

A Religious Oriented Approach to Addressing FGM/C among the Somali Community of Wajir, Kenya

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BACKGROUND

Female Genital Mutilation/Cutting FGM/C is practiced in 28 countries of sub-Saharan Africa, a few countries in the Middle East and Asia, and among immigrant populations from these countries in Europe, North America and Australasian. As many as 100-140 million girls and women worldwide have undergone the practice, and at least two million girls are at risk of being cut each year, about 6,000 girls a day. An estimated 15% of all genital mutilations in Africa are infibulations, also known as *pharaonic* practice and it is the most severe of all¹.

In Kenya, the 2003 Demographic and Health Survey indicates that although the national prevalence rate is declining slowly over time, almost one-third of all women aged 15-49 years interviewed reported having been circumcised. The survey demonstrates huge differentials in prevalence across ethnic groups, however. Among three groups, the Kisii (96%), Maasai (94%), and Somali (97%), the prevalence is virtually universal, whereas there are other groups, such as the Taita/Taveta (62%), Kalenjin (49%) and Meru/Embu (41-43%) where almost half the women are cut². There are also marked variations in the age at which the procedure is carried out, the type of cutting done, and the reasons for sustaining the practice.

Evidence from the 2003 KDHS, as well as other research studies recently undertaken in North Eastern Province³, indicate that the practice among the Somali community is particularly severe. Not only is it virtually universal in this group, but also the most severe form (infibulation) is practiced on girls as young as four years. A higher level of maternal mortality (17/1000 births) was found among Somali women delivering in the Provincial General Hospital at Garissa in the North Eastern Province compared with women delivering in Machakos (0.45/1000) and Nairobi (0.56/1000),⁴ where women are more able to access safe motherhood services and where relatively fewer women are cut, or are cut less severely. A study carried out in six African countries including Kenya, where Garissa General Hospital was one of the study sites, shows that infibulated women run greater risks during childbirth⁵. These obstetric rates are higher for women with no access to or with limited access to healthcare as is the case in this province.

¹ WHO. 1996. "Female Genital Mutilation: Report of a Technical Working Group," Geneva: WHO.

² Central Bureau of Statistics (CBS) [Kenya], Ministry of Health (MOH) [Kenya], and ORC Macro. 2004. *Kenya Demographic and Health Survey 2003*. Calverton, Maryland: CBS, MOH, and ORC Macro.

³ Jaldesa G. et al 2005. "Female Genital Cutting among the Somali of Kenya and Management of its Complications" A Diagnostic Study for Frontiers, Population Council

⁴ Jaldesa, G., Z. Qureshi, S. Kigundu, and S. Wanjala. 1998. "Maternal morbidity and mortality at Garissa Provincial Hospital: 3-year retrospective survey," *Journal of Obstetrics and Gynaecology of East and Central Africa*, 14(2): 68-71.

⁵ Female Genital Mutilation and obstetric outcome: WHO collaborative prospective study in six African countries, *Lancet* (2006); 367: 1835-41

The Population Council's FRONTIERS program, with support from USAID/Kenya, carried out two studies to better understand the practice of FGM/C among the Somalis in North Eastern Province so as to inform the design and implementation of interventions to encourage abandonment of FGM/C. The first diagnostic study was carried out in Mandera, Wajir and Nairobi's Eastleigh area in 2004. The second, a baseline study, was carried out in November 2005 in six locations in the Central Division of Wajir District. Both studies collected data through in-depth interviews and focus group discussions with community and religious leaders, and recently married and unmarried men and women. The first study also interviewed health providers, undertook an assessment of their clinics' readiness to offer safe motherhood and FGM/C-related services, and interviewed antenatal clients who had been cut.

These studies confirmed that FGM/C is a deeply rooted and widely supported cultural practice that is shrouded with lots of cultural reinforcements for its continuation. Several closely related reasons are used to sustain the practice: It being a Somali tradition and the belief that it is an Islamic requirement formed the two main reasons given. The practice is also perceived to prevent immorality as it was seen as a way to reduce women's sexual desires. The use of infibulation was said to enforce the cultural value of sexual purity in females by controlling female sexual desires ensuring virginity before marriage and fidelity throughout a woman's life. It was evident from the studies that there is the fear of women running wild and becoming promiscuous if not circumcised. This was erroneously taken as being in compliance with Islamic requirement of chastity and morality. The practice was also believed to enhance women's cleanliness and preserve virginity. However, FGM/C plays no role as a rite of passage in the community as it is done on girls as young as four years.

FRONTIERS is addressing FGM/C from two perspectives. First, to support the development, implementation and evaluation of a community-based intervention to encourage the Somali community to abandon this harmful practice. Second, to strengthen existing antenatal and delivery services in health facilities used by Somali women so that they are better able to manage pregnancy and delivery of infibulated women and complications associated with FGM/C (clinical-based intervention).

For the community-based intervention, FRONTIERS has developed a religious oriented approach to engage with and educate the community about FGM/C with the aim of encouraging them to question why the practice is sustained and move towards abandoning it. This approach has brought together the religious scholars in Wajir with other senior Islamic scholars within Kenya to debate the correct position of this practice within Islam and also borrow Shariah guidelines that are in essence contradicted by the practice, to educate the community. The myths and misconceptions around the practice, its religious value, its purpose and thus the arising harms and perceived benefits can best be tackled with both religious and medical arguments.

JUSTIFICATION FOR USING A RELIGIOUS ORIENTED APPROACH

The purpose of this approach is to educate the community on the harms of FGM/C, both religiously and medically, so that they question the rationale for its continuation. The first step in the approach is to de-link Islam and FGM/C. It is important for the community to understand the Shariah implications of this practice and be made aware of the fact that Islamic Shariah upholds human rights and dignity and that FGM/C violates these rights. As long as this practice is wrongly justified as Islamic, nothing else will make sense to the community, not even the many protocols and legislations that prohibit and outlaw the practice. These are man-made laws according to them and hence they cannot bind them.

But are there any God-made laws that actually support this practice? We can answer this question by weighing the practice against Islamic teachings and prove that there is no *sunnah*⁶ 'cut' in Islam. Knowledge that the practice is traditional and is in conflict with Islamic principles is a sure convincing way that can help in questioning the practice.

This strategy is meant to generate discussion as regards the correct position of Islam on the female 'cut' and hopefully build consensus among the religious scholars on this matter. Once this is achieved, we can then support these scholars as community educators in encouraging the abandonment of FGM/C. The religious scholars command a lot of respect and opinion in the Somali community and are very instrumental in educating the community. To unearth and correct the misconceptions surrounding FGM/C and Islam, the religious leaders will have to be involved. This can be achieved through questioning of the whole practice against the backdrop of Islam and answer the question: *Does the practice have any authentic basis in Islam?*

Given the clear strength of feeling that FGM/C is a critical component of Somali culture and a perceived religious requirement, efforts to encourage behaviour change cannot focus solely on education about health and rights alone. In fact, these arguments can only come in to complement the Islamic stand on FGM/C as this would help discuss the underlying reasons for the practice. For instance, arguments around the health problems that arise from FGM/C alone are not convincing for the community to abandon the practice as these are considered a result of God's will. It is believed that anybody is bound to get such problems regardless of whether or not they have undergone FGM/C. When asked whether they thought there were any complications arising from FGM/C, some respondents in one of the studies asserted that indeed women got tears during childbirth. But others were quick to state that,

⁶ *Sunnah* in this context means the perceived Islamically legitimate female circumcision.

“...there is nobody who does not get torn, but it is not because of circumcision, it is God’s will and it can happen to any one”(Circumcisers, Wajir, 2005).

Even though awareness of the arising problems from FGM/C exists in the community, believe that there is a religious requirement to it is strong and women are ready to continue with the practice if there is any solid evidence that it is Islamic besides its harms. In her narration of her personal experience of FGM/C during one of the discussion sessions with religious scholars from Wajir, one lady said:

“The harms are there. I was in shock for two days. When I started my periods I was in problems. I was done the sunnah of that time even though the place was infibulated. Is there a Quranic verse on this cut? If it is there, then there is no two ways about it, we have to continue doing it, but if it is not there, then you scholars guide us. When I was married I had to be opened up. Whenever I give birth I am cut open” (Wajir, August, 2006).

Further, when asked whether the legislation that prohibits the practice in Kenya was able to make the community abandon the practice, respondents in one of the study were quick to point out that,

“There is a barrier between us and the government and that is our religion....we are governed by our religion and we don’t care about other laws. We will follow our religion...we will not stop sunnah but anything more than what is mentioned in the Quran we can stop. We are ready to discuss with sheikhs but we will not stop because the radio or the government has said” (Married men, Wajir, 2005).

Other respondent further claimed that the so-called *sunnah* circumcision was actually a right, and hence girls had to undergo it. As a result arguments around its violation of the girls’ and women’s rights will not be convincing enough.

“Islamically, it is a right to circumcise girls” (Married men, Wajir, 2005)

“...But the religion says it (circumcision) is a must so it is human rights” (Women Group Leader, Wajir, 2005)

“We agree (that FGM/C is a human rights issue) because we want circumcision to continue” (Circumcisers, Wajir, 2005).

The belief that there is a *sunnah* cut in Islam is held firmly and this can only be questioned using Islamic teachings. At present, the religious scholars and the wider community reject infibulation on the basis that it is *haram* (unlawful) in Islam. However they are supportive of some form of cutting, however mild, as they believe it is a religious requirement namely the perceived *sunnah* cut.

There are two problems with this: firstly the so-called *sunnah* cut is not well defined and nobody can tell for sure how it is to be carried out. Secondly the community has always claimed to use the *sunnah* cut when the actual practice has been excision (cutting all the external organs in the female genitalia) or infibulation (closing the outer lips of the female genitalia):

“In the old days, once the clitoris and the other flesh around it were cut, the place was stitched using thread and needle and or thorns. During our time we were cut and applied with malmal⁷ but there was no stitching or thorns. Our legs were bound together for weeks and this healed the wound together thereby causing infibulation. This was considered sunnah then but it was still pharaonic. Nowadays, this practice is still on and majority of the people do it...” (Wajir, August 2006).

In summary, this religious oriented approach has been developed because:

- In the Somali community the practice is not a rite of passage, as it is carried out on girls as young as four years. Strategies such as the Alternative Rites of Passage (ARP) cannot work in this community.
- The medical complications, though known, are considered a result of the will of God and not associated with the practice. It is believed that such complications and problems can happen to anybody, regardless of the FGM/C status. Arguments around the medical complications arising from FGM/C would not be convincing enough to help the community question and stop FGM/C. However these medical complications can be blended with Shariah guidelines on not cutting healthy organs and not causing harm.
- The national laws, legislations and protocols enacted to counter the practice are considered to be man-made, and therefore are superseded by beliefs in God-made laws. The community was categorical and said that they were ready to listen to religious scholars to tell them what the correct position of Islam was on the practice and that they would be willing to leave out anything not Islamic.
- The practice was considered a ‘right’, and hence arguments around its violation of the rights of women and girls cannot help in questioning the practice.

⁷

Malmal is a traditional medicinal herb that is used on wounds, boils, cuts etc. In this context it used on the cut genitalia as it is believed to aid the infibulation.

OVERVIEW OF THE RELIGIOUS ORIENTED APPROACH

Process

Four discussion sessions, in small groups of a maximum of fifteen persons, were held between educated scholars in Wajir district and at regional level (see table below). These scholars were chosen on the basis of their educational status; those called to the debates were with at least a Diploma or Degree in Islamic Studies and able to speak fluently in Arabic. Knowledgeable scholars from other Muslim communities that do not practice FGM/C facilitated the sessions. Few scholars were chosen for the debate so that the discussions are objective (no mob-psychology and defending a held mindset with no objectivity) and Islamic Shariah forms the basis for debate. This was to further avoid any cultural prejudices that might blind the impartiality of the Somali scholars if they were to facilitate the sessions.

DATE	VENUE	NO OF PARTICIPANTS	ORGANIZATION
May 13 th to 15 th 2006 (Regional Symposium)	Garissa	6	Population Council
June 5 th to 7 th 2006	Wajir	12	Population Council
July 7 th to 9 th 2006	Wajir	13	Population Council
August 15 th to 17 th 2006	Wajir	13	Population Council
September 12 th to 14 th 2006 (Regional Symposium)	Garissa	25	Population Council and UNICEF

The regional scholars were drawn from the four districts of North Eastern Province (Garissa, Wajir, Mandera and Ijara), and from the neighbouring districts of Moyale, Marsabit, Isiolo and Tana River. This was because the communities in these areas are predominantly Muslim; they practice the same type of practice, and put emphasis on the perceived religious requirement as a reason for doing FGM/C. It was also meant to create synergy for information sharing and common understanding among the scholars in this region, besides being a way of creating local networks that can help counter the force of the FGM/C proponents. The objectives of the discussions were:

1. To scholarly debate and discuss the place of FGM/C, and more so the so-called *sunnah* cut in Islam, so as to question the reasons, both apparent and the underlying, for practicing FGM/C.
2. To come up with a way forward for community education and awareness creation on FGM/C with the aim of encouraging abandonment of the practice.

Discussion topics

Topics that established the non-Islamic nature and basis for FGM/C were discussed. These topics were decided upon, as they would help in questioning the rationale for the practice. The first step in this process was to clarify the correct position of Islam on FGM/C by looking at what the proponents use as the evidence for the practice in Islam. The second step was to pull together guidelines and Shariah teachings that are contradicted by the practice to show that FGM/C was in violation of Islam. The overall structure of the discussions was as follows:

- Clarifying the correct position of Islam on the practice
 - Discuss the correct position of Islam on FGM/C by looking at the evidence used by proponents in support for the practice, which mainly are *ahadith*⁸. A critical examination on the status of the evidence was done in the discussions so as to prove the non-Islamic basis of FGM/C (Appendix 1)
 - Going back to the history of the practice which shows its un-Islamic origin (Appendix 2)
 - Discuss the extent of the so-called *sunnah* circumcision
 - Discuss what religious or social benefits, if any, accompany FGM/C
 - Discuss harms arising from FGM/C and show that this is un-Islamic as it violates basic Shariah principles and guidelines
- Come up with a list of other topics that help show the un-Islamic nature of the practice
- A plenary session after each discussion to ask questions, raise issues and clarify misconceptions
- Call in a circumciser to tell the participants how she does her work.
- Call in a woman to give her personal experience of FGM/C.

⁸ Ahadith is the plural of Hadith (recorded sayings and practices of the Prophet Mohamed).

ISSUES COVERED DURING DISCUSSIONS

Is FGM/C an Islamic religious practice, and is there a *sunnah* circumcision for females in Islam?

The discussions always began from a known fact that any matter that is Islamic must be supported by evidence from the sources of Shariah i.e. the Quran, *sunnah*⁹, consensus by scholars (*ijma*) and analogy (*qiyas*).

- There is nothing in the Quran that can be used as evidence for female circumcision. The proponents often quote the verse, “...and follow the religion of Abraham inclining towards truth...” (Quran: 4: 125). They claim that since Prophet Abraham (PBUH) was circumcised at the age of 80 years in obedience to Allah’s command, then Muslims should follow suit as they are directed in the verse. This claim is countered by the fact that the practice of Abraham is evidence for male circumcision and not female.
- As far as the *Sunnah* is concerned most of the *ahadith* relied on are not authentic, therefore cannot be used as a basis for such a sensitive issue. The few that are authentic are unrelated to FGM/C and hence cannot serve as evidence for the practice. The proponents rely on four *ahadith*. The facilitators then take the discussion through these *ahadith* and show how these are either unreliable (due to their weak status) and or unrelated to the subject of FGM/C therefore negating the link or basis of female circumcision in Islam.
- There is no consensus (*ijma*) on FGM/C from scholars.
- Proponents base their support for FGM/C on views of the four schools of thought and these schools have difference of opinion based on their understanding and interpretation of the same either un-authentic or inapplicable *ahadith*.
 - The *Hanafiya* view it as *sunnah*¹⁰ (optional) whereby those who observe it are rewarded while those who do not have not sinned
 - *Malikiya* hold that it is *wajib* (obligatory) for the men and *sunnah* (optional) for the women
 - *Shafiiya* say it is a *wajib* (obligatory) both men and women.
 - *Hambaliya* have two opinions: it is *wajib* (obligatory) for both men and women; it is *wajib* (obligatory) for men and *makrumah* (honourable) for the women.

⁹ Sunnah in this context means the recorded sayings, actions and approvals of Prophet Mohamed. Proponents of FGM/C give it the *sunnah* name to authenticate it as a Prophetic act.

¹⁰ Sunnah in this context means an optional religious act which carries rewards when done by a Muslim.

- *Qiyas*¹¹(analogy) is not applicable because female circumcision cannot be compared with male circumcision. Whereas the male circumcision has strong basis in Shariah and therefore a religious requirement, female circumcision has no basis and is not an Islamic practice. Besides there is a difference in what is cut, in males it is the foreskin, in females it is a functional organ. Moreover male circumcision has both religious and medical benefits whereas the female circumcision has religious and medical harms.

What is the extent of the sunnah circumcision?

In the discussion, proponents of the practice were asked to give the extent of genital cutting for the so-called *sunnah* circumcision and what the exact organ to be cut is. From the meetings the following different accounts were given which are taken from books written by proponents of FGM/C but which have no Islamic basis:

- Cutting a small part/head/tip of the clitoris
- Cutting the whole of the clitoris
- Cutting the skin above the clitoris
- Cutting the parts that appear from the female genitalia as the comb of a cock
- Cutting a part of the clitoris and this they say is possible because it (clitoris) has demarcations like the joints of the fingers
- Cutting a quarter of the clitoris (apportion of it into four equal parts then cut one part)
- Cutting the 'black' part of the clitoris
- Anything that can be called a cut on the female genitalia
- The soft skin on the clitoris.
- The skin at the end of the clitoris.

Why is the cut necessary for women?

This question was asked to unearth the underlying reasons for the practice. The only benefit or reason the proponents of FGM/C give is that it controls women's sexual desires (as one participant in one of the sessions put it, "*it contains the 'fire' of desire burning within the women*" Wajir, June, 2006). This they say is necessary as it makes the women chaste therefore upholding their honour and fulfilling the religious requirement of chastity. Proponents also said that the practice enhances women's spiritual purity and is important for their *tahara* (state of physical and spiritual purity). This argument is countered with the facts that:

- Muslim women, just like the men, are supposed to control their sexual desires and only indulge in sexual activity under the lawful umbrella of marriage.

¹¹ *Qiyas* is drawing a comparison between two different things or events that have so much in common and can hence share the same verdict e.g. alcohol is *haram* by a verse of the Quran because it is an intoxicant, any other intoxicants share the same verdict through analogy.

- Muslim women have a right to enjoy their matrimonial sexual relations. Hence the so-called *sunnah* circumcision (whose benefit in their view is to reduce sexual desires in the women) will be going against this basic right for the woman.
- It is also countered using the Shariah guideline on application of judgement, which must be administered once a crime has been committed and proven. If it is proven that certain women have fornicated or committed adultery, only then will Shariah judge them accordingly.
- That every soul is responsible for its deeds. Women cannot bear the burden of upholding chastity in the community. They will be judged, individually, just as the men for their wrongs and rights.
- Women have a right to a healthy body and nobody has the right to inflict pain and or cut any parts of her body for no apparent reason (such as medical). In fact, the facilitating scholars always reminded the sittings that *blood money* is due on those who commit this cutting and those who are in position to correct and are not doing so. Hence the following will specifically be answerable for the blood of the mutilated girls:
 - The parents of the girl
 - The cutter
 - The scholar whose work is to correct and educate the community against ills but who is not doing so
 - Any other leader in position of influence and is also quiet about the ongoing practice.
- Infibulation makes it hard to maintain genital hygiene as urine and menstrual blood pass underneath the closed skin and it is not easy to clean. Urine is one of the spiritual impurities in Islam thus the woman's *tahara* is affected as opposed to the believe that it is enhanced.

What does Islam teach on women and enjoyment of sex?

In all the sessions it was always acknowledged that a Muslim woman has the right to enjoy sexual relations and intercourse with her husband, with evidence from the sources (*sunnah*). The Prophet (PBUH) has in several *ahadith* reminded Muslim men to sexually satisfy their wives. Reference was always made to the fact that under Islamic law denial of sex by either wife or husband is a ground for divorce. Medical experts in attendance confirmed that the cutting interferes with the sexuality of the women therefore affecting the attainment of sexual enjoyment and satisfaction hence a violation of women's God-given right.

How should Muslims control sexual desires?

A woman just like a man is supposed to control her desires, whether sexual or otherwise by observing the teachings of Islam. With the help from a medical expert, the sessions were informed that cutting of the sexual organs does not control desires, as it is the brain that controls them. In fact, one medical expert was categorical in one of the meetings and told the adamant supporters that if they wanted their daughters not to think of sex then they should chop off their heads and not their clitoris.

The facilitating scholars reminded the meetings that Islam lays lots of emphasis on the proper upbringing of children and moral teachings to followers right from when they are young. They reiterated that Islam does not teach control of desires through any physical means such as mutilating. Example was picked from the reality on the ground that show that some women from the community, and therefore with the worst type of circumcision, have been known to indulge in sex outside marriage. It was emphasized that without any moral knowledge no amount of cutting or infibulation can ensure chastity. Examples would also be drawn from communities who do not cut and where the women are morally upright to sink the message that it is the brain and not the genitalia responsible for desires and control.

What is the verdict on the faith (Islam) of those who do not practice the FGM/C?

This question was brought up to help erase the belief that all Muslims carry out *sunnah* circumcision on their females. It was meant to show that there are many Muslims from communities who do not cut and to whom this is a foreign practice. In the sessions we held there were varied answers to this question, some of the participating scholars said that it was up to those who are not practicing and what they thought of female circumcision. Others stated that it is wrong for any Muslim to leave *sunnah* circumcision and therefore those not cutting were straying. However this notion was countered by some of the die-hard supporters who could not dare say that these non-FGM/C practicing Muslims were committing a sin and said that because the practice was *sunnah* (optional), Muslims have the choice to practice it or not.

This session would then be concluded with remarks from facilitating scholars that the practice has no basis in Islam and therefore nobody can be held accountable for not doing it, reminding those doing it that they are in fact straying from what Islam teaches.

Islam and cultural practices

This topic was discussed in order to show that Islam did not come to outlaw or prohibit all cultural practices and its adherents were free to continue with their cultures and practices as long as these were not in conflict with the teachings of Islam. The sessions were reminded of the following guidelines as regards Islam and cultures:

- Cultures in conformity with the teachings of Islam are confirmed and may even become Islamic practices.
- Cultures that are not in conflict with Islam are allowed
- Cultures that are in conflict with Islam are either regulated or totally eradicated (e.g. polygamy was regulated, alcohol was condemned).

Therefore Muslims from all tribes and communities are required to sieve their cultures and take what is in conformity with Islam and avoid anything that is in conflict with Islamic teachings. In the sessions examples of Somali cultures and traditions left in preference to Islam are discussed in comparison to FGM/C. The ensuing conclusion is that Islam should take precedence where there is conflict with a cultural practice, and as a cultural practice, FGM/C is in conflict with Islam and should therefore be stopped.

Rights perspective on FGM/C

Under this topic the rights of women that are violated by the practice were discussed.

- ***Right to life:*** The practice violates this right when some girls die during the procedure or afterwards as a result of infections or complications. A logical conclusion is then drawn showing the unlawful nature of such an act and why the person responsible for the decision to cut such a girl, would be responsible for the death.
- ***Right to a healthy body and integrity:*** Nobody has the right to mutilate a body whether theirs or another person's. The scholars are reminded that the parents are guardians and have no absolute power over the bodies of their daughters. They are also reminded that it is their responsibility to correct such parents.
- ***Right to health and healthy living:*** Many women and girls live with lots of pain and medical complications as a result of the operation, some of which are traumatizing adding to women's stigmatization and discrimination. These are conditions brought about by this practice. This is a violation of this right of the women and it is wrong.
- ***Right to enjoy sex with her husband:*** With the help of a medical expert, it is explained that the cut interferes with the sexual functioning of the women and hence denying the right to full enjoyment of sex
- ***Right to clean worship:*** Infibulation makes it impossible to maintain genital hygiene thereby preventing women to 'clean' worship.
- ***Right to make a choice:*** The girls are circumcised at tender ages of between four and ten years. They are in no position to make an informed choice as regards FGM/C and whether or not they should undergo it. This is a violation of the right of the individual, in this case the girl, to make choices in life.

Medical perspective on FGM/C

A medical expert is called in to give the medical harms of the practice. With pictures and drawings the discussion is taken through the harms of FGM/C, both immediate and long-term. The medical expert also answers questions, clarifies issues and misconceptions. For example the misconception that the female genitalia, if not cut, grows long and ugly thereby making the women smell and get easily aroused, is clarified to be just myths. It is also confirmed that whereas it is true that every part of the body grows, it does so proportionately.

Shariah implications of harmful practices

Once the participants are educated on the medical harms arising from FGM/C, Shariah guidelines on harmful practices are discussed. Islamic shariah gives the following ruling on any harmful practice

- Harm must be removed or stopped: *adhararu yuzaalu*. This is based on the teaching of the Prophet that any harmful thing should be removed through any possible means. The Quran states that: "...you enjoin what is right and forbid what is wrong and belief in Allah..." (3:110).
- There is the golden rule in Shariah, which states: *la dharar wala dhirar* (Cause no harm and do not allow any harm to be cause to you). FGM/C is a harmful practice that should be avoided. Allah says in the Quran: "...and do not throw yourselves with your own hands into destruction..." (2:195).
- If something has both benefits and harms, it is allowed if the benefits out way the harms. Male circumcision, for example, can be harmful but first it has been proven to be a religious practice and secondly the resulting benefits are very significant. These benefits are both religious (enhances cleanliness) and medical (can prevent cancer). As for the women, FGM/C does directly opposite this by interfering with their religious cleanliness and causing harm.
- Another guiding principle is that a harm or evil is not removed or stopped by causing a greater harm. In this context the assumed harm or evil, in the view of the proponents of FGM/C, is women's indulgence in unlawful sex, which according to them can be controlled by circumcision. The ensuing harms from FGM/C are much greater and the practice should thus be avoided.

In Islam it is unlawful to cut a healthy organ from anybody for no apparent reason. Such organs can be cut for medical reasons and or meting punishment such as amputating the hand of a thief under Islamic Shariah. There is blood money that becomes compulsory on anyone who causes injury and or cuts another person's limbs. With help from the medical expert, discussion was often raised around this in order to shed light on what is cut from the women during the operations that are functional

organs. However it was always easy for the participating scholars to accept this but were not convinced that what is cut in the women are healthy organs.

To many of them what is cut in the women is just a skin compared to the foreskin of a man. At this juncture, the facilitators would often quote another verse in Quran that says, “*for anything you do not know, ask the expert*” (16:43). This verse is cited to show that the medical person is an expert in human anatomy and therefore the scholars should listen to him or her when they advice that what is cut in the women are organs with functions. They are taken aback when the medical expert confirms this and even goes further to say that cutting of the female organs is equivalent to cutting the penis of the man and poses the question: *how will such a man function?*

Islamic upbringing of children (*tarbiya*)

This topic is discussed at length in order to bring out the emphasis that Islam puts on the importance of proper moral teachings that can make the children upright Muslims. This is to counter the wrongly held belief that FGM/C ensures chastity for women, which in turn is seen as conforming to the Islamic requirement chastity. It is then emphasized that such moral teachings would enable one be upright morally and not mutilation of organs. Participants are reminded that nowhere in Islam is it advocated for the cutting of anybody’ s genitalia to ensure chastity.

Reality in the communities

This session is necessary because many of the scholars argued that the common practice in the community was *sunnah* and pharaonic circumcision was long abandoned. They often opposed our study findings that the common practice within the community is type III of the female circumcision. However none of them is in a position to say with certainty what actually happens and confessions from the traditional circumcisers always proved them wrong. The study carried in the area, a cutter to give an account of how she does the cut and a lady to narrate her personal experience of the cut informed this assessment.

Evidence from the Wajir baseline study

Key findings from the baseline study on the practice of FGM/C conducted in November 2005 in Wajir Central division were presented, as follows. More detail is given in Appendix 3.

- FGM/C is virtually universal in Wajir; only one female out of the 259 interviewed was not circumcised. The prevalent type was type III (infibulation/pharaonic), the severest form of FGM/C.
- Three major reasons given for the continuation of the practice namely that FGM/C was an Islamic religious requirement, Somali tradition and a good tradition for that matter. Other reasons included prevention of immorality by

reducing sexual desires in the women, it ensures cleanliness and preserves virginity.

- Over 40% of the study respondents did not know any medical harms associated with the practice. Others opposed the idea of complications associated with the practice and said that any woman could become sick regardless of her FGM/C status.
- Despite the knowledge of complications arising from the practice, there was support for the continuation of the practice and especially among the women (83% as opposed to 64% of the men). Those opposed were mainly young men with post-primary education.
- Respondents suggested that they were ready to listen to guidance from the religious scholars concerning the correct position of Islam on the practice. They said that they will not stop due to legislation but they are ready to stop anything that is not Islamic.

Visual evidence

Illustrations and pictures of the different types of the practice were used for explanations. Many participants were shocked and could not believe the change in the genitalia after the operation. In one of the sessions, one old scholar repeatedly asked if what he was seeing was real, and when confirmed made a *fatwa* (religious ruling) that no infibulated Somali female was religiously 'clean' and therefore they should just go out and start community education as those women's religious practice was compromised!

Circumciser's testimony

A circumciser was invited to give an account of how she cuts the girls. Many circumcisers said they were still cutting as in the old days and did not know the *sunnah* circumcision. Others claimed that they did both and it was the mother of the girl who would decide which type she wanted for her daughter:

"I start cutting from the top of the clitoris (holding her nose and pointing at its base in demonstration), then follow it with the labia minora (from the nose she moves to her upper lips in demonstration). I scrub the labia majoras (shows this by turning her upper lip to show the inner lining and demonstrating how she scrubs with the razor) so that I am not accused of leaving any parts. Then I close the labia majora together (holds her lips together) and apply malmal exactly the way my mother taught me. Then I tie the legs from the thighs to the toes"
(Circumciser, 1st Religious Leaders Consultative Meeting, Wajir)

It was apparent that all of them doubled up as traditional birth attendants (TBAs) and knew how to administer injections such as anti-tetanus and antibiotics. They also said

they gave the girls local anaesthesia before cutting them to ease the pain. This proves that there is medicalization of the practice as well as the unintended side of equipping and training the TBAs. Actually one of them claimed that she was taught how to carry out the 'preferred' *sunnah* circumcision in one of the trainings she received as a TBA.

Personal experiences

To aid discussion on the reality on the ground, a woman would give her personal experience of the pain, trauma and complications she suffers as a result of FGM/C. This is to make the scholars (mostly men) who do not have first hand experience of what happens to understand the severity of the practice. It is meant to make them appreciate the suffering of these women who undergo FGM/C, and who might subject their daughters to it, as a result of ignorance on what Islam says about FGM/C. This narration helps show that Somali women are not happy with what they are undergoing and are only suffering in silence. This is meant to make the scholars realize that they are the people endowed with Islamic knowledge and therefore are under an obligation to guide the community.

Responsibilities of religious scholars in the community

Through a sermon from one of the facilitators, the scholars are reminded of their responsibilities within the community, especially concerning educating and being role models to the community. They were reminded that they would be held accountable for ills in the community for which they can correct but have chosen not to.

Challenges faced in addressing FGM/C

This topic is brought up to assess the challenges these scholars face in addressing FGM/C. The following are examples are discussed:

1. No consensus among the scholars on FGM/C. They have different opinions and different interpretations and not all scholars are ready to talk about it.
2. No agreement on the best approach to counter FGM/C. The scholars have used the approach of 'condemn pharaonic circumcision using *sunnah*', but the preferred strategy would be to use 'fight the practice using Islam'.
3. Many scholars are embarrassed about discussing female genitalia, and have negative attitudes towards female sexuality, and so avoid doing so.
4. The community feel that practising FGM/C is the only way to ensure chastity and morally correct sexual behaviour by women.
5. Even women do not consider the practice a priority problem in the community.
6. Any discussion on FGM/C it seen as a western-anti-Muslim activity, and so are sceptical of the motives behind those supporting the activity. Scholars are scared of losing credibility and being called 'pro-western' if they openly oppose this tradition.

7. Many scholars are ready to denounce the practice in private, and even protect their daughters from it but feel unable to argue against it in public for fear of being perceived as pro-western.
8. FGM/C is a strongly held tradition and will require sustained education and debate to influence behaviour, but many donors can only fund shorter-term projects.

OBSERVATIONS

- The Arabic language is complex and requires a deep knowledge to be able to fully understand the Islamic texts, as well as to avoid taking things at face value. Many scholars suffer from insufficient understanding of the language in interpreting some of the *ahadith*. For example, the word *al-khitaan*, which is in one of the prominent *Hadith* and is used by proponents of the *sunnah* circumcision, actually refers to male circumcision only, whereas the circumcision of females is called *al-khifaad* in Arabic.
- The scholars recommended that the community needs to be educated gradually, and encouraged to first move from supporting the pharaonic (type III) circumcision to *sunnah*. However, as it is not at all clear what the *sunnah* cut entails, or whether the community would be prepared to then move to total abandonment, the potential for success for this strategy is not clear.
- Many myths and anecdotes help reinforce continuation of the practice by the community. For example, in one of the sessions a circumciser narrated the following story when asked what problems she foresaw if girls were not circumcised:

“There was an uncircumcised girl who went to a place far away from Wajir, beyond Marsabit, to look after cattle with her brother¹². After drinking the milk and living on fats and meat, the girl became mature and began to have desires for men. She would cry out loud in the evenings just like a he-goat¹³. She knew she could not get married as she had to help her brother and also because they were away from their home. She asked the man who she wanted to kill her brother. She told this man and his friends to kill her brother when he would be milking a certain cow. She gave them the name of the cow and said she would call out to the cow loudly, and when they hear the milking they should attack the brother. Luckily the man who had the knife missed the brother’s neck and cut off his hair. The brother ran off to safety. The brother ran back to Wajir and told the family what had happened. Her father sent out people to bring her and the cattle back. He then ordered her to be killed and her abdomen opened up. An animal/organism¹⁴ was removed. It could not be killed and only after semen was

¹² It is a common practice for young men to take the family’s animals to distant places where there is good pasture and leave behind the rest of the family. This is called *jilley* in Somali.

¹³ She used the local terms *qoobaad* and *edaad* (to depict the extent of the pain making her cry out).

¹⁴ She used the local term *bahal* (meaning an animal, an organism, a creature etc but not definitive).

brought and poured into its mouth did it die. This is what would eat the girls if left uncircumcised and the reason why they will run wild after men” (Wajir, July 2006).

- Even after clarifying the non-religious basis of the practice, participants were worried about how they can control their girls so that they do not indulge in sex before or outside marriage. This suggests that their real concern is controlling female sexuality and that FGM/C is seen as the best way to do this; the religious justification is used so that they can have greater support for this rationale.

ACHIEVEMENTS

- The regional symposium, held in September 2006, led to agreement on the status of the so-called *sunnah* circumcision as a *mubaah* practice, which is something that is allowed for Muslims and one in which there is no religious benefit and no harm if and when it is done or not done. This is very different from a *sunnah* practice, which does have associated religious rewards and blessings. This agreement is a breakthrough, since it is easier to use this position to question continuation of this practice because it has no strong Islamic basis and no rewards, and so all the physical and psychological harms are incurred without any corresponding benefit.
- Eleven scholars (5 in Wajir, 2 in Garissa, 2 in Moyale and 2 in Tana River) are now convinced that FGM/C is a non-Islamic practice, and have publicly declared their support for this position. Many others are also convinced of this position, but are not yet willing to publicly state their position.
- A pool of religious scholars has now been created who have formed good links and networks and can be used for future activities to encourage abandonment of the practice.
- For many scholars, these meetings were their first time to witness FGM/C being discussed or questioned from a Shariah perspective.
- The scholars had little understanding of what FGM/C actually entailed – this changed with the help of drawings and pictures, as well as explanations from medical experts. This clarification made it easier to question the practice in line with the Islamic requirement of not causing harm and not cutting healthy organs.
- The presence of female scholars added much value to the debate, from both an Islamic and women’s perspective. Male scholars were impressed and surprised that Somali women could voice their opinions so clearly and were strongly opposed to FGM/C, because they always thought that all women were strongly in favour of the practice.

WAY FORWARD

Continue with religious clarifications

Because the scholars are divided on the correct stand of Islam on FGM/C, consensus building among them through group discussion and debate needs to continue to support community education activities. Emphasis will be placed on exposing them to other Muslim scholars and communities, including scholars from Sudan and Egypt.

A national religious leaders symposium will be held early 2007 to come up with a joint and nation-wide verdict on FGM/C. The conclusion reached in the regional symposium is important for now, but there is the risk that die-hard proponents can interpret *mubaah* as support for an Islamic justification.

Target the whole community

Adult women (as mothers and as practitioners), as well as men (especially the youth), uncles, aunties and grandmothers, are all part of the immediate and the extended family who have a say in decisions concerning FGM/C on girls, and so it is important to reach out to all groups within the community during discussions. In addition, various others in leadership positions in the community will be engaged during community education, e.g. community elites, opinion leaders, teachers, CBOs/NGOs, medical personnel, circumcisers, and government administration.

Use of mass media

Many people in the community listen to the radio, and three stations in particular; a local radio station (Star FM) that is available in both Garissa and Wajir; the Kenya Broadcasting Corporation Somali service; and the BBC Somali service. Opportunities to raise this debate on these stations will be sought. In addition, and as resources permit, other mass media channels will be used such as:

- Posters
- Audio equipments- Public Address systems for the religious scholars.
- Films/documentaries.
- T/shirts and Lesos / Kitenge with Anti-FGM/C information for men and women respectively.

Suggestions for further research

- Women's status and relations with men in this Somali community need to be better understood. In such a strongly patriarchal society, women are in inferior positions and so it is going to be difficult to argue against any practice, even if

harmful, that they perceive to uplift their status. The relationship between women's decisions to stop or continue FGM/C, and their desire for sexual morality, acceptable sexual behaviour and femininity also needs to be studied.

- FGM/C and its association with women's sexuality is not at all understood, especially around whether or not FGM/C reduces sexual desires and alters their response.
- A better understanding of men's perceptions of FGM/C, and their personal experiences of living with wives and daughters who may suffer complications would help to inform arguments around the Islamic perspective of causing harm to human beings.

CONCLUSIONS

The Population Council's FRONTIERS programme has developed a religious oriented approach to address the practice of FGM/C among the Somali ethnic community living in Wajir district of North Eastern Province in Kenya. This approach was developed to respond to the community's stand on FGM/C, which is most commonly presented as being an Islamic requirement within the Somali culture. Community members had indicated that they were ready to listen to religious scholars and would be prepared to stop any practices that are not in line with Islamic teachings. To be able to do so, it is important that religious scholars within this community clarify among themselves the correct position of Islam on FGM/C. This was undertaken through facilitating a critical evaluation of the evidence cited by proponents of FGM/C, to demonstrate that there is actually no Islamic basis to the practice. Discussions around this have concluded that proponents mostly rely on *ahadith* that are either weak and/or unrelated to FGM/C. Weak *ahadith* cannot be relied on to guide Muslims in their behaviour, especially if they contain anything that is harmful to the well being of people, as is the case with FGM/C. Deeper analyses of Islamic teachings can help counter the practice by showing that the practice is actually in violation of Islamic Shariah. Discussion topics dwelt on bringing forth a format using logical arguments to counter the underlying reasons for carrying out FGM/C.

This approach has led to 11 religious scholars in four districts openly declaring their support against the practice, and many more privately opposing the practice but being, as yet, unwilling to debate the issue in public. Next steps will include sustaining engagement with religious scholars to support them in convincing their communities to abandon the practice, encouraging those scholars who are privately against the practice to speak out in support of the others, and undertaking discussion sessions with a range of community groups to communicate these messages to all involved in decisions concerning the practice.

APPENDIX 1: CRITIQUING THE AHADITH USED TO SUPPORT FGM/C

1. The first is the Hadith of Um-Atiya ("*O Umm `Attiyyah, take a little part and do not exaggerate; doing so will preserve the fairness of the woman's face and satisfy the husband*")

It is agreed that this *Hadith* is weak in its linkage (*sanaad*) and even if we were to assume that this *Hadith* is authentic how do we know what '*ashimi*'. The word '*ashimi*' is vague and it is wrong to assume that '*ashimi*' means 'a small/a little cut'. The advice of the Prophet is from the word *ashimi*, which is to massage with something soft like oil and does not connote a cut.

2. The second *Hadith* is the one that says that circumcision is *sunnah for the men and an honour (makrumah) for the women*.

This *Hadith* is not authentic. At best it can only be a view of some scholars. There is an apparent conflict within the wordings of the *Hadith*. The meaning of the word *makrumah* is not clear and it is wrong to assume that this word means a 'cut'. According to the sciences of *ahadith*, the Prophet does not use such vague words on such a sensitive matter. A weak *Hadith* can only be used in encouraging people to do good.

3. The third is the *Hadith* of Aisha, '*when the two circumcised organs meet, then it is obligatory to take a bath*'.

This *Hadith* has no relevance to circumcision as in all books of *fighi* (Islamic Jurisprudence) it appears under the chapter on *tahara* (cleanliness/purity). However this *Hadith* is not explicit on the cut; it is an authority on when it becomes obligatory to take a ritual bath¹⁵. The *Hadith* is authentic and the point of reference for those who use it as the evidence for the female cut is the word *al-khitaanani* meaning the two cut/circumcised organs (male's and female's). But in Arabic language two different things can be referred to using one word.

Examples are:

- *al-umareyn*...(the two Umars) referring to two close companions of the prophet (Abubakar and Umar). The Prophet used to call these two *Umareyn* yet they were two different human beings.
- *alqamreyn*...(the two moons) referring to the sun and the moon
- *annureyn*...(the two lights) also referring to the sun and the moon
- *al-ishaeyn*...(the two ishas¹⁶) referring to *isha* and *maghrib*¹⁷ prayers
- *al-aswadeyn* (the two black things) referring to water and dates

¹⁵ Muslims are required to take a ritual bath after sexual intercourse.

¹⁶ *Isha* is the night obligatory prayer performed starting from 8.00pm.

¹⁷ *Maghrib* is the evening obligatory prayer starting from 6.30pm to 7.00pm.

In Arabic language the word that should be used and which is used for male circumcision is *al-khitaan* (cut) but for the women the word should be *al-khifaad*. Therefore the Hadith '*when the two circumcised organs meet...*' cannot be used as evidence for female circumcision since it uses the term *al-khitaan*. Further, there is consensus that if a circumcised man meets with an uncircumcised woman, the bath is still obligatory.

4. The fourth is the *Hadith* of Abu Hureira that says "*five are among the natural things (fitra) to be done by Muslims*".

These are: *alkhitaan* (male circumcision), shaving of the pubic, trimming the moustache, cutting nails and plucking of the hair on the armpits. There is no doubt that the *Hadith* is authentic but it cannot be used as evidence for the female cut. Men and women are equal but each have different physiological make up and application of the *fitra* depends on the sex to which it is applicable e.g. keeping the beard which is applicable to only the males, trimming of the moustache, for example, is done only by men. This means that some of these natural things apply to only men and others to both men and women. Besides the word used to refer to female circumcision is not *al-khitaan* but *al-khifaad* therefore there is no mention of female circumcision in Hadith. This is further supported by the practice of the Prophet himself. There is nothing from the Prophet's household to support the female 'cut' whereas there is practical evidence of the male 'cut' (there is reported evidence of the circumcision of his grandsons).

APPENDIX 2: HISTORY OF THE FEMALE 'CUT'

The exact origin of FGM/C is not known. The most radical form, infibulation that the Somali community practices, is called pharaonic type. Although this might imply that the practice started in ancient Egypt, there is no certainty that it started in Egypt or some other African country then spread to Egypt. Even so according to this view, *Firaun*¹⁸ was told by soothsayers that a male child would be born among the Israelites who will bring his kingdom to an end. He ordered killing of all Israelite boys alive and to ensure that every Israelite woman would need a midwife when delivering, he ordered that they should be cut and infibulated, hence the name pharaonic circumcision. This way they would be able to get to know the birth of any boy and kill him. If this is true, then the practice is not Islamic as it pre-dates it.

Another historical account is where proponents hold that this can be traced back to Sarah and Hajar, wives of Prophet Ibrahim (Abraham). Sarah remained for a long time without a child. When Hajar the second wife got a son, Sarah swore to cut three organs of Hajar out of jealousy. Prophet Ibrahim told her that it was not right and for her to clear the oath, then she could pierce Hajar's ears and cut part of her genitalia.

However there is no authenticity of this second part of the story. At best it can be said to be just a myth to show that the first woman to be circumcised was Hajar and the circumciser was Sarah. Assuming it is true, then it was done as a punishment and out of jealousy by Sarah. If it was a practice that was going on, *who cut Sarah herself?* This only confirms the non-Islamic nature of the practice.

Both Muslims and non-Muslims alike practice FGM/C. This practice is not known in many Muslim countries such as Iran, Saudi Arabia and Iraq to name but a few. In Kenya there are many non-Muslim communities practicing it while many other Muslim communities who do not practice FGM/C. Hence this means this practice has no known Islamic origin.

¹⁸ *Firaun*: name of the pharaoh during the time of prophet Musa (Moses).

APPENDIX 3: EXTRACTS FROM THE WAJIR BASELINE STUDY

FGM/C Is considered an Islamic Requirement

FGM/C among the Somali is considered a religious practice and that, "it is part of the religion of which pharaonic is not a must, but sunnah is a must" (Married men, Jogbaru).

"One who is not circumcised is not a Muslim, and even her parents are seen as not being in the religion, that is how we see as Somalis", (Married men, Wagberi).

In short FGM/C was seen as a practice where, "...all Muslims do sunnah .We are Muslims and we are governed by Islamic law. There is no way we can stop circumcision" (Unmarried men, Jogbaru).

When probed further to explain what the religion actually said about circumcision, all the respondents said that the religion was for *sunnah* cut and that it was against the religion to do otherwise. A sheikh in Jogbaru said, "...it is sunnah, unlike the way Somalis do which is inhuman". This sentiment was shared by other FGD respondents saying the *sunnah* requires a bit of bleeding or cutting a little piece (of which part not said) but the practice within the community was very severe and against the perceived religious requirement.

"Islam says just cut a bit, which is sunnah, unlike chopping off...Somalis remove everything" (Married men, Waberi).

"...It says do sunnah, just bleeding no flesh should be cut or just cut a bit" (Married women, Jogbaru).

A circumciser in Jogbaru said, "it is forbidden to circumcise in the pharaonic way. On the day of judgement, the mother of the girl and the circumciser are on the same line as Firaun (punishment according to Islamic teaching)".

"The religion does not agree chopping off everything and stitching as this brings problems"(Married men, Jogbaru).

FGM/C is said to preserve virginity, control sexual desires and make girls marriageable. FGM/C was regarded as a means to preserve virginity among the women and it had to be intact until marriage.

"And when she is taken by a husband, and he finds out that she is not stitched, he will cut the curtains and make a hole on the stool and he will say they did not bring him a girl (a virgin)" (Married women, Jogbaru).

"They used to put a white sheet (on the wedding night) to know whether she was virgin...it is a big shame if it is discovered that she was not stitched (not a virgin)" (Married men, Jogbaru).

Uncircumcised girls/ women were regarded as loose and of low morals hence, "...if girls are not circumcised you can't get hold of her, she will follow men" (Married men, Wagberi) and this was because, "Somalis say a girl who is not circumcised has high sexual desire"

(Unmarried men, Wagberi) and therefore, *“If a girl is not circumcised, we believe that she will not be of good conduct”* (Married men, Jogbaru).

When asked how the community views uncircumcised girls, respondents said that FGM/C is practiced because girls who do not undergo the procedure are considered to be a shame to the community. One respondent said, *“it is a big shame”* (Women Group Leader, Jogbaru) and others reiterated, *“it is a shame and ugly”* (Unmarried Men, Jogbaru)

FGM/C was also done to make the daughters marriageable and it was feared that men would not accept them uncircumcised. This fear was confirmed by one man who said, *“recently I married a young girl and if she was not stitched it would have been a big shame”* and continued to point that they *“...do not want women with skin”* (Married men, Wagberi). Both men and women said that circumcision was a precursor for marriage and stressed that, *“if a girl is not like that (if not circumcised and stitched) her mother will be ashamed”* (Married women, Jogbaru). This gives the women in the community the reason to be wary of their daughters’ circumcision as well as the type; as they try to conform to societal pressure.

Closely related to marriageability of circumcised girls was the perception that FGM/C prevented women from becoming promiscuous. The notion that, *“a circumcised girls is respectful and does not leave her bed”* (Married men, Wagberi) shows the position held by the men as regards the circumcision of the women and the girls. This was seen as the only sure way to confirm the chastity of the women and built trust in these women.

FGM/C is considered a Somali Tradition

Some of the respondents said the practice was a tradition as old as the community itself.

“I have not heard anybody say how it started or when it started but I know as long as Somali tradition has been there, circumcision has been there as well” (Married men, Jogbaru).

Jogbaru women group leader reiterated the place of tradition in circumcision and especially as regard the cutting and stitching saying, *“We know the religion does not agree with us but people are very strong with the tradition”*.

FGM/C is believed to beautify the female genitalia

“Chopping is for beauty and we do not want our girls to be divorced” (Women Group Leader, Jogbaru).

“After circumcision, some women check how it has been done. If they feel that the opening is big, they will ask the circumciser to do it again” (Circumciser, Jogbaru).



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