



GÖTEBORGS UNIVERSITET

Department of Social Work

International Master of Science in Social Work

Female Genital Mutilation

Experiences of Somali women living in Sweden

International Master of Science in Social Work

Degree report 30 higher education credits

September 2013

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Dedicated To my Angels

My Mom & my Dad

To my Love, Kristian Milde

Acknowledgments

I would like to say my deep gratitude to Charlotte Melander for her supervision on this study. She devoted a lot of her time reading and commenting on my paper.

I would also like to thank the staff of the Social Work Department of the Goteborg University especially Ing-Marie Johansson for sharing her good knowledge and experiences with me. I express my utmost thankfulness to my parents who always supported.

I thank my sisters, especially Pouran, my lovely sister who always cares about me. I would like to thank my love Kristian Milde who helped me in this process and to all those friends who were always ready to provide me with any form of assistance.

An special dedication

First, I dedicated this paper to Mehrdad Bastani and Fariba Rezaee Ahan who guided me in the whole time.

I also dedicate this paper to all victims of female genital mutilation. My hope is that in the near future, female genital mutilation is going to be reducing, if not totally eradicated from all social structures in every country in the world, although some societies and cultures see such practice as a deviance whilst others consider it otherwise.

MAY GOD, THE MOST GRACIOUS AND MERCIFUL, BLESS YOU ALL.

Abstract

Female genital mutilation (FGM) is a term used to incorporate a wide range of traditional practices. It involves the partial or total removal of the external female genitalia for cultural reasons in many African countries. This study addresses this practice by looking at the different beliefs and experiences of Somali women living in a city x in Sweden, as immigrants. Looking at these women flashbacks, circumstances before, and later consequences, their cultural beliefs, religious views, as well as perspectives from human rights constitute the material to study these cases. This study also addresses the perception of this practice and looks at different efforts by the community based organizations and government of Sweden to eliminate this traditional among African women in city x.

This study was conducted in a district among some African women focusing especially on those coming from Ethiopia and Somalia. Thematic Interviews are the foundation of this research. These conducted interviews follow an individually prepared set of questions. The interviewed group was identified on voluntary basis and consisted of eight Somali women who live in city x in Sweden. The study consists of qualitative methods including individual interviews and literature review.

The research result indicated that female genital mutilation has spread out to other parts of the world through immigration in pursuit of better living standards and showed that the continuation of FGM tradition in new generations was not necessary and the overall result of the study was very straight forward: FGM should be eradicated and abolished from the tradition. This research focuses on consequences revealed during the research, including physical, psychological, social, and sexual effects. One conclusion, even in cross-cultural contexts, is that female genital mutilation is violence against women and children and is a criminal offence according to Swedish and international legislation, because of pain, violation of human and children rights and risks for women and girls. Best ways to eradicate this tradition, according to the interviewees and according to results of many researches that already discuss about FGM, are community based awareness raising programs that are accessible by everybody.

Keywords: Female genital mutilation, Human rights, Consequences, Somali women, Sweden.

Abbreviation:

CEDAW	Committee on the Elimination of Discrimination against Women
FGC	Female Genital Cutting
FGM	Female Genital Mutilation
GTZ	Deutsche Gesellschaft Fuer Technische Zusammenarbiel)
IEC	International, Education, Communication)
NGO	Non-Governmental Organisation
NIHMP	National Institute for Health, Migration and Poverty
OHCHR	Office of the High Commissioner for Human Rights
UN	United Nation
UNAIDS	United Nations Program on HIV / AIDS
UNDP	United Nations Development Project
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Female Population Association
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
WHO	World Health Organization

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Chapter 1 — Introduction

1.1. Overview

The topic of my thesis is female genital mutilation (FGM), which refers to a variety of operations on women and young girls and it involves partial or total removal of the external genitalia (Toubia 1995:9; WHO 1997a; WHO 1997b:1; WHO 2008a; WHOB: 1; Shell-Duncan et al 2000; FORWARD 2002:2; UNFPA 2007:1). Female genital mutilation is in some African cultures considered as a traditional practice. However, it seems a sheer violation of human rights of girls and women. This thesis provides human rights perspectives on this practice. Further, it presents reasons and information for an eradication of FGM among African women who live in Sweden and want to continue this practice for their girls. One aim of this study is to understand why women who were undergone FGM want to continue this practice for their daughters.

According to World Health Organization (WHO, 2010), this practice causes injury to female genital organs and is performed because of cultural and not for medical reasons. It can be regarded as one of the biggest social problems affecting women and girls especially in Somali countries.

There are few studies and writings on female genital mutilation (FGM) on an international level and including Africa as a whole because of the sensitivity of the topic.

Under medical criteria, there are diverse types of FGM. According to WHO (2012), Type I, known as *clitorectomy*, is the procedure when the hood of clitoris (the prepuce) is removed, with or without the excision of part or the entire clitoris. This type of circumcision is the least severe and the least common (Dorkenoo and Elworthy, 1992). Type II, *excision*, is the removal of the clitoris and all or parts the labia minora. Type III, *modified infibulations*, is the removal of the clitoris, labia minora and most (usually around two thirds) of the labia majora. Type IV, *unclassified*, covers any other procedure that falls under the definition of female genital mutilation. This includes pricking, piercing or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding the vaginal orifice or cutting of the vagina; introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purposes of tightening or narrowing it. The type, known as *infibula-*

tions or *pharaonic circumcision*, is the most common and severe form of female circumcision (Gruenbaum, 2001).¹

One of the reasons that leads me to this topic is that during my study at Göteborg University, I have met some women from Somalia who were undergone FGM and their plight moved me. As a student of master program of social work and human rights, it became a relevant topic so I chose it for my thesis to examine it from social work and human rights perspectives. As mentioned, FGM is recognized both internationally and locally (WHO, 2010) as an enduring tradition. Thus, it is difficult to overcome. Lack of general health knowledge as well as a high level of illiteracy seems to be the main factors involving this practice acceptance.

Sweden is a multicultural country and committed to endorse multiculturalism — what makes FGM an interesting research topic. FGM can be seen as a cultural and traditional heritage of some countries in the world, but it is not part of Swedish culture.

As a social worker, I wanted to conduct more research about the practice of FGM and gain more knowledge about it. The possibility to come across people affected by that practice would build a good experience for me so I could help women in similar situation during my professional life. I know that this topic is a quite sensitive one. Reason I needed to be careful, without disturbing people's feeling and I should demonstrate respect for their culture. Currently, most of these women involved in this study live in city x. The women interviewed in this study are originally from Somalia. Many of the people who live in this district are immigrant people who came from African countries mainly from Somalia. Therefore, the interplay of different cultures is prevalent in this area, with each contributing ethnic group adding some cultural features to the area and to this issue, as well.

1.2. Statement of the problem

According to WHO (2012), FGM has no health benefits. Rather, it harms girls and women in many ways. Physically, it involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls and women's bodies. Psychologically, the trauma leaves a scar that seldom, if not never, heals.

¹ For a visualization see appendix 2.

Immediate medical complications can include severe pain, shock, hemorrhage (bleeding), tetanus or sepsis (bacterial infection), viral contamination – including HIV, urine retention, open sores in the genital region and injury to nearby genital tissue.

Even if families are aware of the consequences of FGM, they continue to have their daughters circumcised. The usually given reason is that FGM deems necessary for the practicing communities for bringing up a girl correctly, protecting her honor and maintaining the status of the entire family (WHO 2008b:5-6). Not following this tradition brings shame and stigmatization upon the entire family. The United Nation (2012) labeled female genital mutilation as one of the harmful cultural practice to be combated and eliminated in all the societies not only in Africa but also among the African immigrant communities in Europe. The conflicting of values and practices when moving to a new country, in this case Sweden, and addressing the health and human rights concerns involved in FGM are topics requiring a thoroughly comprehension, especially for a social worker dealing with immigrant women. One of the important problems that I address is that this practice spreads out to other European countries as part of the culture that migrants carry along.

1.3. Objectives of the research

The aim of this study is not only to find out if FGM is still an important factor in Somali women's identity in Sweden, but also to collect information on the feeling and memories linked to this tradition. The goal is furthermore, to get more information whether this practice should be continued for next generations or not or could it be erased from Somali culture?

A problem that spread in Sweden was that immigrants transferred their original culture and this practice is nowadays part of their culture. Thus, the aims of this research are to obtain knowledge about:

- Perceptions of Somali women, living in Sweden on FGM's influence on their identity of Somali females.
- How this practice violates the rights of women and girls? The focus will be on the informants' awareness of the legal aspect of FGM in Sweden.
- Which complications are involved after women have undergone the FGM practice?

In this study, I include memories of women from the practice of FGM and the women's views on the practice in relation to the next generation.

1.4. Research questions

As I mentioned before, FGM is one of the most dangerous practices and could be felt as torture and causes death among women who undergo the procedure. Most of the girls and women suffer from illiteracy and they lack knowledge about their rights. The main aims of this analysis are to find the answers by following these questions during the interviews with some women and reviews of previous literature in this topic.

- What role does FGM play among Somali women in Sweden?
- What are the general consequences of female genital mutilation?
- How does this practice violate the women rights of the Somali in Sweden?
- What are the women's views of continuing this practice in the next generations?

1.5. Research Sites

As I mentioned before, the women who were undergone FGM live in a district, which has turned into an immigrant quarter. People from Middle East, South Asia, sub-Saharan Africa and China found home in this place. Many are refugees; others are students living with their families. I chosed this area for my research, because a sizeable Somalia migrant community lives there and it was also easily accessible in terms of transportation. I met the informants through common acquaintances and used the so-called snowball technique – an informant indicates another potential informant willing to contribute to the research and so on.

1.6. Structure of thesis

This thesis is divided into eight chapters as following. As noticed, the first part provides the background and introduction for the research, objectives and research questions. This chapter also includes the brief explanation about FGM. The second part of this thesis is about the prevalence and the general consequences of FGM. In the third chapter, I focus on different perspectives of Female Genital Mutilation. The fourth section provides additional information

about Swedish legislation concerning FGM, the FGM act and the secrecy act. The research method of this study is analyzed in the fifth part. After that, in chapter six, I present experiences of FGM according my informants. In the following section seven, I analyze results from data gathered in fieldwork interviews. Finally, in part eight, I present my concluding discussion as a result from the study.

Chapter 2 — FGM: Prevalence, Reasons and Consequences

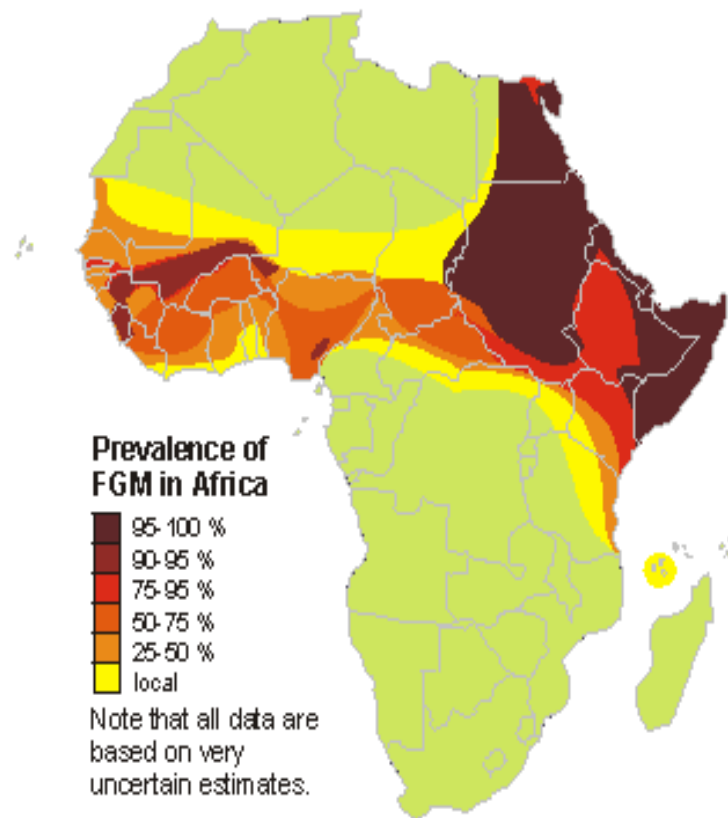
2.1. Prevalence

Female genital mutilation is virtually unknown in most parts of the world. However, this tradition of mutilating young girls is performed in forty countries all over the world, including America and Europe, and twenty-eight in Africa alone (Annas, 1999). It is relatively common in Islamic northeastern Africa. Outside Africa it is known to some degree in Indonesia and Malaysia. The greatest world incidence is in Sudan, Egypt, Ethiopia, Kenya, Somalia, Nigeria, Mali, Burkina Faso and Senegal. The estimates of its prevalence range from 10 per cent in Zaire to 90 per cent in Sierra Leona, Ethiopia and Eritrea and go as high as 98 per cent in Somalia (Hosken, 1981). Currently, millions of women have experienced female genital mutilation.

At the current rate of population growth some two million girls a year, which is six thousand per day, will suffer this painfully procedure (James, 2002). Female genital mutilation is performing on women and girls of a variety ages. The most of common age is about nine to ten years, but it practiced on newborns and also for adolescents usually before marriage (Annas, 1999).

According to the Hosken (1979) who showed a global review and country by country estimates of the prevalence of the practice, some countries like Somalia and Ethiopia have an estimated prevalence of about 98 % while countries like Uganda have an estimated prevalence of about 5 % (Skaine 2005:36-37). The presence of increasing numbers of refugees and immigrants from countries practicing female genital mutilation is spreading to non-practicing countries among the immigrant communities after the decolonization process in Africa. Some of these countries include Norway, Denmark, Netherland, Sweden, United Kingdom and France (WHO 1997b:3; WHO 1998:18-19).

This map below summarizes the spread of FGM in Africa.



Map showing approximate prevalence of FGM across Africa

Source: Afrol news / Public Domain

(http://www.blatantworld.com/feature/the_world/female_genital_mutilation.html)

In many African countries and communities, the practice of FGM is considered a good practice, and grandparents, elders in these communities, support this practice. I found that many informants considered that most of the women and young girls fear rejection and name calling in their community, family and friends, thus they chose to be mutilated.

In last decades, efforts for the eradication of female genital mutilation have grown in everywhere. There are many governmental and non-governmental organizations (NGOs) of international and national scope that have approved plans to abolish this practice. Recently, in European and American countries, some NGO's have more programs to reduce the prevalence of this practice among migrant people. Some of these NGO's in Sweden, like Female Integrity and RISK, fight against this practice among migrant women in Sweden. They have programs for migrant women that show them about their rights and how they can eradicate this practice among their families.

2.2. Reasons for FGM

There is no uniform reason supporting FGM. Justifying beliefs vary across time and communities, but the WHO (2000d) points out some categories such as psychosexual, sociological, religion, myths, hygiene and aesthetics as reasons for this practice.

2.2.1. Sociological reasons

FGM is often justified on sociological grounds. It is a rite of passage and convey group affiliation (the grown, marriageable, caste women). As Toubia suggests, "the fear of losing the psychological, moral, and material benefits of 'belonging' is one of the greatest motivators of conformity" (1995c: 37). Thus, it might function as social cohesion mechanism (WHO 2000f). As mentioned previously, FGM can be regarded as a rite of passage. In West Africa, there are societies where clitoris is seen as the masculine counterpart to the feminine penis prepuce so "both have to be removed to before a person can be accepted as an adult in his/her sex" (Hosken 1993c: 40).

2.2.2. Hygiene and aesthetic reasons

According to the habit of sub-Saharan societies, FGM would be a necessary procedure for hygiene and would render the female genitalia prettier. According to Hosken (1993d: 41), FGM practice and ritual convey the idea of purity and cleanness, being allowed to handle food and water. The uncircumsided external female genitalia is deemed undesired and ugly (El Dareer 1982: 73).

2.2.3. Myths

Folk myths about FGM construct the discourse justifying it. For example, many people in Ethiopia and Nigeria believe that uncircumsided clitoris might grow bigger and dangle between the legs of women (Hosken 1993e: 41; Lightfoot-Klein 1991a). Others hold that FGM fosters fertility (Toubia 1995c), and facilitate childbirth (Lightfoot-Klein 1991b). There are some taboos as well. For some communities the clitoris may harm the penis or a baby during labor (Hosken 1993f: 40).

2.2.4. Religious Reasons

Even though FGM occurs among Christians, Jews, Animists, and Muslims, there is no authoritative religious statement giving justification for that practice. Many Muslim communities hold that FGM is religious-mandated. However, the Koran does not mention FGM. Some people reads a much-disputed allusion the Sunna -- A collection of the words and actions of the Prophet Mohammed.-- supporting FGM. The saying is “Do not cut deep; this is enjoyable to the woman and preferable to the man” has stirred up opinions and served as an argument both for and against FGM (Sahlieh, 1994).

2.3. Consequences of female genital mutilation

I would like to address some of the general medical consequences of FGM. According to (WHO, 2010), the consequences divide into immediate, short and long-term health complications, varying according to type of FGM. There is long-term complication of FGM that discussed in journals, articles, and books like (The female circumcision controversy and anthropological perspective) that Ellen Gruenbaum (2000) wrote about Complication of female genital mutilation listed as immediate, short-term and long-term.

FGM causes a number of health, physical, psychological, sexual and social consequences and problems on women and girls. The consequences include pain, urine retention, infection, painful sexual intercourse, shock, death, and so on.

2.3.1. Immediate complications

According to WHO (2012), immediate risk of health complications from Types I, II and III is severe pain: when the nerve ends and the sensitive genital are mutilated – complicated by the absence of proper anesthesia, the pain is hard to bear. The healing period is also painful. Type III female genital mutilation is a more extensive procedure of longer duration (15–20 minutes). Hence, the intensity and duration of pain are more extensive. The healing period extended and intensified accordingly. Shock can be caused by pain and/or hemorrhage. Excessive bleeding (hemorrhage) and septic shock have been document. Difficulty in passing urine, and passing of faces, can occur due to swelling, edema and pain. Infections may spread

after the use of contaminated instruments (e.g. use of same instruments in multiple genital mutilation operations), and during the healing period. Use of the same surgical instrument without sterilization could increase the risk for transmission of HIV between girls who undergo female genital mutilation together. In one study, an indirect association found, but no direct association documented, perhaps because of the rarity of mass genital cutting with the same instrument, and the low HIV prevalence among girls of the age at which the procedure performed. Death can be caused by hemorrhage or infections, including tetanus and shock.

2.3.2. Short-term complication

According to WHO (2012), there are also some short term complications for FGM such as severe pain, injury to the adjacent tissue of the urethra and vagina, hemorrhage, shock, acute urine retention, infection, failure to heal, death (especially young girls). Menstruation is really painful and numerous types of infections might appear.

2.3.3. Long-term complication

According to WHO (2012), Long-term complication for FGM included: Psychological trauma and flash back, post-traumatic stress disorder, vaginal closure due to scarring, epidermal cyst formation, painful intercourse, lack of pleasurable sensations or orgasm and marital conflict, pain and chronic infection from obstruction to menstrual flow.

As seen, next to the physical complications, these women suffer psychologically from fear, shock, bad stress, flashbacks and post-traumatic stress. Further, there are higher chances for transmitting diseases like HIV/AIDS, Hepatitis B and more infections with the result of death.

2.3.4. Sexual, Psychosexual and Social consequences

FGM is regarded as a way to control the woman's sexuality. "A girl who is not excised will run wild and dishonor her family" (Hosken 1993b, p.40). By mutilating the sexually sensitive genital tissue, the woman would curb her sexual drives. By this mean, a woman who undergoes FGM would preserve chastity before marriage, thus increasing the bride value. After

marriage, would not seek pleasure outside the marital covenant. FGM reportedly would also increase the masculine pleasure (Toubia, 1995b).

This is the way, how people that conduct this practice or even that were undergone this procedure, perceive the consequences of Female Genital Mutilation, but research presents other results.

According to the National Institute for Health, Migration and Poverty (NIHMP) 2010, little research on the psychological, sexual, and social consequences of FGM has been conducted. The following complications were pointed out: sexual consequences - malfunctions of female external genitalia. The clitoris is the key to the normal functioning and mental and physical development of female sexuality. The clitoris and labia minora are supplied with a large number of sensory nerve receptors and fibres, with a particularly high concentration in the tip of the clitoris. Given the clitoris is the key to the normal functioning, mental and physical development of female sexuality, one of the sexual problems is that there exists a lack of orgasm due to the amputation of the clitoral glans. Frigidity is the logical result, arising through dyspareunia, injuries sustained during early intercourse, or pelvic infection. Thus, sexual intercourse becomes extremely painful for victims of female genital mutilation.

According to WHO (2012), Sexual arousal decreases or disappears completely, making the achievement of an orgasm by stimulation of the clitoris difficult and in some cases even impossible, simply because the clitoris has been damaged or removed.

Due to the FGM procedures of painful menstruation afterwards, painful intercourse, recurring episodes of frigidity, formation of dermoid cysts, and urine incontinence psychological problems arose automatically. These include post-traumatic stress disorder, behavioral disturbances, psychosomatic illnesses, anxiety, nightmares, depression, psychosis, neurosis, and suicide, are. A syndrome of genitally focused anxiety and depression, characterized by constant worry over the state of their genitals, intolerable dysmenorrhea, and fear of infertility, has been described in Sudan among infibulated women. In communities in which FGM has a high social value, girls and women that are not mutilated are sometimes the centres of hate from community members. Genitally mutilated women in immigrant communities may face problems concerning their sexual identity when confronted with non-mutilated Western girls and women and with the strong opposition to FGM in their host country.

The personal accounts of women who have suffered ritual genital procedures, however, recount anxiety before the event, terror at being seized and forcibly held during the event, great

difficulty during childbirth, and lack of sexual pleasure during intercourse. FGM can have lifelong effects on the minds of those who experience it.

Mental and social consequences are various as well. Since genital mutilation is commonly performed, when girls are quite young and uninformed it is often preceded by acts of deception, intimidation, coercion, and violence by trusted parents, relatives, and friends. Girls are generally conscious when the painful operation is undertaken and they have to be physically calm as they struggle. For many girls, genital mutilation is a major experience of fear, submission, inhibition, and suppression of feelings and thinking. This experience becomes a vivid landmark in their mental development, the memory of which persists throughout life.

FGM can have life-long effects on the minds of the victims. They have psychological problems, such as posttraumatic stress disorder, behavioral disturbance, neurosis, painful intercourse, depression, anxiety, and fear of infertility, intolerable.

In western countries some migrant women undergone FGM have specific problems. For example, when they are confronted with non-mutilated western girls or women with a strong opposition towards FGM in their country perhaps they feel that their pride has been broken and they do not want to meet other people in society.

For most of girls, genital mutilation is a major reason of fear, submission, inhibition and suppression of feeling and thinking. This experience becomes a dramatic sign in their mental development and the memory of that keeps on throughout life. I would like to address the social consequences as well.

There is enormous pressure from the family for FGM to carry out. Parents may have the best intentions for their child. Because they want their child is able to marry and they believe that the only way that this is possible for their girl is to be “pure”, the girl would be guaranteed once she undergo FGM.

Female genital mutilation is a deeply entrenched social convention among some ethnic groups. Female genital mutilation can be a source of personal and collective identity. FGM influenced the women’s relations with their partners, children and relatives.

This table summarizes the consequences of FGM.

Most of the studies in this table refer to samples where the totality or vast majorities of respondents were subjected to the lesser operations, corresponding to WHO 2008 Types I and II.

Table 1: consequences of female genital mutilation (According to WHO 2008)

Health	Physical	Sexual	Psychological	social
Long – term	Uterus, vaginal and pelvic infections Cysts and neuromas Increased risk of vesico vaginal fistula Complications in pregnancy and child birth Difficulties in menstruation Abnormal growths recurring Urinary tract infections	Sexual dysfunction Painful sexual intercourse Delayed sexual arousal Lack of sexual desire	Nightmares Trauma pain and fear anxiety and depression frigidity chronic irritability loss of trust in care-gives	Psychological damage respect in the community, marriage, isolation, rejecting with peers and divorce
Short – term	-Severe pain and –Shock -Infection -Bleeding -Fainting -Fever -Urine retention -Injury to adjacent tissues		- Scars - difficulties to sit or sleep	Embarrassment when visiting Doctors.
Imme- diate	-immediate fatal hemor- rhage - Death			

Chapter 3 — Different theoretical perspectives of FGM

This chapter covers the various perspectives on FGM that have dealt with that topic. Such complex issue cannot be judged by common-sense, rather, it must be evaluated through multiple perspectives to avoid reductionism and set a normative position.

The international awareness on FGM raised concern under human rights perspective. The United Nations Commission on Human Rights addressed the topic in 1981 (Center for Reproductive Rights, 2004). Consequently, legislation criminalizing female circumcision has been adopted in 16 countries, including nine countries in Africa (Center for Reproductive Rights, 2004). There are many studies and theses about FGM, although most of them cover the medical consequences of FGM and there are few researches about social consequences and cultural effects of FGM (i.e., Lyons, 1980; Salmon, 1973, Gruenbaum, 1982).

Some Anthropologists like Lyons (1980) and H. Salmon (1973) have historically approached FGM practices from the perspectives of cultural relativism. In order to develop gender, ethnicity, and political economic analyses of those practices, particularly within the past decade, relativistic scholars (Gruenbaum, 1982) have come under fire for taking positions that have been constructing as condoning FGM. The assumption of gender identity in African countries believes that FGM can make a woman feminine. Another often mentioned (Hosken, 1993) reason is that men use FGM as a tool to exercise their power and control their women. As Hosken (1993:124) posed it, “it is still claimed by men, that female sexuality is very dangerous and has to be controlled”.

Moreover, it is important to note the religious aspects of FGM. While FGM not mentioned in Koran, some Muslims would argue for that practice on religious. However, it is interesting to note the absence of FGM in officially Islamic states like Iran or Saudi Arabia; conversely, it also practiced among some Christians in Africa. Therefore, Islam, and religion as a whole, does not provide a solid religious ground for justifying these practices, making very weak arguments if considered the doctrinal sources for those religious communities.

The interpretation of FGM as a social and cultural phenomenon has been variously understood, ranging from cultural practices to feminist perspectives. Those perspectives have an important role to define how judge and deal with FGM under a human rights premise.

3.1. Human rights perspective

Human rights have traditionally condemned violence from the state towards individuals, playing a central role in resistance against oppression. However, it does apply to individual oppression as well, such as FGM. Human rights are rights and freedoms to which all humans are entitled. According to Feldman (2002), proponents of the concept usually assert that everyone is endowed with certain entitlements merely because of being human. According to An-Na'im (2000: 95), human rights are a certain basic; individual rights that apply to all human beings by virtue of their humanity, without distinction on such grounds as race, color, sex (gender), religion, political opinion, language, or national or social origin. These rights are discussed to be universal and that means that they are accessible to every human beings living in the west or to people of western race, but also to immigrants, refugees, and asylum seekers coming from all parts of the world.

In this part, I would like to discuss and explore which human rights might be violated through FGM and in which international human rights instruments these rights are laid down. According to USAID (2004), female genital mutilation was first recognized in the agenda of the United Nations in 1948 within the context of the universal declaration of human rights (UDHR). The issue discussed in the 1970s and 1980s, especially during the United Nations Year for Women 1975-1989.

First, FGM could violate the right to life since often FGM results in the death of the girls who have been subjected to this practice. The girls can bleed to death or sometimes they could die from infection. This is a clear violation of the right of life. According to universal declaration of human rights (UDHR) article 6; *international covenant on civil and political rights (ICCPR)* article 6; *European convention for the protection of human rights and fundamental freedoms (ECHR)* article 4; *protocol to the African charter on human and people's rights on the rights of women in Africa*.

Second, According to WHO (2012), FGM could violate the right to health. It should be noticed, that the definition of health includes maturity, reproductive and sexual health all together. Considering the severe medical consequences mentioned above, it is very clear that the health of the girl and women can be damaged by the practice of FGM in the entire world.

Third, FGM could violate the right to physical integrity, which includes freedom from violence. A person cannot force somebody to undergo special treatment, like FGM. Everybody has the right to have disposal over his or her own body, as laid down in Universal Declaration Of Human Rights (UDHR), article 1, in the International Covenant on Civil and Political Rights (ICCPR), article 9, and other articles that discuss human rights and right to physical and mental integrity.

Forth, FGM could violate the right not to subject to torture or ill treatment. As demonstrated, there are serious medical, social, and psychological consequences, which can be considered as a form of torture or ill treatment. This is an absolute right to ignore this practice. As laid down in the Convention against Torture and other Cruel, Inhuman or Degrading Treatment Or Punishment (CAT), article 1 and 16; ICCPR, article 7; European Court of Human Rights (ECHR), article 3; The Charter on the Fundamental Rights of the European union, article 4; and the Declaration on the Elimination of Violence against Women.

Fifth, FGM could violate the right to non-discrimination. The practice of FGM ignores women's rights to privacy and bodily integrity and directly contradicts the principle of non-discrimination, especially the right not to be subjected to discrimination based on gender. Clearly, FGM is a practice that only concerns of women and rooted in tradition of some societies. This leads to discrimination of these women merely on the basis of gender, as laid down in some articles as in the United Nations Charter, articles 1 and 55; UDHR, articles 2 and 7; ICCPR, article 14; CEDAW and so on.

The last, according to OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO, FGM could violate the children's rights. They mentioned in Eliminating Female Genital Mutilation (page 8), from a human rights perspective, the practice would be a consequence of power inequality between genders. Since the practice is carried out in children and pubescent women, it characterizes abuse of minors.

3.2. Social Theory and Female Genital Mutilation

Female genital mutilation is a deeply rooted historical, cultural and religious tradition that has been the subject of considerable debate. Baron and Denmark (2006:339), argued that from a human rights perspectives FGM is an unsafe and unjustifiable practice that violates the bodily integrity; and feminists argue that is an inhumane form of gender-based discrimination and capitalizes on the subjugation of women, yet nations that endorse the practice define it as an

integral feature of the culture. In social theory, the intention to perform a particular act seen because of the relative weight of attitudes and normative considerations. Packer (2005:224) argues that attitudes determined by beliefs about the consequences of a particular behavior. Normative considerations consist of social pressure to perform or not to perform a particular behavior. The norms on which these considerations base are communicate by important „others“ through socialization and social interaction and the individual’s motivation or desire to comply with these (ibid). Similarly, Barth (1982:14) argues that human behavior shaped by consciousness and purpose. It explained by the utility of its consequences in terms of values held by the actor and the awareness on the part of the actor of the connection between an act and its specific results. The perception of other people in the community shapes one’s behavior and way of life. Jenkins says that, “Individuals are unique and variable, but selfhood is thoroughly socially constructed: in the processes of primary and subsequent socialization, and in the ongoing processes of social interaction within which individuals define and redefine themselves and others throughout their lives” (Jenkins 1996:20-21).

Socialization therefore plays an important role in the development of values and this affects the way people behave later in life.

Change and mutability are endemic in all social identities but they are more likely for some identities than others are. In cases where locally perceived embodiments is a criterion of any social identity, fluidity maybe the exception rather than the rule (Jenkins 1996:21). For the case of female genital mutilation, change is bound to be slow because of the fact that its justification embedded in the culture of the people practicing it. Individuals seek to comply with the belief they perceive the significant leaders of their community hold, notably that girls should be circumcise. The theories referred to above explicitly incorporate the influence of the immediate social context on individual behavior (Packer 2005:224). A web of socio-cultural norms where a person lives affects their behavior and decision-making (ibid: 224-225). In Africa, social and cultural norms remain strongly in favor of female circumcision. The family and community are the most significant transmitters and guardians of norms. It is through the family that the practice of female circumcision is maintained and upheld as a tradition (ibid). In looking at FGM, the idea of universality and cultural relativism of human rights needs to be addressed. According to Kwateng-Kluyitse (2005:61), states could place their traditions and cultural practices above international standards, if human rights will not become universal. However, cultural relativists argue that efforts of international organizations like the UN to end the practice are dangerous examples of ethnocentric meddling.

3.3. Cultural relativism and ethical relativism

In order to achieve a bit more clarity on the issue of relativism, we must consider the difference between cultural relativism and ethical relativism. According to Kelly (1976), opposing ethnocentrism is cultural relativism, the viewpoint that behavior in one culture should not be judged by the standards of another culture. The position also can present problems. At its extreme, cultural relativism argues that there is no superior, international, or universal morality, that the moral and ethical rules of all cultures deserve equal respect. According to J. Kellenberger (2008), in the extreme relativist view, Nazi Germany would be evaluated as nonjudgmental as Athenian Greece. In today's world, human rights advocates challenge many of the tenets of cultural relativism.

This practice reduces the female sexual pleasure and thus it is seen in some cultures as one reason for adultery. Human rights advocates, especially women's rights groups, have opposed such practices. The idea is that the tradition infringes on a basic human rights--disposition over one's body and one's sexuality. Cultural relativism is an observation that, in fact, different cultures have different practices, standards, and values. Some would argue that the problems with relativism could be solved by distinguishing between methodological and moral relativism.

According to Rosaldo (2000), in anthropology, cultural relativism is not a moral position, but a methodological one. Cultural relativism states: to understand another culture clearly, one must try to see how people in the culture see things. What motivates them? What are they thinking? When do they do those things? Such an approach does not preclude making moral judgments or taking action. When faced with Nazi atrocities, a methodological relativist would have a moral obligation to stop doing anthropology and take action to intervene. In the case of FGM, one can only understand the motivations for the practice by looking at the situation from the point of view of those who engage in it. Having done this, one then faces the moral question of whether to intervene to stop it. We should recognize as well that different people and groups living in the same society, for example, women and men, old and young, the more and less powerful can have widely different views about what is proper necessary and moral.

On the other hand, the idea of human rights invokes a realm of justice and morality beyond and superior to the laws and customs of particular countries, cultures and religions (see R. Wilson, ed. 1996). Human rights include the right to speak freely, to hold religious beliefs

without persecution, and not to be murdered, injured, enslaved or imprisoned without charge. Such rights are seen as inalienable and are internationally acknowledged by jurists and international treaties. Four United Nation documents describe nearly all the human rights that have been internationally recognized. Those documents are the U.N. Charter; the Universal Declaration of Human Rights; the Covenant on Economic, Social and Cultural rights; and the Covenant on Civil Political Rights.

Child labor, breast ironing, divergent sexual practices, and female genital mutilation are examples of practices that are customary in some cultures and seen as ethically acceptable in those cultures. In other cultures, however, such practices are not customary and are seen as unethical. When taking time to study different cultures, as anthropologists and other social scientists do, one would see that there is no shortage of examples, as the anthropologist Ruth Benedict has written, “The diversity of cultures can be endlessly documented” (1934:45). For further examples of practices with varied moral judgment upon them, consider wife and child battering, polygamy, cannibalism or infanticide. There are some cultures (subcultures at least) that endorse these practices as morally acceptable. Western culture, in contrast, regards these practices as immoral and illegal. It seems to be true, therefore that different cultures have different ethical standards on a least some matters.

What we need to notice about ethical relativism, in contrast to cultural relativism, is that ethical relativism makes a much stronger and more controversial claim. According to John Mizzoni (2009), in his book *THE BASICS*, ethical relativism is the view that all ethical standards are relative, to the degree that there are no permanent, universal, objective values or standards. Even though, ethical relativism cannot be justified by simply comparing different cultures and noticing the differences between them. The ethical relativist’s claim goes beyond observation and predicts that all ethical standards, even the ones we have not yet observed, will always be relatives.

Cultural relativism does not entail ethical relativism. Some anthropologists (Gruenbaum 1982, Inhorn & Buss 1993, Hosken 1993) understand ethical relativism identifies the concept of good and evil, or right and wrong, with a particular culture approve or disapprove. Because ethical standards arise within particular cultures and vary from culture to culture, ethical relativists deny any extra cultural standard of moral judgments.

Judging from cultural and ethical relativisms, anthropologists diverge on FGM. According to Merrilee H. Salmon (1997), anthropologists should work to eliminate the practice FGM.

Salmon argues that FGM violates the rights of the women undergoing it. In addition, she asserts that this operation is a way for men to control women and keep them unequal. On the other hand, Elliott P. Skinner (1995) accuses feminists who want to abolish this practice of being ethnocentric. Skinner states that African women themselves want to participate in the practice, which functions like male initiation, transforming girls into adult's women (Skinner, 1995). Salmon disagrees; she contents this practice as an immoral one and makes anthropological calls for moral relativism for FGM as fundamentally ill-founded (Salmon, 1997). In the view of Skinner, feminists who argue that this practice is an example of male power over women have it wrong (Skinner, 1995). Skinner (1995) argues that African countries supported FGM as a form of resistance to domination.

Salmon (1997) says ethical relativism apparently accords with anthropologists' determination to reject ethnocentrism and maintain a nonjudgmental stance towards alien cultural practices. She mentioned, (Salmon, 1997) the practice of FGM is beneficial sanitation or health, mutilation causes severe medical damage. This operation can cause immediate infection, excessive bleeding and even death. Salmon has also criticisms of ethical relativism as a position that once seemed to offer anthropologists a way to profess tolerance and avoid criticizing the morality of some practices like FGM or other practices of other cultures (Salmon, 1997). She believes that anthropologists should not forget tolerance if they abandon relativism in favor of a morality based on principles of justice and fairness (Salmon, 1997). Ethical judgments of other cultures practices, especially when based on deep understanding of their life, customs, and traditions, are indicative neither of ethnocentrism nor of intolerance (Salmon, 1997).

3.4. Feminist perspectives

The feminists' debate over women's rights as human rights poses complex questions on cultural, political, social, and economic conditions. Women, particularly in developing countries, face constant challenges to maintain tradition given the rapidly shifting social conditions due to globalization and culture change. When the maintenance of tradition involves human violations, these challenges can become life threatening, and female genital mutilation is one of the traditions that can become life threatening of women and girls that involved to this practice.

According to Barbara S. Morrisso (2008), one of the most important activities to feminists is the eradication of FGM as a harmful practice and promoting women's empowerment and integration in all societies.

The arguments of feminist anthropologists for altering discriminatory practices of other cultures are similar of anthropologists trying altering discriminatory practices of other cultures. I think that ethical relativism is the view that, what is right and wrong can only be determined or justified relative to the standards of the individual, group or culture in question.

Female genital mutilation is not wrong for Africans people because the practice is in accordance with local tradition, while it regarded as deeply wrong here in Sweden or other European and western countries for being contrary to the western ideal of gender equality. I think that FGM has to be understood under cultural relativism, but not under ethical relativism.

Gruenbaum (2001: 199-200), argues that human rights appeared to safeguard people from government that were violating their rights. However in some situations like that of female genital cutting, the governments of African countries are not the perpetrator, a particular group violates such rights among the women.

3.5. Theory of Culture and FGM' See if You can shorten this part

There are many social factors influencing this practice. Among them, a primarily one is the family, but also the media has an immense impact on our perceptions of gender roles in society.

The important point is gender differences, although its features can be seen as universal need not be biological in origin (Giddens 1993: 118-120). In different cultures, there are different perceptions of what is healthy and normal. All cultures have concepts of physical health and disease and have a close relationship with environment, both locally and globally. There are health and illness within a culture that also differ over time. Giddens (1993) believes that religion and tradition should also be interpreted as a way of life and are closely intertwined with the social and cultural context that results in unspoken agreement of values and attitudes, and incidentally. According to Bourdieu (1977), the practice of FGM, under this perspective, can be evaluated in context of local culture, and serves to construct the female gender identity.

Anthony Giddens (1993) describes the development of different behavioral differences by social learning based on femininity and masculinity. Gender socialization also is like a support term that describes what happens when a person learns in his gender. One of the basic social factors that influence of this practice is family, but also the media has a great impact on our perceptions of gender roles in society. Culture is also a very important factor affecting our traditional views on gender differences (Giddens 1993:120-123). Gender role is the term for how to grow into their gender and having a huge impact on how to create a gender identity. If you challenge or question this, socialization raises the very strong feeling in the community, because the environment has expectations of how men and women should behave in relation to their biological sex. It is in the everywhere real actions that these expectations met and reproduced among people.

Bourdieu believes that the body is the embodiment of society or culture that a person lives in. The body becomes an expression, where the social order is the primary and replicate individual cells that are compatible to this social order. Human habit is ingrained and the bodily expression of social identity, belonging and cultural affirmation. However, Bourdieu (1994) goes deeper to describe and discuss people's habits and *habitus*. Based on these theoretical backgrounds in embodiment of culture and gender, as presented by Bourdieu and Giddens, I conclude that FGM as a body modification is fruit of a culture, but being a *habitus* does not justify it on practical or health points of view.

Bourdieu argues that the culture body "naturalizes" the fictional social body and makes it self-evident, realistic, and affectionate. Habit is a mental emotional system that makes it possible to act naturally and without reflection, because the external social structures are incorporated into the subjective principles. He noticed that habit is also an allocation system that is the product of the biographical experience (Bourdieu, 1994). He noticed in his article (*Structures, Habitus, Power*) the behavior, the patterns, and social structures may change if practicable behavior becomes critical reflection, but different people have different opportunities to influence their habitus. Bourdieu's practice theory gives an explanation for interaction between social structures and individual agents and is based primarily from different classes and categories. This also explains why people tend to recreate the social condition that they have taught in, for example in gender relations.

Using Bourdieu's theory, FGM represents the domination of a patriarchal culture over women's bodies. According to Pateman (1997), in traditional patriarchal societies, the role of the man is to provide the (financially) livelihood. Man is also responsible for the security and pro-

tection of the women and children (Pateman, 1997). Man participates in the public realm through education, business, politics and religious activities (Pateman, 1997). The women's role has always been consigned to childrearing and sex (Pateman, 1997). To understand better patriarchy, the historical roots must be examined, what would diverge from this study scope.

Drawing from ethnological record, people outside the FGM culture, like the anthropologist Ellen Gruenbaum (2001), commonly conclude that the continuation of such harmful practices is against humanitarian values.

While all anthropologists could agree that culture consists of the learned ways of behaving, adapting, being symbolic, shared and learned, there are many various views over female genital mutilation.

Baron and Denmark (2006:339), argue that from a human rights point of view it is an unsafe and unjustifiable practice that violates bodily integrity; and they believed that some feminists' anthropologists argue that it is an inhumane form of gender-based discrimination that capitalizes on the subjugation of women.

Several anthropologists give clinical circumstances and the health hazards caused to female genital mutilation upsets representatives of western medicine and this constituted basis for the argument of the anti-circumcision campaign in the west (Obiora 1997a: 53-56, 1997b: 71; Shell-Duncan 2001: 1013-1014). Shell-Duncan analyzes a contradiction in the arguments, which are in the west surrounding the legalization of clinical treatment of female genital mutilation (Shell-Duncan, 2001).

Some anthropologists and researchers as opponents of the circumcised women appoint to unnecessary health risks and set the "rights to health" as one of the fundamental issues in argumentation. On the other hand, some opponents to the legalization believe that it complicates the elimination of phenomenon (Shell-Duncan 2001: 1013-1014).

According to Obiora, there is a choice between legalizing clinical treatment or the criminalization of FGM in general that is a clinical preferable to the attempts to eliminate the phenomenon (Obiora 1997: 55-56).

Althaus (1997) stated that FGM is an important part of cultural, religious, and ethnic identity in some communities and she is leaning strongly towards interpreting FGM as a violation on human rights. On the other hand, Banda (2002) suggests moving away from idea of human

rights being a “one size fits all” case in order to prevent it from simply being a soft law not enough influence.

This suggestion ties in with the cultural relativity/pluralism issue, as in various cultural context human rights can also be viewed as relative. Macklin (1999) claims that cultural relativism does not imply ethical relativism and that a universal understanding of ethics. Our understanding of right and wrong, good and bad, morals in general is rooted in our cultural context, upbringing, religious beliefs, social encounters and many more various factors. Thus, one cannot claim the universality of morals without discarding the idea of cultural relativity.

Gruenbaum (1982; 1996) suggested that it is not automatically dismissing FGM as backward and barbaric; along with the societies where it is practiced in. It is necessary to understand the reasoning behind any cultural behavior in order to move towards a constructive dialogue. Gruenbaum (1982) says that strategies against FGM do not achieve significant results, because the importance of preserving the marriage ability of daughters is overlooked.

Conversely, the World Health Organization (1998) has shown that many men in FGM practicing communities do not find pleasure in having intercourse with infibulated women and will often resort to taking on uncircumcised mistresses or wives. One of the main criticisms against female genital cutting is that it has no medical necessity.

Gruenbaum expand about two dilemmas that she faced as a feminist anthropologist: how to address a tradition where women inflict damage on other women and how to be involved as an activist without disregarding other cultures. To reconcile these issues, Gruenbaum uses a “contested culture” approach that emphasis on culture’s inherent contradictions through “debates, viewpoints of different classes, age groups, genders, and other social divisions”. Gruenbaum also explained that female sexuality is “neither destroyed nor unaffected by female genital cutting” (1982:156-7). Gruenbaum demonstrates that religion is cited as one of the most important reasons for FGM and it is common in Africa (Gruenbaum, 1982). She very successful showed that a number of factors like religion, rituals, marriage, economic development and sexuality explain the prevalence of FGM; some are directly related to gender while others are not (Gruenbaum, 1982). Gruenbaum (2001) believes that subordination is common between women and girls and it is clear to be a strong correlation between patriarchy and female genital cutting.

Another anthropologist’s (Daniel Gordon (1991)) research on female circumcision explores the practice from a cultural context. Gordon (1991) suggests that mutilation of genitalia is a

rite of passage that serves as a marker of the movement from child to adult, in which the similarity between male and female is removed, permitting a ritual differentiation of the sexes. According to Gordon (1991), the fundamental reason for this practice is that it serves as something of a social puberty, powerfully signifying the young girl's future passage into sexuality.

Gruenbaum and Daniel Gordon offer two anthropological perspectives on the practice of FGM. While Gruenbaum explores patriarchy, ritual, and marriage as conditions for this practice, Gordon examines these procedures in a cultural context. The researchers provide an understanding for the duration of practice and prevalence of FGM. Gruenbaum (2001) testify that there is a correlation between female genital cutting and patriarchy, although it does not offer a sufficient causal explanation for the enduring prevalence of the act. Necessary conditions for the perpetuation of this practice are the social and economic subordination women and children adhere to in patriarchal societies.

Chapter 4: Swedish Legislation

4.1. Swedish Legislation about FGM

Some laws enacted in Sweden have direct implications on FGM issues. The most relevant laws are the FGM Act, the Social Services Act, the Secrecy Act, the Act regarding Special Representative for a Child, and the Discrimination Act. I will cover some aspects of it in this section.

Sara Johnsdotter (2003) reports that information is spread in several languages about the Swedish legislation on harmful consequences of the practice. This literature has been distributed among concerned immigrant groups. Sweden passed the first act prohibiting female circumcision in 1982 and became the first western country to legislate against the practice. In 1998, the law changed its terminology, from “female circumcision” to “female genital mutilation” and proposed harsher penalties for FGM. In 1999, the law extends to apply it Swedish subjects who might go in a jurisdiction without law about FGM in order to perform it.

4.2. Immigrant communities in focus

According to Sara Johnsdotter (2003), the major group of immigrants connected to female circumcision in Sweden is from Somalia. This group counts circa 19,000 people. On 31 December 1999, 18,801 Somali people were living in Sweden, either immigrated in the first generation (12,692) or born in Sweden (6,109), i.e. immigrants in the second generation. People that classified themselves as Somalis, e.g. from Ethiopia or Kenya, became added to these numbers. Thus, it is estimated that their numbers amount well over 20,000 persons.

Ethiopians comprise the second largest group of immigrants in Sweden that originate from a country where FGM is performed (Johnsdotter, 2003).

According to the Swedish Statistics Bureau (Johnsdotter, 2009), most African immigrants in Sweden come from East Africa: Somalia, Eritrea and Ethiopia. In 2007, Sweden had 21,600 residents born in Somalia and 18,000 born in Ethiopia or Eritrea (Statistics Sweden, 2008).

4.3. The FGM Act

“In 1998 the Swedish FGM legislation was revised with a change in terminology, from “female circumcision” to “female genital mutilation”, and more severe penalties for breaking the law were imposed. The law was further reformulated in 1999, to allow for prosecution in a Swedish court of someone performing female genital mutilation even if the act has been performed in a country where it is not considered criminal (removal of the principle of double incrimination).” (Johnsdotter, 2009)

4.3.1. Act Prohibiting Female Genital Mutilation

[Lag (1982:316) med förbud mot könsstympning av kvinnor]

Section 1: Operations on the external female genital organs which are designed to mutilate them or produce other permanent changes in them (genital mutilation) must not take place, regardless of whether consent to this operation has or has not been given.

Section 2: Anyone contravening Section 1 will be sent to prison for a maximum of four years. If the crime has resulted in danger to life or serious illness or has in some other way involved particularly reckless behavior, it is to be regarded as serious. The punishment for a serious crime is prison for a minimum of two and a maximum of ten years. Attempts, preparations, conspiracy and failure to report crimes are treated as criminal liability in accordance with section 23 of the Penal Code.

[Quoted from Rahman & Toubia (2000: 219).]

Section 3: A person who violates this law is liable to prosecution in a Swedish court, even if Section 2 or 3 of Chapter 2 of the Penal Code is not applicable.

(Johnsdotter, 2003: 8)

“All citizens have a duty to report knowledge or suspicion of FGM to the police according to the FGM Act.” (Johnsdotter, 2003: 8)

“Reporting of abuses

Section 1: Every person who has information that requires an intervention from the social committee to protect a child should notify such committee.

Authorities whose activities affect children and young persons are duty bound, as are other authorities in health care, medical care and social services, to notify the social welfare committee immediately of any matter that comes to their knowledge and may imply a need for the

social welfare committee to intervene for the protection of a child. The same applies to persons employed by such authorities. The same duty of notification also applies to people active within professionally conducted private services affecting children and young persons or any other professionally conducted private services in health and medical care or in the sphere of social services. Where couples counseling services are concerned, the provisions of subsection three shall apply instead.

People employed in couples counseling have to notify the social welfare committee immediately if in the course of their activities, they learn that a child is being sexually abused or maltreated in the home.

It is the duty of public authorities, officials and professionally active persons as referred to in subsection two to furnish the social welfare committee with all particulars, which may be material to an investigation of a child's need of protection. The provisions of Section 3 of the Children's Ombudsman Act (1993: 335) apply concerning reports by the Children's Ombudsman.

In summary: All citizens in Sweden have a duty to report knowledge of performed or fear of future FGM to the social authorities.

Section 6: The social welfare committee may decide immediately take someone under the age of 20 years into custody, if:

- 1. It is likely that the young person needs care under the auspices of this law.*
- 2. Awaiting a court decision concerning care poses a danger to the young person's health or development, or because the investigation or may be made seriously more difficult or further measures or maybe obstructed." (Johnsdotter, 2003:8)*

4.3.2. Secrecy Act

"Professionals in the social welfare sector and in the health sector are bound to observe secrecy in their work. Secrecy applies if disclosure of the information will presumably cause significant harm to the person to whom the information relates or to a person close to him.

Professionals working in the health care sector are obliged to report any suspicion of child abuse, or any knowledge that a child's welfare threatened, to the social authorities, according to the Social Services Act.

The social welfare committee prevented by the Secrecy Act from reporting crime to the police, unless there are specific circumstances allowing such reporting. Some crimes involving chil-

dren negate the duty to observe secrecy, and an extended interpretation of the passages accounting for these crimes may include the crime of FGM, according to the Swedish Board of Health and Welfare (2002: 50). Further, there is the more general option of reporting crimes to the police, which can lead to a minimum of two years in prison (ibid.).

If the social authorities suspect that FGM has been performed, they can open an investigation and decide to report the case to the police (“A report to the police shall be done without a standpoint regarding guilt from the social welfare committee: It is not up to the committee to take a stand and investigate this”, 2002: 50).

Social work professionals have no obligation to report crimes to the police, but based on the child's best interests, “the social welfare committee shall consider if it is appropriate to make a police report.” (The Swedish Board of Health and Welfare 2002: 50).

However, when it comes to suspicion of FGM, reporting to the police seems to be the procedure recommended by most local social welfare offices (interviews; for further discussion, see below).” (Johnsdotter, 2003: 11)

To sum it up, the medical sector has a *duty* to report cases of FGM to the social authorities. Social authorities *may* report some cases of FGM to the police. Local guidelines may state that such cases should be report to the police authorities.

4.3.3. Act regarding Special Representative for a Child

“Section 1: When there is reason to believe that a crime, the punishment for which can lead to a prison sentence, has been committed against someone who is younger than 18 years of age, a special representative for the child shall be appointing if:

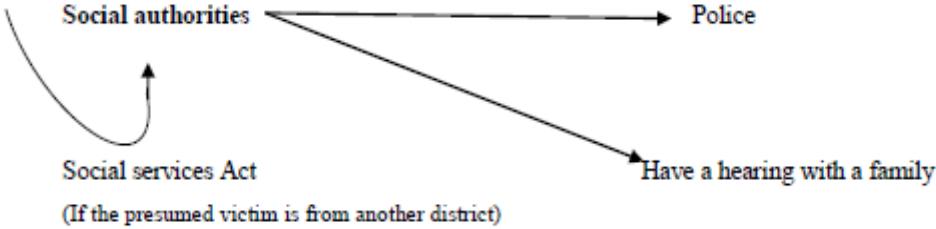
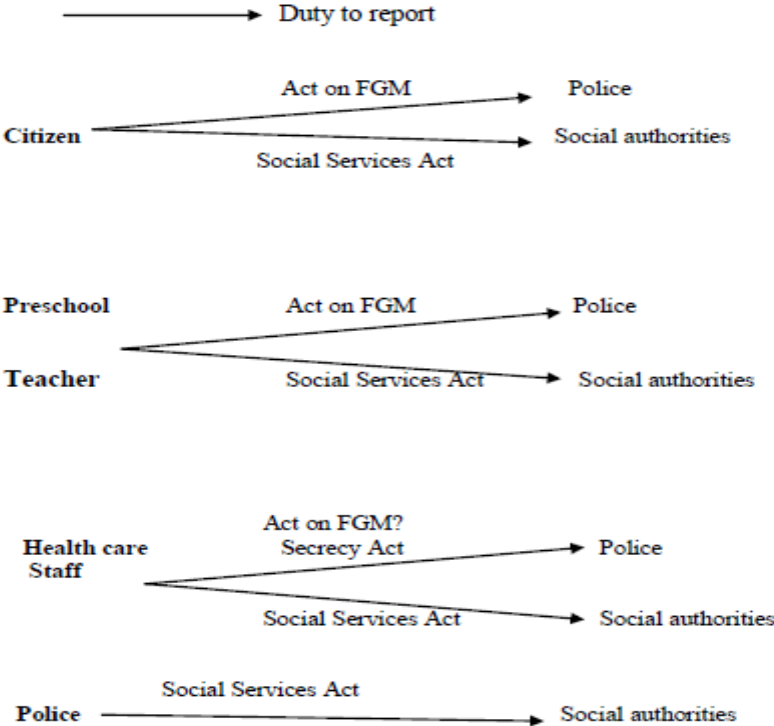
- 1. A custodian is suspected of having committed the crime.*
- 2. It may be fear that a custodian, because of his or her relationship to the person suspected of having committed the crime, will not safeguard the rights of the child.*

The prosecutor heading the investigation appoints a legal representative appointed for a child. The representative may authorize a medical examination on the child, even if the parents does not agree with that exam (Wilhelmson 2003).”(Johnsdotter, 2003: 11-12)

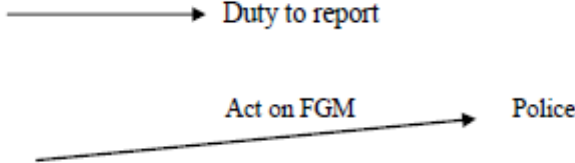
Briefly, this law enables a genital examination by a physician, even if the child’s parents object to such an examination *The Ministry of Health and Social Affairs: A national action plan against FGM.*

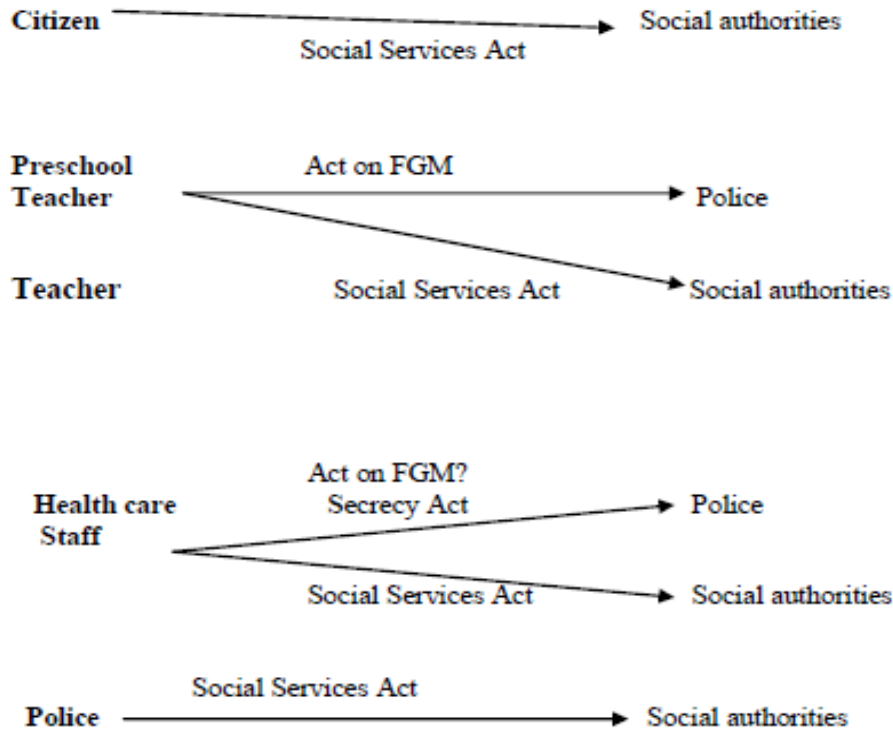
According to Sara Johnsdotter (2003), there are models for referral system for FGM.

FEAR OF FUTURE PERFORMANCE OF FGM



SUSPICION OF PERFORMED FGM





4.3.4. The FGM legislation versus the Discrimination Act

It could be possible that there emerges a legal conflict when dealing with FGM and anti-discrimination laws. Since FGM occurs mostly among sub-Saharan women, any ban on FGM could be interpreted as a law targeting specific minorities.

If by the FGM and social services legislation, any person who believes that a child is in danger should report it to the responsible authorities, there are no clear guidelines in many issues. It is quite hard to determine if there is a case to report. A school or health care professional could fear to evaluate situations under a cultural relativism premise and commit wrongful discrimination. On the other hand, neglecting it is as well penalized, since failure to report is a prosecutable act.

The *Discrimination Act* demands that professionals not to take action on ethnic background basis. Suspicion of FGM just because the family from a country where the practice is rampant is not enough for reporting, constituting discrimination.

4.4. The risk of discrimination

“The suspicious on a case handled on the basis of the family's ethnic origin, not in factual circumstances would be discriminatory. According to legal practice, no suspect will prove his innocence. The burden of proof lies with the accuser. In this case, if the authorities demand the burden of proof to the accused when asking to examine the girl. The refusal to prove their innocence increased the suspicions against them.

Additionally, focusing on FGM would also be discriminatory and deny other social and health services for casting Somali and other African immigrants as potential law-violators on the FGM issue. At a well-known case in Sweden about a 16 years-old Somali female who went to a gynaecologist for an abortion, but:

Health care staff at the clinic (who had recently watched the televised documentary “The Forgotten Girls” about FGM) is concerned about her be circumcised and wondered if it had been performed illegally. The young woman stated that she already circumcised when she arrived in Sweden, at the age of five. The gynecologist points out that due to the worries about the circumcision, the health care staff failed to complete the care plan suggested, e.g., giving the woman sufficient pain relief drugs during her abortion. [Johnsdotter 2004: 32.]”(Johansdotter 2009: 11).

In this case it is obvious that the care needs of this young woman were not met, as stated in the *Health and Medical Services Act*.

4.5. The risk of arbitrariness

“If any professional who meets a Somali parent starts thinking about the risk of FGM, we have a hypothetical situation where practically all Somali parents risk being reported to the social authorities (or to the police). This is not the current situation: few cases of suspicion are reported. Therefore, we can draw the conclusion that there is a big risk of arbitrariness in this field. Parents did not report because there is substantial information to support suspicion; parents reported because they have happened to meet professionals who, for some reason or another, have come to think about the possibility of FGM. There is evidently a large amount of hazard here, regarding which families that become objects for investigation. There seems to be an increased risk of arbitrariness if professionals sensitized about FGM while not at the same time offered relevant guidelines or protocols on the best way to handle suspected

cases. Therefore, FGM sensitizing campaigns directed toward professionals always must be accompanied by relevant knowledge and proper guidelines.

The cases of enforced genital examinations that have taken place in Sweden illustrate that the protocols have not been followed, or at least not in a satisfactory way. This opens up for a situation where prejudice and racist attitudes (in certain persons or at a structural level) given space – which, in turn, leads to increased risk of arbitrariness and discrimination.

One possible solution is that the Swedish Board of Health and Welfare formulates a clear protocol on how to deal with suspected cases in different kinds of situation, including a more profound discussion on the level of suspicion before a case becomes reported to the police.” (Johnsdotter, 2009:8-9)

4.6. The risk of stigmatization of entire ethnic groups

“The Ombudsman against Discrimination Office was and is contacted by many Swedish Somalis who claim that they are discriminated for being Somalis, especially in relation to the social authorities and in the health care sector. FGM is a part of a bigger picture.

It has been discussed whether having a specific criminal law on FGM enhances the possibilities to have cases taken to court. There are specific criminal laws banning FGM in e.g. the Scandinavian countries, Spain and the UK. In other countries, among them France, the act is punishable under general criminal law. France is the country where most FGM cases have ended up in prosecutions and sentences (Leye et al. 2007)”. (Johnsdotter, 2009:9-10)

Chapter 5: Qualitative Research Method

The motivation to choose this topic for my research emerged during my study at Göteborg University. There, I have met some women from Somalia who were undergone FGM and their plight moved me. As a student of the master program of social work and human rights, it became a relevant topic, thus I chose it for my thesis and to examine it from social work and human rights perspectives. Female genital mutilation is a very sensitive topic and hurts people when they start tackling issues connected to it.

5.1. Qualitative method for data collection .

“Qualitative research can give us compelling descriptions of the qualitative human world, and qualitative interviewing can provide us with well-founded knowledge about our conversational reality. Research interviewing is thus a knowledge-producing activity (...).”

(Kvale & Brinkmann, 1996, p. 47)

As we read in the statement above qualitative interviews is one of the most important gathering tools in qualitative research. Such interview can help us to enrich experiences, opinions, values and ambitions. (I have moved the following here to avoid splitting) In this study, I would like to have a deep insight to obtain information on subjective perceptions and conceptions.

My main data sources are personal individual interviews, consisting of open-ended questions, which allow me to affect the interview. The questions were simple in order to avoid misunderstanding between the researcher and the research participants. I was able to follow up and to explain more in detail.

The interviewees seemed to very honest when they answered to all questions. The knowledge a researcher has in a special field is known as pre-understanding. I want to mention that I had not witnessed the FGM ritual. Everything that I wrote in this research is according to the stories, which those participants reported me. However, observation was a tool during my study, but as already mentioned not of the process of mutilation.

The only observation that I conducted concerned the genital area of one of my interviewees. She showed me that affected part, which already has been mutilated. Her aim was to present

me a picture of how this area looks like after the mutilation. Her action was completely voluntary and an idea of the interviewee.

5.2.2. Research Participants:

In a qualitative research 'participant' is defined as those individual who provide information to researchers about the topic, which is being, studied (Polit and Beck, 2004). Researchers may choose to have an interview with a broad knowledge of topic or maybe they choose to interview a specific group with specific experiences. In this research, the sample consisted of one group: Somali women who immigrated to Sweden and were undergone FGM. The interviews were in the home of one participant. At first, it was not easy for me to connect with the interviewees, but when I explained that it had a research purpose, they answered to the questions more open. Female genital mutilation is a sensitive topic and I just wanted to discuss with women, not with men. Thus, I interviewed the women while their husbands were not at home. These women also agreed to open up their stories because they were victims and they felt that it is good to share their stories with me. Interviewees participated actively and were nice to me and everything went as expected.

I interviewed in total eight women from Somalia that were undergone FGM.

Their ages varied between 20-40 years old. All of them had undergone FGM in their **home** countries before moving to Sweden. Six of Interviewees, had an educational background and had passed high school before they moved to Sweden. One of them started her education in Sweden University; she was in the first year of a Law program in Stockholm University. The others had not any interest in their education in university. All of them were married and had children. Currently, they lived with their families in Sweden.

Two of them were older without any educational background. They had not attended to school at all before they came to Sweden. After their arrival here , they only attended to the Swedish courses.

5.2.3. Interview Contexts

For the conduction of the interview, the participants were free to choose the date, time and preferable place. Therefore, all participants preferred to have the interview at the house of one of the participants. Every interview took in all one hour. Each interview was divided four times, i.e. eve-

ry time fifteen minutes due to the complexity and sensitivity of the topic. The interviewees preferred to talk every time 15 minutes only.

5.4. Data Process

All data collected was organized and transcribed with the aim of assist for data analysis and for to the process of writing.

Kavle & Brinkmann (2009) defended, as well, that categorizing is fundamental when processing data-collected into the analysis of texts, as it involves linking key-words into a text fragment. Therefore, data were collect from the interviews to main themes. All main themes were dividing: presenting the participants, theoretical meaning, concern on Somali women undergone FGM, consideration of challenges and obstacles. All participants had chosen a location, time, and date for the interview. Every interview took approximately one hour. The interviews recorded as I mentioned before and took notes. Interviewees participated actively and seemed to be comfortable with me. The interviews were conducted as expected.

In this study, the role of participants is one of most important keys to make out it from more traditional approaches, combining knowledge and action and emphasizing the participant's role, enabling them to take part, addressing practical problems or issues, which can be improved.

5.5. Ethical considerations

All research should be guided by ethical considerations and principles, through the entire process starting already with the planning phase. As female genital mutilation is a very sensitive topic, it has been considered distressing to the participants. It is always difficult to know how to write ethically correct information. "Ethical problems can also rise when one does not feel like is need for an improvement." (Kiarie, Wahlberg 2007: 28).

"An interview inquiry is a moral enterprise. Moral issues concern the means, as well as the ends of an interview inquiry. Consequently, interview research is saturated with moral and ethical issues." (Kavle, Birkmann 2009: 62). We have to be aware that interviewing is a moral inquiry.

Thus, all interviewees were informed before about the implications of the research process. The participation in this study project was voluntary. All interviews were carried out under an agreement of confidentiality. Personal details of the respondents will not be published except particular important facts for this thesis. All interviewees stayed anonymous and I did not employ their real name. The acquired data and information was and will be applied solely for academic purpose.

Before the interview starts, the interviewer has to know that he or she should make an announcement prior to the assessment, in order to inform the participants about the program and the research. Further, the interviewer should make clear for participants that they could stop the interview immediately, if they do not like to continue, i.e. as soon as they feel uncomfortable with some questions. It is important for researchers to treat with information they gather confidential, especially for sensitive issues. All researchers and students should avoid inflicting harm to their participants or interviewees. In this study, I tried to avoid impose harm to my participants. I tried to act in the best interest of my informants. My aim was to formulate questions to interviewees that would not make them stress, anxiety or suffer them.

Issues related to culture are usually sensitive. Therefore, approaches meant to address such issues that are deeply rooted in cultural traditions should be well informed in all aspects of culture and culture should not be generalized, as cultures tend to differ greatly.

5.7. Validity and reliability

“Transcriptions are constructions from an oral conversation to a written text. The constructive nature of transcripts appears when we take a closer look at their reliability and validity.”

(Kvale & Brinkmann, 2009, p. 183)

Transcribing an interview is one of the most important factors during the process of research and a researcher has to be aware with the quality of the record that not have negative influence in research. Thus, all interviews shall be achieved in a quiet and comfortable place, which allows the researcher to carry on with more understandable transcription of the interviews. I have moved the following here to this place. According to Kvale & & Brinkmann (2009), there is no any correct transcription method.

However, verbatim descriptions, which include pauses, repetitions and tone of voice might be more relevant for psychological.

Reliability and validity are two main considerations during the process of research, the analysis of data and the interviews, which lead a researcher to the aim of research and make research more objective. Even there are many limitations during the study; objectivity is an important moral concept.

Reliability is about whether a measure works in a consistent way (Giberg 1996 p 126 check reference on Google) Researchers are then able to find the same or similar result if they use the same questions and sampling criteria .Validity is about whether the right concept is measured (Gilberg 1996).

Thus, in order to guarantee the explanation of a good transcript, all interviews had undergone the same process: verbatim transcription, make understandable in contextualization of the interview and last process were all the interviews had to schematize in order to produce a good finding in research. The other hand, reliability and validity were important to reflect the participant's experiences on the research subject. Nevertheless, all the questions were analyses regarding informants' experiences.

5.3. Limitations of the study –Barbro: I moved this part to the end of this chapter.

As soon as contact with the participants was established, it became obvious that this task would be challenging. One of the limitations of this research was a language barrier. To find people to talk in English was time consuming. This process of trying to find respondents lasted for one year. Then, after three months, I could fix the dates of the interviewees.

“A good interviewer knows the topic of the interview, masters conversational skills (...).”

(Kvale & Brinkmann 2009, p. 166)

Inexperience is another obstacle for the researcher, mainly in the beginning of the study. It is obvious and understandable, that this inexperience affects the entire interview process. Certainly, as an unskilled researcher it is difficult to deal with limitations. Before I did fieldwork, my knowledge about FGM was based on the specialized literature and public portrayals on the subject. At that time, my impressions of FGM were that this practice consisted in plain violence against women. These constrictions will appear while analyzing the data. In this case, the transcription of the eight interviews was conducted word by word, which was a time-consuming process, but inevitable for a sufficient analysis of the interviews. It was necessary in order to investigate and then undermine the validity and reliability of the conducted research.

Chapter 6: Research findings from women's general experiences of FGM

This chapter presents findings from the interviews about women's general experiences of FGM. It revealed that there is a high possibility for the practice of FGM to thrive outside their countries of origin. Despite the Swedish law is against the practice, it continues to be done secretly as pointed out by study participants. The practice of FGM is upheld as a result of their strong beliefs as being part of the cultural tradition, moreover, the women in general still believe that every girl should undergo the procedure since they did so themselves. One respondent stated that:

“I know some Somalia families that still they want their daughters to undergo the procedure of FGM. They do not think that it is violence against their daughters. They still believe that it is not sickness; it is part of their culture and necessary for their girls.”

6.1. Knowledge of Female Genital Mutilation

The study sought to find out what study participants knew about FGM. One of the interviewees 'A' revealed that she got to know about FGM at an early age of four when her mother decided that it was time for her to undergo the procedure. She recalls that “there was nothing more to discuss, mother was a strict woman like grandmother”. Another interviewee 'B' heard about it from her older cousins. ((Interviewee B)) She explains further that she questioned the practice as she saw no relevance of it in her life. For Interviewee C, the reason offered for her to undergo the procedure was so as she could become fully a nice woman. Interviewee C goes on to say that,

“mother told me that this tradition is necessary for all girls and that it was needless for me to be against it”.

While some interviewees were able to share how they came to learn of FGM, it was not the case for some as they lamented how hard it is for them to talk about the kind of pain they were subjected to as little girls in the name of tradition. Since it happened at tender ages, all there is to remember is the pain they felt. On the other hand, Interviewee E expressed that there is a belief among elder women that subjecting girls, especially below ten years of age, is appropriate because it is less painful compared to when it is done in their early teens. Important to note is that some interviewees were not against the practice as they believed that it was necessary for all girls to undergo it regardless of its short-term and long-term effects. In-

interviewee E revealed that her menstrual cycles are painful as a result of being subjected to the procedure as a child.

Some interviewees shared that FGM was part of their tradition; therefore, it had its benefits. For example, interviewee G observed that **“a woman has to undergo FGM or else she may not live in society, get a job, marry or get a husband; the tradition may be seen as bad but it is valued by society and brings honor to families”**. While the practice is perceived as being a part of a cultural tradition, others viewed it as being godly; they argue that it is God who wants them to do it. Interviewee H had this to say:

“Yeah, it is a tradition in our country. I believe it because I fear punishment from God. I do not have good memories of it because I felt bad pain and I still get pain during my menstruation, but you know this is what God wants us to do.”

A good number of interviewees associated the practice to be divine and therefore felt obliged to do it in fear and respect of God. Interviewees claimed that by braving the procedure, they were obeying God.

6.2. The Decision to Undergo FGM

Interviewees shared that in most families, the practice of FGM is passed on from one generation to the next by grandmothers, making them key decision makers. Interviewee A remembers that **“my grandmother was a person who kept this tradition and it was important for her, for her it was extremely important”**. She further explains that her grandmother wanted all the girls in their family to undergo FGM for she believed that it was necessary for the girls' identity and honor. Interviewee A adds that **“she always said that without FGM no men will accept us as wives”**. She further states that her grandmother was strict and harsh in this practice, the entire family obeyed her and being the eldest woman in the family, she had the privilege of making such decisions. Interviewee C adds

“Grandmother told me that today is a nice day. We have to go somewhere and you have to be happy and be like a big girl and be like woman, I didn't know anything more. Grandmother was nice with me during the way until we got to that place; I just remember that it was very painful.”

Other interviewees shared that the decision to undergo FGM was not theirs. Their mothers decided it. For interviewee B

“it was one morning when Mother took me in a place, there was a room and they put me on a bed, actually it was not bed, it was a blanket on the floor which was dirty. Mother told me that I had to be brave. An old woman whispered something with mother her like song then came to the room, she had a blade in here hands and I feared her. When she was about to start, I just screamed and yelled a lot. Mother held my hands and feet and told me not to move. I was terrified and anxious. I felt pain. I just shouted and said mother please help me. The procedure was horrible, it was a horrible memory. When mother talked about this practice it was new for me but I also wanted to experience it, I wanted be like mother and my other sisters and cousins but I did not have information about this practice and I did not know that it had bad pain. I wanted to be brave but it was not possible. During the procedure, the old woman reminded me that, I would be a big girl and that it was good for me.”

Some decisions were made individually as a result of peer influence, wanting to be like the other girls who had been mutilated. Interviewee E made a personal decision to undergo the procedure. She recalls that

“I was six when I was mutilated. I wanted to be mutilated because all the females in our family had undergone FGM. We believe in this tradition. We have to do it. Of course there is pain but we have to be brave. God told us, that we have to do it. Prophet Mohammad told Muslim people that it is compulsory for their women. Also for men, we have to do it. In our village, there was an old woman who was respect by all the people. She was professional in her job. Of course that there is pain and blood it is tradition. You know, it is part of our culture. I do not like to say it is sad story for me, no, I am proud of myself, that I underwent FGM. Unfortunately, I cannot do it for my daughter, because we live her in Sweden and the practice is punishable in Sweden.”

6.3. Abolition or Continuity of FGM as a Practice

The study investigated whether participants would advocate for the abolition of FGM. Interviewee A stressed that **“Personally, I think it is not a good tradition and it should be abol-**

ished”. She goes on to say that **“I moved to Sweden ten years ago and when I compared myself with Swedish women, I was so upset, I have seen that as a woman my rights to choose a way for my life were violated”**. Interviewee A confessed that if she were to go back to Somalia, she would not accept such a tradition for her daughter or even her son. In her view, people from Somalia should have this practice taken away completely.

In support of the above, most interviewees argued that law makers should design and implement stringent laws to punish perpetrators and safeguard women and girls from this inhuman cultural tradition. Moreover, most women stressed the fact that the practice should be abolished since it is painful and dangerous for women who undergo it. The women stressed that the practice robbed them of their right to pleasurable sex and wrapped by asserting that it should not be passed on to future generations. Interviewee D did not only hate the tradition but also herself for having undergone the procedure, she stressed: **“we have to abolish this practice, I want to kick FGM’s ass out and this will make me smile”**. However, not all study participants shared the idea for the abolition of FGM, as interviewee E observed; **“I think it is good that we continue this tradition but unfortunately in Sweden we cannot do it”**. She further reveals that sometimes they have to take their children to Somalia to have the procedure done. She decries the fact that the police arrest them after getting back when teachers of the children learn of it. Finally, she laments; **“we have no right to continue this practice and tradition for our daughters which I think is necessary”**.

Contrary to the above, interviewee F shares: **“since the day I came to Sweden and knew of my rights, I have been leading a fight against FGM. I think we need to stop this tradition among Somalia women and everywhere. I do not want to see women suffer like I did because of FGM”**. Interviewee G, a student in Sweden thinks the practice should be abolished. She observes;

“I have read many books and I got more information about this practice. It is completely against women rights. Women like men are free to choose their life. I think we have to have more offices and organizations that teach to people that this tradition is bad and they have to stop it. We have to fight to eradicate this practice from every country. I have a problems and I know how these women suffer about FGM. You have to be undergone FGM that understand me completely. It is very difficult.”

Earlier findings perceived FGM as a spiritual act, similarly, interviewee H notes; **“honestly, I fear about god, I am not sure that if I abolish the practice FGM, what happened to me.**

Maybe god will be angry about this matter from me. I do not know what I should say. If God told us that, we have to do, then make no sense that we fighting with this practice. We have to obey God”.

6.4. Types of Female Genital Mutilation

Study participants and literature revealed that there are at least three types of female genital mutilation. The study explored the most common procedure that girls and women endured and/or continue to suffer. From her own experience, interviewee A says;

“the most popular types of FGM in Somalia are the types I and III. I know about different types of FGM. However, most popular is type I and III. It also depends from which tribe one comes, which village, the opinion one has about this practice. It depends how much the people who live in different parts of Somalia adhere to the practice”.

The rest of the study participants were in agreement with interviewee A’s observation that types I and III of female genital mutilation were the commonly practiced in Somalia.

6.5. The meaning of FGM to Somali Women

FGM did not mean anything to some women. Interviewee A says; **“personally, it does not signify anything; unfortunately, my parents wanted it for me. I do not think that this practice will be important”.** In the same line of thinking were interviewees B, F and G who believed that FGM signified nothing in their lives. Study participants acknowledged that although the practice is part of their culture, it is bad for them and thus, not important. They added that as part of culture, the practice does not bring any honor to women as it is popularly claimed.

The meaning of FGM was comparative among study participants as interviewee E thought that: **“FGM is an important evolution in the life of Somalia women. I think it is very important. It shows honor of family, honor of a woman”.** Interviewee H adds: **“I think it is important in our life, it shows that I am a woman that can be marry, it signify my honor and show that I am pure and god always be good with me”.**

6.6. The Role of FGM in Identity Formation

Study participants expressed different opinions about the role of FGM in forming Somali women’s identities. Interviewee A had this to say:

“Of course it is part of our culture. We believe that it is part of our identity as women and without FGM, we would have no honor and it influences our lives. Women cannot marry if they have not undergone the procedure. However, I know many Somali women who live in Sweden and who understand everything and have good knowledge about their rights and they believe that FGM cannot influence to their live, success or marriage. I think this tradition is old. We live in 21st century with high technology, more knowledge about everything. It is just part of our culture but it is a crap part of culture that it is not even in the holy book”.

It is clear that interviewee B is against this tradition. From her point of view, she notes:

“I think God knows better what He created. God created a woman with a clitoris and if clitoris was ugly and bad for body as is claimed by the tradition, then why did He create it? If we believe in God then we have to accept that He knows what is good for us and what is bad. Why have to cut the clitoris? This part is like other parts of the body. It is like lips. With lips, I can kiss my husband, my children. It is not good that I shy because I kiss somebody. Lips are part of my body. Nice part of woman body. Clitoris is part of my body. Why we have ear? It is for listening. Of course that we need clitoris for be satisfy when we have sex.”

In agreement, interviewees C, D, F and G observed that FGM does not play a role in forming a woman’s identity. Interviewee C stressed: **“I do not think that FGM plays a role in Somalia women’s identity. It is not true. It has affected our lives and has no played an important role in our identity.”** Interviewee D argued: **“I think it is just in the culture, I am against this practice. It is just harmful and not more. How can I accept that it plays an important role in my identity?”** Interviewee F thought that: **“it has no important role in our identity. It is a part of our culture, but if I was born deaf. I can accept that this is part of my identity, but if I was born without being mutilated and for some crap reasons my parents want that I be mutilated. In this case, I cannot accept that it has important role in my identity. I did not want it. I was a child.”** Interviewee G similarly noted: **“I do not think that FGM has an important role to play in my life, no, I hate this practice. I have my own identity and FGM has no effect in my identity.”**

Some interviewees like E who want to preserve culture think that **“FGM has an important role in lives of women and their identities, I think it is good for all of us, it is necessary to do it”**. Interviewee H concurs, by adding that **“it is part of our culture and it is very im-**

portant to do it, we have to accept it, it has a big role in our lives, without FGM, how can we marry or have good economy or honor in our community”.

6.7. Reason for Female Genital Mutilation and the Role of Religion

Interviewee A shared that she had many times asked her parents the reasons for FGM. Her parents had told her that:

“the clitoris is an ugly part of my body. Mother always told my sisters and me that it could be very dangerous, because if we want to deliver a child, it could cause of death for child if we are not mutilated. Before that, I marry, mother told me that it is good for us, because limited our sexual behavior and it stops our sexual desire. In my country people believe that they have to be undergone FGM, because first it is important tradition and it is family honor and increased sexual pleasure for husband”.

Some study participants perceived the practice from a religious perspective. However, interviewee B thought that religion has no significant role to play as far as FGM is concerned. She explained further that:

“I think, there is no effect of religion on FGM. In the Bible and Koran, they did not write that women have to undergo FGM. It is a bad tradition that people made for themselves under the name of religion. However, we have seen that all religious people do it for their daughters. I do not think so that it will be true. More reasons given for FGM centre around bringing giving honor to the women and their families, getting married and social status”.

Contrary to interviewee B’s thoughts on religion and FGM, interviewee H points out that:

“If you want to have a good life without any problem, you have to do it. In our religion, it is important to do. Our prophet wants women to undergo FGM. You have to show that you are a good wife who obeys God and respects your religion. You have to comply with this practice”.

The linkage of religion and the practice of FGM is highly contentious as explained by interviewee C:

“I have seen many religious people who are involved in cruel acts. They are religious by name yet do inhumane acts under the cover of religion. I think these people are blind, I am not a very educated person, but I like reading books and I can recognize what is bad

and good for me. I want to be a logical person and not a blind person. There is no opportunity for women in Somalia to continue their education. Most women live in villages and are illiterate and from morning have to do a lot at home chores and care children and at night sleep with their husbands. They have bad lives. Nowadays, most of them want to continue their education, they know more about their rights. There are some non-governmental organizations for women. One of their activities is to abolish FGM, they give information about this practice to women. It is good and I am so happy that they are more awake. I am so sorry that mothers make decisions for small children. They are not mature to make decisions for their future. We have to give them a chance to decide for themselves. I think most reasons of FGM is that they are illiterate. They have no information about their rights as a women. When one is illiterate, how can one defend themselves?"

Apart from debating the link between religion and FGM, interviewee C concludes by saying that illiteracy among women is a major reason why FGM is thriving. Similarly, interviewee F adds that:

"one of the most reasons of FGM is that people have no good knowledge. They are like blind people, and they just obey this tradition and think that it is important for them. They do not know that it is dangerous for their bodies and think that they will be pure after FGM, but I think if they had good education, they would not do this practice".

Although interviewee G thinks that most women believe that they can marry easily because of being mutilated, they are ignorant of its effects, she sums up that **"they do not know that after this practice. They will have no sex pleasure. I think the lack of education is one of the reasons for FGM."**

Other reasons for FGM stressed include honor to the individual and family and increasing one's chances of getting married. Interviewee D thinks that **"If you undergo FGM, you can marry, have dignity and honor. That is why the practice has to continue. Of course the practice is illegal in Sweden unlike Somalia."** Interviewee E adds that women have to undergo FGM mainly to bring honor to their families and she thinks that it is a good practice to do.

6.8. Additional Remarks on Female Genital Mutilation

Study participants gave additional remarks about FGM, most of which pointed to the fact that they wished that a day will come when no woman will be required to be mutilated, a time when FGM will be completely abolished. In her words, interviewee A said:

“When I came to Sweden, I have seen that the Swedish women are not undergone FGM. Already my mom told me that all the women have to be undergone FGM. I started SFI classes for learn Swedish language. In these classes, I had more contact with many women from other countries. I found many friends but none of them were not undergone FGM. When I talk with them about this practice, they were shock and were sorry for me. It was a bad feeling for me. Always I thought that why in my country women have to suffer about this practice and in other countries, women are free to choose everything for them. What are differences between us? Both of us are woman with equal feeling and rights. I always wish that, one-day come soon in our country that FGM can be stop”.

Interviewee B’s views were not any different from Interviewee A when she observed that:

“As I noticed before, it does not make sense that FGM done for women. I think it will be possible for women that they do not be undergone FGM one day. When women want to care themselves, then the entire world care them. When women want to respect to their bodies and accept it that their body is like this, I am sure that the entire world, whole men can accept also. I think it is our hand to change our position. If we want to do best for ourselves, we can do. If we do not want to help ourselves then nobody cannot help us”.

Interviewee C stressed the fact that men’s involvement should be seen as crucial if the practice has to be abolished. She was of the view that:

“I think we are very strong to do everything that we want. If women have no education, no healthy, all humanity suffers. If we disappear, all humanity disappears soon. Therefore, we have to care ourselves. It is important that men also want to abolish this practice because it does not help if just women want that stop this tradition and better that men want to eradicate with this practice. It will be good that men have some knowledge that what are complications of FGM for women”.

Further, additional remarks given by interviewee regarded FGM as violence against women. Interviewee D noted: **“I wish that a day will come soon when no woman will undergo FGM, it is bad violence against women”**. Interviewee F noted: **“I do not know what should I say or add more, I think it is better that we abolish this practice and I am so happy that still there are some organizations that inform people that this tradition is bad and harmful, In this case, they create awareness”**. Interviewee G felt disgraced by her experience, she adds that: **“when I compare myself with Swedish women, I feel humiliated, why I had to do this practice? Why I cannot have sex pleasure? Why I always have pain? Why I smell like urine? It is not good thing”**.

Two of the study participants supported the practice, which they thought was part of their culture. Interviewee E said that: **“For me it is ok that my daughter undergoes FGM. Unfortunately, I live in Sweden and I have to obey the Swedish law, since there is punishment for FGM here. However, I accept that it part of our culture.”** Further, interviewee H stated that **“I just think we have to obey, we have to do it because there is benefit under this practice for us even if it is painful.”**

The result of this study confirms some literature and some suggestion. This study shows that, in next generations maybe two or three generation next this practice will not find. The number of interviewees were not more than eight but very indicative. All the answers were very honestly and related to the trends in Sara Johnsdotter (2002) and studies conducted in Sweden. Each one of the interviewees had own stories that was unique and sad. Overall, the stories were nearly the same, but of course unique. Most of interviewees wanted FGM to be stopped in their countries and they do not want to continue this practice. Further, they wanted to abolish this practice among Somali women. They thought that FGM has no any role in their identity in Sweden. Except of two of them that still believe in this practice, others did not. These two women also did not want to conduct FGM for their daughters, because they had fear about a punishment. These two women show that they have fear about God. They think that it is a rule in their life from God that they must do and cannot deny it. Although they believe in the practice of FGM, they have to obey the law in Sweden. However, most of them wanted that FGM should be abolished from their culture and FGM should be stopped in their country. Further, they emphasize that FGM plays no role for their identity in Sweden.

According to interviewees, communication is a good way for them to share information with other people and education is an important factor to improve their knowledge about their rights. They believe that not only women, but also men have to involve in the eradication of

this practice. All have to accept that this practice will be abolished soon. They believed that it helps them, if the men also help them that this practice will be stopped soon.

This study shows that, we have to inform to women and girls about their rights and some advantages and complications that this practice has for them. We have to inform to men and boys to be aware about consequences of FGM.

In conclusion, this study aims to eliminate, eradicate, and abolish this practice among Somali women who live in Sweden, especially in Uppsala. This examination is solely a first step for abolishing this practice among Somali women. This study wanted to show the suffering, pain, psychological problems, and flashbacks of the women living in Uppsala, Sweden, which had undergone FGM. Maybe this study is too widespread, but I hope this analysis can help to change the demand of FGM among Somali women living in Sweden.

Chapter 7: Women's suffering of FGM in this study

In this part, I present the results from the interviews of women who suffered FGM. I used four themes in the interviews. These themes are about memories of these women that were undergone FGM. The applied procedures cover the second topic. This is followed by an emphasis on the human rights perspective and finally I concentrated on the cultural beliefs of my interviewees.

First, I would like to discuss about understanding the issue of FGM. To understand FGM as a traditional practice, one must look at variations in type, consequences and cultural, religious, and social beliefs. According to Hirut (2000), female genital mutilation is carried out for a variety of reasons, which are not fully documented and vary from country to country and from culture to culture. There are many reasons for this practice like sociological, psychological, hygienic, aesthetic, religious, and mythical reasons. Therefore, it is important to comprehend the understanding of FGM by the women involved in this study.

I found type III and I among my informants.² The common types that were used in Somalia were III and I. These types of FGM are more popular between Somalia people.

The result of this study confirms some literature and some suggestion. This study shows that, in next generations maybe two or three generation next this practice will not find. The number of interviewees were not more than eight but very indicative. All the answers were very honestly and related to the trends in Sara Johnsdotter (2002) and studies conducted in Sweden. Each one of the interviewees had own stories that was unique and sad. Overall, the stories were nearly the same, but of course unique. Most of interviewees wanted FGM to be stopped in their countries and they do not want to continue this practice. Further, they wanted to abolish this practice among Somali women. They thought that FGM has no any role in their identity in Sweden. Except of two of them that still believe in this practice, others did not. These two women also did not want to conduct FGM for their daughters, because they had fear about a punishment. These two women show that they have fear about God. They think that it is a rule in their life from God that they must do and cannot deny it. Although they believe in the practice of FGM, they have to obey the law in Sweden. However, most of them wanted

² For further explanation, see Appendix 2.

that FGM should be abolished from their culture and FGM should be stopped in their country. Further, they emphasize that FGM plays no role for their identity in Sweden.

According to my interviewees, communication is a good way for them to share information with other people and education is an important factor to improve their knowledge about their rights. They believe that not only women, but also men have to involve in the eradication of this practice. All have to accept that this practice will be abolished soon. They believed that it helps them, if the men also help them that this practice will be stopped soon.

This study shows that, we have to inform to women and girls about their rights and some advantages and complications that this practice has for them. We have to inform to men and boys to be aware about consequences of FGM.

In conclusion, this study aims to eliminate, eradicate, and abolish this practice among Somali women who live in Sweden. This examination is solely a first step for abolishing this practice among Somali women. This study wanted to show the suffering, pain, psychological problems, and memories of the women living in city x in Sweden, which had undergone FGM. Maybe this research is too widespread, but I hope this analysis can help to change the demand of FGM among Somali women living in Sweden.

7.1. Memories from the FGM “operation”

First, I would like to explain memories. The memories from the day that women and girls undergone FGM. These memories and flashbacks affected their life and them in many ways. Some of the psychological effects can include severe depression, nightmares and affect to woman’s intimate relationships. Some of the women that I interviewed were victims who had undergone FGM during their childhood. Some of them had bad memories and most of the time they had bad nightmares.

All participants talked about the FGM very negatively. On the other hand, there were two persons which believed this practice, For example one of the women, which was about forty, always told that in this is a good practice. She said that FGM is forbidden and illegal in Sweden, but it will be good for girls, because it protects them from sex before the marriage. Most of them had bad memories when they underwent FGM; they had bad flashbacking about what happened to them. Most of them were against the practice after that they move to Sweden and some of them work with some NGOs that combat with practice among African women who

live in Sweden. Some of participants after they moved to Sweden became educated and some of them not. One girl said that, **“I don’t know why we were mutilated?”**

Subsequently, there are some quotes from participants during the interview process.

“I remember that I was five years that I circumcised. In my country, mothers make a decision for circumcision of their daughters. I remember when I was a small girl; one day at the morning, my mom told me that, we have to see a woman. I went with my mom. I always remember the same picture of the woman who cut my clitoris. This memory is still fresh for me like it happens yesterday to me. I was extremely scared when I hearing the girls screaming and shouting. They want help because of bad pain that they had after cutting. My mom told me, you have to be brave. If you will be brave, you access many things when you grow up and be like a woman. When you will be a woman, you can marry with a good man. You can have children. On that time, I just thinking that find a way for escape but my mom brought me back. When I circumcised I just fainted and when I come round, there was a blood around my feet. I had such a bad pain in my feet; I could not sleep well or walk. After 5 days I was ok.”

This example was one of the stories and interview that I had with one of the participants, but all the interview and memories were almost the same stories.

Similar to this Interviewee F remembers that her mother took the decision. She states that:

“I was seven, when I was mutilated, I was tied with a rope because I was screaming and begging them to stop. You know it is very painful. It is so hard for me to talk about my story. Still it is fresh for me. I am still so traumatize. You know, they used the same knife and blade on us, the same, the same, can you imagine? Mother could not watch me, she left and I was alone. I was scared of the blood. In addition, I had never bled heavily in my life. It was shock for me, shock. I still have nightmares. I have very painful periods and have no sex pleasure with my husband.”

All of them were young when they undergone FGM and this affected them very negatively.

7.2. Procedures for FGM

In this part, I would like to talk about procedures and some steps in this process of female genital mutilation.

All the information and analysis on the procedure are based on the interviews. Despite some differences, these women had more similarities with each other. When they wanted to describe their cutting process they used some similar words, including pain, dead, screaming, instruments, torture, etc. In some countries like Somalia, FGM is usually conducted a few days before marriage and for some women it can be underdone before giving birth.

According to one of my informants:

“I remember when I was just six years one day mom told me that we have not breakfast today. Mom told me that today we have to go to hospital for find a good doctor. She told me; soon you can be a nice woman. It was like a story for me and not more. I had not any impression about FGM. However, I was happy that soon I would be like mom. We got a taxi, actually, it was not taxi, and driver was a person from our village that wanted to go to city. When we went to hospital, we sat in chair and waited for doctor. The operation was not with anesthesia and I had a bad pain, it was a shock for me, I just cried, and see blood that came from me. After operation, we came back with taxi to home. For one week, I just had pain and could not walk. I had vomit after eating because of pain. I cannot explain how was painful. I cannot and I am sure that you cannot understand. I just heard from mom that this tradition is necessary for all girls.”

For instance in Somalia, the process of mutilation takes about 15 minutes, according to the participants. Some of those who undergo type I and III are more severe and some of those who undergo type I the process take at least 5 min for mutilation. The time of the mutilation is different from one country to another and depends to their specific customs.

7.3. Human Rights

From human rights perspective, FGM is a violation of human rights especially those of girls and women. One of the other reasons that influence female genital is illiteracy. According to one of my informants, that has an educational background:

“Female circumcision in our country has many aims like to keep the honor of the girl. However, there is a difference between circumcised women and uncircumcised women. However, I believed that, education is more important and now there are some women with educational background that they do not want to do this practice for their daughters. I think educational background is more important and has a good affect. In my opinion, illiteracy will be one of the reasons of FGM. In my village, more illiterate women want to continue this practice for their daughters. After I moved to Sweden, I got more information about women rights, my rights and never ever, I do not like to do for my daughter.”

They discussed that, when they were in their country they could not go to school and after they moved to Sweden there was possibility for them to continue their education and gain knowledge about their rights. Unfortunately, some of them still involve the effects of their culture and some informants believe that they have to conduct FGM for their girls too.

According to Amnesty International Health, violence against women is a violation of human rights that cannot be justified by any political, religious, or cultural claim. A global culture of discrimination against women allows violence to occur daily and with impunity. Amnesty international calls on everybody, to help them for eradicate violence against women and help women to achieve lives of equality and human rights.

Not all of my informants were illiterate, but we know that illiteracy is one of the important reasons for continuation of this practice among African communities.

According to one of my informants with educational background from Somalia:

“While girls and women move to European countries, they get more information about their rights. When they move back to their communities for visit relatives, they are likely to oppose this practice and in these situations, they try to be active as social workers and have some activity in human rights organizations. Some of them want that have some activity in non-governmental organization or churches that support the elimination of this practice among other women and give them more information about this wrong tradition as violence against women. Of course that, this tradition is a part of culture and it is hard to eliminate this practice but they try to do best for people.”

The lack of information about FGM among young women may lead them to a lack of concern about the eradication issues. From the interviews, today cultural beliefs are the primary factors that support this practice among many Africans communities.

According to Momoh (2005), there are some different factors of cultural beliefs, i.e. certain beliefs, customs, cultural hierarchies, and religious beliefs. This practice affected girls and women. Most of my informants believe that they bring shame to their families engaging in sex before marriage and not being able to find a husband in the future. But if they undergo FGM, they would be able to find a husband for them and also have a family.

One of the other reasons that they believe they have to continue this practice was that they believe that the clitoris of a woman is a dirty part and if a woman want to deliver a baby it is bad that the clitoris touches the newborn and it will die. The other reasons that informants believe that this practice is good were about hygiene and beauty of genital parts.

Some of them practice FGM just for religious reasons. All the informants were Muslims. However, there were no any evidences in Koran that shows it is an order from God or Prophet Mohammad but we know that folk religion is not base on formal texts and it legitimate like the higher religion.

7.4. Cultural beliefs

According to Momoh (2005: 9-10), a number of cultural elements are present in the societies that practice female genital mutilation. These elements are such as behavioral norms, religious, political, and economic systems. She writes that culture is learned and children learn from adults. I believe that culture will support in terms of beliefs the continuation of the FGM in these societies. Exactly this I wanted to show with my study, i.e. that cultural beliefs are an important factor for the continuation of female genital mutilation.

That is why I asked my participants, why this practice is conducted in their community? One of my participants told the following:

“We believed that cutting the hood of the clitoris of woman can reduce the sexual needs of the woman.”

Genital mutilation is a symbol to show womanhood for women and girls, it shows the development from childhood to adulthood for girls, and that they become able to marry. After this

process, men are allowed to visit the parents of the girl who has undergone mutilation and propose marriage.

As is well known, most researches focus strongly on the health complications. They believe that it is important to know what kind of health complications in this practice might bring the future treatment of patients with complications caused of FGM. However, the reason of FGM is not just medical, but the result of a personal belief is that they believe FGM is the best for well being of women and girls. However, these women do not think that they are victims or patients. FGM is not only a health issues but also a tradition or part of culture that these people believe and obey from this tradition and continue it.

In some cases, we have seen that the girls avoid mutilation, with the result that the community rejects them and people had not a good manner with them. For instance, if they want to marry they get problems. The people believe that after mutilation the girls become pure. Removal of the clitoris is considered as maintaining feminine by taking away the clitoris that many of them believe it will grow and be like the penis and it is ugly for girls. They believe that total removal of the clitoris and making it even is beautiful with some women.

The other cultural believe is that when girls are not mutilated when they give birth and baby's head touches the clitoris the child would die. In the other words, these communities are characterized as a patriarchal society that keeps women at a subordinate position, using religion and culture believes as an excuse, that has, for many years been supported by laws and legislation that uphold patriarchy and women's subordination.

One of the participants from Somalia told me:

“I am a woman. In our culture, a woman is worthless if she not circumcised. Imagine that uncircumcised women prohibited from doing certain community services. How should I live uncircumcised if I want to live in this community even I don't believe to FGM?”

Chapter 8: Discussion and Conclusions

8.1. Discussion

The Universal Declaration of Human Rights (1948) shows evidence of the different complications, dangers and horrific pain and agony associated with the procedure of FGM and yet it is still prevailing.

In this study, research questions were answer for example, what role FGM played among Somali women in Sweden? In reference to research findings, interviewees believed that FGM was not a good practice or tradition. According to most interviewees, FGM was regarded as violence against women. They further stressed that FGM had no role to play in their lives, especially now that they were living in Sweden. However, they pointed out that they continuously suffered from effects of FGM. Most women strongly advocated for the abolition of FGM as a practice from their culture. Study results demonstrate that FGM does not form the identity of Somali women living in Sweden.

During the current research, I had to cope with the issue of cultural relativism and moral relativism since there is a thin boundary between saying "FGM is part of a culture and should be accepted as such" and "violation of human rights is OK if part of a culture". However, the theoretical framework provided by anthropology and cross-cultural social work practice, besides a formal approach to the related legislation, the distinction between cultural and human rights became clear.

The research investigated whether Somali women would pass on the practice from generation to generation. A good number of informants did not think the practice deserved to be passed on to future generations. However, they were quick to point out that some societies in Somalia would ensure its continuity in future generations.

The research explores the consequences and impact of the tradition on Somali people, especially women who had undergone the procedure. Participants in the study were able to share memories from their very negative and horrible experiences.

In an effort to eradicate the practice, interviewees believed that there was need to involve NGOs that would promote and protect the rights of women who came from such cultures.

Research presented in literature suggests that although some African countries have started to combat and criminalize FGM, a lot more needs to be done since the practice is deeply rooted in their culture. All campaigns need to stress the fact that the practice is a human rights violation and that it is associated with negative effects.

While discussing about cultures and people, there is need to consider historical, economic, social, geographical, and political factors, because all of these factors form an important part of their lives.

As a researcher, I would like to mention that research on FGM is sensitive and should be perceived that way by readers too and that its eradication requires concerted efforts from everyone to protect young girls and women from violation of their rights and abusive cultural practices that are putting women and girls at risk.

When this research project started in the spring of 2010, the research did not focus on the contribution by non-governmental organizations involved in combating the practice among migrant women especially African women who come from African countries. Further research aimed at finding a lasting solution to curbing unfair cultural practices is needed; only cultural practices that do not violate human rights should be embraced and contained.

The contribution of non-government organizations in curbing the vice was not explored as earlier pointed out, it would however be appropriate if non-government organizations became involved by taking keen interest in Somali women who come to Sweden having fled. Further, these NGOs would curb the practice among refugee women who may still adhere to the practice while living in Sweden.

One of the objectives of this research was to provide information on Somali women who had undergone FGM and encouraging them to talk about their experiences with the practice, finding out how the procedure is carried out and complications associated with the practice including discussing factors influencing the continuity of the practice generation after generation. The study as well revealed that some religious beliefs have made women respect and practice FGM. Another objective of the research was to investigate whether the practice had any effect on the identity of Somali women who live in Sweden; according to study findings, most women did not consider their identity as being defined by the practice while for others; the reverse was true. The practice of FGM is becoming a global issue due to the growing number of migrants. Thus, it is important to bring it to the global agenda so that strategies for its eradication can be designed and implemented. In my opinion, researchers should through

research create awareness about this practice and the consequences of the practice on girls, women, and on society as a whole.

At the global level, the practice is seen as a violation of human rights. According Gruenbaum (2001: 199-200), human rights appeared to safeguard people from governments that were violating their rights. However in some situations like this practice, the government is not the perpetrator, a particular group violates such rights among themselves.

After the conduction of the research, I found diverging opinions among women who had undergone through FGM, as summarized in the table.

INFORMANT	AGE	FAMILY STATUS	SOCIO-EDUCATIONAL BACKGROUND	OPINION ON FGM
A	32	Married with child	Educated Diploma	Disagree
B	21	Married , has children	Educated BC	Disagree
C	38	Married, has child	Educated diploma	Disagree
D	33	Married, has child	Educated diploma	Disagree
E	40	Married , has children	Without educational background	Agree but fear about Swedish legislation
F	27	Married , has child	Educated BC	Disagree
G	33	Married , has child	Educated diploma	Disagree
H	40	Married , has children	Without educational background	Agree and strict about religion and fear about Swedish legislation

Throughout the interviews, some emphases on woman rights, identity, cultural continuance and religion have emerged pointing out that the main ideas, values, and concerns are at the stake regarding FGM.

Correlations could be drawn when looking at the informant's socioeconomic and educational profiles, age, and time of immigrant experience in Sweden. Since it is a small sample, it would not be advisable to make generalizations. Thus, this research focuses on their stories. The coherence (even with the dissenting views) among those women makes a good predictor on how FGM will be treated among the Somali community in Sweden.

At this research, an analysis of the interviews face value suits better than a discourse analysis. Even though terms such as "identity", "community", "God" as well as concepts of womanhood, FGM, patriarchy came out throughout the interviews, problematizing them would further this research beyond its scope of identifying causes for continuity of FGM among African women in Sweden. Certainly, an analysis on those concepts as employed by African women who have experienced FGM makes an interesting topic for further research.

Taking the content of their memories as stated in the interview, FGM is seen as a traumatic and painful event. Drawing from the findings, we can set some considerations as follows.

The experience of meeting other women, both from other countries and with Swedish women, has reshaped their view of womanhood. FGM is not any longer seen as a necessary part of being a woman. All interviewees accepted that FGM is part of their culture. However, on the one hand six participants completely disagreed to keep this tradition and the other hand, two informants insisted that it is a part of their culture and God-commanded act.

Women acceptance by the larger part of the society is not dependent on having undergone FGM. Educational opportunity, the possibility to socialize with other communities beyond the Somali one, more economic independency from men, lead to the Somali women evaluate the need of having FGM to be accepted as grown woman. This point also shows the frail condition to eradicate FGM, as a clustered community, without full acceptance, employment and citizenship in the larger Swedish society might rely on their close-knit community giving a chance to continue FGM on the shadows of the Law.

The Swedish legislation is clear on condemning FGM and the informants are well aware that practicing it would lead to criminal prosecution to the utmost extent of the law. The awareness of rights and the harsh punishment of Swedish law against such mutilation are preventing legal measures. However, under-reporting FGM is a possibility, since emotional and economic ties between those who impose FGM and the women undergoing it are strong.

The coexistence of other forms of religion, other interpretations of Islam may weaken the folk-religion justification for FGM. At this issue, literacy also contribute, since many women can read the Koran and converse about it with other female Muslim for whom FGM is an shocking and non-religious mandate practice.

Eradication of this practice would require educating women and girls to increase literacy levels and creating awareness among women about the dangers of the practice. One other important step in its eradication is to bring men on board and winning their support in all efforts aimed at having the practice abolished. Thus, it is important for men to equally be informed and become knowledgeable of the dangers associated with the practice.

Apart from having interviews with women who had undergone the procedure, I had a research visit to one non-governmental organization involved in curbing the practice among migrant women in city x. This was aimed at increasing my knowledge about the chosen research topic. The organization is a Swedish non-governmental organization working to end harmful practices against women and especially the practice of female genital mutilation.

This research found out that types III and I are the most common types of FGM among Somali women living in Sweden, who had undergone FGM. Study participants considered FGM as being part of their culture and as a sensitive topic. Some interviewees supported FGM citing that it is a good tradition. They seemed to fear rejection by society (their friends, families, and tribes) as they believed that God will be angry with them and added that it is an old tradition and they have to do it. According to the informants, it is hard to understand the long-term consequences of FGM among women and girls, especially those who are illiterate. Further, study participants believed that in order to abolish this practice from their culture, more information and knowledge has to be provided to women as well as men about the consequences of FGM.

Cultural beliefs formed an important part in this study as far as FGM is concerned. These beliefs can support the continuation of FGM among Somali communities. Momoh (2005) highlights the different factors of cultural beliefs, customs, cultural hierarchies, and religious beliefs. Study participants gave reasons in support of FGM, one of which being religion.

The cultural perception is that female genital mutilation affects girls and women of all ages. Somali women believe that their girls have to undergo FGM, especially before marriage and before their first sexual encounter. After mutilation, the girls can receive presents from parents and the community can accept them as being old enough.

In Somali, FGM is generally performed on girls between the ages of 6 and 9 years. Hosken (1993: 35) adds that FGM seems to be occurring at earlier ages in several countries, because parents want to reduce the trauma to their children. Further, they want to avoid government interference or resistance from children **as they get** older and form their own opinions.

The procedure, as described by interviewees, is usually performed without anesthesia and often in unhygienic settings. In this study, interviewees reported of immediate health problems such as infections and bleeding. Long-term effects associated with FGM as noted by interviewees included painful menstruation, pain while urinating or problems arising from scars, infertility, painful sexual intercourse and psychological problems. All interviewees complained of agony, which they related to FGM.

A study by Almroth (2005a: 40) found a significant association between FGM/C and suspected urinary tract infection in Sudanese girls under seven. A case-control study by the same author (2005b: 385- 391) found a possible association between FGM/C and primary infertility. These articles show that, the tradition of FGM is potentially harmful, there are many long effects of FGM, and therefore there is conflict in agreements under the human rights framework.

In this study, it can be concluded that in the struggle to eliminate of FGM, there is need for some factors in society to work together. First, there is need to understand the justification given for this practice among women who have undergone the procedure. Second, design approaches have to be translated into law to prevent the practice. Adherence to stringent laws from the researcher's point of view would be practical in the abolition of the practice.

One of the most interesting factors in this study was the topic of decision-making. All interviewees considered their mothers or grandmothers as the decision makers in respect to FGM. Grandmothers have an important role to play in making such decisions for their girls. Almroth (2005) highlighted similar results regarding decision-making though he did not explore the specific role of the grandmothers. Dorkenoo (1995) discussed the role and power of grandmothers. Older women have an interest in preserving the lineage in order to preserve the stability of the family.

Research findings thus indicate that older women are an important target group in the practice of FGM. Study participants did not see themselves as victims of FGM, but by undergoing

through their procedure, they were fulfilling their cultural and religious obligations. However hoped that FGM be brought on the global agenda for further discussion and subsequent abolition since the tradition is affecting so women some parts of the world and in this case women in Somalia.

Much as cultures need to be respected, there is need to change cultural traditions/practices that are not good for people. Change in societies like these should aim at removing practices that are old and cruel to humanity. The world is an open place, there is need to communicate and listen to people, thereby gathering the needed information about their cultures and investigating practices that affect their livelihoods.

I conclude that FGM is not only an individual matter, but mainly a matter of the community, even of the entire culture that lies at the basis of this practice.

Final words

The time I spent conducting this research was very challenging in many ways and although this was my first research experience on this very sensitive topic, the researcher intends to carry out more research about other aspects of FGM. Initiating contact with migrant women who had undergone FGM was a challenge faced in the research given the delicate nature of the research topic. Worth noting is that my skills to conduct this research were enhanced by knowledge gained from lectures attended in cultural anthropology at the University of Uppsala.

Finally, I would like to note that this study had a positive effect on my professional development as a social worker and human rights professional. I gained more knowledge on culturally sensitive practices like FGM, which will no doubt benefit my future career as a researcher. I plan to continue this research in one of the African countries; this particular research will therefore serve as a reference point to my future research works.

I hope that a day will come when there will be no cruel traditions in the world. I hope too that a day will come when there will be peace in all corners of the world.

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Appendix 1:

Interview:

Interview Guide

Q1. Can you tell me about Female genital mutilation?

Q2. Can you tell me more about your experiences or your memories?

Q3. Who decided the idea that you should have a FGM?

Q3. What do you think that should FGM be continuing for next generations or better to abolish this practice?

Q4. Which types of FGM are practiced in your country?

Q5. What does FGM signify to you?

Q6. Does FGM have a role in Somali women's identity?

Q7. What are the reasons for female genital mutilation practiced in your country?

Appendix 2:

FGM Types:

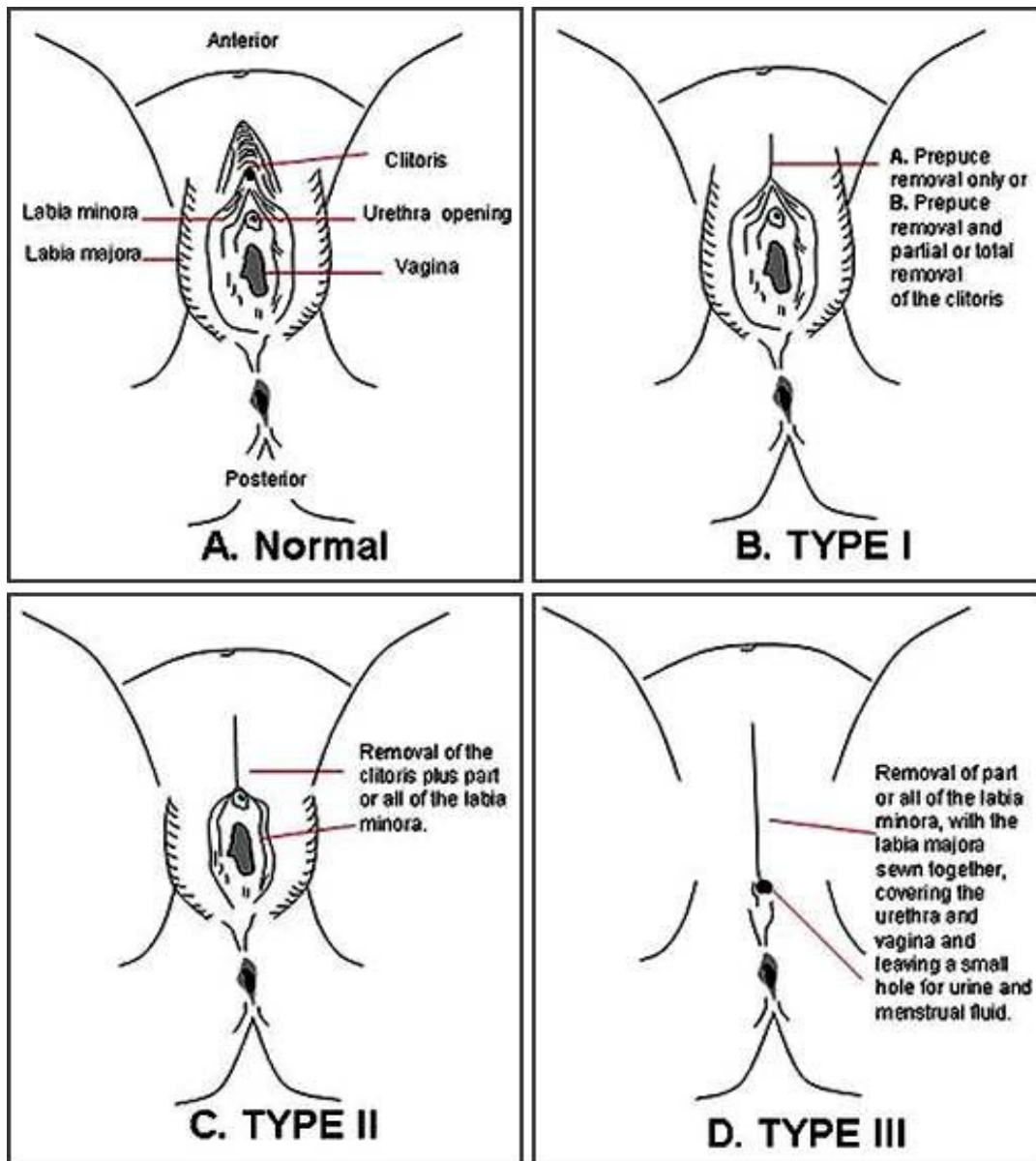


Image created by Kaylima, date: 2010-02-09, FGM types. [FGC_Types.jpg](#): Original up loader was [Kaylima](#) at [Wikipedia](#)

https://commons.wikimedia.org/wiki/File:FGM_Types_german.svg

Appendix 3:

Typical tools for carrying out female genital mutilation.



FGM commonly performed without anesthesia with razor, scissors, sharp rocks, broken glass, and/or pieces of tin.

<http://www.dw.de/dw/article/0,1564,1188662,00.html>