

FEMALE EXCISION: THE FEMINIST CONUNDRUM

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The beliefs in the necessity of circumcising women are remarkably similar among many African and Arab societies. Female virginity and chastity are important values in traditional African-Arab cultures. Virginity, inextricably linked with purity and female chastity, reflects the moral quality of a woman's entire family. The surgical procedures collectively known as female circumcision¹ are thought to serve this end by attenuating or eliminating sexual desire. Defenders of the practice insist that an intact clitoris stimulates hypersexual appetites that provoke women into making unlimited sexual demands that can only be satisfied by promiscuous and illicit behavior bringing shame to family and community. Excising and/or infibulation are regarded as necessary means to keep the young girl pure and the married woman faithful. It is thought as vital to protect the girl from not only herself, but society as well.

Supporters of the practice are convinced that the ritual cements social and political cohesion among communities. Identification with one's culture or lineage group is important to those families who want their children fully accepted into their community. Among many Sierra Leoneans, circumcision is defended by elders as a "social leveller" as it is performed on all females irrespective of socio-economic status, education or religious background, believing this will maintain equality.²

For many Afro-Arab societies the practice is historically embedded in complex definitions of masculinity and femininity. For example, the Dogon and Bambara of Mali believe human beings at birth possess both male and female souls. The boy's "female" soul is in the prepuce, the girls' "male" soul in the clitoris. The child, is neither fully male or female and would be unable to participate as a full member of society without circumcision.³ As Françoise Lionnet pointed out, "Malian women are culturally dependent on this view of sexuality that forms the basis of their feminine identity."⁴

Many African and Arabian communities assign spiritual significance to the physical removal of external genitalia. The Arabic term for circumcision, *tahur*, means purity and cleanliness.⁵ Among the Sudanese, circumcision is *samaha* or beautification.⁶ In Somalia, the ritual is also regarded as purification and referred to as *xalaalays*.⁷ Some African and Arab peoples consider body hair unattractive,

whereas skin that is flat and smooth is more pleasing to sight and touch. As it is a matter of personal pride to maintain one's body, many insist that proper hygiene can only be ensured by "scraping clean" the entire genital area—glans and organs—thought to produce dirty and harmful secretions.⁸ The fear of contamination by an uncircumcised woman permeates many aspects of routine interaction. Among the Sudanese and some groups in Sierra Leone, even food prepared by an uncircumcised woman will not be eaten.⁹ This ideal of cleanliness and beauty may be partly rooted in Islam since, according to Abu Huraira, "Purity is accomplished by five things: circumcision, removal of hair from the pubis, trimming of the moustaches, paring of the nails and plucking of hair from under the armpit."¹⁰

Many African and Arab Muslims believe the practice is *sunna*, or a tradition of the Prophet Mohammed. To claim something as *sunna* makes it unquestionable, and "it is custom" is a frequent justification given among people regardless of gender or educational attainment. For many people, religion provides comfort by its very continuity and absolutism making passivity an act of moral courage. An older Somali woman expressed the ubiquitous belief, "if you stop a tradition, it's similar to making God mad."¹¹

In fact, there is no evidence in Islam that this practice is a required tradition. The Prophet Mohammed neither forbade nor advocated circumcising women. El Dareer maintains that he did not have his own daughter circumcised.¹² A number of literary passages in the Koran indicate the contempt in the Arab world for uncircumcised women at the time of Mohammed. For example, al Walid, successor of the Caliph Hisham (AD 724-43) tried to insult Abbas al Walid whose mother was a Greek and uncircumcised, by saying, "Silence, Oh son of an uncircumcised woman." Abbas, undaunted replied, "Do you exalt yourself over me on account of what has been cut from the vulva of thy mother?"¹³ The phrase "son of an uncircumcised woman" remains a strong form of ridicule among Arabs. A Sudanese man explained that the epithet does not refer to circumcision specifically, but that uncircumcised women were slaves in Sudanese society and that men were not of Arab origin.¹⁴

Mohammed was an astute politician as well as visionary. He did not defy all established customs in the Middle East, but sought to ameliorate the harshness of this ritual.¹⁵ Scholars accept the notion that male circumcision was a traditional mark of distinction that publicly declared a man's faith. As male circumcision also predates Islam, many believe Mohammed advised only that it was important to both sexes that "very little [flesh] should be taken."¹⁶ The custom was perpetuated and

adopted by various Muslim factions because of its emphasis on purity virginity and chastity as a means to control women.

With the spread of Islam and the conquest of territories in the Middle East and Africa, Islamic law embraced non-Islamic traditions, values and customs further affecting the status of women. The Hadiths, or the sayings of the Prophet, are the sources of Islamic Shari'a, the code of religious law that governs family law and the status of women including marriage, divorce, inheritance, paternity and guardianship. The Shari'a had to confront daily realities of the increasingly numerous and culturally diverse members of the *umma*.¹⁷ Muslim scholars and teachers gradually elaborated a theology that the majority in the Arab world came to recognize as orthodoxy. For example, the custom known as *hiba* which had allowed a woman to give herself to a man of her choice while sending her husband away from her home was outlawed.¹⁸ Many Muslim feminists maintain that while Mohammed was secure enough to accept the judgement of women, later Muslim historians were not. Mernissi tells the story of Mohammed's rejection and repudiation by at least two women, Asma and Mulaika, who came from tribes where polygamy was not practiced. These women were young and one was reported to be very beautiful while Mohammed was in his early sixties. Both families advised that a husband who was so much older and who had several wives—the Prophet included—would not make a desirable husband.¹⁹

Mohammed placed responsibility of male actions in the *umma* and the burden, demise or survival of civilization on women:

after my disappearance there will be no greater source of chaos and disorder for my nation than woman.²⁰

The Islamic prescription for social salvation evolved from a combination of pre-Islamic customs and beliefs and Koranic ethics.²¹ The 'Modesty Code' describes the characteristics, behavior and institutions affecting the status of African-Arab Muslim women: chastity before and after marriage, fidelity, purity, seclusion and veiling, virginity, marriage, polygamy, divorce and the legitimacy of children.²² The custom of excision was perpetuated and adopted as part of the 'modesty code' by various Muslim factions because of its emphasis on purity virginity and chastity. Mernissi suggests that sexual institutions such as polygamy, repudiation and sexual segregation can be perceived as a strategy for containing female power while the male sexual instinct as institutionalized, by placing it at the service of Allah. Male sexual desire must first be satiated to allow men to concentrate thereafter on prayers, the search for knowledge and fulfill their responsibilities to society.²³

These practices cannot be confined by a single religion or national boundary, but understood as an ethnic custom. Those Islamic states which strictly adhere to Islamic law—Saudi Arabia, Iraq, Iran, Syria, Libya, and Morocco—do not excise women. Nor is it practiced in Algeria or Tunisia.²⁴ Many Muslim societies such as the Kinin of the Western Sudan do not practice female excision which they consider contrary to Islamic law, yet the Christian Copts of Khartoum undergo the pharaonic version.²⁵ In Kenya, the Kikuyu practice excision while the Luo, the second largest ethnic group, do not.²⁶ The Falashas, the small Jewish community in Ethiopia currently practice excision.²⁷

The practice remains extensive on the African continent for complex cultural and socioeconomic reasons. Approximately forty percent of the countries perform various forms of female excision.²⁸ Geographically this can be seen in a wide east-west strip from Egypt in the northeast and mid-Tanzania in the southeast to Senegal in the west. Excision and excision/infibulation are the most common procedures. Clitoridectomy and excision are found on the west coast from the Republic of the Cameroons to the Republic of Mauritania, in Central Africa, Chad, The Central African Republic, Northern Egypt, Kenya and Tanzania with scattered occurrences in Botswana, Lesotho and Mozambique. Excision is recorded in the mountainous regions of Ethiopia in parts of Nigeria and among most ethnic groups in Mali, Senegal and Burkina Faso. Infibulation is practiced primarily in the Horn of Africa, especially in the lowlands of Ethiopia, Djibouti, Somalia and Sudan. In western Africa, infibulation is found among some Muslim groups in Mali and Nigeria. It is also practiced in Muslim United Arab Emirates, South Yemen, Bahrain and Oman.²⁹

Many African and Arab societies are firmly convinced that without the ritual, girls will become estranged from their own kin and community. In many cases this is true. Genital surgery remains a prerequisite to the rights and privileges of adulthood. For the majority of women, these privileges are found only within marriage. In African Muslim societies a girl who does not marry virtually does not exist.³⁰ Women who have not married are considered immature regardless of their educational level, personal achievements or intellectual excellence.³¹ In some African countries, a woman not excised is considered illegitimate and therefore ineligible to inherit money, cattle, or land.³² In Sudan, even those women who hold jobs outside the home are not allowed to own property while their wages belong to their husband or if unmarried a male relative.³³ The Sudanese physician, Nahid Toubia, maintains that "Arab women in general and Sudanese women in particular, can survive only within the institutions of marriage and family, they have no other choice."³⁴ Yet, many men still refuse to

marry uncircumcised women. These realities make it easier to understand why many parents believe that the moral and physical benefits of the operation will, in turn, guarantee economic and social security for their daughters.

Among nomadic peoples whose political organization is based on kinship, the primary social unit extends beyond the nuclear family to include relatives of both spouses. Marriage among nomads is regarded less as a union of two individuals, but more an alliance between lineages that entails specific rights and obligations. Marriage strengthens a clan's relationships to other groups. Alliances determine the cohesiveness and survival of one's kinfolk as families live, travel, camp and fight together. With frequent local disputes over land, water, and invaders, preservation of purity and honor is essential for a woman's family to maintain social status, broaden kinship ties, preserve patrilineage and enhance patrimony.³⁵ Among nomadic people, strict separation of the sexes and seclusion among nomadic peoples was impractical as women tended the herds of smaller livestock vital to subsistence. *Purdah* is virtually unknown. Desert women by necessity do not wear veils and have more liberty in the mixing with males.³⁶ As the chastity of women represents the honor of the family, excision and infibulation are also regarded as practical precautionary measures.

The basic unit of Afro-Arab societies is the extended family, within which the individual receives material and moral support. In rural and urban areas of Africa one's tribe, social class, and "house" or extended family residence, form a geographical, psychological and economical unit for socialization.³⁷ The individual is taught that the community takes precedence and often personal honor is bound up with the extended family. The individual acquires a sense of pride by focusing less on the internal self, but externally on family and community.³⁸ In societies where the collective identity is grounded in cultural solidarity, the ritual is regarded as an honorable rite of passage allowing the girl to become fully integrated into her community. One can appreciate the dilemma that a girl undergoes trying to develop a positive sense of worth and identity that puts her in opposition to community expectations.

The Koranic scholar, Fatna Sabbah, believes that Islam contains specific theories of female sexuality and the social meaning of man and woman. Sabbah maintains that adult sexuality and the subordination of women are not founded in the mother-father-daughter drama as played out in the nuclear family, but deeply rooted in the demands placed on the faithful by the Islamic religious doctrine of power.³⁹

Mohammed resolved many conflicting ideologies of the different societies and provided a framework for political integration and social

cohesion among warring tribes and clans. This unity was achieved, in part, through the Prophet's vision of *umma* or "community of believers," a transference of allegiance from one's tribe, kinfolk or race to a complex ideological group based on monotheism.⁴⁰ According to Mernissi, "the *umma* is different from all other social organizations as its duty is to bear witness to Allah in the relations of its members to one another and with all mankind."⁴¹ This structure became implemented, in part, by creating new characteristics and institutions within the family. To ensure the survival of the family within this revolutionary social order, Mohammed codified the regulations of interaction between individuals—private as well as public—in detail.⁴² Much of the cohesiveness and strength of the Muslim family is embedded in gender absolutism. Mernissi maintains that one's fear of heterosexual love is believed to endanger Allah's social order. She believes that Islam socializes men and women to perceive each other as enemies and "to desegregate would make them realize that besides sex, they can give each other friendship and love."⁴³

The Afro-Arab Muslim family is the fundamental social organization of the *umma* and the most resistant to change. African and Arab feminists believe that the traditional African and Arab family system allows no place for the unmarried adult woman. For traditional Muslims, an unmarried girl remains deeply linked with *fitna* or social disorder.⁴⁴ If an unmarried girl becomes pregnant, unless as in some communities where a long courtship is acceptable, she is ostracized and her male relations have the prerogative of punishment, including death if that is deemed necessary to restore family honor.⁴⁵

Many reasons for the practice stem from a combination of myth, biological ignorance and medical superstitions. Contemporary activists argue that the term, "female circumcision" is a clever euphemism since the procedures encompass various degrees of mutilation to the female genitalia. Removing a vital sensory organ while retaining reproductive capabilities is not analogous to the male operation. Many scholars maintain male circumcision was performed to improve sexual gratification as well as Abraham's covenant with God to unify the twelve tribes of Israel.

The degrees of gynecological and obstetrical complications depend upon such factors as the type performed, the age and health of the girl, skill of midwife or practitioner, instruments used and overall hygienic conditions. Profound medical complications may occur that sometimes can result in death. The physiological aspects can be classified into roughly two phases—immediate and late. As there is usually no anesthesia available, following the most immediate of severe pain, can come shock, hemorrhage, acute urinary retention, blood

poisoning, fever, and tetanus. Later complications may include worsening infections, anaemia, keloid scarring, cysts, abscesses, hematocolpos (closure of the vaginal opening by scar tissue with accumulation of menstrual blood), infertility, recurrent urinary tract infections and calculus/stone formations. Obstructed labor and lack of oxygen increase chances of still-births and brain damage in live births. The inability to perform thorough pelvic examinations hinders fetal monitoring that increases additional risks. Other gynecological consequences can result from misdiagnosis, inability to incorporate preventative health care as well as utilizing some modern methods of birth control.⁴⁶

Paradoxically, other complications may arise when women give birth in modernized hospitals outside her country. Western medical workers usually perform radical episiotomies rather than the less severe method of cutting only the scar tissue or anterior episiotomies as practiced by traditional birth attendants. In many cases, caesarian sections were performed unnecessarily.⁴⁷

The age when a girl undergoes the operation varies from as young as eight days (Ethiopia) to Guinea where it is performed after a woman has had her first child. It is most often performed when a girl is between the ages of three and eight years.⁴⁸ El Dareer explains that a Sudanese girl is made to feel special with singing, dancing and gifts. In the Sudan the practice remains an intricate part of an elaborate ceremony whereby girls are taught their rights and responsibilities as a wife and mother.⁴⁹ However, more often girls are being circumcised at a much younger age. The extensive psychological preparation in the form of religious teachings, observances, and educational instruction are absent. Younger, hence smaller girls do not struggle and are easier to subdue during the operation. It is also believed that as younger girls are not fully developed, it is less psychologically traumatic.⁵⁰

There is no objective way to measure the effect of these procedures on a women's psyche. Sexual gratification and fulfillment are individually defined. However, the qualitative response in women are limitless, related to such conditions as background, education, experience, mutual participation and the ability to incorporate that most erotic sexual organ of all—the brain—into pursuing sexual fulfillment. Thus, according to one sexologist, "orgasms are not limited to physiological phenomenon."⁵¹ Reports that sought to define the psychological effects of these procedures contribute to an image of victimization of Third World women. Specifically, those mentioned by Raqiya Haji Abdalla, a Somali sociologist as "unusual sadness of Somali women . . . who always seem depressed . . . never smile" and are of an "astonishing coldness" are anecdotal analyses which present

distorted stereotypical views of the lives of women of an entire nation.⁵² This type of misinformation and misinterpretation, suffused with racism and cultural imperialism is counter-productive to the promotion of social change through education and example.

Genital mutilation is undoubtedly a source of psychological shock that contributes to varying degrees of sexual frigidity. The severity of the procedure, the more damaging to all aspects of a woman's health and the sexual adjustment and mutual fulfillment between men and women. Extreme medical complications may develop for pharaonically infibulated women as in some instances they have been sewn so tightly their urethra become punctured. It is not surprising that many women who have been pharaonically infibulated, find coitus to be a traumatic experience that is merely something endured.⁵³

Abdalla pointed out the obvious—that infibulation does not necessarily reduce a woman's sexual desire, but may affect her capacity for sexual pleasure. She insists there is a correlation between female circumcision and sexual frustration.⁵⁴ Many other women share Abdalla's sentiments as one Sudanese woman revealed:

[we] are not allowed to show any pleasure in making love. That is the reason for the clitoridectomy—so that we don't have any desire. But if it were to happen that you felt something, you couldn't say anything, since that would mean you had a previous experience—that you were a bad woman. So even if you do feel something, you just keep quiet.⁵⁵

Female sexuality is a deeply guarded, taboo subject in Islamic societies. Female anatomy and bodily functions remain mysterious for the majority of men and women. Women who speak openly, respond too readily or initiate sex are regarded as wicked and licentious. The legal consequence for such brazen behavior is divorce. Under the double-standards inherent in patriarchal societies, women must maintain their pretense of innocence, false modesty and feign disinterest since that response ensures them status, respect, and security. Just as western culture remains mired in its own Puritan-Victorian gender pathology, women are exhorted as benevolent and frail creatures and defined primarily in terms of their commitment to nurturing others. Individual passion is denied, sexual dynamics are reduced to such simplistic stereotypical responses as the "pursued" and victimized female in opposition to the "aggressive" oppressive male.

Men do not come out emotionally unscathed from hypocrisies inherent in any system designed to subjugate the other half of the human

species. Many Afro-Arab men reported feelings of guilt from deriving pleasure at the expense of their partners' discomfort. Conversely, these men are ridiculed if they fail to consummate the marriage on the wedding night.⁵⁶ Yet, men commonly deny responsibility by saying, "it is a woman's business," and refuse to marry an uncircumcised woman. Since many men share the underlying assumption that women cannot control their sexuality, they rationalize that it is a woman's responsibility to do what is necessary i.e. excise, to ensure proper behavior.⁵⁷

As an extreme form of censorship, the practice erects barriers between men and women that seriously reduce the possibility for honest communication, trust and intimacy. El Dareer's research revealed how insecurities are perpetuated because men and women want to please each other. Women felt inadequate and feared their husbands would want another wife and insisted on recircumcision. As most women have multiple births, they sought surgical remedies which progressively tightens circumcision scars. Men revealed that they could no longer endure the painful ordeal caused by recircumcisions and thus sought another wife. The cycle ensnares everyone.

Developing a unified consciousness which supports body integrity and maintaining one's historical cultural identity is the center of Afro-Arab feminist struggles. Nawal el Saadawi has insisted that "superficial processes of modernization, whether in the West or the East, will never lead to true equality between women and men in the economic, social, political and sexual aspects of life."⁵⁸

Choosing what is superficial in modernization and determining what aspects of modernization are conducive to self-determination are necessary for emancipation that women in developing nations must resolve. El Saadawi further explained, "as defined by many Western societies [sexual rights] do not lead to the emancipation of women," but are transformed into "commercialized bodies and a source of increasing capitalist profits."⁵⁹ Since the liberation of women of colonized countries often provided a justification for western exploitation, the right to self-determination for African and Arab women became adulterated in western imperialism.

A Sudanese man expressed the sentiments of many in describing how female autonomy became convoluted with the struggle for national liberation, cultural identity and western. While he admitted that "circumcision absolutely hinders female emancipation" and prevents the development of the country, he confessed that "sexually sensitive women remain a detriment to society" and warned that "women would be more responsible citizens, less under the pressure of Western influences if they were not sexually sensitive."⁶⁰

How much does this practice affect the economies in Afro-Arab societies? Koso Thomas estimates that in Sierra Leone, 83% of all females who have undergone one form of the procedure will at some point in their life require medical attention.⁶¹ In those areas as the Horn of Africa where the pharaonic variant is common, it is most likely that this could be a greater percentage. All procedures compromise the body's natural functions, minor inconveniences, such as menstruation and urination can assume abnormal proportions creating the need for surgical remedies.⁶² Koso-Thomas focuses on the harmful effects to health for eradicating female excision. Many Afro-Arab feminists believe the reasons are far more complex and that female excision

must be seen in the context of underdevelopment, and the realities of life for the most vulnerable and exploited sectors - women and children. International political and economic forces have prevented development programs from meeting the basic needs of rural populations. With no access to education or resources, and with no effective power base, the rural and urban poor cling to traditions as a survival mechanism in time of socio-economic change. In societies where marriage for a woman is her only means of survival, and where some form of excision is a prerequisite for marriage, convincing her to relinquish the practice for herself and her children is an uphill task.⁶³

In Africa, the overwhelming majority of women (85% in some countries) are illiterate.⁶⁴ Illiteracy and vulnerability are inseparable. Female excision is exhortated as a tradition by the local mullahs, illiterate women unable to refute or provide their own interpretation, offer little resistance.⁶⁵ Mernissi points out that for women problems are often identified and labelled as "emotional."⁶⁶ El Dareer maintains that age and education are the two most important factors affecting attitudes and opinions towards eradicating female excision. She found that younger respondents of both sexes were either totally opposed to any form of excision or favored the milder sunna. She also found that the type performed depends upon the education of the parents.⁶⁷ However, girls are discouraged from attending school. Those schools they do attend are vastly inferior to the quality of curriculum boys' receive. Only a very privileged number of girls continue to secondary level and few are adequately prepared for university level.⁶⁸ El Saadawi maintains that while women who do continue with their education are assured professional positions such as government worker, teacher, trained nurse-midwife and doctor, their efforts are generally regarded as a means of modernizing the state. Afro-Arab feminists agree that many

gains and professional achievements lauded as liberating merely place a double-burden of responsibilities on women. El Saadawi maintains that the vast majority of women remain in an inferior position, classified as "unemployed," as they receive no wages for their labor and women and especially those in agricultural production, live a precarious existence.⁶⁹

Most circumcisions are performed by midwives among the different ethnic groups. The majority of these women are middle-aged, scientifically illiterate whose livelihood—money, gifts, food or livestock—depends on performing these operations. They wield considerable influence as matriarchs in their community and often are fervent in their conviction that by upholding and enforcing tradition, they are holding together the fabric of society.⁷⁰ Young women who become midwives want to learn how to perform excision procedures because it is a gainful business. Midwives can often support themselves and their families better by performing these operations. Many women leave their low paying teaching and government positions to concentrate strictly on these operations.⁷¹

Among women, grandmothers are among the staunchest defenders of the practice. Koso-Thomas described traditional African women as those who "tend to have a strong negative attitude toward other women searching for a way to help end their suffering." Perhaps this is a political judgement of a partisan. However, Koso-Thomas also buttressed her criticism of women as stemming from the inequalities in patrilineal communities where women retain subordinate roles that render them powerless to oppose community dictates. Thus, Koso-Thomas argues that women go "to great lengths" to support these dictates by organizing groups which punish non-conforming women and even when women have voting rights and could influence political decisions against the practices, they prefer instead to uphold the norms of their community.⁷²

Marie Assaad suggests that in highly segregated Islamic societies, women achieve social recognition by becoming less like men physically, sexually and socially. Female excision is a way of socializing female fertility. In this perception, women do not inhibit/dampen their sexual appetites but rather enhance their femininity. Mothers insist on excising their daughters in order to assert their indispensability as potential mothers of men, rather than the object of male sexual desire.⁷³ The married woman, and particularly one with sons, gains status and respect. When a woman lives long enough, she eventually wields influence and authority within the household. She will most likely remain a supporter of the status quo. As Hayes explains:

As in many other societies, the older women achieve a status more closely resembling that of men. They have influence and authority over their daughters-in-law of the compound as well as their own daughters still living at home. Mothers are greatly respected by their sons and sons have closer emotional ties to their mothers than to their stern patriarchal fathers.⁷⁴

Entrenched attitudes and revered values are difficult to change. The uncritical acceptance of female circumcision as "natural" is due to a socialization process that begins very early in life. Young girls are taught from infancy to believe their clitoris is harmful, not only to them, but to those they love. An uncircumcised girl believes she is impure, malodorous, and unfinished. She comes to accept her "purification," *samaha*⁷⁵ or *xalaalays* as something needed, desired and natural. It is easier to understand why most girls describe their circumcision as "something that was done *for* me rather than *to* me."⁷⁶ The ethno-psychiatrist, Michel Erlich explains:

the reasons for the continued performance of this practice are compelling psychosexual ones for those involved, since it is embedded in a cultural context that encodes it as a beautifying and enriching phenomenon without which girls do not become women, and will therefore never be able to marry, have some degree of economic security and "full" female lives.⁷⁷

Anthropologists and social critics argue that legal sanctions alone will have little if any positive impact. Sudan outlawed infibulation in 1946, Egypt passed legislation against clitoridectomy in the 1970s, Kenya banned clitoridectomy in 1982.⁷⁸ Legal sanctions have usually only driven the practice underground as parents refuse to bring their daughters to medical facilities for fear of reprisals. El Dareer's research suggested as high as 84.5% of girls in the Sudan needing medical intervention go unreported. Government authorities are also sometimes caught in the middle and do not attempt to enforce the law, as families will not reveal the practitioner.

National governments continue to play a nominal role in eliminating the practice.⁷⁹ With the increase of Islamic fundamentalism, governments placate the right for political expediency at the expense of women. The Hadiths, the sources of Islamic Shari'a, the code of religious law that govern family law and the status of women including marriage, divorce, inheritance, paternity and guardianship has been reinstated in many countries. The Shari'a is accepted as the law of God. As God is absolute, to the fundamentally pious mind, law is absolute

and unchangeable. In the Sudan polygamy has been reinstated, women are flogged for indecent dress, stoned to death for adultery and barred for traveling without their husbands' permission.

Marie-Aimee Helie-Lucas, an Algerian working for Women Living Under Muslim Laws in France, believes much of the rise in fundamentalism stems from a "knee-jerk" rejection of almost a century of colonialism. She believes that the demise of the U.S.S.R. and the "systematic attacks" of leftist parties in general eliminated the only significant political opposition which is most evident in Africa.⁸⁰

Many young women throughout the Middle East are donning black cloaks and the *hijab* as it provides them security and a means of protection from personal attacks. Women who accept their role, who veil and wear the *hijab* are considered devout, and "deserve" to be left alone. Tradition in this sense offers a tangible means of protection. For example, in Egypt, after the 1992 earthquake, Islamic groups provided the temporary housing, emergency food outlets as well as psychological counseling for earthquake victims. Many Egyptian officials acknowledge that Islamic schools, health services and other services subsidized by Iran and Saudi Arabia are superior. Islamic groups are not only winning gratitude and loyalty, but fundamentalists have a strong case when they maintain liberal governments failed to deliver promised economic development, social justice or spiritual dignity.⁸¹ Detailed rituals remain a "vehicle to achieve high spiritual aspirations."⁸²

It is difficult to determine whether there has been progress in eradicating the practice. In 1982, the World Health Organization estimated that 80 million women, girls and infants had been ritually circumcised.⁸³ It is estimated that this number has increased to 90 million.⁸⁴ Light-foot Klein reported that the practice is spreading into indigenously populated areas in southern and western Sudan as these territories become progressively Arabized. The reasons given, once again, are to make daughters more marriageable. Parents are adamant that their daughters become "modern and hygienic" and insist on the most extreme version. Lightfoot-Klein found that the pharaonic procedure has spread to Nyala where as little as fifty years ago, it was unknown. She also reported the same occurrence in Nyertete and in Uganda.⁸⁵ According to Helie-Lucas, extreme versions are now being asked by women of fundamentalist groups in Sri Lanka where once it was only symbolic. She reports the same occurrence in Malaysia and Indonesia.⁸⁶

The issues of rights, bodily integrity, and female excision is another issue western governments must reconcile with as immigration increases. A landmark case in France sentenced a Gambian woman to prison for having the operation performed on her two daughters.⁸⁷

Francoise Lionnet discussed the complexities in jurisprudence and the two apparently conflicting versions of human rights—one based on the Enlightenment ideal of the sovereign individual subject and the other based on a notion of collective identity grounded in cultural solidarity:

the practice of female excision is a kind of ideal test-case, since it illustrates absolute and total cultural conflict between the rights of the individual to bodily integrity on one hand, and her need to be satisfactorily integrated into a community on the other.⁸⁸

There is no easy solution to modifying or eradicating female excision. Western countries need to pass legislation to formulate social policy, but to do so they must come to terms with subjective issues of motive and intent. As Lionnet pointed out, critics of the Enlightenment version state that "concepts of human dignity do indeed vary" and are embedded by culturally defined ideals of nature. All of these deeply held values and beliefs are reflected in the way a society organizes itself. By judging the practice a crime and sending parents to jail, the French courts ruled the act criminal and intent was to harm. The quandary is that motive was not to harm. Parents were acting in accordance with deeply-held socio-cultural and religious beliefs.

Many women refuse to accept the more scientifically precise term, "female genitalia mutilation" (FGM) that was adopted at a conference in Addis Ababa in 1990.⁸⁹ Developing a unified consciousness, in part, is achieved when individuals agree on terminology that defines their perceptions and values. Perhaps this rejection stems from the feelings that "mutilation" ignores the subjective elements that bring meaning to the individual. Efua Dorkenoo, a Ghanaian who currently runs the Foundation for Women's Health, Research and Development in London, suggests another reason, that many African immigrant women reject the word "mutilation" as a denial of their powerlessness. Women need to belong fully to their culture, want to be accepted and protected and thus disconnect themselves from their anger and pain.⁹⁰

Another difficult choice of western countries will be whether or not to allow the operation to be performed under sterile conditions with anesthesia which reduce dangers and pain, but implies acceptance of a violation of the fundamental right to health and the integrity of the body.

The signs of hope are coming from African women. In Zinari, a relatively large village in Burkino Faso, war is being waged by women against the practice. Here, women proudly show off their daughters who have not been excised. Women spontaneously talk about the effects of excision in their lives and share hopes for a future without the

ritual for their daughters. One woman learned when in France that all women are not excised. She vowed it would not happen to her daughter. When she returned home to Burkina Faso, she threatened to sue her family if they tried to perform the operation on her daughter. She also played upon her family's superstitions by calling for her daughter's death if anyone dared to override her wishes.

Women who have fought for national liberation in Eritrea are also winning the battle against excision. The People's Liberation Front opposes the practice. Girls who joined were removed from their villages and when they returned, they refused the operation. Lightfoot-Klein reported that "within five years the practice was totally eradicated in that area and has not returned."⁹¹

For decades African and Arab women have provided leadership in the controversial campaign to eliminate this practice. Nawal el Sadaawi, Marie Bassili Assad, Awa Thiam, Fatima Mernissi and Fatma Sabbah provided intellectual and spiritual guidance with the first tenet of feminism to break the taboo of silence and "speak out." These women continue to warn others not to become fractionalized and fight merely for national causes. Thiam spoke of Algeria and Guinea-Bissau where once liberated, society returned to "normal" women to the veil and once again confined to traditional tasks of servant, childbearer and housekeeper. El Sadaawi pointed out, "we never know the reality of things—we see only what we are aware of. It is our consciousness that determines the shape of the world around us—its size, motion and meaning." It is the individual's right and responsibility to bring form and shape to the ambiguities and contradictions of life.

Mohammed recognized the individual as a source of strength and courage, saying "a man's strength is not measured by his capacity to vanquish other men, but by his capacity to vanquish his own self: *nafsahu*. Mohammed's solution to social salvation was to define and control passion. The premise then as now is that women are responsible for male actions but not capable of controlling their own. Nawal El Saadawi's understanding of why this practice as a means of ensuring social salvation affects all us is worth repeating:

removing the clitoris so as to protect the girl from making mistakes is dangerous because what protects a boy or girl from making mistakes is a consciousness and understanding of the problems we face, and a worthwhile aim in life, an aim which gives meaning and goals, independence and responsibility.⁹²

When women have no legitimate claims to political power within their society, the whole society loses its soul. There is no justification

in denying half the human species the opportunity to make choices, decisions and mistakes as these are what individuals must do to conquer their own *nafsahu*.

NOTES AND REFERENCES

¹The varying operations can roughly be classified into three types of general procedures all of which involve permanent damage to the female sexual and/or reproductive organs:

1) Mild Sunna: the pricking or removal of the prepuce of the clitoris. 'Sunna' means tradition in Arabic since it presumably follows the traditional teachings of the Prophet Mohammed and was believed to be analogous to male circumcision. Now regarded as incomplete, mild sunna is rarely done in the mistaken belief that to do so would violate the Prophet's teachings. Modified sunna is the partial or total excision of the body of the clitoris.

2) Clitoridectomy/Excision: the removal of part or all the clitoris as well as part of the labia minora. This operation often results in extensive scar tissue that occludes the vaginal opening.

3) Infibulation/pharaonic circumcision: clitoridectomy and excision of the labia minora and the inner layers of the labia majora, which are then sewn together with silk or cat gut or as in Somalia with thorns which are soaked in 'mammal,' a special oil and herb mixture, until the two sides of the vulva adhere. A small sliver of wood or straw is inserted into the vagina to prevent complete occlusion and to leave passage for urine and menstrual blood.

Recircumcision or refibulation is performed on women who have given birth, widowed, or divorced. It is called *adla* (tightening) and is mostly performed on pharaonically infibulated women. Refibulation is sometimes referred to as *Adlat ElRujal* (men's circumcision) because it is designed to give greater sexual pleasure for men.

²Olayinka Koso-Thomas, *The Circumcision of Women: Strategy for Eradication*. (London: Zed Press, 1987), p. 8.

³Lightfoot-Klein, p. 38.

⁴Francoise Lionnet, "Feminisms and Universalism: 'Universal Rights' and the Legal Debate Around the Practice of Female Excision in France," in *Orientalism and Cultural Differences*. Mahmut Mutman and Meyda Yegenoglu, editors. (Santa Cruz: UC Center for Cultural Studies, 1992), p. 107.

⁵Nahid Toubia, "Women and Health in Sudan," in *Women of the Arab World. The Coming Challenge*. Edited by Nahid Toubia. (London: Zed Press, 1988), p. 107.

⁶Asma ElDareer, *Women, Why Do You Weep? Circumcision and its Consequences* (London: Zed Press, 1983), p. 73.

⁷Raqiya Haji Dualeh Adballa, *Sisters in Affliction*. (London: Zed Press, 1982), p. 51.

⁸Koso-Thomas, p. 7.

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- ⁹El Dareer, p. 73.
- ¹⁰Anne Cloudsley, *Women of Omdurman: Life, Love and the Cult of Virginity* (New York: St. Martin's Press, 1984), p. 103.
- ¹¹Mary Anne French, "The Open Wound," *Washington Post*, 22 November 1992.
- ¹²El Dareer, p. 10. However, none of the other sources in this study specifically mentioned this.
- ¹³Cloudsley, p. 102.
- ¹⁴Lightfoot-Klein, pp. 69, 137.
- ¹⁵All researchers in this study discussed the ambiguity and misinterpretations surrounding Mohammed and female circumcision.
- ¹⁶El Dareer, p. 72.
- ¹⁷Mernissi, p. 21.
- ¹⁸Mernissi, p. 52.
- ¹⁹Ibid., p. 53.
- ²⁰Fatima Mernissi, *Beyond the Veil: Male-Female Dynamics in Modern Muslim Society*. Revised edition (Bloomington: Indiana University Press, 1987), p. 43.
- ²¹Abdualla, El Sadaawi, El Dareer, and Mernissi share this view. For a powerful refutation see Fatna A. Sabbah, *Woman in the Muslim Unconscious*.
- ²²Abdalla, p. 30.
- ²³Mernissi, pp 21, 45.
- ²⁴Koso-Thomas, p. 17.
- ²⁵Asma El Dareer, p. 8.
- ²⁶Lightfoot-Klein, p. 30.
- ²⁷Ibid., p. 42.
- ²⁸Ibid., p. ix.
- ²⁹See Koso-Thomas, p. 17, 25-29 and Lightfoot-Klein, pp. 31-33.
- ³⁰Lightfoot-Klein, p. 67
- ³¹Touba, p. 106.
- ³²Lightfoot-Klein, p. 39.
- ³³Lightfoot-Klein, p. 69.
- ³⁴Touba, p. 99.
- ³⁵Abdalla, pp. 52-55.
- ³⁶Abdalla, pp. 33-34.
- ³⁷Touba, p. 100-101.
- ³⁸Anne Clousledy, *The Women of Omdurman* (New York: St. Martin's Press, 1984), pp. 22-25.
- ³⁹For her trenchant, enlightening and radical view of Islam and the subordination of women see Fatna Sabbah, *Women in the Muslim Unconscious* (London: Zed Press, 1984).

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- 42 *Ibid.*, p. 17.
- 43 Mernissi, p. 20.
- 44 Mernissi, p. xxiv.
- 45 Anne Louise Bardach, "Tearing off the Veil," *Vanity Fair* (August 1993) p. 125.
- 46 Koso-Thomas, pp. 25-27 and Lightfoot-Klein, pp. 57-58.
- 47 Hilaric Kelly, interview by the author, April 9, 1993.
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- 49 El Darcer, p. 23-25.
- 50 Koso-Thomas, 23.
- 51 Lightfoot-Klein, p. 92.
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- 56 Lightfoot-Klein, p. 11.
- 57 Abdalla, p. 101.
- 58 Nawal el Saadawi, *The Hidden Face of Eve. Women in the Arab World* (London: Zed Press, 1980), p. x.
- 59 *Ibid.*, p. x, xi.
- 60 Lightfoot-Klein, p. 8.
- 61 Koso-Thomas, p. 29.
- 62 Lightfoot-Klein, p. 57.
- 63 Scilla McLean and Stella Efua Graham (eds.), *Female Circumcision, Excision and Infibulation: The Facts and Proposals for Change* (London: Minority Rights Group Report #47, 1985), p. 10.
- 64 Toubia, p. 99.
- 65 Ann Louise Bardach, "Tearing Off the Veil," *Vanity Fair*, (August, 1993), p. 123.
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- 67 El Darcer, p. 67.
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- 70 Lightfoot-Klein, p. 77.

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