

Genital Mutilation— The Unspeakable Atrocity



This article by Tobe Levin is based on some feminist investigations on the subject
(see footnote)

THE CLITORIS is the most sexually sensitive part of woman's body. It is a small organ made of tissues, situated above the vagina. It is through stimulation of the clitoris that women reach orgasm and get sexual pleasure. In some African countries an "operation" is performed on little girls whereby the clitoris is cut off, thus mutilating the woman's sexuality for life, often at the cost of terrible damage to her health. The mutilation is often extended to other parts of a woman's genitals as well.

This process might seem horrifying to us—but no less horrifying is the ignorance in which we are kept regarding our sexuality. Most of us are never told of the existence of our clitoris and we go through life not knowing the word or the reality. Thus, our sexuality is mutilated as effectively though the operation is mental, not physical. The struggle against such mutilation therefore is not just confined to Africa but is a struggle of all of us, all women everywhere.

It is known that genital mutilation is practised among several communities in India. We would be very interested in information about this from any of you who know about it.

MOST recent estimates indicate that 48,000,000 African women, ranging in age from a few days to beyond puberty, are currently victims of ritual genital mutilation. Though it is spoken of in Africa as "circumcision" it is actually quite distinct from the removal of the foreskin of a boy. Annie de Villeneuve gives an eye-witness account of what actually happens to girls :

"Among the Somalis the initiation rites take place in the home among the women relatives, neighbours and friends. The father stays outside the door as a symbolic guard. . . The little girl sits down on a stool that is not even wiped and several women hold her down firmly. After separating the outer and inner lips with her finger, an old woman attaches them with large thorns onto the flesh of each thigh. With her kitchen knife the woman then pierces and slices open the hood of the clitoris and begins to cut it out. While another woman wipes off the blood with a rag, the operator digs with her fingernail a hole the length of the clitoris to detach and pull out that organ. The little girl screams in extreme pain ... If she faints, spice powder is blown into her nostrils to revive her. After a moment the woman takes the knife again and cuts off the inner lips. Then the mother begins to scrape off the skin from the inside

of the large lips. With the abrasion of the skin completed according to rules, the woman closes the bleeding larger lips and fixes them one against another with long acacia thorns . .

The operator's chief concern is to achieve as narrow an opening as possible. Just enough to allow the urine and the future menstrual fluid to pass. A small splinter of wood is usually inserted to keep the wound from closing entirely. The honour of the operator depends on making this opening as small as possible because among the Somalis the smaller this artificial opening is, the higher the value of the girl ... After the operation the girl's thighs are immobilized with ropes of goat skin. A solid bandage is applied from her knees to waist and left in place for about two weeks. The girl remains immobile stretched on a mat for the entire time while all the excrement evidently remains with her in the bandage. Various complications frequently ensue, leaving girls crippled for the rest of their lives."

In addition to infibulation, there are two "milder" forms of surgery. The most frequent is clitoridectomy which means amputation of the clitoris sometimes accompanied by the removal of all or part of the external genitalia. The other operation known as sunna circumcision removes the clitoral prepuce only. Immediate post-operative problems include faintness and nosebleeding which often accompany the initial shock. Retention of urine as well as bladder infections are common. These result from the frequent cutting of the urinary tract during the excision. The girl's desperate struggles may occasion unintentional wounding of the uterus, lower abdomen and thighs. Surgical instruments used for this operation include knives, razors or unsterilized pieces of glass. This often leads to tetanus, septic anemia or a fatal hemorrhage.

Long-term results include gynecological and obstetrical

Hosken, Fran : *The Hosken Report—Genital and Sexual Mutilation of Females*, 1979 (based on her personal research and investigations)

Daly, Mary : *Gyn/Ecology—The Metaethics of Radical Feminism*, Boston, Beacon Press, 1979 (Traces the history of worldwide woman-hatred and violence against women manifested in such phenomena as witch-hunting in Europe and America, footbinding in China, genital mutilation in Africa, sati and infanticide in India. Also traces the buried history of women's centuries-long struggle and resistance movements.

Groult, Benoite : "Sexual Mutilation" in a French magazine, "F", 1979.

complications such as painful menstruation, chronic infections of the uterus, vagina, anal and urinary passages, and of course excessively painful intercourse. Additional side-effects include cysts, keloid formations and infertility due to chronic infections. In later life, the woman may be unable to retain urine due to vaginal rupture and may be ostracized for this.

These operations have a significant negative effect on child bearing, making it even more dangerous. The scar tissue which composes the female genitalia after such an operation is almost totally inelastic, increasing the pain and risk of hemorrhage during childbirth. This inelasticity may also cause delay in the second stage of delivery, which may lead to lack of oxygen and damage the child's brain. A neuroma may also develop at the site of the excision if the nerve is cut : "If the midwife is clumsy, if her eyesight is poor, if the instrument is too blunt, if the girl twitches at just that fateful instant, then the cut will be so deep that the main nerve is hit and exposed." At the slightest touch these women suffer excruciating spasms, like those associated with other severed limbs. Denied a source of intense pleasure, they have also been inflicted with a source of constant pain.

Extreme pain is associated with all aspects of a mutilated woman's heterosexual experience. When she marries, she must be reopened frequently with a knife or razor. Her husband is advised to "use" her as often as possible during the first few days so that the passage does not have a chance to close. After childbirth, she may again be sewn up to create a tighter, more comfortable fit for her owner. One Sudanese woman commented on the 17 childbirths of a neighbour : "They cut it and they sewed it and they cut it and they sewed it as if it were a piece of cloth." Mary Daly cites a village in the Nile valley where the female operator would in fact measure the future

husband's penis, produce a replica of clay or wood and then use it to determine the future size of the victim's vaginal opening.

Benoite Groult writes : "One's own genitalia ache on reading this . . . one aches in the depths of oneself." All this is so terrible that we are tempted to deny the knowledge that such horror exists. For we too are implicated—we sense that the causes are laden with parallels to our own destinies as women, symbolically castrating us in many ways. Genital mutilation is merely one way of translating woman-hatred into a fact.

Clitoridectomy appears to assuage male fears of female potency, fears explicitly recorded in the folk beliefs of several tribes where these rites prevail. According to the Mossis of Upper Volta, "the clitoris kills children at birth and can be a source of impotence." Similarly, the Bambaras claim that the protuberance can wound and even kill a man. As one Nandi chieftain clearly stated : "We don't want such a hanging down thing in our women!" Fran Hosken suggests that there may be a link between polygamy and clitoridectomy —men who have many wives may feel more threatened by female sexuality.

The traditional explanations distinguish themselves from more recent commentaries mainly by virtue of their honesty for they acknowledge male responsibility for the perpetuation of the custom. In contrast, among researchers, government officials, western journalists and other men who have recently made pronouncements on the subject, the tendency is to blame the women. E.G. Davis cites an ethnologist's claim that the clitoris "sometimes acquires" an astonishing magnitude and we have proof on record of women with large clitorises who have seduced young girls ... It is to avoid such unnatural connections that the Asiatic nations are in the habit of removing the clitoris." The general director of hospitals in the



Egyptian ministry of health also said in 1970 that these operations are desirable to “relieve women” and to “limit their sexual appetite.” Jomo Kenyatta, in complete agreement adds that “not a single Gikuyu worthy of name wants to marry a non-excised woman because that operation is the basis of all moral and religious instruction.” Underlying these assertions is the all too familiar myth of the insatiable female. The moralists draw their inspiration from the myth of feminine evil and are confirmed by their colleagues in the sciences. For example Pierre Henry speaking before the International Congress of Medical Sexology in 1974, derived his argument from a supposed opposition between female sexuality and a harmonious social order. He notes that “Excision is a coherent attempt to favour the sexual integration of the woman in accordance with strictly social criteria. The vocation of the Guinean woman is motherhood. Excision suppresses the organ of pleasure (the clitoris) which is sterile hence asocial, in order to leave only the organ of reproduction which is fertile hence social (vagina).”

Indeed a very widespread false notion exists that childbearing is impossible without clitoridectomy. This false idea serves as a very powerful motive for women to agree to the operation since their respectability depends on the number of children they bear. As we have seen, the opposite is true—genital mutilation can be a major cause of sterility.

The most compelling reason for these “initiation rites” is recognized by Asha, a Somalian woman, who notes that the major point of excision is to prevent women from having free sexual relations. Clearly, men wish to suppress and control female sexuality. As one tribal chief and magician related to Jacques Lantier: “God has given the clitoris to the woman so that she can use it before marriage to experience the pleasure of love while still remaining pure . . . The clitoris of very little girls is not cut off because they use it for masturbating. The clitoris is sliced off when girls are judged ready for procreation and marriage. When it has been removed they no longer masturbate. This is a great hardship to them. Then all desire is transferred to the interior. They attempt to get married promptly. Once married, instead of experiencing dispersed and feeble sensations, they concentrate all desire in one place and couples experience much happiness which is normal.”

This passage is remarkable for its similarity to Freud. Just as Freud declares that feeling must be transferred from the clitoris to the vagina if the girl is to become “mature”, thus disregarding women’s actual experience, so too it is made out that clitoridectomy accomplishes this “maturity.” This theory presumes that before maturity, a female doesn’t need a male. But a male needs a vagina. Mutilation therefore provides him with one. Clearly it is from the male point of view alone that the chief posits mutilation as a prelude to “great happiness.” “For by now”, notes Mary Day dryly, “We are in a position to guess the nature of this happiness.”

Benoite Groult gives a short history of attempts to abolish these practices. For example in 1881, Catholic missionaries in Abyssinia tried to outlaw excision. Their decree provoked a revolt of such magnitude among indigenous men that the

Pope was forced to send a special delegation which, in order not to lose converts, approved the practice. In 1958, British colonial authorities in Aden made clitoridectomy illegal. Once again, faced with male opposition, they were forced to reinstate it the next year. In Kenya the revolt of the MauMau was in part directed against similar attempts to outlaw genital mutilation; and in the struggle the tribesmen dramatized their views by excising a number of captured English women. In 1963 one of Kenyatta’s first official acts as head of state was to permit mutilation of women. Of the two dozen nations where clitoridectomy is practised today, only Sudan and Egypt have made the practice illegal.

The male intellectual elite all too often share Kenyatta’s view. The Malian writer Yambo Oulogem says: “Many men on the occasion of their marriage, take pleasure in experiencing a new sadistic thrill as they deflower their mistress, her sex pierced with needles and her thighs splashed with blood, herself enraptured and more than half dying of pleasure and fear.” Male writers often try to excuse these customs saying that women enjoy being tortured. In 1965, a French scientific journal argued:



Mutilated Genitals

“Excision is desired by the girls themselves; if not, they would defend themselves.” Under pressure and in almost total ignorance of the facts, the girls may appear to desire circumcision. But as Hosken notes, there is a marked tendency to lower the age at which the rite is performed, because the younger the child, the more docile and helpless she will be. Patriarchal wisdom considers older girls to be strong-willed and sex-starved. The traditional folk belief of Guinea is that “an incomplete excision does not constitute a sufficient guarantee against profligacy in girls.” This attitude is shared by two French ethnologists who in their film “Girls and Boys” recommend that these customs be imported into Europe: “We can learn from these methods since they would allow our children to grow up innocently—without all the temptations that young people today have to deal with.” Unfortunately there is really nothing new in this. Clitoridectomy has been performed in both Europe and America. Throughout the 19th and 20th centuries, doctors performed this operation with the same purpose—to extinguish female sexuality.

In the 1979 U.N. conference on traditional practices affecting the health of women and children, the male delegates argued not for abolition but for institutionalization, that is for the continuation of genital mutilation but in hospitals and clinics instead of by midwives. In fact, in most important cities, this is already happening. In Mogadishu, Hosken reports that the operations are carried out on girls aged four to six in public hospitals by specially trained male nurses. The excuse given was that tradition has its own sanctity but the hypocrisy of such a view is clear when we remember that many less dangerous traditions have been abandoned without resistance under the influence of industrialization. Can it be true then as Gerhard Zwang writes that "hatred of the clitoris is almost universal"? This conclusion is inescapable from the fact that genital mutilation is independent of religious affiliation, and is practised by Muslims, Christians and most ethnic groups residing in those areas where the custom is prevalent.

If we recognize the essential economic, political and cultural powerlessness of women as a group all over the world, we have to consider whether the pain inflicted on our Arab and African sisters does not symbolize a process to which non-African women are also subjected. This hypothesis becomes clear if we try to understand what the desired effect of the operation is: the operation is supposed to break the young girl's will, limit her independence, make her unconditionally obedient, and establish her personality on the basis of castration. Is this really so foreign to our experiences as women, unknown to those of us who live in countries where genital mutilation does not take place? This *is* our experience too. Men in our society share the desire if not to see us physically mutilated, then at least to see our sexuality crippled

and placed under their control.

As a result of attention focused on this issue by the feminist press, women's groups in Europe and USA are organizing around this issue to lend support to female activists in Africa who are struggling against these practices. Such groups as the Voltaic Women's Federation and Somali Women's Democratic Organization as well as individuals like Dr. Fatima Abdul Mahmoud, minister of social affairs of Sudan and Mehani Saleh at the Aden ministry of health have been waging isolated campaigns against these customs. But their efforts need massive international support from women everywhere who recognize with Benoitte Groult that the "modern world's last colony will only win respect for its rights when women discover solidarity. Solidarity with all women—excised, sewn, veiled, repudiated, sequestered, prostituted or sold the world over. Conscious of the fact that the exploitation, mutilation or subjugation of any woman even if she is 10,000 kilometres from where we live, is the mutilation and subjugation of us all."

One Sudanese woman told a reporter: "Here almost all young girls are castrated. But nobody says anything about it. The newspapers, television, radio all are silent." Mary Daly notes: "It is in the interest of women of all races to see African genital mutilation in the context of planetary patriarchy, of which it is but one manifestation." And Asha of Somalia shares this view, reminding us: "Even in the West, the mirror of woman is man. Everything is done to satisfy his vanity. You don't cut off the clitoris but you do suffer psychological excision. When I see you walking on your high heels, in uncomfortable clothes, giving birth without human warmth in hospitals like factories, or having to abort in backrooms, butchered like us, I can only come to the conclusion that we are all excised." □



An
Extract
from
**The
Hidden
Face of
Eve—
Women in
the
Arab World**
by
**Nawal El
Saadawi**
(Zed Press
London,
1980)

Nawal's Account Of Her Own Mutilation

"I was six years old that night when I lay in my bed, warm and peaceful in that pleasurable state which lies halfway between wakefulness and sleep ... I felt something move under the blankets, something like a huge hand... Almost simultaneously, another hand, as cold and rough and big as the first one was clapped over my mouth to prevent me from screaming.

They carried me to the bathroom. I do not know how many of them there were nor do I remember their faces...The world seemed enveloped in a dark fog which prevented me from seeing. All I remember is that I was frightened and that there were many of them and that something like an iron grasp caught hold of my hands and arms and my thighs so that I became unable to resist or even to move. I also remember the icy touch of the bathroom floor under my naked body and unknown voices interrupted by a rasping metallic sound which reminded me of the butcher when he used to sharpen his knife ... my blood was frozen in my veins.

It seemed as if some thieves had broken into my room and were getting ready to cut my throat which was what always happened to disobedient girls like myself in the stories that my old grandmother was so fond of telling me.

I strained my ears to catch the rasp of the metallic sound. The moment it ceased, it was as though my heart stopped beating with it. I was unable to see but I imagined the thing that was making the sound coming closer and closer to me. Somehow it was not approaching my neck as I had expected but another part of my body, somewhere below my belly ... Then suddenly the sharp metallic edge seemed to drop between my thighs and there cut off a piece of flesh from my body. I screamed with pain despite the tight hand held over my mouth for the pain was like a searing flame that went through my whole body. After a few moments I saw a red pool of blood around my hips...

They carried me to my bed. I saw them catch hold of my sister who was two years younger, in exactly the same way ... I cried out with all my might. No! No! I could see my sister's face held between the big rough hands. Her wide black eyes met mine for a split second, a glance of dark terror which I can never forget. The look we exchanged seemed to say: "Now we know what it is. Now we know where lies our tragedy. We were born of a special sex, the female sex. We are destined in advance to taste of misery and to have a part of our body torn away by cold unfeeling cruel hands." ... Despite my medical education I was not able to understand why girls were made to undergo this barbaric procedure. Again and again I asked myself the question. Why? Why?... This question seemed somehow linked to other things that puzzled me. Why did they favour my brother as regards food and the freedom to go out of the house? Why could he laugh at the top of his voice, move his legs and play as much as he wished whereas I was not supposed to look into people's eyes directly, my legs were not supposed to move freely ... Whenever this differentiation occurred, I used to rebel, sometimes violently, and would ask why it was that my brother was accorded privileges despite the fact that I was doing better than him at school. My father and mother

never had any answer to give me except "He is a boy and you are a girl"... When I started to go to school I noticed that the teachers would write my father's name on my notebooks but never that of my mother. So I asked my mother why and again she answered: "It is so." My father explained that children are named after their father and when I sought to find out the reason, he repeated the phrase I knew so well by now: "It is so." I summoned up all my courage and said: "Why is it so?" But this time I could see from my father's face that he really did not know the answer ... From that day I realized that I had to find my own answer to the question that no one would answer. From that day also extends the long path that has led to this book."

(Egyptian doctor, novelist and militant writer on the struggles of Arab women for liberation, Nawal El Saadawi has faced hostility from authorities and dismissal from her post in the ministry of health for her uncompromising work. In this very courageous book— "dedicated to Zeinab Shoukry the great woman who lived and died without giving me her name— my mother"—she presents her picture of what it is like to grow up and live as a woman in the Middle East. In this book she describes the experience of countless women who came to her for support—the experience of sexual aggression against girls within the family, prostitution, marital relationships which place tremendous pressure on girls to prove their virginity, which penalize the woman for any attempt to define her own life, and a marriage and divorce system which reduces women to reproductive machines in the control of men. She also goes back into Islamic tradition to trace the history of women's struggle, to show how the early egalitarianism of Islam was distorted later and how women bear the brunt not just of sexist but also colonialist and imperialist oppression. She sees the struggle for women's liberation and the anti-imperialist struggle as integral to each other.) □

Prime Minister's Insult To All Women

Male crew members in Indian Airlines and Air India retire at the age of 58. But air hostesses have had to struggle to get their retirement age raised from 30 to 35 years—with a provision for extension upto 40. Also, they have to resign if they become pregnant. They are struggling against this discrimination, on the ground that it amounts to treating them as mere sex symbols. They have taken the matter to the supreme court.

The prime minister's comment: "40 is too old for an air hostess. Only in very exceptional cases do women in India keep their looks and figures. This I told the girls who came to see me. Their demand was that they should be given ground duties. But even here, if they are dealing with passengers, it is better to have younger women. I am sorry to say the standard of looks, neatness and efficiency of air hostesses has gone down."

A fitting response to this came from an air hostess writing to the Indian Express: "...I will advise all the air hostesses to retire and join politics where you do not need 'a standard of

looks, neatness and efficiency.' Will she give us her party ticket for the next election?"

In fact, the PM's statement is an open admission of the fact that national airlines are using women's bodies to please their male passengers, thus increasing their profits. Is a woman to be thrown out of employment when men no longer find her exploitable enough?

"Ladies And Children Not Allowed"

Notice at Jama Masjid, Delhi, with relation to tickets for entry into the tower.

"Ladies and non-adult children unless accompanied by men, will not be issued admission tickets without special permission."

On enquiry, we were told that this was to prevent molestation of women in the tower by miscreants. By this logic, we should be forbidden to exist on the earth since we are molested everywhere we live and work.