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# Female Circumcision Between Extinction and Diffusion in Red Sea State, Sudan

Ahmed Mohamed Bilal<sup>\*</sup>, I'timad Gaafer Alfadil, Abd Elrahman Mustafa Abd Elrahman

Business Administration and Economic Department, Port Sudan Ahlia College, Port Sudan, Sudan

**Email address:**

ahmdblal@yahoo.com (A. M. Bilal)

\*Corresponding author

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**Abstract:** The Study aims at identifying the quantitative rate of female circumcision in the Red Sea State during June 2016, where the diffusion of such phenomenon expresses the characteristics of the local community. The methodology of the study aimed at recognizing the extent of the diffusion of female circumcision in the ten localities through exploratory survey targeted at the female teachers and the mothers of the girls at the basic level and kindergarten age. The sample of the study consisted of (1060) items taken from (166) kindergarten and (198) basic level schools. The study arrived at main results which are summarized in the extinction of this phenomenon in certain housing units in Portsudan locality (Deim Medina and Darasalam). There are indicators that point to the fact that this phenomenon is dominating rural areas. If we made a comparison between last decade and the existing study, we find that there is remarkable development in the extinction indicator (68-72%). The study presented a number of recommendations; the most important are forming pressing community currencies for the purpose of close surveillance of rural areas, particularly Haya and Dordeib. In conclusion Female genital circumcision is still a serious problem in Red Sea State not only in rural area, but also among people living in urban areas. Elimination of poverty and improvement of education level will contribute to end this harmful phenomenon. Empowerment of people and polices is highly needed and effort should made to end terrible social and cultural norms which indigenize this practice.

**Keywords:** Female Circumcision, Phenomenon, Portsudan, Red Sea State

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## 1. Introduction

The WHO defines the female genital circumcision as procedures that intentionally alter or cause injuries to the female genital organs for non - medical reasons. No doubt, this procedure can cause many complications such as problems in urination, bleeding, infections as well as a complication of childbirth leading to newborn deaths [1]. Female genital circumcision or cutting is common practice in Africa and Middle East [2]. There is no clear evidence to indicate where female genital circumcision practices have been reported or performed. According to the previous literature, Egyptians were found practising male and female circumcision/ around the middle of the fifth century B. C. But Infibulations or Pharaonic circumcision, the most prevalent type in Africa. Some studies indicated that the Infibulation or Pharaonic circumcision title was applied by

Sudanese when this practice spread from Upper Egypt to the North Sudan where was called as Sudanese circumcision [3].

There are five types of female genital circumcision in Africa namely Mild Sunna which include the pricking of the prepuce of the clitoris with a sharp instrument. The second is called Modified Sunna in which partial or total removal of the clitoris is applied. Furthermore, the third type is called clitoridectomy / Excision in which the removal of all or part of the clitoris is performed plus a partial or all removal of the Labia minor. Moreover, the Infibulations or Pharaonic circumcision includes clitoridectomy, excision of Labia minor and the inner wall of the Labia major. The fifth type is intocision where enlargement of the vaginal orifice with a sharp instrument is practised [4].

The study has been based on analyzing its own variables according to the reality of the cultural local society. Hence, this topic includes the following:

- a. Analyzing the results of the indicators of the

demographic characteristics of the community sample.

b. Analyzing the results of the extinction and diffusion indicators.

c. Analyzing the results of motives indicators.

e. Analyzing the results of the behavior patterns and knowledge indicators of the mothers of the child in the practice areas.

### **1.1. Female Circumcision- the Health Axis**

Man was created in a proper body structure. God bestows him the ways of safety, but he deviated from the proper way to acquire many bad habits such as female circumcision. Female circumcision has bad effects on the females in all the stages of the life of the woman. The first axis has dealt with the following topics: [5]

a) The medical classification of the forms and types of circumcision from a surgical point of view.

b) The health effects of circumcision

a) The medical classification of the forms and types of circumcision from a surgical point of view:

There difference between in the diffusion of circumcision between urban and rural areas and among the local societies and tribes. The Sudanese classify circumcision into three types: the Sunni circumcision, the improved Sunni circumcision and Pharonic circumcision. Generally, female circumcision is classified into four types [5]:

The first type: Total or partial removal of the clitoris.

The second type: Total or partial removal of the clitoris and labia minora without removal of the labia majora.

The third type: Narrowing the vaginal opening.

The fourth type: All procedures that damage the female genital or reproductive organ.

b) The health effects of circumcision:

1) All types of circumcision have bad effect on the woman. The Sudanese Medical Council has issued a decision under the number 366 for the year 2003 forbidding for doctors any type of female circumcision.

2) Damaging a part of human body will weaken the life and create a lot of problems between the husband and his wife.

3) Cause continuous pollution which causes pelvic inflammation and blockage of the fallopian tube.

4) Acute bleeding may occur after the operation.

5) Cause infertility.

6) Impede natural birth.

7) May cause urinary or anal fistula.

Medical studies proved that women who have undergone circumcision of the third type, the possibility of caesarian operation will increase with a ratio of 30% compared with the women who were not subjected to circumcision. Also there is an increase of 70% of bleeding cases after birth of the women who were circumcised compared to non-circumcised women. These studies also proved that the children of the circumcised women were subject to a lot of risks. Children who need recovery after birth increase in the case of circumcised women with a ratio of 66% more than other children. It was also proved that the rate of death during and

after birth is higher in circumcised mothers [6].

15% associated with the first model of circumcision.

2% associated with the second model of circumcision.

55% associated with the third model of circumcision.

All these lead to fibroses in the outer reproductive organ of the female which causes the slow of the appearance of the child's head or stopping it totally and leads to caesarean operation.

There is also a number of risks that the girl is subjected to when she reaches puberty and be married including:

a. Blockage or retention of the menstrual blood and the appearance of it in the form of thread.

b. The difficulty of penetration in marriage.

c. Formation of leather bugs.

d. The inability of urinating smoothly.

e. -Inflammation of the pelvic.

f. Infertility.

### **1.2. Female Circumcision-the Legal Legislative Axis**

Although Sudan has a long constitutional experience, but his constitutions do not state the human rights of the child in an explicit way. This section deals with the development of the legal development framework. Below are details of the developments that happened in the legal legislative framework [5].

The Constitutional Legislative Framework, contains 7 (seven) articles. 2 (two) the Sudanese constitution 1998, 5 (five) articles concerning Sudan constitution 2005. They indicate the crime of circumcision and give details of the punishment, but they do not prevent the circumcision which only stated in the draft bill of the prevention of female circumcision 2008 [7].

### **1.3. Prevention of Female Circumcision Project 2008**

A strategy was prepared to establish programs for eliminating female circumcision between the National Council for Child Care in collaboration with the UNICEF and some civil community organizations. The role of the government was motivated with the aid of the (Ministry of Health, Ministry of Education, Ministry of Justice...etc) to prepare a bill to suit the coming period [8].

a. The law authorized the gradual stages of prevention rather than punishment by identifying the methods that lead to malformation or partial elimination of genital organ.

b. The bill included differentiated between the practitioner and the professional. The practitioner is not specialized where as the professional is specialized.

c. The bill included a chapter on general principles. The bill considered the female circumcision as a crime against public right.

d. The bill granted the National Council for Child Welfare the right to establish the necessary mechanisms to implement child's rights.

e. The bill included the legal procedures that are followed in the case of committing a crime.

**1.4. The Position of the Sudanese Project in Regards to the International Treaties of the Child's Rights**

Although the Sudan has approved the child Treaty, The African child charter of 1990, and a number of international treaties concerning the child rights, but the laws were lacking were lacking the prevention of female circumcision. This has led to the spread of female circumcision at considerable rates [9].

**1.5. The Legal Position of the Red Sea State Concerning Female Circumcision Phenomenon**

The Red Sea State depended on the national polices and the central laws concerning various phenomina. Prohibition of circumcision was inserted in the national population policies 2002, the decision of the Medical Council no. 366 for the year 2003 and decree no. (9) which was issued from the National Council2006. Nevertheless, the Red Sea State position concerning circumcision was very clear in regards to female circumcision. It was stipulated in the Child law 2011. Prohibition of female circumcision article was contained in the third chapter "Health Care" [10].

**1.6. Female Circumcision: The Social Cultural Axis**

Female circumcision is considered as an old habit in the Sudanese culture. It is sometimes is considered as sign of civilization and social liberation. And sometimes it is seen from a religious point of view as a kind of Sunnah habit. So female circumcision is regarded as an old habit in the society. Some people think that female circumcision enhances the social status of the girl and increases her shyness. All these were shown in the social survey of the study [10].

**1.7. Some Models of the Programs and Efforts Exerted in the Red Sea State**

From the earliest times, there was discourse that meant to change the behavior of the local societies concerning the phenomenon of female circumcision. The officials used the famous film (The Unknown Destiny), besides social campaigns to raise the awareness of the society towards the risks of female circumcision. The results were not satisfactory. Efforts were continued during the eighties and nineties. Mother's survey showed that there was a little drop (89-90) during the period 1989-1990. The change in the pharonic type fell down from 73%-64% and the Sunnah type increased from 13-22% for the same period. The reasons for the increase of this habit during the period (80s-90s) returns to the following reasons [11].

- i. The concept of female circumcision is well-established in the religion (In the Sunnah).
- ii. The importance of female circumcision and the use of weak Hadith to support this importance.
- iii. The rigidity of the laws that punish the practice of Pharonic circumcision.
- iv. The passivity of the man's sector as an important and effective factor in fighting this habit.

- v. The passivity of the media in dealing in dealing with such problem

During 1999-2010 the awareness of the female circumcision problem increased as a result of the increase of education. More light was shed on this problem and it was confined to certain places [11].

**1.8. Analysis of the Results of the Extinctions and Diffusion Indicators**

*Table 1. The ratio of diffusion in the Red Sea State (Is the child circumcised?).*

Total	Yes	No	No Answer
1060	729	325	6
Ratio%	68.8	30.7	0.6

*Table 2. The ratio of diffusion in the different localities.*

Locality	Total	No. of Circumcised girls	Ratio
PortSudan	364	162	44.5
Haya	97	97	100
Gabeit	64	48	75
Sinkat	64	50	78.1
Dordeib	95	94	97.5
Tokar	62	30	48.4
Agig	65	46	70.8
Suakin	120	98	81.7
Halaib	64	64	100
Alqinab & Oleib	64	40	62.5
Total	1060	729	68.8

Tables 1 to 9 Show the indicators of diffusion and extinction rate of female circumcision through 10 variables. The most important are indicated in table 1 that shows the ratio of circumcision in the Red Sea State is 68.8. There would be a decrease more than 10% if these indicators were compared with the family health study where the state lies within the zone 80-90. This decrease during the past period is an indicator for more efforts that were exerted to give up this habit.

Diffusion statistics in areas with only one ethnic group show a high percentage of female circumcision (Haya 100%, Dordeib 98%, Oseif 100%). Whereas the locality of PortSudan represents 44.5%. This necessitates intensifying the programs concerning bad habits in the rural areas.

**1.9. Practicing Motives Indicators**

*Table 3. Yes to female circumcision.*

Beliefs and habits	Social pressure	Others	No Answer	Total
523	176	16	16	72.9
2.2	2.2	24	71.6	Ratio%

*Table 4. No to female circumcision.*

Refusal of the idea	Fear of Results	Others	No answer	Total
212	67	20	26	325
65	20.6	6.1	8	Ratio%

Table 1, 3 show the motives of practicing through explicit exploratory questions (Yes, for female circumcision) or (No, for female circumcision). As for the question (What are the

motives for practicing female circumcision?) 71.6 believe that this habit is due to cultural reasons, whereas the motives and practices decrease due to social pressure. As for (No, to female circumcision), we find that 65% refused the idea totally. This is true for Portsudan locality because it is an urban centre whereas the ratio of belief in the rural areas increases.

**Table 5.** The knowledge of the mother of the children of the different types of circumcision.

Yes I know	I do not know	No answer	Total
533	516	11	1060
50	49	1	Ratio%

**Table 6.** Accordance to Sunnah (Males should be circumcised) and females pardoned.

Yes for male circumcision	No for female circumcision	No answer	Total
617	426	17	1060
58	40	9.5	Ratio%

**Table 7.** The best and easiest type of circumcision used to decorate the child (Sunnah circumcision).

Yes for decorating the female by circumcision	No	No Answer	Total
522	515	11	1060
50	49	1	Ratio%

**Table 8.** Knowledge is connected with sex culture, marriage and family formation.

I agree	I do not agree	No answer	Total
563	478	19	1060
1.8	45	53	Ratio%

**Table 9.** The Culture of the practitioner is a type of inadvertent cultural Discrimination against the Woman.

I agree	I do not agree	No answer	Total
640	411	9	1060
60.40	38.8	0.8	Ratio%

Tables 1, 6 show the most important indicators of social change for giving the habit of practicing female circumcision. They are summarized in five axes concerning reproductive health, sex culture, marriage, family formation and discrimination against the woman. The ratio of social change varies from 60-47%. This is considered a good ratio and it can be a base for investigating the phenomenon.

## 2. Methods and Objectives

- The methodology of the study concentrated on identifying the extent of diffusion of female circumcision in the ten localities by means of exploring an intentional sample from the mothers of the girls in the age of kindergarten and basic level.
- Motives, knowledge attitudes, and the belief in the culture of circumcision practice were measured.
- (1060) items were chosen for the sample from (166) kindergartens and (198) basic schools in the ten

localities by using the survey method.

(10) Local societies, (25) data collectors, experts and analyst participated in the implementation of the study.

- The study arrived at primary results through analyzing 5 information including 13 main variables and 42 detailed variables. The study is also based on the literature and the theoretical concepts pertaining to the legal, social, cultural and health side.

## 3. Results

1) An increase of 64%, increases the opportunities of testing the circumcision phenomena and the extent of diffusion and extinction.

2) The age category of the mother {less than 25, 26, 37} represents 75% of the size of the specimen which is the most essential category in measuring the knowledge attitudes and the motives of the practices.

3) The obvious community bias towards stopping and giving up female circumcision (90-80-68%) during a decade.

4) Female circumcision is still spreading among youth category (18-37).

5) Weakness of knowledge about sex culture, marriage, and family formation due to cultural illiteracy among the woman sector.

6) Weakness of knowledge about the various types of circumcision and consequently the failure to estimate the resultant health and psychological damage.

## 4. Conclusion

Female genital circumcision is still a serious problem in Red Sea State not only in rural area, but also among people living in urban areas. Elimination of poverty and improvement of education level will contribute to end this harmful phenomenon. Empowerment of people and policies is highly needed and effort should be made to end terrible social and cultural norms which indigenize this practice.

## 5. Recommendations

1) Making intensive courses on the reproductive health among the teachers of basic health, kindergartens and woman sector in rural communities.

2) Making more innovative specialized programs that address local communities.

3) Putting down precise scientific programs in a certain period to eliminate the phenomenon of female circumcision that represents a partnership between the Children Council and the Ministry of Health.

4) Making intensive courses on cultural illiteracy, reproductive health, and habits harmful to the health in the rural areas of the state.

5) Forming special tribal groups to work in awareness programs or for social participation.

6) Using the civil community network in the awareness programs.

7) Intensifying awareness regarding types of circumcision and the resulting bad habits from such a practice.

8) More diagnosis for bad traditions and habits.

9) Forming pressure groups to break down the community siege in Doreib and Haya.

10) More suggestions about the knowledge of sex, marriage and family formation for the community as general and particularly for rural areas.

11) Considering female circumcision a bad habit with no equivalent in the current Islamic communities or the Sunnah.

12) Putting down principles and laws pertaining to the change of creation or eliminating the natural function of the circumcised part.

13) Over passing privacy barrier in coping with this problem in the information media.

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