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**Female circumcision and reproductive health:  
Practices, perceptions, and implications for access to  
health care amongst Somali women in Johannesburg**

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## Female circumcision and reproductive health: practices, perceptions, and implications for access to health care amongst Somali women in Johannesburg<sup>1</sup>

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The eradication of female circumcision, female genital mutilation/modification (FGM), female genital cutting: the practice of cutting and often removal of parts of the female genitalia, normally carried out on young girls, has long been the objective of humanitarian action from non-governmental organisations (NGOs), human rights campaigns, and legislation and policy reform at an international and national level. Furthermore, there is a wealth of academic interest in understanding circumcision and the practices and meanings surrounding it from (largely female) anthropologists (Abusharaf 2006; Boddy 1982; Gruenbaum 2001; James and Robertson 2002; Nnaemeka 2005; Rahman and Toubia 2000; Shell-Duncan and Hernlund 2000; Talle 1993, 2007). The practice receives a large degree of attention at many different levels. On the one hand, it is seen as an abusive, barbaric act, a violation of women and girls' rights, and a persistent reminder of suppressive patriarchal control over women's bodies and their sexuality. From the opposite polemic, it is a long-valued tradition; an inherent part of culture, and some would argue religion, which transforms girls into beautiful, clean, pure, and perhaps most importantly, marriageable women. These two perspectives depict the opposition to and support for female circumcision as a starkly black and white debate, which is indeed how it is often portrayed. In this paper, I draw on original ethnographic research amongst Somalis in Johannesburg to argue that circumcision, like other aspects of sexuality, gender and reproductive health, is a deeply personal and subjective practice that is drawn on tradition but which is negotiating with contemporary realities to produce a set of processes, outcomes and practices that are nuanced, differentiated and still undergoing change.

This paper will examine how the discussion and disagreements on whether to circumcise girls and in what way amongst Somali women in Johannesburg, South Africa. Somalia has one of the highest prevalence rates of female circumcision in the world, with the majority of women undergoing the most extreme form of circumcision, described in more detail below<sup>1</sup>. By exploring the practice of circumcision and the issues surrounding it among women who are both embedded in a culture in which it is valued, yet now living in countries where it is often considered a violation of human

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<sup>1</sup> This paper draws on an earlier draft by the same author presented at the British Academy workshop March 2012, and on a joint publication underway with Lowe, L 2012 titled **Circumcising Circumcision: Renegotiating Beliefs and Practices among Somali Women in Johannesburg and Nairobi**

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rights, the papers aims to highlight how women the migratory context offers opportunities for women to renegotiate what circumcision means to them.

In their interactions with non-Somalis, particularly those working for INGOs or UN agencies, the term 'FGM' – Female Genital Mutilation - was frequently used to discuss the practice, normally with the perspective of it being abusive mutilation. Many Somalis I spoke to were surprised to learn that their genitalia had become the focus of a larger public debate on the rights of women in African and Islamic societies, and most were offended or deeply upset by the accusation that their bodies, as well as those of the majority of women they knew, had been 'mutilated'. The suggestion that their mothers, (motherhood is a highly valued role in Somali society), had in some way violated or abused them, by supporting, undertaking or facilitating their circumcision was vehemently resisted, even by women who chose not to circumcise their own daughters.

In Somali, the word *gudniin*, meaning 'circumcision' is used to refer to both male and female practices, while *fircooni* (pharaonic) and *sunna* are used to differentiate between different forms of female circumcision. In Somalia, pharaonic, the most extreme and invasive form of female circumcision, also known as infibulation or, as the WHO refers to it, 'Type III', is most common. This was reflected among the informants who had mostly been circumcised in Somalia (this will be discussed in greater detail below). 'Sunna', as it was described by informants, appeared to be a far less specific procedure, as indicated by what was or was not removed, including cutting but not removal of the clitoris, partial or full clitoridectomy, and occasionally the removal of the labia minora. The different procedures that are termed *sunna* blur the division between what the WHO classifies as Type I and II. As it is a less extreme procedure, it was seen by many informants as a more progressive, modern procedure that still fulfilled the obligation to have daughters circumcised, while the name *sunna* made many argue that it was more in keeping with Islamic requirements<sup>ii</sup>. As a result, *sunna* was increasingly popular amongst women in Johannesburg.

It should be pointed out that female circumcision is not tied to religion, although it is often associated with Islam, the majority of Muslims do not practice it in any form, and there is no religious scripture or traditions in Islam which permit or encourage the practice. Circumcision is also carried out by Christians and followers of other religions (McGown 1999:149). It is most prevalent in the Horn of Africa, parts of Western Africa, the Sudan, Egypt and parts of the Gulf region. Rather than focus on binaries of 'good' and 'bad', or on female circumcision in its broadest sense, encompassing all forms, religions, and geographical regions, this paper will specifically examine how Somali women living in Johannesburg are renegotiating their own positions, perspectives, and practices regarding circumcision. In doing so, it examines within the **context of displacement, how**

**women are reshaping how they think about their bodies, health, culture, and religion, as well as their roles as women, wives and mothers.**

### **Ethnographic Context**

Since the late 1980s, Somalia has been affected by internal conflict, which reached the first of many peaks in 1988 with the bombing and persecution of people living in northern Somalia, in what is now known as Somaliland, and the subsequent collapse of the Siad Barre government in 1991 (for further information see Besteman 1996; Gardner and El Bushra 2004; Lewis 2008). These events and the subsequent political and economic instability led to thousands of Somalis fleeing the country and many more being internally displaced.

### **Mayfair, Johannesburg**

After the dismantling of Apartheid in the early 1990s many migrants and asylum seekers from across the region and beyond, sought refuge and economic opportunities in South Africa. In particular many settled in the city of Johannesburg, attracted by its bustling economy and diverse population. Somalis began arriving in the city from 1991 following the political upheaval in their home country.

Most Somalis in Johannesburg live in the suburb of Mayfair, located on the western fringes of the city centre and therefore in close proximity to the important economic resources that the city holds. Mayfair in the late twenty first century was home to a significant South African Muslim community. It was this shared religious identity, which many Somalis, and other migrants from Southern Asia, mobilised to access material, economic and social resources in the city. Although exact numbers of Somalis living in the city are not known, it is estimated that there are between 25 – 45 000 (some community leaders suggest the number is as high as 60 000) Somalis in South Africa, of which around half live in Mayfair.

Mayfair is a dense, dilapidated and dynamic neighbourhood with a character very distinct from many of Johannesburg's other suburbs. The streets in Mayfair are considered an extension of private/domestic life, and this public space is used in many ways: for trade, for a sense of a collective identity and belonging formed by smoking and hanging out on street corners and for community meetings. This use of space, or rather the lack of distinction between individual and communal space or indeed between private and public space, significantly shapes the (re)production of social norms. Everything is in the open in Mayfair and paradoxically this provides both protection from crime and xenophobia and acts as a social security net, yet also constrains individual decision making by its imposition of social norms governing what is considered acceptable or not.

I conducted ethnographic research, comprising of in-depth interviews, informal discussions, and focus group discussions with Somali men, women and community leaders in Mayfair, informal interviews with other residents in the community of Mayfair, participant observation, and community mapping exercises from July 2009 to March 2010, and from September 2010 to March 2011 and rely on this as the basis for this paper

### **Female Circumcision**

As noted above, pharaonic circumcision is the most prevalent form in Somalia, and as the most extreme type, it is also perhaps the most notorious internationally. The clitoris, *labia minora*, and *labia majora* are removed, after which the remaining skin is pulled together and sewn up, leaving a long scar with a small hole for urine and menstrual blood to pass through, both of which, we were informed by many women, could be very slow and painful, due to the inadequately small size of the hole. This procedure is carried out by midwives, ‘traditional circumcisers’, and sometimes surgically by trained medical professionals. Circumcision is usually carried out by close female members of the family, often the mother or aunt, although in some cases elderly women within the extended family were called on to perform the circumcision. It is often done at home without medical assistance or anaesthetic. Many women reported that the process is painful, but at the same time accepted it as a normal act in their lives as women, comparing it to the pains surrounding childbirth. The “wound” is intended to remain sealed until the woman’s wedding night, when it should be “opened” by her husband through sexual penetration. This practice is intended to give the husband the added “prestige” of “opening his wife” on their wedding night, and is a source of pride for many circumcised women, who see it as evidence of their virtue.

### **Protecting the Lineage - Virgins, Wives, and Mothers**

Firstly, the association between circumcision and virginity is evident. A common position among informants on the reason for conducting circumcision is, very briefly, that girls must be circumcised in order to reduce their sexual desires, and therefore the likelihood that they will engage in sexual activity before marriage. Some respondents in Johannesburg saw it as intricately linked to a cultural or ethnic identity, in which circumcision is seen as a cleansing act whereby it removes harmful desires and impurity from women, making them pure, clean and chaste. Theoretically, infibulation acts as a physical seal or guarantee, providing evidence of virginity for her intended husband. Despite this, several young women confirmed that they had engaged in premarital penetrative sex, and had stated that it is possible to be “stitched up” if one wants to appear to be a virgin again.

The female body is inextricably linked to the primary and highly gendered roles that women held—those of wives and mothers. In order to be perceived as attractive and marriageable, many informants believed that some degree of circumcision was necessary. It is evident that in some cases, circumcision is inherently associated with processes of personhood, not only entwined with how women are perceived and perceive themselves as women, wives, and mothers, but for many informants it was also inherently related with being both a ‘good Somali woman’, as well as a ‘good Muslim woman’. McGown describes the reshaping of beliefs and practices surrounding female circumcision among Somalis living in Toronto and London as a process of “cultural weaving”, as they redefine what it means to be “a good Muslim” (1999:157). The informants in Johannesburg were not only concerned with being “good Muslims” but also with being “good Somalis” – circumcision was bound to their religious identities, but also their national identities as Somali women.

It is essential to recognise the importance placed on marriage and reproduction in Somali culture, and this emphasis has migrated and was clearly evident in Johannesburg. Marriage is perceived as a religious obligation as well an essential aspect of becoming an adult for men and women. Many informants had married in their teenage years or early twenties, and divorce and remarriage rates were high in both research sites. At the same time, women in Johannesburg articulated a strong desire to have, or already had, many children. The high reproductive rate is attributed to a lack of knowledge and faith in contraceptives (many Somalis consider it contrary to Islamic beliefs) that are available, the need to prove and reprove fertility particularly in subsequent marriages, the desire to have many children in order to increase one’s social standing in the family and the belief that children are an investment which can provide economic and emotional support in the future.

So significant is the importance placed on circumcision that mothers of uncircumcised girls reported their daughters being mocked and bullied by other girls for being “dirty”. Social exclusion, or at least the fear of it, with the ultimate ill-fate of being unable to find a husband and produce children, was a strong motivating factor for why some women in an Eastleigh study (Lowe 2012) wanted to continue circumcising their daughters to some degree.

### **Renegotiating Circumcision**

Many Somali women in Johannesburg recounted the humiliation they felt when a medical professional in South Africa first noticed that they were circumcised<sup>iii</sup>: One woman said, “They (the doctor and nurses) thought something had happened to us, the doctor’s face was white (with shock).” As one Somali woman stated:

I tried to explain (to the nurses) what happens due to circumcision but they don't understand. They shout at us because we don't push during childbirth, they don't understand how hard it is for us to push. We can't push.

Another woman added: "There are many complications because of circumcisions. We can't even urinate properly."

These sentiments illustrate Somali women are talking openly about circumcision and questioning its role in light of the effects it has had on them.

Circumcision was always an interesting discussion topic with informants because the responses ranged quite widely on the extent to which circumcision was practiced, the type performed and how attitudes were changing. Perhaps unsurprisingly, it was men's answers that varied the most, and on a couple of occasions they were corrected by a woman in the same room.

Amongst Somalis, the social pressure on young women to marry, and have children, and on young girls to get circumcised, is primarily exerted from older women within their own families. In part this pressure exists in Mayfair due to the density of the neighbourhood and the pervasive social networks and ties that blur public and private life. However, there are subtle differences in how this pressure is exerted and resisted. The lack of intergenerational households in Mayfair, which still exist in many households in Eastleigh, redefines family and social norms to some extent. In many of the households Jinnah visited, two or three families of single mothers lived together, without other extended family. These women spoke of the sense of freedom they experienced in raising their children independently. Fatimo,<sup>iv</sup> who has four children and lives with her sister and her children said: "I have not had my daughter circumcised because that is something they do in Somalia." When questioned further about women in South Africa who continue the practice, she retorted that "they haven't really left Somalia".

For Fatimo and others like her, living in the diaspora, is an opportunity to redefine and reinterpret nationality, tradition, and customs. They hold a different representation of Somalia. When I visited Fatimo, music videos of glamorous Somali singers were playing on a DVD against a backdrop of cascading waterfalls and lush gardens. "This is Somalia," says Fatimo. "Our country is full of love and beauty; this is what I want my children to know."

## **Opposing Circumcision**

In Mayfair, the interaction between Somali women, the local Muslim communities, and private health care providers has had a different effect on Somali women's perceptions of circumcision and reproduction. For ante- and post-natal health care in Johannesburg, most Somalis use public health care facilities which are free and provided by the state. However for the more common everyday illnesses, many use the number of private doctors who are based in Mayfair. Many of these doctors are Muslim, who advocate on health and religious ground that circumcision is harmful and that contraception is acceptable. In daily interactions with local Muslim women at shopping centres and in schools, many Somali women discovered that contraception is openly used amongst Muslims in Mayfair. Furthermore many Islamic scholars in South Africa ruled that contraception is permissible. These factors caused many Somali women to alter their health-seeking behaviour, and to an extent redefine their religious identity.

### **Fertility**

The importance that the informants attached to fertility and ultimately motherhood cannot be overemphasised, and as has been seen in some of the above discussions, it was significant to shifting attitudes towards circumcision. Both men and women noted the relationship between circumcision and fertility-obstructing infections. In Mayfair, the effects of circumcision on marriage and sexual behaviour were articulated differently. One young woman said: "it's hard for us to enjoy sex if we are circumcised, my husband thinks he is not good enough and this causes problems in my marriage."

### **Conclusion**

The on-going discussion within Somali diaspora communities regarding circumcision as an essential aspect of cultural, ethnic, and religious identity, but at the same time, a threat to fertility and an outdated and undesirable cultural remnant, with questionable religious justification, illustrated a clear struggle with the meaning and desirability of the procedure among those who traditionally practiced it. While rights-based arguments remained on the most remote fringes of such discussions, largely relegated to the spheres of NGOs and refugee camps, women and men were shaping their own arguments within their own cultural and religious frameworks. Although some discourses on circumcision, or rather FGM, depict women as either victims or perpetrators of abuse, suggesting

that that they are either too submissive, or weak, to free themselves from a culture which is portrayed as equally primitive, the women in Johannesburg were actively renegotiating what it meant to them and whether or how it would be performed on their own daughters.

It is evident that in Johannesburg women do not think about circumcision in straightforward categories of good or bad – whilst they can see both sides of the debate in some cases, they do not see a simple, clear division between the two classifications. Mothers and fathers who were interviewed expressed concern at doing what was most beneficial for their daughters, and this is what lies at the crux of decisions made concerning circumcision. There was undoubtedly a move away from the extremity of pharaonic circumcision, largely centred around an on-going reframing and reshaping of perceptions and understandings of health, gender, fertility, sexuality, and religious requirements. In Mayfair, women expressed a sense of being ‘free’ from social pressure, this move was more pronounced. The diminished influence of intergenerational households, as well as greater interaction with non-Somalis, particularly with other Muslims in Johannesburg, created new spaces in which women could think about and discuss the beliefs and practices surrounding circumcision. New and alternative perspectives on circumcision were also evident in interactions with medical professionals, which were often confrontational and difficult experiences due to their lack of awareness and understanding regarding the practice.

To conclude, this case study illustrates that understanding the beliefs of women themselves is important to understanding the future of any practice, as well as for more broadly considering how ‘cultural practices’ and ‘social norms’ migrate and are reshaped within communities when they are displaced from their geographical origins.

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## Notes

<sup>i</sup> Accurate numbers are difficult to gather, particularly during the prolonged period of conflict, however a number of studies state that the prevalence of circumcision is around 98% and of infibulation is 80% (Johansen 2002; Talle 2007).

<sup>ii</sup> ‘Sunna’ refers to traditions carried out or supported by the Prophet Mohamed.

<sup>iii</sup> Focus group discussion with 4 women, 11 June 2009.

<sup>iv</sup> Interview 17 March 2010, 19 August 2011.

## References

Abusharaf, R. M., ed  
2006 *Female Circumcision: Multicultural Perspectives*. Philadelphia: University of Pennsylvania Press

Besteman, C.

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1996 Violent Politics and the Politics of Violence: the Dissolution of the Somali Nation-State. *American Ethnologist* 23(3): 579-596

Boddy, J.

1982 Womb as Oasis: The Symbolic Context of Pharaonic Circumcision in Rural Northern Sudan. *American Ethnologist* 9(4): 682-698

Gardner, J. and J. El Bushra, eds

2004 Somalia the Untold Story: the War Through the Eyes of Somali Women. London: CIIR and Pluto Press

Gruenbaum, E.

2001 The Female Circumcision Controversy: An Anthropological Perspective. Philadelphia: University of Pennsylvania Press

Lewis, I. M.

2008 Understanding Somalia and Somaliland: Culture, History, Society. London: Hurst Publishers

McGown, R. B.

1999 Muslims in the Diaspora: the Somali Communities of London and Toronto. Toronto; Buffalo; London: University of Toronto Press

Nnaemeka, O., ed

2005 Female Circumcision and the Politics of Knowledge: African Women in Imperialist Discourses. Westport, Connecticut; London: Praeger

James, S. M. and C. C. Robertson, eds

2002 Genital Cutting and Transnational Sisterhood: Disputing U.S. Polemics. Urbana; Chicago: University of Illinois Press

Johansen, R. E. B.

2002 Pain as a Counterpoint to Culture: Toward an Analysis of Pain Associated with Infibulation among Somali Immigrants in Norway. *Medical Anthropology Quarterly* 16(3):312-340

Johnson, M. C.

2000 Becoming a Muslim, Becoming a Person: Female "Circumcision", Religious Identity, and Personhood in Guinea-Bissau. In Shell-Duncan, B. and Y. Hernlund, eds. *Female "Circumcision" in Africa: Culture, Controversy, and Change*. Boulder, Colorado; London: Lynne Rienner Publishers

Rahman, A. and Toubia, N.

2000 *Female Genital Mutilation: a Guide to Laws and Policies Worldwide*. London: Zed Books

Shell-Duncan, B. and Y. Hernlund, eds

2000 *Female Circumcision in Africa: Culture, Controversy, and Change*. Boulder, Colorado; London: Lynne Rienner Publishers

Talle, A.

1993 Transforming Women into 'Pure' Agnates: Aspects of Female Infibulation in Somalia. In Broch-Due, V., I. Rudie, and T. Bleie, eds. *Carved Flesh/ Cast Selves: Gendered Symbols and Social Practices*. Oxford; Providence: Berg Publishers

Talle, A.

2007 *Female Circumcision in Africa and Beyond: the Anthropology of a Difficult Issue*. In Hernlund, Y. and B. Shell-Duncan, eds. *Transcultural Bodies: Female Genital Cutting in Global Context*. New Brunswick; New Jersey; London: Rutgers University Press