

**SOCIO-DEMOGRAPHIC CORRELATES OF FEMALE CIRCUMCISION  
IN SUDAN**

**Ayman Gaafar Zohry\***

**Taissir M. Hosam El-din\*\***

**Cite as:**

**Zohry, A. G.; Hosam-el-Din, T. M.** *The Socioeconomic and Demographic Correlates of Female Circumcision in the Sudan*. Paper presented in the 27<sup>th</sup> Annual Seminar on Population and Development, Cairo Demographic Center. Cairo 16-18 December 1997.

# SOCIO-DEMOGRAPHIC CORRELATES OF FEMALE CIRCUMCISION IN SUDAN

Ayman Gaafar Zohry\*

Taissir M. Hosam El-din\*\*

## Abstract:

Globally, at least 2 million girls a year are at risk of genital mutilation, approximately 6000 per day. An estimated 85 to 114 million girls and women in the world are genitally mutilated. Most live in Africa, a few in Asia, and increasingly there are more women in Europe, Canada, and the United States who have suffered FGM. This study investigated the attitudes of Sudanese women towards female circumcision in Sudan using data from the Sudan Maternal and Child Health Survey, which was carried out in 1993.

For the population field, the concept of "reproductive health" has gained increasing significance. There are many ways to define reproductive health. Different definitions and priorities are being proposed by women's health advocates and family planning organizations around the globe. According to the statement from the United Nation's 1994 International Conference on Population and Development (ICPD) to identify possible services, "Good reproductive health should include freedom from the risk of sexual diseases, the right to regulate one's own fertility with full knowledge of contraceptive choices, and the ability to control sexuality without being discriminated against because of age, marital status, income or similar. According to this approach, it can be concluded that reproductive health should include the following aspects: pregnancy and postpartum care, prevention and treatment of sexually transmitted diseases, family planning services, pregnancy termination, cancer screening and infertility counseling, in addition to counseling about domestic violence or gender inequality.

---

\* US Naval Medical Research Unit # 3, email: Zohrya@namru3.Navy.mil

\*\* The National NGOs Commission for Population and Development, P.O.B. 1239, Maadi, Cairo, Egypt.

Female genital mutilation (FGM) is considered as a kind of violence prevalence against females in developing countries. FGM has received a great attention recently, especially after the ICPD, 1994. FGM is an old practice in Sudan and many other African countries, whose history is not known clearly. Although, since decades, it has been classified as a harmful practice, it is widely prevalent. This is because it is a medical operation with a social and cultural significance. Female circumcision is not practiced in South Africa Countries and Northern Africa Countries, except Egypt, the geographical zone in which female circumcision is practiced extends in Sub-Saharan Africa Countries. Table (1) presents estimates of female circumcision rates among all females and the number of females circumcised in some African countries. Prevalence rate approaches 100 percent in Somalia and Zaire while it is about 90 percent in Ethiopia, Sierra Leone and Sudan. In Egypt and Mali, it is 80 percent and it is 10 percent only in Tanzania. The number of circumcised females in Africa is estimated by 130 millions. Reasons for the continuation of the practice include male fear of female sexuality, symbolized by the clitoris, which is a powerful factor in male-dominated societies; the belief that circumcision is a hygienic practice; male domination and the fear of an uncircumcised woman not finding a husband; and the fact that 'Circumcision' often derive an important part of their income from performing circumcision.

When female circumcision is practiced, there are immediate and long-term complications which can result in both physical and psychological damage. Immediate risks include bleeding, tetanus infection or septicemia. The long-term side effects of circumcision pose problems for reproductive and general health: Severe scarring and chronic infections of the kidneys and urinary tracts are frequently found in circumcised women in adulthood (IPPF, 1993).

This study is an attempt to analyze women attitudes toward female circumcision, in Sudan, and the complaints resulted from this operation: at the time of the operation, during intercourse and during delivery with considering the socioeconomic and demographic differentials. The study depends on data of Sudan Maternal and Child Health Survey, 1993.

Female circumcision is practiced in the Sudan in three types:

Type (1): known as Sonna or Symbolic is a procedure where the foreskin of the clitoris is removed, simulating male circumcision.

Type (2): Excision (Medium), refers to the removal of a part or all of the labia minora.

Type (3): Infibulation, or the pharonic circumcision (they call it the Sudanese circumcision in Egypt) which is the most severe form of FGM, involves not only excision but also the removal of the labia majora, joining the two sides of the vulva, leaving only a small hole to allow the exit of urine and menstrual fluid.

## **RESULTS:**

### **Approval and Disapproval of Female Circumcision:**

As shown in Table (2), 80.6 percent of women approve female circumcision, while only 18.6 percent disapprove it. The percent approving female circumcision decreases in urban to 72.8 percent, while it is 85.3 percent in rural areas. With respect to regional variations, except Khartoum, the percent of women approving female circumcision are very high. It is about 90 percent in Central Kordofan and Northern governorates. With respect to age pattern, it is noticed that the variations are very minor which refers to that with time progress, believes in the necessity of female circumcision do not change. Female circumcision is sustained by a web of socioeconomic factors in the way that it ensures marriage for girls, because the female genitalia are seen as unclean and unhygienic and if not cut will grow bigger and ugly. So, the higher the number of surviving daughters the higher the percent disapproving female circumcision.

The practice of female circumcision is further encouraged by the spread of illiteracy, i.e. Women's education decrease their approval of female circumcision. The percent of women with no diploma approving circumcision is about two-times those of secondary education and higher (85.1 versus 44.2). Women who are working for cash as well as women who ever used family planning method are less likely to approve circumcision than those who are not working for cash and who never used family planning.

## **Reasons of Approving and Disapproving Female Circumcision:**

The data presented in Table (3) show that about three-quarter of the Sudanese female approve female circumcision as a normal practice and not due to religious belief as it is expected. Religious belief ranked third. Only 10.6 percent approve female circumcision due to religious belief and 10.6 percent of women approve female circumcision because it is good for girl. The husband desire is represented by only 0.5. So FGM is woman's desire that is during the life cycle, FGM is very important to women as it sustains the gender power relations. In childhood it is the only occasion for girls to gain attention, and experience less discriminatory practices during the celebration ceremony where economic rewards are freely given. As a wife, the woman uses it as an informal strategy to secure men's sexual pleasure and therefore sustainability of marriage. The woman uses it as a manipulation tool to fulfil some of her interests and demands. In old age it is a mean to maintain power over younger women and men. The percent approving female circumcision due to religious belief in urban is higher than rural areas, while the percent approving it as a normal practice is higher in rural than urban. With respect to region of residence, those who live in Khartoum, and Central regions approve female circumcision due to religious belief more than those who live in other regions, where the approval is due to considering female circumcision as a normal practice or because it is good for girl.

Recalling that the percent of women disapproving female circumcision is only 18.6 percent. As shown in Table 4, the percent of women disapproving female circumcision because they believe that it is not good for girl is 68.1, while 3.6 percent disapprove female circumcision due to husband's desire. 28.3 percent disapprove it due to other reasons that not specified in the data set.

### **Preferred Type of Female Circumcision:**

Table (4) presents the preferred type of female circumcision by women characteristics. About two-third of women prefer the sonna (the symbolic) type of circumcision, while one-third prefer the most sever type which is the pharonic. Only 2.5 percent prefer the medium type. Rural residents are more likely to prefer pharonic type than urban residents (36.2 percent for rural versus 29.1 percent for urban). About 40 percent of women in Eastern, Central, and Northern Governorates prefer pharonic type while it is only 14.6 percent in Darfor. One-third of women in Khartom region prefer pharonic type. Age of women, number of surviving daughters, and ever use of family planning methods has no significant impact on preferring specific type of circumcision. Education has a significant impact on rejecting pharonic type of circumcision. Only 10.6 percent of women with secondary education or more prefer pharonic type versus 36.0 percent for women with no diploma. Work experience also affects the preferred type of circumcision. Women who are working for cash are less likely to prefer pharonic type than those who are not working for cash (27.8 versus 34.6).

### **Complications Due to Circumcision:**

Complications due to circumcision can occur directly after circumcision and/or at marriage and delivery. Concerning complications after the operation itself, it was found that 5.6 percent of Sudanese women suffered from bleeding, 7.1 percent suffered from inflammation, 1.2 percent suffered from urination problems, and 7.3 percent suffered from other consequences Table (6). About 21 percent of the Sudanese women suffered health problems after circumcision. Concerning complications at marriage and delivery, 11.8 percent for women suffered complicated pregnancy, 1.2 percent suffered urination problems, 0.2 percent suffered uterus explosion, and 4.4 percent suffered other complications. 17.6 percent suffered health problems at marriage and delivery due to circumcision.

### III. CONCLUSIONS:

An attempt was made in this study to analyze women attitudes toward female circumcision in Sudan using data from Sudan Maternal and Child Health Survey, which was carried out in 1993. The study concluded that 80.6 percent of women in Sudan approve female circumcision, while only 18.6 percent disapprove it. The percent disapproving female circumcision decreases in urban areas to 80.9 percent, while it is about 100 percent in rural areas. About two-third of women prefer the sonna (the symbolic) type of circumcision, while about one-third prefer the most sever type which is the pharonic. Only 2.5 percent prefer the medium type. About three-quarter of the Sudanese female approve female circumcision as a normal practice and not due to religious belief as it is expected. Only 10.6 percent approve female circumcision due to religious belief. The percent of women disapproving female circumcision because they believe that it is not good for girl is 68.1, while 3.6 percent disapprove female circumcision due to husband's desire. It was found that 21.2 percent of the Sudanese women suffered health problems after circumcision, while 17.6 percent suffered health problems at marriage and delivery due to circumcision.

Finally, it must be mentioned that the data of this survey has left many issues unanswered. Consequently, one important strategy for better information is to promote research and use of qualitative methodologies, thus encouraging participatory and operational research. In that connection focus group discussions and interviews are excellent methods for eliciting data on attitudes, believes and reported behavior. Story telling, particularly by girls would be helpful in reflecting on pains, suffering, and psychological issues related to the practice. Innovative research methods, such as case-studies and life histories are also useful in that concern.

- United Nations (1994):"Program of Action". International Conference on Population and Development, Cairo.
- Wasserheit, J.; Holmos K., (1992):"Reproductive Tract Infections: Challenges for International Health Policy, Programs and research". In A. Germain, K.K. Holmes, P. Piot and J.Wasserheit (eds.), Reproductive Tract Infections: Global Impact and Priorities for Women's Reproductive Health. New York: Plenum press. PP. 7-33.
- Zohry, A. G. (1996): " Attitudes of Egyptian Women Toward Female Circumcision", CDC Research Monograph No. 25, CDC, Cairo, Egypt.
- Zurayk, H., H. Khattab and N. Younis, (1984):"Rethinking Family Planning Policy in Light of Reproductive Health" The Population Council Regional Office for West Asia and North Africa, Working Paper No.1, Cairo, Egypt.
- Zurayk, H., H. Khattab, N. Younis and M. El-Mowelhy, (1993):"Concepts and Measures of Reproductive Morbidity". Health Transition Review, Vol.3 No.1.

**Table (1)**  
**Prevalence of Female Circumcision in Some African Countries**

Country	Estimated No. of Females Circumcised (millions)	Prevalence Rate* (%)
Somalia	3,773	98
Ethiopia	23,940	90
Zaire	0,196	98
Sierra Leone	1,935	90
Sudan	9,220	89
Egypt	21,440	80
Kenya	6,300	50
Ivory Coast	3,750	60
Burkina Faso	0,329	70
Nigeria	36,750	60
Mali	3,320	80
Mauritania	0,263	25
Tanzania	1,345	10
Liberia	0,810	60
Central Africa	0,750	50

\* Prevalence rate for all females.

Source: Toubia, 1995.

Table (2)

## Women Attitudes Toward Female Circumcision, Sudan, 1993

Background Characteristics	Attitudes			Number of Women
	Approves	Disapproves	Undecided	
<b>Place of Residence:</b>				
Urban	72.8	26.7	0.5	1699
Rural	85.3	13.7	1.0	2817
<b>Region of Residence:</b>				
Khartoum	69.5	29.9	0.6	1041
Eastern	49.8	18.3	2.0	563
Central	86.4	12.4	1.2	1291
Darfur	74.9	24.6	0.6	704
Kordofan	89.3	10.7	0	637
Northern	91.1	8.9	0	280
<b>Age of Woman:</b>				
15-19	81.2	17.9	0.9	223
20-24	78.0	20.9	1.1	626
25-29	78.7	20.7	0.5	945
30-34	78.9	20.4	0.8	785
35-39	80.6	18.5	0.9	869
40-44	85.5	13.3	1.2	511
45-49	84.4	15.1	0.2	557
<b>Surviving Daughters:</b>				
0	76.0	22.9	1.0	1064
1-2	79.9	19.2	0.9	2052
3-4	83.9	15.5	0.6	1058
5+	88.3	11.4	0.3	342
<b>Ever Use of FP Method:</b>				
Ever Used	73.3	26.3	0.4	1053
Never Used	82.8	16.3	1.0	3463
<b>Education of Woman:</b>				
No Diploma	85.1	13.9	0.9	3467
Primary	81.2	18.1	0.7	414
Intermediate	70.0	29.3	0.7	273
Secondary +	44.2	55.8	0	362
<b>Work Status:</b>				
Work for cash	71.3	28.0	0.6	617
Does not Work for Cash	82.0	17.1	0.8	3899
<b>Total</b>	<b>80.6</b>	<b>18.6</b>	<b>0.8</b>	<b>4516</b>

Source: Calculated from the 1993 SMCHS

Table (3)

## Reasons of Approving Female Circumcision, Sudan, 1993

Background Characteristics	Reason					Number of Women
	Religious Belief	Normal Practice	Good for Girls	Husband's Desire	Other	
<b>Place of Residence:</b>						
Urban	14.6	62.8	20.8	1.0	0.8	1237
Rural	8.5	77.2	13.3	0.3	0.7	2401
<b>Region of Residence:</b>						
Khartoum	14.9	59.5	22.7	1.5	1.4	724
Eastern	8.7	78.6	10.9	0.2	1.6	449
Central	12.5	69.1	17.5	0.5	0.4	1115
Darfur	9.1	79.7	11.0	0	0.2	526
Kordofan	7.0	84.0	8.5	0	0.5	569
Northern	4.3	70.2	24.3	0.4	0.8	255
<b>Age of Woman:</b>						
15-19	8.8	68.5	20.4	1.1	1.1	181
20-24	10.9	71.9	16.0	0.4	0.8	488
25-29	12.6	69.8	16.1	0.8	0.7	744
30-34	9.2	72.1	17.0	0.6	1.1	618
35-39	10.9	72.0	15.7	0.4	1.0	700
40-44	8.0	76.6	15.1	0.2	0	437
45-49	11.5	75.1	12.8	0.2	0.4	470
<b>Surviving Daughters:</b>						
0	13.2	68.3	16.6	0.9	1.0	809
1-2	10.1	72.3	16.5	0.4	0.7	1639
3-4	9.9	75.9	13.3	0.2	0.7	888
5+	7.9	72.8	17.9	1.0	0.3	302
<b>Ever Use of FP Method:</b>						
Ever Used	15.7	60.4	22.5	0.8	0.6	771
Never Used	9.2	75.5	14.0	0.5	0.8	2867
<b>Education of Woman:</b>						
No Diploma	9.3	75.9	13.7	0.4	0.8	2951
Primary	11.6	65.2	21.7	0.9	0.6	336
Intermediate	17.3	57.6	23.0	1.0	1.0	191
Secondary +	24.4	39.4	35.0	1.3	0	160
<b>Work Status:</b>						
Work for cash	11.8	72.0	15.2	0.7	0.2	439
Does not Work for Cash	10.4	72.4	15.9	0.5	0.8	3199
<b>Total</b>	10.6	72.3	15.8	0.5	0.7	3638

Source: Calculated from the 1993 SMCHS

Table (5)

## Preferred Type of Female Circumcision, Sudan, 1993

Background Characteristics	Preferred Type of Circumcision				Number of Women
	Sonna	Medium	Pharonic	Other	
<b>Place of Residence:</b>					
Urban	65.2	29.1	4.9	0.8	1237
Rural	62.2	36.2	1.3	0.3	2401
<b>Region of Residence:</b>					
Khartoum	59.9	33.6	5.7	0.8	724
Eastern	56.3	40.1	2.4	1.1	449
Central	55.4	42.0	2.2	0.4	1115
Darfur	84.2	14.6	1.1	0	526
Kordofan	70.8	28.1	0.7	0.4	569
Northern	58.8	39.2	2.0	0	255
<b>Age of Woman:</b>					
15-19	67.4	31.5	1.1	0	181
20-24	68.2	29.7	--	0.4	488
25-29	67.2	30.8	--	0.3	744
30-34	60.8	34.3	4.2	0.6	618
35-39	63.0	33.3	3.0	0.7	700
40-44	57.2	38.9	2.7	1.1	437
45-49	59.4	38.7	1.9	0	470
<b>Surviving Daughters:</b>					
0	66.0	31.6	1.6	0.7	809
1-2	64.4	32.0	3.1	0.5	1639
3-4	60.4	36.8	2.4	0.5	888
5+	57.9	40.1	2.0	0	302
<b>Ever Use of FP Method:</b>					
Ever Used	62.1	32.8	4.7	0.4	771
Never Used	63.6	34.0	1.9	0.5	2867
<b>Education of Woman:</b>					
No Diploma	61.5	36.0	1.9	0.5	2951
Primary	66.1	29.5	3.9	0.6	336
Intermediate	69.1	25.7	5.2	0	191
Secondary +	81.9	10.7	7.5	0	160
<b>Work Status:</b>					
Work for cash	69.5	27.8	2.3	0.5	439
Does not Work for Cash	62.4	34.6	2.5	0.5	3199
<b>Total</b>	<b>63.2</b>	<b>33.8</b>	<b>2.5</b>	<b>0.5</b>	<b>3638</b>

Source: Calculated from the 1993 SMCHS

Table (6)

## Complications Due to Circumcision, Sudan, 1993

Complications	Percent	Number of Women
<b>Complications after Circumcision:</b>		
Bleeding	5.6	250
Inflammation	7.1	317
Urination Problem	1.2	54
Other	7.3	326
No Complications	78.9	3531
<b>Complications at Marriage &amp; Delivery:</b>		
Complicated Pregnancy	11.8	528
Urination Problem	1.2	52
Uterus Explosion	0.2	9
Other	4.4	195
No Complications	82.5	3693
<b>Total</b>	<b>100.0</b>	<b>4478</b>

Source: Calculated from the 1993 SMCHS