



Pan African Urological Surgeons' Association

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Editorial

Female genital cutting/mutilation in Africa deserves special concern: An overview

Introduction

In line with the objectives of the Pan African Urological Surgeons' Association (PAUSA) to give special concern to health problems in Africa, the editorial board of the African Journal of Urology (AFJU) has decided to publish this special issue on female genital cutting/mutilation (FGM). Addressed to African health care providers, this issue emphasizes the myths behind the continuation of this tradition, types of FGM, their tragic effects on women's health, and the measures that are being taken to eradicate the practice.

In this issue, subject experts address a range of FGM-related topics that include epidemiology, public misconceptions, challenges ahead and religious perspectives of FGM of Islam, Christianity, and Judaism. The health implications of FGM, including reproductive issues, psychological repercussions and sexual complications are also addressed, as are the socio-cultural factors contributing to the continuation of this practice and the efforts to oppose it.

Epidemiology of FGM

According to the World Health Organization (WHO), about 140 million girls and women worldwide live with the health consequences of FGM, including 101 million living in Africa, mainly in the sub-Saharan areas [1,2]. An approximate estimation of the global prevalence of FGM as of April 2011 is shown in Fig. 1. The most recent data on the prevalence and types of FGM in individual countries is presented by Wikipedia [3]. The age at which FGM is usually performed ranges from 4 to 15 years; occasionally it is done few days after birth or in adulthood before marriage.

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In a cross sectional study comprising 2000 Sudanese women, carried out at Khartoum University Hospital in Sudan, 73.4% were victims of FGM; 97% of them were below the age of 6 years when subjected to the procedure [4]. Nowadays, the prevalence has been showing a progressive decline in many countries in Africa due to the relative success of numerous projects and mass media information against the practice [5].

FGM has persisted in 28 countries in Africa, parts of Asia and the Middle East, the African countries being: Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Togo, Uganda, United Republic of Tanzania and Yemen [1].

Countries with alarming prevalence rates of female circumcision include Somalia (97.9% of women), Egypt (95.8%), Guinea (95.6%), Sierra Leone (94%), Djibouti (93.1%), Mali (91.6%) and Eritrea (88.7%), while half of the women experiencing circumcision live in Egypt and Ethiopia [6].

Outside Africa, FGM practice has been reported in Indonesia, Malaysia, Iran, Iraq, Oman and Yemen. Moreover, it is also encountered among immigrant communities in the United States, Canada, Australia, New Zealand, and Scandinavia [6].

According to the United Nations Children's Fund (UNICEF), yearly over three million girls in Africa, mostly juniors, are at danger of undergoing FGM. These girls suffer from the lack of educational opportunities and, thus, the exposure to oppressive traditional behaviors damaging their physical and emotional health and possibly even leading to death [7].

Myths and justification serving as reasons for the continuation of the practice

The practice of female circumcision is rooted in gender inequality, cultural identity, and notions of purity, modesty, beauty, status and honor. The practice has been continuing in Africa because of cultural, tribal and religious factors that vary from country to country [8].

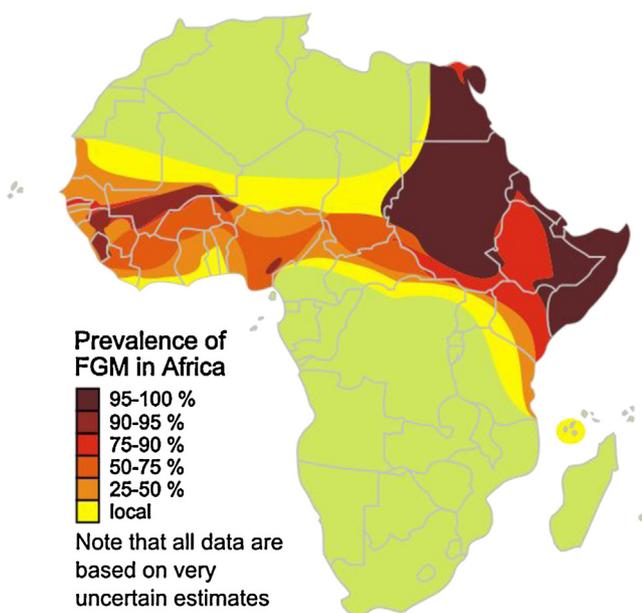


Fig. 1 Approximate estimates of the prevalence of FGM in the African continent: green color means no female circumcision done, other colors show the the prevalence indicated in the figure (quoted from Wikipedia, the free encyclopedia date 5th. April, 2011).

Reasons for the continuation and perpetuation linked to FGM include many myths and false misperceptions:

Hygienic and esthetic causes

Some African women consider the external female genitalia as dirty and “unsightly” and believe that they should be flat, rigid and dry. In this case, their own sense of purity leads females to consider circumcision [9].

Sociological causes

The sociological aspect considers the procedure as a transition in life stages, a so-called “rite de passage” from girlhood to womanhood and to marital age, securing the maintenance of social unity. Tradition, culture and social norms are passed from generation to generation, usually from mother to daughter as far as girls are concerned. In less developed societies lacking general knowledge, laws and traditions are based on the obedience to elders, the local community and religious leaders without any challenge or arguments [10].

Psychological causes

In some tribes the clitoris is considered as a “dangerous” organ requiring removal as it represents masculinity. On the other hand, the reduction of sensitive genital tissue by circumcision is thought to curb sexual pleasure, maintain chastity and virginity, and to guarantee women’s fidelity. According to another myth, female sexuality needs to be controlled by FGM in order to increase the man’s sexual pleasure, as uncircumcised women are assumed to have an excessive libido [11]. Further details on the psychological and female reproductive aspects behind FGM are presented in this issue by Abdel-Azim [12].

Myths and false beliefs

FGM is thought to enhance fertility and promote child survival. In some societies, the clitoris is believed to confer masculinity since it is considered as an ugly male organ. Consequently, its removal makes the girl appear feminine [13].

Unfortunately, in communities where FGM is prevalent, the practice is accepted by both women and men.

Misperception of FGM as a religious requirement

The greatest myth leading to the performance of FGM is religious belief. Although, according to the map showing the prevalence of FGM in Africa (Fig. 1), the procedure is most common in Muslim countries, FGM in no way follows the laws of Islam. Rather, the tradition of FGM seems to follow regional cultures independent of religion.

In some Muslim countries, female circumcision is practiced on the assumption of its accordance with religious instructions. This false belief is a form of deceit followed to mislead people toward this tradition [14]. Paradoxically, female circumcision is not practiced in many Islamic countries that strictly follow Islamic rules, such as Saudi Arabia, Libya, Jordan, Turkey, Syria, the Maghreb countries of northwest Africa, Iran and Iraq [1]. This clearly indicates that FGM is a custom rather than based on Islamic education, however, linking FGM to religion, as is done by some religious authorities, often results in its perpetuation.

In this issue, the Islamic view on female circumcision is explicitly clarified by Gomaa, the Grand Islamic Mufti of Egypt, who cites several verses from the Holy Qur’an and the Sunnah (prophetic instructions) speaking against this tradition. He indicates that the Prophet Muhammad expressed his moral condemnation of the pre Islamic customs and the way women were treated because they were considered as a source of shame and embarrassment [15].

As for *Judaism*, there is no specific mention of female circumcision in the Torah [16]. The Jewish Falashas are the sole community in Ethiopia practicing FGM, which points to a cultural rather than a religious background.

Christianity offers no religious basis for the practice either. The Christian faith denounces female circumcision, considering it a dreadful inhuman act.

In this issue, El-Damanhoury presents an elaborate review article on the Jewish and Christian views on female circumcision [17].

Demystifying the tradition of female genital cutting/mutilation in Africa

FGM poses a tragic health and human rights issue to the women and girls afflicted. Two review articles on the effect of FGM on female reproductive health are presented in this issue by Rushwan [18] and by Seror [19].

Despite statements from political and religious leaders, and information presented in media studies such as the Frontiers Program Report issued by USAID, de-linking FGM from Islam, the practice continues at an alarming rate [20].

The governments of all the countries where FGM is still carried out uniformly denounce FGM. They are strongly supported in their struggle against FGM by non-governmental political, religious and community organizations. Despite these efforts, the tradition continues. The ignorance about women's rights and the continuous practice of FGM justified by traditions and rituals concealed as religious teachings must come to an end [21].

In the present issue, de Vries [22] presents an article entitled "Debunking Myths about Female Circumcision". She recommends implementing a target in the coming few years to ban FGM at the level of all the African health authorities as well as the African governments. Edouard et al. [23] recommend cross-sectoral approaches to address attitudinal, cultural and behavioral changes to eliminate FGM. They provide an elaborate review on ways to combat and abandon the cruel custom of FGM.

Medicalization of FGM proposed by health care providers represents a violation of the medical code of ethics and has not reduced the complication rate; it should therefore be abandoned. Seror discusses this aspect and recommends pursuing international and national efforts to eradicate FGM and its medicalization [19].

In an effort to raise the world's awareness of the hazards of FGM and to promote its eradication, the WHO has sponsored and implemented several meetings, such the Khartoum seminar on "Harmful Traditional Practices Affecting the Health of Women and Children" in 1979, "The World Conference on Human Rights in Vienna" in 1993, "The International Conference on Population and Development in Cairo" in 1994 and "The Fourth World Conference on Women in Beijing" in 1995.

Moreover, several international treaties have been issued, such as the "Convention on the Elimination of all Forms of Discrimination against Women" (1979), the "Convention on the Rights of the Child" (1989), the "Campaign Against Female Genital Mutilation" and the official declaration on "Zero Tolerance to FGM" organized by the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) on February 6, 2003 [2], which day was adopted as an international awareness day by the UN Sub-Commission on Human Rights [24].

In 2003, the Assembly of the African Union convened to adopt a protocol confirming that the practice of FGM violates regional treaties such as the Protocol to the African Charter on Human and Peoples' Rights and on the Rights of Women in Africa [25].

Recently, in December 2012, the United Nations General Assembly unanimously passed a resolution banning the practice [26].

Going with this, Egypt banned FGM in 2007, despite pressure from some Islamic groups [27]. The Al-Azhar Supreme Council of Islamic Research, the highest religious authority in Egypt, issued a statement that FGM has no basis in core Islamic law, which enabled the government to outlaw it entirely [27]. Legal progress has been made as Egypt's High Constitutional Court recently rejected a legal challenge and upheld the ban on FGM.

In conclusion, the detrimental practice of female circumcision should be opposed by a change of cultural and sociological beliefs and the eradication of religious misconceptions favoring this custom. Public education by community and religious leaders should

help women to understand the necessity of abandoning the practice. Efforts should also be directed to providing care in special clinics for those who suffer physical and psychological problems as a consequence of FGM. Political and legal support is a key, as is the education and support of health-care services to enable them to contribute to the change in their communities [28].

This issue is an appeal to all who are connected with the problem, including health service providers. No longer should women's rights continue to be ignored, or FGM continue to be tolerated as part of communities' rituals and cultures, nor camouflaged as religious doctrine.

It is hoped that this special issue of the African Journal of Urology will demonstrate that FGM is a violation of the health and human rights of girls and women, and that efforts to uphold the well-being of girls and women are maintained until the successful and total elimination of this senseless and dangerous practice is achieved.

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