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## Research Article

# CURRENT SURVEY OF FEMALE GENITAL MUTILATION IN DARFUR

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**ABSTRACT**

Though the number is on the increase throughout the world each day, an estimated 100 million females worlwide so far are known to have been subjected to genital mutilation. Female Genital Mutilation (FGM), which is also known as Female Circumcision (FC) is a life threatening practice that results in many long lasting health complications in women and children's lives especially in underdeveloped regions where its practice is carried out under unhygenic conditions by people who lack medical knowledge even without using any anesthesia and equipment. Furthermore, this non-medical practice brings about a number of both immediate and later complications. In addition to causing sexually dysfunctioning, the other immediate effects following the circumcision can be bleeding, infections. psychological shock, and not being able to pass urine. Other complications include repetitive infections of urinary tract, urinary genital tract fistula, pelvic pain, sexual dysfunctioning, complications during delivery such as bleeding because of tears and cuts, and maternal and fatal morbidity in case of prolonged stages of labour thus leading to an increase in mortalities. Despite the opposition of World Health Organisation (WHO), UNICEF and the efforts of many Civil Works Organisations along with the legislations of the Sudan Government for its eradication, circumcision is still continuing to be practised in Darfur Sudan. The aim of conducting this study was to find out the possible factors that persist underlying this practice, the attitude of the women to the practice who underwent this experience themselves, suffered in their marital life and birthgiving because of the process and thus to find out what position these women would take regarding their daughters to be circumcised and consequently to find out if campaigns or legislations to eradicate this practice would be likely to produce a change and finally suggest a position to stop this practice.



## INTRODUCTION

Female Genital Mutilation (FGM) is a non-medical process that involves intentionally altering, removing or cutting and then sewing or stapling together female genital organs leading to injuries and leaving the female genitalia disfunctioning, all of which is done totally because of the rituals and traditions in the communities and not for any medical or therapeutic reasons at all (Female genital mutilation. Council on scientific affairs, 1995; Kiragu, 1995).

Although in the countries where it is practised the process is percieved and described as female circumcision, because of its detrimental physical health and psychological consequnces, in medical literature the term is labelled as mutilation which derives its meaning from the Latin root word "mutylatio" meaning disfunctioning, cutting and removing (Female Genital Mutilation (FGM) (Kiragu, 1995; Black and Debelle, 1995). WHO classifies FGM into four groups based on its severity. (Kiragu, 1995; Black and Debelle, 1995; Female Genital mutilation, 1995).

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**Type I:** Partial or total removal of the clitoris and/or the prepuce (Sunna).

**Type II:** Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).

**Type III:** Removing part or all of the external genitalia and stitching together of the exposed walls of the labia majora leaving a small hole for passing the urine and vaginal secretions (infibulation).

**Type IV:** Uncategorized. It involves any other procedures that circumcise the genitalia (pricking, piercing, cutting or burning).

And the age FGM is reported to be mostly conducted is a time from infancy to puberty and adolescence. The practice of female genital mutilation (circumcision) is known to be currently practiced in some thirty African countries, in a few counries in the Arabian Peninsula, in some communities in South-Eastern Asia and among the ethnic immigrant communities from these countries in Europe, America and Australia, where the procedure is kept a secret (Kiragu, 19952, Female genital mutilation, 1995). In fact, there are also signs that show that female genital cirumcision was occasionally practiced in western countries as well throughout history (Female genital mutilation, 1995).

According to the fact reports published by WHO, about 100-150 million girls and women alive today have been exposed to this practice, 6000 girls between ages 4-12 in Africa become the victim of this initiative each day and each year there are two million new practices throughout the world (Kiragu, 1995,5). Although the practice may show variations from one country to another, as it is an illegal practice done secretly, typically, the procedure is carried out by a traditional circumciser using a sharp blade or razor that is not sterilised and without any anaesthesia (IMAP, 1991; Kandil, 2012; Shah et al., 2009).
Pain, loss of blood and infections are the three most important immediate consequences. The later complications especially as related to Type III (infubulation) are infertility, vessico-vaginal fistule and vessico-uretral fistule, menstrual problems, repetitive urinery track infections, cronic pelvic pain, as well as bleedings and uterine rupture because of insufficient dilation of vagina at prolonged labour of delivery that result in a high risk of meternal morbidity and mortality and death of the baby (WHO, 2006; Almroth et al., 2005).

A number of studies have also concluded that FGM has adverse effects on circumcised women's sexual life leaving them feeling inadequate at intercourse (Catania et al., 2007; Utz-Billing and Kentenich, 2008). World Health Organisation, UNICEF and many other anti-campaign female genital mutilation organisations and human rights activists are all addressing the issue in order to eradicate the practice which results in serious health hazards for women. Yet, despite all these efforts and legislations that ban FGM from being practised, it is observed that FGM still has a high rate of prevalence. So the purpose of the survey we conducted was to find out the underlying factors that cause this practıce to prevail. We aimed to collect data on the age when the procedure was performed, who performed it and where, to collect information on why the women think the practice is done; whether they are pleased it was done on them; whether they will do it to their daughters and why.

## MATERIALS AND METHODS

This study was carried out at the Urology and Metarnity clinics at the Nyala Teaching and Research Hospital. The participants were 531 women who participated voluntarily in our research. They were either attending a patient in hospital or had been referred to the hospital for various other reasons.

Their responses to the questions we asked comprised a questionnaire with the questions as to whether or not they were circumcised, the age at which they were circumcised, the reasons that they were circumcised for, whom they were circumsised by, how and by whom they were taken to the places of the circumcision, what they recalled about the exparıence, whether they regretted it or not, whether circumcision is a useful or a risky practice, and whether they would choose not to have their daughters circumcised if they were given the choice. The responses given along wıth the responses collected from the women who were not circumcised were recorded.

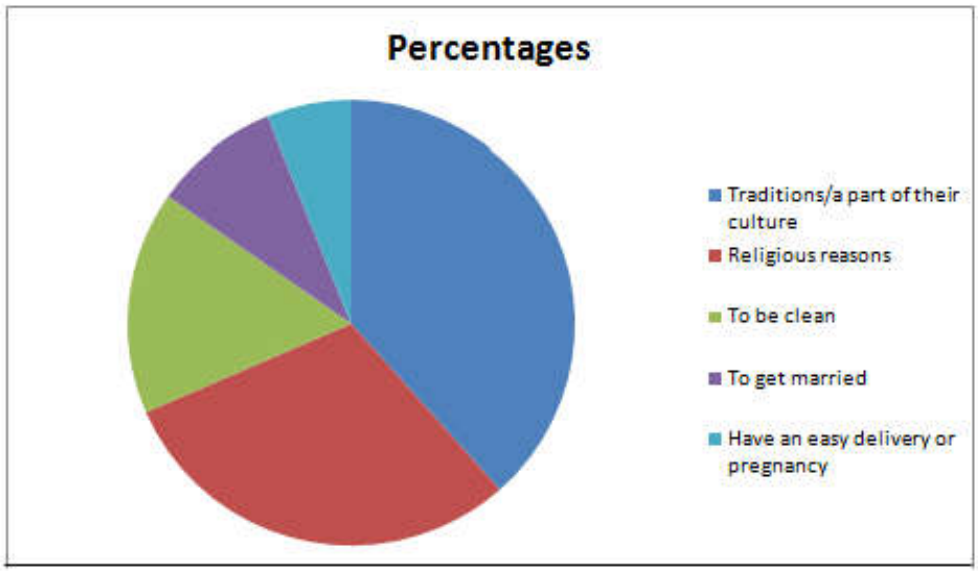
## RESULTS

The average age of the 531 women who participated voluntarily in our survey was 30.1, ages ranging between 14-62. volunteer participants between ages 14-62 in the study was 30.1. and the rate of circumcision was 87.1. When asked the women who were not circumcised why they were not, they said that circumcision was not a part of traditional practice in their community. The age at which circumcision is conducted is mostly between 4-12, but 50% of the participants in the study were found to be circumcised at the ages between 7-8 (Table 1).

**Tablo 1. Age at which circumcision was performed**

| Ages | Number | Percent |
|---|---|---|
| 4 | 23 | 4,3 |
| 5 | 61 | 11,4 |
| 6 | 33 | 6,2 |
| 7 | 105 | 19,5 |
| 8 | 177 | 32,9 |
| 9 | 51 | 9,5 |
| 10 | 36 | 6,7 |
| 11 | 41 | 7,6 |
| 12 | 4 | 1,9 |
| Total | 531 | 100 |

The participants' responses to the reasons why circumcision was done on them, 38.4 % of them said that it was traditions/a part of their culture, 30.1% indicated religious reasons, 16.2 % said that it was to be clean, 6.1 % said that it was in order to have an easy delivery at pregnancy and the rest said it was easier for a circumcised woman to get married (Figure 1).



The responses to the question who performed circumcision on them, 97.3 % said it was performed on them by who they called as an old woman or a midwife in their neighbourhood, 27% said that it was performed by a barber or an elderly family member. The responses to the question who were they taken to the place for the circumcision, 96 % said that their mothers or grandmothers, and 4 % indicated some others. The percentage of the participants to the question if they recalled the experience or not, 89.5 % said that they did as opposed to 10.5 % whose response was they didn't. Their resopnses to whether they were pleased it was done, 65.7 % said they were pleased while 34.3 % indicated that they were not. The responses to the question whether circumcision is useful or not, 70.2 % said it was harmful for them as opposed to 8.8 % who found it to be useful. Finally, their responses to the question would they avoid it for their daughters, 61 % said they would not have it done on their daughters while 38.1 % of the responses were they would have it done on their daughters, too.

## DISCUSSION

Currently, over 125 million women throughout the world living in particular in 29 African coutries and an even higher percentage of females in the Middle East have been subjected the practice of FGM. Likewise, in the UK 66.000 circmcised women in 2001 and 50.000 women in France in 2004 with circumcision are reported to exist (UNICEF, 2013). Sudan appears to be the first African country to have made laws to ban FGM/C. Especially, Type III (Infibulation) has been banned since 1946 according to the legislations. However, these legislations have not stopped people from practicing FGM/C. On the contrary, FGM/C is still a widespread practice in Sudan. According to UNICEF, 89 % of all married women throughout the country have been reported to have gone through FGM/C (9). The percentage for Darfur is reported to be 65% as opposed to 99% in some northern states of the country (Department of Statistics, 1991).

The age at which girls undergo FGM is mostly reported as before reaching 12 years old. In our survey we found out that 50.4 % of the curcumcised women went through FGM at 7-8 ages and 4 % at the age of 12. After about 25 years later, our survey in the area of Darfur showed that the FGM/C rate was stıll 87.1 % despite the eradication efforts. These figures indicate that all the efforts and anti-campaigns going on for 70 years are not yet powerful enough to cause the public to abandon their traditional beliefs, which they still hold on to. Though historically there have been references to its existence in Ancient Egypt, no one actually knows when, how or why FGM/C began, Yet, it is important to note that there have been no medically documented justifications that show the benefits of this practice for the purpose of enhancing woman's health. To ask about the ideas of the participants in our study who came to hospital for treatment about whether circumcision had any advantages for them or was it dangerous, 70.2 % of the responses we got were it was dangerous as opposed to only 8.8% who said it was useful, while 21 % said they didnt know anything indicating no response at all. Female Genital Mutilation/Circumcision is accepted as an assault on the human rights of women and girls by WHO since the practice deprives of the women their rights to experince their sexuality as a human right as its detrimental psyhological and psychosexual life long effects on women's sexual life have been examined in many studies (IMAP, 1991). A psychotherapist and social activist Leila Hussein's case can be given to show the seriosness of this non-medical practice. In her account of the report to the Guardian she stated that she recalled every single detail: she was cut when she was seven years old. Four women held her down. She felt every single cut. She was screaming so much that she had blacked out (Editorial. Lancet, 2013). Similarly, the volunteer participants in our survey also indicated that they still recalled the moment very clearly. 96% of the young girls reported to have been taken to the place where the event would happen either by their mothers or grandmothers in a ritual. Interestingly enough, 70.2 % of the voluntary participants in our survey said they took their daughters or grandaughters to be circumcised themselves despite the fact that they believed it was a trauma for them. Considering the fact that this is both a psycologically and physiologically traumatic procedure on the health and well-being of the women, its persistent practice is totally non-sensical. So what can be the reasons for its practice despite its life-threatening effects? Firstly, as also indicated by anecdotal evidence in our survey, women circumcision in Sudan has long been an integral part of social life. For families in Sudan their daughters being circumcised is a source of hnour. It is a sign of purity, preservation of virginity as well as dignity for the young girl to guarantee her marriage and stay loyal to her husband in the marriage (WHO, 2010). Social pressure and conventions still play a very powerful and motivating role in Darfur for the families to give up the practice carried on their daughters. Girls who have not been circumcised are considered sexually active and they are labelled as "ghalfa" which is used for a woman who is sexually free and not respectful, who has the potential not to show fidelity to her family. So such girls would be a target for abuse in their schools and social environments. (UNICEF, 2013). So since uncircumcised young girls are thought to be sexually active, they could be abused by men who would force them to enter an intercourse. Thus, in order to prevent their daughters from this kind of abuse, families choose to have their daughters circumcised for concerns of virginity when their daughters get married. As the anecdotal evidence indicated in our survey, 63.8 % of the participants indicated reasons related to their conventions, concern for marriage guarantee and purity for having the practice done on their daughters.

1.Some Sudanese believe that the Islamic Religion supports women circumcision. Yet, in the Holy Book of the Islamic religion, the Quran, there appears to be no indication to this practice except for a few sayings attributed to Muhammad as noble but not required, (WHO, 2010; Chelala, 1998; Mackie, 1996). As a matter of fact, in earlier studies, there was no relationship mentioned between religion and women circumcision because circumcision is practised commonly among African muslims, Christians, Jews and the communities of native African religions (Ibrahim Lethome, ?). In the survey we conducted those who indicated religious reasons for their circumcision was 30.1 %. Furthermore, 12.9 % said that circumcision was not a practice in their community, which actually tells us that rather than religion as a factor, local conventions and social beliefs were more dominant in the prevalence of this practice. What is more, when asked if they would choose not to have circumcision practiced on their children if they could, 38.1 % responded they would not as

opposed to 6.1 % that said they would, which means that a majority of women do not support circumcision to be practiced on their children.

**Conclusion**

The survey we have done showed us that despite work done by WHO and various other humanitarian organisations towards the eradication of FGM, girls are still being subjected to this practice either by their own mothers or other family members at a very high rate. It can easily be indicated that social conventions play the most powerful underlying role in the continuation of FGM as despite their recollections of the trauma they underwent which had negative consequences throughout their lives and well-being, the percentage of women who continue the practice is still at a high rate. and still recall bad memories of the trauma continue the practice. Our suggestion to change this situation would be to educate the women at home and persuade them about the dangers of FGM on their lives.

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