

**Female Genital Mutilation (FGM) Historical Background,
Views in Islamic Shari'a
& Recent Research's Findings on FGM**

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*** FGM Historical Background:**

A recent study conducted by the researcher mentioned above in which she found in her in-depth studies on FGM that all archaeological scientific evidences refer that, the practice of FGM pharonic type (infibulation) was entered the Sudan through the Northern gate. Studies carried out by (Shandall) 1967¹ indicated that, there was a great number of Egyptian mummies were found circumcised, amongst them few numbers were infibulated. Studies of a British physician (Worsley) 1938² who was worked in Omdurman hospital for a long time illustrated the existence of infibulation in Egypt as traces had been found in most Egyptian mummies.

On the other hand, Karim's studies 1988³ showed uncertainty of the practice in Egypt but ensured its wide spread in the Nubian district (South Egypt) and Northern Sudan. Attention as paid to the Nubian invasion to the Egypt during the pharonic era (750 DM) where through they were penetrated into Egypt but quickly vanished and lived in segregation till the high damp was built, hence were set up in Aswan province. He demonstrated the absence of FGM performance in the Eastern, Western, Northern Egypt and its neighbouring countries except South Egypt and Northern Sudan. Moreover it was emphasized the spread of male circumcision in Egypt and its neighbouring countries through documents and dates towards ancient Egyptian.

Furthermore, the study of an old historian (Herodotus) 1965⁴ emphasized the entrance of this practice into Egypt through the black Africa. It means Sudan and the Nubians Via slaves' trade. This fact was upheld by somewhat of historians studies who were cruised the Red sea areas through their discovery journeys, where they said had been visited countries where they found black, distinguished expertise people in war affairs but they were practicing FGM. The type they performed would not hinder urine retention, moreover, the documents of the German voyageur

¹Shandall, A. A., **Circumcision and infibulation of Females**, Sudan Medical Journal, No. 5, (1967) pp: 153-178.

²Worsely, A., **Infibulation & Female Circumcision**, the Journal of Obstetrics & Gynecology of British Empire, Vol. 45, (1938) pp: 686-691.

³Karim, M., **Female Genital Mutilation**, (Printing Unit, National Population Council, Egypt: 1988) p. 53.

⁴Herodotus, Radice B & Baldick, R. eds, (Penguin Books, London: 1965).

(Niebuhr) 1827⁵, who was one of the first scientific convoy individuals cruised Arab peninsula countries, Egypt and Syria during the first half of the 17th century was indicated that FGM had been practiced in the middle east countries⁶.

Historian Cloudsely 1938⁷ reported that, the Turkish slave traders were practiced FGM upon their female goods. Also Strabo, 1967⁸ demonstrated in the first century indicated that a quite few pioneers wrote about the existence of the practice among the tribes set up in Western part of the Red Sea. It was also found the practice had existed in South Israel. The indicators pointed to the Jewish felasha tribes who immigrated from Ethiopia to Israel. Cloudsely also demonstrated that, the practice was found in northern part of the Sudan. Probably it might entered through the current Sudanese Beja tribes who still practice infibulation on female girls in the first week after birth or a maximum range of two years. Thus far, it's worth to refer the truth, which could show the origin of the tradition. History shows the combination of the three civilizations Aogsum (Ethiopia), Koush (Sudan-old marrowi) and pharonic civilization (Egypt) which made it difficulty to identify the exact origin or place of the practice.

The researcher found significant denotations in the report of the American researcher Hosken 1979⁹ where she stated that, somewhat of historians illustrated fictions about the Ethiopian woman, they described her of swelling of labia majora and labia minora and sliance of clitoris since her birth. It was considered abnormal condition behoove to be medicated. The condition presupposed medical surgery to be done in order to cut clitoris along with labia majora and minora. She added, the Italian physicians who were worked in Ethiopia at that period tabooed this practice amongst catholic women under pretext it was Judaism tradition. In the light of that, youth stopped to marry Ethiopians girls. The advocacy for Catholic religion was effected due to that action which led Italian physicians change their minds and stopped campaigning against FGM that was to enabled them penetrate into missionary operations. Hosken added that she did not come across in any study, research or personal observations on the part of domestic or foreign obstetricians who worked in Ethiopia and saw thousands of Ethiopian women of different ages, reflected the existence of swelling or abnormal sliance in female external Genitalia.

History of FGM in West African Countries:

⁵Niebuhr, M., **Travels Through Arabia**, (Edinburgh: 1827).

⁶Faisal, M. Mekki, **Female Circumcision**, 1st Edition, (Military Press, Khartoum: 1990).

⁷Cloudsley, Anne, **Women of Omdurman Life Love & Cut of Virginity**, (London: 1938) p. 118.

⁸Strabo, **Christian Egypt**, (American University of Cairo Press: 1967) p. 183.

⁹Hosken, F. P, **Technical Report: Genital & Sexual Mutilation of Females**, No. 2, Vol. 2 (WHO/EMRO: 1979) p. 195.

It was evident from the study carried out by Dr. Olayenka, 1987¹⁰ in the Republic of Sierra Leon that the practice was done secretly in some communities since 18th century hence spreaded in the rest countries of West Africa. Latter, women who were entered Islam practiced FGM as a part of purity. Her study reflected that (87.5%) Catholic women, (88%) Protestants were also had undertaken FGM in Sierra Leon.

FGM in Europe, USA and Australia:

FGM was found among the Romans in the Middle Ages but in various forms, whereas they used to put ring on the penis skin for troops to eschew fordo themselves through practicing sexual intercourse. For the same purpose, used to put chastity belt on women to encumber their sexual practice to avoid pregnancy. All these mechanical tools was used on slavery for both sexes. The chastity belt was developed from iron and latter modified to leather. In this respect, Widstrand 1904¹¹ stated in his writings that, the idea of chastity belt was supplied from the holy lands via crusaders during the Crusade wars. He said this apparatus was designed specially to be used on women as a result of their husbands' extreme jealousy and abstain their sexual practice. It was latter on discovered was harmful to their health particularly upon their vulva.

The researcher found the idea of chastity belt was transferred from Italy to France and its usage had been persisted afterwards the Middle Ages. Hosken in 1979¹² discovered the practice of excision (mild type) was prevailing in Europe, Russia and United States, but it was used to medicate women who was emotional disturbed. Latter it discovered that it was not a scientific method. In England during the Victorian era FGM was found practiced for masturbation treatment and sexual needs initiation of upper-class. She added that conversation about any sexual matter at that time was considered as an acceptable and un-disciplinary act. Women did not disclose or rather disclaim her natural sexual desires.

The practice was traced in North Eastern Mexico, Southern Ecuador, Peru and Brazil. Moreover, the researcher discovered that the American physicians learned clitoris cut from European physicians. The pioneer was the British surgeon Isaac Brown in 1866¹³, in his writings epilepsy disease and emotional disorders was featured in (1951-1952) and the medication that was achieved on some mental and neurotic disorders through FGM. In

¹⁰Olayenka, A. K., **The Circumcision of Woman, A strategy for Eradication**, (Zed Press, London: 1987) pp: 18-24.

¹¹Widstrand, Carl Gosta, **Female Infibulation Studies**, (1964) pp: 95-96.

¹²Hosken, F. P., Report, **Genital and Sexual Mutilation of Females**, (WIN, USA 1979).

¹³Brown Isaac Baker, **The Curability of Some Form of Insanity, Epilepsy & Hysteria**, (British Medical Journal, May 12, 1866).

spite of his breakthrough in the medical field, he was dismissed from the medical society membership when it was discovered on the part of his counterparts that he was performing these operations for wealthiness rather than humanitarian treatments as he was pretended.

The outcome of Karim's studies, 1988¹⁴ demonstrated that there was a society under the name of "orificial" was formed in America in 1890 was practicing FGM as a medication of those who were practicing masturbation. This society had a finger in convincing the mothers at that time in continuing of the FGM first type on their daughters similar to the males' circumcision, it was providing them superstitious information, but for a reason or another, the tradition was eradicated completely in 1937. FGM also was found amongst "Bitta" tribe in ancient Australia, which was an aggressive operation done in a big ceremony by an old man in order to widen the girl's vulva before she reached the age of consent.

As preceded, FGM is found widely practiced in (28) African countries as shown below in the statistical findings¹⁵. For further information see annex (1) attached.

*** FGM Views in Islamic Shari'a:**

A comprehensive readings was done on the Islamic scholars views as seen by old & contemporary jurists on the subject in order to make it clear to those parents who still stick to this harmful practices on the pre-text of it being a religious duty. It is tried always to come out with a consensus on this matter depending for that on the Holy Quran, Sunna and sources of Islamic jurism.

Firstly: The Holy Quran:

It has found no clear statement or mention of circumcision in the Holy Quran although the Quran details on all the issues pertaining to women such as menses, suckling and weaning of babies, prescribed period (Idda, after divorce), divorce, gestation and other matters relating to women's life.

Secondly: The Sunna:

¹⁴Karim, M., Female Genital Mutilation, (1988) p 49.

¹⁵WHO Report, Geneva, (1997).

It is found that what has come on female circumcision on Islam are weak and not to be cited. Of these are:

- Abu Huraira reportedly said, in the words of Mohammed (Peace and Prayer be upon him): "That who surrenders to the will of Allah, is to be circumcised"¹⁶.
- Ahmed Ibn Dawood and Otteim Ibn Kuleib reportedly said in the words of Mohammed (Peace and Prayer be upon him) that he came to Mohamed and said: "I surrendered to the will of Allah. Mohammed told him to shave the hair of unbelief and be circumcised"¹⁷.
- Mohammed (Peace and prayer be upon him) reportedly said: "Circumcision is a Sunna for men, and good deed on the part of women"¹⁸.

There is a consensus of the jurists that all the above mentioned are on male circumcision and in conformity with the modern medical viewpoint which establishes that the males are to be circumcised, otherwise they are prone to diseases due to the accumulation of bacteria causing inflammations.

- Abu Dawood and Om Attia reportedly said in the words of Mohammed (Peace and Prayer be upon him), that Mohammed said to the circumciser: "Do not harm that will be to the husband's taste"¹⁹. Jurists all agreed that this Haddith, in all its versions, indicates that the circumciser is to be gentle on young females²⁰. Only the top hood of the clitoris can be eliminated, leaving the clitoris itself completely intact, for in that upright part resides the pleasure of the whole process of sex for both partners. Jurists added that barbaric circumcision was only practiced on the first pre-Islamic period so it was difficult to uproot this practice. Circumcision for women is seen as an insult to women rather than a pride, as it is erroneously believed, arguing that a surgery is to be practiced only if an abnormality in the clitoris is detected.

Third: The Attitude of Former Jurists:

¹⁶Al-Shokani, Mohammed Ibn Ali Ibn Mohammed, **Niel Al-Awtar Sharh Montaga Alakhbar**, 1342 Higri, p 138.

¹⁷Al-Shokani, same reference, p. 140.

¹⁸Al-Shokani, same reference, p. 139.

¹⁹Ibn Qaeem AlGawzia, **Tuohfat Alwadood be Ahkam Almawlood**, Dar El Rian lil Turath, No. 218, 1987, p.165

²⁰Mohammed Salim Al Awa, **FGM is not Sunna or Hounrable**, (Al Shab Newspaper, Cairo, 8/11/1994).

- The Shafists see that both male and female circumcision is a religious duty. The Malikis and Hanifs however say that it is Sunna for males and a preference for females. The Hanablas see that it is an obligation on males and is liked for females²¹. Al-Shokani²² however sees that the preceding arguments are weak and not established for judgement.
- The former president of AL-Azhar University, Sheikh Shaltut²³, sees that: (The jurists differ in this issue as much as they do in all that which lacks a clear statement and evidence). He adds that, the Shari'a laws put general principle to be followed, to the effect that if any harm is to be incurred morally or physically, as a consequence of a matter thoroughly explored, it is to be forbidden to avert any ensuing damage or corruption.

Forth: The Point of View of Contemporary Jurists:

Sayed Sabig²⁴ stated in (AL-Sunna) that all the traditions enjoining female circumcision are weak. Mohammed Arafa²⁵ stated that female circumcision is still under discussion, and that physiologists are still exploring the functions of the external female genital system that is removed. The social consequences of FGM and its dimensions, good or bad -if ever-, are also being discussed. Physiologists see that this removed parts are so vital, sensitive and affects the appearance of the woman for it helps in fertilization, so its removal, for a reason or other, is regarded as a violation that obliterates the enjoyment and pleasure of legal copulation, a thing that might as well leads to addiction on the part of some husbands. Sheik Al-Sharawi²⁶, and Tantawi²⁷, the current president of AI-Azhar, are of the same opinion. Sheikh Siddique Abd ElHai²⁸ sees that: "Female circumcision is not enjoined or mentioned in AL-Sunna. It is not against AI Shari'a to leave the woman uncircumcised. God decides a function for every part in the human body, so there is no need for a midwife, or an old woman or an expert surgeon to complete what is created by God or to

²¹ Abdalla Ibn Mohammed Mawdod, **Al Ikhtiar Sharh Al Mukhtar, Almusama AlIkhtiar, Talil AlMukhtar**, G3, (1936) p.21.

²² Al-Shokani, previous reference. pp. 137-140.

²³ Shaltut, Mohammed, **FGM**, Kitab AlFetwa, vol. (2) Islamic Fatawi, Cairo 1981, p.449.

²⁴ Sayed Sabig, **Figh AlSunna**, vol (1), Al-ebadat (Dar Al Tourath Library). p. 32.

²⁵ Arafa, Mohammed, **FGM**, Vol. 24 (Al Azhr Bulletin 1952) p. 1242.

²⁶ Mohammed Mutwaly Al-Sharawi, **Female Circumcision**, (Egyptian AlShab Newspaper :30/9/1994) p.2.

²⁷ Mohammed Sayed Tantawi, **Circumcision Is It An Issue**, (AlWafed Newspaper: 21/8/1994) p.9.

²⁸ Siddique Abd El-Hai, Work paper, **FGM and Jurisprudence**, workshop, Babiker Badry Scientific Ass, Khartoum, 1981, p. 20.

change it. What we see nowadays is a mutilation of the external genital of the female. Mohamed (Peace and Prayer be upon him) did not enjoin that. Circumcision diabolically works to endanger woman's health.

It argues that Islam did not enjoin the cutting off of the men's penis or the removal of any part of it, therefore, there is no justification for the removal of the clitoris or the two lips around it, for that matter (the removal of them) mutilates a woman's clitoris in which resides the highest point of pleasure. As a result, the woman is painfully not sexually satisfied. Furthermore, not only the female who is not satisfied, but her husband as well, as stated by physicians. The woman's genitals, especially the clitoris, are to be left as they are - as the Creator makes them.

*** Recent Research's Findings on: FGM Psycho-socio-sexual Consequences & Attitude Change in Khartoum North & East Nile Provinces, Sudan (July 2000)²⁹:**

Since many decades ago, various efforts have been exerted to eradicate this harmful practice in Sudan. Yet, these efforts were devoid of the proper scientific and convincing evidence. For these reasons, the idea came to the researcher to study this tradition so as to investigate the unseen aspects of the case. Thus, it would be possible to help those interested in this national tradition and setting an original and integrated directory to be used. Hence, to achieve the above ends, the researcher conducted this study in accordance with the following procedures and methodology:

- 1- The determination of the research problem and hypotheses, the limitations of the study and the steps to be taken to test these hypothesis on the light of which the results of the research may be reached.
- 2- The researcher used the statistical approach and its tools; Such as the questionnaire, interview and observation, the techniques of the Participatory Rapid Appraisal (PRA); Such as focus group discussions, and the direct ranking of priorities are also used.
- 3- In the selection of the random sample, the researcher depends on the "framework" system. Thus, the random sample was formed of the pupils of the second class of the secondary stage of both sexes (573) females, (427) males with average age 18 year olds; And a considerable proportion of parents of females pupils average age of mothers (41.6) and fathers (52.2) years. Thus, the total sample was composed of (1230)

²⁹Amna A. R. Hassan, **Psycho-socio-sexual consequences & attitude change**, International University of Africa, July 2000.

individuals while the number of the participants of the PRA method was amounted to (160) health staff (health visitors, trained-midwives and Traditional Birth Attendants (TBAs), average age range between 28 – 75 year olds. All of them represented Khartoum North and East Nile Provinces of Khartoum State. In addition, a number of scholars and decision-makers were consulted. Likewise, the diversity of cultures, the variations of regions, differences in age-groups, and urban/rural areas were taken into consideration.

- 4- The research, which was divided into five chapters, included the research plan, the theoretical and historical framework, the research methodology procedures, the results and discussion of data, the summary, the conclusion and the recommendations. The appendices included the questionnaires, the data analysis documents, maps, the international decisions and agreements, etc..

5- **The important findings of the research are:-**

- (1) The factors which contributed to the continuation of FGM are related to faulty socialization and the absence of the scientific, "figh" and legal information about the topic of the study. This had led to its spread in the rural areas in a higher ratio than the urban areas (96.9%) & (88%). It was also found that the spread of the infibulation practice amongst Muslims is wider than the so-called "Sunna" type. The later type is found practiced amongst few Christians. The practice is concentrated in the semi-urban and rural areas, where the trained midwives, despite their limited education and the traditional midwives are widely spread. This had made these women encourage the practice so as to earn income. It was also found that there is a significant statistical relationship which indicates the reduction of the practice of this tradition, the more the educational level is higher (90.9%) infibulation & (9.1%) so-called "Sunna" among illiterates while the situation among the university graduates is (50%) infibulation and (50) so-called "Sunna". There is also a marked transformation of the tradition from the infibulation to the so-called "Sunna". This study reflects the prevalence among the females pupils (57%) infibulation and (43%) so-called "Sunna". In the case of their mothers (84.8%) infibulation and (15.2) so-called "Sunna".
- (2) It was also proved that there is a deterministic relationship between the sedimentary FGM experiences in the memory

(94.4%) female pupils, and the physical and psychological implications with females and males; And the hazards of sexual well-being, child-birth and marital intercourse. To this effect, apparently there is a negative relationship between FGM and female general performance in school, worker and domestic affairs, which may result in administrative and psychological procedures against her. This may result in offences to human rights and Islamic legality. (69.3%) female pupils and (50.2%) males' sisters were found are subjected to difficulties in menstruation and other health complications

- (3) It was evident that there is no relation between FGM as a "tradition", and "purity" as a religious concept. The religious leaders did not agree on the "Hadeeths" which were cited on this affair. The whole issue was left to the development of knowledge and "Ijtihad".
- (4) Regarding the public knowledge about the function of the female external genital organs, (33.7%) reflected their sufficient knowledge. (51.2%) have limited information, (15.1%) have no information. The source of the knowledge is found (10%) family, (37%) school curricula and (53%) outsiders & friends.
- (5) (91.4%) of the newly married females showed their negative experiences in sexual life while (82.2%) of them reflect their continuous negative desire towards sexual intercourse with their husbands. (74%) of their husbands reacted, aggressively, complains on the negative attitudes of their wives during intercourse due to acute health complications result from FGM.
- (6) (76.1%) pupils both sexes, and mothers in the sample reflected that the girl-child's opinions, or decisions are not listened to, or respected in most of the Sudanese family culture.
- (7) Regarding attitude change, (72.7%) of the sample agreed to continue on the so-called "Sunna" Type while (27.3%) supported the infibulation. This result reflects gradual steps towards future social change. Although, the male pupils' attitude is still negative as a (46.1%) prefer the continuity of the practice while (11%) of the female pupils, (42%) by fathers & (87.8%) mothers.
- (8) It was also found that there is a positive enthusiasm attitude change amongst the pupils (males/females) and the fathers in combating all forms of FGM. (72.1%) of the sample interviewed indicated that, they heard about the campaign against FGM while (27.9%) respond negatively. Regarding their attitude to the complete eradication, (84.2%) of the total sample agreed to

eradicate FGM while (15.8%) rejected. Fortunately, (91.3%) the female pupils, (73.9%) male pupils, (75.7%) mothers and (86.6%) fathers showed their positive response to the eradication. This shows positive indicator for future attitude change. This is based on the assumption that non-circumcision is the natural situation of women. Some parents and males pupils preferred to marriage non-circumcised women. Likewise, others held tight to the so-called "Sunna". The reason in the latter case is the ignorance and less knowledge about this issue. (55.7%) fathers and (44.3%) male pupils showed their preference to marry uncircumcised while those who still preferred to marry the circumcised they showed their interest in the so-called "Sunna" type. However, it is also a positive indicator towards the eradication.

- (9) It was discovered that there are two types of repair -"Al-Adil" (re-infibulation) which was innovated by the midwives without informing neither the health authorities nor the World Health Organization (WHO). It was believed that this improves FGM after delivery. Behind this operation, many anti-Shari'a practices are performed. It is regretted that the practices had been transmitted to some countries, which are not practicing FGM and its repair -"Al-Adil". Such behaviours may be harmful to the reputation of the country and is considered a deficiency of the control authorities.
- (10) There is another deficiency is observed, across the centuries that the health, education and finance institutions are not conducting serious necessary research for knowing the size of the economic expenditure involved in the treatment of the victims of this tradition and the loss of human resources (child and mother mortality).

*** Conclusion:**

SNCTP's future visions will be focused on wholistic approach to eradicate FGM. Proper sensitization of youth, fathers, religious leaders and legislators in order to put great pressure on the mothers, grandmothers and health workers who perform the practice. Fortunately, SNCTP, UNICEF, UNFPA, Babiker Badri Scientific Association, the Ministry of Health, and the Ministry of Education had put considerable efforts in injecting the above matter in the education curricula. Successfully it is becoming reality in the Basic and Secondary Education in the Sudan since the academic year (2000/2001). Teachers on both sectors formal and informal education are subjected to training. A teachers training guide was developed & provided to training institutions to apply for better implementation. SNCTP will be following the implementation of the recommendations and suggestions of

this study with all the concerned partners; Government, NGOs, private sectors and networking groups at all levels national, regional & international. At this stage, SNCTP is putting efforts to influence the government to issue a law to stop FGM.

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References:

1. Abdalla Ibn Mohammed Mawdod, **Al Ikhtiar Sharh Al Mukhtar, Almusama AIlkhtiar, Talil AlMukhtar**, G3, 1936.
2. Al-Shokani, Mohammed Ibn Ali Ibn Mohammed, **Niel Al-Awtar Sharh Montaga Alakhbar**, 1342 Higri.
3. Amna A. R. Hassan, **Psycho-socio-sexual consequences & attitude change**, International University of Africa, April 2000.
4. Arafa, Mohammed, **FGM**, Vol. 24, Al Azhr Bulletin, 1952.
5. Brown Isaac Baker, **The Curability of Some Form of Insanity, Epilepsy & Hysteria**, British Medical Journal, May 12, 1866.
6. Cloudsley, Anne, **Women of Omdurman Life Love & Cut of Virginity**, London, 1938.
7. Darkenoo, Efua, **Cutting The Rose**, (Minority Rights Group Internal, London: 1994).
8. Faisal, M. Mekki, **Female Circumcision**, 1st Edition, Military Press, Khartoum, 1990.
9. Herodotus, Radice, B. & Baldick, Penguin Books, London, 1965.
10. Hosken, F. P., Report, **Genital and Sexual Mutilation of Females**, WIN, USA 1979.
11. Hosken, F. P., **Technical Report: Genital & Sexual Mutilation of Females**, No. 2, vol. 2, WHO/EMRO, 1979.
12. Ibn Qaeem AlGawzia, **Tuohfat Alwadood be Ahkam Almawlood**, Dar El Rian lil Turath, No. 218, 1987.
13. Karim, M., **Female Genital Mutilation**, Printing Unit, National Population Council, Egypt, 1988.
14. Mohammed Mutwaly Al-Sharawi, **Female Circumcision**, Egyptian AlShab Newspaper, 30/9/1994.
15. Mohammed Salim Al Awa, **FGM is not Sunna or Hounrable**, Al Shab Newspaper, Cairo, 8/11/1994.
16. Mohammed Sayed Tantawi, **Circumcision Is It An Issue**, AlWafed Newspaper, 21/8/1994).
17. Niebuhr, M., **Travels Through Arabia**, Edinburgh, 1827.
18. Olayinka Koso, Thomas, **The Circumcision Of Women, Strategy For Eradication**, Zed Books Ltd., London, 1987.
19. Sayed Sabig, **Figh AlSunna**, vol. 1, Al-ebadat, Dar Al Tourath Library.
20. Shaltut, Mohammed, FGM, **Kitab AlFetwa**, vol. (2) Islamic Fatawi, Cairo 1981.
21. Shandall, A. A., **Circumcision and Infibulation of Females**, Sudan Medical Journal, No. 5, 1967.
22. Siddique Abd El-Hai, Work paper, **FGM and Jurisprudence**, workshop, Babiker Badry Scientific Ass, Khartoum, 1981
23. Strabo, **Christian Egypt**, American University of Cairo Press, 1967
24. Widstrand, Carl Gosta, **Female Infibulation Studies**, 1964
25. **World Health Organization (WHO) Report**, Geneva, 1997.
26. Worsely, A., **Infibulation & Female Circumcision**, the journal of Obstetrics & Gynecology of British Empire, vol. 45, 1938.

African Countries & Percentage of FGM*

No.	Country	Circumcized Female %
1.	Somalia	98%
2.	Djibouti	98%
3.	Sierra Leone	90%
4.	Sudan	89%
5.	Ethiopia	85%
6.	Eritrea	80%
7.	Mali	80%
8.	Gambia	79%
9.	Burkina Faso	70%
10.	Chad	60%
11.	Guinea-Conakry	60%
12.	Egypt	55%
13.	Kenya	50%
14.	Liberia	50%
15.	Mauritania	50%
16.	Nigeria	40%
17.	Côte d' Ivore	40%
18.	Guinea-Bissau	40%
19.	Benin	30%
20.	Ghana	30%
21.	Togo	30%
22.	Niger	20%
23.	Senegal	20%
24.	Cameroon	15%
25.	Central Africa	10%
26.	Tanzania	10%
27.	Uganda	5%
28.	Congo Brazzaville	* [*]

*Darkenoo, Efua, **Cutting The Rose**, (Minority Rights Group Internal, London: 1994).

^{*}N. A.