Female Circumcision: Battling Culture and Changing Beliefs

By Cecilia Horvick

Across 26 countries in Africa, there is a practice that pre-dates both Christianity and Islam. This practice has been heavily criticized and contested. Attempts at banning the practice have always been met with fierce resistance. What is it? It is known as female circumcision to some and as female genital mutilation (FGM) by others. The difference in terminology is due to belief that calling it female circumcision lightens the perception of the procedure and that female genital mutilation is a more accurate descriptor. According to the World Health Organization, more than 200 million girls and women alive today have undergone the procedure and the average age at the time of the procedure is about 10 years old.

Evidence of female circumcision is found on early Egyptian mummies and predates most organized religions making any attempt at discovering its true origins almost impossible. What is known is that it is practiced across the globe, in places like Malaysia, the southern part of the Arabian Peninsula, Indonesia, and Africa. Historically, it was also a part of the emergence of biomedicine in Europe and America.

There are also several different types of female circumcision, each practiced to a different extent in different parts of the world. These types are the:

- **Mild Sunna**, which is the pricking of the clitoris with a small sharp object such as a pin.

- **Modified Sunna**, which is the partial or total removal of the body of the clitoris.
- **Clitoridectomy/Excision** which is the removal of all or part of the clitoris along with the removal or all or part of the labia minora. This type leaves extensive scarring, which sometimes covers the vaginal opening.

- **Infibulation/Pharaonic Circumcision**, which consists of a clitoridectomy and the total removal of the labia minora and the inner walls of the labia majora. Then the vulva is sewn together so that it will heal closed, with a small sliver of wood inserted to form a small hole that will not heal shut so that urine and menstrual flow can pass. The now closed genital area will be reopened for childbirth and then sewn up again afterwards.

  Circumcisions are often performed by older women from these communities. Most lack medical training and use tools like knives and scissors that are unlikely to have been properly sterilized, and the procedure is performed without any sort of anesthesia. Girls are often held down or otherwise restrained as the mutilation occurs, which leads to fractures. The risk of infection is high and obviously the procedure is likely to traumatize the girls. After the circumcision takes place, the legs are tied together to immobilize the wound. Due to the lack of sterilization, the risk of infection during this time is incredibly high and most girls suffer severe pain. To reduce urination during this period, the girls are often denied water, leading to dehydration.

  And if all of this wasn’t horrific enough, the long term health effects are doubly so. Immediate risks include loss of blood, shock, sepsis, and ulceration in the genitals in the days following the procedure. Other complications include hemorrhaging, septicemia, and tetanus. Eventually, damage to the urinary tract from impaired drainage, genital infections, incontinence, and the formation of blood clots, cysts and keloids can result. Pain during intercourse, difficulty in childbirth, and sterility are all reported. In addition, the girls who go through these
procedures often experience great psychological suffering especially if they are immediately married off to older men at the conclusion of the ritual. Depression, anxiety and PTSD are common side effects of female circumcision and the events that occur afterwards.

So the question remains: Why is it still being practiced if it harms the girls so much? Well, female circumcision is often a requirement for marriage in the groups that practice it and it is meant to usher girls into adulthood. As a ritual, it is meant to ensure purity, family honor, cleanliness, good health, and fertility. It is also used to prevent promiscuity, enhance male pleasure during sex, and create community solidarity. Such factors must be understood before change can be introduced.

In Kenya, attempts to ban female circumcision were met with strong resistance. During the *Mau Mau* uprising in the 1950’s, women who joined proclaimed that it was not female circumcision that repressed them, but rather their colonial rulers who banned female circumcision. Jomo Kenyatta, Kenya’s first president, used these ideas to cast female circumcision in a positive light and attempts at banning female circumcision were halted in Kenya during this time period.

To be sure, rates of female circumcision are declining. In many countries, regardless of whether it is practiced or not, it is banned. Somalia has the highest percentage of girls who were circumcised, sitting at 98% of the female population. In Kenya, one of the most well-known countries that practices female circumcision, the rates have dropped from 38% to 32% of women. The total number of women worldwide who are circumcised is unknown. Getting accurate reports of the numbers of women and girls who are circumcised is difficult as some countries that practice female circumcision don’t have any statistics available due to civil war and other political issues.
What can be done to stop female circumcision?

There are no easy answers to this question. One solution if the practice is going to continue is to have circumcisions carried out by trained medical professionals in a hospital so that at least it occurs in a safe and sterile environment to minimize complications. Another possible solution is to educate women and create opportunities for girls to go to school. It is well known that the more education a girl receives, the less likely she is to be circumcised and the more options she has outside of an arranged marriage.

Another possibility may be changing the nature of the ritual itself. Female circumcision is performed for a myriad of reasons, but the ritual itself is to usher girls into adulthood. In Kenya, alternative rituals are being utilized and girls are escaping circumcision. For example, in a Maasai group in southern Kenya the girls attend a two week class on the role of women in the community and are given clothes and beads upon completion of the class and the ceremony. Even with these alternative rituals, the resistance to getting rid of female circumcision still exists, much of it coming paradoxically from women.

Ultimately, the people involved need to be included in planning for change. Educating girls and helping them think about how to change the customs and rituals is the most likely path for success since outright banning of female circumcision has been proven to be ineffective.

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