

Female Circumcision by Lisa Meyerhardt

It's the year 423 BCE, and the orders have just been sent out—Every female is to be circumcised. Rumor has it that the newest Pharaoh is not very well-endowed and wants the females in his land to be circumcised to enhance his sexual pleasure.

(qtd. in Gruenbaum 43)

Although such an account seems amusing, female circumcision and its effects are real. It is thought that female circumcision has been around for at least twenty centuries (Gruenbaum 193). Despite its age, female circumcision is only recently being discussed and debated in the United States. In fact, the matter itself had not really been looked at nationally until 1975, "when the Australian delegation at the first U.N. conference on woman in Mexico City proposed a motion condemning it" (Greer 64). Since that time, opposition to female circumcision has been included as a part of American Human Rights Policy (Mackie 999). The U.S. agency for International Development is also assisting the "African organizations working to eradicate it" (qtd. in Mackie 999). Now the world knows about female circumcision and wants to do something about it, but change will not come suddenly due to its long tradition.

Female Circumcision is the cutting or removing of female genitalia. According to *msn.com*, female circumcision is "the practice of circumcision of adolescent women in some cultures that generally involves the surgical removal of the clitoris or the sewing up of the vaginal opening." There are many different names for this practice. Some refer to it as "female genital mutilation," and others call it "female genital cutting." Oftentimes, the women who practice female circumcision are extremely offended by such terms; therefore the simplest, least offensive way to refer to it is "female circumcision." Although it sounds barbaric to us, the people who practice female circumcision view it as tradition, and most are not ashamed of it. "It's not a secret; we celebrate it!" said a Sudanese woman (qtd. in Gruenbaum 15). This seems odd and cruel to us, for we are not accustomed to their ways. Female circumcision is carried out in 28 African countries, from Mauritania and the Ivory Coast in the west to Egypt, Somalia and Tanzania in the east, and a few ethnic groups in Asia (Abusharaf). It's estimated that more than 137 million women and girls have undergone the surgery and that another estimated 2 million will undergo it each year (Bosch 1177).

There are different types of female circumcision, depending on the culture and the country. They range from mild pricks, piercings or stretching of the clitoris and/or the labia to the total removal of all female genitalia. The two most common forms are known as type II, "excision," or type III, "infibulation." Excision is the total or partial removal of the prepuce, the clitoris and/or the labia minora. "Infibulation is the total amputation of all of the external genitalia together with the stitching together of the remainder of the labia majora..." ("Female Genital Mutilation"). There is, however, a small opening left for urination and menstruation. This is held open by a single piece of straw which is left there during the healing process (Gruenbaum 15). In Somalia, the girls' legs are often tied together to aid in the healing process (Walker and Parmar 19). Simple things like urination are forever altered. For instance, Gerry Mackie, Junior Research Fellow in politics at St. John's College in Oxford, and a researcher of social and political theory, wrote about female circumcision and some of its consequences. In his essay (1009), he writes about Hanny Lightfoot-Klein's interviews with Sudanese women. Lightfoot-Klein is known to be one of the leading authors and researchers of female circumcision. She began writing about female circumcision in 1979 when she went on a 32-month study in Africa. According to Mackie's essay, the females of Africa

feel that the time it takes them to urinate is "normal—about 15 minutes." Such an image is horrifying to us. We can't understand that mothers don't force this on their children, but that rather, it is done for them; it is done out of love.

Although this doesn't make sense from a first world perspective, we have to understand the concept of cultural relativism. The practice can't just be declared "wrong" and "inhuman." In fact, in the first half of the 20th century when the Europeans tried to abolish the practice, the African people only clung on tighter to their traditions (Abusharaf). Reform doesn't come suddenly. Those of the third world are not going to think that their culture is wrong, and that our views are correct. To them it is a part of their lives, and the practice is founded on many beliefs. Some ethnic groups practice female circumcision for real health reasons. For example, there are many people in Nigeria who think that if a baby comes in contact with the clitoris, the baby will die. Others think that if left unchecked, the female genitalia will continue to grow, "becoming a grotesque penislike organ dangling between a woman's legs." They also believe that vaginal secretions are unclean and lethal to sperm. Needless to say, the glands that produce these secretions are often removed during the procedure (Abusharaf). These views are ingrained into their way of thinking. And even if they aren't completely sure about those consequences, the possibility of their happening is enough to scare the women into doing it. It's like when we were kids and our parents told us not to give each other dirty looks because our face might freeze like that—we thought they were just joking, but who of us was brave enough to find out? The thought of going through life looking odd and malformed scared us enough to stop. This is the same thinking that Africans experience when debating about female circumcision.

The social justifications behind female circumcision are extremely important in understanding why, despite the pain involved, it continues. "Inflibulation safeguards the female's virginity, preserves her chastity, and ensures her eligibility for marriage, thus protecting her future" (Nour 51). Female circumcision is also considered a rite of passage. It is done to girls when they are around 11-12 years old. In Sudan, circumcision marks the transition from a girl to a woman. She is now worthy of a husband and ceremonies are held to celebrate this "special" occasion. Although the newly circumcised girl is still in her room, legs tied together and moaning because of pain, the people outside are celebrating (Pulsipher). In their minds, the consequences of not getting the circumcision far outweigh the pain that it initially causes. If one does not get the surgery, one is considered a social outcast, a pariah. The "uncut women are called girls, whatever their age, and are forbidden to speak at community gatherings" (Abusharaf). Men in Kenya, including great leaders such as Kenyatta, say that no Kenyan man would marry a woman who had not been circumcised (Walker and Parmar 268). The social pressures are extremely intense, and no one wants to be known as dirty or unclean. An example of this is seen in Abusharaf's essay where she wrote about the account of a Somali woman:

When the girls of my age were looking after the lambs, they would talk among themselves about their circumcision experiences and look at each other's genitals to see who had the smallest opening. Every time the other girls showed their infibulated genitals, I would feel ashamed I was not yet circumcised. Whenever I touched the hair of the infibulated girls, they would tell me not to touch since I was [still] "unclean. . . . One day I could not stand it anymore. I took a razor blade and went to an isolated place. I tied my clitoris with a thread, and while pulling the thread with one hand I tried to cut part of my clitoris. When I felt the pain and saw the blood coming from the cut I stopped. . . . I was seven years old.

The fact that a seven-year-old had been brainwashed enough to try to circumcise herself tells us something about how important being "cut" is in their society.

It's easy for us to make judgments on female circumcision, to say that it's wrong, but the people who practice it don't think they are doing anything wrong to their bodies. Here in America, we have similar problems; we try to "fit in" in other ways. Eight million people in the United States have an eating disorder. They deliberately deny themselves the basic nutrients needed to stay alive, and eventually, such habits will lead to death. Eighty percent of these people are women, but no matter what the gender, they are doing it to look thin. They are hurting themselves in order to be accepted in society, to be a part of the crowd. It's not uncommon for people, especially women, to harm themselves in order to fit in. People die from plastic surgery and liposuction surgeries. These people are causing themselves as much pain as the women in Africa who practice female circumcision; people in first world countries are often just as self-destructive, perhaps even more destructive, than African women. Not only do people starve themselves, but they endure harmful surgery in an attempt to look "more beautiful." Perhaps plastic surgery is the first world equivalent of female circumcision. For in America, being fat and ugly, for some, is a fate worse than death, and in Africa, "not circumcising one's own daughter is the equivalent to condemning her to a life of isolation" (Nour 51). We must remember that our culture has its own problems and that they go far deeper than just the surface; they are ingrained in society and it will take a lot to uproot them.

Although female circumcision is a part of African culture, it's dangerous and its consequences are too great to ignore. We know that we can't go into these countries and force change, but to throw our hands up and say, "it's tradition" is too extreme as well. The health hazards alone are reason enough to make us pay attention. Usually, the midwives use whatever is lying around: a razor, a knife, a broken bottle (Pulsipher). In some places, such as Sudan and Kenya, there is often no anesthesia administered to the female who is being circumcised. These midwives are not trained. They are often old women with "defective eyesight" who use "clumsy and dirty instruments" (Greer 64). Often the success of the procedure relies on chance rather than accuracy, meaning that the immediate complications can be numerous (Nour 50). There is a lot of bleeding which can lead to a hemorrhage, anemia, hypotension, oliguria (dehydration, urethral injury, urethral edema, retention), shock and/or even death. Infections and fractures of the clavicle, femur, and humerus have been known to happen to the females after being circumcised (Nour 52). The long-term complications involve the urinary tract system, cause scarring and infertility.

Fortunately, many pregnant women now go into the cities to see real doctors. Usually in the second trimester, the doctor will strongly recommend that they be deinfibulated. This is done "under regional anesthesia and decreases obstetrical and fetal risks" (Nour 54). But when the surgery isn't done with anesthetics, and in hospitals, numerous problems occur. For the infibulated woman, having a child can be extremely dangerous. What may happen is that the baby's head could push through the perineum which is the "muscular area between the vagina and the anus." Another complication that may arise is that an abnormal passage, or fistula, may develop between the bladder and the vagina due to "damage caused by obstructed labor." The women who develop fistulas sometimes suffer "frequent miscarriages because of urine seeping into the uterus" (Abusharaf).

Currently, with deinfibulation, pregnancies are dealt with in a more effective manner. The major problem that arises is after surgery when the female wants to be reinfibulated, or sewn back together. In the United States, this is allowed, although a law passed in 1997 made "performing any medically unnecessary surgery on the genitalia of a girl younger than 18 years of age a federal crime" (Nour 55).

Reinfibulation is illegal in Britain according to the "Prohibition of Female Circumcision Act of 1985." This doesn't mean that the woman then has to go through the rest of her life deinfibulated; it means that she will then return to her village and seek out someone from her own community to sew her back up (Greer 64). This is a procedure that is much more hazardous when performed by an amateur. Although the law was made to prevent circumcision, it has only hurt the people involved. General laws aren't going to stop female circumcision. Although they are a start, they are ultimately not the answer.

Two main things need to happen in order to eradicate the practice of female circumcision. The advocates of change must be willing to educate the doctors who take care of the circumcised patients, and they must also be willing to teach the women about the long-term medical problems that can result from the practice.

When I say that the doctors need to be educated, I am referring to the number of patients who emigrate to a foreign country, and when they are seen by physicians, the physicians often gasp in horror and ask their patient whether they have been burned or tortured when they were a child (Nour 52). Physicians should know what female circumcision is and be comfortable with it, at least in front of the patient. Women have found themselves obligated to educate their health-care providers about this practice (Nour 52). Also, physicians need to be able to help these women to the fullest extent of their capabilities. This includes sewing them back up. These women have already been circumcised; leaving them open won't change that. All it does is create more problems, more dangerous situations for the woman. It's not as if the doctors are encouraging the idea. In the United States, doctors strongly discourage their requests, but, like it or not, the patients' requests need to be respected (Nour 55).

Secondly, the women need to be educated. It seems as if in each generation, there are more and more people who oppose the practice of female circumcision. Often the parents decide not to get their daughter circumcised, but the grandmothers have it done anyway. Abusharaf writes about such an account in her essay. A friend of hers, Shadia, has daughters, and although she was against having her daughters circumcised, they were anyway. While Shadia was at work, her mother-in-law secretly had the girls circumcised. Such an event is not uncommon. Gruenbaum mentions in her book that the females (sometimes the wives, but most likely the grandmas) will circumcise their daughter/granddaughters without the husbands or even the parents knowing (20). Mohammed, a key consultant for Gruenbaum during her research in Sudan, talked about how he was afraid to leave the country because, if he did, his grandmothers would most likely arrange everything and have his two older daughters circumcised. Although the men in Sudan are often the ones with the power, in situations such as this, they aren't fully obeyed. The women will comply with what the husband wants while he is there, but they truly believe that the woman's body has nothing to do with the men. Mohammed concluded, "If they do it, I'd just have to accept it."

If these women are educated about their bodies, about why circumcision exists, about their basic rights as women and as human beings, it will make a difference. Studies have shown that the more educated a woman is, the less willing she is to have her daughter circumcised (Abusharaf). Although there are more than 28 countries involved in the practice of female circumcision, one can only hope that given time, it will not exist anywhere. Already women are waking up to what is going on, and for them, the tradition is already fading. As it exists right now, the women are kept in the dark. There are limited educational opportunities for girls. This may be a part of their culture now, but it doesn't have to last forever.

Things are already starting to change. Female circumcision once used to be highly celebrated everywhere, but now it is illegal in major countries like Sudan and Egypt. Now it is often done without the parents' approval. Things are changing; there are organizations that are pushing for change like RAINBO and CEDAW (Pulsipher). But despite all the health ads, all the warning, it still continues. Since the social pressure is still there, female circumcision continues. But if women are taught that the female body is unique and special, then eventually they will learn to cherish their bodies and to reject circumcision. Everyone is going to have to work together: the governments, the doctors, the activists. It is my hope that change will occur, no matter how gradual it is.

Although female circumcision can't be abolished outright, steps can be taken. Those women who want to be reinfibulated should be allowed to be. There are around 168,000 circumcised women living in the United States (Nour 50), around 27,000 in Sweden, 30, 000 in Italy, and about 3000-4000 new cases every year in the UK (Bosch 1177); doctors need to be aware of what is going on. In trying to save the girls who haven't been circumcised, one cannot overlook those who have. Over time, the women who now practice female circumcision will be educated enough to know they don't need it to be beautiful. They will learn that they are not dirty, unclean, and unfit for marriage if their body is not cut. They will not want to change what was given to them by birth—they will cherish it. One can only hope that some day, women across the world, from those who practice circumcision, to those who have surgery to alter their looks, to those who starve themselves to be thin, will learn to treasure their bodies and accept them as they have been given to them.

Works Cited

- Abusharaf, Rogaia. "Unmasking Tradition: A Sudanese Anthropologist Confronts Female Circumcision and its Terrible Tenacity." *The Sciences*. 38 (1998): 22-28. 3 Nov. 2001. <http://web2.infotrac-custom.com/pdfserve/get_item/1/S18a93aw4_1/SB186_01.pdf>
- Bosch, Xavier. "Female Genital Mutilation in Developed Countries." *The Lancet*. 358 (2001): 1177.
- "Female Circumcision." *MSN*. 2001. 31 Oct. 2001 <<http://dictionary.msn.com/find/entry.asp?search=female+circumcision>>.
- "Female Genital Mutilation: Caring for Patients and Child Protection." *BMA*. 2001. 3 Nov 2001. <<http://www.bma.org.uk/public/ethics.nsf/39f32339ff78cd6b802566a6003f3311/bdfdc005032fc6780256a39004aa85b?OpenDocument>>
- Greer, Germaine. "Why Genital Cutting Goes On." *Newsweek International*. (1999): 64.
- Gruenbaum, Ellen. *The Female Circumcision Controversy*. Philadelphia: University of Pennsylvania Press, 2001.
- Mackie, Gerry. "Ending Footbinding and Infibulation: A Convention Account." *American Sociological Review*. 61 (1996): 999-1017.
- Nour, Nawal. "Female Circumcision and Genital Mutilation: A Practical and Sensitive Approach." *Contemporary OB/GYN*. 45 (2001): 50-55.
- Pulsipher, Abigail. Interview. Personal Interview. 1 Nov 2001.
- Walker, Alice, and Pratibha Parmar. *Warrior Marks: Female Genital Mutilation and the Sexual Blinding of Woman*. New York: Harcourt Brace & Company, 1993.