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## Sexuality Issues in the Movement to Abolish Female Genital Cutting in Sudan

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*Ethnographic research in seven rural Sudanese communities in 2004 demonstrates the deep association between infibulation and expectations for successful male sexual response, reinforced by aesthetic values about the preferred body form for females. In contrast, women conceive of the uninfibulated body as lacking in both propriety and beauty, as well as making a woman less able to please a husband sexually. Female sexual response has only recently begun to be discussed in the context of change efforts to end female genital cutting.*

Keywords: [female genital cutting, FGM, infibulation, sexuality, northeast Africa (Sudan), body]

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The social movement against female genital cutting (FGC) practices in Sudan has made some significant ideological progress in the past few years, with the spread of knowledge of the health risks and greater awareness of the lack of Islamic religious support. Yet the prevalence of some form of FGC in northern Sudan has remained very high: 89.2 percent in the Demographic and Health Survey of 1989–91 and 90 percent in the Safe Motherhood Survey of 1999–2001 (Ahmed et al. 2004).

In Sudan, the dominant form of female genital cutting—or FGC, also known as female genital mutilation, FGM, or the euphemistic “female circumcision”—has been the most severe type, the World Health Organization’s (WHO) Type III (for details and illustrations of the typology, see Toubia 1999:16–17). Commonly, young girls of about five to six years undergo removal of the prepuce, clitoris, labia minora, and most of the labia majora, followed by infibulation, or stitching closed, of the labia across the urethral and vaginal openings, leaving a single tiny opening for urination and future menstrual flow. Once healed, the vulva is a smooth surface of skin and scar tissue presenting a barrier to intercourse and thought to help prevent premarital sex or pregnancy. At the time of marriage and first intercourse, the opening is stretched, surgically opened, or—in the worst case—torn, but it remains small and closed in conformity to traditional values.

A smaller but growing percentage of people in Sudan practice a less severe form of cutting, WHO’s Type I, which removes the prepuce and all or part of the clitoris. But there are, in fact, many different variations of the practice that include partial closing, infibulation of the labia minora, closure of the labia over an intact

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*Medical Anthropology Quarterly*, Vol. 20, Number 1, pp. 121–138, ISSN 0745-5194, online ISSN 1548-1387. © 2006 by the American Anthropological Association. All rights reserved. Permission to photocopy or reproduce article content via University of California Press Rights and Permissions, [www.ucpress.edu/journals/rights.htm](http://www.ucpress.edu/journals/rights.htm).

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clitoris, removal of just the membrane of the clitoris, removal of just the prepuce, and various methods of closure and healing, from thorns (in the past) to stitching to sugar paste and leg binding. Names and terms have proliferated since I first started investigating female circumcision (Gruenbaum 1982, 1991). In the 1970s, just two basic types were generally identified, pharaonic and *sunna*, but specialists also discussed intermediate types (Gruenbaum 1996, 2001). Now there is far more discourse on the variations. Not only does one hear the folk typology of *pharaonic* and *sunna*, the terms *excision* and *reduction*, the clinical terms of *clitoridectomy*, *infibulation*, and the WHO “Types,” but one also hears of numerous terminologies for variations—including the *nuss* (half), the “sandwich,” the *juwaniya* (inside type), and the much-disputed “*shari’a* type.” When speaking English, “female circumcision” is still heard, but increasingly activists have adopted FGM or FGC. For general reference to the practices, in Sudanese colloquial Arabic, the label *tahur* (or *tabara*, “purification”) is still popularly used, but activists have rejected the association with ritual purity and switched to labels drawn from formal Arabic, *khifad* and *khitan*. There is ideological significance to which of these words one uses: some activists argue vehemently against the use of *khifad* (“reduction”), which echoes the verb in the controversial “reduce but do not destroy” saying that was attributed to the Prophet Mohammed, in favor of a more neutral word not associated with any particular form or with religion: *khitan* (“circumcision”).<sup>1</sup> There has also been an effort to come up with a positive word for the uncircumcised state: *salmah* (connoting a healthy, beautiful, untouched state).

Sudan is a multiethnic country with a Muslim majority, most of whom are either Arabic speaking or speak Arabic as a second language. Christians and followers of traditional African religions abound, particularly in the southern one-third of the country where the practice of FGC is rare. Because of the massive population displacements of Sudan’s long civil war, thousands of people have taken refuge in the central Khartoum region, resulting in great diversity of ethnicity and religion. In spite of its diversity, the government imposed Islamic *shari’a* law in the mid-1980s, throwing many of the past laws into question, including the 1946 law against the infibulation form of FGC. Revisions of the criminal codes in the 1990s further neglected the issue. Despite the compromises of the peace agreement that went into effect in 2005, which discontinued *shari’a* law in southern Sudan, as of 2005, debates were continuing as to whether a new law against all forms of FGC, if passed, would be acceptable under *shari’a* law in the north.

Although influential Sudanese Islamic scholars such as Shaykh Ali Sarraj, whom I interviewed, disavow any connection between Islam and female circumcision, many Sudanese Muslims who practice it believe that it is either required or permitted under Islam. Muslims in Sudan identify as Sunnis, but most Sudanese identify with particular Sufist or other sects, or *tariqas*, and the *shaykhs* who lead them are very influential in people’s interpretations of Islam. Worldwide, most Muslims do not circumcise girls, and the societies in which the genital cutting of girls is frequently practiced include both Muslims and non-Muslims of numerous ethnicities. Some forms of FGC were practiced in other cultures as well, including in medical practice in the United States and Europe historically (Sheehan 1997). FGC has emerged as a significant human rights concern as international conventions and global immigration have stimulated international dialog and research.

In Sudan, as elsewhere, some members of the Muslim community are increasingly challenging the presumed association between their religion and FGC. Many are arguing that Muslims are wrong to circumcise girls. Sudan has undergone a strong influence from the Islamist movement in the past two decades, and with that has come increasing interest in trying to critique Sudanese traditions in light of dominant trends in Islamic interpretation. As a result, many Sudanese traditional practices that previous generations of Muslims accepted—such as *zar* spirit possession, special brides' dances, and river rituals—have been challenged by more conservative movements claiming orthodoxy. Although female genital cutting was, and to a large extent still is, regarded as outside the scope of the religious changes, there are nevertheless some intense controversies about what is and is not allowed under Islam, controversies that are sure to become more heated in the future.

It is beyond the scope of this article to elaborate on these various ideological and cultural developments, but feminists, health workers, and religious leaders have exercised tremendous creativity in provoking the cultural debates necessary for challenging these traditional practices. Yet despite the increasing awareness there remains a contradiction: The statistics have not changed much. Ninety percent of girls and women are still being cut, and the evident reluctance to change requires explanation.

In previous research in the 1970s, 1989, and 1992 (Gruenbaum 2001), I identified sexuality concerns, morality, and marriageability as highly significant factors encouraging the practice of FGC. Because the growing awareness-raising movement previously focused more on health concerns, rather than sexuality, morality, and marriage concerns, I hypothesized that it is these areas that remain as significant obstacles to taking the risk to changing the convention about FGC (see Mackie 2000). During five months of fieldwork in 2004, I investigated of the role of morality and sexuality as fetters holding people back from abandoning FGC, especially whether there was a fear that the uninfibulated female body, considered unaesthetic and lacking in tightness, would leave the future sexual partner unsatisfied.

## Methodology

Open-ended interviews and participant-observation were used with about 20 Sudanese movement activists, mostly in urban settings, as well as participant observation in seven rural Sudanese communities from January through July 2004. For this article, I report on the moral, aesthetic, and sexual issues that were included in my outline of topics both for the activist interviews and the rural fieldwork.

Garia Wahid and Abdal Galil are villages located in the Rahad Irrigated Scheme and the Gezira Irrigated Scheme, respectively. Following my ethnographic research in the two communities in the 1970s, I have maintained a longitudinal project focusing on change in female genital cutting practices (Gruenbaum 1982, 1996, 2001). Visiting families I have known since the earlier visits, I interviewed midwives, leaders, and community members and observed their daily lives.

In four other communities, two in Western Kordofan state and two in Kassala state, I worked with Sudanese assistants under the auspices of UNICEF to

collect qualitative data through interviews, observations, conversations, and group discussions over a period of about one week in each location. The communities were chosen from among those selected for a multiyear epidemiological research on FGM prevalence being conducted by UNICEF and Sudanese government units under the supervision of Ahmed Bayoumi (2003). Bayoumi's research design labeled approximately ten communities as controls and ten as intervention communities in each of the three states in Sudan in which UNICEF was conducting its Child Friendly Communities Initiative in cooperation with state government units. With UNICEF's FGM project director Dr. Samira Amin Ahmad, we chose one control and one intervention community in each state for ethnographic investigation of the community's knowledge about female genital cutting and its complications, people's attitudes toward the practices and toward change in their cultural contexts, and their actual practices.<sup>2</sup> A security crisis in South Darfur prevented us from carrying out the planned studies in one of the states, so we ended up with just four sites.

In our observations, interviews, and group discussions, my assistants and I pursued qualitative data—stories, opinions, explanations, and background information—on the topics and questions on the research outline I developed. It was planned to provide comparability with the material from the two communities of the longitudinal study. In these four communities, I worked with one male interviewer and one, two, or three female interviewers in each of the communities, and we planned our targeted interviews and experiences to cover these topics. It was advantageous that we were able to include a male interviewer for discussions among men.

To strengthen the relevance of data for the epidemiological study, we interviewed as many adults as possible (*usu.* mothers, fathers, or grandmothers) from the homes of the cohort of five-year-old girls chosen for the Bayoumi baseline study in each of the four villages, focusing on their knowledge, attitudes, and practices with respect to female genital cutting and the change efforts.

The seventh community I studied in Sudan in 2004 was selected by the organization CARE as one that had previously received intensive educational ("awareness raising") efforts in reproductive health and against female genital cutting, including monthly programs at the school using various teaching aids (charts, anatomical models, and a dramatized video) and the training of volunteers to carry out home educational visits. Working with a female Sudanese research assistant, we conducted participant-observation using the earlier research topic outline but added an investigation of the events that led up to a pledge by the men of the village to end FGC some two years earlier and its aftermath.

Rapid ethnographic techniques in Arabic were used in each of the seven villages (about one week in each). My own notes were recorded in English, and all Arabic interview notes by assistants were verbally reported to me in English or Arabic and transcribed in English with some Arabic quotations. The interviews of movement leaders, health personnel, nongovernmental organization (NGO) staff, and others, usually in urban areas, were conducted in either Arabic or English. In this article, I report on the findings related to the ideas of body aesthetics and sexuality as they relate to the process of social change directed toward abolition of the practices.

## Beauty and Culture

Cultural anthropology research has shown that conceptions of the body are deeply embedded in cultural meanings, particularly in relation to sexual and reproductive functions. Beauty and sexual desirability are embodied variously, and individual conformity to customary body forms is encouraged by culturally defined traditional aesthetic values. Body shaping, alteration, mutilation, and adornment are influenced both by these aesthetic values about what is considered beautiful and sexually desirable and by ideas of decency, propriety, and morality (Gruenbaum 2001; Mascia-Lees and Sharpe 1992). Particular body forms may even confer states of decency and morality. Aesthetic values also have their negative side, in the form of people's revulsion or distaste for body forms considered repulsive.

A classic example of body aesthetics—strikingly different from many societies—is the preference for extreme obesity in women that is found among the Azawagh Arabs of Niger. According to research by Rebecca Popenoe, extreme fatness is considered so beautiful (and necessary) that young girls are force fed for years to gain the desired body form (2004). Similarly, Urla and Swedlund argue that the “Barbie Doll” cultural ideal of an ultra-slim female body type seems to have contributed to a “tyranny of slenderness” (they use Chernin's [1981] term), widespread dieting, and perhaps even the incidence of bulimia and anorexia among teenage girls in U.S. society (2004:294). Being “fat” risks social prestige, yet children are bombarded with fast food advertising and find it difficult to avoid drinking high-calorie sweet drinks and high-fat foods or to avoid “super sizing” their bodies.

Although there are counterdiscourses against such excesses (such as the current soap-opera-inspired resistance to premarital weight gain in Sudan), such trends do not negate the power of culture to influence aesthetic preferences. Because there are no universal standards of beauty—other than a possible preference for youthful, healthy attributes—traditional values and ongoing cultural discourses impact preferred body forms. Failure to conform to cultural ideals—whether to fatness or thinness—risks social ostracism and failure to attract a desirable sexual or marital partner.

Cultural values about preferred body forms also apply to parts of the body not normally visible to others, seen only in same-sex situations (like Middle Eastern public baths or beautification treatments), seen in socially permitted contexts and costumes (such as Western swim suits at the beach), or seen or felt in intimate situations. A familiar example is hair removal, such as bikini waxes in the West or complete hair removal with sticky depilatories in the Middle East. The shaping, piercing, removal, or altering of less visible parts like the genital area is also reinforced by body aesthetics, even if no one but the person herself usually sees or feels it. This is evident from the way in which Sudanese women praise the smooth, clean character of the idealized infibulated vulva. On the negative side, women also express revulsion at the imagined dirty, smelly, or wet folds of the open, uninfibulated vulva. Indeed, the uninfibulated vulva is sometimes imagined as a large gaping hole, perhaps capable of accommodating both penis and testicles, as one informant said (Gruenbaum 2001).

In the case of female genital cutting, Janice Boddy offered an analysis of the close connection between the smoothness and closedness of the pharaonically circumcised girl's body and the social values related to marriageability and endogamy (1982, 1989). Not only does amputation of the clitoris and other parts of the genitalia serve to define the child's sex socially by removing parts thought of as "male" but the closedness of the infibulation associates females with the socially significant value of enclosure, related to endogamy, honor, and socially approved fertility in an appropriate marriage (Boddy 1989:58).

In the case of infibulation, an open body orifice—with its connotation of illicit sexual activity—serves as a symbol of the abnormal. Socially, such openness is subject to ridicule in Sudan, with girls' name calling lending peer pressure that provokes as sense of shame. "Ya, ghalfa!" they say, connoting that "the open one" is possibly also immoral, a slut. But the "enclosed" girl or woman, whose fertility is protected by a narrowed opening, is associated with honor rather than shame. Sudanese infibulation is associated with the honorable practices of endogamy, virginity, and what Janice Boddy calls "interiority" (i.e., relative enclosure, a pervasive theme in her analysis of the culture of "Hofriyat" village in northern Sudan; 1989:71).

The symbolic role of body orifices is widespread in human cultures: openings are seen as vulnerable to spirit intrusion, body fluids are seen as ritually "polluting," and so on. Such beliefs are manifest in a plethora of customary practices such as menstrual seclusion, washing before prayers, or avoidance of food cooked by someone who has recently had intercourse. The Sudanese, who have learned from their forebears to conceal the vaginal orifice with infibulation, have most certainly been affected by this symbolism. Thus, it is far more than a mere habit that creates the tenacity of FGC, because it is a symbol of so much more about the social structure of the society.

The closeness with which infibulation practices are tied to values about body image, sexual attractiveness and revulsion, and ability to bestow—although not necessarily achieve—sexual pleasure account for much of the resistance to changing female genital cutting practices in rural Sudan. The emotional tenor of the rituals surrounding the actual cutting seems to have played the role symbolic anthropologists identified: transferring physical sensations and emotions from the individual into loyalty to society's rules.

Yet, like all social customs and values, aesthetic ideas are subject to change over time as they are influenced by health movements, fashion trends, religious revitalization movements, and other lifestyle changes. Also, as underlying social structures erode or are challenged by new conditions of life, the symbolic structure that has supported practices may also begin to erode or surrender to encroaching hegemonies. As I see it, Sudanese women and men are not "prisoners of ritual," contrary to Lightfoot-Klein's image (1989); they are actively engaged in debating this aspect of their culture. But they are struggling with the social meanings attributed to the state of women's bodies.

## Sexuality

In my previous research, I reported the emphasis many rural Sudanese women placed on male sexual satisfaction at the expense of female satisfaction. The explicit goal of many FGC practitioners was to reduce the risk of girls engaging in premarital sex by

the creation of a barrier and reduction in sensitivity, thereby preserving the much-valued state of virginity at marriage, but also producing a small opening thought to be sexually desired by men.

Although there is evidence that the practices do not necessarily succeed in reducing sexual desire in girls and women, there is often damage to sexual responsiveness. The sex research of Masters and Johnson suggested that clitoral stimulation plays a vital role in female sexual response (1966), and it is reasonable to expect that removal of the clitoris would affect the ability to achieve plateau and orgasmic phases. This led many critics to assume that this always occurred or that prevention of enjoyment was the goal of the custom.

However, in my research in Gezira a decade ago, I concluded that at least some women were, in fact, experiencing orgasm when they said they “finish” in sex as men do:

I pressed for a clearer description. Somewhat exasperated that I didn't seem to understand plain Arabic, a visiting midwife named Miriam grabbed my hand, squeezed my fingers, and said, “Look, Ellen, some of us do ‘finish.’ It feels like electricity, like this . . .” and she flicked her finger sharply and rhythmically against my constricted fingers. [Gruenbaum 2001:141]

In 2004, in numerous conversations in rural and urban areas of Sudan and at a seminar discussion with an anti-FGM network in Khartoum, midwives and others continue to report that many pharaonically circumcised women can and do have orgasms, although it takes longer (see also Lightfoot-Klein 1989).

But despite such reports, it is very clear that for many women there is little physical pleasure—and often there is pain—from intercourse. One pharaonically circumcised woman I interviewed in February described a tiny sensation she gets on the top of her head when she is sexually aroused, but said she has no pleasurable genital sensations that would lead to orgasm, and she has never experienced one. Others report they are happy to please their husbands, so they enjoy sex vicariously as well as enjoying sensual feelings without orgasm. A Sudanese physician who is very opposed to female genital cutting—and is himself saddened by his own wife's pharaonic circumcision—said it is more likely a woman will experience pain rather than being able to experience pleasure in sex.

Both men and women understood that infibulation played an important role in male sexual pleasure, a belief that encouraged its continuation in the communities I have studied since the 1970s. Many women believe that men's preference for a tight opening means that infibulated women are better able to give sexual pleasure to their husbands than other women would be. Knowing of my uncircumcised state, one woman even went so far as to tell me that if my husband ever had a chance to experience sex with a Sudanese wife he would divorce me right away, so confident was she in the superiority of the narrow opening.

Beliefs such as this are no doubt derived from personal experience with their husbands' arousal and climaxes and perhaps also from personal conversations among women. In my fieldwork, I learned from an older woman with many children that she and her husband enjoyed sex a great deal, especially in the periods following the 40-day postpartum sex taboo after the birth of each of her children. Each time, she had herself tightly reinfibulated, as per the practice of the local government-trained

midwife. She reported that both she and her husband were eager to resume sex, and the barrier of the tight reinfibulation created a level of frustration and anticipation that excited both of them sexually. She said they would “try and try” but were unable to achieve penetration for a long time. Others said that a tight reinfibulation gives the husband pleasure because she is like a new bride, and he may be even more generous with his customary gifts at that time.

Although many Sudanese couples have a happy and satisfying sexual relationship, new research on men has led to the discovery of numerous personal complications attributable to their wives’ infibulation. Male complications of infibulation include difficulty in penetration, wounds and infections on the penis, and psychological problems (Abdel Magied and Musa 2004; Almroth et al. 2001). Dr. Malik Amin Malik of Um Sayyala Hospital in Bara Province, North Kordofan, stated that the degree of pain some wives experience in intercourse proved distressing to some of the husbands he has seen in his practice (interview on July 28, 2004). “No sane man could enjoy sex that causes his wife pain,” he argued.

### Virginity and Sexuality

In Sudan, virginity continues to be considered a prerequisite for marriage. Although this is not true for all ethnic or religious groups, it is quite strictly enforced among Muslims and is reinforced both by Islamic teachings and by the related cultural values of family honor. Marriage is vital to fulfillment of Muslim adult roles and is highly valued in all Sudanese cultures and religious groups. It is considered necessary not only for its social value but also for its economic stabilizing effects. Marriage allows both women and men to gain access to the work of the other in the gender division of labor, and it gives access to the childbearing and social reproduction necessary for social prestige and old-age security.

Virginity has traditionally been defined or reinforced by *tabur*, or “purification” (in the sense of cleanliness rather than ritual purification), the Sudanese vernacular term for all forms of FGC. Pharaonic circumcision, with its closure over the urethra and all but a tiny opening at the vagina, is a demonstrable physical marker that a girl has never had sex, aptly captured in Hayes’s comment that in Sudan, “virgins are made, not born” (1975). The removal of the clitoris is believed to reduce a girl’s temptation and interest in sex, whereas the infibulation creates a barrier to penetration. People are explicit about this, saying that circumcision is intended to prevent girls from being sexually active (“playing”) before marriage, and protect them from any bad behavior of men. If parents were to neglect the responsibility to protect their daughters’ virginity in this way, they would expect to be criticized by society, which would bring dishonor to the family. As one older religious leader in West Kordofan said, “If a person doesn’t take care of himself, nobody else is going to take care of him.” He said that some men are concerned that if they do not circumcise their daughters, God will ask them on Judgment Day why they had not done it. Nevertheless, the anticircumcision movement is having an effect, and this same man noted that more people are coming to understand that God is not going to reward them for circumcising their daughters. He thinks that as the religious arguments against FGC become clearer, more people will be convinced to stop.



Despite this virginity preservation explanation for the persistence of the practice, it would be naive to assume that there are no violations of the sexual mores, as the continuing numbers of out-of-wedlock infants abandoned at Maigoma Orphanage attest. In my interviews, I found not infrequent admissions that a girl's circumcision, by itself, does not prevent the girl from doing anything. Indeed, for urban young women there are at least two possible strategies for getting around the virginity expectation while still engaging in some sexual activity.

The first of these is contracting secret marriages for pleasure. A young woman and her boyfriend may decide to engage in sexual relations, but to stay on the right side of social mores, they get married in secret, with two trusted friends as the only witnesses. Although no formal marriage contract is signed and no kin are informed, such marriages are allowed in Islam. If it should happen that they are caught, through pregnancy or discovery, the two witnesses can attest to the shocked family that the couple was married legitimately, although secretly. If they should discontinue the relationship, no one is the wiser, unless when the woman later enters a family-sponsored marriage the husband discovers evidence of a torn or stretched infibulation or ruptured hymen.

The second strategy deals with the fear of being discovered as not a virgin at marriage by surgical repair of the infibulation. Even when there is no infibulation, if the hymen has been broken, a young woman can cover the evidence with clandestine surgery. Known as *al adil*, or "recircumcision," the effect is to make the woman like a virgin again or—in the case of married women seeking it after childbirth—a new bride. For married women, it is reported that it is often done to please the husband (Abdal Magied et al. 2000:31). For unmarried young women, this practice is frowned on because they are supposed to be virgins. This "repair" is said to be not easily accessible, yet it was mentioned several times in my urban interviews. As a sign of how common this may be in the region, a Sudanese colleague reported an amusing episode of an Egyptian soap opera in which a woman enters one of the backstreet clinics and the receptionist casually asks, "What are you here for, abortion or virginity?"

Although I did not investigate such clinics, it is rumored that there are some nurses and other health practitioners who are making a lot of money at this in Khartoum. People concerned with authentic morality in Islam are horrified by this practice. Feminist reformers, who are less judgmental, point out that the possibility of the *adil* effectively refutes the justification many people give for infibulation. Far from protecting virginity, they say, infibulation can always be re sewn to give the appearance of virginity when in fact the woman has behaved dishonorably by engaging in pre- or extramarital sex. Some of these young women who are not infibulated are being offered repair of the hymen instead, a questionable procedure.

### Change Efforts to End FGC

Sudan is undergoing significant change with respect to female genital cutting, as numerous organizations have rapidly increased their work to raise awareness of the dangers of the practices. The Ministry of Health and several NGOs have pursued programs aimed to improve reproductive health and campaign against FGC. They have trained more midwives and promoted awareness through workshops,

public lectures by religious shaykhs and health practitioners, mobile theaters, and videos.

And yet many of those who have heard the messages about change—particularly the health dangers and religious nonrequirement messages—still have great difficulty thinking of the vagina being left open. In some of the interviews, this open condition is associated both with improper and immoral sexual behavior and also with less desirability to the husband. Even for those who accept the idea of sunna, there is still concern about the consequences of the uninfibulated state for sexuality, as they are convinced men want a tight opening.

A Sudanese colleague who decided not to circumcise her own daughters after discussing the issue with her doctor persuaded some of her friends not to cut their daughters. She believes that in urban areas acceptance of change is becoming very widespread, citing her own apartment complex: of about a dozen girls, none was circumcised until very recently. When one family decided to perform the ritual on their daughter, the other girls were genuinely surprised, saying, “Where is this circumcised girl?” and “Circumcision is for boys!”

As for being able to sexually please males, this colleague tells young women they should learn to use their vaginal muscles and do Kegel exercises to strengthen them. She also provided me with a sample of an astringent herb, available in the market, which some women use to tighten their vaginas. A pious Muslim, she sees nothing wrong with discussing sexuality with other women, to help them learn about improving sex as well as convincing them not to circumcise girls.

The recognition of the role of the clitoris in female sexual satisfaction is now more widely recognized in these communities than in my earlier research. Yet the transition from pharaonic to “sunna” practices that is taking place in many areas of Sudan still damages the clitoris. When the “barrier” of infibulation is eliminated, it leaves the reduction of the clitoris as the only means for preserving virginity.

The desirability of mutual sexual pleasure in marriage is becoming more explicitly recognized among the urban educated class. Although open discussion of sexuality is still awkward, my discussions among women and even some men indicated a gradual recognition that it is preferable for wives to have intact genitalia to better meet that goal.

Those parents who have taken the risk not to circumcise their daughters have not always let others know. Some told tales of arranging a party, doing the usual henna and *jirtig* rituals, bringing in a midwife to pretend to cut the girl, perhaps giving the girl an injection of local anesthesia so she herself would think she was circumcised, and telling her to stay in bed a while and be careful. Although the ruse protected the daughter from physical harm, it did not contribute to the movement to change social rituals and values. Later, however, when the daughter is married or when she realizes that she was not circumcised, she and her husband have the opportunity to experience sexuality without the limitations imposed by FGC. Although horror stories of harm from FGC abound in the literature, the movement now needs more of such success stories from families that decided not to circumcise, to encourage those inclined to abandon the practices. That men are beginning to break their silence and speak against severe FGC is also significant for the movement (see Ahmed et al. 2004). Men who are parents of happily married uncircumcised daughters or men who are married to uncircumcised women can

be effective advocates for the protection of girls. (See Gruenbaum 2004 for one such case.)

### A Case Example: "Take the Clitoris and Close a Little"

The women of the rural community of Kubur Abdal Hameed, like those of other communities of Sudan, have practiced what they learned from their mothers and grandmothers, believing FGC to be moral, clean, Islamic, and beautiful. FGC protected virginity, it was believed, by reducing a girl's interest in sex with clitoridectomy and by creating a barrier to illicit penetration with the scar of infibulation. And protecting virginity is vital to maintaining family honor and a daughter's marriageability. Without marriage, a young Muslim woman's life is considered wasted and pitiable, whereas marriage and children provide for economic security, social standing, and the fulfillment of religious expectations. Pharaonic circumcision created the smooth, tight opening that husbands expected for their sexual pleasure. As the norm, the smooth vulva was aesthetically pleasing and protruding parts were considered masculine or ugly, and people feared they could grow larger if not cut back. Also, FGC was believed to be good for health, keeping the area clean and preventing some childhood illnesses. It was a good tradition, and it is what they know.

Yes, women acknowledged, it is also known to be painful and cause complications, but the women of Sudan have to endure many hardships and deprivations. FGC was just one more of the challenges of being a woman. And no amount of suffering would be worse than the shame that would result from one's daughter's morality being questioned. If a groom were to find his wife not a virgin, he would be within his rights to divorce her on the spot, leaving her virtually unmarriageable. So, painful although it might be, FGC was valued for its protection of honor and marriageability and its role in pleasing husbands.

Many if not most of the women of the community still hold to these beliefs and values, but they are also aware of the movement for change, especially because it has been embraced by many of the male community leaders. The result is a situation of contradictions, in which even women who now voice their opposition to FGC also talk about why it is, or has been, good. Often, women slipped into talking about FGC in a comfortable way, explaining its benefits. Then, within the same conversation they might switch and say, "But that was in the past. Now we have stopped it." In other cases, women mentioned their plans to circumcise their daughters even in the presence of others who were denying that circumcisions took place.

In Kubur Abdal Hameed, which is about two and a half hours southwest of the large city of Omdurman, several discussions and interviews demonstrated the reluctance of many Sudanese women to abandon female genital cutting and closing. Despite awareness-raising activities that have taught them about health risks and new religious thinking, many women of the community do not agree with ending all forms of FGC. In fact, many of the women of the community told us that it is a good practice.

"We do the sunna," several women in a group discussion agreed one day, invoking the word for permissible or even obligatory actions in Islam. "We do it so she won't be open like that door." "We do it covered a little." "We don't want the girl to be

dirty, open, with smelly underwear.” I inquired about the sound of urine passing—the release of urine under normal pressure is prevented for infibulated girls and women because of the block created by the scar tissue barrier, and their urine ordinarily dribbles more slowly. They considered both the sound of urine and the little hole in the sand it produces if an uninfibulated girl urinates on the ground (as many do when a latrine is not available) to be unfeminine. They agreed that some closure is desirable, but they still want to claim the label “sunna.” One woman stated that they “take the clitoris and close a little, over the urethra, and that’s ‘sunna.’” Another woman, struggling to express the need for closure strongly enough, finally said, “We *can’t* just leave her open—like the Road to Omdurman!”

Two things were striking about such conversations. First, women have appropriated the term *sunna*—which had been used primarily for lesser types such as clitoridectomy or partial clitoridectomy—and applied it to more damaging practices that include a degree of infibulation. Although the infibulation may be less severe than the previous type of pharaonic, it is still infibulation (WHO Type III) if they “close a little.” But by labeling it “sunna,” they seem to believe they are avoiding the *haram* (sinful or forbidden) form, pharaonic circumcision, and bringing the modified practice under the tent of the Prophet Mohamed’s traditions (*sunna*, as taught in the hadith). There are disputes about whether the “Reduce but do not destroy” saying of the Prophet Mohamed should be followed, because it is from a weak hadith. And it is debatable whether the statement means to restrain or encourage FGC practices. But this group, like most of the women I discussed this with in rural Sudan, continued to assume that *sunna* circumcision, variously done, was good and permitted in Islam.

### “The New Model”

Several men in Kubur Abdal Hameed supported ending female circumcision in all forms. They said sex is better with uncircumcised women because, they learned from a workshop, the uncircumcised woman is more responsive than the infibulated woman. More than once, a man said he was looking forward to taking a new wife from the *modela jadida*, *moda jadida* (“new model” or “new style”). When I discussed this with Dr. Malik of Um Sayyala, he was of the opinion that there are relatively few men who have had the experience of sex with an uncircumcised woman, unless perhaps they had sexual experience with a wife or another woman of southern Sudan. But for those who have experienced both, he said, “Believe me, there is a big difference.”

But for the men who want to try the “new model” (i.e., a bride who would have escaped the early childhood practice), he said, “The only problem is you can’t find uncircumcised women over the age of five.” Indeed, because some people even perform genital cutting on girls by the age of one, it will be a long time until there are marriageable uncircumcised women. The seekers of the new model will have to wait.

### Bodily Integrity

Because health-risk messages have proven insufficiently effective in stimulating change, reformers internationally have used a succession of international agreements

over the past six decades to add arguments for the human rights of women and girls, particularly the right to bodily integrity (see Rahman and Toubia 2000:22).

The jury is still out on whether the rights approach will be any more effective than other approaches in convincing people to abandon FGC. There were a few voices I encountered that suggested that Western culture—and the international organizations that are seen as its surrogates—are behind the rights arguments, and that perhaps should be resisted in defense of Islam. Yet many see no inconsistency with Islam. In Kubur Abdal Hameed, North Kordofan, a group of over 100 men made a declaration in 2002 to end FGC in their community. Although many were sincerely convinced that FGC is wrong, their declaration was motivated by an expectation of being rewarded with a deep bore well, a school classroom, a new clinic, or some other substantial benefit for their cooperation with the joint CARE–government program’s agenda. Their failure to include the women in the decision—on the basis of their idea that “women have no say in the matter”—left the success of their declaration doubtful while speaking volumes for the obstacles to women’s articulation and exercise of their human rights. Nevertheless, women are in the best position to continue or modify their practices, and their gradually changing opinions deserve attention.

In another community in eastern Sudan, there is strong leadership from the Ansar Sunna, followers of a strict Wahhabist form of Islamic practice. For them, international rights conventions are only accepted if they agree with their interpretation of Islam. At this point, research in the community of Wad Sharifae East revealed no interest in total abandonment. Instead, although members of the Ansar Sunna are convinced that infibulation is forbidden in Islam, they promote continuation of the sunna type. The Ansar Sunna interpretation of Islam is powerful in people’s lives, so much so that followers even give up listening to all music, even the popular praise songs for the Prophet Mohammed.

One devout Ansar Sunna woman of the Beni Amer ethnic group, Aisha, shared her dilemma. Having attended an awareness-raising program about harmful traditional practices, she heard the message that she should not circumcise her daughter because of the potential health problems and likely future illegality. Her five-year-old daughter’s name was recorded for later follow-up. She does not want to get in trouble by having her circumcised if the government opposes it. And she does not want her daughter to suffer from any of the diseases and complications she heard about.

But the Ansar Sunna men favor the sunna type for religious reasons, calling the pharaonic haram, and Aisha does not want to go against Islam. She believes her extended family—all have joined the Ansar Sunna—will expect the sunna. But the Beni Amer tradition is for pharaonic circumcision, and she herself has that type, which has been a prerequisite to marriage until the spread of the Ansar Sunna movement. This tradition is pulling her in a third direction. “If I don’t circumcise her, there won’t be anyone to marry her.”

Aisha would be helped by the rights argument, she felt, but only if it came in the form of a law. If there were a law to prevent circumcision, she reasoned, the men would know it is illegal, and she would not have to be worried about not doing it. But because there is no explicit law, she has only contradictory choices—harmful health consequences, government punishment, God’s punishment, or social

marginalization for her daughter. Finally, she said, “I wish I didn’t have daughters, because I am worried about them.”

This example and other discussions supported a finding that international agreements on human rights can be trumped by persuasively argued Islamic teachings. It is for this reason that the religious teachers employed in the service of the anti-FGC movement are playing such a significant role. In one of the communities I studied this year, the religious leader of the community, who had previously come to believe female circumcision in all forms should end, had only been able to persuade people to move to the sunna form. But once he had the additional Islamic texts and reasoning of Shaykh Sarraj, a religious teacher who has been working on a UNICEF-supported project, he was able to get the elders to back a decision to work to eliminate all forms of FGC in their community.

Human rights that coincide with Islamic teachings have the best chance of being implemented, but most of the rights related to sexuality belong to husbands. However, in my interviews in Sudan in 2004, several people asserted that both the husband and the wife have “a right” to sexual satisfaction in Islam. Although I have yet to discover a written basis for this assertion, a right to sexual satisfaction in marriage justified by Islamic teachings would more effectively strengthen reform efforts than any international agreements could.

### The Vulva and the Male

Anatomical models of the female genitalia have been used in educational campaigns against female genital cutting in Africa for more than a decade, but acquisition and use of them in rural training has been far more recent in some areas (see Figure 1). The visual confrontation with these teaching aids has been shocking. Each displays a brown vulva with truncated legs spread and features a removable section that allows the instructor to show uncircumcised, infibulated, and in-between types. For men who have never before confronted the amount of damage done, or who have never seen an uninfibulated vulva, reactions have been varied. One man had said he was surprised by how beautiful (“like a flower”) the uninfibulated vulva was—he had expected it to be ugly.

But others were skeptical about the openness. A telling comment from a young man who had seen a demonstration lecture using the anatomical models was reported to me. The male presenter had told the young men present that the uncircumcised woman can have and give greater sexual pleasure. “Are you sure?” one young man asked him in disbelief. He could not believe the large opening he saw would be able to give sexual stimulation to a man. Others were reportedly uncomfortable with the whole idea of leaving the model open to view during a lecture, and asked that it be put away: “Okay, we’ve seen it.”

Even more shocking to men who attended the awareness-raising presentations have been the graphic, bloody videos that have begun to be used. One such video is actually a Muslim praise song from the well-loved Sudanese religious leader Shaykh Al-Borai. The UNICEF-supported video alternates between two sorts of images: smiling schoolboys in anti-FGM shirts and conservatively dressed young men in *jalabiyas* singing in front of a mosque, on the one hand, and painful scenes of a scary-looking midwife, a terrified young girl, and a girl’s bloody genitals being



Figure 1 Medical student from the University of Kordofan volunteers his time to give lectures against female genital cutting (FGC), using an anatomical model.

cut, on the other hand. The video, which was just beginning to be used in the summer of 2004, has no positive images of women or girls, unfortunately, but it does suggest that pious men should be happy to stop the practice of female genital cutting.

One of the awareness-raising techniques uses home visits as the setting for screening visually shocking videos of female genital cutting to family groups. The family can see it together or sex-segregated, as they prefer. One man who told me about using this technique said it made some men who saw it physically ill and sometimes brought tears of shock and anger.

The men who are now learning the hidden details of the damage are sometimes vociferous in their denunciation of the practices. “We were duped!” a Kubur Abdal Hameed man told me. Men there said they had no idea so much damage was done. For some of them, there is a new, articulate opposition to the practice. Others hesitate, waiting to see what others will do, continuing to fear social criticism if they fail to “protect” their daughters’ virginity adequately. This was the case in

Wad Shaefoun in West Kordofan, where the religious, health, and educational leaders had all begun to advocate for total abandonment of all forms. But the “convention” had not yet fully shifted, so fathers and mothers were not sure what to do.

A male activist in Omdurman reported an encounter with a father he had been trying to convince. After viewing the video and discussing the issues, the man decided that as a father he should protect his daughter from this terrible practice. Nevertheless, he was glad his wife had been infibulated and would be reinfibulated. The activist pointed out the contradiction, but the man replied, “She is someone else’s daughter.”

## Conclusion

Sexual issues of female genital cutting are at last receiving attention in the discourse of change and in research in Sudan. As the examples in this article show, body image, aesthetics, and beliefs about the sexual consequences of infibulation are powerful factors in resistance to change. How infibulated and uninfibulated vulvas are imagined and how sexual response of both males and females is conceived in Sudanese culture stand as obstacles to change efforts.

At the same time, sexual enjoyment for both men and women is beginning to be advanced as a reason for stopping the practice, one that some are even able to link to rights under Islam (i.e., that both sexes have a right to sexual pleasure in marriage). However, the majority of both men and women remain to be convinced that male sexual pleasure does not benefit from tight infibulation. But there are many forces at work—migration, urbanization, rural electrification and the spread of television, expansion of education, the Islamist movement, the work of international NGOs like CARE and UNICEF, the Sudanese government’s policies, and other external cultural influences—which will give Sudanese people the opportunity to look at their cultural practices from different angles and decide how they will make their future.

## Notes

*Acknowledgments.* The research for this article was supported by a sabbatical leave from California State University, Fresno, and by affiliation with Ahfad University for Women in Omdurman, Sudan. I am grateful to the Institute for Women, Gender, and Development Studies at Ahfad, under the Directorship of Dr. Balghis Badri, for granting permission for the research in two communities. Research support was provided in consultancy arrangements with UNICEF for four community studies and with CARE for one community.

I gratefully acknowledge the collaboration of Dr. Samira Amin Ahmed of UNICEF, with whom I developed the research proposal and who obtained support for the project in four communities. CARE staff members Dr. Samia El-Nager and Lena El Sheikh collaborated on the project in Kubur Abdal Hameed. Samia Abdalla Mohamed Ali, Asma Tiya, Mohamed Abdal Magied, Afaf Osman, and Lena El Sheikh provided research assistance in one or more communities. I am deeply grateful for their good humor and dedication to the research and to the well-being of the people. Finally, I thank the cooperating government officials and the people we interviewed, especially the community leaders of Abdal Galil (Gezira), Garia Wahid (Rahad), Tuwaifra (West Kordofan), Wad Shaefoun (West Kordofan), Hameshkoreib al Jadida (Kassala), Wad Sharifae (Kassala), and Kubur Abdal Hameed (North Kordofan).



The opinions and conclusions expressed in this article are my own and do not reflect the views of any of the organizations or other individuals mentioned.

Earlier versions of parts of this article were presented at the Society for Applied Anthropology and Society for Medical Anthropology joint meeting in Dallas, Texas, in April 2004 and at the Seminar on Advancing Knowledge on Psycho-Sexual Effects of FGM/C: Assessing the Evidence in Alexandria, Egypt, in October 2004.

1. The Prophet Mohamed is said to have allowed reduction but not destruction of the female genitals, based on an often-cited hadith, or saying, that he is supposed to have made to a midwife during his lifetime. The authenticity, as well as the interpretation of the intention, is much debated. For a fuller discussion of this religion and female genital cutting, see Gruenbaum 2001:60–66.

2. At the time of the research there were 26 states in Sudan. The Child Friendly Community Initiative was directed at communities in Kassala (in eastern Sudan), West Kordofan, and South Darfur (the latter two in western Sudan), all of which are relatively poor states more distant from the wealthier central region of the country around the capital Khartoum and the Nile Valley. CFCI promotes several projects including improvements to water and sanitation, schools, and health facilities. One goal of the project is to promote campaigns aimed to abolish of female genital cutting utilizing some of the techniques that proved so successful in the Tostan model in Senegal (see [www.tostan.org](http://www.tostan.org)). The epidemiological study will monitor the effectiveness of these efforts over a six-year period.

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