

**Purified or mutilated?
The discourse on female circumcision
In Hargeysa, Somaliland**



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Preface

The first encounter with the practice of female circumcision I got while working in a Somali populated area in Ethiopia. There I met the debate about female circumcision and work for a change of the practice in discussions with youth and older women and men, religious people as well as health colleges. Back in Norway I was confronted with female circumcision as an issue of substantial interest in media. The force of the global engagement against the practice fuelled my wish to hear more sides of the story, in an effort to learn more about the seemingly substantial continuation of the practice.

During the data collection phase of my Masters study I was engaged as teacher for students in a nursing and midwifery school in Edna Aden's Maternity Hospital. The position was paid by the Norwegian Lutheran Mission and I am grateful for the possibility provided me by these two institutions.

My deep gratitude further goes to people who have shared their knowledge on female circumcision with me; the women and men in Fiiltu Worreda in Ethiopia, who came for health and hygiene training and my co-workers in Fiiltu Water and Sanitation Project. Further my thanks go to the well informed people and employees in Edna Aden's University Hospital who replied to my curiosity in the most agreeable way. My utmost gratitude also goes to the women who allowed me to write about some of the most private aspects of their lives, as well as share their experiences and visions with me.

My always positive, supportive and encouraging tutor Astrid Blystad has been a continuous guide to the art of writing up a thesis and deserves my deep thankfulness. The shortcomings and eventual errors of this work are entirely mine.

Litres of coffee, tears, laughter and chatter among the thick brick walls in the cellar of 'Pleiestiftelsen' in Kalfaret have been of immense importance and have inspired the writing of this thesis. Thanks to Kristin, Marianne, Ann Kristin, Bjørg, Ingunn, Erlend and Wenche - as life continuously happens to us, in all its diversity.

To my mum

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Abstract

Background: Female circumcision is a practice which has existed for thousands of years and is carried out across Africa from the north eastern coast to the west coast. On the Horn of Africa nearly all Somali women are circumcised, most of which are infibulated.

Aim: The aim of the study has been to reveal current views, public and political opinions and to explore how and by whom the discourse on female circumcision was expressed at the time of the study, in Hargeysa, Somaliland.

Method: Numeral informal conversations were held with health workers and students in a hospital. In depth interviews with 3 women involved in the work to abandon female circumcision, and interviews drawing on principles of life story interviews were held with 5 returned exile women. Field notes were continuously written throughout the time spend in Hargeysa. The discourse that emerged from the material was analyzed using the principles of Foucault.

Results: Analysis of the discourse on female circumcision revealed a discourse of a changing practice despite indications of a continuation of the practice, although in a changed form. Whether this change applies to the actual practice lies beyond the premises of the study.

Conclusion: ‘Abandoners’ of female circumcision rely on political, ideological and economic support from outside, including the Somali diaspora for the eradication effort. Health workers supported by health research and the community of religious leaders reveal reasons for abandonment of infibulation, while the same reasons do not strongly enough emphasize the necessity to end *sunna* circumcision. ‘Practitioners’ of female circumcision still perceive circumcision of girls as necessary to become ‘good’ and ‘pure’ women. Confusing, contrasting and religiously connected terms for the practice may partly be the reason for a delayed process to end an unfortunate human practice.

Key words: female circumcision, infibulation, sunna, Somaliland, change, discourse, qualified speakers

Introduction

I will here give an introduction to the issue of female circumcision, looking at where the practice is found, what terms are in use for the practice, and what various categories of research say about the practice. The methods section attempts to describe the processes of collecting the material for this thesis. The findings are primarily presented in the article which follows this introduction. The article presents how the discourse on female circumcision emerged in the material I collected in Hargeysa, Somaliland, and is made sense of by drawing upon Foucault's discourse analysis.

Girls are by and large circumcised in childhood. Allow me to state here on the onset that I believe that children should have the right to protection until they themselves are able to make mature choices in severe matters concerning them. This would naturally include decisions regarding the cutting of their genitalia. There is thus, in my view no reason whatsoever to support the practice of circumcision of young girls. The reason why I have chosen to write this thesis is thus hardly in an intended attempt to defend of the practice. I do however think that only by grasping what is at stake for the key actors in the field can we in an informed manner approach and challenge this unfortunate practice.

Female Circumcision

Where is the practice found?

Female Circumcision is carried out in a large number of countries with a majority found across Africa, more concretely around Sahara from the north eastern coast to the west coast. Women of different religious beliefs are subjected to the practice (Talle, 2010: 36, Rye, 2002: 27). In Somaliland female circumcision is normally carried out well before the onset of puberty, often between the age of five and ten, but the age of circumcision vary with the society in question (Talle, 2010: 49). Most women are circumcised in the Somali area, and there are indications that more than 95 % are infibulated (WHO, 2008b, Ismail, 2010: 31). Today circumcised women are however not found merely on the African continent. Circumcised women may live all over the world, as a result of the global movement related to economic immigration and due to the fleeing of refugees from war thorn countries.

Classification of female circumcision

WHO has made attempts to classify different types of female circumcision. Type I imply the cutting only of the prepuce or parts of clitoris, type II is described as a removal of clitoris, parts or all of labia minora and / or labia majora. Type III implies potential excision of clitoris and the labia minora, and / or the stitching of labia minora or labia majora leaving a small orifice for urine and menstrual blood. Type IV is described as ‘all other harmful procedures to female genitalia for non-medical purposes’ (WHO, 2008a). WHO’s classification is referred to in the literature, and has been employed in teaching and interventions globally. It has thus become a worldwide tool for defining types of FC. Criticism of the WHO classification as being too simplistic and for not mirroring the diversity found within the practice led to revisions, the latest being the version from 2008 (Obermeyer, 1999: 82, Rye, 2002: 24). WHO writes that ‘the present classification therefore incorporates modifications to accommodate concerns and shortcomings’ (WHO, 2008a). Sub categories of the four types were added where it was required, with the intention to clarify the variations and extents of the operations.

‘FGM’ has by WHO been characterized as a ‘harmful traditional’ practice (WHO, 2008b). Jean and John Comaroff have discussed the concept of ‘tradition’ and ‘traditional’ in contrast to modernity and have problematized concepts which ‘reduce complex continuities and contradictions to the aesthetics of nice oppositions’ including dichotomies as ‘ourselves’ and the ‘other,’ ‘global’ versus ‘local’ and ‘secular’ versus ‘sainted’ etc. (Comaroff, 1993: xii). What traditional means is thus very difficult to establish as culture and customs are in continuous flux.

Concepts used for the operation

The term ‘*female genital mutilation*’ (FGM), has become the concept of choice in a wide range of publications, particularly in the writings that is linked to the active effort to eradicate the practice. Before ‘FGM’ came into use ‘*female circumcision*’ was the concept commonly employed. The locally specific terms indicating types of operation were also commonly used (Lewis, 1962: 13, Hosken, 1993, Irvine, 2011: 3).

In Hargeysa the most common terms in use for the practice were ‘*gudnin pharaoni*’ which in general terms corresponds to WHO type III or to infibulation, and ‘*gudnin sunna*’ or just ‘*sunna*’ which in broad terms corresponds to WHO type I. ‘*Halalays*’ was

used as a general term for all forms of circumcision, as was commonly FGM although it was mostly used in the abbreviated form. FGM was also the common term of choice in organisational work or in health and governmental institutions.

Female circumcision - Historic perspectives

A scholar who has given a thorough account on the history of FC in relation to Somalis is the Norwegian anthropologist Aud Talle. She has argued that it can look like FC has followed the Cushitic societies that origin from the northern part of Sudan and around the coast of the Red Sea. Although she writes that the origin of FC is not known for sure an assumption is based on the fact that these Cushitic areas functioned as central commercial and cultural sites with substantial contact over wide distances through commercial trade routes and related cultural exchange. This route largely coincide with the areas in which Islam was spread in Africa (Talle, 2003: 44). Johnsdotter relates the origin of FC to Egypt and refers to literature implying that FC was established as a cultural practice with the basis in Egyptian mythology and its androgynous Gods. This mythology was transferred to the Islamic worldview, and was spread along the same trade routes as Talle referred to. Based on the assumption of androgyny it became necessary to create the female and male gender from androgynous born children (Johnsdotter, 2002: 61). Rye has given an account of the history of the term 'circumcision' by referring to a papyrus document written by a Greek monk 163 BCE (Cohen in Rye, 2002: 28). The uncertainty surrounding the origins is however running through all the written sources I have been able to review.

Female circumcision as a global phenomenon

FC caught little attention before the last part of the twentieth century when the feminist movement brought the operation forth as a matter of interest. The UN with WHO and other collaborating organisations, together with 'Western' governments have shown substantial engagement through political and financial support with the aim to eradicate the practice. UN initiated a 'women's decade' from 1975 -1985 which may have prepared ground for this engagement towards eradication of FC. Today reports and articles are posted on the organisations' websites as well as in media, revealing information about thousands of communities in Africa that have abandoned 'FGM/C', including reports from villages in Somaliland and Somalia (Unicef, 2009). The campaigns for eradication according to some of these reports seem to have been extremely effective. The present

thesis wishes to shed light at some of the shifts related to FC that seem to take place in present day Somaliland.

The literature concerning FC may roughly be categorized into two main bodies of work; the literature that focus on the problematic aspects of FC, whether in terms of gender, human rights, health or other, and the literature written to enhance the understanding of FC in search for explanation for the continued practice (Irvine, 2011: 2). The two views commonly have different underlying aims.

One of the contributors to the knowledge about FC was Fran Hosken who wrote several reports referred to as the ‘Hosken reports’ on: ‘Genital and sexual mutilation of females.’ The first edition came in 1978, and was followed by a number of revised versions. She presented ‘FGM’ as a practice related to male control over female sexuality and fertility, and a practise described as implying abuse of women (Hosken, 1993 (fourth edition): 8). Her reports and views had immense impact on both the knowledge and the common view on FC outside the communities within which the custom was normative, and numerous reports, articles, books and media journals have later given accounts on the problematic aspects of FC which are very much in line with the important works of Fran Hosken. The term FGM was established in this political historic context, and depicted a highly gendered practice which implied the violence against women’s and children’s bodies, and the break of women’s and children’s rights (Abusharaf, 2001: 13).

‘A glimpse at Somali history’

For an account on FC in the history of Somalis James Smith writes that an appendix in Burton’s ‘First footsteps in Africa’ (published in the 1895 version) has a passage about ‘a peculiar custom of sewing up the lips of the girl’s private parts’ (Smith, 2009: 18). After Somaliland came under British colonial rule as protectorate, FC was shown little interest from the ruling authorities compared to what was found in other colonies according to Smith (Smith, 2009: 19). FC was briefly mentioned in the colonial report on women’s position in Somaliland; ‘the practice has no ill-effects on the health of the patient and that it has very good effect on the social health of the people by preventing promiscuity and thus preventing venereal disease’ (Public records office in Smith, 2009: 21). A surgeon visiting Somaliland wrote in 1956 in the ‘East African Medical journal’ that even the most enlightened Somalis did not agree that FC was evil or should be stopped (in Smith,

2009: 22). Smith refers further to Lewis, a prominent anthropologist on Somaliland, who studied the social life among Somali women and men but who mentioned FC only once in his work (Lewis, 1962: 13). Hence neither in anthropology did the topic receive substantial interest.

‘The female circumcision controversy’

The female circumcision controversy originally refers to the dispute that occurred when missionaries attempted to interfere with the customary practice of FC, which led to revolt and initiated a Kenyan nationalist movement with FC as the core symbol for the uprising against colonial power (Thomas, 2003: 1, Mufaka, 2003: 47). Since then the dispute over FC has escalated substantially, and in some circles become a symbol of the African reaction against Western involvement in African affairs. Many authors have given accounts of the dispute (Abusharaf, 2001, Gruenbaum, 2001, Nnaemeka, 2005, Talle, 2010, Thomas, 2003). During what has been referred to as the ‘Mid-decade for Women’ and during the UN’s meeting in Copenhagen in 1980 a heated debate occurred where Western involvement in the practice of FC was criticised, not the least by African women. Many will hold that the controversy is still on-going (Nnaemeka, 2005: 38, Korieh, 2005: 119). Nnaemeka has suggested that the controversy is reflected in which terms are used to refer to the practice (Nnaemeka, 2005: 39), referring to the FGM, FGC, FC debate described above. Abusharaf writes that ‘the practice became a focus for African resistance to foreign encroachment and interference’ (Abusharaf, 2001: 114).

Female circumcision and Health

With the involvement of the World Health Organisation a health focus related to the practice of FC has developed during the last forty years. The risk of acute implications of the practice such as excessive bleeding and septic conditions due to contaminated wounds is known to be a feared complication of the operation (Talle, 2010: 67). In addition the relation to maternal health has received attention in health research as health personnel all over the world meet circumcised women, and the health implications are thus become more readily known.

A study carried out in six countries in Africa, that estimated obstetric risk of FC for women, concluded that obstetric and neonatal risk were higher for circumcised women and their child compared to the risk for non-circumcised women. This study also looked

at the estimated risk related to which type of circumcision that was carried out, and not surprisingly found type III or infibulation to be connected to the highest relative risk (Eke and Nkanginieme, 2006: 1840). A study comparing the outcome of risk related to delivery among Somali post-immigrant women who were all infibulated, and women in the receiving countries concluded that Somali women were more likely to have a Caesarean section than other women, in spite of their expressed wishes for vaginal delivery. The Somali women moreover had higher risk of perineal trauma compared to women in the receiving countries. When looking at the outcome for the child born by Somali mothers in the study, they had a marked higher risk of Apgar score < 7 after 5 minutes and higher rates of stillbirths and neonatal deaths. The possible reasons for these negative outcomes were explained to be delayed antenatal care seeking that resulted in less measurement of intrauterine growth by circumcised women, and refusal of Caesarean section due to language problems and lack of interpretation. The higher number of Caesarean sections was explained by cultural ignorance among the care-givers related to infibulation in the sense that instead of defibulating the women, care-givers opted for Caesarean section to protect the infibulation (Small et al., 2008: 1635). Commonly infibulated women are customarily defibulated before delivery (Strand, 2008: 122). The possible challenge in maternal care for immigrated infibulated women have also been described in an article by Vangen, where lack of knowledge about FC among health care providers combined with the fear of delivery and especially of Caesarean sections among delivering Somali women, and with poor communication may result in delayed second stage of childbirth, foetal distress and an increased numbers of Caesarean sections among infibulated women (Vangen et al., 2004: 32).

Infertility has also been associated with FC. A study carried out in Sudan compared childless women with fertile women¹ and concluded that the greater the extent of the excision the higher risk of tubal pathology and infertility. The degree of the excision, i.e. how much of the genital tissue that was cut, rather than the degree of the suturing of labia, was associated with infertility according to this study (Almroth et al., 2005b: 390). It has also been indicated that obstetric fistula can be associated with FC, but Browning et al. conclude from a study looking at women with obstetric fistula comparing circumcised women with un-circumcised that one can find no clear association between fistula and FC

¹ All women were circumcised.

(Browning et al., 2010: 582). A study by Almroth looked into the relation between urinary tract infections and FGM in girls, but found no significant correlation, although relation has been found in other studies (Almroth et al., 2005a: 122). Walraven did not find significant relation between FC and incontinence (Walraven et al., 2001: 1165).

Obermeyer has reviewed 435 articles which look into the relation between health, sexuality, and FC and has emphasized the difficulties in comparing various studies due to epidemiological disparity. One concern in particular relates to the fact that most studies do not differ between the lesser and the more extensive operations with regards to health related complications (Obermeyer, 2005: 457).

Female circumcision and sexuality

Reduction of female sexual sensation has been reported as one of the reasons for practicing FC as it has been perceived as threatening the moral conduct of women. Studies on potential sexual implications of FC have implied challenges as it is a sensitive issue and complicated to conduct research on. Research has nonetheless made attempts to investigate to what extent cutting, especially of the clitoris, may reduce women's sexual sensibility. Berg and Denison conclude in their review article on sexual implications of FC, that pain and reduced sexual sensation can be associated with the more extensive female circumcision. The articles they looked into included reports of women with satisfying sexual sensation and desire (Berg and Denison, 2012: 54).

Johansen has studied the view on sexuality among Somali immigrants in Norway and found that 'the importance of virginity, the pain of defibulation and a reduction of sexual desire and pleasure' were of most concern for both women and men (Johansen, 2007: 249). This reflects to some extent the findings by Berg and Denison, which is interesting as they have looked at studies that have been carried out in different parts of the world.

Literature with the purpose of understanding Female Circumcision

Anthropologists did in the 1970s gain an increased interest in FC, and extensive research has been carried out with the aim to understand and explain the practice within its socio-cultural context. Lewis mentioned FC briefly in the book 'Marriage and the family in Northern Somaliland' and described it as a practice to purify girls in a 'Muslim sense' (Lewis, 1962: 13). The connection between FC and Muslim religious practice among

Somalis has been studied both by Johnsdotter and Talle, who both refer to FC as formally separated from Muslim practice, while the common customary view is that sunna circumcision is regarded as necessary for female religious purity (Johnsdotter, 2002: 132, Talle, 2010: 144). Rye concludes similarly from a study on FC among orthodox Christians in Ethiopia. The lack of religiously founded support for the practice is substituted by an emphasize placed on 'customary religious practice' (Rye, 2002: 213).

Talle was engaged as an anthropologist studying 'family life' in Tanzanian and Somali societies where FC was common some time before she got engaged in studies on FC. She explicitly writes that it was not until the 'feminist antagonism' had been fully established that she and other anthropologists gained specific interest in studies on FC (Talle, 2003: 14). Since then an increasing body of research has been generated. Talle has explained FC as a disperse practice carried out among diverse ethnicities and people with diverse religious backgrounds such as Christians, Muslims and people with local religious beliefs. Somalis are among the people with the highest prevalence of circumcised women. The practice, which is similar to the practice found in Sudan and Egypt, is also among the most elaborate with quite severe forms of cutting and stitching.

Talle has described FC as a practice to create a woman of an 'androgyn' girl child. Girls may be said to be born with 'hard' parts as the clitoris resembles the male penis (Talle, 1993: 84). Gruenbaum, who has studied FC in Egypt has a more sociologically oriented explanation for the practice and described the dependency of women as the main reason for the continuation of FC. As long as marriage is necessary for women in order to be provided for, mothers circumcise their daughters to avoid hazarding their marriageability, Gruenbaum writes (Gruenbaum, 2001: 192). A mother's sole chance to strengthen her own social position is dependent upon her daughter's marriageability, which establishes an important reason for the practice. This reasoning emerges in contrast to tales referred to by Abusharaf from Sudanese women. In these tales FC is related to female power within the family, and is said to have its basis in women's ability to refuse their husband sexual relations. The women argued that this control was only possible when their own sexual drive had been reduced by FC (infibulation in this actual tale) (Abusharaf, 2001: 131). Other women in the same essay described that a tight vagina (infibulated) made intercourse more pleasurable and long lasting both for men and women (Ibid: p 128). Abusharaf sums up FC as 'a ritual contributing to the cultural construction of gender,

womanhood, and “appropriate” sexuality, a part of the process of achieving full personhood within this culture’ (Ibid: p 135).

Methods

A qualitative study was carried out in order to explore the diverse discourse on FC that was expected to be found in a location like Hargeysa, at potential contrasts in the discourse, and how and by whom these contrasts were expressed. Informal conversations and in depth interviews, - some drew upon the principles of life history studies - were the core methods for data collection. The data collection has been inspired by the work of Goodson and Adair who argue for the employment of several approaches in qualitative research (Goodson and Adair, 2007: 236).

Study setting

The study was carried out in Hargeysa, Somaliland, from October 2009 until August 2010. The issue of female circumcision was located under the responsibility of the Ministry of Family Affairs and Social Development (MoFaSd). During the time spent in the field I worked as a teacher in nursing and midwifery in a hospital which also served as an educational institution. The hospital served as the home of the founder, Edna Aden, and had living quarters for foreigners doing voluntary work and research. Research projects concerned with FC had been carried out in the same setting earlier.

In Hargeysa the two main forms for circumcision is infibulation and *sunna*. Many Somalis were engaged in the work for ‘total eradication of FGM’ in the about 50 local and international Non-Governmental Organisations (NGOs) that existed at the time of my stay in Hargeysa. The city has a substantial population of returned exile Somalis with experiences from living in societies where FC is illegal and is hence a location where most diverse expositions are found.

Somali is the official language in Somaliland. English is supposed to be the language of instruction, although the knowledge of English among the students in the hospital varied. Most of the communication between the people in the hospital and me occurred in English, except when particular Somali words were discussed and then translated to me. All interviews were carried out in English as all the interviewed women were fluent in English.

Study participants - health workers and students

The workers in the hospital were informed about the research project in the teachers' office or in the respective workers office. The students were informed about the study in their class rooms. During my ten months stay in Hargeysa I had numerous informal conversations about FC, both with fellow workers and students. One woman among the hospital staff became a particularly important source of information as she was involved in work against FC herself. She organized and video recorded for instance a debate between religious leaders and a medical doctor for teaching purposes. She had very good knowledge on current debates and became a key informant. Conversations related to FC occurred either because people asked about the research project, or I asked them questions related to FC. Some told stories, and some spontaneously played role plays related to FC. A workshop on the newly revised national nursing curriculum brought FC up as a special topic as it made up on one of the courses of the curriculum which created a particularly interesting avenue for learning. When I was teaching the midwifery students in research some brought up FGM as their own field of interest which implied new learning opportunities. Some of the students discussed the term FGM on my request.

Study participants - women involved in abandonment of FC

Before the departure to Somaliland I had read about a woman in Hargeysa who was particularly engaged in work to abandon FC. I got this woman's contact information through the anthropologist Aud Talle and contacted her through e-mail after my arrival in Hargeysa. The woman agreed to be interviewed and later suggested other Non-Governmental Offices (NGOs) involved in the work to eradicate FC in Somaliland that I could contact for participation in the study. When I was in the Ministry of Family Affairs and Social Development to get research permission I met a woman working with the government's involvement in the eradication of FC and she agreed to be interviewed. Three women from this category were interviewed, a couple of them at some length. My plan to collect demographic data in these offices failed as there was no relevant statistic material available.

Study participants - exile women

Soon after my arrival in Hargeysa I met a couple of women who had lived in exile and who had returned for shorter or longer period of time, something which concurred with what I had heard before I came. Five women with exile background from either Europe or North America were interviewed through quite long interviews. A couple of the women

had married men who lived in Hargeysa while others were married in exile or were still single. The first of them I met a couple of times in the company of common friends before I called her and asked for an interview. She lived partly in Hargeysa with her husband and partly in Europe with her parents. The second exile woman was introduced to me by the founder of the hospital. She emphasized that she agreed to the interview explicitly because I was a researcher and not a journalist or an activist. The third exile woman and I had met at several social gatherings at the premises of the hospital and been introduced to each other before I called her and asked for an interview, which seemed to be an advantage during the interview. The fourth woman and I also met in the hospital where she came to volunteer as an undergraduate student in health science. She agreed to be interviewed when I asked her. The fifth exile woman and I met through a common friend. Our friend introduced me and the study to her, and she gave me her phone number which I called and ask for an interview. A last woman who was asked for an interview declined to participate in the study.

Data collection

Informal conversations and field notes

FC is an issue of concern for health workers and students involved in female or maternal health in a hospital. During the entire stay I wrote detailed field notes from my experiences with FC as a topic in the hospital. From the descriptions of FC and the reflections over the numerous informal occasions I gained a broad picture as to how the issue of FC was talked about among health workers in Hargeysa. Reflections on what I saw, heard and experienced led to the gradual gaining of understanding, the learning was such a continuous processes taking place throughout all the stages of the research.

Understanding and explanation is the same fundamental thing according to Bourdieu, who also refers to reflection as a skill and a continuous process throughout the research (Bourdieu, 2007: 53). Through continuous reflection on what I learnt I was able to identify key issues of interest (Grønmo, 2004: 355), such as information on the seeming importance of the different terms, or rather concepts in use for FC. Also the ambivalent view on FC that many health workers held, were first and foremost grasped through the conversations. The agreement to work for a change to *sunna* rather than abandonment of all forms of FC, which I first heard from the NGO women, was confirmed during one of these conversations.

Although some information obviously is lost when relying on field notes, important matters relating to the discourse on FC was written down as field notes, and has the advantage of not ‘drowning’ in information of relatively little importance as may be the case when large amounts of information is recorded and transcribed. Field notes have limitations as research data as they strongly depend on the researcher’s ability to write and reflect over, and remember what has been seen and said (Måseide, 1997: 13), but are extremely useful a process where relevant issues are sought for, issues to be further explored.

Interviews

The qualitative interview is a tool to get the subjective view on a topic of interest from participants in a study. Bourdieu writes that the interview creates a relation between the interviewer and the interviewed, a social relation between the persons involved (Bourdieu, 2007: 53). Trust between the interviewer and the one being interviewed is essential for a story to unfold. It is important that the one being interviewed is comfortable during the interview situation, Goodson and Adair write (Goodson and Adair, 2007: 240). Giving voice to the participants, and as such try to minimise the asymmetric power in the interview situation is not only necessary in order to get the study participants to talk freely, but is also a question about ethics according to Goodson and Adair (2007: 261).

Interviews with Somali women officially involved in the eradication effort

The interview guide that had been developed for the interviews with women in the NGOs / government functioned more as a starting point for a story to be told than as a strictly followed guide. The first questions acted as a ‘warming up’ session but the following question were dropped if the story the women told emerged as relevant and interesting. Instead I asked follow up questions to gain an understanding of the story revealed at points when I did not quite understand what was said, or when I wished the participant to elaborate further on particular issues. The interviews were tape recorded except the interview with the woman in the ministry, as she did not wish to be recorded. During this interview I took rapid notes instead. The interviews were consecutively transcribed and

central issues that came up in one interview were followed up upon in the interview with the next woman whenever found to be relevant.

Both the women from the NGOs wished the interview to be conducted in their office premises. The first woman had a large office in a building rented by the NGO. Outside her office pictures from official gatherings concerning FC hang on the wall. This study participant had been involved in work related to FC since the eighties, and also had experience as research assistant in addition to organisational work and the work as a midwife. She was concerned with women issues in general and had been involved in diverse campaigns to strengthen the official position for Somali women over years. The interview with the second woman working for an NGO was held in a meeting room on the premises of the NGO where she worked. The walls of the room were decorated with posters against FGM in Somali language. She had also a long history of involvement in maternal health, both as a midwife and as working against FC.

Independent of each other both women in the NGOs mentioned an unfortunate case with a Norwegian journalist who had collected background material for a documentary on FC in Somaliland some years back. Both had received reports from people in Norway after the documentary had been broadcasted, who said that the information they had given had been wrongly interpreted and misused by the journalist. They emphasized that they only agreed to be interviewed as I did research, and that they trusted (and indirectly warned me, as I interpreted it) that I would retell their stories exactly as they were expressed.

The interview with the woman who was employed in the Ministry was held on the premises of one of the largest hotels in the city, during a break in a seminar she was responsible for. The interview was carried out in the reception area of the hotel with people passing and greeting us throughout the about twenty minutes the interview lasted. During the interview I got the impression that she had reluctantly agreed to the interview, and this combined with the 'public' setting of the interview, led to a poorly performed interview on my behalf. In retrospect I believe that if I had had more experience as researcher I may have interpreted her response towards the interview as reluctance, and dropped it. Hence only two interviews were successful carried out within this category, but the two study participants were extremely informative, and did confirm major issues revealed through the many conversations taking place in the hospital.

Interviews with exile Somali women

The second major category of study participants were the exile women. This category of interviews drew upon principles of life history interviews. The tradition of life history studies goes back to 1920 when sociologists in Chicago developed the method as a way of studying peoples present in the view of their past (Kemuma, 2007: 311). The process of life story interviews is about to be open and curious about the teller's story and be able to identify and recognise common issues, and issues that make this story special, according to Pedersen (Pedersen, 2007: 278). A life story interview intends to emphasize the biographic story where participants use the past to orient themselves in the present (Goodson and Adair, 2007:237). There are limits though as to the status of the knowledge generated in such interviews, that is how the subjective life stories are constructed. According to Kenuma a subjective life story is only a starting point of knowledge, and it needs to be seen within the context it is lived through to give any information beyond the subjective experience of the teller (Kemuma, 2007: 310). The life story interview can be extremely informative as they tell a lot about how an individual at a certain point in life wishes to phrase particular dimensions of life. Goodson and Adair stress that it is important to let the person speak at length and discusses the limitations that asking questions will imply for an unfolding story. The questions asked bring the awareness towards the interviewer and away from the teller, and the more one asks questions the less one learns (Goodson and Adair, 2007: 247). The interviewer should use encouraging questions and comments more than interrupt the story telling with listed questions and thus, to paraphrase Goodson; 'restrain myself for a while to allow him to provide me with his own image of himself' (Goodson and Adair, 2007: 258).

The interview guide for the exile women was developed for thematic life story interviews and the first question was broadly about how they had experienced life in the diaspora relating to dressing style and other apparent differences in the two societies. The thematic story told by people moving between societies with very different stands towards FC was thought to give particularly important views at the cultural dimension of the practice.

As most of the women interviewed were circumcised themselves they were talking out of personal experience being confronted with most differently positioned discourses. The way these participants would talk about female circumcision would thus be influenced both by their past and their present experiences. The prepared questions were soon left for

the follow up of the story that unfolded. I asked further questions when they told something of particular interest, or where I hoped they would elaborate further. All except one of these five women soon told about their personal experiences of FC without this being explicitly asked for. During some of the interviews I had the feeling that the woman revealed more private aspects of their stories of FC than I had expected they would, and I was cautious about probing further when this occurred. This way I may have lost some information but at the same time it was important to let the women control what was being said. All the five interviews were tape recorded.

The interview with the first exile study participant was carried out in the woman's home, and I got a feeling of confidence between us throughout the interview, and that she expected me to understand her stand against FC. She told about her feeling of alienation as circumcised woman in Europe in contrast to being seen as normal and as 'more womanly' as circumcised in Hargeysa. FC seemed to be of substantial concern for her as she had a young daughter not yet reaching the age when girls customarily are circumcised in Hargeysa, and she told indignantly about her aunt who had already suggested that she had her daughter 'done' before she left for Europe. This woman was talkative although she said she had not discussed the matter of FC before, and surely not with Europeans.

At the very onset of the interview with the second exile woman she voiced clearly that where she used to live in Canada FC was given too much attention in public debate; 'it is not natural too be so concerned about other women's genitalia,' she explained. This woman did not tell about her own experience of FC, but she explained that her daughter was not circumcised as it was illegal at that time in Canada, and that the girl's uncircumcised status did not become an issue at all during the marriage negotiation with a man of Somali origin in the diaspora. During the interview I had a feeling that with my status as researcher the woman expected me to treat Somali women and FC with respect, and she revealed that she expected me not to create a sensational picture around the issue of FC. This was why she agreed to talk to me. She made it clear that FC was not of great concern for her since her daughter lived abroad, and she was not involved in any situation where the matter was debated. Her ways of speaking about the issue was nonetheless very informative as it revealed parts of the frustration and unease that women in exile will experience in relation to the public debate on FC.

The third woman wished the interview carried out in her office at work. She did not need much encouragement to talk and I only asked probing questions after the first introductory question had been asked. This exile woman had a lot on her mind, she continued to talk after I switched off the recorder believing I had taken too much of her time. She had experienced the heated debate about FC between her parents as a child and it seemed like this backdrop had profoundly influenced her apparently firm stand against FC.

The fourth exile woman interviewed was a woman who was in Somaliland only for a short period of time to meet her extended family. She was born and lived permanently in Canada with her parents. This interview was held in the library in the teaching part of the hospital. The woman soon into the interview told about her own personal experience of the debate related to FC between her mother and grandmother taking place on an earlier trip to Ethiopia. Her grandmother suggested that she should be circumcised while her mother refused this. Her cousins in Hargeysa were shocked when they realised that she was not circumcised, and asked how she could pray then. She argued and defended her religious education as good enough to know how to become pure to be able to pray without being circumcised, and this gave her confidence towards her cousin's critical attitude. This woman had a story not unlike a 'Western' girl, and learned about FC for the first time in cultural studies during her last year in school. The difference was that she was born Somali, something which is commonly related to FC. Back home in Canada she was not much concerned by FC, but in Hargeysa the issue was brought up both among her relatives and in the hospital where she heard some of the terms used for FC for the first time.

The fifth and last interview with an exile woman took place in my home. Inside the house she revealed that she had a 'Western' dressing style underneath her Somali dress, including uncovered hair. Indeed, I turned out to be dressed far more 'Somali' on the occasion. She was married to a non-Somali man in the US, but she had brought her children to Hargeysa so they could learn Somali language and culture and meet with her grandmother. She revealed her own experience as circumcised shortly into the interview, and she told about her sisters and their experiences of different types of circumcision. Her older sister, who was infibulated, was heavily bothered with the feeling of pain and of being unwell during her menstrual periods. This ended when she was defibulated. Her

younger sisters and herself had *sunna* and were not troubled like their older sister. This woman was also rather talkative, and she told a lot about her experience as an interpreter in a hospital where a lot of diaspora Somalis came for antenatal and maternal health services. She had no current personal experiences of debates of FC among Somali relatives as she had no close relatives who would potentially be subjected to the practice. My experience from this interview is that she was rather daring in the ways she told her story and talked openly about sexuality and about the Somali female role.

Understanding the interviews

The process of analysis started with the first written field note and with the first interview. As I have tried to reveal above, during the 10 months stay in Hargeysa I continuously reflected over the information I gained in most diverse contexts, a process which led to new rounds of reflections. All the formal interviews were transcribed word for word by me as soon as I got the chance after the interview had taken place. According to Goodson and Adair interviews should be transcribed by the researcher herself because the transcription itself ‘recreates the scene of the interview very adequately and causes a flow of complimentary ideas to come up’ (Goodson and Adair, 2007: 252). When all interviews were transcribed and formed to readable texts the interviews and field notes were read, and recurrent topics were identified and categorized. According to Grønmo analysis of data collected in the field should be coded to be categorised and conceptualised (Grønmo, 2004: 357). The interviews were reviewed ‘in a manner of open curiosity’ (Goodson and Adair, 2007: 258) for additional themes to emerge. Reflection and interpretation took place in a flexible and cyclic process in an attempt to bring forth the distinctive essence of the research material. The central themes thus emerged in a creative analytic process (Blystad, 2005: 86).

Ethics

The study was approved by the Norwegian Social Science Data Services and the Ministry of Family Affairs and Social Development in Somaliland. In accordance with the Helsinki declaration written and oral information about the study, including information on the principle of voluntary participation, the possibility of withdrawal at any time during the study, the keeping of anonymity and confidentiality of the study participants, were given to all the interviewed. Only oral information about the study was given to the

staff and students in the hospital. Female circumcision is perceived as a sensitive and private issue, and it was important to make sure that confidentiality was maintained throughout all stages of the research process. Data were kept locked, and all the information about the study participants was kept without the recording of names.

I did not have the impression that the women experienced the interviews as difficult. In fact during some of the informal and interviews I had a feeling that the women used the opportunity to talk about aspects of FC that were not common conversation topics in Hargeysa.

Reflections of the role as researcher

As nurse and teacher for nursing and midwifery students in Hargeysa I got a picture of how FC is talked about within this environment. As a foreigner I sometimes felt I was asking questions about a too sensitive issue to study, and this may have influenced the research process somewhat. People most likely partly told me stories they thought I as a ‘Westerner’ wanted to hear. I still felt however that many voiced their own personal experiences and sentiments by telling sides of their stories that were not common topics in Hargeysa. Aspects related to sexuality and the experienced contradiction between the feeling of alienation and the feeling of being normal as circumcised within the different societies were told in various forms, aspects of FC that according to the study participants were still not commonly talked about among women in Hargeysa. Most of the women who participated in the study were circumcised either by *sunna* circumcision or infibulation and some were not circumcised at all.

The challenge of being Norwegian, uncircumcised and a Christian emerged as a visible and apparent obstacle in conversations about FC with Somalis in Hargeysa. Appropriate dressing style, combined with quite extensive knowledge about Somali life in general and about FC in particular, were drawn upon in attempts to minimise the gap between me and the study participants. I tried to reveal my very genuine interest in the research topic, and in gaining a greater understanding of the topic from people’s own perspectives.

Another clear disadvantage of the present study is that I did not interview circumcisers, community residing women, men and religious leaders. Their views would clearly have

been important to gain access to further subject positions in the discourse on FC. I did however find it challenging to reach these groups of people as a foreign researcher during the course of my stay. I have tried to let their voice be heard through the stories of the study participants, but it still obviously remains a limitation that I did not speak directly to anyone from these important categories.

Goodson and Adair write about how a ‘third voice’ can be heard in research, the voice of the researcher who has listened to the participant’s story and who has retold this in her own words. She has become coloured by the story itself, and can thus not be an entirely ‘faithful copy’ but becomes a ‘co-creator’ of the study (Goodson and Adair, 2007: 265). The stories I was told in Hargeysa have indeed coloured the pages written here, but they have obviously also been coloured by myself. To what extent is hard to tell. FC is a challenging, contradictory and diverse issue to deal with and I believe that I at times may unconsciously have taken on a rather theoretical or academic approach to the topic in order understand what was told, and at the same time guard myself against the brutal facts related to circumcision that was revealed to me.

Discourse analysis with Foucault

A few key aspects of Foucault’s discourse analysis will be described in this section as his thinking around the discourse concept and discourse analysis has been valuable for me, both in the process of collecting the material in Hargeysa and in the continuous process of trying to make sense of the material. According to Andersen Foucault did not want to create a ‘school’ and he was quite pragmatic as to how his theory should be used (Åkerstrøm Andersen, 2003: 1). Foucault described discourse analysis as ‘pure descriptions of discursive facts,’ (Foucault, 1972: 234), a way to create order of what the discourse describes. The point is to explore how statements, which are articulated by powerful and qualified actors, formulate and create a ‘truth’ that is valued in a particular point in time (Foucault, 1972: 46). Foucault looked at discourse as a way of talking about something that creates conditions for and forms what it describes (Foucault, 1972: 47). In this manner, how people talk creates grounds for and is linked to what people do, or to actual practice. Foucault is concerned with the rules of formation that form and create borders for the discourse, borders which are normative within the group of speakers and

‘govern what sort of talk can, in a given period, be taken seriously’ (Dreyfus and Rabinow, 1983: 66).

Discourse analysis is to describe how particular *statements* emerge and to show how such statements are unified by what they say something about, the ‘object,’ and define the relations between them (Foucault, 1972: 155). According to Foucault a discourse is those statements that emerge and appear as valid ‘truth,’ referring to one and the same object, and which are being formed and uttered from a particular subject position. Particular statements disclose relations to what is being said, not what it refers to or the underlying meaning of the said, but rather to ‘a domain of objects’ to paraphrase Foucault (Foucault, 1972: 83, 108). According to Kaarhus statements in this sense are the ‘different issues and opportunities that the discourse voices, the words and concepts that are in use, the ways of talking that stand out’ (Kaarhus, 2001: 34). The rules which define a discourse refer according to Foucault, to discursive events such as ‘how that one particular statement appeared rather than another’ (Foucault, 1972: 27).

The *object* is what the statements refer to, or said by Foucault; the unity of what the word refers to, not the thing itself that it says something about, but a substitute of things that emerge only in discourse (Foucault, 1972: 47). And further, the unity of the discourse lies in the object themselves, the distribution and interplay of differences, what is given to the speaking subject. Established relations such as economic and social processes, behavioural patterns and norms, techniques, classifications and ways of characterizations create a unity which enables the object to appear. Discursive relations according to Foucault, are made up by a stable group of rules that define the practice in its specificity (Foucault, 1972: 45, 46).

Further the analysis intends to identify who are voicing these statements and by which authority they claim their ‘truth’ (Foucault, 1972: 152, 155). According to Dreyfus and Rabinow, people who express themselves with ‘authority beyond the range of their merely personal situation and power’ could be said to hold a *subject position* (Dreyfus and Rabinow, 1983: 48). *Speaking actors* holding a subject position are qualified speakers with power and the right to speak, who voice statements which describe objects, objects that surfaces through the discourse (Foucault, 1972: 41). Their power and right to speak are given them by the prestige, knowledge and special quality that they have, and by

public opinion, which give assurance to presume that what they say is ‘true’ (Foucault, 1972: 50). What emerges and are constituted by these qualified speakers are the objects of the discourse, according to Foucault (Foucault, 1972: 44) The relations between the statements bring up groups of rules which define the objects of the discourse (or form the discourse) and at the same time exclude other statements and thus limit the discourse (Foucault, 1972: 46).

A discourse emerges from ‘a basis of contradiction,’ according to Foucault. *Ruptures* in the flow of statements of what emerges as valid ‘truth’ come about from oppositions and contrasts within the discourse (Foucault, 1972: 171). Discourse analysis implies to look at the contrasts and reveal their play within the discourse. It implies to show the gap by which the contrasts are separated within the discourse, the ‘multiple dissensions.’ If qualified speakers with enough authority come up with contradicting statements and challenge the common and valid ‘truth,’ a transformation occurs. A system of such transformations creates a change in the discourse, or a new ‘truth,’ and such ruptures the continuity of the discourse, according to Foucault (Foucault, 1972: 173).

Analysis of the discourse on female circumcision in Hargeysa

The discourse on female circumcision in Hargeysa will be explored with the assistance of Foucault’s thinking. The formation of the discourse can be defined by looking at how the statements about FC emerged, how the groups of qualified speakers were talking from their diverse subject positions, what was being said, what it was about, what constituted unity and what could be said to be contradictions and contrasts? How can it be that female circumcision became a matter of voiced interest, geographically and ideologically far beyond where the practice is actually carried out?

The first pages of this thesis, which present the practice of female circumcision in all its diversity, a brief historic backdrop, the prevalence and its forms make up the ‘pre-discursive’ facts or opinions. They are important in order to understand the concept of female circumcision and to find out what female circumcision really is, while a discourse analysis explores the discourse as it appears and emerge as a practice itself rather than look for the meaning behind (Foucault, 1972: 83). Below I will make an attempt to describe the discourse as it can be heard among the participants in this study, how the

‘body of rules,’ which form and ‘constitute the conditions’ of the discourse on female circumcision in the given period of time, may be described (Foucault, 1972: 48). The question that eventually comes up is how to describe the relationship between a changing discourse and the circumcision practice itself?

The discursive object – female circumcision

The objects surface and emerge for a certain defined period of time Foucault writes (Foucault, 1972: 41). The WHO classifications and other invented terms like female genital mutilation or female genital cutting are very new compared to *gudnin pharaoni*, *sunna* or *halalays* albeit no one knows for how long the latter terms have been in use in Somaliland. The many names for female circumcision that emerged within the discourse to some extent mirror the complexity of the field. To illustrate this the term FGM has for instance been established as the common term for use in health education in Hargeysa, but it appeared as uncertain to what extent the full meaning of the abbreviation was known among its users. Among many of the study participants FGM was referred to as only infibulation and not as *sunna*. Infibulations was neither unambiguously described as it was referred to both as the stitching of labia minora, and to the stitching of labia majora. Then there is the concept of *sunna* circumcision which emerged as more complex than what is being described as a common understanding of *sunna* according to the WHO classification (WHO, 2008a). Some of the study participants also called it *sunna* when they cut and stitched just a little less than infibulation, variations also described by Talle and Gruenbaum (Talle, 2003: 40, Gruenbaum, 2001: 2). The WHO classifications were often referred to among the health-care students and the workers in the hospital in Hargeysa, despite the inconsistency with the actual circumcision forms that was referred to in Hargeysa.

One may also ask how *sunna*, which is a term associated with Muslim practice, became a description of a certain form for circumcision. Study participants described *sunna* as a term invented at the time of the introduction of the eradication effort, but this was neither confirmed by other participants, nor in the body of literature referred to in this thesis. The term *sunna* does indicate a relation between FC and Islam in this particular context. One may possibly ask whether this certain type of circumcision was named *sunna* to create up an alternative or an option to infibulation, which many, also in more historic times, may have found to be a too extensive form for circumcision, while at the same time ensure the

continuation of a religiously blessed practice. The term *halalays*² may be said to be even stronger related to religious practice as the word refers to religious purification.

The confusion of terms within the discourse on FC remains a challenge, but may emerge as a key to grasp the relation between discourse and practice. The challenge of terms, concepts and definitions has been pointed out in numerous ways. Both the studies by Obermeyer and Vangen highlight the challenges related to different terms and their particular implications, and the different forms of FC not being specified in many research projects which makes the results of the research very difficult to relate to (Vangen et al., 2004: 32, Obermeyer, 2005: 444). Another aspect related to diverse terms has been pointed at by Elmusharaf, who has studied the reliability of self-reporting of FC, and found that there is consistency in self-reporting of circumcision, but women tend to under-reporting the extent of the circumcision. Many women were circumcised as children and may not have understood or been told what kind of circumcision they got at the time of the operation. There may be inconsistency and confusion between the terms used in the actual study and the terms the women commonly use, which may cloud the self-reporting. Some women believed they had *sunna*, while the physical examination revealed more extensive forms of circumcision Elmusharaf reports (Elmusharaf et al., 2006: 126). Nnaemeka has challenged the ‘Western’ view and its self-proclaimed right to name a practice they do not know or own (Nnaemeka, 2005: 34). By naming a certain practice ‘female genital mutilation’ one may talk of an attempt to try to wipe out the original meaning of the practice and define it as something else Nnaemeka holds. It may be argued that female circumcision, female genital mutilation, female genital cutting, *halalays*, infibulation and *sunna* are not the same as they may refer to different operations, but more so are located within different discursive fields communicating contradicting ‘truths.’ According to Foucault, ‘statements different in form and dispersed in time form a group if they refer to one and the same object,’ (Foucault, 1972: 32).

Total abandonment or ‘at least *sunna*,’ the formation of the discourse

Very different ‘truths’ about female circumcision could be heard in Hargeysa. The statements clearly referring to ‘total eradication of the practice’ by several NGOs involved in nation-wide eradication campaigns were views for complete abandonment of FC. Widespread printed material told the message of the problematic sides of ‘FGM’

² Halalays derives from the Arabic word halal, which means lawful or permissible, according to Wikipedia.

emphasizing ‘*gudnin pharaoni*,’ or infibulation. Exile women returned from societies where FC is a criminal act, but were challenged upon return to have their daughters circumcised as FC is seen as necessary for the upbringing of girls. Health workers were concerned with FC and its negative implications for women’s health and maternal health in particular. For instance had the hospital (Edna Aden’s) a routine of asking all women who came for antenatal care about their circumcision status. Religious leaders voiced their concern about infibulation after being challenged on their view on FC. On the other side were circumcisers and mothers who saw circumcision as necessary for their daughters to become ‘good’ and purified women although this subject position was only referred to by the present study participants and not by the supporters of FC themselves. This apparently chaotic picture of diverging statements voiced as contrasting ‘truths’ about FC existed side by side in Hargeysa at the time of the study as each of these statements referred to a normative and valid ‘truth’ about female circumcision which to quite some extent excluded other statements, and oppose each other and create immense contrasts and oppositions within the discourse on female circumcision.

As it was indicated above among the internally valid institutional sites, three major subject positions were recognized, namely the view of zero tolerance and total abandonment, voiced by the ‘abandoners’ 1), such as NGO workers and exile women. Second comes the view for a change from infibulation to *sunna*, voiced by ‘changers’ 2), such as health workers and religious leaders. The view that allows all forms of FC to continue was voiced by ‘practitioners’ 3), such as mothers and circumcisers.³ Foucault describes how qualified speakers have authority to voice the ‘truth’ (Foucault, 1972: 61). It seems like these three major subject positions at the present time in history all have authority to voice the ‘truth’ with their own institutional backing or authority.

The field concerned with FC in Hargeysa thus revealed groups of qualified speakers holding a subject position with a given or taken mandate to voice a view on FC, a right which has been sanctioned by law or tradition, or according to Foucault from which institutional site the subject positions emerge (Foucault, 1972: 51). Granting international organisations and governments, legislative bodies concerned with human rights issues, health institutions, research bodies, the religious society and customary institutions within

³ It must be noted that this division is fictive and indicates a tendency rather than picturing actual people’s individual view on FC.

local Somali communities can be said to be prime institutional sites from which the authority of the present subject positions emerge (Foucault, 1972: 50). Let us at this point take a more thoroughly look at the different subject positions from where these diverse ‘truths’ about female circumcision come from.

Subject position I - The voice of abandonment

Although the effort to fight FC initially came from societies outside the communities which were practising FC, the work to abandon FC was soon on the agenda also for those who were directly involved in the practice. The organised work against FC was established in Somalia in the 1980’s, and about 50 local organisations in addition to the government were at the time of this research financially and ideologically supported by international organisations and governments. Arguments from local organisations were such as distinguishing ‘FGM’ from religious requirement, referring to health implications and commonplace arguments based on a rights discourse. FC sorted under ‘gender based violence’ within the government, which also had plans for preparing a policy including legislation, work relying on national political involvement.

Women who had lived in exile societies had an understanding of FC that to a large extent corresponded with a women’s rights view. The experiences related to unnecessary pain and suffering on part of circumcised women, and the potential implications of sexual sensation in connection to FC were of concern for most of the exile women. The potential consequences related to sexual sensation and psychological aspects of FC were only a theme brought up in the interviews with exile women. Talk about sexual sensation was perceived as shameful among the health students in the hospital and did not seem to be an articulated issue except among the NGO workers and exile women. FC was also by these study participants seen as manipulation of the God-created body.

Subject position II - Health and religious founded change

The voices that could be heard within this subject position were the ones who saw sides of the current practice as problematic but were hesitant or sceptical to the agenda of total abandonment of all forms for FC. Health workers had authority as qualified speakers by their knowledge about anatomy and the health related dimension of the practice. The health teaching in the nursing schools was as we have seen largely in line with the view of abandoners, and also commonly included diverse aspects to the challenges implied with living with infibulation in terms of long time for urinating and the challenges of the

time of menstruation. Health complications related to FC were the most important arguments against the practice for health workers and in line with health related research on FC, which imply that infibulation has been connected to more extensive complications, while sunna was seen as health wise less damaging, if one ignores the acute complications of the operation itself (Obermeyer, 2005: 457, Small et al., 2008: 1638, Almroth et al., 2005a: 122).

One aspect that cannot be overlooked though is the involvement of health workers in the circumcision practice. WHO warn about the increasing involvement of health workers as circumcisers (WHO, 1998). Obermeyer also voiced a concern that in some NGOs the effort to provide traditional circumcisers with other employment in order to earn an income, one give potential more parents who seek help at health facilities as they want a 'safe' operation for their daughters (Obermeyer, 2005: 458). Health workers were said to use anaesthesia to reduce pain and hygienic conditions to minimize the risk of infection and could thus charge more for the operation than traditional circumcisers. Some study participants told about health workers who acted as circumcisers because 'how could one refuse when a mother asks' besides stating that as health workers they could avoid the 'worst' forms.

Albeit one would expect that 'the health community' in Somaliland in as educated category would hold the position of abandoners. It emerged from this study that the large group of health workers that I related to during the study in Hargeysa, may have reasons to be located among the ones who work for a change as they saw the work for eradication of 'FGM' to be of utmost importance, while at the same time compared the complications of infibulation to the minimal health implications that are perceived to be related to *sunna*. This, combined with the confusion as to the actual definition of FGM, are reasons largely in favour for change, but a change implying an important transition from infibulation to *sunna*. There were however individual health workers who took firm stand against all forms of FC.

The majority of the religious establishment in Hargeysa did according to all categories of study participants not support infibulation, partly with the reference that it is not carried out in the large Muslim states in the Middle East. Lewis on the other hand actually refers to infibulation as 'Muslim' in his book from 1962, where he distinguishes the excision of

clitoris as the part of the operation that makes a girl clean or ‘*halal*’ in a Muslim sense (Lewis, 1962: 13). Religious leaders with their religious authority have an immensely important role in the Somali society. Some of the leading Muslim schools in Somaliland seemed to find support for *sunna* circumcision in some of the Muslim scripts, and despite the fact that *sunna* means optional, the common view in Hargeysa was to see FC as a required religious practice. The religious community has been continuously challenged on their view of FC because of the resistance in the community to separate FC from religious practice. According to one of the participants, religious leaders agreed that FC is not a Muslim command. During a debate which was video recorded for use in the work against FC, they concluded that infibulation has to be seen as violation of girls while *sunna* is optional as the term implies, corresponding to the concept of *sunna* in Islam. The religious connection is clearly strongly emphasized by the use of the religiously grounded term *sunna* it can be argued, some of which corresponds both with the study by Johnsdotter among exile Somalis in Sweden, and by a study carried out by Talle in Somaliland (Johnsdotter, 2002: 132, Talle, 2010: 144).

Subject position III - The line of continuation

According to the customary view in Hargeysa FC was still normative at the time of this present study. There may have been changes in the practice over time, but not to such an extent as to end the practice. The study participants told about how they were seen as ‘more womanly’ by their relatives in Hargeysa in the meaning of mature women compared to childish uncircumcised girls. The ‘qualified speakers’ of the line of a continuation of the practice were community members and circumcisers who were in support of FC, the ones who see FC as a religious and social requirement for girls of the community, which is also referred to in both Talle and Gruenbaum (Talle, 1993: 91, Gruenbaum, 2001: 76).

When looking at the estimated numbers of girls still being circumcised in Hargeysa it looks though as the majority of the population have kept this position (WHO, 2008b, Ismail, 2010: 31), although we know little for sure due to the potential recent change of the practice. People who carry out the practice of FC are the most important actors of the continuation of the practice with their view as part of the muted discourse that existed hundreds of years before the feminist movement led to public awareness and voiced debate around the issue (Abusharaf, 2001: 114). And it can be argued that female

circumcision was customary never spoken about as the discourse was muted before it became a 'forced' spoken up issue in contradiction to the subject position of abandoners.

Contrasts and ruptures in the discourse on FC

Points of diffraction can be described as contrasts in a discourse which create a rupture with the current given 'truth.' A discourse may, according to Foucault be perceived as networks of statements where constantly new statements are produced until a 'point of diffraction' happens and creates a new 'truth' (Foucault 1972: 65). This rupture in the discourse does not necessarily appear clearly at once, but may come forth when seen within the context of the discourse, and may be identified through an analysis of the discourse. As seen above the contrasts in the discourse on FC can be described as a collection of disperse and quite contradicting views, that can all be heard and found in Somaliland.

The contrasts in the discourse on FC came about as abandoners developed a strong opposition to the customary practice and presented statements that they believed would and should be heard and acted upon. Those without normative and customary understanding of FC were presented with concepts and terms related to FC that made sense in light of their own world-view. Abusharaf is sceptical to the language employed of female genital mutilation, and writes that 'it can be argued that the differences in terminology not only reflect two diverging systems of knowledge, but also indicates some of the shortcomings of the feminist emphasis on the uniformity of women's oppression irrespective of culture, class and ethnic differences' (Abusharaf, 2001: 116).

An apparent contrast becomes united?

It is vital to note that the discourse on FC in Hargeysa despite the diverse subject positions may end up with two major positions at a point in time. The numerous actors that have a sceptical view on FC seem today to have been brought into an unofficial consensus⁴ to modify the fight for abandonment of FC to a change from infibulation to *sunna*. There seem to be a sense that the demand for abandonment of the practice came up too abruptly, and that it at this point does not manage to succeed over the subject

⁴ In the Somali society governing through consensus has long tradition, LEWIS, I. M. 1962. *Marriage and the family in Northern Somaliland*, Kampala, East African Institute of Social Research.

position in favour of a continuation of FC, as the reasons for complete eradication have by the different subject positions not been found strong enough to match the movement to carry out ‘at least *sunna*.’ In this context it has been vital for the abandoners to define and teach ‘proper’ *sunna*, to avoid *sunna* being operated as infibulation ‘light.’

The practitioners of FC have at this point in history emerged as too powerful to overcome despite the apparently powerful subject position of the abandoners with its funds, women’s movements, health research, legislation, and arguments based on the demonstration that FC is not a command within Islam. The customary view that some form of FC is necessary for girls at this point in time proves to have the required power to (unofficially) resist the worldwide effort to abandon the practice of FC in Hargeysa.

Discourse and practice

When we listen to the official discourse on FC the message is more or less the same whether produced by media, legislation or research. The coverage represents with few exceptions strong and critical voices towards the practice of FC. Voices in support for the practice are barely heard outside the arenas where FC still is carried out. Women who have lived in exile experienced FC different than what was normative among women in Hargeysa. For the concerned women a change in what is experienced as ‘normal’ will constitute a most important part of how the ‘truth’ of FC is perceived. According to both Gele and Johansen people’s attitudes towards FC is influenced by the view of the greater society they live in (Gele et al., 2012: 14, Johansen, 2002: 331). One study participant described how the practice of FC was customarily carried out differently in two different towns in Somaliland. In the town which was most remote the operations were customarily carried out more elaborate than in the town closest to the coast line with frequent connections across the bay of Aden to Yemen.

Comaroff & Comaroff have, as it was mentioned earlier problematized the dichotomy of ‘modernity’ versus ‘tradition’ writing that none of the two are fixed entities but are rather artificial images of how the present world is formed. It seems like in present day Somaliland the strong global subject position presenting statements on harmful traditional practices, on mutilation and on FC as violence against women has made some influence in the sense that religious leaders actively voice their opposition against infibulation. But

it has been entirely successful in that a movement for change rather than for abandonment at this point in time seems to be winning.

Concluding remarks

This study set out to explore the discourse on FC in Hargeysa, Somaliland. The discourse was found to consist of many and strong subject positions due to the powerful place the custom has in Somali culture, the substantial presence of organised work against the practice as well as the substantial presence of and contact with the outside world through the Somali exile community. As we have seen in this study the terms and concepts used for FC in the global abandonment discourse emerge in fundamental contrast to the terms and concepts employed in Somali discourse on FC. This has created an immense gap between the ‘truths’ presented within the discourse. ‘It is not what you call me; it is what I answer to,’ an Igbo proverb says (Nnaemeka, 2005: 34) a revealing proverb in a context where the answer to the discourse on FC as mutilation and violation may be a shift to a less extensive operation at best, and potentially a mere shift in terminology with little implications for actual practice. A vital question to be asked is if campaigns based on a more respectful, information based and neutral language may be more effective in terms of changing the practice. If what you call it is based on information and respect, the message may be listened more carefully to and the ‘answer’ may be more in line with what is desired; the reduction in scale and scope of an unfortunate human practice. It is in such light the present thesis should be read.

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‘From *pharaoni* to *sunna*,’ Reflections on the changing discourse on female circumcision in Hargeysa, Somaliland.

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Key words: female circumcision, sunna, change, qualified speakers, Somaliland

Abstract

The discourse on the customary practice of female circumcision emerges as full of contrasts and contradicting views in the multifaceted society of Hargeysa, Somaliland. From October 2009 to August 2010 a study was carried out to explore how numerous informal conversations with health workers and students in a hospital, combined with in-depth interviews with 3 women officially involved in abandonment work, and interviews which drew on principles from life history interviews with 5 exile Somali women talked about female circumcision.

A discourse analysis implied a practice in change despite indications of continuation.

Whether the actually applies also to the practice lies beyond the premises of the present study. 'Abandoners,' 'changers,' and 'practitioners' are authoritative 'speaking actors' that in a given time voice the 'truth' about female circumcision and thus create conditions for the transformations from infibulation to sunna and eventually an abandonment of an unfortunate human practice.

Introduction

Female circumcision

Female circumcision is carried out in a large number of countries with a majority found across Africa from the north eastern coast to the west coast. The present study is carried out in Hargeysa in Somaliland, where female circumcision is normally carried out well before the onset of puberty, often between the age of five and ten (Talle, 2010: 49). The information available indicates that more than 95 % of all women are circumcised, of whom more than 95 % were infibulated (WHO, 2008b; Ismail, 2010: 31).

Somaliland, a de facto state and the northern autonomous region of Somalia, and the capital Hargeysa, are found in a time of reconstruction after civil war ended at the end of the 1980s. The war led to a continuous flight from the Somali populated area on the Horn of Africa, which resulted in exile Somali populations located all over the world. Hargeysa has remained safe compared to the southern Somali populated areas and has for a number of years been a meeting place and a melting pot between the Somali society and the Somali diaspora. This makes Somaliland and Hargeysa an interesting and important location for a study of the transformation of culturally embedded practices such as female circumcision.

Categories and terms

WHO has made a classification and description of different types of female circumcision. Type I and II correspond to what is labelled *sunna* in Somaliland, an operation implying anything from a pricking of the clitoris to a cutting and sewing one or two stitches of labia minora. Type III of the WHO classification corresponds in broad terms to infibulation or what would be labelled *gudnin pharaoni* in Somaliland, and imply cutting of labia minora and / or clitoris and commonly involves a quite elaborate stitching of labia majora, leaving a small orifice. 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’ (WHO, 2008a). The WHO classification was revised in 2008 after receiving criticism that it was too rigid, and failed to describe the multitude of variations found within the practice of female circumcision (Rye, 2002: 24, Obermeyer, 1999: 82). In the revised WHO version a somewhat more nuanced description is presented, and includes sub-groups of the four main types.

According to Talle *sunna* has become all ways of cutting that is not infibulation or being ‘closed’ (Talle, 2003: 40). *Gudnin pharaoni*, ‘*gudnin sunna*’ and ‘*halalays*’ are all common terms in use in the Somali language to describe female circumcision. Again in general terms *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 (refers to what is permitted in Islam) and is used for all forms. The terms female genital cutting (FGC), female genital mutilation (FGM) and female circumcision (FC) are all commonly employed in English when referring to the practice. Female genital cutting was not in common use in Hargeysa. The term female genital mutilation (FGM) is the term most often used in English. With its clearly derogative connotation FGM was found somewhat problematic to employ in a study where the practice was to be explored in an as open as possible manner. (Gruenbaum, 2001: 3). Hence ‘female circumcision’ (FC) was employed throughout the study. This was also the term perceived to be the one located closest to the terms in use in Somali. The term will however be employed in combination with infibulation and *sunna* when referring to the explicit types of circumcision. We will turn to the terms below, as we will indicate that an apparent confusion related to what the terms actually imply seem to have implications for the ongoing transformation processes for the practice.

A brief historic review

In both the historical and the anthropological literature FC was barely mentioned until the last half of the twentieth century. Written sources tell about female slaves from Sudan, who were closed to protect their virginity to ensure a higher price on the slave marked in Egypt. The term *pharaoni* is believed to have its origin from this time (Talle, 2003: 43, Gruenbaum, 2001: 43). Missionaries and colonial health workers made attempts to raise voices against the practice of FC in the last part of the 1920s. The first ‘female circumcision controversy’ refers to this debate between missionaries in Kenya and the national movement that partly rose after the missionaries tried to interfere with FC. The practice at this point in fact came to symbolize African resistance against colonization (Thomas, 2003: 2, Mufaka, 2003: 47).

The controversy over female circumcision did not end with the Kenyan confrontation. It was brought back with full force during the ‘Women’s decade’⁵ and the feminist

⁵ UN declared a Women’s decade from 1975 -1985.

movement in the 1970s. The debates has at times been very emotional and both Boddy and Gruenbaum have described the lack of understanding of the complexity of the practice that has characterized the discourse ever since the seventies (Boddy, 2007: 46, Gruenbaum, 2001: 21). FC has somewhat stereotypically been presented as a practice in which men control female sexuality and female reproduction. The presentation of the practice within which women are seen as victims of a brutal practice has created sharp reactions not the least from circumcised women who not commonly have perceived themselves as victims, but have rather perceived FC as a female tradition that is necessary to create a gendered woman. FC has in the anthropological literature been described as part of a gendering process to create a moral, marriageable and fertile woman (Boddy, 1982: 688, Talle, 1993: 91, Rye, 2002: 268). Infibulation has also been described as a protection of women against rape, i.e. when herding in the bush or were alone in the huts (Grassivaro Gallo and Viviani, 1992: 253, Gruenbaum, 2001: 42).

FC has increasingly been explored and debated globally, not the least because circumcised women has moved to all parts of the world and the challenge of how to perceive and react towards the practice has become a question far beyond the settings in which FC is customarily carried out. Processes of globalization has thus made FC known worldwide with increasing emphasis and demands on the eradication of the practice (Hosken, 1993: 68, Gruenbaum, 2001: 21, Rye, 2002: 28, Talle, 2003: 16, Smith, 2009: 26). Important works of the anthropologist Aud Talle have described the practice of FC in Hargeysa, Norway and London and argues that it is a practice in change. (Talle, 2010: 71). Her findings are supported by several other studies such as those of Gruenbaum in Sudan, Fangen and Thun, Johansen, and Gele with particular reference to the practice among exile Somali women in Norway (Gruenbaum, 2001: 179, Johansen, 2002: 331, Fangen and Thun, 2007: 131, Gele et al., 2012: 11). We will return extensively to the question of FC as a changing practice below.

Health implications of female circumcision

An increasing number of studies have been carried out to investigate the effects of FC on women's health. The acute complications of the practice are reported to be exceeding bleeding and pain related to the operation itself (Talle, 2010: 91). Pain and sometimes occlusion related to menstruation, a prolonged urination time due to the small outlet, and both acute and chronic urinary tract infections have been reported proportional to the

anatomic extent of the circumcision (Momoh et al., 2001: 108). Urogenital complications have been found by Almroth et al to be of significant higher risk among circumcised girls (Type I, II, III) compared to un-circumcised girls (Almroth et al., 2005a: 122). Morison et al concluded with significant higher risk of bacterial vaginosis for circumcised women compared to un-circumcised, while there was a lack of other significant possible health outcomes for Type II-circumcision (Morison et al., 2001: 648).

The picture of FC in relation to maternal health is however disperse. A WHO study carried out in six countries in Africa concluded that there was higher risk associated in relation to delivery both for a circumcised mother and her child compared to non-circumcised women (Eke and Nkanginieme, 2006: 1840). Vangen et al found no explicit connection between FC and maternity complications for Somali immigrants in Norway although the relation could not be fully excluded (Vangen et al., 2002: 318). Small's study, which was 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 higher risk of perineal trauma. Children born by Somali women had in the same study a marked higher risk of low Apgar score, still births and neonatal deaths. Delayed care seeking combined with lack of interpretation for circumcised women in a foreign settings were explained as possible reasons for the negative outcome for the child (Small et al., 2008: 1635).

A case-control study on infertile women found that the prevalence of gynaecological pathology was higher among infertile women with an extensive form for circumcision than in the control group, indicating that the more extensive the circumcision the greater chance of complications leading to infertility (Almroth et al., 2005b: 387). According to Obermeyer the main challenges for health research related to FC are the lack of specificity and detailed knowledge about the different types of circumcision (Obermeyer, 2005: 444). Also the reliability of self-reporting of forms of female circumcision, which is a common method employed, has been questioned and found to be low, according to Elmusharaf, as women tend to under report the degree of their circumcision (Elmusharaf et al., 2006: 126).

Female circumcision and sexuality

There have also been debates related to whether or not FC has implications for female sexuality. The review article of Obermeyer suggest that the main findings in these studies

is that despite clitoris being damaged many circumcised women experience sexual sensation and desire (Obermeyer, 2005: 456), although pain in relation to coitus has been reported, especially concerning infibulated women (Johansen, 2007: 266). Less has been said about the effect of FC on male sexuality, but the study by Almroth et al reported of men who found particularly infibulation in women to be associated with both physical and psychological sexual implications also for men (Almroth et al., 2001: 1457). Very few if any studies have however been able to explore this question among women who have been sexually active both before and after the operation (Boddy, 2007: 51, Johansen, 2007: 254), hence uncertainty remains regarding the impact of FC on sexual sensation.

Female circumcision and religion

FC is not a custom in central Muslim countries in the Middle East while a large number of non-Muslim societies in Africa practise FC (Johnsdotter, 2002: 63, Rye, 2002: 28, Talle, 2010: 37). FC is indeed not spelled out as a required practice in the Koran or by Islam which has been used as one of the main arguments against the practice by Muslims. In Somaliland the custom has however despite this lack of link to Islam commonly been associated to Muslim practice, and some of the leading Muslim schools interpret the religious scripts (*Hadiits*) in the direction of an acceptance of *sunna* circumcision (Johnsdotter, 2002: 65). Within the Somali society FC is said to ‘purify’ girls for religious practice, i.e. becoming Muslim (Johnsdotter, 2002: 68).

Media’s representation of female circumcision

Aud Talle has been engaged in the debate about FC in the Norwegian media, and voiced a concern against what she has described as a ‘tabloid’ view on the practice. She attempted to give a more nuanced and informed picture and minimise the stigma such simplified views produce (Talle, 2003: 9, Talle, 2010: 117). According to Talle it is close to taboo to discuss FC in other terms than with disgust in Norway (Talle, 2010: 24). A documentary from Hargeysa which was shown on Norwegian TV in 2007 held that as much as 185 Norwegian-Somali girls could have been circumcised over the last couple of years in Somaliland (Strand, 2008: 169). Talle, who at the time was involved in a study among Norwegian-Somalis in Oslo, strongly questioned the reported numbers. Her study was extended to Hargeysa. The result was an estimation of some ten girls from Norway who may have undergone FC during the period referred to (Talle, 2010: 116).

The aim of the study

The present study was carried out in Somaliland where a number of different ‘actors’ influence the practice and perceptions of the practice of FC; the girls themselves, their mothers, grandmothers, fathers, the circumcisers, peers, husbands and their mothers are among the categories that in diverse ways are involved in the practice. Professionals and volunteers involved in work against FC, health workers, teachers, religious leaders, government officials and international organisations as well as exile Somali women and men, the media, health and research institutions make up other important actors in a FC context. This study was carried out with the aim to look into the diverse discourse of FC in Hargeysa, how the discourse was articulated, who emerged as the main voices in the discourse, and ultimately how the discourse may relate to the actual practice.

Discourse analysis with Foucault

Drawing on the discourse concept a brief mentioning of Michel Foucault’s discourse concept is needed. Foucault looked at discourse as a way of talking about something that creates conditions for what it describes (Foucault, 1972: 47), hence discourse has a dimension of ‘action.’ According to Kaarhus Foucault was concerned by the flow of cultural meaning and ruptures in this flow and saw discourse as a collection of *statements* that were all part of a certain context, situated in a certain social and historic setting (Kaarhus, 2001: 33). A discourse only emerges when it has validity in the society, has a certain actuality and is on the agenda in the society. A manner in which a discourse emerges will thus exclude other ways of talking about the same issue at the time in question.

Foucault described discourse analysis as ‘pure descriptions of discursive facts,’ a way to create order (Foucault, 1972: 234). Discourse analysis explores how statements in the discourse are voiced, statements describing the same object, but stated by different actors. Foucault holds that it is an analysis of how 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’ (Foucault, 1972: 46). With this brief introduction in mind we shall move to the study on which the present article is based.

Methods

A qualitative study was carried out using informal conversations over an extended period of time, followed by the writing of field notes. Informal conversation was combined with in depth interviews. The interviews drew upon principles of both in depth and life story interviews. Edna Aden's University Hospital in Hargeysa was the base for the study, which lasted from October 2009 until August 2010. The research was combined with the work as a teacher in the teaching department in the hospital.

Study participants and recruitment

A prime category of study participants was some of the workers and students in the hospital. An approximate number of 50 teachers and students were thoroughly informed about the study, and about how field notes would be written based on reflections over conversations we would have related to the issues of FC. A second category of participants included women employed in governmental and non-governmental offices who were working towards abandonment of FC (3). A third important category of participants consisted of women who had lived in exile and had returned to Hargeysa (5). One woman who was asked declined to be interviewed.

Informal conversations and interviews

Informal conversations with employees and health-care students at the hospital were held throughout the study with the aim to generate knowledge about their perceptions related to FC. Conversations related to FC occurred either because people asked about the research project, or they were asked questions related to FC by the researcher in situations where it was perceived as natural, or in relations to teaching when students presented their topic of interest in research. Sometimes the topic was humorously brought up in ways of spontaneous role plays, other times as agitated discussions. One of the employees in the hospital became a particular important conversation partner as she was uncommonly knowledgeable on the issue and was involved in the work to abandon FC. Both descriptions of and reflections over these informal conversations including the health related debates as well as participation in and observation of discussions and workshops related to the topic were recorded in detailed field notes.

In depth interviews with women in organisations working for abandonment of FC were carried out to gain insight into current policies and public debates, while interviews based on principles of life story interviews were held with women who had lived both in societies with strong opposition to FC and in Somaliland where FC is normative. The

notion that a person's past strongly influences the present, is drawn upon in life story interviews (Goodson and Adair, 2007: 237). The life story interviews were deemed important as to gain 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.

All the interviews were tape recorded except one, where concurrent notes were taken. None of the interviewed women were asked about their own circumcision status, but some of the women revealed their personal experiences. All the interviews were transcribed by the interviewer. Analysis started with the first written note and transcribed interview and continued throughout the field work, the transcription phase and the more rigorous analysis phase. The written text was carefully reviewed together with the field notes in order to identify recurrent topics as well as nuances, ambiguities and possible contradictions in the material. The emerging topics were categorized into smaller and larger thematic groups.

During some of the informal conversations and interviews it seemed that the women used the opportunity to talk about aspects of FC that were not common conversation topics in Hargeysa. It would have been interesting to include circumcisers, community residing women, men and religious leaders in the present study as their views would have added other aspect to the discourse on FC. It was however challenging to reach these groups of people as a foreign researcher during the course of the stay, but the intention throughout the research process has been to let their voice be heard through the stories of the study participants, but it still obviously remains a limitation of the present study to not have spoken directly to anyone from these important categories.

Ethical considerations

The study was granted permission from the Norwegian Social Science Data Services, the Somaliland Ministry of Family Affairs and Social Development, and the Edna Aden University Hospital. In accordance with the Helsinki declaration all the interviewed study participants were informed about the study; that they were not obliged in any way to participate in the interview. The participant's anonymity and confidentiality were maintained throughout the study, and all data have been kept locked.

The double role as a teacher for health-care students and simultaneously a researcher could potentially create confusion among the participants. It was found best to include the staff and students at the level of informal conversation partners without the use of recording beyond the field notes. The study participants did not give the impression of experiencing the interviews as difficult, although FC is a sensitive issue to be discussed, and more so as the researcher was a foreigner.

Study findings and discussion

One life story that seemed to bring up a number of aspects that recurred in the material is presented below to shed light on how 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 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. Her mother insisted that she had only two stitches, which still gave her such a small opening that she had severe pain every time she was menstruating, pain that lasted until she got opened before marriage. Her circumciser was a male medical officer, not a traditional circumciser. This happened in spite of a debate between her parents about whether she was to be circumcised or not. Her father did not want his daughters to be circumcised, but her mother with the pressure of the surrounding society nevertheless had the operation carried out.

Later in life Muna left home to get higher education in the US. Here she married a Somali man. Before they married he joined her when she was 'opened' by a gynaecologist, who had worked in Egypt, and was therefore knowledgeable about what Muna referred to as the 'extreme' form of FC. Muna's husband knew her family and her father's stand against FC, and was surprised to hear that Muna was infibulated. Before the operation the doctor asked Muna if some 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 added.

Muna's involvement in the fight against FC started in the US where she became part of an actionist group that many Somali women joined. After she returned to Hargeysa Muna continued her work as a volunteer for the eradication of FC. She attended seminars and meetings arranged by local and international NGO's which were involved in the work against FC in Somaliland. The ways of addressing FC have changed Muna explained, 'now we talk about FGM, (it) is something we can easily talk about.' She mentioned how FC used to primarily be talked about in relation to young girls who were at the age for circumcision. Mothers with daughters who were approaching the age for circumcision 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. Furthermore it was a topic for circumcisers who were asking, 'why are you not purifying your daughters?'

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.' Muna described the different ways of circumcising girls, '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.'

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 Somali language and culture. Upon her return Muna was protecting her daughters against any form of FC. Neither Muna nor her sister wanted to circumcise their daughters, Muna explained. 'My sister has three daughters, and she never circumcised (them). I have two daughters and I am never going to touch them ... if I had a feeling that they would be, I had left (Somaliland).'

Muna's story indicates multiple transformations of FC that seem to take place. The content of her talk was supported by the description of other informants who referred to similar changes of the practice of FC 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 FC, which are articulated by powerful and qualified actors, formulate and create a 'truth' that is valued in a particular point in time. The way people talk about FC can be said to create grounds for, and is linked to, what people do, the actual practice (Foucault, 1972: 47).

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

The experience that FC has always been and still is talked about only privately was presented by all the study participants. The ones who would be articulate about it were girls who were about to become circumcised, their mothers, and the ones who carry out the operations. Participants who were not directly involved in debates related to FC as mothers, aunts or grandmothers, or professionally, were not particularly engaged in the issue they explained. FC 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 FC were carried out in the hospital, but they were also arranged by the numerous NGOs which had FC explicitly on their agenda. Thus FC was talked about in official channels, but was said to still be a rather muted and a personal matter at a private level. In line with the present study findings Gruenbaum describes how FC is taboo and how it emerges as a topic primarily in settings where it is naturally brought up, e.g. situations related to the operation (Gruenbaum, 2001: 9). Talle similarly writes that FC was never a debated issue and was never mentioned in the rich Somali poetry tradition. In the 1980s after the first official abandonment efforts came up, poems about FC did however start circulating (Talle, 1993: 88, 105).

As a result of an increasing public debate, combined with a common resistance to abandon FC, religious leaders had in recent years become challenged on the religious based views on FC, and men had in the same processes become more involved in the issue as fathers and husbands. Several informants told about their fathers' opposition to FC being carried out on their daughters. They explained that FC was these days being discussed in religious schools as well as in youth groups, women's and men's groups. The enormous pressure against the practice led the former Somaliland government to plan for 2010 a policy and legislation against FC but, the legislation was still not in place at the end of the field work. The ones who are referred to above as speaking about FC could according to Foucault be characterized as qualified speakers within the discourse, as they

hold authority to speak, an authority given them by the prestige, knowledge and special quality that they have, and by public opinion (Foucault, 1972: 50).

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

Substantial work has been carried out the last 40 years to reduce FC in Somaliland. Participants referred to an on-going 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 of FC in Somaliland, more *sunna* is done than before,’ one woman explained. These days religious leaders were said to condemn infibulation and even called it a ‘violation of our girls,’ while *sunna* circumcision was still regarded as ‘optional.’ Importantly 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 woman who had always lived in Somaliland explained that she was ‘untouched, just like God created me.’ Both the above and the below sections contain statements that express contrasting views on female circumcision. According to Foucault a discourse is those statements that emerge and appear as valid ‘truth,’ referring to one and the same object, and which are being formed and uttered from a particular subject position. Particular statements disclose relations to what is being said, not what it refers to or the underlying meaning of the said, but rather to ‘a domain of objects’ to paraphrase Foucault (Foucault, 1972: 83, 108).

In the diaspora the reduction of the practice of FC 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 FC in her last year in school in Canada, and had never experienced any debate about whether or not to be circumcised before she travelled to Somaliland as an adult with her mother and grandmother. Her mother’s response to the grandmother’s request 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 participants had heard about a few girls where this indeed had taken place. This is somehow in line with the recent study carried out by Talle, although to a far less extent than the Norwegian documentary gave the impression of (Talle, 2010: 116).

From customary practice to medical intervention

Participants referred both to health workers and to ‘traditional’ circumcisers who were carrying out the operations. The involvement of health workers in operations of FC has been reported and is a matter of concern for WHO (Talle, 2010: 63, WHO, 2011: 2). Health personal can in contrast to the ‘traditional’ circumcisers offer more hygienic conditions as well as medical treatment, and thus charge more for the operation. Many, but not all of the health workers talked to were however against FC. One participant 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. Rather than being engaged in the campaigns against total abandonment of FC, the health personal in Hargeysa were primarily concerned about the potentially severe medical implications of the practice and used the health consequences as the argument when reasoning against FC.

The diagnosis ‘vaginal stenosis,’ which Muna was given when she was being defibulated, was also employed for a young girl in the hospital who was operated due to a too small vaginal opening in order to let out the menstruation fluid. An informant who had worked as interpreter in the US had seen many circumcised women receiving defibulation and reconstructive surgery. FC thus emerged as a matter that health personal increasingly encountered during antenatal and gynaecological care 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?

FC has been and still is largely a female issue and is, according to the participants, shameful for men to be concerned about. The assumption that men are forcing FC on women has been confronted by critical voices. The participants referred to increasing numbers of men, who were entirely against the practice, and who had an understanding of the disconnection between FC and Islam. Some men were moreover 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 honey moon 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, this ‘task’ was perceived as too challenging for many men. 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. Husbands were referred to as relieved when they learned that the bride only had a *sunna* circumcision.

FC 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 properly behaving 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, emphasized that ‘good’ or ‘wild’ girls had nothing to do with their circumcised status; ‘wild’ girls can be infibulated and ‘good’ girls can be un-circumcised, they explained. Johnsdotter refers to girls who are not cut but behave according to Somali standard as the best advocates for abandonment of the practice of FC (Johnsdotter, 2002: 170).

If qualified speakers with enough authority come up with contradicting statements and challenge the common and valid ‘truth,’ a transformation occurs. A system of such transformations creates a change in the discourse, or a new ‘truth,’ and such ruptures the continuity of the discourse, according to Foucault (Foucault, 1972: 173). The above section has made an attempt to distinguish a series of transitions of FC that seemed to emerge in the present material and how they have led to a transformation of the discourse. The following section reflects over the voices that seemed to dominate the discourse on FC in present day Hargeysa, or in Foucault’s terminology, the subject positions that emerged and dominated at this particular point in time.

The political and international voice

An account of the development of the global engagement of FC, an engagement increasingly preoccupied with children and women’s rights issues and maternal health concerns, has been presented by Rye (Rye, 2002: 31). Interventions to eradicate the practice have become a key concern for international organisations and governments giving substantial effort to the fight for abandonment of FC in Somaliland and elsewhere. WHO is playing a key role in the fight against FC, and is funding and running programs and campaigns in Hargeysa in cooperation with other international and local

organisations. A number of people were involved in the activities of these organisations either as employees or as volunteers. In this sense the global political view on FC has increasingly won ground in Hargeysa at an official level where the international political and economic support give the required authority to voice a view within the discourse. In most countries where Somalis live in exile FC is indeed illegal (Talle, 2010: 111), and participants referred to the neighbouring country Djibouti where legislation against FC is established, and where FC is claimed to be 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 FC in exile as the most important reason for the radical reduction in the practice abroad. This view is supported by Talle who wrote that legislation against FC in the Somali diaspora was an important reason for many families not to circumcise their daughters as they were afraid of being arrested and may have their children taken away by social authorities (Talle, 2010: 93). Legislation thus seems to function as a real threat, and emerge as an important tool in the official effort for a change of the practice. When and if legislation against FC 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 organisations explained how people in the Somali diaspora have become a central resource in the work against FC, 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 FC to be normative, that girls can be ‘well behaving’ and ‘good’ even if they are not circumcised. Many diaspora Somalis are moreover as we have seen actively fighting FC, and not circumcising their daughters. Exile participants told about 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 could be said to give these women authority to challenge the normativity of FC.

The voice of health

A section on FC was included in the newly (2010) revised national curriculum for nursing education in Somaliland, and nurses and midwives are taught to fight FC. This fight is linked up with the health problems connected to FC. Such a clear stand against the custom may also spur a change of the practice. It was simultaneously mentioned by the

study participants how health workers were increasingly involved in the circumcision operation. ‘How could they refuse a mother when she asks?’ one said. Besides, by carrying out the operation they would ensure that the girl was cut the *sunna* way and hence save her of the implications of infibulation, it was explained. Health workers may thus seem to play an ambiguous role in the work against the practice.

As we have seen health complications are being thoroughly explored in research and are increasingly playing a role in the informed debate and lay ground for arguments against infibulations. The body of research on the implications for health in relation to FC gives authority to this side of the discourse. *Sunna* circumcision does however not lead to health problems to the same extent as infibulation, leave aside the acute complications of the operation, and has thus not received the same attention (Obermeyer, 2005: 457). In the hospital that served as base for this research, health-care workers were primarily concerned about the health implications of infibulation and less so about *sunna*. They were also to a limited extent engaged in the human right’s dimension of female circumcision, the rights issue being the main argument employed by the NGOs fighting for abandonment of all forms for circumcision. The uncertainty as to the content of the terms employed seemed 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 terms, 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 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 exist side by side both a common understanding of the disconnection between Islam and FC, and the belief that *sunna* circumcision is a Muslim practice. The terms used for FC in the Somali discourse moreover imply a connection to the Muslim religious practice. The term *sunna* originates from 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 that come in addition to the mandatory prayers and fasting in Islam (Johnsdotter, 2002: 64). Also the term *halalays* that is used for circumcision in Somali discourse, is a religious concept as it refers to religious cleansing.

The unstable political situation in the whole of Somalia has led to an increase in the significance of religion, and thus people rely strongly on religious leaders, and their influence can according to Talle not be overlooked (Talle, 2010: 147). The same may be said about Somaliland, although the political situation here has been more stable compared to the rest of the country. On Unicef's website a report is posted which refers to a debate among religious leaders in Somaliland that denounce the importance of FC (Unicef, 2011), which display somehow the religious authority within the discourse. The religious foundation of FC has also been debated in relation to Christian orthodox practice in Ethiopia. Rye refers to circumcision as a practice strongly rooted in folk religious practices, and that is an important reason for continuation of the practice in spite of its lack of formal religious foundation (Rye, 2002: 213). An exile study participant told that she got challenged on her religious stand when her relatives in Hargeysa realised that she was not circumcised. They asked her how she could pray, and how she could avoid ending up in hell if she was not 'purified.' This indicates that albeit no Muslim scripts directly refer to FC, the connection between the practice, and religious practice and concepts may still be fairly strong among people.

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 virgin as she is getting married and her infibulated status has customarily been checked to ensure this (Talle, 2010: 56). The education system in Hargeysa and Somaliland has however developed only in recent years with the result that more girls get education. This gives women a chance of paid work in a society where paid jobs are scarce, and implies a change in the female Somali role. Talle refers to educated participants in one of her studies and claimed that the tendency was clear; increased knowledge and education is reducing the extensiveness of FC as it increases the ability to critically reflect on FC in relation to religion, culture and tradition (Talle, 2010: 144). This is however questioned by Obermeyer, who has compared studies that explore the relation between FC and education, and argues that the practice of FC may still be highly prevalent also in societies with a more educated population, i.e. Sudan and Egypt (Obermeyer, 1999: 89). This indicates thus strong oppositions within the discourse, something which may be emphasized by a fairly recent unpublished prevalence⁶ study on FC. This study which was carried out in Hargeysa from 2002 – 2009, indicates that 97 %

⁶ The prevalence numbers are based on self-reporting.

of women of child bearing age were circumcised (Ismail, 2010: 31) and corresponds to a prevalence study carried out by WHO in Somalia (WHO, 2008b). If the prevalence among girls in the age of puberty was estimated to be the same today, it would imply that 40 years of abandonment work has had little impact on reduction of the practice.

Change and continuity

The discourse describing the practice of FC implies quite extensive changes taking place not only on a discursive level, but in terms of the actual practice. This change is expressed as going from '*pharaoni*' (infibulation) to *sunna* and to an eventual abandonment of the practice. Some participants suggested that there at the time of the present study was a silent agreement among the involved parts (NGO workers, circumcisers, religious leaders) to work towards a change from infibulations to *sunna*, as they found abandonment of all forms of FC to be too difficult to carry through in Somaliland at this time in history. Some though, disagreed with this stand, and are afraid that this will prolong and challenge the movement towards total abandonment of the practice. The transition from infibulations to *sunna* indeed implies a challenge in this context since the manner in which one carries out an 'original' *sunna* circumcision is not readily known among everyone who carries out the operation. 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 and 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.' Thus the girl may end up looking like an infibulated girl despite the fact that the operation is called *sunna*, study participant explained. This indicates that there may be a substantial degree of continuity of infibulation taking place under the label of *sunna*.

Some of the organisations working against FC wished to include programs to define and teach how to cut *sunna*. This may however also be spelled out as problematic as the funding they receive from international organisations is based on the organisations' work and official goals of full abandonment of FC. Health workers may advocate abandonment of the practice, although the study participants were at the same time explicit about the reduced health implications of *sunna* circumcision. Neither 'traditional' circumcisers nor health workers may operate according to the same definitions of FC, although some will

know how to cut an ‘original’ *sunna*, as some of the participants were quite explicit about that they were cut the *sunna* way. Exactly how an ‘original’ *sunna* can be defined as, was not clearly defined by the study participants, although they referred to such a form for FC. Talle writes in her study from Hargeysa that every fifth circumciser is an educated health worker or nurse, who had learned how to circumcise in nursing school. This was commonly taught knowledge in nursing schools at the times before FC became an object for debate according to Talle, who further argues that safer medical conditions for the operation may legitimate the practice of FC, as the negative health outcomes may decrease (Talle, 2010: 67). The same may also account for less extensive operations. Circumcision techniques was never taught in the nursing school which acted as base for the present study, but rather the opposite as the teaching in the nursing school strongly referred to reasons opposing the practice, and the founder of the hospital and nursing school is known for her strong opposition to any form for female circumcision.

The diffuse definition of a *sunna* operation increases the difficulties at hand. Villages in Somaliland officially have declared that they will stop FGM (Unicef, 2009). The question is however what this actually means? Does this mean that they will stop all operations of FC, or does it indicates a transition from infibulation to *sunna*? And when *sunna* is not a clearly defined operation, what does the change then consist of? The inconsistency as to how the students defined the term FGM in this present study highlight the challenge implied in the confusion over terms, a confusion with very real implications for the estimation of transformation taking place in the actual practice of female circumcision in Somaliland.

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 for FC. Indeed, a crucial part of the issue at the moment seems to boil down to the involvement of the religious leaders and the fact that religiously blessed concepts are used for FC in the Somali language. With the prominence of the religious leadership in Somalia and Somaliland the continued links between FC and religion implies a serious challenge in the fight against the practice.

Concluding remarks

The present study has revealed that practice of female circumcision in Hargeysa seems to be a practice in change rather than a process moving rapidly towards abandonment. The change at discursive level emerges as substantial. The level of actual change in the practice itself is however far more difficult to estimate. The force of the joint influence from the outside, from concerned foreign international organisations, governments and research combined with a highly influential Somali diaspora population and a potentially very important legislative move within Somaliland will strongly continue to challenge the practice, and will ultimately be decisive for the speed with which the continued transformation from infibulation via *sunna* to abandonment will take.

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Vår dato: 22.06.2010

Vår ref: 24088 / 2 / KH

Deres dato:

Deres ref:

TILRÅDING AV BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 21.03.2010. All nødvendig informasjon om prosjektet forelå i sin helhet 01.06.2010. Meldingen gjelder prosjektet:

24088	<i>Experiences of contrasting Discourses on Femal Circumcision</i>
Behandlingsansvarlig	Universitetet i Bergen, ved institusjonens overste leder
Daglig ansvarlig	Astrid Blystad
Student	Elin Vestbøstad

Personvernombudet har vurdert prosjektet, og finner at behandlingen av personopplysninger vil være regulert av § 7-27 i personopplysningsforskriften. Personvernombudet tilrår at prosjektet gjennomføres.

Personvernombudets tilråding forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, vedlagte prosjektvurdering - kommentarer samt personopplysningsloven/-helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, http://www.nsd.uib.no/personvern/forsk_stud/skjema.html. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, <http://www.nsd.uib.no/personvern/prosjektoversikt.jsp>.

Personvernombudet vil ved prosjektets avslutning, 13.05.2011, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen


Bjørn Henrichsen


Kjersti Håvardstun

Kontaktperson: Kjersti Håvardstun tlf: 55 58 29 53
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UNIVERSITETET I BERGEN

Senter for internasjonal helse



Centre for International Health

Bergen, October, 2009

TO WHOM IT MAY CONCERN

This is to confirm that Elin Vestbøstad, born 010969 in Norway, is a part time student in the Master program of Nursing Science, Department of Public Health and Primary Health Care, University of Bergen, Norway (2008-11). She is applying to carry out research in connection with her thesis in the city of Hargeysa, Somaliland during 2009 and 2010. The study topic is "The experience of contrasting discourses related to female circumcision". The data will be collected through qualitative research interviews. Elin will also be teaching at the Nursing School in Hargeysa, in agreement with Edna Aden. Her expenses will be covered by the Norwegian Lutheran Mission.

I kindly ask that Elin is given the necessary assistance in order to carry out the research in connection with her MA study.

Yours sincerely,

Astrid Blystad (main supervisor)
Professor
Department of Public Health and Primary Health Care / Centre for International Health
University of Bergen, Norway

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Approve
19/10/2010

Edna Aden, Maternity

In collaboration with: The Faculty of Medicine The Faculty of Odontology The Faculty of Psychology	Kontoradresse/Office address: Armauer Hansen Building (Haukeland Hospital) N-5020 BERGEN - Norway	Telefon/Telephone: +47 55 97 49 80	e-mail: cih.adm@cih.uib.no	Telefax: +47 55 97 49 79 Specify att.
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Information about the study of

*Experiences of contrasting discourses
related to female circumcision*

The information shared and collected in this project will be kept anonym and confidential.

The project is supposed to finish in May 2011.

Purpose of the study

The complex landscape of the contrasting views on female circumcision has been created as a result of globalisation, international migration, international media coverage, women's rights movements and research and has made female circumcision emerge as an interesting meeting place for diverse and highly politicized discourses about body, gender, culture, rights and religion. It emerges as important to assess how these conflicting discourses are experienced by the women located at the core of this controversy. This study will explore the view of the women who have been living both in areas where female circumcision is normative and where it is strongly opposed to. The views of other categories of individuals and institutions such as health workers, NGO's and the government will be explored in the present project. Increased knowledge on perceptions, practice and policy related to female circumcision may increase the knowledge and understanding of the diverse and contrasting discourses that today exist side by side on a very manifest manner. Such understanding may enhance the chance of approaching the topic in a more informed way.

Method

The study data will mainly be interviews with people in organisations engaged in work against female circumcision and interviews with people who live in Hargeysa today but have lived abroad in "Western" societies. The latter group may have experienced the contrasting discourses to a strong extent. In addition I will have informal conversations with colleges and friends and write reflection notes from the conversations.

Recruitment

Recruitment of the women for the interviews will happen by asking women in the different organisations working against female circumcision to be interviewed. For the women that have lived abroad I will ask people in the organisations as well as other people I meet who know actual candidates and contact them through a third person. There are many women in Hargeysa who have returned from the Diaspora and may have a story to tell, about living both in a society where female circumcision is rare and in a society where it is still practised to a large extent.

Appendix 4

*Interview guide for people involved in organised work against female circumcision.
Category 2*

Introductory remarks about the study, the content of the study, the ethical principles.

Female circumcision under gender based violence

Could you tell me about the process that put FC under the label gender based violence?
Who was making the decision?
When was it done?
How is it working?

The work on female circumcision

What are your country's policy on female circumcision?
What are your governments goal in relation to FC?
What are your approaches to achieving these goals?
Spell out potential probing about projects seminars etc.
What groups are you targeting?
What are your general experiences?
Is your government partly or fully achieving the goals?

FC and terms employed (cautious as not to create suspicion about my agenda)

What is the common expression used for any type of female circumcision?
How would you define the term sunna?
Is this understanding of sunna a common understanding within your organisation?
Is this understanding of sunna a common understanding among most people in Hargeysa?
What other words are used for female circumcision?
What is the meaning of the words?
How is the cooperation with religious leaders?

FC and potential change?

How do you see the possibility for a change in the practice of female circumcision?
What are potential modifications in practice of discourse that can be seen in your work??
How do you see the chances for total eradication?
What is required as you see it, for total eradication to happen?
If so, what is the time span for total eradication to come through as you see it?

Thank you so much for your cooperation! If I find it necessary, may I talk to you at a later stage of the study?

INTERVIEW GUIDE

Category 3

1 Introductionary questions/remarks:

Presentation of myself and the project and the ethical principles

How are you?

How is your family?

For how and long have you lived in exile?

How is it to be back living in Hargeysa?

2 General information on life in exile

How did you like to live abroad?

How did you like the fashion there?

How did you dress?

How was it to make friends that were not Somali?

How was your relationship to people of your own age?

What did you and your foreign friends like to talk about? (drop if felt to be too diffuse)

3 Talk about circumcision abroad and at home

Abroad:

Did you ever talk to someone not circumcised about circumcision while abroad?

How did you experience that?

How was it to talk about circumcision with your Somali friends while you were abroad?

Can you please give some examples of conversations you had about circumcision?

Terms used abroad and at home:

Can you tell me the terms that you use in Somali language for circumcision?

What words / expressions did you use when talking to your foreign friends?

What words / expressions do you use when you talk about circumcision at home?

At home:

In what places / settings is female circumcision naturally talked about in here in Hargeisa?

With whom can you talk about circumcision here?

How is it to be back in a society where most women are circumcised?

4 Modification of the practice

Do you have any concerns about circumcision?

In case, what would your main concern be?)

What kind of changes or modifications have you seen in the practice of female circumcision abroad?

What kind of changes or modifications in the way people talk about female circumcision have you seen abroad?

What are such changes caused by do you think?

What kind of changes or modifications in the practice of circumcision have you seen here?

What kind of changes and modifications have you seen in the way people talk about female circumcision here?

What are such changes caused by do you think?

5 Official discourse of circumcision in exile country

In what ways would circumcision as a topic emerge:

- in the radio
- on TV
- in newspapers
- on the internet
- in official poliy

6 Official discourse of circumcision here

In what ways would circumcision as a topic emerge:

- in the radio
- on TV
- in newspapers
- on the internet
- in official policy
- among those who believe in circumcision?

7 Policy on circumcision

What do you think about the official policy on FC that you met abroad?

Does this policy create any changes in the way people practise FC abroad?

What do you think about the official policy on FC that you see here?

Does this policy create any changes in the way people practise FC here?

Do the policies influence each other in any way?

If yes, in what way?

8 Are there any issues that you would like to add?

Thank you so much for your cooperation. If I find it necessary could I ask you more questions later on?

These are all preliminary questions. I assume there will be other topics to include in the interviews when I learn more about the issue on site. The informant will to the extent possible talk about all of this without being unnecessarily interrupted by questions.

Instructions to authors.../ Instructions aux auteurs...

The *African Journal of Reproductive Health* is a multidisciplinary and international journal that publishes original research, comprehensive review articles, short reports and commentaries on reproductive health in Africa. The journal strives to provide a forum for African authors, as well as others working in Africa, to share findings on all aspects of reproductive health and to disseminate innovative, relevant and useful information on reproductive health throughout the continent.

Type of Articles

The journal will publish original research, review articles, short reports and commentaries. A cover page should accompany each manuscript and should include:

1. the title and sub-title;
2. the name(s) of the author(s);
3. the affiliation(s) of the author(s); and
4. three to six key words for indexing and retrieval purposes.

Original Research- The journal welcomes articles reporting on original research, including both quantitative and qualitative studies. Full-length articles should generally not exceed 35 typewritten, double-spaced pages, excluding tables, figures, and references. The subject matter should be organised under appropriate headings and sub-headings such as: Introduction, Methods, Results, Discussion, and Acknowledgements.

Review Articles - Comprehensive review articles on all aspects of reproductive health in Africa will also be considered for publication in the journal. Reviews should provide a thorough overview of the topic and should incorporate the most current research. The length of review articles and the organisational headings and sub-headings used are at the author's discretion.

Short Reports - Brief descriptions of preliminary research findings or interesting case studies will be considered for publication as short reports. The length and organisation of short reports are left to the author's discretion.

Commentaries - Commentaries or editorials on any aspect of reproductive health in Africa will be considered for publication in the journal. Opinion pieces need not reference previous research, but rather reflect the opinions of the author(s).

Submission of Manuscripts

All manuscripts should be in their final form when submitted, and must be submitted online using journal management software available at <http://www.ajrh.info/manager/>. Authors who submit their manuscripts via email will be required to submit online so that they can track the status of their manuscripts from time to time. The comment to the

Editor in the online manuscript submission form should include a certification that the article has not been previously published and is not being considered for publication elsewhere.

The journal will publish manuscripts written in English or French. AJRH will ensure that abstracts of all published papers are translated into English or French.

Uniform Requirements

Abstract - Articles and short reports should be accompanied by an abstract of not more than 150 words. The abstract should provide a concise description of the objectives of the study, methods used and major findings or conclusions.

Body - The body of manuscripts reporting on original research should be organised under appropriate headings and sub-headings such as Introduction, Methods, Findings, and Discussion. Authors of review articles and short reports are requested to organise the body of their manuscripts using headings and sub-headings appropriate to the material and discipline represented.

Tables and Figures - All tables and figures should be submitted on separate sheets of paper and should be clearly labelled. Coloured tables and figures may be reprinted in black and white. Authors should especially take care that all tables are clear and understandable by themselves, independent of the text. A reader should be able to read only the tables and easily grasp all information without the text.

Acknowledgements - Acknowledgements should be included on a separate sheet of paper and should not exceed 100 words. Funding sources should be noted here.

References - References should be numbered in the order in which they occur in the text. These numbers should be inserted above the line on each occasion a reference is cited (e.g., ...as noted in other studies.1-4). Numbered references should appear at the end of the article and should include the names and initials of all authors. The format of references should be as published by the International Committee of Medical Journal Editors in the British Medical Journal 1988, volume 296, pages 401-405. The following are sample references for an article published in a journal and for a book:

Nichols D, Ladipo OA, Paxman JM and Otolorin EO. Sexual behaviour, contraceptive practice, and reproductive health among Nigerian adolescents. *Stud Fam Plann* 1986; 17(2): 100-6.

Oppong C. Responsible fatherhood and birth planning. In: Oppong C (Ed.). *Sex Roles, Population, and Development in West Africa*. New Hampshire: Heinemann, 1987, 165-78.

Author(s) Guarantee Form

All authors will be asked to complete and submit an author(s) guarantee form certifying that all authors named have contributed sufficiently to the work submitted and that the content of the manuscript has neither been previously published nor being considered for publication elsewhere.

Appendix 7

African Journal of Reproductive Health
Women's Health and Action Research Centre
4 Alofoje Avenue, Off Uwasota Street
P.O. Box 10231, Ugbowo
Benin City, Edo State
Nigeria

Bergen, May 15, 2012

Covering letter

To whom it may concern

Attached is an article manuscript for submission for publishing in African journal of Reproductive Health. The manuscript has the title: 'From Pharaoni to Sunna – reflections on the changing discourse on female circumcision in Hargeysa, Somaliland.'

We believe the study referred to may be of interest for the readers of the journal. The study has looked at the transformations that seem to emerge within the discourse on female circumcision in the city of Hargeysa in Somaliland. The study further discusses whether these seemingly transformations have any implications for the actual practice of female circumcision in this area.

The study has not been published, and has not been submitted for review elsewhere. The study was granted permission from the Norwegian Social Science Services, the Somaliland Ministry of Family Affairs and Social Development and the Edna Aden Maternity Hospital.

Best regards

Elin Vestbøstad
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