Cultural and Religious Practices, the Lack of Educational Resources, and their Role in the Perpetuation of Female Genital Mutilation

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Abstract
Some form of female genital mutilation or circumcision takes place in most countries in Africa. This project aims to show that male dominance, culture, tradition, religion and ignorance of basic human rights play a pivotal role in the perpetuation of female genital mutilation or circumcision. I will endeavor to bring to the forefront the problems government officials face when they try to abolish the practice; I will also discuss the complications and challenges the understaffed, overworked, ill-prepared medical faculties face when dealing with women who have undergone this procedure of female genital mutilation or circumcision.
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By Claudelle Clarke

Abstract

Some form of female genital mutilation or circumcision takes place in most countries in Africa. This project aims to show that male dominance, culture, tradition, religion and ignorance of basic human rights play a pivotal role in the perpetuation of female genital mutilation or circumcision. I will endeavor to bring to the forefront the problems government officials face when they try to abolish the practice; I will also discuss the complications and challenges the understaffed, overworked, ill-prepared medical faculties face when dealing with women who have undergone this procedure of female genital mutilation or circumcision.

Introduction

I first became aware of female genital mutilation in the tenth grade of high school. I was sitting with a friend of mine from Nigeria and I just showered her with questions about her country and their cultural practices. She told me her mother ran from her country and sought asylum in the U.S.A. She was hesitant to tell me why. Finally, after telling her about my culture, we found out that we shared some similarities; it was then she told me that she had lost her best friend because of female genital mutilation. She did not know what happened, and she was not sure which of the procedures was performed on her friend. But she had a hunch. Her mother, not willing to put her children through the procedure, packed her bags and took her and her sister Victoria and fled. She has not been back since; to the rest of her family, she, her mother, and her sister are now outcasts. Her father recently took a new wife to fill her mother’s spot.

Author Rose Weitz, in her book The Sociology of Health, Illness and Health Care (2001), claims that over 130 million girls and women across Africa, as well as Malaysia, Indonesia, and Yemen experience female genital mutilation and about two million girls and women are circumcised and severely disfigured, even young babies who are forced to undergo this process. Africa is so full of life with its rich traditions, yet these traditions and cultural practices are so painful for so many, especially females. Female genital mutilation has been and continues to be a force that cripples African women. There has been and continues to be an overwhelming fear that has been ingrained in women because of the ritual of female genital mutilation. Female circumcision is not just practiced in one part of Africa; the map (Figure 1) shows that some form of circumcision goes on in every country in Africa. No country is exempt from this gruesome and widespread practice.

From Figure 1 it is clear that the practice will continue for a very long time, but there is still hope that within “fifty years female genital mutilation will be an unpleasant memory, as foot binding is today in China. By then those for whom it has been a pressing concern will no longer be here to congratulate those who are alive to witness the defeat” (Walker & Parmar 1996, p.16). Until that day comes, women, children and babies will still have to deal with female circumcision. Some countries in Africa consider the practice to be criminal, others see it as a violation of civil rights, and thus they also have instituted laws that protect not only adults but children also. Table 1 (below) shows the prevalence of female genital mutilation in Africa. Sudan is the only country with reliable prevalence data. Other estimates are based on small scale studies and anecdotal information. Another point worth mentioning is that according to the

![Figure 1](image-url)
Table 1 (from Cutting the Rose, by Efua Dorkenoo, p 88-89)

<table>
<thead>
<tr>
<th>Country</th>
<th>Estimated population in millions</th>
<th>Estimated % of women and girls operated on</th>
<th>Estimated number (millions)</th>
<th>Maternal mortality (per 100,000 births)</th>
<th>Adult Literacy rates as % of males</th>
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<tr>
<td>Somalia</td>
<td>4.9</td>
<td>98%</td>
<td>4.8</td>
<td>1100</td>
<td>58</td>
</tr>
<tr>
<td>Djibouti</td>
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<td>2.3</td>
<td>90%</td>
<td>2.07</td>
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<td>Ethiopia</td>
<td>27.6</td>
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<td>23.46</td>
<td>560</td>
<td>48</td>
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<tr>
<td>Eritrea</td>
<td>1.75</td>
<td>80%</td>
<td>1.4</td>
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<td>NA</td>
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<tr>
<td>Sudan</td>
<td>14.1</td>
<td>89% (North)</td>
<td>9.22</td>
<td>550</td>
<td>28</td>
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<td>Mali</td>
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<td>80%</td>
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<td>79%</td>
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<tr>
<td>Burkina Faso</td>
<td>5.05</td>
<td>70%</td>
<td>3.53</td>
<td>810</td>
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<td>Chad</td>
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<td>60%</td>
<td>1.95</td>
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<tr>
<td>Guinea</td>
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<td>1.92</td>
<td>800</td>
<td>37</td>
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<tr>
<td>Egypt</td>
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<td>55%</td>
<td>14.3</td>
<td>270</td>
<td>54</td>
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<tr>
<td>Kenya</td>
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<td>50%</td>
<td>6.75</td>
<td>170</td>
<td>74</td>
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<tr>
<td>Liberia</td>
<td>1.45</td>
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<tr>
<td>Mauritania</td>
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<tr>
<td>Nigeria</td>
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<td>40%</td>
<td>23.14</td>
<td>800</td>
<td>65</td>
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<tr>
<td>Ivory Coast</td>
<td>6.95</td>
<td>40%</td>
<td>2.78</td>
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<td>60</td>
</tr>
<tr>
<td>Guinea Bissau</td>
<td>0.55</td>
<td>40%</td>
<td>0.22</td>
<td>700</td>
<td>48</td>
</tr>
<tr>
<td>Benin</td>
<td>2.65</td>
<td>30%</td>
<td>0.79</td>
<td>160</td>
<td>50</td>
</tr>
<tr>
<td>Ghana</td>
<td>8.45</td>
<td>30%</td>
<td>2.53</td>
<td>1000</td>
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</tr>
<tr>
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<td>30%</td>
<td>0.43</td>
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<td>55</td>
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<tr>
<td>Niger</td>
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<td>0.88</td>
<td>700</td>
<td>43</td>
</tr>
<tr>
<td>Senegal</td>
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<td>20%</td>
<td>0.82</td>
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<td>48</td>
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<td>Cameroon</td>
<td>6.55</td>
<td>15%</td>
<td>0.98</td>
<td>430</td>
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</tr>
<tr>
<td>Central African Republic</td>
<td>1.55</td>
<td>10%</td>
<td>0.15</td>
<td>800</td>
<td>48</td>
</tr>
<tr>
<td>Tanzania</td>
<td>14.9</td>
<td>10%</td>
<td>1.49</td>
<td>340</td>
<td>NA</td>
</tr>
<tr>
<td>Uganda</td>
<td>9.9</td>
<td>5%</td>
<td>0.49</td>
<td>300</td>
<td>56</td>
</tr>
</tbody>
</table>

Progress of Nations, a report published by UNICEF in 1994, twelve nations in the world have estimated maternal mortality rates of 800 or more, and nine of these are found in the areas of Africa where female genital mutilation is practiced.

What was most shocking was that only Guinea and Ethiopia have made changes to their constitutions which address the cruelty of female genital mutilation. This is mainly because of the uprising and resistance from the population in regards to female genital mutilation and the harm it may cause. The procedure has been so ingrained in the minds of the people that even when laws are put in place to end the procedure, many young people try to carry out the procedure themselves. This is because they are fearful that their dreams of being a wife and mother will not be fulfilled.

**Female circumcision**

There are three procedures that a female may undergo when a circumcision is performed. The first is clitoridectomy. Weitz (2001) points out that this involves the removal of the skin over the clitoris.

Figure 2 shows the normal adolescent female development, including the prepuce of the clitoris—the portion that is removed in a clitoridectomy, because it bears resemblance to a small penis.

![Figure 2](image-url)

In figure 3 the vagina has undergone excision which is the second procedure. Excision accounts for eighty percent of all the cases of female genital mutilation. It involves the removal of the clitoris, the prepuce of the clitoris and the labia minora. The raw
bloody edges of the labia minora may or may not be sewn together.

**Figure 3** Excision

The third and final procedure is infibulation or pharaonic circumcision. This procedure is extremely drastic. The labia minora, labia majora and the clitoris are removed and the raw edges of the vulva are sewn together allowing only a small opening for urine and menstrual flow to pass. These methods of circumcision are generally carried out by using sharp stones and razor blades that have not been sterilized. Figure 4 shows an infibulated vagina.

**Figure 4** Infibulation

Now when comparing those previous pictures of the vagina to that of a normal adolescent female in figure 2, it is clear that something is definitely wrong with the procedure and the practice of female genital mutilation. In Figure 2, the various parts of the vagina are intact and they function properly just the way nature intended. All the areas of the vagina can be properly labeled, but this is not so with a female that has undergone female genital mutilation. Not only that, but the major purpose for which the female reproductive system was designed for has been tampered with and obstructed. Thus these women will face complications at childbirth and even when having sexual intercourse.

Religious practices and Cultural Beliefs

The intertwined religious and cultural practices in many of these African countries play pivotal roles in the continuation and perpetuation of female genital mutilation. Karl Marx once said that religion is the opium of the masses which will eventually destroy the people that follow and believe in it. Religion serves as a tool to keep people ignorant, and this is true in my eyes in the case of female genital mutilation. Many African women, whether they are Muslim or Christian, consider the procedure a necessary and important part of their lives and traditions. Female genital mutilation, in their view, bears the significance of preserving the lives of the unborn child during the birthing process, because these women are under the impression that if the baby’s head should touch the clitoris at the time of delivery, then the baby will die.

Female genital mutilation is a “cure for sexual deviance or guarantor of chastity” (Dorkenoo 1995, p. 30). It also supposedly helps to boost fertility, yet when asked by Hanny Lightfoot-Klein how the mutilation of the female genitalia does this, these individuals—often midwives—could not accurately account for mutilation increasing fertility nor could they make the connection between genital mutilation and fertility or infertility. This procedure of mutilation is also “considered a cleansing ritual or rite of passage; this involves the leaving of childhood behind” (Dorkenoo 1995, p.30).

These females now move forward into adulthood. This stage of adulthood gives these females the right to marry and bear children of their own. Many African parents exchange their circumcised daughters for money and positions. The parents of these females in some African countries also decide whom that female marries. Oftentimes the children (females) are given to the man (sometimes the men these children are given to are old enough to be their grandfathers) who can provide more for the child and her family. It would seem as if the parents are prostituting their children. They seem to be more concerned about what they can receive in return for a “marriageable” daughter.

Men’s Perspectives

There are some men who aren’t sure if the procedure is necessary, men such as those below who relay to Hanny Lightfoot-Klein their experiences with circumcised women and uncircumcised women. Lightfoot-Klein presents it in this way:

“This 35-year-old medical technician is an intensely serious, slight man, who leans against a desk as he talks his body poised as if in imminent flight… He tells me that he is about to be married, that these papers are in the process of being drawn up, and that this is very much on his mind…he is very worried about his coming marriage. He says that the uncircumcised women of his experiences
were consistently more pleasing than circumcised ones. He comments that he is well aware that the uncut woman obviously has more pleasure herself... he can feel it he says, and she shows evidence of wanting to repeat the sex act frequently. The circumcised woman gives no such indication. Also, he perceives more and stronger vaginal contractions on the part of normal women. He can perceive such contractions clearly. ... [His fiancee] is pharmonically circumcised. He expects to have some difficulty, he explains in a stifled voice, but he hopes to help her to understand that it must be this way, and enlist her cooperation...if penetration proves to be impossible, he says, they will go to a midwife to have her opened surgically. He feels [genital mutilation] is a terrible thing to do to a child because of the health problems it creates for her, and because it deprives her of her most sensitive parts... he hopes to leave his daughters entirely untouched. His brother is a doctor and has already set precedent for this is his family... 'There is not a single mitigating reason for it anywhere [that is, circumcision],' he says, 'I can find nothing good about it, no matter how I look at it. The practice is simply a bad custom that is perpetuated for no other reason than it is a custom.' ... he would [marry an uncircumcised woman] and gladly. But where the woman he loves is concerned what is done is done, and so he must deal with it as best he can." (Lightfoot-Klein 1989, p.281-283).

Another technician who is 40 years old shared the same view on circumcision as the man mentioned above, but he will never mention it to his wife, as circumcision is women's business.

However, other men think that it is absolutely necessary (many of these men affirmed this when they were interviewed in the video Female circumcision: Human rites, produced by Marion Mayer-Hohdahl. This is only because it serves a source of pleasure for these men and they are not concerned that their wives are unable to enjoy that sexual experience or the 'joy' of childbirth without anxiety and fear of being sewn together again or being sliced open to give birth.

For many of these African women, their enjoyment comes from their husband just coming close to them because they are often jealous of the other wives. Many women claim to experience orgasms; "however, once in a while responses appeared not to describe orgasm, but rather an anxiety reaction. (I have palpitations of the heart. There is no sensation in my pelvis. My hands feel very cold)." (Lightfoot-Klein 1989, p.87).

In Toga where the practiced is lauded, some men have three or four wives. These wives have different views (about female genital mutilation) from some of the men. In the eyes of these wives, an uncircumcised woman is unclean and would not fit in with the other wives who have been circumcised, because the uncircumcised wife has turned her back on tradition and her ancestors. In other countries in Africa, women who are not circumcised are not allowed to marry. Thus, she is at the mercy of the community or tribe to which she belongs. Most families take drastic measures. Some have their daughters murdered and others just kick them out. These families would rather disown their children instead of living with the shame of knowing that their daughters are alive, uncircumcised, and unmarriage-able, according to Mayer-Hohdahl's video Female circumcision: Human rites (1998).

**Religious Traditions and Education**

In an article written by Heger-Boyle et al., the authors address the political and international discourse of female genital mutilation in three African countries. They found that in Egypt, 95% of the population is Muslim. However, Islam along with Christians also practices female genital mutilation. Even though the procedure is not required by these religions, religious leaders who have power have demanded that the procedure be carried out without any discussion or opposition. This defiantly speaks to the oppression of women and the low status that they have in these African countries. It was startling to know that 72% of these Egyptian women thought that female genital mutilation was a religious tradition.

In Tanzania there is some relationship between the practice of female genital mutilation and the Islam religion. However, the majority of individuals that practice female genital mutilation on a large scale are of Christian denominations. Further study by Heger-Boyle et al. (2001) revealed that there are twenty regions in Tanzania that practice female genital mutilation. 67.9% of the women in Dodoma undergo the procedure, 81.4% in Arusha, 43.7% in Mara, 36.4% in Kilimanjaro, 26.4% in Singi and 27.0% in Iringa. The other areas were unaccounted for.

Religion continues to play a pivotal role. The religion of Islam has continued to put women in a subservient position. Religion coupled with cultural practices explains why so many African women tolerate mutilation. Fatima Memissi made it plain in her book Women's Rebellion and Islamic Memory, she states,

> It is obvious that Islam clearly defines woman as being above all a sexual agent. She furnishes sexual services and reproduces the human race... The sexual inequality associated with the Qur’ran’s gender-specific definition of work, which identifies woman as sexual agents and man as provider, is rooted in the memory of a young child, starting with the Qur’anic school, where
the child learns writing, language rhythm, and vocabulary through the silken poetry of the sacred book. Everyday the Qur'an is read, written, heard, invoked and practiced as law. It is one of the most dynamic forces that has molded the psyche of Muslims of both sexes (Mernissi 1996, p. 69).

These women have little knowledge of what goes on elsewhere and so they stick to what has been taught to them for years. There is also the fear that embracing something new would only hinder their progress. This sort of mentality has kept these women in bondage.

It also seems that the educational level plays a vital role in the choices these women make to have the procedure done on their children when they reach a particular age. Heger-Boyle et al. (2001) found that 90.4% of those who supported the practice have the educational level equal to or less than that of elementary. Those with more education denounced the practice as barbaric; however, those who still think the practice is important have classified those who consider the practice irrelevant as ‘sellouts’ because they have turned their backs on tradition and accepted the norms of westerners.

Even when educational level is accounted for, it is impossible to disregard the power struggle that exists in these countries. The older generations thinking that they know more than the younger generation, and they are also under the misconception that they have to teach the ways of their ancestors to their children, and their children’s children. There is also the issue of “women’s and children’s economic subordination that appears to be necessary condition for perpetuation of female circumcision practices” (Gruenbaum 2001, p. 41).

Patriarchy is dominant in most African countries, resulting in “a more complex set of relationships that result in domination by older men over both younger males and females. But there is other domination and authority here as well: females over children, older women over younger women, older children over younger children, boys grow up increasingly asserting themselves over girls, even older sisters who used to have authority, and so on” (Gruenbaum 2001, p.41).

The case of Sudan

In Sudan, men are the ones who want the practice carried out. It is essential they say for a woman to have this procedure so that she can stay true to their husband. However, these same men are not in favor of infibulations; they consider it to be extreme. Now what is more extreme than having a major part of your body removed because of culture and tradition. Hanny Lightfoot-Klein recounts what she learned in Sudan after being there on sabbatical for a year.

Most women in Sudan are circumcised by excisions...a lesser number of Sudanese women are circumcised in modified way, that is to say one centimeter opening may be left and or the outer labia may remain intact. Occasionally parts of the labia or clitoris remain. In Sudan, their modified procedures are sunna after the teachings of the prophet Mohammed. This is a misnomer. True sunna as defined by Islamic teaching involves only the excisions of the clitoral prepuce and true sunna is virtually unknown as a procedure in Sudan. (Lightfoot-Klein 1989, p. 5)

This was one of many experiences she could not forget after being faced with the fact that this practice is still carried out even among those who are well educated in Sudan. She talked candidly about circumcision in her book, Prisoners of Ritual; the excerpt below gives further indication of what she experienced.

I was invited . . . to attend a circumcision at a middle class neighborhood. I arrived only five minutes after the actual surgery had taken place. There was a party atmosphere, much gaiety, chatter, and many delicious refreshments. A few men were in the outer room, looking ill at ease and conversing nervously.

In the inner room a number of festively dressed women were sitting around a bed. On it, a frail, bloodless-looking 10-year-old, her hands painted with henna (like those of a bride), was lying motionless, her eyes wide and stunned. A smiling midwife, proudly efficient, dressed in white, was plainly the heroine of this tableau and was greeted with great respect by everyone entering the room.

One of the neighbors told me that there had been a modified circumcision only. The child, she said had had an injection of analgesic directly into the clitoris and as yet felt no pain. She would feel a great deal of pain later, however she added. Had the child been told what would happen to her? Yes, and she had been happy because she received may gifts. She would be given antibiotics if she needed them. (Lightfoot-Klein 1989, p. 5-6)

After further probing Lightfoot-Klein found that the woman to whom she was speaking was also circumcised without any anesthetic. This woman confessed to being confused and frightened after the procedure was done. She claimed that she often asked her parents when she would be normal again after her genital mutilation, but they all laughed at her she said. This woman had endured difficulty in passing urine because the opening was so tiny after the procedure. She spoke of the fact that it took her an hour and a half to pass urine. She also spoke openly to Lightfoot-Kline about her married life. After being married it took her husband five months to actually have intercourse with her. She claimed that childbirth for
her was also painful, for every time this woman gave birth she was sewn back together. What was ironic about this was that even though she had endured this horrific procedure, she put her first daughter through the same procedure. She was afraid to challenge the culture that existed. She later confessed that she decided to not let her other daughters go through the process. Her explanation was startling. She alleged that it was because her other daughters had nightmares about female genital mutilation after witnessing it. The children had nightmares and could not go to sleep until this mother had reassured them that they would not be mutilated. It took the nightmares of frightened children to make this mother see how difficult and cruel this procedure was to little girls. However, this mother’s choice to keep her daughters from being mutilated is being kept a secret from societal members and her husband (Lightfoot-Klein 1989, p. 6-7).

Differences among Countries

There seem to be a unique differences regarding why female genital mutilation is practiced in different African countries. According to authors Shell-Duncan and Hernlund (2000), it is not used to maintain and enhance beauty and fertility. It is not used to maintain chastity, because young women are free to have their boyfriends and are free to engage in sexual activities with these boyfriends. In fact, sex before marriage is encouraged tremendously. However, when older men in the community are seeking brides, the girls undergo female genital mutilation to show a form of ownership. Undergoing female genital mutilation signifies that the female belongs to one person only and will bear only that man’s children. Shell-Duncan and Hernlund (2000) further attest to the fact that all three types of circumcision may or may not be performed.

A lot has been said about the procedure but not much about what actually precedes that actual event. Marion Mayer-Hohdahl produced the video, Female circumcision: Human rites, which depicts the whole process of female genital mutilation. The young girls in the video claimed that are not told that today will be the day they are circumcised. They are often coerced and tricked into having the procedure done. Many of the young children know that the process will come someday, but they are not sure when that day will be. Children have reported that they will be playing with their friends and from out of nowhere three or four women may walk up to them and ask for a particular child. When that child identifies herself, she is often told that they have brought gifts for her and she should come and take a look inside the house.

It is there, in that house that the child is held down by two women while the other carries out the cutting. One woman may hold the child’s legs apart, the other sitting or kneeling on the child in order to prevent the child from fidgeting. Sometimes the woman who kneels or sits on the child covers the head of that child with her skirt so that the child does see what is going on. The cutters or midwives as they are called in some regions of Africa get to work by sawing away at the clitoris first. This is because they believe the clitoris is likened to the penis. If it is not cut, then it will grow to be as long as the penis and child will not be able to marry because she has two sex organs.

Depending on the region the process may stop there, but in some parts of Africa that is just the beginning of the gruesome process (as shown in the video). Next the cutter moves on to the vulva, where she may use anything from scissors, knives, a well sharpened stone, or a razor to cut the labia majora which are the outer lips that protect the vagina and vulva, and then it is on to the labia minor. While this is taking place the child may be in a state of shock or she may be screaming at the top of her lungs, but no one will come to her rescue because this process is keeping culture, tradition and religion alive. After all of the necessary cutting has taken place, the raw edges of the vulva are sewn together. Just a tiny hole remains to just allow for menstrual flow and urine. The female has three orifices in the lower portion of their body; after female genital mutilation has occurred two of those opening have collapsed into one very small opening. The women who have carried out the circumcision then wash the child to make sure that her work was well done; the child is then paraded around to the other women and they all cheer with joy and excitement. The child then assumes the position that she was in when the cutting occurred (by now she does not need women to hold her down; the pain is excruciating enough to keep her in that position) and there the cutter puts ashes on the wound. She then takes the child and binds the wound tightly to prevent further blood loss. The cutter admonishes the child to not urinate until, she, the cutter has paid the child another visit.

In Toga after one young girl had undergone the process her bloody clothes were washed in the river and she was adorned with white. The washing of the clothes signifies the child’s movement from childhood to adulthood. Like any other African child who has undergone this procedure, the child is showered with gifts from family members and villagers and she is now ready to marry her husband. The child, Cora, was asked by the interviewer (in the video) how she felt and she, Cora replied that she was good and happy that it was done, but Cora’s expression told a different story.

There are other cases where the children have been circumcised and bled to death, but no one has
held these midwives/cutters accountable, because this is mainly the mothers’ choice and therefore these women are the ones responsible for this practice and the onus lies on their shoulder if something happens to the child. This could not be further from the truth because men play a pivotal role in the practice, whether they claim they have to marry a circumcised woman or whether they indirectly tell their wives that she should start seeking a mate for their female child knowing full well that men in their tribes and villages will only marry circumcised girls.

Rogaia Mustafa Abusharaf (1998), in her article “Unmasking Tradition: a Sudanese anthropologist confronts female ‘circumcision’ and its terrible tenacity,” recaps the interview of Aisha Abdel Majid, a Sudanese woman who is a teacher in the Middle East. She was six years old when it happened; her mother had tricked her to go visit a supposedly sick aunt. After she had undergone the procedure she was unable to urinate because it hurt so badly to do so, and she was taken back to the midwife who forced her to urinate. She alleged she urinated for a long time and was shivering with pain. Fortunately for her, she was able to urinate without having the wound opened again; countless children who had the genital mutilated had to have the wound reopened, stitched together again and bound for a second, maybe even third time if they live that long.

The midwives and medical complications

The midwives and cutters are heavily compensated for the work that they have done. They are revered by almost every woman in that specific area. Author Ellen Gruenbaum (2001) made mention of the fact that these women receive money and other dowry to perform such procedures and as a result it is sometimes passed from one generation of women in a family to another. It is as if they are given the divine right to circumcise a child and many of these women make a living off such practices. Gruenbaum (2001) further states that many of those women who carry out female genital mutilation are often the ones who stir up trouble for the other families that aren’t willing to subject their children to the practice. But that should be expected when these women realize that they may lose their source of income. These cutters seem to thrive on the fact that there will always be female children for them to mutilate; they are more concerned with following tradition and getting paid instead of focusing on the hurt they are causing a child.

Many of these midwives cutters are present when a child or woman is giving birth. Most people in Africa aren’t privy to medical care like many in other parts of the world. Sometimes it takes a nurse or doctor weeks before he or she (more likely the doctor is a he than she) can reach an individual who is in labor. Many of these medical officials feel that they are culturally indebted to the ancestors and so they just have to keep the practice of female genital mutilation alive also. Many of these officials also engage in female genital mutilation and have alleged that it is better for the procedure to be done in a sterile environment than in the houses of these midwives. That has also been a great controversy between medical personnel and traditional midwives.

Because of this dispute there seems to be a race to see who can mutilate the most people. Based on research in Parmar & Walker’s (1993) Female Genital Mutilation and the Sexual Blinding of Women, they found it really frightening that medical personnel who should be helping these individuals who are caught up in the destruction of the lives of women or children. These individuals who carry out the mutilation of women and children are not only destroying the female genitalia, they are also increasing the chances of women having further medical complications, not just with the physical aspect of child birth, but also emotional and psychological trauma.

Whether female genital mutilation involves clitoridectomy or the extreme form of infibulation, every woman is at risk for “excessive and severe pain and bleeding” (Rahman and Toubia 2000, p. 8). Rahman and Toubia (2000) found that if the bleeding is prolonged, it more often than not leads to anemia—anemia occurs due to the loss of blood and results in stunt growth and weakness in most women. Due to the fact that not enough blood is present in the systems of the body, this sometimes results in brain damage; not only that, but the body can go into “shock as a result of hemorrhaging and pain or the trauma of the procedure” (Rahman and Toubia 2000, p.8). Other women are subjected to “septicemia due to bacteria from their urine and feces, tetanus, retention of urine due to occlusion (women are forced to urinate in little droplets), trauma to adjacent tissues, scarring and keloid formation occurs, women experience agonizing menstruation, in which menstrual flow is all but totally blocked, resulting in build up of clotted blood behind the infibulations and this frequently requires surgical intercession. Due to the blockage it takes ten or more days to menstruate.” (Lightfoot-Klein 1989, p. 57-60).

Gruenbaum (2001) recounted a story told by El Dareer which talked about a Sudanese young girl. She appeared to be pregnant; the girl’s mother was ashamed and afraid because the child had brought dishonor to the home. It was not until much later that it was discovered that the young girl had never menstruated. She had a small opening to allow for urine to flow but menstrual flow was completely obstructed. He theorizes that it was because of the absence of the vulvo-vaginal atresia. He made an incision and to the surprise of the child and her parents a large quantity of fetid blood was released, in days
the child’s stomach, which resembled that of a pregnant mother, was back to its normal size.

In addition, El Dareer mentioned that many females with similar condition die because it has not been told to the family that circumcision obstructs the menstrual flow. These women are not aware that holding their urine can cause damage to their bladders, kidneys, the urinary tract and the muscles surrounding those various body parts. It is not uncommon for inflammation and swelling to develop around the areas of the female’s genitals that have been mutilated. However, these are just the immediate complications that many women encounter. The long term complications are “repeated urinary tract infections, chronic pelvic infections which cause irreparable damage to the reproductive system that result in infertility, stones in the urethra or bladder, excessive growth scar tissue or cysts at the site of the cutting and fistulae or hole or tunnels between the bladder and the vagina or between the rectum and anus” (Rahman and Toubia 2000, p. 8).

Along with those problems there is the added pain from sexual intercourse “because of either painful tearing or unhygienic cutting done by the husband or midwives. Obstructed intercourse resulting from a tight introitus or painful intercourse along with inflammation of the vaginal area leads to infertility” (Gruenbaum 2001, p. 5). During childbirth the women are also cut open, “fibrous inelastic tissues of the vulva may require excessive bearing down during the second stage of labor, exhausting the mother and stressing the infant. During childbirth a midwife must be present to cut the inelastic scar tissue across the vaginal opening when the baby is in position for delivery (crowning) and sewing the tissue back together again after delivery.”(Gruenbaum 2001, p. 5)

During the cutting to help the mother expel the child the midwife can make lacerations that can harm both child and the mother, causing “perineal lacerations or damage to vaginal tissue, often resulting in vasicovaginal fistulae” (Gruenbaum 2001, p.5) This can cause women to ‘leak’ urine constantly and they may cut down on their fluid intake which poses a major problem, since they reside in a hot climate where they perspire a lot and intake of fluids is a major problem, since they reside in a hot climate. Studies from Somalia and Sudan indicate resulting negative effects on self esteem and self identity” (Rahman and Toubia 2000, p. 9).

Reflections

Durkheim would probably look at Female Genital mutilation and claim that it promotes solidarity and a collective consciousness. But I would beg to differ, because any rules or rituals that bring about unjustified pain and punishment is not worth being enforced in society or ingrained into the minds of people in that society. The only solidarity that female genital mutilation has wrought is continued dominance of women by men, young children by their parents and older women over younger women.

Many sociologists who are interested in the theories of symbolic interaction would profess that these procedures showed that people in these African countries care about each other. These sociologists would further inspect the reaction of the community members to the individuals who have undergone the procedure of female genital mutilation. Symbolic interactionists are more concerned about the one-on-one relationship that each community member has with each other; in other words, the way the men react to their newly circumcised brides to be. The ways in which African individuals converse, action among the parents and the child, the change among older and now circumcised younger women and the change between siblings and the female circumcised highlight symbolic interactionist views. This is because symbolic interactionists look at society from the micro level instead of at the macro level as other theorists do.

I found it heart rending for women to undergo such a procedure while some men in some African countries are free to do whatever they want. I cannot argue that it is total ignorance because some of these individuals are exposed to western society’s ways and norms (which are not without its share of problems and inequalities). Neither can I sit back and accept or denounce a culture that has wrought so much hurt on the people who live and abide by its rules. There seems to be no middle ground, but it is evident that female genital mutilation is creating more harm than good. These women continue to suffer and with all that suffering, I am amazed that some individuals sit idly by watch the same procedure happen to their little girls. Those who oppose the process are ostracized and ridiculed. There is a constant struggle between those who denounce the practice and others who advocate the practice.
I look within myself and I wonder if I grew up in such an environment would I have the heart to stand up to the ones who carry out the practices or would I just go along because of the culture? I could not give a definitive answer because my outlook on the practice may be different if I grew up there. I know it is quite easy for me to point the finger and say this is so wrong what is being done to these children and women. However, I can say that individuals living in these countries need to find alternative ways to ensure that their daughters are married. At the same time both men and women need to be educated on the dangers of female genital mutilation and its harm to women, children and even those children who are unborn.

Women also need to be made aware that their lives do not have to go on in that way. They need to know that being subordinate will not enable them to achieve the liberation they desire from female genital mutilation. For those who still advocate the practice there need to be educational programs instituted that help them to better understand that their culture is not being displaced, but enhanced for the safety of future generations. There is also the need for these women (cutters and midwives) who use the practices of female genital mutilation to find gainful employment in other areas whether it is to farm or learn some skills that can be helpful in the factory industries. Yes, it may be that they lose a lot of income by doing this, but the reward of women being freed from the gruesome practice of genital mutilation is much greater.

Works Cited


