

**RE-CIRCUMCISION: THE HIDDEN DEVIL
OF FEMALE GENITAL MUTILATION
CASE STUDY ON THE PERCEPTION,
ATTITUDES AND PRACTICES OF
SUDANESE WOMEN***

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ABSTRACT

Realising that very little is known about the unique Sudanese practice of re-circumcision (RC), particularly in the published form, the present study was carried out. The main focus of the study included the perception and attitudes of women towards the practice and the reasons behind practising it with full consideration to the impact of level of education and socio-economic status of the respondents.

The data was collected using questionnaires and personal interviews. Data was first analyzed manually in the form of tables of frequencies and percentages. However, for the purpose of discussion statistical analysis using T-Test and Chi-Square test was carried out when necessary.

The study came up with the following main conclusions: Irrespective of the significant differences in socio-economic status and educational level, the majority of the respondents from the two studied samples were circumcised (94% in Al Muhandiseen and 90% in Al Fitehab). On the other hand, the positive impact

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of high educational level and socio-economic status was clearly evident in their attitudes towards the circumcision of their daughters. While 82% of the daughters of Al Fitehab respondents were circumcised, only 50% of the daughters of Al Muhandiseen respondents were circumcised.

Irrespective of the level of education and socio-economic status, the respondents of the two female samples practiced re-circumcision (88% in Al Muhandiseen and 76% in Al Fitehab). It was, therefore, concluded that re-circumcision and circumcision as practices are complex social problems, which are mainly connected with some repugnant traditions and to a lesser extent erroneous religious beliefs. Therefore, more extensive and in-depth researches, and surveys of scientific quality are necessary to provide a comprehensive data base information to help in designing and modulating effective strategies and efficient and sustainable interventions for abolishing re-circumcision within a comprehensive framework of abolishing FGM practice.

Introduction

Female circumcision (FC) or female genital mutilation (FGM) represents a traditional practice that is well known to have serious and hazardous health and social consequences on the female (El Dareer 1982; Baasher 1979; Badri 1979; Hosken 1982; Koso-Thomas 1987; Raqiya 1982; Rushwan 1994; Shandall & Abulfutuh 1967; Toubia 1998).

FC is widely practiced in all regions of Sudan, with some variations in the prevalence and types of circumcision performed according to the indigenous local customs and traditions. (Abdel Magied 1999; Al Musharaf & Adam 2000). In classical Arabic FC is called “Khifad” which means reduction. In popular Arabic used in Sudan it is called “Tahur” which means purity and cleanliness. There are three main types of female circumcision practiced: Sunna, intermediate and pharaonic circumcision.

However, the three types represent different degrees of mutilation of the external genitalia of the female (Abdul 1999).

Unfortunately, re-circumcision (RC), which is a unique practice, is becoming part of the Sudanese culture, thus contributing further to the negative impact of female genital mutilation.

Re-circumcision practice involves tightening the vaginal opening by incisions on the two sides of the already mutilated labia majora and then suturing to leave a tight and small orifice. (Hosken 1982; Light-Foot Klein 1989; Khalifa Nadia 1995). The practice has also further hazards on the health of the female (Rushwan 1994).

Statement of the problem

The problem of female circumcision and female genital mutilation in the Sudan has to some extent been studied from some aspects, but very little is known about re-circumcision practice, particularly in the published form. The study mainly investigates re-circumcision or "Adal" which is an Arabic word that literally means "re-correction for the better"

Re-circumcision or "Adal" is a form of genital mutilation uniquely practiced in Sudan. Accordingly, the main objective of this study is an attempt to explore the reasons behind practicing the "Adal" among Sudanese women.

Specific objectives

1. To explore the attitudes of women towards the practice of FC or FGM.
2. To dig out more information from women about the reasons behind practising re-circumcision.
3. To find out the impact of level of education and socio-economic status of the respondents (women) towards female genital mutilation at large, but particularly the unique re-circumcision practice.

Methodology

The perception and attitudes of 100 females towards circumcision in general and re-circumcision in particular were investigated through questionnaires and personal interviews.

The investigated sample was from two areas and the respondents were of different educational and socio-economic status. Fifty (50) females were randomly selected from Al Muhandiseen area and 50 females were from Al Fitehab area in Omdurman.

The data was first manually analysed and the results were expressed in the form of tables of percentages. Nonetheless, when it was necessary T-Test and Chi-square test were used in certain cases.

Results

Table 1:
Age groups of the respondents
from the two study areas

Age group in years	Al Muhandiseen		Al Fitehab	
	Number	% age	Number	% age
21-30	20	40	22	44
31-40	13	26	17	30
41-50	11	22	8	16
51-60	5	10	2	4
61-70	1	2	1	2
Total	50	100	50	100

In Al Muhandiseen sample the majority (40%) were at the prime of their youth (21-30). Those between 31-40 were 26%. Those between 41-50 years were 22%. Those between 51-60 years were 10%, while only 2% of them were between 61-70 years.

In Al Fitehab sample the majority (44%) were at the prime of their youth (21-30 years). Those between 31-40 years were 30%. Those between 41-50 years were 16%. Those between 51-60 years were 4%, while only 2% of them were between 61-70 years.

Table 2
Showing level of education of female respondents

Level of Education	Al Muhandiseen		Al Fitehab	
	Number	% age	Number	% age
Illiterate	5	10	14	28
Basic	8	16	21	42
Secondary	14	28	10	20
University	21	42	5	10
Post. University	2	4	-	-
Total	50	100	50	100

In Al Muhandiseen sample the majority (42%) of the respondents had university education, 4% had post-University education, 28% had secondary education, 16% basic education, and 10% were illiterate.

In Al Fitehab sample the majority (70%) of the respondents had low level of education (illiterate to basic level). Those with secondary education constituted 20%, university graduates 10% and none of the sample had post graduate qualification.

In Al Muhandiseen sample the majority (78%) of the families had monthly income between 100,001-500,000 L.S., 4% of them with income of 500,001-1,000,000 L.S., 10% had an income of less than 100,000 and only 8% had monthly income above 1,000,000 L.S.

Table 3
Showing the economical status of the family as stated by female respondents

Income level/month in Sudanese pounds (L.S.)	Al Muhandiseen		Al Fitehab	
	Number	% age	Number	% age
Less than 100,000	5	10	27	54
100,001-500,000	39	78	20	40
500,001-1,000,000	2	4	3	6
Above 1,000,000	4	8	0	0
Total	50	100	50	100

In Al Fitehab sample the majority (54%) of the respondents had family income of less than 100,000 L.S., 40% had income between 100,001-500,000 L.S., 3% between 500,001-1,000,000 L.S., and none had a monthly income above 1,000,000 L.S. per month.

Table 4
Showing the state of circumcision of female respondents

State of circumcision	Al Muhandiseen		Al Fitehab	
	Number	% age	Number	% age
Uncircumcised	3	6	5	10
Sunna	10	20	5	10
Intermediate	8	15	4	8
Pharaonic	29	58	36	72
Total	50	100	50	100

* T-test: Al Muhandiseen sample = 5.7

* T-test: Al Fitehab sample = 6.9

* Chi-square (x) = 2.33

In Al Muhandiseen sample the majority (58%) were with Pharaonic circumcision, 20% Sunna, 15% Intermediate and only 6% were Uncircumcised.

In Al Fitehab sample the majority (72%) were with Pharaonic circumcision, 10% Sunna, only 8% were Intermediate and 10% were Uncircumcised.

Table 5
Showing the state of circumcision of daughters of the female respondents

State of circumcision	Al Muhandiseen		Al Fitehab	
	Number	% age	Number	% age
Uncircumcised	25	50	9	18
Circumcised	25	50	41	82
Total	50	100	50	100

* T-test: Al Fitehab sample = 6.5

* Chi-square (x) = 12.85

In Al Muhandiseen sample 50% of the respondents' daughters were uncircumcised and equal percent (50%) were circumcised.

In Al Fitehab sample the majority (82%) of the respondent's daughters were circumcised, while only 18% were uncircumcised.

Table 6
Showing the extent of re-circumcision practice among the female respondents

Response	Al Muhandiseen		Al Fitehab	
	Number	% age	Number	% age
Practice it	44	88	38	76
Do not practice it	6	12	12	24
Total	50	100	50	100

* T-test: Al Muhandiseen sample = 16.03

* T-test Al Fitehab sample = 8

* Chi-square (x) = 2.42

In Al Muhandiseen sample the majority (88%) of the respondents practiced re-circumcision, while only 12% did not.

In Al Fitehab sample the majority (76%) of the respondents practiced re-circumcision, while only 24% did not.

Table 8
Showing reasons behind practicing re-circumcision
among female respondents (from Table 6)

Reasons	Al Muhandiseen		Al Fitehab	
	Number	% age	Number	% age
Husband's desire	15	34	5	13
Respondent's desire	8	18	13	34
Couple's desire	5	11.5	4	11
Advice of others	12	27.5	13	34
All above reasons	4	9	3	8
Total	44	100	38	100

In Al Muhandiseen sample 34% of the respondents get re-circumcised according to the husband's desire, 11.5% on couple's desire, 27.5% get re-circumcised on the advice of others and 9% for multiple reasons.

In Al Fitehab sample 34% of the respondents practiced re-circumcision according to their own desire, the same percentage 34% on the advice of others, 13% on the husbands' desire, 11% on the couples' desire, while 8% for a multiple reasons.

Table 7
Showing frequency of re-circumcision practicing
(from Table 6)

Response	Al Muhandiseen		Al Fitehab	
	Number	% age	Number	% age
After each delivery	33	75	33	87
Once a year	-	-	2	5
Every 6 months	6	14	-	-
More frequent	5	11	3	8
Total	44	100	38	100

In Al Muhandiseen sample the majority (75%) of the respondents get re-circumcised following each delivery, 14% every 6 months while 11% more frequent.

In Al Fitehab sample the majority (87%) of the respondents gets re-circumcised following each delivery, 5% once a year, while 8% more frequent.

Table 9
Showing the reactions of female respondents towards re-circumcision if the husband does not approve it.

Response	Al Muhandiseen		Al Fitehab	
	Number	% age	Number	% age
Will do it	2	4.5	3	
Will not do it	42	95.5	35	
Total	44	100	38	100

In Al Muhandiseen sample the majority (95.%) of the respondents will stop practicing re-circumcision if their husbands do not agree, while only 4.5% will not stop the practice.

In Al Fitehab sample the majority (92%) of respondents will stop practicing re-circumcision if the husband does not agree, 8% will not stop the practice.

Table 10
Showing the reactions of the respondents if the husband requests re-circumcision.

Response	Al Muhandiseen		Al Fitehab	
	Number	% age	Number	% age
Will do it	33	66	34	68
Will not do it	16	32	14	28
No response	1	2	2	4
Total	44	100	38	100

In Al Muhandiseen sample the majority (66%) will abide to the husbands' request, 32% will refuse, while only 2% did not respond.

In Al Fitehab sample the majority (68%) of the respondents will abide to the husbands' request, 28% will refuse, while 4% did not respond.

Table 11
Showing the reactions of female respondents on the choice between husband's request for re-circumcision and divorce.

Response	Al Muhandiseen		Al Fitehab	
	Number	% age	Number	% age
Re-circumcision	34	68	35	70
Divorce	15	30	15	30
No response	1	2	-	-
Total	50	100	50	100

In Al Muhandiseen sample the majority (68%) of the respondents preferred re-circumcision instead of divorce, 30% preferred divorce, while only 2% did not respond.

In Al Fitehab sample the majority (70%) of the respondents preferred re-circumcision instead of divorce, while 30% preferred divorce as alternative.

Discussions, conclusions and recommendations

In this study, the attitudes of women of different educational levels and different socio-economic status from two different residential areas were mainly investigated in connection with the unique practice of re-circumcision.

The results obtained (Table 1) indicated that the majority (88%) of the female respondents were at the reproductive age 21-50 years in Al Muhandiseen sample and 94% in Al Fitehab.

The majority (74%) of respondents from Al Muhandiseen were highly educated. On the other hand, the majority (7%) of respondents from Al Fitehab area had low level of education, either illiterate or only had basic education (Table 2). From personal observations all respondents who were resident in Al Muhandiseen were of high economic status with high living standards. This however, contradicts with the statements given by the majority (88%) of them as in table 3. On the other hand, in Al Fitehab the majority (94%) of the respondents were of low economic status with comparatively low living standards.

Irrespective of the differences in the socio-economic status, 94% of the respondents from Al Muhandiseen and 90% from Al Fitehab were circumcised. The results were confirmed by statistical analysis using T-Test and Chi-Square (X) as there was no significant difference between the two studied areas regarding the state of circumcision of the respondents (see table 4). However, regarding the state of circumcision for their daughters, only 50% from Al Muhandiseen area circumcised their daughters. On the other hand, of the respondents from Al Fitehab area 82% circumcised their daughters. T-Test and Chi square have shown that there is a significant difference of attitudes between the two groups of respondents (see table 5). This better difference in the attitude towards circumcision of the daughters by Al Muhandiseen respondents, contrary to the situation of respondents from Al Fitehab area, seems to be due a positive impact resulting from the better educational and socio-economical level.

Irrespective of the level of education or socio-economic status, re-circumcision is widely practiced by the respondents in Al Muhandiseen area (88%) and in Al Fitehab (76%). In connection with the practice, there was no significant difference between the two areas as the T-Test and Chi-square have shown (see table 6).

The majority of the respondents (75%) from Al Muhandiseen and 87% from Al Fitehab practiced re-circumcision after each

delivery. Nonetheless, others from the two areas practice it more frequently (Table 7).

The respondents gave different reasons from the two areas for practicing re-circumcision. However, the reasons were connected with one or multiple of influences that varied from their own desire for sexual pleasure, pleasing the husband or the advice of others (Table 8).

The study has also shown that although some of the respondents might not have appreciated practicing re-circumcision, yet they do it on the request of the husband just to please him (Tables 8, 9 and 10). This may indicate the male's dominance in connection with decisions concerned with sexuality and pleasure irrespective of the feeling or consent of the female spouse. On the other hand, a good percentage (30% in Al Muhandiseen and 32% in Al Fitehab) of the respondents preferred divorce but not submitting to the request of re-circumcision by the male spouse. This, however, indicates an encouraging sign for women empowerment at least in defending their social and health rights (Table 11).

Finally, it was thought pertinent to conclude that circumcision, as a general and widely spread practice and re-circumcision as a practice unique to Sudanese women are complex social problems which are mainly connected with some repugnant traditions and to a lesser extent connected with erroneous religious beliefs. It was found that the level of education and socio-economic status had a positive impact on the attitudes of respondents towards the practice of circumcision on the daughters, on the other hand these factors had no impact on practicing re-circumcision on themselves. Therefore, abolition of the traditional circumcision and the uniquely introduced re-circumcision practices in the Sudan would need more and in-depth base line researches and surveys on the perception of, attitudes towards, and the actual practice in rural and urban areas. This is to provide relevant and scientifically

authentic data base information that would allow modulation of national and international strategies for abolition of the practice through the pertinent choice of relevant and effective interventions for abolition of the practice.

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