

Female Circumcision

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GENITAL MUTILATION AND PSYCHOLOGICAL EQUILIBRIUM IN WOMEN'S SEXUALITY

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Female circumcision (FC), together with many forms of sexual taboos in our society, has many psycho-sexual and psycho-social effects on women. The sexual behaviour of a woman is affected by: normal genital structure, appropriate hormonal stimulation of the genitals and a psychological environment to the sexual response with the integrated functions of the central nervous system which are involved in the sexual response. The sexual behaviour of a woman is a complex of all these factors. In Somali society FC is widespread and the severest type, infibulation, is the commonest. There is great damage to the external genitals of the women. Since the clitoris is rich in nerves and blood vessels, its removal can minimize the sexual feelings of women.

In our society, talking about sexual affairs is taboo. A study on psychological effects of FC in the sexuality of women has not been carried out.

But my experience with women leads me to conclude that sex for a Somali girl is always associated with pain and fear.

Every girl in Somali society suffers three times because of infibulation.

1. When she is a child of 7-9 years old and undergoes infibulation. Before infibulation, the child has a multitude of feelings. She is happy to be circumcised like other girls, but she is also afraid.
2. When she is grown up and ready to marry, again the two complex feelings are present. She is happy to marry and to have a man who wants to build a family with her, but she is afraid of the first night, when, she believes, that something terrible will happen to her. Since she has been given no information about sexual relationships, she is convinced that she will suffer.

Defibulation can be done by the man himself without using any other sharp material to cut the vulval scar. This method may take some days, or even months or years. The man is expected to be strong and is ashamed to take the girl to somebody else for defibulation.

Some women, after staying a long time with the husband without defibulation, may develop a hard fibrotic ring on the infibulated vulva as a result of the continuous irritations. Such cases may be taken to a doctor or a medical person for help, and many women complain of primary infertility.

A woman so afflicted may believe that the structure of her external or internal genitals is abnormal, and such feelings may make her afraid of losing her husband. Some men after failing to defibulate, may use a sharp instrument to cut the vulva. Usually the direction of the incision is to the posterior part of the vulva, the perineum, where the tissue is soft. In that case the woman may bleed a lot and may develop a perineal tear. It may cause shock to the woman because of the bleeding and the trauma itself. This situation can affect the physical and the mental health of the women.

3. When the woman is pregnant for the first time and waiting for her new child, she may have prolonged labour and difficult delivery.

Most infibulated women have a prolonged second stage of labour, which means arrest of the foetus' head in the vagina.

This situation can make the woman lose her baby and cause her obstetrical trauma especially when she delivers far from a health centre or hospital, in the villages where untrained people may assist her. Those cases can develop bleeding fistula or rectovaginal fistula. This situation again can affect a woman's mental health, and, because of the prolonged labour, the baby may die.

Female circumcision, especially excision and infibulation, has only negative effects on the physical and mental health of women and it is far from humane. Since genital mutilation still persists in our country, and its damage to women both during her marital life and first delivery can be considerable.

Why does this practice continue? Because of the ignorance of the people, because of lack of information to the people, because of harmful traditions and beliefs.

Therefore, this programme of the eradication of the genital mutilation of women will, with the help of the Ministry of Health of Religion, of Information, of Education and above all SWDO, play a vital role in stopping this practice.