Rethinking Feminist Discourses on Female Genital Mutilation

The Case of the Sudan

by Rogaia Mustafa Abusharaf

Women's human rights continue to occupy the back seats of Sudanese politics.

Female genital mutilation (FGM) as a violation of the human rights of young girls and women, is a subject that in recent years has been under serious scrutiny by the media and the medical community, as well as by feminist scholars. In the United States the practice of female infibulation was brought to the scene by the case of a Nigerian migrant who appealed her deportation order on the grounds of her well founded fear of human rights violations upon returning home. This migrant argued that her daughters would be forced to undergo circumcision or infibulation if they were to return to their village of origin in Nigeria. As a corollary, a new legislation was introduced by Congresswoman Barbara Schroder to prohibit the practice especially among immigrants who thrive to keep it alive in the diaspora.

While this article is not intended as a detailed or exhaustive account on feminist work on female genital mutilation, it is in essence an attempt to provide an alternative approach to studies that fail to capture the reality of why this practice persists. Beyond stressing exotic cultural otherness, and by addressing how the practice curbs women's sexual pleasure, feminist representational discourses tend (with some exceptions) to ignore the contextuality of the forces within society that pertain to, and regulate female sexuality. By emphasizing the implications and barbarity of the excision of women's genitals on their sexual satisfaction, these studies constantly distance themselves from the socio-political and economic contexts of wider violations of women's rights.

Female genital mutilation: a closer look

In the Sudan the practice is alive and well, especially in Northern Sudan, despite efforts and legislation since 1946 to end it. Indeed the excision of female sexual organs represents an extreme act of violence against children between four and ten years of age (Tobia), as well as against women who are forced to undergo reinfibulation after each childbirth. FGM in the Sudan ranges from extreme excision and incision (known as Pharonic circumcision) to a milder form of cliterectomy known as Sunna circumcision. Pharonic circumcision, widely practiced in rural Sudan, involves the total removal of the female’s clitoris, labia minora, and the labia majora. The other type, Sunna circumcision, is practiced among urban residents. It is considered a milder form of excision since it involves only the removal of the clitoris. Often, this surgery is performed by untrained midwives with no knowledge of anatomy and surgical techniques and with no anesthesia (Tobia). The health risks to women and girls range from temporary problems to life-long complications such as difficulty in passing urine and menstrual blood, infection, and hemorrhage as well as a wide range of obstetrical complications (Tobia). In my visit to El Obied town in Western Sudan, I was told that that an eight-year-old girl lost her life during the operation performed by an untrained midwife. Ironically, this extremely violent act is always accompanied by ceremonies and festivities surrounding the young girls’ rite of passage and initiation into womanhood and marriageability.

The politics of FGM and the status of women in the Sudanese society

It is evident that violations of women’s bodies through female infibulation is intended to repress sexuality in a manifestly political agenda. As Foucault argues, human sexuality is not merely a natural unproblematic attribute, but rather a product of social forces, constructed around those aspects of human sexual behavior that are perceived as problematic by the power structures within society. To understand the politics of female sexuality and female infibulation in the Sudan, a thorough scrutiny of particular institutionalized ideologies is required. Those ideologies represent a plethora of complex notions of male authority, social honour, and economic power. Understanding the latter, that is economic power of men over women, is the first step to problematize and contextualize this violent practice within the framework of sex roles and economic dependence.

In the Sudan, women's human rights continue to occupy the back seats of Sudanese politics. As Ibrahim correctly argues, discrimination against women is rampant and institutionalized in the Sudanese society. In virtually all spheres of life women are denied equal participation as Sudanese men. Family laws continue to strangle women in all aspects of their lives. Furthermore, while illiteracy among women has reached unrea-
Genital mutilation can be seen as reflective of women's inferiority in other spheres of life.

Genital mutilation is to suppress a young girl's sexual drive by removing her most sexually sensitive parts, believing that this will ensure her chastity and thus protect the honour and integrity of the family (Lightfoot-Klein). As long as FGM is equated with female modesty and premarital virginity, it is unlikely that the practice will cease to exist. We have to remind ourselves, however, that women are not merely subordinated because their genitals have been excised, in other words not because of the practice itself, but because of the values, ideologies, and the politics attached to the practice.

The question remains why do women who undergo an ostensibly harmful and in some instances a fatal procedure, depending on the circumstances, tend to safeguard and perpetuate their own mutilation? Why do women violate their own right to "bodily integrity" to prove to their prospective spouses their subservient respectability? These questions should be explored at length at the social structural level. As Grenbaum has stated: "in countries where alternatives are lacking women may surrender their unrealized rights to bodily integrity to further their socio-economic interests" (2). Thus, at one level we need to consider how female gender indoctrination prompts women to keep FGM alive and at another level we need to situate the perpetuation of the practice within the framework of women's economic dependence. The two levels of analysis interact. Understanding gender socialization is an aid in understanding female dependency. FGM becomes the logical outcome of a specific mode of thinking when we remember that the social relations between the sexes are mediated by pre-imposed notions that men are responsible for the great work of society while women are merely devoted to unproductive domestic activities. From childhood females are told that the practice of circumcision is what will prepare them for marriage and an entirely different set of responsibilities attached to and revolving around marriage, including child bearing and rearing.

Let us examine the institution of marriage in the Sudanese woman's life. To get married and have children, which on the surface fulfills gender expectations and the reproductive potential of females, is, in reality, a survival strategy in a society plagued with poverty, disease, and illiteracy. Women's responsibility for procreation makes them dependent on their husband's wages. Societal pressures also make it difficult for women to strike out on their own. The socio-economic dependency of women on men affects their response to female circumcision. Infibulation is merely a response to economic pressures. When asked about why they engage in the practice, women constantly report that marriage prospects and satisfying their husbands are factors in their decision to infibulate. Among women who depend completely on their husband's wages, sexual pleasure does not count as a priority.

Sudanese women's experience of female genital mutilation should thus be looked upon from the perspective of the role they play in society.

I believe it is counterproductive to separate the battle against infibulation from the battle against institutionalized modes of oppression and patriarchy as a system of social relations between men and women which, according to Leacock, governs the production and reproduction of people and their gender identities. Attention must be drawn to the fact that feminist discourses on female genital mutilation should overcome the tendency to emphasize sexual pleasure as the main predicament for women undergoing the practice. By stressing only the barbarity of FGM, feminist scholars will continue to produce apolitical feminist scholarship incapable of capturing the experience of women in its entirety.

**How do we eliminate FGM?**

Efforts to ban FGM can be traced back to 1946 during the British colonial administration of the Sudan. This legislation, however, by no means managed to eliminate the practice entirely since it only prohibited Pharaohic circumcision. Given the political instability in the Sudan it is no wonder that efforts of eliminating FGM were far from successful. In view of the failure of such legislation, answers of how to abolish this practice should proceed from a fundamental alteration of the social relations between the sexes, specifically through the empowerment of women. I do not believe, as many advocate, that FGM should be abolished by state imposed legislation that can only be a partial solution for a social custom.
Women will not follow a law they believe will eventually lead to their own material insecurity. Over the years they have become aware that crossing certain boundaries entails questioning male authority which, in turn, will result in undesirable consequences, socially and economically. Elimination of FGM without addressing the inferior status of women in Sudanese society will not, therefore, succeed through state imposed legislation nor through intervention by international organizations.

The battle against FGM is a political one. Breaking the chains of dependency and the hereditary forms of power is imperative for women across the world that are bound together with the string of unquestioning male authority. What we need to build is a consensual oppositional consciousness to demand that the state first and foremost consolidate women’s education and training, provide the opportunity for equal labour force participation, access to health and birth control services, access to legal rights and political participation. Once these demands are met, women will be able to halt the practice of female genital mutilation.

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References

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VIRGINIA ADAMSON

Pledge to Mother

My mother,
her rail of a body
flat on her back.
My father put her there again.
The red and white tiles
next to her
still glisten.
She polished the floor on Mon-
day,
it is Wednesday night
and upstairs
Don Messer’s Jubilee
is playing
on the CBC.
My father
and my brother
wrestle
with vicious determination.
Their angry footsteps
mark the shiny floor,
flip the handmade rug
with the golden viking ship
trapped
in the embroidered centre,
Eric the Red standing at port side.

My father’s arms,
are skinny
next to his potbelly body,
and scramble and punch
at my brother
and mother.
The smell of his sweat
coats the walls.
My brother
pushes back a tear
a tiny trickle.
My sister trembles,
her soft white skin
turns crimson against her silk
hair.
She and I sit on the frozen
stairway,
our numb eyes watch
and that winter Wednesday
I make a vow
a silent pledge—
I will never be a victim,
I promise you mother!

My brother,
like a frightened monster

slips away
into his cave.
The lonely television
is playing Hockey Night in
Canada
and my father retreats upstairs.
We collect ourselves off the
steps,
my sister and I,
and drag our mother
like a huge rug
to the bedroom.
Pulling at her beanpole arms,
her hair rubs the floor,
dusts like a mop,
wipes up
a familiar despair,
soaks up
the tears that fell
from my brother’s eyes
and the sweat that dripped
from my father’s forehead.

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