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The Suppression of Women Through the Traditional Practice of Female Genital Mutilation

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Key words: female genital mutilation, female circumcision, African women, African tradition, female cutting, gender inequality

Abstract:

The tradition of female genital mutilation in African and Middle Eastern countries is far beyond the scope of imagination for Western women. In the United States, parents may throw a sweet sixteen party or a Quincinera to mark the growth of their daughter into a woman. More diverse, however, is the way in which female genital mutilation practicing countries denote maturity. In such countries, female circumcision is done as a rite of passage. Without the circumcision, a girl cannot fully become a woman and therefore, a respected member of adult society. The procedure causes extreme health and medical complications and intense pain that will follow the female her entire life. This paper, done through secondary research, will take into account the reasons for the traditional practice of female genital mutilation and the factors under which women are influenced to be cut. Those factors include traditional pressures, ideologies of male dominance, taboos about female sexuality and the importance of motherhood, misconceptions about female health, and finally the tricking of naive young girls into undergoing systematic violence.

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Introduction:

Approximately 114 to 130 million women are currently suffering the repercussions of female circumcision. Medical complications are just one of the consequences of a procedure dating back to the “5th century BC” (Little 2003:30). Despite the health problems tied to this procedure, female genital mutilation is alive and well worldwide. Young women in under developed African countries undergo female genital mutilation, or FGM, for a variety of reasons. “Custom and tradition are by far the most frequently cited reasons for FGM” (“What is Female...”Nodate). Up to date, most research done on female genital mutilation describes the operation as “violent sexual mutilation of females and contends that the ritual has been sustained in the male-dominated countries in order to suppress women’s sexuality” (Little 2003:32). The practice continues to maintain a strong dominance among the lives of girls and women living in societies that adhere to tradition.

Female genital mutilation is a very important rite of passage in most practicing communities. “FGM is often deemed necessary in order for a girl to be considered a complete woman, and the practice marks the divergence of the sexes in terms of their future roles in life and marriage” (“What is Female...”Nodate:5). African girls must be circumcised if they plan to mature into grown women and full members of society. “After circumcision adolescent girls suddenly become marriageable, and they are allowed to wear jewelry and womanly garments that advertise their charm” (Abusharaf 1998:24). It is this passage from childhood to womanhood that maintains the traditional systematic violence against women.

This paper will discuss at least five of the variables determined to influence African girls to undergo the practice of female genital mutilation. Studies on tradition, male dominance, and the suppression of women in several African countries contribute discovering why women would

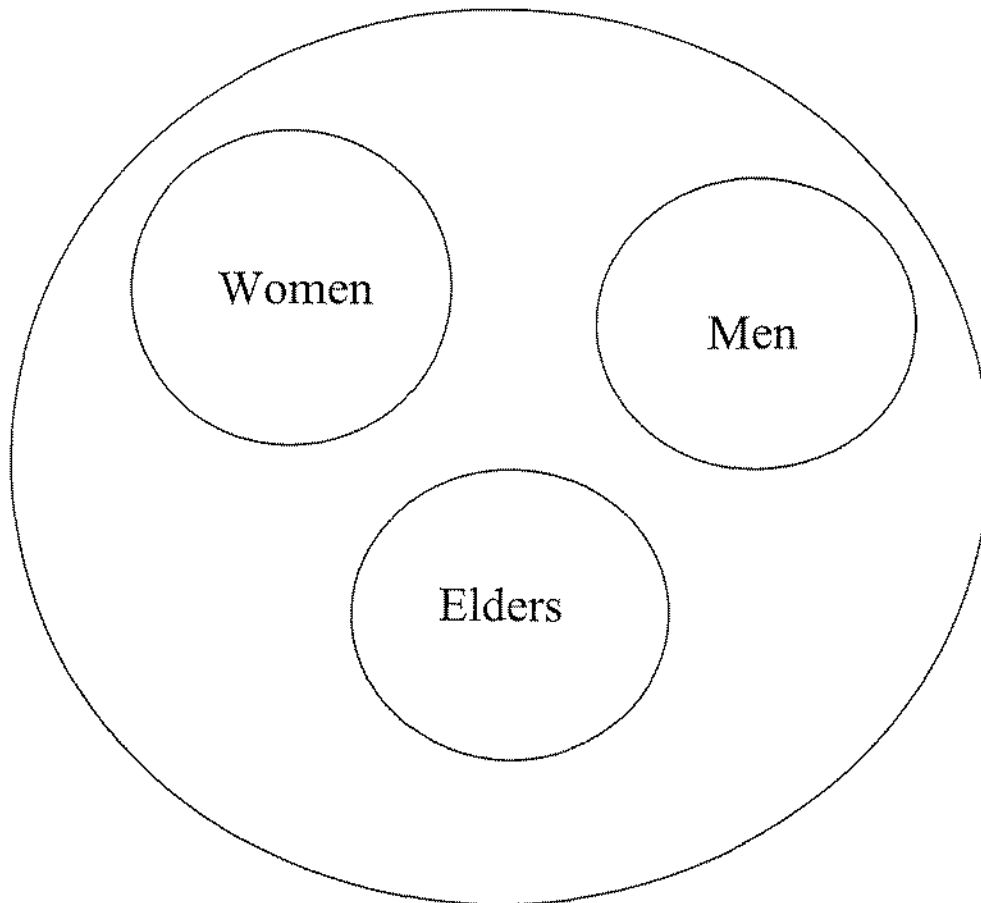
voluntarily endanger their well being by enduring female genital mutilation. Young girls, community elders, men, and family members are all elements in the traditional practice of female genital mutilation (see Figure 1: Social System Model for Women Living in Female Genital Mutilation Practicing Communities). The boundary of this model is young women, 8 years old to puberty, who live in female genital mutilating societies. The research focuses on five relationships between these various elements. The internal relationships consist of those between men and young women and female elders and young women. The dominance of men over women in FGM practicing communities is a relationship that accounts for the suppression that women experience. Women also undergo FGM due to the cultural, traditional and societal pressures that female elders impose on their lives. Other internal relationships consist of cultural ideologies in FGM practicing communities. In such communities there exist many taboos about female sexuality and many misconceptions about female health. These taboos and misconceptions work from within the community and assist in the suppression of women through female circumcision. Lastly, it often occurs that family members trick young girls, who are unable to consent to FGM, into having the operation done in order to maintain family honor in the eyes of the community. Honor is what keeps families intact with other families and the larger community. The community is very important for survival and friendship among African nations.

Method:

All research presented within the context of this paper is secondary research obtained from various sources. Research began in The Love Library at San Diego State University. The Current Periodicals section of the library provided five peer reviewed articles

Figure 1. Social System Model for Women Living in Female Genital Mutilation Practicing Communities

Social System: Female Genital Mutilation



Elements: Women, Men, Elders

Boundary: Young women, 8 years old to puberty, who live in female genital mutilating communities

Relationships:

Internal:
Suppression and dominance from men
Traditional and societal pressure from elders
Taboos about female sexuality
Elders' misconceptions about female health
Trickery of families on unknowing girls

from scholarly journals that contained information pertaining to the topic of female genital mutilation. These articles were copied and cited for future reference while compiling the information. Information was also gathered from the Internet. There were hundreds of URLs that had something to do with female circumcision, several were chosen as the best concerning to the topic of FGM. Some references cited are articles from journals and others are articles off of websites related to the topic of female genital mutilation.

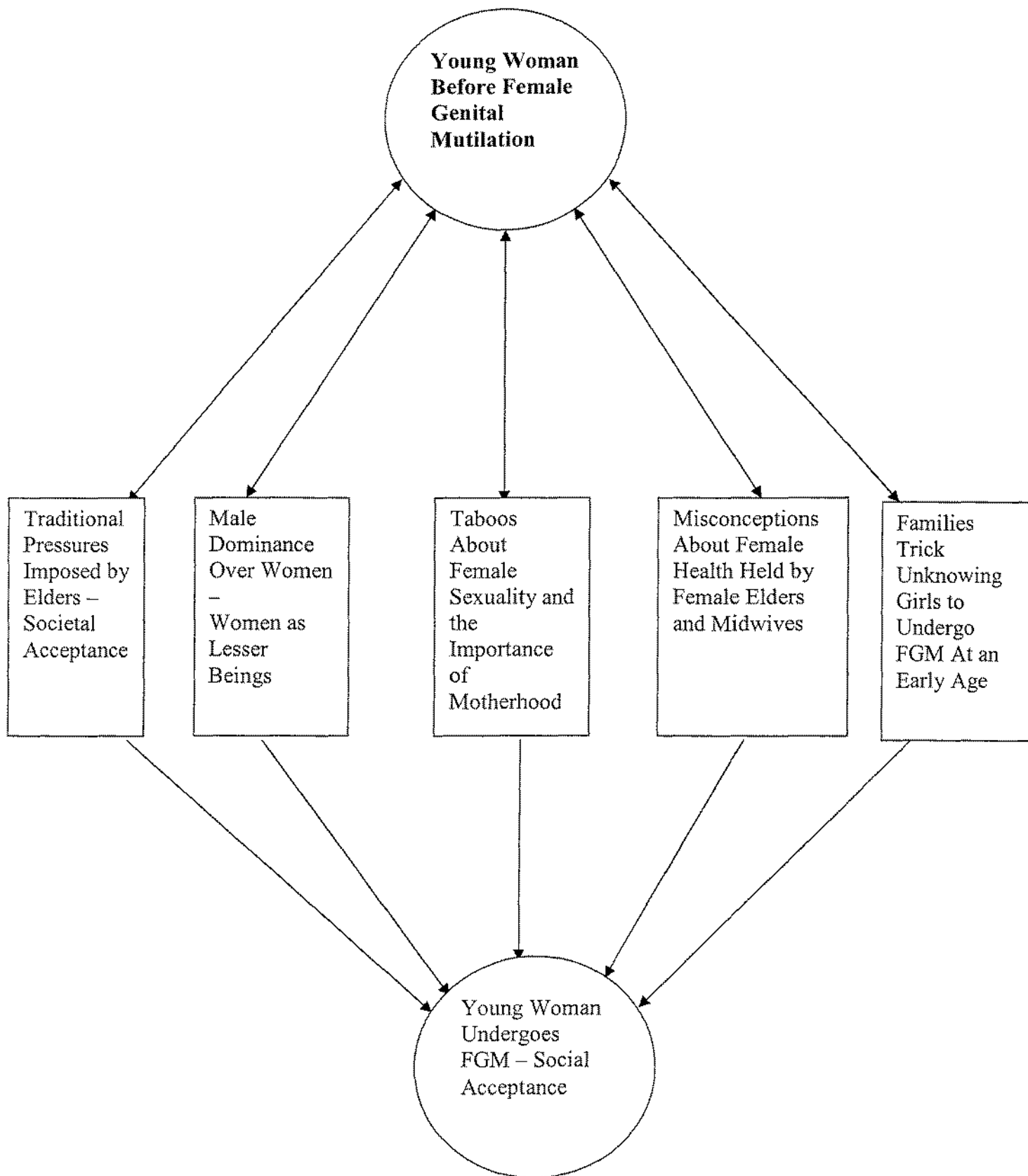
Results:

According to the countless studies done on this subject, it has been determined that there are several reasons why women undergo female genital mutilation. All of these reasons, however, are related to tradition and the cultural customs of FGM practicing societies. It is considered a fact that "...excision and infibulation play a predominant cultural role in these [FGM practicing] communities" (Kantiébo, Levine, N'Dejuru, and Vissandjée 2003:116). Within the cultures of the African countries, where FGM is most prominent, lie the five variables that this paper will take into consideration (see Figure 2: State/Process Dynamic Model of Women in Female Genital Mutilation (FGM) Practicing Communities).

One variable that influences girls to undergo female genital mutilation is the traditional pressure imposed by female elders in the community. This process stresses social acceptance and keeps tradition alive within the society. "For parents, reasons adhering to the practice range from fear for the daughter's marriageability and honor, to conformity and an insistence by older relatives in the community" ("The Basics..."1999). The female elders pass on these ideologies to the women who are cut, who then pass them on to their daughters when it comes time for their circumcision. Women without female circumcision face intense repercussions from

Figure 2. State/Process Dynamic Model of Women in Female Genital Mutilation (FGM)

Practicing Communities



their communities. Teasing, disrespect and being ostracized from the community are harsh punishments for women who depend on their society for friendship and comfort. Women who have not undergone FGM are called girls, despite their age, and their opinions and wisdoms are cast aside. They are not allowed to participate in community gatherings and meetings. "Among the Sabinu people of Uganda, an uncircumcised woman who married into the community is always the lowest in the pecking order of village women, and she is not allowed to perform the public duties of a wife, such as serving elders" (Abusharaf 1998:26). Because of this ostracism, many women opt to have the operation later in life in hopes of becoming fully accepted by their neighbors. In these communities, women must be cut in order to be treated like human beings. Female genital mutilation allows women gain acceptance into a society of highly valued women, any hope for respect lies in the procedure.

Another factor in female genital mutilation is the ideology that women are lesser beings than men. Female cutting is one process by which men dominate women. The tradition of female genital mutilation has been called a way to constrain women, a way to control yet another aspect of a female's life. As the study entitled "Unmasking Tradition" reports, "The clitoris is always partially removed during the operation, and without it orgasm becomes practically impossible. Killing a woman's desire is thought to keep them in chaste..." (Abusharaf 1998:24). This is a way of keeping a woman in check and having control over major aspects of her life: reproduction and sexual desire. More evidence supporting the theory that female genital mutilation is a way in which men dominate women by controlling female sexuality appears in, "The Cultural Context of Gender Identity: Female Genital Excision and Infibulation." Power over a girl's sexual activity, as well as her virginity, is so significant to men in FGM practicing communities that a violation of male wishes often results in murder.

The desire to control women's sexuality is also apparent in the practice of infibulations, which primarily aims at ensuring girls' virginity before marriage. Female and male respondents from the Horn of Africa, where infibulations predominates, also related that virginity is intrinsically linked to family honor. For example, in some social contexts, a relative may kill a young girl who is not a virgin before marriage (Kantiébo 2003:119).

There are many reasons why a woman would go through female genital mutilation, therefore there are many reasons why a man would choose a cut woman for his wife (see Figure 3: Reasons Why Men Marry Women with Female Genital Mutilation). These justifications for marrying a woman with FGM are as complicated as those for having the procedure done, they are also very similar. Men, young and old, cite social acceptance, religious reasons, and to ensure virginity, as their reasons for marrying circumcised women, yet tradition is still the most prominent justification among young men today. This is proof of just how significant a role tradition plays in many African nations. There are men in these nations who also disagree with female cutting, yet, just like the women who are cut, the men need social acceptance from their neighbors and friends.

Taboos about female sexuality that exist in FGM practicing communities also encourage young women to endure circumcision. According to these cultures, women are not supposed to enjoy sexual intercourse. An article found on the website entitled *Female Genital Mutilation - A Human Rights Information Pack* explains that, "In many societies, an important reason given for FGM is the belief that it reduces a woman's desire for sex, therefore reducing the chance of sex outside marriage" ("What is Female..."2003). Women are to denounce their sexuality in order to be respected by their communities. Within these societies, motherhood is the most important

Figure 3: Reasons Why Men Marry Women with Female Genital Mutilation

Table 5

Reasons for preferring to marry a woman who has undergone FGM

	Young men <i>n</i> = 10	Grandfathers <i>n</i> = 24
To be socially accepted	2	9
Tradition	4	4
Religious	2	5
Non-circumcised has too much sexual desire	2	1
No choice	—	3
Good for him	—	3
To be sure that she is a virgin	1	1
Good for her	—	1
Good for both	—	1
Clitoridectomy to avoid complications of infibulation	1	—
No knowledge about different forms	1	—
Unspecified	—	1

Lars Almroth et al. / *Social Science & Medicine* 53 (2001) 1455–1460

Source:

Almroth, Lars, Vanja Almroth-Berggren, Said Salah Eldin Al-Said, Staffan Bergström, Sharif Siddiq Alamin Hasan, Osman Mahmoud Hassanein, and Ulla-Britt Lithell, 2001. "Male Complications of Female Genital Mutilation." *Social Science and Medicine* 53(11):1455-1460.

aspect of a woman's life and therefore, sex is for reproduction only. This would explain the removing of the clitoris, the source of a woman's sexual pleasure. Female genital mutilation keeps a woman "clean", "pure" and "virginal" in eyes of practicing countries.

The importance of motherhood in societies that practice female genital mutilation also contributes to the lack of education among young women. Girls are raised to become servants to both men and children with little time to peruse any talents or goals for themselves. Fortunately, although the numbers are very low, the rate of women enrolled in secondary school is rising (see Figure 4: Female Enrollment in Secondary School 1975-1998). In countries like Mauritania, where instances of FGM are not as significant as in other nations, the percentage of women enrolled in secondary school has risen 8 points from 34% in 1991 to 42% in 1998. However, in Ethiopia, where the rate of circumcised girls is one of the highest in the world, numbers have dropped from 45% in 1991 to 38% in 1998. Perhaps if women are enrolled in school and nurtured to attain any goals they might have, the cycle of women serving men and men dominating women will slowly deteriorate. Women will be more focused on their own personal future and, with special skills in a field where money can be earned, women can become independent creatures in societies where their very livelihood depends solely on the income of their husbands, brothers, and sons.

The misconceptions about female health that exist in these communities contribute largely to great numbers of women who endure circumcision. Female elders called midwives, nurses, or witch doctors usually perform the operation and most have never had any formal medical training. In some countries, the midwives believe that if FGM is not performed on a young woman then her clitoris will grow uncontrollably and she will become like a man.

Figure 4: Female Enrollment in Secondary School 1975-1998

FEMALE SECONDARY ENROLLMENT		4.8					
		Percentage of total secondary enrollment					
		1975	1985	1991	1995	1998	Projection 2000
Sub-Saharan Africa		—	—	—	—	—	40
Excluding South Africa		—	—	—	—	—	40
Excluding South Africa and Nigeria		—	—	—	—	—	40
Angola		—	—	—	—	41	—
Benin ^a		—	29	—	—	31	31
Botswana		52	53	54	52	—	49
Burkina Faso ^a		32	34	34	—	38	39
Burundi ^a		31	34	36	—	—	43
Cameroon ^a		33	36	—	—	44	41
Cape Verde		—	—	—	—	—	45
Central African Republic ^a		16	27	29	—	—	34
Chad ^a		—	—	—	20	20	21
Comoros ^a		—	39	—	—	—	44
Congo, Dem. Rep. of		26	30	32	—	34	36
Congo, Rep. of ^a		36	44	43	—	—	—
Côte d'Ivoire ^a		—	—	—	—	35	37
Djibouti		27	39	40	42	41	48
Equatorial Guinea ^a		17	—	—	—	—	27
Eritrea ^a		—	—	—	42	42	41
Ethiopia ^a		—	—	45	43	—	38
Gabon ^a		35	42	—	47	—	46
Gambia, The ^a		27	30	35	38	—	40
Ghana ^a		38	—	—	—	—	40
Guinea ^a		—	26	—	26	—	26
Guinea-Bissau ^a		31	—	—	—	—	38
Kenya ^a		35	36	—	—	47	49
Lesotho		56	60	59	—	59	55
Liberia		25	—	—	—	39	23
Madagascar ^a		—	—	—	—	49	48
Malawi ^a		22	23	—	—	—	42
Mali ^a		26	—	31	34	33	34
Mauritania ^a		—	—	34	34	—	42
Mauritius		44	47	—	50	50	50
Mozambique ^a		—	31	37	39	—	40
Namibia		—	—	56	54	54	53
Niger ^a		28	—	30	34	35	38
Nigeria		—	41	42	—	—	35
Rwanda ^a		52	42	44	—	50	51
São Tomé and Príncipe ^a		—	—	—	—	—	27
Senegal ^a		—	33	35	37	37	39
Seychelles		56	50	49	49	49	—
Sierra Leone ^a		32	—	—	—	—	39
Somalia		24	35	—	—	—	36
South Africa		—	—	54	—	52	—
Sudan		31	42	44	46	47	48
Swaziland		46	—	—	—	50	52
Tanzania ^a		31	—	43	45	46	—
Togo ^a		24	24	25	26	27	29
Uganda ^a		—	—	—	—	39	40
Zambia ^a		—	—	—	—	43	40
Zimbabwe		41	—	44	46	46	—
North Africa		—	—	—	—	—	46
All Africa		—	—	—	—	—	—
Comparator countries		26	37	43	43	42	42
China		39	40	42	45	45	47
India		30	33	—	37	36	36
Indonesia		38	—	45	46	—	48
South Asia		29	32	—	37	38	40
East Asia		40	41	43	45	45	45

— Not available
^a SPA country
^c CFA country
Source: World Bank data

Source:

Ginwala, Frene, Hilde F. Johnson, Festus Mogae, Alpha Oumar Konaré, Clare Short, Susan Whelan, and Meles Zebawi. 2003. "African Social and Economic Trends." Global Coalition for Africa. Retrieved Nov. 10, 2003. (<http://www.gca-cma.org/eanrep02.pdf>)

“People believe that, unchecked, the female genitalia will continue to grow, becoming a grotesque penislike organ dangling between the woman’s legs. Vaginal secretions, produced by glands that are often removed as part of the surgery, are thought to be unclean and lethal to sperm” (Abusharaf 1998:23).

These myths about female health also stem back to a lack female education in African nations. Because they live in a strictly patriarchal society, women are not as educated as men, especially in medicine. The midwives who perform FGM rely on traditional teachings to operate, which often results in the death of many patients. If female educational programs were increased, woman may gain a better knowledge of female hygiene and may better realize the unnecessary violence being performed on young girls.

Lastly, process number five is the fact that many women who undergo female genital mutilation are very young at the time of the procedure and therefore undergo FGM without consent. Although the operation is usually preformed between the age of 8 and the time the girl reaches puberty, female toddlers have been operated on. An article on the website *Rising Daughters Aware* states, “The age at which a girl is subjected to this ranges from seven days old to adulthood. Most commonly it is performed between 2 and 15 years old” (“The Basics...” 1999). This is a way of tricking a young girl into having the circumcision done. She is too young to know what is going to happen to her, and therefore she is unable to choose not to have the operation. There is no consent on the part of the child. Many girls are not aware of what female genital mutilation consists of until after the procedure.

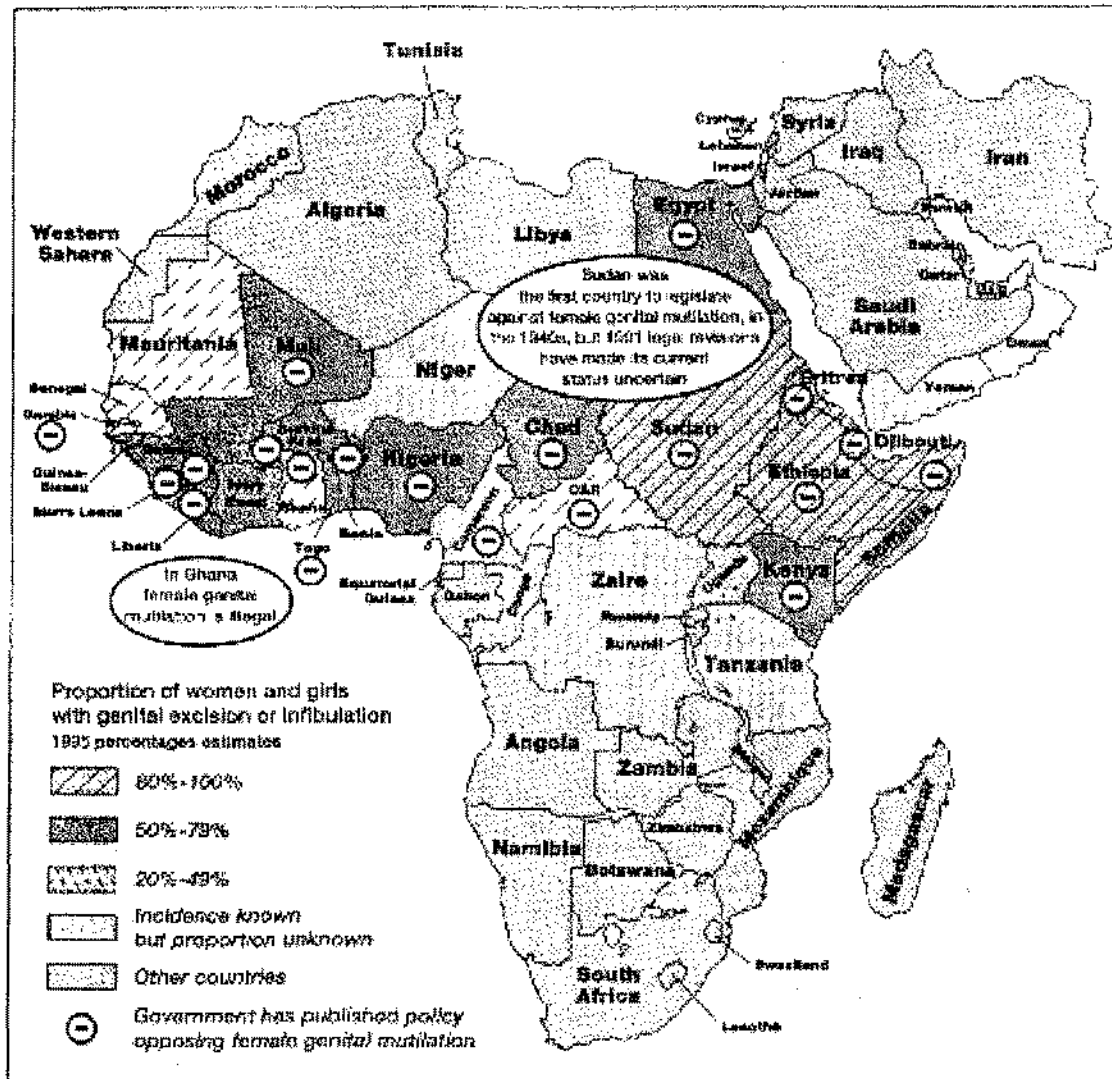
Performing female circumcision on unknowing girls is not just an every-once-in-a-while phenomenon. The tricking of young and naive children into being cut has played a very significant part in the number of women who have undergone FGM. So many girls are cut

without being asked. They are not given the choice to object to female cutting therefore, the number of women who have undergone systematic genital mutilation continues to rise. There are already many nations where it is estimated 100% of girls have been or will be cut (see Figure 5: Female Circumcision in Africa and the Middle East). In Sudan, one of the first nations to make female genital mutilation illegal back in the 1940s, continues to maintain an 80%-100% circumcision rate. Ethiopia and Somalia also maintain extremely high circumcision rates even though these nations are just across the Red Sea from Saudi Arabia, a nation where the operation is not performed.

Discussion:

After extensive secondary research, it has been determined that the five processes previously discussed influence women into undergoing female genital mutilation despite how dangerous the procedure actually is. These processes leave little room for women in African countries to make a choice about their sexuality. Currently, “there are between eight and ten million women and girls in the Middle East and Africa who are at risk of undergoing one form or another of genital cutting” (Sarkis 2003). Women are forced to forfeit their sexuality and their health once they reach an age appropriate for cutting. Often, the age is one at which a girl is too young and too naïve to know exactly what female genital mutilation constitutes. The cultural implications held by those living in female genital practicing societies are strictly imposed on women. “The reasons offered to justify female genital mutilation are commonly related to tradition, power inequalities, and the resulting compliance of women with the dictates of their communities” (Bosch 2001:1178). Women are not in control of their own lives once they undergo FGM.

Figure 5: Female Circumcision in Africa and the Middle East



MAP 9-2 Female Genital Mutilation in Africa and the Middle East

Source: Seager, Joni. 1997. *The State of Women in the World Atlas* (new edition). London: Penguin Reference, p. 53.

Source:

Mueller, Harlan L., R. Dean Peterson, and Delores F Wunder. 1999. *Social Problems: Globalization in the Twenty-First Century*. Upper Saddle River, CO: Prentice Hall, Inc.

In "The Basics: What is FGM?" it says, "...the specific origin of FGM is obscured by time, but, most often historic reasons cited are marital fidelity, controlling the woman's sex drive, preventing lesbianism, ensuring paternity, "calming" her personality, and hygiene" ("The Basics..." 1999). These five processes are very important as to why women undergo circumcision. They should be studied extensively when attempting to create a method for future eradication of female genital mutilation.

Female genital mutilation is not only being performed in Africa and the Middle East. Many immigrant families who come to the United States and Canada are seeking circumcision for their daughters. If they are not able to find a doctor who will perform the procedure, young girls are usually sent back to their home country to "visit their grandparents" or other relatives. On this trip, young girls are circumcised and then sent back home to the United States. The dangers of female genital mutilation are not only affecting people of foreign nations, but American girls too. This makes the problem, in my eyes, very significant. We many not be able to stop the traditions of centuries old, but we can put a stop to something occurring in our own backyard. San Diego has a large African community. While I was attending Grossmont Community College in El Cajon last year I met an African woman who fled to the United States during war in her own country; she is now working in social services in San Diego. She enlightened me about female genital mutilation in her country. She said she remembered her circumcision very clearly. She told me how her mother was very sorry that she had to put her daughters through such torture, but back then, in that country, that was the only possible way of survival. One must be cut, then find a husband and have children, all in hopes of having a safe and secure life in an uncertain environment. Female genital mutilation will end for the majority

with time. Fortunately many organizations are currently working on programs for the demise of the violence and inhumane operation called female genital mutilation.

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Appendix:

The author, Jessica Spain is a junior at San Diego State University where she is pursuing a Bachelor of Arts degree in Sociology. Ms. Spain is interested in the sociology of women and gender and she plans to focus her graduate studies on issues concerning gender ideologies both nationally and internationally. She chose to research female genital mutilation because it concerns the human rights of women all over the world. Female genital mutilation illustrates the different gender constraints among the cultures of African and Middle Eastern people. Female genital mutilation is most prominent in African countries, which is why Ms. Spain focused her research of African women.