Among women in Haj-Yousif and Shendi who think the practice of female circumcision should not be continued, the majority (63% and 88%, respectively) cite medical complications. Substantial proportions also mention religious prohibition (28% and 32%) and a painful personal experience (29% and 28%). Religious prohibition is the major reason given in Juba (65%), with 31% citing medical complications and 23% saying the practice is against women’s dignity.

Husband’s Attitude

Some 43% of the wives in Haj-Yousif, 46% of those in Shendi and 35% of those in Juba either do not know their husband’s opinion about female circumcision or say that he has no opinion (not shown). Overall, 31% of husbands in Haj-Yousif, 23% of those in Shendi and 3% of those in Juba are perceived to favor continuation of the practice, while 26%, 30% and 62%, respectively, are thought to oppose it. Comparison of these data with those in Table 6 suggest that men are less likely than their wives to support continuation of female circumcision.

Discussion and Conclusions

The prevalence of female circumcision is very high in the northern regions of Sudan, with the Pharaonic type—the most severe—the most common. Although the rate of circumcision is higher among women with at least some years of schooling than among women having no education, multivariate analysis indicates that higher levels of education are significantly associated with the practice only in Haj-Yousif. Women living in wealthier households, however, are more likely to be circumcised.

A shift from the most severe to the least severe type of circumcision may be occurring. An examination of age-specific patterns indicates that women younger than 30 are less likely than older women to have undergone Pharaonic circumcision and more likely to have undergone Sunna circumcision.

In the two northern states, the majority of ever-married women support the continuation of female circumcision. In Juba, on the other hand, the majority are against the practice. A variety of justifications are given by women who favor continuation of the practice, including preservation of virginity, cleanliness, religious requirements and greater pleasure of husbands, but social custom and tradition are the most prominent reasons given. Young and educated women are less likely to support continuation. One-fourth to one-third of women believe their husband is against continuation in the northern states, compared with more than six in 10 in Juba. If the women’s perceptions are correct, men are more likely than women to favor discontinuation of female circumcision.

Our data indicate no decline in the practice of female circumcision in the northern states, where the majority of the country’s people live. As female circumcision is a deeply rooted tradition in Sudan, it cannot be eradicated unless the deeply felt beliefs of those who practice it are well understood and a culturally acceptable policy is adopted. A purely legal approach will bring little or no success. As Nahid Toubia has stated, “Clear policy declarations by government and professional bodies are essential to send a strong message of disapproval, but if the majority of the society is still convinced that female genital mutilation serves the common good, legal sanctions that incriminate practitioners and families may be counterproductive.” In such countries, she suggests, public information campaigns and counseling of families about the effects of the practice on children may be more useful.

A look at history may be instructive. In 1946, during the era of British colonial rule in Sudan, the news that a law banning infibulation was about to be proclaimed sent many parents rushing to midwives to have their daughters infibulated in case it should become impossible later on. When some midwives were arrested for performing circumcision, anticolonial protests broke out. The British colonial government, fearing a massive nationalist revolt such as that which had occurred in Egypt and Kenya, eventually let the law go unenforced. More recently, calls to action by Western feminists and human rights activists have provoked similar negative reactions. Even today, the government of Sudan is not taking a strong stand against female circumcision, probably because of a fear of antagonizing the population. In most cases, activities aimed at eliminating the practice are conducted through nongovernmental organizations.

Since the prevailing socioeconomic dependence of women on men in most of the African society, including Sudan, limits their ability to oppose female circumcision,18 substantial change in women’s attitudes is likely to occur only through improvement of women’s status in society. Our data show that women’s support of the practice declines as their education and economic status rise.

There is a pressing need to disseminate information, generate internal discussion and present the basic health and religious facts in an accessible manner. The reasons women give for favoring discontinuation of female circumcision—such as medical complications and painful personal experiences—and the fact that female circumcision is not obligatory under Islamic law can be used in mass media campaigns and educational curricula. The greater health risks associated with the Pharaonic type of circumcision should be publicized through the media.

In addition, it is important to educate fathers, mothers, grandparents and the boys who will be the future partners of circumcised girls. Above all, there should be a concerted effort by the government, religious leaders, community leaders, nongovernmental organizations and international agencies against the practice in Sudan.

References


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