

## ORIGINAL RESEARCH ARTICLE

# Reflections on Female Circumcision Discourse in Hargeysa, Somaliland: Purified or Mutilated?

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## Abstract

In communities where female circumcision is carried out, increasingly large segments of the population have been exposed to strong arguments against the practice. This study aimed to explore diverse discourses on female circumcision and the relationship between discourses and practice among informants who have been exposed both to local and global discourses on female circumcision. A qualitative study was carried out in 2009/10 in Hargeysa, Somaliland, employing interviews and informal discussion. The main categories of informants were nurses, nursing students, returned exile Somalis and development workers. The study findings suggest that substantial change has taken place about perceptions and practice related to female circumcision; the topic is today openly discussed, albeit more in the public than in the private arena. An important transformation moreover seems to be taking place primarily from the severe forms (pharaoni) to the less extensive forms (Sunna). (*Afr J Reprod Health* 2014; 18[2]: 22-35).

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**Keywords:** pharaoni, sunna, FGM, infibulation,

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## Résumé

Dans les communautés où l'excision est pratiquée, de grandes parties de la population ont été exposées à de forts arguments contre la pratique. Cette étude vise à explorer les divers discours sur l'excision et la relation entre les discours et la pratique parmi les informateurs qui ont été exposés à la fois à des discours locaux et mondiaux sur l'excision. Une étude qualitative a été menée en 2009/10, à Hargeisa, au Somaliland, en utilisant des entrevues et des discussions informelles. Les principales catégories d'informateurs étaient des infirmières, des étudiants en soins infirmiers, des Somaliens qui revenaient de l'exil et des agents de développement. Les résultats de l'étude suggèrent que les changements importants ont eu lieu sur les perceptions et les pratiques liées à l'excision; le sujet est aujourd'hui ouvertement discuté, mais plus dans le domaine public que dans le domaine privé. Une transformation importante semble d'ailleurs avoir lieu principalement à partir des formes sévères ( pharaoni ) jusqu'aux formes moins vastes ( de sunna ). (*Afr J Reprod Health* 2014; 18[2]: 22-35).

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**Mots-clés:** pharaoni, sunna, MGF, infibulation

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## Introduction

Although powerful global campaigns against female genital mutilation (FGM) have been in place for a number of years, the practice of what we in this paper will refer to as female circumcision continues to be customary in a large number of countries and communities globally, with a majority found across Africa from the north eastern coast to the west coast<sup>1</sup>. Increasingly large segments of the population in Somaliland, where female circumcision is carried out on a considerable scale, have been exposed to both

strong arguments for the continuation of female circumcision and strong arguments against the practice. This paper focuses on discourses on female circumcision in Hargeysa, Somaliland, as encountered among categories of people who to a substantial extent have been confronted with the strong global anti-FGM discourse but, who are moreover well acquainted with local discourse in favour of the practice. Indeed, the inhabitants of Hargeysa increasingly live their lives with a fundamental knowledge of both positions. Circumcised women who have been strongly confronted with arguments against the practice

have potentially important roles to play in the fight against female circumcision. The paper sets out to explore how people in Hargeysa, Somaliland, perceive and relate to the diverse positions of this practice.

### **Background**

We will start with a brief commentary on the somewhat confusing terminological landscape around the practice before we turn to the background for and some implications of female circumcision. Female genital cutting (FGC), female genital mutilation (FGM) and female circumcision (FC) are all commonly employed terms in English when referring to the practice. The term female genital mutilation (FGM) is the term most often used in English. With its clear derogative connotation, FGM was found to be problematic to use in the present study, which aimed to explore the practice in an open manner. Rather, 'female circumcision' – which emerged as the concept located closest to the terms in use in Somali – was employed in the present study<sup>2</sup>. Female circumcision will however be employed in combination with 'infibulation', the form of circumcision which is most common in this part of Africa, along with local terms. Female genital cutting (FGC) is not in common use in Hargeysa.

The World Health Organisation offers a revised (2008) description and classification of various forms of female circumcision, and presents four main types with sub-categories: types I and II correspond to what is labelled *Sunna* in Somaliland. This is an operation implying anything from a pricking of the clitoris to the cutting and sewing with one or two stitches in the labia minora. Type III in the classification corresponds in broad terms to infibulation, or to what would be labelled *gudnin pharaoni* in Somaliland, and implies the cutting of the labia minora and/or the clitoris. This practice commonly involves quite elaborate stitching of the labia majora, leaving a small orifice for urine and menstrual blood to pass. Type IV is described as 'all other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization'<sup>3</sup>. Due to the multitude of local

variations, a well-recognized challenge has been to incorporate these variations of female circumcision in a standardized classification system<sup>4,5</sup>.

According to the Norwegian anthropologist Aud Talle, who has studied female circumcision in diverse 'non-Western' as well as 'Western' contexts, *sunna* has come to mean among Somalis all ways of female genital cutting that do not classify as infibulation or as being 'closed'<sup>6</sup>. '*gudnin haraoni*', '*gudnin sunna*' and '*halalays*' are all common terms in use in the Somali language to describe female circumcision. Broadly speaking, *gudnin pharaoni* or just *pharaoni* corresponds to infibulation, while *gudnin sunna* or just *sunna* largely corresponds to clitoridectomy. '*Halalays*' has the stem *halal* in Arabic – referring to what is permitted in Islam – and is used for all forms for circumcision. Talle writes that, in a Somali context, both women and men are considered to be impure at birth and need to be purified in order to become true women and men and to reproduce. The purification process partly takes place through the act of circumcision for both women and men. For women, the purification takes place by cutting the clitoris, which is considered the 'hard' and masculine part of a woman, and is connected with childhood and with dirt<sup>7</sup>.

Female circumcision has been presented somewhat stereotypically as a practice in which men control female sexuality and female reproduction. The manner in which women have been depicted as victims of a brutal male practice has created sharp reactions, not the least from circumcised women. They have not commonly perceived themselves as victims of a violent male practice but have seen female circumcision as a female custom that is necessary to maintain in order to make or create true women. Female circumcision has been described in the anthropological literature as part of a gendering process carried out to create a moral, marriageable and fertile woman<sup>5,7,8</sup>. Infibulation, moreover, has been described as a protection for women against rape, for example in connection with women who were herding alone or were alone in their huts<sup>2,7,9</sup>. Female circumcision was barely mentioned in either the historical or the anthropological

literature until the last half of the twentieth century. Written sources tell of female slaves from Sudan who were 'closed', that is, were circumcised in order to protect their virginity and thus ensure a higher price on the slave marked in Egypt. The term *pharaoni* is believed to have its origin from this time<sup>2,6</sup>. From being a rather muted issue, the debates concerning female circumcision surfaced between the national movement in Kenya and missionary communities in the last part of the 1920s as the 'female circumcision controversy'. The missionaries made attempts to raise a protest against the practice. From the local and national perspective, female circumcision at this early point emerged as a case symbolizing African resistance against colonization<sup>6,10,11</sup>. The controversy over female circumcision did not however end with the Kenyan confrontation. The issue returned with full force during 'UN' women's decade' and the feminist movement in the 1970s. The debates at times became very emotional. Body and Gruenbaum have pointed out that a lack of understanding about the complexity of the practice has characterized the discourse ever since the seventies<sup>2,12-14</sup>. Female circumcision has been increasingly debated in global forums, not least because circumcised women have migrated to all parts of the world, and the challenges related to how to perceive and deal with the practice have increasingly become central issues in settings that find the custom unacceptable. With processes of globalization, female circumcision has become a phenomenon known worldwide, with increasing emphasis on and demands for the eradication of the practice<sup>2,5,6,15,16</sup>.

Female circumcision has e.g. for a number of years appeared in Norwegian official debate, and Talle in particular has voiced concern about what she has described as a 'tabloid' view of the practice. She has attempted to give a more nuanced and informed picture, and to minimize the stigma that such simplified views have produced<sup>1,6</sup>. According to Talle, it is almost taboo in Norway to discuss female circumcision in terms other than of disgust<sup>1</sup>. A documentary from Hargeysa shown on Norwegian TV in 2007 held that as many as 185 Norwegian-Somali girls could have been circumcised over the last couple of years in Somaliland<sup>17</sup>. Talle, who at the time was

involved in a study among Norwegian-Somalis in Oslo and Hargeysa, strongly questioned the reported numbers, arguing that the number was much lower<sup>1</sup>.

The demand for eradication of the practice has been based on gender and human rights arguments and health related arguments respectively. A number of studies have scrutinized the health implications of female circumcision. Acute complications of the operation are reported to be excessive bleeding, pain and infection<sup>1</sup>. Pain and sometimes occlusion related to menstruation, prolonged urination time due to the small outlet, and both acute and chronic urinary tract infections proportional to the anatomic extent of the circumcision have been reported<sup>18</sup>. Urogenital complications have been found to be of a significantly higher risk among circumcised girls (Type I, II, III) compared to uncircumcised girls<sup>19</sup>. Morison et al. for example concluded that there was a significantly higher risk of bacterial vaginosis for circumcised compared to uncircumcised women, while there was a lack of other significant possible health outcomes for Type II-circumcision<sup>20</sup>. A WHO study carried out in six countries in Africa moreover concluded that there was higher risk associated with delivery among circumcised women<sup>21</sup>. Small's study, comparing Somali post-immigrant women and women in the 'receiving' countries, found that Somali women were more likely to have a Caesarean section, and had a higher risk of perineal trauma. Children born to Somali women showed in the same study a markedly higher risk of a low Apgar score, still births and neonatal deaths. Delayed care-seeking combined with lack of interpreters for circumcised women in a foreign setting were explained as other possible reasons for the poor birth outcomes<sup>22</sup>. The results, however, have varied starkly: Vangen et al. found no explicit connection between female circumcision and maternity complications for Somali immigrants in Norway, although the relation was not entirely excluded<sup>23</sup>. A case-control study on infertile women found that the prevalence of gynaecological pathology was higher among infertile women with a more extensive form of circumcision than in the control group, indicating that the more extensive the

circumcision, the greater the chance of complications leading to infertility<sup>24</sup>. According to Obermeyer, there are many challenges for health research related to female circumcision, not least the lack of specificity and detailed knowledge about the different types of circumcision<sup>25</sup>. What is more, the reliability of self-reporting of forms of female circumcision, which is a commonly employed method, has been questioned, as women tend to under-report the degree of their circumcision<sup>26</sup>.

Debates related to whether or not female circumcision has implications for female sexuality has also emerged. The review article by Obermeyer suggests that studies concerned with female circumcision and sexuality demonstrate that many circumcised women experience sexual sensation and desire despite the clitoris being damaged<sup>4,25,27</sup>. Other studies suggest that women with female circumcision have less sexual sensation and, again, that the extent of the removal of tissue is of importance for the potential of sexual arousal<sup>28,29</sup>. However, very few if any studies have been able to explore any difference in sexual sensation among women who have been sexually active both before and after female circumcision, hence uncertainty remains regarding the impact of female circumcision on sexual sensation<sup>13,28</sup>. Pain in connection with coitus has been reported, especially pertaining to infibulated women<sup>25</sup>. Less research has been carried out on the potential effects of female circumcision on male sexuality, but a study by Almroth et al. among married Sudanese men found infibulation to be associated with both physical and psychological sexual stress for men<sup>30</sup>.

In Somaliland, the custom of female circumcision has commonly been associated with the Muslim religion, and some of the leading Muslim schools interpret the religious scripts (*Hadiits*) in the direction of an acceptance of *sunna* circumcision, despite the lack of a clear link to the Koran<sup>31</sup>. Female circumcision has not in fact been described as a required practice in the Koran or by Islam, which has been used as one of the main arguments against the practice by many Muslims. Female circumcision is not customary in central Muslim countries in the Middle East, while a large number of non-Muslim societies in Africa

practise female circumcision<sup>1,5,31</sup>. Within Somali society, however, female circumcision is said to 'purify' girls for religious practice; i.e. becoming Muslim<sup>7,32</sup>.

### *Study setting, aims and objectives*

The present study was carried out in Somaliland, a de facto state and the northern autonomous region of Somalia. The capital Hargeysa found itself in the midst of reconstruction at the end of the civil war in the late 1980s. The war led to a continuous flight from the Somali populated area on the Horn of Africa, and resulted in exiled Somali populations located in neighbouring African countries as well as in a number of western countries. Hargeysa has remained safe compared to southern Somali and has, for a number of years, been a melting pot and meeting place for Somali society and the Somali diaspora. This background makes Somaliland and Hargeysa a particularly interesting and important location for a study of potential transformation of this culturally-embedded practice. In Somaliland, female circumcision is normally carried out well before the onset of puberty, commonly between the age of five and ten<sup>1</sup>. The information available indicates that more than 95% of all women are circumcised, of whom more than 95% are infibulated<sup>33-35</sup>.

In a context of massive FGM eradication campaigns, this paper sets out to explore discourses on female circumcision among categories of people who are familiar with local discourses that argue for a continuation of the practice but who, simultaneously and to a substantial extent, have been exposed to or are working within the anti-FGM campaigns. The more specific objective of the paper is to study the present discourses on female circumcision among nurses, nursing students, returned exile women, and development workers engaged in FGM eradication work with the aim of informing the FGM eradication campaign. Furthermore, the paper aims to explore the relationship between the discourses on FGM and the practice of female circumcision in Somaliland.

Drawing on the discourse concept in the analysis of the material, a brief mention of

Foucault's discourse concept is needed. Foucault was concerned with the flow of cultural meaning as well as changes or 'ruptures' in this flow, and he saw discourse as a collection of statements that were all situated in a certain social and historic setting<sup>36</sup>. A discourse only emerges when it has validity, has a certain actuality and is on the agenda in society. How a discourse emerges will thus exclude other ways of talking about the same issue at the time in question. Discourse analysis explores how statements in the discourse are voiced. Foucault holds that this is an analysis of relations between powerful actors, actors who hold a subject position and formulate statements as qualified speakers, and how they create a current and valid 'truth'<sup>36</sup>. In this context we will employ the discourse concept to enhance our understanding of current and valid 'truths' about female circumcision among inhabitants in Hargeysa, Somaliland.

## **Methods**

A qualitative study was carried out using qualitative interviews and informal conversations over an extended period of time. The in-depth interviews drew upon principles of in-depth and life story interviews. Edna Aden's University Hospital in Hargeysa was the base for the study, which took place between October 2009 and August 2010. The first author of the paper worked as a teacher at the hospital at the same time as the study was carried out. All the study participants were to some extent familiar with the different major views on female circumcision, and had been exposed to the contrasts between the customary views on female circumcision and the intense campaigns to abolish the practice. The prime categories of study participants were employees and students linked to the hospital. A number of nursing/health science teachers and office workers at the hospital (10 informants), both female and male aged between 20 and 30 years, and female nursing/health science students (40 informants) (aged from 18–25 years), took part in the study. Informal conversations were held with these study participants, ranging from only one talk with some to numerous conversions with others. A second category of participants consisted of women (aged

between 45 and 55) employed in the governmental and non-governmental offices working towards how female circumcision practices should be abolished (3 informants). A third important category of participants consisted of women (aged between 25 and 55), who had lived in exile but had returned to Hargeysa (5 informants).

### ***Informal conversations and qualitative interviews***

Informal conversations with employees and nursing/health-science students at the hospital were held throughout the ten-month period of the study with the aim of generating knowledge about their perceptions of female circumcision. Both descriptions of and reflections about these informal conversations were recorded in detailed field notes on a daily basis. These notes also included information on debates from workshops related to female circumcision and health. The numerous conversations and discussions occurred either because people asked about the research project, individuals were asked questions related to female circumcision in situations where the topic was perceived as natural, or they took place in relation to teaching situations when students presented their research topics. One of the employees in the hospital became a particularly important conversation partner – a key informant – due to her vast knowledge of the issue and her substantial engagement in the abolition of the practice. Formal in-depth interviews were carried out with women in organizations working for the abandonment of female circumcision in order to gain insight into current policies and public debates, and to gain knowledge of their work. Interviews based on the principles of life story interviews were held with women who had lived both in societies with strong opposition to female circumcision and in Somaliland where female circumcision is normative. The notion that 'a person's past strongly influences the present' is drawn upon in life story interviews<sup>37</sup>. The life story interviews were deemed important in gaining extensive and detailed knowledge about the manner in which these women's perceptions and experiences had been formed and potentially transformed during the course of their lives abroad.

All qualitative interviews / in depth interviews were carried out (in English), and all except one were recorded. Concurrent notes were taken during the unrecorded interviews. None of the interviewed women were asked directly about their own circumcision status, but some of them revealed their personal experiences. All the interviews were transcribed verbatim to ensure that the detailed content was correctly captured. The analysis phase took place throughout the data collection phase as well as in more rigorous phases after the completion of the fieldwork. The written transcripts as well as the field notes were carefully reviewed many times in order to identify central and recurrent topics as well as nuances, ambiguities and possible contradictions in the material. The emerging topics were categorized into smaller and larger thematic groups.

### ***Ethical considerations***

The study was granted permission from the Norwegian Social Science Data Services (number 24088 of June 2010), from the Somaliland Ministry of Family Affairs and Social Development, and from Edna Aden University Hospital. In accordance with the Helsinki declaration, all the interviewed participants were carefully informed about the focus of the study. They were, moreover, informed that they were not obliged in any way to participate in the interview and that they would remain anonymous. The participants' anonymity and confidentiality were strictly maintained during the course of the study.

It was recognized that the first authors' double role as a teacher of nursing/health-science students and as a researcher at the same hospital could potentially create confusion among the participants. In discussions at the hospital, it was found best to include the staff and students at the level of informal conversation partners without the use of recording beyond field notes. Although female circumcision is a sensitive topic, none of the study participants indicated that they experienced the discussions or interviews as difficult.

### ***Study findings and discussion***

Drawing upon anthropological theory and approach, the empirical findings will be presented

in an analytical manner, which means that there is no strict segregation between the section of the study findings and the discussion. One life story that seemed to bring up a number of aspects that recurred in the present research material is presented first to introduce the manner in which the discourse of female circumcision emerged in Hargeysa.

### ***Muna's story***

Muna grew up in a family where education was important, and she described her father, grandfather and grandmother as 'enlightened.' For her father, it was important to give his daughters an education to make them independent. Muna went through pharaoni circumcision as a child. The operation took place in a hospital with the use of anaesthetics and her circumciser was a male medical officer, not a traditional circumciser. Her mother insisted that she had two stitches, which still gave her such a small opening that she had severe pain every time she menstruated, a pain that lasted until she was opened before marriage. The circumcision happened in spite of a debate between her parents about whether or not she was to be circumcised. Her father did not want his daughters to be circumcised, but with the pressure of the surrounding society, her mother had the operation carried out.

Later in life Muna left home to get a higher education in the US. Here she married a Somali man who knew her family and her father's stand against female circumcision, and was thus surprised to hear that Muna was infibulated. Before they married he was present when she was 'opened' by a gynaecologist who had worked in Egypt, and he was therefore knowledgeable about what Muna referred to as the 'extreme' form of female circumcision. Before the operation, the gynaecologist asked Muna if a few medical students could watch while she was defibulated, but Muna refused. 'I wish I had, Somali women might come to them and it would have trained doctors,' she explained.

Muna's involvement in the fight against female circumcision started in the US, where she became part of an activist group that many Somali women joined. After she returned to Hargeysa, Muna continued her work as a volunteer for the

eradication of female circumcision. She attended seminars and meetings arranged by local and international NGOs that were involved in the work against female circumcision. The ways of addressing female circumcision have changed, Muna explained. 'Now we talk about FGM, [it] is something we can easily talk about.' She mentioned how female circumcision used to primarily be talked about in relation to young girls at the age for circumcision. Mothers with daughters who were approaching the age for circumcision were the ones who talked about it. 'Because of the pressure of the society my mother had the opportunity to do it, since my father left the country. My sister wanted it and peer pressure is a problem', she explained. Circumcisers were asking, 'why are you not purifying your daughters?'

Muna described the different ways of circumcising girls today: 'I think they do just a little cut, a little slip and then they stitch to avoid bleeding and they call it sunna, a mild form of circumcision.' Then she explained about the 'extreme form' which is sometimes removing the clitoris and involves more elaborate suturing. Muna told about her impression that the practice of infibulation was decreasing in Hargeysa: 'You see the extreme form, the suturing, the pharaoni type, has now been reduced here in towns, but still people are doing the cutting, the sunna.'

At the time of the interview Muna had returned from exile and was back in Hargeysa with her family. She returned to 'help rebuild her country' after the civil war, and to give her children the opportunity to learn the Somali language and culture. Upon her return, Muna protected her daughters against any form of female circumcision. Neither Muna nor her sister wanted to circumcise their daughters, Muna explained. 'My sister has daughters, and she never circumcised (them). I have daughters and I am never going to touch them ... if I had a feeling that they would be, I would have left [Somaliland].'

Muna's story indicates that multiple transformations regarding the practice of female circumcision take place today. The content of her talk was supported by the description from many other informants who referred to similar changes of the practice of female circumcision in Hargeysa

as well as in the Somali diaspora. Let us at this point take a look at what transitions seemed to emerge in Muna's and the other informant's stories by exploring how statements within the discourse on female circumcision formulate and create a 'truth' that is valued at this particular point in time. The way people talk about female circumcision can be said to create grounds for, and is linked to, the actual practice –that is, to what people actually do<sup>36</sup>. We shall return to this below.

***From muted to voiced, private to public, local to global***

The experience that female circumcision has always been and still is talked about only privately was presented by all the study participants. Participants not directly involved in debates related to female circumcision– as mothers, aunts or grandmothers, or professionally – were not engaged in the issue, they explained. The ones who talk about female circumcision were girls who were about to become circumcised, their mothers, and the ones who carry out the operations. Female circumcision was, however, an issue often referred to in the hospital, as all women who came for antenatal care were asked about 'FGM'. Seminars and workshops in relation to female circumcision were carried out in the hospital, but they were also arranged by the numerous NGOs which had female circumcision explicitly on their agenda. Thus female circumcision was today said to be talked about in official channels but was said to still be a rather muted and personal matter at a private level. In line with the present study findings, Gruenbaum describes how female circumcision is taboo and how it emerges as a topic primarily in settings where it is naturally brought up –for example, in situations related to the operation<sup>2</sup>. Talle similarly writes that female circumcision was not a debated issue and was never mentioned in the rich Somali poetry tradition<sup>7</sup>.

As a result of an increasing public debate, combined with a common resistance to abandon female circumcision, religious leaders (often men) have in recent years become challenged on the religiously-based views on female circumcision. In general men were said to have become more

involved in the issue as fathers and husband several informants talked about their father's opposition to female circumcision for their daughters. They explained that these days female circumcision was being discussed in religious schools as well as in youth groups and women's and men's groups.

### ***From pharaoni to sunna to not touched at all?***

Substantial work has been carried out during the last 40 years to reduce female circumcision in Somaliland. The enormous pressure against the practice indeed led the former Somaliland government in 2010 to plan for policy and legislation against female circumcision, but the legislation was still not in place at the end of the field work for this study.

The study participants referred to an ongoing process of change of the practice which took the form of a transition from *pharaoni* to *sunna* circumcision. 'As far as we know there is a lot of change in female circumcision in Somaliland; more *sunna* is done than before', one informant explained. These days religious leaders were said to condemn infibulation and even refer to it as a 'violation of our girls', while *sunna* circumcision was still regarded as 'optional'. Important in this context is to note that there were young women in Hargeysa who were not circumcised at all, both among those who had always lived in Somaliland and among women who grew up in the Somali diaspora. One of the students who had always lived in Somaliland explained that she was 'untouched, just like God created me'.

In the diaspora the reduction of the practice of female circumcision has emerged as far more consistent. An exile participant, who had worked with patients receiving antenatal care in the US, explained that there is a whole new generation of women in the diaspora who are not circumcised. Other exile participants confirmed this statement by telling about their daughters and nieces who never went through circumcision. One participant first learned about female circumcision in her last year in school in Canada, and had never experienced any debate about whether or not she should be circumcised before she came back to Somaliland as an adult with her mother and grandmother. Her mother's response to the

grandmother's request for female circumcision was merely that 'unlike you I chose not to circumcise my daughter'. There were rumours, however, that girls were circumcised during holidays in Somaliland, and the study participants had heard about a few girls where this indeed had taken place. This finding is in line with the study carried out by Talle<sup>1</sup>.

### ***From customary practice to medical intervention***

Participants referred to both health workers and traditional circumcisers who were carrying out the operations. The involvement of health workers in operations of female circumcision has been reported and is in fact a matter of concern for the WHO<sup>33</sup>. Health personnel can offer more hygienic conditions as well as medical treatment<sup>1</sup>. Despite this practice, many, but not all, of the health workers talked to were opposed to female circumcision. One participant, for example, had learned about the health consequences of infibulations during her training as a nurse, and explained how she fought with her mother to remove the newly-sewn stitches from her younger sister's infibulation. 'Today my sister is open,' she said. The informants among the health personnel in Hargeysa were primarily concerned about the potentially severe medical implications of the practice, and used the health consequences as the main argument when reasoning against female circumcision. The diagnosis of 'vaginal stenosis', which Muna was given when she was being defibulated, was also employed in the hospital for a young girl who was operated on due to a too small vaginal outlet for the menstruation fluid. Informants who had been working in the US had seen many circumcised women receiving defibulation and reconstructive surgery. Female circumcision thus emerged as a matter that health personal increasingly encountered during the antenatal and gynaecological care provided to circumcised women, or in encounters with women who wished to have their daughters circumcised in clean surroundings in Hargeysa.

### ***Transitions in premises for marriage?***

The assumption that men are forcing female circumcision on women has been confronted by

critical voices<sup>16</sup>. The participants in the present study referred to increasing numbers of men who were entirely against the practice, and who had an understanding of the disconnection between female circumcision and Islam. Moreover, some men were said to be willing to marry uncircumcised girls, and were said to be bothered by the thought of marrying an infibulated woman: 'They don't want it because when it comes to the wedding time there is pain, and she will resist the husband. This is the honeymoon and they are supposed to go away and have a good time and this woman is suffering, so men also suffer', Muna explained. Although it is known by Somalis to be a test of manhood, the 'task' to open the bride was perceived as too challenging for many men. Husbands were referred to as being relieved when they learned that the bride had only a *sunna* circumcision. Other participants told about their daughters and nieces who were un-circumcised and grew up in exile and got married to Somali men both in the diaspora and in Somaliland.

Female circumcision has customarily been perceived as a sign of a moral woman, study participants explained. They talked about notions of 'good' girls and 'wild' girls, where 'good' meant behaving properly according to Somali Muslim standards, while 'wild' meant girls who spent time alone with boys, where premarital sexual relations could be expected. Several of the participants who had lived in exile, however, emphasized that 'good' or 'wild' girls had nothing to do with their circumcised status: 'wild' girls can be infibulated and 'good' girls can be uncircumcised, they explained. Johnsdotter, interestingly, refers to girls who are not cut but behave according to Somali standards as the best advocates for abandonment of the practice of female circumcision<sup>32</sup>.

The above section has made an attempt to distinguish some central transitions that seemed to emerge in the present material pertaining to female circumcision, and how these transitions have led to a transformation of the discourse. The following section reflects on 'the voices' that particularly seem to dominate the official discourse on female circumcision in present-day Hargeysa, or, in Foucault's terminology, the subject positions that

emerged and were dominant at this particular point in time<sup>36</sup>.

### *The political and international voice*

An account of the development of the global engagement against the practice of female circumcision, an engagement increasingly preoccupied with children and women's rights issues and maternal health concerns, has been described by Rye<sup>1,5</sup>. Interventions to eradicate the practice have become a key concern for international organizations and governments, creating a substantial effort in the fight for abandonment of female circumcision in Somaliland and elsewhere. The WHO plays a key role in the fight against female circumcision, and is funding and running programmes and campaigns in Hargeysa in cooperation with other international and local organizations. A number of people were involved in the activities of these organizations, either as employees or as volunteers. In this sense, the global political view on female circumcision has increasingly won ground in Hargeysa at an official level. The international political and economic support gives these organizations the required authority to voice an intent to abandon female circumcision. In most countries where Somalis live in exile, female circumcision is indeed illegal<sup>1</sup> and participants for example referred to the neighbouring country of Djibouti, where legislation against female circumcision is established and where the practice is claimed to have been more or less abandoned. The participants hoped that a coming law would have the same effect in Somaliland.

In fact, a number of the study participants referred to the legislation against female circumcision in exile as the most important reason for the radical reduction in the practice abroad. This view has been supported by Talle, who writes that legislation against female circumcision in the Somali diaspora was an important reason for many families not to circumcise their daughters, as they were afraid of being arrested and have their children taken away by social authorities<sup>1</sup>. Legislation thus seems to function as a real threat, and emerges as an important tool in the official

effort to end the practice. When and if legislation against female circumcision is implemented in Somaliland, it will indeed be a strong signal as it will transform a customary practice into an illegal act.

### ***The exile Somali voice***

Participants in local organizations explained how people in the Somali diaspora have become a central resource in the work to abandon female circumcision, as they bring back their uncircumcised daughters and their often changed attitudes to Somaliland. This provides an opportunity to show people of Somaliland, who perceive female circumcision to be normative, that girls can be 'well behaved' and 'good' even if they are not circumcised. Many diaspora Somalis are, moreover, as was described above, actively fighting female circumcision, and are not circumcising their daughters. Exile participants told how they felt abnormal and alien as circumcised women in exile while they were considered 'more womanly' in Hargeysa, and the experience of these contrasting views seem to give these women authority to challenge the normativity of female circumcision.

### ***The voice of health***

A section on female circumcision was included in the newly (2010) revised national curriculum for nursing education in Somaliland, and nurses and midwives were at this point taught to fight female circumcision. This fight was closely linked with the health problems connected to female circumcision. Simultaneously, however, study participants described how health workers were increasingly involved in the circumcision operation. 'How could they refuse a mother when she asks?' one nurse said. Besides, they explained, by carrying out the operation they would ensure that the girl was cut the *sunna* way, and hence save her the implications of infibulation. Health workers thus seem to play an ambivalent role in the work against the practice.

As we have seen, health complications of female circumcision have been thoroughly explored in research, and are increasingly playing a role in the debate and laying the ground for

arguments against infibulation. The body of research on the implications for health of female circumcision gives authority to this part of the discourse<sup>19-24</sup>. *Sunna* circumcision, however, does not lead to health problems to the same extent as infibulation, leaving aside the acute complications of the operation, and thus does not receive the same degree of attention<sup>25</sup>. In the hospital that served as a base for this research, health-care workers were primarily concerned about the health implications of the practice, and were only to a limited extent engaged in the human rights' dimension of female circumcision – the rights issue being the main argument employed by the NGOs fighting for abandonment of all forms of circumcision. The uncertainty about the content of the terms employed for the practice seems indicative in this context. Female genital mutilation, (FGM) was commonly used in the hospital when referring to the practice but, when asked about the meaning of the term, the health-care students did not agree as to whether FGM referred to infibulation alone or if it was a general term for all forms of female circumcision including *sunna*. We will return to this seemingly important issue in a moment.

### ***The voice of religion***

In Hargeysa, it seemed quite clear that there existed side by side an understanding of the disconnection between Islam and female circumcision, and the belief that *sunna* circumcision is a Muslim practice. An exile study participant said she had been challenged on her religious stand when her relatives in Hargeysa realized that she was not circumcised. They asked her how she could pray if she was not 'purified'. The terms used for female circumcision in the Somali discourse, moreover, imply a connection to Islam. The term *sunna* has its origins in a Muslim concept for something that is optional. It literally means 'the way of the Prophet' and is used for *sunna* prayers and *sunna* fasting, practices that come in addition to the mandatory prayers and fasting in Islam<sup>32</sup>. Also the term *halalays* that is used for circumcision in the Somali language is a religious concept and refers to religious purity.

The unstable political situation in Somalia has led to an increase in the significance of religion;

people rely strongly on religious leaders and, according to Talle, their influence cannot be overlooked in a context of female circumcision<sup>1</sup>. The same may be said about Somaliland, although the political situation here has been far more stable than the rest of the country. On UNICEF's website, a report has been posted which refers to a debate among religious leaders in Somaliland that denounces the importance of FGM/C, revealing the religious authority within the discourse<sup>38</sup>. Thus, albeit no Muslim scripts directly refer to female circumcision, its connection to religious practice and concepts may still be fairly strong among people. The religious foundation of female circumcision has also been debated in relation to Orthodox Christian practice in Ethiopia. Rye refers to circumcision as a practice strongly rooted in folk religious practices, and that this is an important reason for the continuation of the practice in spite of its lack of formal religious foundation<sup>5</sup>.

### *The female voice*

In Somali society, the primary aim for a girl has been, and still is, to become a wife and mother. She is supposed to be a virgin at the time of marriage, and her infibulated status has customarily been checked to ensure this<sup>1</sup>. The educational system in Hargeysa and Somaliland in recent years, however, has developed in a direction that has allowed more girls to receive formal education. This gives more women a chance of paid work in a society where this is still rare. Talle refers to educated participants in one of her studies, and claims that the tendency was clear: increased education is reducing the prevalence of female circumcision as it increases the ability to critically reflect on female circumcision in relation to religion, culture and tradition<sup>1</sup>. This position is however questioned by Obermeyer, who has compared studies that explore the relation between female circumcision and education, and she argues that the practice may still be highly prevalent in societies with a more educated population: e.g. in Sudan and Egypt<sup>4</sup>. This indicates the strong discrepancy within the discourse, a point emphasized by a fairly recently published article where Gele indicates that, in Hargeysa, 97% of women of child bearing age were circumcised, and

that 85 % of the women intended to circumcise their daughters. As many as 96 % of men wished to marry circumcised women, and 90 % of the respondents believed that female circumcision was necessary<sup>35</sup>. This corresponds to some extent with a material collected in Edna Adens University Hospital in Hargeysa in 2002–09, which concludes with close to the same percentages as Gele. The important question these findings raise is whether the many years of abandonment work has in fact had any impact on the actual practice<sup>33,34</sup>.

### *Change and continuity*

The discourse describing the practice of female circumcision as it emerged in the present study indicates that quite extensive changes are taking place not only on a discursive level but also in terms of changes in the actual practice. The change is expressed as one going from '*pharaoni*' (infibulation) to *sunna* operations, but also from *sunna* to an abandonment of the practice. Some participants suggested that, at the time of the present study, there was a silent agreement among those involved (NGO workers, circumcisers, religious leaders) to work towards a change from infibulation to *sunna*, as they found abandonment of all forms of female circumcision too difficult to carry through in Somaliland at this point in history. Some, though, disagreed with this stand and were afraid that this strategy would prolong and challenge the movement towards an abandonment of the practice.

The transition from infibulation to *sunna* indeed implies a challenge in this context, since the manner in which one carries out an 'original' *sunna* circumcision was said to not be readily known among the local circumcisers. It was explained that the operation 'lies in the hands of the circumciser', who may never have been taught how to cut the '*sunna* way'. What is more, the girl's mother or grandmother will commonly stand beside the one who carries out the operation, and will give instructions according to what she expects the circumcision to look like, and may say 'take a bit more there and sew one more stitch here.' Thus, the girl may end up looking like an infibulated girl despite the fact that the operation is called *sunna*, a study participant explained. This indicates that there may be a substantial degree of

continuity of infibulation taking place covered by the label of *sunna*. Because of this, some of the organizations working against female circumcision wish to include programmes to define and teach how to cut *sunna*. This was, however, also spelled out as problematic since the funding they receive from international organizations is based on the organizations' work and official goals of full abandonment of female circumcision.

Exactly what an 'original' *sunna* can be defined as was not clearly defined by the study participants, although they referred to such a form of female circumcision. Talle refers to her study in Hargeysa, which suggests that every fifth circumciser is an educated health worker or nurse who had learned how to circumcise at a nursing school. Female circumcision was indeed said to be commonly taught in nursing schools in Somaliland before female circumcision became an object of debate, and Talle argues that safer medical conditions for the operation may legitimate the practice of female circumcision, as the negative health outcomes of the operation will decrease<sup>1</sup>. Circumcision techniques were not taught in the nursing school which acted as base for this research. Rather, the national nursing curriculum strongly referred to reasons for opposing the practice. The founder of the hospital, moreover, was well known for her strong opposition to any form of female circumcision.

As was seen above, the religious aspect cannot be overlooked when considering a continuation of the practice. As long as the religious leaders work against infibulations but agree to *sunna*, an option closely related to religious practice, it may be difficult to reach the state of abandonment of all forms of female circumcision. Indeed, a crucial part of the issue at the moment seems to boil down to the involvement of the religious leaders and to the fact that religiously-blessed concepts are used for female circumcision in the Somali language. With the prominence of the religious leadership in Somalia and Somaliland, the continued links between female circumcision and religion implies a serious challenge in the fight against the practice.

The diffuse definition of a *sunna* operation increases the difficulties at hand. Villages in Somaliland have officially declared that they will stop FGM<sup>39</sup>. The question, however, is what does

this actually mean? Does this imply that they will stop all operations of female circumcision, or does it indicate a transition from infibulation to *sunna*, and, when *sunna* is not a clearly defined operation, what does a potential change then consist of? The inconsistency in how the students defined the term FGM in this present study highlights the challenge implied in the confusion over terms, a confusion that has very real implications for the estimation of the transformation in the actual practice of female circumcision in Somaliland.

### ***Concluding remarks***

The material presented in the study has revealed that the practice of female circumcision in Hargeysa seems to be a practice in change rather than a process moving rapidly towards abandonment. The change at the discursive level emerges as substantial. The level of actual change in the practice itself is, however, far more difficult to assess. This study has revealed that the opposing terms in use for the practice may slow down the process of ending female circumcision as they create confusion pertaining to potential 'good' and 'bad' operations instead of regarding all female circumcision as unnecessary. The force of the joint influence from the outside, from concerted international action, from research, combined with a highly influential Somali diaspora population and a potentially very important legislative move within Somaliland, will continue to strongly challenge the practice and will ultimately be decisive for the speed with which the continued transformation from infibulation via *sunna* to abandonment will take.

### ***Study limitations and further recommendations***

As this study focused on categories of informants who have been strongly informed by the anti-FGM discourse, it did not include the voices of circumcisers, local community women, men and religious leaders. Knowledge from these categories of informants would have given a fuller picture of the present discourse on female circumcision in Somaliland, and inclusion of these categories of informants is recommended for future studies.

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