

Excerpts from Fran P. Hosken, **The Hosken Report: Genital and Sexual Mutilation of Females**, Fourth Revised Edition (Women's International Network News: Lexington, MA, 1993) pages 114-115, 192-202, 216-218 (notes omitted)

CASE HISTORY: SOMALIA

In Somalia, infibulation is practiced by the entire population - indeed by all ethnic Somalis wherever they live. This practice has existed for as long as anyone can remember and is recorded in the earliest historical accounts (see "History"). Though it is traditionally called "circumcision", the extreme form of the mutilations to which little girls are subjected is not accompanied by any rituals, festivities, or celebrations such as is done traditionally in Sudan or other African countries designed to disguise the harshness and brutality of the violence.

Here below is an eyewitness account of what is done to all Somali girls because men still today refuse marriage with an uninfibulated, or what is called "open", bride. And without marriage there is no future for a girl:

"With the Somalis, the circumcision of girls takes place in the home among women relatives and neighbors. The grandmother or an older woman officiates. At each occasion, usually only one little girl or at times two sisters are infibulated; but all girls, without exception, must undergo this mutilation as it is a required for marriage.

The operation itself is not accompanied by any ceremony or ritual.

The child, completely naked, is made to sit on a low stool. Several women take hold of her and open her legs wide. After separating her outer and inner lips, the operator, usually a woman experienced in this procedure, sits down facing the child. With her kitchen knife the operator first pierces and slices open the hood of the clitoris. Then she begins to cut it out. While another woman wipes off the blood with a rag, the operator digs with her sharp fingernail a hole the length of the clitoris to detach and pull out the organ. The little girl, held down by the women helpers, screams in extreme pain; but no one pays the slightest attention.

The operator finishes this job by entirely pulling out the clitoris, cutting it to the bone with her knife. Her helpers again wipe off the spurting blood with a rag. The operator then removes the remaining flesh, digging with her finger to remove any remnant of the clitoris among the flowing blood. The neighbor women are then invited to plunge their fingers into the bloody hole to verify that every piece of the clitoris is removed.

This operation is not always well-managed, as the little girl struggles. It often happens that by clumsy use of the knife or a poorly-executed cut the urethra is pierced or the rectum is cut open. If the little girl faints, the women blowpili-pili (spice powder) into her nostrils. But this is not the end. The most important part of the operation begins only now. After a short moment, the woman takes the knife again and cuts off the inner lips (labia minora) of the victim. The helpers again wipe the blood with their rags. Then the operator, with a swift motion of her knife, begins to scrape the skin from the inside of the large lips.

The operator conscientiously scrapes the flesh of the screaming child without the slightest concern for the extreme pain she inflicts. When the wound is large enough, she adds some lengthwise cuts and several more incisions. The neighbor women carefully watch her 'work' and encourage her.

The child now howls even more. Sometimes in a spasm, children bite off their tongues. The women carefully watch to prevent such an accident. When her tongue flops out, they throw spice powder on it, which provokes an instant pulling back. With the abrasion of the skin completed according to the rules, the operator closes the bleeding large lips and fixes them one against the other with long acacia thorns.

At this stage of the operation the child is so exhausted that she stops crying but often has convulsions. The women then force down her throat a concoction of plants.

The operator's chief concern is to leave an opening no larger than a kernel of corn or just big enough to allow urine, and later the menstrual flow, to pass. The family honor depends on making the opening as small as possible because with the Somalis, the smaller the artificial passage is, the greater the value of the girl and the higher the bride-price.

When the operation is finished, the woman pours water over the genital area of the girl and wipes her with a rag. Then the child, who was held down all this time, is made to stand up. The women then immobilize her thighs by tying them together with ropes of goat skin. This bandage is applied from the knees to the waist of the girl and is left in place for about two weeks. The girl must remain lying on a mat for the entire time while all the excrement evidently remains with her in the bandage.

After that time, the girl is released and the bandage is cleaned. Her vagina is now closed - except for a tiny opening created by insertion of a straw or reed and remains closed until her marriage. Contrary to what one would assume, not many girls die from this torture. There are, of course, various complications which frequently leave the girl crippled and disabled for the rest of her life.¹

This description by Jacques Lantier matches a very similar report published by Annie de Villeneuve², who watched the operation performed on two sisters one morning at dawn in Djibouti, where the same Somali ethnic groups live and practice the same mutilations. Infibulation continues to be done today on almost all female children throughout Somalia and wherever ethnic Somalis live as Edna Adan Ismail, who headed the Midwifery Training Department of the Ministry of Health in Somalia, confirms. (See "Health Facts".)

Dr. Guy Pieters, who worked in Somalia from 1966 to 1968 as a gynecologist and surgeon in the Hospital of the European Common Market, reports that the Somali nurses whom he questioned described to him the procedure much as above; it continues today in all rural areas where Somali families live because Somali men insist on it and will not accept for marriage a girl who is not infibulated.

However, in Mogadishu, the capital, and in other Somali towns, the operation recently was "modernized". It was performed in some government hospitals by specially trained Somali male nurses: boys were circumcized and girls were infibulated in sanitary ways. This modernization of infibulation affected only a small part of the most modernized sector of the Somalis living in urban areas. The vast majority of Somalis traditionally are nomads following their herds; they have no contact with the modern world or urban life. Dr. Pieters writes about his experiences practicing medicine in Mogadishu:

"Each Sunday (Sunday is not a holiday in Moslem countries), the General Hospital in Mogadishu does about fifteen circumcision operations on little boys, and an equal number of infibulation operations on little girls. One team of male nurses works on a table on the boys and another team on the girls in the main operating theater of the hospital. The little girls, aged 4-8, are brought by their parents to the door of the surgical unit of the hospital; the parents wait outside.

Each little girl is brought into the large operating room and strapped onto one of three tables in the gynaecological position with her legs held apart by two male nurses dressed in surgical gowns with masks and gloves. The operation starts by disinfecting the child with Mercurochrome. Local anesthetic is given by four injections into the small lips and under the clitoris, but it is not sufficient to control pain. The small lips are then clamped and cut off with surgical scissors; next the entire clitoris from top to bottom is excised. 'This is the nerve that must be taken out', the officiating male nurse explained to the doctor.

The bleeding usually is not very profuse and wiped off with tampons. The two sides where the cuts were made are then brought together along the entire length of 2- 3 centimeters, sutured with catgut and sewn together with silk, about 5-8 stitches. It is important, the operator explained, that only a tiny opening as small as a pencil point remains. . . After more disinfectant is applied locally, the little girl, who frequently screams, is taken off the table and returned to the parents at the door. They pay about a dollar for the operation and take her home. At certain times, when infections seem more frequent, each child is given an injection of penicillin on two consecutive days. But there are rarely any immediate complications. . . "3

.....

CASE HISTORY: NIGERIA

Nigeria is the most populous country of Africa with a multi ethnic population estimated to be at least 115 million - though for political reasons this figure is contested. Nigeria's population is growing at about 3.5 percent annually despite the recent introduction of government supported family planning programs. The country has been recently re-organized as a federation of 30 states - following the United States model - with considerable autonomy for each state. There are great differences between ethnic groups - with the people following very different religious teachings, mainly Moslem in the North and Christian in the South, as well as various traditional beliefs. Yet despite these differences a Ministry of Health survey established that in every state of Nigeria, Female Genital Mutilation (FGM) is practiced. (See below.)

Polygamy is also widely practiced especially by the Moslem majority. Pushed by the desire of each man to boost his self-esteem by having as many children as possible, the already huge population is growing rapidly. Nowhere else in Africa can one see as many pregnant women as in the streets of Lagos and other Nigerian towns.

A new, planned capital Abuja in the center of the country is being built to replace the overcrowded traditional federal capital in Lagos, located on the coast on a series of overcrowded islands connected by overcrowded highways and ringed by squatter settlements. There are large new high-rise office buildings, stadiums and sports palaces, but adequate sanitation and water systems are lacking, electricity and telephones function intermittently and garbage removal works hardly at all. Personal security is a great problem not only in Lagos but in many other areas of Nigeria.

The recent oil boom, which led to the building of superhighways, high-rise-buildings, and projects of all kinds all over the country including universities, as well as the construction of the new capital, started a building boom that was short-lived and ended by plunging the

country into deep debt. Inflation and corruption are rampant, affecting life especially in the overcrowded urban areas.

Women in southern Nigeria and in Lagos actively participate in politics and in the busy markets as traders and entrepreneurs. Lagos, with its large port, was the hub of the Nigerian oil boom, while the north - where the Hausa predominate - is the area of Moslem traditions.

Most of the subgroups of the three main ethnic groups in Nigeria - the Moslem Hausa of the north, the Yoruba in the southwest including the area of Lagos and the Ibo in the southeast - subject their female children to genital operations, mostly excision and clitoridectomy. The Yoruba traditionally practice these operations on newborn babies. Among other groups, excision is practiced as a coming-of-age rite. Infibulation is said to be practiced by some groups in the Moslem north, as well as Gishri or Gishiri cuts into the vagina of girls just before puberty. Child marriage and seclusion of women are also widespread among the Moslem Hausa - with terrible results for women's health.

A survey by the federal Ministry of Health gives an overview of the current status of Female Circumcision in Nigeria as FGM is locally called. This official document of March 1981 is signed by Dr. O. A. (Mrs) Adelaja, Senior Consultant/Medical Statistics and gives an overview of the situation:

"According to the response obtained from questionnaires completed by most Nigerian states, female circumcision is still being practiced in most states of this country. It is practiced mostly on babies and small girls of Christian and Muslim parents. But certain tribes perform the ceremony when the female is ready to wed or when the first pregnancy is about seven months. Very few tribes perform the ceremony after marriage and in such tribes, it is the duty of the husband to perform the operation.¹"

Next, the circumstances of the operations are described:

"The ceremony is usually performed on a group of girls, though some report that individual girls are circumcised in their respective homes. A token fee is paid and ranges from two naira to ten naira

The operator may be a man or a woman. Male operators usually perform it as a business and circumcise male children as well. Tools in use vary and include a small knife, a sharp blade, or a razor.

Post operative management also varies, some report hot fermentation with charcoal daily and feeding with roasted meat and some gruel. Snail juice and palm oil are poured on the incision by some. Native soap and native medicine are also used by another tribe.

Complications Some deny any complications. But among those who admit complications, bleeding is the commonest problem reported. Other complications include tearsepticaemia, fistula, stenosis, delayed second state labor, tetanus, urinary obstruction, and dyspareunia.

Reason for Circumcision The majority attribute the operation to age-old custom, culture and tradition. Some claim that circumcision will prevent promiscuity and reduce sex urge, while others believe that if the newborn baby's head touches the clitoris, such a baby will die.

Conclusion: There is no doubt that female circumcision is still being performed in present day Nigeria.²

A questionnaire sent by WIN NEWS in 1976 to the federal Ministry of Health was answered by the Ministries of Health of Bendel State and Cross River State, giving much detailed information on local practices.

The Bendel State Ministry of Health, located in Benin City, stated that almost the entire population of the state observes this tradition, though it is diminishing in urban areas. The operations are carried out usually on the eighth day after birth. However, traditional healers advocate the operation as a cure for infertility for adult women who are not circumcised. Since so many deaths have occurred as a result of the operation, the Ministry of Health reports that in some places, instead of cutting out the entire clitoris, it is now just nicked with a sharp instrument.

The reasons given why the operations are done in the area of Bendel State are:

"- As mentioned above on sterile women, and it is believed that an uncircumcised female is less prolific than a circumcised female;

It is believed that female circumcision reduces sexual promiscuity in females;

It is also strongly believed that an uncircumcised female always has difficulty at childbirth. . .³

The reply from the Cross River State Ministry of Health, also from the summer of 1976, states that "female circumcision was widespread," but the specific information provided refers to the Efik Tribe, which has a population of about half a million people who live near the town of Calabar.

The reasons given by the Efik for the operations are that "circumcision is the first step to control waywardness in girls" and "uncircumcised girls are considered to be abnormal since, according to the belief, they have both male and female organs. . . These girls. . . are regarded as unclean and are always subjected to public ridicule and abuse. The members of their families too are subjected to this same ridicule."⁵

The traditional circumcision procedure is described in this way:

"Very early in the morning, the local woman who performs the operation puts fresh plantain leaves on the floor of the backyard. . . Only herself and the girl's mother and one or two senior women in the family are allowed to help and also witness the operation .

The girl is then put on top of the leaves in a lithotomy position with two people, one on either side, helping to support the legs and expose the field of operation. The woman then holds the clitoris and pulls it, using the already prepared soft ash to rub it and massage it, thus making it soft and elongated to make the excision easy. When it is found to be very soft, it is tied at the base with some strands of raffia (usually white). With a sharp razor, the clitoris is then cut off at the base, making sure that no portion of it is left out.

Some quantity of hot water is poured on the operated areas to clean it and water squeezed out of the *Nwebeb* leaf is poured into the bleeding area. . . or some quantity of native gin. . . The wound is treated by applying palm oil as often as the face of the wound is dry⁶".

The question about any indication of change is answered with "the practice is not dying out as fast as one would wish", and a recent case history is cited. It appears that a young woman of about 30 years was recently rushed to the hospital in shock. It was found that she had undergone excision of the clitoris to cure her infertility. She had lost a lot of blood but was resuscitated by transfusions after the severed blood vessels were repaired in the operating room.

Of course, in the rural areas where no such facilities are available, the girls or women usually die. Though since that report was made, more families in urban areas may have stopped operating on their daughters, in the rural areas, as all over Africa, traditions are still deeply entrenched and continue to this day.

Dr. Lawrence Longo spent from 1959 to 1962 in Nigeria as a gynecologist and physician among the Yoruba, in Ile-Ife, which Dr. Longo states is considered to be the spiritual center of the Yoruba. Fertility is most highly prized and all-important for the women, and this is still true today all over Nigeria:

"Since a man's wealth is often evaluated on the basis of the number of his children, the inability of a woman to conceive is considered a major catastrophe. Fertility rites play an important role in the community life. . . In many villages an annual festival is celebrated with thousands of young women participating in the ritual, which they believe will insure pregnancy. . ."⁷

And according to traditional beliefs, FGM assures and enhances fertility. That in reality girls and women die from the operations or have serious health problems as well as great difficulties in childbirth somehow is not recognized or is blamed on other causes. Dr. Longo reports from his experience in Nigeria: "The most common cause of maternal death in West Africa is obstructed labor. . . Unfortunately, most patients are not brought to the hospitals until treatment at home has failed.⁸" A frequent cause of obstructed labor is the hardened scars of excision operations that prevent dilation and often result in tears and injuries of the mother and sometimes death of both mother and child. Often, fistulae develop due to the obstruction of the opening; that is, the vagina ruptures. Women with fistulae are incontinent and become outcasts of their families and communities.

Many traditional practices during pregnancy - though this is the preferred state for all women in Nigeria - are often incompatible with a positive and healthy outcome. Dr. Longo explains:

"Yoruba sanctions prohibit the ingestion of meat, eggs, beans or other protein-containing foods during pregnancy, and these tabus militate against an optimal state of nutrition.

In the Yoruba culture a large portion of the family farming is the woman's responsibility. This strenuous work is usually continued until the last weeks of pregnancy and is resumed within several days after the delivery.⁹ ."

A survey made in 1990 on food tabus in Nigeria by Ms. E. Mlabi, a midwife and Project Coordinator of the Nigeria National Committee of the IAC (Inter African Committee), confirms that damaging beliefs on what pregnant women should eat continue to be widespread:

"Pregnancy is attended by many food tabus and other cultural practices. For no reason tabus are passed from generation to generation, and pregnant women are made to suffer in the midst of plenty.

There are many food items prohibited for use by pregnant women. It can clearly be seen that pregnant mothers are deprived of most foods rich in proteins, calories and other nutrients. For instance, in the Western areas of Nigeria, various fruits and vegetables are prohibited for fear that the newborn babies would be jaundiced, and because of worm infestations.¹⁰ "

Many traditional childbirth practices and the treatment of the newborn infants, no doubt, result in many unnecessary deaths of the babies and of the mothers as well:

"Upon delivery the infant is put on a mat and no attempt is made to stimulate it or cut the cord until the placenta is delivered. . .

Traditionally, the baby is exercised by throwing it into the air several times and swinging it by its extremities. The infant is then forced to swallow a mixture of herbs. The amount of this feeding is usually determined by the amount of abdominal distension that develops. . .⁴¹

These traditional treatments of the newborn are not only dangerous but also jeopardize the baby's survival. Dr. Longo explains:

"Until the placenta is delivered, the infant is not stimulated. . . If the child survives this neglect it may be traumatized if it is violently exercised. Further hazards include the possibility of septicemia or tetanus from the application of contaminated dressings to the umbilical stump and the danger of aspiration from forced feeding . . .¹²

Circumcision at the Yoruba is done early - usually on the sixth day after birth; the baby is named at the same time. Dr. Longo describes the operation:

"Circumcision is performed by the local doctor shortly after sunrise. Scissors or two small pieces of bamboo used in scissor-like action remove the anterior portion of the labia minora and the clitoris in a piece the size of a 'date stone'. In some instances, the entire labia minora and majora are excised. No anesthesia is used. Bleeding is controlled by placing moistened cotton over the area of excision and pressure is applied by holding the legs together. . . Occasionally this operation is complicated by haemorrhage or the development of infection or tetanus. . .¹³"

Other traditional gynecological treatments such as the insertion into the vagina of all kinds of herbal and other preparations believed to either enhance fertility or alternatively cause abortion of unwanted pregnancies often result in severe damage to the genitalia, such as stenosis - the narrowing of the vagina. This in turn leads to obstructed labor and may cause permanent inability to conceive. Yet such treatments by local traditional practitioners - who have no medical training and often are illiterate - are eagerly sought by women especially in case of infertility. The excision performed by a surgeon in London on a Nigerian woman in the early 1980s which resulted in the British law against FGM was done because her Nigerian husband brought her to the British physician to cure her infertility by excision. (See "The Western World".)

In the November 1977 issue of **Drum**, a Nigerian magazine that is distributed all over the country, Esther Ogunmodede, a Nigerian journalist, published an article with the title: **Female Circumcision: How Much Longer Will We Allow Our Girls to Be Brutalized in This Barbaric Way?**¹⁴

First, Ogunmodede inquires as to why these operations continue to be performed:

"No one to whom I spoke could tell me why, though the easiest and commonest answer is that it is our 'custom and tradition', the shield behind which we hide the more hideous and inexplicable of our practices.

But the world now knows the reasons, just as our forebearers knew. Our ancestors were no scientists but they knew where and what was the seat of sexual pleasure in a woman - so they chopped it off. . .¹⁵"

And she adds that the usual reasons given all over Nigeria and Africa are that the operations are done to prevent "waywardness of girls" and to keep married women "faithful". "Since discussions about sex and sexual organs are not proper subjects for polite conversation in African society, the adverse effect of genital operations on girls has remained hidden for generations. . ."

Next, Ogunmodede describes the procedure as carried out among the Moslem Hausa, the largest population group in Northern Nigeria. Ogunmodede states the operations are performed by barbers. The only other place where barbers are recorded to do the operating is Egypt. In most Moslem areas, the operations are an all-female affair. Many devout Moslems from Northern Nigeria take part in the pilgrimage to Mecca and thus are familiar with the practices of the Middle East, especially Egypt. This may explain why the Hausa use barbers as operators.

Ogunmodede describes the procedure and its results candidly:

"Most children become so uncontrollable with bewilderment and panic that 'accidents' occur, resulting in serious mutilation of the girl's genitals. . . Why then do we subject our own daughters to the same horrors?"

We now shrink from tribal marks. Girls who have been badly scarred are ashamed all their lives of the results, and the embarrassment of circumcision can be far worse. "

By pretending that anything to do with sex is not a topic for conversation, it is little wonder that so much ignorance exists about the true effect on girls of circumcision.¹⁶

The results in childbirth are equally damaging: "The labour is unnecessarily prolonged for hours and even days until both mother and baby die of exhaustion. . ." In many cases, serious tears result or the baby may be injured or brain damaged.

At the Yoruba, the operations, as Ogunmodede explains, are an inherited trade. The Olola families are the traditional operators who have done this kind of surgery for centuries and also do tribal marks - the deep scars and markings that many older Africans have on their cheeks.

The recently made movie and videotape on traditional practices for the Inter African Committee which they distribute to educate people all over the world about damaging traditions, were photographed in large part in Nigeria. They show how such traditional practitioners, who are highly respected locally, operate and mutilate large groups of small children inflicting terrible agony and permanent damage by cutting off the external genitalia and slashing bodies and cheeks with tribal marks - one child after another. These mass mutilations continue to this day in many parts of Nigeria.¹⁷

Esther Ogunmodede also relates the personal stories told to her by two young women who were subjected to these operations as children

"The story of Jumai: 'I wondered what all that boiling water was for. Nobody said anything but by 6 a.m. our local barber had arrived; the elders in our house gathered.

'I was getting scared as I was only ten years old. My elderly aunt undressed me and blindfolded me with a scarf. I was then forcibly held down and my legs were pulled apart, while the barber/surgeon did his work. I was screaming until I could scream no more and passed out. When I came round I could not urinate for hours. It was sheer hell when I did.'" ¹⁸

The other story is from a young law student who vows that none of her daughters will be subjected to this terrible and useless ordeal-

"It took five people to hold me down and I was only eight. All the neighbors had gathered and were shouting advice to the Olola and jeering at me for lacking courage. In the struggle the Olola accidentally cut the wrong section, which has left me mutilated. It is a nightmare that still remains with me today. . . '¹⁹

After enumerating all the dangers and problems resulting from the operations, Ogunmodede who does not beat about the bush, asks the people directly:

"Who is responsible for making sure the message reaches every family? You, women's organizations, hospitals, health centers, our ministries of health, our churches and mosques. Let us all mount a campaign against the evil that impairs the health of our women and puts their lives in danger, as well as their babies' lives."²⁰

This article made a remarkable impact in Nigeria, where the reactions of the people in the form of letters to the editor of **the Drum**, opened up a national debate on the subject. For the first time in any African country, this article provided people from all backgrounds and ethnic groups, both women and men, with the opportunity to be heard on this tabu topic.

Once the ice was broken - which Ogunmodede's skillful article accomplished by providing the critical health facts - the reluctance to speak was gone.

In fact, any inhibitions to discuss sex and sexual practices are far greater in Western countries. In Nigeria and elsewhere in Africa this artificial embarrassment was introduced by the Christian missionaries - some of whom opposed FGM and especially polygamy, which is widely practiced throughout the country. But Christian missionaries never taught about reproductive health or even the biological facts, keeping women ignorant about their own bodies and what they most urgently need to know, especially since fertility is so very important in all African societies.

The variety of opinions voiced in the letters that were printed in many subsequent issues of **the Drum**, is as great as the diversity of people who wrote them. Here some samples:

"End This Barbarism" by Olu Babajide, Principal, School of Nursing, Ife:

"Our forefathers practiced what I term 'facial decoration' with tribal marks as part of their cultural components. How many of you advocates of female circumcision for reasons of 'culture' would want to mark the faces of your children? I agree with Esther Ogunmodede: The act is brutal and barbaric. It should be stopped."

Miss Nigeria, 1977, Toyin Monney:

"Biologically, the clitoris is the most sensitive woman's organ, and that was why parents of past days made sure they cut off this sensitive part in order to stop their girls from being wayward. . . The act is cruel and it should not be encouraged. As for me, I will never have it done to my daughters."

"How Esther Got It Wrong" by Davidrogbe, Calabar:

"The ultimate aim of a girl is to grow up and become useful to her husband and the society to which she belongs. . . Taking a closer look at women in. . . the United States for example. . . women there are very impetuous and. . . in their desperate drive for sexual satisfaction. . . cause irreparable harm to their husbands.

Even in Nigeria, the few uncircumcised women tend to be brutal and wicked in dealing with their husbands."

Circumciser, Alhaji Jimoh Ala-Bede:

"Circumcision is the profession of my family. I have built two houses with the proceeds from circumcision and I have several children in different schools. I circumcise both males and females, and inscribe tribal marks on people who want them. I have dealt with almost all ethnic groups in Nigeria.

On the question of circumcision for female children: Our forefathers believed in it, and there must always be tradition. What damage does it do to the female organ? As far as I am concerned, it does no harm. Even the Quoran supports circumcision for both males and females."

"An Unhealthy Archaic Tradition" by Jenyo Aladejeibi:

"Reading the opinions of fellow Nigerians on this matter, one is bound to conclude that most of us either do not know or do not understand the evil effects of female circumcision. Apart from the pain that women suffer from the crude knives of the so-called native circumcisers, they are subjected to nothing but agony whenever they dare get close to their loved ones. This itself leads to frustrated sexual as well as married lives.

It is beyond my comprehension how a man or a woman could postulate that a woman has no right to enjoy sex, if that is what they mean by women being 'too sexy', and that her clitoris should be removed. To male chauvinists who argue that only men have the right to enjoy sex, I say what is sauce for the goose is also sauce for the gander. . .

Let us ask ourselves how much men would like it if the case were reversed, if men were castrated by the native circumcisers' so that they would not be 'too sexy' and run after women. . . It is high time the African women claimed their rights as human beings, not as second-class citizens, brainwashed to accept that sexual pleasure is restricted to men only."

Businessman, Michael Ayilara

"In the Yoruba tribe, circumcision is just like tribal marks. It is part of custom and tradition left for us by our fathers. I have heard that some tribes in Nigeria don't circumcise their girls, but in my own tribe Kwara State we do circumcise our girls. Naturally, uncircumcised girls are more sexy and if they are in such a state they may lose interest in more important things like their education and other things which they have to do."²¹

Unfortunately, neither the state health ministries nor the Department of Health of the federal government took up the issue or organized health education campaigns following this public debate and the great interest shown all over Nigeria. Many people kept writing to **the Drum** for more than two years after the article had appeared.

Dr. Bertha Johnson, chief consultant of the Neuro Psychiatric Hospital of Yaba, Lagos, was one of the delegates from Nigeria to the WHO (World Health Organization) Seminar in Khartoum in 1979 (see "The World Health Organization Seminar"). Her research prepared for this meeting provides important insights into the motivations and values of

the multiethnic Nigerian society is a vis women; these values support the mutilation of many thousands of female children annually and also support rapid population growth.

A doubling in population in the next 20 to 30 years is predicted in Nigeria, a country that is already densely populated. How is it possible that in this very patriarchal society which so strongly emphasizes childbearing and fertility, women - who are the source of what is so highly prized, offspring - are at the same time regarded as inferior and often treated with contempt.

In a conversation in Lagos shortly after the WHO seminar, Dr. Johnson shed some light on the situation:

"As a psychiatrist, I am aware that people here in Nigeria have an obsession about children. Infertility is a terrible problem for women who become very depressed if they cannot have children. If you are infertile, you are useless and the only purpose of an African woman's life is to have as many children as possible. For men also, to have a child is essential as his manhood is involved. A woman who does not want children is considered mad.

As far as circumcision is concerned, among the Yoruba who live in this part of the country (Lagos), it is believed that circumcision is necessary to dampen the sexuality of women, and to prevent stillbirths because if the clitoris touches the head of the child during birth, the child will die.²²"

The importance attached to childbearing is overwhelming in Nigeria, indeed, in most African societies. A woman who does not produce children is divorced and sent back to her family. In the paper Dr. Johnson wrote for the WHO Seminar, she explains:

"... No African male (maybe all males) can tolerate any doubt about his manhood, especially his ability to father children. He is anxious and preoccupied with his potency and must have visible signs to prove this. He rarely accepts that his wife's 'barrenness' (or tendency to produce only girls) may be due to him. . ." ²³

Whatever the cause, in Africa it is always the woman who is blamed for failing to produce offspring. "A child is the only ticket to a woman's security", Dr. Johnson states. In her practice as a psychiatrist, she has plenty of occasion to observe the results of these pressures on women, from anxieties to severe depressions. Women who fail to have children are accused of everything from adultery to witchcraft. And Dr. Johnson adds: "A woman is held responsible if she has daughters, as men want sons. Men refuse to acknowledge that it is the male who is responsible for the sex of the child."²⁴

In Nigeria, as most everywhere else in Africa, marriages are arranged between families, and the brideprice represents a considerable source of income for the father of girls; nevertheless, the birth of a daughter is not welcomed as is the birth of a son.

". . . Brideprice is paid by the groom to the bride's parents and serves a dual purpose; it grants the bridegroom and his clan the right to the children of the union. In some places, if the wife fails to bear children, she is returned to her parents and they pay back the brideprice. . .

Brideprice also can be regarded as an indemnity or compensation to the bride's parents for the care and expense they have incurred in nurturing her, as well as for the loss of their daughter. . .

But in some societies, the birth of a girl may be received with mixed feelings....At the worst, it may be outright rejection of the girl and her mother. . .who is blamed, reprimanded, cast off and rejected for giving birth to a girl when having a son and heir was almost mandatory. . .

Child rearing practices obey the rule of division of labour; girls are expected to be with their mother and learn 'feminine' trades, housework - laundering, cooking, fetching water, cleaning, pottery, basket work, weaving mats and textiles, petty trading and street hawking. In other words, most of the heavy work, in spite of their being thought of as the weaker sex. . .A girl may be denied formal education altogether, or stopped after a certain class in deference to her brothers. . .There is a genuine fear that too much learning is detrimental to being a good wife. . .

25

Dr. Johnson then describes that a girl who conforms to these standards and limitations of her education poses no problems; but girls who are ambitious and like to study and are interested in what are called 'masculine' pursuits are "considered abnormal and often pay a heavy price, sometimes ending up on the streets."

It goes without saying, as Dr. Johnson also stated, that all girls are expected to marry and have children and spend their lives taking care of the household and serving their husbands, which is considered the purpose of their existence. Marriage traditionally is regarded as the union of two families - not of two people. As a result, "Traditional families have the right to settle quarrels between couples, but this creates worse problems. There is a lot of wife beating, yet the beaten wife gets no help from her own family." And Dr. Johnson adds: "If a man would try to beat me, he would not do it twice. If all women would feel that way, wife beating would disappear in Africa."²⁶

Circumcision of girls is practiced in different ways and at different ages by most Nigerian ethnic groups: Yet it is done in literally all parts of the country, including cities as well. Dr. Johnson states:

"Circumcision of girls. . . may be done from the ninth day of life or delayed until puberty, or in preparation for marriage. . . It is also possible that the operation may not be limited to clitoridectomy but extended to excision of the labia minora. There is also risk of excessive scarring and keloid formation, possibly resulting in difficulty during delivery. . .

In many Nigerian societies (such as the Yoruba) the traditional 'bringing out' and naming ceremonies with its rituals take place on the seventh day for girls. . . and may be combined with circumcision by traditional healers or anyone with the expertise. . .²⁷

Polygamy is widely practiced in Nigeria, despite the brideprice and despite the inability of the men to support even one wife and her children or that they are Christian. The results of polygamy are often traumatic for a woman and her children.

"Often the men do not have even the financial means to maintain one wife and her children, let alone three to four wives. The wives then have to fend for themselves and for their children, as well as shoulder the responsibility to keep and feed him, and entertain his guests. Sub-nutrition and malnutrition. . . are the natural result . . . (for the women and children).

The woman's health may be adversely affected if she resents or lives in fear of the husband chosen for her, as may happen in cases of child brides, or worse still, if she is not getting on well with her in-laws, co-wives. . . She has to be on guard to protect herself and her children. She may be starved of funds as well as of affection .

Her condition may be worsened if she cannot be independent, nor is able to return to her parents who usually insist that she stays (with her husband). In the extreme, some women feel so bad that they resort to/or have frequent abortions rather than bear the children of a husband they detest. . .²⁸

One would think that menopause would be welcome after a life of constant childbearing and the exhaustion - both physical and psychological - that this entails, especially in this society where all the burdens of heavy household labor and child care as well as procuring enough to eat and all necessities are borne by women alone. But, a woman at menopause in Nigeria - and in most of Africa - ceases to be a woman, in the view of society. All sexual relations are stopped. For a woman who has no children or only a few or only daughters, severe depression may result.

When visiting Nigeria repeatedly in the seventies and eighties, besides meeting with Dr. Johnson, I visited other physicians and a number of hospitals concerned with women's and children's health.

In Lagos, I also met with Dr. Nike O. Grange, a pediatrician at the University of Lagos, who investigated some of the traditional practices affecting children in her country, including genital operations. Dr. Grange sums up these traditions as "the ritual of the knife. The knife is worshipped in the community, we see the end results in hospitals²⁹."

Scarifications of all kinds are made on the bodies of babies and young children "as protection against evil spirits" - including cauterization (burning by hot irons) to cure disease. Since in Nigeria many ethnic groups subject their female children to circumcision while very young, often a few days old, pediatricians are often called to deal with the adverse results - if and when the children are brought to hospitals, often too late. But only a few people in urban areas have any access to hospitals and modern health care.

Many of the traditional health practices have devastating results, especially for mothers and babies as they are most vulnerable. Since there is no health education, damaging traditions continue, causing much unnecessary suffering and even deaths, especially of children. Dr. Grange, when we met and talked together about these problems, stated:

"Adolescents need to be educated regarding their own health and bodies; this will change their attitudes. It is important that young girls are taught about themselves; but men also have to be educated as they still control women's lives. Legally, and on paper, they do not; but in reality, women accept too much. They are not aggressive, and so they are exploited everywhere. Of course, the women in rural areas and the urban educated women are very different. Many of the professional women are socially aware and aware of their lack of privileges.

We have a Constitution now and legal backing (for our rights), access to . . . divorce and child support; but the question is how to make more women aware of this. In the urban areas, women are exposed to communication, and there women are coming along. But where there is no communication, women accept their inferior position and are exploited.

For instance, the brideprice is a practice that is very damaging. It is maintained by the parents. Ibos do it and the Yoruba do it. Yet in Lagos, even poor men manage to acquire several wives, although they cannot support them. They give the women some money so they can start to trade and support themselves by buying and selling. Prostitution is very widespread, and women change their husbands frequently³⁰."

I asked Dr. Grange about my observation that there seemed to be many more pregnant women in the streets of Nigerian towns than I had seen anywhere else in Africa.

"Children are a status symbol for men. They are not aware of the needs of children. . . . It is believed that polygamy is necessary so that women are looked after, but polygamy is very bad for children. It is expected that every woman must get married and have children. Other than that, she is not respected as a full person.

A man takes a new wife simply by telling the parents of the woman, or writing to them. There is a great deal of competition between women because of polygamy. As a result, women do not trust each other.³¹

From Lagos, which is very hot and humid, I went to Kano in the north of Nigeria on the dry plateau of the African savannah. It had not rained for more than six months. The heat in the middle of the day was oppressive and the air saturated with dust. No rain was expected for another four months.

In Lagos transportation is by automobile and during the now defunct oil boom, many expensive cars were imported. In Kano and rural areas, motorcycles, bicycles and mopeds are widely used. Many men drive motorbikes dressed in their traditional robes with motorcycle helmets on top of the traditional, colorful headdress, followed by clouds of dust. Women mostly walk or are passengers, but few drive themselves.

The maternity of the main city hospital of Kano is a very busy place and so are the midwives. The hospital keeps mothers for about a day after delivery - that is all. Child marriage is the custom among the Moslem Hausa of this region. Most of the new mothers I saw at the Kano maternity all seemed incredibly young.

I asked the doctors and midwives about genital mutilation. They told me that they do not see much excision, but that another operation is practiced. Many mutilated little girls, often very young - only about 10 or 12 years old - come to the hospital with infections and bleeding, their vaginas cut. Incontinence frequently results, quite aside from infections. The doctors said since child marriage is widely practiced and the girls are too small for sexual intercourse, they are cut open to make penetration possible. These gishiri or gishri cuts, as they are called, are performed by local practitioners.

In the hospital, such mutilated children are brought in often when infections have taken over and they are beyond help. However, most of them never come at all, as the local people are very suspicious of hospitals and modern medicine. The physicians said they see all kinds of terrible genital injuries which often are fatal, the result of traditional practices; but the people refuse to tell about their practices and the young girls, often barely teenagers, do not know what was done to them or why.

The situation of women who are used as breeding machines in this strict Moslem society is very difficult to assess. I watched in the maternity at Kano a row of very young mothers who had delivered the night before, their new babies on their laps, wrapped in the same colorful fabrics of their dresses. It was early in the morning, and they were waiting to be taken home by their families. Their young faces were drained and incredibly sad - not at all what one would expect from a new mother; none of them looked at the tiny packages on their laps containing their babies. They sat on a long bench near the door of the one big room full of iron beds (none of them with sheets), where other women in labor were lying often moaning in pain surrounded by women relatives. Only some screens separated them from those in the final stages of giving birth.

I was taken right through the labor room to talk to the head midwife, who ruled her flock of young nurses: Each one came into the office and curtsied before the matron to get her assignment for the day.

The women start childbearing at the earliest age; they go through a dozen or more pregnancies unless they die in childbirth; and many do. At least half of the children die, but no statistics are kept. The obsession by men to have as many children as possible to prove their manhood is so great that girls are married before they even menstruate. The gishri cuts the doctors talked about, are the local way to initiate girls into their life of constant pain and childbearing.

In Kano, I also went to the private clinic of Dr. A. Iman at the Mustapha Memorial Hospital located on the outskirts of town. Dr. Iman confirmed what I was told at the city hospital. He said that the gishri cuts are practiced all over this area "in order to make a girl marriageable so the father can collect the brideprice." Many are not even teenagers when sold to a man. Sometimes the girls become incontinent because the urethra is cut, and others become sterile as a result of the infections, quite aside from the injuries resulting from forced sexual intercourse. In Lagos also, the doctors in the hospital maternities I visited told me of the many genital injuries they see of very young girls, their vaginas and genitalia torn as the result of forced sexual intercourse. Girls are often married to men twice their age. "Many young women are injured because of lack of gentleness on the part of their cohorts," is the way one Nigerian physician in Lagos put it. Sexually injured young wives can be found in hospitals all over Nigeria and in all other parts of Africa as well. The same problems are reported by physicians, for instance, in Ethiopia. (See "Case History: Ethiopia.") Only the most fortunate ones are brought to the hospitals. In most of Africa death rates of women as a result of sexual violence by men and childbearing are higher than from all disease.

Venereal disease and prostitution are rampant despite of or perhaps because of these traditional marriage and sexual customs. To this now has to be added the spread of AIDS. Nigeria for a long time refused to acknowledge that AIDS was an issue and officially Nigeria claims (1992) 184 recorded cases registered by WHO in their worldwide AIDS/HIV statistics. This figure obviously is entirely unrealistic and only will accelerate the inevitable spread of this fatal disease for failure to warn the population, given the prevalent

sexual practices as documented here. The widespread practice of child marriage by the Moslems, quite aside from polygamy practiced throughout the country as well as prostitution and rape, greatly contributes to the spread of AIDS. WHO estimates there are 7.5 million AIDS/HIV infections in sub-Saharan Africa. Considering that Nigeria is the most populous country with a very mobile population, AIDS/HIV infection is a very great threat to the people unless sexual customs and practices are drastically changed and all female mutilations prohibited. Because of the sexual customs in Africa as many women as men are infected - according to WHO statistics - and as a result many newborn babies are infected as well.

Since having more and more children is an obsession with each man, it therefore also is the goal of each woman. For that reason, she undergoes often damaging and painful traditional treatments in the belief they will enhance her fertility - often with tragic results. In Nigeria even today the belief that excision is a cure for infertility is very widespread. Health and sex education should be a priority in a country where educational resources are available.

But neither the highly educated, sophisticated Nigerian intellectuals including physicians nor any of this country's powerful leaders have publicly spoken against the ongoing mutilations of most of the female children, many in their own families. Excision is practiced by all the major ethnic groups. The majority of Nigerian men still consider the sexual castration of females imperative for their manhood, despite the new universities and research institutes, computers and cars, and electronic gadgets of every kind that are readily available in Nigeria.

A European physician who must remain unnamed wrote me after visiting Nigerian universities and medical schools:

"I asked my colleagues at one of the medical schools about female circumcision, so it was arranged for me to witness an operation performed that day at the University hospital on a three-year-old girl by the staff surgeon. From a medical point of view, the operation - excision of the clitoris - was uneventful. Judging from the skill of the surgeon, he must have done the operation many times before.³²

....

CASE HISTORY MALI

....

... The vast majority of female children in Mali and almost all who live in Bamako continue to be subjected to excision, and infibulation is also practiced by some ethnic groups. These mutilations have drastic consequences for the health, the well-being, and the daily life of the women. In Mali, except for two population groups in Timbuktu and the northern part of the country, every ethnic group mutilates their female offspring. Even

in Bamako, more than 95 percent of the women coming to the maternity of the Gabriel Toure Hospital are excised and infibulation also can be found.

The situation of an excised woman in the modern sector who gets an education is especially tragic when she becomes conscious of herself and the life long deprivation inflicted on her by her parents, often as a young child. Dr. Jean G. Taoko, who as a physician, has direct experience with this situation, states:

"One of the most dramatic and cruel consequences of excision is frigidity. . . many women also experience pain during intercourse and, therefore, can never enjoy normal sexual relations because of excision.

From a psychological and social point of view, the results are similarly serious. For a woman who has been educated and who begins to be emancipated, excision to which she was subjected as a child - is resented as deep humiliation. . . It is the visible sign. . . of her inferiority. It is a psychological wound even deeper than the physical one.⁷ "

And Dr. Taoko adds: "It is imperative that this practice must be abandoned."

In a letter to the editor, in response to the article in *Famille et Developpement* quoted above, where Dr. Taoko also describes all the damaging health problems that result from the mutilations, an educator from Mali claims that excision is a necessary protection in his society. He argues that since polygamy is not practiced, for instance in Europe and the US prostitution, debauchery and venereal disease are the rule. Apparently, this educator does not know or wish to acknowledge that prostitution is rampant throughout African urban areas and venereal disease is now being spread by men into the remotest villages. According to the World Health Organization, it has assumed epidemic proportions all over Africa and so has AIDS - with more than 7.5 million Africans infected or more people than in any other region of the world.

Awa Thiam, from Senegal, traveled all over Francophone West Africa to talk to women; she relates many of their stories as told to her. Here one, from a woman who grew up in a Malian village where she was subjected to the customary sexual mutilation as a child of twelve:

"I remember every detail of the operation. In our village, several girls of the same age are operated on at the same time by a special 'excisor' in her house. The village people come together to celebrate this occasion. The night before the operation, the drums were beaten until late.

Very early the next morning, two of my favorite aunts took me to the house of the excisor. . . an old woman from the blacksmith caste. In Mali. . . the women from this caste traditionally do genital operations, both clitoridectomy and infibulation.

Once inside the house of the operator, I became terribly frightened, though I had been assured that it would not hurt. . . I was told to lie down on a mat on the floor. Immediately, some big hands fastened themselves on my thin legs and opened them wide. I raised my head, but two women held me down to the floor and immobilized my arms.

I felt something being sprinkled on my genital area. Later, I learned this was sand which is supposed to make excision easier. I was terrified. Suddenly, some fingers pulled on my genital organs. I tried to escape but I could not move. A searing pain pierced me through and through. The excisor cut. . . and cut: it took an interminable time. . . I felt as if I were being torn to pieces. The rule says that one must not cry during this operation. . . But I screamed and cried, and I was bleeding all over. Finally, the operator put a mixture of herbs and butter on the wound to arrest the bleeding - I have never felt any pain as overwhelming as that..

"Next, the women who had held me down let go of me; but I couldn't get up. The voice of the operator called "it is finished. You can get up. You see, it didn't hurt much." With the help of two women, I was put on my feet. I was forced to walk to where the other girls who also had been excised were waiting. Then they made us dance. Under the orders of the women in charge, I was forced to join a group of people who had gathered for this occasion to see us dance. I can't tell you how I felt. I was burning all over. In tears, I jumped about a little, together with the other girls who all were forced to hop about, bleeding and hysterical from pain. I remember this monstrous affair of bleeding girls writhing in pain, being forced to jump up and down in a cloud of dust surrounded by gleeful shouting and clapping villagers. Then everything began to reel about me. I remember nothing more

When I came to, I was stretched out in a hut with several people around me. Later, the most terrible moments of my life were those when I had to urinate. It took a whole month before I healed. When I was well again, I was ridiculed by all the villagers because they said I wasn't courageous."

A professional woman from Mali with a French university degree relates from her experience:

"The practice of infibulation and excision is deeply anchored in our society. Though today young women and girls are in revolt against it, older people resist any change. What happened in my family is an example: After I became conscious of all the trouble and problems that result from genital operations, my husband and I decided that we would not allow our children to be either excised or infibulated. My children were born in France, where both my husband and I finished our studies.

When we returned to Mali my mother asked if I had had the girls operated. I said no and that I am opposed to it.

During the children's vacation, after I had found some work, I left them with my parents. One day, coming home from work, I stopped by my mother's house. . . 'Where are the girls?', I asked my mother. 'Oh, they are in their room', she said. They were lying on the floor on some straw mats. Their swollen eyes and faces took my breath away, and I screamed: 'What has happened to my children?' But before they could even answer, my mother replied: 'Don't trouble yourself about my little girls. I had them excised and infibulated this morning'.

I cannot say what I felt at this moment. What could I do against my mother? I felt revolt rising in me, but I was helpless against her. My first reaction was to cry. She said: 'You should be very happy. Everything went very well with the girls.' Rather than being disrespectful, which is very badly taken in our society in Mali. . . I quickly left the house. I believe nothing can be done unless the women who are concerned organize and discuss openly their objections against these practices¹⁰."

This story, unfortunately, is not at all unique. Respect for the wishes of grandparents and the older generation comes before everything else in Africa and so the lives and health of countless children are sacrificed. While Western societies are accused of lack of respect for their elders, the results of such respect often entail the sacrifice of the future of their own offspring as this example illustrates.

Respect for one's elders is important; but it is also important for older people to continue to learn and accept change. However that is an idea which has not reached Africa where "the Elders" (all men of course) in every village make all the decisions for the young without ever consulting them and on the basis of what their forefathers in turn did.

In Africa the future of the most vulnerable but most important members of each society are sacrificed - the lives and health of young girls. Since they will become the mothers of future generations, the health of the entire society is, therefore, diminished and compromised. For instance, food tabus that are widely practiced all over Africa against young girls and pregnant women (see also Case History: Nigeria) do not only deprive them and ruin their own health, but babies born from mothers who are mutilated and deprived of essential nutrients are often saddled with permanent deficiencies, retardation and birth defects.

African men, who dominate their societies and impose genital mutilations, nutritional tabus and many other burdens such as chronic overwork on women, may think they gain from such exploitation by guaranteeing their own superiority in this way. But the real long-range results are that all Africans are gradually diminished and becoming less and less able

to compete with other societies and especially with young people who are born of women who are healthy, able and well fed.

Infibulation is still widely practiced in Mali sometimes on very young children. Another personal story, as related to Awa Thiam, shows the appalling situation that one young woman faced when she discovered her own condition. Unfortunately, her situation is not unique. A Malian woman of 29 with a degree in literature told this to Awa Thiam:

"I have no memory of my own excision and infibulation as I was operated when I was very young. I only became conscious of my condition when I was twenty, just before my marriage. I have lived in a traditional environment where sex and sexuality were tabu subjects. When I became aware that I was excised and infibulated, I was appalled and revolted. I wondered what to do. I would not allow myself to be opened with a knife the day of my marriage, as is the custom. . . I wanted to get the operation done in a hospital.

I went to see some physicians. But each time my request was refused. It seems I faced a complete social barrier. Everybody I asked was against doing this operation. Those in the hospital looked at me as if I were out of my mind. One of the doctors. . . told me 'You want to lead a life of debauchery, and for this, you are asking for my complicity?' He almost threw me out of his office. I got angrier and more frustrated every day. . . The day of my marriage approached. My chances to escape the knife decreased. In the end, the evening of my marriage, I had to submit and suffer my misfortune."¹¹

How many young women are caught in this situation? No one knows, Awa Thiam states. More and more young women in West Africa oppose the mutilations, but usually too late. Fathers, in order to assure getting a high brideprice, have their daughters done at ever-younger ages. Universal silence perpetuates these traditions especially among the male leaders of each ethnic and social group. Most women do not want to talk about it, as they are ashamed or they believe the many myths that they are told and are totally ignorant about the basic biological facts of reproduction. Nowhere in Africa, where women often go through twelve or more pregnancies, is any information on childbirth or reproductive health care available. Most of the women are quite unconscious that there is even a possibility to question the damaging traditional practices.

With the Dogon, one of Mali's ethnic groups, excision is obligatory. The Dogon believe that each girl has male and female characteristics, and the same is true of boys. It is necessary to extirpate the male characteristics in a girl before she can become a woman, and in turn, all female traits must be removed in a boy before he can be a member of the adult community of men. The clitoris is said to be a male characteristic; therefore, girls must be excised. In turn, boys are circumcised to remove the prepuce, which is said to be

a female vestige. The operations are necessary so that a young person can become a responsible, adult member of society and sure of his or her sex.

The Bambara practice both infibulation and excision, Awa Thiam relates. "The Islamic leaders whom I questioned all declared that excision is practiced because it is a religious requirement." When Awa Thiam pointed out that nowhere in the Koran is it stated that excision is required, the Moslem leaders told the story of Mohammed, who said to a woman excisor-UmAtiya -she should not cut too deep. But he did not say: Do not operate.

Therefore, in the eyes of the Moslem leaders, the operation is not forbidden. On the other hand, those who are against the practice can claim that Mohammed never spoke for the operation. However, no religious statement of any kind can be cited by anyone to justify infibulation. Infibulation is an obscene cruelty invented by men to control and debase women.