Female genital circumcision is ubiquitous at all levels of society in many countries of Africa. It is also practiced, more or less sporadically, in other continents of the world. In Africa alone, along an uninterrupted belt across the center of the continent and along the length of the Nile, an estimated 60-90,000,000 women are circumcised.

Female circumcision is an ancient blood ritual that exists in a variety of severities. Among some peoples, part or all of the clitoris is cut away. In others, the procedure further includes the ablation of the small and/or large labia. The most drastic operations are found along the Horn of Africa, in Northern and central Sudan, Southern Egypt, Djibouti, Somalia, parts of Kenya and Ethiopia. Here all of the above surgeries are inflicted. In addition, the skin of the outer labia is scraped clean of its inner tissue, and is then sewn together over the wound, so that only a tiny opening, intended to be barely adequate for passing urine and menstrual fluid, remains. This widely practiced procedure is called infibulation or Pharaonic circumcision.

While clitoridectomy and excision of the inner labia are found among Africans with a variety of religious and cultural orientations, infibulation appears almost exclusively among Islamic peoples. Infibulation is best described as a regional rather than a religious practice, however, since it is generally not found in an estimated 80% of the world's Moslems.

The medical and psychic consequences of infibulation in particular may be devastating and lifelong. No accurate statistics on this are available or perhaps even possible in Sudan, where most of my research was carried out. This is a region of Africa, which, given its apparently insurmountable geographic and social features, has so far defied all attempts at development. Medical estimates of fatalities among girls subjected to the procedures in that region, however, are quite high, and vary from 10 to 30 percent. Since cultural prohibitions do not allow people to speak about dead children, these estimates must suffice.

A high death rate is to be expected, in view of the fact that most circumcisions are still carried out among a populace without anesthesia or antibiotics, with rudimentary, unsterile instruments such as razors, scissors or kitchen knives. The operators are more often than not medically untrained older women, often with defective eyesight, and the operation is performed on the earthen floors of huts, under lighting conditions that are inadequate to any surgical procedure. Even when the operation is carried out by medically trained midwives or nurses under what passes for sterile conditions and with the use of local analgesics and antibiotics, it is still exceedingly hazardous.

As may be expected, the immediate complications most commonly seen are hemorrhage, shock due to intolerable and prolonged pain, infection, tetanus and retention of urine due to occlusion. Later complications resulting from a tight infibulation generally involve difficult and painful urination, urinary infections resulting from debris collecting behind the infibulation, a damming up of menstrual blood in virgins, inclusion cysts and fistulae.

At marriage, the infibulation must be torn, stretched or cut open by the bridegroom, and then prevented from healing shut. This agonizingly painful procedure may take weeks or even months to complete. Giving birth is fraught with mortal danger for both the infibulated woman and her infant, due to the inelasticity of her infibulation scar, which prevents dilation beyond four of the ten centimeters required to pass the fetal head. The infibulation must therefore be cut in an anterior direction and after birth has taken place, it must be resutured.

Frequently seen psychological complications include severe, recurrent anxiety, depression and a generalized phobic state. These tend to manifest themselves at various stress points in a woman's life, such as the period preceding circumcision, at menarche, before and for some time after marriage, and with the birth of each child. A severely depressed self-image, lack of confidence, feelings of sexual inadequacy and worthlessness, repressed rage and anorgasmia have also been observed. (Lightfoot-Klein, 1989, p.60)

While there are quite a few theories on the origins of female sexual mutilation, no one actually knows when, how or why it began. While there are theories which argue that female circumcision antedates male circumcision, one researcher (Davis 1976,p.158) observes that female circumcision, along with hymenolatry, occurs only in very restricted areas of the world -- predominantly Semitic, Islamic and Christian countries. She maintains that the more ancient a custom or belief, the more universally it is found. Compared to penis mutilation, the couvade, and male circumcision, whose ubiquity give testimony to the antiquity of those practices, therefore, the relative spatial restrictiveness of female circumcision argues for its more recent innovation.

The rationale for female circumcision seems to be consistent in most African societies, and is based for the most part on myth, an ignorance of biological and medical facts, and religion. The clitoris is perceived variously as repulsive, filthy, foul smelling, dangerous to the life of the emerging newborn, and hazardous to the health and potency of the husband.

As is also the case with male genital mutilation in our own culture, female genital mutilation is often believed to carry with it a persuasive array of health benefits. It is believed to make conception and child-bearing easier, to prevent acutely dreaded malodorous vaginal discharges, prevent all manner of sickness, vaginal parasites and the contamination of mother's milk. Circumcision, and specifically
In the face of all these strange and complicated procedures aimed at preventing sexual intercourse in women except if controlled by the

I submit here a quote from her writings:

is representative of the best of them. (Saadawi, N.El, 1982, p.225). An Islamic Egyptian physician whose outspoken pronouncements on matters of female sexuality have on occasion landed her in prison, Yet among other African intellectuals, some strong voices have been raised, questioning these ancient blood rituals.  Nawal El Saadawi, an Islamic Egyptian physician whose outspoken pronouncements on matters of female sexuality have on occasion landed her in prison, is representative of the best of them. (Saadawi, N.El, 1982, p.225).

"In the face of all these strange and complicated procedures aimed at preventing sexual intercourse in women except if controlled by the

"Even the African women in the health profession see it as a non-issue. We need to educate people at grass root level." (Ogamien, 1988)
areas where female circumcision has traditionally never been practiced before. 

So far, there is no indication that circumcision practices are dying out to any considerable extent. Quite the contrary. Along with increased population movements of circumcising peoples, including the migration of merchants into outposts, and the placement of civil

The Sudanese procedures to which Saadawi makes reference are a relatively recent innovation into the circumcision mystique, in a country where female circumcision and infibulation are already at their most brutal and damaging. It is a practice called "recircumcision", in which a woman's vagina is resutured once more to a pinhole opening after the birth of each child or before remarriage. Upon resuming sexual intercourse with her husband, it must then be partially cut or torn open once more to permit penile penetration. Upon giving birth it must be cut still further to allow the expulsion of the foetus. The reason for this is that a woman's circumcision scar is too inelastic to allow these events to take place normally, and becomes progressively more so after each operation. As Assad comments, all of this creates economic activity and profit for the legion of midwives and other health professionals who carry out this never-ending series of procedures, and who also enthusiastically promote them. As a consequence, the sexual mutilation industry flourishes in Sudan, much as it does in our own hospitals here in the United States.

The exact origins of the reinfibulation practice are not known, although one might safely speculate that they have their roots in the Western "vaginal tuck". At best, it is a bastardization of this extremely common and popular Western procedure. Its intent appears to be to make the most of what is left of a woman's genitalia after she has been subjected to a drastic excision. What lends substance to such a theory is that reinfibulation originated among such individuals as would be most likely to have knowledge of the tuck procedure so popular in the Western World.

Reinfibulation first made its appearance among the more traveled urban educated class in the capital, no more than fifty years ago. It has spread rapidly from the urban educated to the uneducated, and from the capital into towns, outposts and villages. Its most fervent advocates are of course the practitioners. These enthusiastically urge it upon their anxious clients as a purported means of giving more sexual pleasure to a husband.

Women in Sudanese culture live with the ever-present fear that their husbands will divorce them, will take a second, third or fourth wife, or will consort with prostitutes. All of these cataclysmic possibilities must be guarded against. They pose horrendously potent threats in a society where a woman has absolutely no economic recourse, and where she can not own any property aside from the bride price gold that she wears on her body. A divorced woman loses tragically not only in status, property, protection and social life, but must yield her children to her husband as well. Divorce is ludicrously easy to obtain for any Islamic male.

It is to avert these disasters that the Sudanese woman submits so willingly to a procedure that can only create yet more pain and physical havoc for her. The practice fits perfectly into the established hymenolatry of the culture, which in Sudan is characterized by the curious concept of renewable virginity through repeated infibulation. Recircumcision makes a woman "like a virgin" once more, and this is believed to give the husband a very unique and special pleasure.

Some women go so far as to have themselves recircumcised periodically even when they have not given birth. Parenthetically, my most intensive interviews with educated Sudanese women present considerable evidence that given the mutilated condition of their genitalia, a severely narrowed introitus enables the woman herself to experience more pleasurable sexual stimulation. While knowledge of this phenomenon is no doubt carefully guarded by women where it concerns the males of the society, it represents an indisputable added selling point for the practitioners. (Lightfoot-Klein, 1989)

So far, there is no indication that circumcision practices are dying out to any considerable extent. Quite the contrary. Along with increased population movements of circumcising peoples, including the migration of merchants into outposts, and the placement of civil servants into indigenous areas, the practices have actually spread within recent years. They are currently spreading still further into areas where female circumcision has traditionally never been practiced before.
The reasons for this diffusion of the custom also appear to be largely economic. In the event of an intermarriage between circumcising immigrants and non-circumcising indigenous peoples, a far more favorable bride price may be obtained by a girl's family if she is circumcised. Consequently, these new, socially less advantaged converts to the custom have come to practice the most extreme and damaging versions of the procedure in an effort to make their daughters most desirable and optimally marketable. They proudly refer to these operations as "scraping the girls clean," and they justify their eager acceptance of this custom in the belief that "this is the modern and hygienic way that educated people do it." (Lightfoot-Klein, 1989, p.48)

I am aware of only two clear cut reports of exceptions to this lamentable development. Unfortunately, with such reports it is sometimes difficult to sort out truth from wishful thinking.

Among the Nigerian Ibo, a considerable decline in the rate of female circumcision in recent decades has been reported by one researcher. A study by Megafu found that in 1983 among a sampling of 140 women between the ages of 36 and 45, 85% were circumcised. By contrast, this percentage had dwindled to 33% among a sampling of 120 females between the age of 16 and 25. (Megafu, U., 1983) He comments that he is not sure of the reasons for this change, but speculates that Western influences play a part.

Ogunmode, who reports on this same region, maintains on the other hand, that the custom may be gradually diminishing, but at what seems to be a far slower rate than in Megafu's study. She reports that in areas where the procedures are performed on girls of marriageable age, many run away from their villages in order to avoid being circumcised. A recent newspaper report from Germany describes a similar flight of adolescents in Uganda, where female circumcision has only recently been introduced into some areas. Such escapees are systematically hunted down and delivered, bound, to their villages, where they are then forced by the elders to undergo the rite.

In Ethiopia, when the Eritrean People’s Liberation Front occupied certain territories between January 1977 and December 1978, it successfully opposed female circumcision and forced marriages. These practices have apparently not returned, even after the EPLF was forced to retreat from some of these areas. In fact, the EPLF attracted great numbers of young girls seeking to avoid the knife to its ranks from many other parts of Ethiopia. (Dines, M., 1980)

Obviously, such resistance to the custom is possible only among peoples who practice circumcision on adolescents or young women. In Sudan, Somalia, Egypt and many other African countries, such an option simply does not exist, since circumcision takes place there in early childhood, quite frequently before the girl enters school. In fact, there seems to be evidence that in most of Africa, girls are being circumcised at earlier and earlier ages. The reasons for this are given by the practitioners: “A young child is far easier to manage.”

Within recent years, due to the increased influx of African immigrants into Europe, and of late also into the United States, a new problem has developed. Circumcisions performed in European countries by local doctors, by members of a girl’s family or by midwives imported for this purpose have come to the attention of legal authorities, and appear to have become fairly common. In England it was found that Harley Street surgeons could be relied upon to perform the procedures for the elite at fancy prices. In Sweden a scandal developed when it was discovered that a Swedish surgeon was performing the operation in a Swedish hospital under the Swedish socialized medicine system, at the expense of outraged Swedish taxpayers. (Lightfoot-Klein, 1989, p.45) In France and Italy hemorrhaging girls were brought into emergency wards after kitchen knife excisions by family members.

It is exceedingly likely that there have been similar instances in the United States as well, but so far none have been officially documented.

The escalating problem now facing all of these Western countries is this: Appropriate statutory prohibitions must be enacted, in order to prevent this extreme form of child abuse from occurring within their borders.

While African intellectuals of both sexes have become acutely aware that something is intrinsically very wrong indeed with these ancient blood rituals, and they wish to see them abandoned, they bitterly resent Western interference in their social and personal affairs. In view of the all too recent history of the slave trade and colonialism, it is altogether understandable that their mistrust of Western motives is deep indeed. The only help acceptable to them in dealing with this problem would be material aid to programs that are directed by Africans themselves.

In Sudan, while many young intellectuals declare their intent to begin abolishing the practice by not circumcising their own daughters, a mere handful has good intentions into action. There is simply too much family pressure and fear of breaking with tradition. The same scenario has been reported in Somalia. (Grassivaro Galli and Viviani, 1988)

The older, tradition-ridden generation of women is generally blamed for this failure to accept change. However, since the intellectual climate appears to show some small beginnings of a shift, at least among that handful of the elite that has been exposed to European university educations, one might reasonably hope for the stirrings of a modest change within the next decade or two, after the older generation has died out.

Yet will a major change actually take place? And how long will it take before this happens? Will this as yet only hypothetical innovation of leaving girls sexually intact filter down to the uneducated and to the more remote places in Sudan, as the recircumcision practice has done? Things being what they are, it is difficult to have much faith that a rapid change for the better is in the wind. In areas of Africa such as Sudan, where there are few schools, no paved roads, no electricity, no functioning telephone systems, even less food and water and many, many far more pressing problems, change, whatever its nature may be, happens at a maddeningly slow pace, if it happens at all.

In the absence of such horrendous handicaps, in our own technologically advanced and advantaged country, our own setbacks and
frustrations in our fight to abolish routine male circumcision in the United States, provide us only with the dimmest concept of the difficulties that must be overcome in Africa.

We can hardly afford to flatter ourselves into believing that our earnest efforts so far have created a populist movement among the peoples of Africa to abolish female genital mutilation. As yet, the only evidence of opposition to the practice comes from a minute, albeit dedicated group of African health professionals that are working bravely toward abolishing these cruel and destructive blood rituals. Their highly laudable efforts are certainly the first, courageous steps in the right direction, and they deserve our heartfelt support.

As far as those of us, who labor in behalf of this worthy cause in the Western world are concerned, we must look at the situation realistically and to recognize that we are very far indeed from having earned any laurels that we can rest upon. There is a long, hard and weary road yet ahead of us and the end, at this point, is nowhere in sight.

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Dark Rituals: Prisoners of Neomoss is a mini-expansion that contains everything you need to add a new Witch and her Minions to all your games. 7 highly detailed plastic miniatures o 1 Girtiya o 6 Chained · Large Girtiya ID Sheet Â· Chained ID Card Â· Grimoire Â· 5 Witchcraft Cards. Girtiya paced the length of her cell, at least as far as she could go before her chains stopped her dead. Turning, she paced again in the opposite direction. She could see the deep grooves she had worn in the cracked flagstone floor.