

# Reports and Review Essays



*I was allowed to ask a question.*

# Female Circumcision:

## From Smokescreen to Public Policy

*I was six years old....*

*They carried me to the bathroom....I did not know  
what they had cut off, and I did not try to find out.  
I just wept, and called out to my mother for help.  
But the worst shock of all was when I looked around  
and found her standing by my side.*

*Nawal el Saadawi<sup>1</sup>*

*After more than six years of continuous investigation,  
and four research trips to Africa, besides extensive travel  
all over the world, I am not only convinced that genital  
mutilations of females must be abolished, but also that it  
can be done now, in a short time, and at much lower cost  
than to continue to ignore the situation, which I am  
documenting in this report.*

*Fran P. Hosken<sup>2</sup>*

Victimology is a relatively new field of systematic human enquiry, with double-edged consequences for women. One of its foremost expositors and crusaders for change, the indefatigable, peripatetic Fran Hosken has finally focussed international recognition and attention on the most heinous mutilation and victimization of children and adolescents—female circumcision.

In February 1979, the World Health Organization devoted two days of its Seminar on Traditional Practices affecting the Health of Women and Children, in Khartoum, Sudan to the subject of female circumcision. Participants from WHO's African and Eastern Mediterranean Regions unanimously resolved that the practice in all its forms should be stopped.

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But what is it? Why does it occur? How widespread is it and how can it be stopped?

Female circumcision, the partial or complete removal

of the external female genitalia, is practised in approximately 40 countries, in East and West Africa and parts of the Arabian peninsula.<sup>3</sup>

The historian Herodotus reported that in the fifth century B.C. female circumcision was practised by the Phoenicians, Hittites, Ethiopians and Egyptians. Travellers of the eighteenth, nineteenth and early twentieth centuries described the various *rites de passage* undergone by girls of varying ages from four to twenty and some which recurred after each confinement. Such rites included seclusion, painful tattooing to mark the various stages of the female life cycle, as well as female circumcision.

*Sunna Circumcision* consists of cutting off the prepuce of the clitoris; it is mostly performed by older women with razor blades or knives. *Excision or clitoridectomy*, removal of the clitoris, the most frequently performed operation, is known as *Khafd* (reduction) in classical Arabic or more popularly as *Tahara* (purification).<sup>4</sup> In some places removal of the clitoris is seen as removing the 'maleness' from females.

*Pharaonic Circumcision* or *Infibulation* most common in Sudan, consists of incision and fastening together with thorn or catgut the labia majora to close the vulva, except for a small opening made by inserting a splinter of wood. According to Marie Bassili Assaad, 75 percent of Egyptian women and girls have undergone Sunna circumcision, with only the modernized and privileged few spared.<sup>5</sup>

The origins of female circumcision are clouded. As a tradition (Sunna), its practice appears to be based on the belief that it will attenuate the sexual desire in women; direct it to desirable moderation or make child-bearing easier. It is also allegedly practised for 'hygienic reasons' or to 'avoid nervous tensions.' It is generally viewed as a way of protecting female modesty and chastity<sup>6</sup> and, indeed, penetration is not possible with Pharaonic circumcision without further incision. It is said to be accepted by women as ensuring the attenuation of desire,

saving them from disgrace.<sup>7</sup> They consider it natural. Yet the age at which the operation is now performed may vary from one week to ten years and over.<sup>8</sup>

According to Taba (the WHO Regional Director for the Eastern Mediterranean Region), since the operation is often performed by non-skilled practitioners, under adverse hygienic conditions, it entails grave immediate health hazards including surgical shock, bleeding, infection, tetanus and retention of urine. It may also produce permanent changes such as dermoid cysts, bladder fistulae and other pathology which may affect normal sexuality, lead to infertility and result in divorce.<sup>9</sup>

Various countries have reported that they have attempted to regulate or restrict the practice, but there is little evidence of rigorous enforcement and statistical records have not been kept by most health departments. Taba states that one hospital in the Eastern Mediterranean Region estimated that in the year July 1977 to July 1978, complications of circumcision resulted in 1,967 days of hospitalization.<sup>10</sup>

In 1976, Hosken lamented the fact that during the entire International Women's Year, the subject of genital mutilation, which critically affects the lives of millions of women in Africa, was completely ignored. It appeared that the family of United Nations agencies was reticent about interfering with practices which were perceived as based, on particular social and cultural backgrounds, in order to avoid possible charges of racism or cultural domination. Although as long ago as 1960, African women who had attended an Addis Ababa Seminar on the Participation of Women in Public Life had, while dedicating themselves to the furtherance of the development of African culture, nevertheless condemned such mutilations as deleterious to health.<sup>11</sup>

Hosken, a journalist, first became interested in female circumcision during a visit to Nairobi in 1973, a voyage which covered fifteen sub-Saharan countries and 25 cities. In both East and West Africa, whenever she inquired about the practice, she encountered evasion or

denial. Her informants would only admit that the practice was vestigial and was dying out, except in remote tribal villages. Ultimately she decided to seek out the midwives who had first hand experience and, upon her return from Africa in 1973, she began her systematic search for evidence from documented sources and extensive correspondence with midwives and doctors.

In 1974, Canada was host to a United Nations Seminar on National Machinery.<sup>12</sup> That seminar noted *inter alia* that modernization and progress did not necessarily improve the status of women in societies in transition without special efforts to ensure that women shared equally as architects and beneficiaries. Hence the need for National Machinery to integrate women's concerns into the public policies and programmes of countries. The Seminar was attended by Dr. Fatima Abdel Mahmoud, Minister of Social Affairs in Sudan, who subsequently played a key role in organizing the Khartoum Conferences which became the turning point.

The *Sudan Medical Journal* had, in 1968, published an extensive study of the medical histories of 4,000 women known to the Khartoum hospital. In the meantime, newly developed Family Planning Programmes were also beginning to collect information and evidence on female circumcision. In the summer of 1975, Hosken started to publish a column on "Female Circumcision—Genital Mutilation," in the Health column of WIN NEWS (*Women's International Network News*). She also published an article in the *Munger Africana Library Notes*, 1976.<sup>13</sup>

Official international attention was first focussed by the Director General of WHO, during the World Health Assembly of 1976, when he called attention to the need to "combat taboos, superstitions and practices that are detrimental to the health of women and children such as female circumcision and infibulation."<sup>14</sup> His concern was based in part on reports, to the WHO on infertility in Africa, that had implicated circumcision in infection or injury which interfered with conception or increased the risk of pregnancy wastage.

In 1977, Fran Hosken returned to Africa specifically to investigate genital mutilation of women and to determine whether change was occurring in the modern sector, particularly in urban areas. She also attended the Fifth Obstetrical and Gynaecological Congress in Khartoum, Sudan where a key panel on female circumcision took place. Based on that trip, she began to publish a number of personal and technical reports including one on the "Epidemiology of Genital Mutilation" which aroused the attention of health professionals.<sup>15</sup>

From the accidental discovery of female circumcision while studying urbanization in Africa, through the dogged penetration of what appeared like a conspiracy of silence, to the ultimate personal recognition at the 1979 WHO Khartoum Seminar where she delivered the opening paper, "Female Circumcision in the World Today: A Global Review," the Hosken saga is a triumph of investigative journalism. That female circumcision is now an international Public Policy issue of the first magnitude is largely due to her efforts linked to those of courageous women in the geographic regions affected, who recognized it as a threat to their health and well-being.

At the Khartoum Seminar of 1979, government officials of several countries where female circumcision is widely practised or confined to certain groups; e.g., Democratic Yemen, Djibouti, Egypt, Ethiopia, Kenya, Nigeria, Omar, Somalia, Sudan and Upper Volta, together with the high level experts who participated, agreed by consensus to National Policies: a) to abolish female circumcision; b) to establish National Commissions to coordinate efforts including the enactment of legislation; c) to intensify general education including health education regarding the dangers and undesirability of such a practice; d) to intensify educational programmes for traditional birth attendants, midwives, healers and other practitioners of traditional methods and to enlist their support in abolishing the practice. A booklet on infibulation printed in Arabic was distributed in Sudan to middle-level health and education workers.

Subsequently, representatives of African governments who attended a regional meeting held in Lusaka (preparatory for the mid-decade United Nations World meeting in Copenhagen, July 1980), agreed to a resolution condemning the practice of infibulation.

WHO/UNICEF have now combined forces to assist countries in halting the practice by the adoption of a joint action programme. UNICEF has prepared guidelines for its field staff. This action followed a joint meeting on female circumcision held in Alexandria, Egypt in March of this year. The joint programme includes advocacy, the identification and support of individuals and organizations with national stature influence and credibility, plus education, training and research programmes.<sup>17</sup>

Having chronicled her second enlarged edition on the *Genital and Sexual Mutilation of Females*, with detailed country-by-country case histories of East Africa, West Africa, the Arab Peninsula, Indonesia/Malaysia and the Western World, Fran Hosken and the thousands she has called upon to bear witness will be watching.

#### NOTES

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3. Marie Bassili Assaad, "Female Circumcision in Egypt: Social Implications, Current Research, and Prospects for Change," *Studies in Family Planning*, Vol II, No. 1 (January, 1980), p.3.
4. *Ibid.*, pp. 3-4.
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6. *Ibid.*, p. 5.
7. *Ibid.*, p. 6.
8. A.H. Taba, "Female Circumcision, Gynaecology and Obstetrics," *Tropical Doctor*, Vol. 10 (January, 1980), p.21.
9. *Ibid.*, p. 22.
10. *Ibid.*, p. 22.
11. Fran P. Hosken, "Genital Mutilation of Women in Africa," *Munger Africana Library Notes*, California Institute of Technology, Issue No. 36 (October, 1976), pp. 3-4.
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