Female Circumcision: A Lifetime of Suffering

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Full Text: Millions of women and girls around the world have had all or part of their external genitalia removed through female circumcision. Although the origins of this practice are uncertain due to the mystery which has surrounded it (Hosken, 1982:51), the practice may be as old as 2500 years (Abdalla, 1982:63; Hussein et al., 1982:291; Slack, 1988:443), and is thought to have started in different parts of the world simultaneously (Koso-Thomas, 1987:15). Today female circumcision is thriving in such countries as the Philippines, Malaysia, Pakistan, Indonesia, Brazil, Eastern Mexico, Peru, United Arab Emirates, South Yemen, Bahrain, and Oman (El Dareer, 1982:121; Hosken, 1982:32; Koso-Thomas, 1987:17). Nowhere, however, is it more pervasive than in Africa. Females are circumcised in more than 26 African countries (Hosken, 1982:32; see Figure 1 following), and it is estimated that as many as 94,000,000 African females have undergone this mutilation (1989 estimate, Lightfoot-Klein, 1989:31). What exactly is female circumcision, and what physical and psychological effects do the girls and women undergoing this operation experience? Why is female circumcision practiced today-are there hidden motives beyond those stated by the participants? Is the Western world unaffected by this practice? How can female circumcision be eradicated? This paper will examine the issue of female circumcision by attempting to answer these questions.

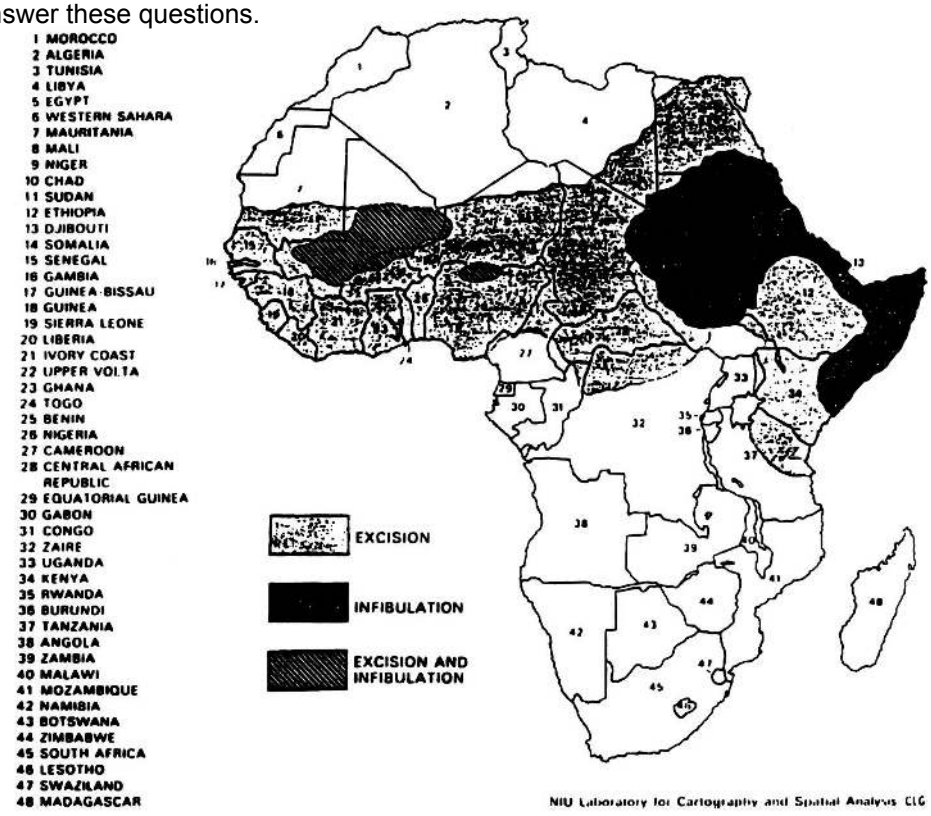

Figure 1. African Countries Where Female Circumcision is Practiced (From Kouba and Muasher, 1985:98)

THE PROCEDURE There are three main types of female circumcision performed today: sunna, clitoridectomy or excision, and infibulation or pharaonic circumcision. The following descriptions are taken from Lightfoot-Klein (1989:33). Sunna, which means tradition in Arabic, can be either mild, which involves "the pricking, slitting, or

removal of the prepuce of the clitoris, leaving little or no damage"; or modified, featuring "the partial or total excision of the body of the clitoris." Clitoridectomy or excision involves "the removal of part or all of the clitoris as well as all or part of the labia minora." Infibulation, also called pharaonic circumcision, is the most severe of the three types. It consists of "clitoridectomy and the excision of the labia minora as well as the inner layers of the labia majora." The raw edges of the woman's genitals are then sewn together in order to leave as small an opening as possible to the vagina. Lightfoot-Klein (1989:33) also lists modifications of pharaonic circumcision which involve leaving the labia majora alone while removing the clitoris and the labia minora. The age at which circumcision is done varies widely according to ethnic group-from as early as six days of age among the Yoruba, to sometime before the birth of the first child among the Aboh in Nigeria (Kouba and Muasher, 1985:100, McLean, 1980:3). In Sudan where female circumcision is extremely widespread (85% of the female population is circumcised [Lightfood-Klein, 1989:31]), Muslim girls are four to ten years of age when they undergo the operation (Hayes, 1975:619), while in Somalia, where the practice is almost universal, it is performed between the ages of six and twelve (Abdalla, 1982:18). The operations are most often performed by midwives who may or may not be trained or certified, or by elderly women (Bakr, 1982:139; Hayes, 1975:619; Sanderson, 1981:19; Slack, 1988:442). In Somalia, 70 to 75,000 out of 80,000 primary circumcisions are done every year by untrained operators, 98.6% of whom are traditional birth attendants, traditional healers, or barbers (Hussein et al., 1982:282,283). The operators use instruments such as scissors, razor blades, knives, broken glass, sharp stones, or pearls (see, for example, Armstrong, 1991:42; El Dareer, 1982:6,7: Kouba and Muasher, 1985:100; Lightfoot-Klein, 1989:36; McLean, 1980:3; Slack, 1988:442). Most female circumcisions take place without any anaesthesia (Abdalla, 1982:11; Anonymous, 1986:32; Armstrong, 1991:42; Ismail, 1982:268; Kouba and Muasher, 1985:101; Slack, 1988:442). In some cases, a local anesthetic of certain herbs is applied or given by mouth (Hansen, 1972/73:17). When the operation is done by paramedical personnel, local anaesthesia and sterile instruments are used, with more attention given to hygenic conditions (Abdalla, 1982:20; Kouba and Muasher, 1985:101). Frequently, however, female circumcision is performed under very septic conditions on the ground (Hosken, 1982:26; Kouba and Muasher, 1985:101). Female relatives forcefully hold the girl's arms and legs to keep her from struggling while the operator cuts and scrapes the external genitalia away (Abdalla, 1982:18; Armstrong, 1991;42; Boddy, 1982:684; El Dareer, 1982:16; Hosken, 1982:27; Kouba and Muasher, 1985:101). When this is finished, the two edges of the wound are sutured using such things as acacia thorns (which according to Boddy, 1982:684 produce numbness when piercing the skin, thus possibly helping to relieve some of the pain), cat or sheep gut, horsehair, silk, string, sewing thread, plastic thread, or even metal wire (see, for example, Abdalla, 1982:10; Anonymous, 1986:32; Armstrong, 1991:42; Bakr, 1982:139; BBC, 1983; Cook, 1979:54; El Dareer, 1982:2; Hansen, 1972/73:17; Hosken, 1982:27; Hussein et al., 1982:295; Ismail, 1982:268,269; Lightfoot-Klein, 1989:33; McLean, 1980:3; Sanderson, 1981:14,15; Slack, 1988:441). Various mixtures containing gum arabic, sugar, herbs, eggs, ashes, dirt, myrrh, iodine, salt, alcohol, lemon juice, oil, or pulverized animal excrement, or cigarette papers may be applied to aid in adhesion, control hemorrhaging, promote healing, or reduce pain (see, for example, Abdalla, 1982:19; Armstrong, 1991:42; BBC, 1983; El Dareer, 1982:1;2,16; Hosken, 1982:27; Hussein et al, 1982:295; Ismail, 1982:268,269; Kouba and Muasher, 1985:101; McLean, 1980:3; Slack, 1988:442). In infibulation, where the wound can stretch from the pubis to the perineum or anus (Sanderson, 1981:15,24), a small splinter of wood, commonly a matchstick, or a reed, straw or bamboo is inserted to prevent complete occlusion of the area and allow the release of urine and menstrual blood (Armstrong, 1991:42; Boddy, 1982:684; Cook, 1979:55; Hansen, 1972/73:17; Hayes, 1975:619; Hosken, 1982:27; Hussein et al., 1982:295; Lightfoot-Klein, 1989:33; McLean, 1980:3; Sanderson, 1981:15). In this type of circumcision, the girl's legs are bound together from her waist to her ankles, and she must lie immobile for anywhere up to 40 days to promote healing (Boddy, 1982:684; El Dareer, 1982:2; Hayes, 1975:619; Hosken, 1982:27; Kouba and Muasher, 1985:101; McLean, 1980:3; Sanderson, 1981:15,24; Slack, 1988:442). The screams of the girl may be drowned out by the festive noises, e.g., clapping, drumming, singing,

and crying of those in attendance at the operation (Abdalla, 1982:18; El Dareer, 1982:16; Hayes, 1975:619; Sanderson, 1981:34-35). Kouba and Muasher (1985:101) report infibulation takes a total of 15 minutes. If the operation is unsuccessful, it may be repeated (Abdalla, 1982:20). EFFECTS ON HEALTH It is of little surprise that many complications arise from female circumcision. Given that the operator may be unskilled, using unsterilized tools in septic conditions, operating in poor light on a child who is struggling or a baby whose genitals are quite small, serious mutilation of girls' genitals can be an obvious result (Sanderson, 1981:21). Koso-Thomas (1987:29) found that in Sierra Leone 83% of all circumcised females will require medical treatment as a result of circumcision at some point during their lifetime. She has organized post-circumcision health problems into categories of immediate, intermediate, late, at consumption of marriage, at delivery of firstborn child, and post-natal (1987:25). Immediate health problems following circumcision include: pain; hemorrhage; shock; acute urinary retention due to damage to the urethra, trauma to the area, or obstruction of the vaginal orifice; urinary infection; blood poisoning; fever; tetanus; fractured bones, from pressure applied to stop the girl from struggling; maduromycosis; post-surgery epidemic arthritis; and death, from shock, hemorrhage, etc. (see, for example, Abdalla, 1982:21, 22,26; Anonymous, 1986: 32,33; Armstrong, 1991: 42,43; Baasher, 1979:80; Badri, 1982:303; Bakr, 1982:139; Cook, 1979:65; El Dareer, 1982:29-34; Hosken, 1982:29,39; Hussein et al., 1982:284; Ismail, 1982:270; Koso-Thomas, 1987:25,26; Kouba and Muasher, 1985:101; Lightfoot-Klein, 1989:57; McLean, 1980:5; Modawi, 1982:337; Sanderson, 1981:36; Slack, 1988:451; Taba, 1979:46). Intermediate health problems include: delay in wound healing, pelvic infection, dysmenorrhoea (painful periods), labial adhesions, growth of cysts and abscesses, formation of keloid scars, and dyspareunia or painful intercourse (see, for example, Abdalla, 1982:23; Anonymous, 1986:32,33; Badri, 1982:303; Bakr, 1982:139; Cook, 1979:65; El Dareer, 1982:29; Hosken, 1982:29; Hussein et al., 1982:284; Ismail, 1982:271; Koso-Thomas, 1987:26; Kouba and Muasher, 1985:102; Lightfoot-Klein, 1989:57,58: McLean, 1980:5; Modawi, 1982:338; Sanderson, 1981:37; Slack, 1988:452). Keloid scars make internal physical exams, remedial surgery, insertion of IUDs, and intercourse very difficult if not impossible (Badri, 1982:303: BBC, 1983; Koso-Thomas, 1987:27; Lightfoot-Klein, 1989:58; Sanderson, 1981:37). Late complications include haematocolpos, in which scar tissue closes the vaginal opening; infertility, often from pelvic infection (as much as 35% of infertility in Sudan may be due to infibulation [Lightfoot-Klein, 1989:79]); recurrent urinary tract infections; difficulty in urinating (it takes an average of 10 to 15 minutes for an infibulated virgin to urinate [Lightfoot-Klein, 1989:57]); calculus or stone formation; hypersensitivity; and funnel anus, anal incontinence, and fissure, resulting from anal intercourse which may be substituted when vaginal intercourse is impossible (see, for example, Abdalla, 1982:24,26; Anonymous, 1986:33; Baasher, 1979:80; Badri, 1982:303; Cook, 1979:65;Hayes, 1975:620; Hosken, 1982:29,39; Hussein et al., 1982:284; Ismail, 1982:271; Koso-Thomas, 1987:26; Lightfoot-Klein, 1989:57, 58; Sanderson, 1981:37,38; Slack, 1988:452). The obstruction of menstrual flow creates a buildup of menstrual blood (Baker, 1982:140; Ismail, 1982:271; McLean, 1980:5; Slack, 1988:452); a swollen belly results which an unmarried girl's family may mistake for pregnancy, leading to her being ostracized or murdered to avoid social disgrace (Anonymous, 1986:32; Armstrong, 1991:43; El Dareer, 1982:37; Slack, 1988:452). Other health problems arising at the consummation of the marriage include: difficulty in penetration (gradual penetration of the infibulation took two to three months on average [Lightfood-Klein, 1989:58]); dyspareunia; vagisimus; apareunia (lack of intercourse); false vagina; and injury when the husband or midwife attempts to open the scar with a sharp instrument such as scissors, knives or razors (see, for example, Abdalla, 1982:24; Anonymous, 1986:33; Armstrong, 1991;43; El Dareer, 1982:29, 43; Hosken, 1982: 36,39; Hussein et al., 1982:284; Ismail, 1982:270; Koso-Thomas, 1987:26; Kouba and Muasher, 1985:102; Lightfoot-Klein, 1989:58; McLean, 1980:5; Modawi, 1982:339; Sanderson, 1981:39; Slack, 1988:453). An increase in susceptibility to AIDS through the open wounds caused by penetration may also result (Anonymous, 1988:27; Slack, 1988:453). At delivery, the mother may experience prolonged and obstructed labor, due to the tough scar; hemorrhage, leading to shock and death from tearing; unnecessary Caesarian section (is sometimes seen in Europe where

there is unfamiliarity with the circumcision); perineal laceration; uterine inertia or rupture of the uterus; other obstetrical consequences such as inability to properly monitor labor; and other gynaecological consequences, stemming from inability to do a proper vaginal examination (see, for example, Abdalla, 1982:26; Anonymous, 1986:33; Armstrong, 1991:44; Bakr, 1982:140; Cook, 1979:66; El Dareer, 1982:38; Hosken, 1982:29; Hussein et al., 1982:285; Koso-Thomas, 1987:27; McLean, 1980:5; Sanderson, 1981:41; Slack, 1988:453). At delivery, the child may be stillborn or suffer brain damage from a lack of oxygen, the result of prolonged obstructed labor, (Anonymous, 1986:33; Cook, 1979:66; El Dareer, 1982:39; Hosken, 1982:29; Koso-Thomas, 1987:27; Lightfoot-Klein, 1989:59; McLean, 1980:5; Sanderson, 1981:41; Slack, 1988:453). Post-natal complications include: vaginal, urinary, and rectal fistulae, resulting from prolonged labor; and uterine prolapse involving rectocele and cystocele (rectum and bladder collapse) (Anonymous, 1986:33; El Dareer, 1982:38; Hayes, 1975:628; Hosken, 1982:39; Hussein et al., 1982:284; Ismail, 1982:271; Koso-Thomas, 1987:27; Sanderson, 1981:41; Slack, 1988:453; Taba, 1979:47). Sexual problems, besides those already mentioned, include: lack of orgasm (from amputation of the clitoris); frigidity; anxiety (from fear of pain, and feelings of inadequacy to respond to and satisfy husband's needs); depression; and temporary impotence, premature ejaculation, and frustration for the husband who may be unable to achieve penetration after days and weeks of attempts (see, for example, Abdalla, 1982:24: Anonymous, 1986:33; Armstrong, 1991:43: Bakr, 1982:140; Hansen, 1972/73:17; Hosken, 1982:29; Hussein et al., 1982:284-285; Koso-Thomas, 1987:27,28; McLean, 1980:5; Slack, 1988:455). Other psychological disturbances which may result include: chronic irritability; embarrassment and a feeling of hopelessness arising out of the myriad of physical problems the girl or woman has to face; fear for many girls and women facing circumcision, and the painful events which come later - menstruation, sex, and childbirth-which manifests itself in emotional withdrawal, sleeplessness, nightmares, depression, and even psychosis (see, for example, Abdalla, 1982:27,28; Baasher, 1979:80; Hosken, 1982:39; Hussein et al., 1982:285; Kouba and Muasher, 1985:102; Lightfoot-Klein, 1989:60,76; McLean, 1980:6; Sanderson, 1981:41-43; Slack, 1988:455; Taba, 1979:48). Taba (1979:47) also notes that in addition to human suffering, complications from female circumcision put a serious strain on health resources in developing countries where such resources are limited and scarce. MOTIVATION Why do so many women continue to go through this ordeal and subject their daughters and granddaughters to it? There are many explanations given for the popularity of female circumcision. Some female circumcision takes place in a ritual context. Brown (1963:844) believes that in societies where there is a conflict in sex identity, painful genital operations are used to force women to accept their roles. Female circumcision may also be used as a religious sacrifice, by giving part of the body to save the whole (Baasher, 1979:74), or as an offering to the deity who presides over fertility (Taba, 1979:44). In a number of societies, circumcision is part of the initiation process into adult society (El Sayed, 1982:160; Hansen, 1972/73:24; Lowenstein, 1978:417; McLean, 1980:7; Sanderson, 1981:46,47). In certain cultures, female circumcision is intended to remove the maleness from a female (the clitoris), and male circumcision removes the femaleness (the foreskin) from the male (Armstrong, 1991:44; Assaad, 1982:235; Boddy, 1982:688; El Sayed, 1982:159; Hansen, 1972/73:23,24; Hosken, 1982:31; Hussein et al., 1982:291; Kouba and Muasher, 1985:103; Lightfoot-Klein, 1989:29,38; McLean, 1980:7; Slack, 1988:447). Some cultures believe that the clitoris is dangerous and can kill a man if it comes into contact with his penis (e.g., the Bambara of Mali), or a baby during delivery (e.g., the Dogon of Mali) (Armstrong, 1991:44; Hosken, 1982:304; Koso-Thomas, 1987:7; Kouba and Muasher, 1985:103; Lightfoot-Klein, 1989;38; McLean, 1980:7; Slack, 1988:448). In some societies, female circumcision is believed to enhance fertility (El Dareer, 1982:76; El Sayed, 1982:158; Hosken, 1982:31; KosoThomas, 1987:9; Kouba and Muasher, 1985:103; Lightfoot-Klein, 1989:40; McLean, 1980:7; Slack, 1988:447) and prevent infant and maternal mortality (Anonymous, 1986:33; El Sayed, 1982:158; Slack, 1988:447), while in other societies it is believed that an uncircumcised woman cannot bear children (Kouba and Muasher, 1985:103; Lightfoot-Klein, 1989:39). Female circumcision may in fact decrease population growth because of resulting sterility, maternal and infant deaths, and a decrease in intercourse

(Hayes, 1975:628). In Sudan, infibulation represents purity, the womb of an infibulated woman being likened to an oasis for fertility (Boddy, 1982:695). Circumcision is said to keep a woman healthy, to have healing powers, and also to promote cleanliness in the genital area by removing unhygienic secretion-producing parts (see, for example, Anonymous, 1986:33; Armstrong, 1991:44; Baasher, 1979:75; Boddy, 1982:685; El Dareer, 1982:73; El Saadawi, 1982:216; El Sayed, 1982:157; Hosken, 1982:31; Hussein et al., 1982:291; Koso-Thomas, 1987:7,9; Kouba and Muasher, 1985:103; Lightfoot-Klein, 1989:39; McLean, 1980:7,8; Sanderson, 1981:49; Slack, 1988:447; Taba, 1979:45). In Sudan, female circumcision is believed to cure a childhood worm disease (El Dareer, 1982:13). Female circumcision is believed to prevent the enlargement of the clitoris and labia (Armstrong, 1991:44; Baasher, 1979:75; El Sayed, 1982:158; Hosken, 1982:304; Lightfoot-Klein, 1989:39; McLean, 1980:7; Slack, 1988:447). The female genitalia are considered by some to be ugly, while a flat, smooth area is pleasing (Assaad, 1982:240; Hansen, 1972/73:19; Hosken, 1982:31; Koso-Thomas, 1987:7; Kouba and Muasher, 1985:103; Lightfoot-Klein, 1989:38; McLean, 1980:7, 8; Sanderson, 1981:49). Infibulation is believed to increase a male's sexual pleasure and satisfaction-the narrower the vaginal opening, the more pleasure he is said to get (Abdalla, 1982:50; Boddy, 1982:685; El Dareer, 1982:74; El Sayed, 1982; 158; Hosken, 1982:27; Koso-Thomas, 1987:8,9; Kouba and Muasher, 1985:104; Lightfood-Klein, 1989:70; Sanderson, 1981:52; Slack, 1988:447). A commonly stated belief is that female circumcision prevents promiscuity-a woman will be unable to control her sexuality otherwise (Anonymous, 1986:33; Armstrong, 1991:44; Assaad, 1982:239; Baasher, 1979:74; Badri, 1982:304; Boddy, 1982:685, 686; El Dareer, 1982:90; El Saadawi, 1982:215; El Sayed, 1982:155; Hayes, 1975:624, 627; Hosken, 1982:4; Hussein et al., 1982:291; Lighfoot-Klein, 1989:39; Lowenstein, 1978:417; McLean, 1980:7; Sanderson, 1981:51; Slack, 1988:445; Taba, 1979:45). Uncircumcised women are considered prostitutes (Hayes, 1975:624; Hosken, 1982:4,7), and infibulation is regarded as necessary as a protection against rape (Baasher, 1979:75; Boddy, 1982:685; Hayes, 1975:627; Hosken, 1982:4; Lightfoot-Klein, 1989:39). Circumcision is seen by many as a way of preserving virginity and thus increasing marriage opportunities, for in many societies, especially those that are Moslem, the bride must be a virgin (Abdalla, 1982:49; Assaad, 1982:239; Bakr, 1982:140; Badri, 1982:304; El Dareer, 1982:73, 75:El Saadawi, 1982:223: Hansen, 1972/73:21; Hayes, 1975:617; Hosken, 1982:27; Koso-Thomas, 1987:9; Kouba and Muasher, 1985:104; Lightfoot-Klein, 1989:69; McLean, 1980:7; Modawi, 1982:223; Sanderson, 1981:48, 52; Slack, 1988:445). Virgin brides command a higher bride-price from prospective grooms (Hosken, 1982:27, 268; Koso-Thomas, 1987:12; Sanderson, 1981:54). In these societies, children must be legitimate and the honor of the family and patrilineage preserved at all costs; thus, women will be reinfibulated after giving birth, divorce, widowhood, or if the male is absent for a long period of time, so that they are once again in a state of "virginity" (Anonymous, 1986:32; Boddy, 1982:687; El Dareer, 1982:56; Hayes, 1975:622-624; Hosken, 1982:27; Hussein et al., 1982:283; Lightfoot-Klein, 1989:29,35,65; Lowenstein, 1978:417; Slack, 1988:454).

Table 1. Reasons Why Female Circumcision is Performed (From Koso-Thomas, 1987:46)

Rank	Reason	No. of respondents	Percentage of sample
1.	Tradition	257	85.67%
2.	Social identity (To belong to the group)	105	35%
3.	Religion	51	17%
4.	Marriage (To increase matrimonial chances)	12	4%
5.	Chastity (Preservation of virginity)	11	3.7%
6.	Female hygiene	10	3.3%
7.	Prevention of promiscuity	6	2%
8.	Fertility enhancement	3	1%
9.	To please husband	2	0.7%
10.	To maintain good health	1	0.3%

Many Muslims say that their religion commands female circumcision (Abdalla, 1982:84; Anonymous, 1986:33; Baasher, 1979:73; Badri, 1982:304; El Dareer, 1982:71; El Sayed, 1982:161; Hansen, 1972/73:18; Hosken, 1982:56; Lightfoot-Klein, 1989:42; McLean, 1980:7; Sanderson, 1981:55; Slack, 1988:457), but in fact it is only sunna which is sanctioned by Islamic authority (Assaad, 1982:236; El Dareer, 1982:72; El Sayed, 1982:161; Hayes, 1975:621; Hussein et al., 1982:291; Sanderson, 1981:55; Slack, 1988:457). Certainly though, the Islamic emphasis on chastity encourages the practices of excision and infibulation (Abdalla, 1982:35; Assaad, 1982:238; Hayes, 1975:622,623; Lightfoot-Klein, 1989:41). One of the worst insults for a Moslem male is to be called the son of an uncircumcised mother (Abdalla, 1982:84; El Dareer, 1982:69; Hosken, 1982:56; Lightfoot-Klem, 1989:69). The most common reason given for female circumcision is tradition-accepted customs and current norms are followed, bringing social and political cohesion, with nonadherence resulting in ostracism (see, for example, Anonymous, 1986:33; Baasher, 1979:78; El Dareer, 1982:67; El Saadawai, 1982:222; El Sayed, 1982:160; Hansen, 1972/73:22; Koso-Thomas, 1987:8; Lightfoot-Klem, 1989:38; Sanderson, 1981:47; Slack, 1988:449; Taba, 1979:46). Girls are pressured to conform and undergo circumcision by being given gifts and being made the center of attention on the day of circumcision (El Dareer, 1982:25; Koso-Thomas, 1987:14; Lightfood-Klein, 1989:68,73), as well as by being ridiculed by circumcised peers (Badri, 1982:305; El Dareer, 1982:78; Ismail, 1982:271; Lightfoot-Klein, 1989:68,72). Older women pressure younger women to maintain the practice and grandmothers especially believe that by upholding and enforcing tradition, they are holding society together (Hayes, 1975:620; Lightfoot-Klein, 1989:77; Lowenstein, 1978:420). Koso-Thomas, in a study conducted in Sierra Leone, revealed that semi-illiterate and illiterate men and women were "die-hard traditionalists" who saw female circumcision as a part of their culture, not to be tampered with, and she found that even educated men in rural areas insisted that their wives be circumcised in order to be accepted in their communities (1987:35, 36). In Sierra Leone, 86% of those Koso-Thomas surveyed listed tradition as the overriding factor for being circumcised (1987:46; see Table 1). What are the unexpressed motivations behind the practice of female circumcision? Hayes (1975:624) believes that the social status of certain women's roles is behind the continued practice of this procedure today. In patriarchal societies, women have few positions of status available to them. Two exceptions are that of grandmother and midwife. Grandmothers in Muslim Sudanese society are accorded a respected status similar to that of men (Hayes, 1975:624), and they yield a lot of power over younger women and girls (Lightfoot-Klein, 1989:100). As stated earlier, grandmothers are

staunch defenders of tradition. Hayes says that although Sudanese men may approve of and support infibulation, it is the older women, grandmothers in particular, who are the perpetrators and strongest advocates of it-she cites knowledge of cases where fathers did not want infibulation done on their daughters, so the grandmothers took the children to a village and had the operation done without the fathers' knowledge (1975:620). This scenario is also reiterated by others in the BBC video recording "Female Circumcision" (1983). Some grandmothers and mothers have also insisted on it being done to their daughters and granddaughters out of spite, because it had been done to them (Armstrong, 1991:44-45; McLean, 1980:8). The role of midwife is also an important status role in these societies. It is the midwife who performs the circumcision, receiving money or goods each time she circumcises a girl, helps to undo the operation's results on a wedding night, or reinfibulates a woman, and she is not about to give up her power and source of income (Anonymous, 1986:34; BBC, 1983; El Saadawi, 1982:226; Hayes, 1975:628; Kouba and Muasher, 1985:107; Lightfoot-Klein, 1989:77,101; McLean, 1980:8; Sanderson, 1981:55,113). Others assert that men are the driving force behind female circumcision. Hosken (1982:5) forcefully suggests that a combination of socialization and fear have made women feel responsible for their own victimization and the "crime" of circumcision. Lightfoot-Klein (1989:78) contends that although women may arrange and carry out the procedure, it is done under the strict rule of a patriarchal society. In this type of society, men are in control while women are subordinate (Hosken, 1982:9; Koso-Thomas, 1987:1). Women must please men sexually or they can be divorced and lose their children, their economic support, and their respectability (Hosken, 1982:27). Men are considered responsible for the practice of female circumcision because they pay the midwives (Hosken, 1982:28; Lightfoot-Klein, 1989:99), receive the bride-prices for their excised daughters (Hosken, 1982:268), and make these operations a requirement for marriage, which is obligatory in these societies (El Sayed, 1982:157; Hosken, 1982:26,28), and the only hope for social and economic survival (Armstrong, 1991:44). The practice of female circumcision is seen as a means for men to control women's sexuality and reproductive capabilities, to make women helpless and powerless by subjugating, suppressing, and exploiting them, and to keep women under men's control (Abdalla, 1982:41; Armstrong, 1991:44; Hosken, 1982; Koso-Thomas, 1987:1; Lightfoot-Klein, 1989:71; McLean, 1980:10). As Souad Ibrahim Ahmed of the University of Khartoum says, "It's a man's society." (BBC, 1983). ERADICATING THE PRACTICE Female circumcision is such a deeply rooted custom that all of the motivational factors previously mentioned need to be kept in mind when attempting to abolish the practice (Baasher, 1979:93; El Dareer, 1982:100). Attitudes and beliefs need to be changed, and it may take generations for people to be persuaded to stop the practice (Anonymous, 1986:34; El Dareer, 1982:100; Sanderson, 1981:112). The practice needs to be replaced, not merely repressed, as girls and women need to find other avenues for social status, approval and respectability (Anonymous, 1986:34). Training needs to be provided for an alternate livelihood that carries the same social status and provides an adequate income for the traditional operators (Abdalla, 1982:104; Anonymous, 1986:34; Armstrong, 1991:45; Assaad, 1982:248; El Dareer, 1982:105; Lightfoot-Klein, 1989:176; McLean, 1980:19). A multifaceted approach is essential, including such elements as: education-general education, sex education, and the facts about circumcision (Abdalla, 1982:100, 104; Assaad, 1982:247; Baasher, 1979:93; Badri, 1982:308; El Dareer, 1982:100,101; Hosken, 1982:263; Hussein et al., 1982:298; Koso-Thomas, 1987:61; Kouba and Muasher, 1985:108; Lightfoot-Klein, 1989:175; McLean, 1980:16; Sanderson, 1981:115; Slack, 1988:484); studies and research such as epidemiological, psychological, and socio-anthropological research (Assaad, 1982:247; Koso-Thomas, 1987:60; McLean, 1980:15; Sanderson, 1981:112); the use of mass media to disseminate information (Badri, 1982:309; El Dareer, 1982:101; McLean, 1980:16,19), including soap operas (Lightfoot-Klein, 1989:177); the clarification of the teachings of Islam on female circumcision by religious leaders (Abdalla, 1982:103; Badri, 1982:309; El Dareer, 1982:102, 103; Hussein et al., 1982:298; Lightfoot-Klein, 1989:176; McLean, 1980:14; Slack, 1988:484); the speaking out of socially influential leaders (Badri, 1982:310; Slack, 1988:484); the use of community programs and women's organizations at a grass-roots level (Abdalla, 1982:103; El Dareer,

1982:106; Lightfoot-Klein, 1989:175; McLean, 1980:20); and legislation outlawing all types of circumcision (Abdalla, 1982:103; Badri, 1982:309; El Dareer, 1982:101; McLean, 1980:16; Slack, 1988:485). El Dareer, in a study of female circumcision in the Sudan, found that enforcement of legislation was the method most favored by the women in the study for ending the practice, while educational campaigns for women were the method most favored by the Sudanese men (1982:84; see Table 2). Legislation to stop female circumcision has been attempted before, but has had little success. The law in Sudan prohibiting infibulation has failed to eradicate the practice because local people did not want the practice suppressed, the law was neither enforced nor enforceable, and the operations were done in private places where detection was unlikely (Slack, 1988:478; Taba, 1979:49). The underlying motivations for the practice were not addressed.

Table 2. Suggested Methods for Eradication of the Practice (From El Dareer, 1982:84)

Method	Women No.	Men No.
Enforced legislation	288	114
Educational campaigns for women	246	127
Talks to fathers about their responsibility	132	107
Improvement of women's status	114	88
Sex education	54	80
Other	18	5
Total	852	521

The World Health Organization, at a seminar held in Khartoum on traditional practices affecting the health of women and children, made the following recommendations for the eradication of female circumcision: (i) Adoption of clear national policies for the abolition of female circumcision. (ii) Establishment of national commissions to coordinate and follow up the activities of the bodies involved including, where appropriate, the enactment of legislation prohibiting female circumcision. (iii) Intensification of general education of the public, including health education at all levels, with special emphasis on the dangers and the undesirability of female circumcision, (iv) Intensification of education programs for traditional birth attendants, midwives, healers and other practitioners of traditional medicine, to demonstrate the harmful effects of female circumcision, with a view to enlisting their support, along with general efforts to abolish this practice. (Anonymous, 1979:4-5) THE WESTERN WORLD The West has not been untarnished by female circumcision. Clitoridectomy was carried out in England and the United States in the late 19th and early 20th centuries, largely as a remedy for masturbation and to control female sexuality (Abdalla, 1982:63; Hosken, 1982:251, 254; Lightfoot-Klein, 1989:180). In the United States, women rejected the practice, and as the fear of masturbation declined, so too did the practice of female circumcision decline (Hosken, 1982:255). Today, immigrants from Africa and the Middle East bring the operations with them to the West (Hosken, 1982:257). Cases of operated girls have been documented in France, Sweden, Italy, the United Kingdom, Germany, and Australia (see, for example, Hosken, 1982:257; McLean, 1980:6). In France, the heads of African immigrant families bring traditional excizors into the country to perform the operation on their daughters, and girls have died and been hospitalized as a result of the operation (Hosken, 1982:260, 291). As reports of the practice spread, Western governments began to take action. In 1982, Sweden passed legislation prohibiting female circumcision (Ogiamien, 1988:117), and in 1985, the Prohibition of Female Circumcision Act was passed in Britain (Armstrong, 1991:46; Ogiamien, 1988:118). Canada, Alberta and Ontario banned the practice in 1992 (Walker, 1992:B1). In France, in January of 1993, a Gambian immigrant was sentenced to one year in prison with a four-year suspended term for hiring a midwife to circumcise her two daughters aged one and two in 1987 (Anonymous, 1993:A10). Westerners have also tried to stop circumcision in African countries, but early attempts failed because they were viewed as colonial-types

meddling in the countries' cultural affairs (Anonymous, 1986:34; McLean, 1980:8; Slack, 1988:463). Today, however, international funding for local programs to eradicate female circumcision is considered essential, because these countries do not have the financial resources required for such a large undertaking (Lightfoot-Klem, 1989; 176; Slack, 1988:483). SUMMARY Female circumcision, then, is a practice with worldwide repercussions, but with no medical justification. The genital mutilation of large numbers of girls and women in a number of countries around the world, done usually without anaesthesia or any regard for aseptic conditions, causes untold suffering, physical and psychological problems and even death for those who are forced to undergo the procedure. These girls and women are victims of patriarchal societies in which women are powerless and at the mercy of men who control their destinies. Through appeal to tradition, religious dictate, and myths such as circumcision aiding in fertility, feminine hygiene, good health, men's sexual satisfaction, and the control of women's otherwise irrepressible sexual urges, women have been trained to regard female genitalia as unhealthy and something to be removed, no mater what the cost is to themselves or their daughters. Eradication of the practice will not be easy, nor will it take place quickly. Education, legislation, and grass-roots involvement are crucial. Until men change their way of thinking and their attitudes, and women take charge of their bodies, seeing circumcision as something done to them rather than for them (Lightfoot-Klein, 1989:70), genital mutilation will continue and many more girls and women will suffer. References REFERENCES Abdalla, Raqiya Haji Dualeh (1982). Sisters in Affliction: Circumcision and Infibulation of Women in Africa. London: Zed Press. Anonymous (1993). "Gambian Woman Jailed in Girls' Circumcisions," The Globe and Mail, 9 January 1993, AIO. Anonymous (1988). "Lethal Custom: Circumcision and AIDS." New Internationalist January 179:27. Anonymous (1986). "A Traditional Practice that Threatens Health-Female Circumcision," WHO Chronicle 40(1): 31-36. Anonymous (1979). "Recommendations." Pp. 1-5 in WHO/EMRO Technical Publication No. 2, Traditional practices affecting the health of women and children. Alexandria: WHO. Armstrong, Sue (1991). "Female Circumcision: Fighting a Cruel Tradition." New Scientist 2 February 1754:42-47. Assaad, Marie Bassili (1982). "Female Circumcision in Egypt: Current Research and Social Implications." Pp. 229-250 in Taha Baasher et al. (eds.), Traditional practices affecting the health of women and children. WHO EMRO Technical Publication No. 2 Vol. 2. Alexandria: WHO. Baasher, Taha (1979). "Psychological Aspects of Female Circumcision." Pp. 71-105 in WHO/EMRO Technical Publication No. 2, Traditional practices affecting the health of women and children. Alexandria: WHO. Badri, Gasim (1982). "The Views of Sudanese Gynaecologists, Midwives and College Students on Female Circumcision." Pp. 300-311 in Taha Baasher et al. (eds.), Traditional practices affecting the health of women and children. WHO EMRO Technical Publication No. 2 Vol. 2, Alexandria: WHO. Bakr, Salah Abu (1982). "Circumcision and Infibulation in the Sudan." Pp. 138-144 in Taha Baasher et al. (eds.), Traditional practices affecting women and children. WHO EMRO Technical Publication No. 2 Vol. 2. Alexandria: WHO. BBC (1983). Female Circumcision. [Video recording.] London: BBC Enterprises. Boddy, Janice (1982). "Womb as Oasis: The Symbolic Context of Pharaonic Circumcision in Rural Northern Sudan." American Ethnologist 9(4):682-698. Brown, Judith K, (1963). "A Cross-Cultural Study of Female Initiation Rites." American Anthropologist 65(4):837-853. Cook, Robert (1979). "Damage to Physical Health from Pharaonic Circumcision (Infibulation) of Females: A Review of the Medical Literature." Pp. 53-69 in WHO/EMRO Technical Publication No. 2, Traditional practices affecting the health of women and children, Alexandria: WHO. El Dareer, Asma (1982). Woman, Why Do You Weep? Circumcision and Its Consequences. London: Zed Press. El Saadawi, Nawal (1982). "Circumcision of Girls." Pp. 215-228 in Taha Baasher et al. (eds.), Traditional practices affecting the health of women and children. WHO EMRO Technical Publication No. 2 Vol. 2, Alexandria: WHO. El Sayed, El Sayed Mirghany (1982). "Reasons for and Purposes of Female Circumcision." Pp. 155-161 in Taha Baasher et al. (eds.), Traditional practices affecting the health of women and children. WHO EMRO Technical Publication No. 2 Vol. 2, Alexandria: WHO. Hansen, Henny Harald (1972/73). "Clitoridectomy: Female Circumcision in Egypt." Folk 14/15:15-26. Hayes, Rose Oldfield (1975). "Female Genital Mutilation, Fertility Control, Women's Roles, and the Patrilineage in Modern Sudan: A

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