Short Review

Female circumcision

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ABSTRACT

It is uncertain when female circumcision was first practiced, but it certainly preceded the founding of both Christianity and Islam. A review of past and current historical, popular and professional literature was undertaken, and 4 types of female circumcision were identified. Typically female circumcision is performed by a local village practitioner, lay person or by untrained midwives. Female genital mutilation is not accepted by any religious or medical opinion, and is a violation of human rights against helpless individuals who are unable to provide informed consent and who must therefore be protected through education and legislation. Complications of female circumcision can present after many years. Any medical practitioner (either for adult or pediatric) can be confronted with this issue of female circumcision, even in countries where this custom is not present, thus mandating the understanding of this complex issue.

Keywords: Female circumcision, genital mutilation.

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Female circumcision, especially female genital mutilation (FGM) (infibulation) is a cultural rather than Islamic custom, as evidenced by its absence in many Arab and Muslim countries (Saudi Arabia, Iran) as well as its prevalence in many non Muslim African countries.[1] A Greek papyrus dating back to 163BC makes reference to this ritual.[2] Female genital mutilation is still practiced in at least 26 out of 43 African countries, mainly in the areas of Eastern and Western Africa[3] and some Asian countries (Indonesia, Malaysia, India, Yemen). With the influx of immigrants and refugees, FGM is increasingly being seen in Europe, Canada, Australia and the United States.[4] The prevalence rate across countries varies from 5% in Uganda to 98% in Somalia.[5] Infibulation is predominant in Somalia, Djibouti and Sudan. The most prevalent types in Egypt are type I and II with a higher rate among rural (86%) than urban 27% woman.[6]

Types. Female circumcision called 'tahara' (purification) or 'khafd' (reduction of the bulging clitoris). The world health organization (WHO) recommends the use of the term (Female Genital Mutilation) (FGM) Addis Ababa - 1990.[7] There are several types of FGM. Type I - circumcision, removal of the foreskin around the clitoris, similar to male circumcision (also known as sunnah). Type II - excision removal of the clitoris and part of the labia minora. Type III - modified infibulation. Type IV - total infibulation. Type III and IV both involve the removal of the clitoris and labia minora as well as an incision of the labia majora so to create raw tissue that is stitched together, partially closing off the entrance to the vagina leaving a posterior opening for the flow of urine and menstrual fluid.[8] The term infibulation refers to the use of a clasp (infibula) to keep the cut edges of the vagina together. This anatomically precise classification is suggested to help clinicians and researchers standardize their description, however, the extent of cutting varies considerably since the operator is usually a layperson with limited knowledge of anatomy. Introcision, another genital operation that involves the incision and inward folding of the vaginal introitus is rare. The age at which female circumcision is performed varies from birth to just prior to marriage. However, it appears to be performed most frequently at approximately 7 years of age. Typically performed

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by a local village practitioner, lay person or untrained midwives who use razor blades, kitchen knives or broken glass. As a role no anesthesia, antiseptic, analgesia or antibiotics are available.

Reasons and justifications proposed to explain the custom. To follow a religious requirement. The custom of female circumcision predated both Islam and Christianity (neither the Bible nor the Koran recommend that women be excised). Muslim law (the rule according to which what is not forbidden is allowed) accepts this custom. "Circumcision is Sunnah for men and Makramah for women". Makramah means honorable deed. There is agreement among Muslim leaders and scholars that infibulation is forbidden in Islam, but their interpretation and position regarding the circumcision/excision of girls remains ambiguous.[9] It is called the Sunnah procedure i.e. according to the act and traditions of the prophet Mohammed (peace be upon him) and to fulfill Makrama granted by him. However, Scholars and theologians of Islam state, that female circumcision is not prescribed by their religious doctrine emphasizing that the procedure is almost never performed in many major Muslim countries such as Saudi Arabia, Iran and Pakistan.[10, 11]

To help maintain cleanliness and health; uncircumcised females are considered to be "unclean" and if her clitoris touches his penis this is then considered dangerous and ultimately fatal to a man. In some areas it is believed that an infant will die if its head touches the clitoris.

In the mid 19th century clitoridectomy was popularized by Mr Isaac Baker Brown of the London Surgical Home as a treatment of epilepsy and cure for disordered nervous action, hysterical mania and masturbation[12,13] which was considered as a cause of hopeless insanity or moral leprosy.

To preserve virginity and family honor and prevent immorality with social control over her sexual pleasure by clitorectomy and over reproduction by infibulation.[14]

To further marriage goals including enhancement of sexual pleasure for men. It is considered a physical sign of a woman's marriageability.[14] To preserve the group identity.[14]

Consequences and complications. Complications of female circumcision may occur immediately after the procedure or later, these can be physical or psychological consequences and occur most frequently with infibulation. Immediate complications include, postoperative shock, pain, hemorrhage,[15] infection, risk of HIV infection,[16] urinary complications, accidental injury to surrounding organs and occasionally death. Later physical complications include, painful scars, keloid formation, labial adherence, clitoral cysts,[17] vulva mutilation and urinary stones. Chronic obstetric complications include chronic pelvic infection, chronic pelvic pain, severe dysmenorrhoea, and infertility. If de-circumcision is not performed, obstruction of the exit of the fetal head may be overcome by strong uterine contractions that lead to perineal tears.[18,19] If contractions are weak and delivery of the head is delayed, the fetus will die, and pressure of its head on the pubic bone will cause necrosis and vesico-vaginal fistula. So it is important to perform de-infibulation (anterior-episiotomy) at the time of birth, and also may be necessary for the first intercourse. Psychosexual complications; in the woman: a sense of loss of her femininity, lack of libido, less frequent coitus, absence of orgasm,[20] depression and psychosis,[21] high rate of divorce; in the man: premature ejaculation, sexual unsatisfaction of both partners and "genitally focussed anxiety - depression".[22]

Female genital mutilation as human rights violation. Infibulation was first made illegal in Sudan in 1946;[23,24] however, clitoridectomy was still allowed. Sweden in 1982 and the United Kingdom in 1985[25,26] passed specific legislation to make all forms of female circumcision illegal, while other countries like Australia, Canada, Guinea, France, Holland, Italy and United States consider female circumcision illegal under existing child abuse laws. Specific anti-female circumcision laws are under discussion in Egypt, Burkina Faso and Kenya.

Muslims would be able to make a valuable and meaningful change in their communities and should not become dependent on the Western agencies to solve the problems they face, including the tragic consequences of infibulation and clitoridectomy. Instead we need to apply our own traditional practices to support an indigenous Islamic legal discourse.

Comment. The delicate genitals of young girls are particularly vulnerable to damage by the surgical interference of lay practitioners using crude instruments. The vulva contains the specialized sex organ of the woman, the clitoris is a bed of rich neuro-vascular erectile tissue. The functional anatomy of female genitals is identical to that of male genitals, but condensed in a much smaller area. The removal of even a few millimeters of the clitoris or a very small amount of vulval tissue causes damage and has serious and irreversible effects. When parents request a ritual circumcision for their daughter, they believe that it will promote their daughter's integration into their culture, protect her virginity and thereby guarantee her desirability as a marriage partner. Parents are often unaware of the harmful physical and psychological consequences of the custom, because the complications of FGM are attributed to other causes and rarely discussed outside of the family.

The Koran permits and recommends that the woman be given physical and psychological

pleasure, pleasure found by both partners during the act of love. Forcibly split, torn and severed tissues are neither conductive to sensuality nor to the blessed feeling. The physical burdens and potential psychological harm associated with FGM violates the principle of the commitment to avoid doing harm, and the promotion of good health. Female genital mutilation has been characterized as a practice that violates the rights of infants and children to good health and well being, part of a universal standard of basic human rights.

The complications of female circumcision can present after many years, also the world nowadays is as a small village and even in countries where this custom is not present, any medical practitioner (either for adults or pediatrics) can be confronted with this issue of female circumcision, thus mandating the understanding of this complex issue. Women who have undergone female genital mutilation have specific needs for their care, which present challenges to both their general practitioners and obstetrician/gynecologists.[27] Suppose a physician is asked to perform a procedure that has no recognizable medical value and may harm the person involved. Suppose that the persons requesting it are doing so not on their behalf but for her young daughter. How should the physician respond?

In conclusion, female circumcision is a very old tradition still widely practiced. The justifications of the proponents do not withstand moral, legal or ethical scrutiny. Unquestionably, physicians may not impose their own values on their patients. But that does not mean that the physicians must be ethically uncritical. Female genital mutilation is not accepted by any religious or medical opinion, and is a violation of human rights against helpless individuals who are unable to provide informed consent and who must therefore be protected through education and legislation. As medical practitioners we should understand the issue of female circumcision or FGM and be able to deal with it in a proper way.

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