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FEMALE CIRCUMCISION

Introduction

As is known female circumcision affects 100% of the female population of Somalia, Sudan, Djibouti, and to a lesser extent also affects certain communities in southern Egypt, Chad, Nigeria, Senegal, Kenya, Ethiopia, Mali and Togo, just to mention a few.
This paper will give detailed descriptions of what female circumcision means, of its severity and the modifications practiced around the world, and the consequences of these practices.

Types of Female Circumcision

Mild Sunna
This consists of the pricking of the prepuce of the clitoris in order to expel one drop of blood. This is usually done at birth, causes little pain, leaves no scar and carries hardly any consequences unless when it is done with a Tetanus contaminated thorn or needle.

Modified Sunna
This modification consists of the excission of the clitoris and somewhat corresponds to the male circumcision. This type results in more pain, may cause moderate to severe bleeding, leaves a certain amount of scar formation and may result in moderate to severe infections depending on the state of cleanliness of the instruments used and whether cow dung has been used on the wound. However, the fresh wound is often cauterised and heals in a few days.

Severe Sunna

This type consists of the partial or total amputation of the body of the clitoris and the total excission of the labia minora. As a consequence, pain and shock are severe, bleeding may be severe and requires the applications of sutures to arrest the bleeding and sometimes the child may require blood transfusions. Scar tissue formation is extensive and may interfere with the elasticity of the vaginal orrifice later in life during childbirth, thus causing severe lacerations. Because of the extent of the tissue damaged and the resulting oedema, there may be some degree of dysurea and / or urinary retension. Again, depending on the state of sterility of the instruments used, there exists a high risk of wound infection, generalized septicaemia and also Tetanus.

About 5 to 10% of female circumcision in Somalia are of this type and are usually practiced by urban communities.

Pharaonic Circumcision or Infibulation

This is the most severe and mutilating type and also happens to be the type practiced in 90 to 95% of the cases in Somalia. Infibulation consists of:

- the partial or total amputation of the clitoris;
- the total excission of the labia minora;
- the total excission of the skin of the inner walls of the labia majora;
- the suturing together of the opposite, excised sides of the labia majora in order that the edges heal together and form a wall or a barrier over the vaginal offifice but with a small hole allowed to remain open (about the diameter of a match stick) for the passage of urine and the menstrual flow when later the girl reaches puberty.

There are numerous complications with this kind of circumcision. They will be listed in their order of occurence.

Immediate: Shock from fear, pain and haemorrhage. Quite a few children are brought to hospitals with deep lacerations and haemorrhage requiring sutures and transfusions.

Within the first ten days: Firstly, sepsis and generalised infections rank high in the list of complications and Tetanus is not unheard of. Secondly, retension of urine is a very common complication due to the fact that the urethra is now covered by a flap of skin as well as being obstructed by blood blots, crusts of herbs, thorns and oedema. Occasionally, the small opening which was intended for the passage of urine closes up and may require reopening. Thirdly, failure of the infibulation. Sometimes the "operation" fails and the labia majora may not stick together as intended and requires the performance of a "repeat" infibulation after a few weeks or months.

At puberty: The small hole which up to now had been sufficient to permit the passage of urine may be too small for the passage of the thicker menstrual bleeding when the girl reaches the menarche. Occasionally, the hole may be widened, however, because of the stagnation of blood in the vagina, there is a high incidence of dysmenorrhea and olygomenorrhea in unmarried girls with a pharaonic type of infibulation.

At the time of marrigage: The small hole which had been left open for the passage of urine and menstrual flow is no longer sufficient to permit the consumation of marriage and requires to be widened. Again, pain, bleeding and infections may occur, and occasionally, lacerations are inflicted on the perineum and urethra.

At childbirth: The infibulation opening, which had been widened for the consumation of marriage, is no longer sufficient to allow the passage of the infant at birth. Because of the rigidity and the inelasticity of the scar tissues surrounding the vulval outlet of the birth canal, it is necessary to

perform an upward opening of the infibulation as well as lateral or bilateral episiotomies to be performed in order to deliver the infant. Damage to the newborn is increased due to the prolonged second stage of labour causing respiratory distress and even intra-cranial damage to the infant. Death of the baby may occur.
Again, infections of the new wound and perineum may happen, and the process repeats at every childbirth.

Pelvic Inflammations: Because of the constant back flow and stagnation of urine and menstrual blood in the vagina, there is a constant threat of infections of the uro-genital tract and organs which may develop into chronic pelvic inflammation leading to infertility, and at the very least, causing dysmenorrhea and chronic abdomenal pains and discomfort.

Rectovaginal and Vesicovaginal Fistulae: These are often seen following prolonged second stage of labour or are caused by the extensive lacerations which occur during the expulsion of the newborn.

Prolapsus of the Uterus: Again a frequent problem encountered is the presence of rectovaginal, vesicovaginal prolapse or uterine procidentia, due to the strain on the pelvic floor muscles during childbirth and the stretching of the ligaments which support the pelvic organs.

Mental Complications: These begin to affect the female child at a very early age and remain with her throughout her entire life.
Well before her turn comes to be infibulated, the child sees others who have recently been circumcised, or hears tales of horror relating to the act of infibulation. At the same time, girls who themselves have been circumcised taunt others with insults and call them unclean. It is in this frame of mind of mixed fear and sense of inferiority that the child reaches her turn for the infibulation.

Many of her physical wounds will heal, and their pain and discomfort subside, whereas each stage of her older life will only add further to her mental injuries: at the onset of menstruation, at the time of marriage and during each childbirth, that is if she has not been left with the equally agonizing disability of infertility with its implications and consequences in our society.
In spite of her attitude towards infibulation, she knows that she has no alternative but to subject her daughters and granddaughters to the same ordeal.

Reasons for Doing

Having discussed the subject with Islamic authorities both in Somalia and elsewhere, it has been repeatedly stated that Islam "forbids" the mutilation of the human body and that therefore the pharaonic type of infibulation is forbidden by the Islamic religion. The "mild sunna" is proposed but is not obligatory.
When the general public is asked the question for their reasons for performing the infibulation, they erroneously claim that they do it for religious motives; that it preserves virginity; that they think it to be hygienic or because it is the tradition.
It may be appropriate to state here that female circumcision is not practiced in Saudi Arabia which is the seat of Islam, nor is it practiced in the majority of other Arab states with the exception of the Sudan, Djibouti and Somalia.
It is gratifying to know that, in line with all the other preventable health problems of the world, the topic of infibulation can now be openly and objectively discussed, that it can be studied and analysed and that it is no longer thought to be a distasteful subject for debate.