

**THE PRACTICE OF FEMALE CIRCUMCISION IN  
AFRICAN AND MUSLIM SOCIETIES IN AFRICA**

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## **DECLARATION**

I, FATEMA HOOSEN, Registration No 200202062 declare that this thesis titled,  
**THE PRACTICE OF FEMALE CIRCUMCISION IN AFRICAN AND MUSLIM SOCIETIES IN AFRICA**

is the result of my own investigation and research and that it has not been submitted in part or in full for any other degree or to any other university, and that all sources used have been acknowledged by means of complete references.

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FATEMA HOOSEN

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DATE

## DEDICATION

This work is dedicated to my late parents:

*Moulana Ahmed Adam Sabat and Khadija Sabat.*

May Allah bless them with *Jannat al-Firdaws*, *āmin*.

## **ACKNOWLEDGEMENTS**

I thank my Creator for enabling me to complete and present this work.

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## **ABBREVIATIONS**

DHS	Demographic and Health Survey
FGM	Female Genital Mutilation
IPC	International Planning Committee
PTE	Programme for Theological Education
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
WCC	World Council of Churches
WHO	World Health Organisation

## **ABSTRACT**

The purpose of this study is to ascertain the reason for the continuation of the practice of female circumcision in certain African and Muslim societies in Africa, despite attempts at abandonment by many international aid agencies, researchers, governments and individuals. The girls and women belonging to the respective communities who have been subjected to the practice of female circumcision are experiencing detrimental effects to their health and well-being. A multidisciplinary, critical and analytical approach has been utilized throughout the study. This study traces the practice from earlier times to the present era. The respective areas where this phenomenon exists have been illustrated. The physiology of the practice of female circumcision provides details on the procedure, the complications that result from the practice are highlighted, and the practice of female circumcision within the South African milieu is also indicated.

Religion and culture as well as ethics and morals in the context of African Traditional Religion (ATR) are discussed, thus facilitating a critique of the religion. Various key beliefs and concepts that give rise to the practice and its continued persistence have been elucidated. Likewise, female initiation rite, with and without the practice of female circumcision, has been mentioned. Moreover, the reason why diviners have been singled out as the most suitable persons to campaign against female circumcision have been addressed. The retaining of the practice by societies that converted from African Traditional Religion to Islam in earlier centuries is clarified with focus on the manner by the clergy accommodated the practice into Islam. This thesis focuses on the need for clergy and diviners to be included in campaigns to discontinue the practice. The erroneous focus on the sexual aspects is ascertained. The perpetuation of the practice due to the emphasis on fertility and ancestor veneration is also highlighted. This study has indicated why the practice persists in

African and Muslim societies and offers effective solutions towards abandonment of the practice. The concept of cultural hermeneutics has been applied to the practice and to ancestor veneration. This theory indicates that the beneficial aspects, that is, the ethics and morals in African Traditional Religion and in ancestor veneration should continue to remain intact and only such teachings that actually condone the practice should be expunged. Anti-campaigners should consider the application of the aforementioned theory as outlined in this thesis at their gatherings. A plea is made that female initiation rite should be retained because it provides education to initiates, but the cutting involved in female circumcision should be abolished.

This thesis affirms that all the *Aḥādīth* (Traditions of Prophet Muhammad ﷺ) that some Muslim Jurists had cited to justify the practice in Islam are unauthentic. Therefore, it is pertinent for Muslim jurists to effectively condemn this practice. By abandoning the practice, the health and welfare of the girls and women from the practicing communities would substantially improve. Undoubtedly, the implementation of this change will encourage social transformation.

# TABLE OF CONTENTS

<b>DECLARATION</b> .....	ii
<b>DEDICATION</b> .....	iii
<b>ACKNOWLEDGEMENTS</b> .....	iv
<b>ABBREVIATIONS</b> .....	v
<b>ABSTRACT</b> .....	vi
<b>TABLE OF CONTENTS</b> .....	1
<b>CHAPTER ONE</b> .....	8
<b>GENERAL INTRODUCTION</b> .....	8
1.1 Introduction.....	8
1.2 The Stark Reality .....	8
1.3 Towards Unfolding the Problem.....	9
1.4 Key Questions.....	11
1.5 Aims and Objectives .....	12
1.6 Relevance of the Study .....	12
1.7 Theoretical Framework.....	15
1.8 The Design of the Study.....	16
1.9 Literature Review.....	17
1.10 Definition of Key Terms .....	21
1.10.1 Definition of African Traditional Religion.....	21
1.10.2 Female Circumcision.....	23
1.10.3 Cultural/Religious Practice.....	25
1.10.4 Abandonment/Eradiation.....	29
1.11 Structure of the Study .....	29



<b>CHAPTER TWO</b> .....	33
<b>A HISTORY OF FEMALE CIRCUMCISION</b> .....	33
2.1 Introduction.....	33
2.2 Female Circumcision and Safeguarding of Chastity.....	33
2.3 Female Circumcision as a Form of “Treatment” .....	34
2.4 Present-Day Practice of Female Circumcision - Demographic Distribution .....	35
2.5 Conclusion .....	38
<b>CHAPTER THREE</b> .....	39
<b>THE PHYSIOLOGY OF FEMALE CIRCUMCISION</b> .....	39
3.1 Introduction.....	39
3.2 Male and Female Circumcision .....	39
3.3 Types of Female Circumcision .....	41
3.3.1 Clitoridectomy.....	41
3.3.2 Excision.....	42
3.3.3 Infibulation or Pharonic Circumcision .....	42
3.3.4 The Intermediate Type of Circumcision.....	43
3.3.5 De-circumcision (De-infibulation) and Re-circumcision (Re-infibulation) .....	44
3.4 Differentiating the Various Types of Female Circumcision .....	44
3.5 Examples of How Female Circumcision is Performed .....	45
3.6 Who Carries Out Female Circumcision? .....	47
3.7 The Age at Which Girls Are Circumcised .....	49
3.8 Health Complications Resulting From Female Circumcision.....	50
3.8.1 Immediate Complications.....	50
3.8.2 Intermediate Complications.....	51
3.8.3 Late Complications.....	52

3.9	The Severity of Complications Accompanying Different Types of Female Circumcision .....	53
3.10	The “Medicalization” Debate on Female Circumcision .....	54
3.11	Conclusion .....	56
<b>CHAPTER FOUR.....</b>		<b>58</b>
<b>SEXUALITY AND THE PRACTICE OF FEMALE CIRCUMCISION.....</b>		<b>58</b>
4.1	Introduction.....	58
4.2	The Notion of Sexuality.....	58
4.3	Sexuality in the Context Of African Traditional Religion .....	59
4.4	Sexuality in the Context of Islam.....	60
4.5	Sexuality in the Context of Western Culture .....	63
4.6	Chastity and Fidelity in African Traditional Religion .....	63
4.7	Chastity and Fidelity in Islam .....	64
4.8	The Practice of Female Circumcision in the Context of the Sexual Revolution.	65
4.9	Contemporary View of the Clitoris and Sexuality .....	66
4.10	Perception of the Clitoris by Ancient Egyptians and by Adherents of African Traditional Religion and the Practice of Female Circumcision.....	67
4.11	The Changing Views on the Perception of the Clitoris, Clitoral and Vaginal Orgasm and the Practice of Female Circumcision .....	68
4.12	Female Circumcision and Ablation of Sexual Desire .....	69
4.13	The Notion That Female Circumcision Promotes Chastity and Fidelity .....	70
4.14	The Notion That Female Circumcision Does Not Ablate Sexual Desire.....	72
4.15	Between “Western” and “African” And Between “Inside” and “Outside”.....	73
4.16	The View of Western Feminists.....	74
4.17	Responses to Western Feminists.....	76

4.18	The Perception of the Practice of Female Circumcision Globally in the Contemporary Era .....	78
4.19	Conclusion .....	79
<b>CHAPTER FIVE .....</b>		<b>80</b>
<b>FEMALE CIRCUMCISION AND CULTURAL HERMENEUTICS IN AFRICAN TRADITIONAL RELIGION .....</b>		<b>80</b>
5.1	Introduction.....	80
5.2	Understanding Cultural Hermeneutics .....	80
5.3	Inculturation (The Promotion of African Culture and Religion) .....	81
5.4	Cultural Hermeneutics .....	83
5.4.1	The Application of the Theory of Cultural Hermeneutics to Female Circumcision .....	85
5.5	Liberative Theologies .....	87
5.6	The Role of Older Women in Perpetuating the Practice of Female Circumcision .....	89
5.7	Conclusion .....	89
<b>CHAPTER SIX .....</b>		<b>91</b>
<b>THE PRACTICE OF FEMALE CIRCUMCISION IN THE CONTEXT OF AFRICAN TRADITIONAL RELIGION.....</b>		<b>91</b>
6.1	Introduction.....	91
6.2	The Religious Orientation of the Inhabitants of Africa.....	91
6.3	Female Circumcision in Light of the Worldview of African Traditional Religion. ....	96
6.3.1	The Cosmos as a Unified Whole .....	96
6.4.2.	The Spiritual Realm.....	98
6.4.3.	Morals and Ethics in African Traditional Religion .....	100

6.4.4.	The Female Initiation Rite.....	101
6.5.	The Diviner .....	114
6.6.	Conclusion .....	117
<b>CHAPTER SEVEN</b>	.....	<b>120</b>
<b>ISLAM AND FEMALE CIRCUMCISION</b>	.....	<b>120</b>
7.1	Introduction.....	120
7.2	Female Circumcision: A Religious or Cultural Practice? .....	120
7.3	Primary Sources of Islamic Law .....	120
7.3.1	The Qurʿān .....	121
7.3.2	The <i>Ḥadīth</i> .....	121
7.4	<i>Aḥādīth</i> on Female Circumcision.....	126
7.4.1	<i>Ḥadīth</i> of Umm `Atiyyah al-Anṣāriyyah.....	126
7.4.2	The <i>Ḥadīth</i> which implies that Female Circumcision is an Honourable Act..	127
7.4.3	The <i>Ḥadīth</i> which Mentions the Coming into Contact of the Two Circumcised Parts.....	128
7.4.4	The <i>Ḥadīth</i> which Describes Circumcision as Part of Fitrah (Natural Disposition) .....	130
7.4.5	The <i>Ḥadīth</i> Pertaining to the Enjoining of Female Circumcision on the Women of al-Anṣār .....	131
7.5	Muslims and the Practice of Female Circumcision.....	132
7.6	Reasons for the Perpetuation of the Practice of Female Circumcision .....	132
7.6.1	The Belief that Female Circumcision is <i>Sunnah</i> .....	133
7.6.2	Rulings of the four Schools of Islamic Jurisprudence .....	133
7.6.3	Endorsement of the Practice of Female Circumcision by Certain Muslim Scholars .....	134

7.7	Female Circumcision and Health Hazard .....	137
7.8	Female Circumcision in Light of Islamic Jurisprudence .....	140
7.9	Conclusion .....	142
<b>CHAPTER EIGHT .....</b>		<b>145</b>
<b>RELIGIOUS AND CULTURAL SYNTHESIS <i>VIS-À-VIS</i> THE PRACTICE OF FEMALE CIRCUMCISION IN AFRICA .....</b>		<b>145</b>
8.1	Introduction.....	145
8.2	Female Circumcision as a Source of Social Identity.....	145
8.3	The Preservation of the Practice of Female Circumcision with the Adoption of Islam.....	147
8.4	Religious and Cultural Contact in Africa.....	148
8.4.1.1	The Interaction and fusion of Islam and African Traditional Religion in Africa	149
8.5	Islam’s Cultural Flexibility and the Historical Practice of Female Circumcision	151
8.6	The Interaction of Indigenous Culture, Customary Law and Islam .....	152
8.7	The Mālikī Legal School in Africa and the Practice of Female Circumcision .	153
8.8	Conclusion .....	155
<b>CHAPTER NINE .....</b>		<b>157</b>
<b>FEMALE CIRCUMCISION: THE WAY FORWARD .....</b>		<b>157</b>
9.1	Introduction.....	157
9.2	African Initiatives .....	157
9.2.1	Church Involvement.....	157
9.2.2	Legislations against the Practice .....	158
9.2.3	International Accords .....	160
9.2.4.	Drawbacks in the Enforcement of the Law .....	164

9.2.5. Open Discussion on the Subject of Female Circumcision in Light of Human Rights.....	167
9.2.6. Tostan Abandonment Programme in Senegal .....	168
9.3. Conclusion .....	172
<b>CHAPTER TEN</b> .....	174
GENERAL CONCLUSION .....	174
<b>BIBLIOGRAPHY</b> .....	187
<b>APPENDIX I</b> .....	201
<b>APPENDIX II</b> .....	202
<b>APPENDIX III</b> .....	203
<b>APPENDIX IV</b> .....	204

## CHAPTER ONE

### GENERAL INTRODUCTION

#### 1.1 Introduction

This chapter is in essence the introductory chapter. It attempts to unfold the problem of female circumcision and specifies the key questions and outlines the relevance of the study. It also focuses on the aims and objectives of the study and briefly describes the chosen research approach and methodology. It also includes a section on literature review and outlines the structure of the study.

#### 1.2 The Stark Reality

This day, like any other, some 6 000 girls will spread their legs for a surgical operation. If they are lucky, only the clitoris will be scraped out. If not, their visible genitals will be removed, and then the residue stitched together, perhaps with thorn. And it will be their female friends, mothers and grandmothers who urge them to lie back and think of traditional culture as they undergo what is known as female circumcision (*The Economist*, 1996:34)

The aforementioned is a description of what many girls and women undergo wherever female circumcision is practiced. According to Chege et al (2001:1) globally, about two million girls are annually at risk of being victims of female circumcision. Such a practice has been documented in many countries, but is most prevalent in at least 28 African countries.

I could not understand why Muslim jurists condoned a practice that was detrimental to the health and well being of girls and women. I was eager to examine the Islamic justification of female circumcision. Subsequently I researched a paper on the topic for my Honours Degree in religious studies .When I began the present study my main focus was on the health effects and on the Islamic ruling on female circumcision and interviewed gynaecologists at state hospitals to research the existence of the practice in South Africa. As I read widely on the topic, I realized that the practice of female circumcision also had roots in African Traditional Religion. Subsequently, the focus of this study changed to examining the practice in both African Traditional Religion and Islam.

### **1.3 Towards Unfolding the Problem**

The concern for this study lies in the persistence of the practice of female circumcision in all the respective areas where it is practiced. Although many sectors are working towards abandoning the practice, attempts at abandonment are not very successful. Therefore there must be reasons and factors that are hindering these attempts.

The dignity, well-being and health of females are being compromised for the sake of religion and culture. Any form of pain and suffering inflicted on another human being that has no beneficial effect is contrary to the teachings of all religions. It is to be noted that some communities in Africa perceive the practice of female circumcision as providing a sense of identity and togetherness. Hence, the adherence to the practice of female circumcision provides peace and stability in these societies. On the other hand, some see the practice as detrimental to women's health and well-being, and are advocating ending this practice.

Historically, cultural practices were affirmations and a means of socialization of individuals into society. Female circumcision was seen in a favourable light because



it connected the community. However, African and Muslim women are beginning to realize the need to eliminate cultural practices like female circumcision because these practices are no longer relevant in modern-day society. They are insisting that a change for a better life for the women of Africa is essential.

The practice of female circumcision is complex and bewildering. The description of the practice itself is misleading. The procedure described under the umbrella term “female circumcision” lacks clarity. The extent of the cutting of the female genitalia varies greatly. The procedure ranges from a prick of the clitoris or the removal of the tip of the clitoris only, to the removal of the entire female genitalia. This is followed by the suturing together of the raw edges, leaving only a small opening to allow body fluids to pass. As a result, the health complications that may arise also vary greatly. Furthermore, the conditions under which the cutting is performed differ from community to community. Consequently, some may experience no ill-effects or ill-health due to the cutting, whilst others may experience serious life-threatening medical problems.

Hernlund (2000:241) aptly points out that in the past, campaigns to stop this practice had only been partly successful. This may be ascribed to the fact that circumcised women who experienced no health complications during childbirth are shown videos of women who suffer serious complications during childbirth. In Gambia, where that occurred, the women responding to these videos claimed that they experienced no complications during the delivery of their babies. Therefore, abandonment strategies have to be context specific.

Due to the erosion of traditional African ethical values, many social ills have manifested in society. For example, corruption, crime, teenage pregnancies and many other ills are surfacing daily. Therefore there is a need to promote the indigenous African values. Historically, when the religious and cultural values of Africa were being actively promoted, many of society’s present ills did not exist.

In the Islamic context, Muslim scholars differ on the issue of the practice of female circumcision. Some of them like Abdur Razzak (1998:50) regard the practice of female circumcision as a requirement in Islam. Conversely, others like Al –Sabbagh (1996:36) strongly condemn the practice. Furthermore due to textual interpretation of Hadith on female circumcision not being rectified, female circumcision continues.

This study firstly provides an overview of the practice of female circumcision in Africa, so that the practice is understood. Secondly, this study attempts to ascertain whether some beliefs in African Traditional Religion promotes the practice. Thirdly, the study seeks to determine why certain Islamic views condone the practice of female circumcision. These three objectives underpin the title of the thesis, viz., “The Practice of Female Circumcision in African Traditional Religion and Islam”.

#### **1.4 Key Questions**

The key questions in this thesis are:

1. Why do people practice female circumcision; where is it done (geographical location) and what are the physiological and medical aspects related to the practice?
2. How is sexuality perceived within the African Traditional Religion and Islam *vis-à-vis* female circumcision?
3. How can the theory of cultural hermeneutics offer a way to understand and abandon the practice of female circumcision?
4. What are the main debates around the issue of female circumcision within the context of African Traditional Religion?
5. What are the main debates around the issue of female circumcision within the context of Islam?
6. Is it possible to provide a religious and cultural synthesis *vis-à-vis* the practice of female circumcision in light of African Traditional Religion and Islam?
7. What are the future prospects of female circumcision being discontinued?

## **1.5 Aims and Objectives**

In light of the issues raised above, the overall aims of the study are:

- To research the nature of female circumcision within the context of African Traditional Religion.
- To explore the views of Muslim scholars on female circumcision and to indicate why female circumcision is not acceptable in Islam?

In order to achieve these aims, the specific objectives of this study are:

- To research reasons for female circumcision, its geographic distribution, as well as the medicalisation of female circumcision
- To research African Traditional Religion and Islamic beliefs and values of sexuality related to female circumcision.
- To research female circumcision from a cultural hermeneutics perspective in African Traditional Religion.
- To research the main debates on female circumcision in African Traditional Religion.
- To research the main debates on female circumcision within the Islamic Schools of Thought.
- To provide a possible synthesis of an integrated position on female circumcision by drawing on African Traditional Religious beliefs and Islamic Thought.
- To chart a way forward for African Traditional Religion and Islamic Thought towards abandonment of the practice of female circumcision.

## **1.6 Relevance of the Study**

This study is relevant because females are enduring pain and suffering due to the

persistence of the practice. According to the World Health Organization (WHO) (January 2008:1) 110 to 140 million females have undergone some form of surgery of their genitalia. Moreover, Findley (2001:153) points out that in February 1999, the Population Council reported on a study conducted in 1997 on more than 9 000 Egyptian children and their parents that 84 percent of the girls between ten and nineteen years of age had undergone female circumcision. Likewise, Findley (2001:153) mentions that in the United States, the Center for Disease Control and Prevention estimated that more than 150 000 females of African origin have been or are at risk of being circumcised.

While circumcision appears to largely be practised in African countries, it does exist in countries such as Malaysia and several Middle Eastern countries. Due to the increasing movement of people, the practice is now present in many countries that previously had no history of the practice. For example, in South Africa, an increasing number of immigrants and refugees are residing in this country, bringing their practices (including female circumcision) along with them.

Exposure and discussion of the practice of female circumcision is essential, as this may foster better relations and understanding between various cultures. It is chiefly the gynaecologists who work in state hospitals that are faced with the challenge of coping with circumcised women. This dissertation provides a suitable understanding of divination and beliefs and practices in African Traditional Religion which will create a more holistic understanding of female circumcision. An understanding of divination may be useful to medical practitioners, because those who seek medical assistance from Western trained doctors may also visit diviners for their ailments.

Many Africans follow their religion, albeit not well represented in inter-faith dialogue, both in the South African context and in the global arena. A clearer appreciation and understanding of African Traditional Religion would serve a two-fold purpose. Firstly, an in-depth analysis will hopefully cultivate respect, tolerance

and appreciation towards the religion. Secondly, by contextualizing the practice of female circumcision in the entire belief system, the research will seek to understand and uncover the meaning of this practice. More importantly, anyone wishing to engage in a discourse on the challenges African women face regarding cultural practices should be familiar with the religion and culture of Africa. As Kanyoro (2002:56) argues, “anybody coming into contact with African women should become well-versed in African religions and cultures because it is the women more than the men who are silenced by these cultures.”

Winterbottom et al (2009:47), like Kanyoro, emphasize the need for a precise and clear account of African Traditional Religion as they concur that those working towards abandonment of female circumcision are realizing the importance of using the appropriate terminology of the targeted community. Winterbottom et al reporting on their recent study in Northern Tanzania among the Masaai, emphasize that “most urgently, those advocating against female circumcision must use locally appropriate language and terminology.”(2009:67) They found that targeted communities were resisting campaigns when indigenous beliefs were described as “primitive and traditional”. This thesis would be useful because a clearer understanding of the indigenous religion of Africa is provided from the perspective of the adherents of African Traditional Religion.

In the Islamic context, this study will be useful because the views of Muslim scholars on the practice of female circumcision are discussed and the *Aḥādīth* (Traditions of Prophet Muhammad ﷺ), on which some Muslim scholars base this practice, are critically examined. This study is also important because it aims to examine the Islamic position on female circumcision and offers convincing arguments why according to Islamic law female circumcision is not prescribed. In the context of African Traditional Religion, several arguments to prevent female circumcision is presented.

This study emphasizes the crucial role that men in their respective communities could also play in abandoning this practice. The successful abandonment project that occurred in Senegal (Easton et al, 2003:449) is cited in order to highlight how through the participation of men and through an open discussion on the topic, the practice could effectively be ended. It is hoped that like other harmful cultural practices that have ceased, the practice of female circumcision too can also undoubtedly be stopped.

### **1.7 Theoretical Framework**

The theoretical framework of this study is largely informed by the theory of cultural hermeneutics to understand female circumcision and as a method to abandon female circumcision. Cultural hermeneutics is the analysis and interpretation of how culture conditions one's understanding of reality in a particular place and era. All cultural practices like female circumcision are understood from the perspective of religion because culture and religion are intergrated in African Traditional Religion. Cultural practices are not static, are passed onto future generations. Subsequent generations can assess, retain revise or discontinue the practice. For change to occur female circumcision must be analyzed, interpreted and reflected on. Since it is detrimental to the health of girls and women the practice of female circumcision should be condemned on ethical grounds. The entire religion and culture should not be condemned. A critique of harmful cultural practices can only take place if African Traditional Religion is appreciated. Chapter Five explores this concept in more detail.

A purely Western feminist approach has not been used in this study, because the lives and experiences of African and Muslim women are not based on individual experiences that exclude communal living. Since female circumcision affects the health of girls and women and is a threat to their well-being and quality of life, a gender-sensitive approach that would consider the socio-cultural factors is adopted in

this study. This is deemed suitable because, both culture and engendered culture is considered at the same time.

Badawi (1999:13) advocates that in Islam, women and men are considered neither superior nor inferior on the basis of their gender. The basis for being honoured by Allah is to have piety, be righteous and work together for a better life for all humanity. Through struggling together, a just and righteous society would result. This is in keeping with what God has promised for all religions, in this life and hereafter, for both women and men.

## **1.8 Design of the Study**

This research is primarily based on an analytic review of available literature on female circumcision. This review is based on information sourced from books, journal articles, magazines and newspaper articles. This provided an important basis to understand the practice and process of female circumcision. Additionally, several interviews were conducted. These interviews focused on obtaining an understanding of some aspects of African Traditional Religion such as the female initiation rite and the practice of female circumcision from the perspective of African Traditional Religion. In addition, the interviews also focused on obtaining an understanding of how the practice presents in South Africa, from a medical perspective.

Throughout the study a critical, legal and ethical approach is adopted. The critical approach entails questioning the conceptual and theoretical basis of knowledge that go beyond assumptions and understandings. Specifically, the approach considered challenging the status quo with regard to female circumcision. The ethical approach essentially focuses on addressing issues related to morals or principles of morality, or whether actions (in this case, female circumcision) are right or wrong. Specifically,

this study considers the legal approach to understand this. Essentially, the legal approach examines a phenomenon from the perspective of legislation, and thus the laws of several countries pertaining to female circumcision are examined. In addition, sources of Islamic rulings are considered.

## **1.9 Literature Review**

The objective of the literature review was to ascertain what literature was useful to the topic. Many books, newspaper reports, journal articles and magazines have been perused for relevant information which has proven to be of immense educational value for the purpose of this study. The whole dissertation consists mainly of literature review. The following are some of the books that have been used:

Paul Findley's (2000:151-167) *Silent No More* provides helpful information on the practice of female circumcision in various countries in Africa. Findley presents the confusion that exists about the practice among Americans. He emphasizes the need by the authorities on Islamic Jurisprudence to denounce the practice publicly.

In his book *Gender Equity in Islam*, Badawi (1999:47-52) presents a telling critique refuting the argument of some Muslim views that recommend the practice of female circumcision on the basis that it is good for girls and women because the practice prevents promiscuity. He asserts that there is no text in any Islamic scriptures that requires the selective curtailment of the sexual desire of one specific gender. He emphasizes that the practice is unacceptable in Islam because of the harm that it causes to girls and women.

Al-Sabbagh's (1996:17-42) convincing argument in *Islamic Ruling on Male and Female Circumcision* from sources considered most authentic in the Islamic world proved most useful. He lucidly illustrates why the *Ahadith* (sing. *Hadith*) of female



circumcision are unreliable and unauthentic. He emphasizes that the practice is neither a requirement nor an obligation in Islam.

Conversely, the views expressed in *Circumcision in Islam* by Abdu'r Razzaq (1998:45-49) throws light on why certain adherents in Egypt recommend the practice of female circumcision. They claim that the practice helps to control the sexual desire of girls and women, thereby preventing promiscuity. Therefore the practice is beneficial. This book proved useful as it provides arguments as to why certain views are in support of the practice.

Although much literature exists on the Muslim views of female circumcision, the arguments in this dissertation will be helpful to understand why the *Aḥādīth* that some scholars refer to in support of female circumcision is unauthentic.

Trimingham's (1961:21-45) information on the manner in which religious and cultural contact and synthesis occurred between African Traditional Religion and Islam in the last few centuries in Africa has proved useful. He effectively explains how female circumcision was accommodated into Islam when African Traditional Religion followers accepted Islam. His writings help in understanding why the practice exists in these societies.

Mazrui (1986:81) in his book *The Africans* adds Christianity to African Traditional Religion and Islam and refers to this cultural and religious contact as "The African Triple Heritage." He emphasizes that in spite of many changes in Africa, female circumcision still persists in certain communities in Africa.

The book *African Traditional Religions in Contemporary Society* edited by Olupona contains contributions from a variety of disciplines which provide coherent accounts of the existence of African Traditional Religion in contemporary society. One of these is an article by Zeusse (1991:171-181) titled *Perseverance and Transmutation*

*in African Traditional Religions*. His precise and detailed account of one of the reasons - that of the fear of interference with the unity of the cosmos - has proved useful in understanding why the practice persists. His arguments on why African Traditional Religion will survive through practices like divination and traditional healing have also proved most useful.

Kanyoro (2002:23-55), in her book *Introducing Feminist Cultural Hermeneutics: An African Perspective* provides useful insights, theories and arguments. She places culture in the context of the contemporary era in Africa and provides reasons why cultural practices that are harmful have not been addressed by theologians in Africa. Amongst other key issues, she stresses the importance of analysing, reflecting on and interpreting harmful cultural practices. She also points out that an appreciation of African Traditional Religion is essential for a critique of cultural practices to take place.

In addition to indicating the importance of reflecting on and interpreting the practice of female circumcision, Ogunbanjo and Knapp Van Bogaert (2005:47-48) place the practice in a multi-cultural context and argue whether the condemnation of a harmful cultural practice of other cultures is justifiable. Their argument that the aforementioned is essential for moral progress to occur, has been useful in this study.

Shell-Duncan and Bertina-Hernlund (2000:301) in their book *Female "Circumcision" in Africa: Culture, Controversy and Change*, offer many aspects of female circumcision. A variety of perspectives offered have been used in this study. One of these, an article by Fuambai, has been particularly useful because she has been able to express herself and her experience of being circumcised. This provides an understanding of the experiential aspects of female circumcision and the social identity and feeling of belonging that female circumcision contributed to her life.

Nyangweso (2002:588) in her article *Christ's Salvific Message and the Ritual of Female Circumcision*, provides details of the female initiation rite with an account of the procedure of female circumcision. She explains the reasons for the persistence of the practice, one of them being ancestor veneration. This dissertation will be useful because it will contextualize female circumcision in ancestor veneration which will provide an understanding of female circumcision. Furthermore, effective methods and strategies relating to ancestor veneration are examined.

The account provided by Easton et al (2003:453) of the successful abandonment project has provided insights into the success of this strategy in Senegal. Easton et al, like Kanyoro and Ogunbanjo and Knapp Van Bogaert, mention interpreting and reflecting on female circumcision. They add the importance of collectivity in the reflection and interpretation of female circumcision. Their assessments and analysis of the success of the abandonment project in Senegal offers guidelines that may lead towards the abandonment of female circumcision altogether.

Amongst other key issues addressed by them are the keen efforts of the male clergy in the communities to abandon female circumcision. Other aspects that they address are the importance of the participation of men to engage in open dialogue with their families on the practice with their families. They also focused on the need to work at grassroot level for change to take place in society.

Winterbottom et al (2009:60-67), in their study among the Masaai of Tanganyika also found that focus at grassroot level is important. They maintain that a better and clearer understanding of the religion and culture of those under study is essential. They found that when anti-female circumcision campaigners used terms like "primitive" and "ignorant" to describe practicing communities, efforts at abandoning the practice were counterproductive. They also found that the inclusion of former female circumcisers at anti- female circumcision gatherings was useful. Winterbottom et al, like many others, have found that the educational element in the

female initiation rites is believed to be of immense value in these societies. This thesis would be useful because it provides a clearer and precise understanding of both African Traditional Religion and female circumcision. Furthermore, the educational aspects of the female initiation rite are focused on.

The research of Adongo et al (1998:23-37) in Ghana by the Population Council has been helpful in this study. These scholars indicated that a change in attitude towards ancestor veneration is possible. The consultations with ancestors by diviners on fertility has been documented for the first time in their research. This study indicates how a similar strategy could be applied to the question of female circumcision, since ancestor veneration is one of the chief reasons for the persistence of this practice.

Several studies report that past African leaders have encouraged female circumcision. This study unpacks why female circumcision and all associated cultural practices were promoted in a specific era in the past, in Africa. The theory of cultural hermeneutics has been used in this study to uncover the aforementioned and to illustrate how it can be applied to stop female circumcision.

## **1.10 Definition of Key Terms**

Some of terms used in this thesis are hereunder explained and defined.

### **1.10.1 Definition of African Traditional Religion**

African Traditional Religion is the indigenous religion of Africa. The religion has been transmitted orally and has been in existence from ancient times. Some scholars prefer the singular term for the religion of the inhabitants of Africa, whilst others prefer the plural form. Mbiti (1989:236) states that the plural term, African

Traditional Religions, is the appropriate term for the religion of the inhabitants of Africa. The term “plural” denotes two dimensions. Firstly, he considers the three major religions that exist in Africa today, these being African Traditional Religion, Christianity and Islam, as the indigenous religions of Africa. He asserts this on the basis that they have existed in Africa for a long time. Secondly, he states that the plural term is suitable because there are about three thousand African communities (tribes), each with their own religious system.

Mugambi (2002:140) points out that certain African scholars like p’Bitek prefer the plural form, African Traditional Religions, on the basis that prior to colonization, each African community had their own religion and culture. He also mentions that Parrinder too preferred the plural form in view of the fact that the African Traditional Religions, Christianity and Islam are Africa’s three main religions.

Mugambi then goes on to explain the stance of other scholars who prefer the singular term, African Traditional Religion and African Religion. For example, Idowu prefers the former whilst Magesa the latter. Some choose the singular on the basis that although there exists many ethnic groups in Africa their religion and culture contains sufficient homogeneity to justify their being studied as a topical entity. In this view it is accepted that groups in Africa differ in certain respects. However, it is argued that these variations are not significant enough to call for each group to be studied as a separate entity. Mugambi (2002:141) prefers the singular term, African Religion.

Magesa (1997:18), agreeing with the view of Mugambi, states that African Traditional Religion could be studied as a unified religion. It could also be studied as a specific ethnic group in Africa for the sake of depth and understanding. However, he emphasizes that “this should not be used to support the argument that African Traditional Religion is not a generic whole.” In the same vein, Uka (1991:23) asserts that although diversity exists in the beliefs and practices among the various ethnic

groups in Africa, African Traditional Religion is a unified religion. This is due to the universal belief in a Supreme Being as a world view.

In this study, the singular term, African Traditional Religion is used because the practice of female circumcision is followed by many communities in Africa whose reasons for practicing female circumcision are generally uniform. However, the types and the extent of cutting that is involved differ from one community to another.

According to Uka (1991:21-22), African Traditional Religion constitutes beliefs and practices of the Africans. Although African Traditional Religion has been in existence from time immemorial, many Africans are still practicing it. African Traditional Religion is a revealed religion.

It is “traditional”, not because it is static and primitive, but is termed so, because it is a religion that originated from the inhabitants’ environment and their soil. They are not converted but are born into it, live it and practice it. According to Uka (1991:21-22) the word „traditional“ serves the purpose of distinguishing it from any other religion that has been brought to the people through conquests, propagation and the missionaries. African Traditional Religion is not a written religion, but is transmitted orally to future generations in the form of myths and legends, stories and folk tales, songs and riddles. These are preserved in arts and crafts, symbols, shrines and sacred places. Religious systems are part and parcel of any African community. It is for this reason that when Christianity and Islam were introduced to Africans, the two world religions were readily accommodated and integrated into their pattern of life, because of their belief in the existence of God.

### **1.10.2 Female Circumcision**

Abdalla (1982:80) asserts that female circumcision is the term used for different kinds of cuttings that are performed on the female genitalia by various populations.

The term „ritual“ is also used for the practice. As Saran (1998:172) states, part of, or all of the clitoris and sometimes other external genitalia are removed. A variety of terms are used by indigenous populaces in local dialects to describe the practice. Rahman and Toubia (2000:3) state that the terms are synonymous with cleansing or purification, such as *tahārah* in Egypt, *tahūr* in Sudan and *bolokoli* in Mali.

The nomenclature of genital surgeries is a controversial issue in deciding whether to use the term “female circumcision” or “female genital mutilation”. The latter term could be offensive to circumcised women who do not think of themselves as having been mutilated or their families as mutilators. Some feel that the term “mutilation” is used as a means to insult people and the cultures that they originate from. Rahman and Toubia (2000:3) mention that internationally, the term “female circumcision” was used for many years to describe the practice. Other terms like “female genital cutting”, “female genital surgery”, “ritual genital surgery” and “sexual mutilation” have also been used.

Caldwell et al (1997:1191) point out that from the 1970s female circumcision was referred to as “female genital mutilation” when women’s movements began attacking the practice. The term changed because female liberation movements advocated that the practice intended to reduce and control female sexuality as desired by the patriarchy. Rahman and Toubia (2000:4) state that the term “female circumcision” was used in international literature until the early 1980s when the term “female genital mutilation” was introduced. Shell-Duncan and Hernlund (2000:1) assert that a reclassification has taken place. A local practice has become a global one. “Female circumcision” has become “female genital mutilation” and a “traditional practice” has become a “human rights violation”.

Chauhan (2002:1) rightly points out that the term “female genital mutilation” provokes negative reactions in the practicing communities who do not consider the practice to be a mutilation at all. Saran (1998:172) quotes the following view by a

circumcised woman whom she referred to as mutilated: „If you think of us as mutilated, how you can think of us as whole or real?” She emphasizes that she will always use the term “female circumcision”. Mugo (1997:468) states that the term “mutilation” prevents discourse with women who are circumcised and hinders open communication.

Furthermore, Gruenbaum (2000:3) points out that the term alienates the practicing communities from outsiders because they feel that an external definition has been imposed on them. Organizations that have worked with communities that practice female circumcision have found that the term could be offensive and derogatory to women who have never regarded the practice to be a mutilation. As a result, neutral terms such as “female circumcision” or “female genital cutting” have been used when working with the respective populations. In the light of the aforementioned concerns, the term „female circumcision“ will be used throughout this thesis.

### **1.10.3 Cultural/Religious Practice**

According to Thorpe and Le Roux (1986:6), culture is a way of behaving. It constitutes “a complex interface of relationships,” wherein people relate to each other. It is always related to the personal interpretation of the individuals concerned, and according to Mugambi (2002:25) is both an individual and communal phenomena.

Culture constitutes essential aspects of communal life with strong beliefs and institutions. Friedman (1997:380) points out that interference and any attempt to alter this “can seriously injure or damage the group in its very groupness.” Thorpe and Le Roux (1986:6-7) hold the view that culture consists of many areas of life, namely social and individual, spiritual and symbolic, material and economic. Hence, religion must be approached as an aspect of cultural reality in order to understand human relationships.



Mugambi (1986:25), in explaining how religion fits into culture in African societies, maintains that religion, (forming one spiritual aspect of life) constitutes one component of culture that is very closely related to culture. It is a social phenomenon like culture that always occurs and forms part of the life of individuals and communities. It is both an individual and a group affair. It is impossible to find an individual who practices religion in isolation from culture. Thorpe and Le Roux (1986:7), expanding on this, assert that all religions imply that human beings cannot exist as isolated individuals. "Religion must be approached as an aspect of cultural reality, in order to understand human relationships."

Each cultural fact should not be considered in isolation, but should be understood in the context of the whole culture to which it belongs. In reality, a community, a culture and a religion can only be understood if one examines the phenomena involved, individually, and as it relates to the whole. Furthermore, the whole, that is, a person, religion, or culture is perceived by examining its parts and the parts are understood as they relate to the whole.

Thorpe and Le Roux (1986:7) state that, "Just as a person is more than the sum of his parts (historical past, physical being, appearance, and so on) so religion or culture are more than just the random coherence of various characteristics, rituals or symbols". In a similar vein the practice of female circumcision cannot be understood as a single isolated phenomenon. Rahman and Toubia (2000:6) hold that due to the practice being part of an entire belief system and values that support it, the practice should be viewed in a broad context. Gruenbaum (2000:244) explains that the ritual is multifaceted, and is a consequence of many institutions, like religion, group identification, sexuality, marriage and social status.

Culture is both immanent and transcendent, since it is above and beyond our existing specific cultural context, thus enabling us to relate to one another within differing cultures. It is experienced in both identity and difference. Because humankind

acquires culture, it is possible to engage in discourse about it. Whilst in the process of speaking about it, one also realizes it. It is in this context that we are what we can be and encounter a world with different attitudes, thoughts and actions. It is in this context that the author places this work, namely, that the practice of female circumcision is being experienced in both identity and difference. Through engaging in a discourse about the practice, the practice is being experienced and realized. As Thorpe and Le Roux (1986:6-7) maintain, “since we exist in the face of cultural pluralism, we need always to recognize, not only our unity and compatibility with people of differing cultures, but also our difference and distance from them.”

Discourse and understanding of various cultures are meaningful in the contemporary multi-cultural global society of the 21<sup>st</sup> century. Gunning (1997:449), commenting on the various women’s voices internationally on the practice of female circumcision, points out that although multicultural dialoguing and alliances are not easy, “they are just the necessary pre-requisites to solid sisterhood.”

According to Friedman (1997:379) since the cultural practice of female circumcision is not confined to the areas where it was always practised, it is losing its properties of being personal and local. A local practice is now becoming a global one. Hence, cultures are not usually universal, but due to the movement of people globally, cultures are becoming universal.

Understanding definitions and terminologies is crucial regarding any phenomenon, and in this case, descriptions that are attributed to the practice of female circumcision. The concise and clear discernment of the meaning of “culture” and “religion” has resulted in confusion on the practice of female circumcision. Consequently, many have found that although religion is offered as a reason for the practice, there is no clarity on the meaning and understanding of religion. Shell-Duncan and Hernlund (2000:23) quotes Boddy as saying that “the question of what is meant by religion remains obscure.” Friedman (1997:386), on the other hand, argues that the term

“culture” is vague and difficult. Language and religion are often understood as culture. Distinguishing between these two poles of culture is not very easy.

Mugambi (2002:141) addresses this conceptual obscurity by pointing out the conceptual difficulty regarding the term “religion.” He asserts that in Traditional African Religion there is no distinction between the term “cultural” and “religious.” Therefore, it would be inappropriate to use the term “religion” with reference to traditional African life, in the same sense as it is used when discussing Christianity, Islam and Buddhism as social institutions. The aforementioned religions have been functioning apart from the cultures in which they have become established.

Due to this characteristic, these religions have been able to spread into various cultures. Theoretically and theologically, an individual from any culture can become a Christian, Muslim or Buddhist. Conversely, the cultural identity of Africans includes their religious background, which is an integral part of their culture. Mugambi (2002:141) states that, “traditional African Religion is inconceivable in abstraction from the totality of Traditional African Culture.” Thorpe and Le Roux (1986:7) mention that according to the Handbook of the University of South Africa, culture and religion in the context of African Traditional Religion are aspects of each other. Religion should be understood as an aspect of cultural reality. Culture and religion are closely linked and integrated to form a whole.

Therefore, it is crucial to remember that the practice of female circumcision in the context of African Traditional Religion is both “cultural” and “religious.” These two aspects do not operate and exist individually but together form an integrated whole. Hence, in the context of African Traditional Religion, the practice of female circumcision has both a cultural and a religious aspect, which cannot be separated. Conversely, in the major religions of the world as aforementioned, practices are generally demarcated as cultural and religious, and so is the practice of female

circumcision. For example in Islam, there exists a distinction between the description of the practice as “cultural or religious.”

#### **1.10.4 Abandonment/Eradication**

In this dissertation the term „abandonment“ is used in preference to the term „eradication“. The choice of language and approach towards the practice of female circumcision is crucial. In the past, those opposing the practice have used terms and descriptions that have shocked practicing communities. According to Easton et al (2003:451), *Imam* Demba Diawara, the chief advisor to the successful Tostan project in Senegal, where thousands of villagers pledged to abandon the practice, emphasizes that the choice of language is important. When activists use terms and treat the practice as a disease that needs to be eradicated, this evokes negative responses from practitioners and communities that have been performing a practice in good faith. Consequently, abandonment strategies are not very successful. The Tostan approach stands out from other approaches as it avoids framing the practice as “bad”, which implies that the participants are also bad.

#### **1.11 Structure of the Study**

This study is viewed through the lens of both an insider and outsider. As an insider, from the perspective of a practicing Muslim woman and the daughter of a progressive Muslim priest, who afforded me a secondary school education in a co-educational school, at a time when many of my contemporaries were not similarly privileged. As an outsider, from the perspective of someone hailing from a community that does not practice female circumcision.

In a democratic South Africa, African Traditional Religion is better recognized as a religion that has been marginalized in the past. There is definitely a need for a better

understanding of the religions of the indigenous people in South Africa and Africa as a whole. Hence, this study will also explore how certain beliefs in African Traditional Religion promote the practice of female circumcision.

In the Islamic context, the views of Muslim scholars on female circumcision are examined. The arguments on which the views are based are analyzed with the aim of unpacking whether female circumcision is a requirement of the religion of Islam.

In addition, this study seeks to understand the manner in which the respective practicing communities, Africans and Muslims, perceive this practice. The social identity that adherence to the practice provides is elucidated. This study also explores why the practice of female circumcision persists in contemporary times, despite numerous efforts by many individuals and organizations to stop the practice.

Chapter One presents the problem, relevance, aims and objectives of the study. This is followed by the methodology utilised in the research, the theoretical framework, the design of the study and the literature review. The definition of key terms used in the study is outlined.

Chapter Two discusses the practice of female circumcision from ancient to present times.

Chapter Three explores the different types of cutting involved in female circumcision. Aspects of the procedure, such as the age at which circumcision takes place and the persons who conduct the procedures are discussed. An overview of the health effects that this practice has on women and girls is also given since this is one of the primary motivations for the initiatives being undertaken for the abandoning of this practice.

Chapter Four examines sexuality in African Traditional Religion and Islam. It also attempts to address whether female circumcision does compromise the sexual responses of women.

Chapter Five deals with cultural hermeneutics and female circumcision. It considers the importance of African women theologians' voices in addressing female circumcision and explores how culture conditions people's understanding of reality in a specific time and place.

Chapter Six deals with female circumcision in light of African Traditional Religion. It examines how and why cultural practices, like female circumcision, are encouraged. Various beliefs and concepts in African Traditional Religion are examined, with focus on the importance of the maintenance of peace and harmony in the universe, coupled with ancestor veneration, as they are closely associated to the practice. The initiation rite is explored in detail. This is followed by an account on the practice of divination and the inclusion of diviners in the strategies that are aimed at abandoning female circumcision.

Chapter Seven sheds light on the views of Muslim scholars on female circumcision. Some Muslim scholars consider female circumcision to be unacceptable and question the authenticity of the *Aḥādīth* (Prophetic Traditions) that deal with female circumcision. Thus, an insight into the science of the criticism of *Ḥadīth* is included in this chapter.

Chapter Eight explores the religious and cultural synthesis which facilitated the inclusion of some of the African practices, but with renewed meaning, once the adherents of African Traditional Religion entered the fold of Islam. Moreover, the manner in which the practice of female circumcision was retained for the purpose of social identity is also examined. Likewise, the manner in which the clergy incorporated the practice is also elucidated.

In Chapter Nine, steps undertaken towards the abandonment of female circumcision are discussed. An attempt is made to assess the effectiveness/non-effectiveness of legal interventions towards the banning of the practice. Other ways of implementing the abandonment of female circumcision are also examined. Likewise, the Tostan Abandonment Project in Senegal has also been incorporated in this chapter. The joint effort of the Christian and Muslim clergy to stop female circumcision is also addressed.

Finally, the thesis ends off with a general conclusion in which the findings of the overall study are highlighted and summarized.

The following chapter provides an overview of the practice of female circumcision.

## **CHAPTER TWO**

### **A HISTORICAL OVERVIEW OF FEMALE CIRCUMCISION**

#### **2.1 Introduction**

This chapter provides an overview of the practice of female circumcision from ancient times to the present era and mention is also made of demographic distribution of the prevalence of the practice within the continent of Africa.

#### **2.2 Female Circumcision and Safeguarding of Chastity**

Despite the practice of female circumcision existing from ancient times, there exists very little documentation on this practice. Although there is material available on other African customs by anthropologists and researchers, the absence of social or historic research on this particular topic is most strikingly absent (Hosken, 1982:52).

Klein (1989:27) in quoting from the report of Herodotus states that the practice of female circumcision originated in Egypt and Ethiopia. The practice existed in the 5<sup>th</sup> Century B.C. in ancient Egypt and amongst the Phoenicians and Hittites. Ballal (1992: 1) supports the view of Klein that there was evidence of the practice of female circumcision on mummies in Ancient Egypt. According to Dawood (1996:34), the Pharonic circumcision (infibulation) which originated in ancient Egypt was commonly practiced during the reign of Ramses, more than 1 000 years before Jesus Christ. It was introduced into Sudan through the Egyptian conquests of Nubia. Subsequently, the Kings of Nubia conquered Egypt and thereafter the practice of infibulation spread throughout the Nile Valley.



In Ancient Rome, mechanical devices in the form of a ring or rings were inserted through the Labia Majora to prevent intercourse and enforce chastity (hence the term **infibulation**, derived from „fibula“) (Dareer, 1982:76). In Ethiopia, when a female child was born, the vulva was stitched together, leaving only a small opening for body fluids to pass through. In some parts of Africa and Asia a ring was attached to the labia and could only be removed with a sharp instrument like a knife. This particular ring was worn only by virgins. Married women wore a kind of belt that was locked and the key kept by the husband. Some of these belts can be viewed at the museum in Naples (Remondino, 1981:51).

### **2.3 Female Circumcision as a Form of “Treatment”**

Clitoridectomy in Western society was first reported in 1825 in the *Lancet*. It was performed in 1822 by a German surgeon, Graefe, to treat excessive masturbation and „nymphomania“ (abnormal and uncontrollable female desire for sexual intercourse). Around 1850 clitoral excisions were performed in Germany, France and England. (Elchalal et al 1999:103). Doctor Isaac Baker Brown (1812-1873), was one of the most outstanding gynecological surgeons in England at that time, and practiced clitoridectomy in order to find a solution to the mental disorders of women. According to Brown, the main problem was masturbation, and its treatment was clitoridectomy. In 1867, the British Medical Establishment rejected Brown’s claims and expelled him from the Obstetrical Society and from the Royal College of Surgeons. Clitoridectomy was discontinued in England. The practice of clitoridectomy ceased with his death in 1873 (Brown in Abdalla, 1982:74).

In addition to resorting to clitoridectomy in the United States as a cure for masturbation, it was also used to cure other problems like hysteria, hyper-sexuality,

anxiety and mental disorders. “Lesbian practices, suspected lesbian inclinations and an aversion to men were all treated by clitoral excision...” (Klein, 1989:180) Mental hospitals also used clitoridectomy until 1935 as a cure for nervous disorders, hysteria, epilepsy, catalepsy, melancholy and kleptomania. The said type of cuttings was performed in the United States as recently as the 1950’s (Klein, 1989:180).

The historical prevalence of the practice denotes that one of the reasons for the practice of female circumcision was the prevention of promiscuity and the promotion of chastity. It is interesting to note that this ancient belief still exists in contemporary society. The belief that a woman has to undergo a mechanical cutting of the private part of her physical body in order that her mind and thinking as well as her behavior could be controlled imply that women do not possess an intellect.

The control of female sexuality is also very closely associated to the practice of female circumcision. It should be noted that even educated men in the different Sciences have held that belief, which had inevitably led them to support having the aforementioned surgeries performed on women.

#### **2.4 Present-Day Practice of Female Circumcision - Demographic Distribution<sup>1</sup>**

Demographically, female circumcision appears to be practised predominantly by people of African origin. Twenty countries in Africa practice female circumcision from the Atlantic to the Red Sea, the Indian Ocean and the Eastern Mediterranean (McLean and Graham, 1985:5-6). According to Elchalal et al (1999:103) it is practiced in 28 countries in Africa. The World Health Organization reports that 120

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<sup>1</sup> See Appendix 1.

million girls and young women globally have been circumcised and 2 million girls are at risk. According to Saran (1998:17) the estimate is 130 million.

Outside Africa, excision (partial or total removal of the clitoris) is practiced in Oman, South Yemen and in the United Arab Emirates. Infibulation (Pharonic) is widely practiced in Djibouti, Southern Egypt, the Red Sea Coast of Ethiopia, Northern Kenya, some parts of Mali, Somalia (the entire country) and the Sudan (excluding the non-Muslims in Southern Sudan (McLean and Graham, 1985: 6). In Eritrea, nine out of ten women, and four out of ten women are circumcised in Côte d'Ivoire and the Central African Republic (Carr, 1998: 47).

According to the results from the Demographic and Health Survey (DHS) 9 out of 10 women in Mali have undergone some form of female circumcision (Carr: 1998:47-48). The results of a survey of 300 women in the Western area of Sierra Leone revealed that almost 90% of the women had been circumcised (Koso Thomas, 1987:45). A 1990 study in Senegal revealed that one million Senegalese women and girls, that is 20% of the female population, have been circumcised (Hassan, 2000:1). In Egypt nine out of ten women have been circumcised (Carr, 1998:47).

Klein (1989:48) posits that in Northern Sudan, non-circumcised and infibulated women are quite rare. Dareer's (1982:1) study of the five provinces in Northern Sudan revealed that female circumcision is practiced by 99% of the people studied, with different kinds of circumcision, varying from region to region, and from tribe to tribe. Although various types of procedures are continuing in Sudan, the "pharonic" type of cutting is decreasing. According to both Dareer (1982:14) and the DHS survey in Sudan, infibulation is decreasing with the younger generation. A recent

comprehensive study shows that infibulation has decreased to 49% and the so-called *Sunnah*<sup>2</sup> has increased to 50% (Hassan, 2000:1).

Clitoridectomy, also known as *Sunnah*, is practiced in most of Egypt (but not in other areas of North Africa), in parts of Arabia and by most Muslims in Sub-Saharan Africa. Precise definitions on types are not available on clitoridectomy and excision as the procedures are not uniform. Infibulation is mostly practiced in Sudan, Eriteria, Somalia, parts of Mali, and a very small area in Northern Nigeria (Caldwell et. al., 1997:1184).

The results from a family survey conducted in Yemen by the Ministry of Health revealed that about 38% of women have been circumcised and 22% of the children of the women interviewed had their daughters circumcised (Yemen Ministry of Health 2003:56). Abdalla (1982:5) posits that nearly every girl in Somalia is circumcised and the majority are infibulated. In Djibouti and all other areas where ethnic Somalians live, excision and infibulation are practiced.

Insofar as the African immigrants to Europe (France and Germany) and the United States are concerned, they have taken the demands of their culture beyond their native lands with the result that female circumcision has now become a common practice in their adopted countries. Elchalal et. al. (1999:103) suggest that European and American physicians have been exposed to the issue of female circumcision since the 1980s due to the immigration of African families and students from other African countries where female circumcision is practiced.

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<sup>2</sup> Implies that it is done in accordance to the Tradition of Prophet Muḥammad ρ.

Saran (1998:17) states that there are more than 150, 000 women and girls residing in the United States, while in France, at the beginning of 2002 there were about 35 000 adolescent girls who were excised or threatened with excision. The foregoing constitute immigrant population from Senegal, Mali, Mauritania, and other West African countries.

## **2.5 Conclusion**

The practice of female circumcision has become a topic of concern and debate globally. It is important to note that although attitudes towards women and the treatment of females have changed considerably in the past few centuries, nevertheless girls and women are still being subjected to female circumcision.

Having provided a historical overview and the geographical location where female circumcision is primarily practised, the following chapter examines the physiology of female circumcision, the various types of cutting in relation to female circumcision. It also gives an overview of the practitioners that are engaged in conducting the practice, the resulting health complications and the medicalization debate on female circumcision.

## CHAPTER THREE

# THE PHYSIOLOGY OF FEMALE CIRCUMCISION

### 3.1 Introduction

The aim of this chapter is to make a distinction between male and female circumcision, to examine how the various types of female circumcision are carried out and who are the ones that are designated to carry out the procedures. It also addresses the age at which the females undergo female circumcision, the ensuing health complications and touches upon the medicalization debate on female circumcision.

### 3.2 Male and Female Circumcision

Caldwell et al (1997:1181) assert that both male and female circumcision have been regarded by most Africans as being related to each other from time immemorial. They state that “both Herodotus (1975) in the 5<sup>th</sup> Century B.C. and his Egyptian informants discussed male and female circumcision as a single phenomenon carried out for the same reasons.”

In countries like Kenya, both genders undergo circumcisions in the month of December (Sanderson, 1981:17). According to Caldwell et al (1997:1191), the Dogon of Mali believe that destructive forces exist in both the male prepuce and the female clitoris, therefore, both should be removed. Moreover, Caldwell et al (1997:1190), in stating that both male and female circumcisions are symmetrical in gender terms, postulate that:

There can be little doubt that both ancient Egypt and until recently at least, Nigerian Yoruba society and probably most sub-Saharan African societies regarded circumcision as being symmetrical in gender terms, rather than as a means for subjugating women.

Contemporary social and medical literature, as well as studies by modern epidemiologists and women studies specialists, rarely equates male and female circumcision. Rahman and Toubia (2000:40) exemplify the difference between the two types of circumcision by stating that male circumcision entails the removal of the foreskin from the tip of the penis without causing any damage, while the degree of cutting in female circumcision is anatomically far more extensive. Moreover, male circumcision is regarded as having several health benefits such as the prevention of infection and sexually transmitted diseases such as HIV and AIDS (Uddin et al, 2010:3-36).

Clitoridectomy in the context of female circumcision, where all or part of the clitoris is removed, would be equivalent to the removal of most of the penis in male circumcision. Another procedure associated with clitoridectomy, namely, infibulation, includes the removal of the sensitive tissue around the vagina, and that would be equivalent to the removal of the penis, its roots of soft tissue and part of the scrotal skin.

Moreover, Rahman and Toubia (2000:4) assert that the important distinction between the two types of circumcision is the underlying social and sexual message that is associated with each practice. Male circumcision is associated with virility and a superior social status while female circumcision is meant to dampen a woman's sexual desire and denote her confined role.

### 3.3 Types of Female Circumcision

The local terminology used to describe the various types of female circumcision varies from country to country. In the literature from Sudan, the term *Sunnah* (referring to the religious tradition) is used for circumcision while infibulation is referred to as a *pharonic* practice. The practice of infibulation is commonly referred to as “excision” in literature associated with French-speaking Africa, while the term “circumcision” is commonly used in English-speaking Africa (Rahman and Toubia, 2000:6).

The main types of female circumcision that are described in medical literature and which are classified according to the severity of the procedure are discussed hereunder.

#### 3.3.1 Clitoridectomy

This practice is considered to be the mildest form of female circumcision and consists of the removal of the prepuce of the clitoris only, preserving the clitoris itself and the posterior larger parts of the labia minora (Abdalla, 1982:7). This is also referred to as Type 1 circumcision which entails the cutting off of the prepuce with or without excision of a part or the entire clitoris (Rahman and Toubia, 2000:7). This type of circumcision is popularly known as *Sunnah* by Muslim writers and Muslim communities who practice it (Abdalla, 1982:8). Jamal Badawi (1999:50), the renowned Muslim scholar who resides in Canada, postulates that although the term *Sunnah* is used by many for female circumcision, the Prophet of Islam  $\rho$  nevertheless only used the term *Sunnah*, in reference to male circumcision and hence it is incorrect to use the aforementioned term for female circumcision.



### **3.3.2 Excision**

This type of cutting is regarded as more severe and consists of the partial or total excision of the prepuce or hood of the clitoris, partial or total removal of the clitoris, together with the adjacent tissues of the labia minora, and sometimes the whole of the labia minora except the labia majora, without the closure of the vulva (Abdalla, 1982:8).

### **3.3.3 Infibulation or Pharonic Circumcision**

This is viewed as the most severe form of circumcision. It involves excision and infibulation, where the clitoris, the labia minora, and inner walls of the labia majora (or at least the anterior two thirds), and the two sides of the vulva are attached to each other by thorns or silk threads. This reduces the size of the orifice of the vulva, with a very small opening remaining at the lower end, to allow for the passage of urine and menstrual flow (Abdalla, 1982:10). The result is a flattened vulva, with no labia, and a midline scar, stretching almost to the perineum. The urethra is hidden under this flap of scar tissue, and the normal urinary and vaginal openings are replaced by a small opening (Elchalal et. al., 1997:104).

A Somali immigrant who immigrated to Atlanta, Georgia, in the United States, provides a description of infibulation as recorded by Saran (1998:173): “In Mogadishu, health workers in the hospital do it and stitchery. They cut labia majora and minora, cut clitoris, cut all the meat out, and sew remaining lips together.”

### 3.3.4 The Intermediate Type of Circumcision

The Intermediate type is chiefly practiced in Sudan. It varies in different degrees between the Type 1 and the Pharonic type of circumcision. It was invented after legislation in 1946, which forbade the practice of the Pharonic type of circumcision. The Sudanese found it very difficult to suddenly change from the Pharonic to the type I, which they regard as no circumcision at all. Thus, this intermediate type was invented by trained midwives as a compromise and is replacing the Pharonic circumcision (infibulation) (Dareer, 1982:3). This procedure consists of the removal of the clitoris, anterior parts or whole of the labia minora, and part of the labia majora. The two sides are then stitched together leaving an opening of various sizes. Thus this intermediate type has different grades. The mildest form that is wrongly termed “*Sunnah*” has two names, the *Sunnah Magatia* (covered *Sunnah*) and *Sunnah Kashfa* (uncovered *Sunnah*). In the former type, the clitoris is removed and the surface of the labia minora roughened to enable stitching, whilst in the other only the tip of the clitoris or half of it is removed, the labia minora are intact and there is no stitching. The most extreme form is the same as the Pharonic type. The different grades have come about due to the midwife following the instructions of the girls’ relatives on the amount of genitalia that she should remove (Dareer, 1982:6).

Dareer found that the Shanabla tribe from Kordufan performed a more severe kind than the Pharonic. In this procedure an additional V-shaped cut is made downwards of the vaginal orifice. The sides are then stitched together, moving from the top to the bottom, resulting in a very small hole. The reason for resorting to this type of procedure was to afford protection to the girl while she was looking after the sheep since both boys and girls looked after the livestock (Dareer, 1982:7). In some countries, like Malaysia and Indonesia, the practice ranges from a prick of the clitoris

to remove only a drop of blood to removing a little of the clitoris and labia minora (Hosken, 1982:239).

### **3.3.5 De-circumcision (De-infibulation) and Re-circumcision (Re-infibulation)**

De-circumcision or de-infibulation is the reverse of circumcision and infibulation. It consists of making a short incision to separate the fused labia minora at the time of marriage. In Somalia this is done either by the midwife or by the husband. At childbirth a further incision is made to enable the baby to be delivered. After the birth of every child the women are stitched again. This is known as re-circumcision or re-infibulation (Rahman and Toubia, 2000:60. The aim is to make the vaginal opening as tight as that of the original circumcision (Abdalla, 1982:7).

## **3.4 Differentiating the Various Types of Female Circumcision**

The various types of female circumcision are difficult to differentiate since they are performed differently by different people, using different instruments. According to Elchalal et. al. (1999:104), the different types of female circumcision are not well defined since they are performed by lay-people with limited knowledge of the human anatomy and surgical procedures. Furthermore, different types of tools, for example, razor blades, knives or burning pieces of coal or wood are used to perform the procedure (Rahman and Toubia, 2000:7). As a result it becomes very difficult to accurately differentiate between the various types of cutting. The procedure is likely to attain more uniformity when procedures are conducted in groups, in the open air, than when performed individually at home. The mothers and grandmothers who direct the operator can also differ on the amount of female genitalia that they desire

removed (Sanderson, 1981:21). Although three main types of female circumcision have been outlined, it has become increasingly clear that these types are not rigid, but rather fluid. A Nigerian study that attempted to differentiate between the two types of female circumcision found that one quarter of the circumcised women were unsure of their own conditions, thus illustrating the complexity involved in differentiating between the various types (Caldwell et al, 1997:1194).

In addition, different tribes practice different types, and sometimes there are variations within the same tribal group. As Harris and Bond, state, in Guinea, the type of cutting of the Northern Kissi differs greatly from the type that is practised by the Southern Kissi (Sanderson, 1981:21).

### **3.5 Examples of How Female Circumcision is Performed**

Asma El Dareer, a medical doctor from Sudan, wrote the first scholarly work on female circumcision in Sudan in 1982. Her study consisted of samples taken from five of the six provinces of Northern Sudan. Her sample was made up of 3,210 women and 1,545 men from both urban and rural areas. Dareer was circumcised in 1960 at the age of eleven years. The following is a description of a procedure that she herself witnessed (1982:16-17).

The procedure was conducted by an untrained midwife. The child was held down by her arms and legs and one of the relatives covered her face with a cloth. The midwife sat facing the little girl. Without washing her hands she cut off the external genitalia, while the girl was struggling and crying. The relatives, in loud voices encouraged the girl, telling her that it will soon be over, and called out the names of girls that were brave. The

girl stopped crying, either because she was tired, or because the relatives put a hand over her mouth to prevent her from crying. After removing the tissue the midwife put either acacia, iodine, or salt on the wound and pressed hard. The girls' limbs were then bound in 3 places and she was carried to the bed, where she could stay from 10 to 40 days, and be looked after by one of her relatives.

The type of procedure performed in the above description is of one of the intermediate types, where only excision takes place and no stitching. Abdalla (1982:18-19), describing the Pharonic circumcision in Somalia which is also commonly practiced in Sudan, explains how vegetable thorns that are prepared beforehand are used:

The traditional midwife inserts 4-6 thorns on either side and leaves a small opening of no more than a fingertip. After the thorns are inserted, a string is wound round the thorns to keep them in position. The raw area is covered with a cloth, which is soaked in special oil and local herbs to control haemorrhage.

In the rural areas of Burkina Faso there exists a special site for the procedures. The procedure takes place on a date that is set by the village medicine man. A hole is dug into the ground over which each girl sits when she is excised. The girls are asked not to cry and if they do, the women who help the operator shout as loud as they can in order to drown the screams of the girls. Normally about six girls are circumcised at a time (Hosken, 1982:214).

The procedures are performed by a variety of people in the various regions. Traditional practitioners, who also deliver babies, perform a large part of the procedures in countries like Sudan, Egypt, Somalia and Cote d'Ivoire. In some countries like Eritrea and Mali, the procedures are performed by persons who specialize in genital cutting (Carr, 1997:48). Generally, a variety of people like village barbers, doctors and nurses perform the procedure (McLean, and Graham, 1985:3).

The traditional practitioners are very often midwives who earn a living through child deliveries, circumcisions, de-circumcising at the time of marriage and before the delivery of a baby, massaging and other similar activities. In Somalia the operators are middle-aged, illiterate women who learn the skill through apprenticeship (Abdalla, 1982:20). Dareer (1982:18) found that in Sudan the trained midwives (who attended formal midwifery training) were not taught how to circumcise but were only taught how to de-circumcise for deliveries. Although the use of medicines and instruments were prohibited for performing circumcisions, the midwives made use of them. Dareer's interviews with the principals of the midwifery schools in every area that she visited revealed that they did not perform the procedure themselves nor did they teach it to the midwives. Although the hospital authorities were aware that the midwives performed the procedures there was nothing that they could do to prevent them from doing so. However, when serious complications arose they confiscated their medical kits, thereby preventing them from performing the procedure.

### **3.6 Who Carries Out Female Circumcision?**

Dareer's (1982:14) study showed that 92.5% of the circumcisions were performed by midwives of which 58.4% were performed by untrained midwives (women who

deliver babies but have not attended formal midwifery training). Trained midwives performed 34.1% of the procedures. This closely corresponds with the data received from the Demographic and Health Survey (DHS) in which 35% of the procedures were performed by trained midwives. The Demographic and Health Survey (DHS) was conducted between 1989 and 1996 in the Central African Republic, Cote d'Ivoire, Egypt, Eritrea, Mali, Sudan and Yemen (Carr, 1997:48).

In Sudan, the trained midwives usually circumcise in the urban areas whilst the untrained midwives circumcise in the rural areas. The untrained midwives were more popular in the rural areas because the people in the community knew them and they accepted anything that was offered to them for their services. Their remuneration often consisted of soap, tea or sugar, whilst the trained midwives who circumcised in the urban areas asked for a specific sum of money for their services (Dareer, 1982:18). In Somalia, the traditional midwives were paid with money and gifts in the urban areas and food or livestock in the rural areas (Abdalla, 1982:20).

Female circumcision is also performed by elders in the community, women and men, (traditional practitioners) who have inherited the occupation from their parents. In Somalia the traditional practitioners are being replaced by trained elderly midwives (Abdalla, 1982:20). In Dareer's (1982:17) study in Sudan 2.8% of the total number of the procedures were performed by elderly men and sometimes elderly women. In Cote d'Ivoire 31% of the procedures were performed by elderly women (Carr, 1997:48).

Elchalal et. al. (1999:104) mentioned that male village barbers also perform the procedure, as seen in Nigeria and parts of Egypt. The procedure is also performed by doctors and nurses. However, the procedures performed by the aforementioned vary from region to region. Dareer (1982:17) found that 2.2% of the procedures in her

sample were performed by doctors and nurses. According to Caldwell et al (1997:1190), a study conducted in the Ondo, Oyo and Lagos States in South West Nigeria in 1994/1995 indicated that nearly half of the procedures were performed by doctors, nurses and dispensers.

Both Dareer and Abdalla found that in the rural areas the majority of the circumcisions were performed without anaesthetics and antibiotics, whilst in the urban areas the trained midwives used anaesthetics and antibiotics. However, the use of anaesthetics was not perceived in a favourable light by the mothers of some the girls as they felt that too much tissue from the genital area may be removed if there was no struggle or protest from the girls while they were being circumcised (Abdalla, 1982:21).

### **3.7 The Age at Which Girls Are Circumcised**

McLean and Graham (1985:15) mention that the procedure is performed at different ages by different communities. The Jewish followers in Ethiopia and the Yoruba of South West Nigeria perform the procedure soon after the birth of a baby. According to Dareer (1982:13), in Sudan the age at which the procedure is performed usually ranges from three years to seven years, before the girls start school so that their education is not disturbed.

Some communities in East Africa circumcise both boys and girls at adolescence to make them aware of their sexuality (Hechdt, 1996:7). Among the Ibo of Nigeria excision takes place just before marriage. The Aboh in mid-western Nigeria circumcise just before the birth of the first child (Elchalal, 1999:104). The Yoruba,



the Dogon of Mali and the Mossi of Burkina also circumcise at the same time because they believe that the tip of the clitoris is so dangerous that if it comes into contact with the head of the child during birth, the child will die (Dareer, 1982:17). However, in many societies circumcisions are being performed at a much younger age than before. With modernization, the procedure is separated from the ceremonies and camps (Caldwell et. al., 1997:1190).

### **3.8 Health Complications Resulting From Female Circumcision**

According to Caldwell et. al. (1997:1190), since 1977, there has been increasing international awareness of the health complications of the practice of female circumcision. Several international conferences such as the International Conference on Population and Development in Cairo in 1995 and the Fourth World Conference on Women in Beijing recognised the danger to women's reproductive well-being and violation of their rights (Gollaher, 2000:194-195). It has been documented that several complications can arise from undergoing female circumcision. However, it should be noted that these documented health complications do not make mention of the type of female circumcision (as different types of female circumcision may result in different complications). Nevertheless, the following health complications have been noted as resulting from the practice of female circumcision.

#### **3.8.1 Immediate Complications**

According to Koso Thomas (1987:25-26), the immediate complications arising from female circumcision are as follows:

- Pain due to lack of local anaesthesia

- Shock due to sudden blood loss and severe pain
- Haemorrhage from the major blood vessels, for example the dorsal artery of the clitoris
- Acute urinary retention
- Tetanus resulting from using unsterilized equipment and lack of proper wound dressings
- Wound infections and urinary tract infection
- Septicaemia (blood poisoning) due to the procedure being performed in unhygienic conditions, use of unsterilized equipment and the application of herbs and ashes to the wound
- Death due to shock, haemorrhage, tetanus and lack of availability of medical services
- Fractures of the clavicle, femur, or humerus, due to strong pressure applied to the struggling girl

### **3.8.2 Intermediate Complications**

Koso Thomas (1987:25-26) highlights the intermediate complications as follows:

- Delay in healing due to infection, anaemia and malnutrition
- Pelvic infection due to infection of the uterus and vagina from the infected genital wound
- Dysmenorrhoea (a tight circumcision or keloid scar obstructing the vaginal orifice or pelvic infection)
- Cysts and abscesses due to the edges of incision being turned inwards and damaging the Bartholin's duct. The duct's mucous secretions accumulate forming cysts that later become infected and form abscesses on the vulva. This is commonly found in infibulated women

- Keloid scars resulting from slow and incomplete healing of the wound and infection after the procedure. This leads to the production of excess connective tissues in the scar
- Dyspareunia or painful intercourse, due to a tight vaginal opening
- Pelvic injury to the vulva area caused by vigorous sexual act

### **3.8.3 Late Complications**

As for the late complications post female circumcision, Koso Thomas (1987:25-26) summarizes them up as follows:

- Haematocolpos, which is the closure of the vaginal opening by the scar tissue. This results in the menstrual blood accumulating over many months in the vagina and uterus, and appears as a bluish bulging membrane on vaginal examination
- Infertility due to chronic pelvic infection blocking both fallopian tubes
- Vaginal and rectal fistula cause frequent miscarriage and makes it difficult to bear children
- Recurrent urinary tract infection. This occurs because the urinary opening becomes covered by scar tissue or flap of the skin, due to inadequate treatment at the time of circumcision and lack of medical facilities. Urine remains in the bladder due to the inability to completely evacuate the bladder
- Difficulty in urinating due to damaged urethral opening and scarring over this opening at excision and infibulations
- Calculus/stone formation due to scar tissue obstructing urethral opening and status of urine coupled with bacterial infection
- Hypersensitivity (the development of neuroma on the dorsal nerve of the clitoris)
- Anal incontinence and fissure resulting from rectal intercourse when vaginal intercourse is not possible due to the vaginal opening being too small

### **3.9 The Severity of Complications Accompanying Different Types of Female Circumcision**

The severity of the complications depends on the type of cutting involved in female circumcision. For example, Dareer (1982:48) reporting on her extensive survey in Sudan emphasises that the less severe procedures do not pose the same complications as infibulations and points out the following:

The pattern of complications suggests that intermediate and pharonic circumcisions are almost the same as regards the tissue excised and the aperture left, although complications are more prevalent among those who have been pharantically circumcised. The *Sunna* type presents considerably less complications.

In the South African context, it is mostly during childbirth that the gynecologists encounter such complications with pharantically circumcised women. According to Smith (1999:9), gynaecologists at the Obstetrics and Gynecology Unit at Johannesburg Hospital, acknowledged the fact that the numbers of circumcised women who were coming to government hospitals for ante-natal care were steadily increasing.

A gynaecologist, who had worked at the Coronation Hospital in the Gauteng area for many years, was able to successfully de-infibulate a newly married woman from Sudan. In the past, she had delivered babies of circumcised women from various countries in Africa. The aforementioned hospital caters for many immigrants and refugees concentrated in the Mayfair area in the Gauteng Province. From the

interviews conducted in 2003 by the writer of this thesis, she gathered that about two to three circumcised women would come to the Coronation Hospital on a weekly basis to deliver their babies.

The writer of this thesis also acknowledges the fact that a female gynaecologist who had been working at Cape Town's Groote Schuur Hospital told her in 2004 that during the past 3 years she had also delivered babies from women who had been infibulated and from another eleven who had undergone a milder form of circumcision. She also found that women who had undergone the less severe types of procedures did not experience obstructed labour or any other complications during the delivery of their babies.

### **3.10 The “Medicalization” Debate on Female Circumcision**

Despite the complications, there also appears to be the “medicalization” of the practice, and Shell-Duncan et al (2000:118), describing the medicalization debate on the issue of female circumcision in the contemporary world, state:

Some of the most contentious debates surrounding the practice of Female „Circumcision“ emanate from the health risks associated with genital procedures. The medical consequences of female circumcision are central in two prominent, yet contradictory, arguments. On the one hand, by emphasising that female genital cutting exposes women to unnecessary and often severe health risks, a medical argument forms the foundation of most anti-circumcision campaigns. On the other hand, any effects to minimise the health risks through medical interventions are strongly

opposed by anti-circumcision advocates, based on the belief that medicalization counteracts efforts to eliminate the practice.

Those who state that female circumcision is a public health issue, also oppose any medical intervention to lessen pain and health complications (Shell-Duncan et al, 2000: 110). With modernization, the procedures are increasingly being performed by doctors and nurses, either privately or at hospitals and clinics in order to avoid the health complications that can arise due to the procedures being done under unhygienic conditions. According to Caldwell et al (1997:1184), the South West Nigerian study conducted in 1994-1995 revealed that about half of all procedures are performed by modern doctors, nurses or dispensers and one-fifth, by traditional circumcisers.

Proponents of the medicalization of female circumcision state that if the procedure is not medicalized, then women will suffer pain and complications. They propose that female circumcision should be medicalized and also discouraged at the same time to continue with the practice. Medical assistance takes various forms. In some places local health workers promote the use of clean sterile razors on each woman and prescribe antibiotics and anti-tetanus injections. According to Shell-Duncan et al (2000:110) in some geographical regions, traditional birth attendants are trained on cutting of the clitoris as part of traditional birth attendant programmes. Moreover, traditional circumcisers are encouraged to perform the milder forms of genital cutting and receive training in anatomy and septic procedures. In many places the procedures are performed in clinics or hospitals by trained nurses and physicians.

According to Hecht (1996:8) various individuals like Doctor Aja Toukara, a gynaecologist from Guinea, had succeeded in their own way to save thousands of

women from the procedure. Her method was simply “fake the surgery”. She managed to teach circumcision “simulation” to midwives and traditional circumcisers all over Africa. Doctor Tounkara was circumcised when she was eight years old. She started her campaign twenty years later when through her surgery she saved a girl who had developed complications. Doctor Tounkara persuades daughters and parents not to go through with the operation. She advised them to undergo simulation and would then take lots of photographs in order to suggest that the surgery has taken place.

### **3.11 Conclusion**

This chapter examined various aspects of female circumcision, namely the types, the persons that carry out the practice, the age when the girls are usually circumcised and complications that could arise. The presence of the practice in the South African context was also briefly mentioned, followed by a brief discussion on the medicalization debate on female circumcision.

It is important to note that the physiology of female circumcision and the accompanying potential complications cannot be generalized, bearing in mind that the different types of female circumcision may give rise to different complications. It is important to note that this broad grouping of different types of female circumcision had contributed to the failure of efforts to discontinue the practice. Often campaigns against female circumcision may exaggerate its adverse effects which women may not have necessarily experienced and as such could not in effect relate to them as they had not actually practised that particular type of female circumcision. This then provides a partial explanation as to why promotional efforts to discontinue the practice of female circumcision had been partly successful. It highlights the fact that

shock tactics have not worked, and emphasises the need for accurate, precise information that is relevant and appropriate to the targeted community.

However, in spite of the persistence of the practice in certain societies, women like Aja Tounkara are working hard to stop the practice, rather than blindly accepting the dictates of society. Women are saying no to female circumcision mostly because it is a health hazard.

The following chapter addresses the manner in which sexuality is perceived both within the African Traditional Religion and Islam and an attempt is made to assess whether female circumcision does impact sexual response in women.



## **CHAPTER FOUR**

# **SEXUALITY AND THE PRACTICE OF FEMALE CIRCUMCISION**

### **4.1 Introduction**

The aim of this chapter is to critically examine the current global discourse pertaining to the sexual aspects of the practice of female circumcision. It also addresses how sexuality is perceived in the context of African Traditional Religion and Islam and whether the cutting involved in female circumcision adversely affects the sexual desire in women. The views of both Western and African feminists on the issue of female circumcision are also discussed.

### **4.2 The Notion of Sexuality**

Khan (2003:19) explains that sex refers to one's gender and gender behaviour as male or female. The term also refers to sexual intercourse. According to Koso Thomas (1987:27), sexuality is a characteristic which provides one with an understanding of oneself as a sexual being, viewed in terms of maleness and femaleness. There are two aspects in relation to this sexual awareness of oneself. One is the manner in which an individual perceives himself/herself, i.e., one's personal gender role, and the other is the manner in which society perceives the individual, that is, one's social gender role. The social gender role involves the development of the individual's character contextualized and functioning as a sexual being within the society in which one lives.

Moreover, Khan (2003:19) suggests that sexuality encompasses all aspects of life. It includes the physical, mental, spiritual and emotional characteristics, male or female. These include the physical body, feelings and attitude, the manner in which people dress, behave, their values and beliefs, sexual intercourse and the social aspects of life.

Interestingly, Akintunde and Ayantayo (2005) suggest that within the African tradition there is recognition of the spiritual dimension of sexuality in that Africans believe that sex or the sexual apparatus, (penis and vagina) are biological elements inherently implanted in man by God from the time man was created. Theologically, therefore, God had a purpose for creating these organs and stipulated how and when to make use of these organs. However, it is to be conceded that overt discussion on sexuality is commonly perceived within African societies as taboo. Bernadette Mbuy Beya, a Roman Catholic nun from the Congo (former Zaire) reinforces this as follows:

The implications of sexuality in our culture make it anything but comfortable for us to address this topic. In our culture, the subject is a taboo. Despite the difficulties, however, some of us African women are determined to study this matter in depth. After all, sexuality is a prime factor in the determination of behavioural reality, both of human beings in general and of women in particular (Kanyoro 2002:28).

### **4.3 Sexuality in the Context Of African Traditional Religion**

Magesa (1997:143) explains that sexuality constitutes one of the central aspects of the initiation process in African societies. Initiates are taught that their sexuality should be considered as a dignified aspect of their life, which they should be proud of and take responsibility for. Life constitutes love and fidelity, faith and trust and everything

that enhances a close relationship between a man and a woman. For example, the Lango tribe of Uganda believe that there is a cosmic force which they refer to as *jok* that is generated during copulation. It is this power that enters a woman during coitus through a man's spiritual part (*tipo*) that results in procreation.

Magesa (1997:143-144) outlines the role of sexual relations in African Traditional Religion in the following excerpt:

In the view of African Religion, therefore, sexual relations are a means to an end and that end, once again, is procreation. However, to achieve this end, the use of sexuality must be "healthy" or life-promoting."

He further explains the relationship between sexual relations and procreation as follows:

It is the most obvious and pragmatic way of transmitting and preserving the force of life; it is because of sexuality that humanity continues to perpetuate itself and the ancestors are assured of remembrance and honor.

#### **4.4 Sexuality in the Context of Islam**

One of the basic beliefs in Islam is that Allāh I created everything, including the human body and the genital organs. Everything has been created for a purpose. Sexual desire in Islam is regarded in the same light as other human needs such as hunger and thirst. However, it is of paramount importance that this desire is fulfilled

only within the marriage bond. Any other relations outside the marriage bond are strictly forbidden in Islam. When the sexual desire of both male and female are fulfilled in the marriage bond, then this is considered as a spiritual blessing, reward and worship. In Islam one of the promised rewards of Paradise (*Jannah*) is for one to be blessed with a sexual companion. This indicates the lofty place that conjugal relations hold in Islam.

When the Prophet of Islam, Prophet Muḥammad ρ informed Muslims that to engage in conjugal relations was regarded as an act of worship, the reaction was that of astonishment. Prophet Muḥammad ρ informed them that if it were done outside the bonds of marriage it would be regarded as a sin. However, if it occurs legally within the marriage bond, it is regarded as an act of worship and charity (Khan, 2003:7-8).

In Islam, it is the duty and obligation of both spouses to fulfil each other's sexual desires. The following *Ḥadīth* (Tradition of the Prophet Muḥammad ρ) illustrates this:

According to *Sayyidunā* Abu Sa'īd al-Khudrī τ, Prophet Muḥammad ρ once rebuked the wife of *Sayyidunā* Ṣafwān ibn al-Mu'attal τ for being overly pious, to the detriment of her marriage. She read two long *Surahs* (units of the *Qur'ān*) during the night prayer keeping her husband waiting. She often fasted without his permission, which made her unavailable when he desired her. Prophet Muḥammad ρ ruled in favour of her husband, advising her to limit her recitation of *Sūrahs* to one, and to fast only with her husband's permission.

Similarly, when Prophet Muḥammad ρ heard that one of his companions, namely, „Abd Allāh ibn „Amr τ, was in the habit of praying all night and fasting all day, he advised him moderation in his devotion by pointing out, “Your eye has a right over you, your guests have a right over you and your wife has a right over you” (Khan, 2003:41-42).

In Islam sexual pleasure is considered as a bounty and a blessing from Allāh I. Furthermore, conjugal relations and the gift of children are mentioned in the same verse in the *Qur’ān*. The *Qur’ān*, in describing the relation between man and wife and procreation, states:

*“It is He Who created you from a single person, and made his mate of like nature, in order that he might dwell with her (in love). When they are united, she bears a light burden and carries it about (unnoticed). When she grows heavy, they both pray to God their Lord, (saying): “If you give us a goodly child, we vow we shall ever be grateful” (Al-`Arāf, 7:189)*

Badri (2000:34) points out that the joy of sex as well as the gift of children are two sides of the same coin and are not two mutually exclusive entities. Despite sexuality, marriage and procreation being facets of a greater whole, marriage relationship in Islam is based on mutual love and compassion for each other as explained by Abul Fadl Mohsin Ebrahim (1990:1):

The husband and wife ought to console each other, find quiescence in each other, and be a source of joy and happiness, and fulfilment for each other.

#### **4.5 Sexuality in the Context of Western Culture**

Badri (2000:34-35) explains that sexual relations in Western society are generally understood in terms of two principal models, the religious reproductive model and the pleasure model. In recent times, however, he points out that western sexologists have come up with two additional albeit minor models. The first is the metaphysical model, which is based on the classical platonic expression of love. In this model, neither reproduction nor pleasure is the primary objective of sexual relations. The focus is primarily on love relationship between the couple. The second one is the communication model which is an abstract conceptualization of sexual experience as a form of physical expression of emotions. It is based on the body language of actual sexual relations and positions that are meant to symbolize tenderness, domination and submission.

#### **4.6 Chastity and Fidelity in African Traditional Religion**

Chastity in the early Africa was the norm for both males and females. Licentiousness and uncontrollable sexual behavior for boys and men are taboo and unacceptable. In reality, public exposure of the bare breasts of young females in the context of African Traditional Religion is very closely associated with the chastity of males and not that of females.

Professor J.N.K. Mugambi, the world renowned scholar of African Traditional Religion and Religious studies in Nairobi, Kenya, disclosed to the writer of this dissertation in an interview when he was visiting South Africa in 2002 that bare-breasted dancing of females in traditional African societies during the initiation

ceremonies, where the prospective young husbands of these girls are present, is aimed at inculcating self-discipline and self-restraint in them. Moreover, he states that the overall purposes of the initiation ceremonies are: (1) to train these youngsters to control their emotions and (2) to display responsible maturity and adulthood which is the chief purpose of initiation ceremonies, for both boys and girls.

According to the original values of Africa, giving birth to an illegitimate child brings great shame and dishonour to the whole family.

#### **4.7 Chastity and Fidelity in Islam**

Chastity and fidelity for both genders in Islam is of paramount importance. Any sexual encounters outside the marriage bond are strictly forbidden. The punishment for adultery and fornication are explicitly stipulated in the *Qur'ān*:

*The woman and the man guilty of adultery or fornication, - flog each of them with a hundred stripes: Let not compassion move you in their case, in a matter prescribed by Allāh, if you believe in Allāh and the Last Day: And let a party of the Believers witness their punishment. (Al-Nūr, 24:2-3)*

Both genders in Islam share equal responsibilities in their obligation of being chaste and faithful to each other. In the following verse of the *Qur'ān*, ethical and moral qualities of chastity, charity, honesty, patience and piety are recommended for both genders:

*For Muslim men and women, for believing men and women, for devout men and women, for true (truthful) men and women, for men and women who are patient and constant, for men and women who humble themselves, for men and women who give in charity, for men and women who fast (and deny themselves), for men and women who guard their chastity, and for men and women who engage much in God's praise, for them has God prepared forgiveness and a great reward.(Al-Aḥzāb 33:35)*

#### **4.8 The Practice of Female Circumcision in the Context of the Sexual Revolution**

Shell-Duncan and Hernlund (2000:22) suggest that due to the Western feminists' perception of the clitoris as being the main area of sexual pleasure, anti-circumcision discourses have primarily been focussed on this aspect. As a result this has led to much debate in the international arena on the sexual aspects of female circumcision.

Caldwell et al (1997:1191) postulate that from the 1970s, after the sexual revolution, the practice of female circumcision was contextualized within the framework of sexuality. This paradigm was used as an advocacy tool in order to promote abandonment strategies.

Shell-Duncan et al (2000:21) support the view of Caldwell et al that the clitoris has become a forceful symbol for women's emancipation. Subsequently, during the 1980s and 1990s, anthropologists, feminists, politicians, international aid organisations and the international medical communities had produced a plethora of literature and had held numerous conferences on the subject of women's bodies, their sexuality and their physical and psychological wellbeing.



#### **4.9 Contemporary View of the Clitoris and Sexuality**

In order for one to understand the contemporary discourse on the sexual aspects of the practice of female circumcision, one has to be aware of the fact that the cutting involved in female circumcision is essentially the removal of the clitoris to varying degrees, and hence, it is important to shed light on how the clitoris is actually perceived.

With the sexual revolution of the 1960s, women's liberation became closely associated with the clitoris. Subsequently the practice of female circumcision became directed as women's rights to enjoy sexual relations. Many believed that the intense media coverage that female circumcision had received was due to the current global attitude towards women's liberation and democratic rights. Tamir states that the reason for the focus on the reduction and elimination of female sexual pleasure is due to the emphasis placed on the clitoris by Masters and Johnson (Peters, 1997:483).

Caldwell et al (1997:1192) maintain that traditionally, the practice was not a means for males to control females. They state that "there certainly was male control...but this was safeguarded by traditional practices." The practice was not based and motivated on controlling female sexuality, but was directed more towards fertility. However, Caldwell et al believe that "the charge that such control was the central aim of female circumcision increasingly gained currency and will be a powerful weapon in eliminating the practice."

#### **4.10 Perception of the Clitoris by Ancient Egyptians and by Adherents of African Traditional Religion and the Practice of Female Circumcision**

Bastrow (1999:501) mentions that according to Masters, Johnson and Kalody, a common belief of the ancient Egyptians was that the prepuce of the clitoris was considered masculine and the prepuce of the penis as feminine. In order to attain genuine masculinity or femininity this tissue had to be removed. Excision was practised because the clitoris was perceived to be a miniature penis. Therefore excision made a woman truly feminine.

Fuambai (2000:295) also asserts that excision in the context of African Traditional Religion is a “negation of the masculine in feminine creative potential.” Fuambai (2000:303) therefore goes on to explain excision of the clitoris in the context of African Traditional society as follows:

The clitoris is seen as parallel to the penis of a prepubescent boy as both have erotic but no reproductive value, whereas in most cases the clitoris remains relatively diminutive in size, incapable of penetration and this can neither sexually satisfy nor impregnate another woman. In short the clitoris is analogous to a dysfunctional penis where women’s reproductive and heterosexuality is concerned. Thus excision can be interpreted metaphorically and physiologically as an eschewal of underdeveloped, inhibiting masculinity.

#### **4.11 The Changing Views on the Perception of the Clitoris, Clitoral and Vaginal Orgasm and the Practice of Female Circumcision**

Perceptions and views of the clitoris and female sexual pleasure are closely linked. Leonard (2000:171) points out that Freud and his pupils held the view that in the child the most sensitive area was only the clitoris, whilst in the adult woman the chief sensitive area was the vagina. In other words then, female circumcision promotes the transfer of the erogenous zone from the clitoris to the vagina. Masters and Johnson and others have shown that all orgasms originate in the clitoris although they may be felt elsewhere.

McLean, and Graham (1985:5) cite the Hite report which gives a description of the clitoris as follows:

The vestibular bulbs and circumvaginal plexus (a network of nerves, veins and arteries) constitute the major erectile bodies in women. These underlying structures are homologous to, and about the same size as, the penis of a man. They become engorged (swollen) in the same way that a penis does. When fully engorged, the clitoris system as a whole is roughly thirty times as large as the external clitoral glands and shaft – what we commonly known as the “clitoris.”

With the stimulation of the clitoris female orgasms occur. These are expressed via vaginal contractions. Just as stimulation of the male penis evokes male orgasms that take place inside the lower body of the male, clitoral stimulation evokes female orgasm that takes place deeper in the body, around the vagina. According to the Minority Rights Group Report there seems to be confusion over “clitoral orgasm”, and

“vaginal orgasm”. Obtaining accurate information on the sexual experiences of women is difficult as most women are reluctant to speak on the subject until their third or fourth visit to the hospital or clinic (McLean and Graham, 1985:5). Elchalal et. al. (1999:106) maintain that very little research has been effected on the sexuality of circumcised women, a subject surrounded by taboos and personal inhibitions.

Fuambai in quoting the Hite report, states that the external clitoris only contains a small amount of the total nerve endings of the entire female genitalia. This would indicate that excision does not damage all the nerve endings because they lie beneath the vaginal surface. Consequently women’s sexual desire would not be ablated through excision. Fuambai (2000:305) points out that “this suggests that excision does not damage most of the clitoral nerve endings, because they are beneath the vaginal surface.”

Fuambai (2000:284), who underwent the practice of female circumcision whilst in her final year of study at the University of Washington D.C. in her hometown of Sierra Leone, argues that most of the current global literature is based on “Western cultural assumptions regarding women’s bodies and their sexuality, than with disputable health effects of genital practices in African women.”

#### **4.12 Female Circumcision and Ablation of Sexual Desire**

Whether the practice of female circumcision ablates the sexual desire of women is not just a highly contested issue, but is a very complex one. This is due to the variations of the cutting involved in female circumcision, which range from only a prick of the

clitoris to remove only a drop of blood, as practised by certain groups in Malaysia, to the removal of the labia majora and almost all of the external genital, plus the suturing together of the two remaining sides, leaving a small hole only for urine and menstrual blood to pass. This is practised in some countries by some groups in Sudan, Somalia and other countries.

In addition, numerous other factors would also determine sexual pleasure, such as cultural attitudes towards sexuality, sexual partners and emotional conditions. However, the belief that female circumcision dampens the female sexual desire and therefore prevents promiscuity appears to be a common belief among practising communities. This is what communities believe in, rather than what communities are led to believe. As Fuambai (2000:309) points out, many women like her, educated or not, are placed in a dilemma of choosing between two extremist positions of being either, “anti-culture” or “anti-progress.”

#### **4.13 The Notion That Female Circumcision Promotes Chastity and Fidelity**

Carr (1998:48) brings to our attention that a common reason for the practice of female circumcision offered by many writers and researchers is that female circumcision promotes chastity and fidelity and prevents promiscuity. For example, a reason cited frequently from the findings of the Demographic Health Survey (DHS), that was conducted between 1989 and 1996 in the Central African Republic, Côte d'Ivoire, Egypt, Eritrea, Mali, Sudan and Yemen, was to preserve virginity or to prevent adultery. The other reasons cited were religion, marriage and the husband's pleasure. However, Shell-Duncan et al (2000:118) states that the primary reason given for continuing the practice in all the aforementioned countries was the following of custom or tradition.

Many other researchers in various areas in Africa have also found that practicing communities do associate the prevention of promiscuity to the practice. An ideal study that denotes that practicing communities from all religious affiliations associate the practice with the prevention of promiscuity is a study conducted at the Ahmadu Bello University Teaching Hospital in 1995 in Nigeria. The aim of the study was to access the health implications of the practice and to find out the attitude of practicing communities. Among other aspects, the study showed that the practice was common to all religious affiliations and geographical areas. All those interviewed believed that there was an association between the practice, safeguarding virginity and the prevention of promiscuity.

Moreover, Shell-Duncan et al (2000:118) point out that similar beliefs exist amongst the rural Rendille in the Kenyan Highlands. Obiora, who conducted research amongst the Rendille women were informed by an elderly woman that circumcision enabled married women to control their desires in their husband's absence: "If you are circumcised, your emotional sexual desires are reduced and you don't have to sleep around and lose respect." This belief not only exists in rural areas, but seems to exist equally in urban areas.

According to Chege et al (2001:11) control of sexual desire is a definition of true womanhood in these ethnic groups. As one Maasai respondent explained:

A man can seduce a Maasai girl for 10 years and she will never give in but for someone who is not circumcised she gives in easily. Culturally, "not giving in" to sexual advances is considered honourable for a woman.

#### **4.14 The Notion That Female Circumcision Does Not Ablate Sexual Desire**

Leonard (2000:172) points out Bonaparte disagreed with the view of clitoral sensations being ablated through circumcision after she had interviewed European and Egyptian women who still retained clitoral sensation despite excision. She, therefore, viewed female circumcision as equivalent to the mental or „psychical intimidations“ imposed on European girls in response to masturbation. The aim of European physicians was to control adolescent sexuality. According to Ogbu (1997:416) in Meyer’s survey of six ethnic groups in Nigeria only 4.5% of the respondents agreed that the reason for female circumcision is to diminish female sexual desire, but 3% also indicated that it was practised to enhance female desire.

Skramstad (1990:17) in her research among Gambian women found that if any link existed between the control of female sexuality and the practice of female circumcision, the linkage was stronger, within the transmission of knowledge on correct behaviour, rather than through the removal of the clitoris. Only a few of the women perceived a causal link between female circumcision and sexuality. The Wolof women who were uncircumcised “were neither considered as more able to control themselves in terms of avoiding premarital nor extramarital sexual relations, nor were they regarded as enjoying their sexual relations more than the Fula or Mandinka women”, (who were circumcised). However, Dareer, in her study of Sudanese women, found that women were not able to achieve sexual satisfaction due to the practice.

Conversely, Gruenbaum (2000:231) claims that the practice did not affect women’s sexual lives. Her frank discussions with Sudanese women about their sexuality revealed that sexuality is “neither destroyed nor unaffected by female genital cutting

and does not totally eliminate sexual satisfaction in all women.” Elchalal et al (1999:106) further point out that a study conducted in Egypt among 651 women who had been circumcised suggests that a woman’s sexual desire is usually unaffected by the procedure, but the ability to achieve an orgasm varied.

Obiora (2000:118) rightly explains that it is often difficult to determine whether excision alters the sexual response since many women are circumcised long before becoming sexually active. The Rendille women conversely are usually sexually active just before being circumcised. They would, for this reason, be ideal in evaluating the effect of excision and sexual pleasure. Obiora, in her findings found the answers that she received were divided. Whilst some claimed to have lost all enjoyment, some strongly felt that sex was more enjoyable after being circumcised.

Fuambai (2000:305) claims that the practice did not affect her sexual pleasure. Her research among the Kono women reveals that their experiences regarding their sexuality did not correspond with the medical evidence and implications commonly found in contemporary literature.

#### **4.15 Between “Western” and “African” And Between “Inside” and “Outside”**

Robertson (1996:615) maintains that the publicity that the practice of female circumcision has received in America has led to animosity between various cultures and has been damaging to cross-cultural relations and refers to the consequences of the attack as “the furore”. She states:



But in the furore over female genital mutilation (FGM), hard won knowledge regarding cross-cultural understanding is being ignored or undermined in the United States by once again demonising women in non-Western cultures, especially African women. That the guise for this attack has been the struggle against assumed-to-be universal patriarchy makes it no less damaging to cross-cultural relations.

Peters (1997:481) in her article, *Another Bridge to Cross: Between Outside and Inside*, describes the practice of female circumcision in the context of the hyperbolic debate, and states that the obvious questions that have arisen, is why critics of female genital alteration have focussed on the reduction or elimination of female sexual pleasure, as the chief reason for their opposition to the practice. The hyperbolic debate tends to divide the world into two groups; those who circumcise and those who do not. She points out that Tamir argues that the oppositional stance to the practice of female circumcision implies the superiority of the treatment of women in non-circumcising communities, dismissing the presence of wife battering, sexual abuse and other injustices to women in these societies. She asserts that “one must urge more careful inquiry into the particular grounds for both opposition and support in the groups where female alteration takes place.”

#### **4.16 The View of Western Feminists**

Leonard (2000:172-173) points out that Western feminists have interpreted clitoridectomy and other female genital practices as attempts by the patriarchy to control women, their bodies and their sexuality. This view depicts the practice of female circumcision as cruel, violent and oppressive. It focuses on the health

consequences of the practise of female circumcision. Daly emphasizes that women's genitalia are mutilated not circumcised, excised or cut. She terms the practice "barbaric", and an "unspeakable atrocity" a "massacre" that is inflicted on women. Women in this social situation are expected to be silent, subservient, virtuous, faithful and pure. Since women themselves carry out the "mutilations", at least on the surface, this presents a problem for feminist analysis. Daly argues that women's involvement is made possible through a process of mental numbing. This is described by Daly (part of what she terms the "Sado-Ritual Syndrome"). This silences the mind and distracts women from reflexive activity or contemplation of the "Self". "Circumcision" deadens and prevents critical thinking by keeping women preoccupied with the pain of their "mutilation". Women are characterised as the passive victims and men the tough, hidden, perpetrators of the practice.

In a similar vein Bastrow (1999:501) states:

De Mause (1998) classifies female circumcision as incest and a sadistic/sexual ceremony which, he suggests, is sexually exciting to observers. He notes that in some instances, the individual who performs the act is accompanied to the scene by prostitutes, since these occasions are often marked by heavy drinking and unrestrained sexual activity.

Ogbu (1997:462) mentions that Walker became internationally famous after she received the Pulitzer Prize for her winning book, *The Colour Purple*, and published *Possessing the Secret of Joy*, a fictional narrative (1992) in which she attacked the practice of female circumcision and the various mythologies of the practice. She narrates the journey of an African woman who succumbs to the practice and then

spends the rest of her life trying to understand its meaning and live with its consequences.

Moreover, Walker's association of the practice of female circumcision to Islam and sexuality is vividly portrayed in an article that appeared in the *Mail and Guardian* (January 2007) titled, *Alice Walker on lesbians and the connection between the niqab and high heels*. Quoting from Walker's popular book, *Possessing the Secret of Joy*, S. Wajid, the writer of the article states:

In *Possessing the Secret of Joy*, there is an African woman who comes from a society where female genital mutilation is practised and because her home has been destroyed and her people have been dispersed, she feels like she has lost her connection to who she is. She decides she has to be genitally cut.

Another article in *the Mail and Guardian*, written by a South African, T. Smith (September 1999) in demystifying the associating of the practice of female circumcision with sexuality and Islam states:

There are different types of mutilation, but most serve to severely inhibit, if not totally eradicate, the sexual response of women. This act of suppressing female sexuality has often been attributed to religion - the Islamic faith in particular. In fact, the *Qur'ān* makes no mention of it.

#### **4.17 Responses to Western Feminists**

Many writers in the international arena have reacted to the publicity and attack on the practice of female circumcision by Western feminists. Ogbu (1997:416) argues that to

say that female circumcision is a means used by men to control women's sexual desires is an undocumented assertion. It indicates a lack of understanding of the context of African cultures. Africans do not interpret circumcision in the terms of "lovemaking" but in terms of its social value, group cohesion and solidarity, social binding, fertility rights, protection of the unborn child, transition to adulthood, identity and purification. Ethnographic studies show that circumcision in Africa is not practised for sexual reasons. In Nigeria, as in other parts of Africa, women from certain groups possessed higher sexual desires and pleasures than women in other groups although women from all groups practised circumcision.

Obiora (1997:283) produced a lengthy vociferous article in the journal *Case Western Reserve Law Review* in response to the attack by Western feminists. Subsequently Obiora's article resulted in a multitude of articles being produced by many writers in various fields responding to Obiora's defence of the practice. In Obiora's article, titled, *Bridges and Barricades: Rethinking Polemics and Intransigence in the Campaign against Female Circumcision*, she proposed that the milder form of surgeries that are not damaging should continue to be practised in the interim period, before total abandonment of the practice occurred. Amongst other aspects, she analyses the premises of the Western feminist patriarchy thesis and its male sexual control hypothesis.

Isabelle Gunning (1997:446), being one of the multitudes of writers who responded to Obiora's strong criticism of the attack by Western feminists, states:

While Professor Obiora rightly criticizes Western feminists for viewing female genital surgeries as rooted "monolithically in terms of sexual politics and patriarchal control" regardless of evidence of the diversity of

contexts and meaning for the practices, she begins to treat the views and experiences of Western feminists monolithically and as if they were diametrically opposed to those of African women. Part of her criticism of “much feminist analysis” is that “the blind assertions of female subordinations and male control may not adequately describe the complexity of gender relation in other worlds.”

In addition, Gunning, disagreeing with Obiora’s clinicalization or medicalization approach, points out that in the long run that practice would be detrimental to women.

#### **4.18 The Perception of the Practice of Female Circumcision Globally in the Contemporary Era**

This “furore” over the practice of female circumcision resonates with the “great disruption” in the Congo during the Colonial era. Ranger(1996:274), like Hannerz and many other historians, think that disruption and upheaval occurred because of the narrowing down of the African religious, social and economic world. This is precisely how the practice has been approached in the international arena. A complex practice has been narrowed down and only the aspect of sexual pleasure of women in the patriarchal context has been highlighted. Due to the narrowing down of the practice, the wider and broader context of female circumcision, namely the social, religious and cultural aspects of the practice has been ignored.

The “furore” that Robertson (1996:186) mentions is very much like the disruption and the destruction that resulted in the Congo in the 1920s due to the ignorance of religious, cultural and social values of the people. Observers, both inside and outside

academic circles, are realizing that the practice has to be viewed from a broader perspective. De Boeck (in Ranger, 1996:273-274) believes that the „recent Africanist academic discourse has perhaps too narrowly focused on the postcolonial situation and that one should look “beyond the fractures inflicted by the postcolonial world” and draw on “pre-colonial sources”.

#### **4.19 Conclusion**

It must be borne in mind that amongst African and Muslim women there are a substantial number of them who do not practice female circumcision, but remain chaste prior to marriage and remain faithful in their marriage. The practice of female circumcision has no association with or connection to chastity, virginity and fidelity.

Moreover, the manner in which Western feminists have approached the practice of female circumcision and whether this has facilitated abandonment strategies is debatable.

There seems to be no straightforward answers and conclusions as to whether the practice of female circumcision does ablate the sexual response of women, however, interference of any kind to the female genitalia, and to God’s creation is totally unacceptable.

In the next chapter, the researcher first provides a brief overview of the Circle of Concerned African Women Theologians. This is followed by a study of the relationship between female circumcision and African Traditional Religion.

## **CHAPTER FIVE**

# **FEMALE CIRCUMCISION AND CULTURAL HERMENEUTICS IN AFRICAN TRADITIONAL RELIGION**

### **5.1 Introduction**

The theory of cultural hermeneutics is discussed in this chapter. The manner in which the theory of cultural hermeneutics is applicable to both African Traditional Religion and the female initiation rite is examined. It will indicate why female circumcision was not addressed in the past and how culture and cultural practices like female circumcision were promoted because the culture of Africans were undermined during imperialism and colonialism. The contribution of African women theologians is also addressed.

### **5.2 Understanding Cultural Hermeneutics**

As highlighted in the introductory chapter, cultural hermeneutics refers to the analysis and interpretation of how culture conditions a person's understanding of reality in a particular time and location. Interpreted literally, it means to extract the beneficial elements of a belief and discard those deemed harmful. The theory of cultural hermeneutics is applied at both macro and micro levels.

At the former level the theory of cultural hermeneutics implies that it is not the entire religion and culture in African Traditional Religion that has no beneficial effects and should be abandoned. It is only the cultural practice of female circumcision that should be discarded due to its harmful effects on females.

At the micro level the theory of cultural hermeneutics indicates that the female initiation rite in African Traditional Religion should continue to be practiced as it is believed to be beneficial to girls and women. The education that forms part of the female initiation rites is also deemed beneficial to girls and women, so therefore it should continue. However, female circumcision, that is the cutting involved in the practice, needs to be discontinued, due to the harmful effect it has on girls and women.

Cultural hermeneutics can be applied to understand female circumcision as a cultural practice, but it also offers a method to abandon it. As female circumcision is passed onto the future generations, it can be accepted, revised, preserved or abandoned. The first step towards changing a harmful cultural practice that is detrimental to humanity is to analyse, interpret and reflect on it. The functional culture is retained and the harmful aspect is thus abandoned.

### **5.3 Inculturation (The Promotion of African Culture and Religion)**

According to Kanyoro (2002:4), during the pre-independence years in Africa, many leaders and politicians felt that the culture and religion of their countries were being undermined through colonialism and imperialism.

Moreover, by 1938 scholars like Kenyatta and Senghor reacted strongly in defense against attacks and bias towards African culture and religion. Thereafter the struggle for national independence intensified in Africa and Asia in the period after the Second World War. India achieved independence in 1947 and Indonesia in 1948. This motivated African leaders to strive for independence (Kanyoro, 2002:42)



At that time African nationalists sought the re-establishment of coherence and integrity in African life through programs of cultural retrieval. By the middle of the 20<sup>th</sup> century most countries in Africa had achieved political independence. For example, in 1960 when Nigeria attained political independence, many aspects of Nigerian religious and cultural life were affected. Traditional religion came to be recognized as a religion that Nigerians could embrace without feeling inferior among the adherents of foreign religions. Hence with political independence Nigerians became not only politically independent, but also achieved independence in their spiritual heritage.

Klein (1989:71) affirms that African leaders such as Kwame Nkrumah of Ghana, Jomo Kenyatta of Kenya and others promoted culture and cultural practices. Formal declarations approving of the practice of female circumcision were made by the past president of Kenya, Jomo Kenyatta, in 1938 to denote the significance of the practice of female circumcision. He stated, "...this operation is regarded as a condition *sine qua non* for the whole teaching of tribal law, religion and morality".

Abdalla (1982:14) quotes Jomo Kenyatta as follows:

No proper Kikuyu would dream of marrying a girl who has not been circumcised, and vice versa. It is a taboo for a Kikuyu man or woman to have sexual relations with someone who has not undergone the operation.

However, according to Kanyoro (2002:23-25) the chief promoters of inculturation were men. The theory of inculturation was promoted in literary works and in the political and theological sectors. The dominant participants were men and were indeed regarded as speaking for all African people. African theology developed

without considering women's lived experiences. Kanyoro (2002: 23-25) then infers that one of the reasons why the practice of female circumcision persists in contemporary times may be as a result of the promotion of cultural practices in the past. In addition, politicians promoted inculturation. The majority of these were men. African theologians who arrived later affirmed the need to reclaim their culture through the theology of inculturation.<sup>3</sup> They are suggesting, according to Kanyoro (2002:25) that inculturation is not sufficient unless the cultures reclaimed are worthy and just, and support, the well-being of women. However, in reality, harmful cultural practices are regarded as promoting religious and cultural values. They are not meant to be discussed or challenged. As Kanyoro (2002:15) states, "in the guise of culture, harmful practices and traditions are perpetuated". One of these harmful cultural practices that persist is the practice of female circumcision.

#### **5.4 Cultural Hermeneutics**

Kanyoro (2002:55) maintains that it is important for Africans to identify those aspects of culture that benefit their well-being and those that deny them a worthy quality of life. Challenging culture is no easy task, yet, cultural practices should be questioned and assessed. Hence, she believes that every religious and cultural experience cannot be separated from the life experiences of people. The contact between God and humanity does not occur in a vacuum, but occurs in a historic and geographical space. Croato (in Kanyoro, 2002:9) believes that "the context of a person affects the meaning attached to any communication event, verbal or otherwise". Hence the first step towards change is to analyse, interpret and reflect on any cultural practice that is detrimental to humanity at large. The term "hermeneutics" literally means

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<sup>3</sup> Kanyoro suggests that inculturation theology is contextual. It involves the present state of the world and is based on people's own named experience.

“interpretations”. Cultural hermeneutics refers to the analysis and interpretation of how culture conditions peoples’ understanding of reality in a specific time and place.

Since culture is the most important „authoritative canon“ in the African worldview, cultural hermeneutics becomes imperative. Kanyoro (2002:55) emphasises that “it is essential that African people learn how to question, examine, and scrutinise culture”. Gyeke (in Ogunbanjo and Knapp van Bogert, 2005:48), like Kanyoro, believes in the importance of analysing, reflecting, assessing and abandoning certain cultural practices. He argues that since culture is not static, it has the ability to change historically. In his book, *Tradition and Modernity: Reflections on the African Experience*, he explains how beliefs and practices are passed on from generation to generation. However, he maintains that to say that a belief or practice is handed down to a generation is to say that it is passed onto the next generation. He further adds that “beliefs and practices are placed at the disposal of subsequent generations to criticize, accept, revise, refine, preserve, depreciate or abandon”. Therefore the first step towards changing cultural practices like female circumcision is to analyse, reflect on and interpret the practice of female circumcision.

According to Kanyoro (2002:66) cultural hermeneutics is a method of filtering the functional culture. Although there are many positive and useful elements in African religion and culture it also promotes negative cultural practices. All the elements that are considered as noble by the community do not necessarily benefit all members of the community. Cultural practices like female circumcision should be removed from the belief system because of the harm that it poses to girls and women. The rest of the belief system should be retained since it is beneficial to society. In the past, Kanyoro (2002:64-67) points out, male theologians concentrated on inter-religious issues in Africa. They focussed only on inculturation, remaining silent on how women were treated in African cultures. It appeared as if the women were not negatively affected

by the cultural practices in African Traditional Religion. Presently, women theologians in Africa want culture to be examined under a strong microscope.

Kanyoro (2002:67) states that, “culture holds communities captive and communities hold individuals captive to the culture”. Hence, it is only when culture is examined with „such microscopic eyes“ that it raises the question as to how one should sift the good from the bad. She believes that it is necessary for women to first identify those aspects of culture that are beneficial and wholesome, and to then denounce those that deny women wholeness and well-being.

#### **5.4.1 The Application of the Theory of Cultural Hermeneutics to Female Circumcision**

The theory of cultural hermeneutics is applicable to the practice of female circumcision. The practice of female circumcision, after being reflected upon and assessed as being detrimental to the health of women needs to be abandoned. However, the writer of this thesis supports those who advocate that the entire initiation rite should continue in the respective communities due to its educational value, but only female circumcision should be omitted.

Hernlund (2000:245-248), co-editor of *Female circumcision in Africa*, for example, holds the view that it is important that those involved in campaigns only oppose one harmful element of „tradition“ and do not reject the culture as a whole. At times speakers at anti – circumcision campaigns use the metaphor of the *tentengo* (sieve or winnowing basket) where one guards that which is beneficial in the culture while letting that which is harmful, fall away. She reveals that how a practical example of

cultural hermeneutics examined in the aforementioned section was applied at a two-week youth camp on traditional practices in 1998 in Basse, Gambia. The director of the camp stressed the importance of preserving and following cultural practices and discarding harmful ones. The aim of the camp was to abandon the practice of female circumcision. All the procedures except the actual cutting of the initiation ritual were followed. Fifty six girls from Basse and the surrounding villages participated in the camp. At that gathering, the local Commissioner pointed out that the female initiation rite should continue for girls. He emphasized the education that the girls received during the initiation ritual was beneficial to them and to society at large. He also stressed the importance of retaining African Traditional Religion as a belief system.

Moreover, Ogunbanjo and Knapp Van Bogaert (2005:48), in their article: *Ethical Issues in Family Practice: My Culture – Right or Wrong?* situate the practice of female circumcision in a multi-religious and cultural context and condemn the practice of female circumcision on ethical grounds. However, they point out that it is only the practice of female circumcision that is under scrutiny. They maintain that this does not mean that an entire culture or a particular tradition within it is condemned or should be treated with contempt.

Furthermore, Kanyoro (2000:57) maintains that a critique of harmful cultural practices is only possible if an affirmation and appreciation of the religious and cultural world view of African Traditional Religion occurs. Therefore the need arises, to firstly, examine the ethics and worldview of Africans, and through reflection and action achieve transformation in society.

## **5.5 Liberative Theologies**

In the late 1980s, female theologians were reluctant to discuss issues related to sexuality. Some felt that issues on sexuality needed to be addressed whilst other theologians felt that to openly discuss sexual issues with women was not appropriate (Kanyoro, 2006:25)

Njoroge (1997:83) reports that by the 1990s female African theologians wrote articles on women's experiences and perspectives in African religion and culture, affirming life giving practices, while criticising destructive elements in areas such as rites of passage, birthing, marriage, widowhood and polygamy. She emphasises that a life giving theology is sure to fail if the truth about women's lived experience is not exposed. She further emphasises that although African women theologians are writing on cultural practices, there remains a lot more to be done to completely stop the practice of female circumcision.

According to Phiri and Nadar (2006:4-7) African women theologians realised the need for race and class to constitute the discourse on gender. Although they did not want to be called feminists, they want to be in constant dialogue with liberative theologies. Some theologians chose not to discuss the negative aspects of religion and culture. There appears to be no uniform theology to follow in present times as theologians and the writer of this thesis are being exposed to wiser, more effective strategies that could be utilized to stop harmful cultural practices like female circumcision.

A second feature of African women theologies is their commitment to “grassroots” women living in faith communities. The aforementioned is specifically relevant to efforts to abandon female circumcision and also relevant to this study. As analysed in this study, a poor understanding of African Traditional Religion is leading to ineffective abandonment strategies, because the terms used to describe practicing communities is offensive.

In addition, face-to-face communication with specific communities at grass root level is vital. In the successful abandonment strategy outlined in this thesis, both Christian and Muslim clergy visited women on their doorsteps, on bicycles, convincing them to stop female circumcision.

The paradigm of Narrative Activism that falls outside the circuit of traditional Western methodologies was used within the enculturation project by male scholars. Theologians are using this to critique oppressive practices in African religio-culture.

Phiri and Nadar concur that, as discussed earlier, the three factors, the trilogy of race, class and gender, between theory and activism and narrative activism, constitute a valuable starting point to motivate more African women to write about their experiences of religion and culture.

According to Phiri and Nadar (2006:8):

We are now at a critical stage where we can no longer simply be content with writing about those experiences; we need to theorize about them in such a way that we make space for ourselves to be heard in our

communities, in our churches, mosques and temples, but also in the local and international academy.

## **5.6 The Role of Older Women in Perpetuating the Practice of Female Circumcision**

Again, Kanyoro (2002:15) asserts that the insistence of older women to adhere to cultural practices is one of the reasons why the practice persists. A recurrent fact in literature on female circumcision is that many parents in the practicing communities do not wish to circumcise their daughters. However, in many instances grandmothers have circumcised their granddaughters in the parents' absence. Moreover, Kanyoro, in her research among the women in her hometown of Bware, found that all the religious teaching that the women received was interpreted through the perspective of culture and cultural practices, that is, cultural hermeneutics. In her study, she found that whenever the younger women in the group spoke out against culture and cultural practices, they were silenced and rebuked by the elderly women in the group.

## **5.7 Conclusion**

This chapter has indicated how culture conditions and impacts on societies in a specific era and place. It was pointed out that during imperialism and colonialism Africans felt that African Traditional Religion was undermined. Leaders and politicians during the pre-independence and independent years (around the 20<sup>th</sup> century) reacted strongly against any bias towards African Traditional Religion. All cultural practices as well as female circumcision were vigorously promoted because it indicated their identity. Although female circumcision was detrimental to the health of girls and women, it was not addressed, because it was only the men in society that



were in charge of theology. However in contemporary times female African theologians are increasingly debating the merits of female circumcision.. One of the outcomes of this debate has been the proposal of the theory of cultural hermeneutics to understand the practice of female circumcision. This chapter has indicated how this theory of cultural hermeneutics is applicable to African traditional religion and to the female initiation rite as a means of sifting the beneficial elements from the detrimental ones.

## **CHAPTER SIX**

# **THE PRACTICE OF FEMALE CIRCUMCISION IN THE CONTEXT OF AFRICAN TRADITIONAL RELIGION**

### **6.1 Introduction**

This chapter aims to examine how beliefs in African Traditional Religion are responsible for the perpetuation of the practice of female circumcision. Hence, this chapter attempts to assess the religiosity of the inhabitants of Africa. This is followed by examining how religion and culture, and cultural practices were promoted during pre-independence years in Africa, and during the subsequent era. Moreover, divination is also included in this chapter, bearing in mind that one of the reasons why the practice persists is due to the fear of experiencing ill-fortune and ill-health as a consequence of not adhering to the practice of female circumcision. In such societies, the diviner is the chief consultant and adviser to the entire family on all aspects of life. In essence, the diviner is a key role player in African societies.

### **6.2 The Religious Orientation of the Inhabitants of Africa**

According to Nyang (1988-1989:31) the inhabitants of Africa are deeply religious. Nyang, in emphasizing the religiosity of the inhabitants of Africa remarks that:

Religion is an important factor in the lives of human beings. Nowhere on this planet is this statement so widely accepted as in Africa. In the continent of Africa, religion is life itself, and no one thinks of life without simultaneously looking at religion.

In the pre-colonial era social change was slow because of the strength and power of African Traditional Religion. Arab, Islamic and Euro Western forces did not easily succeed during this time because social change that interfered with the religious order in society was unacceptable to most adherents of African Traditional Religion. Social change only took place if it was certified and accepted by the king and the ecclesiastical class who were in charge of the moral and spiritual protection of the community.

Although the inhabitants of Africa have adopted Christianity and Islam, they still maintain ties with their religious and cultural traditions. As Trimingham (1961:9) points out, although African Traditional Religion has begun to decline in the past few centuries, Africa's own legacy holds vital importance and significance for its people. Mugambi (2002:90) emphasizes that although Africans have adopted western dress and manners, their habits and ways have remained essentially African. He asserts that "conversion does not demand a wholesale denunciation or rejection of one's cultural and religious heritage."

Although African Traditional Religion is changing, some forms of worship, traditional medicine practices and divination continue to exist among both adherents of African Traditional Religion and former followers of African Traditional Religion who have converted to Christianity and Islam.

Magesa (1997:9) reports that western educated Africans resort to their religious faith when in crisis. Many highly educated African professors, ministers of government and members of parliament visit diviners and spiritual healers, although publicly they will claim not to believe in these practices.

Zuesse (1991:171), expanding on Magesa's view, states that traditional medicine and divination are some of the "deep structures" that constitute the "core essence" of African Traditional Religion. He argues that divination and healing practices persist in urban and rural settings throughout Africa, even among religions as Catholicism, Protestantism and Islam. He is of the view that these practices will continue to survive for a very long time, even if certain forms of worship in African Traditional Religion may change. He emphasizes that as long as there is an African civilization these deep structures will continue to shape African spirituality as well as the African World View.

Like Zuesse and Magesa, Abimola (1991:53) believes that although some forms of worship are changing in African Traditional Religion, divination and traditional healing methods form a significant part of the African World View. In his article, *African Traditional Religion in Contemporary Africa: The Yoruba Example*, he points out that an estimated 40% of Nigerians who followed the Yoruba religion have converted to Islam or Christianity over the last fifty years. Despite their conversion, both Muslim and Christians still seek the help of a diviner and resort to traditional healing practices. He emphasized that through these practices African Traditional Religion will retain its vigour and vitality.

Assimeng (1989:180-187), reporting on his study that he conducted with a diviner and other health practitioners, supports the opinions of Abimola and others. He randomly selected a batch of thirty letters that were sent to a diviner and presented them in his book, *Religion and Social Change in West Africa, an Introduction to the Sociology of Religion*. He studied these letters for a number of years with the help of psychiatrists and cultural anthropologists and makes the following comment in his study:

The letters provide a fair indication of the modern day preoccupations and fears of everyday existence, e.g. progress in prosperity in employment, happiness and stability in marriage, success at examinations and other goals. The social and economic status of the clients vary, and they come from all strata of society, from university professors, to taxi drivers and cleaners. They all seek the assistance of a diviner for guidance, and stability in their family lives.

Hackett (1991:144) concedes that African Traditional Religion will not survive in its present form, although there will not be a total demise of its beliefs and tenets. In spite of this, she states that through such organizations such as the Traditional Medicine Societies (herbalists), African religion is made accessible to the public, incorporating some of the aspects that are beneficial to modern society. An example of such institutionalisation is the Orile-Orisa Association (literally, the abode of the deities) at the Obafemi Awolowo University, Ile Ife, Nigeria. It is an association of Ife intelligentsia committed to Yoruba traditional beliefs. She adds that the association succeeded in incorporating the worship of Yoruba deities into the religious calendar of the University.

Hackett (1991:146) believes that although African Traditional Religion will survive in various ways, the religion will not be dynamic and will not survive for generations to come. She concludes her article by quoting Ranger and Kinambo who state that, “so we come to abandon the idea of African Religion today as merely a pathetic survival”.

The majority of scholars of African Traditional Religion support the views of Zuesse, Abimola, Magesa and Assimeng that healing practices and divination will continue as

beliefs in African Traditional Religion, and keep African Traditional Religion alive for a long time to come.

It seems that African Traditional Religion is indeed surviving, through its traditional healing practices and divination in the contemporary world. In addition, many other ways of living also exist. One of these is the practice of female circumcision.

Emphasizing the motive behind many rituals, habits and ways of living of Africans, Magesa (1997: ii) states:

This is the situation in which most African converts to Christianity (or Islam) find themselves. Certainly, they have been influenced by the latter, whether Christianity or Islam. Certainly, they publicly profess the respective laws, rites and rituals to be the source of their new spiritual guidance. But what is their inner motivation for religious life? Evidence suggests overwhelmingly that it remains African religion.

Mazrui (1986:135-136) points out that according to the Paris Academy of Political and Moral Sciences, of the total 130 million people making up the African population in Africa, 85 million were following the African Traditional Religion when the colonial period ended in the 1950s. Although the 85 million were nominally Muslim or Christian they still followed their own indigenous religion. Thus, although many Africans do not overtly seem to be following their religion, they still perpetuate the habits and ways of their indigenous religion. Assimeng (1989:120) reports that in the 1980s the projected total population of Africa was 440 000 000. Of this African population 90 000 000 or 15.91% were Christians. Muslims constituted 173 200 000

or 39.36%, while 196 800 000 or 44.73% were Traditional Believers (African) or belonged to other religions such as Hinduism or Buddhism.

### **6.3 Female Circumcision in Light of the Worldview of African Traditional Religion**

Knowledge of the African Worldview is essential for researchers who set out to study the practice of female circumcision. Boddy and Reissman (in Abushraf, 2000:164) maintain that when researchers set out to study female circumcision, they should understand the worldview of those that they set out to study. Boddy emphasizes that research on female circumcision should not only consider the importance of the culture and the practice of female circumcision, “but also has to be fore-grounded in a multi-faceted analysis of the lives of the women whose genitals have become the subject of study.”

Kanyoro (2002:56) suggests that medical students should turn their attention to the work of diviners too, as their inclusion would enable them to contextualise and understand the psychology of their patients. The importance of understanding of African religion and culture is highlighted by Kanyoro. She emphasises that, “it is not sufficient for medical schools to carry out only research on the medicines used by the diviners, they must also do serious studies on the African concepts of ill-health, and the study of African religion and culture should be included in the medical curricula.”

#### **6.3.1 The Cosmos as a Unified Whole**

In the context of African Traditional Religion the maintenance of peace and harmony of the entire universe holds crucial importance. It is necessary to understand this

because the practice of female circumcision continues to persist because of the fear of disturbing the unity of the cosmos.

Mugambi (2000:64) posits that the universe is believed to be inhabited by visible, invisible and inanimate objects. Among the living, visible beings and objects are human beings, animals and plants. The invisible beings constitute God, ancestors, spirits and unborn children. The inanimate objects are the mountains, rocks, caves and rivers. All these exist in a balanced relationship within the context of the natural rhythm and cycle of life.

Magesa (1997:212) maintains that most scholars of African Traditional Religion agree that a failure in life, in health or fortune is due to some error in social relations, either with ancestors, or with one's relatives, friends or neighbours. Epidemics, droughts, earthquakes and other calamities are perceived in the same way. The imbalance between natural and social forces must be achieved in which good relationships to nature and fellow human beings must be re-achieved. Calamities such as disease, misfortune and drought indicate that the balance has been upset. The reason for all events can be known. Appropriate and sufficient knowledge is not attained through causal inquiry.

Hammond-Tooke (1974:336) rightly points out that the Western views of chance are rejected in these theoretical explanations. In the Western Worldview, events are explained through a cause and effect sequence, which explains how things happen. But explanations as to why things happen are not given. If one is sick with malaria, then it is known that the cause is an insect bite, but it is not known or established why another individual that is exposed to the same conditions, escaped infection. In the Western World View this would be explained as chance. The concept of chance does



not exist in the African World View. Besides death from old age and minor illnesses, like chills and stomach upset, death and other misfortunes are believed to be caused by some external agent.

Gyeke (1987:78), in explaining the Akan concept of causality in the Ghanaian context, uses the example of a tree falling down during a thunderstorm. This would be accepted as a natural everyday occurrence. However, if a tree fell on a specific individual during a thunderstorm and caused injury to that person, then the question to be asked is why did the tree fall and injure a specific individual. Hence, there must be a supernatural cause. Consequently, the diviner would be consulted to restore balance in society. Peace and harmony in the entire universe is essential. It is in this sense that African Traditional Religion is all pervading and enters into all spheres of life.

### **6.3.2 The Spiritual Realm**

Mbiti (1990:79) explains that in African traditional belief the first hierarchy in the spiritual world consists of God as the Supreme Being, followed by divinities, ancestors or spirits. This is followed by humankind and natural objects and phenomena. While humankind communicates to God via the ancestors, ancestors or spirits are believed to communicate directly with God. Any offence against the ancestors was at the same time an offence against God since the network of relationships was totally integrated. Most scholars of African Traditional Religion state that peaceful and harmonious relationships must be maintained with the departed in the community. They are believed to affect the daily life of the community, either positively or negatively.

According to Uka (1991:25-33) in African spirituality one seeks to live in harmony with God to obtain a peaceful life. This is expressed by the work of art, festivals, prayer, oath taking, sacrifice and rituals. God is not localized, but is omnipresent. God is great and majestic, and cannot be confined to any space. That is why the Yoruba describe God as one who extends across the whole of the earth. God is worshiped as an entity in Traditional African Belief. For example, the Gikuyu pray in the morning and evening to Assista, the Supreme God and ask God to protect them. Sin is the performance of an act of which God disapproves.

Awolalu (in Uka, 1991:25-33) defines sin as being something that displeases the Deity and includes any immoral behavior, errors and offences against God or man, the breaking of any rules and doing anything offensive or polluting. God ultimately punishes sin and is an impartial judge. God not only punishes people but also allows for forgiveness and the removal of sin. Consequently, people resort to certain acts in order to remove sin, depending on the nature of the sin or suffering. An example would be ritual washing in the river.

Insofar as the Ancestors are concerned, the majority of scholars of African Traditional Religion believe that adherents of African Traditional Religion carefully avoid displeasing the ancestors. Therefore, the living adheres to all rituals to avoid offending the ancestors. Researchers on the practice of female circumcision have found that the women continue the practice of female circumcision because they do not want to displease their ancestors. They fear that if they anger them in any way, they will experience some form of misfortune. Both Abdalla (1982:18) and Thomas (1987:13) found that the people believed that the practice was associated to the ancestors. A common belief held was that some misfortune would befall those who did not perform female circumcision. Nyangweso (2002:588) reporting on her study on female circumcision among the Gikuyu of Kenya states:

A Mrs Chepwony, for instance, argued that most females who undergo the practice do it out of fear of the misfortunes that might befall them, such as infertility, death of children at birth or at a later stage, and unexplained illness usually attributed to the wrath of the ancestors.

It could be argued that not all aspects of ancestor veneration are harmful, but only the belief that is associated with female circumcision is. So only this aspect of ancestor veneration should be omitted from the belief. One interpretation that appears to be effective is to emphasize that elders and the deceased would not desire hardship for their offspring.

### **6.3.3 Morals and Ethics in African Traditional Religion**

Uka (1991: 190) clarifies the point that Ethics in an African Traditional society is communal and not individualistic. Due to the communal nature of ethics, whatever strengthens life, solidarity and success of the community is said to be evil and wrong. Moral regulations are focused towards human relationships and between humankind and ancestors, the divinities or spirits. African Traditional morality is based on ethical conduct and defines what a person does rather than what he is.

Although ethics and morals of African Traditional Religion are worthy of emulation, the practice of female circumcision, due to its detrimental effect on girls and women should be condemned on moral grounds. Ogunbanjo and Knapp van Bogaert (2005:47) place the practice of female circumcision in a multi-religious and multi-cultural context and affirm that the religious and cultural values, codes and beliefs of all religions and cultures ought to be afforded the appropriate tolerance and respect.

However, they believe that “this does not mean that all beliefs and practices are admirable or that we ought to withdraw moral judgements that strike us as being clearly justifiable or right.” They argue that even within specific cultures there is disagreement and debate on what is approved or disapproved, or right or wrong. In this way “moral progress” becomes possible. Consequently, social transformation occurs in society.

#### **6.3.4 The Female Initiation Rite**

Mndende (1996:246) points out that the ancestors are remembered in all religious activities in African Traditional Religion. The living communicates with the ancestors during all rituals. The practice of female circumcision occurs during the female initiation rite which forms part of the Rites of Passage in African Traditional Religion. The Rites of Passage are birth rituals, initiations, marriage and death rituals.

##### **6.3.4.1 The Female Initiation Rite without Female Circumcision**

It is crucial to note that the actual cutting involved in female circumcision constitutes only one aspect of the entire initiation ritual. Certain communities in Africa hold initiation rituals for girls, but no cutting occurs. This was revealed to the writer of this thesis in a personal interview conducted with Dr Tumi Meko (2003) who pointed out that initiation ceremonies take place among the Venda in the Northern Province of Gauteng in South Africa but female circumcision is not practiced.

#### 6.3.4.2 The Female Initiation Rite with Female Circumcision

Nyangweso (2002:583-587) explains that among the Nandi of Kenya, the female initiation rite incorporates the practice of female circumcision. The Nandi female initiation rite is a compulsory preparation for adulthood and housewifery, consisting of rituals over a prescribed period of approximately three months. It consists of training for endurance and corporate living in seclusion. No woman can marry without undergoing this rite.

Nyangweso (2002:583-587) provides a detailed description of female initiation among the Nandi. She notes that the process begins when girls are ten years old, and are required to sleep outside their parents' homes in a *sikiroino* (a house specifically built for the purpose of initiation) together with boys slightly older than them. This compulsory practice is meant to teach girls how to control their sexual desires. No sexual intercourse is permitted as the girls are examined for virginity. To refuse to sleep in the *sikiroino* could result in the girls receiving a beating from the boys without any objections from parents. The loss of virginity could result in being killed with a spear (Nyangweso, 2002:585).

Then at about fourteen years of age, the girls are brought together for communal initiation. The boyfriends made at the *sikiroino* encourage the girls to face initiation. Additionally, supervisors and teachers psychologically prepare the girls for the rite and accompany them to seclusion. The preparation involves familiarising the girls with the meaning of the initiation rite; for example, that it has become a source of identity for the community since it was an ancient custom practiced by their forefathers. With regards to circumcision, they are told that shedding blood is important for the individual, since it binds them both to the living and dead; that they

would be punished by misfortune of barrenness, stillbirths, child deaths and incurable illnesses (due to the wrath of the ancestors, who are the guardians of the community) if they are not circumcised; or that their clitoris may grow very long and develop branches.

Additionally, they are told that during birth, the clitoris is a danger to a baby, such that if the head of the baby touches the clitoris the baby will die or become abnormal; and that their husbands could become impotent if the clitoris touches the head of the penis. The girls are also threatened and told that they would remain unmarried, as no man will want to marry an uncircumcised girl. This forms the basis for the practice of female circumcision. This information is internalized usually without any questions by the initiates (Nyangweso, 2002:585).

After the educational process, a dance is held for the girls and their boyfriends, after which the girls are made to sit down with their legs wide apart. Their clitorises are then tied tightly with ligament, to prevent blood from flowing to the clitoris. They are then instructed to dance until exhausted. Thereafter they assemble and a traditional leader prays so that the ancestors may guide the ceremony, and make the hands of the circumcisers "light" so that they can perform the circumcision properly.

Nyangweso (2002: 585) further explains:

After the blessing, the girlfriends are teased and scorned and called cowards by their boyfriends, an action meant to stimulate bravery and courage in them. The girls respond by singing and dancing vigorously and announcing that they will be brave. The second part of the

operation involves the stinging of clitorises with nettles. This makes them numb and swollen. Initiates' breasts are also stung by using nettles. This painful action has no religious import other than helping control the amount of blood flowing during circumcision. The women who apply the nettles sing very loudly to counteract any cry from the girls (Nyangweso, 2002:585).

The following day sees the girls examined for virginity. Then, the actual cutting of the clitoris takes place with a curved knife. In most cases little bleeding takes place since the genital area is numbed. However, there have been cases of excessive bleeding when the blood vessels have not been properly tied. If a death does result it remains a secret. In these instances the parents and circumcisers bury the corpse as this is considered a bad omen (Nyangweso, 2002:585).

After the circumcision the girls dress up in their best attire. Rumours are spread around the village about those girls who screamed during the operation and those that were not virgins. Parents of these girls face embarrassment and threaten to kill themselves or their daughters. Sometimes such girls commit suicide out of shame. Parents of cowardly or non-virgin girls burn a plant to express that they are not virgins. Courageous virgin girls are honoured and presented with gifts. Parents of the initiates take a creeping plant home to signify that their daughter has been initiated (Nyangweso, 2002:586).

Thereafter, the girls, women supervisors and teachers go into a period of seclusion for three to six months. During this time the girls are educated and are provided with knowledge and wisdom. They are also prepared for marriage and given guidance on raising children (Nyangweso, 2002:586).

#### **6.3.4.3 Religious Significance of the Practice of Female Circumcision**

It is the shedding of blood that holds deep religious significance in the practice of female circumcision. In a personal interview conducted by the writer of this thesis with Mugambi (2002), Mugambi stated: “It is the act of shedding blood even if a small drop, that holds deep spiritual and religious significance in female circumcision.” He further adds that “the only other time that Africans are allowed to shed the blood of another human being, is during war.”

Like Mugambi, both Gachiri (2000:93) and Nyangweso (2002:587) maintain that it is the shedding of blood that has deep religious significance. Gachiri explains that the Gikuyu allow the blood that is shed to soak into the earth so that a connection is made with the ancestors. Nyangweso aptly states that, “the shedding of blood during circumcision is important for the individual because it binds them not only with the living but also with the living dead”.

#### **6.3.4.4 The Elimination of Female Circumcision in the Female Initiation Rite and the Educational Elements in the Female Initiation Rite**

As indicated earlier in this study anti-female circumcision advocates are encouraging the elimination of the genital cutting that is involved in the female initiation rite. For example, Chege et al (2001:4) point out that Maendeloe Ya Wanawake (MYWO) together with Program for Appropriate Technology in Health (PATH), have implemented an alternative rite of passage programme in five districts in Kenya which eliminates the actual cutting. The programme had been implemented since 1996. In its six years of operation, the programme had prevented approximately one



thousand circumcisions. This method to abandon the practice largely depends on the socio-cultural context of the practice. The Water for Life Project in Somalia has also organised alternative rituals for girls, including symbolic infibulations.

Abandonment strategies that highlight only the elimination of the genital cutting in female circumcision fail to recognise the cultural and educational elements in the female initiation rite. Winterbottom et al (2009:64-65) argue that replacement ceremonies that revolve primarily around the elimination of genital cutting risk being interpreted as vehicles to undermine minority cultures.

In addition, anti-female circumcision advocates usually emphasize formal education but do not appreciate the importance of the educational aspects of the female initiation rite. Mugambi, in a personal interview with the writer of this dissertation, maintained that the secular education that young girls and women in the contemporary world receive do not equip them to cope with their adult married life. He emphasizes that the training and education that occurs during the female initiation rite has immense value for both males and females in society.

Winterbottom et al (2009:65) were informed by circumcisers that were present at an abandonment ceremony in Eluwai, Tanganyika in 2006 that instruction during the seclusion period was important. They suggested that they should continue to teach the initiates about adult life, “good behaviour and how to be respectful towards Maasai women.” This discussion implies an acknowledgement that the primary purpose of female initiation is the training in Masaai social norms, not genital cutting.

#### 6.3.4.5 The Changing Nature and Fluidity of the Initiation Rite and the Practice of Female Circumcision

Fuambai (2000:296) states that “historically cultural practices and practices have very fluid meanings and change in various ways. Much history consists of its own distortions and reinterpretations.” According to Trimingham (1961:41) the practice of female circumcision was interpreted and transformed into an Islamic purification rite when those West Africans who practiced female circumcision accepted Islam. This explains why Johnson (2000:219) found the practice of female circumcision understood by the practising communities to be purifying and enabled them to pray. Commenting on her findings among the Mandinga of Guinea Bissau she reports the following:

When asked to explain the reasons behind clitoridectomy, Mandinga informants assert that it is a cleansing rite that defines a woman as a Muslim and enables her to pray in the proper fashion, both of which are defining features of Mandinga identity. As one elder woman from Guinea Bissau explained: The Pepel, the Mankanya, the Bijugus, many groups do not go to *fanadu*; just the Muslim groups, the Mandinga the Biafada, and the Fula, because we have to pray. If you don’t go to *fanadu*, you will have an odour there (in the genital region) and you will not be clean. If you cannot pray, then you are not a Muslim, and Mandingas are Muslims.

The aforementioned has become a local justification and motivation for practicing female circumcision in contemporary society and illustrates how rituals change historically and become reinterpreted. Since initiation rituals are not part of an Islamic way of living, they are gradually discarded when Islam is adopted, as Gosselin (2000:206) found that this was a common phenomenon in Mende and Malian society.

Fuambai (2000:308) found that among the Kono of Sierra Leone “initiation has been changing according to the exigencies of the day.” That change was due to political, social and religious factors. In the mid 1950’s during the Mau Mau rebellion in Central Kenya, girls purchased razor blades and circumcised each other in the bush, in response to a ban on the practice. In the three years following the passage of the ban more than 2 400 girls, men and women were charged for defying the ban. The act of cutting was a profound departure from traditional initiation rituals, where circumcision was part of the entire initiation rite. Thomas (2000:129) describes that change as follows:

Their initiations marked a profound departure from the past. They also differed from earlier practices by foregoing the preparations and celebrations associated with initiation and instruments typically used.

Normally, the older women who performed the excisions used special triangular iron wedges, knives, whilst these girls used razor blades purchased at local shops. The older men and women did not regard their initiation rite as proper, because the girls were circumcised, but did not experience and undergo the initiation ritual. Thomas (2000:130) explains this as follows:

These departures caused some from Meru, both then and now, to doubt the legitimacy of these initiations (interview Celina Kiruki, June 30, 1995: an appeal by these girls to older age grades, „those of the iron wedge knife,, to stop abusing them and to recognize their own initiation as proper.) Similarly, the Meru name Ngaitana „I will circumcise myself“. – given to these girls by older women and men mock the girls“ determination and highlights these elders“ sense of absurdity of the undertaking.

Balal (1992:5-6) mentions that earlier times, in Nubia, Egypt, the girl that was being circumcised was called the small bride and was dressed in new clothes and jewelry. In Sudan, relatives were invited to meals either on the day of the operation or the day preceding it. The girls were given presents of money, gold and clothing by the guests, which contributed to the acceptance of circumcision by the girls. However, Caldwell et al (1997:7) maintain that the ceremonial and ritual aspects of female circumcision are dying out in many societies as girls' role do not change after circumcision and has no association with entry into adulthood. Balal (1992:5-6) observes that the initiation rituals are also being discarded, due to modernity, expensive and lavish celebrations and interference with girls' schooling. Dareer (1982:13), on the other hand, found that in Sudan girls are now being circumcised between three to five years of age, as parents preferred their girls to be circumcised before starting school at the age of seven.

#### **6.3.4.6 The Initiation Rite and the Practice of Female Circumcision - Bravery and Stoicism**

According to Nyangweso (2002:585-586) stoicism and bravery are emphasized and re-enforced and the bravery of the initiates is publicly acknowledged during initiation. This constitutes proof of readiness to leave childhood and enter adulthood with maturity.

#### **6.3.4.7 The Initiation Rite and the practice of Female Circumcision – Authority and Obedience**

Thomas (2000:147) points out that the initiation process establishes political hierarchies among girls and women. She also points out that among the Meru in

Kenya, excision with its teachings, ceremonies and celebrations was an important step in transforming girls into women and differentiating them from younger girls. Through their daughter's initiation, mothers increased their own social standings. Other women, grandmothers and all those who performed excisions affirmed their authority within the community by teaching initiates how to behave in the manner of proper women, wives and daughters-in-law.

Fuambai (2000:299-300) emphasizes that female subordination in African societies is much more complex and situational than western comprehension and understanding. The Bundu firstly teach subordination of young girls and women to female elders, their mothers, future mothers-in-law, grandmothers, older women within the community and female ritual leaders. They are then taught the art of subservience to some categories of men, that is, their future husbands and other male representatives of those lineages. In the first instance, that is, with female elders who are within their group initiate. In the second instance, their husbands and their male (and female) lineage representatives and young novices are taught to pretend subservience through verbal communication, gestures, body language and the performance of domestic duties, to promote harmony and stability. But ritual leaders do not only teach subservience. They are themselves examples of ultimate female authority; wise, unyielding and unsentimental. It is the duty of these mentors to inculcate qualities of the previous ancestors, namely stoicism, which must be displayed during excision and endurance and bravery during the whole process of initiation. These qualities are symbolic and will enable young women to stand up for themselves as adults in their household and within the greater community. Hence these elderly women have the responsibility of creating a dual-natured woman, a woman that is not subservient and powerful and one that displays confidence and maturity.

#### **6.3.4.8 The Initiation Rite and the Practice of Female Circumcision – Social Identity and Social Status**

Mugambi (2002:196) holds the view that the initiation rite is a communal affair in which the entire community participates. Mutual responsibility towards each other promotes social coherence. Hence, the initiation rite is the climax of the socialisation process in the traditional African community.

Social identity and the feeling of belonging to a group is an important motivating factor for the practice of female circumcision. Thomas (1987:46) found that in Sierra Leone social identity was the second most important reason why communities practice female circumcision. Initiation and excision created the positive value of belonging to a group and equality among all women.

Klein (1989:72) points out that the practice of female circumcision is so firmly embedded in the social fabric of a society that when girls in Sudan reach the age that all other girls in their area are circumcised, they are faced with immense peer pressure and ridicule from those girls that have been circumcised. Very often the girl herself requests to be circumcised, being totally ignorant of the consequences of the procedure and the effect on her future health and welfare.

Abdalla (1982:51), describing the manner in which a little girl is acculturated into society in Somalia, states that long before the circumcision, the girls are aware of the operation. As they mature in the context of their cultural norms, they are led to believe that an uncircumcised girl is unacceptable, and that no one will marry a woman that is uncircumcised. Gradually her psycho-social community traits develop

and her attitude of mind and general behaviour are shaped accordingly and consequently, every little girl anticipates to be circumcised.

Fuambai (2000:301) mentions that a Kono woman who does not undergo female circumcision and initiation would lose her social identity and would be regarded as an outsider amongst the women in her community. She would constantly be reminded about it by her Kono relatives. She would not be able to speak as a woman, or on behalf of any Kono woman. Furthermore, no initiated women will mention anything to her about the Bundu bush. She emphasizes that, “I would be ridiculed and maligned as an arrogant „puu moe“ or worse, an „uncircumcised woman“, the ultimate insult against any woman.”

Dareer (1982:69-71) reveals that in Sudan one would be faced with insults and disapproval for not following the norms of society. In the case of female circumcision the expression “son of an uncircumcised mother is the strongest form of abuse.” In a country like Sudan, where social pressures are very strong, no one questions traditional practices, as they are followed by all and woven into the social fabric. Typical answers offered by people as to why they practice female circumcision are: “It is our custom and we are powerless to stop it” or “Why should we stop doing it?”

Abdalla (1982:101), emphasizing how entrenched the practice is in Somalia, states that: “The subject of infibulation is central to the traditional world in Somalia, it is a socio-cultural symbol for nomadic pastoralists, agricultural communities, urban dwellers and educated elites.”

According to Shell-Duncan et al (2000:117) when a woman is circumcised her status is improved as Obiora in Northern Kenya discovered, concomitant with “circumcision was the improved social status”. Once a woman was circumcised, she became the head of her new household. She was given livestock and was allowed to bear children.

#### **6.3.4.9 The Initiating Rite and the Practice of Female Circumcision – Collectivity and Corporateness**

Nyangweso (2002:587) points that the initiation rite is a communal rather than an individual activity. Community needs supersede the individual’s needs. Among the Gikuyu, like most African communities, emphasis is placed on that which benefits the community more than the individual. Mbiti (in Nyangweso, 2002:587) explains the significance of this communal aspect when he writes that an African’s self-understanding is that “I am because we are and therefore I am.” The emphasis placed on group solidarity and tradition over modern considerations explains why the practice persists today.

Robertson (1996:24) maintains that methods of collectivity and solidarity were used for the common initiation ritual in Kenya in the nineteenth century; the Kamba and the Kikuyu women in the twentieth century. They were able to mobilise successful income-generating initiatives, control their own labour, unite and consequently promote the abandonment of the practice of female circumcision. Their collective efforts resulted in a significant decline in the female initiation rite with its associated circumcision, in spite of the practice being firmly ingrained among the Kikuyu.



The Tostan project in Senegal in which many women abandoned the practice of female circumcision based its action on collectivity. Reinforcing that, Easton et. al. (2003:453) explain this phenomenon as follows: “because female circumcision is a collective cultural pattern with benefits and sanctions anchored in a broad system of social behaviour, collectively, initiated action tends to be more effective in achieving its abandonment than individual “just say no tactics”. Moreover, the original village where the successful Tostan abandonment project emerged from was Malicounda-Bambara. One of the reasons for the success was women’s collective reflection and problem solving. The local *imam* and former cutters insisted that families could be expected to abandon the practice only if a large part of their social network did so. Consequently on 31<sup>st</sup> July 1997, the villages of Malicounda-Bambara made a collective statement denouncing the practice of female circumcision in front of 20 invited Senegalese journalists.

#### **6.4 The Diviner**

It is important to understand divination in African Traditional Religion, because in the past many newcomers into Africa have been deceived about divination. This is as a result of firstly, the emphasis on oral tradition in African Traditional Religion. Secondly, foreigners in Africa misunderstood practices like divination and healing in African Traditional Religion. This occurred because in many instances, they based their assumptions on what they had witnessed. This is understandable, because the Africans speak many different languages which researchers did not understand in the past.

It is also important to understand divination because the assistance of a diviner is sought when the order of the cosmos is believed to be interfered with. As stated

earlier in this chapter, rituals are followed for fear of breaking the order of the universe. Women are persisting with the practice of female circumcision for fear of breaking this perceived order in the universe. Since diviners are believed to restore peace and harmony in the universe, they would be suitable persons to influence societies to abandon the practice of female circumcision.

Therefore, it could be argued that anti-circumcision campaigners should collaborate with the diviners in the respective areas where female circumcision persists. Before examining the aforementioned strategy, a clear and concise account of divination of healing practices is examined in the next sections.

Oosthuizen (1999:46) points out that the diviner is, “very conscious of social order and group cohesion”. Divination is the most important way of also ensuring the society’s collective ethical ideals. According to Magesa (1997:220), divination is also important because it involves communication with the ancestors and constitutes a significant aspect of African spirituality in African Traditional Religion. The diviner that is directed by the ancestor uses supernatural powers which he or she is believed to obtain from them for healing purposes. Diviners are said to be “instruments” of higher powers. They possess the power to work out spiritual secrets.

Divination is highly specialized and is a religious calling and activity in Africa. Hence, it could be argued that diviners could be collaborated with for the purpose of the abandoning female circumcision. Diviners would be suitable because they communicate with the ancestors. Diviners would also be seen to be appropriate to collaborate with because they understand the life of the community. They operate within the context and the specific social pattern of the community. They are familiar with the religion and culture of their clients. Winterbottom et al (2009:60) reinforce

this possibility in view of the fact that the diviners also treat medical problems of the community, they would be aware of the erroneous beliefs that communities attach to the practice of female circumcision. For example the Masai women of Northern Tanganyika believe that female circumcision has health benefits. They believe that female circumcision prevents certain types of infection, and also prevents giving birth to blind babies, a belief that also exists in other parts of Africa. In this instance, diviners could play a crucial role by influencing these communities that female circumcision has nothing to do with these health problems.

According to Adongo et al (1998:23-40), a study conducted by the Navrongo Health Research Centre in which diviners consulted the ancestors on fertility was successful. Therefore, the diviners could also initiate a similar consultation on the abandonment of the practice of female circumcision. The Navrongo Health Research Centre is located in an isolated rural area of Ghana's northernmost region, and conducts research on the determinants of health, survival, and demographic dynamics in traditional populations. Nine lineage heads were paired with the diviners who consulted the ancestors. Subsequently the diviners collaborated with each lineage head, and thereafter the communication between the ancestors and diviners was documented.

A research programme like the aforementioned would be seen to be an effective strategy for agencies and anti-female circumcision campaigners where diviners are involved in abandonment programmes. This strategy could prove fruitful, since the practice persists because of the fear of displeasing the ancestors. Furthermore, since communities listen to and respect diviners, they are likely to influence the respective communities to discontinue the practice.

## 6.5 Conclusion

Many western-educated Africans resort to their religious faith when they encounter problems. Professors, ministers of Government and members of Parliament consult diviners and spiritual healers in times of need and distress. Traditional medicine and divination are some of the deeper structures that constitute the core essence of African Traditional Religion.

Scholars state that it is important for the medical fraternity to know and understand the African Worldview and the African concept of sickness. Likewise, medical students should be taught divination so that they may contextualise and understand the psychology of their patients.

It was pointed out in this chapter that within African Traditional Religion the maintenance of peace and harmony of the entire universe is crucial. The practice of female circumcision continues to persist because of the fear of disturbing the unity of the cosmos. The cosmos in African Traditional Religion is believed to constitute visible, invisible and inanimate objects.

Among the living, visible beings and objects are human beings, animals and plants. The invisible beings are God, ancestors, spirits and unborn children. The inanimate are the mountains, rocks, caves and rivers. All these exist in a balance of relationships within the context of the natural rhythm and cycle of life. If the balance and harmony of the universe is disturbed, then diviners are consulted to restore the order of the universe.

It was pointed out that in the African Traditional Religion, moral responsibility is a corporate affair, with the community being responsible for the conduct of its individual members. A wrong done to the individual is regarded as a wrong done to the whole community.

It was pointed out that in order of a legitimate discussion on the harmful cultural practices like female circumcision, it was important to acquaint oneself with the worldview that is propounded by African Traditional Religion. This would enable a positive reflection on and interpretation of female circumcision.

The issue of the ancestors has been explored in detail since ancestors are remembered in all religious activities. Furthermore, it was pointed out that it was the fear of displeasing the ancestors that is perpetuating the practice of female circumcision. The concept of cultural hermeneutics, if applied to the practice, would be an effective strategy to work towards its abandonment. Theorising and condemning the practice is not sufficient for change to occur.

There appears to be a general consensus among African scholars and leaders that the female initiation rite should continue to be practiced, because of its educational value. They say that the secular education that the youth receive does not equip them to cope with adult life in a responsible manner.

Ethics, morals and proper behaviour towards family and community are emphasised. Initiates are also taught self-discipline, how to control their anger and how to control their emotions. At the end of the initiation, initiates are fully aware of the moral standard of their community. Moral education is complete when one is married,

becomes a parent and sees their child through initiation. The social identity, the social status and a sense of belonging to a group or community that the female initiation rite affords the initiates are offered.

The discussion on diviners was meant to promote a better understanding of the cultural practices as they constitute a significant facet of African Traditional Religion. Divination in African Traditional Religion is also important, because the diviners are consulted for all sorts of misfortunes in society. They provide holistic healing in their respective societies and are consulted for the restoration of the unity, peace and harmony of the cosmos. They communicate very closely with ancestors for guidance and for their advice to their clients. Hence, it was suggested that diviners could play an effective role in the abandonment of female circumcision. Since diviners in African Traditional Religion are respected religious leaders they would be appropriate for anti-female circumcision campaigners to collaborate with international aid agencies towards the abandonment of female circumcision.

In the next chapter, the researcher addresses the issue of female circumcision in the context of the primary sources of Islamic Law, namely, the *Qur'an* and *Hadith* and gives an overview of the science for the acceptance of the credibility of *Hadith*. The *Ahadith* which seem to lend support to the practice are analysed and rulings of the four Schools of Islamic Jurisprudence on the issue of female circumcision are presented before making a case against the practice in light of Islamic Jurisprudence.

## CHAPTER SEVEN

# ISLAM AND FEMALE CIRCUMCISION

### 7.1 Introduction

This chapter attempts to examine whether female circumcision does in fact have a place in Islam. An overview of the Science of the Criticism of *Ḥadīth* is given before the views of Muslims scholars on the *Aḥādīth* which seem to advocate female circumcision are discussed. A case is also made as to why such a practice should not be condoned in light of the broad teachings of Islam.

### 7.2 Female Circumcision: A Religious or Cultural Practice?

Klein (1989:41) makes a very pertinent point in that although female circumcision is practiced mainly in Muslim countries, it did not originate with the rise of Islam. Moreover, Badawi (1999:47) clarifies that such a practice is not followed in many Muslim countries like Pakistan, Saudi Arabia, Iraq and Iran. Thus, one can safely say that the practice is followed on the basis of culture that due to the worldwide lobby against the practice of female circumcision, it has given rise to the misconception that such a practice is an Islamic requirement. Therefore, the primary aim of this chapter is to clarify whether there is any validity for the practice of female circumcision from the original sources of Islamic Law and the views of Muslim scholars and medical doctors on the subject.

### 7.3 Primary Sources of Islamic Law

The primary sources of Islam are the *Qur'ān* and *Ḥadīth* (pl. *Aḥādīth*, i.e., the authentic Sayings/Traditions of Prophet Muḥammad ﷺ).

### 7.3.1 *The Qur'ān*

The *Qur'ān* is the Sacred Scripture of Muslims and is regarded as the *verbatim* Word of God revealed to Prophet Muḥammad ρ over a period of approximately 23 years. It embodies the Divine Commandments which encompass all aspects of human life. It is regarded to be the primary source of the *Sharī`ah* (Islamic Law) and thus Muslims are duty-bound to uphold all its injunctions. Failure to do so would render Muslims as sinners.

It is necessary to point out that although the *Qur'ān* does not at all address the issue of female circumcision, it has nevertheless alluded to the fact that Allāh I does not in any way desire to place His servants into any form of difficulty. For example it categorically states:

*“He (Allāh) has not imposed difficulties on you in religion” (Al-Ḥajj, 22:78)*

*“Allāh intends for you every facility for you. He does not want to put you to difficulties.” (Al-Baqarah, 2:185)*

### 7.3.2 *The Ḥadīth*

The *Ḥadīth* is the authentic saying of Prophet Muḥammad ρ and Muslims are also duty-bound to uphold the teachings and practices of Prophet Muḥammad ρ which are



embodied in the vast volumes of *Ḥadīth* literature. The *Qur'ān* commands Muslims to obey Prophet Muḥammad ρ as is evident from the following verse:

*“So take what the Messenger assigns to you, and deny yourselves that which he withholds from you and fear Allāh, for Allāh is strict in punishment” (Al-Ḥashr, 59:7).*

However, what is important to note is that it is only what Prophet Muḥammad ρ enjoins upon Muslims to uphold on the basis of his authentic *Aḥādīth* that are meant to be upheld. It is for this reason that Muslim scholars have devised the Science of the Criticism of *Ḥadīth* laying down the criteria for sifting out authentic *Aḥādīth* from the spurious ones attributed to Prophet Muḥammad ρ. In what follows, the issue of the authenticity of *Aḥādīth* is briefly discussed.

### **7.3.2.1 Criteria on which the Authenticity of a *Ḥadīth* is Based**

It is important to note that every *Ḥadīth* report consists of two parts: the *isnād* (chain of narrators) and the *matn* (text). The *Muḥaddithūn* (Scholars of *Ḥadīth*) developed a unique science to authenticate the *Aḥādīth* on the basis on these two components.

### **7.3.2.2 *‘Ilm Asmā’ al-Rijāl* (Science of Criticism of the Narrators of *Ḥadīth*)**

The Science of Criticism of the narrators of *Ḥadīth* is in essence a critical evaluation of the life, career, and character of the people who actually reported the sayings of Prophet Muḥammad ρ. Doi (1984:54) reinforces this as follows:

In their attempt to set up tests of authenticity which would exclude unauthentic material, these Traditionists picked on the *isnād* as the testing point and worked out an elaborate system for testing the trustworthiness of these “chains” and of the individuals who formed the links therein, so that an *isnād* could be labeled “excellent”, “good”, “weak”, etc., and the Tradition itself rated accordingly.

In other words then, the principle governing the authenticity of the *isnād* is that it must be traced back to the original reporter and finally back to Prophet Muḥammad ρ through a chain of transmitters. Moreover, the essential criterion that had to be met in making the *isnād* valid and acceptable is that the links in the chain of narrators should have met each other forming a continuous chain. If a gap or “defect” exists in the chain of narrators, then the *Ḥadīth* would not be regarded as an authentic *Ḥadīth*. For example, if one or some of the narrators in the *isnād* was or were not known persons within the community then that would jeopardize the authenticity of the *Ḥadīth*.

In addition to meeting the above criteria insofar as the *isnād* is concerned, Doi (1984:55) mentions that the more the narrators in the *isnād* reporting a particular *Ḥadīth* belonged to the category of the *Ṣaḥābah* ψ (Companions) of Prophet Muḥammad ρ, the more credible the *Ḥadīth* would become. In other words, the less number of narrators in the *isnād* reporting a particular *Ḥadīth* leading to Prophet Muḥammad ρ, then the *Ḥadīth* would be regarded to be “weak” or “unauthentic”. Hence, the *Ḥadīth* which was narrated by a single *Ṣaḥābī* τ (Companion) of Prophet

Muḥammad ρ was normally not regarded as authentic. An example of that is a *Ḥadīth* that was reported by *Sayyidunā* Abū Bakr τ alone, in which he mentioned that at the time of the *adhān* for *ṣalāh* (prayer), i.e. when the Muslims were called to attend the compulsory prayer in the *Masjid*, one should kiss one's thumbs when Prophet Muḥammad's ρ name was recited. Since the compulsory five times daily prayers took place in the presence of a large number of Muslims without fail, such a *Ḥadīth* should have been reported by a number of narrators and hence in view of the fact that that particular *Ḥadīth* was only reported by one person then it was deemed unauthentic.

Furthermore, the character and moral behaviour of each narrator in the *isnād* reporting a *Ḥadīth* is given paramount importance. Azami (1977:58-59) points out that one of the second century scholars, namely, Ibn Al-Mubārak (d. 181 A.H), lists the following as a narrator's notable characteristics: "One who prays in congregation, does not consume alcohol, always speaks the truth and is free from mental problems." Hence, if any information is transmitted by a particular narrator who was guilty of indecent or immoral behaviour then his transmission would not be regarded as authentic.

The validity for implementing strict screening of the reports and reporters (narrators) of the *Aḥādīth* of Prophet Muḥammad ρ is based upon the following Qur'anic injunction:

*"O you who believe! If a wicked person comes to you with any news, ascertain the truth, lest you harm people unwittingly and afterwards become full of repentance for what you have done." (Al-Hujurāt, 49:6)*

### 7.3.2.3 Criteria for Assessing the Credibility of the *Ḥadīth* Texts (*Matn*)

Doi (1984:55) cites the criteria for the determination of the authenticity and inauthenticity of the *Ḥadīth* Texts (*Matn*) as follows:

- The *Aḥādīth* should not contradict any of the teachings of the *Qur'ān* or the accepted basic principles of Islam.
- The *Aḥādīth* which praise any tribe, place or person are rejected.
- The *Aḥādīth* that contain the dates and minute details of future events are rejected.
- The *Aḥādīth* that contain any remarks that are derogatory to the Prophet Muḥammad ρ are rejected.

### 7.3.2.4 Classification of the *Ḥadīth* and Categories of Authenticity

According to Doi (1984:56) the *Aḥādīth* are classified on the basis of the chain of narrators under three headings which specify the degree of their reliability.

1. *Mutawātir* (large number of narrators) and these are considered to be most authentic.
2. *Aḥad* (dependent upon one person's narrative) and not generally accepted as authentic and can even be rejected on that basis.
3. *Mursal* (missing a link in the *isnād*) and hence their credibility is doubted because in the chain of narrators there exists no *Ṣahābī* τ (Companion) and that is considered to be a serious flaw.

The *Aḥādīth* are also categorized under the following three broad categories:

- *Ṣaḥīḥ*: Most authentic based on fulfilling all credible criteria.
- *Ḥasan*: fair, although inferior in status to the *Ṣaḥīḥ* ones.
- *Da`īf*: weak traditions that are generally not considered to be very reliable.

#### 7.4 *Aḥādīth* on Female Circumcision

There are basically five *Aḥādīth* in which reference is made to female circumcision. Each of the *Aḥādīth* is hereunder analyzed with the aim of pointing out the flaws in them.

##### 7.4.1 *Ḥadīth* of *Umm `Atiyyah al-Anṣāriyyah*

Narrated *Umm `Atiyyah al-Anṣāriyyah* who was a woman and she used to perform circumcision in the city of Madīnah. Prophet Muḥammad ρ said to her: “Do not cut severely as that is better for a woman and more desirable for a husband.” (*Sunan Abī Dāwūd*, Kitāb al-Adab, Book 41, No. 5251).

Interestingly, *Imām Abū Dāwūd* (N.D.: 4:497) recorded *Hadīth* with the view of showing the defects in it which are as follows:

- It is reported in its general sense on the authority of `Ubayd Allāh ibn „Amr Ibn `Abd al-Mālīk and it is reported not as a direct quotation attributed to Prophet Muḥammad ρ.

- It is not of a strong chain of transmitters as one of its narration is *mursal* (i.e., there is no *Ṣaḥābī* τ (Companion) in its chain of transmitters).
- Muḥammad Ibn Ḥasan, the narrator of this *Ḥadīth* in the *isnād* is unknown.
- The *Ḥadīth* itself has been categorized as *ḍa`īf* (weak).

Moreover, Al-Shawkānī (in *Nayl al-Awṭar* N.D.:137-140) states that the often quoted *Hadith* of *Umm `Atiyyah* is *ḍa`īf* (weak) and that female circumcision is not a tradition to be followed.

Furthermore, according to Al-`Awwā, (1996:2-3), Dr Muḥammad Luṭfī al-Sabbāgh, a former Professor of Islamic studies at King Sa`ūd University in Riyadh, Kingdom of Saudi Arabia, maintains that since two great *Imams*, namely, Abū Dāwūd and al-`Irāqī, have judged this *Ḥadīth* to be *ḍa`īf* then one should not pay any attention to the later scholars who deem it as a *ṣaḥīḥ* (authentic).

#### **7.4.2 The *Ḥadīth* which implies that Female Circumcision is an Honourable Act**

Abū Malih Ibn Usāmā relates from his father that the Prophet ρ said: “Circumcision is a *Sunnah* for men and a preservation of honour (*mukramah*) for women (*Musnad Aḥmad Ibn Ḥanbal*, 5:75).

According to Al-`Awwā, (1996:3), Ḥāfīz Al-`Irāqī has judged the above *Ḥadīth* as *ḍa`īf* (weak). Moreover, all the narrators of this *Ḥadīth* are traced back to Al-Ḥajjāj Ibn Artā`ah whose narrations are not to be taken as a proof of a legal ruling for being *Muḍallah* (dishonest) in his narration.

Likewise, Al-Sabbāgh (1996:36) quotes the *Ḥadīth* scholar Abū `Umar Ibn `Abd al-Barr's view on the above *Ḥadīth* in the following words:

Those who consider female circumcision a *Sunnah*, use as evidence this *Ḥadīth* of Abū al-Malih. This is based solely on the evidence of Ḥajjāj ibn Artā`ah. This cannot be accepted as a reliable and authentic *Ḥadīth* because it is based only on one single (*ifrādī*) transmitter. The consensus of Muslim scholars shows that circumcision is for men.

Furthermore, Badawi (1999:48) points out that in the above *Hadith* a distinction is made between male circumcision which is described in a strong religious term (*Sunnah*) or commendable while another weaker description is given to female circumcision (*makrumah*) which implies no religious obligation.

#### **7.4.3 The *Ḥadīth* which Mentions the Coming into Contact of the Two Circumcised Parts**

Abū Mūsā τ reported: “There cropped up a difference of opinion between a group of *Muhājirūn* (Emigrants) and a group of *Anṣār* (Helpers) and the point of dispute was that the *Anṣār* said: “The bath (because of sexual intercourse) becomes obligatory only when the semen spurts out or ejaculates.” But the *Muhājirūn* said: “When a man has sexual intercourse (with a woman), a bath becomes obligatory (no matter whether or not there is seminal emission or ejaculation).” Abū Mūsā τ said: “Well, I will clarify you on this issue. He Abū Mūsā τ (the narrator) said: “I got up (and went) to `Ā`ishah (r.a.) and

sought permission and it was granted,” and I said to her: “O Mother of the Faithful! I want to ask you about a matter on which I feel shy.” She said: “Do not feel shy of asking me about a thing which you can ask your mother, who gave you birth, for I am too your mother.” Upon this I said: “What makes a bath obligatory for a person?” She replied: “You have come across one well informed! The Messenger of Allāh ρ said: „When anyone sits amidst four parts (of the woman) and the circumcised parts touch each other, a bath is obligatory” (*Ṣaḥīḥ Muslim*, 3:684).

Al-`Awwā, (1996.:5-7) explains that from the above *Ḥadīth* some people may consider this as a proof of the legality of female circumcision:

Such an argument can be refuted by the fact that in Arabic language, two things or persons may be given one quality or name that belongs only to one of them for an effective cause. Such an effective cause may be that this quality or name given to such two things or persons combined together – though belonging to only one of them – is more famous and commoner than that of the other. Other criteria may be strength, potency, eminence, or easiness in pronunciation. Such a form of duality given one quality or name is common in Arabic regardless of whether the two things or persons forming duality are two males or females or a combination of a female and a male, and whether the common quality or name belongs to a male or a female. Some examples may be as follows:

1. The name “*Al-`Umran*” is given to Abū Bakr and `Umar.
2. The names “*the two moons*” and “*the two lights*” are given to the moon and the sun together despite the fact that the moon is visible by reflection of sunlight.



3. The two '*Ishā's*' is given to the two prayers of the *Maghrib* and '*Ishā'*', and the "*two Zuhrs*" is a name for the two prayers of the *Zuhr* and the '*Asr*'.
4. The term "the two black things" is given to dates and water combined despite the fact that water has no colour.
5. The river and the sea are called when combined together "*the two seas*" as Allāh says, "the two seas are not alike...." (*Qur'ān, al-Fātir: 12*). The first of the two seas is a river and the other stands for a real sea; however, the river and the sea, when combined together forming duality, are called the two seas for the sea is greater than the river. Here, the greater name takes priority.
6. "*The two Marwahs*" is a term given to the two hills of Ṣafā and Marwah in Makkah. Likewise, "*the two yellowish things*" is a name for the two materials: silk and gold, though silk is of many colours.
- 7.

Al-'Awwā then sums up his argument by stating that as far as the above *Hadith* is concerned, it is originally in the context of what makes *al-ghusl* (ritual bath) obligatory and has nothing to do with the issue of circumcision. In addition, he mentions that all scholars interpreted this *Hadīth* as follows: "Mere meeting of the sexual organs does not require *ghusl* except if the act of having sexual intercourse actually happens. Hence, if the literal meaning of the *Hadīth* is not addressed, then how can we accept its wrong implication?"

#### **7.4.4 The *Hadith* which Describes Circumcision as Part of Fitrah (Natural Disposition)**

*Sayyidunā* Abū Hurayrah τ said: “I heard the Prophet ρ say: The *fiṭrah* is five things – or five things are part of *fiṭrah* – circumcision, shaving the pubes, trimming the moustache, cutting the nails and plucking the armpit hairs” (*Ṣaḥīḥ al-Bukhārī*, 5891)

Al-`Awwā (1996.:7-8) stresses the fact that the above authentic (*Ṣaḥīḥ*) *ḥadīth* does not in any way constitute a proof of female circumcision as shaving the moustache and growing the beard are acts peculiar only to men. This is agreed upon by Muslim scholars. Moreover, he mentions that Ibn `Abd al-Barr in his book entitled *Al-Tamhīa* maintains that circumcision is one of stressed traditions for Messengers of Allāh and thus it is inevitably applied to men. Furthermore, he states that another proof to negate the legality of female circumcision is that there is no evidence that any of the Prophet's daughters or wives (r.a.) had been circumcised, which proves that if the female circumcision was categorized as one of Islamic rites, then Prophet Muḥammad ρ would be the first to apply it to his daughters and wives.

#### **7.4.5 The *Hadīth* Pertaining to the Enjoining of Female Circumcision on the Women of al-Ansar**

`Abd Allāh Ibn `Umar τ reported that the women of Al-Anṣār (i.e., the Helpers of the Prophet in al-Madīnah) were enjoined to practice female circumcision.

According to al-Shawkānī (N.D.:1:139) the above *Ḥadīth* is *ḍa`īf* (weak) and it has been related by Abū Na`īm with a chain of transmitters that includes Mindal Ibn `Alī who is deemed weak in narration. Moreover, al-Shawkānī mentions that that particular *Ḥadīth* is also related by Ibn `Addiyy with a chain of transmission having Khālid Ibn `Amr Al-Qurashī, who is deemed weaker than Mindal.

## **7.5 Muslims and the Practice of Female Circumcision**

It is important to reiterate here that according to al-`Awwā (1996.:17) female circumcision is not practised in most Muslim countries, such as Saudi Arabia, Gulf States, Lebanon, Syria, Palestine, Libya, Tunisia, Algeria, Morocco, Pakistan and Indonesia. Thus one may rightly question whether it is reasonable to think that this practice is an Islamic rite or a *Sunnah* when such a practice is not being upheld by the vast majority of Muslims residing in these Muslim countries? However, it must be conceded that female circumcision is practised in 28 African countries (including Egypt and Sudan) and in a few Middle Eastern countries (Yemen and amongst the Kurdish communities, etc.).

Al-`Awwā (1996:39) mentions evidence exists from published statistics that 95% of all Egyptian females are subjected to circumcision. Caldwell et al (1997:1184) explain that the types of cutting take one of these three forms: Type 1, commonly known as *Sunnah*, in Muslim countries and it consists of the removal of the prepuce or hood of the clitoris. Type 2, known as excision, entails the removal of the clitoris and all, or part of the labia minora. Type 3 is called Pharonic or infibulation, which consists of the removal of the labia majora, followed by the stitching of the two sides of the vulva, leaving a small opening for urination and menstruation.

## **7.6 Reasons for the Perpetuation of the Practice of Female Circumcision**

The question that needs to be addressed is why do Muslims still practice female circumcision? There are three plausible reasons for that which are hereunder discussed.

### **7.6.1 The Belief that Female Circumcision is *Sunnah***

Dareer (1982:103) while conducting her research in Sudan, found that the practice of female circumcision persist in view of the fact that the practice is regarded as a *Sunnah*, and hence her respondents attested to the fact they attached great importance to the practice. Most of the respondents had this to say: “This is the *Sunnah* of the Prophet ρ” or “We are following our religious teaching, we are Muslims“.”

### **7.6.2 Rulings of the four Schools of Islamic Jurisprudence**

Muslims in general belong to either one of the four Schools of Islamic Jurisprudence and their rulings on female circumcision account for the perpetuation of the practice. *Mawlānā* Qamruz Zaman of London, UK (<http://islamqa.org/hanafi/muftisays/9360>) summarizes their rulings:

1. In the Ḥanafī School of Law, female circumcision is permissible within itself but not considered to be a *Sunnah*. (i.e., no religious virtue). (*Shāmi` Fatāwā Raḥīmiyyah*, Vol. 6: 261).
2. It is considered a preferred act (*mandūb*) for women in the Mālikī School of Law. They rely upon the *Ḥadīth* of *Umm `Atiyyah* for this ruling. (*Bulghah al-Sālik li-Aqrab al-Masālik and Ashal al-Madārik Sharḥ Irshād al-Sālik*).

3. In the Shāfi`ī School of Law, circumcision is considered an obligation for both men and women. This is the official ruling of that School of Thought. Some Shāfi`ī scholars express the view that circumcision is obligatory for men and merely *Sunnah* for women (*al-Majmū`*).
4. In the Ḥanbalī School of Law, circumcision is obligatory for men and merely an honorable thing for women. It is not obligatory for them. The Shāfi`ī jurist, Ibn Qudāmah, observes: “This is the view of many people of knowledge. Imam Ahmad said that it is more emphatic for men (*Al-Mughnī*, 1/115).

### **7.6.3 Endorsement of the Practice of Female Circumcision by Certain Muslim Scholars**

Another reason why the practice of female circumcision continues to persist within the Muslim communities around the world is that the so called *Sunnah* is endorsed by certain Muslim scholars. For example, Abdur Razzak (1998:47-52) points out that when doctors condemned the practice of female circumcision in the magazine *Al-Duktūr* (The Doctor) in Egypt in the 1950s, Islamic *fatāwā* (rulings) on the practice were issued. Some Islamic scholars and jurists argued that the Type 1 circumcision posed no health problems, therefore the practice of female circumcision should continue. The practice was justified, based on removing only the tip of the clitoris, which they claim posed no problem. The benefit of the *Sunnah* or Type 1 circumcision was explained as follows:

There is no doubt that female circumcision done in this way – only removing the protruding part of the clitoris and letting the rest remain – brings good health and feminine grace to the girl and protects her

morality, chastity and honour, maintaining within reason the necessary sexual sensitivity.

Moreover, an Egyptian *mufīī*, responding to the doctors' condemnation of the practice, remarked:

As for the medical opinions, which were published in the magazine *Al-Duktūr* and elsewhere regarding harmful effects of female circumcision, they are individual opinions which have no scientifically agreed foundation or established scientific basis.

Another response to the doctors condemning the practice was that they should hold conferences on the practice of female circumcision and then prove the harm that the practice causes. The following was a suggestion from a prominent member of the Muslim community:

In matters of this nature, it is necessary to refer to experts, including in this case, doctors. However, we must not refer to them alone as the magazine *Al-Duktūr* has done. We should deal with the question through proper research by holding a conference where every doctor should give his opinion supported by evidence and then the others should argue with him until all reach a unanimous verdict informed by full investigation and a definitive position can be reached.

It is unfortunate that some jurists issue Islamic rulings in support of the practice of female circumcision. Their stance is based on weak, fabricated, unauthentic *Aḥādīth* (as mentioned above in this chapter) that cannot be used as proof to justify female

circumcision. In addition, the term *Sunnah* associated with the practice of female circumcision is creating a misunderstanding within the fold of Islam. Although the Prophet of Islam, Prophet Muḥammad ρ, is often quoted, and erroneously associated with the practice, he did not sanction the practice of female circumcision. During his lifetime, he emphasized that special attention, care and love be given to women and children. In his final speech to the Muslim community, he specifically reminded Muslims to be kind, fair and just to women in all matters.

Elyas (2000:32-33) points out that there are many Muslims who are not clear on the Islamic ruling and on the practice of female circumcision. For example, a research conducted at the Ahfad University in Sudan reveals that there exists a gap in adequate and precise information on the practice of female circumcision. The young women at the University had been searching for new information on the practice, but the only available information on the practice of female circumcision appears to be in outdated literature and from peers.

Although the students were aware of the different types of female circumcision, and acknowledged certain negative health experiences in the lives of friends and peers, they were not sure, of their own personal decisions on the practice. The research findings were as follows:

The study concluded that the group of young female students are in a stage of uncertainty, where they, on the one hand, did not believe in the practice and would like to stop it for future generations of women, and on the other hand, they did not have satisfactory, convincing information or arguments which would support them in their decision to discontinue that practice.

Moreover, Hassan (2000:1-2) states that in a comprehensive scientific study conducted between 1996 and 2000, it was revealed that the absence of correct religious ruling (Islamic ruling), legal information, and faulty socialization were in fact contributing to the continuation of the practice of female circumcision in Khartoum, Sudan. Statistics indicate that 87.6% of the female pupils and 89.5% of the mothers in urban areas had been circumcised. The situation in the rural areas was worse.

Findley (2001:161-163), in his book, *Silent No More, Confronting America's False Images of Islam*, emphasizes the need to reach a global consensus on the practice. He contends that what was missing and badly needed was a unanimous denunciation of female circumcision by the authorities on Islamic Jurisprudence. He points out that Dr Muzammil Siddiqi, the former President of the Islamic Society of North America and a member of the Islamic Law Council of North America, emphasizes that there is an urgent need to review long-standing judicial rulings "in the light of present day realities confronting Muslims". In other words, without clear, concise arguments and reviewing at the existing rulings, it would be difficult for Muslims to abandon the practice of female circumcision altogether.

## **7.7 Female Circumcision and Health Hazard**

Badawi (1999:52) rightly asserts that cultural practices *vis-à-vis* female circumcision should be evaluated on the basis of two criteria, namely:

1. Whether it is required by one's religion?
2. Whether there are medical and other relevant issues to be considered in evaluating this practice?



Findley (2001:159-160) highlights the findings of the Population Council on the issue of female circumcision as follows:

In February 1999, the Population Council reported on the survey conducted in 1997 of more than nine thousand Egyptian children and their parents. It disclosed that 84 percent of the girls between ten and nineteen years of age were subjected to the surgery. Although noting some decline in the practice, the report added: "More than 90 percent of Egyptian girls are circumcised around the age of five or six. Around 70 percent of the operations are performed in the home in unhygienic conditions, sometimes resulting in death from bleeding or infection. The practice persists due to religious and cultural beliefs that [it] is necessary to moderate female sexuality and make girls more feminine and marriageable."

Moreover, Al-'Awwā (1996:12) cites some of the erroneous beliefs which perpetuate the practice of female circumcision amongst the Egyptians:

1. Female circumcision tends to reduce and control the sexual desire of the unmarried and married woman, which help both maintain their honour, decency and chastity.
2. The uncircumcised woman may have strong sexual desire which may cause exhaustion to her husband. On the other hand, the circumcised woman's sexual desire is restricted and her need for sex is not excessive. Such a woman is able to maintain her chastity in case her husband is absent or ill. All this is

to make the husband guarantee satisfaction and pleasure and feel more confident in his wife's conduct.

3. Circumcision helps the female to become mature and thus fit for being married and giving birth, which is considered as a baseless thought.
4. Circumcision is a means of beautifying and purifying the female as it frees her from ugly and unclean parts in her body.

Furthermore, what is alarming is that Dareer (1982:49), a Sudanese medical doctor who was circumcised in 1960 at the age of 11, made the startling discovery that out of the 3 210 women in 5 provinces in Northern Sudan whom she interviewed, 2 636 (83.13%) had undergone Type 3 Pharonic circumcision. She records their agony in the following words:

The pain inherent to defloration, the subsequent tearing and bleeding, combined with the fact of a severe circumcision that has deprived her of areas crucial to experiencing sexual pleasure (clitoris and labia) all militate against a woman achieving sexual fulfilment. Women are always afraid and need time and patience to attain any degree of sexual receptivity. Of those women we interviewed, 50% said they have never experienced sexual pleasure and simply regarded the act as a duty; 23.3% were very indifferent, and the remainder found it pleasurable either altogether or only sometimes. The impression received when asking whether or not they enjoyed sexual relations was that their own feelings were irrelevant and the main object was to please and satisfy their husbands.

Abdalla (1982:12) points out that Pharonic circumcision is also commonly practised in Somalia, where almost every girl is circumcised and the majority are infibulated. It is also practiced in Upper Egypt and in West Africa and among the Muslims in Mali and Nigeria.

The Pharonic circumcision or infibulation poses severe medical complications. An article in *Africa Perspectives* (2006:12) describing the medical problems of the Pharonic (infibulation) in Djibouti, states that many of the operations of female circumcision are poorly executed. Fatima Hatchi, one of the only two gynaecologists in Djibouti, treats women who suffer complications from infibulation daily. Girls are regularly treated for profuse bleeding, due to female circumcision.

The writer of this thesis interviewed gynaecologists in State Hospitals in the Gauteng Province in South Africa (2003/2004). The gynaecologists revealed to her that they were also treating a significant number of circumcised women with complications from Sudan, Somalia and other African countries.

## **7.8 Female Circumcision in Light of Islamic Jurisprudence**

Badawi (1999:52) affirms that the practice of female circumcision loses its legitimacy as a requirement in Islam due to the damage and harm that it causes. A practical manifestation of the juridical principle “Harm must be eliminated” (*al-dararu ūzal*) is a reiteration of the *Qur’anic* verse, “*God does not intend to inflict hardship on you*”.

Although customs (*ʿUrf*) are regarded as important subsidiary source by all Schools of Islamic Jurisprudence, with the Mālikī School giving preference to it, and accommodating cultural practices, it is important to note that any cultural practice that contradicts any other rule of the *Sharīʿah*, for example, preservation of health and life would be deemed an unacceptable custom and hence it ought to be rejected. Nadvi (1989:42) sums up the argument by stating that one of the basic juridical principles of Islam is expressed in the *Ḥadīth* of the Prophet ﷺ when he said, “Do not harm yourself or others”.

Al-Sabbāgh (1996:22) reveals that *Shaykh* Dr ʿImād al-Dīn Aḥmad denounces all forms of female circumcision and categorically states:

“Since it has neither hygienic nor religious value, there is no justification for Muslims to engage in this painful and potentially harmful practice, and it would be best to avoid it completely.”

Al-ʿAwwā (1996:41-42) mentions that Muslim jurists assert that the removal of the labia majora, which are the two outer folds of skin of the vulva surrounding the entrance for intercourse, calls for the payment of the full amount of blood money. Blood money is a punishment for the person who pays it and compensation for the one who receives it. In explaining this ruling they state that sexual satisfaction is linked with the labia, and since this ability is lost, punishment and compensation is incumbent.

Ibn Ḥazm advocates retaliation against intentional practice of Pharonic circumcision and paying blood money in the case of mistakes committed during the process.

Dawood (1996:29-30), on the issue of infibulation in Sudan, quotes the following article which appeared in a Sudanese newspaper about infibulation:

A man who allows his daughter to be subjected to circumcision in the manner now common in the Sudan, namely infibulation, is damned in Islamic law. He commits a major crime and a cardinal sin. The same is true of any mother or woman who performs it. It is stupid and foolish for a father to say, „I do not interfere in such a thing, for it is a matter for women to decide“, thus ignoring the saying of the Prophet ρ that „Each of you is a guardian, and each is responsible for his charges.“ In Al-Bukhārī’s and Muslim version of this *Ḥadīth*, both parents are included as bearing such responsibility. Such a father would also be ignoring the *Ḥadīth* which states that „Whenever any of you witnesses an abomination, let him rectify it with his hand; if he cannot, then with his tongue ...“

A father can rectify the abomination by suing the woman who has performed infibulation, even if she is his own mother, and having her brought before court. God, if He pleases, will reward him when he does that for obeying His order to have abominations in society rectified, and for observing God’s injunction.“ Allāh says in the *Qur’ān*: “*O you who believe! Stand out firmly for justice, as witnesses to God, even as against yourselves, or your parents, or your kin, and whether it be (against) rich or poor. For God can best protect both. (Al-Mā’idah, 5:135).*

## 7.9 Conclusion

The *Qur'ān* makes no mention of female circumcision, directly or indirectly, and there is no analogy that is relevant and admissible to support female circumcision in Islam. Regarding the *Aḥādīth* from which legitimacy of female circumcision is deduced, it was pointed out that all these *Aḥādīth* are categorized as weak and unauthentic by virtue of the fact there are inherent flaws in them and the practice of female circumcision leads to serious implications for human health and life.

What is urgently needed is for contemporary Muslim scholars to be bold and display leadership qualities by denouncing the practice of female circumcision and calling for its abandonment in contemporary times. Jamal Badawi (1999:46) rightly asserts that it is the practices of Muslims and their understanding that need revision, rather than the revelatory sources, if properly understood, and more importantly, implemented.

Gollaher (2000: 192-193) states that *Shaykh* `Abbās, former Rector of the Muslim Institute of the Mosque of Paris, emphasizes the point that there is no existing religious Islamic text of value to consider when condoning the practice of female circumcision, since the practice is totally non-existent in most of the Islamic countries. Likewise, Doctor Ṭahā Jābir al-Alwānī, former Chairman of the High Council of the Islamic Society of North America, subscribes to the view that there is no text in the *Qur'ān* or authentic *Sunnah* (interpretation) that commands female circumcision. Moreover, McKay (2006:4) mentions that the late *Shaykh* Muḥammad Sayyid Ṭantāwī, the former Grand Shaykh of al-Azhar, *Sunnī* Islam's most prestigious University, whose *fatāwā* (religious edicts) and words are followed by millions of Muslims around the world for direction in their lives, emphasized that the practice of female circumcision was never mandated in Islam. He made a landmark public denouncement of the practice at a conference held in Egypt in 2006. Also present at that conference was *Shaykh* `Alī Jumu`ah, who was then regarded as the most senior judge of Islamic law in Egypt.

Finally, according to Islamic Law, any cultural practice that causes harm to a person is not acceptable. Since the practice causes pain, distress and often results in medical complications and has no known benefits, the practice must be abandoned.

In the next chapter, the researcher attempts to examine how the cultural practice of female circumcision in the context of African Traditional Religion came to be synthesized within the Islamic religion. Hence, the manner in which female circumcision came to be retained when the African communities accepted Islam as a source of identity is examined.

## CHAPTER EIGHT

# RELIGIOUS AND CULTURAL SYNTHESIS *VIS-À-VIS* THE PRACTICE OF FEMALE CIRCUMCISION IN AFRICA

### 8.1 Introduction

In this chapter an attempt is made to unravel why the practice still persists in some Muslim African communities even though the practice is not mentioned in the *Qur'ān* and many scholars of Islam do not advocate the practice of female circumcision. The manner in which the Mandinga of Guinea Bissau and other African communities retain the practice when they adopted Islam is tackled from an historical perspective. Hence, the historical role of the teachers of religion and community leaders in the context of the retention and/or the abandonment of the practice of female circumcision is examined.

### 8.2 Female Circumcision as a Source of Social Identity

Shell-Duncan and Hernlund (2000:23) aptly state:

Female „circumcision“ is often seen to be somehow associated with Islam. This is perhaps not surprising, considering Islam’s compulsory circumcision of males and the frequency with which female genital cutting is practiced among Muslim groups. It is important to note,



however, that the *Qur'ān* does not require Female „Circumcision,“ that not all Islamic groups practice female genital mutilation, and that many non-Islamic ones do.

Easton et al (2003:445) agree with the above sentiment and state that the practice is inaccurately identified with Islam and that female genital mutilation is not sanctioned by the *Qur'ān*. Badawi (1999:3) re-enforces the fact that there is no single text of the *Qur'ān* and *Ḥadīth* which mandates female circumcision.

Various explanations have been offered by several authors and researchers as to why Muslims practice female circumcision, despite the fact that it is not mentioned in the Muslim Holy Scripture. Johnson (2000:220) reporting on her research among the Mandinga of Guinea-Bissau, West Africa states:

In my research with Mandinga men and women, however, I discovered that the relationship between female “circumcision” and Islam extends beyond what is explicitly stated (or not stated) in Islamic texts. Whether others claim that Islam does not advocate the practice for women is not the issue, since many Mandinga with whom I spoke to are fully convinced that it does.

In describing the perception of the practice of female circumcision among the Mandinga, Johnson (2000:232) states:

The Mandinga case thus sheds light on a number of important issues in the study of female “circumcision”. First, it underscores the fact that religious identity is constructed in locally specific ways that often differ from global doctrines and texts. That there is no textually founded basis for Female “Circumcision” does not undermine the centrality of the practice for religious identity among the Mandinga.

### **8.3 The Preservation of the Practice of Female Circumcision with the Adoption of Islam**

When certain African communities adopted Islam a few centuries ago, the practice of female circumcision was easily accommodated and absorbed into their lifestyle. Mazrui (1986:81) in his book, *The Africans*, a BBC publication, states that the practice of female circumcision has been retained by African Muslim communities due to Islam’s culturally accommodating nature. He explains that the culturally compliant disposition of Islam ensures that the practice persists. Although the practice is un-Islamic, he points out that “yet such deeply Muslim societies as Somalia and Northern Sudan practise female circumcision on a relatively wide scale.”

Trimingham (1961:41) concurs with Mazrui and explains the manner in which the practice is absorbed into African communities:

The process of Islamization adopts the way of myth and fable. Circumcision and excision are given Islamic legends of institution based on the Abrahamic myth. The custom has acquired a new supernatural

sanction: no longer is it practiced because it was the custom of ancestors, but because God ordained it. Consequently it is transformed into an Islamic purification rite.

#### **8.4 Religious and Cultural Contact in Africa**

African, Islamic and Western cultures have interacted for many centuries, resulting in the inhabitants of Africa experiencing great social, religious and political change. Mazrui terms this contact the Triple Heritage. Mazrui (1986:81) describes this heritage and explains that:

Contemporary Africa's triple heritage of indigenous, Islamic and Western legacies is just the modern culmination of a much older Triple heritage - the heritage of indigenous, Semitic and Greco-Roman influences on Africa. The ancient Semitic strand has now narrowed and focused more firmly on Arab and Islamic influences.

A paramount embodiment of the Ancient Triple Heritage (Indigenous, Semitic and Greco-Roman) are North Africa and Ethiopia; a notable embodiment of the Modern Triple Heritage (Indigenous, Islamic and Western) are Nigeria and Sudan.

The practice of female circumcision is highly prevalent in many areas in West Africa, although it exists in other parts of Africa. In addition, the successful Tostan abandonment project outlined in this thesis has also occurred in Senegal, West Africa.

#### **8.4.1.1 The Interaction and fusion of Islam and African Traditional Religion in Africa**

Trimingham (1961:24-43), in his book, *Islam in West Africa*, deals with the impact of Islam, the manner in which it influences African society and conversely the manner in which the African community moulds the Islam it receives. Islam in West Africa spread during two main eras. The first was the slow spread from the 11<sup>th</sup> to the 17<sup>th</sup> centuries through traders and clerics. The second occurred through the African Fulbe Movements of the 19<sup>th</sup> century. This resulted in the formation of Islamic states, especially under European occupation. In discussing the results of culture contact and its reciprocity, he states:

Islam has become an African religion. The changes that ensue from the meeting of cultures are dynamic in character. Islam and African cultures have a reciprocal influence. As it spread among Africans Islam was conditioned by their outlook and customs, but Islam in turn changed their outlook and customs.

The assimilation of Islamic culture occurred in three phases. The first step was the preparatory stage, when certain elements of Islam entered into the African way of life. In the second stage a separation from the old order ensued. In the third stage the life of the community gradually changed.

The social pattern was not suddenly changed but remained a unity that was characterized by its own pattern of customs. With the lapse of time Islam became closely intertwined with communal life, without disintegrating its basic structure.

New features were added but elementary habits like the composition of the extended family, the authority of its head and rules of succession were minimally affected.

The new culture that resulted due to the contact of African and Islamic cultures could be compared to an embroidered cloth. The African culture was the core fabric. Onto this was embossed the Islamic way of life. With the passage of time, that pattern was woven into the very texture of the core fabric. The basic bottom layer was not always noticeable but remained firmly anchored as a base, and provided the variation between different communities in Africa.

When new religious elements were accepted they were reinterpreted and the interpretation was predominantly, though not fully, in terms of the old. The process did not occur in static terms of addition and subtraction but in dynamic terms of growing more fully into Islam. Hence, Islamic culture that was assimilated from African culture became transformed in the process, as Trimingham rightly explains: “It is assimilated, not adopted, into Islam; at the same time Islam is affected by what it assimilates. The result is not fusion but synthesis.” For example, the observation of the New Year festival in African life combined with the Islamic observation of *‘Āshūrah* (10<sup>th</sup> *Muḥarram*) became both Islamic and African.

The adoption of Islam resulted in a profound reintegration of the cultural life of the community. Throughout this process many elements were not assimilated at once, hence they remained proscribed for some time. They were only modified when a reformer mobilized public opinion against them.

## **8.5 Islam's Cultural Flexibility and the Historical Practice of Female Circumcision**

Islam's cultural flexibility has enabled the practice of female circumcision to be retained by Muslims. Mazrui (1986:141-142) emphasizes this, stating "Islam has also been less militant against certain practices which are both un-Islamic and un-Christian. One illustration is female circumcision." It is this cultural flexibility, Islam's accommodating characteristic and the flexibility of the religious teachers with African custom that has facilitated the retainment of the practice.

Trimingham (1961:41, 148) holds the view that when religious teachers and the Islamic tutors and leaders preached on the various rituals, habits and ways of Islam, historically, they were aiming at retaining Islamic identity and at the same time were flexible with their rules and regulations. Islamic law books were consulted and these tutors were deemed the final authority. Subsequently, they decided on what and how to teach Islam. A strong characteristic of African Islam is its flexibility in its accommodation of African custom. Islamic religious institutions consists of extreme formalism, but social life was governed primarily by custom, even though there were incongruities with certain Islamic laws.

An example of this is the custom of widow inheritance among the long Islamized Dyula, there was no attempt from the religious teachers to stop the custom. Unless new factors intervened, no teacher objected to the brother of the family head inheriting his position and property.

## 8.6 The Interaction of Indigenous Culture, Customary Law and Islam

According to Mazrui (1986:95-96) the Empire States of Ancient Mali and Ancient Songhay developed through the interaction between Islam and indigenous culture. In some instances the rulers were fervent Muslims and developed Islamic scholarship in court and beyond. These scholars influenced court and policy formation. Examples of such influence were the court of Muhammad Toure in his rule in Songhay between 1492 CE and 1582 CE and the court of Idris Alooma (1571-1603 CE) of the Kanem – Bornu Empire.

Aspects of Islamic law such as the *Shari`ah*, was acknowledged by the colonials in areas where Muslims were present in significant numbers. Islamic law still exists in postcolonial Kenya, particularly in private and civil law. However, the current aim is to integrate Islamic indigenous and Western derived law. Hence in Northern Nigeria applied Islamic law rests on the foundations of African law and custom. The Triple Heritage in law is sought for many African countries, the most enthusiastic country in this respect being Kenya.

Trimingham (1961:126-148) is of the view that law consisted of three categories, namely customary law, Islamic law and the regulation of the ruling authority. Generally, custom was the fundamental law and Islamic law was subordinate, since custom determined what elements should be adopted or rejected.

With the passage of time Islam's social pattern became ingrained. This is visible in towns like Timbuktu, Jenne, Sokoto, Fez and Tripoli. But the dualism is evident in the neighbouring agricultural villages of Songhay, Bozo, Hausa and Kanuri. Mosaics

of indigenous and Islamic elements were fused, resulting in complex and poorly integrated combinations.

Finally, when an Islamic element was adopted integrally, the indigenous aspects dominated and immobilized the institution. Islamic law very often opposed certain practices like ancestor worship. In this instance centuries passed before Islamic law dominated customary law.

### **8.7 The Mālikī Legal School in Africa and the Practice of Female Circumcision**

Trimingham (1961:148) points out that the Mālikī School of Islamic Jurisprudence which prevails in Africa allowed for the application of customary law. Mathee (2004:19) explains that the *Qāḍīs* (Islamic Judges) used social reality as a guide. The work of the Timbuktu *Qāḍīs* of West Africa has been unique from two perspectives. Firstly, it reflects the social history of the city and of the wider region which consists of present day Mali, Niger, Mauritania and Sudan, its people and their customs and politics. Secondly, the way the *fiqh* (Islamic Jurisprudence) scholarship of Timbuktu was unique was in the application of the principle of public welfare. Mathee, in describing the Mālikī School and Timbuktu as a pronounced centre of learning, states, “The one field with arguably the largest knowledge production in Timbuktu is that of *fiqh*, specifically the *fiqh* of the Mālikī legal school of thought.”

This also seems to explain why the practice of female circumcision persists in West African Muslim communities, namely that the legal schools adapted to social reality as a guide, and accommodated customs. In addition, the Mālikī School is more accommodating than the other three schools of Islamic Jurisprudence.



Ramadaan (2005:197) explains that it was also during the 12<sup>th</sup> to the late 19<sup>th</sup> century that aspects of Islamic Jurisprudence have been totally neglected due to the attack by the Tartars from the East. The door of *Ijtihād* (Intellectual Deliberation) was henceforth closed.

It is important to point out that certain Schools of Islamic Jurisprudence dominated in certain areas of the Muslim world. The Mālikī School predominated in West Africa and North Africa. According to Trimmingham (1961:162-163) this seems to be the chief reason why the correct Islamic ruling on the practice of female circumcision was not reviewed in the past and still exists in some Islamic communities. However, according to Islamic Jurisprudence any customary practice that causes harm is not acceptable.

Trimingham lucidly explains how Islam and African Traditional Religion integrated and the manner in which the practice of female circumcision was retained by African communities:

These rites were never supernaturalized in Islam. They are not mentioned in the *Qur'ān* and jurists regard the *Ḥadīth* material as very weak. The *Risālah* of Ibn Abī Zayd that West Africans follow states that circumcision is obligatory (*wājibah*) and excision (*khifaḍ*) commendable.

Trimingham discusses how the practice of female circumcision takes on a new meaning with the adoption of Islam:

Clerics relate stories of how Abraham circumcised himself after receiving a command from God, and how one of his wives excised a Negro concubine of whom he was too fond. Through such stories clergy represent the rites as ordained by God not practiced merely because the ancestors did them. The custom is therefore transformed into an Islamic purification rite. Usually the cleric is not involved, though in certain regions he performs the operation, accompanying it with prayer incantation which brings Islam into the former transition rite.

## **8.8 Conclusion**

This chapter has shown why certain Muslim communities in Africa believe that the practice of female circumcision is a requirement of Islam. A historical account of the practice was given on the existence of the practice of female circumcision in the present era. The manner in which culture and Islam has fused and female circumcision accommodated into the lifestyle of the specific communities was elucidated.

This chapter also shed light on aspects of the international discourse surfacing in contemporary times on the religious aspect (Islamic) of the practice of female circumcision. The reason why Muslim communities are still practising female circumcision in Africa, although many Islamic scholars, leaders and the like do not advocate the practice, was discussed.

Since female circumcision provided social identity to the communities, it was retained as a way of life in earlier times. It should also be noted that in this context, the clergy had the final authority to preach to communities. Interestingly, it was also the clergy who were the key role players in the Tostan abandonment project, where their efforts contributed towards the abandonment of the practice. The women were personally informed that adherence to female circumcision did not elevate their honour, respect and dignity.

In the next chapter, the researcher tackles the question as to whether legislation against female circumcision has been effective or not and discusses alternative abandonment initiatives being undertaken in African countries.

## **CHAPTER NINE**

### **FEMALE CIRCUMCISION: THE WAY FORWARD**

#### **9.1 Introduction**

This chapter addresses female circumcision abandonment initiatives in certain African countries. The aim is to assess whether the legislation route against female circumcision undertaken by certain African countries against this practice is the way forward or whether other innovative strategies initiated in some other African countries may be more plausible to yield, in the not too distant future, the necessary positive results to end this practice of female circumcision. Moreover, the abandonment project initiated in Senegal is closely examined in order to determine the reason for its success in curtailing female circumcision.

#### **9.2 African Initiatives**

Under this section the African initiatives against female circumcision is addressed with the aim of highlighting their success and drawback in the fight against female circumcision.

##### **9.2.1 Church Involvement**

According to Dareer (1982:92), in 1906 the Church of Scotland in Kenya embarked on a campaign against female circumcision through its medical missionaries in Kikuyu hospitals, advocating that the girls living in Christian boarding schools would

not be circumcised. However, in 1926, the local community decided that their daughters should be allowed to undergo excision of the clitoris only. The Christian missionaries vehemently opposed that and the whole issue flared up into a political standoff which resulted in the missionary schools not only losing their teachers, but also facing other educational setbacks.

### **9.2.2 Legislations against the Practice**

Subsequently, in 1982, President Arap Moi of Kenya declared female circumcision to be illegal and took a firm stance against the practice and issued the following statement: “Whoever will be found committing the act or encouraging it will be persecuted” (Klein, 1984: 44).

Caldwell et al (1997:1191) report that similar official declarations banning the practice were also made in Burkina Faso. They also point out that in Nigeria in the mid-Southern city of Benin, capital of Bendel state, a public demonstration against female circumcision was organised in October 1989 by a women’s movement and a university medical school. In 1994, the Nigerian department of women’s affairs issued a decree outlawing female circumcision. This re-enforced an earlier move to ban the practice in all public hospitals.

According to Dareer (1982:96), in 1943, a joint campaign was organized in Sudan by the medical and religious sectors which culminated in the publication of a report in 1945 condemning the practice. Thereafter, several eminent Muslim Jurists issued public statements calling for the banning of the practice, but unfortunately that information did not reach most of the Sudanese populace, especially the illiterate

women. Four years later, in 1947, legislation prohibiting the practice was finally passed. Various professional bodies were mobilized for the purpose of conducting meetings aimed at educating the populace against upholding the practice. However, these efforts proved unsuccessful since the practice went underground resulting in the girls being taken out secretly at night to be circumcised. Thus, in 1978, another parliamentary resolution was passed prohibiting midwives from engaging in the actual performance of female circumcision, but that initiative proved futile since there was no decline in the practice.

According to Toubia and Sharief (2003:252), in 1979 international concern against the on-going practice was raised and that led to the World Health Organization (WHO) scheduling a seminar on the issue of female circumcision in Khartoum. However, according to the Minority Rights Group Report No 47, (1985:19) despite efforts being undertaken in 1979 to combat female circumcision, more than 80% of Sudanese women were infibulated.

In 2011, Kenya passed a law, *Prohibition of Female Genital Mutilation Act, No 32 of 2011*. The Act focuses on preventing female through establishing the „Anti Female Genital Mutilation Board“ whose functions are, amongst others, to raise public awareness, advise government, and design policy and programmes relating to female circumcision. The board also aims to provide support to institutions and bodies aimed at working against the practice (National Council for Law Reporting, 2012:6-9).

Importantly, the Act also highlights the offences and punishments related to female circumcision. For example, it highlights that a medical officer or midwife causing the death of a person when performing female circumcision, would, on conviction, be liable for imprisonment for life. Regarding offences, it also outlines offences in

promoting female circumcision, or if a person takes another person from Kenya to be circumcised in another country or if one person brought a person from another country to Kenya to be circumcised. Furthermore a person allowing their premises to be used for female circumcision or if one is found to be in possession of equipment used to perform female circumcision would be committing an offence. If convicted, such acts are punishable by an imprisonment term of no less than three years or a fine of no less than two hundred thousand shillings, or both. Moreover, a person who ridicules or embarrasses a woman for not undergoing female circumcision is liable, under conviction, to imprisonment for a term no less than six months or to a fine of not less than 50,000 Kenyan shillings, or both (National Council for Law Reporting, 2012:10-12).

Such measures are significant in the Kenyan government aiming to protect women and girls from female circumcision, providing support for those circumcised, and raising awareness among Kenyans on the dangers and adverse effects of female circumcision.

### **9.2.3 International Accords**

Cottingham and Kismodi (2009:129) point out that regional human rights treaties such as the African Charter on the Rights and Welfare of the Child and the African Charter on Human and People's Rights and its Protocol on the Rights on Women in Africa have highlighted the countries' legal obligations to eliminate the practice. They also secured constitutional and national human rights guarantees in that regard. Another important marker of progress in the domain of outlawing female circumcision was the adoption of resolutions, specifically focusing on female

circumcision, by the Economic and Social Council of the United Nations, and the World Health Assembly which affirmed the rights of girls and women in general.

Caldwell et al (1997:1192) state that the United Nations Children's Fund (UNICEF) supports programs that promote education and awareness of female circumcisions, and efforts to end female circumcision in countries such as Gambia, Egypt, Ethiopia, Eritrea, Somalia and Kenya. At the 1990 World Summit for Children the abolishment of female circumcision was one of the problems that were highlighted.

According to Elchalal et al (1997:107), WHO forwarded resolutions that were adopted by the countries of the world to work towards abandoning female circumcision in the plan of action at the Cairo International Conference on Population and Development. Thereafter, a bill to ban the practice was introduced in a New York state legislature in March 1994. WHO also encouraged world-wide research and requested support to abolish the practice. Similar recommendations were made by the American College of Obstetricians and Gynaecologists Committee as well as the International Federation of Gynaecology and Obstetrics and the Royal Colleges of Obstetrics and Gynaecology in the UK and Canada. All forms of medically unnecessary surgical modification of the female genitalia was condemned in 1995 by the Council on Scientific Affairs of the American Medical Association who recommended that US physicians join the WHO, the World Medical Association and the major healthcare organizations in their opposition to female circumcision.

Finke (2006:15) reports that the German Development Cooperation supported governmental and non-governmental organisations since 1999 in various African countries through the regional project called "Promotion of initiatives to end Female Genital Mutilation". It currently advises Technical Cooperation (TC) projects



on integrating measures against the practice of female circumcision in Ethiopia, Benin, Burkina Faso, Guinea, Kenya, Mali, Mauritania and Senegal. The project provides both technical and methodological advisory services, strengthens local capacities, sets up networks among the various stakeholders and promotes knowledge management on female circumcision both on site and internationally. However, Finke (2006:17) mentions that the German Development Cooperation, in their endeavour to address female circumcision, soon came to realize they had to take cognisance of the following:

- Female circumcision may not be viewed as a medical problem by those concerned. Due to the extent of the social pressure, information about health consequences has yet to convince people to abandon the practice.
- Female circumcision is not just a „women“s problem“, but is rooted in society as a whole.
- Female circumcision contributes to premature school drop-out rates of girls, due to their facing health problems, pain and trauma from the operation.
- School-age girls who have been circumcised are considered eligible for marriage. This impacts on their schooling, as they may lose interest in schooling as they and their families may not see the relevance of school to their new roles as wives and mothers.
- School-drop-out rates may also be due to parents no longer being willing or able to pay for their daughters“ education, particularly after they have sponsored an expensive female circumcision ceremony.

- Circumcised girls are at a greater risk of contracting HIV, as the operation is often done under unhygienic conditions.
- Health workers may contribute to the continuation of female circumcision by performing the excision themselves.
- Successful prevention needs to be undertaken at all socio-political levels. In terms of broad impact, national plans of action are considered to be the most promising.

Toubia and Sharief (2003:252) mention that the first 10-15 years of internationally funded anti-female circumcision programmes was dominated by an approach that emphasised the health risks of the practices guided by the belief that that approach was least sensitive and most acceptable. At the same time, the Women's decade (1980-1990) succeeded in bringing attention to issues of gender inequities and their effects on women's health. By the 1990s the concept of women's rights as human rights was introduced, and gender-based violence was accepted as a violation of human rights, as highlighted in the 1993 World Conference on Human Rights in Vienna. Thereafter approaches began to evolve – they began to emphasise women's and children's rights, giving attention and voice to those circumcised rather than social authorities. Other approaches focussed on targeting women's social and economic development, which led to a degree of awareness and empowerment that caused some to question the practice, even in cases where direct inputs did not include mention of female circumcision. However, despite these various attempts, efforts thus far have not been very fruitful.

Nevertheless, there are on-going efforts to end the practice. For example, Gollaher (2000:194) reports that at the International Conference on Population and Development in Cairo in 1995, the practice of female circumcision was denounced and governments were urged to prohibit and stop the practice. In the following year at

the Fourth World Conference on Women in Beijing, the practice was cited as a danger to women's reproductive well-being and violation of their rights.

#### **9.2.4. Drawbacks in the Enforcement of the Law**

According to Cottingham and Kismodi (2009: 131), many countries where female circumcision is practiced have taken regulatory and remedial measures which have included elaborating specific laws on female circumcision, amending the criminal code and child protection law, and developing regulations on preventing and eliminating the medicalization of the practice.

However, the observation that Antonazzo (2010:474) made needs to be heeded. He emphasized that criminalization of female circumcision only without sectorial support would often end up with bigger problems as it happened during the colonial era in Kenya when the banning of female circumcision was put to the vote in 1956 by the African district council without prior consultation with the women's councils. Thus, the move was seen as a colonial intrusion into personal lives of Africans. That resulted in large groups of young girls going into the forest to excise each other with locally purchased razor blades. Girls who participated in these practices would often need surgical corrections, which were then performed by their mothers. Additionally, girls who had already excised themselves would pressurize their peers into undergoing circumcision by calling them „dirty“ and „cowardly“. Approximately 2,400 people were charged with violating the ban in the three years after the ban was put in place.

Furthermore, besides thousands of people being fined, girls who were enrolled in Presbyterian-run mission schools and chose to undergo that initiation rite were actually expelled.

In some instances, law enforcement authorities would round up girls who circumcised themselves and place them in camps to perform forced labour once they healed. Sometimes, local guards would burn the homes of the initiated girls' families.

Antonazzo (2010:474) notes that interviews with Kenyan women who took part in that "I will circumcise myself" campaign revealed that when criminalization drove female circumcision underground, all the ban succeeded in eliminating was the cultural traditions that were beneficial to women: "What had involved three years of teachings, ceremonies and celebrations were reduced to blunt cuts performed by girls who had no idea what they were doing. David M'Naikiuru who was a Kenyan government official in the 1950s remarked in 1995 that the ban on female circumcision actually encouraged rather than deterred excision."

In 1994, Ghana became the first independent African nation to prohibit female circumcision. As of 2000, female circumcision has been outlawed in Burkina Faso, Togo, the Central African Republic, Djibouti and Senegal (Antonazzo, 2000:473). In 2004, Ethiopia became the fourteenth African country to pass a law banning female circumcision. One year earlier, the Inter-African Committee (IAC) organized a three-day General Assembly conference in Addis Ababa. More than 200 delegates from over 30 countries spoke out openly against female circumcision and declared February 6 as a Day of Zero Tolerance to Female Circumcision (Finke, 2006:5). However, Antonazzo (2000:473), points out that since the laws have been put in place, there had been no indication that female circumcision has declined.

Elchalal et. al. (1999:106) rightly point out that it had been observed that when legislation is imposed by Government on female circumcision, the practice continues to be carried out underground as has been seen in countries such as Sudan and Egypt.

It has to be conceded that enforcing the law can be a „double-edged sword“ and has been self defeating in many cases – for example, it can prevent parents from seeking medical assistance when complications such as haemorrhaging arise.

In some countries circumcisers are convicted according to the legislation in the specific countries. Women’s International Network News (1996:1) reports the following:

The new legislation against female circumcision is being applied in Burkina Faso and Ghana. In Burkina Faso last August a neighbour denounced a circumciser by telephone. Representatives of the IAC national committee of Burkina Faso accompanied by the police rushed to the circumciser’s home. Caught in the act, the circumciser was arrested and taken into custody, along with the parents of the excised girls and all those who attended the mutilation ceremony. That evening, the incident was reported on the TV news, with a long commentary during which the detainees were shown to the public .

In Ghana in March 2005 an 8-day old baby was rushed to the Wa Government Hospital bleeding profusely and pale from loss of blood, after she had been circumcised. Following a press report that the hospital’s medical staff had saved her life, police located the perpetrators. The circumciser and the baby’s parents were arrested and charged. Under the Criminal Code Amendment Act of 1994, female circumcision is an offence punishable by law.

Dareer (1982:28) found that in Sudan although the circumcision kits of the midwives were confiscated by the Government, they still continued to perform circumcisions.

Furthermore, it is very difficult to trace the circumcisers because the community will not reveal the names of the circumcisers.

Cottingham and Kismodi (2009:131) point out that the law is only one component of a multidisciplinary approach to halting the practice of female circumcision and that outreach efforts by civil society, governments, and other players aimed at changing perceptions and attitudes regarding female circumcision should accompany legislation regarding female circumcision.

#### **9.2.5. Open Discussion on the Subject of Female Circumcision in Light of Human Rights**

Finke (2006:15) points out that discussion groups and inter-generational dialogue on the issue of female circumcision allow participants to think over their situation and come up with their own solutions. Such approaches are also finding acceptance on the political level. Moreover, those that are working towards abandonment of the practice of female circumcision are also realizing the need to also focus on human rights. According to Cottingham and Kismodi (2009:129), since the 1980s, female circumcision have increasingly been recognized as a violation of several human rights principles, norms, and standards such as: principles of equality and non-discrimination on the basis of sex, the right to life when the procedure results in death, and the right to freedom from torture and cruel, inhuman or degrading treatment or punishment. Female circumcision is also acknowledged as a violation of a person's right to the highest attainable standard of health, since it interferes with healthy genital tissue in the absence of medical necessity and can lead to severe consequences for a women's physical and mental health.

Furthermore, discussion on the issue of female circumcision within the family is also equally important. Cottingham and Kismodi (2009:120) point out that since parents fear that their daughters will remain unmarried, collectivity in the abandonment strategy for female circumcision is therefore vital. After all, they point out that experience had shown that only if the decision against the practice was widespread within the practicing community then only would it be possible to bring about a new social norm that does not harm girls or violate their rights. In other words, therefore, community-led action is therefore crucial in the fight against female circumcision.

#### **9.2.6. Tostan Abandonment Programme in Senegal**

According to Women's International Network News (2002:1) it was indicated in a study in 1990 that one million Senegalese women and girls, twenty per cent of the female population, had undergone circumcision. A programme organized by a UNICEF-supported NGO known as Tostan (meaning "breakthrough" in Wolof) allows villagers to decide for themselves on the abandonment of the practice of female circumcision.

After attending workshops on human rights, health and hygiene, and literacy, they became convinced enough to make a public declaration to abandon the practice of female circumcision. According to Easton et al (2003:448-449) the initial Tostan Project began in the village of Malicounda-Bambara in Senegal. The turning point occurred when a highly respected 66-year-old *Imām* (religious leader) of Kër Simbara, *Imām* Diawara, addressed Tostan representatives and the women of Malicounda-Bambara. He was concerned about the challenge of this century-old practice, namely female circumcision. He wanted to address the representatives of the

Tostan Project, but they asked him to first consult with his own female relatives about their experiences and feelings, and then they would discuss the matter with him. The *Imām* complied with this request and spoke to his female relatives. Subsequently, he learnt much about the pain and suffering those women in his family experienced when they were circumcised.

He returned to the Tostan representatives and offered his assistance and support towards the abandonment of the practice of female circumcision. However, he pointed out that the choice of language and methods of approach were of paramount importance. Since these topics were taboo topics, they should be approached and discussed with sensitivity and consideration. In the past, organizations attempting abandonment strategies did so in mixed audiences, and used terms and images that shocked the villagers. They approached the practice as if it was a disease. The *Imam* emphasized that “that is no way to change a culture.” He also suggested that all the neighbouring villagers should participate in the pledge since marriages occurred across all the outlying villages, and parents thought that, if they did not circumcise their daughters, then their daughters would lose their “honour” and remain unmarried. Therefore all villages should participate in the programme collectively.

Consequently, *Imām* Diawara and the women of Malicounda-Bambara planned a strategy that consisted of the following:

- Go to all the villages in the inter-marrying community and start by reaffirming personal relationships.
- Do not tell the villagers what to do, but rather what Malicounda-Bambara and Nguerigne-Bambara had done, and why. Then let them tell their own stories and make their own decisions.



- Avoid using graphic terms or demonstrations for taboo activities. Refer to female circumcision simply as “the custom”, as everyone knows what is meant. (In Senegalese, Bambara „customs,“ in the plural refer to a whole set of cultural traditions; „the custom“ in the singular refers to female circumcision only.)
- Avoid condemning practitioners either implicitly or explicitly for practices they have been performing in good faith.

Having outlined the above strategy, Imam Diawara, his nephew and the female circumciser from Kër Simbara, went from door to door to inform villagers within the marriage community. “It was a ground-shaking experience, analogous – in its own way – to the „speak bitterness“ campaigns of revolutionary China or the truth commissions of post-apartheid South Africa” (Easton et al, 2003:449).

Women opened up and told stories of daughters who had died from haemorrhages, contracted infections or experienced long-term psychological distress from the circumcision trauma. Circumcisers and men also discussed issues. No systematic inducements were offered to traditional circumcisers to abandon their practice and nothing was said to condemn them. The approach focused more on drying up demand than on forbidding supply.

#### **9.2.6.1. The Pledge Ceremony**

Easton et al (2003:449) mentions that subsequently, all ten villages joined the original three villages, Malicounda-Bambara, Nguerigne-Bambara and Kër Simbara in opposing the practice of female circumcision. In February 1998, 8000 rural people

assembled at Diabougou, one of the villages that had joined the project and made an official declaration. They declared „never again“. After this event many other villages have also decided to abandon the practice of female circumcision.

According to the *Citizen* (May 2003:15) since 1998, 708 villages – just over 10 percent of those practicing female circumcision in Senegal, had also issued declarations with about 400 more villages in 2003.

The Tostan Project has been remarkably successful since the first pledge ceremony that was held in 1998. Senegal appears to be at the forefront in the abandonment of the practice of female circumcision. The following is a description of a pledge ceremony that was held in Matam, Senegal, where communities from 70 villages assembled to declare their abandonment of the practice. Crowe (2005:36) describes the ceremony as follows:

At colourful declaration ceremonies, such as the one held in Sedo Abass, in Matam district, last Sunday, men, women and girls from 70 villages in Matam lined up to call for an end to female genital mutilation. Dressed in their brightest boubous – lilacs and oranges, limes and shocking pinks – made-up and bedecked with jewellery, the women floated elegantly around the village square saying it was like freedom day.<sup>4</sup>

#### **9.2.6.2. Role of the Religious Leaders (*Imāms*)**

The *Citizen* (May 2003:15) affirms that the key to the women’s success in the abandonment programme of female circumcision has been the willingness of

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<sup>4</sup> See Appendix 4 of this thesis.

traditional and religious leaders to support their decision, and even help promote it. Easton et al (2003:449) give due credit to *Imām* Demba Diawara's participation in the initial strategy for the abandonment of the practice and heralds it as a "turning point" in the project. Like *Imām* Diawara, many other religious leaders and traditional leaders joined in the project to abandon the practice. For example, *Imām* Alassane Bah travelled on foot and by bicycle through all kinds of roads to reach isolated villages. Both Muslim and Christian clergy worked together to stop this practice.

According to Ben Ari (2003:9), the practicing communities erroneously believed that the practice of female circumcision is a requirement of Islam, which is the religion of most Senegalese. They had been led to believe that it is an "honour" or "gift" for women. The *Imāms* assured them that the practice was not a requirement of Islam. *Imām* Diawara emphasized that abandoning the practice, "would not risk the prestige of their daughters."

The *Citizen* (May 2003:15) records the following is the argument that *Imam* Alassane Bah used to convince the people in Senegal to demonstrate that the practice of female circumcision is not a requirement of Islam. "Islam neither forbids this practice, nor requires it," he explained. "It is an honour that is done to women, but it is an honour that hurts them, and the religion says don't hurt women."

### **9.3. Conclusion**

Some of the sectors that need to play a role towards stopping the practice has been explored in this chapter. Sectors like the role of the medical fraternity, the role of religious leaders, diviners, community leaders and organizers of alternate rites in the

female initiation rite has been explored elsewhere in this study. There appears to be no consensus as to which is the best method of stopping female circumcision. Since there is no uniform reason for adherence to the practice, approaches towards abandonment will differ according to locations.

In places where the female initiation rite is carried out, the alternate rites approach where the initiation rite continues but only female circumcision should be omitted. In countries like Sudan and Egypt emphasis should be placed on the religious ruling of the practice and the role of religious leaders. The efforts and support of religious personnel is of great importance in these communities.

Legislation alone is not effective. Abandonment strategies should include communities, aid agencies, the medical sector and religious and community leaders. Aid should firstly be directed to locally run groups, as occurred in the Tostan abandonment project.

Workshops should be conducted where consciousness raising on human rights takes place. Moreover women need to be educated on health and hygiene and other aspects of living. This would then enable them to change their minds about female circumcision. Unless effort and aid is spent on firstly educating women themselves, change is unlikely to occur. Furthermore the role of open communication within family members and the role and support of men in the respective societies is vital.

The next chapter is the concluding chapter and summarizes the findings of the entire study.

## CHAPTER TEN

### GENERAL CONCLUSION

The relevance of the study was articulated as the enduring pain and suffering which females experience as a result of their being subjected to female circumcision. This study has provided an understanding on why female circumcision persists amongst followers of the African Traditional Religion and Islam in Africa. It was pointed out that some communities in Africa perceived the practice of female circumcision as providing them with a sense of identity and togetherness. However, this perception is changing as both African and Muslim women are beginning to realize that such a cultural practice has no relevance in modern-day society. They are increasingly becoming aware of the detrimental effect of such a practice on their health and general well-being.

Moreover, the theory of cultural hermeneutics was used as a framework in this study. Cultural hermeneutics refers to the analysis and interpretation of how culture conditions a person's understanding of reality in a particular time and place. The paper argues that for change to occur female circumcision must be analyzed, interpreted and reflected on, for the purpose of extracting the beneficial elements in the belief system and discarding those that are deemed harmful. Hence, it is proposed that certain cultural practices, for example female circumcision, that do not yield beneficial effects should be abandoned.

It needs to be reiterated that this study avoided the use of a purely Western feminist perspective in view of the fact that in both African and Muslim settings the

experiences of women are not necessarily based on individual experiences that exclude communal living.

Perhaps one of the limitations of this research was that personal interviews with circumcised women were not conducted. This would be useful to uncover other aspects of the practice peculiar to the South African context.

The information for this study was obtained from relevant books, journal articles and personal interviews. Throughout this study a critical, legal and ethical approach was adopted.

Chapter Two provided a history of the practice of female circumcision. Mention was made that the practice of female circumcision is believed to have originated in ancient Egypt. It was pointed out that in ancient times the main reason for the practice of female circumcision was to safeguard the chastity of females. Subsequently, in the 19<sup>th</sup> century especially in Europe and the United States, it was recognized as a form of treatment for excessive masturbation, “nymphomania” (abnormal and uncontrollable female desire for sexual intercourse), as a cure for mental disorders and to curtail lesbian inclinations. The geographical areas where female circumcision is still currently being practiced are illustrated in Appendix 1 of this thesis.

Chapter Three addressed the physiology of female circumcision and a clear distinction was made between male and female circumcision. It was pointed out that there are basically three types of circumcision that females undergo, which are as follows: clitoridectomy, excision, and infibulation. These range from the removal of the tip of the clitoris to the removal of the entire external female genitalia, and the

suturing together of the two sides of the vulva, leaving a small opening for urine and menstrual blood to pass. However, the researcher emphasized the fact that although these three types of female circumcision are discussed in medical literature, it has become increasingly clear that these types are not necessarily rigid, but are rather fluid. The researcher argued that the reason for this is that the procedure is performed differently by different people who are mostly by lay people with limited knowledge of human anatomy. Hence, they employ different types of tools, for example razor blades, knives or burning pieces of coal or wood to perform the procedure and very often circumcised women themselves are unsure of the type of circumcision they had undergone. However, it was also pointed out that circumcisions are also being performed under anaesthesia by nurses and doctors and the females are given antibiotics after undergoing the procedure.

The age of the females at which circumcisions are performed was discussed. For example, the timings for the procedure may be just after the birth of the baby, or between the ages of three and seven, or just before they start going to school, or during adolescence, or just before marriage.

It was argued that the severity of the complications of female circumcision depends on the type of cutting involved in female circumcision. The less severe procedures like clitoridectomy and excision do not pose the same complications as infibulation. This tallies with what the researcher found when she interviewed gynaecologists in South African state hospitals. She was told that those women who had undergone the less severe types of procedures did not experience obstructed labour or any other type of complications during the delivery of their babies as experienced by those women who were infibulated. However, the researcher emphasized the fact that the practice of female circumcision results in health complications such as haemorrhage, abscess, ulcer formation, anaemia, tetanus, and infertility. In fact, the medical fraternity does

come into contact with circumcised women and are fully aware of the unnecessary pain and trauma that these women undergo. It is thus evident that there is urgency for the medical fraternity and religious leaders to combine their efforts and work on a strategy towards the abandonment of this practice.

It was found that according to the World Health Organization 120 million girls and women globally have been circumcised and 2 million are at risk. The pharonic type of circumcision is widely practiced in Djibouti, Southern Egypt, the Red Sea Coast of Ethiopia, some parts of Mali, Somalia and Northern Sudan. Reports have revealed that the pharonic type is decreasing in Northern Sudan. However the milder forms are continuing. Clitoridectomy is mostly practiced in Egypt, Yemen and Sub-Saharan Africa.

In the contemporary era female circumcision has become a global phenomenon due to the increasing displacement and relocation of communities. Hence European and American physicians have been exposed to the issue of female circumcision. In the United States there are more than 150,000 women while in France at the beginning of 2002 there were about 35,000 adolescent girls that were circumcised or were threatened with circumcision. In the South African context, gynaecologists at State hospitals are treating more and more circumcised women on a daily basis due to South Africa's porous borders.

The medicalization debate with regards to female circumcision was also discussed. It was pointed out that proponents of the medicalization of female circumcision hold the view that women will undergo pain and trauma if the procedure is not medicalized. They therefore propose that female circumcision should be medicalized, but also discouraged at the same time so that the practice may be discontinued altogether.



Opponents of medicalization on the other hand hold the view that female circumcision should not be medicalized for the sake of alerting family members of the health hazards so that the practice may be discouraged.

In Chapter Three, mention was made that women who themselves have been circumcised like the two medical doctors continue to make valuable contributions towards exposure and abandonment of the practice, based on their personal experiences. One of them is involved in simulating the performance of female circumcisions and has successfully managed to save thousands of girls from being circumcised.

In Chapter Four sexuality and the practice of female circumcision was addressed. It was pointed out that although the discussion of sexuality has been culturally a taboo topic, women are today increasingly openly discussing sexuality in relation to female circumcision. Chastity and fidelity are highly valued both in African Traditional Religion and Islam. Conjugal relations are regarded as being healthy and approved as long as they occur within the bounds of marriage. One of the chief aims of conjugal relations both in African Traditional Religion and Islam is for procreation.

It was argued that excision in the context of African Traditional Religion and the ancient Egyptians is a negation of the masculine in feminine creative potential. The clitoris is similar to a dysfunctional penis, where women's creative reproductive potential is concerned. The prepuce of the clitoris was regarded as masculine and the prepuce of the penis as feminine. In order to achieve true masculinity or femininity this tissue had to be removed. Excision made a woman truly feminine because the clitoris was considered to be a miniature penis.

African Traditional Religion followers from practicing communities succumb to female circumcision because they believe that they would be fertile only if they undergo circumcision. However, many communities are erroneously led to believe that the practice prevents promiscuous behaviour.

This study found that it was from the 1970's, after the sexual revolution, that the practice of female circumcision was contextualized within the framework of sexuality. Due to Western feminists' perception of the clitoris as being the main area of sexual pleasure, anti-circumcision lobbyists' discourses focussed on this aspect. Subsequently, numerous conferences were held on the subject of women's bodies, their sexuality and physiological well-being. Intense media coverage that female circumcision received was due to the current global attitude towards the liberation of women, their democratic and human rights.

Moreover, it was maintained that female circumcision had no effect on women's sexual responses. For example, Fuumbai (2000:305) who was sexually active before and after being circumcised claims that female circumcision did not affect her sexual pleasure. Her research among the Kono women also revealed that their experiences regarding their sexuality did not correspond with the medical evidence and implications commonly found in contemporary literature.

It was found that the manner in which Western feminists have publicised female circumcision in the international arena has created animosity between them and African feminists. African feminists are questioning Western feminists as to why they have focussed on the reduction or elimination of female sexual pleasure as their chief reason for opposing female circumcision. African feminists have responded by arguing that female circumcision in Africa is not practiced for sexual reasons but is

practiced for its social value, group cohesion and solidarity, social binding, fertility rights, protection of the unborn child, transition to adulthood, social identity and purification.

Chapter Five considers female circumcision from the cultural hermeneutics perspective. African leaders promoted all cultural practices, including female circumcision, during pre-independent and independence years because of fear of losing their cultural identity. This was promoted in literary, political and theological sectors, in reaction to the onslaught on African Traditional Religion during imperialism and colonialism. With their political independence they also attained freedom to practice their religion and culture. Theology at this time was exclusively a male dominated domain, and hence female circumcision was not addressed although it caused much pain and suffering to girls and women. However in the present era African women theologians are questioning whether harmful cultural practices like female circumcision should continue. They claim that African male theologians have not considered women's lived experiences.

African women theologians are now collaborating with competent and authentic academic institutions outside Africa, and are making headway with their publications. The unique aspect which distinguishes African women theologians from other women's organisations, is that it aims to engage in research, writing and publishing from an African women's perspective. It is only through reading and education that women will be empowered and given the confidence to speak out against the experiences that directly affect them like the harmful practice of female circumcision. They are creating a space for themselves and are making their voices heard in their communities.

Since other cultural practices like foot binding in China has stopped, so too can practices like female circumcision be stopped. As female circumcision is a cultural practice that is not static it has the ability to change. As it is passed onto future generations, it can be revised, assessed, retained or abandoned. Furthermore, since female circumcision was promoted orally in the past, change has occurred from oral transmission to textual. This is particularly significant given that more writers are speaking out against female circumcision. For change to occur, female circumcision needs to be interpreted, reflected upon and assessed. The beneficial aspects of African Traditional Religion must be retained and female circumcision to be stopped due to the harm it causes to girls and women. Furthermore, the female initiation rite should continue because of its educational and moral value and only female circumcision should be abandoned.

In Chapter Six, the key beliefs in African Traditional Religion were discussed so that discourse on female circumcision from the perspective of adherence of African Traditional Religion be well understood both in the South African context and globally. The theory of cultural hermeneutics has been applied to African Traditional Religion, arguing that such an approach promotes ethics, moral and beneficial behaviour in all aspects of living including sexual behaviour. Only certain cultural practices like female circumcision which are detrimental to the health of girls and women must be stopped. This study indicated that divination constitute the “essence” of African Traditional Religion and will continue, although other cultural practices may eventually be discarded with time. While many Africans do seek the assistance of Western institutions for their medical problems, they do also consult diviners. The manner in which divination is directly linked to ancestor veneration has been explained. Misunderstandings about ancestor veneration, from the perspective of the adherents of African Traditional Religion were also clarified.

Moreover, it was pointed out that one of the chief reasons why women succumb to female circumcision is to avoid displeasing the ancestors and disturbing the balance in the entire cosmos. It is the act of the shedding of blood even if it is a drop that holds deep religious and spiritual significance for those that practise female circumcision. It is believed that this binds the individual to both the living and the dead. Therefore by not adhering to female circumcision, it is believed that the unity and balance of the universe will be disturbed.

Furthermore, this work highlights that initiatives similar to that conducted by the Navrongo Health Research Centre in Ghana, where diviners consulted the ancestors on fertility, could be implemented to assist in the fight against the practice of female circumcision. Bearing in mind that since the practice of female circumcision continues due to the fear of displeasing the ancestors, and since ancestors are accommodating and flexible, this flexibility could well be manipulated to stop female circumcision in African Traditional Religion.

Female circumcision was discussed in the context of the female initiation rite to obtain an understanding of how societies perceive the practice. In addition to perceiving the practice as inculcating qualities of bravery and stoicism, it was found that societies perceived the practice as providing social identity and a sense of belonging to a community. For example, as mentioned by Fuambai, a University student, although living away from her hometown, chose to be circumcised because her Kono relatives would otherwise consider her an outcast.

The female initiation rite was researched in detail. The theory of cultural hermeneutics was also applied to the female initiation rite. Many scholars of African Traditional Religion are saying that since the female initiation rite are beneficial to

girls and women, it should continue to be practised. The education and training that occurs in the female initiation rite holds immense value for the initiates. They are trained in all aspects of living including interpersonal skills that equip them to handle the challenges of adult life scholars of African Traditional Religion report that secular education alone is not adequate for the youth to cope with adult life. Therefore the initiation rite should continue and female circumcision should be abandoned.

In Chapter Seven, it was argued that all the *Ahādīth* that some Muslims rely upon in order to recommend the practice of female circumcision, are unauthentic. In order to clarify it was essential to discuss the Science for the Criticism of *Ḥadīth* in Chapter Seven of this thesis. Hence, it was emphasized that the terms “*Sunnah*” which is attributed specifically to the act of female circumcision by practicing communities has no credibility. This erroneous notion has in fact arisen as a result of the likening of male circumcision to female circumcision.

Furthermore, it has been argued in Chapter Seven that the terms “*Sunnah*” and “honour” attributed to circumcision in the *Ḥadīth*, namely, “Circumcision is a *Sunnah* for men and a preservation of honour (*mukramah*) for women”, are erroneous. Reasons were given as to why the term “*Sunnah*” is not acceptable in the context of circumcision. Moreover, this particular *Ḥadīth* is considered to be unauthentic since its transmission is weak and the transmitter is unknown. This view is supported by several Muslim scholars.

It was also pointed out that according to Islamic Law, any cultural practice that causes harm to a person can in no way be implemented. Hence, since the practice of female circumcision causes pain, distress, and health complications and has no

known benefits, such a practice must be abandoned. Mention was also made in Chapter Seven of the punishment that is to be meted out for the Pharonic practice of female circumcision in light of Islamic Law.

The researcher is of the view that in Muslim societies, the strategy for the abandonment of female circumcision should closely be associated to a programme of educating women that they do not have to be subjugated to a procedure directed at their private parts in order to promote chastity and fidelity. Rather, emphasis must be placed on the fact that it is one's moral and good ethical upbringing that instills virtuous conduct in both males and females.

Moreover, Badawi (1999:49) makes a very pertinent point that that there is no text in the *Qur'ān* nor in the *Hadīth* that requires selective control of sexual desire for a specific gender. Chastity and modesty in Islam is a requirement equally for both males and females. Furthermore, the *Qur'ān* explicitly outlines identical duties and obligations for both genders. For example, ethical and moral qualities of chastity, charity, honesty, patience and piety are enjoined for both sexes in the following verse:

*“For Muslim men and women, for believing men and women, for devout men and women, for true (truthful) men and women, patient and constant, for men and women who humble themselves, for men and women who give in charity, for men and women who fast (and deny themselves), for men and women who guard their chastity, and for men and women who engage much in God's praise, for them has God prepared forgiveness and a great reward” (Al-Aāzāb, 33:35).*

The mistaken belief of the specific curtailment of the sexual desire of one specific gender is no justification for the practice of female circumcision. Hence, the views of some prominent contemporary Muslim scholars have been highlighted for the purpose of emphasizing the fact that they condemn this entrenched practice.

In Chapter Eight the researcher pointed out that when African Traditional Religion followers accepted Islam several centuries ago, the practice of female circumcision was retained by these communities although there is no mention of female circumcision in the *Qur'ān* and a significant number of Muslim scholars do not advocate the practice of female circumcision. Interestingly, it was pointed out that the Maliki School of Islamic Jurisprudence which is followed in West Africa allows for the upholding of customary law. Hence, this particular School of Islamic Jurisprudence accommodated social reality and customs and this accounts for the practice of female circumcision continuing to be practiced in these communities. The result was not a fusion but a synthesis.

In Chapter Nine the researcher advocated that enactment of legislation against female circumcision alone would not yield the desired results. It was pointed out that when the practice of female circumcision was legally banned, members of the community who illegally carried it out were convicted as criminals. However, those who continued to adhere to the practice, in good faith, regard female circumcision as being a good custom which they deem beneficial. Hence, other alternatives towards abandonment of the practice were discussed.

A detailed account of the successful abandonment project in Tostan, Senegal, was also discussed. Local communities co-operated and worked together with international agencies such as UNICEF for the same purpose. It was pointed out that



the Muslim women perceived female circumcision as signifying “honour” and “respect”. Only when they were personally told by the clergy that female circumcision does not provide them with honour and respect were they convinced to stop female circumcision. Mention was made of the collaboration between the Muslim religious leaders and the Christian clergy to collectively implement abandonment of the practice of female circumcision. Success and change occurred when women’s experience, i.e. the pain and suffering of female circumcision, was openly discussed with male family members.

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#### **E. INTERVIEWS**

Personal interview with Professor Ali Albar, Jeddah, Saudi Arabia at the Convention of the Islamic Medical Association, Vanderbijl Park, South Africa on 2006-04-30.

Personal interview (tape recorded) with Khadija Magardie. South African Broadcasting Corporation on 2002-05-10.

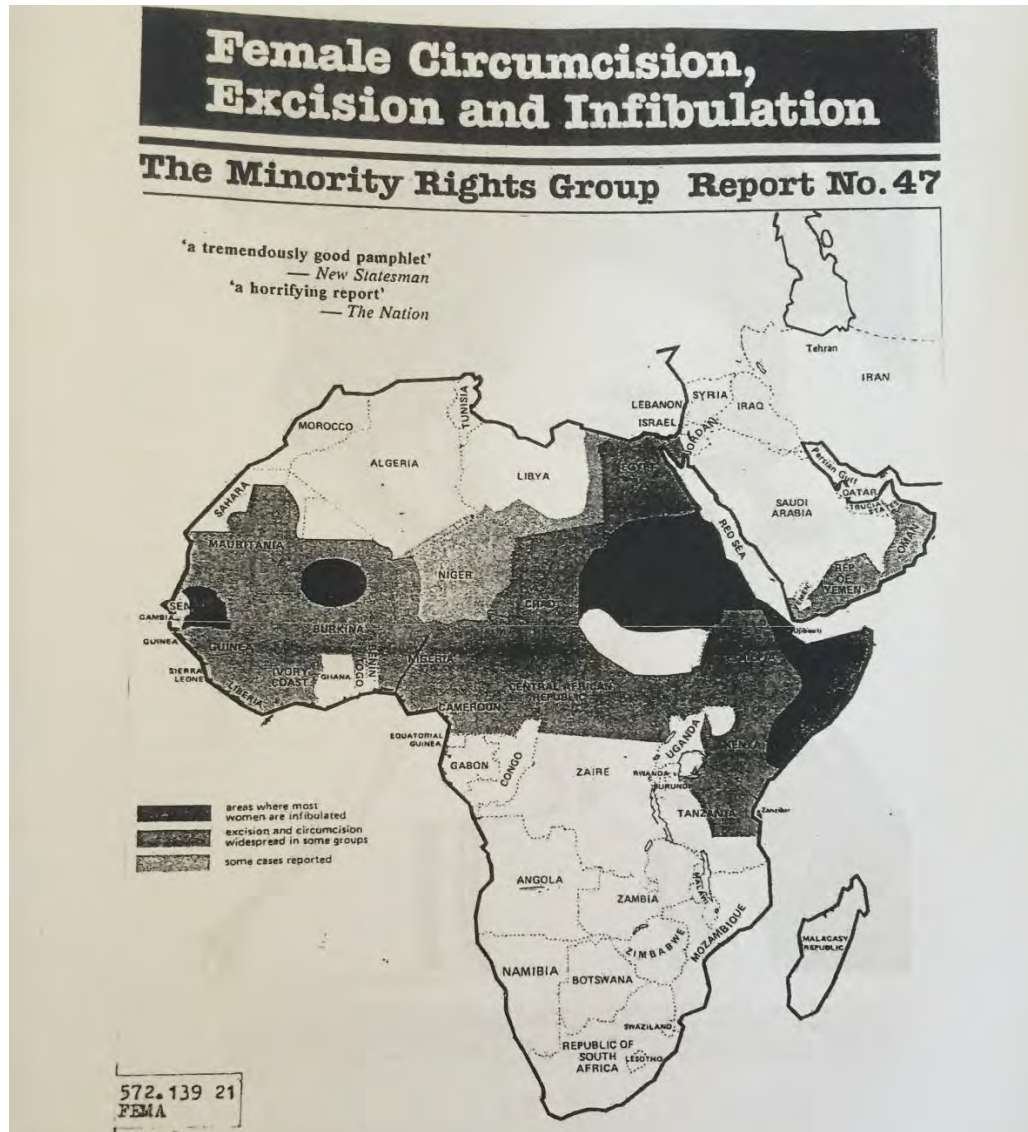
Personal interview (tape recorded) with Professor J.N.K. Mugambi. Nairobi, Kenya at University of KwaZulu-Natal –Westville campus on 2002-09-18.

Personal interviews (tape recorded) with gynaecologists at Johannesburg General Hospital, Gauteng, South Africa. 2004-01-22 and Coronation Hospital, Johannesburg, South Africa.2003-12-01.

Personal interview with gynaecologist at the Convention of the Islamic Medical Association, Cape Town on 2004-04-11.

Personal interview with Dr Tumi Meko at University of KwaZulu Natal –Westville Campus on 2003-10-23.

# APPENDIX I





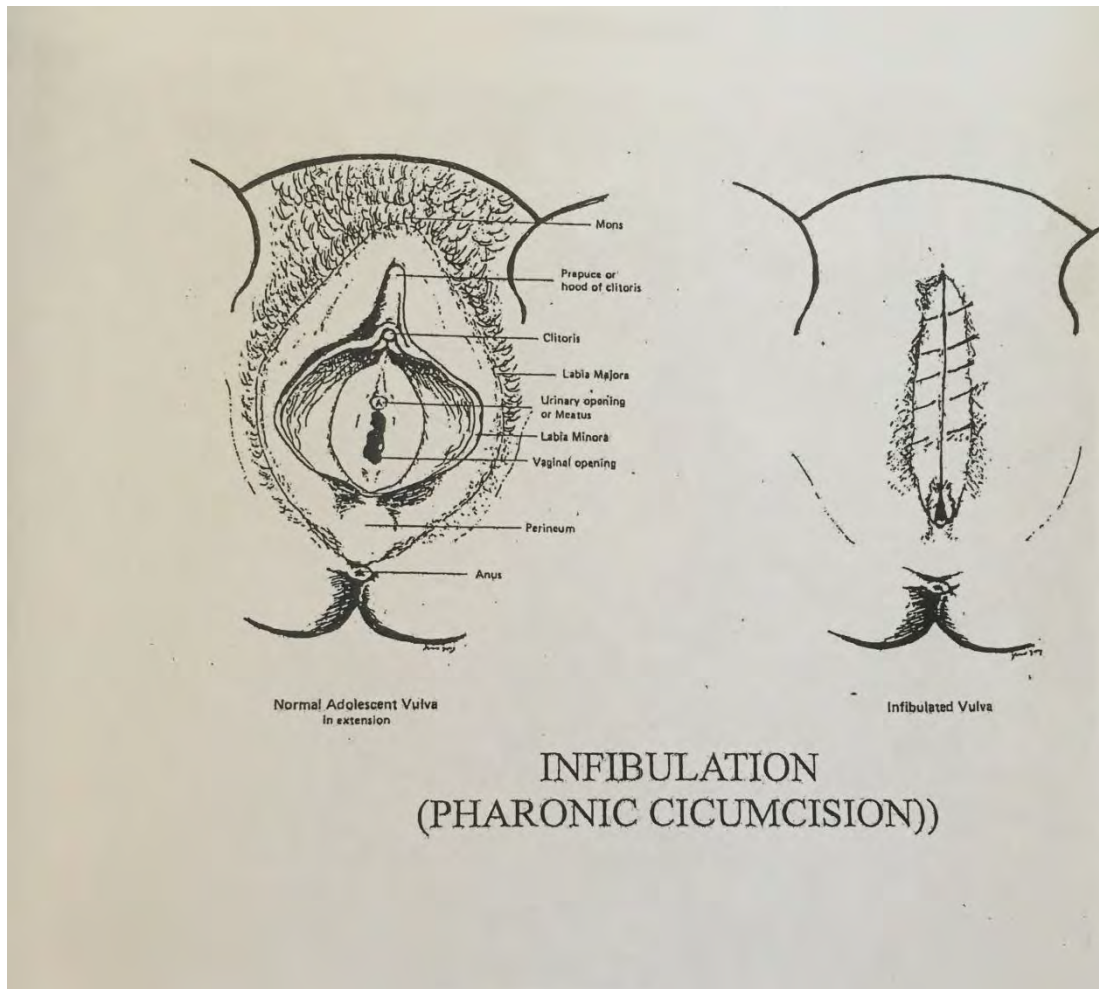
## APPENDIX II



Photo by permission of Hanny Lightfoot Klein and Dale McCall

*A seven year old Sudanese girl, brought to Port Sudan Civil Hospital haemorrhaging severely after a village Pharaonic infibulation. She required 36 hours of transfusion, was still feverish and delirious 48 hours after the operation, when the photo was taken. The genital area was extremely swollen, with line of sutures barely visible. She was in great pain and in a severe state of anxiety - constantly flinching, moaning, flailing with her arms, and her eyes rolling.*

## APPENDIX III



*Source: Abdalla, R.H.D. 1982. Sisters in Affliction, Circumcision and Infibulation of Women in Africa, London: Zed Press. P.80*

## APPENDIX IV



public declaration ceremony in Senegal. Photograph: Sarah Crowe

SOURCE: MAIL & GUARDIAN DEC .2005 p.36