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Female circumcision is also known, more accurately, as female genital mutilation and female genital cutting (FGC.) There are three forms of FGC. The first is a clitoridectomy, the cutting and/or removal of the hood of the clitoris and all or part of the clitoris. The second is an excision which removes the clitoris, the hood, and the labia minor (the inner folds of the vulva that is responsible for producing lubrication.) The infibulation is the third and most radical which also removes everything in the excision along with the labia majora, the outer folds of the vulva. Once removed the sides of the vulva are sewn together leaving a small hole (about pencil size) for the flow of menstruation and urine. The tradition of FGC dates back more than 1000 years and is practiced in parts of Asia, the Far East, Europe, Asia, South America, and even amongst certain ethnic groups in the United States.

Aisha Abdel Majid tells of her experience in an interview with Rogaia Mustafa Abusharaf, an anthropologist born in Sudan, in her article "Unmasking the Tradition of Female Circumcision." Majid describes her cutting is when she was only 6 years old. She recalls being taken by her mother and two aunts to the midwife in the neighborhood known for performing circumcisions. She is told that she is going to be purified. Upon this realization Aisha tries to break free but is forced down and ordered onto a bed of ropes with a hole in the middle. She accounts,

“They held me tight while the midwife started to cut my flesh without anesthetics. I screamed till I lost my voice. The midwife was saying to me, ‘Do you want me to be taken into police custody?’ After the job was done I could not eat, drink or even pass urine for three days. I remember one of my uncles who discovered what they did to me threatened to press charges against his sisters. They were afraid of him and they decided to bring me back to the midwife. In her sternest voice she ordered me to squat on the floor and urinate. It seemed like the most difficult thing to do at that point, but I did it. I urinated for a long time and was shivering with pain.”(Abusharif pgs 1-2)

Aisha continues on though it took her a long time to recover looking back now over forty years later she understands the motivations of her mother wanting her to be clean, but it was a lot of anguish. Clearly, female circumcision is an inhumane practice justified with ignorant beliefs and false benefits.

This is one testimony similar to millions of instances that occur each year. According to 3 separate studies published in Bioethics details the severity of the type of circumcisions varied greatly by region. A study in Sierra Leone found that thirty nine percent of females had undergone the clitoridectomy, sixty percent the excision, and about 1 percent the infibulations. The same year, 1982, a study was done in Somalia eighty percent of the operations were the excision. The article also includes a study done in 1993 that found “the pervasiveness of genital mutilation in Africa ranged from 10 percent in Tanzania to 98 percent in Djibouti”(Circumcision pg1.) Regardless of how evasive the genital cutting done the low estimate found in a clinical report from The Alan Guttmacher Institute more than 100 million women have had some level of FGC. It is also estimated 2

million more girls from ages four to twelve years old will be cut annually. A motivational factor behind this testimony was for purification.

Purification is one of the traditional beliefs of why FGC is necessary. The word for circumcision in traditional Arabic is *tahara* meaning to purify. While FGC occurs in varying religions it is most strong in the Islam religion and is believed to be requirement by many Muslims. The Koran, the bible of Islam, however nowhere in it refers to female circumcision. Mohammed, the god of the Muslims, declared rights for women although they are to be considered below men. Mohammed displayed humanity toward females when he banned the old Arabic pre-Islam practice of burying undesired female babies alive. The *Koran* cites in the following verse, “Sura 2:228,” that women have rights too “...Women shall with justice have rights similar to those exercised against them, although men have a status above women. God is mighty and wise” (qtd. in Voula pg2.) Therefore, the justification via religious beliefs is unfounded confirmed by the main offending religions messiah himself.

Another commonly held belief behind FGC is that there is some form of medical benefit to the girl. In Nigeria there are ethnic groups that believe if a baby comes into contact with the clitoris during childbirth the baby will die. Others believe the clitoris will grow to be penis like and drag on the ground. Female genitalia are believed by some to be poisonous to sperm and must be removed to maintain fertility. None of these beliefs are true; in fact FGC has quite the opposite effect on fertility and the health of the girls. Infertility can in truth be a medical complication caused by the cutting. The death of a child does not happen due to contact with a clitoris in the birth, but the obstructed labor as a result of the cutting can cause the baby to be born with brain damage or even dead. In a

clinical report done in accordance with classification designed by the World Health Organization the studies show, “Infants born to women who had undergone the moderately severe and most severe types of mutilation were more likely to have required resuscitation at deliver...and more likely to have died while their mother was an inpatient... than infants born to women who had not had genital mutilation.” (Not Just Skin pg 3.) While the clitoris is formed with similar nerve tissue that develops into the penis, this is often why the removal of the clitoris is compared to the equivalent of removal of the penis, the clitoris does not grow into a dangling penis like mass. The complications range from immediate to long term including hemorrhaging, the inability to urinate, tetanus, pelvic inflammation, cysts, scar tissue, tumors, chronic urinary tract infections, bladder and kidney stones, and death. These medical complications demonstrate the horrific effects of FGC on the health of the girl and obviously do not present a benefit as those who practice FGC believe.

A result of FGC is not only painful intercourse, but likewise decreased sexual pleasure. This lack of a sexual appetite is one reason given for justification of the procedure. If a woman does not undergo the procedure she is believed she will be loose and promiscuous. The FGC is considered a safeguard against casual and premarital sex. The belief that a woman will be unable to control her sexual desire lest she is mutilated is unreasonable. The belief places all the responsibility of sexual promiscuity on the female and leaves the male unaccountable for his role in the sexual exchange. This belief again displays the fear and ignorance embedded around FGC.

The US Federal Prohibition of Female Genital Mutilation Act of 1995 protects us in the US from these abusive forms of treatment however not every country holds the same belief system. While it is true the tradition of FGC has long roots in history and hold

important cultural meanings it does not justify the harm inflicted on the innocent. The rationalization of justification by tradition does not take away the wrong doings in abolished practices such as slavery, hangings, the burning of people at the stake, human sacrifice, and cannibalism all of which at some point were an accepted traditional behavior by varying cultural beliefs.

Three of the main beliefs for the practicing of FGC have been dispelled including religion, health benefits, and sexual control. It is through education of the women and the cultural that may be bring about change. The higher the education of a woman the less likely she is to have her child undergo the cutting. Through education and support from the US and other countries may future daughters, children, and wives be safe from mutilation.