Tradition or Torture?

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Writer's comment: *A short segment of the popular TV magazine* 20/20 *introduced me to the horrific tradition of female genital mutilation. Ignorant of its existence, I watched in bewilderment as the reporter revealed that millions of young girls and women worldwide have their genitalia forcibly removed in order to preserve their virginity. The program left me perplexed. I did not understand the malicious force that drives a society to inflict such pain on its women. Nevertheless, I dismissed it as a "cultural thing" and left it at that.*

One month later I found myself drawn back to this issue. Disregarding the old advice "write about something you know," I decided to do my research paper on female genital mutilation. Possessing little knowledge and no personal experience whatsoever on this topic, I embarked on a long journey of investigation. The result is this paper. My intent is not to disgust you (although you may feel nauseated at times), but rather to educate and mobilize people on this issue of human cruelty. Having this paper published in Prized Writing *is a step toward this goal.*

Of course none of this would be possible without the assistance and support of a number of people. I extend my greatest gratitude and respect to Eric Schroeder for encouraging me to pursue this unusual topic and for believing in my ability as a writer when I did not. I would also like to thank my classmates for their invaluable advice and for editing my paper. A special thank you goes to B. N. for borrowing the necessary sources when most of the books at Shields mysteriously disappeared (don't worry; I intend to pay you back for the long-overdue books).

—Thuy Trinh

Instructor's comment: *My English 20 course focused on researching and writing long papers. For their final assignment, students wrote a 3,000-word essay on a subject of their choice. While the subjects were wide ranging—from bowling balls to bovine growth hormone—most of the students had a personal connection with their topics. Thus on the day that students read each others' proposals, many in the class were startled by Thuy's choice: female circumcision, or female genital mutilation (as it is also called). I thought Thuy's choice was very appropriate for the assignment, and I was impressed with how quickly she set about the research.*

I think you'll also be impressed. Thuy's research is thorough, combining sources as different as Alice Walker and the Journal of Multicultural Counseling Development. *But the writing is equally strong. We spent a lot of time in class talking about leads and conclusions. At one point Thuy said it woke her up when I told her a particular conclusion of hers was boring. She clearly absorbed the lesson. Her essay is riveting from beginning to end. It's fascinating to see how Thuy forges a personal connection to a topic that she chose for academic reasons.*

—Eric Schroeder, English Department

> When I was a girl of ten, I was told to be brave and not to cry, that I'd be a big girl after the ordeal. But when I saw the half-blind old woman with her razor, I bolted. My mother and aunts held me down and spread open my legs. Suddenly, I felt excruciating pain. She sliced off my clitoris and now it lay in her gnarled hands. She then sliced my inner lips until there were nothing left. There was blood everywhere, but by now I felt no more pain, not even when she stuck a thorn from the acacia tree into me to keep the wound closed. (Armstrong 42)

The Somalian woman who gave this horrific account of torment is describing female circumcision, a traditional practice inflicted on more than 80 million women in the world today. Although most prevalent in 28 African countries, the practice also exists among different ethnic groups in the Middle East, Far East, and, according to some reports, the descendents of Western African slaves in Brazil. According to Fran P. Hosken, editor of the Women's International Network News, as war and poverty scatter people around the world, female circumcision is becoming a relevant issue wherever its practitioners have settled, including Europe, Australia, and America (26).

The origin of female circumcision is debatable. No evidence confirms whether the practice originated in one particular area and dispersed or was created by various ethnic groups. Some argue that female circumcision began in the Middle East on the Arab Peninsula and was dispersed by Arab travelers. Others declare that this theory is preposterous. Asim Zaki Mustafa, a research assistant in the Department of Obstetrics and Gynecology at the University of Khartoum, states that "female circumcision is so widespread that it cannot have had a common origin" (Hosken 51). Other sources, however, claim that the practice originated in the Middle East, most likely Ancient Egypt, as the evidence of circumcised female mummies from 200 B.C. has demonstrated (Dareer iii).

Although the origin of this traditional practice remains speculative and continues to challenge historians and researchers, one thing seems certain: female circumcision is considered a rite of womanhood for many practitioners. For both men and women, it is not only regarded as a religious obligation, but it is also believed to be a protective device for the virginity of unmarried girls and a means to eradicate the "impure" sexual natures of married women.

The term "female circumcision" misleadingly implies an operation similar to male circumcision—simply the removal of a piece of skin. The female operation, however, involves the removal of healthy (and highly sensitive) organs. Delegates to a 1978 seminar "Traditional Practices Affecting the Health of Women and Children" in Addis Ababa, Ethiopia, thus adopted the expression "female genital mutilation" (FGM). They believe this terminology reflects more accurately the cruel and unjust operation so many young girls are forced to agonizingly endure.

Female genital mutilation represents various things for different cultures. The mildest and least common form, known to Muslims as "sunna" (traditional), involves the removal of the hood and tip of the clitoris. The only operation analogous to male circumcision, sunna circumcision may be perceived as equivalent to the amputation of the tip of the penis. Excision, the more severe form, involves the removal of the clitoris

and the labia minora (small lips). Infibulation, also known as "pharaonic circumcision, constitutes the most drastic form and is usually practiced in Sudan, Somalia, and Mal It involves the removal of all the external genitalia and the stitching up of the two side of the vulva to leave only a miniscule opening for the flow of urine and menstrual blooc The insertion of a piece of wood or a reed preserves the opening. Acacia thorns held i place with silk, catgut, or horsehair complete the stitching process. The girl's legs ar then tightly tied together from pelvis to ankles, and she is kept in a fixed position fo a maximum of 40 days to permit the formation of scar tissue, signifying the complete ness of the healing process.

Midwives, village healers, and elderly female relatives generally perform the ritua without anesthesia, using unsterilized razor blades, knives, broken bottles, or ever sharp stones. Six women restrain the young girl as the procedure is executed. Rubbin the wound with herb mixtures, earth, or ashes stops excessive bleeding. According t Dr. Asma El Dareer of the Medical Faculty of the University of Khartoum, "th operation is generally performed when a child is four to eight years old, but sometime as early as several days old" (iii). In many countries, it was once regarded as an initiatio rite into adulthood, accompanied by drumming, dancing, feasting, and gifts. Howeve most experts agree that the performance of this operation occurs at an even younger ag and pertains less and less to initiation into adulthood (Hosken 18).

As a surgical operation, female genital mutilation can be expected to result i complications. Since this operation is usually administered by untrained people wh are ignorant of the human anatomy, post-operational complications are common Immediate and long-term risks to health are enormous. Many girls hemorrhag because inexperienced operators "cut into the pudendal artery or the dorsal artery o the clitoris" (Armstrong 42). The use of unsterilized instruments and traditiona compounds to stanch bleeding carries a high risk of tetanus, infection, and septicemi (blood poisoning). Some suffer from urinary retention because of the fear of passin urine on the raw wound.

Infections of the uterus and vagina are common. Frequently, massive foreig materials develop in the vagina's interior layer due to the accumulation of mucou secretions. Keloid formation, the hardening of scars on the vulval wound, can increas in size so as to impede walking. Furthermore, the hole left after infibulation is to diminutive to allow the passage of menstrual blood, which collects instead in the abdomen. Dr. R. Ollivier, a military physician in Djibouti, recalls an occurrence i which a 16-year-old girl was suffering from excessive abdominal pains. Although she had not menstruated for several months nor had she engaged in sexual intercourse, the appearance of her swollen abdomen indicated otherwise. Examination of the patien revealed that she was infibulated with a tiny opening, and no indication suggested the beating of a fetal heart. Dr. Ollivier administered a disinfibulation (opening of the scarred vulva), and discharged 3.4 liters of blackish, malodorous blood (Dorkenoo and Elworthy 9).

Similar occurrences, yet with more tragic consequences, include a young girl who had such a tight infibulation that she could barely pass any blood from her first

menstrual cycle. Because she was too shy and frightened to confront her mother, her abdomen enlarged due to the accumulation of blood. This, together with the absence of menstrual blood, mistakenly led the family to believe that she was pregnant. She was therefore killed to save the family's honor (Dareer 37).

For infibulated women, childbirth is a dilemma filled with life-threatening risks. Unstitching of the scar is necessary to let the baby out. According to Dorkenoo and Elworthy, "the tough, rigid obliterated vulva has lost its elasticity, and if not reopened in time, it may fatally delay the second stage of labor. The head of the baby may be pushed through the perineum which tears more easily than the infibulation scar, [thus] causing a high incidence of perineal tears" (38). Consequently, there is unnecessary blood loss and uterine inertia may result. The prolonged and obstructed labor can furthermore lead to intrauterine fetal brain damage (Koso-Thomas 27).

Infibulation thus mutilates and damages the genitalia, and the reopening of the vulva damages them further. Gynecologist Henriette Kouyate states that the infibulated woman must be deinfibulated (cut open) prior to intercourse. An infibulated woman's new husband often will use a razor, sword, or knife to do this, and it can take up to three months before the husband can penetrate his wife (Hamilton 3). Both stages—infibulation and deinfibulation—increase the chance of infection by HIV and subsequently the increased spread of AIDS. After all, the primary instrument used in these operations is often unsterilized. Women who perform these mutilations admit that they typically use the same blade on at least two girls in a row before boiling the blade to sterilize it (Walker and Parmar 184).

Although ample evidence exists to support the medical consequences of female genital mutilation, little research has been done on the psychological aspects of this deep-rooted tradition. Because of the nature of the operation, it is evident that emotional and mental distress result, especially if the girl is neither prepared nor forewarned. Many personal accounts and research investigations contain repeated references to "anxiety prior to the operation, terror at the moment of [seizure] by an aunt or village matron, unbearable pain, [and] the subsequent sense of humiliation and [betrayal] by the parents, especially the mother" (Dorkenoo and Elworthy 10). Further psychological and sexual reactions to circumcision include fear of sex, promiscuity, loss of self-esteem, and feelings of victimization (Bengston 170). Indeed, it is traumatizing to read about—let alone experience—the suffering of a woman or young girl whose "life-giving canal is stitched up amid blood, fear, and secrecy as she is forcibly held down and told that if she screams, she will cause the death of her mother or bring shame to her family" (Dorkenoo and Elworthy 10).

One may well inquire what motivates a mother or husband to subject a daughter or wife to such drastic operations, undertaking such medical and psychological risks. Tradition—the reluctance to break with age-old practices that symbolize the shared heritage of a particular ethnic group—is the most frequent reason that diverse ethnic groups cling fiercely to a practice that inflicts significant pain and suffering on women and children (Ebomoyi 143). Practitioners believe that everyone must bow to tradition. The penalty for defiance is total ostracism. Other reasons given for female circumcision

seem consistent in most African societies and are for the most part based on myths, an ignorance of biological and medical facts, and religion.

Raqiya Haji Dualeh, a vice minister in the Somali Ministry of Health, explains the importance of traditional roots of female circumcision:

> The belief is so deep that even mothers who can see the damage the practice causes them are hesitant not to circumcise their daughters. The prestige of the family, the future of their daughter in the one most important duty in her life, marriage, depends on the tradition. (Harden)

Walker also addresses the significance of tradition in her interviews with circumcisers and mutilated girls. One circumciser states that out of respect for the tradition, "even if you put a knife on their throat, [the mutilated girls] would never tell you what was done to them" (Walker and Parmar 304). Indeed, when Walker interviewed two girls who were recently circumcised, they revealed that they will circumcise their own daughters because "our tradition we will practice and we will see that it continues" (Walker and Parmar 313).

Myths justify the necessity of circumcision to distinguish the sex of the child. The female and male components are believed to be present in an individual. The clitoris represents the masculine element in a young girl, and the foreskin represents the feminine element in a boy. Thus, they must be removed to definitely declare the sex of the person. It is often specified that the clitoris, an aggressive and poisonous organ, may threaten the male organ and even endanger the baby during delivery. Considered abhorrent to both sight and touch, it is an indication of maturity when the "ugly genitalia" have been excised. Another common belief is that excision enlarges the vagina to enhance fertility and make childbearing easier.

Dr. Koso-Thomas, a general practitioner in Sierra Leone, stresses that it is often argued that circumcision maintains good health in a woman. Evidence is quoted of girls who are sick, but after circumcision, become "healthy, hale, and hearty." When circumcised women do fall ill, supernatural causes are assumed. Moreover, circumcision is often credited with healing powers. Women suffering from melancholia, nymphomania, hysteria, insanity, and epilepsy are cured when these operations are performed (9). Dareer further reports that in rural areas of Western Sudan, if a girl becomes ill and does not gain weight, she is assumed to have the "worm disease." Female circumcision is believed to cure this malady by releasing the worm (13).

Circumcision serves not only to protect a woman from aggressive males, but to protect her from her own sexuality. According to Dorkenoo and Elworthy, the explanation commonly presented by women and men is the "attenuation of sexual desire" (10). Because the clitoris is the organ of concern, the elimination of this organ is believed to shelter the woman against her sexual desire, rescuing her from "temptation, suspicion, and disgrace, while preserving her chastity" (10). "Many women in Sudan and in other African societies accept circumcision because they are taught to believe that sexual pleasure is the exclusive right of men" (Perlez). Considering that virginity is a necessary requirement for marriage in these societies, extramarital relationships thus suffer the most drastic consequences.

Men and women further associate the practice with religion; they believe it is mandated by the teaching of Islam. Islamic theologians, however, emphasize that no doctrinal basis for this belief exists, neither in the Koran nor the Bible. Significantly, the custom is not observed in Saudi Arabia, the cradle of Islam (Harden).

None of the arguments in favor of female genital mutilation have any real scientific or logical basis. The hardened scar and stump usually seen where the clitoris should be present a horrifying appearance. As for cleanliness, the presence of these scars prevents urine and menstrual flow from escaping by the normal channels. This may lead to acute retention of urine and menstrual blood, and to a fatal condition known as hematocolpos.

Furthermore, although the intention of the operation may be to decrease a woman's desire, excision of the clitoris reduces sensitivity, but it cannot reduce desire, which is a psychological characteristic. Offering as a reason for infibulation "the preservation of virginity and the prevention of immorality" (Dareer 75) is odd and ludicrous since reinfibulation may be easily done to look like the original one. "In Somalia, where most husbands are polygamous and where divorce is cheap, cases are reported of women paid for, married, divorced, reinfibulated, paid for, and married again five times or more" (Dorkenoo and Elworthy 13). In his examination of 200 prostitutes in Sudan, of whom 170 had been infibulated, Dr. Ahmed Abu-El Futuh Shandall concludes:

> Infibulation does not confer any protection or deterrent action on females. Moreover, the vulval skin diaphragm, being an artificially constructed device, can always be reconstructed without any suspicion that this is not the original. ... Infibulation would encourage immorality rather than protect it. (Dorkenoo and Elworthy 13)

Dareer, who surveyed Sudan women in both urban and rural areas, further confirms that reinfibulation is often executed to make the opening as tight as that of the original. Out of 2,276 women surveyed, 1,100 (48.3%) had been reinfibulated. Of this 48.3%, 13.6% were widows or divorcees who were reinfibulated to tighten their vaginal opening in order to appear virgins. This false appearance of virginity produced by reinfibulation is why girls who have premarital sexual intercourse have it done (56). Thus, rather than preventing immorality, circumcision can encourage misbehavior since girls know that they can always be stitched up again.

The horrible torture and oppressive psychological trauma that genital mutilation inflicts on young children and women and the chronic devastating consequences resulting from such a mutilation can never be measured under any terms. They must be identified and understood for what they are:

> A social burden of sexual violence, imposed by the patriarchal system on those least able to defend themselves. . . . Young girls subjected to these mutilations are never asked, and do not know what is done to them. They, and also their mothers, have no choice and are not only ignorant of the health dangers involved, but they are also unaware that these operations are unnecessary, have none of the claimed beneficial results for their own society, and do not exist in most of the world. (Hosken 25)

Although Kenya outlawed the practice in 1982 and Sudan banned it as long ago as 1945, the torture continues in these East African countries.

Those of us who possess the knowledge must confront our responsibility to make the health facts and information about reproduction and sexuality known everywhere, and especially to the victims of these disastrous operations so that their daughters will be spared. Certainly, we will be furiously greeted with accusations of racism and cultural imperialism; we may also be accused of meddling in a traditional or cultural heritage to which we do not belong. But the fact that female genital mutilation is an age-old custom practiced for generations does not legitimize its persistence today. Furthermore, to defend such practices on "cultural" grounds, as has been done too often, is a distortion of the meaning of culture. Torture, after all, is not culture.

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