

Shocking mutilation

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by Lisa Volkov for CUP

It began around the time of Tut, when it was carried out on the female members of the Egyptian royalty. In the West, from the Victorian Period to the 1940's, women in Canada, United States and Britain were subjected to clitoridectomy to curb masturbation, lesbianism and "inappropriate behavior". Female circumcision was almost institutionalized in the U.S. Luckily for many women, it did not happen. Yet even in 1980 it continues to flourish in much of Africa and the Middle East.

I was awakened early one morning. Before I was even quite awake, I was stripped, surrounded by all the women from the neighborhood who held me down on a mat on the ground, and pulled my legs wide open.

I struggled and screamed. I did not know what was happening or why... A terrible pain pierced my body and a large woman with a knife was bending over me and cutting between my legs. I thought she was going to kill me.

I screamed and screamed, and I felt blood running from between my legs. I tried, despite my pain, to free myself, but the women pushed the knife between my legs again.

Fortunately, I remember nothing more until I woke up with my legs tied together and unable to move. I had to lie there, tied down for endless days, with this constant pain between my legs.

I was lucky at that. My older sister was operated on when she was eight; she never quite recovered. She was sick a lot, and she often woke up at night screaming.

My father married her off as soon as she was 15. She did not want to go; she begged and cried. I never saw her again. She died a few months later; they said it was an infection.

On June 4, 1979, Fran Hosken, editor of *Women's International News* and temporary delegate to the World Health Organization, appeared in Toronto to present her findings on the over 2,000-year-old and still-flourishing practice of female genital mutilation. Today's shocking reality was also disclosed at an all-African WHO sponsored seminar on "Traditional practices affecting women's health" held in February of 1979 in Khartoum, Sudan. Genital mutilation of young girls is practised today in over 30

African and Middle Eastern countries. Statistics compiled by Hosken place the number affected at 74 million in Africa alone.

The operations take two major forms. Excision, the most common type, involves the removal of the entire clitoris and adjacent small lips up to and often including all external genitalia, without the use of anesthetic. The "tools" used by midwives include knives, glass splinters, razor blades and fingernails.

Performed throughout Africa and a large area of the Middle East, it is found also among the Moslem populations of Indonesia, Malaysia, and India. In Paris,

parts are fixed together with giant thorns or catgut. A tiny opening for elimination is created by the insertion of a splinter of wood. The wounded child's legs are bound together and she lies immobilized for weeks, often in her own excrement, until the wound closes, or she dies. If the opening left is too large, the operation is repeated.

At marriage, generally negotiated when the child is just adolescent, the intact bride must be cut open for intercourse, which is then carried out constantly for about a week in order to keep the wound open. She must be additionally cut open to give birth, after which especially tight infibulation is performed at the discretion of the husband to increase his sexual pleasure. When the baby is weaned, the women is once again cut open and the cycle repeats itself until the condition of the woman's genitals makes further cutting impossible.

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France, it is done among the Mali community of that city.

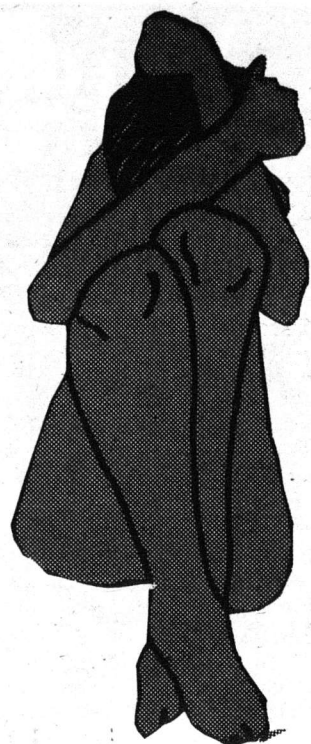
Excision is generally performed just before puberty, but in some areas babies or married women are operated upon. As more girls are going to school the ages at which it is done become younger as parents fear that girls will resist the operations.

Infibulation or Pharonic circumcision is more drastic. Found in East Africa (including southern Egypt, the Sudan, Ethiopia, Somalia and northern Kenya), Mali, northern Nigeria and Yemen, it is generally performed on girls 4 to 10 years of age.

In the first part of the child's lengthy ordeal the entire clitoris and small lips are cut out. Then the inner portion of the large lips is scraped away and the bleeding

Physicians consider the health consequences of these operations to be catastrophic. Primary fatalities result from the excruciating pain, shock and uncontrolled bleeding and infection (often lifelong and progressive) which results from the use of dirty tools. Injury is frequently done to the adjacent tissue of the rectum and urethra of the struggling child. In a spasm of agony the child may bite off her tongue. Long-term consequences include urinary disturbances, chronic infection, severe menstrual pain, cysts, toughened scars and infertility.

There is often extreme difficulty in childbirth. There is delay in labour, or delivery is obstructed, resulting in death and damage to mother and baby.



Even in cases of excision alone the passage is often blocked by scarring. Fistula, the rupturing of the vagina with resulting sexual incontinence (which renders the women an outcast), is a frequent conclusion.

The most dramatic and obvious result of this operation is sexual destruction. This is in fact the reason most often given for performing the operation. While desire and arousal are not always destroyed, the ability to have orgasms and thus gratification, is.

According to Sudanese Dr. Abu-el-Futuh Shandall's study of 40,000 infibulated women, virtually all were unable to attain orgasm. Because of nerve damage and narrowing of the vagina, intercourse is frequently very painful. "Simple" excision likewise results in pain and frigidity, as many Egyptian women report.

The psychological effects of the most excruciating agony that can be inflicted on a female (often by trusted relatives)—violence in marriage, health and sex deprivation and continuous pain have

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