excision, meaning the cutting of the clitoris and of all, or part of, the labia minora.

3) Infibulation, the cutting of the clitoris, labia minora and at least the anterior two-thirds, and often the whole, of the medical part of the labia majora. The two sides of the vulva are then pinned together by silk

(1) This article is based on Report No. 47, published by Minority Rights Group, 36 Craven Street, London WC2N5NG, December 1980.

(2) See Al-Raida No.5, August 1978, p. 10; No.9, Vol. II, August 1979, p. 13; No. 10, Vol. II, November 1979, p. 15 and No. 15, Vol. IV, February 1981, p. 16.

or catgut sutures, or with thorns, thus obliterating the vaginal introitus except for a very small opening kept patent by the insertion of a tiny piece of wood or a reed for the passage of urine or menstrual blood. These operations are done with special knives, with razor blades or with pieces of glass. The girl's legs are then bound together from hip to ankle and she is kept immobile for up to forty days to permit the formation of scar tissue.

The operator is most frequently an old woman of the village or a traditional birth attendant (Daya). In some countries the operations are performed in hospitals.

The age at which the mutilations are carried out varies from a few days old to about seven years old.

Physical Consequences:

The operation may produce the following immediate complications: hemorrhage, post-operative shock, and injury to other organs. The longterm ones are chronic infection of the uterus and vagina, fistula formation due to rupture of the vagina or uterus, extremely painful menstruation, vulval abscesses, etc.

Psychological Consequences:

Apart from the deprivation of sexual enjoyment due to the excision of the clitoris, the psychological trauma encountered during the operation, the secrecy and fear surrounding the ritual and the tales told about the importance of conforming to this practice are likely to mark the girl's personality with a lifelong feeling of inertness and resignation.

Motives for the Custom

The reason most frequently mentioned for female mutilation is the attenuation of sexual desire supposedly concentrated in the clitoris. The operation is considered a safeguard of pre-marital chastity, though the contrary is true, because refibulation is easily done to restore the original form.

Many people pretend that the custom is demanded by the Islamic faith, though it is not limited to Moslems. The fact that it is no longer observed by leading Moslem countries like Saudi Arabia eliminates the religious basis for it.

Cleanliness is also mentioned as a motive because the external female genitals are considered dirty. But the effect is usually opposite to that of promoting hygiene; urine and menstrual blood which cannot escape naturally result in discomfort, odor and infection.

The persistence of a custom that is not supported by significant reasons is hard to explain. However the strong impact of tradition in Third World countries, the desire to keep women in a state of subjugation, and the fact that the custom is an irreplaceable source of revenue for operators, may help to explain it.

Programs and Practical Proposals for Change

Women writers from Africa and Arab countries have been speaking out against female genital mutilation. One is Nawal Saadawi from Egypt; another is Awa Thiam from Senegal, who discusses in her book, «La Parole aux Négresses» (Negro women should speak), two major themes: polygamy and genital mutilation. She attributed the persistence of the custom to men's fanaticism and women's blind adherence to ancestral values. She wishes for a vast reciprocal solidarity among oppressed women and calls upon them to wage a long and continuous struggle.

In Somalia, the Women's Democratic Organization is the main agent for the government commission concerned with the abolition of the custom. The same organization actively participated in the 1978 World Health Organization Seminar in Khartoum in which ten countries were represented and several recommendations were made.[3]

Campaigns against mutilation are most advanced in the Sudan, where an educational booklet in Arabic has been developed and programs have been started in rural areas with financial assistance from an organization in Sweden. Similar projects have been initiated in Kenya. In Geneva a working group is coordinated by Isabelle Tevoedjre from Benin (Nigeria). In Somalia, Edna Adan Ismail obtained the support of the government for research and education programs.

In Egypt, Marie Bassili Assa'ad, a senior research assistant at the Social Research Centre of the American University in Cairo, has conducted a pilot study on the custom, the extent of its practice in Egypt and the arguments given for its persistence. One of these arguments is the following: «Female circumcision is a deeply entrenched custom that is passed on from grandmother to mother and daughter. It is done for beauty and cleanliness».

Ms. Assa'ad concludes her study by expounding the following needs:

a. Research to ascertain the distribution of the different forms of mutilation and the physical and psychological damages caused by the milder (Sunna) more common form practiced in Egypt.

b. Research regarding men's views on the custom. Is it true that they refuse to marry uncircumcised girls, as is often claimed by women?

(3) See Al-Raida No. 9, Vol. II, Aug. 1979, p. 13.

c. No immediate action should be taken against the mistaken views linking female circumcision with Islamic beliefs and practices. If we encourage some religious leaders to take a stand against the practice, this will encourage others to stand in support of it, developing a religious opposition to any change and inducing the use of religion as a camouflage for other objectives.

d. Immediate action should be initiated by policy-makers, leaders of public opinion, educators and health practitioners before facing the resistance of the masses. Groups recruited from the above categories should receive adequate information about the practice, its extent, the reasons for its perpetuation and the effect of traditional and unscientific beliefs pertaining to women's health and sexuality. They would then be in charge of transmitting this information and discussing it with their audiences. The information could be included in curricula of medical and nursing schools, and distributed to planning associations and social workers. It could be presented in the form of information manuals based on case studies and research findings.

Other signs of awareness in Egypt regarding this problem are: first, a seminar held by the Cairo Family Planning Association, in October 1979, which brought together representatives from the Arab League, UNICEF, WHO and other organizations, and published a set of 14 recommendations which aimed at handling the situation.

Second, a detailed education project has been recently worked out (July-August 1980) by the Middle East Council of Churches with the specific aim of combating female circumcision, which is practiced in Egypt by the Christian Copts as well as by the Muslims. The project proposes:
1) production of educational material; 2) training sessions for leaders; 3) sessions for married couples, engaged couples, youth programs and women's groups.

Conclusion

Mutilation of female genitals remains a widely practiced custom. Though a number of men and women in some of the countries concerned are actively involved in eliminating it, the task is a difficult one.

Two conclusions may be drawn, first, that the issue must be treated as a health issue and not be linked with sexual liberation of women. The temptation to reduce pain and death by offering to perform the operations in hospitals (in the meantime) must be refused.

Secondly, steps towards eradication must be taken locally, by women in the countries concerned. Other women can contribute, however, in a practical way. For this purpose, research must be carried out, funds are needed from UNESCO, UNICEF, Health Ministries of the countries concerned and also from every other possible source.