

FEMALE CIRCUMCISION

(*Khafd*)

AND ISLAM



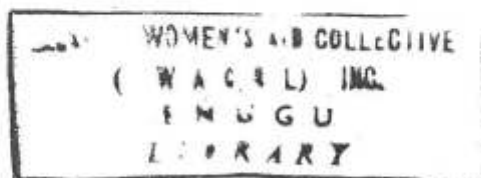
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FEMALE CIRCUMCISION (Khafd) AND ISLAM



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PREFACE

Female circumcision ([FC) otherwise known as female genital mutilation (FGM) has been condemned globally as inhuman and degrading treatment of the womenfolk.

FC/FGM is in practice among Muslims, Christians, Jews, and atheists, which is why it has been said that the practice is more rooted in customs and traditions than religion.

The rate at which women/girls are being circumcised/mutilated is becoming so alarming that it said that they are prone to being attacked by series of infections and health hazards including HIV/AIDS. It is said that the practice hampers the sexual enjoyment of women/girls, which is why it is an infringement on the sexual and reproductive rights of women/girls, as well as their fundamental rights as declared in the international instruments.

The World Health Organization (WHO) has condemns the practice in its entirety saying that medically it has no benefit, and some countries have even made legislation making FC/FGM a punishable offence for who anyone guilty of circumcising a woman/girl.

However in this book FC/FGM is discussed largely from contemporary views; its prevalence worldwide especially in Africa, and the instruments used for circumcision. The types of circumcision and their prevalence in Nigeria

as well as the risk of infection and health hazards are also discussed.

The position of the Shari'a was also examined and the conflicting views were presented.

Finally, the book gives challenges to Muslim scholars the world over, especially those in the field of medicine, to make their own research and come up with a pronouncement, as Islam cannot be indifferent to happenings around it, which affects its adherents.

It is hoped that very soon positive and comprehensive responses and verdicts will be made by learned Muslim scholars to save our womenfolk from this practice that is threatening their existence.

INTRODUCTION

Circumcision is compulsory for the male child under the Shari'a while it is optional for female. Muslim jurists are unanimous on this based on the hadith of the Prophet (SAW) "*Circumcision is sunnah for men, a noble action for women*". Similarly the Prophet says in another narration that "*when the two circumcised parts met bathing becomes obligatory*".

Muslim scholars have said that these two hadith show that a girl or a lady may also be circumcised.

However, World Health Organization and other international bodies have declared that female circumcision [FC] has no benefits whatsoever, rather it causes havoc and is also a degrading and inhuman treatment, which is why it has been termed "Female genital mutilation" (FGM).

There are lots of arguments, both in favour of and against female circumcision (FC); however the argument of the antagonists of female circumcision (FC) is gaining ground more than those of protagonists.

The antagonists of female circumcision are saying that medically, it has been proven that it has no benefit, rather it exposes the girl child to health hazards like HIV/AIDS; at times complication is also likely to occur which may affect the girl child's sexual reproductive health for life. For instance, Chukwuma Ejeabukwa says a comparative study of circumcised and uncircumcised women [conducted by the World Health Organization] reveal a higher rate of menstrual disorder, frigidity rate, maternal and infant mortality rates,

caesarian section, infertility, HIV/AIDS and VVF among circumcised women than among uncircumcised women.¹

Where this complication occurs, in some cases the vagina may be blocked, making sexual intercourse difficult, that is penetration of the vagina will be very difficult.

This is why Antagonists of female circumcision also view it from human rights perspective saying: when performed upon girls and non-consenting women, FC/FGM is a violation of a number of recognized human rights protected in international and regional instruments and reaffirmed in international conference documents. These include the right to non-discrimination, the right to life and physical integrity, the right to health, and the right of the child to special protections.²

¹ Chukwuma Ejeabukwa: Preventing evil against Women and Children: Chukuma publishers, New Haven, Enugu p.86

² The Center for Reproductive law and policy: Reproductive Rights 2000 Moving Forward. P.39

WHAT IS FEMALE CIRCUMCISION (FC)?

Female circumcision has been defined as “The pruning of the Clitoris or cutting away of whole or part of the external genitalia or the labia Majora. In some places it involves the cutting of the hymen”.³

From the definition given above female circumcision can be done in three different ways and the three ways are as follows:

1. Clitoridectomy: Is the act of removal of the top of the clitoris
2. Excision: This is a complete removal or closing up of the vulva
3. Infibulations: This is the removal of not only the clitoris and labia minora but parts of labia majora are also removed and the side is usually stitched together leaving just a small opening for urine and menstrual fluid to pass through.

This third method that is infibulations often result to complication, in some cases the vagina will be blocked, making penetration very difficult during sexual intercourse. Here the sexual and reproductive health of the girl concerned is hampered, and at times it may expose the victim to series of infections.

However, female circumcision/FGM has been classified into four types by some researchers. The World Health Organization⁴ adds one more type. The fourth type is said to be intrusion, which is the cutting into of the vagina or splitting of the perineum, either digitally or by means of a sharp instruments, this is the severest form of circumcision.⁵ The fourth type is said to have two procedures: “the anguriya cut”

³ Daily Star Newspaper 11th July 1997. P.5

⁴ World Health Organization: female genital mutilation: Geneva pp.6-7

⁵ Ibid. P.4

which is the scrapping of the tissue around the vaginal opening and the "gishiri cuts" posterior [or backward] cuts from the vagina into the perineum as an attempt to increase the vaginal outlet to relieve obstructed labour which may result to vesicovaginal fistulae and damage to the anal sphincter.⁶

INSTRUMENTS USED FOR CIRCUMCISION

In traditional African Societies female circumcision is often done with broken bottles, glass, knife or razorblade, and without anaesthesia.

However, in some cases it may be done with anaesthesia, which may be due to the level of civilization of the society or the home concerned. It may also be done with modern health facilities and skilled professionals in attendance, but this practice has also being criticized by the World Health Organization that it amounts to female genital mutilation, as female circumcision has no medical benefits whatsoever.

The WHO was quoted thus: "WHO strongly condemns the medicalization of female genital mutilation, that is, the involvement of the health professionals in any form of female genital mutilation in any setting, including hospitals or other health establishments."⁷

In a study carried out in Egypt in 1995, the report stated that about 13% of the women were circumcised by a doctor, while about 46% of their daughters were circumcised by a doctor.⁸

⁶ Ibid. P.8

⁷ Ibid. p. 6

⁸ Ibid.

PLACES WHERE FEMALE CIRCUMCISION/FGM IS IN PRACTICE, AND ITS PREVALENCE

Female circumcision/FGM is in practice virtually in all parts of the world though in some countries the practice is as a result of migration as the practice was either not common or done by the host communities. However, the practice is prevalent in Africa with different proportions or percentages and also with different reasons been adduced by each tribe or ethnic group that is involved in the practice. For instance some adduced cultural reasons say it is an initiation of a girl into womanhood, while to some it is done on moral grounds which they say prevent a girl from being promiscuous, as it would reduce the sexual urge of the girl/woman; to some it eases the pain of child bearing during labour, others adduce religious reasons for performing female circumcision/ FGM.

In studies carried out in Africa, reports have shown that virtually all the countries in the continent perform this practice with various degrees. Some of the countries that carry out female circumcision/ FGM are as follows:

Benin Republic: the prevalence rate as at 1993 was 50% and it is mainly practiced in the northern region. The age at which circumcision/FGM is normally performed is between the ages of 5 and 10, and type II is reported to be most common.

Burkina Faso: the prevalence rate as at 1993 was 70% with about 73% being girls aged 12-14, and about 88% being women aged 20-24. Though the practice depends largely on the level of education, as most women who had secondary education had about 48% of circumcised girls while those without secondary education had about 73%. The practice cuts across religious border, as it is widespread among Muslims, Christians and animists. The most common type

are I and II, though type I is common among small girls aged 2-3 while type II is common among youths and adolescents aged 20-24.⁹

EGYPT: A 1995 report showed that the practice was on the increase than before, this indicated about 97% prevalence. The practice is rampant among Muslims and the Christians alike; type I is said to be common, though type III is reported in areas of south Egypt closer to Sudan.¹⁰

ERITREA: This is another country with about 90% prevalence and the practice is prevalent among Muslims and Christians alike. It is said that women in this country have taken positions against this practice since the 1970s, though the practice is widespread in the country.

ETHIOPIA: The practice is wide spread in the country as the Muslims, Christians, as well as the Jews who now live in Israel practice FGM. Type I and II are reported to be common and in some areas, type III is common. The survey carried out in 1990 showed that 85% of the women surveyed had been genitally mutilated. However, two ethnic groups, namely the Begas and the Wellegas, do not practice female genital mutilation.¹¹

MALI: The prevalence in Mali was about 94% as at 1995-96 as shown in a survey conducted in that country, with a widespread practice among Christians and Muslims alike. Both the literate and illiterate' alike practice FC/FGM and types I and II are predominant with about 52% and 47% prevalence rate.

⁹ World health organization opcit. P.12

¹⁰ Ibid. p.14

¹¹ Ibid.

NIGERIA: Female circumcision/FGM is said to be widespread particularly among the major ethnic groups that is Ibo, Yoruba, and Hausa with about 40% estimated prevalence. Though it is said to be fast declining in urban centres and studies conducted in 1985 by Nigerian Association of Nurses and Nurse- Midwives showed types I, II, III and type IV are common. It has however been said that the 39.2% as shown by the report is very low compared with the widespread of the practice all over the country.¹²

However, the practice of FC/FGM is not only limited to the major tribes in Nigeria it cuts across all ethnic groups in the country, and it involves both Muslims and Christians alike, which shows that the practice is more rooted in customs than religion.

Studies carried out in about 21 States out of the 36 States in Nigeria¹³ showed that the prevalence rate was higher among some ethnic groups than others irrespective of their religious belief. Also the type of FC/FGM differs from State to State, while some practice the same type.

For instance Adamawa State practices type IV with about 60-70% prevalence; in Akwa Ibom State it is type II with 65-75% prevalence while Anambra also practices type I with 40-60% prevalence.

In Bauchi State it is type IV with 50-60% prevalence and in Benue State it is type I that is being practiced with 90-100% prevalence while Borno State practices types I, II and IV with 10-90% prevalence; In Delta it is type II with 80-90% prevalence, Edo on its part also practices type II with 30-40% prevalence while in Imo it is type I with 40-50% prevalence.

¹² World health organization opcit: p.17

¹³ Inter African committee (Nigeria) (IAC): female genital mutilation in Nigeria: university press, Ibadan, Nigeria. Pp.12-13

Jigawa, Kaduna, Kebbi and Kogi States practice type IV with 60-70%, 50-70% and 90-100% and 0-1% respectively. While Kwara, Rivers and Ogun States practice type I and II with 60-70%, 60-70% and 35-45% respectively and Lagos, Ondo, Oyo and Osun States practiced type I with 20-30%, 90-98%, 60-70% and 80-90% respectively. Lastly Plateau State practice type IV and I.

Other African countries that engage in this practice are Ghana which has 30% prevalence while Guinea has 60%, Guinea Bissau had 50% as at 1990 as shown in an unpublished data, Kenya on the other hand has about 50% prevalence, and Liberia is has 60% according to a 1984 report, but about three tribes do not practice FGM in Liberia.

Mauritania has 20% prevalence, while Niger has as low as 20% so also Senegal though a 1990 report says it is 18% and in Sierra Leone the prevalence is 90% and only types I and II are performed as part of initiation rituals of the Bundo and Sande secret societies.

In Somalia the prevalence is 98% while in Sudan it is 89% with about 85% of the women had been circumcised with type III, while 15% underwent type I. Togo on its part has 50% prevalence while Uganda has just 5% and Tanzania with types I, II and III has 10% prevalence.¹⁴

In other parts of the world, especially in Europe, and North America, it is said that the increasing immigrants rates into these countries have forced the host countries to make laws against female circumcision as most of these immigrants are from the countries where FGM is practiced.¹⁵ In Australia though, FGM is traditionally in practice though. Here female

¹⁴ World Health Organization opcit. Pp.15-18

¹⁵ Ibid. P18

circumcision/FGM is traditionally practiced among the aborigines as initiation of both sexes, but according to the 1991 Australian Bureau of Statistics census about 76, 000 of women living in the country are from the countries where FGM is practiced.¹⁶

However FGM is said to be practiced in Israel, the Arabian Peninsula in countries like Bahrain, Saudi Arabia and United Arab Emirates, it is in practice in South and South-East Asia, and also in Latin America in countries like Colombia, Mexico, and Peru.¹⁷

RIGHTS OF GIRLS AND WOMEN

Female circumcision/FGM is done without the consent of either the girl or the woman in question, which violates article 3 of the women's convention prohibiting discrimination based on sex or any thing that obstructs the full enjoyment of the rights of women.

Article 2 enjoins the state party to ensure that all customs and traditional practices that discriminate against women are abolished. Similarly, the right to life and physical integrity is fundamental as far as the Universal declaration of human rights is concerned, and most of these instruments have been incorporated into the laws of many countries, and as such circumcision of the female infringes on these rights as, in the event of complication, it may lead to death.

A 23 year old Nigerian woman was reported to have been circumcised a day to admission for delivery though a live baby girl was delivered, the mother died comatose four hours after due to infection of the circumcised wound.¹⁸

¹⁶ Ibid. Pp.4&19

¹⁷ ibid pp. 20-22

¹⁸ World Health Organization opcit. P.25

It has also been argued that FC/FGM is a threat to physical integrity of girls as they are forced, and subjection of non-protesting girls and women to FC/FGM without their informed consent is a compromise on the right to physical integrity.¹⁹

The right to health is also fundamental as contained in Paragraph 7.2 of ICPD and Paragraph 12[b] CEDAW in its recommendation on health said that government should be conscious of girls and adolescents who may be vulnerable to traditional practices of which FC/FGM is inclusive. It is said that since this practice has a devastating effect on women and girls, it is an infringement on their health right.²⁰

Article 1 of children's rights convention says a child is any body below the age of 18, and FC/FGM is performed mostly on the children between the age of 12 and above. Article 24(3) says the state party should ensure the abolition of traditional practices that endanger the health of children. Similarly article 21 of the African charter on the rights and welfare of the child enjoin state parties to abolish harmful traditional practices that are prejudicial to health and welfare of the child, as well as those practices that discriminate against the child on the bases of sex, etc.

STEPS TAKEN AND LEGISLATION AGAINST FC/FGM

In the world today many countries have taken steps to criminalize FC/FGM; this is a response to the global call and as a result of pressure being mounted by human rights activists. For instance measures to ban FC/FGM has been in place for over 30 years as Guinea prohibited FC/FGM in 1965 defining

¹⁹ Reproductive Rights 200 moving forward: The center for Reproductive law and policy, New York, P.39

²⁰ Ibid. p.40

the offence as castration which includes mutilation of the organ of either man and woman.

In 1966 Central African Republic prohibited the practice of FC/FGM to conform to the Universal Declaration of Human Rights. FC/FGM was an offence in 1978 in France as violence against a minor under the age of 15; Sweden also made it an offence 1982 and the penalties became more severe in 1990 prohibiting the operation on female external genital organ whether to mutilate or produce other permanent changes in them.²¹

The United Kingdom in 1985 prohibited FC/FGM, in 1992 Ghana prohibited all traditional practices that are injurious and dehumanizing, with an amendment in 1994 to punish whoever is guilty with not less than 3 years imprisonment, and in 1992 Ethiopia made provision, providing that women had right to protection against harmful customs.²² Burkina Faso amended its law in 1996 to punish whoever is guilty of violating the physical integrity of a woman with either 6 to 10 imprisonment or fine of 150,000 to 900,000[i.e.\$240 to\$ 1,440]. Canada amended its law in 1997, which terms FC/FGM as aggregated assault. Cote d'Ivoire in 1998 enacted a law punishing anybody guilty of genital mutilation. The United States in 1996 enacted a law punishing with either fine or imprisonment or both of a person guilty of genital mutilation of a girl under the age of 18.²³

It is note worthy to mention that despite the prohibition of FC/FGM by some countries the law has not changed; people's behaviour most especially in African countries where this

²¹ Ibid. p.41

²² Ibid.

²³ The Center for reproductive law and policy opcit. P.42

practice is said to be prevalent, and this has led to some countries embarking on educational/ outreach campaign, or even forming special commissions to discourage the practice of FC/FGM.²⁴

RISK OF INFECTION AND HEALTH HAZARDS OF FC/FGM

A person may be exposed to HIV/AIDS infection where the objects used in circumcising the victim have not been sterilized since one can be infected with this virus through sharp objects like razor blade or knife if an infected person has used it.

Furthermore, in case of complication, there may be blockage in the vaginal orifice, at times the girl may experience pain during sexual intercourse, and may also experience additional pain during child labour, in which case she may need to undergo a painful incision to facilitate easy child birth.²⁵

OTHER HEALTH HAZARDS OF FC/FGM ARE SOME OF THE FOLLOWING:

Shock: it has been said that shock is the immediate health hazard experienced by the victim of FC/FGM because of the pain experienced during the process. Victims also experience psychological trauma, which may instill fear in the minds of the victims for a long time to come. However, the short and long term effects of this state of physical and psychological shock have not been reported.²⁶

Urine retention: the pain that follows FC/FGM and swelling and inflammation around the wound can lead to urine

²⁴ Ibid. p.43

²⁵ Sheik Abou Galib Ahmad Iysa: Everyday Fiqh for the Muslim women: Arabic Book Concern. p. 59

²⁶ World health organization opcit.p.26

retention, and this may last for hours or days, though it is said that this is reversible, but the intervention with catheter or removal of stitches may be necessary before urine can be passed normally.²⁷

Keloids: it is said that ethnic groups who practice FC/FGM are genetically susceptible to keloids, which is excessive growth of scar tissue, and vulva keloids are disfiguring and psychologically distressing, while treatment is often unsuccessful as surgical removal provokes further growth.²⁸

Dermoid cyst: this is said to be the most common long-term complication of all types of FC/FGM; it normally results from the embedding of the skin tissue in the scar. Though it is not a serious threat to physical health, the gland, which normally lubricates the skin, will continue to secrete under the scar and form a cyst or sac full of cheesy material and if cysts become very large or infected, surgical removal may result.

Stenosis of the artificial opening to the vagina: as a result of infibulation, the artificial opening of the vagina can be so small which may close almost completely over time, and it may cause incomplete voiding of urine or haematocolpos, also a product of miscarriage could also be retained in the vagina canal which may lead to severe infection. A case of primary stone in the vagina due to obstruction in a 33-year-old woman from the Ibo ethnic group in Nigeria has been recorded with the vaginal opening narrowed by fused labia which created an infibulation-like occlusion.²⁹

²⁷ Ibid.

²⁸ Ibid. p.27

²⁹ World health organization: female genital mutilation: Geneva, 1998. P.30

Some other health hazard and infections are injury to neighbouring organs, dysmenorrhea, chronic urinary tract obstruction, reproductive tract infections, urinary incontinence, abscess formation, severe pain, pseudo-infection etc.³⁰

POSITION OF FEMALE CIRCUMCISION UNDER THE SHARI'A

Having explained what circumcision is all about and given the modern/medical view with regards to circumcision as well as risk of infection and health hazards involved, and also the human rights and legal implications, we will examine the position of the Shari'a and the views of some Muslim scholars on female circumcision, our area of interest as far as this treatise is concerned.

Female circumcision is optional under the Shari'a. The meaning of this is that circumcising a female child is not compulsory unlike a male child.

According to Yoosuf Ibn Abdullah al-Areefee the Muslim scholars posited three views concerning female circumcision³¹:

1. Some scholars – such as *Shaafees*, and a narration from Ahmad hold that it is obligatory upon the females.
2. The majority – such as the *Hanafees*, the *malikess*, the *Hambaleess* and others – hold that it is prescribed for women and is recommended (*mustahab*).
3. Others hold that it is not prescribed for them and this is a weak saying.

The majority of the jurists hold that circumcision is recommended for girls quoting the hadith of the Prophet to show that female circumcision is permissible and they are:

³⁰ Ibid. Pp.26-29

³¹ Yoosuf ibn Al-Areefee: Manners of Welcoming the New Born: p. 89

1. The prophet (SAW) said, "*When the two circumcised parts meet then bathing becomes obligatory.*"
2. The prophet (SAW) said to Umu Aliyyah (a woman who used to circumcise female: "*when you circumcise do not cut severely since that is better for her and more pleasing to the husband*")

From the foregoing Muslim jurists aver that clitoridectomy that is removal of the top of the clitoris should be minor as recommended by the prophet (SAW) to Umm Attiyah that, "*when you circumcise do not cut severely*". Is allowed under the Shari'a.

3. However, cutting severely with stitch- like excision and infibulations are not allowed that is the cutting of the whole of the clitoris and stitching the vagina. This according to Sheik Abou Galib Ahmad Iysa in his book is called "Pharaoh's Circumcision in Sudan".³²

Sheik Ahmad Iysa went further to say that where the whole clitoris has been cut and stitched which causes legal defect in women called *Ratq* – (i.e. closure of the vagina orifice making sexual intercourse with the woman impossible) the husband can terminate the marriage contract with such a woman, unless the defect is removed.³³

From the foregoing, female circumcision is not compulsory under the Shari'a but Muslim scholars say were it to be done, it should be done by those knowledgeable, based on the Prophet's {SAW} advise to ummu Attiyah in order to avoid complication like *ratq* [i.e. closure of vaginal orifice]

³² Sheik Abou Galib Ahmad Iysa: Everyday fiqh for women: p59

³³ Ibid.

IS THERE ANY BENEFIT IN FEMALE CIRCUMCISION?

As explained above medically FC/FGM has no benefits whatsoever, it rather expose the victim to series of infections and health hazards that have been proved by the World health organization [WHO] some of these infections have been explained above.

However, according to Yoosuf Ibn Abdullah Al-Areefee, the harm that is attributed to this operation couldn't be ascribed to circumcision itself, rather to two matters,³⁴ and one of them is cutting too severely as done in some Islamic countries. Where this is done the clitoris or its hold is totally removed and in some cases the outer lips [labia] is also removed, which results in the closure of the vaginal orifice.

Secondly, he says infection or harm, which may occur, may be due to the tact that the specialist in this field did not perform the operation or unsterilized instruments, were used.

He however lists some benefits³⁵, quoting the Prophet's hadith as one of the benefits of female circumcision when the Prophet (SAW) said..." *better for the woman and more pleasing to the husband> and that is <better for the face and more pleasing to the husband*".

He says further that there is reduction of infections, which result from microbes gathering under the hood of the clitoris, and that attacks of genital ulcers and herpes are less sever and less harmful with women who are circumcised, and women of hot climates often have large clitoris which arouses their desires if it rubs the adjacent clothing, and at times the clitoris

³⁴ Yoosuf ibn Abdullah Al-Areefee: Maners of Welcoming the New Born: pp.90-91

³⁵ Ibid p.94

may even grow to such extent that sexual intercourse becomes impossible, circumcision in this case would be of help to the effects in the first case, and makes intercourse possible in the second.³⁶

CONFLICTING VIEWS

Circumcision under the Shari'a as presented above is optional that is not compulsory. Now, considering the modern view on circumcision that it has no benefit medically, and some even say that the argument being advanced by some people in respect of circumcision, [that circumcising a girl would reduce her sexual urge] is a violation on the sexual and reproductive right of the girl. It has been said that it could result to death and where death does not occur, it is said to infringe on physical integrity, dignity, and liberty and privacy interests.³⁷

Similarly, in the event of complication, which may equally affect the sexual life of the girl, it has also been condemned by human rights groups as violating the UN charter prohibiting all forms of discrimination against women. It is also said that there is a tendency of high sexual demand of the circumcised than those who are not circumcised.³⁸

Megafu's investigation of the effect of FC/FGM among Ibo women of Nigeria found no difference in the levels of promiscuity between the circumcised and uncircumcised as 58% of the former experience orgasm as against 68% of the latter while Shandall's study of 4024 women in Northern Sudan from his outpatient clinic revealed that 80% of those

³⁶ Ibid p.95

³⁷ Center for Reproductive law and policy: Reproductive Rights 2000 moving forward, New York.p.39

³⁸ Chukwuma Ejeabukwa: preventing evil against women and children: chukwuma publishers: New Haven, Enugu. P.87

with type III [infibulation] did not experience orgasm as against 10% of those with type I or those not circumcised.³⁹

EL Dareer in her own study also in Northern Sudan says 50% of the women experience no sexual pleasure, 23% are indifferent and others experience pleasure of some kind, but this has been contradicted. Lightfoot-Klein says that out of 300 Sudanese women with infibulations, 90% reported pleasurable sex with frequent orgasm, though it is said that her method was not adequately described.⁴⁰

Karim and Ammar's study of 331 circumcised women in Cairo showed that 29% do not experience sexual pleasure, 30% experience satisfaction but don't reach orgasm while 41% experienced satisfaction and reached orgasm frequently.⁴¹

It has also been reported that men who live with circumcised women also have unpleasant experiences, Shandall interviewed 300 polygamous men whose wives were circumcised of types I and III and uncircumcised women. Some 266 {88%} preferred the latter to the former, while 60 {20%} married their second wives because "they could not keep up with the ordeal of perforating the progressively toughening scars of their wives every time they had babies". Only 36 {12%} maintained that coitus with an infibulated wife was enjoyable⁴². From the foregoing, one could see clearly that the views as presented by Yoosuf Al-araafee with those highlighted here are conflicting, and this shows why Muslim scholars have to converge and do something about FC/FGM.

³⁹ World Health Organization opcit. P.34

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² Ibid.

CONCLUSION

The marriage life is held in high esteem under the Shari'a, and it is expected that couples should derive maximum benefits and enjoyments from the marriage union. The Shari'a also guarantees the sexual and reproductive rights of both Muslim males and females, and prohibits any thing that is likely to infringe upon these rights.

Therefore, contemporary Muslim scholars, especially those in the medical field, have to stand up against this challenge that if it could be shown that as presented in this treatise, FC/FGM has no benefit, and considering the fact that it is optional under the Shari'a as explained above, there should be a pronouncement [*fatwa* i.e. legal verdict] which would enable every Muslim to act with an informed decision as far as FC/FGM is concerned.

The reason is quite simple, Muslims cannot be an island unto themselves, especially now that there is advancement in science and technology and new discoveries are being made every day.

Similarly, Allah [SWT] says He wants peace and ease for us not hardship, and also warn in Quran 4: 29 that you do not kill or cause destruction to your own self, which is why a Muslim should not engage in an act that is injurious to his/her life or that will lead to the termination of his/ her life.

It should however be noted that the practice of FC/FGM is among Muslims, Christians, and animists, and the practice also spreads across ethnic and tribal borders as it is practiced in many countries of the world.

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ABOUT WACOL

Women's Aid Collective (WACOL) is a non-governmental, non profit making organization registered as a company limited by guarantee with Corporate Affairs Commission (No. RC. 388132) and has an observer status with the African Commission on Human and People Rights. WACOL is committed to promoting human rights of women and young people. We are gender conscious and work towards gender equality and human rights for all. Our vision is a society free from violence, all forms of abuses, where human rights of all, in particular women and young people are recognized in law and practice.

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