

## Disappearance of Female Genital Mutilation from the Bedouin Population of Southern Israel

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### ABSTRACT

**Introduction.** Recently, clinicians in Southern Israel perceived that the practice of female genital mutilation had disappeared entirely in the Bedouin population. We previously studied the prevalence of this practice in 1995.

**Aim.** We decided to survey again the Bedouin population focusing on those tribes previously reported to perform this practice.

**Methods.** Eighty percent of the interviews were done by an Arabic-speaking psychiatrist and 20% were done by an Arabic speaking nurse in the gynecologic clinic of a large Bedouin township or the gynecologic clinic of a smaller Bedouin township. Women were asked if they would be willing to answer a few questions about their past and if they were willing to have the gynecologist, with no additional procedure, note whether any operation had been performed on their genitalia.

**Main Outcome Measures.** Physical examination by gynecologist and an oral questionnaire.

**Results.** One hundred and thirty two women were examined. No cases of any scarring of the kind reported in the previous study were found on physical examination.

**Conclusions.** FGM has apparently disappeared over 15 years in a population in which it was once prevalent. **Halila S, Belmaker RH, Rabia YA, Froimovici M, and Applebaum J. Disappearance of female genital mutilation from the bedouin population of Southern Israel. J Sex Med 2009;6:70–73.**

**Key Words.** Female Genital Mutilation; Bedouin; Southern Israel

### Introduction

Female genital mutilation (FGM) has been reported in many cultures around the world. It is variously called female circumcision or female genital cutting and comes in varying degrees of severity. While it is often described in Muslim culture, it is not specifically associated with Islam. Roots of the phenomenon are difficult to define and may vary from culture to culture [1,2]. In recent years the World Health Organization has mounted major efforts to reduce the prevalence of this phenomenon which can lead to genital infection, psychological trauma, and reduced sexual function in women [3–11].

Ethical and legal problems have arisen as families from countries where the practice is wide-

spread reach countries where the practice is against the law. Therefore, it is of great interest to define processes or situations that can lead to a reduction in the incidence of this phenomenon in cultures where it is practiced.

The practice of FGM varies in form from culture to culture. Some cultures remove the clitoris and labia majora and minora, others incise only part of the clitoris and in still others, minor incisions constitute the whole ceremony [12–16]. About 15 years ago a study was done defining the prevalence and nature of FGM in the Bedouin of Southern Israel [17]. The Bedouin of Southern Israel are a heterogeneous group of tribes, some of whom have origins in Saudi Arabia and others in Sudan. They are distinct in some cultural aspects from the agricultural Palestinian population but

**Table 1** Female genital mutilation in Bedouin of Southern Israel in 2008

Questions	Total N = 132		Rahat group N = 76		Specific tribes group N = 33		Segev shalom group N = 23	
	Yes	No	Yes	No	Yes	No	Yes	No
Do you know of this custom?	99	33	57	19	25	8	17	6
Is it done in your tribe?	7	125	2	74	3	30	2	21
Do you know anyone who has had this done?	26	106	11	65	9	24	6	17
Do you know anyone who has had this done in the past year?	8	124	8	68	0	33	0	23

share the Muslim religion and the Arabic language. FGM is not known among the Palestinian population but has traditionally been practiced in many, but not all, of the Bedouin tribes. In the 1995 study of Asali et al. [17], six tribes were found where FGM was the norm according to anthropological interviews. However, on physical examination of women from these tribes who were having routine physical examinations for gynecological or obstetrical reasons, no instances of mutilation of the labia majora or clitoris were found. In all (100%) of the women, scars were found on the prepuce of the clitoris or on the labia, about 1 cm in length indicating that a ritual incision had been made but without removal of tissue (WHO classification, FGM Type IV [18]). It was speculated [17] that this procedure might have been modified from an earlier original procedure that might have been more severe [19]. It was suggested that the process of Westernization that the Bedouin have undergone since Israeli independence, universal health care, and compulsory education of both boys and girls might have led to a modification of the practice without a directed program toward its eradication.

In the last few years, clinicians in Southern Israel have had the impression that the practice has disappeared entirely in the Bedouin population. Therefore, we decided to survey again the Bedouin population with an emphasis on those tribes previously reported to perform this practice. Moreover, we limited our survey to women under age 30 who would have been expected to have had this procedure in the last two decades rather than older women who might have the scars from FGM performed 40–50 years ago.

## Methods

Eighty percent of the interviews were done by an Arabic speaking psychiatrist and 20% were done by an Arabic speaking nurse. The setting of the interviews was the gynecologic clinic of a large Bedouin

township (Rahat group, Table 1) or the gynecologic clinic of a smaller Bedouin township (Segev Shalom group, Table 1). In both township clinics, “specific tribes” that were found in the 1995 study [17] to have a high prevalence of FGM were preferentially invited to participate in the study (see Table 1), but we do not disclose the identity of these tribes for ethical reasons. Women coming for other services and requiring gynecological examination were asked if they would be willing to answer a few questions about their past and if they were willing to have the gynecologist, with no additional procedure, note whether any operation had been performed on their genitalia. This procedure of oral consent was approved by our Helsinki Committee (institutional review board). The women were sampled consecutively on days that the psychiatrist or nurse could attend clinic but only in areas where that practice had been previously described to be prevalent. Attempts were made to interview staff and to identify times and places where women who might still be performing the practice might be available for participation in the study. The questionnaire used in the study is presented at the end of the article. No women refused consent for the study.

## Main Outcome Measures

Physical examination by gynecologist and an oral questionnaire.

## Results

One hundred and thirty two women were examined. No cases of any scarring of the kind reported in the previous study [17] were found on physical examination. Table 1 presents the data. Eight women reported that they had heard that FGM is still going on but only by word of mouth and we could not identify a single case that we could be referred to.

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