



Female circumcision and ethnic identification in Sudan with special reference to the Berti of Darfur¹

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Abstract

This article assesses the state of female circumcision in the Sudan with the primary emphasis being placed on the Berti of Darfur. Among other things, the article examines the factors that have so far led to the perpetuation of the practice and the failure of the anti-circumcision campaign. The author suggests a renewal of the campaign through the use of a comprehensive approach which encompasses the social, aesthetic, medical, identificational and religious variables involved in the practice.

What is female circumcision?

Female circumcision (FC) refers to the partial or whole removal of the clitoris of young girls. The operation is performed when the girl is between five and twelve years of age. In its most drastic form (which is still prevalent in the Sudan), the vulva is then stitched together, leaving only a small opening for the passage of urine and future menstrual blood. Scholars working in the Sudan have identified at least three types of FC:

Sunna: the excision of the tip or the prepuce of the clitoris.

Intermediate: the removal of the entire clitoris, leaving part of the labia minora intact, or the removal of the clitoris, the whole of the labia minora, parts of the labia majora, and the stitching of the two sides together, leaving an opening.

Infibulation (Pharaonic circumcision): the removal of the entire clitoris, the labia minora and the labia majora, leaving the two raw edges to adhere, which produces a lengthwise scar (Badri et al., 1990, p. 217).

It must be noted here that this typology may not be fully adhered to in practice. The depth of the circumcision cut may vary in each operation, even when performed by the same excisor.

Recently, the term FC has been replaced by the phrase 'Female Genital Mutilation' (FGM). This new term has become popular in most official documents, both national and international. It is noteworthy that the term FGM is value-laden and denigrating to millions of women who do not

see themselves as mutilated. Indeed, these women, many of whom are themselves circumcised, see themselves as normal persons and are proud of the fact that they are continuing a cherished tradition in their own societies. The term FGM was introduced by the WHO in its Addis Ababa meeting of 1990. The term was intended to lend a linguistic credence to the campaign against FC by 'accurately' describing the practice. The insensitivity of this term has infuriated many who have dismissed it as yet another western imposed ideal (Abu Sahlieh, 1994, p. 613).

The scale and social roles of female circumcision

The practice of FC is 4000 to 5000 years old. It thus predates the three great religions: Judaism, Christianity and Islam. FC is practised by followers of Judaism in Ethiopia, Coptic Christians in the Sudan and Ethiopia and many others belonging to smaller religions, although it is more prevalent among some African Muslims. FC is found in 25–28 African countries, some parts of the Middle East, Asia, and among some immigrants in the West. Australia is the only country which reports FC among its own 'white' population. Recent world history shows that FC was also prevalent among certain indigenous populations of Brazil, Peru, Columbia and Mexico (Dorkenoo, 1995, p. 33; Matias, 1996; Abu Sahlieh, 1994, p. 578).

It is estimated that between 80 to 114 million women are circumcised world-wide, and that two million young girls undergo the operation every single year.

Scholars working in several African countries have identified many perceptions of the roles that are attributed to the practice of FC. For some, FC is an important step in the rites of passage and, particularly, in transforming the child into an adult. Others stress that it is a reproductive aid and acts

¹This article is based on investigations carried out in the summer of 1996 mainly in the Berti area of Darfur. The author, however, relied equally on internet communication, Sudan line. He has gratefully used information provided by many, including Souad Ali, Hisham A. Mageed, Tagelsir Alrayah, Bob Kromer, Arkangelo Modesto, S. O'Fahay, Abu Hala and Michael Kevane.

as a boost for fertility, that it makes women clean, beautiful, sweet-smelling and marriageable. Some also see the practice as sexually enhancing. At the same time, it is also perceived by others to be a deterrent against rapists and seducers and a safeguard for female chastity. The claim that FC curbs an otherwise hyper-sexuality is also adhered to in some African groups (Iweriebor, 1996).

Matias (1996) went further in her analysis, giving FC an important gender delineation function: as men are believed to be hard, and women soft, the operation must enhance these qualities in both genders. Thus men must lose the softer part of their genitalia (foreskin), while women must lose the erectile part of theirs, and hence the removal of the (erectile) clitoris. The erectile clitoris is seen as distorting the borders between male and female, and as a result, their completeness.

Just like scarification among many groups, FC is often used as an identity marker, a symbol of differentiation among various ethnic groups, a dividing-line between 'us' and 'them' (Matias, 1996).

Female circumcision among the Berti of Darfur / N. Sudan – a means of identification with the Islamic Arab world

The cultures of Africa are as diverse as the ethnic groups in the continent. Nonetheless, many of the social roles of FC narrated above can be detected partially or fully in the Umkeddada District of Darfur, which falls within the predominantly Muslim part of northern Sudan. The main form of FC in this area is infibulation. According to local exegesis, the rate of infibulation is 100% in the District.

The linguistic aspect of the terms used for circumcision in the studied area gives a great insight into the practice. Almost all the people there use the word *tahoor* to refer to the circumcision of both boys and girls. This term means 'cleaning' in the ritual sense of the word. It is derived from Arabic, and is heavily laden with religious connotations of cleaning and cleanliness. In its general sense, *tahoor* is a process people have to undergo before touching and/or reading the Koran, saying their prayers, undergoing pilgrimage, etc. *Tahoor* is also required to purify the individual of ritual dirt. The process can also be seen as reflecting a desire to identify with the prophet. This can be further attested to by the fact that one of the names given to the prophet Mohammed, which is widely used in the area, is *El Tahir*, meaning 'the ritually clean'. The term/name *El Tahir* derives from the same source as *tahoor*. The concept transcends the physical order to the spiritual level, hence, *tahoor* can be translated as 'spiritual purification'. Applied to circumcision, the circumcised person is ritually clean, and the implications for the noncircumcised person become obvious. Indeed, the term *aghlaf*(m), *ghalfa*(f), meaning 'uncircumcised' denotes dirtiness, lack of completeness and also dissociation from the prophetic way of life. The term is also used as a swear word (uncircumcised, son/daughter of the uncircumcised). Circumcision is thus a transformation of the individual into

a state of cleanliness, completeness, a vital step towards adulthood and an entrance into the prophetic way of life.

The connection between Islam and circumcision has been a cause of controversy amongst academics, theologians and experts. It has not been so for the local people. Circumcision is seen as an Islamic tradition to which all good Muslims adhere. Again I will turn to the language used in the area to illustrate this point. An alternative way of saying 'to circumcise the children' is to say '*yidakhillum fi el Sunna*' or '*ya'aribhum*', meaning 'to usher the children into Sunna (prophetic tradition)' or 'to Arabise them'. The two expressions are used interchangeably, reflecting some synonymity between Islamisation and Arabisation. The lack of distinction between these two processes can possibly be explained for by the fact that Islamisation and Arabisation went hand in hand in many parts of black Africa. As people converted to Islam, they very often also acquired Arab pedigrees and ways of life. Both Islamisation and Arabisation are important pillars of the identity formation in the area described here.

Circumcision can be seen here as reinforcing the process of Islamisation as well as of Arabisation. The latter is no less important for many who are marginal to the Islamic Arab world, like the Berti of Darfur. The question of Arabisation is currently central to the present national political dispute over identity and cultural and political orientation. It has proved to be a thorny issue in both current and previous Sudanese peace negotiations. In popular Sudanese knowledge, the connection between Islam and circumcision is further bolstered by the classification of the practice into Pharaonic and Sunna. As described above, the Pharaonic form is the more harmful of the two, since both the labia majora and minora are removed. This type of FC is referred to as infibulation or occasionally as clitoricectomy. The Sunna type, on the other hand, involves a lighter cut, the depth of the incision often depending on the operator.

Historical evidence shows that circumcision was practised in old Egypt and was also prevalent in the Mecca area during the early period of Islam. From a theological point of view, the sources of Islamic jurisprudence are (following strict order): the Koran, the prophetic speeches/acts and the conclusions of the four main scholars, who are also the heads of the four major schools (sects, *mazahib*) in Islam.² The actions of the Muslims are then classified into mandatory (in the Koran), advisable (prophetic), permitted, reprehensible and forbidden. There is no reference to FC in the Koran at all and this is taken as an evidence that there is no mandatory duty (*faradh*) on the part of Muslims to adhere to it. The problem, however, becomes more complex when we consider other sources of Islam.

The second source of Islamic laws, Sunna, refers to the prophetic tradition abstracted from speeches and the description of the way of life of the Muslim prophet. It is narrated that the prophet Mohammed asked a contemporary female

²The prophetic tradition is abstracted according to three classes: *qowliyya*, *amalyya* and *taqreeryya* (what is said, done or approved/applauded by the prophet). Other less authoritative sources of Islam are *qiyas* and *ijihad* which consist of the deliberations of later Islamic scholars and *imams*.

exciser (called Um Attiya, also Um Habibah) whether she was still circumcising young girls. Upon receiving a positive answer, the prophet remarked, 'If you do it, don't go deep.' (*iza anti fa'alti, fala tunhiki*). This *hadeeth* (prophetic speech) was narrated by four people (Mohammed ibn Hasan, Madal ibn Ali, Khalid ibn Umar and Zaida). Several leading early Muslim scholars dealing with the authentication of *hadeeth* described this one as unauthentic, and as being narrated by unreliable people (Abu Dawood, ibn Hajar, ibn Adie). Leaving the authenticity of the *hadeeth* aside, there is consensus among scholars that it does not prescribe FC, although it does not oppose it either. As such, FC must be considered a mere tradition, not an Islamic practice *per se* (internet communication with Souad Ali, Hisham A. Mageed, Tagelsir Elrayah, 1996, see also Abu Sahlieh, 1996, p. 581).³ The verdict, however, becomes more difficult to interpret, when we look at other versions of the same prophetic speech. Abu Dawood, an early Muslim scholar, quoting Um Attiya, reported a longer version of the *hadeeth* reading, 'Do not go deep. This is enjoyable to the woman and preferable to the man,' or, as narrated differently by Razeen, 'Do not go deep. It (circumcision) is illuminating to the face and more enjoyable to the husband.' From yet a different source quoting Shadad ibn Aws, ibn el Maleeh and Hajaj ibn Arath, we learn: 'Circumcision is an ordinance in men and an embellishment in women.' These latter versions are interpreted by certain theologians as an implicit endorsement of female circumcision, although many view them otherwise. For example, prominent early Muslim leaders who considered FC mandatory include Imam Yahia and Al Shafie. Others who saw it as a prophetic Sunna and hence preferable – but not obligatory – include Imam Malik, Al Nasir, Abu Hanifa and Murtada (internet communication with Modesto, 1996, see also Abu Sahlieh, 1994).

The second *hadeeth* of interest here refers to the necessity of a ritual bath (*ghusl*) following sexual intercourse: 'Ritual bath is a must should the two circumcised glands meet.' (*Iza iltaqa el khitanan, wajib el ghusul*). Or, according to Abu Huraira quoting the prophet Mohammed:

'Islam is a religion of purity and purity is accomplished by five deeds: circumcision, removal of pubic hair, trimming of moustache, paring of nails and plucking of hair from armpits.' The consensus of major scholars (Muslim, Nawawi, etc.) indicates that there is no clear prescription of FC in these two passages and that reference to circumcision has either been euphemistic or not necessarily referring to women (as in the trimming of moustaches). The term 'purity' also attracted some theological discussion where some gave it the weight of religion, while others treated it as a mere tradition which does not have to be followed.

The Muslim world is primarily divided into four major schools, with each country or region prescribed to follow only one of them at a time. Despite the flexibility shown by

Muslim theologians at present, the founding *Imams* of these schools were much harsher: Imam Ahmed deems only the prayer and pilgrimage of the circumcised to be worthy of acceptance. Imam Malik in addition refuses access to public office to, and testimony from, a non-circumcised person. Others go as far as forbidding that meat killed by a non-circumcised person be eaten (Abu Sahlieh, 1994, p. 585). The above quotation does not explicitly refer to FC, although the passage involves roles legitimately performed by both sexes. It is imperative to note that many of these early schools have been reread in a more moderate way in relation to FC. The school of Islam represented in the Sudan is that of the Malakite. According to the most recent version of Malakite tradition, female circumcision is a Sunna and is not an obligatory practice (cf. above). Currently official theologians in Sudan have softened their stance even further and have endorsed the campaign against FC. They no longer see it as Sunna, but as merely an inherited practice which was not forbidden in early Islam. Whether it is, in fact, a Sunna or not, is of little importance in popular Islam and among groups like the Berti of Darfur. Like the majority of Muslims, they do not think in categories of theological typologies. Rather, what is pertinent to them, is the division between what is Islamic and what is not, based on nothing but their own popular understanding and interpretation of Islam. Indeed, this is one of the major premises of popular Islam and will be central to our analysis of FC as a supposedly Islamic practice.

Fundamental to popular Islam, or indeed any religion, is the fact that its sources (Koran, *hadeeth*, etc.) do not speak for themselves. Rather, they are mediated and rendered meaningful by the actor. It is this very aspect of popular Islam that gives it its flexibility and its multiplicity of versions, and that acts as a catalyst for the spread of the religion over wide areas populated by diverse cultures. The type of theological debate we reported on above rarely filters down to the average believer in areas on the periphery, like Darfur. The source of Islam for a majority of believers there comes from their collective memories, which have filtered down in small doses, through day-to-day interactions, in combination with what can be understood from the local imams, aided by a few itinerant preachers. With an illiteracy rate in the country of over 70%, it is understandable that the average person in an area with a particularly weak infrastructure like Darfur, has never read the Koran, not to mention the more rarely circulated copies of *hadeeth*. The efforts of the Koranic schools are thwarted by the limited availability of such schools, and their pre-occupation with memorising the Koran rather than with understanding it, and the partial exclusion of women from attending the schools (for information about these schools, see El-Tom, 1982). The language of the Koran itself is beyond comprehension for those with little command of Old Arabic, which differs substantially from modern spoken Arabic. Nonetheless, the studied people among the Berti maintain that FC is indeed an Islamic practice. When I raised this issue by voicing my opposition to FC to a mother who was about to circumcise her daughters, she responded rather harshly, 'FC is there in the

³This *hadeeth* is not included in what is generally perceived as a highly authentic collection compiled by Sahih El Bukhari, and Sahih Muslim. It appears, however, in the less rigorously compiled collections of Al Hakim, Al Tabari and Al Baihaqi (internet communication with Hisham A. Mageed 1996).

Book (meaning the Koran). What do you know about that? You never even go to the mosque. Hey, hey, hey, we are not going to leave our daughters uncircumcised. Who is going to marry an uncircumcised woman anyway? If you want the uncircumcised women, go to the south (of the country), it is full of them.' The fact that my informant, being illiterate, had never read the Koran and had never been to the mosque (only elderly women are allowed) is besides the point. FC has been elevated to a mandate from the Koran, and this is what the theologians refer to as obligatory practice for every Muslim. My informant's statement also reflects a fear that uncircumcised women will not be able to marry, at least within the group. As we see, circumcision is used as an identity marker, reinforcing the superiority of the group over others. Taking these factors into account, one can imagine the social pressure on those who are tempted to dissent. This is further illustrated in the following paragraphs. The local claim to full adherence to FC in the area is justified, as the author is aware of only one exception, consisting of a family that used to live in the capital of the country, but still remained within reach of social pressure. The family had to employ a number of tactics to satisfy this social pressure. Having a number of daughters whose circumcision was due, the family organised a circumcision feast in their home in the capital, making the people assume that the children would be sent for circumcision in their rural area. A few weeks later, the same feast was held in the rural area where those invited were informed that the circumcisions had already taken place in Khartoum. One can imagine the difficulties pertaining to transport and communication in the country, as the two areas are separated by three to five days of travel. Months later the trick was exposed, culminating in a confrontation between a relative and a member of the family of the girls concerned. The former said, 'You really think we wouldn't know the truth? You left your daughters uncircumcised (*ghalfat*) and now wait and see if anybody is going to marry them. God will deal with you for bringing shame on all of us.' Time has proved the quoted informant wrong. The uncircumcised daughters were since married into families that attended the 'false' circumcision feasts. While the informant found it shameful that the girls were not circumcised, there is no evidence of shame befalling the family or the group. This narrative reflects, however, the social pressure on those who wish to dissent. It equally illustrates the perception of the role of circumcision in enhancing marriage potential, and the avoidance of shame by reinforcing the values and traditions of the group. This has led to the emergence of 'false' circumcision parties, whereby the exciser is paid to pretend to operate on young girls amid traditional celebrations. This practice, however, is reported in the capital, Khartoum, only (Hassan, 1995).

Female circumcision and the cult of virginity

FC is one of the many steps taken to ensure the chastity of young women. The operation amounts to tightening the opening of the vagina in such a way that a first penetration cannot take place without considerable pain and tissue injury. It is this aspect which points to a close connection

between FC and the preservation of chastity. Indeed, the verification of a girl's chastity at the consummation of marriage is not merely a subject of private honour or shame, it is a concern of the entire community. Traditional wedding ceremonies in the Berti area, as in other parts of the Sudan, include an elaborate celebration which reaches its peak on the night of the wedding. This is the first night in which the bride moves to spend (supposedly) her first night with the groom. Early in the morning, verification of the chastity of the bride is announced by firing rifles, accompanied by ululation from the part of the women. The *bishara* (good news) is formally conveyed to the mother of the bride in a form of payment, in cash or in kind. The *bishara* is alternatively referred to as *sharaf al bit* (the honour of the girl/bride). Upon hearing one of the announcements in the area, my companion, who was related to the bride concerned, shouted, 'This is a ridiculous tradition. Why do we all have to know about this? How did they expect to find her anyway?' My companion obviously had very little to concede. For him, chastity is a must, and its verification is necessary. His only concession was that this matter be moved from the public to the private realm, as indicated by his objection to the highly publicised announcement.

At present, chastity is usually confirmed verbally by the groom prior to the public announcement. A generation ago, this alone would not have sufficed in the Berti society. Rather, evidence had to be physically displayed. A white sheet was to be stitched to the bridal bed for the consummation night. The sheet was then displayed on the following morning and it had to show 'chastity' blood, to qualify for the *bishara*. But, as one informant told me, even the shrewdest societies can be outsmarted by their own members: "If the bride is your paternal cousin, her honour is yours and her shame is equally yours. You wouldn't tell everybody that 'she is out of order' (*khasrana*).⁴ Even if you have to incise and bleed your thigh, you will never display an empty (bloodless) bedsheets." The informant is probably right. Neither the blood on the sheet, nor the words of the groom can prove anything but a claim to cherish chastity and honour. It has been reported in other parts of the Sudan that women may go for recircumcision prior to their weddings. The term used for this operation is 'sewing' (*khiata*), which involves a restitching operation so that the woman appears as though she has had no pre-marital sex. This operation is neither unique to Sudan nor to circumcised women. Noted under 'hymen repair', the operation is reported to have been used by indigenous British and Japanese women (Dorkenoo, 1995, p. 31).

One could be forgiven for concluding that FC is designed by men not only to subjugate and humiliate women, but equally to satisfy some bizarre and sadistic aptitude for sexual pleasure. The first sexual contact of the circumcised woman is a journey of torture and pain. The situation is not that rosy for men either. Here is the testimony of a Sudanese man's first sexual experience with his circumcised bride, which I will quote at length:

⁴The term '*khasrana*' is the same word used to describe objects which are out of order: a car, a machine, a door lock, etc.

“The first experiences were very painful for her. For a long time we could not enjoy sex together, because it was a unilateral thing. It was I who had orgasms. She only had fear and pain. I had some experience and knew that either I would ruin the whole relationship, or with gentleness and patience, I would eventually solve the problem. I loved her very much, and for a long time, for several months, we both tried very hard to make it work. It was a nightmare. Of course I wanted sex. Every time I approached her sexually, she bled. The wound I had caused was never able to heal. I felt horribly guilty. The whole thing was abnormal. The thought that I was hurting someone I loved so dearly troubled me greatly. I felt like an animal. It is an experience that I would rather not remember. It was bad for both of us. It was not until after our first child was born that she could have relations without pain, and then she was able to enjoy sex for the first time. The child was born in England and she was not ‘resutured’. I would never permit that to be done to her again. Things are very good the way they are now, and we both enjoy sex together very much, now that nobody is suffering any pain.” (Hassan, 1995)

It is regrettable that the only version I have is narrated by the husband. Traumatic as the incidence is, the woman in the above text is luckier than many others. For many, the pain does not end with the first child. The term ‘resutured’ in the above report refers to the resewing of the vagina opening after delivery (which cannot take place without incisions made to enable the new-born to emerge). About ten years ago, my neighbour in central Sudan told me that ‘for extra money’, the midwife who was then assisting his wife in delivery would restitch her so well that she would ‘heal back like a virgin’. This sad male attitude is probably generated by the need to feel big, an illusion given by tightening the opening of the female genitalia. Indeed, the term *dhaiqa* (tight) is taken as a virtue for a woman in the Sudanese sexual lexicon. The opposite is *muwasiaa* (wide), a term often used as a swear word with the added connotations of moral laxity and whoredom. FC with its effect on the female genitalia can, therefore, be taken here as symbolic of sexual discipline and moral virtues.

The fact that FC reduces the sexual appetite of women was confirmed by research in the Sudan. This causes problems for both women and men:

Some authors point to the link between FGM and drug-taking in men, specially the smoking of hashish. Apparently these men experience difficulty in bringing their wives to orgasm. To be able to arouse them, and for them to experience pleasure men have to take drugs to help them hold their erections as long as possible (Hassan, 1995).

Similar stories are also reported from Egypt where circumcised women have also succumbed to the belief that narcotics increase potency:

... women are the ones to request that their husbands use drugs before sex. They know from experience that it is their only chance of reaching orgasm, for hashish is the only cure for their mutilated clitoris. (Abu Sahlieh, 1994, p. 595)

The strong connection between narcotics and orgasm in Egypt is exemplified by a 1957 tabloid headline: ‘If you want to fight against narcotics, ban excision.’ A similar perception can also be detected in Yemen where women saw attempts to ban qaat (*Catha edulis*; chewing tobacco) as a threat to their conjugal life (Dorkenoo, 1995, p. 21). Other researchers disagree, rather vehemently, warning us against blind adoption of European perspectives and those of western sexologists:

The perspective that female circumcision necessarily robs women of sexual pleasure presupposes that only the clitoris ensures sexual urge and guarantees sexual pleasure for women. Therefore, all women who are not circumcised should experience sexual urge and sexual pleasure. If having the clitoris alone does guarantee sexual urge and sexual satisfaction and pleasure, it implies that all women with a clitoris should always have sexual pleasure. But if that is not the case, then there are other parts of the woman’s body and dynamics yet to be made known and emphasized which affect female sexuality and responses (Apena, 1996).

Lightfoot-Klein (1989a) came to an even more forceful conclusion, in saying that FC, including the pharaonic kind, does not impede ‘sexual desire, pleasure and orgasm’ despite the painful consequences of ‘infibulation’. He further suggests that the clitoris may not be as central as ‘western sexologists’ make it out to be (ibid.).

Female circumcision and rites of passage

FC is an important landmark in the life cycle of the Berti of western Sudan. While there is no question that circumcision is painful, sweet memories of the celebratory elements of it are often recalled years later. Matias equates FC with ‘first communion, confirmation, mitzvah or sweet sixteen occasions’ (Matias, 1996). For the family, FC provides an opportunity to act as hosts for the extended family, neighbours and, if resources permit, the entire community. Through the process, the family does not only renew its status, but also asserts its solidarity and sense of belonging to the group (for the social aspects of the celebration see El-Tom, 1997). The occasion can equally be a source of pride for the circumcised. It is a chance to be the focus of a celebration, to know one’s worth, and an opportunity to receive gifts from all relatives and family friends. The greeting formulae used on the occasion are indicative of a special place reserved for the circumcised. Reminiscent of Van Gennip’s neophytes, the circumcised girl is depersonalised and referred to and addressed as ‘bride’ (*arusa*). The celebrity is also dressed up as such. Common greeting formulae used at FC are: ‘Congratulations to the bride’ (*mabrook ya aroosa*); ‘May the occasion be repeated for your brothers and sisters’ (*al uqba le akhwanak*); and ‘from the razor to the bridal state’ (*min al moos lil aroos*). It is together with these greetings that relatives pledge gifts or money to the circumcised.

From the greeting formulae cited above, the connection between FC and marriage is obvious, reflecting that FC is a nuptial practice performed for enhancing reproduction.

Moreover, the term 'bride' bridges the gap between circumcision and marriage. The two are so interconnected that they can be nothing but parts of the very same process. Looking at the celebratory aspect of FC, the practice must be viewed as joyous, communalistic and rectificatory (involving denaturalisation of the genitalia). This alternative view appears in sharp contrast to what is portrayed by most international campaigns. The latter look at the practice as individualistic, revolving around private sexual enjoyment, as traumatic and abusive to the child concerned, and conspiratory with regard to the entire female gender. Irrespective of where one stands with regard to FC, one has to acknowledge that for the people who experience it, the practice is carried out for the noblest of all reasons, and this should be the starting-point for any campaign.

The role of the medical aspects and the Sudanese campaign against female circumcision

The medical aspects of FC are perhaps the most researched and articulated. The medical view is also used as the most important single factor in the campaign to justify the abolition of FC. Nonetheless, for the local people, and among them the Berti of Darfur, this is at the same time the least known aspect and, perhaps, the least convincing one. The medical view is best summarised by the Babiker Badri Scientific Association for Women's Studies (BBSAWS), Sudan. The Association has an impressive track record in working for women in the country. Referring to their gynaecologists, their text reads:

Although they pointed out that infibulation leads to more severe complications, they argued that any form of female circumcision is bound to create serious complications such as infections, urinary complications, shock, tetanus, haemorrhage, and retention cysts. Other complications cited: difficulty during, and lack of satisfaction from coitus, infertility arising from the failure of the husband to achieve penetration or from infections stemming from the operation, and difficulty in delivery. (Badri et al., 1990, p. 219)

There is indeed a paradigmatic gulf between the medical and the folk worlds. Many of these complications are expressed in categories that mean little or nothing to the people under study. When they do, the causal link with FC can only be taken at face value. As every female adult in the Berti area is circumcised, it is hard for them to imagine the situation had they remained otherwise, with lower levels of maternal and child mortality, more sexual enjoyment, fewer infections and higher rates of fertility. Communication is further distorted by complicated medical terms of Latin origin, which lack equivalents in the local vernacular.

The campaign against FC in the Sudan is among the oldest in Africa. There are reports that the Mahadist State (1885–1898) instructed people against it. There is, however, a dearth of information about the Mahadist work, with no evidence at all of implementation or of prosecution. We must remember that the opposition in question was against

infibulation as such, and not the other form of FC which is referred to as Sunna. Indeed, infibulation which is believed to be pharaonic in origin, provides a pretext for unifying diverse groups.⁵ It attracted opposition in the name of modernisation, westernisation and Islamisation.

The campaign against FC took a boost in the 1930s and continued to gather momentum for fifteen years. In 1946, the first law against FC was enacted in the Sudan. This law, which was watered down after immense public pressure, prohibited the practice of 'Pharaonic circumcision, making it illegal and punishable by a fine or imprisonment of up to five years' (Badri et al., 1990, p. 222). In its final form, the law allowed the milder form of FC, Sunna, to be practised by certified midwives (Abu Sahlieh, 1994, p. 601). While the medical profession was in no doubt about the harm caused by FC, the statement of the then *mufti* (Chief Islamic Jurisprudent) was rather muted. Being the primary religious spokesman of his day, Sheikh Ahmed Al Tahir said:

"In *hedaya* (advice), circumcision was a tradition in men as conducive to purity and a practice which should not be given up; but it was merely an embellishment in women." (Badri et al., 1990, p. 223)

Badri et al. (1990) contemplated that the term 'embellishment' implies that it is commendable and preferable, but does not amount to a 'religious duty' (*ibid.*). In religious and political circles perhaps no man commanded more power in the 1940s than Sayed Abdel Rahman, the son of the Mahadi. Having blessed the campaign against FC, he said:

"The time for action has come now. I have enough information to convince me . . . giving thought to this vicious custom with a view to getting rid of it in a practical way." (*ibid.*)

Al Mahadi's aid to the campaign, described by others as vigorous, was short-lived. It was subsequently (and rather vulgarly) squashed by none other than his mother, Magbula, who wondered why her son '... had nothing better to think about than *kissasat al niswan*' (vaginas of women). Given the critical historical junction the country was passing through at the time, and the position of the Mahadi's family vis à vis the British reign, Sayed Abdel Rahman was rendered numb. This was the end of his support for the campaign (Kromer, Internet, 1996).⁶

Another religious and political leader who at the time voiced his support for the campaign was Sayed Ali Al Mirghani (1944):

"The Sudan has good customs and bad ones, and to the latter belongs the Pharaonic circumcision which is practised in parts of the country . . . There is no doubt

⁵Some sources indicate that FC, and in particular its brutal form, infibulation, was originally ordered by a pharaoh of Egypt. The decree was made to prevent unassisted delivery, in an effort to enable state midwives to trace and report (and hence, eliminate) all male Jewish new-borns.

⁶Magbula was a granddaughter of Sultan Mohammed Al-Husayn of Darfur (reigned 1837–73). She herself was unlikely to have been infibulated and was thus probably unaware of the scale of the problem. Her ethnic group has only recently started to adopt the practice of FC (O'Fahay, internet 1996).

that it will, together with other bad customs, disappear through enlightenment and education.” (Badri et al., 1990, p. 223)

The campaign was probably damaged by the half-hearted support of the religious leaders, given the prominent position they held at the time. We must, however, realise that the focus was still limited to the abolition of infibulation and not of the milder version, Sunna. It was only in the late 1970s and the early 1980s that the campaign started to address all forms of FC (ibid.). It is during this period that the campaign can be said to have gathered momentum, culminating in the government’s adoption of its agenda.

Outlook

It is my contention that at present FC in the Sudan is on the increase. This claim stands in sharp contrast to the position held by the spokeswoman of the Sudan National Committee on Harmful Traditional Practices (SNCTP). Celebrating the success of her organisation, the spokeswoman declared that they expect the eradication of FC to reach 60% by the year 2002 (Hassan, 1995). Surprisingly, the same organisation reported a rate of 90% for infibulation/ circumcision in a Khartoum residential area as late as 1997 (Abbakora, 1997, p. 7). The SNCTP may have cause to celebrate; it has secured the support of major official religious men in the country, of the government and of a substantial sector of the elite. Nonetheless, the rural areas where the majority of the women concerned live are very far beyond reach.

It is heartening that a few elites have abandoned the practice of FC. Nonetheless, their number is negligible when newcomers to the practice are taken into account. The reason for this goes beyond the fact that the campaign has remained to this day half-hearted and mainly rhetorical. The reason, in fact, lies at the heart of modern Sudanese politics. Employing carrot-and-stick methods, the dominant Muslim groups of riverain Sudan have continued expanding their sphere of strong influence. The state machinery, and in particular, the armed forces, the educational system and the media, have played an active role in this process, which has been going on since independence (1956). In pursuit of identification with Sudanese high culture, minority groups like the Berti have had to adopt many new symbols to the detriment of their own cultures. These include religion, language, style of life, world outlook, but equally circumcision, including infibulation. New ethnic groups incorporated into the infibulation zone include the numerous beleaguered ethnic groups of the south, the Nuba of central Sudan, the Fur of Darfur and the Ingessana of eastern Sudan.

The theological front has already been won on the issue of FC. Support for its abolition now comes from Sudanese official theologians and major religious scholars. Nonetheless, the popular front still remains obstinate. With massive illiteracy, poor communications and cultural heterogeneity, the gulf between official and popular Islam remains uncomfortably wide for the purposes of the campaign. My own investigation shows that it is the immigrants in Khartoum

who are aware of this debate, and not those who remain in rural areas. A note of caution must be sounded here. While the religious element of FC is important and must be addressed, it must also be treated as only one element among many.

A thorny issue that is often ignored in the campaign against FC, is the proliferation of FC among marginalised groups, mostly of non-Muslim origin. It is tempting to view this process as merely a misconceived attempt to identify with Arabised and Islamic identity. This process, however, is a result of continuous denigration of marginalised cultures to whom FC is an alien practice. This problem will prevail as long as the campaigners – who are mostly drawn from the dominant Arabised sector – fail to see anything positive in these cultures. These cultures are at best made invisible, and at worst treated as archaic residues. The attitude seems to be that the sooner they go, the better. This prevalent attitude fuels continuous cultural genocide, which has been a feature of various Sudanese governments. Sadly, but not surprisingly, these cultures are seen as having nothing to offer, much less as being models for others to follow – either in the abolition of FC or in other fields. Within this context, it is hardly surprising that this dimension of FC has received the least attention in the campaign to date.

Reminiscent of the WHO declaration of ‘health for all by the year 2000’, the Sudanese campaigners have now vowed to eradicate 60% of FC by the year 2002. This is perhaps no more than wishful thinking on the part of the organisation. The selection of the year 2002 itself is based on nothing other than the fact that the SNCTP succeeded in piggy-backing on the present government’s ‘Comprehensive Strategies for the Year 2002’. The fate of the SNCTP’s target is likely to be exactly the same as all the ‘strategic plans’ of similar governments in the country. There can be no doubt that the involvement of governments is a prerequisite for securing the political will so crucial to any campaign. In itself it is a gain – the result of painful work, and it is to be acknowledged and indeed, commended. Nonetheless, it is no short cut to making the agenda a priority at mass level. It is here that the challenge remains formidable. The campaign thus far has remained an elite issue, and has been far more pronounced at academic seminars and international conferences. A move towards preaching to the not-yet converted is now overdue.

One of the fundamental weaknesses of the Sudanese campaign against FC is its over-emphasis on the biomedical model. This model reduces FC to a mere set of negative health-related outcomes. As a corollary, it has often been assumed that boosting awareness of the health hazards of FC could lead to its eradication. The strategy then becomes trapped in an ethnocentric exercise, steeped in western discourse and oblivious to the fact that FC plays positive roles and is perceived to do so by its adherents. Although we cannot ignore the negative health dimensions of FC, the practice could continue amid high awareness of these negative aspects. After all, labour and delivery are much more dangerous, and are responsible for high maternal mortality across the country. People are aware of the dangers involved

in delivery, but they still continue to produce babies at a great rate. The dangers of delivery are far outweighed by the benefits of having children. Nothing illustrates awareness of the dangers of delivery more than the local terms used at the birth of a baby. Successful delivery of a baby is referred to as *halal* (unfastening) or *khalas* (saving). The newly-delivered woman is spoken of as being 'ear-marked for death' (fastened on a death post) and in symbolic terms, her grave remains open until the fortieth day after the birth of her child (for details of this see El-Tom, 1995). Thus, the advantages of having an awareness of the health hazards of FC should not be over-estimated. Neither should we ignore the importance of the perception that FC has a positive role to play.

Running the risk of being over-critical, the SNCTP should be prepared to address its limitations, which are in no way insurmountable. The organisation is under-resourced and dependent on outside support. Furthermore, it is not a grass-roots organisation and exists only in major urban centres. The SNCTP is limited in its use of the mass media, as the majority of the population have no access to television, newspapers or radios. Surely other methods for disseminating information could be utilised.

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