

Female Circumcision in Sudan: Future Prospects and Strategies for Eradication

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Context: Female circumcision—also known as female genital mutilation—is widely practiced in some parts of Sudan. Information about attitudes toward the practice, the reasons why women support it and the social and demographic predictors associated with support for it are needed for development of eradication strategies.

Methods: In a survey on reproductive health, approximately 1,000 ever-married women were randomly selected in each of three areas—Haj-Yousif and Shendi in the north, where female circumcision is widely practiced, and Juba in the south, where it is relatively rare. Interviewers collected data on the prevalence of the three types of circumcision, their social and demographic correlates, women's attitudes toward the practice and their perception of their husbands' attitudes.

Results: Some 87% of respondents in Haj-Yousif, almost 100% of those in Shendi and 7% of those in Juba have been circumcised. Pharaonic circumcision—the most severe type—was reported by 96% of circumcised women in Shendi and 69% of those in Haj-Yousif, but only 31% of those in Juba. However, a small but significant shift from Pharaonic to Sunna circumcision appears to have occurred in Shendi and Haj-Yousif in recent years. Overall, 67% of respondents in Haj-Yousif, 56% of those in Shendi and 4% of those in Juba support continuation of the practice; more highly educated and economically better off women are less likely to be supportive in the two high-prevalence areas. Social custom is the most commonly cited reason for favoring continuation of female circumcision in Haj-Yousif and Shendi (69–75%), while better marriage prospects are the most frequently given reason in Juba. Based on the women's perceptions, men are more likely than women to favor discontinuation.

Conclusions: Female circumcision seems to be declining slightly in some areas of Sudan. A culturally accepted policy and political commitment to eradicate the practice are needed. Education and economic empowerment of women would help lower support for the practice. A mass media campaign publicizing the risks of female circumcision and the fact that female circumcision is not obligatory for Islamic women would also be helpful.

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Female circumcision—also commonly known as female genital mutilation or female genital cutting—is highly prevalent in Sudan. Findings from the 1989–1990 Sudan Demographic and Health Survey (SDHS) indicate that 89% of ever-married women have undergone some form of genital cutting, varying from 65% in Darfur Region to almost 99% in the Northern Region.¹ Strong social pressure maintains high levels of circumcision, which is believed to promote premarital chastity among women.² In most areas in Sudan, uncircumcised women are generally viewed as impure and thus unmarriageable.³ Given their lack of choice and the powerful influence of tradition, most women accept circumcision as a necessary, and even natural, part of life, and adopt the rationales given for its existence.⁴

Types of female circumcision vary from culture to culture and from region to region. The World Health Organization has defined three main categories.⁵ Type 1,

which is often referred to as clitoridectomy, entails removal of the tip of the prepuce, with or without excision of part or all of the clitoris. In Type 2, the clitoris is removed along with part or all of the labia minora. Type 3, infibulation, the most severe form of female circumcision, involves removal of most or all of the external genitalia. The vaginal opening is then stitched closed; only a small opening is left for the flow of urine and menstrual blood. Women's infibulation scars may have to be cut open at childbirth or if problems in sexual intercourse are encountered.

In Sudan, Type 1 is known as Sunna, and generally entails only removal of the tip of the prepuce. The intermediate Type 2 is referred to as Matwasat, and Type 3 is known as Pharaonic.⁶

Female circumcision is not associated with any one religious group. It is practiced by Muslims, Christians, Jews and members of indigenous African religions.⁷ Some Sudanese believe that Islam sup-

ports female circumcision, although Muslim theologians state that there is no explicit support for the practice in the Koran.⁸

Female circumcision is often performed by lay practitioners with little or no formal knowledge of human anatomy or medicine. In most cases, the operation takes place under unhygienic conditions and without anesthesia or sterile instruments.⁹ Circumcision can have many immediate and long-term consequences. These consequences vary considerably by the type and severity of cutting, with the most serious complications associated with infibulation. The immediate consequences include difficulty in passing urine, urine retention, hemorrhage, infection, fever, stress and shock and damage to the genital organs.¹⁰

Over time, circumcised women may also develop menstrual complications, vulvar abscesses, obstetric complications, urinary tract infections, chronic pelvic infection and low fertility or sterility.¹¹ In addition, female circumcision, especially infibulation, may make intercourse perfunctory or even painful.¹² Despite these grave risks, its practitioners look on it as an integral part of their cultural and ethnic identity. In societies in which few women remain uncircumcised, problems arising from female circumcision are likely to be seen as a normal part of a woman's life and may not even be associated with circumcision.¹³

Methodology

The data for this study come from a baseline survey on reproductive health conducted in three project areas in Sudan by the Central Bureau of Statistics of Sudan with the financial and technical assistance of the United Nations Population Fund. The three project areas are: Haj-Yousif, a semi-urban area in Khartoum state; Juba, the capital of Bahr El Jebel state; and Shen-

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Table 1. Percentage and number of ever-married women aged 15–49 who have been circumcised, and percentage distribution of circumcised women, by type of circumcision, all according to selected background characteristics, Haj-Yousif, Shendi and Juba, Sudan, 1999

Area and characteristic	No. of women	% of women circumcised	No. of circumcised women	Type of circumcision			
				Pharaonic	Matwasat	Sunna	Total
Haj-YOUSIF							
Total	1,114	87.3	972	68.7	3.0	28.3	100.0
Age							
15–24	232	84.5	196	63.8	1.5	34.7*	100.0
25–29	283	90.8	257	64.2	3.1	32.7	100.0
≥30	599	86.5	518	72.8	3.5	23.7	100.0
Education							
None	470	80.9***	380	60.5	1.8	37.6***	100.0
Primary/junior	507	91.7	465	74.2	2.8	23.0	100.0
Secondary	137	92.0	126	73.2	7.1	19.7	100.0
Religion							
Muslim	1,004	95.6***	960	69.0	2.9	28.1	100.0
Christian	110	10.0	11	(45.5)	(9.1)	(45.5)	100.0
Household possessions score							
Low	651	79.6***	518	57.8	2.9	39.3***	100.0
Middle	267	96.6	258	76.6	1.6	21.7	100.0
High	195	99.5	196	87.2	5.1	7.7	100.0
SHENDI							
Total	1,019	99.6	1,015	96.0	1.2	2.8	100.0
Age							
15–24	133	99.2	132	(94.7)	(0.8)	(4.5)	100.0
25–29	218	100.0	218	95.9	1.8	2.3	100.0
≥30	667	99.7	665	96.8	1.1	2.1	100.0
Education							
None	318	99.4	316	98.4	0.3	1.3	100.0
Primary/junior	501	99.8	500	95.1	1.2	3.1	100.0
≥secondary	196	100.0	196	95.4	2.0	2.6	100.0
Religion							
Muslim	1,003	99.9***	1,002	96.6	1.2	2.2***	100.0
Christian	11	(81.8)	9	(76.9)	0	(23.1)	100.0
Household possessions score							
Low	606	99.5	603	96.8	1.0	2.2***	100.0
Middle	260	100.0	260	98.1	0.4	1.5	100.0
High	152	100.0	152	91.4	3.3	5.3	100.0
JUBA							
Total	991	7.0	69	30.8	16.7	52.5	100.0
Age							
15–24	232	(6.9)	16	20.0	20.0	60.0	100.0
25–29	245	(7.3)	18	†	†	†	†
≥30	514	6.8	35	41.9	12.9	45.2	100.0
Education							
None	487	(4.1)***	20	(47.1)	(23.5)	(29.4)	100.0
Primary/junior	327	8.0	26	25.9	18.5	55.6	100.0
≥secondary	177	13.0	23	(22.7)	(9.1)	(68.2)	100.0
Religion							
Muslim	81	59.3***	48	32.7	12.2	55.1	100.0
Christian	909	(2.3)	21	(23.5)	(29.4)	(47.1)	100.0
Household possessions score							
Low	762	3.1***	24	28.6	28.6	42.9	100.0
Middle	208	16.8	35	25.7	11.4	62.9	100.0
High	21	(47.6)	10	(50.0)	(10.0)	(40.0)	100.0

*p<.05. ***p<.001. †Because very few women in Juba were circumcised, the age categories 15–24 and 25–29 were collapsed. Note: Figures in parentheses are based on fewer than 25 women.

di, a province of Nahr El Nile state that includes both rural and urban areas. In Haj-Yousif and Shendi, more than 90% of the population is Muslim, while in Juba, more than 90% of the people are Christian.

The baseline survey was limited to ever-married women aged 15–49. A random sample of 1,000 women from each project area were targeted for interview. Ultimately, 1,114 ever-married women from

Haj-Yousif, 993 from Juba and 1,019 from Shendi were successfully interviewed.

The sample respondents were selected from each area following a two-stage stratified cluster sampling design. The details of the survey may be seen in the baseline survey report.¹⁴ Each project area consists of several councils (districts), which were treated as strata. At the first stage, a random sample of clusters (villages in rural areas and quarter-councils in urban areas) was selected with standard probability proportional to size. At the second stage, households were listed and then selected systematically from each selected cluster.

In Shendi province, which consists of four rural councils and one urban council, 20 clusters of villages or quarter-councils were selected; 50 households were then chosen from each selected cluster. Similarly, a random sample of 20 clusters (quarter-councils) was selected from Juba City's three councils, and 50 households were selected systematically from each selected cluster. Five of Haj-Yousif's nine administrative quarter-councils were randomly selected; 200 households were then selected from each quarter-council.

Fieldwork for the baseline surveys was carried out by several trained interviewing teams, each consisting of one male supervisor and several female interviewers. Data were collected in Haj-Yousif and Juba City in September and October 1998, and in Shendi in March 1999.

The survey included a series of questions on female circumcision. Women were asked whether they had been circumcised, and if so, which type they had undergone and who had performed the procedure. Women were also asked whether they thought the practice should continue and, if yes, which type they preferred and why. Those who opposed continuation of the practice were asked why they opposed it, why they thought the practice persists and what they thought were the best ways to eradicate it. The interviewers also collected data on women's perceptions about their husband's attitude toward female circumcision. However, they did not ask the respondents about their age at circumcision or the consequences for their health.

The study was based on respondents' self-reporting. The investigators assumed that respondents knew the definition of different types of circumcision, so they made no attempt to verify the types reported. Thus, certain types of circumcision may have been underreported or overreported. One study in Sudan found some

discrepancies between the type of circumcision women had undergone and the type they reported.¹⁵ In the baseline survey described here, however, the interviewers attempted to avoid this problem by asking the respondents to describe the extent of excision and infibulation.

Findings

Prevalence of Female Circumcision

Table 1 presents the prevalence of female circumcision among ever-married women of reproductive age by selected background characteristics. The practice is almost universal in Shendi and affects almost nine in 10 women in Haj-Yousif. In Juba, however, only 7% have been circumcised.

Similar patterns of variation with age are evident in the three regions: Women younger than 25 are slightly less likely than older women to have been circumcised, but none of the differences are statistically significant. In Juba and Haj-Yousif, educated women are significantly more likely than uneducated women to be circumcised, while the prevalence of circumcision varies little by educational level in Shendi. These differentials should not be attributed to education, however, as most girls are circumcised between the ages of four and nine.

The household possessions score,* a proxy measure of economic status, also shows a positive relationship with the prevalence of circumcision; again, the differences are significant for Haj-Yousif and Juba, but not for Shendi. Overall, the prevalence of circumcision is lower among Christian women than among Muslim women, and the differences are statistically significant in all the regions under study.

Table 2. Percentage of women who favor female circumcision, by selected background characteristics, according to region

Characteristic	Haj-Yousif (N=1,114)	Shendi (N=1,019)	Juba (N=991)
Total	66.9	56.1	3.5
Age			
15–24	60.8	63.2	4.3
25–29	67.1	56.9	2.4
≥30	69.2	54.4	3.7
Education			
No education	75.5	69.7	2.7
Primary/junior	66.7	55.6	4.0
≥secondary	38.7	34.2	5.1
Religion			
Muslim	73.4	56.7	30.5
Christian	8.2	18.2	1.1
Household possessions score			
Low	69.5	64.6	1.6
Medium	70.0	43.6	9.6
High	54.1	43.7	14.3

When all variables are entered into a logistic regression analysis, none have significant effects on the prevalence of circumcision in Shendi (not shown). In Haj-Yousif, however, the odds of being circumcised rise significantly with each year of education and with each increase in the household possessions score. In Juba, significant increases in circumcision also occur as the household possessions score rises. In both areas, Muslim women are significantly more likely than Christian women to be circumcised.

Type of Circumcision

Pharaonic circumcision is the most prevalent type in Shendi (96%) and Haj-Yousif (69%), followed by Sunna circumcision (3% and 28%, respectively). Women in Juba, however, were most likely to report Sunna circumcision (53%), with 31% reporting the Pharaonic type (Table 1).

The data in Table 1 suggest that a slight shift from the Pharaonic type to the Sunna type of circumcision may be occurring in Sudan. For example, among women aged 30 or older in Haj-Yousif, 73% reported the Pharaonic type and 24% the Sunna type, compared with 64% and 35%, respectively, of those aged 15–24. Similar patterns appear in Shendi and Juba, but the differences are statistically significant only in Haj-Yousif.

Level of education is negatively associated with the prevalence of Sunna circumcision in Haj-Yousif. However, education does not show any consistent relationship with type of circumcision in Shendi or Juba. Household possessions scores are associated with type of circumcision in Haj-Yousif and Shendi, but not in Juba.

Attitudes Toward Circumcision

In response to the question “Do you think female circumcision should continue?” 67% of the ever-married women in Haj-Yousif and 56% of those in Shendi supported continuation of the practice, compared with only 4% of respondents in Juba (Table 2).

When women’s attitudes toward circumcision are examined by selected background characteristics, support for continuation rises with age in Haj-Yousif and decreases with rising age in Shendi. However, no consistent relationship between age and support for circumcision is evident in Juba.

Support for continuation of the practice decreases as level of education and household possessions score rise in Haj-Yousif and Shendi. For example, 34% of women in Shendi with a secondary or higher ed-

Table 3. Beta coefficients and odds ratios from logistic regression analysis of factors affecting women’s approval of female circumcision, by region, 1999

Variable	Beta coefficient	Odds ratio
Haj-Yousif		
Age (yrs.)	0.0088	1.01
Education (yrs.)	–0.1062	0.90**
Religion		
Muslim	3.9418	51.51***
Christian (ref.)	na	1.00
Household possessions score	–0.3147	0.73***
Shendi		
Age (yrs.)	–0.0247	0.98**
Education (yrs.)	–0.1091	0.90**
Religion		
Muslim	1.4987	4.48***
Christian (ref.)	na	1.00
Household possessions score	–0.2960	0.74***

p<.01. *p<.001. Notes: na=not applicable. ref=reference group.

ucation favor the continuation of female circumcision, compared with 56% of those with a primary or junior level of education and 70% of those with no education. In Juba, however, the proportion of women supporting circumcision increases with education and household possessions score.

Muslim women are more likely to support circumcision than are non-Muslim women. For example, 73% of Muslim women in Haj-Yousif favor continuing the practice, compared with 8% of Christian women. The same pattern appears in Shendi (57% vs. 18%) and Juba (31% vs. 1%).

Multivariate logistic regression analysis identified women’s education, religion and household possessions score as significant predictors of attitudes toward female circumcision in both Haj-Yousif and Shendi (Table 3). For instance, each year of education decreases the odds that women would favor continuation of female circumcision in both areas. In addition, Muslim women are significantly more likely to support circumcision than are Christian women in Haj-Yousif and Shendi, and support decreased with rising household possessions scores in both areas. (A multivariate analysis was not carried out for Juba because of the small number of circumcised women.)

*Information on household income is very difficult to collect. However, a proxy measure of the household economic status of the respondents can be calculated from information on housing characteristics and household possessions. The scores were created by assigning a point each for possession of a radio, television, refrigerator, cot, bicycle, car, electricity, safe drinking water and sanitation facilities, and for the type of building material (brick and either cement or concrete). The total scores, which could range from 0 to 10, were divided into three groups (0–2, 3–6 and seven or more) signifying low, middle and high economic status.

Table 4. Percentage of ever-married women who plan to have their daughters circumcised and who favor continuing circumcision, by the type of circumcision they had and whether their daughters have been circumcised, according to region

Area and circumcision status	N	Plan to have daughter circumcised	Favor continuing circumcision
HAIJ-YOUSIF			
Total	1,114	71.4	66.9
Respondent's status			
Uncircumcised	143	10.5	13.3
Pharaonic	667	85.0	72.9
Matwasat	29	73.0	69.0
Sunna	275	85.3	80.0
Daughter's status			
No daughter	237	na	48.5
All circumcised	271	na	73.1
Elder daughters circumcised	219	87.4	86.8
Not old enough	295	77.0	76.6
Old enough but not circumcised	92	15.9	17.6
SHENDI			
Total	1,019	63.8	56.1
Respondent's status			
Never circumcised	4	0.0	0.0
Pharaonic	978	64.5	56.6
Matwasat	12	(66.7)	(58.3)
Sunna	25	42.9	44.0
Daughter's status			
No daughter	210	na	47.1
All circumcised	335	na	50.0
Elder daughters circumcised	190	69.8	70.9
Not old enough	262	63.1	63.6
Old enough but not circumcised	18	(11.1)	(11.1)
JUBA			
Total	991	2.1	3.5
Respondent's status			
Uncircumcised	922	1.1	1.2
Pharaonic	20	(28.6)	(45.0)
Matwasat	12	0.0	(27.3)
Sunna	37	23.8	34.3
Daughter's status			
No daughter	291	na	3.1
All circumcised	27	na	(40.7)
Elder daughters circumcised	2	100.0	100.0
Not old enough	182	3.4	3.3
Old enough but not circumcised	489	1.1	1.6

Notes: Figures in parentheses are based on fewer than 25 women. na=not applicable.

Attitudes About Daughter's Circumcision

In addition to looking at women's attitudes toward circumcision in general, we examine respondents' plans to circumcise their own daughters. Overall, 71% of ever-married women in Haj-Yousif who have uncircumcised daughters plan to circumcise them. The corresponding figures for Shendi and Juba are 64% and 2%, respectively (Table 4).

Except among uncircumcised respondents, women are more likely to plan to circumcise their daughters than to support circumcision in general. For example, among respondents in Haj-Yousif who had undergone Pharaonic circumcision, 85% plan to circumcise their own daughters, while 73% say they favor the continuation of female circumcision. The corresponding figures for Shendi are 65% and 57%. However, the opposite scenario prevails in Juba (29% and 45%). About 11% of uncircumcised women in Haj-Yousif intend to circumcise their daughters. Of the four uncircumcised respondents in Shendi, none plan to circumcise their daughters.

Among women in Haj-Yousif who have uncircumcised daughters old enough to undergo the ritual, 16% plan to have their daughters circumcised, while 18% approve of female circumcision in general. The corresponding figures in Shendi are 11% and 11%, compared with 1% and 2%, respectively, in Juba.

Type of Circumcision Preferred

Among women in Haj-Yousif and Shendi who approve of the practice of female circumcision, the majority prefer Sunna circumcision. (Only women in these areas are included, because the number of circumcised women in Juba is too small.) As Table 5 shows, 69% of the women in Haj-Yousif who favor circumcision prefer the Sunna type, 24% Pharaonic and only 8% Matwasat. A similar pattern is evident in Shendi (54%, 35% and 11%, respectively).

Education and household possessions score are significant predictors of the type of circumcision preferred. In Shendi, for example, a rising household possessions score and increasing levels of education are associated with a decreasing preference for Pharaonic circumcision and an in-

Table 5. Percentage distribution of ever-married women who favor circumcision, by type of circumcision preferred, according to region and selected characteristics

Area and characteristic	N	Pharaonic	Matwasat	Sunna	Total
HAIJ-YOUSIF					
Total	744	23.7	7.8	68.5	100.0
Age					
15-24	141	26.2	4.3	69.5	100.0
25-29	190	20.0	7.4	72.6	100.0
≥30	413	24.5	9.0	66.5	100.0
Education					
None	354	22.9	6.8	70.3***	100.0
Primary/junior	337	24.9	9.2	65.9	100.0
≥secondary	53	20.8	5.7	73.6	100.0
Religion					
Muslim	735	23.7	7.6	68.7***	100.0
Christian	9	(22.2)	(22.2)	(55.6)	100.0
Household possessions score					
Low	452	19.0	6.9	73.9***	100.0
Medium	187	31.0	8.6	60.4	100.0
High	105	30.5	9.5	60.0	100.0
SHENDI					
Total	563	34.8	11.4	53.8	100.0
Age					
15-24	83	37.3	10.8	51.8	100.0
25-29	122	32.8	10.7	56.6	100.0
≥30	358	35.5	12.3	52.2	100.0
Education					
None	221	51.6	10.3	38.0***	100.0
Primary/junior	277	28.2	10.8	61.0	100.0
≥secondary	65	9.2	20.0	70.8	100.0
Religion					
Muslim	560	35.2	11.6	53.2*	100.0
Christian	2	†	†	†	100.0
Household possessions score					
Low	387	43.9	10.6	45.5***	100.0
Medium	112	17.9	16.1	66.1	100.0
High	64	12.5	9.4	78.1	100.0

*p<.05. ***p<.001. †Based on fewer than five women. Note: Figures in parentheses are based on fewer than 25 women.

creasing preference for Sunna circumcision. In Haj-Yousif, education has a similar effect, while increases in the household possessions score are associated with a shift in preferences from Sunna to Matwasat and Pharaonic circumcision.

Reasons for Attitudes

In Haj-Yousif and Shendi, the overwhelming majority of women who support circumcision state that they want the practice to be continued because it is a custom of the society (69% and 75%, respectively). The second most common reason given in both areas is cleanliness (26% each). In addition, 10-20% of women say female circumcision is a religious demand or that it is a good tradition (Table 6). In Juba, among the few women favoring the practice (N=35), the majority cite better marriage prospects and cleanliness as their reasons for supporting circumcision.

Table 6. Percentage of ever-married women who favor or oppose continuation of female circumcision, by reasons given for attitude, according to region

Reason for attitude	Haj-Yousif	Shendi	Juba
Favor	(N=744)	(N=569)	(N=35)
Good tradition	18.7	13.5	8.6
Custom	69.4	75.0	34.3
Religious demand	11.2	17.0	40.0
Cleanliness	25.7	26.0	62.9
Better marriage prospects	1.0	3.3	68.6
Greater pleasure of husband	6.9	6.3	31.4
Preservation of virginity	12.9	6.2	0.0
Increases fertility	1.2	0.2	0.0
Never thought about reason	0.8	0.7	0.0
Other	3.5	0.5	0.0
Missing	1.3	1.9	0.0
Oppose	(N=368)	(N=445)	(N=955)
Religious prohibition	27.9	31.9	65.0
Sexual dissatisfaction	6.5	5.4	6.9
Medical complication	63.0	87.9	31.4
Painful personal experience	28.8	27.9	7.7
Against woman's dignity	4.5	7.4	22.6
Other	7.6	0.7	0.2
Missing	4.9	1.6	19.4

Note: Percentages do not add to 100% because of multiple responses.

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."¹⁶ 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 those that 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.¹⁷ 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.

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Resumen

Contexto: La circuncisión femenina, también conocida como la mutilación genital de la mujer, es una práctica ampliamente difundida en algunas regiones de Sudán. Se necesita disponer de información sobre las actitudes que existen con respecto a esta práctica, las razones por las cuales las mujeres la apoyan, y sus variables predictivas sociales y demográficas para poder diseñar y desarrollar estrategias

para su erradicación.

Métodos: En una encuesta realizada sobre salud reproductiva, se seleccionaron en forma aleatoria a aproximadamente 1.000 mujeres alguna vez casadas en cada una de las tres áreas siguientes—Haj-Yousif y Shendi en el norte, donde la circuncisión femenina se practica en forma amplia, y en Juba en el sur, donde esta práctica es poco común. Mediante entrevistas con las mujeres se recopilaron datos sobre la prevalencia de los tres tipos de circuncisión, sus correlaciones sociales y demográficas, las actitudes de las mujeres con respecto a esta práctica, y su percepción sobre las actitudes de sus cónyuges.

Resultados: Aproximadamente el 87% de las entrevistadas en Haj-Yousif, casi el 100% de las de Shendi y sólo el 7% de las de Juba habían sido circuncidadas. La circuncisión faraónica—la más severa de todas—fue señalada por el 96% de las mujeres circuncidadas de Shendi y por el 69% de las de Haj-Yousif, aunque solamente por el 31% de las circuncidadas de Juba. Sin embargo, durante los últimos años se ha registrado un cambio pequeño, aunque significativo, del tipo de circuncisión faraónica al de sunna, en Shendi y en Haj-Yousif. En general, el 67% de las entrevistadas de Haj-Yousif, el 56% de las de Shendi y el 4% de las de Juba apoyan la continuación de esta práctica; las mujeres de nivel educativo más elevado y las de un nivel económico mejor son menos proclives a apoyar esta práctica en las zonas que presentaron una prevalencia elevada. La costumbre social es la razón más comúnmente citada para favorecer la continuación de la circuncisión femenina en Haj-Yousif y Shendi (69-75%), en tanto que las mejores perspectivas de matrimonio eran las razones más frecuentemente mencionadas en Juba. Con base en las percepciones de las mujeres, los hombres eran más proclives que las mujeres a favorecer la eliminación de esta práctica.

Conclusiones: Al parecer, está declinando levemente la circuncisión femenina en algunas zonas de Sudán. Es necesario establecer una política que sea culturalmente aceptable y se debe asumir un compromiso político para erradicar esta práctica. La educación y el desarrollo del potencial de la mujer son necesarios para reducir el apoyo a esta práctica. También sería muy útil realizar una campaña masiva de los medios de comunicación para difundir los riesgos que conlleva la circuncisión femenina y el hecho de que la circuncisión no es obligatoria para las mujeres que practican la religión del Islam.

Résumé

Contexte: L'excision, ou mutilation génitale des filles, est largement pratiquée dans certaines régions du Soudan. Il importe d'étudier les perceptions à l'égard de cette pratique, les raisons de son soutien par les femmes et les prédicteurs sociodémographiques associés à ce soutien pour définir les stratégies susceptibles de la faire disparaître.

Méthodes: Dans le cadre d'une enquête sur l'hygiène de la reproduction, environ 1.000 femmes mariées ou l'ayant été ont fait l'objet d'une sélection aléatoire dans trois régions: Haj-Yousif et Shendi dans le nord, où l'excision est largement pratiquée, et Juba dans le sud, où elle est relativement rare. Les entrevues ont permis le recueil de données relatives à la prévalence des trois types d'excision, à leurs corrélations sociodémographiques, aux attitudes des femmes à l'égard de la pratique et à leur perception des attitudes de leurs maris.

Résultats: Quelque 87% des répondantes de Haj-Yousif, presque 100% de celles de Shendi et 7% de celles de Juba avaient subi l'excision. L'excision pharaonique (la plus radicale) a été rapportée par 96% des femmes excisées de Shendi et 69% de celles de Haj-Yousif, mais par 31% seulement de celles de Juba. Un glissement, faible mais significatif, du type pharaonique au type sunnite semble toutefois être survenu dans les régions de Shendi et de Haj-Yousif ces dernières années. Dans l'ensemble, 67% des répondantes de Haj-Yousif, 56% de celles de Shendi et 4% de celles de Juba sont favorables à la continuation de la pratique; les femmes mieux instruites et disposant de moyens économiques plus élevés sont moins susceptibles de s'y montrer favorables dans les deux régions à haute prévalence. La coutume sociale est la raison la plus souvent citée en faveur du maintien de l'excision à Haj-Yousif et Shendi (69-75%), tandis que de meilleures perspectives de mariage représentent l'argument le plus fréquent à Juba. Selon les perceptions que s'en font les femmes, les hommes seraient plus susceptibles de favoriser l'abandon de la pratique.

Conclusions: L'excision semble en faible déclin dans certaines régions du Soudan. Une approche et une volonté politique culturellement acceptables sont nécessaires à l'abandon de la pratique. L'éducation et l'affranchissement économique des femmes permettraient de réduire le soutien de la pratique. Une campagne médiatique sur les risques de l'excision et son caractère non obligatoire pour les musulmanes serait aussi utile.