Communication is key to understanding female circumcision

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Lack of communication hampers the prevention of female genital mutilation, according to anthropologist Rachel Issa Djesa. She has observed encounters between Norwegian authorities, health personnel and Somali women in Norway.

Why is it so difficult to prevent female circumcision? More precisely, what are the societal and cultural circumstances that make the prevention work so turbulent and characterised by lack of dialogue? This is the question posed by Rachel Issa Djesa in her PhD thesis.

Difficult to change tradition

In 2002, Djesa was invited to participate in a project on the prevention of female circumcision, under the leadership of the then called Norwegian Ministry of Health and Social Affairs. Eventually, this work turned into a doctoral study.

"My point of departure was a desire to find the best way of preventing the practice of female circumcision and genital mutilation. This is not an easy task," says Djesa.

In 2014, Kilden wrote about how thirty years of campaigns against female circumcision have only had limited effect in the countries in which it is practiced, such as in Somalia and Ethiopia. Since 1995, genital mutilation has been illegal in Norway, but 'the practice nevertheless continues', Djesa writes in her thesis.

"It is difficult to know exactly how many people are circumcised. When I worked with the project, the only way of finding out whether a woman was circumcised or not was when or if she became hospitalised. But there are a lot of immigrants in Norway from countries in which female genital mutilation is practiced, such as Somalia, Eritrea, Tanzania and Mali."

"What do you mean when you say that 'the practice continues'?"

"We're dealing with a global society in continuity. Peoples who practice or have practiced circumcision are on a constant move. And we also

have to relate to a new generation that still considers this practice their norm."

"Did any of the women in your study consider having their own daughters circumcised?"

"Most of them don't want to expose their daughters to the pain. But changing tradition and customs is not easy," says Djesa.

"Within the societies in which female circumcision is or has been a norm, one needs to take a number of questions into consideration: Whether to go ahead with it or not, whether to just circumcise 'a little', what the consequences may be if one doesn't do it etc. Our job has been to facilitate for choosing new practices instead of circumcision."

Mutilated before they arrive

A survey carried out by The Norwegian Center for Violence and Traumatic Stress Studies (NKVTS) from 2014 estimated that approximately 17.000 girls and women in Norway have been victims of female genital mutilation before they arrived in Norway. According to the report, it is difficult to say anything certain about the possibility of whether Norwegian born girls – with parents from countries in which circumcision is practiced – have been exposed to the practice, but NKVTS considers these within their target group for preventive measures.

Djesa's thesis is a qualitative survey based on fieldwork among thirty to forty Somali women in Norway who are themselves circumcised and belong to a community that 'has practiced and still practices this custom'. Since Djesa also took part in a project in which the chief motive was to prevent circumcision, she was not able to assume an entirely objective position as an observer. Her methodological approach is termed 'action

research', and seeks to both understand and prevent.

"You write in your thesis that your own understanding of circumcision as a practice has changed as a consequence of you thesis work. In what way?"

"I first expected that my research would be met with applause and praise, since it seeks to protect girls. But this does not come from those affected by the custom: For them, this is a highly complex issue, and you only rarely manage to get them to talk about it."

"It has become more and more common to apply the term 'genital mutilation' to female circumcision. You use the latter yourself. Why is that?"

"Depending on context, the term genital mutilation may appear judgemental. To those who still consider the practice a norm, the term is alien."

Communication fails

As the research project gradually developed, Djesa realised that there were significant challenges related to the communication between those who have traditionally practiced female circumcision and those who work to put an end to the practice.

"They talked at cross purposes," she says.

She came to the conclusion that the question of prevention could not be satisfactorily answered unless she had first analysed the challenges related to the prevention work. Intercultural communication therefore became an important topic in her thesis.

"It took me a long time to gain trust from the women I worked with. In the beginning, they could say things like 'Be careful, Rachel is here' to each other. After a while, this became 'Rachel is here, but we can talk nevertheless, she is one of us.'"

Djesa also experienced challenges related to communication in her encounter with the Norwegian health system.

"In Norway, circumcision is considered barbaric; people have a no-no attitude towards the phenomenon. Because of the way in which Norwegians speak about the phenomenon, those affected distance themselves and stop listening. But my Norwegian collaborators didn't understand what I meant, so I realised that I had to change the way I spoke about it."

Djesa used film recordings of encounters between the Somali women she observed and health personnel in order to demonstrate the challenges that might occur in the communication.

"Film became an important tool in order to see, understand, and do something about the problem."

Strong women

The Somali women that Djesa encountered were all very different, they had different background, and they all found themselves in different situations.

"Some were modern; others were traditional. Some had children; others did not. Some had marital problems; others were living in very romantic marriages. I was so confused! The image I had of circumcised women did not fit. And I found myself thinking that they were stronger than me."

"You write that the debate on circumcision may be perceived as a new type of abuse. Why?"

"We need to ask ourselves what is the purpose of the debate, and who do we want to influence. If it is the affected parts, will they actually change their attitudes? Or is it more about winning the dispute?"

"Try to imagine how you would have reacted if society kept arguing about your body, if you had to read Facebook comments in which your parents were described as horrible and criminals, and so on. The families had perhaps entirely different motives than what the debate makes it seem like. For instance, the parents may have thought that circumcision would protect their daughters."

She points to the fact that circumcision often happens within a context of ritual and celebration, often with the entire family present, and characterised by 'a lot of care'.

"This does not mean that we should defend circumcision, but we need to understand the context in which it takes place. For instance, many circumcised women can't identify with the term 'mutilation' or with the description of the parents' motives. The debate may thus seem alienating to them. Is it possible to find other ways to address the problem in order to put an end to the horrific practice without destroying the relationship between parents and children? This will require creativity. We're facing a difficult problem and we need to avoid oversimplified solutions," she says.

Encounters with health personnel

A central part of the work was to identify concrete measures and activities that opened up for dialogue between minority women with 'experiences of circumcision' and the Norwegian health system –

situations in which effective communication and change (of attitude) could take place.

The encounter between circumcised women and health personnel often occurs in connection to pregnancy and birth. According to Djesa, the women she encountered were often angry about what they perceived as a condescending attitude from the health personnel.

"When they received treatment in hospital, they felt that they were looked down upon. The women are shocked by this; they don't understand why they are met in this way."

Many of them wanted to explain to the health personnel how to treat a circumcised woman, says Djesa. A recurring comment was that 'they need more knowledge'.

According to Djesa, the discussions were sometimes in deadlock for months. One controversial question was caesarean section. Many Somali women could not comprehend why they couldn't give normal birth as in Somalia and instead had to go through a caesarean. The solution came when a midwife one day mentioned that Norwegian women also have caesareans.

"They didn't know that. They said: 'We thought women from Somalia were the only ones who had to have caesareans, as a punishment for being circumcised'," says Djesa.

"With the use of a demonstration doll they were shown how the procedure would be carried out in practice: 'This is where the baby comes, when you're circumcised it is impossible for us to help; therefore, we cut you on the left side here,' and so on."

Finally, there was a dialogue. The women could ask practical questions

and communicate their concrete experiences and needs.

Need to find room for interaction

"We have to find common activities where we can use our different experiences, discuss, and expand our understanding and our wiggle-room. Without room for interaction nothing will happen; the discussion remains too abstract," says Djesa.

"This work does not only take time, it also requires effort. Rather than choosing a simple solution where one part is allowed to dominate, this interaction involves a constant dynamic between the various interacting cultures. Mutual understanding is a decisive foundation for communication."

Djesa found that some easy common activities could open up for dialogue concerning circumcision between the involved parts.

"Cooking together is a very concrete activity where the women may demonstrate their skills and learn about Norwegian customs. It takes place within a harmless and non-judgemental setting."

During activities such as this, Djesa experienced that some of the women themselves made the initiative to talk about the need to abolish female circumcision.

Law versus dialogue

One of the questions Djesa addresses in her thesis is whether dialogue or punishment provides the most effective prevention of circumcision.

"The draft legislation provides an important framework, but it doesn't

create understanding among those practicing the custom. Since circumcision is a cultural phenomenon, we need to make use of other measures. Let's say you come from a place in which circumcision is common and valued, for instance Somalia, and you have to travel to Norway. When you board the plane, you consider circumcision something of value, something you're proud of. When you arrive at Gardermoen airport six hours later, circumcision has become something barbaric and horrendous that is met with legal measures and threats of punishment."

"In addition to the law, we need to take the pedagogics and the anthropology into account. We need to understand, to meet, and we need to talk to each other. Culture is something we have acquired over several years; it is not something we can just disregard in a second."

She emphasises that she does not think the ban should be removed.

"The ban needs to be there, but it won't help as long as people don't understand what the problem is. We need to change the hearts. That is why communication and mutual cultural understanding is important."

"Although I don't accept circumcision, judging those who practice it or telling them that it is wrong won't help."

Important to have male support

During her work, Djesa also realised the importance of male support in the prevention work.

"The relationship between men and women is central to the practice of circumcision. It is therefore vital to have the men on board in order to make changes."

In 2007, the Norwegian Ministry of Health and Social Affairs arranged a major conference in Trondheim on the prevention of circumcision. Djesa dreaded inviting men to the conference and suspected that she, as a researcher, would not succeed getting through to them. She eventually received help from one of the women in the group she had worked with, who put her in contact with a male family member.

"Then they felt safe and respected, and several men within the community ended up going to the conference in Trondheim. It was a huge success. Among other things, several imams stated that female mutilation is a breach with Islam and not necessary according to the Quran. When religious leaders say this, it has much more effect than if I say it."

One of the most important things Djesa learned at the Trondheim conference is how to approach such a delicate issue without making the other part lose face or feel exploited.

"It creates a good relation which is important for other decisions in the future as well. It may seem idealistic, but I believe that changes last longer when they come out of own initiative rather than coercion. If those I am trying to reach understand my message, they will do the work themselves without me being there or having to send the police to make controls."

"My job is to find the right way of giving people the knowledge they need in order to change the practice themselves. The law says one thing, but we don't know how people react. The human being is fully capable of saying one thing and do and think something entirely different. We need to take this complexity into account."

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