



## ENCYCLOPEDIA OF WOMEN AND ISLAMIC CULTURES

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### Genital Cutting: Africa and the Middle East

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Female Genital Cutting (FGC) is a complex and a contentious issue. Even the use of terminology is controversial. The terms Female Circumcision (FC), Female Genital Operations or Surgeries (FGOs), Female Genital Mutilation (FGM) and Female Genital Cutting all refer to the same procedure. The United Nations Fourth World Conference on Women in Beijing in 1995 adopted the term FGM which was promoted by many activists. Universal adoption of this term has been elusive. Critics argue that FGM is a derogatory and value-laden term as it accuses entire communities of the intent of harm or mutilating. This is clearly not the case for a majority of the girls and women who undergo this procedure. In Islamic legal texts, this procedure is discussed alongside male circumcision, hence the use of the term female circumcision. FC is also commonly used by anthropologists to describe this procedure. FGC is a neutral term, which has been gaining acceptance during the last decade.

### Origins

The practice of FGC dates back to antiquity and predates Islam by at least 2,500 years. Its origins, however, remain obscure. The custom is thought to have arisen first in the Nile valley in ancient Egypt and later spread to the surrounding areas of the Nile basin, northeast, and west Africa. The historian Herodotus reported the practice in Egypt in 5 B.C. and noted that the Romans, Ethiopians, and Phoenicians also practiced FGC. The Greek geographer Strabo reported it among the ancient Egyptians in 25 B.C. (Ghalioungui 1963, 96).

### Types of FGC procedures and complications

FGC is a collective term used to define three different procedures which under the current World Health Organization (WHO) terminology are defined as Type 1, clitoridectomy that involves excision of the clitoris; Type 2, clitoridectomy that involves excision of the clitoris and labia minora; Type 3, infibulation (also referred to as Pharaonic) that includes the excision of the clitoris and labia minora with the labia majora then approximated and sewn together (WHO1997). There are medical complications associated with all types, but Type 3 is associated with the more severe complications because of resultant scar tissue. Immediate medical complications include bleeding/hemorrhage, infection, septicemia, shock, urinary retention, urethral and anal injury, and psychological trauma in addition to the physical stress. The long-term complications include keloid and fistulae formation, dyspareunia, chronic pelvic pain, infertility, prolonged labor, and both menstrual and urinary retention. Women who have undergone infibulation generally have to be defibulated, that is, cut to allow for passage of the head during childbirth. These women are repeatedly cut and sewn after the birth of each child.

### Contemporary geographic distribution and prevalence

FGC continues to be practiced in the Nile basin, among all communities regardless of their religious affiliation. The practice is found among Muslims and Copts in Egypt and further south among all Ethiopians, including the Falashas

(Ethiopian Jews). FGC has been documented in 27 of 54 countries in Africa. The prevalence of FGC in these countries varies from a low of 5 percent in Uganda to a high of 98 percent in Djibouti (Toubia 1995, 24–5). However, all these figures should be interpreted as estimates because not all ethnic/tribal/religious groups within a country may follow this practice. For example, the Gikuyu in Kenya practice FGC whereas the Luo do not. In Tanzania, the Christian Chagga who live around Mount Kilimanjaro practice Type 1 whereas the Muslim Swahili who live along the coastal areas do not practice any type of FGC. Fluctuations in the prevalence of the practice have also been reported in some of the African countries. There are reports of a small decline among the Yoruba in the urban areas of Nigeria (Orubuloye et al. 2000, 85). However, a resurgence of FGC in northeast Tanzania during the late 1980s was also reported by Nypan. An increased number of girls were subjected to FGC to enhance their marriageability status during a difficult economic period (Nypan 1991, 57). Prevalence and occurrence data from countries of the Middle East are not well documented but there are accounts of FGC in some groups in Yemen and Oman (Toubia 1995, 26). FGC has been and in some cases continues to be practiced by many non-Muslim or non-African societies, including the aboriginal people of Australia, some groups in South America, specifically in Brazil and Peru, and the Russian sect known as the Skoptzy (Diers and Valla 1997, 63). FGC, therefore, is neither an exclusive African nor Islamic practice.

### Justifications for FGC and its critique

In 1985, the Working Group on Traditional Practices Affecting the Health of Women and Children, a committee associated with the United Nations Commission on Human Rights working in Africa, reported that 54 percent of their sample respondents stated that tradition was the major reason for continuing FGC, followed by religious obligation and diminution of female libido. Similarly, in 1983, El-Dareer surveyed 4,500 adults in Sudan and found that 87.7 percent of males and 82.2 percent of females approved of the practice. The major reasons given were again tradition and religion (El-Dareer 1983, 142). Some of the other reasons cited were cleanliness, marriageability, prevention of promiscuity, guarantee of virginity, improvement in fertility, improvement in maternal and infant mortality, enhancement of the husband's sexual pleasure, and the fact that it is a rite of passage.

The current available data contradict these reasons and their underlying assumptions. Koso-Thomas concludes in her study of promiscuity in Sierra Leone that women who had been sexually active prior to their procedure were unable to achieve a level of sexual satisfaction after the procedure. This leads them to seek for compatible partners, making the very procedure that was supposed to have curbed this behavior become its causal factor (Koso-Thomas 1987, 11). The belief that FGC guarantees virginity or diminishes libido has also been challenged. In surveys done in Sudan and Egypt, women reported painful intercourse but not a decrease in their libido or ability to reach orgasm. Women in Sudan also reported having “re-circumcision for man,” which simulates virginity as the vaginal introitus is narrowed. Married Sudanese women undergo this procedure post-partum, as do divorced and widowed women prior to remarriage. Medically, it is much easier to narrow the vaginal introitus than to reconstruct hymenal tissue. Thus FGC neither curtails libido nor ensures virginity (Lightfoot 1989, 41). Higher rates of pelvic infections have been reported in women who have undergone FGC, which can affect their fertility. Women who have undergone the Type 3 FGC have been noted to have a greater incidence of sterility. Somalia, which has the highest rate of Type 3 FGC, also has one of the highest rates of infant and maternal mortality in the world, which can be partly attributed to this procedure (Mohamud 1991, 209). Male complications such as difficulty of penetration, premature ejaculation, infections, and psychological problems including fear of impotency, inability to sexually satisfy their spouse, and causing their spouses pain have also been noted (Almroth 2001, 1457). In some cultures, an association between narcotic use and FGC has been reported. Men in Egypt use hashish to maintain erection as do Yemeni men, who also use qat to compensate for the lack of arousal in their spouses (Aldeeb Abu Sahlieh 2001, 167).

FGC has also been categorized as a “rite of passage.” This may hold true for some societies such as the Gikuyu, where it is performed at puberty, or the Masai when a marriage has been arranged for the teenage girl; but the rite of passage argument is suspect when girls as young as three and four years of age are subjected to the procedure, as in Nigeria, Sudan, Egypt, Eritrea, and Ethiopia. Among the Yoruba of Nigeria and the Mossi of Burkina Fasso, women are subjected to FGC during the sixth month of pregnancy or during labor as they believe that if the mother's uncut clitoris touches the infant's head, it may cause its death (Koso-Thomas 1987, 7).

## FGC in Islamic cultures

Over the past two decades, academic discourse and media portrayal of FGC has primarily associated it with Africa and Islam. Paradoxically, within the Muslim world, Islam has been used both to legitimate FGC and also to negate it. This diversity regarding FGC reflects the diversity within the practice of Islam. As the faith spread, various rituals and practices from within local cultures, such as FGC, were appropriated and integrated into the indigenous expression of Islam. However, wherever they were followed, such practices, and in particular FGC, were justified and understood within the framework of Islamic discourse. Unlike male circumcision, which is universal among all Muslims, FGC was appropriated by some Muslims and not others. Neither the male nor the female practice is mentioned in the Qur'ān. Male circumcision in Islam is attributed to Abraham and his covenant with God. However, the sources for justification and Islamization of female circumcision (FGC) are not so obvious.

Muslim discussions regarding FGC are primarily found in the debates and opinions of various legal authorities. The jurists who deliberated on FGC generally resorted to the one oft-quoted ḥadīth or its many versions in which the Prophet Muḥammad had reportedly chided Umm 'Aṭīyya al-Anṣāriyya, a Medinan khitāna (circumciser of women): "Do not destroy it completely (that is, do not cut too much away), for it is more preferable to the woman and pleasing for the man." Another version of the ḥadīth states "Do not be too vigorous as this is enjoyable for the woman and more desirable to the husband." Irrespective of the content of the ḥadīth, jurists acknowledged its weak chain of transmission and therefore question its authenticity. This ḥadīth is found in the Sunan of Abū Dāwūd but not in the canonical ḥadīth collections of Ṣaḥīḥ al-Bukhārī or Ṣaḥīḥ Muslim.

The jurist Ibn Qayyim al-Jawziyya (d. 1350) describes the attempt to associate FGC with the Abrahamic tradition. Sarah, upon hearing that Abraham's slave woman Hagar was pregnant by him, threatened to cut off her three members (nose and ears). Abraham then persuaded Sarah to pierce Hagar's ears and to "circumcise" her. However, Ibn Qayyim ends this account with the caveat that the truth of this matter is known only to God. The ninth-century belletrist al-Jāḥiẓ (d. 868) notes in his Kitāb al-Ḥayāwān, "circumcision has been practiced among the Arabs on both men and women since the time of Abraham and Hagar up to our own day." Both reports imply an Abrahamic origin for the practice predating Islam.

In his Musnad, Ibn Ḥanbal (d. 835) considers male circumcision as sunna (a practice sanctioned by the Prophet Muḥammad) and female circumcision as makrūma, a noble deed for women. Ibn Ḥanbal's account influenced the views of subsequent Ḥanbalī jurists. The Syrian Ḥanbalī Ibn Qudāma (d. 1223) states "circumcision is required of men and recommended for women, but is not required of them." Al-Nawawī, a thirteenth-century Egyptian Shāfi'ī jurist, wrote "circumcision is required (wājib) for both men and women."

It would be erroneous to associate FGC exclusively with a particular Islamic legal school. The diverse attitudes within and between the prevailing schools of jurisprudence reflect, to some degree, the influence of the local practice of Islam. Differing opinions on FGC among the jurists elucidate why its prevalence is significantly different in Egypt and Sudan as compared to Saudi Arabia, Iran, or Iraq. There are two essential prerequisites to the presence of FGC in Muslim societies: first, FGC must be a culturally entrenched tradition in a particular locale and second, it is then legitimized by the jurists of the locale and thereby becomes a required element of the local practice of Islam. It is quite instructive to note that for a custom that according to the ḥadīth cited earlier is considered to derive from the Arabian Peninsula, whether in the encounter of Prophet Muḥammad with Umm 'Aṭīyya or from Abrahamic admonishment, FGC is virtually unknown in Saudi Arabia today.

The absence of FGC in Saudi Arabia can perhaps be attributed in part to the attitude of the prevailing Ḥanbalī jurists, forerunners of the present day Wahhābīs, toward this practice. The Ḥanbalī jurists did not consider FGC to be a religious obligation, but rather see it as a noble deed. The lukewarm attitude of Ḥanbalī jurists, in conjunction with the lack of an established tradition, is crucial to explaining the absence of FGC in Saudi Arabia. FGC is also not practiced in parts of North Africa, that is, Morocco, Tunisia, or Algeria, where the Mālikī school is predominant, but more importantly

where FGC has no established tradition. The case of the Ḥanbalī jurist Ibn Taymiyya (d. 1328) is instructive. He advocated FGC as a recommended practice in Syria, in line with the view of Ibn Ḥanbal. Nevertheless, the practice never gained acceptance as it was not a customary practice in this region. In contrast, in Egypt and Sudan FGC predated Islam and the local jurists there legitimized and Islamized the prevailing practice with their interpretation of the Umm ‘Aṭiyya ḥadīth. FGC is thus considered to be a deeply rooted “Islamic” tradition in those cultures.

FGC is not found amongst the Shī‘ī branch of Islam with one exception: the Bohras who trace their origins to Fāṭimid Egypt and follow the teachings of Fāṭimid Egyptian Qāḍī Abū Ḥanīfa al-Nu‘mān. In a brief account he reports that ‘Alī ibn Abū Ṭālib, the Prophet's cousin and the first Shī‘ī imam, said, “Oh women! when you circumcise your daughters, do not excise completely because this makes the daughters cleaner with regard to their color and is more pleasing for them with their spouses.” Nevertheless, very little is known about the prevalence and extent of the procedure among the Bohra, namely whether they practice Type 1 or just ritual nicking of the clitoris.

The predominant Shī‘ī attitude toward FGC derives its juridical sanction from the report preserved by the Iraqi Twelver jurist Ibn Babawayh (d. 992) that ‘Alī stated, “There is no objection if you do not circumcise a woman, but as for the man, it is required”. A later account by the Iraqi Twelver al-Hillī (d. 1277) reports that ‘Alī said, “the circumcision of boys is required, and the excision of girls is recommended.” Once again, the fact that FGC was not a culturally entrenched tradition in Iraq (or Iran), in conjunction with these reports from ‘Alī, explains the absence of FGC among most Shī‘īs.

### Islamic justifications for FGC

Khiṭān is the Arabic term used for circumcision with no differentiation between the male and female procedures. Ṭahāra or ritual purification is a colloquial term associated with both male and female circumcision. Ritual purification is one of the major reasons cited for FGC. Khafḍa and khifaḍa are terms which mean “diminution” or “lowering of an elevated place” and are used exclusively for FGC.

Muslims who have advocated FGC are cognizant of the physiological function of the clitoris and believe that FGC is necessary to curb a woman's sexuality. Uncircumcised women, they say, would enjoy sexual intercourse and therefore would incline toward adultery. Al-Jāḥiẓ's comments in the Kitāb al-Ḥayāwān are revealing: “The uncircumcised woman finds pleasure, which the circumcised woman does not” and “chastity is limited to the circumcised woman” (Berkey 1996, 31). Similarly, Ibn Qayyim al-Jawziyya believed that the desire of an uncircumcised woman could not be restrained and thus advocated FGC. It is ironic that he also wrote treatises about the need for sexual stimulation for the woman prior to intercourse.

Women's sexuality has always been a contentious issue for many Muslim jurists. While a woman's right to sexual gratification has been acknowledged, it was only tolerated within the confines of a licit relationship. Theoretically, at least, Muslim women could legitimately seek divorce on the grounds of spousal impotency. Nevertheless, many Muslim men believe that a woman's sexuality must be curtailed. Muslim societies who practice FGC unfortunately subscribe to this sentiment. The concept of family honor (sharaf), dignity (karāma), and sexual decency (‘ird) are all intimately woven in the sexual status of women (Sami 1986, 107). FGC in Muslim societies is seen as a means to preserve these values and to uphold tradition, religious obligation, and the like.

There is compelling evidence, therefore, that many Muslim jurists generally approved and recommended some version of the practice, but where FGC was not indigenous to the culture, it did not prevail. Thus, the presence of FGC within Muslim societies reflects not just the diverse opinions among the jurists but also the different cultures in Islam.

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