2006

Female Genital Mutlation [sic]: An Emerging Public Health Concern

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Degree Type
Open Access Senior Honors Thesis

Department
Health Sciences

First Advisor
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Keywords
Clitoridectomy, Infibulation, Female circumcision

Subject Categories
Anatomy

FEMALE GENITAL MUTLATION
AN EMERGING PUBLIC HEALTH CONCERN

by
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A Senior Thesis Submitted to the

Eastern Michigan University
Honors Program

In Partial Fulfillment of the Requirements for Graduation
With Honors in Health Administration

Approved at Ypsilanti, Michigan on this date

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Background Literature

The beginning of this investigation was with the broad idea of child and maternal health in Africa. As the literature exploration began, it became very clear that the final topic would be much narrower and complex. The topic of female genital mutilation (FGM) emerged because of the many areas of study that it affects. The included literature produced on FGM is commonly organized by the different disciplines.

The history of the practice of FGM varies among different groups and cultures, but a consolidation has emerged in a number of books and articles. Several theories have been conceptualized over the centuries of FGM development. Elizabeth Boyle's book, *Female Genital Cutting (2002)* provided insight from an anthropological point of view. She discussed the theories and perspectives on the development of this very controversial topic. Many people who practice FGM are in areas of Africa and Asia; Stanlie James gave an image of the pain women suffer around this traditional culture. Since this is not a problem in one area of the world, Catherine Annas incorporates a human rights point of view in the complexity of the topic and the process of adoption FGM has had on a global scale.

The severity of this social problem is confirmed by the health complications associated with it. Much of the literature covers this side of FGM, but Eufa Dorkenoo explains the pain felt by women and girls very thoroughly, but also from an anthropological point of view. M.A. Dirie gives an account of the study that was performed on women who had undergone FGM. She gives data on how these women were affected and with what.

A major component or concentration of the literature was related to human belief systems that are built around the practice of FGM. However, much of this literature is only indirectly related to the study of FGM. Such an understanding is enacted to provide for contextual research

for the social persistence of the problem and persuasion for change. In addition, any efforts to modify or curtail are dependent on an understanding of underlying beliefs. H. Wang wrote his dissertation in 1998 on the human belief revision and what must be included in the process for changing a deeply held belief such as FGM. Similarly, Sharon Shavitt's work in 2002 gives an insightful social perspective in attitude function and social persuasion. It is in these two pieces of literature that FGM is compared to the beliefs and attitudes that are held in every society all over the world.

Introduction

Excision, infibulation, female circumcision, genital cutting, genital mutilation are words rarely heard or spoken, yet they all reference pain perpetually felt around the world. This practice of mutilating women is still the same no matter by what name it is called. It still involves partial or total removal of external female genitalia or other injury to a woman's genital organs ("Fact Sheet…" 2006). The reason for altering a woman in such a way is often justified by custom, but the continuation of this tradition lies solely in the hands of human belief.

Female Genital Mutilation (FGM) is also a public health concern. This research will discuss how it is harmful to the physical and mental health of the women who have undergone FGM. The areas of most concern do not use methods of anesthesia and have minimal access to medical care. As a result, women and girls are subjected to violent pain, and those who survive it will feel its complications and sufferings for their entire life. The physical complications associated with FGM can result in problems like immediate hemorrhage, shock, or severe infection. The pain also causes urine retention because of fear of passing urine through the irritable raw wound. Often times the small opening left from infibulation is not enough for menstruation and can cause blood clot accumulation which can be fatal (Dorkenoo, 1994).

Although the health complications associated with FGM are abundant, this tradition is still practiced all over the world. Groups continue to practice it because of the deeply held belief that is thought to hold the culture's structure together, which is necessary for the survival of the society. Excision is the only chance women have to be eligible for marriage and bearing children. Therefore, this practice is the only social security women have and is therefore, enforced to preserve their family honor. Holding tight to this tradition gives women the role of duty to their husband by remaining faithful before and after marriage in addition to bearing

children. Without it, women are considered to be unclean, dirty, masculine, and most importantly, unmarriageable. This is why girls are expected and many times forced to "cleanse" with the excision of their sexual pleasure or they will not marry or bear children (Davis, 2001).

Many outsiders to the practice believe this public health concern that has to be ended. In order for FGM to be eliminated it has to be replaced with a less harmful alternative. The reason it has not been stopped already is because a sufficient replacement has not been introduced to the practicing culture. The plan for change must include a revision of this belief, or change will continue to be unsuccessful and this mutilating tradition will continue to harm women all over the world (Wang, 1998). This task has proven to be very difficult for the current world health organizations and will require a worldwide gradual process that may expand over many years.

Understanding Female Genital Mutilation

Types of FGM

Female genital mutilation surgeries are defined by four classifications. Type I refers to female circumcision or "sunna" in Islamic terms. This excision's closest comparison is the male circumcision because the prepuce, similar to the male foreskin, is excised (Dirie, 1992). However, in most cases, Type I is accompanied with or without removal of part or the entire clitoris. Female circumcision is not as common and is, by comparison, the least severe of all the types (Favali, 2001). This type is also often taken to be synonymous with the clitoridectomy.

Commonly referred to as clitoridectomy or excision, Type II is going a step further by a partial or total excision of the clitoris in addition to possibly removing the labia (James, 2002). It is difficult to define a specific difference between Type I & Type II because their classifications are overlapping and are frequently put in the same category (Hernlund, 2000).

The most severe and most commonly performed procedure is Type III known as infibulation. The mutilation begins with the excision of part or all of the external genitalia, including the labia majora and minora, and the clitoris. The remains are then stitched together as to cover the urethral and vaginal openings (Hernlund, 2000). Infibulation gets its names from this stitching and narrowing of the vaginal opening, leaving these women with a tiny opening the size of a pencil at the lowermost part of the vulva to allow for evacuation of urine and menstruation fluids (James, 2002). Healing is aided with various tools such as thorns to suture, a small stick to maintain the opening, and ropes to bind the girl's legs together. Some cultures apply dirt or ash to stop the bleeding with a sticky paste to close the wound (Annas, 1999). In areas where physicians conduct the surgeries, some type of anesthesia or antibiotic may be used along with other types of medications and sutures (Hernlund, 2000).

Infibulated women are meant to remain closed until marriage, but on her wedding night the wife will be opened (Dorkenoo, 1994). Defibulation is the procedure that re-opens the woman for intercourse by splitting the bridge of skin that covers the vulva from infibulation. This is the husband's role and is commonly done with his fingers, but can also be performed with a razor, a knife, or by another woman in the community. It can be considered shameful if a husband was incapable of defibulating his wife without help (Dirie, 1992). In some areas, the husband is expected to enlarge the tiny opening with penetration of his penis (Dorkenoo, 1994).

After each birth a woman is often reinfibulated, which re-stitches the open area. This is performed to prevent the woman from sexual relations when the husband is gone for long periods of time. Women may also be reinfibulated if they are widowed or divorced (Hernlund, 2000).

Type IV includes different variations of the procedure, however the nature of the procedure makes finding the degree of the operation difficult to track. The unclassified procedures can range from pricking, piercing, stretching, or cauterization of the clitoris to scraping, cutting, or applying corrosive substances in or around the vagina and surrounding tissues (Favali, 2001).

Prevalence

This tradition of mutilating young girls is performed in forty countries all over the world including America and Europe, and twenty-eight in Africa alone (Annas, 1999). The worldwide spread of FGM is due to the population movements and refugee migration as a result of war and natural catastrophes. Although it is continuing to spread across the world, it cannot be assumed that all people from these areas are practicing FGM (Dorkenoo, 1994). It is estimated that up to one hundred million women and girls have presently undergone some form of female genital

mutilation. At the current rate of population growth some two million girls a year, which is six thousand per day, will endure this excruciatingly painful procedure (James, 2002).

Female genital mutilation (FGM) is performed on women and girls of a variety of ages. The most common age is about ten years, but it is practiced on newborns and on adolescents usually before marriage (Annas, 1999). Ethnic groups perform on adult women with consent when they are married into their group. However, during times of political unrest mutilation has been found forcibly imposed on all ages. In extreme culturally specific cases, FGM is carried out on widows if they had previously escaped the practice (Dorkenoo, 1994).

History behind the practice

The ritualistic tradition of FGM seems only damaging to women, however, there is reason to why it was first done to a woman. The exact history is unclear, but variations of FGM have been traced back six thousand years (Annas, 1999). The first theory was when the custom was already widespread in areas such as Egypt and Arabia, and before Islam was an established religion (Dirie, 1992). A geographer of the second century B.C., Agatharchides of Cnidus, wrote about tribes practicing the ritual near the coast of the Red Sea (Boyle, 2002). Egyptian mummies have been discovered with FGM in 200 B.C., which was in the pharaonic era of Egypt (Dirie, 1992). This could explain why infibulation is referred to Pharaonic circumcision in African regions (Dorkenoo, 1994). The locations of geographic prevalence support that the custom began in Egypt, and then spread southward and westward into the areas where FGM is now practiced.

The introduction of FGM must have had a strong impact on the people who are still practicing. This leads to the next theory where FGM could have started in fifteen to sixteen centuries in Egypt then spread by slave traders to other regions of Africa. During this time

period, many slaves were owned in Egypt. If they were 'sewn up' and unable to conceive; they reported to have higher selling prices (Boyle, 2002). This "chastity belt of flesh" was then enforced on the women who where brought into slavery (Dorkenoo, 1994). These groups were so strongly convinced of the importance, they continued to practice the traditional belief through six thousand years.

As Islam was introduced, the practice became common in Muslim families because it encouraged honor and chastity. Many of the polygamous harems taken on by Egyptians consisted of mostly local women who had recently adopted the Islamic faith. In order to keep up with the changing times, slave traders had to look in non-Islam areas because Muslims were forbidden to enslave other Muslims. In an effort to enhance the value of their slaves, slave traders had to reach further into the African continent to find non-Muslim slaves (Boyle, 2002).

These theories are not the only ideas of how FGM was spread. The Pharaonic era of Egypt had many beliefs surrounded with different gods. This belief was based on that mortals reflect the bisexuality trait of the gods. This means each person carries a male and a female soul in their genitals. The excision of the opposing sexual trait will therefore encourage healthy gender development (Boyle, 2002).

Perpetuated by Women

The procedure performed on girls and women provide income for the practitioners who are often local women. Given the importance of FGM to society, the excisors enjoy respect and a special status that motivates the perpetuation of the traditional custom ("Fact Sheet…" 2006). The respect these women gain comes from their role of preserving the linage of the family through FGM. In most cases, women who perform the excisions are untrained elders in the community or by members of the girl's family (Davis, 2001).

Parents in the West are known to save money for a long period of time to visit private doctors on a highly confidential basis (Dorkenoo, 1994). These elite parents are known to pay high prices that ensure their daughters' procedures are carried out under medical conditions. In traditional societies where FGM is most commonly performed, the excisors are also the traditional birth attendants and healers of the community. These procedures are often performed in unhygienic conditions with the use of unsterile medical instruments like razor blades, a sharp rock, pieces of glass, or knives (Pracht, 2001).

When an excised girl is married, her family receives payment often times in the form of cattle. This cattle is used as the bridewealth for the young women's brothers' marriages (Walley, 1997). So the elder women express the little power in the one area they have most control, the family. They continue to excise their younger generations of girls in order to please men's desire to carry on their family linage (Dorkenoo, 1994). Without the income-generating practice, many well-respected women of these communities would have no source of income without FGM. Therefore the practice is sustained in part for the community's economy (Boyle, 2002).

Nearly all of the health complications are a result of the poor conditions in which the procedures are performed. The experience of the excisors and the area where the procedure is performed affect the girl's degree and severity of mutilation. The operation can take place in a household, in a specific location in the village, or in a health facility (Pracht, 2001). The excisors who performs the surgeries are not typically doctors, but usually elder women without any medical training. They perform the actual cutting while their assistants, often the girl's mother and aunts, hold the patient down. Sometimes the surgeries are performed without sterilization and include groups of girls. Infections can spread from girl to girl when excisors use the same cutting tools over and over (Annas, 1999).

Motivation for the Cultural Tradition

In order to understand the motivation behind this belief, the reasons for performing female genital mutilation (FGM) have to be examined. One theory is that FGM is associated with a deeply rooted fear of women possessing an uncontrollable sexual power. This belief of sexual destruction among females is said to be the source of all men's difficulties (Favali, 2001).

Psychosexual

One line of thinking is related to the psychosexual domain. Girls are forced to endure these mutilating procedures because of psychosexual rational. FGM is intended to lessen sexual desire in women. Excision is intended to protect women from their uncontrollable sexual nature. It will save her from temptation, suspicion, and disgrace, while preserving her highly valued virginity (Dorkenoo, 1994). Women, who have not been excised, possess an unaltered clitoris and are feared to be more sexually aggressive than men (Davis, 2001). In other words, FGM is a tool that is used to subjugate females and control their sexuality (Favali, 2001). Women are not only stripped of sexual stimulation, but infibulated women can also be subjected to an extreme amount of pain during intercourse (Davis, 2001).

Women are excised to maintain chastity and virginity before marriage and fidelity during marriage. Female virginity is an absolute prerequisite for marriage. Regardless of virginity, a non-excised girl is the subject of extreme ridicule and stands little or no change of marriage (Dorkenoo, 1994). Infibulation is intended to prove virginity because it is impossible for women to hide evidence of sexual intercourse (Davis, 2001). However, reinfibulation can easily appear like the original stitching, which can be interpreted as opportunity for girls to hide illicit sexual relationships (Dorkenoo, 1994).

Extramarital relationships before and during marriage can lead to severe punishments (Dorkenoo, 1994). It is important for families to excise their daughters to prevent any harm coming to them because of their sexuality. The "curbing of the excesses of a young girl" will reduce promiscuity before and during marriage. Female "circumcision" ensures the husband that he will not have to worry about his wife's promiscuity because she is still "virtuous" and has not been touched. In addition, the FGM procedures are believed to force women to only be attracted to their husband (Odu, 2004). In the case of unmarried girls, it is forbidden to become pregnant. A pregnant girl is considered a disgrace and loses the respect of the community. She may become a target for a forced abortion that may not only kill the baby, but also the mother. The children of 'girls' are outcasts of society or may be killed. Members of the community are only accepted if their mother has been 'circumcised' (Hernlund, 2000).

Sociological

The FGM operations can sometimes be used as a sociological device for identification with their culture and initiation of girls into womanhood. In these cases, girls are often aware of the their future because many women in their community have endured the operation's painful consequences. This excision is performed as a part of puberty and induction into adulthood (James, 2002). This may be one of the only times that a women or girl is the center of attention in the community (Boyle, 2002).

Children demonstrate their bravery and courage by various tests, such as suffering in silence. The initiation ceremonies instruct girls and boys in areas such as proper behavior and are believed by elders as imperative for the survival of the society. In some cultures, there are elaborate rituals like special songs and dances that accompany this event. When a girl emerges after healing, she is considered a woman who is ready for marriage. Procedures performed in

relation to puberty rites can come with much celebration and festivities. The women are young, but are fully aware of what is happening to them and consent often because of societal pressure. Although these "rites of passage" are frequent in areas such as parts of Africa, many other countries never engage in any variation (James, 2002).

As excision and infibulation are becoming more prevalent today, the practice of FGM is becoming more disconnected with the communities it is performed in and less ritualistic. The operations often lack ritual and ceremony and are performed at much younger ages. For example, the procedure does not change the child's role, and instruction about adulthood is rarely taught. The procedures become much harder for women and girls to withstand when the family and community do not give them encouragement and support. Women who are aware of the upcoming events often experience a high level of anxiety prior to procedure. However, the terrified girls who are seized from their homes by an aunt or village matron feel humiliated and betrayed by her parents (Dorkenoo, 1994).

The lack of ritual means that infibulation gives women and girls very little to look forward to and many resist the operation. However, in order to make the girl a desirable bride that will be chaste before and faithful after marriage, she must be forced. This results in operating on unanesthetized girls using restraints. Without infibulation, the girl will not find a husband because the unaltered female genitalia is regarded as dirty and ugly (James, 2002).

Hygienic

Women's external genitalia are believed to be unclean and in some cultures are removed in an effort to promote hygiene. As women grow up with the notion that their clitoris is dirty and unclean, they come to believe it as well. An altered woman is considered more beautiful to her culture due to the prevailing standard (Davis, 2001). However, the severe physical consequences

involved with FGM operations prove that it does not promote good hygiene, but instead has the adverse effect (Dorkenoo, 1994).

Believers in the FGM practice come across myths that tell them it could grow to dangle down to their knees, secrete poison that could kill a man, or kill their child during birth (Davis, 2001). Many strong advocates for FGM believe that both the male and female sex exists with each person at birth, common to the Pharaonic belief in the bisexuality of the gods (Boyle, 2002). In order to clearly identify the sex of the person, they have to be excised. In the case of the male, the foreskin must be removed as the female principle, and the clitoris has to be removed in females to remove the masculine element (Dorkenoo, 1994). Women receive social recognition by stressing their difference from men and to not excise her would leave her unclean and masculine (James, 2002).

Sexuality

FGM fosters the oppression of female sexuality because marital infidelity is a threat, making the fundamental issue one of control. All other issues become rationalized and excused to explain the practice to mark the basic obligation of control over married women. Women who are therefore burdened with FGM believe they are in need of infibulation to enhance their sexuality or their sexual appeal. An infibulated woman is considered to be a more satisfying sexual partner for her husband (Davis, 2001). In a recent survey of Egyptian and Tanzanian married women, seventy-four percent believed that husbands preferred 'circumcised' women (Boyle, 2002). However, women no longer feel the satisfaction of their sexuality. Excision of women does pose a disadvantage for men. Although the upside of this is that wives will not desire another man, the downside is that she is also disinterested in her husband (Hernlund,

2000). This 'enhancing sexuality' oppresses women by ensuring that they will be more passive and obedient to their husband's demands (Davis, 2001).

FGM is intended to control women. A women's sexuality is "considered to be the greatest possible source of disgrace" were getting 'hot' or having extramarital relations can lead to the social disgrace of rape, illegitimate children, and a pitiless death (Gruenbaum, 2004). FGM is a device to prevent premarital sex for unwed girls and then ensures that she remains faithful while married. Men are masters over every aspect of women's sexuality because she is her husband's property (Boyle, 2002). Men, however, are under little obligation in their cultures to preserve their infidelity. This can bring sexually transmitted diseases home to the wife. As she is seldom interested in intercourse except for pregnancy, the husband will find other women for sexual satisfaction and expose his wife to anything he may have been in contact with.

Religion

FGM is practiced in numbers of communities who commonly perceive it to be demanded as a religion obligation. Some religious scholars from Sudan believe both male and female circumcision is obligatory, and others encourage female excision as a "preferable good deed" (Dorkenoo, 1994). This may have been initiated when Egypt's prominent Islamic leader issued, "FGM is an Islamic duty to which all Muslim women should adhere."

Regions that are mostly Christian actually have the highest percentage of women affected by FGM (Boyle, 2002). However, neither the Koran, which is the sacred Muslim text, nor the Bible has mention of FGM or a requirement to follow such traditions (Davis, 2001). It will be difficult to convince believers of these communities to stop the practice of FGM without a strong stand by religious leaders forbidding it (Dorkenoo, 1994)

Cause for Public Health Concern

Despite the conflicting views of the communities that practice female genital mutilation, the procedures produce no health benefits, but instead create damaging health consequences that are frequent and often serious. These operations can be hurtful to women and girls in many areas of their life including their physical, sexual, and mental health (Dorkenoo, 1994). Medical complications caused by FGM can be both immediate and long-term. The immediate health problems directly follow the operation, whereas late complications appear after the initial healing of the procedure (Dirie, 1992).

Physical Health

Although the physical health of any woman who undergoes the procedure can be affected, the harmful effects cannot be generalized to everyone. The fortunate few are excised in a setting that involves proper and hygienic use of medical equipment. These surgeries are performed by medical doctors who are sympathetic with the cultural practices and belief systems (Odu, 2004). In procedures where no anesthesia is used, the girl will experience an excruciatingly violent pain that may cause her to literally pass out or go into a state of shock. Girls almost always experience the acute urine retention to avoid pain or for fear of passing urine on the irritable raw wound (Dorkenoo, 1994). Skin flaps or blood clots may also cause urine retention because the urethra may be included in the wound's sutures (Dirie, 1992). The forceful operation may also result in a fractured bone such as a clavicle, femur, or humerus due to heavy-handed restraint on the struggling child. The lack of medical knowledge and poor technique during surgery may result in damage to the urethra, anal sphincter, or vaginal walls (Dorkenoo, 1994). Untrained excisors can also pose the risk of immediate death caused by hemorrhaging from rupture of the blood vessels of the clitoris (Annas, 1999).

The excision of the clitoris and the process of infibulation will also cause long-term complications. It often times leads to painful menstruation or the development of a neuroma, a painful tumor composed of nerve tissue at the point of sectioning the nerve of the clitoris (Dorkenoo, 1994). Accumulation of vaginal discharge occurs if the meatus of the urethra is covered. This is a favorable condition for bacterial growth, which causes recurrent urinary infections with severe pain (Dirie, 1992). The mucous secretions can lead to the growth of widely reported dermoid cysts on the line of the scar. Although they are slow to develop, they can grow as large as grapefruits, which makes walking very difficult (Annas, 1999). In some areas, the operations are carried out simultaneously on groups of girls with rarely sterilized instruments, which can lead to frequently fatal complications such as tetanus, HIV, and Hepatitis B (Dorkenoo, 1994).

As girls are forced to undergo infibulation, chronic infections of the uterus and vagina are frequent. Some areas use the technique of binding the young girl's legs together. If this fails in aseptic conditions, it can lead to tetanus, a local infection, or other lethal complications that are difficult to identify (Dirie, 1992). Excision can also cause a fatal blood poisoning known as septicemia (Annas, 1999). The spread of infection to the inner reproductive organs can cause infertility problems (Dirie, 1992).

The small opening that is left allows only a reduced flow of urine and menses to pass, which leads to serious consequences to the woman's gynecological health (Dirie, 1992). Young girls may not empty their bladders fully if opening is too small. This can cause recurrent urinary and kidney infections or the possible formation of bladder stones (Annas, 1999). Infibulated women who have complications because of the opening size are treated by surgical defibulation

in order to relieve the suffering and then a reinfibulation that allows for proper flow of liquids (Dirie, 1992).

This small opening left after infibulation can also be too small to allow for menstruation. In this case, women can experience the possibly fatal dysmenorrhoea from the accumulated blood clotting that young girls may try to dislodge with their fingernails. Unsuccessful attempts can greatly increase the size of the abdomen to large proportions. In some areas, a girl with a large belly and the absence of menstruation will be considered pregnant. Although she only carries a massive storage of blood, the community will see a girl who appears to be pregnant and the family could have her killed to preserve their honor (Dorkenoo, 1994).

Although many die from these operations, it is nearly impossible to accurately estimate the actual number of deaths associated with FGM. Complications leading to death are most frequent in rural areas where health services are not available and medical records are not kept (Dirie, 1992). Girls who experience post-operative shock can sometimes only be saved from death with a blood transfusion and emergency resuscitation, which is commonly unavailable. In addition, the illegality of FGM requires that unsuccessful attempts be concealed from strangers and health authorities (Dorkenoo, 1994). Therefore, even women in urban areas are hesitant to seek medical help, therefore, only a small number of cases reaching hospitals (Dirie, 1992). The fifteen percent of circumcised females that die from infection and bleeding are attributed to witchcraft and the "evil eye", not to the excisors or to the fact that their instruments were not sterilized (Dorkenoo, 1994).

Sexual Health

Women also experience many sexual health problems from the trauma of FGM. Defibulation is a long and painful process that can require two to twelve weeks of healing before

the consummation of the marriage. In some severe cases, healing can take up to two years. Serious injury can occur when husbands use knives in a desperate attempt to open their wives (Dirie, 1992). Even after the initial healing, intercourse is often painful for the woman (Dorkenoo, 1994). Women are often tender and bleed when friction of the area occurs (Odu, 2004). This pain can result in sexual dysfunction for both women and men leading to disharmony and break-up of marriages (Dorkenoo, 1994).

Mental Health

The pain caused by female genital mutilation is not only physical, but also includes psychological consequences for women. However, the secrecy of the procedures not only hinders researchers from finding the prevalence of problems, but also what kinds of problems exist. The hurt that is found among these women is classified by the motivation behind the procedures. For example, FGM that has a strong motivation is often because of ritual and societal pressure and is considered an act of being made clean. Women in these ritualistic communities actually desire to have the surgery performed on them. Women who are not excised are despised and denigrated because their genitals are considered dirty and a source of uncontrollable dangerous desires. They often feel relieved to be made like everyone else because of the anxiety and mental conflict being different causes (Dorkenoo, 1994).

This mentally scarring procedure not only has short-term consequences, but it affects women for the rest of their life. The unbearable pain at the time of the procedure is followed by more pain at the consummation of marriage. Removing the clitoris makes the genital area insensitive to touch producing a lack of satisfaction during intercourse. The reduction of sexual pleasure results in making an orgasm nearly an impossible task (Annas, 1999). The lessening of sexual pleasure among women makes it clear that her health, needs, and desires are not important

(Davis, 2001). As women are deprived of sensation, they begin to feel as if they are being used for sex. One women gives her account, “Given the choice now, I will not allow it to happen, knowing how demeaning the experience was for me as a woman and how the whole thought of it being done to lessen my sex drive makes me feel like a sex object" (Odu, 2004). This makes sustaining a healthy and fulfilling relationship very hard (Dorkenoo, 1994). Their life is now committed to one purpose, bearing her husbands children (Hernlund, 2000).

Depth of Belief

It is clear that women face damaging health and mental consequences from the FGM operations, but they still continue to practice the tradition of mutilating the women of society for the sake of chastity, hygienic maintenance, and the increased pleasure of men. The deeper question in the issue of female genital mutilation is why these women are active participants in the destruction of their own kind. This sexual oppression is not only allowed by women, but is also promoted by women. The social persistence of FGM verifies that women are merely pawns for patriarchy (Walley, 1997). However, the societal pressure on women who practice FGM gives evidence of their false consciousness that sustains this deeply held belief.

This belief has parents willing to sacrifice their daughters' sexual right for the promise of her social security. They know that without compliance, it is very likely that she will never marry and perhaps become an outcast in their society. Although young women are stripped of their femininity and subjected to many health risks, FGM ensures her survival and measure of satisfaction in the society ("Fact Sheet…" 2006).

Female genital mutilation is not just a problem related to public health or female repression, but concerns a depth of belief that has been proven to be very difficult to break. The individuals hold the belief of FGM because of the strong societal foundations it is based upon. They will continue to justify FGM so as long as it is consistent with other beliefs that they hold (Wang, 1998). The societies who practice this tradition hold a utilitarian functional attitude. Meaning that although FGM has its consequences, they are minimal compared to the rewards it provides for those who submit to the practice (Shavitt, 2002).

The common attitude towards the importance of FGM among members of the society provides a self-enhancing social comparison. The mutilating surgeries give women something

that belongs to just them and actually binds them together to create identities as members of the group (Davis, 2001). Women who undergo FGM in a group setting actually have a boost in their self-esteem because of the newly founded public identity they receive. Before they were excised, their social identity was that of an unclean girl, now she is considered an honorable woman ready for marriage. Compliance with FGM allows women's attitude to express their value to others within the society (Shavitt, 2002).

Women are concerned with how others view them because it is of greater importance to comply with group goals and societal perception than goals of an individual. In other words, the society does not honor or support personal goals, but submits to the values that are expressed by the society (Shavitt, 2002). "A girl's wishes are often irrelevant; it is her family, often the father or elder female relatives, who decide whether she will undergo circumcision" (Althaus, 1997). FGM is therefore a societal attitude that concerns the persuasion of all who practice the surgeries.

Revision of the FGM Belief

The ultimate reason an individual will revise a belief is due to consistent changes that would make the belief system out of date or inappropriate. Therefore, the first step to revising this belief is to recognize this FGM as belief system. Without recognition, the unconscious belief that has been developed over a believer's lifetime cannot be easily revised because of the profound effect on perception of life decisions (Wang, 1998).

The attitude towards the importance of FGM in society has been proven to be very difficult to modify regardless of the damaging health effects. This is due to the belief preservation effect that suggests "people are reluctant to give up some beliefs even when the original bases of these beliefs are completely destroyed." Purely logical reasons such as harmful

consequences are not enough to modify a belief especially when consistency not preserved (1998).

Need for Modification

A plan for modification of female genital mutilation surgeries must maintain consistency within the belief along with minimal change within the belief system. In order to modify FGM as a belief system it must represent minimal change of the current belief system (Wang, 1998). This type of action will take careful examining of what the foundational aspects to the belief are. FGM provides assurance of female virginity, sexual control, and cleanliness to the members of the society. Without this assurance, the girl will be deemed unmarriageable and an outcast. With compliance, FGM supports the economical value FGM adds to society. A circumcised girl is now considered eligible for marriage and can facilitate the payment used for the men's marriages. FGM also directly influences the income of those who practice it along with a high level of respect in the community for the social support they give. The last foundation of this belief system is based on religion. Although there is no formal evidence that it is required by any religion, many believe that is a 'good deed' to be excised. Revising the belief system of FGM can only be successful if these underlying beliefs remain consistent (Dorkenoo, 1994).

Many plans for action have been organized for the modification of FGM, but so far, none have been effective enough to eliminate the harmful tradition. As many communities who practice FGM are seemingly unaware of the harmful effects of FGM, education could provide a solution to the problem of FGM. However, the belief system that surrounds FGM complicates the process that is needed for education. Pure education of the harmful effects that are associated with FGM will not change the belief that it is a requirement for the society. In addition, providing knowledge that suggests that FGM is extremely damaging to women will only cause

them more distress. The pure elimination of FGM could in fact have a more severely damaging effect on the society because of how much the stability it provides is relied on (Wang, 1998).

The education of the communities must be a kind of ritualistic replacement for the bloody ritual of female genital mutilation. The education needs to be able to keep the other foundations in the community constant while replacing the actual genital mutilation. The main support for FGM comes from the women who enforce it. Education must therefore find an alternative economic option for the women who depend on the income that FGM provides. These women will then find they no longer need to rely on harming young girls for income and will eventually reject the practice (Lightfoot-Klein, 1991).

Societies that practice FGM believe that women are better after excision. Women's virginity is highly valued and it is believed that FGM proves to verify this trait in girls. Education will include the common myths of FGM and how it does not ensure virginity. In addition, women can maintain a higher level of hygiene and be more enjoyable for their husbands if they are not excised (Davis, 2001).

The last two foundations for the FGM belief, religion and bridewealth, may be more complicated in the belief revision. In order to stop FGM followers who practice for the sack of religion, religious leaders must take a firm stand of forbidding the practice. Otherwise it will still be considered a requirement by religion, therefore, individuals and whole communities will continue to fulfill their religious duty despite its severe consequences (Dorkenoo, 1994).

The bridewealth given for women who have been forced to undergo FGM may have to be abandoned. However, if the education is successful in replacing FGM, women who have not undergone the procedure may still be eligible for the bridewealth given by the husband.

However, education may also strengthen women's rights and will therefore lose the need for them to be 'purchased' (Walley, 1997).

The education process must thoroughly teach meaningful health education and training in being a woman. The subjects discussed should relate to FGM, early marriage, human reproduction, pregnancy, childbirth, breastfeeding, hygiene, and nutrition. Educational ceremonies may last for several weeks or months and girls would leave these as women who are ready for marriage (Pracht, 2001). The difference is, she really is ready and prepared mentally.

Traditional birth attendants and retired excisors will play a major role in the campaign against the harmful traditional practices. It will be these women, who have proven to be very determined in carrying out social practices, which will continue to carry on the revised practice of education. They will also be provided income for teaching girls to become women in the educational programs. In order for them to educate, these 'mothers of the community' women must first attend training workshops on the educational process (2001).

Humility of Literature

The concern of female genital mutilation is physically and mentally harmful to women, but is still continued as a tradition in cultures in much of the world. It is clear that FGM persists because of the depth of belief the communities hold. Without this tradition, much of the community's foundations will collapse. The foundations that FGM is based on cannot all be eliminated, but instead, FGM can only be modified if the revision includes minimal change. The replacement of the bloody ritual needs to fulfill the same kind of satisfaction that FGM meets. A possible solution is in education as a ritualistic tradition. However, the current literature does not define the problem effectively through the numerous cultures and geographic locations. Instead, each culture or location has its own specifications of the practice. Since this tradition is unable to be generalized given its numerous variations, a solution must include the development of a systematic study. Female genital mutilation must become generalizable so the changes implemented can have a systematic approach. This change will not happen over night, but will take place over many years of implementing small modifications.

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