

THE PSYCHOLOGICAL, PHYSIOLOGICAL AND SOCIOLOGICAL EFFECTS OF  
FEMALE CIRCUMCISION ON SUDANESE WOMEN

A Thesis

Presented in Partial Fulfillment of the Requirements for the Degree of Master of Social  
Work in the Graduate School of the Ohio State University

By

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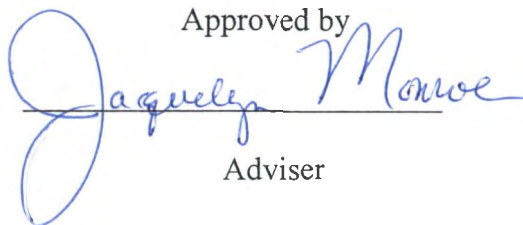
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## ABSTRACT

This was a qualitative study of the experiences of 15 circumcised Sudanese women living in the Sudan. The research used qualitative methods to explore the biopsychosocial (biological, psychological, and sociological) effects of “Tahur” or female circumcision (FC) on Sudanese women. The researcher examined how women reacted to their circumcision from multiple dimensions and how their experiences influenced their decisions to circumcise or not to circumcise their own daughters.

The results of the study indicate that cultural beliefs and traditions; religion; beauty; and pressure towards decreased sexual activities for women are the main reasons why Sudanese women undergo female circumcision. Fourteen respondents (or 93.33%) felt that there were no advantages to undergoing female circumcision but that complications with menstruation, intercourse; pregnancy and delivery; and other health problems were major disadvantages. Fear was the predominant psychological response while honor and marriage were the primary sociological pressures stated. Two respondents stated that they intended to circumcise their own daughters while 13 (86.67%) stated that they would not.

## DEDICATION

I dedicate this work to all of the members of my family who are close to my heart: my parents, and to all the women in the Sudan, struggling to free themselves from the limitations that they may be facing in their lives.

## ACKNOWLEDGMENTS

I would like to express my sincere gratitude and appreciation to the many people who have influenced, supported, and assisted me in the completion of this project, especially my advisor, Professor Jacquelyn Monroe. She has helped me with this study from the very beginning. I thank her for her input in focusing the direction of my study and for clarifying its issues, and for her attention to my work as it progressed. I am thankful to her for reading my proposal, and then the chapters of this thesis, and her suggestions along the way.

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I owe special thanks to the Nile's East General Education District for Educating Women and to the Sudanese subjects who participated in the study, who were so

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Thanks be to God for all.

## VITA

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## FIELD OF STUDY

Major Field: Social Work

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# CHAPTER 1

## INTRODUCTION

### Statement of the Problem

Female circumcision (FC) or female genital mutilation (FGM), which is also known as Tahur in the Sudan, is a traditional practice that affects women and girls, particularly on the African continent. (For the purposes of this work, female circumcision, female genital mutilation and Tahur will be used interchangeably.) According to Islam and Uddin (2001), female circumcision is known as female genital mutilation or female genital cutting. A more medical term that is also frequently used to describe female circumcision is infibulation.

Female circumcision involves the partial or total removal of the external female genitalia. It also includes any other intentional injury of the female genital organs. According to Abdel Magied and Makki (2004), the practice is an institutionalized tradition that has become incorporated as an integral part of the social system of the area. Specific to this study, female circumcision has been practice in the Sudan for a long time despite its, arguably, harmful biological, psychological, and sociological effects. Research by Abusharaf (2001) shows that the first anti-circumcision movement was put into motion in pre-colonial Sudan by an Islamic cleric. In 1821, El Sheikh Hassan Wad Hassona began a campaign to exonerate Islam of circumcision by saying that it was not

part of Islamic teaching. Others in the religion also condemned the practice. In 1945, during British colonial rule, which had begun in 1898, infibulations were prohibited by law, but political groups within the country led a protest against the British and their attempts to control. As a result, despite the law against infibulations, most Sudanese women still practiced it.

Abdel Magied and Ahmed (2002) refer to female circumcision (FC) as a traditional practice which has serious consequences. Abdel Magied and Ahmed (2002) consider it a synonym for endemic, epidemic and fatal disease, specific to girls and women despite a movement against the procedure for 20 years.

Female circumcision is a social custom that has a place within the value system of some patriarchal societies, Sudanese culture, in this case. Allegedly the practice exists due to what some call attitudes of female inferiority and subordination in this culture ( El Dareer,1982). In cultures like these, females are expected to please males, even if they have to sacrifice a part of themselves.

### The Purpose of the Study

The purpose of this research is to investigate the attitudes of Sudanese women towards female circumcision. The present research used qualitative research methods to explore the biopsychosocial (biological, psychological, and sociological) effects of “Tahur” or female circumcision (FC) on Sudanese women. Specifically, this researcher intended to examine Sudanese women’s attitudes towards this practice from a biological, psychological, and sociological perspective. Moreover, this researcher examined how

these women reacted to their circumcision, overall, and how their experiences may have influenced their decisions to circumcise or not to circumcise their own daughters.

### Rationale for the Study

It is important to gain an understanding of the experiences of women who have undergone circumcision and their attitudes toward the practice based on their personal biological, psychological and sociological experiences. Unlike male circumcision that is practiced throughout the world, female circumcision is very unique to mainly Africa, with a higher norm of frequency in many West and East African countries north of the equator. Therefore, it is important to investigate this relatively unheard of and grossly misunderstood practice from women who have experienced it and what that impact means for their daughters.

### Theoretical Framework

The researcher used the biopsychosocial framework to guide the development of this study. According to the biopsychosocial framework, the primary functioning systems of the individual include the biological, psychological and sociological (Sadler & Hulgus, 1992). Quite naturally this particular framework fits well with any attempt at understanding the complexity of female circumcision. This framework provides a model for examining the multidimensional nature of female circumcision, demonstrating the interdependence of the biological (aka as the physiological), social and psychological self.

## Research Questions

Although this qualitative study involves asking numerous questions to respondents, the primary research questions were as follows:

1. Why do Sudanese women undergo female circumcision or Tahur?
2. What are the advantages/disadvantages of female circumcision?
3. What are the biopsychosocial experiences of women who undergo female circumcision or Tahur?
4. What are the intentions of Sudanese women for circumcision of their daughters?
5. What is the knowledge level of Sudanese women regarding movements to increase or decrease practices related to female circumcision or Tahur?

## Contributions to the Social Work Profession

For successful communication, one must know his or her audience. In social work, this means that one must have a deep understanding of the clientele. This study will contribute to social work practice by serving as a reference point for the purposes of educating female *and* male social workers about the cultural norms behind the practice of female circumcision with circumcised women. This understanding is important for American social workers who lack the background and/or cultural competence for understanding female circumcision. The findings of this study will help social workers to differentiate between cultural/traditional and religious practices of Sudanese and other circumcised women. As for social work policy, this study may potentially help to

inform US policy on female circumcision as a whole. Depending on the findings, the results of the study may suggest increased federal and state dollars toward educational programming efforts to discuss female circumcision in schools, hospitals and universities across the country. Regarding research, this study could serve as a starting point in educating the social work profession about female circumcision. Any and all research in this area will expand the literature on female circumcision, but more needs to be conducted from the perspective of women who have had a circumcision.

### Conceptualization of Terms

According to Strauss and Corbin (1998), a concept is a labeled phenomenon. It is an abstract representation of an event, object, or action/interaction that a researcher identifies as being significant in the data. The labeled phenomenon and the action that the researcher identified in her data is female circumcision (FC). In an attempt to delve into this phenomenon in detail, however, many variables related to this were explored in this study. Before these terms are outlined here, it is important to also add a brief description of several terms or words that will be used throughout this study that may or may not be common knowledge to non-Arabic individuals. They are as follows: Hadith, Soura, Asharf, Imam, Galfa, Alar, Quran, Sunna, Mashama, Aladal, and the Tahir Ceremony as shown in Table 1.

Hadith	This refers to any expression or saying that the prophet Mohammed ordains for Muslims.
Soura	This is a section of the Quran.
Asharf	A term that refers to virginity in a girl before marriage; a woman of this type has not been involved with men before marriage. After marriage she is only involved with men who are relatives.
Imam	A religious leader who is knowledgeable about the Islam religion.
Galfa	This refers to a woman who is uncircumcised or who behaves in a “bad” behavior or “unacceptable manner.
Alar	This refers to a woman who becomes pregnant before marriage or a married woman who becomes pregnant with another man’s child.
Quran	This is the Holy text of the Islamic religion. It is regarded by Muslims as the “Word of God”.
Sunna	This is translated into meaning “the way of the prophet.” This means that something is a commandment of Prophet Mohammed.
Mashama	This refers to the act of being respectful and the keeping of religious values and traditional cultural of Sudanese people.
Aladal	This involves the process of a re-circumcision after the delivery of a baby.
Tahur Ceremony	This is a big party or celebration for all family members and neighbors of the child or woman being circumcised. At this time, food and gifts are provided. Singing and dancing are a large part of this celebration.

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**Table 1. GLOSSARY OF ARABIC TERMS**

Now, the conceptual terms used in this study will be explained. The conceptual terms used by the researcher in this study are as follows: female circumcision or Tahur, biological (physiological) effects, psychological effects, sociological effects and knowledge level related to future practices of female related to decision making. These terms are conceptualized and expanded upon in the following discussion. However, the most significant definitions in this study revolve around the practice of female circumcision. Although female circumcision is known as Tahur in the Sudan, it is referred to here as female circumcision and female genital mutilation. These terms have controversy surrounding them. The former definition is accepted by the older, more



traditional population, while the latter is more often used by researchers, Westerners, and educated and urbanized women in Sudan who are critical of the procedure due to its negative biological, psychological, and sociological dimensions.

The biological (physical) refers to all things pertaining to the body; things that are tangible and connected or pertaining to, the body as a material organism. The psychological refers to mental or emotional states, as opposed to physical states. The sociological refers to the cultural and environmental factors that impact an individual, rather than individual characteristics (Merriam-Webster.com).

According to the World Health Organization (1996) female circumcision (FC) or female genital circumcision (FGC) or female genital mutilation (FGM) involves procedures that include partial or total removal of the external female genitalia or other injury of the female genital organs. Although the terms differ slightly, they are used here synonymously. There are four major types female circumcision ranging from less to more severe. Type 1 of FGM, often termed clitorectomy, involves excision of the skin surrounding the clitoris with or without excision of part or the entire clitoris. Type 2 of FGM is known as the Sunna type. It is an excision type that involves the partial or full removal of the entire clitoris and all parts of the labia minora. Type 3 of FGM is called the Pharaonic type or infibulation. It is the most severe form in which the entire clitoris and some or all of the labia mainora are excised, and incisions are made in the labia majora to create raw surfaces. The labial raw surfaces are stitched together to cover the urethra and vaginal introitus, leaving a small posterior opening for urinary and menstrual flow. Type 4 includes different practices of variable severity including pricking, piercing

or incision of the clitoris and/ or labia; stretching of the clitoris and/or labia; cauterization of the clitoris; and scraping or introduction of corrosive substances into the vagina.

The physical refers to all things pertaining to the body; things that are tangible and connected or pertaining to, the body as a material organism. The psychological refers to mental or emotional states, as opposed to physical states. The sociological refers to the cultural and environmental factors that impact an individual, rather than individual characteristics. Decision making refers to a cognitive process leading to the selection of a course of action among various options; the decision making process produces a final choice of action or opinion; it is a psychological construct leading to an ultimate decision. (Merriam-webster.com)

### Summary

In this chapter, the researcher discussed the statement of the problem, main purpose of the study which is to understand the rationale for female circumcision or Tahur in the Sudan; and the rationale for the study. The researcher also discussed the theoretical framework used to guide this research endeavor. It is called the biopsychosocial framework. The major research questions were also stated along with the potential of the study for contributing to the social work profession. Last, a brief conceptualization of the variables was stated.

## CHAPTER 2

### LITERATURE REVIEW

#### Introduction

In this chapter, the author will discuss the Sudan in general, its people, economics, roles and expectations of women, the climate, the traditional and cultural customs of female circumcision including the types of it. Specifically, the history of female circumcision will be discussed along with a detailed discussion on the biopsychosocial effects of circumcision. Last, a discussion on the biopsychosocial framework will be discussed as it relates to female circumcision. This review of the literature will be informative in an effort to provide the reader with a context for the practice of female circumcision in the Sudan.

#### Demographics of Sudan

According to Shell-Duncan and Hernlund (2000), Sudan is the largest country in Africa. It covers an area of 2.5 million square kilometers, which comprises almost one-tenth of the African continent. It is located in the northeast and shares borders with eight countries: Egypt, Libya, Central African Republic, Chad, Zaire, Uganda, Kenya, and Ethiopia. Sudan gained its independence from British colonial rule in 1956. Since then, the country has experienced many hardships, which include instability, poverty, and displacement due to civil wars in the South and the West.

According to “*Social Overview*” in the Sudan Country Review (2007), the population in Sudan today is over 35 million. The population of metropolitan Khartoum, which includes Khartoum, Omdurman, and Khartoum North, is growing, and has reached nearly four million. In Sudan, there are over 500 languages, but Arabic is the primary and official language while English is a common second language in the Southern part of the Sudan. The population in Sudan is composed principally of Arabic people in the North and diverse Nilotic ethnic groups, who are major Black ethnic groups in the South. There are also many Arabs who are of mixed ancestry. More than half of the total population is Muslim, and these groups live in the North where they make up 75% of the population. There are a few Christians living in the South. There are also other religions represented in Sudan (Social Overview, 2007).

According to Gruenbaum (2005), Sudan is a multi-ethnic country with a Muslim majority. Its Islamist government came into power in a coup in 1989. A long civil war in the South was settled by a peace agreement signed on January 9, 2005; however, the people are still suffering from a regional conflict, especially in Darfur in the eastern part of Sudan.

### The Economy of Sudan

According to the Bureau of African Affairs (2007), Sudan’s primary resources are agricultural products, but oil production and exports have taken on greater importance since October 2000. Although the country is trying to diversify its cash crops, cotton and Arabic gum remain its major agricultural exports. Grain sorghum (dura) is the principal food crop while millet and wheat are grown for domestic consumption. Sesame seeds and

peanuts are cultivated for domestic consumption and increasingly for export. Livestock production has vast potential, and many animals, particularly camels and sheep are exported to Egypt, Saudi Arabia, and other Arabic countries. However, Sudan remains a net importer of food. Problems with irrigation and transportation remain the greatest constraints to a more dynamic agricultural economy.

### Climate in the Sudan

The rainfall in the Sudan ranges from rare and occasional in the far northern desert to relatively abundant and frequent during the rainy seasons of six to nine months in the southern third of Sudan, but the central third has enough rain for agriculture. Dust storms are usual in the north and northern parts of Central Sudan which causes discomfort. Mean temperatures and daily maximums generally vary; and the desert temperatures are often quite cool at night (Metz, 1991).

### Roles/Expectations of Women

According to Nageeb (2004), in the presence of men, women have to speak in low voices with their covered heads down and eyes downcast. They must sit on the edge of the bed, with legs uncrossed. Even when laughing, women have to laugh almost silently. In mixed gatherings, they will congregate with women and children but they will not sit near men. There are special gathering places exclusively for women where they can have the freedom to talk about their problems, speaking normally, with scarves lowered. Men control unmarried and divorced women. This is especially true of fathers, older and younger brothers, and uncles. Married women, however, are controlled by their

husbands. The control involves going out in public and what to wear in public, the choice of a husband, education, and employment. Women are also required to cook for males and their guests. They are also responsible for cleaning, running a household, and providing childcare (Nageeb 2004).

According to Osei-Agyeman (2007), women's roles also include household management, culture-specific activities, and animal care. Women are also responsible for milking animals and marketing dairy products, while men are generally responsible for herd control.

According to Oldfield Hayes (1975), the major social roles for Sudanese women are determined by the culture and are defined in terms of their relationship to men. In the course of their lives, females first will fill the role of daughter, then the role of wife, and then that of mother; finally a woman will be a grandmother. Little girls have a chance to move freely in public places in the presence of their elders, up until about seven years of age; then she has to cover her head and shoulders with a veil in public. At this time, she is less likely to go outside with her family. After reaching puberty, a girl never appears in public without wearing the traditional toobe (a length of cloth nine meters long). During this time, however, she is also permitted to wear long skirts, long sleeve blouses and a covering for her head. Adult women are restricted from participating in activities outside the household whenever possible. A girl is marriageable at 15. When she marries, she keeps the name of her father. According to Lightfoot-Klein (1989), marriage in Sudan is arranged by families, although a certain amount of choice is allowed among the more modern and educated classes so that the young man can choose his own bride who is subject to approval by his family.

As mothers, Muslim women have more bonding relations with children. That is, mothers have closer relationships with their children than their fathers. Grandmothers are respected as much as the fathers and great pride is attached to the position of grandparents. Grandmothers are most often the initiators of female circumcision and are considered the chief supporters of the practice. They are responsible for the Tahur ceremony, or grand celebration, that precedes the female circumcision (Oldfield Hayes, 1975).

According to Schultz, Maccawi, and Fatih (2006), in the 1970s even the men went grocery shopping while the women prepared the food they brought home. However, these practices are changed and women have become more active, including economically active, so that, depending on the local culture, they work in markets, agriculture, handicraft, and trading. Women have become part of social networks.

### Types of Female Circumcision

Tahur as it is called in the Sudan is commonly referred to as female circumcision, female genital mutilation and female genital circumcision in the West. All of these terms mean the same thing, but the use of each is usually dictated by the sociopolitical stance of the user of the term. In other words, opponents of this practice tend to refer to it as some form of mutilation, while proponents of it, neutral bodies or beginner readers on the topic typically refer to it as some type of female circumcision. According to Toubia (1994), and the World Health Organization [WHO] (1996), there are four types female circumcision/female genital mutilation. They are as follows:

Type 1 involves the excision of the prepuce, with/without excision of part/all of the clitoris (technical definition). Type 1 is often called a clitorrectomy and involves excision of the skin surrounding the clitoris, with or without excision of part or all of the clitoris (WHO, 1996).

Type 2 involves the excision of the clitoris with partial/total excision of the labia minora. In Type 2, the entire clitoris and part/all of the labia minor are removed. Stitches of catgut or thorns may be used to control bleeding from the clitoral artery and raw tissue surfaces, or mud poultices may be applied directly to the perineum (WHO, 1996).

Type 3 involves the excision of part/all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation) (technical definition). Type 3 is the most severe form of FC/FGM. Infibulation involves the complete removal of the genital organs: the removal of the entire clitoris and some/all of the labia minora, and incisions are made in the labia major to create raw surfaces which are stitched together to cover the urethra and vaginal opening, leaving only a small opening for urinary and menstrual flow. This is to discourage access to a woman except by the husband (WHO, 1996).

Type 4 refers to a group of procedures that involves some form of mutilation of the vulva area. The may include pricking, piercing or incising the clitoris and/or labia; stretching the clitoris and/or labia; cauterizing by burning the clitoris and surrounding tissue; scraping the tissue surrounding the vaginal orifice (angurya cuts), or cutting the vagina (gishiri cuts); introducing corrosive substances or herbs into the vagina to cause bleeding or to tighten or narrow it, and any other similar procedures (WHO, 1996).



Islam and Uddin (2001) explain that in the Sudan, Type 1 is known as “Sunna” and generally involves only the removal of the tip of the prepuce. The intermediate, Type 2, is “Matwasat,” and Type 3 is “Pharaonic (p. 2). According to Abdel Magied, Al Musharf, and Adam (2003), there are other unrecorded forms of female genital mutilation that exist as well. The brief descriptions that follow refer to these unrecorded forms of female genital mutilation. They include 1) Modification of Pharaonic Genital Mutilation (PGM), 2) Modification of the Clitroidectonic Genital Mutilation (CGM) and 3) Modification of the Intermediate Genital Mutilation.

#### *Modification of Pharaonic Genital Mutilation*

As previously discussed, female circumcision of the Pharaonic type is also known as infibulation. It is the most severe form of female circumcisions. Described below are the modified versions of this type of circumcision.

##### 1. Al Tagleed also called Al “Angarib

The process includes removal of the clitoris from the base, removal of the labia minora, and removal of the labia majora. Both sides of the skin are then brought together and sutured in zigzag. This type of sewing is describe by Arabic adopted numbers as “sabaa”. This type is practiced in Western Sudan in Darfur and Kordufa (Abdel Magied et al., 2003)

##### 2. Al Kurbag

The process includes removal of the clitoris from the base, removal of the labia minora, and removal of a great part of the labia majora. The two sides of the skin of the labia majora are then sewn by thorns leaving a hole about the size of the roof of the feather of a pigeon’ wing. Sugar is then spread over the wound and the surface of the

wound is cauterized with a suitable heated metallic object. This type is practiced in eastern Sudan by the Hadandwa and other Biga tribes (Abdel Magied et al., 2003).

#### *Modification of the Clitroidectonic Genital Mutilation (CGM)*

These types of female genital mutilations are done at the level of the clitoris. They are called the Al Makjour and the Al Ma'akouf. The Al Makjour is actually one type but it is performed in two different forms and will be described separately here as types 1 and 2 for clarity purposes only (Abdel Magied et al., 2003).

The Al Makjour (*type 1*) involves cutting the head of the clitoris with the prepuce, splitting the rest of the clitoris longitudinally and letting the two parts dangling sideways until they heal as such. The Al Ma'akouf involves either cutting the head of the clitoris with prepuce or leaving it as it and the splitting the clitoris longitudinally. This entails making an incision on one of the labia minora, stitching one of the edges of one of the split sides of the clitoris with incision on one of the labia minora. Last, the Al Makjour (*type 2*) involves cutting the head of the clitoris with the prepuce, splitting the rest of the clitoris longitudinally and then introducing insulation between the split surfaces of the clitoris until healing (Abdel Magied et al., 2003).

#### *Modification of the Intermediate Genital Mutilation*

These types of female genital mutilations are called the Al Nus and Al Masnad. The Al Nus involves the removal of the upper half of the clitoris, removal of a small portion of the upper parts of the labia minora, removal of the upper part of the labia majora and then sewing up the wounds into a vaginal orifice. The Al Masnad involves two different procedures that include mutilating both the clitoris and the labia. First it involves the removal of the clitoris from the base and then sewing it up to stop the

hemorrhaging. It then entails making an incision in the upper parts of the labia minora and then sewing it. A longitudinal incision is then made along the labia majora from the lower parts until half way and then sewing it up to and after the vaginal opening, thus, leaving a small hole midway above the vaginal opening. The other option for this type of mutilation involves the removal of the clitoris from the base and then sewing up the wound while leaving the labia minora intact. It does involve, however, the removal of the labia majora and then sewing it up while leaving a small opening in the middle of the vulva.

According to Barrie (1996), advocates of female genital mutilation, most of them members of a dominant male hierarchy, hold the belief that an uncircumcised female is unclean, impure, and unfit to marry and bear children. They also believe that they will not be respected in old age.

### The Female Circumcision Procedure

According to Okeagu, Ademiluy, Okeagu, Onuoha, and Abokor (2005) and Barstow (1999), female genital mutilation is mainly performed before puberty, between the ages of 4 and 10 years of age; however, some communities practice it on infants or postpone it until just before marriage. According to Wright (1996), typically, a local village practitioner, a non-professional person or a midwife, is hired for a fee to perform the procedure, which is done without anesthesia, using crude instruments, such as knives, razor blades, broken glass, or scissors. While the child herself is crying, the occasion is accompanied by ceremonies, plenty of food, music and merriments. Also, according to

Okeagu et al. (2005), girls cannot be considered adults unless they have been circumcised.

### Practitioners of Female Circumcision

According to Leonard and Muasher (1985), not only midwives, but also roving gypsies and shamans are practitioners. Among a tribal group called the Fula Bande of Eastern Senegal, the traditional practitioners are older women from a caste known as the blacksmith. The traditional practitioner in this case is chosen by the girl's paternal aunt to perform the surgery known as female circumcision. Dating back generations, the olola families of Western Nigeria have performed circumcision for the Yoruba people. Among the Hausa, in north of Nigeria, female circumcisions are performed by the local barber. In Egypt, as well as in Sudan, traditional midwives, who are also known as dayas perform female circumcisions. Barbers also perform circumcisions in these areas too. In Northern Zaire, male priests carry out circumcision surgeries. Gruenbaum (2001) states that the circumcision procedure confers a privileged status to the child and woman who undergoes it; the occasion gives overall social status to the individual as it relates to her age, potential for marriage, gender identity, ethnicity, and moral quality.

### The History of Female Circumcision

Abdel Magied and Musa (2002) state that as far as the Sudan is concerned, female circumcision/female genital mutilation is widely practiced in all of its regions, with variations in the practice and types of circumcision performed according to its local customs and traditions. As stated earlier, there are three main types of female

circumcision practiced in Sudan: Clitoridectomy, Intermediate, and Pharaonic Circumcision.

According to Almroth, Elmusharaf, Abdelrahim and Saad (2005), female circumcision (FC) is female genital mutilation (FGM). It is practiced in more than 30 countries, mainly in a belt reaching from East to West Africa, north of the equator. The World Health Organization [WHO] (1996) estimates that more than 132 million women and girls in Africa have undergone female circumcision/female genital mutilation and that about two million procedures are performed every year. The most extensive forms of FC/FGM are mainly practiced in Northeast Africa, but are also seen in some areas of Eastern Africa. About 90% of women in Northern Sudan have undergone FC/FGM, generally in the most extensive form. The practice of FC/FGM might be changing in Sudan with a tendency towards less severe forms and abandonment of the tradition altogether by some activists.

According to Little (2003), the origin of FC/FGM is unknown. However, it is believed that FGM originated in Africa, as far back as the fifth century B.C. Circumcision existed in ancient Egypt, ancient Rome, Arabia and Tsarist Russia. Ancient female Egyptian circumcised mummies were found, suggesting that it was a sign of distinction.

According to Hopkins (1999), female circumcision was also used in England during the Victorian period to treat psychological disorders and to prevent masturbation in women. In Europe and in the United States, as late as the 1930s, the removal of the clitoris was performed to treat clitoral enlargement, redundancy hysteria, lesbianism, and erotomania.

Abdel Halim (2006) states it has also been practiced in modern times by different groups, such as Muslims, Christians, and the Jewish. Female circumcision was also performed in the United States and Europe in the nineteenth century and continued into the twentieth century.

According to Dorkeeno (1994), although female genital mutilation (FGM) seems irrational to outsiders, beliefs surrounding FGM are strong among those practicing it. African animist beliefs surrounding FGM have been dismissed as superstitious, whereas deeper analysis reveals a complex idea system.

### Religious Views

According to Rizvi, Naqvi, Hussain, and Hassan (1999), female circumcision is not a part of the Islam religion and is not practiced throughout the Muslim world. It is restricted only to some Muslim countries, such as Egypt, Indonesia, Sudan, Djibouti, Ethiopia, Eritrea, Sierra Leone, Somalia, Burkina Faso, Chad, Gambia, Guinea, Guinea Bissau, Kenya, Mali, Nigeria, and Togo. Many religious leaders consider it a social, rather than a religious practice. This was further certified by the verdict of the Egyptian Supreme Court ruling in 1997, who upheld the Government ban on female genital mutilation. In its decision, the court pronounced that circumcision of girls is not an individual right under Sharia (the Muslim canon law) (Rizvi et al., 1999).

According to Dorkeeno (1994), female genital mutilation is not associated with any one religion. Although some Sudanese believe that Islam supports female circumcision, Muslim theologians state there is no explicit statement for it in the Koran. They point out that there is no mention of the practice in the Koran at all.

Abdel Halim (2006) stated that whether FC/Tahur is a religious requirement of the Muslim religion or not, it is not mentioned in the written text of the Koran, but there are claims that it is mentioned in the Hadith, the oral text, which is the narration of Umm Atiyyah, a contemporary midwife of Mohammed. In this narration, Umm Atiyyah claims that the Prophet came to know of a circumcision being performed upon a female child. He related instruction to the woman performing it saying: *"Trim, but do not cut into it, for this is brighter for the face (of the girl) and more favorable with the husband"* (Mu`jam al-Tabarâni al-Awsat) (Abdel Halim, 2006).

### Biological (Physiological) Effects of Female Circumcision

Now that the physical nature of actual female circumcision has been explored, the physiological or biological effects of female circumcision will be discussed here. According to El-Dareer (1982), Sudanese women who underwent female circumcision expected to have physical complications. First, they expected difficulty in passing urine. Most newly circumcised girls experience pain and burning as a result of the wound in the area due to the small opening left for the urethra----she is only able to urinate in droplets. This leads to voluntary urinary retention because urination is so painful. This type of problem occurs in all three types of female circumcision. The retention of urine is due to a tight circumcision or a completely obliterated urinary opening.

### *Long-Term Physiological Effects of Female Circumcision*

According to Sheldon and Wilkinson (1998) and Odoi and Elkins (1997), there are long-term effects from circumcision, such as difficulty during penetration, pain during intercourse, scar tissue, abscess and cysts, menstruation problems, and chronic

pelvic infections. After delivery, menstrual complications tend to disappear.

Researchers, Islam and Uddin (2001) stated that as circumcised girls grow older, they develop physical problems, such as menstrual complications, vulvar abscesses, obstetric complications, urinary tract infections, chronic pelvic infection, low fertility, and/or sterility. In addition, female circumcision, especially the infibulation type, may make intercourse painful. However, these conditions and symptoms are seen as a part of the cultural and ethnic identity of women.

According to Bishop (2004), many complications result from the practice of sunna clitoridectomy (Type 2), the intermediate procedure. Clearly, bleeding occurs during the procedure and during the healing process, as well as during intercourse and childbirth. In addition, infections, including urinary and vaginal infections shortly after the procedure are common. More serious complications result from the more extensive infibulation or Pharoanic type (Type 3) according to Chalmers and Hashi (2000). Only a small opening is left to allow the passage of urine and menstrual blood. Because of this scar tissue, the woman's husband may have to gradually dilate her over a period of weeks or months. This can be a painful process that still does not always allow penetration of the vagina, and the opening may have to be cut for intercourse, and for childbirth.

According to the Committee on Bioethics (1998), the physical complications associated with Female Genital Mutilation (FGM) may be acute and/or chronic. Early life-threatening risks include hemorrhage, shock secondary to blood loss or pain, local infection and failure to heal, septicemia, tetanus, trauma to adjacent structures, and urinary retention. Infibulation type III is often associated with long-term gynecologic or urinary tract difficulties. Common gynecologic problems involve the development of



painful subcutaneous dermoid cysts and keloid formation along excised tissue edges. More serious complications include pelvic infection, dysmenorrhea, hematocolpos, painful intercourse, infertility, recurrent urinary tract infection, and urinary calculus formation. Pelvic examination is difficult or impossible for women who have been infibulated, and vaginal childbirth requires an episiotomy to avoid serious vulvar laceration. A study by WHO (2006) shows that circumcised women are more likely to have Caesarean sections, postpartum hemorrhage, episiotomies, and prenatal death.

Collient, Stien, Vinatier, and Leory (2002), reported that defibulation may also be necessary for first time intercourse relations. A trained practitioner (physician or midwife) or the husband may do the procedure. Traditionally reinfibulation (re-stitching of the scar tissue) is also done. Moreover, during the first childbirth, infibulated women need to be cut further to allow passage of the infant's head; otherwise, tearing of scar tissue is severe and may initiate hemorrhage (Baker, Gilson, Vill, & Curet, 1993). According to Almroth et al. (2001), de-fibulation is the procedure in which the tight infibulations covering the urethral and vaginal orifices are cut open. A secondary form of FGM is re-infibulation, performed on infibulated women who have given birth, or are widowed or divorced, to recreate the narrow vulva of a virgin.

Dennistion and Milos (1997) state that the consequences of female genital mutilation also include cases of fistulas. One of the most serious consequences is vesico-vaginal and recto-vaginal fistulas, which lead to urinary incontinence due to obstructed labor resulting from circumcision scars. Of course, these are very stigmatizing disorders. Another side effect side of female circumcisions include hematic complications, which leads to the inability to pass menstrual blood from the body because of the complete

coalescence of the labia, which is a part of the FGM procedure (Denniston & Milos, 1997).

### Sociological Effects of Female Circumcision

According to Abdel Magied et al. (2002), female circumcision (FC) or female genital mutilation (FGM) represents a traditional practice that is well-known to have serious and hazardous health and social consequences on the female. Specific to social consequences, Gruenbaum (2001) highlights such an example. For instance, in Western Sudanese tradition, if a bridegroom does not find his sexual relations with his wife to be satisfying (i.e., “good” and or “tight fitting due to her circumcision”), he may imply it is because she is not a virgin. A girl who is not a virgin on her wedding night will be immediately divorced, bringing shame on her family. This example reiterates that virginity at marriage is as important as marital fidelity. On some occasions, bridegrooms have asked that his bride-to-be be re-circumcised in preparation for their wedding. While this example exemplifies what happens when the groom is dissatisfied, there is a positive side to the groom being satisfied. If the bridegroom finds the experience to be very satisfying, many will then give his new bride’s mother a cow or money. This is not to suggest, however, that gift giving for satisfactory relations with one’s new bride is the norm. Only some men indulge in this gift giving practice (Gruenbaum, 2001).

Abusharaf (2001) reported that circumcision is a way of protecting tradition, morals, and marriageability. A marriageable young woman is sometimes told not to yield to her husband on their wedding night. The culture teaches that the way a women acts towards sexual matters can have great impact on her marriage. A woman is perceived to be strong, powerful, and highly respectable by her husband if she can resist his advances

in Sudanese culture. Also, according to Spencer (2002), General Feminism interprets Female Genital Mutilation (FGM) as a means of exercising social control over women in patriarchal societies. However, there are divergent feminist schools of thought that vary in their support of legislative intervention.

Abdel Magied and Shareef (2003) report the reasons why people believe that FC/FGM is desirable and are either cultural or traditional in nature. Religion and the reduction of sexual desire are also reasons behind continuation of the practice. Culture and tradition are retarding positive changes in attitudes (Abel Magied & Shareef, 2003). According to Hopkins (1999), female circumcision is thought to ensure virginity before marriage and fidelity after marriage by suppressing a woman's sexuality; an uncircumcised girl is not marriageable because she might be promiscuous. Other beliefs are that female genitalia are unclean and that the clitoris is a "male" organ and must be removed to make the child completely feminine.

According to Allam, Estevez, Navajas, Castillo, Hoashi, Pankovich, and Liceaga, (2001), FGM continues to be practiced because people believe it is a part of their religious obligation. There is an oral tradition that the Prophet (pbuh) Mohammed said, "Um Atiyyat al-Ansariyyah" (*Do not cut too severely as that is better for a woman and more desirable for a husband.*) Religious beliefs have strong influence over the population, including the educated public, although the Mufti of Egypt, an influential Islamic leader, stated that female genital mutilation is not required nor advocated by Islam.

According to Kopelman (1994), the practice of female circumcision helps to preserve group identity. When Christian colonialists in Kenya introduced laws opposing

the practice of female circumcision in the 1930s, the African leader, Kenyatta, expressed a view still popular today. “This operation is still regarded as the very essence of an institution which has enormous educational, social, moral, and religious implications, quite apart from the operation itself. For the present it is impossible for a member of the Kikuyu tribe to imagine an initiation without clitoridectomy-- the abolition of the ritual operation (IRUA) will destroy the tribal symbol which identifies the age group and prevents the Kikuyu from perpetuating that spirit of collectivism and national solidarity which they have been able to maintain” (paragraph 26).

According to Yount (2002), by facilitating and enhancing marriage, female genital cutting (FGC) is one of the initial events in a traditional sequence that is very important in the culture. By observing this tradition a girl acquires a social identity, economic security, and some measure of family authority in a society ruled by males. More importantly, events include a girl’s engagement to an acceptable man, proof of virginity on the wedding night, fulfillment of domestic duties in the marital household, first birth, and honorable marriage of her children and attainment of mother-in-law status over her sons’ wives. Most important is the proof of virginity. The virgin bride receives gifts and social approval and preserves the honor of her family. Blood from the first intercourse is collected in a cloth and hung in the bedroom window for all to see and to congratulate the bride. Her father then blesses the marriage and gives the girl money.

According to Whitehorn, Ayonrinde, and Maingay (2002) and Obuekwe and Egbagbe (2000), individual cultures have varying explanations for female circumcision. These include controlling the female sexual activity, ensuring paternity, maintaining marital fidelity, and preventing the clitoris from growing long like a penis. Women are

seen as inferior to men. In some societies, a woman's status depends on her being circumcised. In many communities, it is held that female circumcision makes a woman more beautiful in the female area and her heart more faithful.

According to Toubia (1994), there is fear that a girl might bring shame to her family by being sexually active and becoming pregnant before marriage. Also, the researcher explains that if women are not circumcised, their behavior will become promiscuous, and they will have multiple relationships with men. There are some folk beliefs in Sudan that the clitoris will grow longer and make women more masculine if it is left in place. Some groups of women themselves believe that the clitoris will kill a man if it touches his penis. Some also believe that the same thing will happen to a baby during childbirth. As an example of opposing views, Johnsdotter (2005) states that some women blame men for their ill condition saying that men enforce FC/FGM because they refuse to eat food prepared by an uncircumcised woman.

Uncircumcised girls and women be can called "nigis" (unclean). The community exerts strong psychological pressure to convince girls that their genitals and clitoris are "dirty" or "dangerous"; therefore convincing her that she will feel psychologically gratified by being mutilated and becoming like other girls. The majority of circumcised women appear to reduce the clitoris to an organ devoid of importance. Calling a woman "uncircumcised" is an offence that can affect her children in the future.

An uncircumcised girl is ineligible for marriage and would bring endless shame to her and her family. People would call her kaaba (bad), washkan (dirty) and nigis (unclean). An uncircumcised woman would have a bad name wherever she went, and she would have a miserable life (El Dareer, 1982).

According to Toubia (1994) and Essen and Wilken-Jensen (2003), the advantages of female circumcision are beauty and cleanliness. Female genitals are viewed as unhygienic and need to be cleansed; female genitals are said to be ugly and will grow unwieldy if they are not cut back; female circumcision is said to be a fashionable thing that produces real women. Besides the perception that female circumcision makes a woman clean and enhances her beauty, the woman also obtains male protection and approval. Female genital mutilation is an initiation into womanhood and into the tribe; the non-circumcised cannot be married; some believe that FGM enhances the husband's sexual pleasure and that it makes vaginal intercourse more desirable than clitoral stimulation.

According to Abdel Magied and Makki (2004), culture and tradition seem to be the focal reasons for the continuation of the FGM/FC practice in the Sudan (Parker, 1995). Factors associated with a study by Dandash, Refaat, and Eyada (2001) show that 89.5% of daughters had been circumcised, and 97.2% of rural girls were circumcised, compared with 81.9% in cities. Some of the variables noted in their study, of the mothers interviewed were as follows: mothers aged 40 and older had circumcised daughters more often than younger-aged mothers. Also, mothers married before age 20 had circumcised daughters more often. Housewives were nearly twice as likely to have circumcised daughters. This supports the view that older generations defend customs strongly and that illiteracy and staying at home limit exposure to outside influences, thus continuing acceptance of the practice. The relatively low level of fathers' education was the major factor associated with the continuation of the practice.

According to Nwajei and Otiono (2003), the study found that circumcised women students of DELSU Abraka are more likely to favor continued female genital mutilation than those who are not circumcised; that circumcision leads away from early sexual experience; and that women who were circumcised shift the most sensitive part of their body to other parts rather than the clitoris. An uncircumcised woman is more likely to initiate sexual intercourse than a circumcised girl; and that frequency of sexual intercourse was greater in regard to uncircumcised females than circumcised ones.

A study by Snow, Slanger, Okonofua, Oronsaye and Wacker (2002) show that some women are not sure of the type of circumcision they have undergone. Self-reported FGC status was valid in 79% of the women; 14% of the women were unsure of their status and 7% reported their status incorrectly. Women are more likely to be unsure of their status if they were not cut or come from social groups with a lower prevalence of cutting. The most significant social predictor of FGC was ethnicity, followed by age, religious affiliation, and education. Prevalence of FGC was highest among the Bini and Urhobo, among those with the least education, and particularly high among adherents to Pentecostal churches; the latter was independent of related social factors.

Karanja (2003) gives reasons behind the practice of circumcision, derived from promoters, supporters, and those in favor of FGM, and the culture behind the continuation of this practice. Female circumcision is a proof of readiness for marriage. It raises a woman's status in the community because it demonstrates her courage. It instills positive character, including the ability to submit and to endure pain. The actual celebration and ceremony that comes along with female circumcision marks an occasion for the girl or woman to receive gifts as she is the center of a major celebration. FC helps women to be

members of the community. It also eliminates the desire for a sexual relationship before marriage. It preserves purity and virginity for marriage. It strengthens the bond of marriage because the wife is a virgin.

According to Strickland (2001), where the more radical types of circumcision are practiced, chastity and virginity are considered necessary for a woman to be a suitable wife. Physical proof of virginity may be a legal requirement for transfer of property. Social pressure may require that the introitus be covered as a prerequisite for marriage, and uncircumcised girls may not be permitted in the community.

According to Creel (2001), it helps to understand the mentality behind the enforcement mechanisms. Among those are fears include one that God will punish those failing to support circumcision, and that men have a strong desire to marry only a circumcised woman. As a rule, women from other tribes are forced to become circumcised when they marry into the group. Also popular poems and songs tell of the ritual's importance. Women who are not circumcised might face either forced circumcision or divorce.

### *Psychosocial Effects of Female Circumcision*

According to Rogo, Subayi and Toubia (2007), there is the psychological cost of pain and emotional trauma for children who undergo FGM, as well as the costs to health systems for treating the complications resulting from the procedure.

According to the Committee on Bioethics (1998), the psychology of FGM and the sexual and social consequences of FGM have not been well studied in countries where the practice is prevalent. However, women who have had the procedure report anxiety and terror at being seized and forced to undergo the procedure. In adulthood, they report



great difficulty during childbirth and lack of sexual pleasure during intercourse. Women have no recollection of the event if it was performed in infancy. Others deny that the procedure has any negative impact on their lives, either physically or psychologically.

Lightfoot-Klein (1989) comments that female circumcision and a lack of sexual satisfaction is probably more exaggerated than most believe to be true. She states that in those cases where this is true, it may be due—in part to the absence of the clitoris. Lightfoot-Klein goes on to say that researchers are actually unsure of this exact correlation, however, because the information is never volunteered and very rarely admitted, irrespective of color, creed, or sex of the researcher. Last, Lightfoot-Klein states that many women see themselves as a vessel for a man's pleasure and the bearer of his offspring, therefore many are oblivious to the fact that intercourse is suppose to be mutually beneficial to both parties.

According to Barstow (1999), psychological disorders related to FC include “emotional trauma, depression, anxiety, psychoses, fear of sexual relationships, chronic irritability, hallucinations, posttraumatic stress disorder, and sexual dysfunction” (p. 504). According to Jordan (1994), “the extensive physical, emotional, mental and sexual trauma is horrent” (p. 94). Also, according to El-Defrawi, Lotfy, Dandas, Refaata and Eyada (2001), female circumcision, with complete or partial removal of the clitoris, leads to psychological problems. Circumcised females were more likely to report difficulties in the form of less enjoyment, less frequency of orgasm, and less synchronism in the timing of orgasm with their husbands. Moreover, circumcised females were likely to report more gynecological problems then uncircumcised females, such as vaginal muscular spasms, insensitivity, sexual phobia, or fear of sex.

According to Dorkenoo (1994), the psychological problems related to FGM include extreme trauma, pain, and feelings of betrayal and mutilation at the time of surgery. Also, Dorkenoo reported that “it is quite obvious that the mere notion of surgical interference in highly sensitive genital organs constitutes a serious threat to the child and that the painful operation is a source of major physical as well as psychological trauma” (p, 24)

FGM affected women often report a feeling of permanent loss and of having been seriously wounded. Harm to the sexual response cycle, including difficulties in achieving orgasm, is reported by many. Others claim to have chronic painful intercourse, difficulties with marital and sexual adjustment, negative body image, and chronic mental health issues (Abusharaf, 2006; Toubia, 1994).

According to Epstein, Graham, and Rimsza (2001), many of these adverse emotional effects relate to the women’s traumatic memories of the procedure, memories that surface especially during intercourse. Women often experience painful menses and menstruation. Many also experience fear regarding the first time that they have intercourse, especially among women who have been circumcised with the infibulated type. Dyspareunia may occur from difficult penetration, scarring, and mental trauma. Anxiety and phobic behavior may occur as some women psychologically experience the pain and trauma of the procedure and its complications over and over again during intercourse.

According to research by El-Defrawi, et al.(2001), female circumcision with full or partial removal of the clitoris leads to psychological problems. Circumcised females reported statistically significant psychosexual difficulties, such as lessened sexual

activity, lessened enjoyment of sex, infrequent orgasm, and more difficulty in synchronizing orgasm with their husband. Also circumcised females were more likely than uncircumcised females to report statistically significant pain during intercourse and during menstruation, plus other gynecological problems such as vaginal muscle spasms, lack of sensation, and fear of having sex. Lax (2000) describes the psychological consequences following female genital mutilation (FGM), such as “loss of trust, prevailing lack of bodily well-being, post-traumatic shock and depression” (p.50).

In a study by Hassan (2001), 91.4 % of newly-married Sudanese circumcised females had negative sexual experiences with their husbands, and 82.2% continued to have such experiences. Seventy- four percent of husbands reacted aggressively, complaining about the attitudes of their wives, which were due to acute health complications following female genital mutilation.

According to Whitehorn et al. (2002), as a consequence of FGM, many women are affected by chronic pain and mobility impairment. Chronic pain is linked directly to the trauma from the procedure, or may be a result of complications such as infection or menstrual problems. As with other types of chronic pain, there is an increased risk of depression, reduced social functioning, feelings of worthlessness, guilt, and thoughts of suicide. Limited mobility also increases social isolation; in this case, some women fail to seek medical advice because they must get the permission of their husbands or other male members of their family (Whitehorn et al., 2002).

Momoh, Ladhani, Lochrie, and Rymer (2001) report that in some countries, specialty centers have been developed that offer surgical reconstruction. These procedures reverse or reduce the risk of physical and obstetric complications, and may

reduce psychological difficulties. In a study by Elmusharaf (2007), over 50% of Sudanese women experienced a reduction in sexual activity after labor and a decrease in their urge for sexual pleasure. Sixty-one percent of women stated they were psychologically uninterested in sex.

According to Moukhyer, Eijk, Bosma, and De Vries (2006), “for many girls, genital mutilation is a major experience of fear, submission, inhibition of feeling and thinking. This experience becomes a vivid landmark in their mental memory which persists through life” (p, 34). According to Porterfield (2006), psychological effects of female genital cutting range from disorders such as anorexia to fear of having intercourse. Girls have reported inability to eat or sleep as usual, mood swings, and lack of clarity in thinking shortly after the experience. Studies conducted in Somalia and Sudan indicates that women's self-esteem and self-identity suffered negatively.

According to Althaus (1997), infibulation may make intercourse unsatisfying for men as well as women. In a study of 300 polygynous Sudanese men, each of whom had one wife who had been infibulated and one or more who had not, 266 expressed a definite sexual preference for the uninfibulated wife; in addition, 60 said they had married a second, uninfibulated wife because of the penetration difficulties they experienced with their first wife, whose scarred vaginal opening became progressively more inelastic after each sexual interlude.

According to Ortiz (1998), the psychological impact of female circumcision includes extreme trauma, feeling of betrayal, and mutilation at the time of surgery, even among girls who wanted and accepted the procedure. Harm to the sexual response cycle, including difficulties in achieving orgasm and other problems are chronic. This includes

painful intercourse, difficulties with marital and sexual adjustment, negative body image, and mental health problems.

According to Strickland (2001), the psychological ramifications of this procedure depend on the individual and the local traditions, as well as the meaning of the procedure for the female involved. In some groups of women, female circumcision may cause anxiety and depression as well as the inability to function normally in a sexual way. Abdel Magied and Musa (2002) found that a negative psychological state of fear and pain was the result of brainwashing by elderly pharaonically circumcised relatives or colleagues.

A study by Baasher, Bannerman, Rushwan, and Sharaf (1982) reports that FC does not seem to be related to a fertility cult, magical-religious practices, or stem from scriptural writings. From the community point of view, FC has been seen to subservice specific purposes of attenuating sexual desire, preserving family customs, and helping to keep the genital organs clean. It has not been proven that FC affects sexual desire, masturbation, or causes the use of drugs to enhance sexuality, but these effects are suspected. The following psychiatric disturbances associated with FC have been noted: 1) functional psychiatric manifestations such as worry, night terror, panic; and 2) organic psychiatric manifestations as a result of immediate physical complications such as behavioral disturbances, disturbed sleep, and toxic confusion state.

### The Strengths of the Application of the Biopsychosocial Model

In this section of the paper, the researcher will discuss the framework used to guide this research endeavor. According to Sadock and Sadock (2003), in 1977, George Engel, at the University of Rochester, published a paper introducing a biopsychosocial

model of disease, which stressed an integrated approach to human behavior and disease. This model enriches the analysis of female circumcision in cultures that practice it.

In the case of FC, the biological system refers to anatomical and structural changes caused by FC and biological functioning, such as in urinary tract infections (UTIs), menstruation and pregnancy and delivery. The psychological system refers to the effects of psychological factors, motivation, and personality on the experience of female circumcision. The social system examines cultural, environmental, and families influences on the experience of female circumcision. Some researchers, in addition, have suggested that spirituality and religion have a positive influence on a person's mental and physical health. According to a study by Sadler and Hulgus (1992), the biopsychosocial model reflects a theory, as well as an ideal of humane and emphatic conventional medical care.

According to Gilbert and Kingsway (2002), the biopsychosocial approach is holistic but also addresses the interactions between different domains of functioning and argues that it is this interaction that illuminates important processes. Two examples are the physiological effects of social interactions and the importance of individual differences. Regarding the physiological effects of social interactions, there is evidence that, from the day we are born, the quality of our social relationships has a major impact on our physiological systems, including the cardiovascular, immune, and hormonal systems.

According to Griffiths, Ravindran, Merali, and Anisman (2000), depression is a painful experience that people feel trapped in. In milder forms of depression, as well as in major depression, there is evidence of significant physiological disturbances, such as

stress and weakened immune systems. Sadler and Hulgus (1992) discuss the biopsychosocial model of medicine and psychiatry which influenced psychiatric research. The biopsychosocial theory provides a model for treatment by emphasizing the multidimensional nature of medical problems, demonstrating the interdependence of multiple dimensions.

According to George and Engel (1980), the biopsychosocial model provides a conceptual framework that enables a physician to act rationally in areas now excluded from a rational approach. Also, it motivates the physician to become more informed and skillful in psychosocial areas, disciplines now seen as alien and remote.

The biopsychosocial framework allows the researcher to appreciate the multidimensional nature of female circumcision in Sudanese society. There are many reasons why FC is considered important for women in Sudan. First is the belief that it decreases women's sexual desire, which would prevent the loss of their virginity (Toubia, 1994). This seems to be based on an idea of women's sexual nature as being uncontrollable without FC. This would protect her and her vast extended family from the stigma of pregnancy outside of marriage. Pregnancy outside of marriage would represent the worst possible fate for a respectable girl and family. A second reason that Sudanese families value FC is based on their beliefs that circumcised women are "cleaner". This means that they believe that a simpler genitalia structure is more hygienic. A third belief is that circumcised women can give their husbands a more enjoyable sex life. A fourth reason is based on the religious belief that the prophet Mohammed prescribed it. They speak of "Hadith," which means "the Word of Mohammed." This latter justification for

FC seems to fall strictly under the psychosocial/cultural realm since it is unknown whether or not Mohamed recommended FC for a biological reason.

According to Halligan and Aylward (2006), the biopsychosocial model refers to the treatment of diseases which considers the biological, psychological, and social influences upon a patient. The biopsychosocial model states that the body affects the mind and that the mind affects the body. There is a direct relationship between the mind and body, as well as an indirect effect through intermediate factors. The biopsychosocial theory involves the “mind-body connection.”

According to Engle as cited in Raiz and Monroe (2007), the biopsychosocial model has three functioning systems: the biological, the psychological, and the social. The biological dimension refers to the medical or physical aspects illnesses (specifically, in this study, it refers to all the physical problems coming from FC, such as problems of menstruation, urinary tract infections, and problems during labor and delivery). In this study, psychological functioning refers to mental and cognitive emotional states or reactions stemming from FC/Tahur. Social functioning refers to individuals’ problems with the personal relationships with family, friends, peers, community, God, and the relationships with the greater social environment.

A study by Dimatteo, Haskard and Williams (2007), shows that the biopsychosocial model presumes the importance of considering all three aspects when treating patients. Empirical research shows that patient perception of health and disease, as well as social or cultural barriers, influences health-promotion or treatment behaviors, such as compliance as far as medication, proper diet, and physical activity are concerned.



Jarrett, Yee, and Banks (2007) state that, due to the constantly changing physical and social aspects of their lives, women face very complex health issues throughout their lives. There are many factors affecting women--economic, political, biological, psychological, spiritual, and family factors. Thus, health care for women needs to be based on an integration of these biological, psychological, and social influences in women's lives. This requires collaboration among providers of health care to women. The authors feel that the biopsychosocial model is the best model to promote optimal health and mental health outcomes.

According to Kaslow, Bollini, Druss, Glueckauf, Goldfrank, Kelleher, La Greca, Varela, Wang, Weinreb, and Zeltner (2007), a biopsychosocial health care system integrates the treatment of the whole person. Presenting physical symptoms and their resolution involve an interaction among biological, psychological, social factors, and current contexts.

### Summary

In this chapter, the researcher discussed the Sudan in general, its geography, climate, history, economy, and people. Regarding the population, the role expectations for women are discussed, especially in terms of FC. The researcher conducted a literature review of FC. Regarding the literature review of FC, some of the topics discussed were the biological (physiological), psychological, and sociological effects of FC of women. Last, the biopsychosocial model, which was developed by George Engel, was discussed as a framework for this study.

## CHAPTER 3

### METHODOLOGY

#### *Introduction*

In this chapter, the researcher will discuss the methodology of the research conducted. The researcher used qualitative research methods to explore the biopsychosocial (biological, psychological, and sociological) effects of female circumcision. The researcher will describe the population sample and how the data were collected. The researcher will also discuss the major research questions. Moreover, the researcher will demonstrate how she worked towards establishing the trustworthiness of the findings using the following tools: credibility, transferability, dependability, and conformability. Finally, the researcher will explain the procedures for analyzing the data.

The present research used qualitative research methods to explore the biopsychosocial effects of “Tahur” or female circumcision (FC) on Sudanese women. A Sudanese is any individual born in the Sudan. The purpose of this research, then, was to investigate the attitudes of Sudanese women towards female circumcision. Specifically, this researcher intended to examine Sudanese women’s attitudes towards this practice from a biological, sociological and psychological perspective. Moreover, this researcher examined how these women related to their circumcision, overall, and how their experiences may have influenced their decisions to have their own daughters circumcised or not circumcised.

The Sudanese researcher in this study is from the same culture of her respondents and has a similar background which helped to put the subjects at ease. The researcher also spoke the same language and dialect, which had the advantage of putting her in direct communication with the subjects, without the need for an intermediate interpreter. This allowed the researcher to have full command of the subtleties of expression.

### Participants

Using a convenience sample, the researcher interviewed 15 Sudanese women who met the criteria for age: (18-40 years of age), motherhood (with at least one daughter), regionality (in the Nile's East General Education District), and resident of Khartoum—the urban capital of the Sudan. Sudanese is any individual born in Sudan. The researcher had a referral system through the Educational District and a personal network of friends and acquaintances. The fifteen women who participated in this study were recruited for the study through the Nile's East General Education District programs for women. The Nile's East General Education District for Educating Women holds classes for women to teach them subjects such as housekeeping and health care. In addition, occasionally medical personnel give lectures and religious speakers give talks on Sudanese traditions. All respondents had to be Muslim, Sudanese, married, at least 18 years of age, circumcised, the mother of a daughter and a city dweller. After greeting each woman and presenting the opening script about the nature of the research to them, the researcher was able to quickly determine who met the basic demographic requirements of the study on the surface.

The study was limited to 15 subjects although the 25 participants in the class that the researcher visited were willing to be a part the study. Traditionally, a qualitative study requires a small number of participants. For research purposes, 15 participants appeared to be the minimum number of acceptable participants in the study. Thus, finding subjects was no problem. The researcher estimated that there would have been potentially hundreds of women in the area interested in the study. This is promising given that more studies of this nature will take place in the future due to the important nature of the subject.

### Data Collection Methods

The methodology was consistent with qualitative methods. Specifically, the researcher met with Sudanese women, face-to-face, on site, in an office made available by the District of the Nile's East General Office of Education. The Office made this gesture in the interest of putting participants at ease in a neutral, comfortable and secure environment. Elwood and Martin (2000) discussed how the physical location of interviews affects discussion. They suggested that the physical location will dictate the participants' responses based on their comfort levels. Before data collection of any type took place, the researcher sought the consent of the subjects. Informants were presented a "Consent to Participate" form which consisted of statements about their rights, such as privacy, volunteer status, and freedom to discontinue the study at any point during the interview. [Please see Appendix B.] As part of the process, participants signed the IRB before data collection began. After they agreed to participate, the researcher asked subjects to read and then sign the consent form, once they expressed full understanding of

it. The researcher did not ask for names or any other personally identifiable information, but instead assigned numbers to each participant the researcher interviewed. The interviews took approximately one hour per participant. Thus, interviews were conducted in Arabic by the Investigator and were audio-taped with the permission of the interviewees. The taped interviews were transcribed later. The Arabic transcriptions were also translated into English by the researcher. There would not be a long-term follow-up. The researcher treated information confidentially. The consent forms, surveys, and tapes were locked in a file cabinet with alias names and numbers assigned to each. Tapes were destroyed after they were transcribed, but the data from the transcription were retained and labeled with fictitious names and numbers to allow for re-analysis of the data. It took a month and a half for data collection.

### Instrumentation

This interview-based study included a brief, preliminary questionnaire related to demographic variables and a more in-depth interviewing-based component. First, the researcher started the interview with demographic questions regarding general information about the subjects. Then the researcher discussed nine specific open-ended questions with prompts. These latter questions were designed to elicit information regarding the biological, psychological, and sociological effects of FC on the subjects.

The brief primarily related to demographic information. The open-ended interview questions asked women about their stories, biopsychosocial experiences, and beliefs about female circumcision. They were also asked about their intentions to have

their daughters circumcised and the level of their knowledge regarding future practices of female circumcision.

Specifically, the major research questions in this study were:

1. Why do Sudanese women undergo female circumcision or Tahur?
2. What are the advantages and disadvantages of female circumcision?
3. What are the biopsychosocial experiences of women who undergo female circumcision or Tahur?
4. What are the intentions of Sudanese women for circumcision of their daughters?
5. What is the knowledge level of Sudanese women regarding movements to increase or decrease practices related to female circumcision or Tahur?

### Measurements of Variables

Although this is a qualitative endeavor, it does contain a quantitative aspect to it. This presents in the form of a brief questionnaire related to demographic variables. According to Kelle (2006), quantitative research involves the inclusion of culture-specific knowledge requiring the operationalization of theoretical concepts and the development of effective measurement instruments. A questionnaire may yield an invalid and misleading picture of the investigative domain if subjects understand a question in a different manner than the researchers intend for them to or if the topics presented are not relevant to the respondents. In this study, a brief quantitative survey was developed to solicit information regarding the woman's religious affiliation, age, highest level of

educational attainment, occupation, marital status, composition of household, length of stay in the capital city of Khartoum, total number of children, number of female children, age of female children, date of circumcision, type of circumcision and who performed the circumcision. All of these items were collected at the highest level of measurement, which is the ratio level. [Please see Appendix A for a copy of this instrument.] Before these terms are outlined here, it is important to also add a brief description of several terms or words that were used throughout this study that may or may not be common knowledge to non-Arabic individuals. They are as follows: Hadith, Soura, Asharf, Imam, Galfa, Alar, Quran, Sunna, Mashama, Aladal, and the Tahur Ceremony. (Please see Table 3.1 for a Glossary of Arabic Terms.)

Hadith	This refers to any expression or saying that the prophet Mohammed ordains for Muslims.
Soura	This is a section of the Quran.
Asharf	A term that refers to virginity in a girl before marriage; a woman of this type has not been involved with men before marriage. After marriage she is only involved with men who are relatives.
Imam	A religious leader who is knowledgeable about the Islam religion.
Galfa	This refers to a woman who is uncircumcised or who behaves in a “bad” behavior or “unacceptable manner.
Alar	This refers to a woman who becomes pregnant before marriage or a married woman who becomes pregnant with another man’s child.
Quran	Koran, the first source of Islamic law, mentions neither male or female circumcision.
Sunna	is considered as the second source of Islalmic law. For Muslims give great importance to the Sunna (tradition). Mohmmmed’s commentaries on the Koran. (Denniston,Milos,1997).
Mashama	This refers to the act of being respectful and the keeping of religious values and traditional cultural of Sudanese people.
Aladal	This involves the process of a re-circumcision after the delivery of a baby.
Tahur Ceremony	This is a big party or celebration for all family members and neighbors of the child or woman being circumcised. At this time, food and gifts are provided. Singing and dancing are a large part of this celebration.
Mahazaba	Respectable.

**Table 3.1. GLOSSARY OF ARABIC TERMS**

Now, the conceptual terms germane to this study will be operationalized. The terms used by the researcher in this study are as follows: Sudanese, married, mother, Muslim, female circumcision or Tahur, and biopsychosocial framework (biological, psychological, and sociological). The following is a description of how the variables were used in this study.



A married woman is an individual who has a formal arrangement (i.e., arrangement or contract) with a man as his wife. A mother is any woman who has given physical birth to a child. In this study, at least one of these births had to have been a daughter. A Muslim is anyone who self-identifies with the Islam religion. Female circumcision involves the partial or total removal of the genital organs. It also includes any other intentional injury of the female genital organs. In Sudan, female circumcision is defined as tahara, which refers to “cleanliness.”

The biopsychosocial framework or model has three functioning systems: the biological, the psychological, and the social. The biological dimension, which was used synonymously with the physiological dimension, refers to the medical or physical aspects of illnesses. Specifically, in this study, it refers to all the physical problems associated with female circumcision, which include urinary tract infections, problems passing urine, bleeding during penetration, pain during intercourse, menstrual complications, and obstetric complications in labor, to name but a few. In this study, psychological functioning refers to mental and cognitive emotional states or reactions related to female circumcision or Tahur. These could be in the form of mental anguish, distorted images about menstruation, sex, and childbirth, mood instabilities, phobias, etc. Some positives of female circumcision would be solidarity, purity, and marriageability. Social functioning refers to individuals’ problems with personal relationships with family, friends, peers, community, God, and the relationships with the greater social environment. Examples included pressures to get circumcised, ostracism, rejection, self-denial, etc.

In summary, the brief survey on demographics further verified the appropriate participants for this study by asking questions about each woman's religious affiliation, marital status, motherhood (being the mother of a female child), and age. [Please see Appendix A.] The open-ended questions in the Interview Guide provided the basis for the interviews. [Please see Appendix C.]

### Assuring Trustworthiness of Findings

Lincoln and Guba (1985) list four criteria for evaluating qualitative research in order to ensure trustworthiness. Each criterion has an equivalent quantitative criterion. Crang (2002) also lists these same criteria. These criteria include credibility, transferability, dependability, and conformability. Following is a discussion of these terms and their applicability to this research.

***Credibility.*** According to Lincoln and Guba (1985), credibility refers to internal validity or the degree that relationships interact and impact each other or the truth about casual relationships. This criterion is a tool to verify research findings from the view of the participants. The method the researcher used to increase credibility was member checking regarding the findings. That is, this researcher gained feedback on the results from the participants. The researcher, after taping the interview, the researcher gave subjects her interpretation of the interview and asked them to verify her interpretation. When the researcher played the tape, they sometimes asked her to stop the tape so that they could make some comment, or to add something to the interview.

***Transferability.*** According to Lincoln and Guba (1985), transferability refers to external validity or the degree of generalizeability of one's findings. In research, the

findings of a smaller sample would apply to the larger population from which the sample was drawn. In addition, there are many countries which practice FC in Africa, and it is reasonable to generalize that circumcised women, wherever they live, would have psychological, physiological, and sociological effects on their lives, no matter where they live.

***Dependability.*** According to Lincoln and Guba (1985), dependability is the same as reliability, that is, the “consistency of observing the same finding under similar circumstances” (p. 290). In this study, there were multiple ways in which the interviews were structured to follow the same research protocol. In each question, the researcher gave the same written and verbal explanation of the purpose, procedure, and expectations for the data gathering to all the women she interviewed. The researcher’s method was to talk about the topics and give the subjects the same questions, in the same sequence, in the same amount of time. However, each participant was free to respond to each question for as long she wanted. The data were collected from Sudanese women had come to a class in the Nile’s East General Education District facility. These women were similar in background (i.e., age, sex, marital status, mother of a daughter, Sudanese, etc.). The tapes were transcribed into Arabic and later translated into English by the researcher. The data were analyzed by three coders, operating independently. Two coders, native Arabic speakers who also spoke fluent English, coded the Arabic version of the transcription; the third coder did the English version of the transcripts. To the extent that language is imbedded in culture, this approach had individuals from two different cultures independently examining the same transcripts for themes.

***Conformability.*** Conformability refers to the extent that the research findings can be confirmed or corroborated by others. According to Lincoln and Guba (1985), conformability refers to objectivity, that is, the extent to which a researcher is aware of his or her individual bias. First, in order to increase the likelihood of conformability in this study, the researcher took proactive measures to increase this. For instance, prior to instrument development and data collection, and again prior to analyzing the data, the researcher reported her expectations regarding her findings to her professor. These exchanges allowed the researcher to have candid discussions about her personal experiences related to female circumcision and how these personal experiences were influencing her interview guide, research questions and even the predictions of her findings. As a result, nonetheless, a heavy reliance on empirical research became the focus of the methods employed in this study. Subsequently, the researcher followed strict methodical procedures in data collection and questions used in the Interview Guide were explicitly stated in a neutral manner. [Please see Appendix C for this instrument.] Last, this study and its methodology were approved by the University's Internal Review Board (IRB) before its commencement.

### Procedures for Data Analysis

Raw data consisted of transcriptions of audio taped interviews with 15 women. The interviews were conducted in Arabic and later transcribed. The Arabic transcriptions were also translated into an English version. The data were analyzed by three coders, operating independently. The vast amount of raw data that consisted of transcriptions of audio taped interviews with 15 women was analyzed through an in-depth coding process.

Prior to coding, however, the transcribed interviews were translated from Arabic into English by the researcher who is fluent in both languages. Transcribed data were then coded by three researchers; two who are fluent in both English and Arabic, while the other is fluent in English only. When the initial coding process was completed, the coders held marathon meetings to discuss their findings. Only those overall themes that the coders agreed upon as being present in the transcription of a particular subject were accepted as relevant to the themes agreed upon. Themes derived from each interviewee's answers to each of the questions in the semi-structured interviews were grouped and re-grouped into larger categories. These larger categories were further sifted and re-grouped in a discussion between the coders. The re-alignment of elements into separate categories was ultimately achieved. The researcher combined the answers to questions 3 and 4 together for the purposes of data analysis because these questions discussed the same issues. [3. What are some of the physical (biological) effects of FC/Tahur on a woman's body? and 4. Could you tell more about your physiological experiences?]

### Summary

In this study, the researcher discussed her methods of qualitative research. The researcher discussed her sample, the instruments used, operationalization of the variables, data collection methods, and an analysis of data techniques.

## CHAPTER 4

### FINDINGS

#### Introduction

This chapter provides a description of the raw data that were computed into frequencies and the categorizations of data using qualitative methods. Specifically, the researcher produced frequencies of the demographic variables: religious affiliation, age, highest level of educational attainment, occupation, marital status, and composition of household, length of stay in the capital city of Khartoum, number of total children, number of female children, age of female children, date of circumcision, type of circumcision and who performed the circumcision. The vast amount of raw data, that consisted of transcriptions of audio taped interviews with 15 women were analyzed through an in-depth coding process. Prior to coding, however, the transcribed interviews were translated from Arabic into English by the researcher who is fluent in both languages. Transcribed data were then coded by three researchers working independently; two who are fluent in both English and Arabic, while the other is fluent in English only. When the initial coding process was completed, the coders held numerous meetings to discuss their findings. Only those overall themes that the coders agreed upon as being present in the transcription of a particular subject were accepted as relevant to the themes agreed upon. Themes derived from each interviewee's answer to each of the questions in the semi-structured interviews were grouped and re-grouped into larger categories. These larger categories were further sifted and re-grouped in a discussion

between the coders. The re-alignment of elements into separate categories was ultimately achieved.

### Demographic Characteristics of Study Participants

This section contains a table presenting demographic information on the fifteen subjects of the study. All of the fifteen subjects in this study were married, circumcised North Sudanese women between the ages of 20-39. All of the subjects were Muslim, with at least one daughter who could be a candidate for female circumcision. The women themselves had been circumcised in childhood by a midwife at home in a rural setting while between the ages of 3 and 8. Thirteen of the women had the Pharaonic type of female circumcision, which is the most severe type. One had the Sunna type, which is the least severe type. Also, one had the Intermediate type, which is considered to be between the Pharaonic and Sunna types. These women were taking classes at a center called the Nile's East General Education District for Educating Women. The center holds classes for women to teach them subjects such as housekeeping and health care.

The subjects' level of education varied, although all were high school graduates. In addition to achieving high school diplomas, one had two years of college, seven had BAs, and two had MAs. The professional backgrounds represented by the group included six stay at home moms, four teachers, one postal worker, one data entry worker, one bank employee, one nurse, and one lawyer. Living arrangements also varied.

The family compositions were either nuclear or extended. Eleven women lived only with their husbands and children. Four women lived in extended families, which included members of their husbands' families. All of these subjects had come from the

rural area at least a year earlier. Regarding circumcision for their daughters, 13 subjects stated they would not have their daughters undergo the procedure. One subject intended to have her daughter circumcised with the Pharaonic type of female circumcision while the other stated that she would have her daughter undergo the Sunna type of female circumcision.

Characteristic	Frequency	%
Age		
23	1	7.0
25	1	7.0
26	1	7.0
29	1	7.0
34	1	7.0
35	4	26.7
36	2	13.3
37	2	13.3
39	2	13.3
Educational Level		
High School	5	33.0
2 Years of College	1	6.7
Bachelor's Degree	7	46.6
Master's Degree	2	13.0
Profession		
Postal Worker	1	6.7
Data Entry	1	6.7
Nurse	1	6.7
Teacher	4	26.6
Stay-at-home Mom	7	46.6
Student	1	6.7
Living Arrangements		
Live with Husband	11	73.4
Live with Husband's Family	4	26.6

Table 4.1. Demographics



Characteristic	Frequency	%
Number of Daughters		46.7
One	7	33.3
Two	5	13.3
Three	2	
Four	1	7.0
Type of Female Circumcision		
Pharaonic	13	86.7
Sunna	1	6.7
Intermediate	1	6.7
Intentions to Circumcise Daughter		
Will Not	13	86.7
Will	2	13.3
Type of Circumcision Intended for Daughter		
Pharaonic	1	50.0
Sunna	1	50.0

Table 4.1 Demographics continued  
(n=15)

#### Narratives

As explained in Chapter Three, discrete themes derived from each of the 15 subjects' answers to questions in their semi-structured interview were grouped into large categories. These categories were further re-grouped in a discussion between three coders. The re-alignment of elements into discrete categories continued until coders were satisfied that the emergent themes represented their understanding of the subjects' responses, as contained in the transcripts of the interviews. As a snapshot of the findings, the emergent themes are presented here in summary form. Extensive quotes and discussions surrounding these themes follow this table. When 5 out of 15 subjects responded similarly to an open-ended question, this was interpreted as a significant response and called a "Theme".

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Question 1: Why do Sudanese women undergo female circumcision /Tahur?

*1.1 Cultural Beliefs and Traditions*

*1.2 Religion*

*1.3 Beauty*

*1.4 Decreased Sexual Activities*

Question 2A: In your opinion, what are the advantages of female circumcision/Tahur?

*No themes emerged; 14 respondents reported that there are no advantages.*

Question 2B: In your opinion, what are the disadvantages of female circumcision/Tahur?

*2.1 Menstruation*

*2.2 Intercourse*

*2.3 Pregnancy and Delivery*

*2.4 Other Health Problems*

Question 3A: What are some of the physical (biological) effects of female circumcision/Tahur on a woman's body?

*Pain and Distortion of the Genital Area*

Question 3B: Could you tell me about your psychological experiences related to female circumcision /Tahur?

*3B1: Fear*

Question 3C: Could you tell me about the sociological pressures for or against female circumcision/Tahur?

*3C1: Honor*

*3C2: Marriage*

Question 4: What are the intentions of Sudanese women for circumcision of their daughter? *Thirteen respondents do not intend to circumcise their daughters.*

Question 5: What is the knowledge level of Sudanese women with regard to movements for the increase or decrease of practices related to female circumcision? *See responses.*

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TABLE 4.2. EMERGENT THEMES

The researcher will now answer each research question in the order in which they were asked of respondents. They are as follows.

**Question 1: Why do Sudanese women undergo female circumcision/Tahur?**

Regarding the question, “Why do Sudanese women undergo Female circumcision/Tahur?”, four themes emerged regarding female circumcision/Tahur that the subjects presented as their society’s arguments and justifications for female circumcision/Tahur in the Sudan. The four themes were (1) Cultural Beliefs and Traditions, (2) Religion, (3) Beauty, (4), and Decreased Sexual Activities. In the present study, the researcher classified the data received from the subjects’ narratives according to the emergent themes. As previously stated, all names cited in these findings are aliases and therefore are not the respondents’ real names.

**Theme 1.1 Cultural Beliefs and Tradition**

In this section of the paper the author will discuss the emergent themes from each set of responses. The themes are cultural beliefs and tradition, religion, beauty, and decreased sexual activities. The following section discusses the responses of more than five subjects in responses to open ended questions. These are called themes

Fifteen of the subjects claimed that female circumcision/Tahur is cultural and traditional because they grew up seeing their family and neighbors following this practice (i.e. positive role modeling). Female circumcision is also considered to be good for a woman because it ensures a woman’s good behavior. Allegedly, she will be obedient and shy. It is cultural because the ceremony is an occasion for a celebration. One of the subjects reported that, “They invite people. If they do not invite people this indicates that

the family has financial problems.” Female circumcision makes a woman into an embellishment. It is also seen as a fashionable thing. When a girl turns 6 or 7, the family starts to prepare for this ceremony. If a mother does not do this, she is not doing a good job. Following are excerpts from respondents’ comments consistent with this theme.

#### Traditional.

**Lilia** “I think it’s traditional because I grew up and I saw all my family and relatives and neighbors had this procedure.”

**Amel** “Our tradition says that women have to be circumcised to decrease their sexual desire.”

**Samira** “In my view, it is a stupid tradition which is supposed to keep a girl from making a mistake, but that is not right.”

#### Tradition and Cultural.

**Samar** “They undergo it because it is the tradition and a part of the culture.”

**Ameira** “It is a custom and a tradition because older women, such as mothers and grandmothers encourage this practice. To be considered a good woman, you have to say, “Okay,” to this tradition.”

**Noha** “It is a cultural tradition, which is bad.”

**Salma** “It is cultural and traditional. When we are growing up, we see our relatives being circumcised. Another reason for the prevalence of female circumcision/Tahur in the past was that people contributed towards it financially when they thought a family refused to do it because they couldn’t afford it. For example, if a family announced that

it wasn't going to circumcise a daughter, people would make contributions towards it.

And the family would agree to do it to show that they were financially able to do it."

**Asma** "The other reasons for female circumcision are cultural and traditional. People see others doing it and try to copy them. I grew up in an area where most of the girls around my age were being circumcised with the Pharaonic form of female circumcision."

**Jamila** "I think female circumcision is cultural and traditional."

**Rawda** "Female circumcision is a cultural and traditional practice. In the past, many people practiced it. It was a normal thing. And people believed that female circumcision makes a woman (mashama) a spiritual embellishment for the society. I remember, before I started school, my mom had me circumcised and I had invited most of my friends to the ceremony. I thought I couldn't go to school unless I had female circumcision since my grandmother had told me that. I don't think Islam requires it."

**Farida** "Also, female circumcision is part of the culture because, when a girl becomes 6 or 7, the family begins to prepare for the ceremony surrounding female circumcision. Some families even compete to have the best party and service they can provide for the occasion."

**Aisha** "People believe that they do something good when they circumcise their daughters. If you don't get your daughters circumcised, you're not coming up to the expectations of society; you haven't done your job as a mother."

**Fatihia** "I think female circumcision is practiced because our society just doesn't trust women. The society believes that women should be shy, quiet, and not have any social relationships with men. If a woman is not like this, they say it's because she hasn't been circumcised. They think that if she is circumcised, this type of behavior will stop."

**Nour** “I think it was fashionable during my youth. People were thought to be strange if they didn’t have their daughters circumcised. I wasn’t circumcised until I was 8 years old and I asked my mother to let me be. I would cry over this since my friends used to tease about it.”

**Noha** “A girl’s behavior can protect her.”

**Farida** “People believe that female circumcision helps girls to behave and be respectful towards old people and that they are not going to bring the stigma(alar) of pregnancy before marriage to the family. But these arguments are not correct. I think that family training can protect a girl’s behavior, including sexual behavior.”

**Aisha** “Female circumcision can keep a girl more respectable and makes her more mature so that she will not bring stigma to her family. She will be looked upon as belonging to respectable society or the respectable group of women.”

**Jamila** “It will also make her mature and more responsible.”

### Theme 1.2 Religion

Three of the 12 subjects in the study held the belief that female circumcision is a religious requirement and that female circumcision is, therefore, valuable in women’s lives. They believe that the form of female circumcision referred to by Prophet Mohamed in the Hadith is the least severe type of female circumcision, the Sunna type. However, other subjects did not believe that the Hadith was correct since Mohammed’s wife and daughter were not circumcised. One subject faced with a dilemma since she is not certain of the truthfulness of the Hadith. Further, one subject stated that the most severe type of female circumcision (Pharaonic) appeared before. The following comments on religion all indicated that religious mandates are not accurate and that

Prophet Mohamed's remarks are misunderstood. Regarding whether or not female circumcision /Tahur is a religious requirement of the Muslim religion, it is not mentioned in the written text of the Koran, but there are claims that it is mentioned in the Hadith, the oral text, which is the narration of Umm Atiyyah, a contemporary midwife of Mohammed. In this narration, Umm Atiyyah claims that the Prophet came to know of a circumcision being performed upon a female child. He related instruction to the woman performing it saying:

***“Trim, but do not cut into it, for this is brighter for the face (of the girl) and more favorable with the husband” (Mu`jam al-Tabarâni al-Awsat).***

**Samar** “Religion mentions female circumcision, and we have to obey our old people because they are a special value in our lives, especially Sunna type.”

**Ameira** “ There is a religious requirement for female circumcision. There is Hadith from Prophet Mohamed.”

**Jamila** “It is a religious requirement, so we have to the Sunna type of circumcision.”

**Hala** “In my opinion, female circumcision is a religious requirement. I read that the Hadith, the sayings from Prophet Mohamed's mouth, are totally correct. Girls should have female circumcision and the type should be Sunna. Sunna comes from Mohamed's direction. The Sunna type of female circumcision comes from Islam and we have to obey our religion.”

**Lilia** “The Prophet Mohamed never said this at that time. Now they know Mohamed never promoted female circumcision for his wives and daughters.”

**Noha** “Also, some people claim that religion requires female circumcision, but this is incorrect.”

**Samira** “Some people believe female circumcision comes from the Moslem religion, but that is not right.”

**Asma** “There is also a belief that it is part of religion, but there is a dilemma because other people say it isn’t due to religion. Mohammed’s wife and daughter didn’t have female circumcision. As Muslims, we have to follow Mohammed’s ways, but since he did not practice female circumcision, why do we have to?”

**Aisha** “Some people say the Muslim religion requires women to have female circumcision but that is not right. Now, people are educated and have knowledge and know that there is no teaching in religion about female circumcision.”

**Fatihia** “I think is not a religious requirement because it is never mentioned in the Quran and was not practice during the time of the Prophet Mohammed.”

**Hala** “But the Pharaonic type of female circumcision is not an Islam requirement because the Pharaonic type existed before Mohammed.”

**Rawda** “I don’t think Islam requires it.”

### Theme 1.3 Beauty

The female circumcision is meant to make the genital area more beautiful that is, smooth and soft. Ameira claimed that if the clitoris is not cut out, it will grow into a man’s penis. “Also some people believe that female circumcision makes a girl clean and beautiful. Also, my grandmother said it will grow and become like a man’s penis if it isn’t cut off.”



Another type of beauty that is believed to result from female circumcision is that a girl will have a good body shape, especially if the girl is thin. During the procedure the family will take good care of the girl; she will be privileged with good food, clothes, gold jewelry, and henna makeup. This will also lead to a psychological type of beauty and emotional and mental strength. As Jamila mentioned, *“there is a positive psychological effect on a girl when a grandmother says that it will give her motivation and prepare her for her husband.”*

**Ameira** “Also some people believe that FC makes a girl clean and beautiful. Also, my grandmother said it will grow and become like a man’s penis if it isn’t cut off.”

**Samira** “My grandmother also told me that it helps you to become clean and beautiful for your husband.”

**Lilia** “Beauty refers to smoothness and evenness.”

**Samar** “My grandmother also told me that it helps you to become clean and beautiful for your husband.”

**Noha** “I think female circumcision makes women ugly because they have to go through this procedure after the delivery which causes scar tissue to develop.”

**Amel** “ People say it is beautiful to take that part in the practice.”

**Jamila** “I think female circumcision can make a girl clean and beautiful. If a girl is sick or thin, female circumcision makes a girl beautiful and give her a good body shape. During the circumcision process the family will take good care of a girl by providing good food and good clothes. This will help her psychologically and make her physically beautiful.”

## Theme 1.4 Decreased Sexual Activities

Theme 4 is the belief that female circumcision decreases the sexual activities of women. Eleven of the subjects agreed that this is the major reason behind the practice of female circumcision. The positive outcome will be that this will ensure that women will not play around with men or become pregnant before marriage. They believe female circumcision will keep a girl a virgin. They believe that *asharf*, or honor, is very crucial for the family. Without it, the family will be verbally abused and shunned. They believe that female circumcision can protect a girl from making a mistake, in order to maintain the honor of the family. People also believe that female circumcision makes a woman *mahazaba*, or respectable. She is a spiritual embellishment for her family and society.

**Lilia** “They say female circumcision reduces a girl’s sexual desire and will protect her from getting pregnant outside of marriage.”

**Samar** “We think it protects a girl from getting pregnant before she is married by reducing a girl’s sexual desire.”

**Ameira** “Besides that, people believe that it helps decrease sexual desire in a girl.”

**Salma** “Also my grandmother told me if a girl doesn’t have her clitoris cut, it will make a girl too sensitive to sexual stimulation.”

**Amel** “Our tradition says that women have to be circumcised to decrease their sexual desire.”

**Farida** “There is a tradition for this practice because the society puts pressure on women to have it done because people talk about a girl who isn’t circumcised, saying that she will have too much sexual desire and can bring shame to the whole family.”

**Asma** “Sudanese women go through female circumcision because they believe female circumcision can reduce a woman’s sexual desire. This will prevent a girl from bringing stigma to the family. I think this is the main reason for it.”

**Noura** “Female circumcision isn’t related to reducing a girl’s desire because desire comes from the brain.”

**Hala** “Female circumcision keeps a girl pure and a virgin.”

**Samira** “In our culture, *asharf* or “honor,” is very important to the family so our people try to keep the girl from sexual activities before she is married”

**Noha** “Older people think that Tahur can keep a girl clean, in the sense of sexual purity.”

**Question 2A: In your opinion, what are the advantages of female circumcision/Tahur?**

Regarding this theme, the researcher found that 14 or 93.33% of the subjects felt there were no advantages to having a female circumcision. Only one participant mentioned that female circumcision was advantageous because female circumcision protects women from having a bad reputation. The ideal woman is circumcised according to her.

**Question 2B: In your opinion, what are the disadvantages of female circumcision/Tahur?**

Regarding this question, four themes emerged from the data: complications about menstruation, intercourse, pregnancy and delivery, and other health problems. Most of the subjects discussed the relationship between menstruation and female circumcision. The subjects explained that women are not allowed to discuss problems with menstruation. Some contend that when women have problems with menstruation, they

need medication for it. Samar said. *“I suffer from menstruation every month. I had to see the doctor and get a pain killer shot before I got married. I was vomiting; I couldn’t eat, and I had back pain and pain in my pelvis.”* It is shameful, however to talk about this, especially in front of males as Ameira stated. Menstruation also caused depression and Samira said she got feelings of loneliness. Many of the subjects admitted none-the-less, however, the pain of menstruation was relieved after they got married and had babies, which enlarged their openings over time. Asma, Ameira, and Samira on the other hand, agreed that there was not any solution for pain other than de-circumcision. The subjects stated that their husbands would be suspicious if they did this, however, because he would think that the woman was having an extra-marital affair.

## Theme 2.1 Menstruation

**Lilia** “There is pain at menstruation every month before marriage or having baby.”

**Ameira** “My periods were painful, and when I did have periods, I couldn’t go to school for 4 days. Besides that, some of my family knew I was having my period and this was very shameful to me. Marriage was the best solution to relieve the pain of menstruation because after I got married and had my first baby. I don’t have any pain.”

**Samar** “It causes many problems for me. I suffer from pain during my period each month. I had to see the doctor and get a pain killer shot before I got married. I was vomiting, I couldn’t eat, and I had back pain and pain in my pelvis.”

**Samira** “Female circumcision can cause painful menstruation every month, and an imperfect sexual life. Whenever I had problems before I was married, I hated some of my family. I was so pressured by my family not to say anything about my painful

menstruation because there is a taboo against talking about menstruation, especially in front of men, such as my brother and father. So, I preferred to stay in my room, feeling lonely, and crying. If I had gone to a doctor, he would have said there was no solution unless he opened my circumcision. There would have been consequences for my future husband which would have been impossible.”

**Asma** “I suffered every month from menstruation after that. Each month I was given an injection by the doctor to kill the pain. I was told that the injections might cause infertility in the future and the doctor offered me an option of exploratory surgery if I agreed to be re-circumcised after the procedure.”

**Fatihia** “Difficult menstruation.”

**Jamila** “There are problems with menstruation.”

**Noura** “I even felt angry and depressed about being female because female circumcision is used to control women. I wasn’t allowed to go out without permission. I even had to announce that I was leaving the house to go to school every day. I don’t like being depressed about the problems with menstruation that resulted from being circumcised. I did have some feeling of hate against my mother and grandmother when I was growing up. But after I had my first child, the pain was gone and my hate was gone. I’m asked for forgiveness at that time.”

**Aisha** “There was no way I could get treatment for my menstruation problems unless I agreed to let the doctor re-circumcise me after he took care of the menstruation problem. My family and I refused any procedure to help with menstruation, so I continued to have these problems. My family was afraid my future husband would not believe that I was a virgin if I got uncircumcised to deal with menstruation problems.”

## Theme 2.2 Intercourse

Another theme is painful sex. There were five women who explained the relationship between female circumcision and sex. They explained that they could not enjoy their sexual lives. Farida said that whenever her husband asked for sex, she started a fight to avoid sex. In this theme, Farida indicated that female circumcision caused pain during intercourse. As a result she lost her desire, had low self-esteem and felt embarrassed.

**Lilia** “There is pain during sexual intercourse. There is greater pain during the delivery of a child.”

**Noha** “Lack of happiness during the honeymoon and during married life afterwards.”

**Amel** “There is no interaction in sexual life in the first days of wedding but after that it is fine.”

**Farida** “I think every woman who goes through this procedure suffers at different times. As a bride, she will not look forward to the first day of marriage. I feel very embarrassed when I remember those days. I couldn’t interact with my husband. I tried to avoid sex by fighting with my husband and pretending I was sick to change the topic when the situation came up. I felt guilty and had low self-esteem about being a perfect woman.”

**Jamilia** “There are problems with first intercourse.”

## Theme 2.3 Pregnancy and Delivery

Another theme is the complications connected with pregnancy. Five subjects mentioned that female circumcision causes complications during delivery. Rawda stated that she doesn’t have many children because she is afraid of labor and delivery.

**Lilia** “Complications and pain during delivery.”

**Ameira** “Difficult labor.”

**Rwada** “I have only two children because I’m afraid of pain during intercourse and I avoided it the first year I was married. I would like more children but I avoid getting pregnant so that I won’t experience the pain or re-circumcision after delivery. Having just a few children is a disappointment to both my husband and me.”

**Noha** “Sometimes there is death from the procedure. There are problems with complications during labor.”

**Farida** “Female circumcision is that it causes labor complication during the childbirth”

#### Theme 2.4 Other Health Problems

A final theme is other health problems. Six subjects mentioned health problems, such as urinary tract infections and cysts.

**Lilia** “There is pain and even death from bleeding during the procedures of female circumcision.”

**Ameira** “I got urinary tract infections, lost the desire for sex and had delivery problems.”

**Aisha** “It leads to infections and cysts.”

**Asma** “Female circumcision has made my life miserable ever since I was child. After the procedure, I suffered from infections (tetanus) and female circumcision can cause urine infections.”

**Fatihia** “Female circumcision can cause a woman to feel hate and anger towards society. She can wonder why they allow the practice against women. Then, there are the many physical problems, such as urinary tract infections.”

**Farida** “Urinary tract infection and problems with delivery are the main physical disadvantages.”

**Jamila** “Female circumcision may cause bleeding during the procedure; later, it causes urinary tract infections.”

**Question 3A: What are some of the biological effects of female circumcision/Tahur on a woman’s body?**

Regarding Question 3A, “What are some of the biological effects of female circumcision /Tahur on a girl or woman’s body?”, the researcher found that the main theme was that of pain coupled with distortion of the genital area. They began their narratives with their physical experiences of the procedure in childhood. First, they were given an injection to numb the area, but the injection itself caused pain. Despite this, they still experienced physical pain from the procedure itself. After the procedure, most of the subjects stated that they had soreness and difficulty with urination and burning to the point that they refused to drink much water. They also had limited mobility due to pain and the possibility of tearing. When they were circumcised, they had to stay in bed for up to a week. Rawda reported that she stayed in bed for a week, but after that she got out of bed and played with her siblings; then she had tearing and had to be stitched up again. The whole experience was very painful for all of the subjects. Subjects had difficulty passing urine after the procedure, but, in later life, they also had difficulty passing menstrual blood, and had urinary infections, which were treated with antibiotics. They also experienced delivery problems during labor. Hala stated female circumcision makes Sudanese women different than other women.



## Theme: Pain and Distortion of the Genital Area

**Lilia** “There are physical changes to the female organs. There is distortion and scar tissue. There is physical pain. I was so young—three years old--when I was circumcised that I can’t remember anything.”

**Samar** “It removes a part of the genitalia which is painful. Yes, I had a urine infection. Despite the weather is very hot, I kept myself from drinking water and eating because I was just scared to go to the bath room.”

**Ameira** “The whole procedure of female circumcision was painful in itself and there was more pain resulting from the procedure. The midwife cut away all the genitalia and left only a small opening for urine and menstruation to pass. Female circumcision involves the removal of genitalia and the closure of the vaginal opening by stitching. The genitalia become ugly and there are delivery problems. First, the pain killer (anesthesia) the midwife gave me was very painful (in the genital area). Later, I got a urinary tract infection because I could urinate only small drops while my wound was healing, because it was very pain full to urinate also, the wound didn’t heal normally.”

**Noha** “The midwife took away part of my genitalia. Female circumcision distorted my female organs which was very painful. The physical “effects” were less severe and were “intermediate” than for the Pharaonic type of female circumcision. My type (Sunna) took away the clitoris which was a painful procedure. I still remember the injection to numb me; it was very painful, and the first night after the numbness was gone, I was in severe pain. When I went to the bathroom it was very scary because I couldn’t urinate. I was screaming from the burning. I didn’t drink water and also I was scared of having to urinate.”

**Amel** “I had a urine infection and it was hard to urinate. Also, I couldn’t walk for 2 weeks.”

**Samaira** “The midwife took out the whole of the genitalia, stitched up the vagina almost completely, and stitched up my urethra and just left a small opening. It is very painful to urinate and to have my period. I had very bad pain during menstruation. Women who have female circumcision cannot deliver their babies until they are un-circumcised, that is, they have to be cut, or the baby or the mother can die. I was in bed for 2 weeks after my Pharaonic circumcision and I couldn’t walk. I was screaming when I had to go to the bathroom because I couldn’t urinate. My grandmother was very tough with me and told me that it was useless for a girl to scream. No one would listen to her voice. Girls didn’t have the freedom to express their pain, so they always kept silent about any problems related to the female genitalia.”

**Farida** “There is a distortion of female genitalia. There is the pain of the procedure in childhood, and later as a teenager, women have problems with menstruation. Then there is painful intercourse and pain in childbearing. The procedure was very painful. I couldn’t walk for a week and had problems with urination.”

**Salma** “First, when the midwife removed the clitoris, it was painful. And, later, in delivery, every time a woman is re-circumcised, there is more and more scar tissue formed. Also, after delivery, if a woman is not re-circumcised, the opening is ugly. I was like other girls who had been circumcised. I couldn’t go to the bathroom to urinate. I was just crying, even though my grandmother didn’t like the type of female circumcision I got and she said my type didn’t count as female circumcision, so I didn’t have to cry because my pain was not severe. She said I was spoiled to cry over it.”

**Asma** “They took part of the genitalia away, which changed the structure of the body, causing many problems such as pain, difficulty passing urine after the procedure, and difficulty passing menstrual blood after puberty, infections, and delivery problems during labor. First, I still remember the injection of anesthesia before the procedure. It was very painful. After the procedure, I was in bed for 21 days because the wounds didn’t heal. I was in pain and couldn’t urinate. It was very painful with burning on urination. I was screaming all night.”

**Aisha** “There is great pain during the procedure, and there are complication during labor. I also had pain from cysts around the vagina which cause me to change my female circumcision status from Pharaonic to Sunna. My physical experience was the injury I received during the procedure; it was very painful. I had difficulty going to the bathroom, and I had a urine infection.”

**Fatihia** “A midwife removes a sensitive part of a woman’s body, the clitoris, and the procedure is very painful. Later, female circumcision makes labor complicated. It was a painful experience because I couldn’t urinate, walk, or sleep at night for a week, because of the pain.”

**Jamilia** “Female circumcision distorts the female genitalia. It was difficult for me to urinate and sometimes during the first week I had pain.”

**Hala** “The procedure was very painful and urination was very difficult. I couldn’t urinate for long time; there was burning. Besides that, the injection was very painful. The suffering lasted for days.”

**Noura** “It changes female organs. The whole procedure was painful, especially on the first day. I couldn’t urinate well, or walk for three week.”

**Rawda** “There is a distortion of the female organs. The procedure of female circumcision is painful, sexual intercourse, delivery all these are painful. I suffered from the injury of the procedure and after that I had difficulty passing urine. After one week from the procedure I played with my sisters and I tore the tissues and the midwife had to redo it, and it was very painful.”

**Question 3B: Could you tell me about your psychological experiences related to female circumcision/Tahur?**

Regarding Question 3B, “Could you tell me about your psychological experiences related to female circumcision/Tahur?” Fourteen (93.33%) women reported fear. Only Lilia did not report about any aspect of female circumcision, one way or another, because she was only three years old when she was circumcised and could not remember anything. Most of the other subjects, however, reported that they were frightened by the restraint, meant to prevent them from way and being held down by two older women, being injected with a painkiller, and finally being circumcised by the midwife. They reported screaming until they lost their voices. Aisha reported having nightmares for a week after the procedure. Her mother thought she was acting like this due to her suffering from an “evil eye.” Other women developed phobias against midwives and felt fear whenever they saw the midwife. Another woman reported that she thought that her mother did not like her anymore. Asma states that at the procedure, she was shaking and her mother was also shaking from fear because she thought the needle of the injection might break in her child’s body. The following are narratives.

### Theme 3B Fear

**Samar** “I was scared and frightened by everything related to my body, especially my genitalia. So when I got married, I was so scared from intercourse.”

**Ameira** “I was very scared and, afterwards, I couldn’t walk because I was paralyzed and had pain in my stomach. I also had diarrhea.”

**Noha** “I was afraid of the midwife, and whenever I had any problems with my genitalia, I imagined that I would go through the same experiences that I had gone through at the female circumcision. The old women (neighbors) held me during the procedures, so I was afraid of old ladies after that.”

**Amel.** “I felt scared and frightened by any problems related to the female area, injections. I also felt very angry against the society and the first person who thought of the practice.”

**Samira** “I was very scared and I felt very angry with all my family. I was very scared as two or three women held me tight and let the midwife do female circumcision on me. No one listened to my crying and screaming until I lost my voice. It was a very scary moment.”

**Farida** “I’m very scared any time I have a problem with my female area, and I feel angry at my mom and my grandmother, especially. Why did they have me circumcised? I ran into another street whenever I saw the midwife on my street.”

**Salma** “I’m still afraid when I see the midwife. I’m so scared whenever I hear about a new victim, a girl who is going to have female circumcision. I feel sorry for the girl, but I don’t have the power to change anything.”

**Asma** “I was very scared and my whole body was shaking, My mom was close to stopping the procedure because she thought maybe the needle (injection) would break in my body. I ran away from my home, but my grandmother caught me. I screamed loudly, but had no way to free myself.”

**Aisha** “But soon I went into the room for the procedure with my grandmother and I just started screaming. I couldn’t stop. And I had nightmares for a week, and my family thought that someone was giving me the evil eye. But I was just shocked from the procedure. So, at that time, my grandmother took me to the Imam to get me some treatment (Soura) with words from the Quran spoken over my head with some herbs to calm me down.”

**Fatahia** “No one told me about the pain I would feel when I was circumcised. But, I was so scared when the midwife gave the shot to numb me. The shot didn’t work and I still felt the pain. I was screaming until I lost my voice, and it took two women to hold me down by my legs and feet. Those women were very strong and I felt as if they going to break my legs. I was in shock and called for help from everyone in my family. So, every time I remembered it, I feel sad and depressed. I was also afraid of marriage when the midwife said she would “tighten” me so well that no one could “open” me until I got married.”

**Jamila** “I was very scared at the procedure.”

**Hala** “Female circumcision is very scary. It is normal to be scared.”

**Noura** “I was very scared and ran away from my family trying to escape, but there was no way and I returned back home.”

**Rwada** “ I was very scared at the procedure and I ran away, then two women held me and I couldn’t move anywhere. People were laughing at the situation because I was crying and screaming and kicking and scolding the women. I told one of the women that she wasn’t a good mother and that if she were a good mother she would have sympathy when she saw a child crying. The people thought that I was smart and wise, but there was no use for me to say anything because the women weren’t going to stop the procedure.”

**Question 3C: Could you tell me about the sociological pressures for or against female circumcision/Tahur?**

Regarding sociological pressure for or against female circumcision, the themes were honor and marriage. From the time a girl is born her grandmother and her mother are planning her circumcision ceremony. Four subjects discussed of the Tahur or circumcision ceremony. The Tahur ceremony is a big family event, especially for the women. The family starts to prepare for it before a girl starts school at age six age. Most of the time the Tahur takes place during the summer while children are on vacation from school. Family members, such as grandparents, especially the grandmother who brings exotic Sudanese perfume, are invited to attend the ceremony. Before the day of this celebration there are small parties for drawing henna on the girl and all of her friends and neighbor girls who are coming to the Tahur. In the early morning the procedure is done. After that, relatives and neighbors arrive for breakfast or lunch. In the evening there is a big party for all the women with entertainment. They put special perfume onto the girl’s head and they also put perfume onto the children’s heads. The preparatory activities are all viewed positively by the subjects. They enjoy the attention, they receive new clothing

and jewelry, and they also love the application of henna to their hands and legs in the presence of friends and family. There is good food and music provided by singers and musical instruments. The following are illustrations of the participants' responses to the Tahur Ceremony. Ameira stated that "I was very happy, like a normal kid. For the procedure, I had new clothes; I was wearing henna in my legs and hands, which is very important for the Tahur ceremony. It is a part of the culture to celebrate a girl's circumcision." Amel stated, "First I was very happy about the big party." Asma added, "At the beginning I was very happy to have a big party and have henna put on my ankles, feet, and hands, and being dressed in a pretty dress and jewelry." Last Aisha reports, "In the beginning I was very happy to have a big ceremony with new clothes and jewelry, as the other girls in my area."

Now, the discussion will turn to the two themes that emerged from this question: honor and marriage. If a girl has "honor" this means that she, before and after marriage, is respectable. Women are not allowed to engage sexual activities before marriage. If she does, her husband will discover that she is not a virgin and she will be instantly divorced. If this happens she will destroy her family's reputation. The family may be banned from the tribe and the siblings will not be able to make good marriages. The family may also abuse a girl verbally, causing her to go into depression. In extreme cases, she may even be killed by a family member without any legal consequences to the murderer according to one of the respondents, Farida. The family may report that she just died and there is no investigation. People believe that female circumcision will help prevent this kind of situation and maintain family honor. The theme of "marriage" involves people's beliefs that a circumcised girl is favored by men. Some men require it



of their brides before marriage. The “stigma” involves people’s beliefs that if a girl is not circumcised she will not behave well. As a result, people will abuse her verbally by calling her (‘galfa’ which means ‘uncircumcised’ or ‘prostitute’).

Women who are not circumcised are pressured by their husband and in-laws. Families in this society try to maintain their culture and tradition. For example if a girl does not have female circumcision this means she is not respectable or capable of raising a family. Eleven of the subjects in the study indicated that the theme of honor is very important in their society. Without honor, the whole family will be destroyed. People associate honor with female circumcision. However, four subjects stated that female circumcision cannot keep a girl a virgin and responsible. Amel said that, socially, it is an honor for a girl to be circumcised, but another, Samar stated that female circumcision is used to ensure that girls are kept separate from men. Honor is equated with female circumcision to encourage women to continue the practice. Noha questioned the need for female circumcision. She said that God created women with genitalia, so why is society trying to change God’s creation? Ameira said this type of social pressure promoting female circumcision is wise because if the girl is threatened by rape, it is not too easy for the rapist.

### Theme 3C1 Honor

**Lilia** “Our society says that Tahur can save a girl’s virginity and honor. This means that women won’t play around with men before they get married.”

**Samar** “Female circumcision is used to insure a girl’s separation from men before marriage, so that she will remain a virgin and remain respectable in the society. Women who don’t have female circumcision are considered bad women.”

**Ameira** “Our society thinks Tahur can keep a girl a virgin. For example, if a girl is threatened by a rapist, the rapist can’t easily have intercourse with her. As you know, it takes time to open her so sometimes I think placing a cultural value on female circumcision is wise.”

**Noha** “It just keeps women virgins. I think the Tahur is not necessary to keep women virgins. Women can keep themselves valuable by their behavior. God created the genitalia they way they are, so why are people trying to change it?”

**Amel** “There is a general social pressure to keep a girl’s honor and her family’s honor.”

**Samira** “Think people are against it because this practice is not useful for a girl, and there is no mention of it in religion. And, it doesn’t keep a girl safe”

**Farida** “Socially, it is an honor for a girl to be circumcised. As you know, people in our society are afraid of stigma (asharaf) or the bad behavior of girls which can destroy families. Sometimes if the girl gets pregnant before being married, she may be killed by a family member to remove the stigma without any legal consequences to the murderer. If these extremes aren’t her fate, the family’s status will be lowered to such an extent that her siblings wouldn’t be able to find marriage partners----so, they try doing everything to protect or control women.”

**Salma** “Also, the female circumcision cannot keep the girl a virgin in these modern times. And I think this means was used to control women in the past, but right now times are changing. I think giving women more or little freedom will make them more responsible for keeping themselves pure.”

**Asma** “People believe it keeps a girl a virgin and gives her the high status in society of being a circumcised woman. Some men prefer to be married to a circumcised woman. I

think all of these reasons in favor of female circumcision are not correct. They just favor female circumcision and support it by saying its good for women. I'm against it. I think it causes women and girls problems. I had my cousin die during this procedure because of the bleeding. The midwife caused this by not doing the procedure correctly."

**Aisha** "I'm against the social pressures for female circumcision. Female circumcision is a way to control young women. It is not a good to judge women"

**Fathia** "There is also social pressure because people believe that female circumcision keeps women pure, but I don't think female circumcision can keep women virgin and honorable. They reasons are right and are just made up to encourage women to have this procedure."

### Theme 3C2 Marriage

Seven of the subjects reported that female circumcision is very important with regard to the theme of marriage. Some men and their families prefer their women to have female circumcision. Samar also stated that grandmothers encourage men to marry girls who have been circumcised because female circumcision is a sign that a girl is a good girl. The chances for an uncircumcised girl to become married are low. Lilia reported that if a girl is not circumcised, some members of the husband's family will verbally abuse her. Rawda reported that there are more marriageable girls than men in Sudan. Therefore in order to get a good husband, it is important for a daughter to be circumcised. Daughters who do not get married and stay at home are an economic burden. Female circumcision is a sign of marriage potential, even for children. Aisha stated that as soon as a girl is circumcised, she can be married.

**Lilia** “When girls get married, some people ask about their female circumcision status, especially the husband’s family. If a woman didn’t have female circumcision, her husband’s family would abuse her verbally.”

**Amel** “Female circumcision keeps women respectable so they can get married.”

**Samar** “Grandmothers encourage the practice of female circumcision. They help a girl to get married.”

**Ameira** “Female circumcision is very important for marriage because some men require female circumcision in a wife.”

**Aisha** “Girls are ready for marriage as soon as they are circumcised, even if they’re 6 years old. This is the practice in the North.”

**Hala** “The second form of social pressure has to do with marriage.”

**Rawda** “I think the families feel pressured to have girls circumcised because they wouldn’t be marriageable without it. Now, there are more women than men in the Sudan and, due to the economy, families want to find good husbands for their daughter. Even if a daughter is not circumcised, some families circumcise them so that their daughter can make a good marriage”.

**Question 4: What are your intentions regarding circumcision for your daughter?**

Regarding this questions, 13 (86.67%) subjects indicated that they will not circumcise their daughters because they do not want them to suffer as they suffered. Ameira and Amel, however, are going to have their daughter circumcised. Ameira is going to have her daughter circumcised with the Sunna type. The reason for this is that she wants to get her daughter ready for marriage and she wants to fulfill a religious requirement. Amel is also going to have her daughter circumcised with the Pharaonic

type because her husband wants it. She also does not want people to call her daughter “galfa” (un-circumcised). The comments below are from respondents who do not plan to circumcise their daughters.

#### Theme: No Intentions to Circumcise Their Daughters

**Lilia** “I’m not going to circumcise my daughter because I don’t want her to suffer.”

**Samar** “I’m not going to circumcise my daughter because I want her to live without the complications of female circumcision. When she becomes an adult and marries, she can have her own choice, but I will recommend the Sunna type if she wants female circumcision.”

**Noha** “My last daughter is not going to be circumcised. Even though I have to leave my house because of this, I will refuse. My older daughters were circumcised because my husband’s family told my husband they had to be circumcised. These two girls are now suffering from the effects of female circumcision.”

**Samira** “I will not have my daughters circumcised because I don’t want them to suffer as I did.”

**Farida** “I will never circumcise my daughter because I don’t want my daughter to suffer (pain) as I do. I want her to enjoy her life. Besides that, female circumcision is not good for health.”

**Salma** “I will never let my daughter be circumcised, even if my husband asks me to have it done. If I’m alive, I won’t let my granddaughters be circumcised, either. I’m trying to remove this bad traditional practice, which costs women’s lives and children’s lives.”

**Asma** “I will never circumcise my daughters. I want my daughters to live healthy lives, so that when my daughters become older, they won’t circumcise their daughters. They can build a new tradition.”

**Aisha** “I’m not going to circumcise my daughters. As you know my girls are passed the time of circumcision, since my youngest girl is seven years old.”

**Fathia** “No I will never allow it for my daughter.”

**Jamila** “I’m not going to have female circumcision for my daughter. I want her to be healthy. In the area where I live, no one does this practice.”

**Hala** “I was going to have female circumcision for my daughter, but my husband wouldn’t allow it. If I have a chance I want her to have the Sunna type.”

**Noura** “I ‘m not going to have my daughter circumcised.”

**Rawda** “I’m not going to circumcise my daughter. Why should I bring complications into her life? I don’t want my daughter to suffer the same as me and I don’t want her to have feelings of hate or feel guilty about refusing female circumcision.”

**Question 5: What is the knowledge level of Sudanese women regarding movements to increase or decrease practice related to female circumcision/Tahur?**

Themes emerging from the data regarding Question 5 were awareness of the negative effects of female circumcision through exposure to educational programs and media coverage, knowledge that female circumcision is illegal in Khartoum, and knowledge that female circumcision is not a religious requirement.

Regarding this question, 13 (86.67%) subjects were aware of the movement to stop the practice of female circumcision. They mentioned current educational programs and programs in the media about the consequences of female circumcision, and the

existence of a law in Khartoum against midwives practicing female circumcision/Tahur. Three subjects indicated that religious people are involved in trying to stop the practice. Samar and Noha stated that the movement is more popular in urban areas than in rural areas. They said that female circumcision is illegal in Khartoum. However, Ameira and Amel indicated that there is no movement to stop female circumcision. Ameira mentioned that there are still people who are circumcising their daughters because husbands request it. Amel stated that there are still men who like their women to be circumcised. Beside this, most Sudanese women have re-circumcision after delivery because their husbands request it. Noura mentions that the practice of female circumcision will not stop if the religious people say that female circumcision is a religious duty or that it is useful for a girl.

Are you aware of any movements to continue or increase this practice?

**Lilia** “Yes. There is education about the problems caused by Tahur’s effects in a woman’s body. Also there is a law forbidding a midwife to do this.”

**Samar** “Yes, because there has been education about the problems of Tahur and its effects on a woman’s body.” Also there is a law prohibiting midwives from practicing female circumcision in Khartoum and this practice becomes old fashioned.”

**Noha** “Yes, people have to stop this practice. This will come about through education for the men, especially. The religious people, the imams, are saying that female circumcision doesn’t belong to Islam. The government is also forbidding midwives to continue the practice.”

**Samira** “Yes there are many people who are starting to talk about the problem of female circumcision especially in families who lost their daughters due to the practice of female

circumcision. Some children have bled to death. These stories are reported in the media and at centers where speeches are given to help stop this practice. Times are changing and many people are against it.”

**Farida** “Yes, people are more educated about the problems of female circumcision, especially in urban areas. This practice has become illegal in Khartoum, and besides, the religious people have educated the older adults about it. There is punishment for the midwife who practices female circumcision.”

**Salma** “Yes, there is movement to stop this practice. As you can see, there is a difference between living in an urban and a rural area. In the urban areas, the practice is becoming illegal, but in the rural areas, it’s okay. Also people get more educated about the dangers of female circumcision. Also, some women are getting more power. It’s not like the past. So women know what is good for life, especially for girls. Also there are centers for women to educate them and there are organizations to fight this bad tradition. Even the Imams are starting to talk about it.”

**Asma** “Yes there is a law to punish midwives who do female circumcision. She will not be allowed to be a midwife in the future and her instruments will be confiscated. People are hearing about the problems of female circumcision through the media and education, and even some men are against female circumcision.”

**Aisha** “Yes. Right now many families are not getting their daughters circumcised. Besides, there are many people who are beginning start to speak against female circumcision in the media, especially doctors and religious people. Because of my personal experiences, I won’t allow my daughters to be circumcised. Besides that, female circumcision is not useful.”



**Fatihia** “Yes. People are changing. They are becoming more educated about the complications of female circumcision and female circumcision is illegal in the big cities.”

**Jamila** “Yes. It is illegal. People are starting to talk about the problems of female circumcision in the big cities. There is talk in the media and in mosque, and the religious people are involved in stopping it.”

**Hala** “Yes. People are beginning to understand the problems with the Pharaonic type of female circumcision and midwives should be punished for performing it.”

**Noura** “Yes. Right now people are starting to understand the problem of female circumcision but there is a dilemma if Islam requires it. Right now, there is a movement against the practice, but it is possible that this movement will be reversed by religious leaders if they believe in the usefulness of female circumcision for the country, (women).”

**Rawda** “Yes. In my job as a nurse, I see circumcised women coming to deliver their babies and I talk to them about the problems they’re having and suggest that they don’t have their daughters circumcised. Right now, people are becoming knowledgeable about female circumcision, but there are a few people still practicing it. Besides that, in Khartoum there is a law which will punish a midwife who practices it. This practice is becoming old fashioned.”

## CHAPTER 5

### DISCUSSION AND IMPLICATIONS

#### Introduction

The purpose of the research was to explore the biological, psychological, and sociological effects of female circumcision on the 15 married Sudanese women interviewed for this study. The study aimed to discover the nature of these women's beliefs about female circumcision/Tahur and their intent to have their daughters circumcised. The researcher asked five major questions of each woman: 1) Why do Sudanese women undergo female circumcision/Tahur?; 2) What are the advantages and disadvantages of female circumcision?; 3) What are the biopsychosocial experiences of women who undergo female circumcision/ Tahur?; 4) What is the intention of Sudanese women for circumcision of their daughters?; and 5) what is the knowledge level of Sudanese women regarding movements to increase or decrease practices related to female circumcision or Tahur?

The data were derived from subjects' self-reports about their experiences following female circumcision during childhood and adulthood and how these experiences ultimately impacted their views on female circumcision, particularly regarding the question of whether or not to circumcise their daughters. All the subjects were married, Sudanese women who had been circumcised and living in Khartoum.

These women, at the time of the study, were taking classes at a center called the Nile's East General Education District for Educating Women in Khartoum

### Major Findings of This Study

#### *Question 1*

“Why do Sudanese women undergo female circumcision or Tahur?” was the first research question to examine. The researcher found that the subjects’ responses centered around four themes: a combination of Cultural Beliefs and Traditions, Religion, Beauty, and Decreased Sexual Activities. Fifteen participants indicated that female circumcision is a tradition in Sudanese society. The practice is traditional. Families believe that when girls are between three and eight years of age, it is time for them to be circumcised. The 15 participants stated that from generation to generation, grandparents were adamant that their granddaughters be made to carry out the practice as a tradition. There is a traditional belief that female circumcision helps decrease sexual activities in girls. One of the participants stated that this practice is still followed in the Sudan

One of the participants stated that families have special parties at the time of circumcision. If a family does not plan on circumcising their daughter, society believes that the family cannot afford the expense of a party and the circumcision, so they help the family by making donations to cover the costs. Also one of the subjects reported that people believe that they are doing something good for the child if they get her circumcised. One of the participants said that it was part of the fashion. Some of the participants combined the themes of tradition and culture. In Sudanese culture, virginity is very important for a girl and her family as most participants indicated. As social

workers we must educate the community about virginity. In simple terms, we must explain to members of a community that a girl can be a virgin without being circumcised. Religion.

Regarding the theme of religion, 8 of the 15 participants stated that female circumcision is not a religious requirement. They believe it is cultural, not religious, because they say that the Prophet Mohammed never circumcised his wife or his daughters. One subject indicated that the Pharaonic type of circumcision was in practice before the Islamic religion was established (as is evident from its name). Four subjects stated that it was a religious requirement, especially the Sunna type of circumcision, because the words, Tahur/circumcision (is better for women) as stated by the Prophet Mohammed who indicated that FC is good for a girl.

Beauty.

Regarding the theme of Beauty, five of the subjects believed that FC makes the genital beautiful and smooth. Another subject stated that if a girl is thin or ill the family will take better care of her. One of the participants stated that if they did not cut the clitoris, it would develop into a small penis. However, most of the women stated that female circumcision is not directly related to the theme of beauty. One the subject said that female circumcision actually makes women ugly because they have to be re-circumcised after the birth of a baby.

Decreased Sexual Activity

Regarding this theme, ten of the participants reported that the most common reason behind female circumcision is to decrease a girl's sexual activity. It is to ensure that the girl remains a virgin until marriage and that she will not have any sexual

relationship with a man. Also people believe that a circumcised girl is respectable, spiritual and an embellishment for her family and society.

### *Question 2*

Question 2 consisted of two-parts having to do with the advantages and disadvantages of female circumcision. Question 2a was, “In your opinion, what are the advantages of FC/Tahur?” In answering this question most of the participants indicated that there were no advantages to female circumcision. One participant mentioned that female circumcision would protect a girl from a bad reputation. Question 2b was, “In your opinion, what are the disadvantages of female circumcision /Tahur?” Regarding this question there were four themes. They were Complications with Menstruation, Intercourse, Pregnancy and Delivery, and Health Problems. Regarding the first theme, Complications with Menstruations, nine subjects reported that they suffered from menstrual cramps before marriage. Other health related symptoms included depression, vomiting, and absenteeism from school, but they indicated that these pains were relieved after marriage and their first delivery, which would indicate that their vaginal opening had been very tight. Also, in Sudanese culture, women are not allowed to discuss menstrual problems in front of men. They are afraid of seeking a medical solution for de-circumcision because their future husbands might not believe that they are virgins.

Regarding the theme of Intercourse, five of the participants stated that they suffered the first time they had intercourse, due to the circumcision. One of the subjects said that she is not satisfied and that she could not interact with her husband.

## Pregnancy and Delivery

Regarding pregnancy and delivery, five participants said female circumcision may cause complications during delivery. One of the participants said she was afraid to have a lot of children because she was afraid of both labor and the delivery. Regarding health problems, seven subjects stated that female circumcision caused urinary tract infections, losing the desire of sex, and cysts. One also stated that female circumcision could cause death from bleeding.

The third research question was, “What are the biopsychosocial experiences of women who undergo female circumcision or Tahur?” This question was reframed as three questions. The first was, “What are the biological effects of female circumcision”? The most common physical effect of female circumcision that fourteen subjects reported was that of distortion of the genital area. They also talked about the pain associated with female circumcisions. They were unable to walk or urinate after the procedure due to pain. Another physical effect that two of the subjects reported was that they suffered during the delivery and been re-circumcised again, intercourse childbearing.

Question 3b was, “Could you tell me about your psychological experiences with female circumcision?” The psychological effects of female circumcision begin with the trauma of the procedure in childhood. Fourteen of the subjects reported having been traumatized by the female circumcision experience. They felt terror, reacted by screaming and crying, and attempting to escape during the procedure. Four subjects were shocked by the event after the happy ceremony they had just been treated to, a huge family celebration, beautiful clothes, jewelry, and lavish attention from their elders. Later, at the time of their marriages, they were informed of some of the problems

associated with marriage and they reported having been afraid of having sex. This caused sexual dissatisfaction for them during the first days of marriage and a long time after that. The women also reported worrying about the delivery of a baby. Thus, female circumcision reportedly causes stress, worry, and depression before marriage and during pregnancy, which should be happy times. In Sudanese culture, brides who have been circumcised do not look forward to either marriage or pregnancy and delivery. Regarding the psychological effects of female circumcision the fear seems to not to subside over time so that feelings of depression, stress, and worry follow a woman most of her life.

Question 3c was, “Could you tell me about the sociological pressures for or against female circumcision?”

The sociological effects of female circumcision include keeping a girl a virgin until she gets married, which protects the honor of her family. The practice for female circumcision is explained by the desire of society to control woman. The society believes that female circumcision helps girl become mature, respected by her family and is seen as marriageable. Female circumcision ensures the society that a girl will grow up with good morals and values. The society interprets the lack of female circumcision as a sign that the behavior of a girl is not good. Also, another form of social pressure the researcher observed in favor of female circumcision is that female circumcision will make women beautiful. There is also the idea that female circumcision is associated with cleanliness, but among the subjects this was not the case. Contrary to traditional beliefs, in general, most of the subjects indicated that female circumcision does not give women special status. They felt that Sudanese women now achieve a higher status by their character and behavior, that is, the way they are raised.

Such biological, psychological, and sociological effects of female circumcision on circumcised women can be described and explained within the biopsychosocial framework. There is a complex interaction among many factors as is evidenced by the experiences related by circumcised women interviewed for this study.

The biopsychosocial framework fits this research. Female circumcision is influenced by social pressure and religion, culture and tradition. The problems of circumcised women are multi-factored, biological, psychological, and sociological. The social worker working with this clientele must understand the complexity of the experiences of these women and treat the whole person from a holistic point of view. As stated by Jarrett et al. (2007), women's health, in general, is complex, with an interaction of economic, political, biological, psychological, spiritual and family factors. In the case of circumcised women, the complexity and interactions of factors is even greater, due to their additional biological, psychological and sociological factors.

#### *Question 4*

Research Question 4 was, "What are your intentions regarding circumcision for your daughter?" Regarding circumcision for their daughters, thirteen women stated they would not have their daughters undergo the procedure because they do not want them to suffer what they are suffering. One subject intended to have her daughter circumcised with the Pharaonic type of female circumcision, and another stated she would have her daughter undergo the Sunna type of female circumcision.

#### *Question 5*

Research question 5 was, "What is the knowledge level of the Sudanese women regarding movements to increase or decrease practice related to female circumcision or



Tahur?” Interestingly, the researcher found that there is a strong movement in Khartoum to stop the practice of female circumcision; the subjects mentioned that there is a law against female circumcision, which is seriously enforced against a midwife who practices female circumcision; however, female circumcision is still practiced in rural settings despite this law. In Khartoum there are many educational programs against female circumcision in schools and mosques, and in the media.

The research indicated that female circumcision may continue to be practiced in the Sudan, but with the introduction of an element of choice for the woman who decides to undergo the procedure as an adult. Traditionally, there was no possibility of choice on the part of the very young candidates for female circumcision.

### *Expectations*

As reported earlier, the biological (physiological), psychological, and sociological effects of female circumcision, experienced by the Sudanese married subjects in childhood, impacted their perception of the female circumcision regarding their daughters. They went through the trauma of the procedure and its aftermath, and they continued to experience trauma on through their marriages.

Regarding the question of living arrangements, the researcher expected that when couples lived with their families, this would influence them to circumcise their daughter, especially due to the influence of the grandparents, but this was not accurate. In the study, there are two subjects who did not live with their in-laws who were willing to circumcise their daughter. In the study, family composition was either nuclear or extended. Eleven women lived only with their husbands and children. Four women

lived in extended families, which included members of their husbands' families. From this study, the researcher expected that the women will reject female circumcision for their daughters, thus, reducing the number of childhood female circumcisions, but that, in their own cases, they will still practice re-circumcision after delivery. Some of the subjects admitted that they wanted to please their husbands and keep their marriages. But, in some cases the midwife re-circumcised women without permission.

### Implications for Social Work

Most of the subjects indicated that female circumcision is performed on a child for traditional and cultural reasons. These subjects stated they believed that female circumcision is used as a traditional and cultural means to protect a girl's virginity and to protect her from pregnancy and loss of respect by her family. Family honor is all important in Sudanese culture. Regarding a religion requirement for female circumcision, most of the subjects believed that female circumcision is not required by their religion. Both biological and psychological effects of this form of circumcision must weighed in favor of the fear ridden girls subjected by tradition to excruciating pain for the sake of virginity and to be a bride of men.

Regarding circumcision for their daughters, thirteen women stated they would not have their daughters undergo the procedure because they do not want them to suffer what they are suffering. One subject intended to have her daughter circumcised with the Pharaonic type of female circumcision, and another stated she would have her daughter undergo the Sunna type of female circumcision. The research indicated that female circumcision may continue to be practiced in the Sudan, but with the introduction of an element of choice for the woman who decides to undergo the procedure as an adult at the

request of her husband. Traditionally, there was no possibility of a choice on the part of the very young candidates for female circumcision. Young uncircumcised women must be educated about the biological, psychological, and sociological aspects of female circumcision so that they are not pressured to be circumcised as young adults.

The institution of marriage in Sudan is very helpful for families whose income is low. Most women are not educated and cannot support themselves by working, so Sudanese men who have unmarried sisters are responsible for supporting them. In such cases, there will be pressure on uncircumcised women to have the procedure done since it is the crucial factor in making them marriageable. If the husband-to-be or her family requests that a woman be circumcised, she will be pressured to the extent that she will really not have a choice.

In the United States, immigrant women, for example, Sudanese, Somalian, Egyptian, and Ethiopian women, are facing the biological, psychological, and sociological effects of female circumcision while living in this culture. Social services for these clients must take female circumcision into consideration when serving this clientele. The primary goal for social work is to help clients with their issues and to promote health. After delivery, circumcised women, who have been unable to be re-circumcised after delivery by American doctors, are returning back home for the procedure, where re-circumcision is not against the law.

A value of the Code of Ethics for Social Workers is competence. Regarding immigrant clients who have been circumcised, this relates to being aware of the rationale for female circumcision within immigrant cultures and the long-term impact, biopsychosocial, on the woman. Regarding immigrant women who have been

circumcised, the social worker needs to become educated about the traditional and cultural rationales for female circumcision which operate or operated in their original cultures. In consultations with the family unit, problematic behaviors in the family must be dealt with, taking background information into consideration, in order to help clients.

### *Recommendations*

People in the medical field have to understand that a circumcised woman's health has been affected by biological, psychological and sociological factors. For example, we have to do more than look at biological diseases, we have to look at other factors, such as the psychological and sociological factors impacting on a circumcised woman's life. Circumcised women should be provided with classes in order to educate them about the effects of circumcision on their lives. In these programs, women need to be given the necessary skills to help them change their attitudes toward circumcision, especially if they have a daughter. As social workers, we must work closely with members of the community who practice circumcision and help them to understand the detrimental effects of this practice. We should publish many articles about this topic. We must educate circumcised women living in United States to seek counseling and we must educate social workers or psychologists when their clients face psychological problems. These workers will refer client to resources already existing. For example, the Somalian community provides services, such as prenatal care and education for new parents in Minnesota.

For clinical social workers who are working with circumcised immigrant women, this study provides them with a full understanding of the experiences of 15 women through the data gathered. The data show that these women need help coping

with the negative physical, psychological and sociological effects stemming from their circumcisions.

Developing and offering classes for young English as Second Language students, both female and male, in which the negative impact of female circumcision is openly discussed is paramount. The general public needs to be educated through training programs set up by universities and local agencies on the issues surrounding female circumcision.

Attention also needs to be given to the psychological effects of female circumcision. Most of the women interviewed for this study have been traumatized by the practice, and everything related to the female area, such as the genitals and intercourse. These issues, openly discussed, indicate that for them mental health care would be advisable.

Medical exams of circumcised women are necessary for health care workers to have an understanding of the complications endured by circumcised women, from urinary tract infections, menstruation, sexual intercourse, pregnancy and delivery. Continuous health complications, especially for women in childbearing years were plentiful. This illustrates the importance of examining the health risks and treating the health problems of women who have undergone female circumcision. This, of course, would require an openness and willingness on these women's part, however, to seek out available services without fear of repercussions like loss of social status and charges of infidelity.

Religious Muslims, including officials in the religion, as well as devout followers, have to be more involved in education and work to correct the misunderstanding that the practice of female circumcision is a part of the Islamic religion. Many people are

misinformed and uneducated about the realities of the mandates of the Koran. This is clearly a major problem for activists fighting against the widespread practice of female circumcision.

Communities, particularly, the males within communities, must be taught that uncircumcised women should not be considered unmarriageable if not circumcised. These men must be taught that women should be given the opportunity to be married without undergoing circumcision. Men must change their attitudes regarding marriage requirements. Women must also change their attitudes about this as well. Women have to become more independent and confident. This independence and confidence can be taught through assertiveness training classes, but education which will make them more employable in careers. This way they would be less inclined to believe that female circumcision and marriage are their only options for self-sufficiency.

As noted in the findings, many women reported fear, anguish and disinterest in sexual intercourse. Clearly, there is great need for sex education to the community about the female organism and how female circumcision affects women's bodies, their sexual desires and married life. It appears that the removal of a woman's sensual organ, the clitoris, is a blatant attempt to rid the woman of any and all pleasure during sexual intercourse, whether she is married or not. Unfortunately, the ignorance around this hurts not only the woman, but it also hurts her husband as well. She lacks interest and he faces constant rejection.

As for activism, social workers and other activists must develop campaigns to fight female circumcision across the world. Female circumcision is a human rights issue that must be taken seriously across the world. Women and girls are literally bleeding to

death as a result of this crude practice. Nearly all others who live through this horrid experience live very painful and anguished lives as a result of it. Female circumcision is a serious social problem that is affecting millions of women in this world. We must put an end to it.

### Limitations of the Research

The researcher believes that this study helped to explain the attitudes of Sudanese married women towards female circumcision. It must be acknowledged, however, that this study has its limitations. It contained a very small sample of a group of women in just one part of the world, Khartoum, Sudan. Data was collected at only point in time instead over a period of time, which would have allowed the researcher to see an evolved response to one's circumcision. Moreover, some meaning may have been lost in the translation from Arabic to English although the researcher worked very hard at attempting to maintain the integrity of each respondent's remarks throughout the process. Last, these results cannot be generalized to women in other cities in the Sudan or in other countries in the area, but other women may share similar experiences.

## References

- Abdel Halim, A. (2006). *Sudanese women in the United States: The Double problem of gender and culture*. New York: The Edwin Mellen Press.
- Abdel Magied, A., & Musa, S. (2002). Sexual experiences and psychosexual effect of female genital mutilation FGM or female circumcision FC on Sudanese Women. *The Ahfad Journal*, 19, (1)21-29.
- Abdel Magied, A. & Makki, A. (2004). Knowledge and attitudes of Sudanese youth towards female/genital mutilation/female circumcision (FGM/FC) case study: College of Technological Sciences (Tigana). *The Ahfad Journal*, 21(1)29-40.
- Abedel Magied, A., Al Musharf, H., & Adam, I (2003). Midwives, traditional birth attendants (TBAs) and the perpetuation of female genital mutilation (FGM) in Sudan. *The Ahfad Journa*, 20(2)38-47.
- Abdel Magied , A., Musa, S.(2002).Sexual experience and psychosexual effect of female genital mutilation(FGM) or female circumcision(FC) on Sudanese women. *The Ahfad Journal*, 19, (9), 21-29.
- Abdel-Magied, A., Amusharf, H., & Adam, I.(2003). Midwives, traditional birth attendants (TBAs) and the perpetuation of female genital mutilation (FGM) in the Sudan. *The Ahfad Journal*, 20, (2)38-47.
- Abdel Magied, A. & Shareef, S (2003). Knowledge, perception and attitudes of a sector of female health providers towards FGM-Case study: Female doctors. *The Ahfad Journal*, 20, (2)4-15.
- Abusharaf, R. (2006). *Female circumcision: Multicultural perspectives*. Philadelphia: University of Pennsylvania Press.
- Abusharaf, R. (2001). Virtuous cuts: Female genital circumcision in an African ontology. Differences. *Journal of feminist Cultural Studies*, 12(1), 112-140.
- Allam, FM,. Estevez, J. Navajas, R,. Castillo, A, .Hoashi, JS,. Pankovich, MB,. & Liceaga, J. (2001). Factors associated with the condoning of female genital mutilation among university student. *Public Health*, 115, 350-355.



- Almroth, L., Elmusharaf, N., Abdelrahim, M., & Saad, E. (2005). Primary infertility after genital mutilation in girlhood in Sudan: A case-control study. Retrieved from [www.thelancet.com](http://www.thelancet.com). 366, 385-390.
- Althaus, F. (1997). Female circumcision: Rite of passage or violation of rights? *International Family Planning Perspectives*, 23(3), 130-150.
- Baker, C., Gilson, G., Vill, M., & Curet, L. (1993). Female circumcision: Obstetric issue. *American Journal of Obstetric Gynecology*, 169, 1616-1618.
- Baasher T, Bannerman RH, Rushwan H, & Sharaf I. (1982). Traditional practices affecting the health of women and children. *WHO EMRO Technical Publication*, 2(2), 162-80.
- Barrie, M. (1996). Wounds that never heal. *Essence*, 26(11), 54-65.
- Barstow, D. (1999). Female genital mutilation: The penultimate gender abuse. *Child Abuse & Neglect*, 23(5)501-510.
- Bishop, J. (2004). Modern liberalism, female circumcision and the rationality of tradition. *Journal of Medicine and Philosophy*, 29(4), 473-497.
- Bureau of African Affairs. (2007, March 27). Background noted: Sudan. Retrieved from [www.state.gov/r/pa](http://www.state.gov/r/pa).
- Chalmers, B., & Hashi, K. (2000). 432 Somalia women's birth experiences in Canada after earlier female genital mutilation. *Birth*, 27(4), 227-234.
- Collient, P., Stien, L., Vinatier, D., & Leory, J. (2002). Management of female genital mutilation in Djibouti: The Peltier General Hospital Experience. *Acta Obstetric Gynecology Scand*, 81, 1074-1077.
- Committee on Bioethics. (1998). Female genital mutilation. *Pediatrics*, 102(1), 153-156.
- Creel, L. (2001). *Abandoning female genital cutting: Prevalence, attitudes, and efforts to end the practice*. Washington: Population Reference Bureau.
- Dandash, K., Refaat, A., & Eyada, M. (2001). Female genital mutilation: a descriptive study. *Journal of Sex & Marital Therapy*, 27, 453-458.
- Denniston, G., & Milos, M. (1997). *Sexual mutilation: A human tragedy*. New York Press: Plenum.
- Dimatteo, R., Haskard, K., & Williams, S. (2007). Health beliefs, disease severity, and patient adherence: A meta analysis. *Medical Care*, 45(6), 521-528.

- Dorkenoo, E (1994). *Cutting the rose: Female genital mutilation: The practice and its prevention*. London, England: Minority right group.
- Dorkenoo, E. & Elworthy, S. (1992). *Female genital mutilation: Proposal for change* (5<sup>th</sup> ed.). London: Minority Rights Group.
- El Dareer, A. (1982). *Women, why do you weep?* Circumcisions and it consequences. London: Zed Press.
- El- Defrawi, M., Lotfy, G., Dandas, K., Refaat, A., & Eyada, M., (2001). Female genital mutilation and its psychosexual impact. *Journal of Sex & Marital Therapy*, 27, 465-473.
- Elmusharaf, K. (2007). Evaluation of Sudanese women's sexual life after childbirth. *Abstracts/Contraception*, 76, 157-178.
- Elwood, S., & Martin, D. (2000). Placing interviews: Location and scale of power in qualitative research. *Professional Geographer*, 52, 649-657.
- Engel, G. (1980). Clinical application of the biopsychosocial model. *American Journal of Psychiatry*, 131(5), 535-544.
- Epstein, D., Graham, P., & Rimsza, M. (2001). Medical complications of female genital mutilation. *Journal Of American College Health*, 49(6), 275-280.
- Essen, B., & Wilken-Jensen, C. (2003). How to deal with female circumcision as a health issue in the Nordic countries. *Acta Obstet Gynecol Scand*, 82, 683-686.
- George, L., & Engel, M. (1980). The clinical application of the biopsychosocial model. *American Journal of Psychiatry*, 13(5), 535-544.
- Gilbert, P & Kingsway, H. (2002). Understanding the biopsychosocial approach: Conceptualization. *Clinical Psychology*, 14, 13-17.
- Griffiths, J., Ravindran, A. V., Merali, Z., & Anisman, H. (2000). Dysthymia: A review of pharmacological and behavioral factors. *Molecular Psychiatry*, 5, 242-61.
- Gruenbaum, E. (2001). *The female circumcision: An anthropological perspective. Marriage and Moralit*. Philadelphia: University of Pennsylvania Press.
- Gruenbaum, E. (2005). Feminist activism for the abolition of FGC in Sudan. *Journal of Middle East Women's Studies*, 1(12), 89-111.
- Halligan, P., & Aylward, M. (Eds.) (2006). *The power of belief: Psychosocial influence on illness, disability and medicine*. Oxford University Press, UK

- Hopkins, S. (1999). A discussion of the legal aspect of female genital mutilations: Issue and innovations in nursing practice. *Journal of Advanced Nursing*, 30, (4)926-933.
- Hassan, A. (2001). Sudan: Summary of the impact of research on FGM. *Women International Network*. Retrieved September, 8, 2006 from. [www.findarticles.com/p](http://www.findarticles.com/p)
- Islam, M., &Uddin, M. (2001). Female circumcision in Sudan: Future prospects and strategies for education. *International Family Perspective*, 27(2), 71-76.
- Jarrett, E., Yee, B., & Banks, M., (2007). Benefits of comprehensive health care for improving health outcomes in women. *Professional Psychology: Research and Practice*, 38(3),305-313.
- Jordan, J. (1994). Female genital mutilation (female circumcision). *Br J Obstet Gynaecol*, 101, 94-95.
- Johnsdotter, S. (2005). It is only a tradition: Making sense of Swedish Somalis' narrative of female circumcision and avoiding submission to hegemonic political discourse. *Critical Social Policy ltd*, 25(4), 577-595.
- Karanja, D. (2003). *Female genital mutilation in Africa*. Florida: Xulon Press.
- Kaslow, N., Bollini, A., Glueckauf, R., Goldfrank, L., Kelleher, K., La Greca, A., Vrela, E., Wang, S., Weinreb, L., & Zeltzer, L.(2007). Health care for the whole person: Research update. *Professional Psychology: Research and Practice*, 38(3), 278-289.
- Kelle, U. (2006). Combining qualitative and quantitative methods in research practice: Purposes and advantages. *Qualitative Research in Psychology*, 3(4), 293-311
- Kopelman, L (1994) .Female circumcision/genital mutilation and ethical relativism.*Second Opinion*, 20, 55-71.
- Lax, F. (2000). Socially sanctioned violence against women: Female genital mutilation is its most brutal form. *Clinical Social Work Journal*, 28, 403-412.
- Leonard, K., & Muasher, J. (1985). Female circumcision in Africa: An overview. *African Studies Review*, 21(1), 95-110.
- Lightfoot-Klein, H. (1989). The sexual experience and marital adjustment of genitally circumcised and infibulated female in the Sudan. *Journal of Sex Research*, 26(3), 375-392.

- Lincoln, Y, & Guba, E.(1985). *Naturalistic inquiry*. Beverly Hills, California: Sage Publications.
- Little, C. (2003). Female genital circumcision: Medical cultural considerations. *Journal of Cultural Diversity*, 10(1), 30-34.
- Merrian Webster Dictionary. Retrieved September 25, 2007 from [www.merriam-webster.com](http://www.merriam-webster.com).
- Metz, H. (4Ed.). (1991). *Sudan: A country study*. Washington DC: Federal Research Division Library of Congress.
- Momoh, C., Ladhani, S., Lochrie, D., & Rymer, J. (2001). Female genital mutilation: analysis of the first twelve months of Southeast London specialist clinic. *British Journal of Obstetrics Gynecology*, 108,186-191.
- Moukhyer, M., Eijk, J., Bosma, H., & De Vries, N.(2006). Level of knowledge of Sudanese adolescents about reproductive health (RH) and harmful traditional practices (HTPs). *Ahafad Journal*, 23(1)66-81.
- Nageeb, S. (2004). *New spaces an old frontiers: Women, social, and Islamization in Sudan*. Oxford: Lexington Book.
- Nwajei, S.& Otiono., A.(2003).Female genital mutilation implications for female sexuality. *Women's Studies International Forum*, 26, (6), 575-588.
- Obuekwe, F. & Egbagbe, E .(2000).Dsymonorrhea: A long-term consequences of female genital mutilation. Retrieved September 4, 2007 from. <http://.mwia.regional.org.au/papers>.
- Odoi ,S., & Elkins, T.(1997). Female genital mutilation in rural Ghana, West Africa. *International Journal of Gynecology & Obstetrics*, 56,179-180.
- Okeagu, J., Ademiluy, A ., Okeagu, C., Onuoha, C., & Abokor, A. (2005). Social Implications of female Circumcision for Human Rights. *Interdisciplinary Social Work Journal*, 1 (1), 20-22.
- Oldfield Hayes, R. (1975). Female genital mutilation, fertility control, women's roles, and the patrilineage in modern Sudan: A functional analysis. *American Ethnologist*, 2(4)617-633.
- Ortiz, E. (1998). Female genital mutilation and public health: Lessons from the British experience. *Health Care for Women International*, 19, 119-129.
- Osei- Agyemang, M. (2007). Temperatures rising: Understanding the relationship between climate change, conflict and women. *Women & Environments*

*International Magazine*, Retrieved September 12, 2007, Women's Studies  
International databases

- Parker, M. (1995). Rethinking female circumcision. *Journal of the International African Institute*, 65(4), 506-523.
- Porterfield, S. (2006). Female genital cutting. *Journal for Nurse Practitioners-JNP*, 2, 256-260.
- Raiz, L & Monroe, J. (2007). Employment post-transplant: A biopsychosocial analysis. *Social Work in Health Care*, 45(3), 19-37
- Rizvi, S., Naqvi, S., Hussain, M., & Hasan, A. (1999) Religious circumcision: A Muslim view. *BJU International*, 83(1), 13-16.
- Rogo, K., Subayi, T., & Toubia, N. (2007). Female genital cutting, women's health and development: the role of the World Bank. *World Bank Working Paper*, 122, 1-30.
- Sadock, B. & Sadock, V. (2003) *Kaplan and Sadock's Synopsis of psychiatry: Behavioral sciences/ clinical psychiatry*. (9<sup>th</sup> ed). Philadelphia: Lippincott Williams & Wilkins.
- Sadler, J. & Hulgus, Y. (1992). Clinical problem solving and the biopsychosocial model. *American Journal of Psychiatry*, 140(10), 1315-1323.
- Schultz, U., Maccawi, A., & Fatih, T. (2006). Women and finance in Sudan: A case study in greater Omdurman and Khartoum. *Ahfad Journal*, 23(1) 39-49.
- Shell-Duncan, B., & Hernlund, Y. (2000). *Female "circumcision" in Africa: Culture, controversy, and change*. London: Lynne Rienner Publishers, Inc.
- Sheldon, S., & Wilkinson, S. (1998). Female genital mutilation and cosmetic surgery: Regulating non-therapeutic body modification. *Bioethics*, 12(4), 263-285.
- Snow, R., Slanger, T., Okonofua, F., Oronsaye, F., & Wacker, J. (2002). Female genital cutting in southern urban and peri-urban Nigeria: Self-reported validity, social determinants and secular decline. *Tropical Medicine and International Health*, 7(1) 91-100.
- Social Overview. (2007) Sudan Country Review. Retrieved September, 12, 2007 from Business Source complete databases.
- Spencer, Z. (2002) Female circumcision law and legislation in Queensland. *Journal of Law*, 9, 334-345.

- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Ground theory procedures and techniques* (2<sup>nd</sup> ed). Newbury Park: CA. Sage.
- Strickland, J. (2001). Mini-review: Female circumcision/female genital mutilation. *J Pediatric Adolescent Gynecology*, 14,109-112.
- Toubia, N. (1994). Female circumcision as a public health issue. *The New England Journal of Medicine*, 331, 712-716.
- Whitehorn, E. J., Ayonrinde, O., & Maingay, S. (2002). Female genital mutilation: Cultural and psychological implications. *Sexual and Relationship Therapy*, 17(2), 161-170.
- Wright, J. (1996). Female genital mutilation: An overview. *Journal of Advanced Nursing*, 24(2), 251-259.
- World Health Organization [WHO]. (2006). Female genital mutilation and obstetric outcome: Who collaborative prospective study in six African countries. *Lancet*, 367,1835-1841.
- WHO (1996). Female genital mutilation: Report of a WHO technical working group. Geneva: World Health Organization.
- Yount, K. (2002). Like mother, like daughter? Female genital cutting in Minia, Egypt. *Journal of Health and Social Behavior*, 43(3)336-358.

## APPENDICES

## APPENDIX A

### Interview Guide

#### Demographic and Background Questions for Interview

1. What is your religion?
2. How old are you?
3. What is the highest educational degree that you hold?
4. What is your job/occupation?
5. What is your marital status?
  - 5a. If married, how long have you been married?
6. Do you live with your family?
  - 6a. What is the makeup of your household?
7. How long have you been living in Khartoum?
8. How many children do you have?
  - 8a. How many are female?
  - 8b. How old are they?
9. When were you circumcised?
  - a. What type of circumcision do you have?
  - b. Who performed it?
    - i. A midwife?
    - ii. A nurse?
    - iii. A medical doctor?



## **Open-ended Questions Regarding Psychological, Physical and Sociological Experiences of FC/Tahur**

1. Why do Sudanese women undergo FC/Tahur?
  - 1.1 Religion?
  - 1.2 Culture or tradition?
    - 1.2.1 Ideas about cleanliness?
    - 1.2.2 Degree of sexual desire?
    - 1.2.3 All of the above
2. In your opinion, what are the advantages of FC/Tahur?  
In your opinion, what are the disadvantages of FC/Tahur?
3. What are some of the physical (biological) effects of FC/Tahur on a woman's body?

How does FC/Tahur affect women sexually?

- 3.1 Was it physically painful?
  - 3.2 Was it pleasurable?
  - 3.3 All of the above?
  - 3.4 Could you describe your pregnancy experience?
  - 3.5 Could you describe your delivery experience?
4. Could you tell more about your physiological experiences?
  - 3.1. Did you have any negative physiological consequences?
    - 3.1.1. If yes, can you explain them to me?

5. Could you tell me about your psychological experiences related to FC/Tahur?
- prompt: fear/scared
- depression/blue/flat
- anxious
6. Could you tell me about your sociological pressures for or against FC/Tahur?
- Prompt: marriageable
- cleanliness
- purity/virgin status
- honor
- woman status
7. What are your intentions regarding circumcision for your daughter?
- 7.1 If yes, are you going to have her circumcised in the future?
- 7.1.2 If yes, what type of circumcision will you choose for her?
8. Are you aware of any movements to stop this practice?
- 8.1 If yes, could you tell me more about this?
9. Are you aware of any movements to continue or increase this practice?
- 9.1 If yes, could you tell me more about this?

## APPENDIX B

### The Ohio State University

#### Verbal Script: Face-to-Face Intro (English Version)

Hello. My name is Suzan Osman. I am a Master of Social Work student at the Ohio State University in the United States. I am conducting a study on circumcised Sudanese women who live in Khartoum and who have an uncircumcised daughter. I am especially interested in hearing your experiences if you meet these requirements. Do you meet these requirements? (If they answer “No”, I will thank them for their time and then walk away. If they answer “yes”, then I will continue talking.)

My study is related to the physiological, psychological, and sociological effects of female circumcision (FC/Tahur) I would like to hear your story about FC/Tahur and how your experiences influence your beliefs and attitudes toward FC/Tahur especially as they relate to circumcising your daughter. I hope the results of this study will be useful for all Sudanese women and their young daughters.

**Do you have any questions about the reason why I would like to speak with you?**

#### Procedures/Tasks

The interview should take approximately one hour to complete. I will record our conversation for the purposes of transcription and analysis at a later date. Later, I will type up the words that we say to each other, so they will be on paper. You may leave the

study at any time, however. If you decide to stop participating in the study, there will be no penalty to you, and you will not lose any benefits to which you are entitled. Your decision will not affect your future relationship with your community.

If you participate in this study, I can assure you complete security by not asking for your name, address or any other identifying information. Your responses will be used for research purposes only. Would you be willing to participate in my study?

**If they say “No”, I will thank them for their time and leave.**

**If they say “Yes”, I will thank them and then proceed.**

Thank you for agreeing to participate. The interview can be completed in a approximately an hour. I will record our conversation in this tape recorder. Later, I will type up the words that we say to each other, so they will be on paper. There will be no social consequences for refusing to participate. Interview material will be kept with my personal belongings in a locked container to, which will be available to me and my advisor. No one will listen to the interview except me and the advisor. When I am finished transcribing the interview, I will destroy the tapes.

### **Contacts and Questions**

For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251. For further questions, concerns, or complaints about the study you may contact my advisor:

Dr. Jacquelyn Monroe

Ohio State University

1947 College Rd. #225 B Stillman Hall

Email: [monroe.998@osu.edu](mailto:monroe.998@osu.edu) , or 001(614)-292-9887

Or contact the researcher Suzan Osman at 614 -457-5386 or email at

[osman.161@osu.edu](mailto:osman.161@osu.edu)