

## 2. FGM: Religion, Ethics and Anthropology

### I. ISLAM AND FEMALE GENITAL MUTILATION

*The Grand Imam*

**SHEIKH MOHAMED SAYED TANTAWI**

*Sheikh of Al-Azhar*

God, in His wisdom, has willed that this universe be composed of males and females. Several Quranic verses assert this meaning “and from everything we have created a couple, may you remember!” ... “The world of men, the world of animals and the world of birds, and from everything we have created a couple, that is a male and a female...” The universe exists because there are men and women.

We also see the wisdom of God in how He made the love of children inherent in men. This love is focused on children rather than on an interest in himself. The Koran affirms this truth in several verses such as “... money and children are the joys of life.” The love that men and prophets (peace and prayers be upon them) have for children is a natural feeling making them eager to have children of their own. Any reasonable and learned person understanding the rationale of life, would provide his children with a good education and healthcare for a good life, which are basic requirements.

One of our poets had a daughter. He exerted his utmost to bring her up properly even though he had limited resources. He expressed his feelings towards his daughter by saying that he was living not for his sake but for the sake of his daughter: “My reason to live stems from my knowledge of the injustice brought to bear on orphans...” This poet expressed his feelings towards childhood, and stressed the fact that for him, living meant taking good care of his daughter.

This illustrates the love of a father for his children. Regarding mothers, the Koran depicts the feelings of a mother for the child in her womb ... The mother of Moses, who lived in an era when all newborn males were slaughtered, was apprehensive and frightened. God in His mercy, told her to breastfeed him and that if she was afraid, to throw him in the river and he would be returned to her and become a messenger of God. Moses was picked up by the Pharaoh and he became a source of worry to the Pharaoh, to Haman and to Karoun. The Pharaoh's wife liked the baby and asked to spare his life on the grounds he might be useful to them and asked that he be raised as a son to them. When Moses' mother learned that the Pharaoh had taken her son, she felt lost and empty. All she could think of was what had become of her son, but when Moses refused all wet nurses, on the proposal of his sister, he was returned to his mother. This is motherhood in Islam.

Islamic Shari'a protects children and safeguards their rights. Those who fail to give rights

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to their children commit a major sin. God, in His wisdom, has also created equality between men and women on many issues. We are created from the same origin. God Almighty says in the women's sourate: "O! Ye people, your God has created you from one soul, and from it, has created its mate, and from them, has created many men and women." Therefore there is equality in creation, "We all come from Adam, and Adam comes from dust."

There is equality in religious obligations, men and women have to pray, and that applies to all other tenets. Both men and women have to be virtuous and pure.

There is also equality to seek knowledge. Seeking knowledge is a duty for every Muslim whether male or female. Honest work is prescribed to both sexes.

There is equality in civil rights, such as in matters related to selling, buying, and human dignity. The dignity of men is equal to the dignity of women. God has honored both sexes; this in no way means that men can be viewed as women or women as men. There are characteristics given by the Almighty to men and others to women.

Now comes the issue of FGM. Wise men give each specialist his due. FGM is a medical issue, what doctors say we heed and obey. There is no text in Shari'a, in the Koran, in the prophetic Sunna addressing FGM. All texts on this issue either have been called weak or could not be substantiated. The issue has to be referred to doctors. There might be cases where FGM is advised, and other cases where doctors do not advise it. So we have to refer to doctors' ruling.

## II. COPTIC RELIGION AND FEMALE GENITAL MUTILATION

### **BISHOP MOUSSA**

*The Bishop for Youth – The Coptic Orthodox Church  
(Representative of Pope Shenouda III, Pope of Alexandria and Patriarch of the Coptic  
Cathedral)*

#### **FEMALE CIRCUMCISION FROM A CHRISTIAN PERSPECTIVE**

*In the Name of the One God that we all worship,*

**E**gypt's Honorable First Lady, Honorable Audience: Undoubtedly, it is an atrocious tragedy happening everyday in the African arena: six thousand girls are exposed daily to this harmful practice.

As we are here today in this place representing 28 African countries, this harmful practice is being undertaken with six thousand girls in their prime age. What a look of fear and panic they will have in their eyes, what a horror... blood...bleeding and severe pain! It is a grave hazard to their present and to their futures when they marry and give birth. Therefore, we must take a decisive and firm stand against this harmful practice. As the Major virtuous

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Emam said, we also state – from the Christian perspective – this practice has no religious grounds whatsoever. Further, it is medically, morally, and practically groundless.

**1. IT HAS NO RELIGIOUS GROUNDS**

When God created the human being, he made everything in him/her good: each organ has its function and role. So, why do we allow the disfiguring of God's good creation? There is not a single verse in the Bible of the Old or New Testaments, nor is there anything in Judaism or Christianity -- not one single verse speaks of female circumcision. In Judaism, male circumcision was a religious obligation and is no longer regarded so in Christianity. It is being practiced for health-related reasons, not for any religious reason. Hence, this practice has no religious grounds.

**2. IT HAS NO MORAL GROUNDS**

The belief of some that this practice gives purity to girls is erroneous. Purity never comes from the body, but from the will and spirit. Jesus Christ said, "The good person brings good things out of a good treasure," Matt.12:35.

Virtue comes from inside and what counts is the inner will. People say, "The body is enslaved to the order" and as the will and heart get moved, the body obeys. Those who say that circumcision is the way to purity should go back to the genuine religion, to the genuine moral values: the family, school and religious education engenders purity in the hearts of young boys and girls, and not this hazardous harmful practice.

**3. THIS PRACTICE HAS NO HEALTH GROUNDS**

You all know as the Major virtuous Emam stated: this practice is harmful to the psychological and physical health of the girl; it creates the following health problems:

Disfiguring what God has created for important goals and roles in women's lives and married couples' lives as well

Severe bleeding, could worsen and lead to death

It is horrible psychological shock for the girl at the beginning of her life

Many marital problems ensue: It renders marital relations very difficult

The third type in particular causes grave problems in child birth

**4. IT HAS NO PRACTICAL GROUNDS**

The daily practice of this habit over many years has proved to be one of the reasons for future family and marital problems. So, why do it? This practice must stop at once.

Therefore, we need the following inputs:

*a) Religious Input*

We need to take a decisive stand. I believe that a religious effort should be made and we are going to make such an effort to teach our generations, men before women, in the country before the city, that this habit is abhorred and it must stop.

*b) Media and Art Input*

I saw a film which addressed a certain problem in marital life, and I wished that this film

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had touched more on the issue, as it is one of the main causes of marital problems. We need to make a substantial media effort so that a developing movement emanates from the grassroots, from the community, and not from the top-down structure our conference represents today.

*c) Legislative Input*

Thanks be to God that the supreme administrative court has passed its judgment on the ministerial decree issued in 1996, which bans female circumcision, and has found it to be a sound decree.

We should all put this decree into action and disseminate it everywhere. The ministry of health and all other ministries will lend a helping hand in this respect.

Dear fellows, it is a tragedy. We can do a lot and we must do a lot.

Thanks be to women who care about children, women and culture.

Thanks be to women who care about human beings in Egypt and in the Arab and African worlds. Thanks be to Egypt's wonderful First Lady: Suzanne Mubarak.

### III. MEDICAL AND ETHICAL PERSPECTIVES

#### **HAMDY EL SAYED**

*Head of Egyptian Medical Syndicate and President of the Health and Environment Committee of the People's Assembly*

#### **MEDICAL ETHICS PERSPECTIVE: THE POSITION OF THE MEDICAL SYNDICATE**

The Egyptian Syndicate resents the practice of FGM from an ethical and professional perspective, and considers it contrary to medical ethics.

The syndicate considers this act a physical and psychological violation of the female, that it is an act of aggression against females, and a violation of their human rights.

The syndicate has a special position, supporting the Minister of Health, against the verdict of the supreme administrative court No. 9100 of 1997, which cancelled the decision of the Minister of Health to prohibit the practice of FGM in public and private hospitals and clinics.

#### **THE DECISION OF THE ADMINISTRATIVE COURT OF CASE 9100**

The Court decided to cancel the 1996 decision of the Minister of Health number 261 which prohibits practicing FGM in all health facilities including hospitals, and also forbids its practice by all personnel working in the medical field, including doctors and nursing staff, as well as doctors working in private clinics.

The court's decision was based on the fact that circumcision is a personal decision and that the present laws do not forbid the practice, as well as the presence of a "Fatwa", which considers the practice a religious obligation, and that there was no existing law incriminating the practice of FGM.

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**OPPOSITION TO THE DECISION OF THE ADMINISTRATIVE COURT**

With a high sense of responsibility towards taking care of the people's health and protecting them from irresponsible practices, the syndicate attacked the previous decision, with the support of the Minister of Health who was represented by the legal advisor and the well known Islamic 'thinker', Professor Dr. Selim Al-Awa.

In addition to his valuable pleading in this case, he submitted a memorandum to the conference which included arguments for the legal, religious and medical banning of FGM, incriminating the practice of cutting or amputating female genital organs.

**LEGITIMACY OF THE MEDICAL SYNDICATE'S INTERFERENCE OF THE VERDICT**

The Medical Syndicate interfered with the judicial decision in the aforementioned case based on Law 45 of 1969, which states that the syndicate should work to promote and upgrade the medical profession's knowledge, from both the prophylactic and the therapeutic perspectives to ensure maximum health services, and should join with government institutions in setting health plans and studying and correcting medical laws. Thus the law gave the syndicate credibility to join and support the Ministry of Health, the plaintiff, in case number 9100.

**CIRCUMCISION IS A MEDICAL ISSUE**

It is a known fact that circumcision is a medical issue and that religion has nothing to do with it. On the contrary, all people should follow the doctors' recommendations and advice. There is no place for religious interpretation as no text exists in either the Koran or in Sunna, or in any other religion's texts which support this dreadful practice. Medical opinions definitively state that FGM is harmful to women and should therefore not be forcibly practiced. The claims of its supporters are all invalid from a medical perspective. Therefore, referring to Prophet Mohammad's "No Harm and No Harming", it should be stopped.

**FGM IS A DEPRIVATION OF THE WIFE'S RIGHTS'S**

All types of FGM that are practiced in Egypt deprive a woman of the full pleasure during legitimate sexual relations. This can create bad feelings in the marital relationship which we know to be the basis of the human race and an important sign of intimacy. Thus the relations become a source of misery and conflict instead of being a source of happiness, understanding and delight. All types of FGM cause physical complications and ailments, as well as innumerable non-treatable emotional and psychological problems which are rooted in having a mutilated female body.

**INCRIMINATING FGM**

In general, because normal female genitalia have been created by God, are healthy functioning organs which are not the cause of pain requiring surgical intervention, the practice of FGM by both doctors and non-doctors makes them legally liable for harm

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incurred. From the legal point of view, any procedure in any form on healthy organs is not considered the treatment of disease or the alleviation of any existing or expected pain, and its surgical removal cannot be justified. Accordingly, this intervention is not allowed and should be punished<sup>1</sup>.

### **THE DECISION OF THE SUPREME ADMINISTRATIVE COURT IN 28.12.1997**

The Supreme Administrative Court cancelled the issued verdict in 7.7.1997 that blocked the Minister of Health decision prohibiting FGM. The Supreme Court stated that FGM is not considered a personal decision according to the Islamic Shareea; that it falls under the law preventing the touching of the human body without medical reason; that anyone not abiding by this rule will be punished; that there is no need for issuing a new law. The court also stated that the 'FGM prohibition decision' is a regulatory procedure issued by the concerned party within its boundaries and authorities to protect a group of people from being harmed by others; it is considered a regulatory procedure for the practice of medical professionals in general.

### **TYPES OF CIRCUMCISION**

Circumcision is classified according to its severity into three types:

Superficial cut (sunna); doctors agree that Sunna causes damage to the external genitalia.

Cutting the clitoris and some adjacent tissues is considered a more severe type.

Pharaonic type is more brutal and practiced only in some African countries; all external genitalia are removed leaving only a small opening for micturition and menstruation.

### **WHO PERFORMS CIRCUMCISION?**

Usually, circumcision is performed by a mid-wife or another elderly woman and the village barber. In all cases the executor is illiterate and has no surgical skills. Adding to this, it is performed under terrible hygienic circumstances using non-sterilized instruments and very primitive ways to stop the bleeding.

Sometimes, circumcision is performed in hospitals and clinics under anesthesia, which adds to the complications already inherent in circumcision.

In the Delta, the Daya, a mid-wife performs 45% of the cases.

In upper Egypt, the mid-wife and the barber perform 96% of the cases.

### **MEDICAL COMPLICATIONS OF FGM**

#### *First: Direct Complications*

1. Death due to massive uncontrollable bleeding

2. Severe pain which can lead to shock

3. Wound infection due to lack of sterilization or unsanitary primitive ways to stop

bleeding, which can lead to toxemia, deadly tetanus, hepatitis, or HIV infections. Infections can spread and lead to peritonitis or salpingitis, which can result in infertility.

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4. Retention of urine or urinary tract infection.

*Second: Delayed Physical Complications*

Many complications can appear over time, some of which are very complex and depend upon the degree of cutting:

1. chronic urinary tract infections secondary to the partial obstruction of the normal passage of urine
2. chronic pelvic inflammatory disease which leads in many cases to infertility
3. dysparunia (pain during sexual intercourse) which leads to failure of marital life
4. local cystic inclusions on the scar
5. difficult labour due to fibrous tissue formation in severe cases

It is worth mentioning that anatomical changes in the genital region, secondary to fibrosis have extremely bad effects.

*Third: Psychological Complications*

1. All psychologists agree that circumcision causes many psychological problems as it can lead to a sense of both aggression and inferiority in girls. It also marks them subconsciously with a sense of their own inability to choose to be chaste on their own, creating an increasing sense of anger or inferiority. In both cases natural feelings of femininity and decency disappear.

2. The Minister of Health, in his defense in front of the Administrative court, submitted a study reporting that 26% of circumcised females suffer from psychological or physical illnesses.

**SUMMARY**

Female circumcision, the cutting of female genital organs or FGM is a national disgrace which must be eradicated.

The physical or psychological complications of FGM affecting 26% of the cases can lead to death, but also deprive women of the natural legitimate pleasure in her marital life.

Chastity is an attitude brought about by education, healthy child-rearing, and through role models, and not acquired by cutting women's genitalia.

The current laws, the Minister of Health decision on the law of the Medical Syndicate, make FGM illegal. Also, criminal law, the laws of medical practice and the code of medical ethics can be enforced against those who practice this crime.

The Supreme Administrative court concluded in its historical verdict of December 28, 1997, that there is no need for further legislation.

We need to change the cultural beliefs of the society and confront the advocates of FGM and their claim that it has a religious or moral basis. We also should enhance the role of religious institutions and the media in enforcing the law against those who practice FGM.

## IV. ANTHROPOLOGY OF FEMALE GENITAL MUTILATION \*

### CARLA PASQUINELLI

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#### 1. WHAT IS FGM?

Female genital mutilation<sup>2</sup> was the name given during the III Conference of the Inter-African Committee on traditional practices affecting the health of women and children to all those traditional practices involving the removal and/or alteration of part of a woman's external genitals. The populations of the countries where it is practiced do not accept the strong negative connotation contained in the term and have other expressions. Every group uses terminology passed down by tradition and the words vary greatly from one ethnic group or region to another, also according to the type of mutilation practiced. When Somalian women, for example, speak to each other, they often use the more domestic and evocative name of "stitching". But generally speaking, all the populations where this type of operation on the female body is common prefer the term circumcision. It is a neutral term improperly used to compare female genital mutilation with male circumcision where the operation is limited to removal of the piece of skin surrounding the gland without provoking any mutilation of the male body. This linguistic transfer has the result of concealing the destructive effects of FGM on most women, giving it a more familiar, reassuring image.

According to the World Health Organization (WHO) classification, there are four main types of FGM:

Type I consists of excision of the prepuce, with partial or total excision of the clitoris (clitoridectomy). The traditional name for this kind of mutilation is sunna.

Type II – excision, consisting of the removal of the prepuce and all or part of the labia minora along with the clitoris.

Type III, infibulation or Pharaonic circumcision, the most brutal form, consisting of part or all of the clitoris and the removal of the labia minora and, particularly in the past but still in rural areas today, the stitching/narrowing of the vagina to form a tiny opening no larger than a grain of rice or a millet seed to allow discharge of urine or the menstrual flow.

Type IV includes a series of procedures, from slight pricking, piercing or incising of the clitoris to let out a few drops of blood to different types of manipulation that vary greatly from one ethnic group to another, including cauterization of the clitoris, cutting the vagina (gishiri), and introduction of corrosive substances into the vagina to narrow or dry it.

All of these procedures, performed for the most part without anesthesia by traditional practitioners, mean a high mortality rate, health complications and psychological problems. For clitoridectomies, performed on a large majority of the women, and the sunna, the results from a medical-health point of view, are not as serious as for excision or for infibulation.

Female genital mutilation is primarily an African custom, since experts consider cases found outside of Africa of recent importation. While sunna is also practiced in the north, the

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other forms are common especially along the strip of the sub-Sahara: infibulation in eastern Africa and clitoridectomy in western Africa. The area is a vast one, with a heterogeneous population of ethnic groups with different languages, cultures and religions, but they all have in common the same economic-symbolic system based on the relationship between FGM and the brideprice.

Given its social nature, it is used for all the women in any one ethnic or social group according to set times and periods. Generally speaking, the girls are all operated on during a given season or month of the year, according to periodic cycles that vary from one ethnic group to another. Even the age when the operation is performed changes according to the ethnic group and type of mutilation. If we want to be extremely synthetic, we could say that clitoridectomy is practiced in the period from early infancy (from the 3rd to the 40th day of life) especially in Christian societies but also in some animistic and Moslem societies, and between 4 and 14 years in most Moslem and animistic societies. The age of infibulation varies from 3 to 13 years and intervention in the neonatal period is rare.

## 2. A LONG SILENCE

The origin of female genital mutilation is obscure, from a remote past that, according to some, dates back to the Pharaohs, while for others it originated with ancient Rome. In any event, the origin is made even more shadowy by the silence that has always surrounded it and helped make it a taboo subject for African peoples, as well as to protect it from the curiosity of Westerners.

Many things lie behind this silence: First, there is a world of women closed unto themselves, a world of interiors, suspended between expectation and the fear of cutting away part of their daughters' bodies in ceremonies that mothers have directed for centuries. Second, there is an outside world, a world of men who hold themselves aloof and distant, but that bases its strategies of power on this regulation of the female body. What keeps these very distant two worlds together and has given them cohesiveness is a bloody, brutal practice that grips the entire region of the sub-Sahara and is the symbolic expression of a complex economic and social system of marriage strategies widespread throughout the area. It is a mechanism of domination based on the brideprice, i.e. the compensation that the family of the future husband pays to the family of the future bride. In exchange, the husband receives a virgin, meaning circumcised – be it excised or infibulated – who can be sent right back and the price, cattle or money, returned, if she has not been properly operated upon. The value of the wife depends on her virginity and FGM is a sort of protection which inhibits desire and temptation for pre-marital relations in the woman. But above all, it preserves and defends her from rape.

This silence also includes the tacit complicity of the West. First during colonialism and then with its development co-operation policies, the West has preferred to ignore FGM in various ways, entrenching itself behind a rather uncommon form of respect for local traditions. A veil of silence has fallen that not even ethnologists – those studying the customs and traditions of others – have been able to break. With the exception of the testimony that appeared towards the end of the 17th century in those extraordinary documents of travelers' diaries, little research has been conducted on FGM. And that little bit of research that has been conducted is incomplete, partly because for a long time, the only people who were in

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the field were men, and as such had rare access to, and lacked interest in, the female world.

In recent years, that silence was sealed by a refusal of those directly affected to speak out. This position was adopted by African women during the 1980 Conference of Copenhagen<sup>3</sup> when they dodged pressure from American feminists who insisted on including FGM on the political agenda. The Africans rejected the initiative as interference in their lives and political choices.

Then, something changed. It is difficult to say when or how the conspiracy of silence that for centuries had placed FGM outside history started to crumble. But for the last several years, the silence has given way to myriad voices that are transforming FGM into a new social issue related to respect for human rights and the safeguarding of the health of women and girls. This movement out of the shadows is the result of years of sensitization campaigns promoted by international and African non-governmental organizations and various UN agencies. But it is also the outcome of legislative measures adopted by national governments. Generally speaking, it is a signal that even this archaic, secret practice is now affected by the process of modernization in keeping with dramatic events that are changing the lives and face of many African populations: war, emigration and expansion of Islamic fundamentalism.

### 3. THE ORIGIN OF FGM

It is not easy to reconstruct the origin of FGM given the variety of forms and the fact that the practice is spread widely throughout the African continent. There is no lack of hypotheses however. According to some, excision dates back to ancient Egypt but also ancient Rome, where it was practiced on slaves and seems related to considerations of the female body as property. Infibulation was also found in Rome, though performed originally only on males. A sort of pin, fibula, was applied to young men to keep them from having sexual relations. But the center of female infibulation seems to have been the Egypt of the Pharaohs, as the name "Pharaonic circumcision" seems to suggest.

All the same, the real origin of female genital mutilation seems destined to remain unknown for now. We do know for certain that Islam was not responsible for introducing the practice of FGM in Africa and that it was already present on the continent well before the spread of the religion. It is a native practice, deeply rooted in the local society. It existed in sub-Saharan and Central-Eastern Africa before the introduction of Islam in 1050 after the religion had established itself in Mediterranean Africa over earlier centuries, eliminating the ancient Christian Churches.

The fact that Islam is frequently attributed as the origin of female genital mutilation in Africa is probably due to the ease with which it adapted to indigenous traditions and conformed to local life. The penetration of Islam was possible due to the presence of certain elements in African culture, such as the patrilinear structure and the concept of a strong sense of dependency on God. These elements fostered its acceptance, allowing Islam to take root in the traditional fabric of society much more deeply than the various Christian churches that started evangelizing the African continent several centuries later. This "Africanization of Islam," also expressed in the adoption of the local name for God, as the translation of the name Allah, made it much more tolerant of female genital mutilation. Greater opposition came from the Christians who were often in open conflict with local cultures, the most clamorous case of which was the rebellion against the missionaries who forbid the practice of

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excision on Kikuyu women in Kenya in 1929.

The different attitude of Christianity and Islam is also reflected in the number of women subjected to FGM in the two groups. The figures are clear: while the percentages in the Christian area, where clitoridectomy is prevalent, ranges between 20 and 50 percent, in the Moslem regions, particularly the Horn of Africa where infibulation is a prerequisite, the percentage is between 80 and 100 percent. With time, identification of Islam with the native tradition became so complete that it subsequently became the main agent for the diffusion of FGM outside of Africa, exporting it to Indonesia and Malaysia, among others.

While FGM was not at the origin of the practice on the African continent, instead of combating it as the Christian churches did, Islam gave the practice legitimacy, defended and justified it, thus helping to perpetuate and spread it. Today, this close identification of traditional cultures is becoming a problem. Part of Islam, including the fundamentalist clergy training in Saudi Arabia, are trying to distance themselves from the most destructive forms such as excision and infibulation. They are attempting to attribute the practice to its rightful owner, tribal culture, that difficult heritage that collides with the fundamentalist ambitions to "Islamize" modernity.

#### 4. INITIATION RITES

The problem of origin is a false one since, rather than providing understanding to remove the reasons for the presence of FGM, it encourages the idea of the survival of something archaic, lessening the idea that FGM is still a very active institution in determining the life of relations and exchanges on which the social organization of most African societies is based. The fact that it is so deeply rooted is due to a complex group of factors that have some common features while varying from one ethnic group to another. The affinity lies in the basic role that this type of traditional practice has in the construction of gender identity and the formation of ethnic belonging, as well as the definition of relations between the sexes and between generations.

Before examining in detail all these aspects affected by the symbolism of female genital mutilation, we need to define its nature. By traditional practices, we mean those habitual acts, of common use, that were transmitted from the past generation and will quite probably be transmitted to the next. Female genital mutilation is therefore a particular type of traditional practice. Specifically, it is a rite of passage, those ceremonial practices that guide, control and regulate change in status, role and age of persons, thus marking the various phases of the life cycle, transforming them into an ordered path of life that makes sense and meets the needs of identity and recognition.

In particular, female genital mutilation is a fundamental component of the initiation rites performed in a traditional society to become a "woman." One is not born a woman, in the sense that the biological connotation is not in and of itself a sufficient factor of identification. For that, rites are needed to transform membership in an ascribed sex to an acquired status, freeing biological destiny of sex and allowing it to become the "social essence" of a woman. It is the rites that decide a person's identity, starting with ascribed belongings such as sex and age. By separating it from biology, rites inform a person of his/her identity, indicating what he or she is and should be.

Rites bring people to the knowledge and acknowledgement of a pre-existing difference,

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like that which separates the sexes, making it exist as “social difference”. Indeed, rites of passage have been defined as “acts of social magic” in virtue of this symbolic power. This is not only because they can create differences out of nothing when they notify people of their new identity but also because they make the community acknowledge as legitimate what is really an arbitrary limit that creates a fundamental division in the social order, like that between the married and the unmarried, the initiated and the uninitiated and the even more radical division between men and women.

## 5. CONSTRUCTION OF GENDER IDENTITY

Of course, this does not happen only in Africa. With differing emphasis, every society transforms biological sexuality into a cultural construction, differentiating between male and female to decide gender membership. Gender is a process of the definition of self according to the connection to cultural models historically built on the difference between the sexes. For the most part, they are implicit models in their ways of acting, projecting the difference between the sexes on the cultural level, redeeming them from pure biological belonging. The state of gender in complex societies, on the other hand, is subject to continuous negotiation in the sense that none of the distinctions between men and women is destined to remain the same for long. As such, these distinctions cannot be taken for granted. In traditional societies, on the other hand, gender is better constructed and, at present, seems fairly unchangeable.

In African societies, the creation of gender identity is first of all, a physical manipulation of the body and also a metaphor. With respect to the ceremonial aspects of the rites of initiation, which take care of the symbolic control of the passage of status, female genital mutilation does something more: it carves the woman’s gender identity into her body. And it does so in two ways, first, by changing the morphology of her body and then by shaping its expressiveness.

FGM removes the “male” part of the female genitalia, the clitoris which is compared to a small penis. Thus, it erases the original bisexuality based on the presence in both sexes of rudimentary genital organs of the other sex. In the male, it is the prepuce which is removed, because it is considered a residue of femininity since it resembles a sheathe. Actually, these two operations are complimentary since one hides the female genital organ and the other uncovers the male organ. Only through excision of her male parts can a girl fully become a woman. That way, despite the fact that construction of gender identity is primarily a symbolic process, this physical manipulation of the body reinforces the impression that female identity is produced and maintained through circumcision. Thus, we have a sort of naturalization of the procedure that the culture uses to construct belonging to a sex, making any attempt to end this, at an individual or collective level, very difficult.

Along with manipulation of the woman’s body, mutilation forms the physical appearance, proportion and harmony among the various parts, the axis, posture and bearing, giving a woman’s body what Mauss calls “techniques”, those automatic body gestures and movements that, in different ways, represent “femininity” in every culture. This is particularly visible in infibulated women whose lithe, slow gait is a result of the operation that makes a series of movements very difficult. The operation brings the legs closer together, restricting the intermediate space and keeping women from separating their thighs too much. This forces

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the woman's body into a carriage and stride that we could define as centripetal. After they are infibulated, the girls are re-educated to use their bodies, choosing certain movements and postures that are compatible with the changes wrought by the operation, abandoning others that might compromise its results and reopen the freshly sutured wound. "Careful, don't run, don't play ball, you'll tear," admonish their mothers. The latter take it on themselves to teach their daughters to discipline their bodies according to rules and models of behavior inspired by the women's subordinate role in society and characterized by rigid differentiation and separation of male and female. The operation also ends any form of promiscuity between boys and girls who stop playing with each other, not only because the operation makes any type of activity we associate with masculinity, like running, playing with balls, jumping, and so forth difficult, but also because the new status of woman forbids it.

We can therefore consider female genital mutilation as a "sexual marker". Not only does it remove any ambivalence in a woman's body with regard to gender identity, but it also naturalizes the difference between sexes, hiding the cultural construction in gender membership.

We have already seen how female genital mutilation acquires its meaning within the sphere of initiation rites and are the main event. There are also cases when the ceremonial aspect is reduced to a minimum and FGM becomes the ritual performance itself. Every operation takes place according to a ritualized sequence that is repeated unchanged from mother to daughter. It is held in a separate place at a ceremonial time with a woman from the outside and is handled in secret in a female community that opens to welcome the entire community, or neighborhood if they are in a city, once the operation is complete. Public celebrations or recognition of the woman's new status are almost always accompanied by gifts that are highly symbolic in colors and forms.

## 6. EXPECTATIONS AND REPRESENTATIONS

There are a wide number of case histories that vary immensely according to the type of mutilation, the girls being initiated, and local habits and traditions. But still, the practice is carried out according to a ritual sequence marked by the three phases of separation, waiting and aggregation that mark every rite of passage.

The first phase is separation when the girls to be operated upon are taken away from home at dawn and brought together in a place far from prying eyes where the operation will be performed. The second phase is a threshold, as it were, a period of time suspended between the suffering due to the operation and the healing of the wounds, which the girls pass laying on the ground with their legs bound, far away from their families, waiting to heal. The third and last phase is that of aggregation, when they are returned to the joyous community and showered with gifts to celebrate their entry into the world of women.

Everywhere, we see the same multicolored scenario of women, mothers, traditional practitioners, sisters, aunts, grandmothers, neighbors and girls excited about becoming women like the others, excited and fearful in the face of that knife or razor blade that will allow them to join the female world only by destroying the most conspicuous demonstration of their femininity. There is strong social pressure from their peers and the specter of social alienation without the possibility of deliverance for those who refuse, mothers or daughters. What is at play here is the coupling of purity/impurity supported by an ethic based upon feelings of shame which form a terrible deterrent when grouped together. Local explanations

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of the practice are of the same sort and generally based on stereotypes that can all be traced to the need to control and limit female sexuality, seen as something ungovernable and threatening.

The natural body is impure because it is open and violable, exposed to a promiscuity that can contaminate not only the individual woman but her entire family group which would be discredited and shamed. In this scenario, female genital mutilation is the only way of protecting women from the male desire that is always lurking, and especially from herself. That helpless body is defended by a cultural construction of bodies that deprives them of all tumescence and excess, making them smooth and innocent after stealing their naturalness and pleasure.

But there are two important relationships at play here: between the sexes and between the generations (mother and daughter in particular) which initiation rites make extremely visible and dramatic. The mother-daughter relationship is much more ambiguous and controversial than that between the sexes, basically an asymmetrical relationship of domination, based on the marital strategy which we will discuss below.

In the mother-daughter relationship, we find rivalries and destructive instincts that are condensed, expressed and neutralized in the period of time required for the ritual performance. This is true from the point of view of the daughters who see in the rite a legitimization of their own sense of guilt at taking over their mothers' position, and from the point of view of the mothers who "betray" their daughters' trust, becoming persecutors and thus expressing their envy for their reproductive capacity. Then, all is forgotten, including torture and suffering, once the "passage" has taken place.

At the rite's end, only the bodies preserve the memory in the form of a scar appointed to represent the sign of membership in one's ethnic group.

## **7. BODIES, ETHNIC BOUNDARIES AND COMMUNITY BELONGING**

Female genital mutilation is also the entrance into one's own community, an entry ritual like baptism for Catholics. As such, it is a point of no return that separates those on the inside from those outside. This is true for all members of the community, men and women, even though it takes effect in different ways. In African society, not only female bodies are mutilated. Especially in the past, young men's bodies were subjected to cruel, painful intervention.

For both, they were signs left on their bodies by the cultural order, "symbolic wounds", which every social group used to write its name, impressing a mark that transforms the person into a bearer of his/her own culture. It is a mark of belonging but also of subordination which binds individuals to a collective identity and at the same time, makes them objects of a disciplinary strategy according to different procedures for the two sexes.

Female genital mutilation in particular represents that "ethnic boundary" that is the internal marking of community membership, converting it into a biological expression, canceling the unnatural nature and conditions of its production. It is a form of "endo-binding" that marks the boundaries between "us", meaning both the local community and the enlarged form of the "imaginary community" which is the nation, and is destined to become increasingly important with the process of change that is taking place thanks to emigration. This character of ethnic boundaries emerges and is confirmed in the widespread tendency towards endogamy, the choice of one's partner from among one's own group.

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Female genital mutilation is the means by which a woman recognizes herself and is recognized as a member of her community. Refusing to submit to the practice means condemning herself to alienation and rejection and thus to a net loss of that irreplaceable symbolic resource which is belonging and community recognition. But the scars left by genital mutilation also play an important role in preserving the memory of a social group; they are the silent deposit transmitted through women's bodies. This incorporated memory, transfigured in nature, turns women into the discrete custodians of collective identity, passed from one generation to another. It is their bodies, bodies that are confiscated by symbols of a community affiliation, that are the real tie between past and present, and maintain it over time. These bodies are an incarnate memory of the community that has transformed its women into bearers of a complex economic and symbolic system through which every ethnic group can recognize and confirm its existence through time.

FGM is therefore the sign of a double belonging: to the community and to gender. It is the condition of possibility and recognition.

### 8. THE BRIDEPRICE

From exactly where is the symbolic effectiveness of female genital mutilation derived? From where does it receive its power to confer sense to the actions of social subjects, legitimizing community belonging and gender identity?

As long as it is dealt with in an isolated manner, the practice will remain obscure and indecipherable, just as cultural facts always appear arbitrary. In order to understand something more, we need to place them within the context that gives them significance. By context, we mean a structure of meanings shared by part of the social group that establishes and gives sense to their actions.

The context that imparts sense to the cultural practice of female genital mutilation and the behavior of the people involved is a complex system of matrimonial strategies, based on the brideprice. Their corollary is a number of fixed features affecting each other, such as combined marriage, the young age of the bride and polygamy. These are accompanied by a series of secondary features that vary from one ethnic group to another: marriage by abduction, the advanced age of the groom, some food taboos during pregnancy and puerperium, some rules of purity and sexual practices, such as gishiri, and other more closely related to mutilation, but that are not significant for our analysis.

In other words, female genital mutilation is a fundamental component of marriage in Africa since it assists in regulating management of resources and the complex network of exchange and social relationships.

Marriage in Africa is a union defined by a series of contractual obligations between the two families, within which the people with the power to combine marriages are always a group of co-resident males generally representing three genealogical generations, i.e. elderly men or grandfathers, normal adults or fathers, and young men or sons. They are the ones who choose the groom. Marriage is always a union combined by relatives. It is rarely a free choice of the couple and when it is, the approval to the marriage depends on the blessing of the two families. The two groups of relatives also have the right to decide on the amount of the bridewealth that the groom must pay to the bride's family.

By bridewealth, we mean all the goods that the groom's family hands over to the bride's family on the occasion of the marriage. In other words, the bridewealth is the reverse

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equivalent of our dowry. It is the groom who pays the family of the bride as compensation for the loss of a woman and her services. But note that, despite the negotiations between the two parties regarding the amount and terms of payment, this is not a commercial transaction. Indeed, it is in order to avoid this kind of misunderstanding, that the more neutral term "bridewealth" (instead of brideprice) is used. The bridewealth is a gift given in exchange for the woman's fertility. It represents compensation for the transfer of certain rights. The brideprice is the equivalent of something that is transferred from the birth group to the groom's group, but in the African context, it is not the person of the woman that is given but only the right over her (for her work, sexuality and fertility), and over her children.

Since the bridewealth is the compensation paid in exchange for the woman's fertility, and most of all for her purity, the function of FGM in preserving her inviolability, the chastity of daughters but also to encourage their fertility, according to local belief, is clear. The brideprice is therefore the compensation that the family of the future husband pays the family of the future wife in exchange for not just any woman but a virgin, intact and closed, well closed in the case of Somalian, Eritrean or Ethiopia women, or properly excised in order to discourage pre-matrimonial desires and relations. It is an indispensable condition and the penalty for non-fulfillment is that the hapless girl is sent right back to her family on her wedding night. This is the task of FGM: by ensuring control of female sexuality, it guarantees the purity which is indispensable for marriage.

In many societies, the marriage transaction is the most important economic transaction of a person's life. The amount and makeup of the brideprice are set by custom, which varies from one ethnic group to another and generally depend on the social status of the negotiating parties. While the bridewealth was once calculated mostly in cattle, today it is offered or requested in monetary terms.

## 9. STRATEGIES FOR REGULATION

At this point, it is clear enough that the brideprice is not only a resource of vital importance for every family, but an institution implying rigid rules. It is a way of making a girl desirable, starting with her virginity, her pubescence, docility, and so on. In this context, every woman becomes a fundamental resource for her family group who must reach marriage in the best condition possible, i.e. chaste. This is what female genital mutilation is used for. In popular belief, the surest means of protecting the virginity of future brides is infibulation, of preserving chastity, is excision.

Female genital mutilation is a way of regulating the female body in order to pursue a strategy of subjugation of women. It is the stigma that the social groups impress on their bodies, according to procedures that are not simply an exterior form that conditions them from the outside. It is something built up inside to train them according to schemes of docility that prepare them to be taken over by a world of men that is extraneous and aloof, basing its strategy of power on this extraneousness. Their power is not exercised by a repression of instincts, or on a mechanism of coercion based on dominion of the command/obedience type, which must be practiced daily to be effective. Instead, it is inscribed on women's bodies through mutilation and disciplines her once and for all at the moment it is performed.

FGM is the very form with which power is inscribed in bodies, since it does not lead to coercive procedures of condition but to the actual construction of the body. It is a form of

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control of the female body whose aim is to prepare the girl for the marriage exchange which the family group relies upon as a fundamental economic and social resource. The bridewealth is an important custom not only in terms of patrimony but especially because it is cash in hand to allow her brothers to marry in turn. But the marriage of a daughter is not only a way of procuring funds; it is also a useful way of acquiring relatives.

In conclusion, female genital mutilation is a symbolic practice that is not only a determining factor in social reproduction but acquires significance within a marriage system supported by the institution of the brideprice or bridewealth. As mentioned earlier, its main features are combined marriages, the young age of the bride, the advanced age of the groom and polygamy. Keeping this complex economic-symbolic system in mind allows us to greatly expand our analysis and lets us monitor the system in detail, highlighting lateral movements or imperceptible changes that, in the long term, will erode the practice's possibility of survival.

In order to erode the practice, we have to stop looking at female genital mutilation as a de-contextualized cultural practice, an exotic eccentricity, only capable of communicating the obscurity of cultural phenomena. That only plays into the hands of those who attempt to build a substantive case for cultural differences in order to turn them into objects of discrimination.

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