Seminar Paper

Title: "Female Genital Cutting (FGC), Islam and the West"

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Introduction

Female genital cutting (FGC) practices remain common throughout in the Islamic world and in North Africa (see Fig. 1 below). I prefer the term FGC over Female Genital Mutilation (FGM) because it is purely descriptive and value-neutral, which seems more appropriate in an academic context. I also refer to "practices" because as will be explained, FGC is not one practice, but rather a set of practices ranging from the comparatively mild to the very severe.

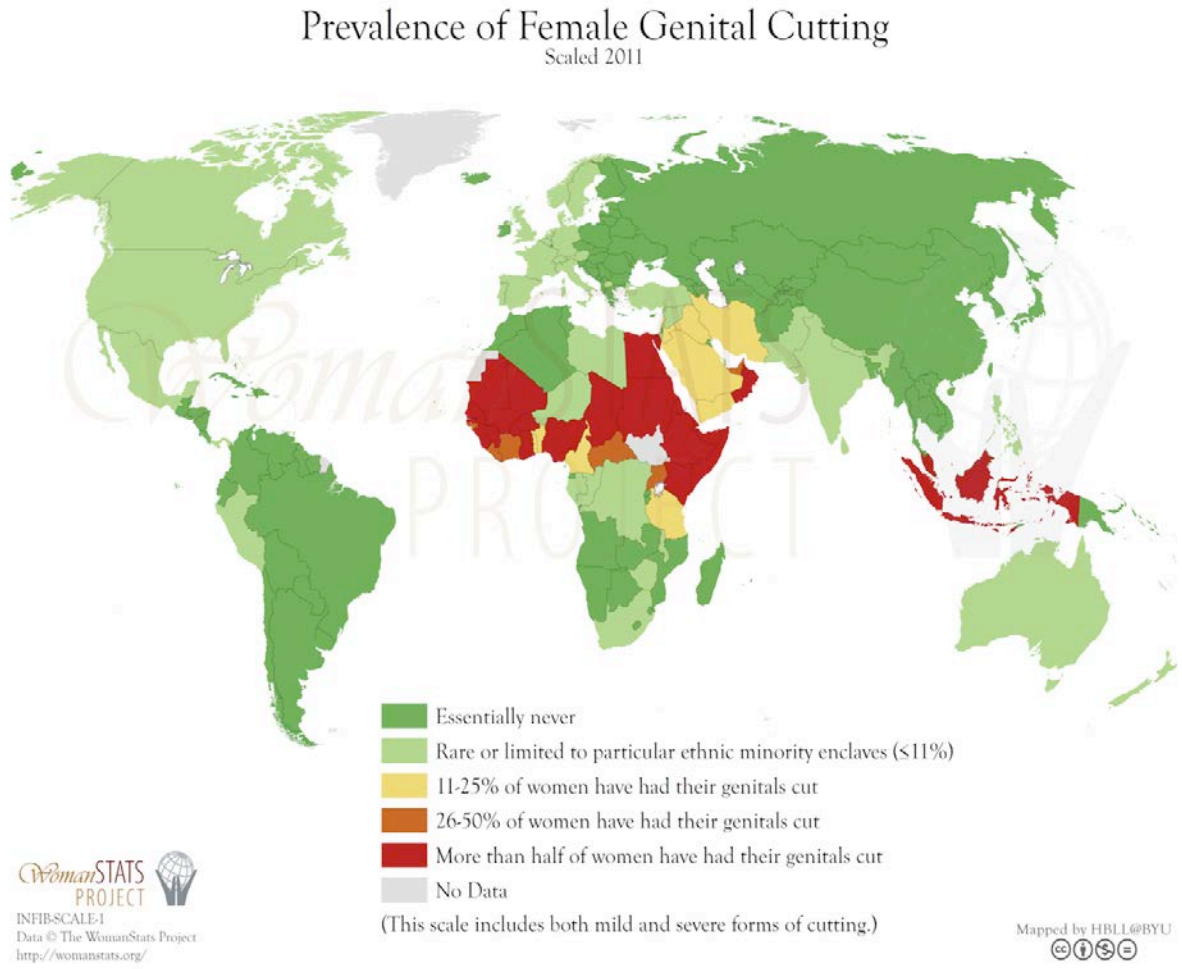

Fig. 1: Prevalence of FGC Worldwide[1]

[1] Women Stats Project, Maps: Prevalence of Female Genital Cutting, 2011. http://womanstats.org/substatics/Prevalence%20of%20Female%20Genital%20Cutting_2011tif_wmlogo3.png (accessed 17 May 2015). I have altered this map to reflect the high FGC rates in Malaysia, which the original map omitted to show.

In the first part of the paper, I consider the relationship between FGC and Islam. I argue that although FGC predates Islam and is not exclusively practised by Muslims, it is deeply rooted in this religion. The second part of the paper is a case study of two majority-Muslim, Middle Eastern groups among whom the practice is still very common, Egyptian Arabs and Kurds. Based on the available data, I examine the prevalence, type and underlying motivations of FGC in these two groups. In the third part, I discuss Western perceptions of FGC and cultural double standards in the contemporary Western debate.

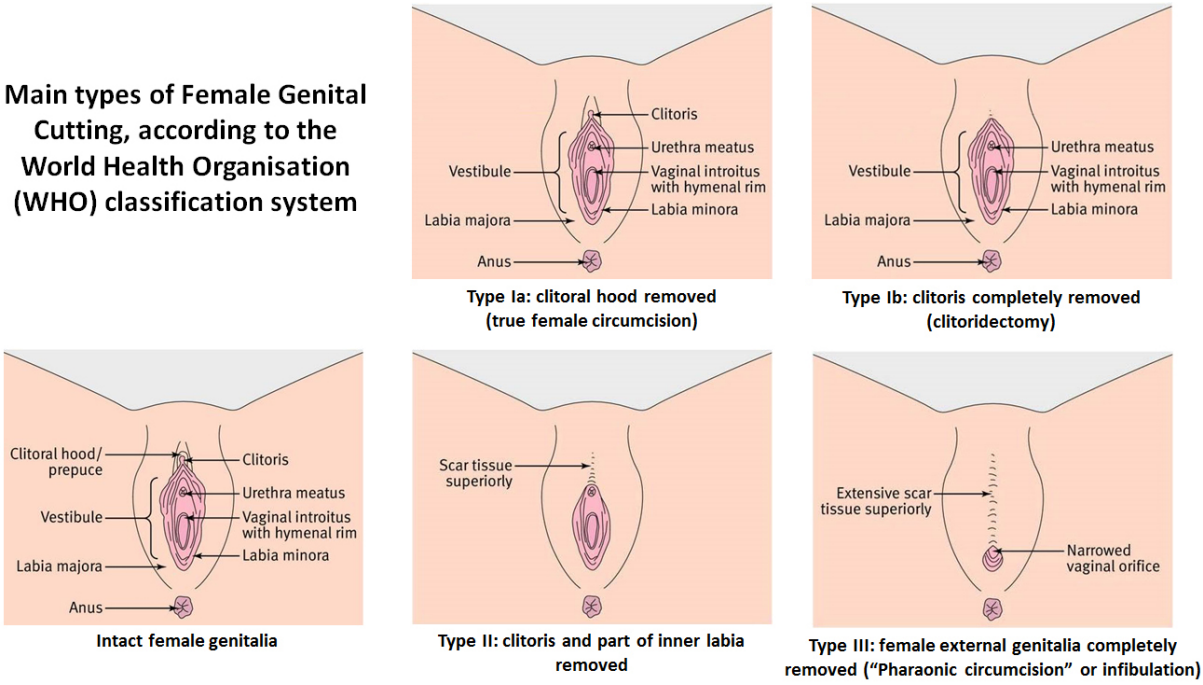

Fig. 2: Types of FGC[2]

Chapter 1: FGC and Islam

The origins of FGC are obscure, but the term "Pharaonic circumcision" (referring to Type III, as seen in Fig. 2 above) suggests that the practice dates at least as far back as Ancient Egypt. Well-preserved mummies provide clear evidence that FGC was performed on Ancient Egyptian women and several documents from the first and second centuries BCE corroborate

[2] See World Health Organisation, Sexual and Reproductive Health: Classification of Female Genital Mutilation. http://www.who.int/reproductivehealth/topics/fgm/overview/en/ (accessed 17 May 2015). I do not discuss Type IV as this is an imprecisely defined miscellaneous category that does not involve any actual cutting or removal of tissue. Practices within this category, according to the WHO, also "appear to be generally less associated with harm or risk."

this.[3] According to the Muslim author Al-Jāḥiẓ (776-868 CE), FGC was also practised by pre-Islamic Arabs.[4] Its prevalence in many non-Muslim parts of Africa further indicates that it was practised before the advent of Islam.

In spite of its pre-Islamic beginnings, the main schools (*maḏāhib*) of classical Islamic jurisprudence (*fiqh*), both Sunnī and Šīʿī, take a favourable view of FGC. There is no reference to it in the Qurʾān, but it is mentioned either implicitly or explicitly in several *aḥādīṯ* (plural of *ḥadīṯ*) of varying reliability.[5] The most authoritative is found in Saḥiḥ al-Buḵarī:

> Narrated Abu Huraira: Allah's Messenger said, "Five practices are characteristics of the *fiṭrah*: circumcision (*ḵitān*), shaving the pubic region, clipping the nails and cutting the moustaches short."[6]

As Sami Aldeeb Abu Sahlieh explains, the Arabic term *sunan al-fiṭrah*, which appears once in the Qurʾān, has been interpreted by Islamic scholars to mean "law of nature."[7] Since this *ḥadīṯ* does not make any explicit mention of gender, proponents of FGC today assume that it applies to both sexes. Opponents of the practice, on the other hand, argue that circumcision and cutting the moustache only apply to males.[8] A similar *ḥadīṯ* is found in the Šīʿī tradition:

> ʿAlī reports that Muḥammad said: "God sent his friend [Abraham] with monotheism (*ḥanīfīyyah*) and ordered him to clip the moustaches and the nails, to depilate the armpits, to shave the pubis and to circumcise himself."[9]

Another relatively authoritative *ḥadīṯ* has many variants,[10] and concerns a question of ritual cleanliness after sexual intercourse. Muḥammad's wife ʿĀʾīšah is asked whether one is still required to perform the ritual ablution after intercourse if no ejaculation took place. She responds that only if "the two circumcised parts" touch each other, is *ġusl* (washing) necessary.

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[3] S. Aldeeb Abu Sahlieh, *Male and female circumcision among Jews, Christians and Muslims: religious, medical, social and legal debate*, (Shangri-La Publications: Pennsylvania, 2001), pp. 91-92.
[4] Al-Jāḥiẓ, *Kitāb al-Ḥayawān*, ed. ʿA.-M. Hārūn, vol. VII, (Cairo, 1938), p. 27. http://ia902604.us.archive.org/28/items/ElJahiz/hiwan7.pdf (accessed: 20 May 2015)
[5] The *aḥādīṯ*, usually referred to collectively as the Ḥadīṯ, are the traditions (saying and deeds) of the Muslim prophet, Muḥammad. Since so many have been attributed to him, the reliability or authority of any given *ḥadīṯ* depends on its *isnād* (chain of transmitters going back to Muḥammad himself).
[6] Saḥiḥ al-Buḵarī, Book 77, Ḥadith 106. Text here differs slightly from online source: http://sunnah.com/bukhari/77/106 (accessed 20 May 2015).
[7] Aldeeb Abu Sahlieh, p. 150.
[8] *Ibid*, p. 152.
[9] M. al-ʿĀmilī, *Wasāʾil al-Šīʿah ilā Taḥsīl Masāʾil al-Shariʿah*, Vol. 15 (Al-Maktabah al-Islāmiyyah: Tehran, 1982), p. 164, as cited in Aldeeb Abu Sahlieh, p. 151.
[10] Aldeeb Abu Sahlieh, p. 154. Aldeeb Abu Sahlieh cites the narrative in A. al-Bayhaqī, *Maʿrifāt al-Sunan wa'l Āṯār*, Vol. 1 (Jāmiʿat al-Dirāsat al-Islāmiyyah: Karachi, 1991), pp. 462-468.

This appears to imply that Muḥammad endorsed both male and female circumcision. Aldeeb Abu Sahlieh points out, however, that due to the rules of Arabic grammar, it is impossible to differentiate between only one and both of the two parts' being circumcised.[11] This *ḥadīṯ* is also absent in the Šīʿī tradition, which reviles ʿĀʾīšah as the daughter of the first caliphal pretender, Abū Bakr.

A third *ḥadīṯ* concerning FGC is included in the authoritative (for Sunnī Muslims) compilation of Abū Dāwūd (c.817-889 CE), although he himself does not consider it reliable.[12] The two versions cited below are taken from Al-Bayhaqi (994-1066 CE) as these provide somewhat more detail:

> 17561 – … A woman in Madīnah called Umm ʿAṭiyyah used to circumcise *jawārī* ["maidens" or "slave girls"] and the Prophet of God said to her, "Umm ʿAṭiyyah, circumcise and do not overdo [it] as that gives more radiance to the face and more pleasure to the husband."
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> 17562 – … "If you circumcise, leave something sticking out and do no overdo [it], as that that gives more radiance to the face and more pleasure to the husband."[13]

A version of this *ḥadīṯ* is also found in the Šīʿī tradition.[14] It is especially interesting in that it explains the appropriate extent of the cutting. A number of classical authors conclude from this that Muḥammad approved of FGC in principle. Al-Jāḥiẓ, for instance, wrote a passage often quoted by Muslim proponents of FGC:

> It seems that Muḥammad wanted to reduce the concupiscence of the women to moderate it. If concupiscence is reduced, the pleasure is also reduced as well as the love for the husbands. The love of the husband is an impediment against debauchery. Judge Janāb Al-Ḵašḵāš contends that he counted in one village the number of the women who were circumcised and those who were not, and he found that the circumcised were chaste and the majority of the debauched were uncircumcised. Indian, Byzantine and Persian women often commit adultery and run after men because their concupiscence towards men

[11] *Ibid*, p. 154. Aldeeb Abu Sahlieh owes this argument to M.S. al-Awwa, Taʿqīb ʿalā al-taʿqīb, Jarīdat al-Šhaʿb, 22 November 1996, in M. Ramadan, *Ḵitān al-Ināṯ, Dirāsah ʿIlmiyyah wa-Šarʿiyyah* (Dar al-Wafāʾ, Al-Mansūrah: 1997). p. 218.
[12] See Sunan Abū Dāwūd, Book 43, Ḥadith 499. http://sunnah.com/abudawud/43/499 (accessed 20 May 2015).
[13] Al-Bayhaqi, *Al-Sunan al-Kubrā*, Vol. 8 (Dar al-Kotob Al-ilmiyah: Beirut, 2003), p. 562. My translation from the original Arabic. The verb *ḵafaḍa* is used specifically for female circumcision. http://ia802304.us.archive.org/5/items/snnkb/skb08.pdf (accessed 22 May 2015)
[14] Aldeeb Abu Sahlieh, p. 155, citing the following two sources: A. al-Kalīnī, *Al-Furuʿ min al-Kāfī*, Vol. 6 (Dar al-Kutub al-Islāmiyyah: Tehran, 1981), p. 38; F. al-Ṭubrusī, *Makārim al-aḵlāq*, p. 220.

is greater. For this reason, India created brothels. This happened because of *wafārah al-baẓr wa'lqulfah* ["the excess of the clitoris and of the prepuce"].[15]

According to modern opponents of the practice, Muḥammad knew that forbidding the practice entirely would have been impossible at the time and so instead sought to temper it.[16] In the Šīʿī version, however, he explicitly says in response to the Medinese woman's question, "Yes, it is allowed," before demonstrating the correct way of carrying out the procedure.[17]

According to a fourth *ḥadīṯ* of dubious reliability found in several compilations, Muḥammad is reported to have said, "The circumcision is a *sunnah* for men and *makrumah* for women."[18] As Aldeeb Abu Sahlieh notes, *sunnah* here could mean either a religious obligation or a permissible social custom.[19] *Makrumah* means "honourable," and does not imply *wājib* (obligatory), but rather *mustaḥabb* (recommended). Similar versions of this hadith are attributed to the Šīʿī *aʾimmah* (plural of *imām*), the most authoritative of which is that attributed to ʿAlī himself: "It is not bad that the woman be circumcised, but for the man circumcision is indispensable."[20]

Based on these and other sources, each *maḏhab* (singular of *maḏāhib*) arrived at a different position on FGC, although opinion diverged within them as well. There is no agreement, for example, within the Ḥanbalī *maḏhab* about whether FGC is *wājib* or merely *mustaḥabb*. The Dawūdi Bohra, an Ismaʾīlī Šīʿī community in India, also hold FGC to be *wājib*.[21] The table below (Fig. 3) thus represents only the majority view of each *maḏhab*. It should be emphasised, however, that none of the classical jurists consider FGC prohibited or even undesirable.

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[15] Al-Jāḥiẓ, pp. 28-29, as translated by Aldeeb Abu Sahlieh, "Muslims' Genitalia in the Hands of the Clergy," in *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, ed. G.C. Denniston, F.M. Hodges, M.F. Milos (Springer Science & Business Media, 2007), p. 153. Slightly altered here.
[16] Aldeeb Abu Sahlieh, p. 154, citing el-Saʿadāwi, *Al-Marʾah wal-Sīra al-Nafsī* (Maktabat Madbūli: Cairo, 1983), p. 72; M. al-Sabbagh, *Al-Ḥukm al-Šarʿī fī Ḵitan al-Ḏukūr wa'l-Ināṯ, Munaḍḍamat al-Ṣiḥḥah al-ʿĀlamiyyah* (Al-Maktab al-Iqlīmī, Alexandria, 1995), Preface; M.S. al-Awwa, in Aldeeb Abu Sahlieh, *Ḵitān al-Ḏukūr wa'l-Ināṯ ʿind al-Yahūd wal-Masiḥiyyīn wa'l-Muslimīn, al-Jadal al-Dīnī* (Riad El-Rayyes: Beirut, 2000), Annex 12; A. Ahmad, *Araʾ ʿulamā al-Dīn al-Islāmī fī Ḵitan al-Ināṯ* (Al-Jamʿiyyah al-Maṣriyyah li'l-Wiqāyah min al-Mumārasāt al-Ḍārrah: Cairo, 1989), pp. 8-9; and Ramadan, p. 29-30.
[17] Aldeeb Abu Sahlieh, pp. 154-55.
[18] *Ibid*, p. 153, citing Al-Bayhaqī, *Maʿrifāt al-Sunan*, Vol. 13, p. 63.
[19] *Ibid*, p. 153.
[20] *Ibid*, p. 153, citing Al-ʿĀmilī, *Wasāʾil al-Šīʿah*, Vol. 15, p. 163.
[21] Zahidi, F. "Female Genital Mutilation: Many Pakistani women's painful secret," *The Express Tribune*, 6 February 2013. http://blogs.tribune.com.pk/story/15979/female-genital-mutilation-many-pakistani-womens-painful-secret/ (accessed 23 May 2015)

Maḏhab	Male Circumcision	Female Circumcision
Sunnī [22]		
Ḥanafī	*sunnah* (permissible)	*sunnah* (permissible)
Malikī	*wājib*	*sunnah* (permissible)
Ḥanbalī	*wājib*	*wājib* / *mustaḥabb*
Šāfiʿī	*wājib*	*wājib*
Šīʿī [23]	*wājib*	*mustaḥabb*
Ibāḍī [24]	*wājib*	*mustaḥabb*

Fig 3. Positions of the Various Islamic Maḏāhib

These classical opinions continue to find expression today on popular Muslim websites. Perhaps the most mainstream of these is Islamweb.net, established by the Egyptian-born Qatari cleric Yūsuf al-Qaraḍāwī. For most of his career, al-Qaraḍāwī has supported FGC. In 1987, for instance, he argued that although "it is not obligatory, whoever finds it serving the interest of his daughters should do it. I personally support this under the current circumstances in the modern world."[25] Islamweb.net contains English language *fatāwā* (religious legal opinions or *responsa*) answering ordinary Muslims' questions. Some of these cite the *aḥādīṯ* and juridical opinions concerning FGC discussed above, and explain how to perform the operation. This "is done by cutting off part of the hood/skin which is like the comb of a cock and is found just above the urinary tract."[26] One inquirer asked about the appropriate time to perform the operation and received the following response:

> There is no clear text in the Sharee'ah about the timing of circumcision, so this is left for the guardian of the child, whether the child is a male or a female, taking into consideration the condition and benefit of the child… in principle it is permissible to circumcise a new-born female child, like other male children… Of course, it is the doctors and specialists who should determine this harm, so if they say that

[22] I.L. Asmani and M. Sheikh Abdi, *De-linking Female Genital Mutilation/Cutting from Islam* (Population Council, 2008), p. 13. http://www.unfpa.org/sites/default/files/pub-pdf/De-linking%20FGM%20from%20Islam%20final%20report.pdf (accessed 23 May 2015)
[23] Aldeeb Abu Sahlieh, pp. 166-67. Although there are different Šīʿī *maḏāhib*, for the purposes of this paper, I treat Šīʿī Islam as one.
[24] *Ibid*, p. 166.
[25] Y. al-Qaraḍāwī, *Hudā al-Islām: Fatāwī Muʿaṣirah*, 3rd ed., (Dār al-Qalām: Kuwait, 1987), p. 443.
[26] Fatwa No.: 82042. "Female Circumcision," Islamweb.net, 19 July 2000. http://www.islamweb.net/emainpage/index.php?page=showfatwa&Option=FatwaId&lang=E&Id=82042 (accessed 23 May 2015)

> circumcising a new-born female child is harmful to her, or that the benefit is not in circumcising her at this time, then she should not be circumcised until a proper time comes.[27]

Another man inquires, "If a husband wants his wife to have a circumcision does she have to obey him? Or does she have the right to refuse because it should be her choice to decide what she does to her body?" The *fatwā* (singular of *fatāwā*) cites the Ḥanbalī opinion that "the husband has the right to oblige his wife to carry out a circumcision… as he may achieve some benefits in her undergoing a circumcision." This is followed by the proviso that "she is not harmed by doing so." The *fatwā* also stipulates that the clitoris must not be "eradicated." Such a circumcision would be "illegal" and a woman ought not to obey her husband should he require it.[28] Another *fatwā* explains the reasons behind the procedure. The inquirer wonders whether these are aesthetic in nature. The *fatwā* disputes this and cites Ibn Taymiyyah (1263-1328 CE), who said, "The purpose of female circumcision is to reduce the woman's desire because if she is uncircumcised, she becomes lustful... because an uncircumcised woman tends to long more for men."[29]

A popular Salafi website, IslamQA.com, deals with questions in similar format. One of these concerns the "medical benefit of girl's circumcision." The response endorses the view that circumcision is obligatory for boys and only recommended for girls. "Female circumcision," it continues, "has not been prescribed for no reason, rather there is wisdom behind it and it brings many benefits." It goes on to note the opinions of two Muslim physicians. According to Dr. Ḥāmid al-Ġawābi:

> The secretions of the labia minora accumulate in uncircumcised women and turn rancid, so they develop an unpleasant odour which may lead to infections of the vagina or urethra. I have seen many cases of sickness caused by the lack of circumcision. Circumcision reduces excessive sensitivity of the clitoris which may cause it to increase in size to 3 centimeters when aroused, which is very annoying to the husband, especially at the time of intercourse. Another benefit of circumcision is that it prevents stimulation of the clitoris which makes it grow large in such a manner that it causes pain. Circumcision

[27] Fatwa No.: 144149. "The proper time to circumcise a child," Islamweb.net, 5 December 2010. http://www.islamweb.net/emainpage/index.php?page=showfatwa&Option=FatwaId&Id=144149 (accessed 23 May 2015)
[28] Fatwa No.: 91104. "Husband wants his wife to undergo circumcision," Islamweb.net, 31 January 2006. http://www.islamweb.net/emainpage/index.php?page=showfatwa&Option=FatwaId&Id=91104 (accessed 23 May 2015)
[29] Fatwa No.: 93047. "Female circumcision to beautify the sex organ," Islamweb.net, 26 February 2007. http://www.islamweb.net/emainpage/index.php?page=showfatwa&Option=FatwaId&lang=E&Id=93047 (accessed 23 May 2015)

> prevents spasms of the clitoris which are a kind of inflammation. Circumcision reduces excessive sexual desire.[30]

Dr. Sitt al-Banāt Ḵālid, a female gynaecologist, makes many of the same claims, adding, "For us in the Muslim world female circumcision is, above all else, obedience to Islam, which means acting in accordance with the fitrah and following the Sunnah which encourages it… If the benefits are not apparent now, they will become known in the future, as has happened with regard to male circumcision – the world now knows its benefits and it has become widespread among all nations despite the opposition of some groups."[31] The *fatwā* concludes by citing a WHO publication from 1979, according to which, "With regard to the type of female circumcision which involves removal of the prepuce of the clitoris, which is similar to male circumcision, no harmful health effects have been noted."[32]

Other Muslim websites, however, oppose the practice. Imad-ad-Dean Ahmad, for instance, writing for the American Muslim website IslamiCity.com, contradicts many of the claims made by the two doctors cited above:

> For Muslims, cliterodectomy [sic] and infibulation should be considered haram (prohibited) practices and opposition to it should be part of our ongoing mandate to fight against superstition and oppression. As to the mildest form of female circumcision, the risks to the girl's future ability to enjoy sexual relations with her husband must place it at best in the category of makruh (disliked) practices. Since it has neither hygienic nor religious value, there is no justification for Muslims to engage in this painful and potentially harmful practice and it would be best to avoid it completely.[33]

The only claim not contested here is that FGC diminishes a woman's ability to experience sexual pleasure. However, while Drs. al-Ġawābi and Ḵālid saw this as a positive health benefit, Ahmad has no hesitation in seeing it as form of harm. In another opinion piece written for IslamiCity.com, Dr. Shafi A. Khaled argues from the premise that FGC is *mubāḥ* (neither recommended nor prohibited). Given, however, that it poses health risks and sometimes results in the removal of too much tissue, it is also *isrāf* (wasteful). If enough weight is attached to

[30] 45528: "Medical benefits of female circumcision," IslamQA.com. http://islamqa.info/en/45528 (accessed 23 May 2015)
[31] *Ibid.*
[32] *Ibid.*
[33] I. Ahmad, "Female Genital Mutilation: An Islamic Perspective," IslamiCity, 2 March 2004. http://www.islamicity.com/articles/Articles.asp?ref=MF0403-2234 (accessed 23 May 2015)

these harms, Khaled concludes, the most appropriate legal category for the practice is *makrūh*.[34]

In 2006, a conference entitled, "The Prohibition of Violation of the Female Body through Circumcision" took place at Al-Azhar University in Egypt.[35] Organised by the German human rights non-governmental organisation Target, it brought together a number of influential Islamic scholars and medical professionals who adopted a resolution calling for an end to the "deplorable, inherited custom, which is practiced in some societies and is copied by some Muslims in several countries. There are no written grounds for this custom in the Qur'an with regard to an authentic tradition of the Prophet."[36] Even Yūsuf al-Qaraḍāwī, the founder of Islamweb.net, attended the conference. He criticised its title, which he perceived to be biased, as well as the fact that the conference was funded by a foreign organisation. He also expressed the view that medical opinion should decide the issue, but added, "We are on the side of those who ban this practice."[37]

In March 2009, well aware of the influence that al-Qaraḍāwī commands over Sunnī Muslims worldwide, Target invited him to another conference in Doha. Target's founder Rüdiger Nehberg finally persuaded him to change his mind on the question of FGC, claiming this as a great victory for the anti-FGC cause. A press release on Target's website quotes extracts from al-Qaraḍāwī's *fatwā*, including the strongly worded declaration, "Female genital mutilation means altering what God has created and is therefore the work of the devil and forbidden by God. It must be stopped."[38] Target comments, "This means hope for millions of girls in the 35 countries where female genital mutilation is common."[39] A closer inspection of the actual *fatwā*, however, reveals much equivocation by Qaraḍāwī (my italics):

> The female genital circumcision practiced today in many Islamic countries harms women *because it is done by untrained staffs* [sic]*, who disregard the necessary medical knowledge as well as the related hygienic conditions*… In the Islamic jurisprudence it is agreed upon that practices that are allowed can

[34] S.A. Khaled, "On the Issue of Female Circumcision," IslamiCity, 12 February 2013. http://www.islamicity.com/Articles/articles.asp?ref=IC1302-5383 (accessed 23 May 2015)
[35] A. El Ahl, "A Small Revolution in Cairo: Theologians Battle Female Circumcision," *Der Spiegel*, 6 December 2006. http://www.spiegel.de/international/spiegel/a-small-revolution-in-cairo-theologians-battle-female-circumcision-a-452790.html (accessed 23 May 2015)
[36] A. Gomaʿa (Grand Mufti of Egypt), Fatwa of Al Azhar/ Cairo, 24 November 2006. http://www.target-human-rights.de/HP-08_fatwa/index.php?p=fatwaAzhar (accessed 23 May 2015)
[37] *Ibid*.
[38] "Pioneering success for Rüdiger Nehberg and his organisation TARGET: SHEIK PROF. DR. YUSUF AL-QARADAWI ISSUED FATWA 'FEMALE GENITAL MUTILATION IS A WORK OF THE DEVIL'," 2 March 2009. https://www.target-nehberg.de/HP-08_fatwa/index.php?p=Qaradawi&lang=en& (accessed 23 May 2015)
[39] *Ibid*.

> be banned completely or partially, *in case they happen to cause any harm*… The objective study by neutral experts and specialists… shows that the circumcision, *in its current form*, harms women's physical and psychological state and affects their marital life. Therefore, this practice and all allowed acts *that bring about damages* must be stopped.[40]

He concludes that "circumcision or cutting a part of woman's body *without medical care, according to the current way of practice and without justification*, is not permitted and is illegal."[41] On closer inspection of the careful wording used by al-Qaraḍāwī, it appears that he is only condemning the more severe forms of FGC (Types Ib-III seen in Fig. 2 above). It is also not clear whether al-Qaraḍāwī's apparent reversal of his position has had very much effect. OnIslam.com, another website providing online *fatāwā*, contains one from as recently as 2014 citing al-Qaraḍāwī's older opinion, whilst clarifying that "'female circumcision' means removing the prepuce of the clitoris, not the clitoris itself."[42]

This practice, Type Ia (which I call "true female circumcision" in Fig. 2 above), is very common in populous Muslim countries such as Indonesia and Malaysia, where 97.5%[43] and 93%[44] of women have undergone it, respectively. Although it is said to be on the increase in Malaysia,[45] it is by no means a new practice in either of these countries. The fact that it was found within the Muslim community in Cape Town, South Africa, until relatively recently provides some evidence for this. The Muslim community in South Africa goes back to the 17th century, when Dutch colonists brought Indonesian and Malaysian slaves to the Cape. Their descendants constitute a small proportion of the South African Muslim population today and according to an article in a South African Muslim newspaper, the practice persisted among them until the 20th century. The author recounts that "many of the older ladies can tell about being knipped. Oemie Siera, of Pens Street, Cape Town, was a renowned practitioner of the art. The mutilating clitoral procedures of north and mid-Africa were never practised here," however.[46]

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[40] Y. al-Qaraḍāwī, Fatwa on FGC: English text, 3 March 2009. https://www.target-nehberg.de/HP-08_fatwa/index.php?p=fatwaQaradawi (accessed 23 May 2015).
[41] *Ibid.*
[42] Islamic Ruling on Female Circumcision, OnIslam.net, 15 February 2015. http://www.onislam.net/english/ask-the-scholar/acts-of-worship/purification/acts-akin-to-human-nature/174678-islamic-ruling-on-female-circumcision.html (accessed 23 May 2015)
[43] M. Budiharsana, L. Amaliah, B. Utomo and Erwinia, *Female Circumcision in Indonesia: Extent, Implications and Possible Interventions to Uphold Women's Health Rights* (Jakarta: Population Council, 2003), p. 25. http://pdf.usaid.gov/pdf_docs/PNACU138.pdf (accessed 23 May 2015)
[44] M. Dahlui, Y.L. Wong and W.Y. Choo, "Female circumcision (FC) in Malaysia: Medicalization of a religious practice," *International Journal of Behavioural Medicine* 2012; 19 (Suppl.1): S7.
[45] M. Kasztelan, "Female Circumcision is Becoming More Popular in Malaysia," *Vice*, 20 February 2015. http://www.vice.com/read/female-circumcision-is-becoming-more-popular-in-malaysia (accessed 27 May 2015)
[46] M.C. D'arcy, "The unkindest cut: Circumcision at the Cape," *Muslim Views*, February 1995, p. 21.

As I have shown, FGC is a custom that has a long-standing connection to Islam. While there is more debate today than in the past about the acceptability of the practice, the most authoritative Muslim figures stop short of condemning it outright. This is because of a principle of *fiqh* to which Qaraḍāwī alludes: if a practice is not explicitly forbidden in the Qurʾān or the Sunnah, no Islamic scholar has the authority to abolish it outright. The most that can be done is to impose a moratorium on the practice if it is causing harm. The question of what constitutes harm, however, as seen above, is subjective. Some would consider curbing women's (or a man's) sexual pleasure a form of harm; for others, this might be considered a benefit.

Chapter 2: A Case Study of FGM among Egyptian and Kurdish Women

In the Middle East, two groups among whom FGC practices remain common are the Egyptians and the Kurds. I have already discussed changing attitudes towards FGC among Egyptian clerics and medical professionals in Chapter 1. Here, however, I focus mainly on the experiences of Egyptian women who have undergone the practice and their attitudes towards it. I then look at the Kurds, an interesting case because they are often regarded as being more egalitarian (in gender terms) than other Middle Eastern populations.[47] It is also worth noting that a large proportion of Egyptians[48] and the vast majority of Kurds[49] adhere to the Šāfiʿī *maḏhab*, which considers Type Ia FGC obligatory. I rely mostly on peer-reviewed, cross-sectional medical studies as sources for this chapter.

Egyptians

Although all forms of FGC have been illegal in Egypt since 2008, 2014 United Nations Children's Fund (UNICEF) data show that around 91% of women aged 15-49 have undergone the procedure.[50] The same data, however, reflect that 54% of women in the same age group

[47] One example of this is a British colonial officer's observation during the First World War that both genders dance together on many social occasions. See W. Jwaideh, *The Kurdish national movement: its origins and development* (Syracuse University Press, 2006), p. 41. A more contemporary example would be the Kurdish women of the Peshmerga fighting alongside men against the Islamic State in Iraq and Syria (ISIS). See C. Salih, "The Kurdish women fighting ISIS," *CNN*, 13 March 2015. http://edition.cnn.com/2015/03/12/world/cnnphotos-female-peshmerga-fighters/ (accessed 24 May 2015)

[48] *Law in the Middle East*, Vol. 1: *Origin and Development of Islamic Law*, eds. M. Khadduri and H.J. Liebesny (The Lawbook Exchange, Ltd., 2008), p. 69.

[49] L.I. Meho and K.L. Maglaughlin, *Kurdish Culture and Society: An Annotated Bibliography*, eds. L.I. Meho and K.L. Maglaughlin, *Bibliographies and indexes in ethnic studies*, Issue No. 9 (Greenwood Publishing Group, 2001), pp. 7-8.

[50] *The State of the World's Children 2015: Executive Summary* (New York: UNICEF, 2014), Table 9, pp. 84–89. http://www.data.unicef.org/corecode/uploads/document6/uploaded_pdfs/corecode/SOWC_2015_Summary_and_Tables_210.pdf (accessed: 25 May 2015)

support the continuation of FGC and only 17% of girls aged 0-14 have undergone it (according to their mothers).[51] Between 2012 and 2013, when the Muslim Brotherhood briefly governed Egypt, it seemed as though this trend might be reversed. In 2012, the organisation put up flyers offering FGC services for a small fee.[52] Since the military coup that ousted Mohammed Morsi, however, the first doctor in Egyptian history was convicted for carrying out FGC after a girl died from the procedure in June 2013. He received two years' imprisonment for manslaughter, and three months for performing FGC. The girl's father, who requested the doctor to perform the operation, also received a three-month (suspended) sentence.[53]

A study conducted by Mohammed El-Defrawi, *et al.*, examines the sexual and other effects of FGC based on a sample of 250 women selected at random from a larger pool of female patients who visited maternal and childhood centres in Ismailia. 80% had undergone FGC, as determined by gynaecological examination.[54] From this, El-Defrawi, *et al.* were also able to determine the frequency of different FGC types, which they divided into three: "injury to clitoris" (50.5%), "excision of clitoris" (36.5%) and "excision of clitoris and surrounding parts" (13%).[55] These correspond loosely to the WHO Types Ia, Ib and II, respectively. Based on interviews with the women, El-Defrawi, *et al.* found that the mean age at which they underwent the procedure was 10.8 years.[56] 58.5% of the women said that they had undergone the procedure at home, 34.5% in a medical setting and 7% at the home of a *daya* (midwife). 48.5% of the women were cut by a *daya*, 36.5% by a medical practitioner, 8.5% by a barber and 6.5% did not know who performed the operation.[57] Pain was the most common complication (29%), followed by infection (12%), bleeding (10.5%) and swelling of the clitoris (2%).[58]

In terms of the procedure's sexual effects, the researchers found that 48.5% of the women who had undergone FGC reported dryness during sex (cf. 30% of intact women).[59] The cut women also desired sex less frequently (a mean of every 2.8 days per week as compared

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[51] *Ibid*.
[52] M. Tadros, "Mutilating bodies: the Muslim Brotherhood's gift to Egyptian women," *openDemocracy*, 24 May 2012. https://www.opendemocracy.net/5050/mariz-tadros/mutilating-bodies-muslim-brotherhood%E2%80%99s-gift-to-egyptian-women (accessed: 25 May 2015)
[53] "Egypt FGM trial 'convicts doctor of manslaughter'," *BBC News*, 26 January 2015. http://www.bbc.com/news/world-middle-east-30983027 (accessed: 25 May 2015)
[54] M.H. El-Defrawi, G. Lotfy, K.F. Dandash, A.H. Refaat and M. Eyada, "Female Genital Mutilation and its Psychosexual Impact," *Journal of Sex & Marital Therapy* 2001; 27(5), p. 465.
[55] *Ibid*, p. 467.
[56] *Ibid*.
[57] *Ibid*.
[58] *Ibid*.
[59] *Ibid*, p. 470.

with 3.7 for intact women),[60] and initiated sex half as often as the intact women.[61] They claimed not to enjoy sex 44% of the time (cf. 14% for intact women).[62] 43% never experienced orgasm (cf. 18% for intact women),[63] and 46% experienced pain during intercourse (cf. 32% for intact women).[64] More cut (51.5%) than intact (44%) women, however, engaged in foreplay before sex.[65]

The attitude survey consisted only of the women who had undergone FGC. 69% of these women believed the practice to be harmful, as opposed 31% who believed it to be beneficial.[66] In spite of this, however, 61.5% of them either had already subjected their daughters to the practice or intended to do so (38.5% did not or had no such intention).[67] 31% cited a religious justification for the practice, 18.5% cited familial reasons, 12% cited hygienic factors and 38.5% cited "other" considerations.[68]

A strength of this study is that it is specific about the extent of the FGC in each case, which provides an idea of how common each type is. The authors did not use the WHO classification system, however. Another weakness is that El-Defrawi, *et al*. failed to examine the sexual effects of FGC according to the type performed. They might also have provided more options in some of their survey questions.

A later study conducted by Zakia Ibrahim, *et al.* is more rigorous and comprehensive in some of these respects. Consisting of a similar sample size (220) of randomly selected women from the Suez Canal University Hospital, the authors found that 74.5% of women had undergone the FGC.[69] Of these women, 85.9% had undergone Type I, 14.1% Type II and no women Type III.[70] The mean age at which they were cut was very similar to El-Defrawi, *et al.*'s figure: 10.5 years.[71] 49.4% of the women were cut by a *daya*, 20.1% by a nurse, 17.7% by a doctor and 12.8% by a barber. In 78.1% of the cases, the person performing the operation was female.[72] Anaesthesia was used in 20.1% of the cases, and yet only 23.78% (Type I: 19.9%,

[60] *Ibid*, p. 468.
[61] *Ibid*.
[62] *Ibid*, p. 469.
[63] *Ibid*.
[64] *Ibid*, p. 470.
[65] *Ibid*.
[66] *Ibid*, p. 471
[67] *Ibid*, p. 472.
[68] *Ibid*, p. 471.
[69] Z.M. Ibrahim, M.R. Ahmed and R.M. Mostafa, "Psychosexual impact of female genital mutilation/cutting among Egyptian women," *Human Andrology* 2012; 2, p. 36.
[70] *Ibid*, p. 38.
[71] *Ibid*.
[72] *Ibid*.

Type II: 47.8%) of the women reported pain as a complication. [73] 24.39% (Type I: 21.9%, Type II: 39.1%) reported difficult lubrication; 16.46% (Type I: 13.5%, Type II: 34.8%) reported haemorrhage; 6.09% (Type I: 5.6%, Type II: 8.7%) reported "urinary problems", while 29.26% reported no complications.[74]

Ibrahim, *et al.* also looked at the question of sexual pleasure and confirmed the findings of El-Defrawi, *et al.* However, since they separated their results according to the type of FGC performed, they were able to determine that the "type II circumcised group had significantly lower scores of desire, lubrication, orgasm, pain, and satisfaction as well as the total score compared with the type I circumcised group."[75] Meanwhile, the only statistically significant difference between the Type I group and the intact group was with respect to lubrication, for which the latter had a higher score.[76]

Ibrahim, *et al.* looked at the contextual issues in greater detail than El-Defrawi, *et al.* They found that rural women were more likely (87.9%) to have undergone FGC than urban women (63.6%).[77] They also found an inverse relationship between education levels and the likelihood of FGC. 25.6% of the cut women cited religion as the reason for FGC, 35.9% cited tradition, 27.4% cited concerns around marriageability, 4.9% cited cleanliness and 6.1% cited aesthetic considerations.[78] In over half of the cases (53.7%), the person who decided to perform the procedure was a doctor, 27.4% the mother, 10.4% the grandmother and 8.5% the father.[79] 15.8% of the women's husbands agreed with FGC, while 7.3% disagreed. In the vast majority of cases (76.8%), however, the woman had never even discussed the matter with her husband.[80]

One limitation of this study is that it does not differentiate between Types Ia and Ib. The authors do note, however, that women "with minor scarring on the prepuce… were excluded from the study" at the outset.[81] Since these women likely underwent attempted Type Ia FGC, their exclusion suggests that Type Ib (clitoridectomy) may have been somewhat overrepresented as a proportion of all Type I cases in the study.

In another Egyptian study, Thabet and Thabet separated 147 non-randomly selected Cairene women into four groups, one of which consisted of 30 women who had been "minorly circumcised." This involves "excision of the clitoral prepuce and frenulum, and in some cases,

[73] *Ibid*.
[74] *Ibid*, pp. 38-39.
[75] *Ibid*, p. 36.
[76] *Ibid*, p. 39.
[77] *Ibid*, p. 38.
[78] *Ibid*.
[79] *Ibid*.
[80] *Ibid*.
[81] *Ibid*, p. 37

small parts of the protruded labia minora."[82] Since the glans clitoris remained intact in these cases, they would seem to correspond best to Type Ia. 90% of the women in this group were cut by a trained gynaecologist. When this group was compared with a control group of 30 intact women, no statistically significant difference was found in "sexual desire and arousal," "sexual satisfaction" and "orgasm."[83] Another group that was compared with the control group consisted of 30 "circumcised mutilated women." This involves "excision of the glans, the whole clitoris and labia minora, infibulated cases and cases where the area of the clitoris or the base of labia minora or both are involved in adhesions or scarring."[84] These cases correspond to Types Ib-III. Only 6.7% of the women in this group were cut by a trained gynaecologist. The differences between this group and the control group, as might be expected, were more marked, especially in "sexual desire and arousal," and "orgasm."[85]

Kurds

The Kurds number a little over 30 million and live mainly in Turkey (±15 million), Iran (±8 million, Iraq (±5.5 million) and Syria (±1.5 million).[86] They are often described as the world's "largest stateless people."[87] This has made it difficult to collect reliable demographic information about them, especially in Turkey, whose Kurds have been involved in a long struggle for recognition as a separate non-Turkish ethnic group. Since 2003, however, the Iraqi Kurds have gained regional autonomy in the north of the country and have become increasingly prosperous. At the same time, FGC remains very common among this group. According to one study from 2008, around 60% of women in Iraqi Kurdistan have undergone FGC (in one area, as many as 90%).[88] As in Egypt, FGC is now illegal: the Kurdish Regional Government parliament passed legislation banning the practice in 2011.[89] According to Human Rights Watch, however, the law is not properly enforced.[90] Below I discuss two high quality studies

[82] A. Thabet and S. Thabet, "Defective sexuality and female circumcision: The cause and the possible management," *Journal of Obstetrics and Gynaecology Research* 2003; 29(1), p. 13.
[83] *Ibid*, p. 16.
[84] *Ibid*, p. 13.
[85] *Ibid*, p. 16.
[86] These are estimates based on CIA World Factbook population percentages. See https://www.cia.gov/library/publications/the-world-factbook/ (accessed: 26 May 2015)
[87] Meho and Maglaughlin, p. 95.
[88] A.R. Paley, "Widespread Female Circumcision Highlights the Plight of Kurdish Women," *The Washington Post*, 29 December 2008. http://www.washingtonpost.com/wp-dyn/content/article/2008/12/28/AR2008122802005.html (accessed: 26 May 2015)
[89] "Iraqi Kurdistan: Law Banning FGM Not Being Enforced," Human Rights Watch, 29 August 2012. https://www.hrw.org/news/2012/08/29/iraqi-kurdistan-law-banning-fgm-not-being-enforced (accessed: 26 May 2015)
[90] *Ibid.*

conducted in Iraqi Kurdistan and published in 2013. I then discuss a lower quality[91] study conducted in an Iranian province, published in 2012. I failed to find any studies examining FGC among the Kurds in Turkey or Syria.

The first study was conducted by Berivan Yasin, *et al*. and consists of 1,987 women aged 15-49 who visited hospitals and clinics in Erbil city. FGC status was determined by self-report as well as by gynaecological examination. It is interesting to note the discrepancy between the two methods: 70.3% of women said they had undergone the procedure, but the researchers were only able to determine FGC in 58.6% of women.[92] Again, this may be explained by the fact that some women received a very mild cut that left little or no scarring. Hereafter, when discussing the women in this study who underwent FGC, I refer only to these clinically verified cases. Nearly all (99.6%) of these were Type I while the remaining cases were Type II. Most (60.2%) of the women underwent the procedure at the age of 4-7, significantly earlier than the Egyptian women discussed above. FGC was performed by a "traditional birth attendant" (the equivalent of a *daya*) in 72.5% of the cases, a "traditional circumciser" in 12.1%, a relative in 11.1%, a neighbour in 3.4% and a healthcare provider in 0.9%.[93]

3.6% of the women experienced bleeding and 0.9% pain as complications. The authors also included the category "long term complications": 1.7% experienced "reduced libido" and 0.2%, "psychological" harm.[94] The women were also interviewed about perceived complications resulting from FGC. 52% said they were not aware of any complications, 18.5% were unsure. Of the remaining 29.5% who were aware of complications, 80.89% said FGC reduced the libido, 12.12% said it caused bleeding, 4.44% pain, 0.68% infertility, 0.51% "gloominess" and 1.36% named other complications such as infection and difficulty during childbirth.[95]

Yasin, *et al*. found that 63.6% of rural women and 56.9% of urban women had undergone the practice, less of a discrepancy than Ibrahim, *et al.* found among Egyptian women.[96] They observed an inverse correlation between the education levels of the women's parents and her likelihood of having undergone FGC. This correlation was somewhat stronger

[91] The data are often incomplete or misleadingly represented, the tables to which the authors refer are absent and there are inconsistencies between some of the figures and claims provided.
[92] B.A. Yasin, N.G. Al-Tawil, N.P. Shabila, and T.S. Al-Hadithi, "Female genital mutilation among Iraqi Kurdish women: a cross-sectional study from Erbil city," *BMC Public Health* 2013; 13(809), p. 1. Published online: http://www.biomedcentral.com/1471-2458/13/809 (accessed 26 May 2015)
[93] *Ibid*, p. 4.
[94] *Ibid*.
[95] *Ibid*, p. 6.
[96] *Ibid*, p. 5.

in the case of the mother than of the father.[97] The women themselves gave as reasons for the procedure "social and cultural tradition" (46.7%), "dictate of religion" (38.8%), to "reduce libido" (7.8%), "cleanliness" (0.7%), to prevent bad odours (0.4%), for a "more beautiful appearance" (0.3%) and "don't know" (5.4%).[98] 46.8% of the cut women expressed an intention to cut their daughters, compared with 17.1% of the intact women.[99] The fact that any significant number of intact women wished their daughters undergo FGC presumably speaks to the power of the aforementioned attitudes in perpetuating the practice.

The second Kurdish study was conducted by Rozhgar Saleem, *et al.* and consists of 1,508 participants from three provinces with large Kurdish populations: Erbil, Sulaimaniyah, Duhok.[100] The women were aged 0-20 and thus significantly younger on average than their counterparts in the Yasin, *et al*. study.[101] Nearly all (98%) were Muslim.[102] 348 (23.1%) of the women reported having undergone FGC, but 109 refused a gynaecological examination. For this reason, it was only possible to confirm FGC in 239 (15.8%) of the women, and to determine the type performed on women within this group.[103] According to Saleem, *et al.*, 76.2% had undergone Type I, 13.4% Type II and 10.5% other minor genital alterations that did not involve cutting or the removal of tissue.[104] If one excludes this last category of cases, only 14.2% of the women in the study can be said to have undergone FGC: 85.1% Type I and 14.9% Type II. Having noted these caveats, I shall nevertheless follow the authors in categorising all 348 women as having undergone FGC.

67.5% of the cut women were 16 years or older.[105] The mean age at which they underwent FGC was 4.6 years.[106] The decision maker was the mother in 79.2% of the cases, the grandmother in 11.2 %, the father in 3.4% and "other" in 6.2% of the cases.[107] A midwife performed the procedure in 53.7% of the cases, "other health staff" in 15.4% and relatives in 30.9%.[108] When asked about the reasons for the procedure, 50.3% of the women cited religion, 40.7% "social" considerations and 9% "purity."[109] 61% of those who had undergone FGC were

[97] *Ibid*.
[98] *Ibid*, p. 6.
[99] *Ibid*.
[100] R.A. Saleem, N. Othman, FH. Fattah, L. Hazim and B. Adnan, "Female Genital Mutilation in Iraqi Kurdistan: Description and Associated Factors," *Women & Health* 2013; 53(6), p. 542.
[101] *Ibid*, p. 537.
[102] *Ibid*, p. 542.
[103] *Ibid*, p. 541.
[104] *Ibid*, p. 543. These cases were classified as Type IV. See note 2 supra.
[105] *Ibid*, p. 544.
[106] *Ibid*, p. 543.
[107] *Ibid*.
[108] *Ibid*. See also p. 548.
[109] *Ibid*.

against it, 28% were in favour and 11% were undecided.[110] Meanwhile, 69.3% did not intend to have their daughters cut and 30.7% intended to do so.[111] The FGC rate was highest in Erbil province (37%), followed by Sulaimaniyah province (29%) and Duhok province (4%).[112] Interestingly, a lower proportion of rural women (17.1%) had been cut than urban women (23.5%),[113] although this may be explained by the fact that the proportion of rural women included in the study was small (16.4%).[114] Moreover, when looking at the mother's education level as a determinant of FGC, Saleem, *et al.* found that women with uneducated mothers were eight times more likely to have been cut than those whose mothers had some secondary education.[115]

While Saleem, *et al.* do not look at the sexual effects of FGC, they do consider a number of complications. These include pain (71.4%), psychological harm (5.9%), bleeding (4.4%), infection (1.2%) and none or unknown (17.1%).[116]

The two Iraqi studies nicely complement each other in that the strengths of one compensate for the weaknesses of the other. Yasin, *et al*. focus on women in the 15-49 age group, while Saleem, *et al.* focus on the women aged 0-20. Yasin, *et al*. have a large sample size, but look only at Erbil province. Saleem, *et al*. have a somewhat smaller sample size, but look at two other provinces as well. Yasin, *et al*. also provide a more detailed account of the reasons for the practice, whereas Saleem, *et al*. consider the question of which family members decide about the practice. I turn now to the Iranian study, which although of lower quality remains useful for comparative purposes, as the Kurds in Iran have had a very different experience from those of northern Iraq.

T. Pashaei, *et al.* interviewed and clinically examined 348 women who visited five different health centres in the city of Ravansar, Kermanshah Province, Iran.[117] 55.7% of them were determined to have undergone FGC and "partial or full clitoral cutting was reported in all circumcised responders."[118] No other information is provided about the type performed, but from this description, one may assume that all cases were Type I.

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[110] *Ibid*, pp. 545-46.
[111] *Ibid*, p. 546.
[112] *Ibid*, p. 541.
[113] *Ibid*, p. 544.
[114] *Ibid*, p. 542.
[115] *Ibid*, p. 538.
[116] *Ibid*.
[117] T. Pashaei, A. Rahimi, A. Ardalan, A. Felah and F. Majlessi, "Related Factors of Female Genital Mutilation (FGM) in Ravansar (Iran)," *Journal of Women's Health Care* 2012; 1(2):108, p. 1.
[118] *Ibid*, p. 2.

The mean age of those who underwent FGC was 9.2 years, although the authors note that some underwent it at 21 years or even later.[119] 87.7% were cut by a "traditional female circumciser" and 85.1% said that their mothers had been the main decision maker.[120] 48.2% reported pain and 1.5% bleeding as complications from the operation.[121] 34.2% said they agreed with the practice, while 47% intended to cut their daughters.[122] The reasons given for the practice were "tradition and customs" (66.7%), "cleanliness" (17.2%), "religion" (2.8%), "health" (2.6%) and "control of the sexual desire" (1%). The authors conclude, "It is clear that tradition, religion and social pressure were the main motives for performing FGM."[123] In further support of this, they cite an Egyptian study which lists religion as the main factor (33.9%), followed by social traditions (17.9%), cultural traditions (15.9%) and cleanliness (8.9%).[124] Somewhat incongruously, they go on to argue that FGC is "a social practice rather than a religious one… there is no reason for FGM in Islam. It can be clearly seen that Islam forbids damage to the human body and there is no scriptural evidence in the religion to support of FGM."[125]

General discussion

One interesting thing to note about the studies discussed here is that they include few women who underwent Type II and virtually none who underwent Type III FGC. Most cut Egyptian and Kurdish women underwent Type I FGC, although it is seldom clear whether these are Type Ia or Type Ib cases. All studies share the weakness that they do not differentiate explicitly enough between these two types or try to determine how common one is relative to the other. This is regrettable as the difference between them is crucial, both anatomically and in terms of Islamic tradition and jurisprudence, which only permit Type Ia. Another study of women from Somalia, Nigeria, Ethiopia and Sudan does draw this distinction. Although the sample is small, this data could still be useful in obtaining some idea of the proportion of all Type I cases that are Type Ia. In one group of women with a mean age of 35.8 years, only 5 out of 25 Type I cut

[119] *Ibid.*
[120] *Ibid.*
[121] *Ibid.*
[122] *Ibid.*
[123] *Ibid.*
[124] Pashaei, *et al.*, p. 2. The authors cite the following study: M.A.Tag-Eldin, M.A. Gadallah, M.N. Al-Tayeb, M. Abdel-Aty, E. Mansour, *et al.*, "Prevalence of female genital cutting among Egyptian girls," *Bulletin of the World Health Organisation* 2008; 86, pp. 269-274.
[125] Pashaei, *et al.*, p. 2.

women were Type Ia.[126] In a younger group with a mean age of 22, however, 10 out of 11 Type I cut women were Type Ia.[127] This may reflect a trend toward greater medicalisation of the practice (as seen in recent years in countries such as Malaysia),[128] which allows for a more precise amount of tissue to be removed.

Studies	Sample size	FGC	Types			Age at time of FGC (years)	Person Performing FGC			Complications				Main reason given for FGC				Intention to cut daughter
			of which Type I	of which Type II	of which Type III		Midwife / Ritual Cutter	Medical Practitioner	Other	Bleeding	Pain	Other	Total	Religion	Social / culture / tradition	Hygiene / cleanliness	Other	
Egypt:																		
El-Defrawi, et al.	250	80%	87%	13%	0%	10.8 (mean)	48.5 %	36.5%	15%	29%	10.5 %	14.5 %	53.5%	31%	18.5 %	12%	38.5 %	61.5%
Ibrahim, et al.	220	74.5%	85.9 %	14.1 %	0%	10.5 (mean)	49.4 %	47.8%	2.8%	16.5 %	23.8 %	30.5 %	70.8%	25.6 %	63.3 %	4.9%	6.2%	-
Thabet and Thabet*	147	79.6%	29.1 %	43.6 %	27.3 %	9 (mean)	-	> 26.5%	-	-	-	-	> 48.7%	-	-	-	-	-
Kurds:																		
Yasin, et al.	1987	58.6%†	99.6 %	0.4%	0%	4-7 (60.2% of cases)	84.6 %	0.9%	14.5 %	3.6%	0.9%	1.9%	6.4%	38.8 %	46.7 %	1.1%	13.4 %	46.8%
Saleem, et al.	1508	23.1%‡	85.1 %	14.9 %	0%	4.6 (mean)	53.7 %	15.4%	30.9 %	4.4%	71.4 %	7.1%	82.9%	50.3 %	40.7 %	0%	9%	30.7%
Pashaei, et al.	348	55.7%	100 %	0%	0%	9.2 (mean)	87.7 %	-	-	1.5%	48.2 %	-	49.7%	2.8%	66.7 %	19.8 %	10.7 %	47%

* Not a random sample
† 70.3% according to self-report
‡ Only confirmed in 15.8% of cases

Fig. 4: Summary of all six studies discussed

It is difficult to know how to interpret the data on complications, which vary widely. It is also odd that no study lists death as a complication (or even a perceived complication), even though there must be many such cases. The one from Egypt discussed earlier was probably rare only in that it resulted in a criminal conviction and reached the international media.

What can be said for certain is that FGC remains very common in the populations discussed here, even if it appears to be on the decline. In almost every study, a significant percentage of the respondents also understood it to be a practice of religious significance. This is important because it shows that although many Western feminists[129] and Muslim

[126] L. Catania, O. Abdulcadir, V. Puppo, J. Baldaro Verde, J. Abdulcadir and D. Abdulcadir, "Pleasure and orgasm in women with female genital mutilation/cutting (FGM/C)," *Journal of Sexual Medicine* 2007; 4, p. 1669.
[127] *Ibid.*
[128] Kasztelan, "Female Circumcision is Becoming More Popular in Malaysia."
[129] One British anti-FGC activist stated, "The idea that FGM is a Muslim issue is a myth and religious leaders should be speaking out to dispel this myth, yet the majority are silent. When any form of violence or oppression

apologists[130] deny any connection between FGC and Islam, many of the women who themselves underwent the practice and wish their daughters to do likewise believe differently. As discussed in Chapter 1, their beliefs have not emerged from a vacuum, but are based on centuries of Muslim tradition.

Chapter 3: The Evolving Debate around FGM in the West

Historical Western Encounters with FGC

Westerners have been acquainted with FGC since the time of the ancient Greeks. The geographer, historian and philosopher Strabo, who visited Egypt between 25 and 23 BCE, wrote, "One of the customs most zealously observed among the Egyptians is this, that they rear every child that is born, and circumcise the males, and excise the females, as is also customary among the Jews, who are also Egyptians in origin."[131] It appears not to have received much attention, however, until the eighteenth century CE when it intrigued some European travellers. James Bruce, for instance, wrote of FGC among the Falashas after his visit to Ethiopia between 1768 and 1772:

> The Abyssinians of Tigre say, that they have received it from Ishmael's family and his descendants, with whom they were early connected in their trading voyages. They say also, that the queen of Sheba, and all the women of that coast, had suffered excision at the usual time of life, before puberty, and before her journey to Jerusalem. The Falasha again declare, that their circumcision was that commonly practiced at Jerusalem in the time of Solomon, and in use among them when they left Palestine, and came into Abyssinia.[132]

Bruce's interest in the custom appears to lie mainly in the question of its origins and his detached tone suggests that he felt no need to pass moral judgment upon it. In the nineteenth

becomes an issue in a community, you will find religion is used as a means for excusing behaviours… In the Quran it says you are not allowed to change how God made you, so removing my genitals is totally un-Islamic." See S. Nelson, "The Fearless Campaigner Whose Islamic Faith Spurs Her To Break The Brutal Cycle Of FGM," *Huffington Post*, 11 November 2014. http://www.huffingtonpost.co.uk/2014/10/22/fgm-leyla-hussein-islam_n_6029118.html (accessed 27 May 2015).

[130] In a CNN interview the author Reza Aslan claims that FGC is "not an Islamic problem, it's an African problem… a central African problem. Eritrea has almost 90% female genital mutilation: it's a Christian country. Ethiopia has 75% female genital mutilation: it's a Christian country. Nowhere else in the… Muslim-majority states is female genital mutilation an issue." "Reza Aslan - Islam is not the problem," Youtube, 1 October 2014. https://www.youtube.com/watch?v=yV0QXO6YfzA (accessed 27 May 2015).

[131] Strabo, *The geography of Strabo*, Vol. 8, transl. W. Hones (Heinemann: London, 1967), p. 153, as cited in Aldeeb Abu Sahlieh, p. 92.

[132] J. Bruce, *Travels to discover the source of the Nile in the years 1768-1773*, Vol. 3 (Robinson, Paternoster-Row: London, 1790, pp. 341-342, as cited in Aldeeb Abu Sahlieh, p. 93.

century, however, the relationship between the West and FGC began to change, taking on a rather contradictory nature. This was the consequence of two overlapping trends within the West. The first was the rise of Victorian medicine, which viewed human sexuality–and perhaps especially, female sexuality–with great suspicion and sought to curb its perceived excesses. This led to the endorsement of FGC by some Western physicians and others. Between 1858 and 1866, the President of the Medical Society of London, Dr. Isaac Baker Brown, performed hundreds and possibly thousands of clitoridectomies. He claimed that the operation could cure "insanity, epilepsy, catalepsy and hysteria in females" by preventing masturbation.[133] John Harvey Kellogg, the inventor of corn flakes, also recommended clitoridectomy as a remedy for "nymphomania" (which he believed was caused by "self-abuse") in his *Ladies' Guide in Health and Disease*, originally published in 1883.[134] It is not widely known that this vestige of Victorian medicine survived in the West until 1977, when the American health insurance company Blue Cross Shield finally ceased to cover clitoridectomies.[135]

The second trend was the intensification of the colonial project towards the end of the nineteenth century. This eventually led to attempts to ban FGC as "heathen" or "barbaric".[136] According to Lynn Thomas, this kind of opposition to the practice was discernible among Protestant missionaries in Kenya as early as 1906. When cultural relativism became fashionable in colonial circles, however, opponents of FGC switched to arguments about the negative health consequences of FGC. They successfully influenced colonial officials, who imposed successive restrictions on the practice in Kenya between 1927 and 1932.[137] A "female circumcision controversy" ensued: missionaries, supported by British female parliamentarians and women's rights organisations did what they could to oppose the practice, while native Kenyans resisted these restrictions by accusing the British and their local puppets of "corrupting custom, seducing young women, and stealing land."[138] When a British-backed local council banned the practice outright in 1956, Kenyan women defied the ban and founded a movement called *Ngaitana* ("I will circumcise myself").[139]

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[133] Aldeeb Abu Sahlieh, p. 243.
[134] J.H. Kellogg, *Ladies Guide in Health and Disease* (Modern Medicine Publishing Company, 1896), p. 550.
[135] P. Robinett, "The Rape of Innocence: One Woman's Story of Female Genital Mutilation in the U.S.A." (Aesculapius Press, 2006), p. 56.
[136] Aldeeb Abu Sahlieh, p. 385-86.
[137] L. Thomas, "'Ngaitana (I Will Circumcise Myself)': Lessons from Colonial Campaigns to Ban Excision in Meru, Kenya," in *Female "circumcision" in Africa: Culture, Controversy, and Change*, eds. B. Shell-Duncan, Y. Hernlund (Lynne Rienner Publishers, 2000), p. 132.
[138] *Ibid*, pp. 132-33.
[139] *Ibid*, p. 130.

Nawāl el-Saʿadāwī, who herself underwent FGC as a child, was one of the earliest non-Western feminist writers to oppose the practice in her 1969 book *Al-Marʾah wa'l-Jins* (*Woman and Sex*). This came at personal cost: el-Saʿadāwī was removed from her post as the director of public health within the Egyptian Ministry of Health. She did not begin to influence so-called "second wave" Western feminists until the 1980s, however, when her work was published in English.[140] Thus, when Western feminists began their concerted international campaign against FGC in the 1970s (1975-1985 was declared the United Nations Decade for Women), they did so largely uninformed by the views and experiences of women who actually came from FGC-practising cultures.[141]

In 1979, the American founder of the Women's International Network Fran Hosken, published a report on FGC that applied pressure on the WHO and other international bodies to oppose the practice.[142] Hosken, however, has been criticised for her inaccurate and simplistic portrayal of FGC. She contends, among other things, that "African men… subject their own small daughters to FGM in order to sell them for a good bride-price."[143] This creates the impression that the practice is primarily male-driven, which as seen in Chapter 2, is false in many cases. Hosken, however, accuses anthropologists who draw attention to this fact of a "patriarchal cover-up."[144] She also fails to provide specific information about the type of FGC performed in a particular region. For this reason, Ylva Hernlund cautions anti-FGC activists against relying too heavily on the Hosken Report. If their arguments are based on complications arising from Type III, for example, these are unlikely to be persuasive to a community practising Types I or II.[145] Rogaia Abusharaf notes Hosken's tendency to reduce the problems faced by African societies to the practice of FGC: "genital mutilation is a traditional practice that reflects a social organization that is incompatible with present-day economic goals. These mutilations are an obstacle to political, social, and economic development."[146] Poststructuralist feminists have also pointed to the paternalistic manner in which "eradicationists" like Hosken

[140] *Ibid.*
[141] *Ibid.*
[142] F. P. Hosken, "The Hosken Report: Genital and Sexual Mutilation of Females," Women's International Network news, Vol. 5, No. 4 (Women's International Network, 1979).
[143] Hosken, p. 16, as cited in R.M. Abusharaf, "Revisiting Feminist Discourses on Infibulation: Responses from Sudanese Feminists," in *Female "circumcision" in Africa: Culture, Controversy, and Change,* p. 161.
[144] Thomas, p. 130.
[145] Y. Hernlund, "Cutting without Ritual and Ritual Without Cutting: Female "Circumcision" and the Re-ritualization of the Initiation in Gambia," in *Female "circumcision" in Africa: Culture, Controversy, and Change,* p. 241.
[146] Hosken, p. 91, as cited in R.M. Abusharaf, p. 160.

portray "third world women" as passive victims in need of salvation by their enlightened Western sisters.[147]

FGC comes to the West

Since the 1980s, immigration from Muslim and other developing countries to the West has increased dramatically. FGC there has consequently become more common and the debates discussed above less theoretical for many Westerners.[148] Western governments, for example, have had to decide how to deal with the practice. Most Western countries currently have laws against all forms of FGC, but concerns remain over whether these will serve to drive the practice underground, which could make it more dangerous. In Western countries, as in those countries where the practice is illegal but endemic, there have also been very few prosecutions for FGC.[149]

One of the earlier controversies in the United States surrounded what the literature on FGC terms the "Seattle Compromise" of 1996. A hospital in Seattle served many Somali immigrants and refugees in the 1990s.[150] Hospital staff were taken aback when in response to the routine inquiry (in US hospitals), "If it's a boy, do you want him circumcised?" a number of pregnant Somali women responded, "Yes, and also if it's a girl." [151] Some even requested this repeatedly. Others who may have sensed the hospital's reluctance to perform the procedure asked whether the doctors could perform "symbolic *sunna* that would have involved only a small incision or 'nick' on the foreskin or prepuce (also called the hood) of the clitoris, just enough to draw blood."[152] The staff declined, explaining to the women that only boys are circumcised in the US. The women responded that in that case, they would have to send their daughters back to Somalia for the procedure (which would cost them $1,500), or to a midwife in the Seattle area. They made clear that their daughters would then undergo the much more extensive type of FGC (generally Type III in Somalia) that they themselves had undergone as girls.[153]

The hospital convened a special committee of medical professionals to resolve this dilemma. The committee decided in favour of the compromise proposed by the Somali women:

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[147] Thomas, p. 131.
[148] *Ibid.*
[149] O. Becker, "New Prosecutions Bring Scrutiny to Female Genital Cutting," *Vice News*, 25 April 2014. https://news.vice.com/article/new-prosecutions-bring-scrutiny-to-female-genital-cutting (accessed 27 May 2015)
[150] D.L. Coleman, "The Seattle Compromise: Multicultural Sensitivity and Americanization", *Duke Law* Journal 1998; 47, pp. 738-39.
[151] *Ibid*, 739.
[152] *Ibid.*
[153] *Ibid*, pp. 740-41.

a small cut to the clitoral hood under local anaesthesia, without the removal of any tissue, performed only on girls old enough to consent to it themselves.[154] Before the committee had finalised its decision, however, the story reached the media and the American anti-FGC community. The hospital was subsequently "besieged by outraged opponents of female circumcision"[155] and it received a torrent of letters from feminist groups warning that performing FGC would contravene federal legislation passed earlier that year. One activist, a self-described "survivor of FGM" from Ethiopia, expressed the view that "*even talking about cutting female genitals* legitimizes a barbaric practice, one that disempowers women and serves to keep them out of the American mainstream."[156] One doctor in particular received hate mail and death threats after stating publically that those with strong feelings about the issue should "calm down and gain some possession of the facts first before launching their fusillades."[157] Indeed, most of those who protested against the hospital did not seem to be aware that the proposed procedure was largely symbolic and would have left the girls' genitalia fully intact.

In light of this hysterical reaction from the US public, the hospital was forced withdraw its proposal. In keeping with what the mothers had told the hospital staff, the girls were then sent to Somalia or to a local midwife, where they underwent a far more severe operation. One of the doctors at the hospital noted a few years later that her Somali patients remain puzzled by the American double standard around genital cutting: "We will cut the whole foreskin off a penis, but we won't even consider a cut, a *sunna*, cutting the prepuce, a little bloodletting (on a girl)."[158] She expressed regret that she was never able to offer them any satisfactory explanation for this.[159]

Nearly 15 years later a similar controversy erupted involving the American Academy of Pediatrics (AAP). In 2010, the organisation decided to review its earlier policy pertaining to FGC, which had been published in 1998. In the earlier policy, the AAP states its opposition to "all forms of FGM, counsels its members not to perform such ritual procedures, and encourages the development of community educational programs for immigrant populations."[160] The 2010 recommendations, however, departed from this categorical opposition:

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[154] *Ibid*, pp. 744-45.
[155] *Hospital Won't Circumcise Girls*, Seattle Times, 5 December 1996, as cited in Coleman, p. 745.
[156] Coleman, p. 747.
[157] *Ibid*, pp. 747-48.
[158] *Ibid*, p. 749.
[159] *Ibid*.
[160] American Academy of Pediatrics, "Committee on Bioethics: Female Genital Mutilation," *Pediatrics* 1998; 102(1), p. 153.

> The American Academy of Pediatrics opposes all types of female genital cutting *that pose risks of physical or psychological harm*, counsels its members not to perform such procedures, recommends that its members actively seek to dissuade families from carrying out *harmful forms of FGC*, and urges its members to provide patients and their parents with compassionate education about the harms of FGC while remaining sensitive to the cultural and religious reasons that motivate parents to seek this procedure for their daughters.[161]

The remainder of the statement reflects some of the lessons learned from the Seattle Compromise. The authors note concerns among some paediatricians that the criminalisation of FGC has been counterproductive. In order to prevent girls' being sent home or to a midwife for a more severe operation, they continue, these paediatricians propose performing a small incision or prick on the clitoral hood, which would "satisfy ritual requirements." The authors point out that such an operation is "no more of an alteration than ear piercing… not physically harmful and much less extensive than routine newborn male genital cutting."[162]

These arguments notwithstanding, a public outcry along similar lines to that of the Seattle Compromise ensued. Taina Bien-Aimé, the president of Equality Now, a human rights organisation that focuses on girls and women, felt "shocked, outraged, disappointed, stunned. This statement defies decades of extremely hard work at the international, grass-roots level across Africa, starting with the World Health Organization, UN agencies, and all of the regional agencies in Africa, Europe, and elsewhere that have worked very hard with local communities to eradicate female genital mutilation."[163] Echoing Hosken, she goes on to argue:

> This is not an isolated issue: it's linked to early marriage, denial of education, and the feminisation of poverty. It's a whole package of abuse and denial of girls' rights… We must tell people, if you want to eradicate poverty and if you want to develop your country economically, you cannot maim 50% of the population.[164]

Ayaan Hirsi Ali, a Somali-born Dutch-American author who underwent FGC as a child, wrote an online opinion piece in response. She begins with an emotive appeal to her readers:

> [V]isualize a preteen girl held down by adults. Her clitoris is tweaked so that the circumcizer can hold it between her forefinger and her thumb. Then she takes a needle and pierces it using enough force for it to

[161] American Academy of Pediatrics, "Policy Statement—Ritual Genital Cutting of Female Minors," *Pediatrics* 2010; 125(5), p. 1088.
[162] *Ibid*, p. 1092.
[163] N. MacReady, "AAP retracts statement on controversial procedure," *The Lancet* 2010; 376(9734), p. 15.
[164] *Ibid*.

> go into the peak of the clitoris. As soon as it bleeds, the parents and others attending the ceremony cheer, the girl is comforted and the celebrations follow.[165]

She continues by providing readers with an irrelevant discussion about the more severe types of FGC, none of which was proposed by the AAP. At no point does Hirsi Ali seriously engage the argument put forward by the AAP. She merely observes that permitting FGC "in its most limited form" is no guarantee against the girl's parents' having her infibulated at a later stage. "I applaud the compassion for children that inspires the pediatricians' proposal, but they need to eliminate this risk for little girls," she writes, as though it is within the power of paediatricians to do so.[166] Hirsi Ali also attempts to address the comparison with male circumcision:

> Proponents compare "nicking" to the ritual of boy circumcision. But in the case of the boys, it is the foreskin that is all or partly removed and not a part of the penis head. In the case of the girls, the clitoris is actually mutilated.[167]

The prick or incision is in fact made to the clitoral hood, the anatomical equivalent of the male foreskin. Moreover, as she essentially recognises, no tissue is removed during clitoral "nicking." A better analogy, then, would be to the Jewish ritual known as *ha-ṭafat dam*, where a drop of blood is drawn from the penis of an infant who was born without a foreskin (or of a convert who is already circumcised). It is also curious that Hirsi Ali flatly contradicts her own earlier view on the matter. When interviewed as a member of the Dutch parliament in 2004, in response to the question, "Is an incision in the clitoris very similar to male circumcision?" she stated:

> With boys, a lot of skin is removed. Depending on how that is done, in Third World countries, for instance, where there's poor hygiene and where the people who carry it out don't possess the necessary skills, the consequences can be worse for boys than for girls. With girls, a sharp object is pricked into the clitoris. It bleeds a little, and the whole family is satisfied and she is declared 'pure'. Strictly speaking, that procedure is less dramatic than male circumcision.[168]

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[165] A. Hirsi Ali, "Why Are American Doctors Mutilating Girls?" *The Daily Beast*, 20 May 2010. http://www.thedailybeast.com/articles/2010/05/20/ayaan-hirsi-ali-on-injustice-of-female-genital-mutilation.html (accessed 28 May 2015)
[166] *Ibid.*
[167] *Ibid.*
[168] "The Consequences can be worse for Boy than for Girl," Youtube, 31 October 2012. https://www.youtube.com/watch?v=NaEoQVZnN8I (accessed 31 May 2015)

In the Netherlands, as in most of Western Europe, circumcision of male children is rare outside of Muslim and Jewish communities. In the United States, however, it remains the cultural norm and many people view the practice favourably. It seems likely then that Hirsi Ali, an activist as well as an author, has had to adapt her rhetoric to her new American audience.[169] Nawāl el-Saʿadāwī, by contrast, has consistently opposed both male and female genital cutting. "I have been fighting the cutting of children, male and female, all my life," she said in 2011.[170] In an interview with the BBC two years later, she went as far as saying that male circumcision, at least in an Egyptian context, "is more harmful… boys died also of bleeding of circumcision."[171] It is interesting to note that both Hirsi Ali and el-Saʿadāwī, like the Somali mothers living in Seattle, have been able to see the similarities between FGC and male circumcision. Although unlike the mothers, they oppose these practices, they too come from cultures in which genital cutting of all children is the norm. It is also perhaps significant that every culture in the world that practices FGC, practices male circumcision as well.[172]

After all the strident criticism it received, the AAP had no choice but to withdraw its proposed policy statement.[173] It reverted to its earlier one from 1998, which remains its policy on FGC to this day. Some commentators remained unsatisfied, however. The American medical doctor turned historian Andrew Bostom provides one interesting case. Bostom is an associate professor of medicine at Brown University who in his spare time began writing anti-Islamic books with ever more polemical titles: *The Legacy of Jihad: Islamic Holy War and the Fate of Non-Muslims* (2005), *The Legacy of Islamic Antisemitism: From Sacred Texts to Solemn History* (2008), *Sharia versus Freedom: The Legacy of Islamic Totalitarianism* (2012),

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[169] Further evidence of this is the dramatic change in her rhetoric about the Israeli-Palestinian conflict, for instance. In a 2006 interview, she stated, "My main impression was that Israel is a liberal democracy. In the places I visited, including Jerusalem as well as Tel Aviv and its beaches, I saw that men and women are equal. One never knows what happens behind the scenes, but that is how it appears to the visitor." See M. Gerstenfeld, "Ayaan Hirsi Ali on Israel," *Jerusalem Post*, 3 August 2006. http://www.jpost.com/Arts-and-Culture/Books/Ayaan-Hirsi-Ali-on-Israel (accessed 31 May 2015)
Speaking on Fox News during the 2014 war between Israel and Hamas, however, she gave a much less nuanced assessment: "I support Israel primarily because it is not only a democratic and free government in that region where there is a lack of that. But Israel is based on a creed of life, life before death… Prime Minister Benyamin Netanyahu deserves the Nobel Peace Prize because he is doing what is right for the citizens of Israel…" See "Ayaan Hirsi Ali on the Israel-Hamas Conflict," Youtube, 11 August 2014.
https://www.youtube.com/watch?v=jqPbM7WGSIQ (accessed 31 May 2015)
[170] J. Krajeski, "The Books of Nawal el Saadawi," *The New Yorker*, 7 March 2015.
http://www.newyorker.com/books/page-turner/the-books-of-nawal-el-saadawi (accessed: 31 May 2015)
[171] "The Age of Reason: Dr Nawal el Saadawi," *BBC iPlayer Radio*. http://www.bbc.co.uk/programmes/p012nt89 (accessed 31 May 2015)
[172] See J. DeMeo, "The Geography of Genital Mutilations," in *Sexual Mutilations: A Human Tragedy*, eds. G.C. Denniston and M.F. Milos. (Plenum Press, New York: 1997), 1-15.
[173] MacReady, p. 15.

The Mufti's Islamic Jew-Hatred: What the Nazis Learned from the 'Muslim Pope' (2013) and most recently *Iran's Final Solution for Israel: The Legacy of Jihad and Shi'ite Islamic Jew-Hatred in Iran* (2014). Discussing his book *Sharia versus Freedom* in Washington D.C., Bostom mentions the 2010 AAP proposal as an example of unacceptable Western accommodation of *šari'ah* or Islamic law:

> There was even an issue as a physician that came up that… this is how it gets! It was thought that: well, because it's too judgmental to talk about female genital mutilation, so why don't we come up with a – this is American Academy of Pediatrics! Thank God it was ultimately rejected – they said: well, you know, they do this thing in Indonesia, and which – it's not working in Indonesia either – where they, they call it – sorry to be so blunt about it – 'clitoral nicking'. I'm like: what are you talking about?! Because, because the fear was, if you didn't let them nick the clitoris, they might take the whole thing off. And this was actually put – yes, lo… – this was actually presented to the American Academy of Pediatrics, but, you know, rational people said, "This is an outrage." But it got to the point of actually being considered.[174]

Although Bostom clearly prefers to think of himself as among the "rational people" in this debate, what he offers here is not a rational argument, but histrionics. His silence about male circumcision, on the other hand, suggests that he regards this as benign if not beneficial, a practice that should not even be discussed alongside FGC. As Bostom's comments demonstrate, it is easy to condemn another culture's practices, but much harder to subject one's own cultural practices to scrutiny.

In her 1999 book, *Sex and Social Justice*, Martha Nussbaum considers, but strongly rejects the comparison between FGC and male circumcision: "The male equivalent to clitoridectomy [Type Ib] would be amputation of most of the penis. The male equivalent of infibulation [Type III] would be removal of the entire penis, its roots of soft tissue, and part of the scrotal skin."[175] One might question this on the grounds that even an infibulated woman can engage in and indeed enjoy sexual intercourse,[176] while a man without a penis clearly cannot. Similarly, with Type Ia, which Nussbaum does not discuss, the case could be made that it is less severe than male circumcision as the latter involves the removal of a much greater amount of tissue, about one-third to a half of the motile skin of the penis.[177] Nevertheless, in

[174] "Andrew Bostom: Sharia Versus Freedom," Youtube, 16 November 2012. https://www.youtube.com/watch?v=QF_aicob8y4 (accessed 31 May 2015)
[175] M. Nussbaum, *Sex and Social Justice* (Oxford University Press, 1999), p. 119.
[176] See Catania, *et al.*
[177] J. Taylor, A. Lockwood, A. Taylor, "The prepuce: specialized mucosa of the penis and its loss to circumcision," *British Journal of Urology* 1996; 77, p. 292.

strictly anatomical terms, Nussbaum's equivalences–and that between Type Ia FGC and male circumcision–are accurate. Her argument is also more nuanced than many others on the subject. She clarifies, for instance, that she has no objection to "purely symbolic procedures that involve no removal of tissue."[178] Nussbaum is aware that male circumcision involves the removal of tissue, but this is acceptable, to her mind, because it does not compromise sexual functioning and has various health benefits.[179]

The claim of health benefits has repeatedly been used by proponents of male circumcision as well opponents of FGC to drive a wedge between the two practices. The AAP, for instance, in its most recent policy statement on male circumcision, states that "the health benefits of newborn male circumcision outweigh the risks; furthermore, the benefits of newborn male circumcision justify access to this procedure for families who choose it."[180] The WHO, meanwhile, is categorical in its assertion that FGC "has no health benefits for girls and women."[181] The truth, however, is that the medical community does not know whether FGC has any health benefits, because the question has hardly been studied in a rigorous way. There is some observational evidence that FGC might reduce women's risk of HIV. This finding, based on a study of Tanzanian women that controlled for confounding factors, was presented at an AIDS conference, but never published.[182] Follow-up research can be ruled out because it would be impossible to obtain funding or ethical approval for a higher quality study such as the randomised control trials conducted on men in South Africa, Kenya and Uganda to determine the effect of male circumcision on HIV acquisition.[183]

Where FGC is concerned, the average Westerner would probably say, if pressed, that even if it might have some unknown health benefits, these are irrelevant (or nearly irrelevant) to the moral question of whether it may be performed on little girls who are too young to consent. Nussbaum argues that a crucial moral problem with FGC is that it "is carried out by force" on "small girls, frequently as young as 5 or 6."[184] In these respects, it is no different

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[178] Nussbaum, p. 119.
[179] *Ibid*.
[180] American Academy of Pediatrics, "Technical Report: Male Circumcision", *Pediatrics*, 2012; 130(3): e756.
[181] World Health Organisation, Female Genital Mutilation. http://www.who.int/mediacentre/factsheets/fs241/en/
[182] R.Y. Stallings and E. Karugendo, "Female circumcision and HIV infection in Tanzania: for better or for worse?" 3rd International AIDS Society Conference, Rio de Janeiro, Brazil, 24-27 July 2005.
[183] See B. Auvert, D. Taljaard, E. Lagarde, *et al.*, "Randomized, Controlled Intervention Trial of Male Circumcision for Reduction of HIV Infection Risk: The ANRS 1265 Trial," *Public Library of Science Medicine* 2005; 2, e298; R.C. Bailey, S. Moses, C.B. Parker, *et al.*,"Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial," *Lancet* 2007; 369, pp. 643-656; and R.H. Gray, G. Kigozi, D. Serwadda, *et al.*, "Male circumcision for HIV prevention in men in Rakai, Uganda: a randomised trial," *Lancet* 2007; 369, pp. 657-666.
[184] Nussbaum, "Double Moral Standards?" *Boston Review*, October/November 1996. http://new.bostonreview.net/BR21.5/nussbaum.html (accessed 1 June 2015)

from what many more males undergo throughout the world. Although there is indeed evidence that male circumcision reduces the incidence of some diseases, non-American Western paediatricians point out that since most of these do not affect children, this does not provide a reason to perform it in the neonatal period.[185] They also express scepticism that the benefits outweigh the risks, especially when one considers that male circumcision may have adverse psychological and sexual effects for some men.[186] Even in developed world settings, moreover, serious complications resulting from male circumcision are hardly unusual: in 2011 alone, at a hospital in Birmingham, England, there were 11 cases of "life threatening haemorrhage, shock or sepsis" resulting from infant circumcision."[187] Ethicists such as Margaret Somerville have also argued that less invasive means of reducing the diseases in question are preferable.[188] Once again, where girls are concerned, it is simply not considered good medical practice to prevent diseases by removing parts of their normal genitalia, even if this might be effective.[189]

It seems, therefore, that the essential Victorian attitude discussed earlier remains alive and well where male genitalia are concerned. To be sure, the rationales have shifted: in Victorian times, male circumcision, like clitoridectomy, was performed to prevent masturbation. Kellogg wrote that the former "should be performed by a surgeon without administering an anaesthetic, as the brief pain attending the operation will have a salutary effect upon the mind, especially if it be connected with the idea of punishment, as it may well be in some cases."[190] Masturbation was thought to cause a wide range of maladies, including insanity, epilepsy, tuberculosis and paralysis.[191] In the modern West, both causal connections are known to be spurious and male circumcision is seldom if ever performed with the intention of preventing masturbation or limiting male sexual pleasure in any way. The search for new diseases that male circumcision might prevent, however, continues unabated and the belief that an intact penis is "unclean" pervades those societies in which the practice is common.[192]

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[185] M. Frisch, *et al*, "Cultural Bias in the AAP's 2012 Technical Report and Policy Statement on Male Circumcision," *Pediatrics* 2012; 131(4): 796-800.
[186] *Ibid.*
[187] R. Checketts, Response to freedom of information request, FOI/0742, 2012. Birmingham Children's Hospital, NHS Foundation Trust. http://www.secularism.org.uk/uploads/foi-bch-response-received-260612.pdf (accessed 1 June 2015)
[188] M. Somerville, *Ethical Canary: Science, Society, and the Human Spirit* (McGill-Queen's University Press, 2004), p. 204.
[189] It is true that some women undergo prophylactic mastectomies, but only those with a family history of breast cancer and even then, only with their own explicit consent.
[190] J.H. Kellogg, "Treatment for Self-Abuse and Its Effects," *Plain Facts for Old and Young* (Ayer Publishing, 1888), pp. 294–296.
[191] D. Gollaher, *Circumcision: A History of the World's Most Controversial Surgery* (New York: BasicBooks, 2000), pp. 101-102.
[192] For a comprehensive examination of attitudes towards intact male and female genitals in cultures that practise genital cutting, see H. Lightfoot-Klein, "Similarities in Attitudes and Misconceptions toward Infant Male

Greater Consistency Required

Thus far, I have tried mainly to summarise the complexities of the debate around FGC in the West. In my own view, however, both FGC (of all types) and male circumcision of children are unethical and ought to be *discouraged*. At the same time, I feel that banning either may well cause more harm than good. As long as these practices continue to enjoy popular support whilst remaining deeply rooted in religion and tradition, it seems clear that they will continue irrespective of their legal status. Their harmful effects should thus be mitigated in any way possible. In the case of FGC, the milder procedures, from "clitoral nicking" to Type Ia should be performed (under anaesthesia) in the event that a more radical procedure would otherwise be performed. Where male circumcision is performed, anaesthesia should be used, as there is no reason to think that male circumcision is any less painful than FGC.

The important point, from an ethical point of view, is that whatever position scholars, policymakers, journalists, activists and others adopt needs to be consistent. One cannot condemn all forms of FGC whilst holding a favourable or even neutral view of male circumcision. On the other hand, if one is open to allowing FGC, one is not required to disapprove of male circumcision. It is also worth noting that many of the ethical problems with both seem to disappear when a person chooses to undergo genital cutting him- or herself. Just as there is no moral problem with an adult male choosing to undergo circumcision, provided this is based on his informed consent, so too is there no problem with an adult female choosing to undergo female circumcision. Some Western women have in fact undergone the Type Ia procedure as adults, extolling the virtues of what they call "clitoral unhooding."[193]

Conclusion

In this paper, I began by discussing the connection between FGC and Islam, dispelling a claim commonly made by Muslim apologists, activists and others that the practice has no basis in the religion. I showed that although FGC is not mentioned in the Qurʾān, its prevalence among the early Muslim community is well attested by the Ḥadīṯ. Most schools of classical Islamic jurisprudence take a favourable view of the practice. So too do many contemporary religious authorities, as evidenced by popular Muslim websites. Based on studies in the medical literature, I then examined in detail six samples of women, three of which were Egyptian Arab

Circumcision in North America and Ritual Female Genital Mutilation in Africa," The Female Genital Cutting Education and Networking Project. http://www.fgmnetwork.org/intro/mgmfgm.html (accessed 1 June 2015)

[193] See ClitoralUnhooding.com http://www.clitoralunhooding.com/ (accessed 1 June 2015).

and the other three Kurdish (two Northern Iraqi and one Iranian). My purpose here was to treat these two groups as a case study of Middle Eastern Muslims, many of whom are Šāfiʿī, a school of Sunnī Islam that requires FGC (the others merely recommend or allow it). In this section, I also sought to present specific information, such as the type of FGC performed and the reasons for performing it, and to provide a qualitative analysis of this information. It is significant, for instance, that many FGCs in these cultures seem to exceed the limits set down by Islamic jurisprudence. In the final chapter of the paper, I explored the historical relationship between FGC and the West. I then explained how this relationship resulted in some difficult ethical questions and dilemmas arising in the twentieth century, which continue to exist today.

Bibliography:

Al-Bayhaqi, *Al-Sunan al-Kubrā*, 11 vols., (Dar al-Kotob Al-ilmiyah: Beirut, 2003). http://ia802304.us.archive.org/5/items/snnkb/ (accessed: 20 May 2015)

Aldeeb Abu Sahlieh, S. *Male and female circumcision among Jews, Christians and Muslims: religious, medical, social and legal debate*, (Shangri-La Publications: Pennsylvania, 2001).

Aldeeb Abu Sahlieh, S. "Muslims' Genitalia in the Hands of the Clergy," in *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, ed. G.C. Denniston, F.M. Hodges, M.F. Milos (Springer Science & Business Media, 2007).

Al-Jāḥiẓ, *Kitāb al-Ḥayawān*, ed. ʿA.-M. Hārūn, 7 vols., (Cairo, 1938). http://ia902604.us.archive.org/28/items/ElJahiz/ (accessed: 22 May 2015)

Al-Qaraḍāwī, Y. *Hudā al-Islām: Fatāwī Muʿaṣirah*, 3rd ed., (Dār al-Qalām: Kuwait, 1987).

American Academy of Pediatrics, "Committee on Bioethics: Female Genital Mutilation," *Pediatrics* 1998; 102(1), pp. 153-56.

American Academy of Pediatrics, "Policy Statement—Ritual Genital Cutting of Female Minors," *Pediatrics* 2010; 125(5), pp. 1088-93. doi: 10.1542/peds.2010-0187

American Academy of Pediatrics, "Technical Report: Male Circumcision," *Pediatrics*, 2012; 130(3), pp. e756-e785. doi:10.1542/peds.2012-1990

Asmani, I.L. and Sheikh Abdi, M. *De-linking Female Genital Mutilation/Cutting from Islam* (Population Council, 2008). http://www.unfpa.org/sites/default/files/pub-pdf/De-linking%20FGM%20from%20Islam%20final%20report.pdf (accessed 23 May 2015)

Auvert, B., Taljaard, D., Lagarde, E., *et al.*, "Randomized, Controlled Intervention Trial of Male Circumcision for Reduction of HIV Infection Risk: The ANRS 1265 Trial," *Public Library of Science Medicine* 2005; 2, e298.

Bailey, R.C., Moses, S., Parker, C.B., *et al.*,"Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial," *Lancet* 2007; 369, pp. 643-656.

Becker, O. "New Prosecutions Bring Scrutiny to Female Genital Cutting," *Vice News*, 25 April 2014. https://news.vice.com/article/new-prosecutions-bring-scrutiny-to-female-genital-cutting (accessed 27 May 2015)

Budiharsana, M., Amaliah, L., Utomo, B. and Erwinia, *Female Circumcision in Indonesia: Extent, Implications and Possible Interventions to Uphold Women's Health Rights* (Jakarta: Population Council, 2003). http://pdf.usaid.gov/pdf_docs/PNACU138.pdf (accessed 23 May 2015)

Catania, L., Abdulcadir, O., Puppo, V., Baldaro Verde, J., Abdulcadir, J., and Abdulcadir, D. "Pleasure and orgasm in women with female genital mutilation/cutting (FGM/C)," *Journal of Sexual Medicine* 2007; 4, pp. 1666–1678.

Checketts, R. Response to freedom of information request, FOI/0742, 2012. Birmingham Children's Hospital, NHS Foundation Trust. http://www.secularism.org.uk/uploads/foi-bch-response-received-260612.pdf (accessed 1 June 2015)

CIA World Factbook. https://www.cia.gov/library/publications/the-world-factbook/ (accessed 26 May 2015)

ClitoralUnhooding.com http://www.clitoralunhooding.com/ (accessed 1 June 2015).

Coleman, D.L. "The Seattle Compromise: Multicultural Sensitivity and Americanization", *Duke Law* Journal 1998; 47, pp. 717-83.

Dahlui, M., Wong, Y.L. and Choo, W.Y. "Female circumcision (FC) in Malaysia: Medicalization of a religious practice," *International Journal of Behavioural Medicine* 2012; 19 (Suppl.1): S7.

D'arcy, M.C. "The unkindest cut: Circumcision at the Cape," *Muslim Views*, February 1995, p. 21.

"Egypt FGM trial 'convicts doctor of manslaughter'," *BBC News*, 26 January 2015. http://www.bbc.com/news/world-middle-east-30983027 (accessed: 25 May 2015)

El Ahl, A. "A Small Revolution in Cairo: Theologians Battle Female Circumcision," *Der Spiegel*, 6 December 2006. http://www.spiegel.de/international/spiegel/a-small-revolution-in-cairo-theologians-battle-female-circumcision-a-452790.html (accessed 23 May 2015)

El-Defrawi, M.H., Lotfy, G., Dandash, K.F., Refaat, A.H., & Eyada, M. "Female Genital Mutilation and its Psychosexual Impact," Journal of Sex & Marital Therapy 2001; 27(5), pp. 465-473. doi:10.1080/713846810

Female "circumcision" in Africa: Culture, Controversy, and Change, eds. B. Shell-Duncan, Y. Hernlund (Lynne Rienner Publishers, 2000).

Frisch, M. *et al*, "Cultural Bias in the AAP's 2012 Technical Report and Policy Statement on Male Circumcision," *Pediatrics* 2012; 131(4): 796-800.

Gerstenfeld, M. “Ayaan Hirsi Ali on Israel,” *Jerusalem Post*, 3 August 2006. http://www.jpost.com/Arts-and-Culture/Books/Ayaan-Hirsi-Ali-on-Israel (accessed 31 May 2015)

Gollaher, D. *Circumcision: A History of the World’s Most Controversial Surgery* (New York: BasicBooks, 2000).

Gray, R.H., Kigozi, G. Serwadda, D., *et al.*, “Male circumcision for HIV prevention in men in Rakai, Uganda: a randomised trial,” *Lancet* 2007; 369, pp. 657-666.

Hirsi Ali, A. “Why Are American Doctors Mutilating Girls?” *The Daily Beast*, 20 May 2010. http://www.thedailybeast.com/articles/2010/05/20/ayaan-hirsi-ali-on-injustice-of-female-genital-mutilation.html (accessed 28 May 2015)

Hosken, F. P. “The Hosken Report: Genital and Sexual Mutilation of Females,” Women's International Network news, Vol. 5, No. 4 (Women's International Network, 1979).

Ibrahim, Z.M., Ahmed, M.R. and Mostafa, R.M. “Psychosexual impact of female genital mutilation/cutting among Egyptian women,” *Human Andrology* 2012; 2, pp. 36–41.

“Iraqi Kurdistan: Law Banning FGM Not Being Enforced,” Human Rights Watch, 29 August 2012. https://www.hrw.org/news/2012/08/29/iraqi-kurdistan-law-banning-fgm-not-being-enforced (accessed: 26 May 2015)

IslamiCity.com. http://www.islamicity.com (accessed 23 May 2015)

IslamQA.com http://islamqa.info/en (accessed 23 May 2015)

Islamweb.net. http://www.islamweb.net/ (accessed 23 May 2015)

Juwaideh, W. *The Kurdish national movement: its origins and development* (Syracuse University Press, 2006).

Kasztelan, M. “Female Circumcision is Becoming More Popular in Malaysia,” *Vice*, 20 February 2015.
http://www.vice.com/read/female-circumcision-is-becoming-more-popular-in-malaysia
(accessed 27 May 2015)

Kellogg, J.H. *Ladies Guide in Health and Disease* (Modern Medicine Publishing Company, 1896).

Kellogg, J.H. *Plain Facts for Old and Young* (Ayer Publishing, 1888).

Krajeski, J. “The Books of Nawal el Saadawi,” *The New Yorker*, 7 March 2015.
http://www.newyorker.com/books/page-turner/the-books-of-nawal-el-saadawi
(accessed: 31 May 2015)

Law in the Middle East, Vol. 1: *Origin and Development of Islamic Law*, eds. M. Khadduri and H.J. Liebesny (The Lawbook Exchange, Ltd., 2008).

Lightfoot-Klein, H. “Similarities in Attitudes and Misconceptions toward Infant Male Circumcision in North America and Ritual Female Genital Mutilation in Africa,” The Female Genital Cutting Education and Networking Project.
http://www.fgmnetwork.org/intro/mgmfgm.html (accessed 1 June 2015)

MacReady, N. “AAP retracts statement on controversial procedure,” *The Lancet* 2010; 376(9734), p. 15. doi:10.1016/S0140-6736(10)61042-2

Meho, L.I. and Maglaughlin, K.L. *Kurdish Culture and Society: An Annotated Bibliography*, eds. L.I. Meho and K.L. Maglaughlin, *Bibliographies and indexes in ethnic studies*, Issue No. 9 (Greenwood Publishing Group, 2001).

Nelson, S. “The Fearless Campaigner Whose Islamic Faith Spurs Her To Break The Brutal Cycle Of FGM,” Huffington Post, 11 November 2014.
http://www.huffingtonpost.co.uk/2014/10/22/fgm-leyla-hussein-islam_n_6029118.html
(accessed 27 May 2015).

Nussbaum, M. “Double Moral Standards?” *Boston Review*, October/November 1996. http://new.bostonreview.net/BR21.5/nussbaum.html (accessed 1 June 2015)

Nussbaum, M. *Sex and Social Justice* (Oxford University Press, 1999).

Paley, A.R. “Widespread Female Circumcision Highlights the Plight of Kurdish Women,” *The Washington Post*, 29 December 2008. http://www.washingtonpost.com/wp-dyn/content/article/2008/12/28/AR2008122802005.html (accessed: 26 May 2015)

Pashaei, T., Rahimi, A., Ardalan, A., Felah, A. and Majlessi F. “Related Factors of Female Genital Mutilation (FGM) in Ravansar (Iran),” *Journal of Women’s Health Care* 2012; 1(2):108, pp. 1-3. doi:10.4172/2167-0420.1000108

Robinett, P. “The Rape of Innocence: One Woman's Story of Female Genital Mutilation in the U.S.A.” (Aesculapius Press, 2006).

Saḥiḥ al-Buk̲arī. http://sunnah.com/bukhari/ (accessed 20 May 2015)

Saleem, R.A., Othman, N., Fattah, F.H., Hazim, L. and Adnan, B. “Female Genital Mutilation in Iraqi Kurdistan: Description and Associated Factors,” *Women & Health* 2013; 53(6), pp. 537-551, doi: 10.1080/03630242.2013.815681

Salih, C. “The Kurdish women fighting ISIS,” *CNN*, 13 March 2015. http://edition.cnn.com/2015/03/12/world/cnnphotos-female-peshmerga-fighters/ (accessed 24 May 2015)

Sexual Mutilations: A Human Tragedy, eds. G.C. Denniston and M.F. Milos. (Plenum Press, New York: 1997).

Somerville, M. *Ethical Canary: Science, Society, and the Human Spirit* (McGill-Queen's University Press, 2004).

Stallings, R.Y. and Karugendo, E. “Female circumcision and HIV infection in Tanzania: for better or for worse?” 3rd International AIDS Society Conference, Rio de Janeiro, Brazil, 24-27 July 2005.

Sunan Abū Dāwūd, Book 43, Ḥadith 499. http://sunnah.com/abudawud/43/499

Tadros, M. “Mutilating bodies: the Muslim Brotherhood’s gift to Egyptian women,” *openDemocracy*, 24 May 2012. https://www.opendemocracy.net/5050/mariz-tadros/mutilating-bodies-muslim-brotherhood%E2%80%99s-gift-to-egyptian-women (accessed: 25 May 2015)

Target: Direct Actions for Human Rights. http://www.target-human-rights.de (accessed 23 May 2015)

Taylor, J., Lockwood, A., Taylor, A. “The prepuce: specialized mucosa of the penis and its loss to circumcision,” *British Journal of Urology* 1996; 77, pp. 291-95.

Thabet, A., and Thabet, S. “Defective sexuality and female circumcision: The cause and the possible management,” *Journal of Obstetrics Gynaecology Research* 2003; 29(1):12–19.

“The Age of Reason: Dr Nawal el Saadawi,” *BBC iPlayer Radio*. http://www.bbc.co.uk/programmes/p012nt89 (accessed 31 May 2015)

The State of the World's Children 2015: Executive Summary (New York: UNICEF, 2014), Table 9, pp. 84–89. http://www.data.unicef.org/corecode/uploads/document6/uploaded_pdfs/corecode/SOWC_2015_Summary_and_Tables_210.pdf (accessed: 25 May 2015)

Women Stats Project, Maps: Prevalence of Female Genital Cutting, 2011. http://womanstats.org/substatics/Prevalence%20of%20Female%20Genital%20Cutting_2011tif_wmlogo3.png (accessed 17 May 2015).

World Health Organisation, Female Genital Mutilation. http://www.who.int/mediacentre/factsheets/fs241/en/ (accessed 1 June 2015)

World Health Organisation, Sexual and Reproductive Health: Classification of Female Genital Mutilation.
http://www.who.int/reproductivehealth/topics/fgm/overview/en/ (accessed 17 May 2015).

Yasin, B.A., Al-Tawil, N.G., Shabila, N.P. and Al-Hadithi, T.S. "Female genital mutilation among Iraqi Kurdish women: a cross-sectional study from Erbil city", *BMC Public Health* 2013; 13(809), pp. 1-8. (Published online: http://www.biomedcentral.com/1471-2458/13/809) doi: 10.1186/1471-2458-13-809

Youtube. https://www.youtube.com/ (accessed 31 May 2015)

Zahidi, F. "Female Genital Mutilation: Many Pakistani women's painful secret," *The Express Tribune*, 6 February 2013.
http://blogs.tribune.com.pk/story/15979/female-genital-mutilation-many-pakistani-womens-painful-secret/ (accessed 23 May 2015)