



The Female Genital Cutting Education and Networking Project

[Home](#) [News Archive](#) [Bookstore](#) [Links](#) [About Us](#) [Volunteer](#) [Contact Us](#) [Donate](#)

You are here: [Intro](#) : Fgmintro

 [Print this Page](#)

Introduction

Female Genital Cutting (FGC): An Introduction ~ Marianne Sarkis

As you are reading this article, there are between eight and ten million women and girls in the Middle East and in Africa who are at risk of undergoing one form or another of genital cutting. In the United States it is estimated that about ten thousand girls are at risk of this practice. FGC in a variety of its forms is practiced in Middle Eastern countries (the two Yemens, Saudi Arabia, Iraq, Jordan, Syria, and Southern Algeria). In Africa it is practiced in the majority of the continent including Kenya, Nigeria, Mali, Upper Volta, Ivory Coast, Egypt, Mozambique, and Sudan.

Even though FGC is practiced in mostly Islamic countries, it is **not** an Islamic practice. FGC is a cross-cultural and cross-religious ritual. In Africa and the Middle East it is performed by Muslims, Coptic Christians, members of various indigenous groups, Protestants, and Catholics, to name a few.

Definition:

FGC is a term used to refer to any practice which includes the removal or the alteration of the female genitalia. There are three main types of FGC that are practiced through the world : Type I or Sunna circumcision, Type II or excision, and Type III or infibulation. These three operation range in intensity, from the "mildness" of Type I, to the extreme Type III. Type II is a recent addition to FGC. I will explain in the next sections what each of these practices involve, and outline some of the short-term and long-term effects that they have.

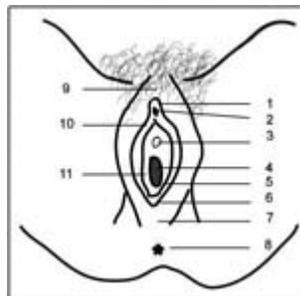


Figure 1. Unaltered Female Genitalia

ama

[Female Genital Mutilation](#)
Rosema
New \$30
Best \$30

[Gender](#)
N. Lutke

[The Female Genital Circumcision Controversy](#)
Ellen Gr

[Possessors of Joy](#)
Alice We

[Born in the Middle East](#)
Fadumo
Eichhorns

[Warrior Women](#)
Alice We

[No Circumcision](#)
Permanence
Cristina

(Prices
Privac

visited on 5/25/2007

- | | |
|--------------------|-----------------------|
| 1. Clitoral hood | 6. Bartholin's glands |
| 2. Clitoris | 7. Perineum |
| 3. Urethra | 8. Anus |
| 4. Vaginal opening | 9. Mons veneris |
| 5. Hymen | 10. Labia majora |
| | 11. Labia minora |

Type I -- Sunna Circumcision

The first and mildest type of FGC is called "sunna circumcision" or Type I. The term "Sunna" refers to tradition as taught by the prophet Muhammad. This involves the "removal of the prepuce with or without the excision of part or all of the clitoris (See the [World Health Organization definition](#)). Type I is practiced in a broad area all across Africa parallel to the equator. Fran Hosken enumerates the following countries: Egypt, Ethiopia, Somalia, Kenya, and Tanzania in East Africa to the West African coast, from Sierra Leone to Mauritania, and in all countries in-between including Nigeria, the most populous one. There are also reports of Type I taking place in areas of the Middle East such as in Oman, Yemen, Saudi Arabia and United Arab Emirates.

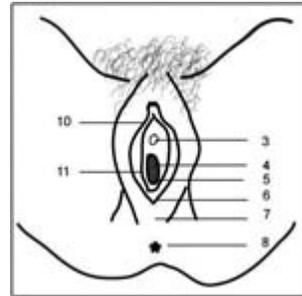


Figure 1. Type I Circumcision

Type II - Clitoridectomy

The second type of FGC, Type II, involves the partial or entire removal of the clitoris, as well as the scraping off of the labia majora and labia minora. This takes place in countries where infibulation has been outlawed such as Sudan. Clitoridectomy was invented by Sudanese midwives as a compromise when British legislation forbade the most extreme operations in 1946.

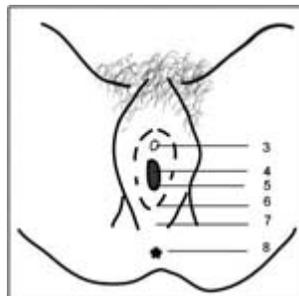


Figure 2. Type II Circumcision



Map 1. Click on map to enlarge

Type III - Infibulation or Pharaonic Circumcision

The third and most drastic type of FGC is Type III. This most

visited on 5/25/2007

extreme form, consists of the removal of the clitoris, the adjacent labia (majora and minora), and the joining of the scraped sides of the vulva across the vagina, where they are secured with thorns or sewn with catgut or thread. A small opening is kept to allow passage of urine and menstrual blood. An infibulated woman must be cut open to allow intercourse on the wedding night and is closed again afterwards to secure fidelity to the husband. Hosken also reports that infibulation is "practiced on all females, almost without exception, in all of Somalia and wherever ethnic Somalis live (Ethiopia, Kenya and Djibouti). It is also performed throughout the Nile Valley, including Southern Egypt, and all along the Red Seas Coast.

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

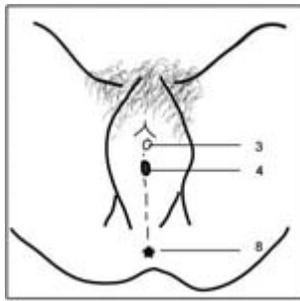


Figure 2. Type III Circumcision



Map 1. Click on map to enlarge

Effects of Female Genital Cutting:

Beyond the obvious initial pains of the operations, FGC has long-term physiological, sexual, and psychological effects. The unsanitary environment under which FGC takes place results in infections of the genital and surrounding areas and often results in the transmission of the HIV virus which can cause AIDS. Some of the other health consequences of FGC include primary fatalities as a result of shock, hemorrhage or septicemia. In order to minimize the risk of the transmission of the viruses, some countries like Egypt made it illegal for FGC to be practiced by any other practitioners than trained doctors and nurses in hospitals. While this seems to be a more humane way to deal with FGC and try to reduce its health risks, more tissue is apt to be taken away due to the lack of struggle by the child if anesthesia is used.

Long-term complications include sexual frigidity, genital malformation, delayed menarche, chronic pelvic complications, recurrent urinary retention and infection, and an entire range of obstetric complications whereas the fetus is exposed to a range of infectious diseases as well as facing the risk of having his or her head crushed in the damaged birth canal. In such cases the

visited on 5/25/2007

infibulated mother must undergo another operation whereby she is "opened" further to insure the safe birthing of her child. Girls undergo FGC when they are around three years old, though some of them are much older than that when they undergo the operation. The age varies depending on the type of the ritual and the customs of the local village or region.

Justifications:

In various cultures there are many "justifications" for these practices. A girl who is not circumcised is considered "unclean" by local villagers and therefore unmarriageable. A girl who does not have her clitoris removed is considered a great danger and ultimately fatal to a man if her clitoris touches his penis.

One of the most common explanations of FGC is local custom. Women are often heard saying that they are unwilling to change these customs since they have always done it this way and are not about to change. Oftentimes the practitioners are kept ignorant of the real implications of FGC, and the extreme health risks that it represents.

Family honor, cleanliness, protection against spells, insurance of virginity and faithfulness to the husband, or simply terrorizing women out of sex are sometimes used as excuses for the practice of FGC.

Some people believe that FGC is a barbaric practice done to girls and women in some remote villages in foreign countries of the world. However, up until a few decades ago, it was still believed that the clitoris is a very dangerous part of the female anatomy. Who can forget S. Freud who stated in one of his books entitled *Sexuality and the Psychology of Love* that the "elimination of clitoral sexuality is a necessary precondition for the development of femininity."

As recently as 1979, the "Love Surgery" was performed on women in the United States. Dr. James E. Burt, the so-called Love Surgeon, introduced "clitoral relocation" (i.e. sunna circumcision) to the medical establishment. He believed and acted upon the idea that excision does not prevent sexual pleasure but enhances it. Dr. Burt practiced in Ohio for almost ten years before he was exposed after which he gave up his license.

Because of the large number of cases of FGC and some of the deaths it has caused, FGC is now outlawed in some European countries (Britain, France, Sweden, and Switzerland) and some African countries (Egypt, Kenya, Senegal).

Medicalization

There has been a movement in the last ten years to perform circumcision in hospitals where the conditions are much more sanitary, and anesthesia can be used. However, this allows for the removal of more tissue because the girl is not struggling as much.

Alternative Rituals

In many cultures, FGC serves as an initiation rite, and any efforts to eradicate it must take this into consideration. Some of the most

visited on 5/25/2007

successful eradication efforts have taken place in areas where FGC was replaced with "initiation without cutting" programs whereas a girl still goes through some initiation rites but this time, without any blood.

Alternative rituals are currently being implemented in countries like Ghana and Kenya, that do not include any bloodletting. A girl will still undergoes the celebrations and the rituals that usually accompany the circumcision ritual, however, the procedure itself is either replaced with a small pricking elsewhere on the body to let out a small drop of water, or bloodletting is completely done away with.

Other successful programs have also experimented with giving midwives monthly salaries for putting down their knives and becoming health care workers. They are now trained in various aspects of female health, and go from village to village educating women about the harmful effects of female circumcision, and the importance of proper nutrition during pregnancy, how to protect from sexually transmitted diseases and HIV, and proper usages of condoms, among other health topics.

Eradication:

It is also important to note that even though FGC is currently illegal in many countries in Africa and the Middle East, this has not reduced the number of the girls that are mutilated every year. The governments of these countries have no way of monitoring the spread and practice of FGC. The United Nations, UNICEF, and the World Health Organization has considered FGC to be a violation of Human Rights and have made recommendations to eradicate this practice. However, trying to fight FGC on legal terms is ineffective since those who practice it oftentimes do not report it. FGC is also widely practiced in villages and remote places where the government does not have an easy access.

A better and more effective approach would be a cooperation on the national level as well as the international level. The UN and the WHO have already taken the first step in abolishing these practices. Countries also need to have rigid laws that deal with FGC cases. This is also insufficient by itself. Anthropologists, educators, social scientists, and activists have to go into these villages and areas and educate the practitioners of the dangers of FGC. Female Genital Cutting can only be abolished by a grassroots approach which would take into consideration all aspects of a particular culture and try to work within that system of beliefs to eradicate this practice.

In the United States level, there are many efforts that are being made in order to abolish the practice locally and internationally. The National Organization of Circumcision Information Resource Centers (NOCIRC), a networking organization have brought together social scientists and medical practitioners from all over the world who are fighting FGC as well as male circumcision. NOCIRC has also founded the FGC Awareness and Education Project in August 1996. One of the goals of the project is to create an FGC Module which will provide information and training material to health care professionals. NOCIRC has also organized the International Symposium on Sexual Mutilations.

visited on 5/25/2007

The Research, Action & Information Network for Bodily Integrity of Women (RAINBO) has been conducting research and grass-roots programs internationally as well as in the United States on women's reproductive sexual health as well as on female genital mutilation.

On the National Level, Congresswoman Patricia Schroeder introduced H.R. 3247, a bill to outlaw FGC in the United States in the fall of 1994. The bill was then combined with The Minority Health Initiatives Act, H.R.3864. This bill was then combined with H.R. 941 on February 14, 1995 which was to be cited as the "Federal Prohibition of Female Genital Mutilation of 1995." The bill was passed in September 1996.

Some overdue effort is being made to abolish FGC, but there is still much work to be done. Education of ourselves, as well as of others is a way that we can begin acting upon the convictions that human rights should not be violated, and that violence against women is intolerable. Many people are still unaware that practices such as FGC are still widely practiced, and only an awareness can bring this inhumane practice to a halt.

Selected Resources

Organizations:

FGM Awareness and Education Project P.O.Box
6597 Albany, CA 94706

RAINBO 915 Broadway, Suite 1109 New York, NY
10010-7108 (212) 477-3318

Atlanta Circumcision Information Center David J.
Llewellyn, Director 2 Putnam Drive, N.W.
Atlanta, GA 30342

Women's International Network News Fran
Hosken 187 Grant Street Lexington, MA 02173
(617)862-9431

Equality Now P.O. Box 20646, Columbus Circle
Station, New York NY 10023 USA.

>> [View More](#)

Films:

"Fire Eyes": A documentary film directed by Soraya Mire, a Somali woman who's undergone FGM as a young girl.

"Rites": A documentary film by the American Anthropological Association (AAA) which also outlines the harmful effects of FGM.

"Female Circumcision: Beliefs and

visited on 5/25/2007

Search
<input type="text"/>
<input type="button" value="Search"/>
Menu
Introduction
What is FGC?
Population Groups
Statistics
Male/Female Circ.
Library
Bibliography
Films
Testimonies
Articles
Declarations
Legislation
Links
Network
Organizations
Legal Help
Speakers Bureau
Headlines
NORWAY: Kadra attacked in public
EGYPT: Al-Azhar University Scholars Argue over the Legitimacy of Female Circumcision Practiced in Egypt on Al-Arabiya TV
KENYA: Making Headway With the HIV Message in Refugee Camps
NIGERIA: Female Genital Mutilation
UGANDA: Female circumcision hurts women's dignity
ERITREA: Campaign against FGM 'is working'
PUBLICATION:

Misbeliefs": Filmed in Africa, this film shows FGM being performed in a city street and rural areas, interviews villagers about the reasons/myths surrounding FGM, and depicts educational efforts to eradicate FGM

>> [View More](#)

Books:

"**Female Genital Mutilation: A Call to Global Action**" by Nahid Toubia ([Order from Amazon](#))

"**Prisoners of Ritual**" by Hanny Lightfoot-Klein. This is one of the most intensive books that has been written on FGM in Africa and more particularly in the Sudan. ([Order from Amazon](#))

"**Cutting the Rose: Female Genital Mutilation: The Practice and Its Prevention**" by Efua Dorkenoo ([Order from Amazon](#))

>> [View More](#)

© 2003
The FGC
Education
and
Networking
Project. All
rights
reserved.
Click [here](#)
to contact
the
copyright
holder
directly for
corrections
-- or for
permission
to
republish
or make
other
authorized
use of this
material.

visited on 5/25/2007

© 2003 The FGC Education and Networking Project. All rights reserved. Click [here](#) to contact the copyright holder directly for corrections -- or for permission to republish or make other authorized use of this material.