

Advancing Knowledge of Psycho-Sexual Effects of Female Genital Cutting Assessing the Evidence

A Seminar Report

Alexandria, Egypt
October 10-12, 2004



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International Network to Analyze, Communicate and Transform the Campaign
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The Leap by Huda Lutfi, 2000

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DEFINITIONS

Female Genital Cutting

Commonly referred to as female genital mutilation (FGM) or female circumcision (FC), female genital cutting (FGC) is defined by the World Health Organization as “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons” (WHO, 1997). Other descriptions of the procedure include *female genital modifications*, and *female genital surgeries* implying ‘sunna’ or pharaonic circumcisions in local idioms. INTACT utilizes the joint acronyms FGM/FGC/FC to encapsulate past discourses, however for the purposes of this report, the acronym FGC will be employed throughout in an effort to avoid politicization of the practice.

Classifications*

- Type I Excision of the prepuce, with or without excision of part or all of the clitoris
- Type II Excision of the clitoris with partial or total excision of the labia minora,
(*varying in its degrees and also known as clitoridectomy*)
- Type III Excision of part or all of the external genitalia and stitching/narrowing of the
 of the vaginal opening (*also referred to as infibulation, or pharaonic circumcision*)
- Type IV Unclassified (pricking, piercing, stretching, burning of clitoris, introduction of
 substances or herbs into the vagina, and any other form of injury to female
 genitalia)

Medical Interventions of FGC

Defibulation** A surgical procedure performed under regional or general anesthesia to reconstruct the vulva by re-creating the labia minora, and exposing the urethra and introitus (for the purposes of facilitating childbirth, or cosmetic reasons)

Re-fibulation*** The re-stitching of the vulva following childbirth, otherwise considered the reenactment of pharaonic circumcision or infibulation (socio-cultural reasons include desired patient preferences for certain body aesthetics, perceptions towards husbands’ increased desirability, or a return to bridehoods’ virginity)

*Source: *Female Genital Mutilation: A Joint WHO/UNICEF/UNFPA Statement, 1997.*

** Source: Nour, Nawal M. “Female Genital Cutting: Outcomes After Defibulation Show Health and Sexual Benefits.” *Advancing Knowledge of Psycho-Sexual Effects of FGC: Assessing the Evidence.* INTACT Network/Population Council. October 10-12, 2004. Alexandria, Egypt.

***Source: Bedri, Nafisa et. Al. “The Practice of Re-infibulation in the Sudan, Findings From a Systematic Search of English and Arabic Literature.” *Advancing Knowledge of Psycho-Sexual Effects of FGC: Assessing the Evidence.* INTACT Network/Population Council. October 10-12, 2004. Alexandria, Egypt.

INTRODUCTION AND BACKGROUND

In accordance with its mission to promote social, behavioral and epidemiological research on the practice of female genital cutting, the INTACT Network organized a two-day research seminar on *Advancing Knowledge of Psycho-Sexual Effects of Female Genital Cutting: Assessing the Evidence* in Alexandria, Egypt from October 10-12, 2004, sponsored by USAID Bureau for Global Health and the Rockefeller Foundation. Attendance was diverse and stimulating, comprising 23 researchers, activists, and program advisors with expertise in FGC, social and behavioral change, gender and reproductive health. Countries represented were Egypt, Italy, Nigeria, Norway, Sudan, Sweden, Switzerland, U.K. and U.S.A, and papers dealt both with the situation in Africa and among African women migrants to Europe and the US. Those attending brought rich perspectives from anthropology, sociology, clinical and research sexology, surgery, and public health (for list of participants please refer to Annex 2).

The conceptual drive forming the thematic research focus of the seminar traces its background to an earlier international forum convened by the Population Council, with the support of the Rockefeller Foundation and USAID, in which twenty social scientists and program planners gathered to assess the current status of FGC research in Bellagio, Italy on April 29-May 3, 2003. In reflection of information available to growing international efforts in the global anti-FGC campaign, attendants of the Bellagio meeting drew attention to the lack of coordination and communication amongst the variety of actors and initiatives striving towards the abandonment of the practice. Scientific evidence and research results have often failed to reach advocates and program planners, arguably leading to a constraint in the acceleration of social change regarding the practice, coupled with research gaps in our understanding of the practice which have been unfilled. These include understanding the precise health and social consequences of FGC within diverging socio-cultural contexts. Particular attention was given during the Bellagio seminar to the increasing isolation between "biomedical science, social science and program development" in the field within the domain of FGC abandonment. The INTACT Network was born as result of the Bellagio meeting, with the objective to address the lack of coordination, communication and the identification of research gaps amongst a growing global community of scholars and activists through a series of activities. These include the operation of a website to collect, disseminate and promote research findings, the proposition of further research priorities and organizing research seminars to periodically review and assesses current and emerging inter-disciplinary literature on the topic of FGC.

It is estimated that 130 million women and girls have been subjected to some form of FGC across Africa (WHO, 1997) with a further two million at risk annually, and with figures increasing in Europe and North Africa. As reported by Gilda Sedgh and Elizabeth Jackson in Bellagio, the public discourse on FGC has been characterized by a limited understanding of the accurate health effects of the practice. A deeper investigation of currently available evidence reveals a body of knowledge based upon case studies and anecdotal evidence, whereby researchers and activists may "wrongly ascribe extreme health outcomes to even the mildest form of FGC. This creates a dissonance between public health messages and women's actual experiences, and may seriously undermine the validity of intervention programmes." Participants of the Bellagio meeting offered key recommendations for future studies to address the psychological and sexual consequences of FGC, a field of which is "nearly devoid of existing research."

To address this need, the INTACT Network's first research seminar heralded a series of ground-breaking reflections and inquiries to the global scientific community regarding the need for sound empirical evidence of the psycho-sexual effects of FGC. A call for papers was circulated in June 2004, inviting papers encompassing topics relating to social stigma, psychological trauma, sexual misinformation/lack of information as intervening variables in male and female sexuality, notions of body-image, arousal and satisfaction as socially constructed categories. The objectives of

the seminar were to assess the state of the art in research and analysis on psycho-sexual effects of FGC, to review clinical interventions (namely defibulation and the restoration of the clitoris) and counseling issues around the consequences of being circumcised, to investigate ethical and methodological issues pertaining to FGC research, and to identify areas in need of further investigation and policy advocacy. The research seminar combined presentations of 12 research papers and ensuing in-depth thematic discussions (for seminar agenda please refer to Annex 1), and was designed to exchange information, current research and knowledge on the ambiguities surrounding the relationship between FGC and female sexuality.

The structure of the two-day seminar was composed of seven moderated sessions where authors discussed and shared their research findings, experience and knowledge amongst resource persons from the fields of sexology and reproductive health. This report aims to provide a review of papers presented, and to capture the essences of the discussions that took place in the seminar.

IDENTIFYING PRIMARY DATA AND HEALTH CONSEQUENCES OF FGC

In commencement of the seminar, Hermione Lovel and Zeinab Mohamed presented their international literature review as a background document to the meeting, *Best Evidence on Psychosexual and Psychological Co-Morbidity Sequelae of FGM/FGC*, that aims to identify primary data on health and psychological complications of FGC with particular respect to variant types of genital cutting (I, II and III). Key countries surveyed in the research include Egypt, Ethiopia, Somalia and Sudan. Methods used in the search include computer, hand search and networking procedures, namely a dual systematic search for the keywords *female circumcision* and *clitoridectomy/infibulation*. As a result, the authors developed four theoretical frameworks to navigate across the health consequences of FGC as available in current literature;

- Biological, psychological and sociological (negative and positive) psychosexual consequences of FGC
- The life course and psychosexual/ psychosocial sequelae
- Levels of recognition of psychosexual consequences
- Identification of the socio-economic and socio-cultural context of FGC that provides the ensuing context for the psychosexual/ psychosocial aspects of FGC.

A total number of 504 papers and reports were identified as containing information relating to FGC health outcomes, of which 47 were in languages other than English. Lovel proclaims that “no larger scale well-controlled study of FGC and psychosexual outcome have been found in the literature located to date,” while the overall general evidence for psychosexual sequelae resulting from FGC can be derived from specific studies conducted in Ghana and Sudan (including reports on dyspareunia, post coital bleeding and anaorgasmia). The authors also suggest possible indicators that can be used to demonstrate further evidence towards the psychosexual sequelae of FGC, these include the volume of work and cost to health services of corrective surgery in gynaecology clinics required for the enlargement of the introitus.

Reasons are posited for the lack of information pertaining to the psycho-sexual effects of FGC, particularly in countries which possess a weak infrastructure to document its effects. The authors argue that notions of shame, stigma and denial create an environment of secrecy pertaining to women’s sexuality, resulting in the difficulty of data collection. Further evidence is provided for the essential need for local and international networking for the identification of ‘gray’ unpublished literature and publications in journals not covered by international databases and in different languages. Recommendations raised by seminar participants based upon the review paper include:

- A need for policy-relevant research, multi-disciplinary and community-based studies
- A need to include French and Arabic literature on FGC in the systematic review
- A need for clearer distinctions between Type I, II and III FGC
- A need for developing criteria for grading descriptive studies
- A need for distinguishing between immediate side-effects and long-term sequelae of the procedure
- A need for frameworks that incorporate ambiguities, such as the positive as well and negative effects of the practice.

SOCIO-CULTURAL ASPECTS OF FGC

The second session of the seminar addressed the socio-cultural aspects of masculinity and female sexuality, predominantly in the Sudanese context, and included presentations by Ellen Gruenbaum and Amel Fahmy on *Sexual Response and Sudanese Conceptions of the Infibulated and Uninfibulated Vulva: Research in Sudan, 2004* and *Investigating the Relationship Between Female Genital Mutilation and Women's Sexuality*, respectively. Gruenbaum also presented a paper on male sexuality in relationship to FGC by Samira Ahmed, Gruenbaum and Mohamed Abdal Magied, *Hadendawa Men Break Their Silence on FGM and Sexuality in Eastern Sudan: Disempowering the Empowered*. The papers presented in this session contested the archetypal binary oppositions and mythologies of the uninfibulated / infibulated vulva, associations with beauty and anticipation towards successful male sexual response, while identifying processes towards change in public discourse towards issues of mutual sexual pleasure in the Sudanese context.

Gruenbaum reflected on her current research on attitudes towards female sexuality and body aesthetics in the Sudan, in an effort to investigate the continued resistance to rapid change in a country where the raised awareness with respect to the dangers of FGC is increasing, and where discussion on female sexual response has recently been infused and integrated into public discourse and campaigning efforts. Based upon qualitative data (rapid ethnographic techniques including interviewing, participant observation and group discussions) carried out in seven rural Sudanese villages in 2004, supplemented by interviews by NGO staff, health personnel and others, Gruenbaum believes that, "Sudanese women and men are not 'prisoners of ritual,' but actively engaged in debating this aspect of their culture."

From a positive perspective, dialogues towards mutual sexual pleasure in marriage are noted as more explicit in some segments of the Sudanese population, and preference for wives to have intact genitalia is identified, whereby Gruenbaum describes that "the recognition of the role of the clitoris in female sexual satisfaction is now more widely recognized in these communities than in my earlier research." Nevertheless, socio-cultural values imposed on bridal virginity prevail, as FGC practices shift from *pharaonic* circumcision (infibulation) to *sunna* circumcision (yet a problematic term due to its associations with religion). While acknowledging pain and complications associated with traditions of FGC, women's beliefs indicate that the pain is considered worthwhile, as described by the women of Kubur Abdal Hameed, North Kordofan. In contrast, Gruenbaum reports that several men of Kubur Abdal Hameed expressed their support for ending FGC in the community, and identified differences between the sexual responsiveness of circumcised and non-circumcised women. "More than once a man said he was looking forward to taking a new wife from the "new model or "new style" (*modela jadida, moda jadidia*)" she adds.

Gruenbaum also discussed the prevalence and popularity of the practice of *al-adil* (recircumcision), a uniquely urban medical service that restores a women's hymen or refibulation following defloration, to give the appearance of physical chastity. The complexity of the issue deals with reconciling between ideologies of a classic binary opposition of beauty, cleanliness, chastity and Islamic morality associated with infibulation, to the non-infibulated vulva. FGC is practiced as

a barrier in physical, moral and spiritual senses, to protect women from the assumed development of sexual desires, and to prevent penetration, subsequently, for the preservation of a girls' honor, and marriageability. "We can't just leave her open- like the Road to Omdurman!"

Cases were also discussed where men married to circumcised women may become strong advocates for the protection of girls, as well as the influences of religion, particularly amongst the Sufi community of Sudan which appears as the most vocal advocates against the practice. The effects of FGC upon male sexual health is also identified in the communities, as research is beginning to focus more upon complications such as "difficulty in penetration, wounds, infections on the penis, and other psychological problems" as discussed by Lars Almroth in his studies. Gruenbaum demonstrates that change is occurring, and that people are willing to talk about FGC but are struggling with decisions. "Sexual issues in relation to FGC are at last receiving research attention in Sudan," adds Gruenbaum, where "one area of hope for change efforts in Sudan is the area of overlap between international human rights agreements and Islamic teachings."

Religion, Sexuality and Processes of Change Amongst the Hadandawa of Sudan

The discussion on socio-cultural contexts of FGC in the Sudan continued with Gruenbaum presenting her work with her colleague, Samira Ahmed and their co-author Mohamed Osman Abdelmagied, in their paper *Hadandawa Men Break Their Silence on FGM and Sexuality in Eastern Sudan: Disempowering the Empowered*. "It is only within the framework of understanding the dialectics of disempowering the powerful and perpetuating an unjustified gender power of inequality created by FGM, that men can be fully involved as fighters to stop encouraging (FGM)," argues Ahmed et al. Based upon the results of two ethnographic studies amongst the Hameshkoreib al-Jadida community in the Eastern state of Kassala, conducted in 2003 and 2004, Ahmed and authors reflect upon the knowledge, attitudes and practices (KAP) of men and women in relation to notions of power, and gender relations. Using rapid ethnographical methods that include open-ended interviews, participant observation and visits, the author portrays a "contemporary picture of Sudanese communities grappling with change" in the context of public discourse on sexuality in relation to FGC, and subsequent health complications for both male and female spouses. Ahmed and authors survey the Hadandawa's socio-cultural context of FGC, while emphasizing the notion of 'protection' as the source of continuation of the practice, and the safeguarding of marriageability. Male roles in the decision-making processes towards a girl's circumcision (mainly *pharonic*, Type III) is direct, and general community attitudes demonstrate that FGC is not conceived of as a problem' on a wide-scale, and is believed to be an Islamic practice. In regards to sexual intercourse, women of the community express a form of *apathy* towards female sexual pleasure and orgasm, "Yes, it is difficult (on intercourse), but what can you do? The man likes it." Ahmed et al, also reflect on the role FGC plays in a girl's identity formation, where at some instances a newborn girl is circumcised before she is named.

"While previous presumptions expressed in the West about sexuality in the Arab Muslim world stress on seclusion, modesty, on women as the keepers of the moral fabric of society, and on Islam as an over controlling, intrusive religion that intervenes in the private lives of people-especially women, who are thought of as having no sexuality, or being severely sexually repressed, as being only baby-bearers and passive recipients of the sexual desires of men, a new Muslim world of emancipation of self through openly discussing women and sexuality is developing, if not always approvingly. This has been maintained by some intellectual, educated and elite women in the Muslim Arab world.

Publicly talking about this has been confined to medical and health personnel. – Samira Ahmed et al.

Female sexuality is considered as potentially dangerous, containing power to distract a man from his religious duties, according to Ahmed et al, yet Sudanese men are described as struggling with their sexuality. Thus a direct link is established between FGC and sexuality, according to the communities belief that FGC will "directly fulfill (this), women need to be controlled and their sexuality restrained." Paradoxically, discussions with men to outline their knowledge and

understandings of the links between health and FGC, demonstrate men's belief that passive female sexuality is a malaise related to FGC, while active female sexuality is another malady attributed to the absence of FGC. Carnal pleasure is restricted as a male phenomenon, while the female is designated to a reproductive asset in intercourse. Interestingly, Hadandawa men prefer non-circumcised women as sexual partners.

Does FGC empower or disempower masculinity? According to the authors, FGC disempowers. Only amongst themselves have Hadandawa men begun to develop a consciousness towards FGC and its effects. "While men believe that reducing women's desire can be done by FGC, they never looked at it as a disempowering factor to their ascribed gender roles and their own sexual power, it was only from within their closed circuits that men started to conceive of FGC as a disempowering practice for them." Issues of mutual sexual pleasure are thus identified as gradually emerging in Sudanese public discourse, with progress towards change.

Subsequently, in her presentation on FGC in relation to women's sexuality, Amel Fahmy argued that most international studies that have examined the relationship between FGC and sexuality did not take into consideration the socio-cultural conceptualization of sexual pleasure nor defined sexuality in its broader context. In comparing the Western understanding of sexuality as clinically influenced to produce certain conceptions of femininity and sexual pleasure, Fahmy highlights the problems of definitions and methods of the Western-centric model (of the clitoris and orgasm as central to pleasure). In this framework of the social construction of sexuality, it is argued that contact with other cultures can radically challenge and redefine notions of women's sexual pleasure. It is also noted that fewer studies are conducted by local sexologists, and that most studies on the topic are conducted by Western researchers.

The ensuing discussion amongst participants raised a number of integral issues, central to which was the difficulty in reaching a consensus on the definition of psychosexual well-being, and the interpretation of sexual pleasure. Is sexual dysfunction merely an inability to orgasm? In her discussion of the papers presented, Nawal Nour drew attention to the fact that men have always defined women's sexuality, while currently the discourse has changed in the US, where the sexual authorities are women emerging with frontiers work to incorporating sexuality as a holistic viewpoint, and channeling attention away from the clitoris towards the multidisciplinary nature of sexuality. Nour commented on the shifting sexual zones on research related to women's sexuality, which is continuously learned and unlearned, highlighting the current need for researchers on FGC to ask the sensitive question, *Are you sexually satisfied?*

Gruenbaum added to the discussion with the notion of aesthetics and beauty, whose definitions tend to change according to the decade one lives in. However, FGC's persistence in culture has not changed in contrary to other changes to women and their bodies (for example, does the rapid abandonment of foot-binding in China commence with a desire for change?), outlasting many other whims. Gruenbaum drew attention to the notion that it is important to switch attitudes and the language of discourse, that beauty is in the eye of the beholder, in reference to discussions on the infibulated and non-infibulated vulva. Nafisa Bedri on the other hand, contested that the issue of women's sexuality in the context of Sudan, is not related to FGC, but to upbringing, and expressed the notion that it is conducted in preparation for marriage, in order to help young girls to come to terms with a 'permission' to engage in sexual activity. FGC is also linked to reproduction, and the need for a rapid social advertising campaign in regards to FGC in the Sudan was discussed. Julia Heiman emphasized that one must never underestimate the power of culture to negate and diminish women's sexuality. Discussion also centered on epistemologies of naming *sex*, and how different phrases or idioms are used to describe sexual activity with one's spouse, in contrast with another non-legal partner. Therefore it is difficult in some cultures to distinguish between *sexuality* and *sex*.

ON-GOING RESEARCH ON PSYCHO-SEXUAL CONSEQUENCES OF FGC

The third session of the seminar addressed on-going research on sexual function and psycho-sexual consequences of FGC from recent studies conducted in Nigeria, Sudan and Italy. Papers presented during this session reflected on the process of re-infubulation, and on descriptions of the sexual lives of both circumcised and non-circumcised women. The central argument contested by participants, was whether or not FGC increases or reduces female sexual desire.

On behalf of Friday Okonofua, who was unable to attend the seminar, Fariyal F. Fikree presented highlights of his study on *The Association Between Female Genital Cutting and Correlates of Sexual and Gynaecological Morbidity in Edo State, Nigeria*. This cross-sectional design study generally finds that from a sample of 1836 healthy, sexually active pre-menopausal women, of whom 45% were cut (Type I: 71% and Type II: 24%) attending antenatal and family planning clinics between August 1998 and March 1999, there are no significant differences between circumcised and non-circumcised women in the reports of frequency of sexual intercourse in the preceding week, in the ages of menarche, first marriage or first intercourse (in the multivariate models controlling for the effects of socio-economic factors). The study consisted of questionnaires where "nurses were taught to elicit questions on women's sexuality with sensitivity and confidentiality," followed by interviews and a clinical examination by a medical doctor to determine the presence and extent of genital cutting based on WHO typology.

However, while investigating the effects of Type I and II FGC in relation to the prevalence of reproductive tract infections, cut women are significantly more likely than uncut women to report having lower abdominal pains, yellow bad-smelling vaginal discharge and genital ulcers. Other abnormalities identified in cut women include "clitoid cysts, scar formations, narrowed introitus and vulvar disfigurement. By contrast, none of these abnormalities were found in uncut women." Furthermore, Okonofua posits that "cut women are 1.25 times more likely to get pregnant at a given age than uncut women." Okonofua raises another controversial notion attributing the prevalence of reproductive tract infections to presence of FGC, whereby he argues that "it has been suggested by women rights advocates in Nigeria that the use of multiple partners may be more common in cut women than uncut women because the removal of the clitoris may increase women's desire for more sexual partners who can assist them in achieving orgasm. Additionally, cut women may have acquired these infections from their sexual partners who may be patronizing other women because of failure of their women to satisfy them sexually. "

"A common reason put forward by proponents for continuation of the practice is that FGC would reduce the rate of promiscuity in women and enhance the reproductive health of women. This argument has been used by moralists, traditional and religious leaders to counter the campaigns of various advocacy groups working to stop the practice of female genital cutting in the country. The results of this study indicate that genitalcutting does not reduce the level of sexual activity in women. By contrast, the results of the study suggest that genital cutting may predispose women to adverse sexuality outcomes including early pregnancy and reproductive tract infections. This information would be useful for targeting future community awareness campaigns aimed at preventing female genital cutting." – Friday Okonofua

Interestingly, Okonofua reports that when asked on the frequency of sexual intercourse and sexual 'pleasure' in the sample of cut women, he finds that "cut women are 31% more likely than uncut women to report that they often make the first move during sexual intercourse." In regards to orgasm, he adds that "there was no significant difference between cut and uncut women in the proportions reporting that they always or usually experience orgasm during sexual intercourse." However, in terms of sexual response, Okonofua finds that "uncut women were significantly more likely to report that the clitoris is the most sexually sensitive part of their body, while cut women were more likely to report that their breast are their most sexually sensitive body part." Okonofua

elaborates in his discussion that "if anything, genital cutting may slightly increase the women's urge to engage in sexual intercourse with their regular sexual partners." His controversial findings also leads to the notion that "sexual feelings in cut women would be maintained by a shift of the point of maximal sexual stimulation from the clitoris and/or labia to the breasts, allowing women to continue to enjoy this normal biologic function."

Okonofua provides evidence therefore, that FGC does not reduce, but may actually increase sexual desire in women. He argues that "FGC educational programmes would be more effective if they were based on scientific evidence relating to the adverse health and social consequences of the practice" and draws attention that while most of the literature currently available reports on the gynaecologic and sexual health complications of FGC, these have only investigated the most severe form of FGC Type III (infibulation), while less attention has been devoted to investigating the psychosexual complications and sexual/reproductive health effects of Type I and Type II FGC. These complications include "severe dyspareunia, penetration problems, marital disharmony and dysmenorrhoea." Participants agreed that Okonofua's study provides substantive evidence of the impact of FGC on women's sexual health, and also questioned whether one type of FGC results in lesser sexual activity than another type.

Refibulation: A Review of English and Arabic Literature

Another important aspect of FGC that rarely receives scientific attention is re-infibulation. In her study reviewing English and Arabic literature on the practice of re-infibulation, or resuturing following childbirth, usually described as 'repeated genital mutilation,' Nafisa Bedri draws attention to the absence of qualitative data on the topic, on the power and influence of grandmothers in the decision-making process, and the social implications of recircumcision in Sudan. Considered illegal in Sudan, the practice is still common and the author set forth to compile all the literature available on the topic in both Arabic and English both from the WHO world-wide review and from English and Arabic material of the Babiker Badri Scientific Association for Women's Studies of Sudan. Precursors employed include range of definition on re-infibulation, prevalence, range of reasons provided for its occurrence, supposed advantages and the report of complications associated with the practice. Bedri finds that "there is no explicit definition of reinfibulation which is still not considered by many activists as a posing problem that needs intervention."

As a result, Bedri identifies five major reasons for the continuation of the tradition, namely purification, cleanliness, avoidance of vaginal discharge, beauty, and preparation of the wife as a 'new bride' (it is reported that it is carried out for the pleasure of husbands upon the advice of grandmothers). Known in local lingo as '*adal*;' or to put something back in its right place, re-infibulation is controversial and deeply ingrained in socio-cultural gender dimensions. While essentially practiced on women who have experienced Type III circumcision, following child delivery, Bedri reports that "it is also performed by some widowed or divorced women who want to remarry so they will have a tight vagina similar to that of original circumcision and to pre-marriage state." From another perspective, it is also reported that re-infibulation is practiced as certifying, or 're-making' virginity for unmarried women who have engaged in pre-marital sexual relations. "Some women do acknowledge that the practice could be a source of health problems for them including experiencing severe pain during sexual intercourse. On the other hand, others also see the practice as beneficial to ensure the women's social allegiance to their culture particularly at the time of birth when she needs high level of support from her social network," adds Bedri.

There is still need for further research to understand the reasons behind the continuation of re-infibulation, and to identify opportunities for change. It is also noted that health care providers have an important role to perform during the antenatal period, and by providing support in the vulnerable postpartum period. Bedri identifies an expressed resistance to reinfibulation amongst younger generations of Sudanese wives, but who are considered passive to the decision-making processes related to their reinfibulation status. However, authors such as Almroth are quoted in her

study to report that “some women explained that they will be prepared to face all consequences, including divorce if forced to undergo re-fibulation.” The need for a rigorous public advertising and media campaign in the Sudan regarding FGC awareness was also expressed during the discussion.

Further Investigations of Sexual Response Amongst Infibulated Women Using the Female Sexual Function Index (FSFI)

Lucrezia Catania and Omar Abdulcadir Hussen of the Research Center for Preventing and Curing FGM and its Complications at the University of Florence, presented two studies on the effects of infibulation and other degrees of FGC on women’s sexual life, based on the premise that the current literature available associating FGC and sexual function is non conclusive in claims to a decrease in sexual pleasure and ability to achieve orgasm. In support of Carla Makhoul Obermeyer’s argument in their paper, the authors add that “the powerful discourse depicting the practice of FGC as unequivocally destroying sexual pleasure, is not sufficiently supported by the evidence.” In their study titled the *Quality of Sexual Life in Women with Infibulation Assessed With The Female Sexual Function Index (FSFI)*, the presenters argue that infibulation does not attenuate the quality of sexual function of women, and that there is no association between infibulation and sexual complications.

According to their examination of the sexual functioning of 57 healthy, sexually active infibulated women in stable relationships, of the Somali community in Florence, and 57 non-infibulated women of Italian origin (3 Somali), using an Italian preliminary adaptation of the FSFI (used to assess key dimensions of desire, arousal, lubrication, orgasm, satisfaction, and pain), the authors findings are in accordance with Okonofua’s study whereby infibulated women are reported to obtain higher scores in some domains (desire, arousal, orgasm during sexual intercourse and satisfaction) than non-infibulated women. The authors recommend that the study be replicated in a larger sample, and using fairly comparable groups.

Catania and Abdulcadir continue with their argument in their second study, *Preliminary Results of Research About 137 Women’s Sexuality With Female Genital Mutilation/Cutting*, aiming to investigate the sexuality, sexual satisfaction and ability to orgasm following the procedure, and following the pain of first intercourse. The sample group consisted of 137 immigrant women (of Somali, Nigerian, Ethiopian and Sudanese origin) with varying degrees of FGC, the majority of whom have been subjected to Type III FGC. Women were enlisted in clinics and informal settings and offered two-part questionnaires containing personal data, and “60 questions about desire, arousal, orgasm, pain, satisfaction, women’s perception of both their own bodies, and concerning intact women. All areas that are thought to be pertinent to sexual topics were investigated.”

The authors here find that women who have experienced some form of FGC and who do not suffer the long-term consequences of the procedure, have the potential to experience sexual pleasure and orgasm. The authors here add that “the majority of interviewed women say that sex gives them pleasure. More than half of them (69%) answer that they experience orgasm, and report involuntarily rhythmic contractions of vaginal muscles and vaginal pulsations.” Thus, there is no negative impact on psychosexual life (comprised of fantasies, desire, pleasure and ability to active orgasm). Further issues given attention is the study of female genital anatomy, whereby genital cutting (even in most severe cases) removes the “erectile tissue of the cavernosi corpi of the clitoris (analogous to the penis) at a level which can be compared to the tip of an iceberg. The deeper structures (crura) of the clitoris remain tightly connected to the ischial and pubic bones.” The authors believe that the results might be influenced by other factors, beside FGC, related to differences in cultural backgrounds. During the presentation, they reported that human sexuality is defined, influenced and modulated by the sum of many factors. These act in such a way that one factor can improve, or inhibit the other, and vice-versa (these include biological factors which are influenced by the severity of the neurological and mucous-vascular damage, and by the extension of the cutting, and psycho-sexual factors such as feelings towards genital modification of the self, body images and individual psychosexual history. Social and contextual dependent factors, include

feelings and attraction towards one's partner, the social acceptance, and the cultural meaning of the FGC. Furthermore, the presence of the G spot which has developed in some women's vaginas according to the study, is a relevant site of sexual pleasure. Interestingly, the high prevalence of reported orgasm amongst samples of infibulated women may be explained by the fact that the clitoris may be remained buried following infibulation. "Harry Gordon (1998) was the first in Europe to perform deinfibulation, while carrying out other operations and he found that 95% of the women had remains of the clitoris or indeed, the whole organ hidden in the scar tissue." This bears important implications on the issue of sexuality. The authors also recommend the replication of the study on a larger sample "to determine the association between the type of circumcision and various physical-psychosexual complications."

"Our results can help women who have undergone FGC, who live abroad in Western countries to become aware of their mutilated body and its ability to develop compensatory responses. Moreover, it is a first step to achieve new knowledge about human female sexuality, as yet not completely known, and it can help us to explore new therapies for female sexual dysfunction of all types. Much of the female sexual physiology is still unknown, particularly the nerves and blood vessels that affect sexual function. The true size of the clitoris has been only recently discovered." - Catania Lucrezia

Julia R. Heiman, in her discussion of the papers presented, raised a series of significant queries in regards to body politics and cross-cultured perceptions of sexuality and scientific knowledge. Essentially, what is the meaning of sexuality? Are women more influenced by other women, or men, in their views of sexuality? Do women believe they should be desirable? Do they believe they are entitled to sexual desire or not? Should a woman value her body? Does she perceive it as her property, or do the males of her society perceive her body as their own property (and to what degree do men believe that they have charge over their own bodies when they are considered as troops owned by the state)? On the presented research findings of the session, Heiman argued that in a laboratory setting, a woman's genitals can respond to sexual stimulation at a certain level, yet a woman may respond very differently when asked about her arousal, demonstrating a difference between what she feels and what her genitals indicate. The clitoris here is perceived as a system of meanings. In this manner, how far do cultures value scientific information? As a worldwide issue, to what extent does involving scientific knowledge become considered helpful in accelerating social change, and in what way is it weak? Heiman stressed the importance of knowing when to shift epistemologies, messages and their formats, while focusing the attention on the female as a person.

INTERVENTIONS ADDRESSING CONSEQUENCES OF FGC

The following session centered on interventions addressing consequences of FGC within the context of post-immigration health care. Two papers were presented on the effects of defibulation, a surgical procedure to reverse infibulation "involving the incision of the scar tissue to allow the widening of the narrowed vaginal opening," in order to restore and re-build 'normal' anatomy of external cut female genitals, for obstetric or gynaecological reasons. Affiliated institutions with the studies were The Research Center for Preventing and Curing FGM and Its Complications in Florence, Italy and the African Women's Health Center of Brigham and Women's Hospital, USA. The latter has been providing the service for over 10 years, and is the first African practice clinic of its kind in the United States which deals with the health complications of FGC, offering clinical care, research, education and outreach programs to immigrant communities.

In their study *Preliminary Results of the Psycho-Sexual Aspects of the Operation of Defibulation*, Catania and Abdulcadir employed semi-structured interviews to investigate the motivations,

expectations, feelings, physical and psychological changes caused by defibulation in a sample of 15 sexually active defibulated women of Somali origin amongst the immigrant community in Italy. In addition, questions were posed regarding psycho-sexual responses, which were compared with the psycho-sexual response of a group of infibulated women who have not undergone defibulation using the FSFI. The authors find that the quality of sexual life following defibulation has improved amongst 46% of the sample group, amongst which all were satisfied with the procedure. In addition, while investigating the "analysis of variance between the sample of defibulated and the sample of infibulated women comes a significant difference in the orgasm scale of the FSFI. On the contrary no significant differences were found in the items of the interview about psycho-sexual aspects." The authors intend to complete their results with laboratory data in the group of infibulated and deinfibulated women.

Nawal Nour, presented her findings on the health and sexual benefits of defibulation. Nour also addressed the difficulty of determining the prevalence and types of FGC amongst immigrant communities in the United States (more than 200,000 females in the United States have either undergone or are at risk of FGC, according to the U.S. Census), and on the deficiency of data on the physical and sexual outcomes of the procedure of defibulation. In her paper, *Outcomes After Defibulation Show Health and Sexual Benefits*, Nour assesses the physical, psychological and sexual outcomes of defibulation as well as determines patient and husband satisfaction following the procedure. The objective of the study is to determine whether defibulation is necessary for women suffering long-term complications related to FGC, and who are pregnant. Methodology comprised data collection from medical records obtained between 1995-2000, where charts were selected based upon patients who have experienced Type III FGC and who had undergone defibulation. Telephone interviews ensued "greater than 6 months to two years post-procedure to collect demographic data and respond to inquires about their surgical experience."

Nour reports that amongst a group of 40 Somali women who have undergone defibulation, (a primary reason being pregnancy and dysmenorrhea (30%), apareunia (20%) and dyspareunia (15%), almost all reported that they would highly recommend the procedure to others, although only half have discussed their surgery with others. "One hundred percent of the patients were satisfied with the procedure, felt it had corrected the problem, were happy with the new appearance, and were sexually satisfied," adds Nour. "Ninety-four percent stated that they found the procedure and postoperative course to be less painful and traumatic than anticipated." In her discussion of the study, Nour states that "most patients who have undergone FGC do not suffer long-term complications. However, some women with Type III may pose to be an obstetric and medical challenge." Findings indicate that patient-husband satisfaction rates are reported at 100%, and that forty-seven percent had an intact clitoris buried underneath the scar. Nour concludes her study by recommending defibulation to all women who are pregnant or suffer long-term complications. Nour also adds that perhaps the community "may be open to change, many are afraid to display this change." By stressing husband participation in the interviews, Nour also finds that the majority of men are supportive of defibulation.

The ensuing discussion amongst participants reflected on notions of changing body images, cultural conceptions of orgasm and sexual pleasure, independent counseling and male involvement in counseling. Participants expressed interest in studying the changing perceptions to body image following defibulation, or as described by Elise Johansen, how 'change in genitalia affected a change in gender.' Nour stated that she had expected to receive more opposition from patients regarding follow-up interviews, but instead heard positive comments on "feeling great." Other issues discussed amongst participants include the essential role of culture in defining sexuality and body images. Examples included diverging attitudes between Somali and Sudanese women regarding the defibulated vulva. One participant argued that the latter example demonstrates a resilient outlook on body images and cited an example where a doctor refused to reinfibulate a patient following delivery, whereby the patient fell into depression. Outraged, the patient felt "like a veranda where air was going in and out all the time, like the *Road to Omdurman*." A further research priori-

ty raised by participants in this session, is the identification and classification of the variety of forms of infibulation according to geographic influence. Participants agreed that the long-term complications cannot be fully understood. When questioning the changes in the sexual lives of the patients, questions did not target 'orgasm' since from a clinical perspective, there is no evidence.

Adriane Martin Hilber drew attention to the geographic origin of the studies presented in the session describing interventions against FGC, whereby two are housed in Europe and the latter in the United States. This raises the implication of the sensitivity of the topic, that the sample of patients investigated do not trace their origins to countries where there is an issue of sexual satisfaction in relation to FGC in research. Hilber stressed that there is more to learn about the level of satisfaction, where it is housed, where it can go to the next step, and how to break the wall of silence in creating a movement towards defibulation. Further, it is noted there are tremendous challenges to culturally defined concepts of sexual well-being through counseling, and in regards to counseling, researchers need to be cautious to attributing problems to the issue that may not necessarily be as such. An additional interesting prospect of study, is the issue of collecting opinions of male partners in the study of masculinities in relation to FGC.

EGYPTIAN RESEARCH AND INTERVENTION EFFORTS TOWARDS THE ABANDONMENT OF FGC

Chaired by Ezz El Din Osman, the panel on Egyptian research and intervention efforts was attended by Marie Assaad, Vivian Fahmy, Maissa El Mofty, and Riham Sheble. The panel aimed to provide researchers present with an introduction to the various projects working towards the abandonment of FGC in Egypt, from research to action-based interventions.

Osman provided an overview of Egypt's involvement in the campaign to abandon FGC, where prevalence rates of Type I and II FGC are reported to have reached 97% amongst ever-married women. Efforts and initiatives to abandon FGC in Egypt began early in the 20th century, and escalated following the 1994 International Conference for Population and Development (ICPD) conference. It is often argued that as advocacy efforts against FGC centered around immediate complications, subsequently, the practice has become medicalized in Egypt. Osman also drew attention to the lack of sexology teachings in Egyptian medical schools, where most physicians have very little knowledge of sexuality in general, and in relationship to FGC in particular.

The Egyptian Fertility Care Foundation (EFCF) carried out an extensive literature review, subjecting over 200 original Arabic and English articles on FGC to critical review. The majority of articles addressed the medical consequences of FGC, while the least explored were the psychological effects of FGC. Osman pointed out that all studies that addressed sexual behaviors and effects suffered shortcomings. The EFCF is also currently engaged in research addressing the long-term consequences of FGC as practiced in Egypt, in a project funded by the Ford Foundation. Three major research protocols were subjected to ethical and scientific review, and awaiting the conduct of pilot studies. These are;

- The relation between FGC and the social, psychological, psychosexual and physical well being of women (assuming that FGC is a traumatic experience that has implicit messages affecting the social identity of women)
- The perception of FGC experience and its impact on the physical, psychological and sexual well being of adolescent girls
- The relation between FGC and reproductive tract and urinary tract infections

Maissa El Mofty presented an overview of her study conducted to investigate the attitudes of Egyptian female unmarried university students towards FGC. By interviewing a group of 451 students of psychology at Ain Shams University, of whom 67% reported circumcision, El-Mofty finds

that conceptions of beauty were not stated as main reasons for continuing the practice. Rather, students gave *sunna* or duty towards Islam as primary reasons. The majority of female students interviewed were of Muslim backgrounds. Students also reported that the psychological trauma emerging from the procedure was related to exposure to strangers during circumcision. Reflecting on the relationship between sex, religion and politics, identified as the key taboo topics amongst Egyptian university students, El-Mofty finds that young Muslim unmarried women who have undergone FGC are still likely to intend to circumcise their daughters. Those least likely to continue the practice were of Christian backgrounds, and uncircumcised.

Riham Sheble discussed the relationship between veiling, FGC and marriageability in her presentation titled *Renaming Reality*, arguing that some women choose to adopt the veil in order to ensure marriage, similarly to the practice of endorsing FGC in order to ensure marriageability. In order to explore the issue, Sheble conducted ten interviews with women of the same social class (in order to eliminate variables), collecting opinions on women's sexual roles and pleasure in marital relations. Sheble argues that both practices involve distorted conceptions of female honor manifested on a carnal level. Veiling and circumcision also represent a *harem paradigm* or *harem construction* as described by Moroccan women's studies scholar Fatima Mernissi. Both practices are argued by Sheble as mechanisms developed by patriarchal culture to impose certain rules on the female entity as a sexual being.

Vivian Fahmy, training coordinator of the FGM Free Village Model, spear-headed by the Egyptian National Council for Childhood and Motherhood (NCCM), reflected on the actions of Egyptian grassroots level activities as deeply interlinked with intellectual research and in-depth studies on the nature and content of pro-abandonment messages. Fahmy discussed that there is a current shift in message content from a purely health approach (which has driven the practice to medicalization), to a socio-cultural approach in order to understand the motivations that maintain the practice of FGC (arguably love, protection and tradition). Grass-roots level activities emphasize listening and answering questions in contrast to giving advice. Fahmy also discussed the increasing role of religious leaders in Egypt, who are more informed by social context than religious training on issues of FGC and sexuality.

ETHICAL AND METHODOLOGICAL ISSUES SURROUNDING FGC RESEARCH

If 90% of (circumcised) women experience orgasm and 90% never experience orgasm- we need to ask whether we have a common understanding of the term, as of other central terms such as desire, excitement, pleasure or even sex."
– Elise Johansen

Presentations in this session deconstructed popular mythologies of sexual dysfunction amongst circumcised women in light of recent studies conducted in Sweden and Norway. In her illuminating paper *What Can Be Known? What Can Be Said?* Elise Johansen raises a number of themes and issues pertaining to FGC research and women's sexual experience that she deems urgent to discuss, whereby she argues that the politicization of FGC both challenges ethical/methodological research and "mutes further discourse." Her observations are attributed to three main factors currently challenging her research on FGC, namely:

- Inconsistency in results pertaining to measurements of sexual satisfaction of women who have undergone FGC
- Empirical challenges (for example, how to ask questions, interpret answers)
- Difficulty in writing research results so as they appear as results and evidence, not politicized debate

Johansen describes huge variations in current literature and research findings regarding the measurements of women's sexual satisfaction under the influence of genital cutting. She adds that "even within the same country, with women with the same type of FGC, researchers seem to come to almost opposing results." She draws attention to the need of defining "what constitutes healthy sexuality, and whether there is any common human or cultural standard that these results can be measured against." Other challenges outlined by Johansen that bear implications to research on FGC are issues of intimacy (*one can never measure what people say up against what people actually do, as anthropological research often focus on*); language (*difficulty of conveying body language into words*); shyness; self-image (a fear of differing from others) and moral discourse as culturally specific.

Johansen reflects on the polarization of contemporary debate, where researchers describe sexual pleasure in their own terms while lived experiences may differ greatly. Who should decide the definitions of healthy sexuality; men, women or researchers? Johansen discusses different ways that different women talk about their sexuality, based upon the notion that sexuality is so political, and identity so difficult to interpret in relation to sexual feelings. A number of case studies are presented, whereby informants demonstrate their thoughts and experiences regarding the sexual aspect of FGC in three conversations on sexuality with young Somali women. The discussions express diverging attitudes towards the public politicization of the debate in Norway, from resentment to the notion that FGC attributes loss of female sexual abilities and ability to orgasm. "How should we measure women's statements? Has FGC affected their sexuality? An impossible question to answer, the only thing we can answer is what women think or say they think about the issue."

Seminar participants then raised the notion that the diverging cross-cultural perceptions and understandings of the clitoris, as the "key organ to female sexual pleasure" and orgasm in the FGC debate is also very powerful, where a European prejudice still exists that the absence of a clitoris connotes an absence of a sexual *battery* or *engine* per se. Enquiring about orgasm amongst certain practicing cultures perhaps creates a stigma in the research itself. Johansen posits the series of challenges to FGC research above as part of an international framework that all researchers may relate to. Furthermore, she raises the issue of typology of FGC, namely Type IV which she perceives as 'problematic.' "I would not call many of these practices genital mutilation, as some of them are rather harmless and some may even be positive to women's sexuality." Johansen also draws attention to the relationship between culture and biology, whereby "sexual experience is continuously formed in a complex web including cultural, biological and relational factors," and to the discontinuities between personal experience and cultural models. Johansen also points to the conception of loss in relationship to genital cutting, whereby women "often described their circumcision as a loss: a loss of body parts, of sexual pleasure, of nature, and particularly as an experience of extreme pain."

"From the known biological processes and functioning of the clitoris, one would think that FGC seriously affects women's sexual pleasure, and particularly the possibility to achieve orgasm. However, evidence is lacking on the sensations of more or less cut clitorises. The clitoral tissue extends about 5 cm inside the body, and the role and functioning of this when the clitoral hood is removed, is unknown. It is probably that the sexual effect of the operation will vary also with physical factors, such as the amount and type of tissue removed, the age at which the operation is done and the formation of scar tissue." – Elise Johansen

In surveying the contemporary public discourse on sexuality amongst Somali immigrant communities in Sweden, Sara Johnsdotter and Birgitta Essén argue that public messages on women's sexuality bear significant influence on perceptions of bodies, selves and lived realities. By paying particular attention to the sexual experiences of older Somali women in Sweden, the authors of the paper titled *Sexual Health Amongst Young Somali Women in Sweden: Living with Conflicting Culturally Determined Ideologies*, map the nexus between sexual ideology, experience and behavior to explore attitude change towards FGC following migration and exile to Sweden. The authors also

aim to map out what young Somali women are interested in knowing, what to communicate and how best to communicate it. The authors hypothesize that certain groups of married Somali women have an excellent opportunity for integration, and are very susceptible to public messages, dialogue and re-definitions of female sexuality. The authors also aim to identify best practices in consideration for culturally-sensitive counseling of sexuality amongst young Swedish Somali women who have undergone FGC.

In his discussion of the papers presented, Johannes Van Dam pointed out to the question of moral discourse in FGC research. "What is the truth? Can we *know* female sexuality? If we do, can we communicate it? There is an inherent tension in the sort of truth that we know, on sexual ideologies and their impact on sexual experience," argues Van Dam. One participant stressed two essential types of infibulation, the first being physical, and the second mental.

LINKING RESEARCH TO ACTION

Participants unanimously agreed that the process of counseling women who suffer consequences of FGC must embark from a holistic approach to bodies, selves and differences. While Western feminist discourse stresses the notion of women's empowerment, health care providers must reconsider the aspect of choice towards FGC. For example, from a reproductive health point of view, should an adult woman be offered the choice to be refibulated following her informed knowledge of the health consequences? Discussions held during the seminar posited certain challenges towards reproductive rights, questioning its ethical stand towards the issues of FGC, sexuality and informed choices. Counseling must thus be conducted from a holistic approach, not a double-victimization of women's bodies following the procedure, and coupled with training for health providers.

Political issues surrounding interventions against FGC; difficulties in measuring sexual satisfaction; medical interventions for the restoration of the clitoris/defibulation and counseling for circumcised women comprised the topics for a series of round-table discussions that preceded the final session of the seminar, and were later integrated in a well-rounded discussion on linking research to action. Recommendations arising from these discussions are summarized as follows.

a) Politics Surrounding Interventions Against FGC

Political issues regarding sexuality and women's rights is a fundamentally cross-cutting issue in any society, with solutions differing according to time and space. Below are various aspects that researchers must bear in mind regarding the political arena, as discussed by the group;

- *Identifying acceptable grounds*: The issue of FGC interventions must find a welcome space in the sensitive internal politics relations in given communities, as governments working on FGC abandonment initiatives are often criticized as bearing Western agendas
- *Identifying public agents of social change*: Particular attention should be paid to the recruitment of public leaders that promote the dynamics of social change (e.g. presidents' wives)
- *Avoiding cultural voyeurism*: The politics of perception in a globalizing world, and the awareness that FGC abandonment efforts may have a voyeuristic quality in certain situations (e.g. CNN screening of young Egyptian girl's circumcision during 1994 ICPD meeting in Cairo), should encourage sensitivity towards ways by which FGC interventions can have a humiliating or negative backlash
- *Encouraging subtlety*: Confrontational politics and heads-on approaches to the issue of FGC does not seem to bear effect in a human rights dialogue, while more subtlety and sophistication is recommended
- *Fusing local feminist and religious agendas*: Local considerations may not merely be nationalistic,

but based upon religious communities. Ways must be sought to root feminist agendas within religious agendas in local communities (*commencing by the promotion of the knowledge of indigenous women's movements*)

- *Avoiding class bias*: Effective partnerships across social class divisions must be formed, as it appears that those who bear leadership roles have been from the upper classes. This is to partly a defense against accusations of class bias
- *Emphasizing the Hippocratic Oath*: Politics surrounding FGC should emphasize sound medical practices and the Hippocratic Oath, as goals should not aim to revoke the licenses of medical professionals who are in the position of suffering credibility issues, yet should promote an ethical perspective
- *Remembering the agenda at large*: FGC interventions should politically and strategically stress the well-being and health of women and their partners. Women's bodies should not be reduced to statistical figures in the campaign

b) Difficulties in Measuring Sexual Satisfaction

The necessity towards a deeper definition of sexual experience and sexual satisfaction from a cultural point of view was debated with recommended action steps. Re-defining sexual experiences should not aim towards a singular universal definition, and should integrate male sexuality, various types of marriages and sexual relationships. Recommended actions include:

- Development of a concept paper that refers to issues of collecting baseline data across regions worldwide to catalogue current approaches towards sexuality and FGC in various cultures. This process may begin by the review of selected variables, in-depth studies, followed by a gradual shift towards interventions and levels of programmatic response to produce a well-rounded information package. This approach is triggered by the idea that excellent work is being done at the local level and passing un-noticed, unpublished. There is a sense that particular countries where FGC is practiced are witnessing significant change. A further concern that research agendas are becoming more academic may influence the cataloging of best practices.

c) Counseling for Circumcised Women

A widening range of definitions on human sexuality currently exists, aiming to portray 'normal' sexual function. Scientific research has also demonstrated that FGC does not necessarily prevent or inhibit full sexual satisfaction, including the ability to orgasm. The following approach for counseling women who have undergone FGC was discussed by the group amongst others, alongside selected messages:

A Recommended Approach

- Counseling must stress the wide range of individual experience of both FGC and its long term-consequences. Messages must adapt to:
 - Community norms
 - Age and life cycle of the women
 - Socio-economic backgrounds
 - Type and age of circumcision
- Counseling will be most effective if it reflects deep-seated concerns of the patient
- Health-care providers must listen, and not lecture

d) Medical Interventions Towards FGC

How to educate health care providers towards more competent care (in the domains of pre-service

training, and re-training), how to improve medical education for doctors and nurses, and the integration of FGC and human sexuality in medical curricula are essential topics for the bridging of research to action. This commences by the revisiting of FGC classifications and typology. A recommended action point is therefore the review of the current classifications and typology of FGC by WHO. It is also recommended to abandon the term *sunna* circumcision due to its close links with religiosity. It is also recommended that WHO's international advocacy role in the field of gender and sexuality ensures particular sessions for the psycho-sexual aspects of FGC and its integration in the training curricula for OB/GYN.

CONCLUSION

It was stressed amongst participants that counseling of male and female partners suffering consequences of FGC is an area in need of rigorous capacity building, on both local and international health care fronts. Participants also recommended numerous action steps towards shifting popular discourse amongst current FGC research, such as the abandonment of the term *sunna* circumcision, and the integration of FGC into health provider curricula. This leads to a proposed review of the currently available classifications and typology of FGC, and a recommended concept paper on measurement studies that test best practices and methods in communities that are undergoing change. The role of the media in effectively communicating and disseminating research findings is also highly emphasized.

The diversity of the papers and perspectives presented during the seminar point to essential theoretical movements and trends currently influencing our perceptions of women's bodies and sexuality. Participants deepened understanding of hegemonies driving the practice of FGC, deconstructed epistemic spaces dealing with women's sexuality, and contested the export of Western twentieth-century clinical models of measuring female sexual dys/function in the cross-cultural woman's body. All papers are united in their belief that there is a lack of substantive evidence and scientific data that establishes the relationship between FGC on the psychosexual and reproductive health of women. In the scientification of women's sexuality, recent evidence offered during the seminar suggests that the deeply-rooted tradition of FGC may not result in complete elimination of sexual satisfaction or desire in women, often cited in the literature as a fundamental health effect of the procedure, and in essence comprising the core basis of the perpetuation of the practice.

ANNEX 1: AGENDA

Advancing Knowledge of Psycho-Sexual Effects of FGC: Assessing the Evidence

October 10-12, 2004

Le Metropole, Alexandria, Egypt

SUNDAY OCTOBER 10, 2004

19:00 Introductions and Dinner at Le Metropole, Les Versailles Meeting Room
Film Screening, *On Their Own*

MONDAY OCTOBER 11, 2004

Session 1

Introduction

09:00 – 10:30

Opening remarks/Overview

Nahla Abdel Tawab

1. Background Paper: *Best Evidence on Psychosexual Sequelae of FGM, Theory, Methods and Findings*
Hermione Lovel and Zeinab Mohamed

Session 2

Socio-Cultural Aspects of Sexuality

11:00 – 13:00

Chair: Johannes Van Dam

Discussant: Nawal Nour

2. *Sexual Response and Sudanese Conceptions of the Infibulated and Uninfibulated Vulva: Research in Sudan, 2004*

Ellen Gruenbaum

3. *Men Break Their Silence on FGM and Sexuality in Eastern Sudan*

Ellen Gruenbaum

4. *Investigating the Relationship Between Female Genital Mutilation and Women's Sexuality*

Amel Fahmy

Session 3

On-going Research on Psycho-Sexual Consequences of FGC

14:00 – 16:30

Chair: Feriyal F. Fikree

Discussant: Julia R. Heiman

5. *The Association Between Female Genital Cutting and Correlates of Sexual and Gynaecological Morbidity in Edo State*

Friday Okonofua

6. *The Practice of Re-Infibulation in the Sudan, Findings From a Systematic Search of English and Arabic Literature*

Nafisa Bedri

7. *Quality of Sexual Life in Women with Infibulation Assessed with the Female Sexual Function Index (FSFI)*

Catania Lucrezia and Omar Abdulcadir Hussen

8. *Preliminary Results of Research About 137 Women's Sexuality with Female Genital Mutilation (FGC)*

Catania Lucrezia and Omar Abdulcadir Hussen

TUESDAY OCTOBER 12, 2004

Session 4 Interventions Addressing Consequences of FGM/C

09:00 – 10:45

Chair: Abdelhadi El Tahir

9. *Preliminary Results of the Psycho-Sexual Aspects of the Operation of Deinfibulation*

Catania Lucrezia and Omar Abdulcadir Hussen

10. *Outcomes After Deinfibulation Show Health and Sexual Benefits*

Nawal Nour

Session 5 Egyptian Research and Intervention Efforts

11:15 – 12:30

Chair: Ezz El Din Osman

- Studying Long-Term Consequences of FGC: Work in Progress, Ezz El-Din Osman, Egyptian Fertility Care Foundation
- Vivian Fahmy, Training Coordinator, FGM Free Village Project, FGM Task Force
- Marie Assaad, Egypt FGM Task Force
- Riham Shebl, Independent gender rights activist
- Dr. Maissa El-Mofty, Professor of Psychology, Ain-Shams University

Lunch/ Round Table Thematic Discussions

12:30 – 14:00

- (a) Politics surrounding interventions against FGC
- (b) Difficulties in measuring sexual satisfaction
- (c) Medical interventions for restoration of the clitoris/ deinfibulation
- (d) Counseling for circumcised women

Session 6 Ethical and Methodological Issues

14:00 – 15:30

Chair: Julia R. Heiman

Discussant: Johannes Van Dam

11. *What Can Be Known, and What Can Be Said? Methodological and Ethical Issues in Research on FGM/C and Sexual Experience*

Elise B. Johansen

12. *Sexual Health Among Young Somali Women in Sweden: Living with Conflicting Culturally Determined Ideologies*

Sara Johnsdotter and Birgitta Essén

Session 7 **Linking Research to Action**

15:45 – 16:45

Chair: Adriane Martin Hilber

Reporting on round-table discussions

Wrap-up and Conclusion

Barbara Ibrahim

ANNEX 2: PARTICIPANTS AND AFFILIATIONS

| Name | Affiliation | Country |
|-------------------|--|----------------|
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| | | |
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| Vivian Fahmy | Coptic Bisphoric Organization for Social Sciences, Training Coordinator, FGM Free Village Model <i>vivianfahmy@hotmail.com</i> | Egypt |
| Fariyal F. Fikree | Director Health Communications Population Reference Bureau <i>ffikree@prb.org</i> | USA |
| Ellen Gruenbaum | Professor Department of Anthropology California State University, Fresno <i>elleng@csufresno.edu</i> | USA |
| Ezz El-Din Osman | Professor of Obstetrics and Gynecology, Executive Director Egyptian Fertility Care Foundation <i>efcf@link.net</i> | Egypt |
| Julia R. Heiman | Director The Kinsey Institute for Research in Sex, Gender and Reproduction Indiana University <i>jheiman@indiana.edu</i> | USA |
| Adriane Martin Hilber | Technical Officer WHO Department of Reproductive Health and Research <i>martinhilbera@who.int</i> | Switzerland |
| Abdulcadir Omar Hassan | Director Research Center for Preventing and Curing FGM and its Complications University of Florence <i>lucreziacatania@yahoo.it</i> | Italy |
| Barbara Ibrahim | Regional Director West Asia North Africa Regional Office Population Council <i>bibrahim@pccairo.org</i> | Egypt |
| Elise B. Johansen | Project Leader, Okprosjekt PhD Candidate, Oslo University <i>elise.johansen@hev.oslo.kommune.no</i> | Norway |

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| Zeinab Mohamed | Research Associate The University of Manchester <i>zeinab.mohamed@mist.ac.uk</i> | UK |
| Nawal Nour | Director African Women's Health Center Brigham and Women's Hospital <i>nnour@partners.org</i> | USA |
| Riham Shebl | Independent Researcher and Activist of Gender and women's rights <i>rihshebl@aucegypt.edu</i> | Egypt |
| Johannes Van Dam | Director of Reproductive Health Program Population Council <i>jevandam@popcouncil.org</i> | USA |

ANNEX 3: PARTICIPANT BIOS

Nahla Abdel Tawab, is managing the Population Council Frontiers in Reproductive Health Program in Egypt. She has worked for the Population Council for more than six years. She conducts operations research that helps program managers in solving service delivery problems to enhance health and well-being of women. Abdel Tawab holds a medical degree, a B.A. in Social Anthropology from Egypt, and a doctorate in behavioral sciences and health education from John Hopkins University, USA. Her areas of interest are counseling, provider-patient communication and improving medical care and counseling for circumcised women.

Marie Bassili Assaad Born in Cairo, Egypt, Dr. Assaad studied in her native country and took a Masters Degree in Sociology – Anthropology. For a brief while, she taught at the American College for Girls in Cairo and was a social caseworker for a non-governmental organization. As a social worker and educationalist focusing particularly on the empowerment of women, she was deeply involved in several community development programs from her younger days. She was the graduate assistant and later Senior Research Assistant at the American University in Cairo Social Research Center. Her writings too represent the concerns dearest to her: the empowerment of women, holistic health care and sustainable development. Her writings on FGC include *Female Circumcision in Egypt: Social Implications, Current Research and Projects for Change*, published in *Studies in Family Planning* 11, 1, 1980. Her professional interests include applied anthropology, cultural change and development, action-research with emphasis on training and upgrading services; family planning and population education, women, health care and integrated development; environment and solid waste management. Dr. Assaad worked as the coordinator of the FGM Taskforce of Egypt in October 1994, which is now under the legal umbrella of the National Council of Childhood and Motherhood (NCCM).

Nafisa Mohamed A. Bedri, is assistant professor at the School of Family Sciences, Ahfad University for Women, executive board member of Babiker Badri Scientific Association for Women Studies and the President of the Sudanese Population Network. Besides being a lecturer, Dr. Bedri is also a researcher, program manager and trainer in the field of reproductive health in general and women's health issues in particular. Dr. Bedri has written and developed several training and educational materials in these fields. She has also carried out several researches at national and international levels in the area of women's health.

Mona Bur is an African graduate fellow at the Department of English and Comparative Literature at the American University in Cairo. She is the coordinator of the INTACT Network at Population Council, West Asia and North Africa Regional Office in Cairo. Her research interests include issues of FGC, gender and sexuality in literature and development.

Lucrezia Catania, heads the research division of the Center for Preventing and Curing FGM and its Complications at the Department of Gynaecology and Obstetrics of the University of Florence. A graduate of Medicine and Surgery at the University of Florence, Dr. Catania specialized in gynaecology and obstetrics at the University of Florence, and clinical sexology at the University of Pisa and Florence, 2003. She is also the author and speaker of numerous researches on FGM/C, such as I National Congress of the Italian Federation of Scientific Sexology (2002), V National Congress of the Italian Society of Health Psychology (2002), XVI World Congress of Sexology (2003), XVII European Conference of Health Psychology (2003), III International Meeting of the International Society for the Study of Women and Sexual Health (2003).

Maissa El-Mofty, was born and raised in Cairo, Egypt in a family where most of its members were members of the medical profession and university professors. She joined the medical school of Cairo University and left after her first year with her husband who was on a Fullbright Scholarship to New York for four years where she studied Psychology. Returning to Cairo she worked for the Ministry of Health providing 300 schools in Western Cairo with psychological assessment and therapy. She joined Ain Shams University in 1975 and for the past five years headed both the department of Psychology at the Faculty of Arts and the Department of Humanities at the Faculty of Environmental Research. She is presently involved in survey studies dealing with the onset of menstruation in girls and issues regarding FGM/C.

Abdelhadi Eltahir is a holder of Medical Degree from the Faculty of Medicine, University of Khartoum, and a Masters of Public Health from Columbia University in New York. Currently Dr. Eltahir is a Senior Technical Advisor at the Bureau for Global Health, United States Agency for International Development (USAID) in Washington, DC. He is a member of MCH team and Reproductive Health Core Group for Africa Bureau. Dr. Eltahir spearheaded the USAID Initiatives on Prevention of Post-Partum Hemorrhage and FGC abandonment worldwide. Prior to this position he worked in Saudi Arabia as Head, Department of Public Health at the Health Science College in Dammam. As Assistant Clinical Professor at the School of Public Health, Columbia University, he provided assistance for implementation of Prevention of Maternal Mortality projects in West Africa. He worked in Sudan for many years as a practicing medical doctor where he performed medical, obstetric and surgical procedures as needed. Recently Dr. Eltahir received the USAID Population, Health and Nutrition Superior Service to the Field Award from Africa Bureau and Bureau for Global Health. Also, he received a number of awards from Columbia University, Royal Commission in Saudi Arabia, and Sudan Pediatric Specialists Society.

Birgitta Essén, MD, PhD, is a gynecologist in Sweden. She is running a clinic for immigrant women and reproductive health at the University Hospital of Malmö. She defended her thesis "Perinatal mortality among women from Africa's Horn in Sweden", 2001. Her research area is SRHR (FGC, gender violence, honor violence, maternal mortality, culture-sensitive family planning etc), working in a multidisciplinary (obstetrician, epidemiologist, public health and social anthropologist) group at Lund University, running projects both in high- as well as low- income countries.

Amel Fahmy, is Technical Officer at the Department of Reproductive Health and Research (RHR) of the World Health Organization, and is responsible for co-coordinating work on FGC. She holds a MA in Women's Issues and International Relations, and PHC in Public Health. Ms. Fahmy has been involved with women's related issues focusing on sexual health and FGC for 10 years, and has previously worked with WHO, UNHCR, UNFPA, Population Council. She has also consulted for CIDA and CEDPA, and previously participated in the design and implementation of several research studies on FGC.

Vivian Fahmy, Training Coordinator, NCCM/FGM Free Village Model, Coptic Bisphoric Organization for Social Sciences.

Fariyal F. Fikree, MD, DrPH, Director of Regional Health Programs in the Population Council's Cairo office, manages a portfolio of women's health projects. She provides technical support to Population Council country offices in the West Asia and North Africa region in designing, implementing, monitoring, and evaluating reproductive health projects. Her specialty is expanding the routine obstetrics service delivery package to include postpartum and newborn care, post abortion care, and prevention and care issues surrounding RTI/STI and domestic violence. Dr Fikree is spearheading a new Urban Health program initiative that focuses on the relationship between poverty, social capital, social networks and health.

As a professor of reproductive health and epidemiology at the Aga Khan University, in Pakistan, Dr. Fikree built a respected and well-funded center for reproductive health research, developing a cadre of respected local researchers. Dr. Fikree has published numerous articles in leading journals, including *Social Science and Medicine*. Dr. Fikree received her MD degree from Shiraz University, Iran, in 1980 and her MPH and DrPH from Johns Hopkins University in 1988 and 1993 respectively.

Ellen Gruenbaum, Ph.D., is Professor of Anthropology at California State University, Fresno. In the 1970s, she lived in Sudan for five years, teaching at the University of Khartoum and doing research in medical and cultural anthropology. This was followed by additional research in 1989, 1992 and 2004. In 2004, she was affiliated with the Institute for Women, Gender and Development Studies at Ahfad University in Omdurman and later served as a research consultant for UNICEF and CARE on their FGM/C projects in eastern and western Sudan. She authored "The Female Circumcision Controversy: An Anthropological Perspective" (University of Pennsylvania Press, 2001).

Ezzeldin Osman Hassan, M.B., B.C.H., D.G.O., D.S., M.D. Professor, Obst. & Gyn. Dept., Mansoura Faculty of Medicine, Egypt. Secretary General, The Egyptian Society of Gynaecology and Obstetrics. Executive Director, The Egyptian Fertility Care Foundation, has published extensively in the field of gynaecology, obstetrics, family planning and reproductive health, and has conducted biomedical, socio-medical and socio-demographic research in the above fields. Dr. Ezzeldin has also conducted training programs in research methodologies and in different areas of reproductive health. Special research interests include contraceptive technologies, reproductive health issues especially postabortion care, FGC, maternal morbidity and infertility.

Julia R. Heiman, Ph.D. was named Director of The Kinsey Institute for Research in Sex, Gender and Reproduction at Indiana University, in June, 2004. She is appointed as Professor of Psychology at Indiana University and Professor of Clinical Psychiatry at IU Medical School. She comes to The Kinsey Institute and IU from the School of Medicine at the University of Washington, where she was Professor of Psychiatry and Behavioral Sciences, Director of the Reproductive and Sexual Medicine Clinic and Associate Director for Psychotherapy Programs at the Outpatient Psychiatry Center. She is a researcher, clinician and an international authority in the field of human sexuality.

In 2001, she was honored with the Distinguished Scientific Achievement Award from the Society of the Scientific Study of Sex, and was named Distinguished Psychologist by the Washington State Psychological Association. She has served on the National Institutes of Mental Health IRG as a study section member of the Life Course and Prevention committee, and has served on the Violence and Criminal Behavior committee and the Violence and Traumatic Stress committee. From 1997-1999, she was a national reviewer on the Social Science Research Council's Human Sexuality Research Fellowship Program. She has been a panelist on the National Institutes of Health Consensus Development Conference on interventions to prevent HIV risk behavior (1997) and co-chaired the Second Cape Cod Conference on Sexual Function and Assessment in Clinical Trials: Female Sexual Dysfunction (1998). She is currently an NIH special reviewer as well as a consultant to several pharmacology firms. She has been elected as; President of the International Academy of Sex Research, National Board Member of the Society for the Scientific Study of Sex, and President of the American Board of Family Psychology. Dr. Heiman has published broadly in the area of sex research on male and female sexual function and dysfunction, psycho-physiological components of female and male sexual arousal patterns, outcome research of sexual dysfunction, and correlates of histories of childhood sexual and physical abuse.

Adriane Martin Hilber, is a Technical Officer in the Department of Reproductive Health and Research in the Unit on Gender and Reproductive Rights. Since 2002, she has been the coordinator of the new departmental area of work on Sexual Health. The work on sexual health focuses on

building the evidence base for sexual health programming and research on gender, sexuality and vaginal practices. In addition to working on sexuality and sexual health, she also works on Human Rights, policies and maternal and newborn health. Ms. Hilber has a degree in development economics and politics and a degree in public health. She is currently pursuing a PhD in public health focusing on health policy.

Abdulcadir Omar Hussen, M.D., was born in Mogadishu, Somalia. Dr. Hussen is currently head of the Research Center for Preventing and Curing FGM and its Complications at the Department of Gynaecology and Obstetrics of Florence. Graduate of Medicine and Surgery, Dr. Hussen has specialized in Gynaecology and Obstetrics at the University of Florence. He is also in charge of Social Health Coordination for immigrants in Tuscany. In addition, Dr. Hussen is coordinator and organizer of the first international congress "Contribution to a Socio-Medical Integration of Extra-Communitarian Immigrants" and organizer/coordinator of four conferences on contraception for immigrant communities of African, Arab, Eastern European and Asian backgrounds (held in Milan, Florence, Turin and Trieste).

Barbara Lethem Ibrahim, Ph.D. is regional director for West Asia and North Africa at the Population Council, a position she has held since 1991. She previously served as the Middle East program officer for urban poverty and women's studies programs for the Ford Foundation, Cairo. Ibrahim received an M.A. from the American University of Beirut and a Ph.D. from Indiana University. She was principal investigator on a major national survey of adolescents and their parents conducted in Egypt in 1997, as well as on a current impact study of Ishraq, a sports and empowerment program for rural girls. Ibrahim advises groups in Jordan, Pakistan, and Iran on national youth research, and is a member of a regional working group that conducts research on issues related to the Arab family. She is developing new programs to enhance local philanthropy and forge stronger links between research, activist, and policy communities. Ibrahim received the Lifetime Achievement Award from the Association of Middle East Women's Studies in 2003, and was inducted into the Educators Hall of Fame (USA) in 1999. She serves on numerous international boards.

R. Elise B. Johansen, is a PhD student of medical anthropology, University of Oslo. She has conducted research in Norway focusing on the perceptions of women and men affected by FGC now living in Norway on the practice and their experience; birth-care for infibulated women. Previously published articles on FGC include themes of pain, sexuality and birth care/birth experiences. She is presently leader of the OK Project, a national project in Norway working with information and communication related to FGC, with affected communities and public services. Johansen is a former researcher on non-cutting female initiation rituals (Tanzania), and reproductive health rituals, sexuality and humor among Norwegian youth. She is presently planning a post-doctoral study titled "Is All Genital Mutilation Mutilating?" on comparing different genital practices in relation to health, ethical and political definitions compared to local meanings.

Sarah Johnsdotter, PhD, is a Research Fellow at the Department of Social Anthropology, Lund University, Sweden. She has been conducting research in cooperation with Dr. Birgitta Essen for eight years, on issues of FGC and legal aspects, cultural exchange due to migration and sexual ideologies. Her doctoral thesis, "Created by God: How Somalis in Swedish Exile Reassess the Practice of Female Circumcision" was completed in 2002.

Hermione Lovel, is Senior Lecturer (WHO Collaborating Center for Primary Care), University of Manchester, UK. She has set up and run nationally recognized research training (MRes Health and Community). Previously she worked for 15 years at the Center for International Child Health,

University College, London, latterly as Director MSc and Child Health. Her FGM research started in 1996 with a WHO commissioned systematic literature search and review of health complications from which she developed 4 research protocols to investigate childbirth, psychosexual, psychological comorbidity sequelae in sociocultural/ socioeconomic aspects. The childbirth study is ongoing in a 6-community completing soon. She is also working with the Somali community in Manchester.

Zeinab Mohamed, BSc in Nursing, is a Somali registered nurse and midwife, PhD currently in progress at the University of Salford, U.K. She is currently working as a Research Associate in a research project at the University of Manchester. She has also previously worked as a Research Associate on different projects looking into the heads of migrant communities in the UK and access and inclusion initiatives. She is also on the Board of different organizations both voluntary and governmental bodies working with minority ethnic communities in the UK investigating how to improve the quality of life for the communities.

Nawal Nour, MD is actively researching the health and policy issues regarding female genital cutting (FGC) locally and internationally. She has spoken in numerous academic and national conferences regarding the medical management of women who have undergone this practice. Committed to the eradication of FGC, she travels throughout the country conducting workshops to educate African refugees and immigrants on the medical complications and legal issues of this practice. She was recently on an FGC task force for the American College of Obstetrics and Gynecology. She served as the primary author for *Female Genital Cutting, Clinical Management of Circumcised Women*, published by ACOG. Dr. Nour is a board certified Obstetrician/Gynecologist and is the Director of the Obstetric Resident Practice at the Harvard-affiliated Brigham and Women's Hospital in Boston, MA. She is an assistant professor at Harvard Medical School. She has also established an African Women's Health Practice that provides appropriate health and outreach programs to the African community in Boston. Dr. Nour was honored as a 2003 MacArthur Foundation Fellow for creating the country's only center of its kind that focuses on both physical and emotional needs of female circumcision victims. Born in the Sudan and raised in Egypt and England, Dr. Nour came to the United States to attend Brown University. She received her medical degree from Harvard Medical School in 1994 and completed a chief residency in Obstetrics and Gynecology at the Brigham and Women's Hospital, Boston, MA in 1998. She received the Commonwealth Fund/Harvard University Fellowship in Health Policy where she obtained her MPH at Harvard School of Public Health in 1999. She was subsequently awarded the H. Richard Nesson Fellowship from the Brigham and Women's Hospital for her community work and outreach.

Friday Okonofua is a Professor in the Department of Obstetrics and Gynaecology and Provost, College of Medical Sciences, at the University of Benin, Benin City, Nigeria. His present appointments include the post of Secretary-General of the Society of Gynaecology and Obstetrics of Nigeria (SOGON), and Director of the Women's Health and Action Research Center. Prof Okonofua is also the Editor of the African Journal of Reproductive Health, Journal of Medicine and Biomedical Research, and Women's Health Forum. He is the Associate Editor of the Nigerian Medical Journal as well as a member of the international advisory group of the British Journal of Obstetrics and Gynaecology. He is a reviewer of reproductive health articles to several journals including the British Journal of Obstetrics and Gynaecology, Studies in Family Planning, African Journal of Medicine and Medical Sciences, Nigerian Medical Journal and West African Journal of Medicine. Other appointments include Adjunct Visiting Scientist in Reproductive Health, Harvard School of Public Health, Boston, USA, and Adjunct and PHD Candidate, Department of Public Health, Karolinska Institute, Stockholm, Sweden. Prof. Okonofua has also published extensively on women's health issues.

Riham Sheble graduated from The American University in Cairo in 2000 with a double BA, Arabic and Islamic and Studies, English and Comparative Literature and a minor in Gender Studies. Currently working as a teaching assistant of Arabic Literature at AUC, finishing MA in Arabic Literature (research topic: feminism and Sufism in modern Arabic literature written by women in Egypt), working as editor of school books and an independent researcher and activist in the field of women's rights, especially violence against women, namely FGM and the phenomenon of battered wives. Ms. Sheble has published articles in a number of encyclopedias and journals, such as the Encyclopedia of African Studies, and Tiba (a feminist journal published by New Woman Research Center). She has also participated in numerous panels discussion, conferences, TV interviews concerning the topics of FGM/C, e image of women in the media with focus on the image of veiled women in the media.

C. Johannes Van Dam is the director of the Robert H. Ebert Program on Critical Issues in Reproductive Health. Prior to this position, he was the deputy director and senior program associate for the Population Council's International Programs Division. He coordinates operations research on sexually transmitted infections and HIV/AIDS and serves as liaison to a number of international organizations. Prior to joining the Population Council, van Dam worked for UNAIDS providing technical assistance to national AIDS committees to help develop, implement, and evaluate program activities. Van Dam also served as a medical officer with the World Health Organization's Global Programme on AIDS and as a public health expert for the Commission of European Communities' AIDS Task Force. Van Dam has given presentations at conferences and workshops around the world. He received his M.D. degree from the University of Amsterdam, a diploma in Tropical Medicine and Hygiene from the Royal Tropical Institute in Amsterdam, and an M.S. in Community Health in Developing Countries from the London School of Hygiene and Tropical Medicine, University of London.

Mission Statements

The Population Council's mission is to improve the well-being and reproductive health of current and future generations around the world and to help achieve a humane, equitable, and sustainable balance between people and resources.

INTACT's mission is to contribute to the abandonment of female genital cutting, female genital mutilation and female circumcision (FGC/FGM/FC) by advancing social, behavioral, and epidemiological research on the practice, by promoting research on the impact of interventions to reduce its prevalence, and by facilitating the utilization of research findings to guide policies and programs.

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