



Culture, Health & Sexuality

An International Journal for Research, Intervention and Care

ISSN: 1369-1058 (Print) 1464-5351 (Online) Journal homepage: <https://www.tandfonline.com/loi/tchs20>

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To cite this article: Anna Wahlberg, Birgitta Essén & Sara Johnsdotter (2019) From sameness to difference: Swedish Somalis' post-migration perceptions of the circumcision of girls and boys, Culture, Health & Sexuality, 21:6, 619-635, DOI: [10.1080/13691058.2018.1502472](https://doi.org/10.1080/13691058.2018.1502472)

To link to this article: <https://doi.org/10.1080/13691058.2018.1502472>



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Published online: 09 Nov 2018.



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From sameness to difference: Swedish Somalis' post-migration perceptions of the circumcision of girls and boys

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ABSTRACT

In every society where non-therapeutic female circumcision (FC) occurs, so too does non-therapeutic male circumcision (MC). In the past few decades, the norm in Euro-American societies has been to distinguish between the practices: FC is banned, while MC is condoned or encouraged. We explored Somalis' post-migration perceptions of FC and MC, while considering that they once lived in a society where both practices were widely accepted and now live in a society where there is a legal ban on FC alongside acceptance of MC. Eighteen individual interviews and seven focus group discussions were conducted with Somali men and women in three Swedish cities. There seemed to be a continuity of values across male and female forms of genital cutting concerning being a good Muslim, not inflicting harm and upholding respectability. Following migration, however, a renegotiation of how these values relate to MC and FC resulted in a conceptual split between the two: MC was perceived as an unquestionably required practice, but FC was viewed as a practice that can be adapted or abandoned. In a new cultural context after migration, perceptions of ideal male and female genitals, and what kinds of inscriptions on the body are desired, seem to have changed.

ARTICLE HISTORY

Received 22 December 2017
Accepted 17 July 2018

KEYWORDS

Circumcision; Somali migrants; gender; Islam; sexual and reproductive health; Sweden

Introduction

Female circumcision (FC), also called female genital mutilation or cutting,¹ refers to various modifications of girls' external genitalia for non-medical reasons and is mainly practised in parts of Africa and some countries in the Middle East and Asia. Approximately 200 million girls and women are circumcised. Most have had parts of their external clitoris (an erectile organ), labia minora and/or labia majora (which protect the urethral and vaginal orifices) removed, while about 10% are infibulated, meaning that the vaginal orifice has been narrowed by cutting and appositioning the labia

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minora and/or majora, with or without removal of the external clitoris. Some have been cut without the removal of tissue (so-called 'pricking' or 'nicking') (Moore and Agur 2007; UNICEF 2013). FC is associated with both short- and long-term health complications, including haemorrhage and urinary tract infections (Berg et al. 2014).

Male circumcision (MC), or male genital cutting, refers to the partial or complete removal of the foreskin of the penis; an innervated structure with erogenous, protective and immunological properties (Cold and Taylor 1999). MC is a relatively widespread practice with approximately 900–1,400 million men having been circumcised, primarily for perceived prophylactic, religious or cultural reasons, or, occasionally as a therapeutic treatment for pathological phimosis and other intractable foreskin problems. The highest prevalence of MC can be found in parts of Africa, the Middle East, Asia, Australia and the USA (Morris et al. 2016). While there are perceived health benefits of MC, it may also cause, for example, infections and haemorrhage (Edler et al. 2016; see also Earp and Shaw 2017 for a fuller discussion on benefits versus risks).

Juxtaposition of the practices

In all societies where girls are circumcised, boys are also ritually circumcised (Wells 2012). In those societies, FC and MC are often regarded as socially and symbolically complementary practices (Bell 2005; Johnsdotter 2018). Both procedures intentionally – and without medical reason – alter the genitals on children who are too young to consent or make informed choices. The rationales for MC and FC vary depending on context; however, common motives can be found for both practices, such as beautification, cleanliness and as a way to 'enhance' or accentuate the male and female body (Earp 2016; Johnsdotter 2018). Furthermore, in many contexts, the rituals of genital modifications in both boys and girls are justified by reference to religion (Gruenbaum 2001).

Distinguishing the practices

Despite these similarities, today's discussions tend to emphasise the need of distinguishing between the two practices. Worldwide, FC is increasingly viewed as a practice that should be abolished, while, simultaneously, there is a more supportive view of MC (WHO 2008, 2016; see Coene 2018 and Van den Brink and Tigchelaar 2012 for a critical discussion of this tendency). Understandings of FC as a harmful practice that violates girls' rights gained ground with the publication of *The Hosken Report* in 1979 (Gruenbaum 2001). As a result, FC has been legally banned in numerous countries (UNICEF 2013). In contrast, supportive views of MC were reinforced when the World Health Organization (WHO) declared that MC on adolescent boys and men should be seen as a method for reducing the risks of female-to-male HIV transmission in high prevalence countries (WHO 2007). This decision was almost entirely based on a few studies of adult voluntary circumcision, and the WHO declaration has been criticised for being a highly political decision (Giami et al. 2015).

Concurrently, the view of MC as a harmful practice that violates boys' human rights is gaining ground (Darby 2015; Svoboda 2017) and, as the circumcision of boys

involves the removal of healthy tissue and the procedure is performed on non-consenting children, parallels with FC are being drawn (Earp 2017). However, this view has not yet received the same global attention and impact as the perspective of FC as a harmful practice (DeLaet 2009). Accordingly, the circumcision of boys is not only legally permitted in all countries, but is unregulated in most (Darby 2016).

Transnational migration

One country in which both FC and MC are practised is Somalia, where an estimated 98% of women and 94% of men are circumcised (Morris et al. 2016; UNICEF 2013). In the Somali context, the two practices are often construed as analogous practices, commonly justified with religious reasons, and regarded as overall positive acts that produce moral adult individuals (Binder-Finnema et al. 2016; Dirie and Lindmark 1991; Talle 2007).

The most common form of FC in Somalia is infibulation followed by other forms that include removal of tissue, while the prevalence of pricking among girls and women aged 15–49 years is only 1%. However, the prevalence of pricking among the most recently cut daughter, as reported by their mother, is 5% (Shell-Duncan, Naik, and Feldman-Jacobs 2016; UNICEF 2013), suggesting an increase in the number of girls undergoing pricking and a possible move towards less extensive forms of FC being practised. Neither FC nor MC are mentioned in the Koran. Although it is commonly argued that FC is therefore not rooted in religion, there are hadiths (recorded sayings and doings of the Prophet Mohammed) that mention both MC and FC – either together or separately. For example, Mohammed is supposed to have said ‘Circumcision is a *sunnah* [a practice which conforms to the tradition of Mohammed] for men and *makrumah* [an honourable deed] for the women.’ However, it should be noted that such narrations mentioning FC are often judged as inauthentic by religious scholars and therefore do not need to be followed, while MC commonly – but not by all religious scholars – is regarded as a mandatory practice (Abu-Sahlieh 1994). In Somalia, sunna and pharaonic circumcision are commonly used to describe FC. Pharaonic circumcision refers to infibulation, whereas sunna circumcision commonly refers to less extensive forms of FC, but can include all forms of FC – from pricking to infibulation (Johansen 2006; Johnsdotter 2002; Lunde and Sagbakken 2015). Thus, the word sunna is used both to describe a form of FC and a religious prescription, which may enforce a belief that FC is sanctioned by Islam.

Due to civil war, many Somalis have migrated to other countries (Cavallera et al. 2016). One of those countries is Sweden, where neither FC nor MC are customary. Such transnational migration raises the question of how Swedish Somali perspectives on MC and FC may have been affected by the move between contexts, and how these new perspectives relate to Swedish and international discourses about the practices.

Sweden has a law prohibiting all forms of FC, while non-therapeutic MC is lawful and performed among Muslims and Jews (Svensk författningssamling 1982, 2001). Prevalence figures for FC and MC in Sweden are uncertain and are based on estimates. Many women and girls from FC-practising countries arrive in Sweden already circumcised, while there have been two court cases ending in convictions for unlawful FC

since the act was introduced in 1982 (Johnsdotter and Mestre 2017). Despite MC being lawful, there are no statistics on how many boys are circumcised in Sweden, or at what ages. Estimates range from 2,000 to 3,000 boys circumcised per year, including non-therapeutic circumcision, with an estimated prevalence of 5% in the total male population (Ministry of Health and Social Affairs 2000; Morris et al. 2016). Physicians at both public and private hospitals are allowed to perform non-therapeutic circumcision of boys; however, a large number of physicians refuse to perform the practice (Swedish Society of Medicine 2010). If the boy is younger than two months, it is also possible for someone who is not a physician (but who has applied for and received permit for this from the Health and Social Care Inspectorate) to perform non-therapeutic circumcision outside a clinic (Socialstyrelsens författningssamling 2001).

In this study, we aimed to explore Somalis' post-migration perceptions of non-therapeutic circumcision of boys and girls while considering that they once lived in a society where both practices were widely accepted and that they now live in a society where there is a legal ban on one of the practices but not the other.

Conceptual framework

The analysis of our empirical data takes social constructionism as its starting point. Social constructionism is a theoretical approach that focuses on how meaning is created in social interaction in everyday life, and is a perspective that allows for an analysis in which bodies are simultaneously physical and symbolic (Lorber and Martin 2007). Notions about how gender is ideally expressed, and what perfect gendered bodies look like, vary between and within cultural groups (Richardson and Locks 2014; Shilling 2003). The body has been described as a surface on which society inscribes itself: 'First, the body, as a canvas, is not only the site where culture is inscribed but also a place where the individual is defined and inserted into the cultural landscape' (Schildkrout 2004, 338). Bodily modifications, such as the genital circumcision of boys and girls, can be seen as such instances where culture, or a society, leaves its mark on individuals in order to 'perfect' their appearance within the cultural gender landscape. The analysis and the discussion presented here are guided by social constructionism in that we wish to understand how traditional Somali views regarding what may be seen as ideal male and female genitals, change as a result of being in a new cultural context following migration.

Methods

Setting

We performed our study in three cities in Sweden, all with large groups of Somali immigrants. In total, 87,000 Somalis, either born in Somalia or with both parents born in Somalia, live in Sweden (Statistics Sweden 2016). Among Somali-born people, the majority arrived in Sweden during the last decade with about an equal number of men and women. About half are between 15–34 years old, and most have primary or secondary schooling (Open Society Foundations 2014; Statistics Sweden 2017).

Informants

In total, 18 individual interviews (10 women and 8 men) and seven focus group discussions (FGDs) with 3–11 informants (25 women and 24 men) in each were conducted. Of those who were individually interviewed, four had also participated in a FGD, and they were purposefully selected as informants who could provide rich information to further our understanding. One FGD was conducted with only women, two with only men, and four with mixed groups. Individual interviews lasted for 25–45 minutes. One FGD was unplanned and lasted for 35 minutes and the remaining focus groups lasted for 50–95 minutes.

Eligible to participate in the study were individuals of Somali origin, 18 years or older, who gave their verbal informed consent. A total of 63 participants were included in the study; 29 men and 34 women. The age range of the participants was 19–66 years (mean =33 years), and participants had lived in Sweden from between five months to 26 years (mean =8 years). All were born in Somalia, except two who were born in Sweden, and four who were born in the Somali region of Ogaden in Ethiopia. Educational level of the informants was Koranic (25%), primary (24%), secondary (25%) and university (17%) level, 5% had no education (3% unknown).

Data collection

Data collection was inspired by naturalistic inquiry (Lincoln and Guba 1985), with an emergent design allowing a dynamic interview process whereby information from one interview helped guide new questions in later interviews.

The main researcher (AW) conducted all interviews and FGDs between April to June and November to December 2015. Interviews and FGDs were carried out in private rooms in premises used by Somali organisations or mosques, or in the homes of the informants. The interviews and FGDs were conducted in Swedish, Somali or English, as decided by the informant. Two female research assistants helped find informants through a snowball sampling method, and served as interpreters when the informant preferred to speak Somali. During the individual interviews, the interpreter translated word-for-word what was said, while during the FGDs, the interpreter translated summaries of what had been said. Later, audio recordings from the FGDs were transcribed and translated from Somali to Swedish to allow a fuller understanding and analysis of what had been said during the discussions.

The interview topic guide consisted of semi-structured open-ended questions. The focus of the interviews and FGDs was to understand the informants' perceptions of the circumcision of girls and boys, to understand the relationship (or lack thereof) between the practices, and to discuss how the two practices could (or could not) be justified. In a previous quantitative study among Somalis living in several cities in Sweden, we found mainly support for pricking, while support for any of the other forms of FC was low (Wahlberg et al. 2017a, 2017b). Therefore, we used the practice of pricking as a starting point for discussion. However, discussions about FC were not limited to this practice only, rather, all forms of FC were discussed. All interviews and FGDs were audio recorded, and transcribed verbatim by the main researcher. In order to confirm the trends identified in the data, member checks were performed

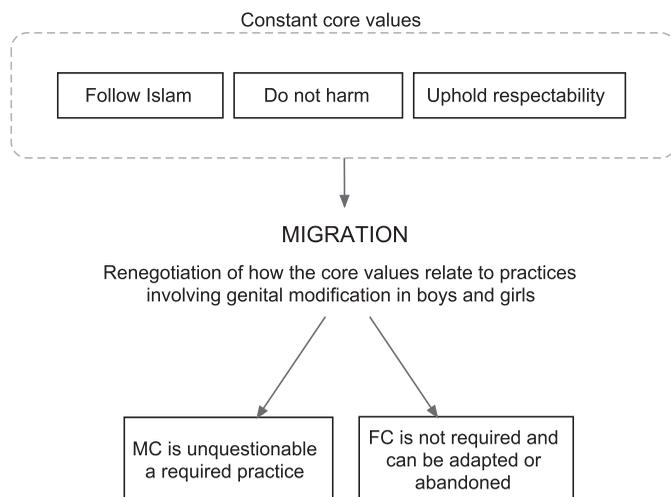


Figure 1. Thematic map illustrating how, with migration, core values previously supporting circumcision of both boys and girls have been renegotiated, resulting in a conceptual split between the practices.

continuously throughout the interviews and FGDs. The interviews and FGDs aimed to capture variation in perspectives on the topic. When the content of the interviews and FGDs reflected repeated perceptions and expressions, we considered that we had reached topical saturation and ceased data collection (Lincoln and Guba 1985).

Analysis

Our analysis followed the framework of thematic analysis described by Braun and Clarke (2006). Transcripts were read several times and discussed among co-authors. The data were coded, repeated similarities and differences were identified, and themes defined. The analysis of the data was a dynamic process, in which we went back and forth between the transcripts and the themes, to assure the themes captured the essence of the data. NVivo 11 software was used to sort the data.

Ethical considerations

Ethical approval to conduct the study was obtained from the Uppsala Regional Ethical Review Board in Sweden (2014/274). All participants were informed about their right to refrain from answering questions and to terminate the interview at any time without further explanation.

Results

The data analysis resulted in the identification of one main theme: MC is a required practice while FC is not required and can be adapted or abandoned. Three sub-themes structure the following presentation of the findings; 'follow Islam', 'do not

harm', and 'uphold respectability'. These sub-themes represent what we found to be constant core values, albeit renegotiated and reshaped after migration, resulting in a complete conceptual separation of FC and MC (Figure 1). While most informants discussed the circumcision of girls and boys based on these values, which value was given most emphasis differed.

Follow Islam

It was commonly indicated that following Islam and being a good Muslim are important, no matter where in the world you live. However, *how* to be a good Muslim was interpreted differently by the informants and, for some, views on this had changed after migration.

During the interviews, many shared the perception that one should not change God's creation. In line with this reasoning, there was a strong tendency towards opposing all forms of circumcision for girls, or to support the pricking of girls as a 'symbolic' practice while not causing any permanent change. However, some did not deem girls' circumcision meaningful if it did not leave a visible change. One woman explicitly said that pricking would not be enough for religious purification of the girl:

People should have their sensations and pleasure and so on, but just removal of that tiny bit [the tip of the clitoris] should be done because [it is] halal. (Woman, 1 year in Sweden, interview 4)

The removal of a boy's foreskin was commonly perceived as merely some 'skin' being removed. Some equated this removal of 'skin' with the cutting of the nails and the hair of the body, or to the removal of a scab, which was said not to change God's creation:

God created you as a whole, the man's genital is whole, the only thing you cut is some skin, no flesh. For example, when my skin gets dry, it will fall off, and for example if I have a scab, it is only the scab that is removed, no flesh or an organ, it is only skin. (Man, FGD 3)

Many Somalis conveyed the idea that the circumcision of boys was an obligatory practice and that the hadiths mentioning MC were trustworthy, and therefore MC could not be questioned:

Interviewer: But why do you have a foreskin if it is to be removed? Why did not God create the male without a foreskin from the start and you would not have to [circumcise]?

Informant: Why did God create you, and why did God create a handicapped person, why? Do you know why? I don't. God made the decision. I don't know, and neither do you. God decided. If God created a handicapped man who can't walk and sits in a wheel chair ... why did God do this? He won't know, you won't know. God knows. (Man, 4 years in Sweden, interview 8).

The view that MC was a religious obligation was, according to some, reinforced after migration to Sweden. This was said to be due to interactions with other Muslim groups who also practise MC, and this further supported their view of MC as an Islamic practice. It was also said by some that circumcision of boys could prevent

bacteria from accumulating behind the foreskin and urine from being retained on the penis. Therefore, men had to be circumcised for cleanliness, as they otherwise would not be allowed to pray.

Some described the hadiths mentioning the circumcision of girls as 'not trustworthy', implying that these hadiths did not need to be followed. This view was, it was stated, supported by interactions with other Swedish Muslims who did not practise FC, and who were perceived by some as 'looking down' upon Somalis for practising it. As expressed by one young man:

Other people, Arabs, tend to disparage us [Somalis] because of that. (Man, 26 years in Sweden, interview 11)

Others viewed the pricking of girls as something beneficial to do but not a religious obligation, thereby giving room for the individuals themselves to decide whether they wanted to practise pricking. For some this was an easy choice:

So, when you talk about *sunna*, it means that you can do it, or you can refrain from doing it, so if you are told that this is something that can be abandoned, why should you do something that can cause pain or lead to bleeding? (Woman, FGD 4)

Importantly, viewing a practice as *sunna* did not necessarily mean that one regarded it a desirable practice.

Views of Swedish legislation against the circumcision of girls varied. On the one hand, some were relieved that there was a law prohibiting FC as they were offered a good reason not to uphold the practice. On the other hand, some thought the law infringed on their right to religious freedom. The fact that there is legislation banning even pricking as a form of FC while MC is permitted was perceived as a double standard by the Swedish state, in that it allowed the circumcision of boys on religious grounds but not girls:

Sweden accepts that I can do that [circumcision] for boys but not for girls. But why do they say in Sweden that you cannot do it on girls while it's legal for boys, why? (Woman, 1 year in Sweden, interview 4)

Do not harm

Emphasised by most Somalis was the importance of avoiding practices that are harmful. However, the view of what constitutes a harmful practice varied among individuals and depended on which gender was discussed. Many perceived that removing the foreskin from the penis was such a minor procedure that it would not negatively affect the man's health, at least not in the long run, and especially not as long as it had been performed in a medical environment:

Informant: As a guy, you should be grateful to be circumcised. I was circumcised here in Sweden, and I've watched when a guy was circumcised in Somalia. That is, among those who are poor, and they ... no medication and things like that, and it's like 'argh' ...

Interviewer: What do they do then?

Informant: They place a stone underneath, and then they pull the skin and cut it off with a razor, and he's like thirteen years old or something, and it's brutal. Anyway, when

he has healed, it's not like a girl's [circumcision], he still has complete function as far as I know, while the girls always have problems. (man, 26 years in Sweden, interview 11)

In line with this, being able to (legally) have MC performed in a Swedish hospital was valued, and this legality of MC was seen by some as a sign that it could not be harmful. Further, some asserted that Swedish men increasingly undergo circumcision for health reasons, as a man without foreskin would have less risk of bacteria accumulating under the foreskin, and this situation enforced the view that MC is harmless (or even beneficial):

There are indeed those [Swedes] who imitate Muslim boys who are circumcised, and some non-believers who opt for circumcision. They say that [an intact foreskin retains] bacteria, and that it is a good thing that the Muslims do when they circumcise their boys, 'we want to do that too', they want to be similar. (Man, FGD 3)

In contrast, while most perceived MC as harmless, the removal of genital tissue in a girl was commonly described as having detrimental effects, which led to a re-evaluation of the continuation of the practice:

Each country has its traditions. The Somalis have circumcision of both girls and boys, but we have noticed that the circumcision of girls is harmful and gives complications. But we haven't seen any problems with [the circumcision of] boys so that we don't have anything against and as it is our tradition and culture, we see no problem [continuing with MC]. (Woman, 1 year in Sweden, interview 7)

Some respondents said that the increased awareness of the health risks of FC, an awareness that, for some, was a result of interactions and integration into the Swedish society, influenced them to become opponents of FC. However, others emphasised that because pricking girls' genitals involved no removal of tissue, they did not think that this practice would cause any harm. This view did not necessarily lead to the conclusion that pricking should therefore be performed:

I understand that there is no health risk with pricking, but as it is a sunna you can either do it or refrain from doing it. And then I choose not to do it. (Woman, 4 years in Sweden, interview 13)

Others said that it could not be ruled out that pricking does not cause any harm and therefore they did not think it should be performed. A few informants raised the idea that the pricking of girls – just like MC – ought to be legal so that it could be performed in hospitals, thereby reducing the health risks of the procedure.

Many men perceived that their own circumcision had either improved or at least not negatively affected their sexuality and sensation during sex. However, none reported having had sex prior to their circumcision. In addition, women commonly expressed that a man with a foreskin would not be able to arouse them, and that they would not be attracted to, nor would want to be intimate with, a man with a foreskin. As one woman described it thus:

When you haven't done it [circumcision] to the boys, they look like small kids. And also, it doesn't look good, and the other person [the woman] misses out on any warming up, because you completely lose your desire when there is this foreskin. (Woman, 1 year in Sweden, interview 5)

For FC, loss of sensation during sex was commonly reported as a negative effect of forms of FC where tissue had been removed, while pricking was by many not perceived to have an impact on sexuality:

This little bleeding [pricking], they say that the sensation will be there, she will be able to feel, and she can become sexually turned on and such things. I don't have it [pricking, but a more extensive form], so I don't know what it's like. But from what I've heard, those [who went through pricking] still have it [the ability to be turned on], but I'm not someone who can describe it [laughs]. (Woman, 1 year in Sweden, interview 4)

However, it was also acknowledged that every person is an individual:

All people have sensation thanks to what God has given them, but they are not all the same. Some end up quickly [ejaculating], some take longer time, and that's the case also among women and ... when it can be delayed it is not a problem, and the one who comes quickly, that's his own business! [laughter]. (Man, FGD 3)

Uphold respectability

With migration from Somalia to Sweden, from one context to another, some expressed the need to find a balance between what was described as being their 'old culture' and the 'new culture':

But then it is about clinging to culture without ... while simultaneously being in a new [time], right? You partly enter into new times while still lingering with a foot in the past, you know. (Man, 26 years in Sweden, interview 11)

On the one hand, many Somalis acknowledged that they have migrated to, and are living in, a new country with different values and norms and therefore they have to adapt and follow the rules of that country. Continuing the practice of MC does not clash with the Swedish legislation, and thus, there is no pressure to discontinue the practice. Many informants stated that MC is an essential part of manhood, and that others would look down on him if he was not circumcised:

We think that men who are not circumcised, when they have become 30 years old there will be no difference between them and a woman [here referring to women as being less sexually active], it will be as if two women are lying in the bed. (Man, FGC)

Likely there are those who would say 'Gaaaah!' or talk behind your back [if you are not circumcised]. No one would force you [to be circumcised], but you would feel cheap [inferior], you see what I mean? (Man, 6 years in Sweden, interview 3)

In contrast, a strong sense of moving on and leaving behind the perceived harmful tradition of FC was articulated by many Somali men and women. According to some, moving to another country provided an opportunity to discard practices that they thought were bad, such as FC, while keeping the good ones. During one FGD it was emphasised that FC was no longer a problem, so dwelling on FC was a redundant discussion; rather, there were other much more 'real' problems that Swedish Somalis face, which ought to be addressed, as expressed by religious leaders:

FGD participant 3 (FGD 7): Actually, I'm rather tired of ... I'm grateful to you for doing your job, it's a good thing that you do this study. But I'm tired of this issue, which is not

really an issue anymore. As I've pointed out a few times, we are facing so many challenges as imams, as directors of the mosques, like health issues. Indeed, this issue about being circumcised [FC] or not ... never. There is no room for that kind of discussion.

Participant 2: We have the problem with drug abuse, we have ...

Participant 3: ... criminality ...

Participant 2: ... discrimination ...

Participant 3: ... the massive unemployment ... single mothers ... radicalisation processes ... Indeed. And you, you come here and talk about women ...

Participant 2: ... what was done among our grandmothers ...

On the other hand, some respondents also described the importance of not becoming 'too Swedish'. The pricking of girls' genitals was brought up by some as a suggestion of how one could balance the old and new culture by replacing the traditional forms of FC with a 'milder' practice. Furthermore, although pricking does not provide a visible change, it was still perceived by some as a way of making the girl more respectable:

Informant: There is also the benefit that she will become respectable and accepted.

Interviewer: And what is it with pricking that will make her more respectable? As nothing is removed, it will not be visible after one has done it, so how can that make her more respectable?

Informant: The parents know that she has been pricked and also, she knows that she has been pricked, so that can strengthen her, she knows. (Woman, 1 year in Sweden, interview 7)

One informant, however, thought that the support of pricking was still 'old culture' and primarily supported by individuals in the older generation:

Informant: People that have chosen this one [pricking], they have the old culture, they are thinking about the old culture, but I don't think about that, you know ... [...]

Interviewer: Why do you think they say it is good?

Informant: I don't know. I am not old people [laughs], I think I am still young. (Woman, 1 year in Sweden, interview 6)

Discussion

Among the Swedish-Somali men and women in this study, opinions and perceptions related to genital modifications in children and its impact on health, pain sensation/experience and sexuality, as well as its importance for the individual for respectability and as a religious practice, differed depending on whether the practice is performed on boys or girls. Although some Somalis were said to have had different views of the desirability and necessity of circumcision of boys and girls before migrating to Sweden, many reported their views being reinforced in the Swedish migration context.

Many Swedish Somalis in this study described how interactions with other Muslims in Sweden who do not practice FC but MC, made them revalue the religious imperative of FC while strengthening their support of MC. This finding is consistent with an earlier study in Sweden, reporting on processes of Islamisation among Swedish Somalis and a dissociation from FC on religious grounds (Johnsdotter 2003). However, the terminology used to describe some forms of FC – sunna circumcision – in itself implies a link with the sunna practices of Islam, and many people in Somalia still seem to view

the sunna circumcision of girls as a religious requirement (Gele, Bø, and Sundby 2013). This may be why there were those in this study who considered the pricking of girls an honourable deed. Yet, for others, migration seems to have resulted in a reassessment of the relationship between 'sunna circumcision' and religion.

While some Swedish Somalis described that they realised that FC was harmful through integration into the Swedish society, some said that their perception of MC as harmless was reinforced by MC being legal and allowed in Swedish hospitals. Thus, it is possible that permissive legislation has the possible effect of entrenching the practice. Different perceptions of the health effects of FC and MC has also been reported among members of the Somali community in Norway, who expressed that FC was detrimental to girls' health, while they viewed MC as a symbol of good health (Gele, Sagbakken, and Kumar 2015).

Adaptation to cultural norms regarding FC was acknowledged by many of the Swedish Somalis in this study. Other studies have also reported changed norms towards FC in immigrant groups after migration to North America or a European country (e.g. Villani and Bodenmann 2016; Vissandjée et al. 2003). However, in a study among Norwegian Somalis and Sudanese, continuity after migration in adherence to the virginity norm for girls was found. Reluctance to undergo defibulation (surgical opening of the infibulation), unless it was done in connection with marriage, was explained in terms of adherence to the importance of virginity (Johansen 2016). This discrepancy between the importance of a culturally constructed virginity and the expressed acceptance for the pricking of girls as a sign of respectability among the informants in this study needs to be further explored.

Notions of what constitutes the 'perfect body' are influenced by the cultural context, as well as global and local discourses (Malmström 2009; Richardson and Locks 2014; Villani and Bodenmann 2016). Worldwide, there have been widespread efforts to end the practices of FC, whereas the circumcision of men is instead promoted by WHO, among others, as prophylaxis against HIV (see e.g. Bell 2015; Giambi et al. 2015 for a critical discussion of this stance). In Uganda, such HIV prevention campaigns have been found to 'exploit male anxieties about appearance and performance, drawing on a hegemonic masculinity to promote circumcision as an idealised body aesthetic' (Rudrum et al. 2017). Furthermore, if a practice is normative, it is less likely that one will feel harmed by it, and just as FC in practising communities has been described as being perceived as the 'normal' state for a woman, the (negative) effects of MC in areas where this practice is the norm may also be interpreted as 'normal' and thus not attributed to the circumcision per se (Boyle et al. 2002). In line with this, in a recent US study, greater endorsement of false beliefs concerning the negative effects of MC among circumcised men predicted greater satisfaction with circumcision status (Earp, Sardi, and Jellison 2018). In addition, even though a man may feel harmed by his circumcision, there are several reasons why he might not want to say this in public, such as social pressure and the concern that his masculinity will be questioned (Earp and Darby 2017). This may explain why, among the Somalis in this study, negative effects of MC were not reported. Thus, globally existing discourses, norms and false beliefs may have influenced the Somali informants' perceptions of FC

and MC, encouraging them to conform to such norms and adapt to the conceptual separation between MC and FC.

Strengths and limitations

In this study, we conducted both semi-structured individual interviews and FGDs. This enabled us to capture individual experiences and perceptions in the interviews as well as shared social norms and expectations, contested or not, expressed in the FGDs.

What was said during the interviews may, however, reflect normative responses of social desirability, especially as the researcher conducting the interviews was a white woman. Further, having a female researcher interviewing men about their perceptions and experiences of MC, and interpreting the data, may have elicited biased answers and interpretations. Yet, the interviewer's being an 'outsider' may also have encouraged openness and urged informants to explain the 'insider' view, which is not expected to be otherwise grasped by an 'outsider' (Kusow 2003). One might fear that there is a risk that statements from informants in this study would be less than trustworthy, given that FC is criminalised in Sweden, and that their knowing about the law would prevent them from saying their 'true' standpoints relating to FC. However, it is noteworthy that many informants openly expressed support for a pricking procedure (as well as more extensive forms of FC), despite the fact that they knew that even this form is legally banned, and many of the informants seemed confident in stating their views about FC as well as about other 'negative' issues such as khat use and radicalisation among Somalis.

In order to be better equipped to understand the context of the statements in FGDs and interviews, the principal researcher in this study interacted with members of different Somali organisations on several occasions. In addition, a continuous dialogue was held with relative insiders, including the Somali research assistants, to discuss possible interpretations of statements that were made by informants. These discussions can be seen as a means of validating the analysis.

Conclusion

The significance of bodily inscriptions, such as FC and MC, is not static; rather, views of the body are constantly interpreted through the lenses offered by culture and context (Richardson and Locks 2014). In addition, prevailing discourses, norms and beliefs also influence perceptions and expressed opinions regarding the genital modification of children. In this study among Swedish Somalis, some said they had different views of the necessity of circumcision of boys and girls before migrating to Sweden, while many reported this view being reinforced in Sweden. In the new cultural context, a renegotiation of how the values of being a good Muslim, not inflicting harm, and upholding respectability relate to MC and FC seems to have resulted in a conceptual split between perceptions of circumcision in boys and girls.

Acknowledgement

We thank all who participated in this study and the research assistants, Zahra Abdi Mohamed and Asha Omar Geesdiir.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

Gillbergska stiftelsen; County Administrative Board Uppsala [Grant number: 801–2478-15]; Stiftelsen Sven Jerrings Fond; Vetenskapsrådet [Grant number: 2015–03546]; Forskningsrådet för hälsa, arbetsliv och välfärd [2013–2095, 2015–00771]

Notes

1. Throughout this paper we use the terminology male and female circumcision in line with the terminology used by most of our respondents. 'Female circumcision' is also used throughout the paper as a theoretical term to refer to all forms of genital cutting of girls, from pricking to infibulation, while the type of cutting is specified if a particular procedure is referred to. As a theoretical term, the choice of terminology to describe the various forms of genital cutting of girls is contentious, see e.g. Wade (2012) and Johansen (2015) for further discussion of this.

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