Female Circumcision – An Islamic Perspective

By Asiff Hussein

Islamic Basis

The evidence for circumcision, both male and female, come from the ahadith (Sayings of Prophet Muhammad, Peace Be Upon Him) like the following:

1) Circumcision is my way for men and ennobling in women (Baihaqi).

This hadith suggests that both male and female circumcision was recognized by the Prophet. The term he used for both was khitan. In the original Arabic: Al-khitan sunnatun li ar-rijāli makrumatun li an-nisā. This hadith does not necessarily affect the obligatory character of circumcision in the case of females for the simple reason that it would have been quite inappropriate to apply the term sunnat ‘(Prophet’s) way’ for the female operation. Similarly, the term makrumah or ennobling used in the case of women need not affect the obligatory character of the operation since it is merely indicative of the fact that women are ennobled by it.

2) Five are the acts of fitra: circumcision, removing pubic hair, clipping the moustache, cutting the nails, plucking the hair under the armpits (Sahih Bukhari & Muslim).

This statement is a very strong one, classing circumcision (khitan) as one of the acts characteristic of the fitra or God-given nature (or in other words, Divinely-inspired natural inclinations of humans) such as the shaving of pubic hair, removing the hair of the armpits and the paring of nails, which again shows its strongly emphasized if not obligatory character in the case of both males and females. Muslim scholars are of the view that acts constituting fitra which the Prophet expected Muslims to follow are to be included in the category of wājib or obligatory. Circumcision, like the other fitra acts involving the removal of redundant outgrowths that contribute to uncleanness, takes the human body to a more perfect state desired by God, which is why in the first place it is called an act that is in accord with the fitra. That it should apply equally to females as much as males goes without saying as both sexes have a prepuce, a fold of unclean skin covering the erectile tissue of their genitals. Besides, it is a well established principle of Islam that males and females are to be treated equally in all respects where they are similar and there can be no doubt that in this respect they are indeed similar.

3) When the (male) circumcised part meets the (female) circumcised part, bath becomes obligatory (Ahmad, Tirmidhi).

Here we have the Prophet declaring that ghusal (the bath following sexual intercourse without which no prayer is valid) becomes obligatory (wajib) when both the circumcised parts meet. The fact that the Prophet defined sexual intercourse as the meeting of the male and female circumcised parts when stressing on the need for the obligatory post-coital bath could be taken as pre-supposing or indicative of the obligatory nature of circumcision in the case of both males and females. There are two forms of this hadith, one in which the prophet used the term khitanain (the two circumcised parts) and the other khitanul khitan (the male and female circumcised parts), leaving us with no doubt as to what the Prophet meant by it.

Besides these very obviously conclusive traditions, we have two more which are not well known, but have been recorded for us by the scholars:

4) The hadith related by Abdullah Ibn Umar who states that the Prophet instructed some Ansar (Medinan) women visiting him to “be circumcised” (Mukhtassar zwaid musnad al bazzar, Ibn Hajar).
5) The hadith where the Prophet told Umm Atiyyah Al Ansariyyah, a lady who circumcised girls in Medina: “When you circumcise, cut plainly and do not cut severely, for it is beauty for the face and desirable for the husband” (Abu Dawud, Al Awsat of Tabarani and Tariikh Baghdad of Al Baghdadi).

But that’s not all. We have a few more traditions concerning the Prophet’s closest companions who believed it to be necessary for women:

1) Umm Al Muhajir said: “I was captured with some girls from Byzantium. (Caliph) Uthman offered us Islam, but only myself and one other girl accepted Islam. Uthman said: ‘Go and circumcise them and purify them’” (Adab al Mufrad of Bukhari)

2) Umm Aqamah says that when the nieces of Ayisha’s brother were circumcised, ‘A’isha was asked: “Shall we call someone to amuse them?” “Yes” she replied (Adab Al Mufrad)

So here we have Uthman, one of the closest companions of the Prophet and the third Caliph of Islam ordering that some women who had converted to Islam be circumcised. The other tradition tells us that the Prophet’s wife Ayisha had her nieces circumcised, suggesting that she believed it to be obligatory or at any rate prescribed.

Early Arabic literature also testifies to the fact that female circumcision was thought to be obligatory by the community. Thus in the story of the Muslim Champion and the Christian Damseel occurring in the Alf Layla wa Layla (Thousand and One Nights) we are told of this Christian girl who at her request was expounded the tenets of the faith by a Muslim soldier in the days of the Caliph Umar. The story continues: “And she became Muslimah, after which she was circumcised and he taught her to pray”. The balance of evidence appears to indicate that circumcision is obligatory for both males and females.

All the early scholars of Islam were unanimous in holding that both male and female circumcision are Islamic practices. They only differed as to whether it was obligatory or recommended. Imam Nawawi in his commentary on Muslim, Tahâra (ed.Cairo 1283) states that according to Imam Shâfi circumcision is obligatory (wâjib) and is equally obligatory for males and females. The other schools of Sunni law differ as to the obligatory nature of circumcision. According to the Hanafis, circumcision, whether of males or females, is recommended, but not obligatory, though in the case of males it is thought of more as a sunnah mu’akkadah or ‘close to being mandatory’ while in the case of females it is regarded as ‘a noble thing (to do)’. The position of the Malikis is similar though some regard both male and female circumcision to be on the same level. Thus we have the 9th century Maliki scholar Ibn Al-Jallab declaring circumcision to be sunnah for both men and women (Al-Tafri). The Hanbalis like the Shâfis lay greater stress on circumcision, some as Imam Ahmed regarding it as being more strictly applicable to males while others such as Shâykh Mansur Ibn Yunis Al-Bahuti regarding the circumcision of both males and females as obligatory (Kashshaf Al-Qina An matn Al-Iqtina).

Those favouring a more revivalistic approach with greater stress on the Prophetic tradition than the opinions of individual schools of law have also placed great emphasis on circumcision. This includes the Hanafis Shâykh Jaddul Haqq, the head of Al-Azhâr and a leading authority of Sunni Islam who declared both male and female circumcision to be obligatory religious duties in Islam (Khitân Al-banât in Fatawa Al-Islamiyya,1983). By the way the fatwa issued by his successor at Al Azhar, Muhammad Tantawi declaring that female circumcision has nothing to do with Islam is based on very faulty grounds and was even rejected by Al Azhar’s other leading scholars. Besides Tantawi is not taken seriously by Islamic scholars. After all he was the guy who declared that women could discard their Islamic attire including headscarves and also spoke in favour of bank interest. Not a man you can go to learn your religion from!

The Islamic Procedure

All the early scholars of Islam were agreed that all that is needed to be removed in the circumcision of the female was the prepuce of the clitoris, the fold of skin covering the clitoris. This is the female equivalent of the foreskin in males which is taken off during circumcision.

1) Imam Nawawi states in his Sharhul Muhazzab that the part that has to be removed is “the skin of the structure which is like the cock’s comb above the urethral opening”. He further says in his commentary Sharh Muslim that it constitutes the removal of “a little bit of skin in the upper private parts”.

2) Ibn Hajat Asqalani states in Fathul Bari that it constitutes the removal of “the skin covering the cock’s comb-like structure, and not the flesh”.

3) Abu al-Hasan Al Mawardi says of the female’s circumcision: “It is to be limited to cutting off the skin in the shape of a kernel located above the genitalia. One must cut the protruding skin without removing the whole fold”.

4) Ibn Taymiyya says in Majmoo Al fatawa: “Her circumcision consists of cutting the prepuce which is like the cock’s comb (ha urf al dikh)”. He further adds that it is the prepuce (qalfa) of the clitoris that is removed in the procedure.

5) Abu Nasr Ibn al-Salbaagh says in Kitab Ash-Shaamil: “In the case of a woman, it means cutting the skin that looks like the comb of a rooster at the top of the vagina, between the two labia”.

6) Ibn Nujaim says in Bahr Al Raqi Sharh Kanz Daqaq Fi Furu Al Hanafiyah that circumcision of the female is to remove the skin that looks like the red flapping skin on the head of the rooster, the skin that is located over the vagina and is located between the clitoris and the urethra.

7) Ibn Qudamah Al Maqdisi, the author of Al Mughni states: The circumcision of women is to remove the slim skin on the top of the vaginal opening.

8) Ibn Jawzi explains in his commentary on Sahih Al Bukhari that bazr (the clitoris) is ‘the part left behind when the woman is circumcised’, showing it is the prepuce that is removed, but not the clitoris.

These early scholars of Islam did not offhandedly decide how it should be done. They based it on a saying of the Prophet (PBUH) where he is reported to have told Umm Atiyya Al Ansariyya, a lady who circumcised females in Medina.
This hadith clearly indicates the procedure to be followed in the circumcision of girls. The words “Cut plainly and do not cut deeply” (ash'immī wa-la-tanḥāki) is to be understood in the sense of removing the skin covering the clitoris, and not the clitoris. The expression “It is beauty (more properly brightness or radiance) for the face” (ashraq li-l wajh) is said to be further proof of this as it is to be understood to mean a face suffused with pleasure, in other words, the joyous countenance of a woman, arising out of her being sexually satisfied by her husband. Another version of the hadith puts it more directly, for instead of ashrāq li l’wajh (radiance for the face) it gives alwāh li l’marr’ā (more pleasure to the woman) When the Prophet said that it was more desirable for the husband, what he obviously meant was that he would be pleased that his wife too had attained orgasm at about the same time as him – perhaps even had multiple orgasms – and that he would not need to exert himself further to ensure she is fully satisfied. The idea here is that it is only with the removal of the clitoral prepuse that real sexual satisfaction could be realized. It is contended that the procedure enhances sexual feeling in women during the sex act since a circumcisioned clitoris is much more likely to be stimulated as a result of direct oral, penile or tactile contact than the uncircumcised organ whose prepuse serves as an obstacle to direct stimulation. This necessarily leads to a satisfactory sex life among women, thus ensuring their chastity. The classical jurists were not such parochial men after all. They deduced from this one statement of the prophet what it really meant. Another reason they concluded thus was the fact that the prophet used the term khitān to denote both male and female circumcision. This would suggest that the procedure in the case of the female had to be similar to that in the male, mandating the removal only of the prepuse of the clitoris.

Indeed, there is reason to believe that it is the proper procedure that is followed in many parts of the Muslim world including Egypt, despite statements to the contrary by media and feminist groups. Most Islamic scholars both old and new have clearly spoken in favour of the proper form and condemned unIslamic forms, including the one time Grand Imam of Al-Azhar, Shaykh Jalal al-Din who declared that the circumcision of females consists of the removal of the clitoral prepuse (Khitān Al-banāt in Fatawa Al-Islamiyya.1983). Carsten Niebuhr (Besprechung von Arakan. 1772) who examined a circumcised Egyptian country girl was convinced that it was to render washing easier, implying that it was out of a motive of cleanliness, that the practice had been adopted. A drawing by Wilhelm Baurenfeind who accompanied Niebuhr on his voyage in fact depicts the girl with an intact clitoris ‘bare and deprived of its prepuse’ (The Anthropological Treatises of Johann Friedrich Blumenbach.1865). More recently, Evelyn Early in her study of Baladi (traditional) Egyptian women, was told by some women that female circumcision known there as tabara or ‘purification’ heightened sexual pleasure because it ‘exposes the clitoris’ (Baladi women of Cairo.1993). And as if that were not enough, Malay women hold that female circumcision involving the partial removal of the clitoral hood increases the sexual satisfaction of the female partner during intercourse (Bewitching women, pious men. Gender and body politics in Southeast Asia. Ashwa Ong & Michael Peletz.1995).

In certain Muslim countries, the practice has been medicalised to ensure that it is only the proper Islamic form that is carried out, as in Malaysia and Indonesia where a circular from the Ministry of Health issued recently states that the circumcision of females should be performed by qualified medical practitioners who are aware of the proper procedure, a directive that finds support from female practitioners like Dr. Nadiah of the Mother and Child Hospital (RSIA) Anisah Jambi, according to whom the circumcision of females, being merely the removal of the prepuse of the clitoris is a very simple procedure that ensures the hygiene of the female genitals, though one has to be particularly careful in the case of infants upon whom it is very often performed as it is a very intricate procedure (Tak Paham Bisa Kebablasan. Tribun Jambi. 17th April 2011).

**Health Benefits**

As shown in numerous studies, male circumcision confers significant health benefits. That its female equivalent which involves an analogous procedure, the removal of the prepuse of the clitoris should offer similar benefits goes without saying. The clitoris of the female is basically an organ anatomically corresponding to the penis in the male. They are both erectile with each consisting of a body, a glans or head at the tip and a prepuse or fold of skin covering it. The prepuse of the clitoris is very similar to the prepuse or foreskin of the penis. In the uncircumcised female, this fold of skin also known as the clitoral hood covers not only the body of the clitoris but also its head or glans. It usually has two surfaces with connective tissue in between, the outer surface being normal skin and the inner an epithelial surface having Tyson glands which exudes a sebaceous secretion known as smegma, a whitish, cream or cheese-like foul smelling substance formed of desquamated epithelial cells that collect beneath the prepuse and serves as a good media for bacterial growth and other microorganisms, helping these microbes collect and proliferate at the expense of one’s genital health. It is this very same smegma that also accumulates beneath the foreskin of the male that is the cause of all those diseases associated with the penis.

It has been found that the genital hygiene of women is, on the average, poorer than that of men because of numerous folds and the semi-hidden position of the clitoris. Let’s see what one Dr. Edwin D. Hirsch had to say about it in his book Sexual Fear on how to conquer frigidity published in 1962: “The ‘buried’ or concealed clitoris is a common anatomical cause of sexual anesthesia. Frequently this is due to lack of clitoral hygiene. We know this to be a causative factor, for when the ‘buried’ glans clitoridis is elevated out of its bed by separating the strands of tissue which have grown over it, clumps of stale, foul-smelling secretion (smegma) surround this structure. Periodically the hood or foreskin of the clitoris should be retracted so that the accumulated secretions that collect thereunder may be easily removed by soap suds and a slight amount of friction. When the fear of this hygienic process is done away with, a large number of frigidity cases will be automatically corrected”. The fact is that whether we like it or not, it’s easier for males to retract and clean their foreskins of the regular buildup of smegma than women to clean theirs due to the obvious anatomical differences as shown above. It would be necessary for them to retract the hood each day or every other day, in order to prevent adhesions forming and smegma collecting beneath the prepuse.

Some leading US physicians in the early part of the last century, prompted by the benefits of male circumcision did not take long to realize that smegma might cause some yet undiagnosed medical problems in women. (Pilot and A.E. Canter (Studies of Fusiform bacilli and spirochetes. The Journal of Infectious Diseases. 1923) examined the smegma of over 30 women which they obtained by pushing back the preputium clitoris (clitoral prepuse) and removing the smegma between the body of the clitoris and the inner lining of the preputium with a sterile applicator. Of the 36 women examined (whose smegma by the way was described as profuse to moderate), spirochetes together with fusiform bacilli were found in many as large number of frigidity cases will be automatically corrected. It is contended that the procedure enhances sexual feeling in women during the sex act since a circumcisioned clitoris is much more likely to be stimulated as a result of direct oral, penile or tactile contact than the uncircumcised organ whose prepuse serves as an obstacle to direct stimulation. This necessarily leads to a satisfactory sex life among women, thus ensuring their chastity. The classical jurists were not such parochial men after all. They deduced from this one statement of the prophet what it really meant. Another reason they concluded thus was the fact that the prophet used the term khitān to denote both male and female circumcision. This would suggest that the procedure in the case of the female had to be similar to that in the male, mandating the removal only of the prepuse of the clitoris.

Unfortunately the further study of the detrimental effects of smegma in women was neglected for some time until the 1950s when C.F. McDonald argued in his paper “Circumcision of the Female” published in the General Practitioner of September, 1958 that: “If the male needs circumcision for cleanliness and hygiene, why not the female?” and concluded that “The
same reasons that apply for the circumcision of males are generally valid when considered for the female”. Mc. Donald identified a number of conditions caused by contaminated smegma, retained smegma or smegmaliths in women that cleared up when the cause was removed by circumcision.

More recently Dr. Royal Benson and other US physicians found that urinary tract infections (UTIs), an all too frequent complaint in women even more so than in uncircumcised little boys was very likely being caused by smegma buildup beneath the clitoris. He lost no time advocating what he called a hoodectomy, removal of the hood of the clitoris, in other words the skin or prepuce covering the clitoris to permanently prevent smegma accumulation.

He said in an interview, and here I cite it verbatim:

“It’s rarely talked about but it’s well known that for some women who have frequent urinary tract infections and frequent vaginitis, those conditions seem to resolve after a Hoodectomy. The theory behind it of course is that if one has a considerable amount of excess tissue in this area: this excess tissue can cause a problem with excess bacterial build up, thus increasing the possibility of these feminine infections. Most patients are able to return to normal activities within 36 hours, many in less time. In every instance, they’ll never feel pain during the procedure. Ice packs are provided as well and head right out to the airport to head home. No problems whatsoever”.

(A Candid Interview With Dr. Royal Benson, III—A Surgeon Who Has Performed Hundreds Of Clitoral Unhoodings—On His Surgical Method And Related Issues.

at http://www.clitoralunhooding.com/faq-drbenson.html)

It did not take Muslim physicians long to take the cue from these pioneering US physicians in view of the increasing attacks on the practice in Western media. One such was the female gynaecologist Sitt Al-Banat Khalid who in her Kitāb al-balāt ra’yah shihhiyyah (2003) convincingly showed that female circumcision like male circumcision confers considerable health benefits such as prevention of urinary tract infections and other complications affecting the reproductive organs of women.

Indeed, there are even those surgeons today who believe it could prevent genital cancers in women, just as it prevents penile cancer, vulvar cancer for instance, which is a malignant persistent growth in the vulva reported in about 4% of all types of gynecological cancers. Besides reducing cancer rates in both sexes, a paper Female Circumcision. Negligence and Abuse by Dr. Amal Ahmed Elbanieh, Master of Community medicine, University of Khartoum (1997) argues that genital Herpes (sexually transmitted genital infection), Chancroid (bacterial infection characterized by painful sores on the genitalia) and Granuloma (inflammations in the vulval region) are less in circumcised men and women. He also cites Professor Abdel-Alal Abdullah, Professor of Surgery in Sudan, who points out that that penis cancer does not affect circumcised males, but is 100% limited to the uncircumcised and argues that the direct cause of this cancer is the secretions produced by the foreskin. He asserts that cancer affects uncircumcised females as well, though at a lower rate than males due to differences in sizes of the prepuce.

(Cited in Safe Female Circumcision by Dr. Sit Elbanieh Khalid Mohamed Ali, Obstetrician Gynecologist, Khartoum University – Sudan)

I recently came across an interesting article posted in the internet that suggests that it may contribute to preventing HPV (Human Papilloma Virus) transmission to male partners of women enjoying oral sex as the virus which finds a congenial home beneath the prepuce of the clitoris could be transmitted through cunnilingus or oral sex resulting in the occurrence of oral cancer among men.

The writer had cited a recent finding by US scientists that there was strong evidence linking oral sex to cancer who had urged more study of how human papillomaviruses may be to blame for a rise in oral cancer among white men. In the United States, oral cancer due to HPV infection is now more common than oral cancer from tobacco use, which remains the leading cause of such cancers in the rest of the world. The team led by Maura Gillison reported in the New England Journal of Medicine that oral HPV infection is the strongest risk factor for oral cancer. The team found that oral sex, including cunnilingus was the main mode of transit for oral HPV infection. Cunnilingus refers to the oral stimulation of a woman’s sexual organs with particular focus on the clitoris. The Researchers found a 225-percent increase in oral cancer cases in the United States from 1974 to 2007, mainly among white men, said Maura Gillison of Ohio State University. “The rise in oral cancer in the US is predominantly among young white males and we do not know the answer as to why.”

The writer concludes that it is obvious that the only way men can acquire the HPV virus is through the oral stimulation of one’s partner’s clitoris which allows the virus to enter the mouth. The HPV virus requires sanctuary and breeds in the prepuce of the clitoris just as it finds refuge in the foreskins of males, through the transmission of which cervical cancer occurs in females. Thus a hoodectomy (by here he means the removal of the hood covering the clitoris, a term much used in US discourse) might provide a solution by removing the area in which the virus thrives in, thus safeguarding their male partners from the risk of oral cancer since HPV could find sanctuary in the mucosal cavities of the mouth as it does in the cervix of women leading to cervical cancer. “We are living through an HPV epidemic,” said Dr. Dennis Kraus, director of the Center for Head and Neck Oncology at North Shore- LIJ Cancer Institute in Lake Success, “It’s most likely transmitted from females to males,” he added. Interestingly Actor Michael Douglas recently revealed that his throat cancer was caused not by smoking or drinking, but by HPV (Human papillomavirus) contracted by giving oral sex to women.

There is yet another very valid reason cited in a few internet articles and discourses I came across. That it could prevent the unpleasant smells associated with the smegma buildup beneath the clitoris. Men as is widely known are turned off by unpleasant smells during sex and when it comes to oral sex could be easily put off (unless of course his partner has washed her clitoris by retracting it thoroughly with soap or body wash). If I may add to it this is perhaps why, in the olden days, as in the days of the Abbasid Caliphs of Baghdad, an uncircumcised woman was often pejoratively called lakha or ‘bad-smelling’ (Tāri ke, Ya’qūbi). So why go through all this as a routine matter when it could be permanently corrected by a minor surgery, preserving sexual joy in its purest form.

Fulfilling Sex Lives

And now finally for the Coup de Grace. It is often claimed by detractors that female circumcision has the effect of reducing the sexual gratification of women. Why, because they simply don’t care to study more about it, carelessly lumping the Islamic form or removing the clitoral prepuce with the unislamic forms like clitoridectomy and infibulation practiced in some African countries. These harmful forms certainly have a detrimental effect on female sexuality as has been shown again and again and should be outlawed and penalized to the maximum possible.
But little do they stop to think that the Islamic form also known as the Sunna form should be differentiated from these harmful forms, if not for anything because it has the opposite effect from these. In fact it contributes to enhancing sexual satisfaction in women during the sex act rather than decreasing it. In fact this procedure is gaining popularity among Western women, and especially American women who are only too familiar with the benefits of male circumcision, but no so much for health reasons as to lead satisfactory sex lives. It is popularly known as hoodectomy, after the hood of the clitoris (clitoral prepuce) that is removed in this minor procedure. It’s a nice term and I will continue to use it from this point.

But before citing the medical evidence which are indeed many, let’s first get a clearer picture of the importance of the clitoris in the sexual satisfaction of the female. There is ample evidence to show that this little erectile organ, the female equivalent of the penis in the male, plays a very important role in female sexual response and satisfaction. Studies show that on a per centimeter surface area, the number of nerve endings in the glans clitoris is equal to that in the same surface area of the glans penis. During sexual intercourse, the clitoris is stimulated by frequent thrusts of the shaft of the penis against the pelvic region of the female, with the friction exerted on the inner lips of the vagina (labia minora) which meets at the lower part of the clitoris contributing to sexual pleasure. The prepuce of the clitoris hardly plays a role here as some have suggested. Rather all the evidence suggests that it serves as an obstacle to direct stimulation, lessening tactile sensation or even eliminating it altogether which is why so many women find it hard to achieve an orgasm. This is all the more so during oral sex where the prepuce is the greatest obstacle to direct stimulation.

Recent studies reveal that a large number of women experience sexual dysfunction due to the presence of the clitoral hood. Thus we have Carol Ezzell. (Anatomy and Sexual dysfunction. Scientific American.Oct.2000) querying why so many women have difficulty reaching orgasm, adding that more than 40 percent of women in the U.S. experience some form of sexual problem according to a study published last year in the Journal of the American Medical Association.

She answers the question, in her words:

A new study suggests that, for some, an anatomical disorder may be to blame. Researchers at Boston University School of Medicine report that roughly one quarter of the women they have treated for sexual dysfunction have clitoral phimosis, which means the hood of skin surrounding their clitoris is too tight or there is no opening in the skin for the glans of the clitoris to protrude for stimulation.

Clitoral phimosis is roughly equivalent to an uncircumcised man with an extremely tight foreskin. Such men often cannot achieve an erection because it is painful; the condition is easily remedied by circumcision or surgical loosening of the foreskin. There is no standard treatment for clitoral phimosis, although some women have undergone surgery to increase the exposure of the clitoral glans.

Likewise Sarah B. Rodriguez (Female Circumcision as Sexual Therapy: The Past and Future of Plastic Surgery?) asks: “Is a hooded clitoris to blame for many women’s failure to reach orgasm with their sexual partners? Whether it is or not, the procedure (female circumcision) is becoming more popular among both women and physicians”.

She says that understanding the sexual nature of the clitoris and its importance to female sexual pleasure, led some physicians for well over a century to remove its prepuce to address a woman’s failure to have an orgasm with her husband. “By removing the clitoral foreskin, some physicians (as well as non-physicians) thought the clitoris would be more exposed to the penis during penetrative intercourse, and would thus receive direct stimulation from the penis. Physicians performed—and some women or their spouses sought out—female circumcision in order to maintain (or conform to) the sexual behavior deemed culturally appropriate for white, U.S.-born, middle- to upper-class women: orgasm with their husbands”.

She adds that practitioners who removed clitoral hoods to enable female orgasm included Chicago gynecologist Denslow Lewis, who presented evidence for the benefits of female circumcision at a meeting of the American Medical Association in 1899. Lewis declared that in “a large percentage” of women who failed to find marital passion “there is a preputial adhesion, and a judicious circumcision, together with consistent advice, will often be successful”. Lewis had treated 38 women with circumcision, and had “reasonably satisfactory results in each instance”.

This procedure, she adds, continued to be used to treat women for their inability to orgasm throughout the 20th century. She cites the case of Chicago gynecologist A.S. Waiss who in 1900 wrote about removing the clitoral hood of Mrs. R., a 27-year-old woman who had been married for seven years and who was “absolutely passionless,” something that greatly upset her. Her unresponsiveness troubled her, or her husband, enough for her to seek a medical remedy. The doctor found Mrs. R.’s clitoris “entirely covered” by its hood. He circumcised the clitoris and the patient “became a different woman”—she was, the doctor wrote, “lively, contented,” and “happy” and that sex now brought her satisfaction.

She also cites the case of Charles Lane, a physician in Poughkeepers, New York who believed the clitoris to be “a very important organ to the health and happiness of the female” and performed circumcision on women who were unable to reach orgasm. In a 1940 article concerning his use of circumcision on a patient—Mrs. W., a 22-year-old woman who had recently married but had yet to experience an orgasm—Lane noted “that little trick did it all right.”

Sarah adds that by the 1970s, information about the usefulness of female circumcision to enable female orgasm began to appear with more regularity in popular publications as well, including Playgirl and Playboy. Playgirl carried a story by Catherine Kellison who wrote about her circumcision and how orgasms were easier for her to attain after the surgery. The gynecologist who removed her clitoral hood told Kellison that an estimated three-fourths of women did not reach orgasm because of a hooded clitoris, and that circumcision was the surgical solution to this condition. The doctor told Kellison that she would likely benefit from having her clitoral hood removed, and, after undergoing the procedure, Kellison wrote that she did find orgasms easier to attain following the surgery.

But there’s more to it than all this. There are numerous papers published in scholarly medical journals for over fifty years about the benefits of the procedure that were strangely overlooked by the media of the time. The earliest was perhaps C.F. McDonald’s “Circumcision of the Female” published in the General Practitioner of September, 1958. McDonald performed circumcision on 40 patients including some adult women. He was able to cure several patients who complained of frigidity (inability to reach orgasm in women) and dyspareunia (painful intercourse) caused by smegmatisms when examination revealed a rosary-like group of nodules under the prepuce of the hidden clitoris. He wrote that the signs and symptoms caused by contaminated smegma, retained smegma or smegmaliths usually clear up when the cause is removed. Among the adult women who underwent the procedure, he says: “Very thankful patients were the reward. For the first time in their lives, sex ambition became normally satisfied”.

Another US surgeon W. G. Rathmann (Female Circumcision, Indications and a New Technique.” General Practitioner September, 1959) sent out a questionnaire to women whose hoods he had removed, and received 112 replies. Of the 72 women who reported having never experienced an orgasm prior to the surgery, as many as 64 [87.6%] reported successful
recently took a positive step by medicalising the procedure and stipulating what needs to be removed, namely the clitoral prepuce. This is indeed the way to go.

Besides it very unlikely that those Muslims –and especially women – practicing it will ever give up the practice, given its Islamic basis. All evidence suggests that the practice is not decreasing, but rather increasing due to greater religious awareness. Thus what is needed is to educate people, especially women, on the correct procedure. In this regard, Indonesia

Perhaps the biggest problem with this practice is the fact that it’s not only harmful to women, but also to society. It can cause physical and mental harm, and can even lead to deaths. For instance, in 2008, a report by the World Health Organization found that 20 out of 25 women who had undergone the practice died as a result of complications. This is a sobering statistic, and one that should make us all think twice before we support the continuation of this harmful practice.

Many women continue to get it done and it’s not for nothing. By the way, it’s mainly the women who are promoting it, like Carol Horowitz and Mamae Teklemariam who in a contribution on Female Circumcision (Kaleidoscope of Gender. Ed.Joan Spade & Catherine Wurster, 2008) that it is seen as an “expression of the idea that both men and women are considered equal before Allah”.

Yet another surgeon Leo Wollman, (Hooded Clitoris: Preliminary Report.” The Journal of the American Society of Psychosomatic Dentistry and Medicine 1973) reported that out of a hundred 20 women he treated 49 of whom were able to attain orgasm prior to treatment, as many as 92 reported improvement in intensity of sexual response, rapidity of sexual response, and/or greater number of orgasms after the procedure. A few years later Dr. Takey Crist wrote in his paper on “Female Circumcision” contributed to Medical Aspects of Human Sexuality August, 1977 that he had performed hood removals on fifteen women and that “Patients who have undergone this procedure have generally commented that they have enhanced sexual response.”

More recently, Dr. Irene Anderson contributed a report of her own hood removal in 1991 to the website hoodectomyinformation.com, besides performing nearly a hundred hood removals in her surgical practice in Mexico:

I had it [her own hood removal] in November 1991. The reason was that I never had a vaginal orgasm, so I wanted to improve the sensitivity of my clitoris, releasing it from the hood. The result is great. Regarding my patients, the success rate was very high. I had nearly one hundred surgeries of that type, and only three patients were not satisfied by the result. I recommend the procedure to every woman, especially those who are not able to have vaginal orgasm.

So isn’t it high time Muslim feminists who always seek to conform to the dictates of unislamic forces revise their stand on this issue. If not for its obvious benefits, then at least for the equality between the sexes it confers in the spiritual sphere. Lynda Newland says in her contribution on Female Circumcision (Kaleidoscope of Gender. Ed.Joan Spade & Catherine Valentine 2008) that it is seen as an “expression of the idea that both men and women are considered equal before Allah”.

Besides it very unlikely that those Muslims –and especially women – practicing it will ever give up the practice, given its Islamic basis. All evidence suggests that the practice is not decreasing, but rather increasing due to greater religious awareness. Thus what is needed is to educate people, especially women, on the correct procedure. In this regard, Indonesia recently took a positive step by medicalising the procedure and stipulating what needs to be removed, namely the clitoral prepuce. This is indeed the way to go.