

**AIN SHAMS UNIVERSITY
INSTITUTE OF POST GRADUATE CHILDHOOD
STUDIES**

**THE SOCIAL, PSYCHOLOGICAL
AND
MEDICAL ASPECTS OF FEMALE CIRCUMCISION**

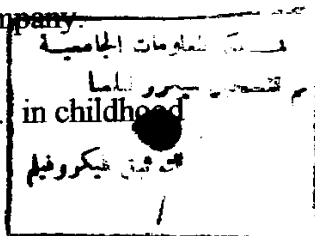
PRESENTED
BY

51523 ✓

DR. LAILA SELIM RISGALLAH

MB. B. ch (1980) ; MSc (Pediatrics) (1983) ; Fellow of the
American Academy of Occupational Medicine; Medical Director
of Repsol Exploration Company.

For the fulfillment of the Ph. D. in childhood
studies



Supervisors

Professor Dr.

Kadry Mahmoud Hefny

Professor of Psychology

Institute

Of Childhood Studies

Ain Shams University

Professor Dr.

Mohamed Nabil Younis

Professor of Gynecology and

Obstetrics

Al Azhar University

1995



ABSTRACT

Risgallah, Laila Selim. The Social, Psychological and Medical Aspects of Female Circumcision. Unpublished Doctor of Philosophy dissertation, Institute of Post Graduate Childhood Studies, University of Ain Shams, 1995.

Female Circumcision constitutes a significant health problem to the social and psychological status of women in many parts of the world. The practice of female circumcision is nearly worldwide in distribution. Attitudes regarding a woman's role in society have a strong impact on the acceptance and perpetuation of this practice. One hundred and two circumcised, married females have been studied. They were from different social classes: low, middle and high, as well as different levels of education, illiterate, middle and high. Tradition headed the list of causes for circumcision, followed by preservation of chastity. Education had a major effect on the perpetuation of the practice, specially the education of the parents of the circumcised woman. The main performers of circumcision in younger aged females were doctors, followed by midwives in the older age bracket. Female circumcision has no religious basis.

Regarding complications, many women suffered short, as well as long term complications. Short term complications included pain and retention of urine. As for long term complications: the majority (51.97%) claimed not to suffer from long term complications, although 38.24% of the rest (45.09%) said that they suffered frigidity, while 34.30% said they suffered from other sex problems, such as fear of sex, disgust and disinterest in sex..

Prospects for eradication include short and long term plans. Short term plans include training performers of circumcision about antiseptic techniques of circumcision.

Long term plan includes education and abolition of illiteracy, designing of training programs to be studied in schools, medical and nursing schools, programs for illiterate soldiers..etc. as well as using the media and religious institutions to enhance awareness of the dangers and complications of this practice as well as help in abolition of circumcision..

Key Words

Circumcision	Perinatal
Infibulation	Hemorrhage
Clitoridectomy	Justice
Clitoris	Legal
Mutilation	Psychological Trouble
Excision	Public Health
Child	Sexuality
Human	Pain
Infant	Labour
Vaginal Labioplasty	Maternal Mortality
Customs	Risk
Sociology	Non Governmental Organisations
Religion	Health Education
Adolescent	Infection
Sex	Myth
Traditions	Islam
Complications	Christianity
Customs	Attitudes
Culture	Marriage

"All human beings are free born and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood (and sisterhood).

(Article 1 of the Universal Declaration of Human Rights)

139

140

ACKNOWLEDGEMENT

Special thanks and gratitude go to Professor Dr. Kadry Hefny who- in spite of his many commitments- always managed to find time to advise me. He has been more like a father to me, guiding me along the way, and encouraging me to achieve the best to make him proud of me.

Special thanks to Professor Dr. Nabil Younis, who helped me with his expertise and time. He has always been very meticulous and encouraging, helping me with his vast knowledge and patience.

Thank you to Dr. Amal Samy, who helped me with the results and statistics of the thesis, never giving up on me when I was 'unstatistically' minded.

Many thanks to Mrs. Aziza Kamel, who was always very generous with her facilities and her time, sharing with me literature and videos on the subject.

I also thank the Population Council for opening their doors to me whenever I needed materials for reference.

Thank you also to Professor Dr. Sherif Doss, who helped me specially at the beginning of my thesis, to launch and initiate all the ideas of how and where to start.

Nahla Hussein who has helped me with translation of many Arabic texts.

Thank you to my father, Selim Risgallah, who edited the thesis making comments and correcting the spelling mistakes that have slipped my eye. He did it with a lot of love .

Last but not least, thanks to my husband: Dr. Wahid Wahba, who put up with me and encouraged me tremendously.

CONTENTS

I. INTRODUCTION	1-5
Definition	
II. HISTORICAL BACKGROUND	7-17
1. <u>Female.</u>	
2. When did it start.	
3. Myths about female circumcision	
III. GEOGRAPHIC DISTRIBUTION	19-39
In Egypt	
In Africa	
Rest of the World	
IV. MEDICAL ASPECTS OF FEMALE CIRCUMCISION	42-63
1. Types	
2. Age of Circumcision	
3. Who Performs Circumcision	
4. Procedures	
5. Complications of Circumcision	
a. <u>Short term complications</u>	
I. General: Shock and pain	
Fever: infection	
septicemia	
tetanus	
AIDS	
Death	
Fractures	

- 2 Local: Urine Retention
Difficulty in passing urine.
Hemorrhage
Infection

b. Intermediate Complications

1. Delay in wound healing
2. Hematocolpos
3. Arthritis

c. Long Term Complications

1. Urinary tract problems
Recurrent urinary tract infections
Difficulty with urination
Calculus formation
2. Anal Complications
3. Gynecological Complications

- Difficult examination
- Dysmenorrhea
- Keloid formation and scarring
- Dermoid cyst and abscess formation
- Neuroma
- Pelvic Infections
- Infertility

4. Obstetric Complications:

During childbirth :

- Episiotomy
- Cesarean section
- Prolonged labour
- The fetus

Post-natal

- Fistulae

