

Female
Circumcision

Strategies
for Talking About
the Issue

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SOCIAL AND CULTURAL IMPLICATIONS
OF INFIBULATION IN SOMALIA

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In Somalia nearly every woman undergoes one form of genital mutilation or another, the majority (around 80%) undergoing its severest form, infibulation. Even residence abroad does not exempt Somali girls from circumcision, as demonstrated by a small survey among Somalis living in England. That study found that more than 60% of Somalis residing in England had had, or preferred to have, their daughters infibulated (see *Attitude of Somali Residents in England toward Circumcision* by Anisa Said Bakar, SOMAC, 1983). It goes without saying that the practice of infibulation is deeply embedded in the culture, in the conceptualization of "female" versus "male" in the control of women, and in the psychology of the people.

Most of what I will present here is based on a study and the report on "Social and Cultural aspects of Female Circumcision and Infibulation", done with two colleagues, Ms Sacdiya Muse Ahmed, of the Women's Research and Documentation Unit of SOMAC, and Ms Awa Talle, of the Department of Social Anthropology, University of Stockholm.

The study is part of a project on female circumcision being undertaken in collaboration with SOMAC, the Faculty of Medicine at Somali National University and the Swedish Agency for Research Cooperation with Developing Countries (SAREC).

As the faculty of medicine is most concerned with the medical aspect of the practice, we collected information on its social and cultural aspects for a more complete and balanced picture.

Till now we have interviewed around 35 women of different age groups and socioeconomic backgrounds as well as a few men. We plan to extend the sample to different groups, including men, practitioners and religious in order to gain insight as to why female circumcision persists. Only by gathering enough baseline information, we feel, can we eventually get rid of this harmful practice. The women we interviewed were not selected randomly. Most of them

were acquaintances—neighbours, friends, relatives or colleagues. This was necessary because the information we sought was intimate and few women will talk freely and frankly about such issues with a complete stranger.

We talked to the women in an informal way about their experience with infibulation. They were asked to speak about their operation (how it was performed, by whom, their feelings after and before the operation, etc.), their marriages (defibulation, sexual feelings, etc.) and last, to describe their attitude toward the practice.

In this paper I am going to focus on the magnitude of female circumcision and infibulation in Somalia and its significance to the people concerned.

First, I will try to explain the situation of infibulation, and why people cling to it despite its harmfulness. Then I will give a brief overview of the attitude of the women interviewed toward the practice, and finally, I will say something about how I think the practice will be combated in the future.

Infibulation is very much a part of the lives of the majority of Somali women and probably always has been. But there are some changes here and there between now and in the past.

The main difference one can detect nowadays is the tendency to prefer the other forms of circumcision to infibulation, at least in people's attitude. However, it must be noted that there is no distinction between Sunna (excision of a small part of the clitoris) and clitoridectomy (total excision of the clitoris with or without the labia minora) as far as the majority of the people are concerned. Many times we have come across circumcisers and ordinary women whose concept of Sunna was removal of all the "unclean flesh", which included the clitoris, the labia minora and even parts of the labia majora. To these people anything short stitched is Sunna. That is why one should be very careful of advocating the so-called Sunna form of circumcision.

One significant indication of the recent changes in the attitude of the people regarding the practice is the breaking of the silence surrounding it as many people begin questioning its social and cultural significance and validity. Until ten years or so ago, female circumcision was not at all an area of discussion.

At the moment, since circumcision and infibulation are universal, there is not much difference in the opinions of women of different age groups and socio-economic backgrounds regarding its performance. Every woman undergoes it. In a recent survey by the Women's Research and Documentation Unit on marriage and fertility patterns

in some regions of Somalia supported by UNFPA /UNESCO, there was no obvious difference between the mother and their young daughters: 76% of the daughters were infibulated, against 79% of the mothers. Sunna and clitoridectomy accounted for 21% of the mothers and 23% of the daughters. Another thing worth mentioning is the professionalizing of the practice in the urban areas and the growing number of male circumcisers. In many cases the operation is performed by medically trained personnel (mostly trained TBAS and nurses) who use sterile instruments and apply local anaesthetics. As the girls' homes or in the practitioner's home. In rural areas infibulation is done in the traditional way, without anaesthetics and stitched with thorns.

But whether anaesthetics were used or not, all respondents reported painful urination and other complications and later upon marriage, they all shared the same sufferings with regard to penetration. For most Somali women, the operation is an event of great significance. From a very early age, the small girl is led to believe that unless she is infibulated she is unclean and childish. This socialization which is geared to a positive make-believe as a counter-action against what otherwise would be expected—psychological trauma. Infibulation thus becomes a turning point in the girls' lives. From now on their bodies are irreversibly changed and a crucial step has been taken in the shaping of them as women. It is no wonder, then, that small girls, unaware of the harm in store, look forward to the day they will be circumcised. This was indicated to us by most of our respondents, who claimed that they themselves initiated the operation. One woman told us that one day she saw some small girls she knew being infibulated. She cried and begged her mother to do her infibulation also.

The pressure from the age group, together with the inculcated notion of the supposedly positive qualities of the infibulated girl, is enough to make the small girl want to be like every one else. This is illustrated by the story of Anab, one of our respondents:

"When my older sister was circumcised, I was too young to remember anything. When girls of my age were looking after the lambs, they would talk among themselves about their circumcision experiences and look at each others genitals to see who had the smallest opening. If there was a girl in the group who was still uninfibulated, she would always feel ashamed since she had nothing to show the others. Every time the other girls proudly showed their infibulated genitals, I would feel ashamed because I was not yet circumcised.

Whenever I touched the hair of infibulated girls, they would tell me not to touch them since I was 'unclean' because I had not yet been circumcised and shaved.

"After the infibulation, the girl's head is shaved or washed in a special way as a rite of purification, but my hair was 'dirty'.
 "One day I could not stand it any more. I took a razor blade and went to an isolated place. I tied my clitoris with a thread, and while pulling at the thread with one hand I tried to cut part of my clitoris. When I felt the pain and saw blood coming from the cut I stopped and went directly to my paternal aunt (my own mother was dead) and told her what I had done. I had heard my grandmother tell how she had tried to infibulate herself, in order to hasten the process, and now I had tried to repeat what my grandmother had done.
 "After some weeks, I was infibulated together with seven other girls. I was seven years old, but some of the other girls were older. After a few days the wound healed and the thorns were removed. When I was able to resume my normal work, I felt proud, and whenever some girls asked me if I was infibulated, I did not have to hide my genitals."

Unlike today and in the urban areas in Anab's days, girls used to take a mirror and look and compare their scars. A nice infibulation is a straight, narrow scar (line) with a tiny hole at the lower end. As virginity is usually of great significance culturally and socially and if for one reason or another the infibulation is broken before marriage, it is considered shameful and the woman is thought of as being loose and immoral. All the time she is constantly reminded by other women and girl friends about the importance of her virginity (infibulation) and is told of the punishment she can expect if she loses it. One woman told us a story of her fourteen-year-old niece, who came from the nomadic area to stay with them in the city. The girl had been infibulated, but part of her infibulation had at some point been broken by accident. The girl's mother had never been bothered by the accident and had never had the operation repeated. One day the niece quarreled with an older girl in the neighbourhood and accused her of being "loose and indecent". The insulted girl asked another woman present to look at the genitals of them both to find out which of them was indeed "loose and indecent". When both girls were examined, the niece was found to be open (she had apparently not been aware of this state herself). From that day on the girl never tired of begging her aunt (the woman who told us the story) to have herself re-infibulated. At last she was sewn anew, and she never felt ashamed again.

Many educated men we talked to in Mogadisho also claimed that they could not take a "non-virgin" (open) girl as their first wife. The way they expressed it was that they could never be sure of "who had been there before them". That is why men prefer to penetrate the infibulation themselves or, where infibulation is done surgically, if the woman has had the husband usually act on his behalf and inform the doctors to see if is intact.

People give still other reasons to justify the preservation of female circumcision and infibulation. These include religion, tradition and for aesthetic and protection reasons.

The women interviewed varied in their attitudes toward infibulation. Some turned out to be ardent defenders of the custom and claimed that if girls were not infibulated they would "run away and become loose". Other women were more doubtful, but thought that circumcision was necessary ("We Somalis do it, that is our way") in spite of all the pain inflicted on the girls. Still other women forcefully rejected the practice as "brutal and ridiculous".

The last category comprised the educated women who, during their higher education and exposure to alternative female roles, have come to question the soundness of the practice, and non-educated ones whose personal experience of the operation and of penetration are negative indeed, and who therefore are latently opposed to the practice.

These non-educated women, however, have access to few alternative female roles except the traditional ones, which means that most of them have few other options but to adhere to the prevailing norm.

We have seen that the practice of female circumcision and infibulation is very deep-rooted and is part and parcel of the lives and "psychology" of the Somali masses. We have also seen that many different cultural pressures are at the base of the continuation of the practice, and it is easy to feel one is up against an unyielding obstacle. However, through the interviews we conducted and through numerous discussions with other Somalis, it is our firm impression that a large part of the Somali population, especially in the towns, are now ready for assessing and eventually revising the practice of female circumcision.

With this glimmer of hope and with these changes in the attitudes of the people, it is hoped that positive changes will come.

In conclusion, I want to share with you some suggestions I thought will be of help in combating female circumcision:

- More researchers on the practice especially on small girls to determine at which age to begin education concerning circumcision and what kind of information is needed to be included in the curricula for different grades. Other groups that should be researched include uncircumcised girls and communities (like Barawa) where women undergo the mildest Sunna.
- Almost all Somalis are Muslim and Islam is crucial to the Somalis for their sense of identity. Since many people (especially women) regard female circumcision as an obligation in Islam, an intensive education regarding this matter should be launched by religious people.
- It would also be very helpful if non-circumcised Muslim women from other countries visit and share with the Somali masses through the Somali Women's Democratic Organization network, mass media, and other means their own experience of a different reality. This would be especially useful where women believe that all Muslim women are circumcised or where misconceptions about uncircumcised women are prevalent.
- Since a minor percentage of the population is aware of some of the complications which result from the practice, intensive health education should be given to the different groups of the masses.
- Legislation will not be very effective at this stage, but still it can help in certain cases as it will serve as a basis for implementation later at the appropriate time. For this reason the Government should pass legislation prohibiting female circumcision.