New Rituals Pave the Way for the Downfall of Female Genital Circumcision

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For some the mention of female genital circumcision evokes images of butchery, mutilation, and abuse; for others the cultural tradition of female genital circumcision demands respect and submission. More than 30 countries and also many immigrant populations all over the world practice female genital circumcision, or FGC. African nations in particular practice many forms of FGC. In Africa, "prevalence rates of FGC have been estimated at around 5% in Zaire to 98% in Somalia" (Gordon 3-14). Debate about FGC grows more intense from year to year, receiving world wide attention through negative press coverage. FGC impedes the lives of women, men, and especially children.

Activists on their behalf consequently have proposed harsher laws as a means of addressing the battle against this harmful tradition. Great complexities in the fight against FGC cause such additional laws to have little or no effect in the eradication of FGC. Indeed, formation of laws preventing surgeons from practicing FGC increases the likelihood of life-threatening complications when untrained persons practice it. Passing and enforcing strict laws against FGC also turns a tradition passed down from one generation to the next into a crime, thus making young girls and ordinary women into criminals. Those who seek to put an end to FGC need to understand the cultural traditions and beliefs behind this practice if they hope to find an alternative. Two culturally based approaches to female genital circumcision hold the most promise for alleviating the mental, medical, and sexual hardships that FGC could otherwise inflict on future generations. The first replaces female genital circumcision with a new ritual aimed at teaching girls the skills needed in womanhood, and the other seeks persons who will pledge that their daughters will remain uncircumcised and their sons will marry uncircumcised women. Approaches like these must be used in tandem with knowledge of cultural ideas and beliefs. Indeed, to combat FGC, the nature of this practice must first be identified.

While the serious complications resulting from FGC remain apparent, many cultural and religious beliefs about FGC bind women and men to its practice. According to Nahid Toubia, a critic of FGC, these beliefs include the view that "the female genitals are unhygienic and need to be cleansed; female genitals are unwieldy and will grow if not cut back; FGC is initiation into womanhood and into the tribe; to be married you must be circumcised; FGC improves fertility; and safeguards virginity" (Toubia 37). The actual medical and psychological effects of FGC starkly contrast with the popular cultural beliefs pertaining to FGC. Indeed, various psychological problems in men, women, and girls, in addition to the medical and sexual hardships endured by most who undergo the procedure, constitute the damaging effects of FGC. The pervasiveness of such psychological problems reaches every gender, age, and social position of those who live in a society that allows the practice of FGC.

While everyone involved in FGC suffers psychologically, the child undergoing FGC bears the brunt of these mental hardships. Typically the mother, who knows and

understands the effects of FGC, will not make the decision as to whether her child undergoes circumcision; instead, the father, who has no idea of the physical and emotional scars FGC will inflict, will make the decision. A study in southwest Nigeria concludes that "35.5% of decisions to circumcise a child were made by the father as opposed to 24.2% made by both parents and 6.3% made by the mother" (Orji and Owolabi 2). In countries that practice FGC, women have no rights over their own bodies; and they consequently have little say in whether their children will experience the same repression.

When a child undergoes FGC, she often has little or no idea of what will happen to her. Parents and other adults may tell girls that this rite will bring them into womanhood, everyone will give the girls gifts, and they will thereby become part of the tribe. In many cases women perform FGC in this manner: a group of women makes the child sit naked on a low stool and one woman then proceeds to cut the child with no antiseptic or pain-killer of any kind. A girl learns through her inability to control the circumstances and to flee the situation that she will have no control over her own body for the rest of her life. Ignorance of the processes that underlie FGC stems from the fact that girls undergo FGC at a very young age. A study performed in Sweden by the Department of Obstetrics and Gynecology suggests that "the mean age of the women when circumcision was performed was seven years (range 1-15 years)" (qtd. in Elgaali 94). In particular, at seven years of age, a child has little conception of his or her human rights. At the age of seven a girl oftentimes has no idea of the existence of rights that would protect her from the harmful practice of FGC. The United Nations Convention on the Rights of the Child states in Article number 24 that "States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children" (United Nations par. 4). Unfortunately, this article was not written until 1997 and therefore could not protect any child who underwent FGC before that year. Still more girls do not know of acts like this one that protect their rights over their own bodies.

In addition to many girl's ignorance about the procedure of FGC and laws preventing it, many feel unprotected from an unwanted FGC. For Kim Longinotto's film, *The Day I Will Never Forget*, Fouzia, a young girl who underwent FGC, shared this poem:

> It was on a Sunday night when my mum called me and she said, "My daughter, come" in a low voice. I went quietly, suddenly my mum said, "Tomorrow is your D day" I was shocked to hear that, but I was not expected to say anything. In the morning I was dragged and pinned on the ground when three women set and crucified me on the floor. I cried till I had no voice. The only thing I said was "mum, where are you?" And the only answer was, "quiet, quiet girl." The pain I had experienced was one I will never forget for the rest of my life and I would not wish the same to happen to my friend. That night I had a sleepless night, I could see the old lady with many blades doing it again, and again, and again, I screamed and my mum came running to check on me. My loving parent is this really what I deserve? I am asking all of you is this really what I deserve? Fouzia, only eight years old when she was circumcised, wrote her poem during her nine-month recovery period (qtd. in Fowler 6).

Besides feeling parental abandonment and injustice, many girls experience prolonged psychological suffering similar to posttraumatic stress syndrome, or PTSS, after

undergoing FGC. PTSS created by the pain, anxiety, and horror stemming from the traumatic experience of FGC results in an inability to cope on the child's part. A study on posttraumatic stress reactions in children summarizes some of the symptoms as "changes in mood, eating problems, somatic complications, hyperactivity, speech disturbances, sensitivity, trauma-unspecific phobias, and panic reactions" (Wahlsten 396). As a child grows and develops into a woman, psychological effects like these will plague her during her entire life, making it hard to care for herself, her children, and her mate.

In particular, this posttraumatic-stress-like suffering negatively affects the marital relationship. In many cases these negative effects on the marriage result from the inability of the women to feel sexual pleasure, to climax, or to reach orgasm during intercourse. The removal of "the clitoris and labia minora which are essential parts and their functions are essential for normal female sexuality" causes marital problems and conflict (Thabet and Thabet 17). Thus, the problem of dysfunctional sexuality not only affects the women, but also their husbands and their marital stability and happiness.

Men also experience their own particular psychological effects owing to their uniquely gender-based fears about FGC. A study of the psychosexual effects of FGC on Sudanese men found that "the majority, 93% of the respondents, had fears about failure to penetrate the tight vagina" (Magied and Musa 23). This same study also noted that "a minority, 17% of respondents, had feared the pain they would inflict on their spouse and failure to meet her sexual satisfaction" (23). Such well-founded fears of men cause many to resort to the use of lubricants to help with penetration. Also, severe cases necessitate doctor visits to widen the tight vagina. The apprehensiveness men had before the wedding night and the hardships in effecting coitus caused "the majority, 86% of respondents, to state that they would have preferred an uncircumcised wife" (24). On the other hand, "the majority, 66% of workers, nurses, and clerical staff, preferred the circumcised state for their daughters" (25).

A wedding tradition called the "bride price" causes special concern in Sudanese fathers about their daughters' virginity until marriage. The payment of the bride price to the father of the bride takes place only upon proof of her virginity. Examination of the bride's genital circumcision by the family members of the groom commonly occurs to ensure her virginity. The smaller the hole created by FGC, the larger the bride price. According to Charles Wendo, a dispatch reporter for *The Lancet*, "Loumo, a woman from rural Kabong in north-east Uganda, complained that after a man pays the bride price, the woman loses control over her sexual life" (Wendo 716). Women in Africa feel that the payment of the bride price turns them into sexual, as well as labor, slaves. That said, fathers embrace FGC as a necessary financial insurance for the payment of a high bride price. This promotion of two very different attitudes of Sudanese men toward FGC stems from the idea that FGC keeps women from the sexual deviance and promiscuity that society customarily excuses in their male counterparts. Also, fathers regard FGC as necessary for the family's financial stability.

Distressing psychological problems by no means make up the most severe problems stemming from FGC. Medical complications, the most varying and problematic effects of FGC, can permeate a woman's entire life. WHO estimates that "Sudan, has an 89% prevalence rate of FGC" (qtd. in Affara 195). In correlation with that rate, "It is estimated

that in some areas one-third of girls undergoing FGC will die" (Women's Policy Inc. 49). These high death rates result from FGC practiced by non-medically trained persons.

Because of strict laws concerning FGC, trained professionals typically do not perform this rite. If anything should go wrong during the operation or the healing process, the absence of medical assistance can cause major complications and possibly death. The article titled *Problems with Criminalizing Female Genital Cutting* states that "making FGC illegal bars women with genital injuries from seeking life-saving help" (Antonazzo 476). The inability of girls to seek help when FGC creates life-threatening injuries is a very serious problem. Laws against FGC also cause familial disruptions that give few incentives for resisting the practice of FGC.

> As of January 2003, according to the report by Burkina Faso to the UN Committee on the Rights of the Child, seven FGC practitioners were being held in the short-stay prison in Ouagadougou, and another in Bobo-Dioulasso was under a three-month prison sentence (the law in Burkina Faso provides for prison sentences of between six months and three years, and a fine of between 150,000 and 90,000 CFA francs [$267+ USD], the penalty being doubled if a medical practitioner performs FGC) (Wheeler 265).

Girls, no matter how abandoned they may feel by their parents, would not wish on their family members financial harm or a prison stay. The punishment for adults' involvement in the practice of FGC strongly dissuades young women from seeking medical help or even government-enforced prevention. Large fines for involvement in the practice of FGC moreover help to create silence on the part of many girls on the subject. Girls in poor countries where their parents can barely support their family would not dream of acting in a way that would assist in the removal of their fathers, thereby cutting off any little income the family may have.

Although high death rates due to a girl's inability to receive medical help remain a great concern, infections and other complications are a much more common outcome. The unsanitary conditions in which girls undergo FGC contribute to a high risk of infection. Improper operating tools such as unsterilized kitchen knives cause many infections.

> FGC is mostly done in unsanitary conditions in which a midwife uses unclean sharp instruments such as razor blades, scissors, kitchen knives, and pieces of glass. These instruments are frequently used on several girls in succession and are rarely cleaned, causing the transmission of a variety of viruses such as the HIV virus, and other infections. Antiseptic techniques and anesthesia are generally not used, or for that matter, heard of. This is akin to a doctor who uses the same surgical instrument on a number of women at the same time without cleaning any of them (Sarkis 1).

Unsanitary conditions can also lead to various infections that can develop into more serious complications over a women's lifetime. An article by Joanna Sundby, a specialist in obstetrics and gynecology, reports that "chronic problems due to FGC include difficulties with urination and menstruation" (Sundby 26). Often, the small vaginal opening created by FGC will not allow menstruation to pass through, trapping the flow behind the closure created by the sewing together of the labia minora. Conditions like these breed infection

and lead to recurrences throughout a woman's life. Infections many times spread to the bladder and create urinary tract infections, or UTIs, as well.

In addition to infection, cysts commonly result from FGC performed by untrained and unskilled persons. "Clitoral cysts and late complications were found in cases involving type IV [Pricking, piercing, incision, stretching, scraping or other harmful procedures on the clitoris or labia, or both]" FGC (World Health Organization 2). A study featured in *Obstetrics and Gynecology* notes the formation of three different types of cysts: "the clitoral stump cyst, glansular, and the frenular cysts. The embedding of the glands under the healing skin and the accumulation of secretion around it produces the glansular cyst. The frenular cyst appears much the same, small, rounded, and characterized by secretion. More common clitoral cysts appear larger, bilocular and usually contain sebaceous material" (Thabet and Thabet 14). When cysts like these become enlarged, libido and the ability to have satisfactory sex severely decrease. The same unskilled cutting practices that cause formation of cysts also cause "damage to the urethral opening and incontinence, which is not uncommon" (Momoh 2001).

Cysts clearly can cause complications of their own; in tandem with other factors, cysts cause complications in childbirth, a very serious consequence of FGC. In many cases, the smallness of the vaginal opening creates the aforementioned barrier that barely allows menstruation to pass through; hence, childbirth becomes an even more painful and difficult task. Complications created by the size of the vaginal opening and obstructive cysts make even gynecological examinations unnecessarily difficult. "Women who are infibulated [excision that involves a part or all of the external genitalia and stitching of the two cut sides together to varying degrees] have to be cut open to allow sexual intercourse, as well as for delivery of a child" (Hosken 4). In some parts of Africa, after the birth of a child, the mother undergoes re-infibulation (the stitching together of the opening created by the excision of the genitalia). Obstructions caused by cysts may prevent the natural birth of a child after his or her mother has had FGC; in these cases, medical professionals have no choice but to perform a caesarian section to deliver the baby. Birth complications and even stillbirth are common results of the practice of FGC. These unnecessary birth complications constitute a major negative side effect of FGC. Not only does FGC harm the mother, but it may harm her children as well.

In a culture that praises women for their ability to bear children and little else, the inability to bring a child into the world constitutes a failure on the woman's part. Unfortunately, birth complications pale in comparison to the infertility caused by FGC. Many cultures associate the practice of FGC with the enhancement of fertility; they believe that performing FGC makes women more feminine and thus promotes fertility. Fran Hosken explains that "excision is perceived as a way to increase fertility; and the wish of most women is to have as many children as possible...Children enhance a woman's status in society" (Hosken 7). Unfortunately, the procedure of FGC gives women the exact opposite of the enhanced fertility they desire. One Sudanese study indicates "an association between severe forms of FGC, involving the labia majora, and primary infertility [the inability to conceive a pregnancy after attempts made for a least one year]" (Almroth 388). The practice of FGC deals women a grave injustice, since the very procedure that promises to make them more feminine and fertile takes away those very attributes from them.

Simply put, infertility not only affects the body as a medical repercussion of FGC but it also affects a woman's mind, her self-image, and her life.

In Africa, women traditionally take pride in their ability to create life; when FGC takes that ability away, women see themselves as less valuable. A Sudanese study about the effects of FGC reports, "Women's concerns about the impairment of fertility are substantial in Sudan as in other countries where FGC is traditionally practiced. Motherhood is the principal source of support, status, and security" (Almroth 389). Without their traditional role as mothers, many women do not feel fulfilled in such hierarchical societies.

> The realization that one may not be able to have children presents a crisis about one's identity, a kind of "identity shock." The individual experiences, or is concerned about, potential losses in all the parameters by which identity is determined: self-esteem, body image, prestige, competence, security relationship, hope for fulfilling an important fantasy (Eunpu 121).

Infertility has more traumatic psychological, emotional, and medical effects on women than any other consequence of FGC.

The obvious negative psychological and medical side effects of FGC do not generate a great deal of debate in many countries as to whether FGC should be abolished and, if so, the most workable methods for implementing such a goal. When such discussions do ensue, debate raises numerous ethical objections concerning FGC. These in particular challenge the deeply ingrained beliefs that FGC cleanses the body, FGC's, its importance as a tradition in adolescents' coming of age, the right of a child to have control over her own body, and the rights of nations to make their own laws without the interference of other states. These objections notwithstanding, women in Africa view FGC as a way to cleanse and beautify their bodies. Aman, a Somalian woman, chronicles her first reaction to seeing an uncircumcised vagina:

> Since we've got a small one and sewn, when I saw this, I thought, they've got a a lot of cow pussy. That's what it looked like to me. That part of Somali women is covered and closed—it looks better. I have brothers, cousins, and friends who have dated European women, or women who have a clitoris, and they say we have the best one—they say it's smaller, hard, it's clean, it's less wet. I know myself, we smell better and are less dirty than women who are uncircumcised (Amen 280).

Women in Somali feel that FGC perfects their femininity. When those around them do not practice this same tradition, women quickly form the opinion that their own cultural beliefs and traditions are the best. Such ethnocentric attitudes pervade the thoughts of many people around the world, and some would say the widespread criticism of FGC origins from ethnocentrism.

Besides stressing hygiene and beauty, those who embrace FGC believe the practice traditionally brings a girl into womanhood. However, other alternative rituals discussed later in this essay can adequately mark the passing of a girl from childhood into adulthood. Seclusion camps, village informational meetings, and coming-of-age celebrations provide excellent alternatives to FGC. Seclusion camps retain the most beneficial aspects of

FGC while eliminating the negative cultural aspects of FGC and preserving the cultural prerogatives of those who wish to practice it.

Concerns over the proper celebration of coming of age in Africa add to the debate over the United States' distribution of aid to countries that allow FGC. Children affected by FGC undoubtedly make up the most important group of persons whose rights the world must fight to protect. Still, some maintain that the United States thwarts the rights of whole African nations by intruding into those nations' private dealings. By virtue of its foreign aid distribution practices, the United States plays the role of the "world police" by demanding that "individual countries produce evidence of attempts to ban FGC. The United States requires this evidence for its annual Human Rights report" (Antonazzo 473). Understandably the United States does not want to support FGC through aid funding, yet many in the United States hope to help to end poverty and AIDS in Africa. Accomplishment of these goals will not occur if wealthier countries like the United States do not step in and help. In much the same way, nations such as the United States that seek an end to FGC must bring financial and volunteer support to individual organizations, not to governments who may or may not tolerate the practice of FGC.

In addition to the involvement of the United States in the affairs of other countries and the relative medical unpreparedness of countries that have accepted African immigrants, other ethical debates about FGC rage. A central argument states that parents do not have the right to carry out FGC on a child who does not wish to have it, no matter how young the child. The poem of the little girl named Fouzia clearly shows the danger of parents performing FGC on uninformed and unwilling young girls. In her poem, Fouzia relays the horror she felt when her mother would not stop her FGC and the pain and separation that this caused her. Hence, the participation of parents in FGC forced on their daughters raises significant issues. Still, in a recent issue of *Pediatric Nursing*, Vivienne Taylor, a registered nurse, submits that "prosecuting parents for allowing FGC to be performed on their daughters may not be an appropriate step, serving only to alienate them and the community. [Rather,] education can help the parents understand the medical complications that can arise for FGC" (Taylor 32). Indeed, education comprises the most powerful catalyst for the abolition of FGC. When parents understand their own rights as well as those of their children, they will be able to make informed and ethical decisions about the practice of FGC.

The methods accepted by the people who practice FGC stand a much better chance of helping to solve ethical debate than do the methods that outsiders might attempt to thrust on such practitioners. Laws formed to protect women from FGC may have the opposite effect. In fact, WHO states that "not all [such enactments] protect women and girls from all forms of FGC, and many have loopholes that lead to the medicalization of the practice" (WHO 14). Similarly, a journal article promoting the abolition of FGC quotes the Inter-Parliamentary Union, or IPU, as viewing: "legislation [as] only the first step in eradicating FGC. It has to be complemented by stringent implementation, awareness-raising campaigns, education campaigns to cultural mentalities, and the provision of funding for programmes" (Wheeler 265). Indeed, as these commentators point out, some newly established rituals hold promise in helping to do away with the practice of FGC.

Education and free choice form the center of these new rituals and because of these underpinnings, people tend to appreciate these alternative practices more fully. For example, Tostan, a Senegalese group, advocates a new ritual that seeks to create a coming-of-age ceremony for young girls. "In 1998, Tostan conducted a Youth Camp on Traditional Practices in Basse, which educated girls about a number of issues including marriage, pregnancy, childbirth, STDs, and positive and harmful cultural traditions" (Antonazzo 475). In this model, the girls emerge from the camp and publicly state that when they have children, their daughters will not be circumcised; after this, they participate in a coming-of-age celebration like the one that traditionally occurs after FGC. This model seems particularly popular because the girls do not forgo the celebration of passing from childhood into adulthood. The Tostan believe the new ritual "will succeed because they have discovered that the women of the village see the celebration as the most valuable part of the ceremony" (476). Since the traditional beliefs of the older generation endorse the practice of FGC, the agreement of respected elders with new traditions greatly enhances the prospects of general acceptance of such new customs by both the parents and the younger generation.

A similar effort made in Kenya called "'circumcision by words' was undertaken with positive results. This approach combines a week-long program of community education on the negative effects of FGC, with a week of seclusion for the girls due for circumcision" (BBC World News 1998). Unfortunately, models like those practiced in Sudan and Kenya badly need the financial support of other nations and individuals. The camps hold the young ladies in seclusion for about two weeks. Consequently, the groups supporting the camps need money to buy food, supplies, and gifts for the girls. Small organizations cannot handle the full financial responsibility for projects like these. Therefore, African countries need the help of the wealthy if these newly conceptualized programs will emerge a strong alternative to FGC. True, the United States Agency for International Development, or USAID, engages in "collaborations with other donors and activist groups to implement a framework for research, policy change, and advocacy and to coordinate efforts, share lessons learned, and increase public understanding of FGC as a health-damaging practice" (USAID par.6). Yet, the aid necessary for the survival of alternative groups will assist in the downfall of FGC only if dispersed and implemented in such a way that it will support and continue the efforts of these organizations.

New replacement rituals make up only a small part of the efforts to end FGC. Another model that holds much hope for the eradication of FGC asks for the support of the community. Supporters of such initiatives state that they will no longer circumcise their daughters; also, they pledge that their sons will marry uncircumcised women.

> When parents, mothers especially, see that the daughters of these prominent members of society [can] find husbands and create respected families, a chain reaction will occur; and the fashion will no longer include circumcision of young girls. The requirement of FGC before marriage perpetuates its practice in many societies today. The new model works to reassure mothers that their children will find someone to love and take care of them. When public pressure actually shifts to encourage women to quit the practice of FGC, then we will see the down-fall of FGC. (476)

Two main rationales sum up why this new ritual will succeed in the eradication of FGC. The first uses the "trustworthiness of the women's message" and the second, "their nondirective style" (467). Women seem to respond better to educational approaches that leave the decision up to them. Laws against FGC do not allow for personal choice; and because of this, such enactments many times do not effect real and lasting change. Laws mandate a strict result, but when people make a choice based on their own knowledge, that choice becomes much more powerful. As these recent community-based approaches indicate, the combination of new rituals, educational meetings, and group pledges hold hope for real and lasting change in the traditions of the cultures that practice FGC. The chain reaction effect of the community-support model will help young girls to feel comfortable enough to voice their opinions about FGC and to embrace alternative coming-of-age celebrations.

These new thrusts will help eliminate the overwhelming number of negative effects caused by FGC. Psychological, medical, and sexual problems unnecessarily burden women who have undergone FGC. The two culturally-backed approaches mentioned above create hope for the eventual end of FGC. By working with traditions currently in place and by showing women that they have options, activists can help women to make informed decisions about FGC. Layla Shaaban and Sarah Harbison affirm that "the way to overcome female genital mutilation is through multiple strategic approaches with various different messages, which collectively tip the weight of public opinion" (Harbison and Shaaban 2). Strong alternative programs to FGC will hasten the end of this unjust practice. Education on FGC will be very important not only for the women faced with this issue but also for the general public. Once the public becomes educated about FGC, it will become a strong ally in the fight for FGC's abolishment. Small organizations need the help of the U.S. to provide alternative coming-of-age celebrations for young girls, because the monetary contributions of the U.S. can keep such camps afloat.

The nations of the world must unite to stop this harmful tradition. When FGC affects even one town, it can affect the whole world, through the serious medical repercussions of FGC in many immigrant populations. "If America really wants to help end this practice, it needs a new approach. Rather than encouraging and coercing foreign governments to outlaw genital cutting, it should be directing foreign aid to locally run groups like Tostan that educate women and really help to change their minds about the need for FGC" (Antonazzo 477). Tostan and other activist groups stand on the front lines of the battle against FGC. Help from non-African nations and individuals will promote the progress needed to bring about the abolition of FGC.

A little girl sits in the dark where she has sat for the past two weeks. Only her urine-soaked bandage and the blood keep her company. Her body will recover, but her spirit will never fully heal. The marks from their hands remain on her arms and legs. She sits alone on the floor. A cry for help issues from the hearts of girls like this one who forcibly undergo FGC. The world must answer.

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