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Circumcised women´s dilemma

Eritrean and Somali women´s experiences, before and after
migration to Sweden

Abstract

Introduction

Female circumcision is a widespread phenomenon in the world today and has been performed for thousands of years. According to the World Health Organization, 130 million women in the world today have been subjected to the practice of female circumcision. In Eritrea, Sudan, and Somalia more than 90 percent of the female population are circumcised.

The purpose of this study was to explore female circumcision and its determinants from the perspective of women who have immigrated to Sweden. A qualitative design was used with interviews conducted with female immigrants from Eritrea, Sudan, and Somalia. The transcribed narratives were thereafter analysed the use of manifest and latent content analysis. The result of the study reveals a persistent social pressure also after immigration.

The narratives could be understood in the categories *The importance of honour*, *The decision-making- process*, implying a decisive role of men, and *The influence of female relatives*.

The final category was the situation in Sweden; a tradition in change and suggestions of solutions of female circumcision after immigration. The narratives indicated that the women did not consider circumcising their daughters, but believed that the practice continued among other immigrants from countries where the custom remains widespread. In considering the social pressures that contribute to the custom, some informants expressed anxiety regarding how uncircumcised Swedish-born girls would be treated if they eventually moved back to Eritrea or Somalia.

Key words: Occurrence of female circumcision among immigrants, Somalia, Eritrea, Sweden, female circumcision, female mutilation, social pressure.

Abstract

Introduktion

Kvinnlig omskärelse är ett utbrett fenomen världen över och har utförts i över tusen år. Enligt Världshälsoorganisationen (WHO) har 130 miljoner kvinnor blivit utsatta för ingreppet. I Eritrea, Sudan, Somalia är mer än 90 procent av den kvinnliga befolkningen omskuren. Syftet med denna studie var att utforska kvinnlig omskärelse och dess determinanter utifrån immigrerade kvinnors egna perspektiv. En kvalitativ modell användes och intervjuer utfördes med kvinnor som immigrerat till Sverige från Eritrea, Sudan och Somalia. Därefter analyserades de beskrivande berättelserna och sammaställdes i enlighet med manifest och latent analys. Resultatet av studien visade att det fanns en bestående social press, även efter immigration. Berättelserna kategoriserades : *Vikten av heder*, *Den beslutsfattande processen* som innefattade männens avgörande roll samt kategorin *De äldre kvinnliga släktingarnas inflytande*. Den sista kategorin var *Situationen i Sverige* och utgjorde två underteman som kallades; *En tradition i förvandling* och *Förslag till lösningar från immigrerade kvinnor*. I berättelserna framkom det att kvinnorna inte själva övervägde att omskära sina döttrar men trodde att traditionen levde vidare bland andra immigranter från länder där traditionen fortfarande var verksam. Med tanke på den sociala pressen, uttryckte några av informanterna

en oro kring hur oomskurna svenskfödda flickor skulle behandlas och uppfattas om de eventuellt skulle flytta tillbaka till Eritrea eller Somalia.

Nyckelord: Förekomst av kvinnlig omskärelse bland immigranter, Somalia, Eritrea, Sverige, kvinnlig omskärelse, kvinnlig könsstympning och social press.

Preface

As a Public Health student, I have focused my education on health promotion efforts aimed at understanding the causes and furthering the prevention of violence. By working preventatively with questions surrounding violence, we can reduce and in best cases prevent many physical, mental, social, and economic public health concerns and costs, which appear in a social, cultural, and public context. These issues are, among others, important targets for public health scientists. In addition to Public Health, I have studied Human Rights and believe that a combined focus on these two fields offers a broad, insightful and exhaustive approach to understanding my subject.

My main interests in the study of violence revolve around women's rights, as part of which I consider questions surrounding female circumcision in this research.

This study focuses on women and girls in the risk zone. With respect to my informants, I have chosen to use the word female circumcision and not genital mutilation to refer to the practice considered in this essay.

Acknowledgements

I would like to thank the women in this study who responded with openness, honesty, and patience to my questions about their personal experiences of the often sensitive topic of female circumcision. Considerable courage and strength are required to speak openly about experiences surrounding such a sensitive and often taboo topic and I am deeply indebted to my informants for the information and insight they shared with me. I would also like to thank my thesis advisor Vanja Bergren, who has guided and supported me throughout this process. I also had the privilege of an additional advisor, Liselott Jacobsson, whose expertise contributed significantly to improving and providing a firm scholarly foundation for my work.

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Abbreviations

HR	Human Rights
FC	Female Circumcision
FGC	Female Genital Cutting
FGM	Female Genital Mutilation
UN	United Nations
UNFPA	United Nation Population Fund
UNIFEM	The Women´s Fund at the United Nations
UNICEF	United Nation Children´s Fund
WHO	World Health Organization
WMA	The World Medical Association

Introduction

Origins of Female Circumcision

Not much is known about the history of female circumcision and, though the practice has been dated back at least 2000 years, no reliable explanations exist as to its origins. (Rushwan, Slot, El Dareer & Bushra, 1983). However, the roots of the practice have been traced to Africa and differing theories presented to explain its emergence. (Davis & McCafferty, 2005). Some authors believe that female circumcision was practiced in ancient Egypt and have reported that signs of infibulation can be found on Egyptian mummies (Eke, 2000). Several authors have stated that the practice existed in North East Africa before Islam spread among different Arab groups. Archaeologists who have examined Egyptian graves have thus found that women were circumcised and have documented detailed descriptions of the procedure. Others claim that even earlier traces of female circumcision can be found in the ancient Greek era as well as among the Egyptians (El Hadi, Sunita & Ikhlas, 1994).

Some who perform circumcision interpret female circumcision as an obligation under Islam and believe that the religion requires Muslim women to be circumcised. However, there are many Muslim countries in which the tradition is neither applied nor known, including in Iran, Iraq, and Saudi Arabia. Female circumcision is not mentioned anywhere in the Quran, yet does appear in a segment in a Hadith collection, though the segment's translation and interpretation have been debated. The prophet Mohammed is reported to have mentioned the practice in a speech: that if a girl shall be circumcised as little as possible shall be taken away. Some Muslim interpreters of the text, including religious authorities, therefore argue that the prophet advocated a gentler variant of circumcision, whereas others claim that he was completely against the procedure but considered it difficult to get people to end the practice of such a tradition that was so deeply established (Aldeeb Abu-Sahlieh, 1994).

Human Rights and Female Circumcision

The Universal Declaration of Human Rights is an advisory declaration adopted by the United Nations General Assembly (A/RES/217, 1948). Its 30 articles outline the position of the General Assembly on the human rights of all people. Human rights as a concept refers to the rights and freedoms to which all humans are entitled. The Universal Declaration states:

“All human beings are born free and equal in dignity and rights.” (Frivilligorganisationernas Fond för Mänskliga Rättigheter, 2004:33).

Most countries have committed to respecting individual human dignity and physical integrity through their own national constitutions and laws as well as through international conventions. Interests relating to reproductive health and sexual health are protected under specific Human Rights. Health has been seen both as a component of a person's right to security and a separate right, often referred to as the *right to health* (Cook, 2003).

From the human rights and public health perspectives, the imposition of female circumcision on infants, adolescents, and women is considered a violation of several human rights. The practice is an obvious human rights violation when applied to young girls, but the notion of a violation can be applied equally to adolescents and older women who, for family or cultural reasons, experience difficulties as a result of circumcisions they never consented to (Cook, 2003). The 1966, Covenant on Civil and Political Rights, article 6.1, states

“Every human being has the inherent right to life.” (Covenant on Civil and Political Rights, 1966 (Frivilligorganisationernas Fond för Mänskliga Rättigheter, 2004).

A Public Health perspective acknowledges the different health complications that result from female circumcision. Infection and other medical and health risks associated with circumcision can even lead to death and thereby violate the right to life of women and girls (Cook, 2003).

Article 9.1 of the same convention of Human Rights states:

“Everyone has the right to liberty and security of the person....” (Covenant on Civil and Political Rights, 1966), (Frivilligorganisationernas Fond för Mänskliga Rättigheter, 2004).

A circumcision performed on a young girl without her consent can be considered a violation of the right to liberty and security. The girl’s immature age and family and communal pressure reinforce the challenges involved in securing her rights. Violations against the security of the person could arise from the use of unhygienic and unskilled practices in the performance of the circumcision (Cook, 2003).

Violations of the right to health and security are among the most obvious violations when considering the issue of female circumcision given the many health problems associated with the procedure, particularly when performed by medically untrained people, and the permanent physical and mental consequences that circumcision entails (Cook, 2003).

In some contexts, it could be argued that female circumcision is also a violation of the individuals’ right to be free from inhuman and degrading treatment (Cook, 2003). Because female circumcision is performed on girls and women, the procedure can also be considered a violation of the right to be free from all forms of discrimination. (Cook, 2001).

The International Convention on the Rights of the Child Art 24.3 requires signatory states to:

“Take all effective and appropriate measures with a view to abolish traditional practices prejudicial to the health of the child” (Frivilligorganisationernas Fond för Mänskliga Rättigheter, 2004), (Cook, 2003).

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), was adopted in 1979 by the UN General Assembly. The convention obligates signatory states to protect women against harmful practices but also to encourage the modification of cultural practices in which traditional expectations subjugate women and put their health at risk (UNIFEM, 2008).

“Take effective and appropriate measures with a view to eradicating the practice of female circumcision” (Cook, 2003:166)

Effective applications of these aforementioned rights are needed in order to require governments to take the steps necessary to ensure respect for human rights and to reduce violence against women, including as female circumcision (Cook, 2003).

The impact of female circumcision is not limited to the individual, family, or society at large, but crosses national boundaries and therefore becomes a global concern (Cook, 2003).

Public Health and Female Circumcision

Public health is concerned with threats to the overall health of a community based on population health analysis. The United Nations World Health Organization, which establishes standards and provides global surveillance of the incidence and spread of diseases, defines health as: "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." The population in question can encompass as few as a handful of people or as many as the inhabitants of several continents (<http://www.who.int/suggestions/faq/en/>, 12/1-2008).

Female circumcision has been cited by the World Health Organization as a major public health issue. The practice is known across socioeconomic classes and among different ethnic and cultural groups, including Christians, Jews, Muslims, and followers of indigenous African religions (Aldeeb Abu-Sahlieh, 1994). Most procedures take place under conditions that constitute a health danger and have both physical and psychological effects. The immigration of refugees from different parts of Africa to Europe, North America, and Australia in the past decade entails that health care provider in these countries to acquaint themselves with the practice (Toubia, 2004).

What is Female Circumcision?

Female circumcision was initially the internationally acknowledged term or concept used by the UN and the WHO as well as scientists when referring to the practice. This term was used in the first act of legislation against the procedure in Sweden 1982, *The act of prohibition against female circumcision* (Socialstyrelsen, 1982). In 1979, Fran Hosken, one of the first researchers in the field whose report is frequently cited, published "*The Hosken Report*," which drew considerable attention to the practice in the Western world and gradually contributed to a shift in opinion in favor of changing the term (Hosken, 1994). In 1990, the World Health Organization accepted the concept of *Female Genital Mutilation* (FGM), which was later also accepted in Sweden. The Swedish legislation against the practice was subsequently renamed *The act of prohibition against female genital mutilation* (Socialstyrelsen, 2003).

In English, the term Female Genital Cutting (FGC) has become popular in recent years and is considered to be more morally neutral than Female Genital Mutilation (Johansen, 2006).

The expression genital mutilation could be interpreted as crude or insulting to those on whom the practice has been performed (Cook, 2003). Furthermore, there is a risk of equating genital mutilation with the most serious form of circumcision, namely infibulation, which could lead to that other forms are understood as allowed or accepted. More often, the term female genital cutting is used in an attempt to find a language that is value-neutral but still sufficiently descriptive of the procedure (Cook, 2003).

Female circumcision is a procedure in which parts of the female genitalia are removed or in any other ways changed due to cultural and/or traditional customs. The World Health Organization, along with UNICEF and UNFPA, has classified female circumcision into four types (WHO, 2000).

Type 1. Excision of the prepuce, with or without excision of part of or the entire clitoris. This type is also called "sunna," which is the Arabic word for "tradition" or "duty" (Shell-Duncan & Hernlund 2000).

Type 2. Excision of the clitoris with partial or total excision of the labia minora. This type is also called clitoridectomy.

Type 3. Excision of part or all of the external genitalia and stitching of the vaginal opening. This type is also called infibulation and pharaonic circumcision.

Type 4. Pricking, piercing or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterisation by burning of the clitoris and surroundings tissue. Scraping of tissue surrounding the vagina (angurya cuts) or cutting of the vagina (gishiri cuts). Introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purpose of tightening or narrowing it, and any other procedure that falls under the definition given above. (Davis& McCafferty, 2005), (WHO, 2000).

These classifications can only be considered theoretical ranges, given the difficulty of separating the different categories in actual practice. There are no actual or clear distinctions and many intermediate forms and crossings exist between the different types (WHO, 2000).

Furthermore, other types of circumcision exist which have received less attention but are widespread in areas where infibulation (type 3) is also practiced. One of these types is called *re-infibulation* (RI). Re-infibulation has been defined as the re-stitching or tightening of the scar tissue resulting from infibulation after the delivery of a child. It should be distinguished from episiotomy repair, which implies the reconstruction of a normal vulval anatomy after delivery (Berggren, 2006). Infibulated women also undergo de-infibulation, which aims to ease penetration at intercourse as well as medical procedures such as childbirth, examinations, and the introduction of catheters (Berggren Salam, Bergström, Johansson & Edberg, 2004).

The World Health Organization estimates, 100 to 140 million women and girls worldwide to have undergone the practice of female circumcision in one form or another. An additional two million girls annually are at risk of being subjected to the procedure. The most common type is excision of clitoris, which estimates show accounts for 80 percent of all cases of circumcision. The most extreme variant is infibulation, which accounts for 15 percent of cases.(WHO, 1998) This more severe form is more prevalent in the Horn of Africa, specifically in Eritrea, Somalia, and Sudan were 80-90 percent of the women are estimated to be circumcised (WHO, 1998).

Today female circumcision is practiced in approximately 30 countries in sub-Saharan and north eastern Africa and in parts of the Middle East (Rahman & Toubia, 2000), (WHO, 1998). Female circumcision, however, can also be found in Latin America, India, Indonesia, and Malaysia (Dorkenoo, 1995), (Toubia, 1999).

Why: Female Circumcision?

The motives for practicing female circumcision vary between different geographic areas, ethnic groups, and types of circumcision. Many reasons exist as to female circumcision is performed, but socially constructed concepts of gender and sexuality provide the basic foundation for the practice according to Cook (2003). Reasons include custom and prevailing practice, the desire to control women's sexuality, and social pressure. (Rahman & Toubia, 1998).

The purpose of type three infibulation is to guarantee that a woman remains a virgin until marriage. The woman is seen as the carrier of a man and family's honour and, according to tradition, a man shall open her through first sexual intercourse. Another purpose, according to some studies, could be that infibulation is sometimes considered beautiful and a sign of purity (Berggren, 2004). This ideal of beauty thus continues to be used as an argument in favour of circumcising women.

All societies have norms and social codes for what is considered "feminine" and "masculine". In some countries where female circumcision remains a common practice, newborn children are viewed as having both feminine and masculine features. The clitoris is seen as masculine and the man's prepuce as feminine and, for this reason, each is removed so that the child can grow up to become a "real" woman or "real" man. Not being circumcised can lead to social exclusion and consequently unmarriageability. In connection with entering into marriage, the woman receives a bride price which means that her circumcision also has an economical value (Elise & Johansen, 2006).

Several studies point to tradition as one of the most important reasons for the circumcision of girls and women. When tradition is offered as the main reason, little other justification for the practice is seen as necessary other than "so it has always been" (Bunett & Peel, 2001). Concerning the decision-making-process surrounding circumcision, older women in particular hold on to the tradition and sometimes enhance their status through performing the practice. In addition, there are women who earn their living through performing female circumcisions and who may therefore have problems surviving if the tradition is phased out, especially since these women are often widows. In this way, female circumcision benefits the status and economic conditions of certain women (Elise & Johansen, 2006).

Various problems can result from using only a health-based approach to female circumcision, including overplaying the complications and side effects associated with the practice. The latter has led to doubt about circumcision's damaging consequences, since some circumcised women have not experienced any complications. A health-based approach must be complemented by other approaches in order not to medicalize the problem and conclude that negative consequences can be avoided by performing the practice at clinics or hospitals (Cook, 2003).

By adopting both a Public Health and Human Rights perspective as well as considering the impact of global migration, female circumcision ceases to be seen only as a local traditional practice and must be considered a problem of modern global society that affects Africa as well as the Western world (Toubia, 1994).

Consequences of Female Circumcision

Female circumcisions are often performed under unhygienic conditions by untrained individuals using unsterile/unhygienic razor blades, knives, or other tools. Numerous studies describe the complications the practice often results in. The WHO makes a distinction between *short-term* and *long-term* complications. Short-term complications imply bleeding, blood poisoning, infections, mental shock, and pain and difficulties in urinating. If the procedure is performed without the use of an anaesthetic, resistance from the girl could cause the body to move and adjacent organs to be damaged. Long-term complications include cysts, severe urination troubles, hematokolpos (menstruation blood that stagnates in the vagina), complications in connection with pregnancy and childbirth, and pain during sexual intercourse. As regards complications during pregnancy and childbirth, additional risks exist

for women who have not been infibulated (type three), since the procedure could lead to cicatrization around the vaginal opening, which could later be an obstacle to and complicate the process of childbirth. (WHO, 2001)

Several of the aforementioned difficulties can also affect un-circumcised women, however, making it difficult to draw conclusive conclusions about female circumcision and its complications (WHO, 2001). To measure the differences in pain and difficulties could be problematic since much such evaluation tends to be individual, which can result in the pain and difficulties being seen as either unique to the woman or as belonging to the condition of "being a woman" (Lightfoot-Klein, 1989). Yet there is widespread concern among international organizations about the potential fatal short-term and long-term consequences of female circumcision, including the contribution of multiple uses of circumcision "instruments" to the transmission of HIV and the potentially devastating physical and psychosexual effects of the practice (Davis, 2005), (WHO, 2004). In addition to the above mentioned consequences, the different health complications from female circumcision have been described as the "three feminine sorrows." The first sorrow refers to the day the circumcision is performed, the second to the wedding night, when a woman often has to be cut open before intercourse and the third to child birth, when the vaginal opening is not large enough for a safe delivery (Davis, 2005), (Fourcroy, 1998). Childbirth adds several risks for the infibulated woman, especially when health care services are inadequate (Toubia, 1994). Little scientific research is available on the sexual and psychological effects of female circumcision. Young girls and women who live in communities where female circumcision carries a high social value have a wish to please their parents and gain social status, which might be in conflict with both their own fear and the effects of the operation (Toubia, 1994). Among the majority of girls and women, the psychological damage of circumcision is often understated and concealed by denial and an acceptance of prevailing social norms. A comprehension of the community dynamics surrounding the acceptance of circumcision is important in order to discover psychological issues as well as to understand why the custom prevails. Such comprehension is also important if public health providers are to attempt to end the practice (ibid.). In addition, it is important that those unfamiliar with the custom acquire knowledge of the causes and meanings of the practice and that they relate these to gender roles in their own societies. Understanding cultural identity is of great significance in this regard. Defending a cultural identity becomes especially important when immigrants are faced with a stronger majority culture and when family and community change in the wake of immigration does not favour prevailing holders of social power, which according to Toubia means the men (1994).

When is Female Circumcision Performed?

The age at which women are circumcised differs widely and ranges from infancy to full adulthood depending on region and ethnic background. Though circumcision is most commonly performed on girls between the ages of 4 and 12 years, in some communities it is performed a few days after birth and in others just before marriage or subsequent to the first pregnancy (Cook, 2003).

Where is Female Circumcision Performed?

Most commonly, female circumcision is performed in West Africa and parts of the Arabian Peninsula. Some cases are also discovered among immigrant populations living in Europe, the USA, Canada, Australia, and New Zealand. The prevalence varies both between and within countries, from 5 up to 99 percent (British medical association, 2002).

International and National Public Health Efforts to Prevent Female Circumcision

Both international and Swedish initiatives have been taken to prevent female circumcision.

1. Advocacy and Policy Development

A joint policy statement on female circumcision and a regional plan to accelerate the elimination of FGM were published by WHO/UNICEF/UNFPA to promote policy development and action at the global, regional, and national levels. This initiative has led to an increased development of national plans of action, based on the prevention strategy proposed by WHO, in several countries where female circumcision is a traditional practice (2000).

2. Research and Development

The WHO has developed research protocols on female circumcision with a network of collaborating research institutions as well as biomedical and social science researchers with linkages to appropriate communities. WHO had reviewed programming approaches for the prevention of female circumcision in countries and organized training for community workers to strengthen their effectiveness in promoting prevention of female circumcision at the grassroots level (2000).

3. Development of Training Materials

Training materials have been developed by WHO to integrate the prevention of FGM into nursing, midwifery, and medical curricula as well as for in-service training of health workers. Evidence-based training workshops have also been developed to raise the awareness and solicit the active involvement of health workers as advocates against female circumcision (2000).

In Sweden, the dissemination of information has involved, among other things, the development of informational folders on the mission and functions of the National Board of Health and Welfare in different languages and providing guidance to police and prosecutors as well as informational material to schools (Socialstyrelsen, 2006).

The Board of Health and Welfare has also developed an informational clearinghouse (kunskapsbank) consisting of a website with information on female circumcision. The aim is to provide easily accessible information on circumcision as well as on international initiatives and agencies with specialized expertise in the field (Ibid).

In addition, regional conferences have been organized directed at personnel within schools, social services, and health care, as well as police, prosecutors, and others who come into contact with girls and families affected by the practice of circumcision (Ibid).

Cooperation with religious leaders resulted in the organization of a conference with participants from various religious councils. The aim of the conference was to involve religious leaders in the work against female circumcision and to develop a joint plan for the conduct of such work. The conference resulted in the signing of a document in which leaders of the various religious communities distanced themselves clearly from all forms of female circumcision and expressed support for the national action plan against female circumcision (Ibid).

The Swedish Board of Health and Welfare has undertaken a classification of groups at risk for circumcision in Sweden. The main group consists of immigrants from Somalia, Egypt, Gambia, Eritrea, and Ethiopia. Preventative initiatives have involved various strategies, including the aforementioned spreading of information, holding of conferences, establishment of an informational clearinghouse, and cooperation with religious leaders (Ibid).

Purpose

The purpose of this study is to understand female circumcision and its causes from the perspective of Eritrean and Somali women, before and after migration. Further explanation to this purpose is that I find it important to focus on these women's experiences in relation to the ongoing public discourse on circumcision in Sweden.

Research Questions

- The women's views and suggestions on the subject both in Sweden but also in comparison to their native countries, where the tradition is a norm.
- What are the women's views on performing circumcision on their own daughters and how does the discussion prevail within their own ethnic group?
- What are the women's opinions on the concepts of female circumcision and female gender mutilation (FGM)?

Delimitation

Female circumcision is a widespread phenomenon that has been in existence for thousands of years and has complex motives as well as explanations. I have chosen to focus on the occurrence of and perspectives on the practice among Swedish immigrant citizens who have their origins in countries where female circumcision is a norm. My purpose in the remainder of this work is to consider views surrounding female circumcision among women who have immigrated to Sweden from countries where the practice is a norm. In particular, I will concentrate on using women's own stories, experiences, and understandings to explore whether female circumcision is practiced among immigrant Swedish citizens and draw conclusions based on women's descriptions. In addition, my focus is on the present situation in Sweden.

Methods

Qualitative Research

This study relied on the use of qualitative methodology. Quantitative methodology is used to examine attitudes, experiences, characteristics, and questions of knowledge whose answers cannot be readily quantified. The aim of a qualitative study is to understand the lived world (livsvärld) of individuals and groups (Hartman, 1998). The main purpose and questions of inquiry accordingly determine the interview methods selected in the conduct of a qualitative study.

”Qualitative research is an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analysed words, reports details views of informants, and conduct the study in a natural setting” (Creswell, 1998:10).

Reliability

Qualitative research relies on different criteria to establish the reliability of its findings. Table 1 summarizes the four most common criteria and the issues and questions addressed by each.

Table 1. Criteria’s for addressing the trustworthiness of research findings according to qualitative research traditions.

Question asked	Issue	Qualitative criteria
Have we really measured what we set out to measure?	Truth value	Credibility
How applicable are our result to other subjects and other contexts?	Applicability	Transferability
Would our findings be repeated if our research were replicated in the same context with the same co subjects?	Consistency	Dependability
To what extent are our findings affected by personal interests and biases?	Neutrality	Conformability

(Hallberg L, 2002)

This study relies on qualitative interviews to examine the situation among immigrant women from countries with a tradition of female circumcision. By providing informants with an opportunity to freely shape their responses, such a methodology enables the researcher to gain a deeper understanding of individuals’ own experiences and perceptions (Hartman, 1998).

To gain insight into the attitudes and experiences of the target population, the study relied on so-called semi-structured interviews (Ibid). The questions in the semi-structured interviews were organized according to themes, but were sufficiently open-ended to allow the women to digress and elaborate (see appendix 1). According to qualitative research, specific questions cannot be determined in advance, only relevant themes. In order to gain a deeper insight and knowledge, informants' own experiences as relayed through concrete events and experiences are privileged during the interviews (Hartman, 1998), (Kvale, 1997).

Selection and Sampling

In order to achieve a broad sample for the study, I recognized from the outset that it was essential to include women from different populations or communities as experiences and ideas related to female circumcision can vary between different at-risk groups. The goal was therefore to interview women representing as many different ethnic, religious, cultural, and geographic backgrounds as possible. Participants in the study were women who had immigrated to Sweden. The women varied in age, country of origin, socio-economic background, level of education, and religious convictions. According to Malterud (1998), such variation offers the possibility of describing multiple aspects of the same phenomenon.

The informants were selected through key informants/snowball sampling, and strategic sampling (Polit & Beck, 2005), (Hartman, 1998).

In order to gain contact with the actual target population, I used both a *strategic selection* and the *snowball method*. Strategic selection involves obtaining rich informational data that represents the issue at hand (Malterud, 1998), (Hartman, 1998). In order to obtain this goal, components such as understanding, the question at hand, and the theoretical frame of reference are important in the selection of informants and in guaranteeing that the data gathered is of relevance to the aims of the study (Malterud, 1998). The criterion for inclusion in this study was that a woman has immigrated to or has parents who are immigrants to Sweden from countries where female circumcision is a norm. The strategic selection flowed into function as "gatekeepers" and facilitate contact between the researcher and informant (Bring & Nilsson, 1999). In accordance with the methodology of snowball sampling, information was subsequently spread further and new informants gathered from the already interviewed informants (Polit & Beck, 2005).

Participants

Concerning experiences of female circumcision, six out of the nine participants had been circumcised, of which five women had undergone type one. From the remaining three interviews it emerged that two of the informants were not circumcised and one woman was uncertain if she had been or not, but stressed that she did not have any complications in connection with childbirth.

Table 2. Characteristics of the participants in the study

Participant number	Age	Years lived in Sweden	Number of children	Number of daughters	Country of origin [Eritrea/Sudan/Somalia]	Religion [Christian/Muslim]	Type of own female genital cutting (FGC) [Clitoridecetomy/Infibulation/ non]
1	45	20	3	2	Eritrea	Christian	Clitoridecetomy
2	49	27	6	5	Eritrea	Christian	Non
3	59	29	1	0	Eritrea	Christian	Clitoridecetomy
4	45	Indistinct	3	2	Eritrea	Muslim	Indistinct (yes)
5	23	17	0	0	Sudan/Eritrea	Muslim	Non
6	48	30	3	1	Eritrea	Christian	Clitoridecetomy
7	42	19	2	0	Eritrea	Christian	Indistinct
8	38	18	6	3	Somalia	Muslim	Infibulation
9	35	18	4	2	Eritrea	Christian	Clitoridecetomy

Procedure

Prior to beginning the study I planned to conduct a pilot study in order to facilitate the creation of a sample questionnaire and also obtain insight into how to relate as a researcher to specific concepts and conduct myself in the interview. I decided to conduct three pilot interviews and then subsequently as many interviews as required in order to obtain saturation in the results, meaning that no new material would emerge as a result of additional interviews. From the pilot interviews served as a basis for reformulating the questions as to make them as comprehensive as possible. They also provided me with guidelines as to how I could effectively relate to my informants, by for instance suggesting areas that held unusual sensitivity for the women and therefore needed to be inquired into in a different manner, as well as which concepts and terms to use and the most appropriate places in which to conduct the interviews (Kvale, 1997). I obtained contact with informants via “gate-keepers“ at authorities/agencies active in the dissemination of information on female circumcision, thus providing me with a snowball sample. Women contacted served as gate-keepers and contributed additional informants. Interviews were conducted in three large cities in Sweden and documented by use of a dictaphone. All interviews were therefore taped, in addition to which notes were taken during the course of the conversations. The proper operation of the dictaphone was checked prior to each interview. The informants chose the place for the interview, as considerable emphasis was placed on ensuring that they felt secure and comfortable in the interview environment. However, a place without too much noise was requested.

On one occasion I accompanied an official person to an Eritrean organization where the person was scheduled to speak on female circumcision and complications caused by the procedure. Since the lecture was held in conjunction with the International Woman’s Day, the organization held a celebratory theme day in association with the lecture. Five of the

interviews in the study were conducted with women who I came into contact with through the lecture.

I also established contact with women through a women's shelter that the speaker was a member of. During an educational weekend, I met two women who worked at a women's journal who also had their origins in countries where female circumcision was a norm.

A total of eleven women were interviewed from two different countries where female circumcision is a norm. Eight of the women were of Eritrean descent, one of whom was partly from Sudan and three from Somalia. However, two of the interviews with Somali women were eliminated, as one was a pilot interview in which the researcher was unsuccessful in getting the informant to talk openly about female circumcision and the latter denied that the practice existed. The other interview was eliminated due to a technical problem with the dictaphone. As most informants had Eritrean origins, I experienced saturation after around six interviews.

Analysis

The transcribed narratives of the nine remaining interviews were analysed through latent content analysis. Latent content analysis was chosen as the preferred method for analyzing and presenting the results of the interviews. The method emphasizes both the surface structure and deeper meaning in the transcribed material. According to Berg, the evident text can be made visible with manifest content analysis while interpretations of its underlying meaning or significance are revealed through latent content analysis (Berg, 2001). Both manifest and latent analysis include an interpretation of the textual material, but vary in the depth and level of abstraction of the interpretations they provide (Graneheim & Lundman, 2004). The aim of the method is to systematically reduce and convert a large volume of text-based information into a form that can be easily accessed and read by others. Latent content analysis of a text consists of a movement between parts and whole and between understanding and explanation (Berg, 2001).

Latent content analysis

When analysing the interview texts, latent content analysis was used. According to Berg (2001) latent content analysis of the text consists of dialectical movements between the whole and the parts as well as between understanding and explanation. The analysis of the interviews was processed in several steps.

First, all interview text was read through to generate a sense of the whole and to get ideas for additional analysis. All transcribed interviews were separately read repeated times by the author as well as two co-researchers (VB & LJ) in order to create a holistic understanding.

Then, meaning units, the senses or phrases of the text that were relevant to the questions at issue were identified and sorted into topics relevant to the purpose of the study. These meaning units were condensed with the aim of reducing the text while preserving the content in its entirety (Berg, 2001).

Ethical considerations

Female circumcision is a sensitive topic and its research involves extensive ethical consideration. Four different principles are generally mentioned in discussing ethical issues in research, namely the principles of autonomy, non-malificence, beneficence, and justice (Swahnberg, 2004).

The principle of autonomy means that the participants have the right to decide about their own lives and thereby the right to be act autonomously.

The principle of non-malificence implies that researchers have an obligation not to cause either physical or mental harm to their subjects or to disrespect their integrity.

The principle of beneficence requires the researchers to prevent and reduce harm and promote good.

The principle of justice includes the obligation to treat people with fairness. But we also need more material principles to decide what is fair. For example equal share, according to needs and according to effort.

From these four principles a number of ethical rules can be derived, including *veracity*, *confidentiality*, *privacy*, and *fidelity* (Ibid).

Another ethical consideration in research is to minimize risk or ensure methodological soundness. When data is collected though interviews, the meeting can serve as an intervention if it is held in an encouraging and noncondemning atmosphere. The women may realize that they are not alone and that help is available (Ibid).

Ethical recommendations for research have been followed in this study (WMA, 2004), with ethical permission granted from the Ethical Committee at the University of Malmo (Dnr HS60-08/234:11).

During the empirical phase of the research process, informants were assured of confidentiality, including that their names, places of residence, and the location of the interviews would be concealed in the final research report (Kvale, 1997). Each woman was informed not only of the confidentiality of the interview but of her right to terminate the interview at any time if she in any way experienced it as unpleasant. When necessary in compiling results from the interviews, I have relied on pseudonyms or fictitious names for the women as well as the place of their residence and the interview.

The gathering of informants was carried out through different connections such as public authorities as well as private connections and active members of women organizations. I will use a contact that will tell the informant about my essay and my interest in interviewing her. After that I will contact the informant to give her more information about the interview. Protection against intrusions on personal integrity will be guaranteed by making the interview confidential and only noting the interview number, ethnic background, and age of the informant. Before the interviews I repeatedly informed the women, both verbally and in writing, about the right to end the interview if they experienced the interview as unpleasant. They also did not have to answer why they decided to end the interview. Following the interview the informant was told that, if she so wished, she could receive the final results of

the study prior to the latter's being put into print (Malterud, 1996). In addition, she was asked if she consented to the saving of contact information and to possible follow-up contact to clarify potential areas of confusion. When the results were put together, extra work was done to minimize the risk of revealing the identity of the informants. Dialectal expressions in quotations, the informants' name, and place of residence, and place where interview was performed or specific incidents which can reduce the possibility to identification of the informants' will be removed (Ibid).

Results

The experience of being circumcised differed among the women's stories. The stories revealed three patterns, which embraced the informants' attitudes, experiences, and personal stories related to female circumcision. These patterns are described in the following theme-related sections: The importance of honour, The decision-making- process, and concerns associated with The situation in Sweden following immigration. Sub-themes summarizing variations in the stories emerged within these themes.

Table 2.

Main themes	Sub-themes
The importance of honour	<ul style="list-style-type: none"> • Experiences of shame and social pressure • Experience of guilt • Female sexuality and taboo
The decision-making- process	<ul style="list-style-type: none"> • Decisive role of men • Influence of female relatives
The situation in Sweden	<ul style="list-style-type: none"> • Does circumcision occur after migration to Sweden? • A tradition in change • Solutions

The Importance of Honour

Experiences of Shame and Social Pressure

The women described circumcision as a self-evident occurrence in the countries of origin at the time of their own circumcision. Only when the women left their native contexts did they understand the problems associated with circumcision. Social pressures related to honour were given as a major explanation for the persistence of the practice. Various types of social pressure were described, including behaviours, social norms, and experiences of shame and guilt surrounding not being circumcised.

”Det e normalt, man ska göra det...man ska göra det som att klippa naglarna eller klippa håret, men sen är det....när man får massa med information man tycker det är hemsk.”

(“ It is normal, one should do it...one should do it just as one should cut one's nails or hair, but later it is...when one gets lots of information one thinks it is awful.”)

Concern for uncircumcised girls was revealed in several stories, both for those who continued to live in contexts where circumcision was a norm and for girls who lived in exile and visited their native countries during summer vacations and those who had thoughts of possibly moving back. One woman expressed concern for how her daughter's generation would be experienced in her native country if they ever moved back.

”Jaa jag diskuterar mycket, jag är mer oroad för dom döttrar eller flickor som inte är omskurna, faktiskt, än att dom e det. Ifall det blir så att man återvänder hem så nästan alla i min dotters ålder är ju omskurna, så hur tas dom?.....() Hur tar liksom killarna det, oo i och med att det var en annan attityd innan så.”

(“ Yes, I discuss a lot, I am more concerned for those daughters or girls who aren’t circumcised, actually, than those who are. If one eventually returns home almost everyone in my daughter’s age is circumcised, so how will they take it? How will the boys take it, given that there was another attitude earlier.”)

It emerged from the narratives that strong social pressure existed in the countries of origin and remained an influence after immigration as well, especially during visits to the native country. The move back to the native country was considered problematic and stories were told, by the participants, of how a certain girl decided on their own to be circumcised as a result of social pressure in their native society. The participants meant that to remain uncircumcised would mean marginalization for the women, as well as difficulties getting married. The peer-pressure to be circumcised or to let the daughters undergo circumcision was expressed as strong when visiting the country of origin.

”Jag var i Sudan för ett par...fyra år sen tror jag ...och...jag tycker det här är jätteroligt.....()...så då satt jag och diskuterade med mina kusiner som alla är i min ålder...många hade redan fått barn...så satt vi och diskuterade omskärelse....det som jag tycker..just under det ögonblicket....så....så började jag skämmas att jag inte själv är är omskuren...såå..och det trodde jag aldrig att jag skulle bli....jag trodde aldrig att jag skulle hamna i den situationen...men när det handlar om så otrolig social press på en, att även jag som inte ens bor där, som är där och hälsar på, kände den här pressen..”

(“I was in Sudan for a few...four years ago I think...and...I think this is tremendously fun...so then I sat and discussed it with my cousins who are all in my age...many had already had children...so we sat and discussed circumcision...what I thought...right in that moment...then...then I started to feel ashamed that I am not circumcised...which I never thought I would feel...I never thought I would find myself in that situation...but it is about incredible social pressure that even I who don’t even live there, who is only there for a visit, felt the pressure.”)

A difference was noticed between women from cities and women from the countryside with regard to changes in the practice of circumcision, with a greater tendency toward change in larger and smaller cities. One woman expressed relief that relatives in her native country were considering not exposing their daughters to the practice in spite of difficulties in changing attitudes. However, she envisioned difficulties in applying changed attitudes in practice, since the girls and their families were expected to experience social shame if the girls remained uncircumcised.

Despite stories of a positive development among older populations in the native countries, several women insisted that the older generation still was not convinced that circumcising children was wrong:

”Så man försöker ju att förklara så när man är åå pratar med många äldre väldigt kloka damer och herrar så säger dom liksom att problemet för dom var ju att dom va rädda att flickorna skulle liksom ha sex-tänkande medan dom va så unga o så blir dom med barn, vad händer då?”

(“So one tries to explain when one talks with a lot of older, very wise women and men, then they say like that the problem for them was that they feared that the girls would like have

thoughts of sex while they were so young and then they become with children, what happens then?”)

Experiences of guilt

Depictions of guilt and a bad conscience were described among a few of the participants' mothers, who had allowed their daughters to be circumcised. The stories revealed a common view that circumcision was negative and had assorted negative consequences. Female circumcision as an expression of oppression of women was mentioned by a few participants. The medical and physical consequences of circumcision were more obvious. In discussing negative consequences, the women referred to the delivery of their own children, as well as to other women's stories. Some of the women considered themselves to not have experienced any circumcision-related complications.

”Min mamma har...aaa....dåligt samvete forfarande....ohhh den gör ont...jag sa oomen vadå den går fint (skratt), tack och lov jag har inte lidit av det faktiskt....”

(“My mother has...aaa...a bad conscience still...ohhh...it hurts...I said but what, it works well (laugh), thank goodness I actually haven't suffered from it...”)

It also appeared in some of the interviews that, as children, the women had not been allowed to speak of pain or the difficulties associated with the circumcision:

”Som flickor som vi fick inte prata om när det gör ont ibland när det gör sår. Vi fick inte prata hemma, man kan inte prata med sin mamma eller med sina syskon och nu när man fått massa information så kan man börja med sin familj, då... kan börja med sina systrar, sina döttrar åå så.”

(“As girls we weren't allowed to speak of when it hurt. We weren't allowed to talk at home, one can't talk with one's mother or siblings and now when one has gotten lots of information one can begin with one's family, then...one can begin with one's sisters, one's daughters, and so forth. “)

Female Sexuality and taboo

The narratives emphasized both thoughts around women's physical sex and the experience of womanhood. The women told of carrying a forced experience of having been circumcised and not being experienced as feminine or sexy, yet in both cases not having had the opportunity to choose. Having also migrated, they initially experienced a lack of knowledge about circumcision among Swedish healthcare personnel, but believed that considerable change has since occurred. One woman described how, after being told that an uncircumcised woman could not feel sexual desire and therefore was un-sexy, she had struggled with concerns that she would not be experienced as feminine and sexy by men as a result of having been circumcised. The woman described with relief receiving information through her contacts with health care workers following immigration to Sweden that the “feelings” still exists despite the circumcision.

”I Etiopien dom säga att kvinnor är väldigt sexiga ..att dom är inte omskurna....Så kvinnor i Eritre...dom vet att vi e...vi e så...så ni e inte sexiga....dom säger, när jag va ung dom tror det...aa...killarna, när dom var ung, på min tid när vi dansar åå vi är ung, så det ä alltid här på min hjärna (det är nått som har följt henne alla år) kanske jag var lessen, varför dom gör så..åå sen killarna pratar om att vi är inte sexiga , att vi inte känner oss nånting, när vi

känner oss som en kvinna....så sa jag, men jag känner mig som en kvinna...jag bara prata om mig själv.”

“In Ethiopia they say that women are very sexy...that they are not circumcised...So women in Eritrea...they know that we are...we are so...so you are not sexy...they say, when I was young they believe that...aa...the boys, when they were young, in my time we danced when we were young, so it is always here on my mind (it is something that has followed her through the years) maybe I was sad, why do they do like that...then the boys speak of that we are not sexy, that we do not feel anything, when we feel like a woman...so I, but I feel like a woman...I just speak of myself.”)

Women who had experienced circumcision considered the term “female genital mutilation” offensive and instead preferred the term “female circumcision.” A few women experienced the concept of “mutilation” as insulting and believed that it can be interpreted as meaning that circumcised women lack a sex after the operation. Other women preferred that one refer to different types of circumcision by different names, the more extensive forms as mutilation and the less extensive as circumcision. Ambivalence was revealed, however, in distinguishing between the different forms, with the risk of minimizing the less extensive forms and therefore equating these with male circumcision.

”kvinnlig omskärelsekönsstympning...(funderar)...jaa..de...könsstympning känns som om man tar bort hela könet även om (ironiskt skratt) jag ä omskuren så jag är en kvinna som är väldigt stolt att jag är en kvinna..förstå du....så kvinnlig omskärelse skulle jag föredra över könsstympning...det är den känslan jag får alltså...att det är min kön som tas bort ifrån mig men jag har min kön...klart..”

“Female circumcision...genital mutilation...(thinks)...yes...it...mutilation feels like one removes the entire sex, even if (ironic laugh) I am circumcised I am a woman who is very proud that I am a woman...do you understand...so I would prefer female circumcision over female genital mutilation...it is the feeling I get therefore...that it is my gender that is taken away from me but I still have my genitals...clear...”)

”det beror på...i och med att det är olika begrepp..eller ingrepp så skulle man..könsstympning tycker jag mest till den här faroniska, för de e en stympning, det finns ingenting kvar alltså...det e stympat, men omskärelse i den bemärkelsen...i vilket fall om helst så är det könsstympning i alla fall för det tas ju bort nåt av ens egen kropp, kan man väl säga... för mig just begreppet spelar ingen roll...aa”

“It depends on...because there are different concepts...or operations, then one should...I think genital mutilation mainly of this Pharaonic one, for it is a mutilation, there is nothing left so to speak...it is mutilated, but circumcision in that meaning...in any case it is genital mutilation in all cases for something of one’s own body is removed, you can say...for me the precise concept doesn’t matter...aa.”)

Many women indicated that it used to be taboo to speak of sex but that it is easier today, even if the subject is not entirely open for discussion. One woman was especially fascinated that the older generation, in spite of the taboo, had knowledge of the female genitals.

“Att dom har kunskap just klitoris är den liksom själva motorn i den sexuella delen på en kvinna, det blev jag faktiskt väldigt fascinerad, hur kunde dom veta det just...dom kunde inte

ens läsa och skriva, så hur skulle dom kunna veta det även om det är män som har bestämt det. Det blev jag faktiskt förvånad. Det är en aha-tänkande liksom, hur pass mycket visste man om det, att själva sex och underliv och allt det är väldigt tabubelagt då va men just det. De var ju ändå väldigt kloka tycker jag åå tänka just att dom ska veta just dääär (syftarpå klitoris) sitter den sexuella biten, jag blir faktiskt förvånad.”

“That they know that the clitoris is like the motor in the sexual part of a woman, I became very fascinated, how could they know precisely that...they could not even read and write, so how could they know that, even if it is men who have decided it. It surprised me. It is like an aha-thought, how much one knows about that, that sex itself and genitals and all of that is very taboo-covered then, but okay. They were still very wise I think that they should know that the sexual piece sits precisely there (refers to the clitoris), I am surprised.”)

It became clear from several stories that behaviours that were not socially acceptable were often attributed to a girl's being uncircumcised. To not be circumcised could contribute to sexual licentiousness.

”Om man är livlig du vet...det var naturligt om man var livlig naturligt, nu vet jag att mammorna är medvetna om man är inte omskärd för sexuellt liv att den är viktigt åå dom brukar säga oj, hon har inte omskärt sig, det är därför hon är livlig åå går med många killar eller många karar (karlar).”

“If one is lively you know...it was natural if one was lively naturally, now I know that the mothers are aware if one is not circumcised for a sexual life that it is important and they often say “oj,” she hasn't been circumcised, that is why she is so lively and goes with many boys or many men.”)

The Decision-Making process

The Decisive Role of Men

From the women's narratives it emerged that the father's influence was decisive in making decisions around circumcision, regardless of whether it was for or against circumcision. One woman who had not been circumcised believed that it was a mere coincidence that she had not been subjected to the practice and that the reason was that her father, an influential Muslim imam in the village she came from, opposed the circumcision. Another woman experienced the opposite situation when a conflict developed between her parents and the father favoured circumcision and succeeded in having his will fulfilled:

”Min pappa insisterade på att jag inte skulle bli omskuren...och det var nog därför som jag inte blev det..men min mamma och min mormor och mina mostrar fortsatte trycka på att det skulle ...att jag skulle bli omskuren.”

“My father insisted that I not be circumcised...and that was probably why I wasn't...but my mother and my grandmother and aunts continued to pressure in favor of...that I should be circumcised”).

”jag var liten...och det berättas också att mina föräldrar bråkade...och min mamma ville inte egentligen men min pappa sa ...nej men ...aa det måste göras...fast jag förstår inte hur han tänkte för han var mycket intellektuell som ville att jag skulle bli den jag är idag...samtidigt hade han den...aa, hon ska till utomlands och utbildas, tänk om hon ...aa... hej åå håå (skratt)

hon ska lungna sig, jag tror att det är den tanken som styr honom... aa men ja jag var liten och dom körde med den lättare varianten..."

("I was small...and it was told that my parents fought...and my mother didn't want it but my father said...no but...that it had to be done...but I do not understand what he was thinking because he was very intellectual and wanted me to be who I am today...at the same time he had the...aa, she is going to be educated outside the country, imagine if she...aa...heee (laugh) she will calm down, I think that is the thinking that influenced him...aa but I was small and they opted for the easier option...")

It emerged from the data that the women considered it very important that even the men took part in the discussion and information surrounding female circumcision. They meant that it could ultimately be up to the men to decide whether or not circumcision should occur and therefore they considered the inclusion of men highly significant.

"glöm inte männen och sönerna. Det är jätte(betoning) viktigt utan sönerna åå utan männen kan man inte förändra det, det är där kunskapen brister, tycker jag här, eller från början, det där e ett sätt att diskutera jämlikhet, det är ju det...det går ju in i det åå... det intresserar mig väldigt va (glad framtoning) så vi får inte glömma männen, om inte min man hade gått med på det så hade jag väl inte kunnat bestämma själv, ensam heller, det blir en annan...(oklart) vid bestämmande men konsekvenserna blir helt annat."

("Don't forget the men and sons. It is very important, without the sons and without the men one cannot change it, that is where the knowledge is lacking, I think, or from the beginning, that is a way of discussing equality, it is...it is related to it...I am very interested in it (happy emphasis) so we cannot forget the men, if my husband had not agreed then I could not have decided on my own, alone either, it would be another.. in the deciding but the consequences would be entirely different.")

The Influence of female relatives

All of the women had decided not to circumcise their daughters. One of the women had planned not to circumcise her daughter, but when she left the daughter without supervision with her mother in her native country the daughter was circumcised without the mother's consent. From the same narrative it emerged that the woman had discussed circumcision with her mother after migrating and that the mother was a strong proponent and believed that the tradition should continue:

"Jag lämnade mina två barn hos min mamma och jag kunde inte klara av på grund av ekonomi va....() jag sa till min mamma....aldrig du ska inte omsk...om...vad heter den...såna omskära, du ska inte göra, men hon gjorde på min flicka. Hon säger såna ny modell är inte bra, såna gamla modell (skratt) är bra, vi bråka hela tiden (skratt). Du måste göra dina barn...jag sa aldrig i livet mamma..du har gjort fel för min flicka, aldrig i livet, jag ska inte göra. men om hon va i Somalia hon skulle göra, det spelar ingen roll."

("I left my two children with my mother and I could not manage because of finances...I told my mother...never should you circum...if...what is it called...those kind of circumcise, you shouldn't do it, but she did it on my girl. She says a new model is not good, the old model (laugh) is good, we fight the whole time (laugh). You have to do it on your children...I said

never in my life mother, you have done wrong by my girl, never in my life, I will not do it, but if she were in Somalia she would do it, it makes no difference.”)

As far as parents and siblings’ influence on the choice of whether or not to circumcise, the responses were very varied. One narrative revealed how the informant worked hard to influence her sisters not to circumcise their daughters, but did not succeed in sparing her sisters’ two oldest daughters. Several of the respondents indicated that it was important to speak to one’s children at an early age, both sons and daughters, and tell them about the negative aspects of circumcision, but also that the subject be considered in schools.

The Situation in Sweden

Occurrence following migration to Sweden

The response was uniform regarding the question of whether women believed that circumcision occurred among people in Sweden from countries where circumcision was a norm. All stories revealed that the women believed that female circumcision occurred and causes problems among immigrants in Sweden.

”Det tror jag, det tror jag , det tror jag, det är väl de, därför lagen kom, det är lag på det även om ...det utförs utomlands.”

(“I believe it, I believe, I believe it, that is probably why the law came, there is a law on it even if it...is done outside the country.”)

”Näää jag tror att det finns folk som håller i det faktiskt, jag menar...åå det är det som är viktigt i samhället att man är tydlig med att informera att det här är ett brott i Sverige, gör vi inte detta...då finns det, men Gud..jag är heelt säker på att det ska fortsätta som det va....”

(“Nooo, I think there are people who continue it actually, I mean...what is important in society is that one clearly informs people that this is a crime in Sweden, if we do not do this, then it exists, but God, I am entirely sure that it will continue the way it was...”)

Among the women there were some who worked actively against female circumcision. These women emphasized the difficulty in proving that female circumcision occurs, but meant that discussions among acquaintances can be used to prove that it does:

”när man diskuterar så dom här tankarna finns, men jag har ingen bevis, som jag kan säga den och den familjen har gjort det eller tänker på göra det eller tycker att omskärelse är en bra grej för döttrarna, för att man diskuterar med kvinnorna, jag är forfarande liksom i den att man får ju pratar med mycket kvinnor eee, vissa är ärliga och säger liksom...för att vissa kvinnor, vissa invandrarkvinnor som kom till Sverige upplever ju... mycket jobbigt med döttrarna då... de e tonåren så dom tror ju på att hade dom varit omskurad så hade hon inte varit så, det är naturligt... men jag tror inte på det.”

(“These thoughts exist when one discusses, but I have no proof that allows me to say that such and such a family has done it or is considering doing it or thinks that circumcision is a good thing for daughters, since one talks with women, I am still like in that one as to talk with many women, some are honest and some like...for some women, some immigrant women who came to Sweden experience...it is very hard with the daughters then...they are in their teens so they believe that if they had been circumcised it would not have been that way, that is natural...but I do not believe in it.”)

Some women referred to their own relatives' views on circumcision and concluded from these that female circumcision can occur among immigrant Swedish citizens. Some of the women also had acquaintances that had experienced the performance of circumcisions even after migration to Sweden. One woman told a story where the family had split up because the father forced the daughter to be circumcised.

"Det är klart, varför inte! Eftersom... om jag , om jag jämföra min mamma... hon är väldigt stark och vill gärna att göra absolut det, det är inte bra, säger hon, att man lämnar bara flickor så här öppet... Mmm så det är många som tror som min mamma tror"

("Of course, why not! Since...if I, if I compare my mother...she is very strong and definitely wants to do precisely that, that is not good, she says, that one leaves girls this open...Mmm, so many think the way my mother does.")

"tyvärr så dom som har diskuterar det här...människor i min släkt, i min närhet, jag har tagit upp det här några gånger med min ..., men ...aa...jag har inte så stor kontakt med den vuxna eritrianska världen så att säga...emmm... vi diskuterar, varje gång man ska ta upp en sån här diskussion med dom så stänger de avingenting dom vill lyssna, ingenting dom vill dela sina åsikter om...såå... det är ett väldigt känsligt ämne... på jättemånga olika sätt...ee...dels har dom genomgått det här själva, minnen som dyker upp, dels är det nånting som är så pass inpräntat i deras hjärna att det är väldigt svårt att förändra."

("Unfortunately, then, those who have discussed this...people among my relatives, close to me, I have raised this many times with my..., but...aa...I do not have as much contact with the adult Eritrean world so to speak...mmm...we discuss, every time one tries to initiate this kind of discussion they close down...nothing they want to listen to, nothing they want to share their views on...it is a very touchy subject...in many different ways...ee...not only have they experienced it themselves, memories appear, but it is something that is so imprinted in their minds that it is very difficult to change.")

Another pattern in the narratives was that circumcision was performed outside the country rather than in Sweden. Some of the women, however, suggested that it could occur even in Sweden during visits by a circumciser from the native country. Other women relayed how Swedish girls had been circumcised at the insistence of relatives during visits to their native country, without the consent of their parents. This complicated the situation since parents could not take responsibility for a circumcision that was not their wish from the outset.

"du vet...dom berätta allt inte...så då dom är lite rädda men det finns folk som åker till semester, du vet, dom sy inte, men dom klippa lite grann."

("You know...they do not tell all...then they are a little afraid but there are people who go on vacation, you know, they do not sew, but they cut a little.")

"Jag tror till och med att vissa blev tvugna att genomföra det också ...jag kan inte säga...kanske det var en familj... inte vad jag känner...dom bor inte här i Sverige, dom bor nånannan stans. aaa..dom va...de e...mamman eller liksom, vad heter det morfar i den delen hade hand om barnen så han genomfört det.....() Vad säger man då...ingenting, skadan är redan skedd och barna var liksom...det var inte bra, det uppmärksammades väldigt och hon, hade hon anmält mamman då så hade hon säkert hamnat i fängelse, men det gör man ju"

inte..aa så det e ...sen pratades vi väldigt så där vi då, sinsemellan, att man inte får lämna barnen så där,men så farligt är det inte i Eritrea då, faktiskt, måste jag säga.”

“I even think that some were forced to do it...I cannot say...maybe it was a family...not one I know...they do not live in Sweden, they live somewhere else...aaa...they were...it is...the mother or like, what do you call it, the mother’s father in that area took care of the children and so had it done...What does one say then...nothing, the damage has already been done and the children were like...it was not good, it was very noticeable and she, had she reported the man she would surely have landed in jail, but one does not do that...aa so it is...then we spoke a lot amongst ourselves, that one cannot leave the children like that, but it is not that dangerous in Eritrea, actually, I must say.”)

One woman relayed that this had emerged from her discussions with countrymen, who said that their daughters would be circumcised the day they moved back to their native country. The woman also suggested that some decide to move from Sweden entirely in order to be able to circumcise their daughters. She supported her impression by speaking of how the subject had been discussed in an association she belonged to:

”dom blir rädda att dom ska hamna i fängelse... ...förstår du men dom skulle om dom kunde....svenska....vad heter det...om dom skulle inte säga att det är förbjudet dom skulle göra det...många som skulle göra det...dom är rädda, annars dom skulle göra. Det finns jaa men dom säger inte..eller dom flytta helt och hållet här i Sverige, till annan land...när dom har svenska pass, man kan flytta till hela Europa... ...förstår du. det är utomlands dom gör det”

“They get afraid that they will land in jail...do you understand, they would if they could...Swedish...what is it called...if they would not say that it was prohibited they would do it...they are afraid, otherwise they would do it. It exists, yes, but they do not say so...or they move entirely here in Sweden to another country...when they have Swedish passports, one can move to all of Europe...do you understand, they do it outside the country.”)

”vi hade förening men nu inte längre...vi träffas inte men vi hade ...när vi brukade träffa ...det är många som har såna gamla bilder...som säger vi ska göra när vi ee tillbaka även om dom är stora flickor..det ska vi göra...”

“We had an association, no longer...we do not meet but we had...when we used to meet...there are many who have such old views...who say we should do it when we return even if the girls are large...we should do it...”)

Many of the women had discussed the question with people who favoured female circumcision and all of the interviews revealed that the arguments on which a favourable view of circumcision were based had to do with concern over that the daughters would chase after boys and thereby lose their virginity. Another view was the belief that circumcision should occur for the sake of cleanliness, that a circumcised woman is hygienically clean:

”man måste ju försöka förklara då eller frågar varför e det ju bra....och då får jag höra vad dom tycker....vad som är bra, det är för att dom...a.... flickorna inte ska springa efter pojkar när dom kommer...till ut och det är för renlighet..säger dom...och det är för att samhälle...eller aa...kultur kräver av dom.....”

“One has to try to explain then or ask why it is good...and then I get to hear what they think...what is good, it is so that they...a...the girls not run after boys when they get...out and it is for cleanliness...they say...and it is because the society...or...the culture demands that they....”)

A Tradition in change

The women’s narratives revealed that change is occurring among the different ethnic groups that still practice female circumcision. The change was described by the women as a slow questioning of traditions that would lead to a gradual change in the practice. The narratives described the potential negative health aspects as an explanation for contributing to the change:

”Neej, inte i den delstaden jag kommer ifrån, experimenteras inte den (faraoniska, typ 3), det är den här klitorisgrejen, vad heter den, en annan, det är vä tre olika ... att man tar bort klitoris bara...men det är inte rätt det heller.”

“Neej, not in the province I come from, it (the faraonic, type 3) is not experimented, it is the clitoris thing, what is it called, something else, there are three different...that one removes the clitoris only...but that is not right either.”)

The narratives indicated that views on circumcision differ between the countryside and large cities. A more civilized view was spoken of among urban residents and a more tradition-bound view in the countryside.

”Nu e det ju skillnad liksom, jag kommer från den delen av Eritrea som är väldigt civiliserad så då diskuterar man inte alls, men hade man kommit kanske lite längre ner eller om man hade en annan religion, jag är då kristen...kanske, jag har ingen erfarenhet av det.”

(Now there is a difference like, I come from the part of Eritrea that is very civilized so there one does not discuss at all, but if one had maybe come from a little further down or if one had another religion, I am Christian...maybe, I have no experience of it.)

One of the women considered that the difference between the countryside and large cities is that women who are circumcised and risk bleeding to death can get help in large cities, compared with the countryside where circumcision becomes a threat to women’s life:

”Om man jämför (oklart) från Somalia stora huvudstad, om man säger... vad heter det... mogadishu eller hargisa, dom är bra... man kan ha, även om man förlorar blodet... förstår du... det är väldigt synd... dom som bor i landet, dom förstår ingenting... dom har ingen läkare, ingenting så dom gör själva... förstår du, så det är många som dog... på grund av detta... så jag skulle här tänkte.. dom här behöver mer hjälp... dom som bor i landet.”

“If one compares (unclear) from Somalia’s large capitol, if one says...what is it called...Mogadishu or Hargisa, they are good...one can have, even if one loses blood, do you understand...it is too bad...those who live in the countryside, they understand nothing...they have no doctor, nothing, so they do it themselves...you know, so many died...on account of this...so I would think...they need more help...those who live in the countryside.”)

From the interviews, it appeared that the women considered their own ethnic group to have a gentler view on circumcision than other ethnic groups. Often the women referred to other ethnic groups as worse and believed that their own ethnic group's ways were to be preferred, but not recommended. Some women said:

”när mannen gå ...vad heter det...om han åka semester en vecka dom sy ihop igen...förstår du..från Sudan...så det, vi e inte lika mycket alla fall, vi Somalian i alla fall om man jämföra med andra land med det är väldigt tufft.”

(“When the man goes...what is it called...if he goes on a vacation for a week they sew together again...do you understand...from Sudan...so there, we are not as much in any case, we Somalis in any event if one compares with other countries, but it is very hard.”)

”Jaaa.....som sagt asså...det är inte bara för att jag är från Eritrea men jag vet att problemet med eritriener är mycket lättare, jag har svårt att tro att nån eritrian överhuvudtaget tänker på det, nu här i Sverige alltså....som vi bodde ...alla som jag känner...jag känner ganska många...dom är i min ålder asså, det finns ingen...jag vågar säga det faktiskt...jag vågar...”

(“Jaaa...as said then...it is not only because I am from Eritrea, but I know that the problem with Eritreans is much easier, I have a hard time imagining an Eritrean thinking about it at all, now here in Sweden...as we lived...all those I know...I know pretty many...they are in my age then, there is no one...I can say that actually...I can...”)

All of the narratives described that the situation had improved, both in the countries of origin and in Sweden, and looked positively on future developments. Several women were convinced that the law had a decisive role in determining whether decisions were made for or against circumcision.

”det har förändrats markant...jag tror att vi kommer nog få se mycket mycket mer förändring dom kommande åren...det ee fler forskning som har kommitde ..ee mer människor som vet att det här är nånting som berör oss, förut har det varit, det här är deras problem det tillhör deras kultur, det kanske är en inkränkning ifall vi tar upp och diskuterar det här med dom det kanske...blir intrång i deras...aa...privatliv och sådär....såhar man inte velat se att det här är ett problem hemma i Sverige...men nu har man börjat märka och nu har man börjat se åå man har börjat få kunskap...så...jag tror att det kommer ske stora stora förändringar dom kommande åren mmm. inte minst på grund av dom här domarna som har kommit i domstolen.”

(“It has changed significantly...I think we will probably see much, much more change in coming years...more research has come out...more people know that this is something that affects us, before it has been that this is their problem, it belongs to their culture, maybe it is an intrusion if we raise it and discuss it with them and we might...be drawn into their...aa...private life and like that...so one has not wanted to see that this is a problem at home in Sweden...but now one has started to notice and now one has started to see, one has started to get knowledge...so...I think large changes will occur in coming years, etc. not the least because of those judges that have joined the court.”)

Solutions

All of the participants' narratives contained recommendations for how to work to prevent female circumcision. Many of the women offered suggestions on how to proceed and

considerable attention was paid to spreading information in society. The narratives highlighted the importance of informing all levels of society, including health care system, and other societal efforts by people from countries where female circumcision is a norm as well as the general public.

”oohh..att så mycket information behövs i samhället, och det gäller skolor och det gäller sjukvården och det gäller..tjejgrupper ..jag menar överallt, jag menar precis som att vi är ute åå pratar om hedersrelaterad problematik, om mäns våld mot kvinnor, det är en del av den mänsklig rättigheten som berövs ..så om vi måste informera och ha kunskap om.”

(“Oohh...that so much information is needed in society, and that goes for the school and the health care system and it goes for...girl groups...I mean everywhere, I mean just like we are out and talking about honor related problems, about men’s violence against women, what is needed is a part of human rights...that we need to inform and have knowledge about.”)

Some of the women wanted information to be distributed in the schools so that children that risk exposure to the practice can be noticed and thereby get help:

”Om till exempel skolan upplyser även svensk flickor åå ja... alla...alla flickor från hela världen så om min dotter har haft problem å jag tar henne i mitt hemland och gjorde det, om hon berättar till andra flickor...vad är det omskärelse, vad pratar du om? Så ska det inte bli, om dom har kunskap så hjälper dom själva andra flickor också.”

(“If for instance the school informs even Swedish girls, well then...all...all girls from the whole world so that if my daughter has had a problem and I take her to my native country and did it, if she tells other girls...what is that, circumcision, what are you talking about? If they have knowledge, then they will help other girls too.”)

Several of the stories revealed that the women were pleased that two people had now been sentenced for violating the law that prohibits genital mutilation of women and hoped that more would be reported and prosecuted, which in turn would deter others thinking of circumcising their daughters. Yet they considered it futile to only legislate without working to change attitudes. The informants also considered speaking about the health risks that circumcision exposes a woman to a good way of working with the question.

Overall the results showed that the women were interested in the development in the issue in the countries of origin. Their perspectives also embraced the importance of changing the attitudes within the own ethnic group, parallel with an improved knowledge of the practice in the society after immigration to Sweden with particular emphasis within the school.

Discussion

Method Discussion

Two women were interviewed at the women's shelter organization. Since all of us belonged to an association that worked to prevent violence against women, the women were experienced as having trust in me and provided information of significant relevance to the study. Women who I gained contact with through the women's shelter worked actively against violence, which meant that they were highly likely to have experiences relevant to my study. It also meant that their experiences had influenced them strongly enough that they made an association between female circumcision and violence against women in general. In spite of this, I chose to use the women's own stories, experiences, and understandings as the main foundation for my research. However, the essence of qualitative approaches in research is to acknowledge and explore the respondent's perspectives.

In order to obtain greater variation and a more representative sample, it is advantageous to include women of various ethnic backgrounds. In choosing informants for the study I was able to obtain variation in age and socio-economic background, yet experienced difficulties in including additional women of different ethnic groups. In my assessment, the current situation in Somalia and Sudan made it especially difficult to obtain the participation of women of Somali and Sudanese background. The fact that many of these women have family and relatives in Somalia and Sudan who are presently at risk for danger could explain why few of them agreed to be interviewed. Repeated efforts to obtain such interviews were denied. On one occasion an interview was agreed to, but the informant withdrew shortly before the scheduled time.

The focus in this study, and during the interviews, was on the informants' experiences and understandings. The pilot interviews revealed that the informants took offense at the use of the term genital mutilation. Therefore, I chose to use the term female circumcision, which informants experienced as an acceptable term. I am aware that this term can be considered problematic, as it can be equated with male circumcision, which is legal and accepted in Sweden. In the English language, a more value neutral compromise term has been found that explains the procedure and includes all types of circumcision. The Swedish language contains no comparable term and, since the interviews were conducted in Swedish, I decided to use the term female circumcision throughout the study in order to avoid confusion. I therefore use the term female circumcision on the assumption that the phenomenon is sufficiently well known and that the goal should be to not offend or insult individuals in groups relevant to the study.

Given that some informants had deficiencies in their Swedish language skills, some quotes can be difficult to understand and translate. Given the problematic nature of translations from deficient Swedish to English, the possibility of misinterpreting the text increased. Yet I feared that the use of an interpreter would be considered insulting, as all of the interviewed women spoke Swedish and worked actively within Swedish society. In addition, as the goal was to gain deeper insight through discussions on a very sensitive topic, female circumcision, it was my understanding that I may not have obtained the same stories had I used an interpreter. In order to minimize the risk of misunderstanding, I have chosen to both keep the citations in Swedish and translate them into English (Sandelowski. 1994).

In order to help informants feel secure and comfortable, I offered them the opportunity to decide where the interview would take place. The pilot interviews also made me aware of the difficulty of transcribing the text when significant background noise was present during the

interview. Hence, I asked informants to choose places with few disturbances in order to facilitate an accurate transcription of the text.

The majority of informants in the study were of Eritrean background. Two had Somali background. My initial hope was to obtain contact with women from various ethnic groups in order to obtain greater representation in my study. However, I did not succeed in doing so. A number of factors contributed to this, including a lack of sufficient time to locate additional venues through which to gain contact with potential participants. I ultimately decided to satisfy myself with interviewing women from two ethnic backgrounds, with the possibility of including additional groups in a later study. One of the interviews with a Somali woman, however, could not be documented as a result of technical problems. Hence, I might use the woman as a foundation for further study.

It is important to note that the results of the interviews can offer a skewed picture, as the study's participants were women who had clearly distanced themselves from the practice of female circumcision. However, since female circumcision is a crime under Swedish law, it is difficult to come into contact with informants who have a positive view of the practice.

Discussion of Results

The Importance of Honour

The study revealed that preserving honour is a central theme in considerations of female circumcision. Many interviews described circumcision as a self-evident occurrence in the native country, as self-evident as cutting one's nails. That circumcision is considered the "normal" practice is confirmed by other studies, which show that 80-90 percent of women residing in countries where circumcision is a norm are circumcised (WHO, 1998). This, however, means that women and girls who are **not** circumcised as a result of migrating to Sweden presumably experience a "clash" during visits or moves back to their parents' native countries, where circumcision remains customary. Several of the women's stories revealed strong social pressures in favor of circumcision, which contributed to a feeling of a shame among women who remained uncircumcised. This was especially revealed by an informant who works actively against female circumcision, but still experienced considerable pressure when visiting her native country.

Many of the informants believed that far too much focus has been placed on efforts to combat the practice within Sweden and recommended instead more discussion of what happens to girls who move back to their native countries. The stories revealed that the purpose of circumcision was to prevent promiscuity and guarantee that a girl remained pure on her wedding night. Uncircumcised girls could accordingly be understood as promiscuous and therefore as unsuitable brides. Other informants spoke of the social marginalization of uncircumcised girls and women, which made it difficult for them to get married, an important part of "being a woman." Even other socially unacceptable behaviors were attributed to a girl's remaining uncircumcised, behaviors that were understood as possibly causing a girl to not control her sexuality.

This perspective, the study's results revealed, could be associated with honour-related violence. Considering continued globalization/immigration from honour cultures, additional research on the connection between honour-related violence and female circumcision is of future importance. International work for equality has led the world community to legislate, through the Convention on the Rights of the Child and the Rights of the Woman, to attempt to prevent traditional practices, including female circumcision and honour-related violence. Through broadening the perspective and working internationally with women and children's rights from several angles, the likelihood of eliminating the practice increases.

In addition to social pressure, gender emerged as an important consideration in the interviews. One informant revealed that, as a young woman, she had been told by a man that as a circumcised woman she was not sexy since she did not have any "feeling" left. The woman experiences ambivalence as she is circumcised to become a "good" woman but, outside of her native country, is considered un-sexy precisely because she is circumcised. The results of this study touch on a complicated subject that requires additional research in order to obtain a more comprehensive explanation and understanding and to prevent the "clash" that the findings reveal. The findings point to the importance of discussing and respecting the women's experiences in order for preventive work surrounding female circumcision to be effective.

I therefore would like to recommend a greater emphasis on discussions around the social pressure experienced by women both during visits to their native country as well as in relation to norms within Swedish society. Furthermore, better methods are needed for working with

strengthen women in the target population and creating opportunities for them to independently influence the preventive work against female circumcision.

The women in the study revealed that discussions with people in their own ethnic group indicated a continued desire to circumcise daughters, but that fear of prosecution prevented the practice. However, the circumcision would take place if a move back to the native country occurred, regardless of the age of the daughters. At the same time, the informants indicated that they themselves sought to eliminate the tradition as a result of receiving increased knowledge of its negative consequences after their immigration to Sweden. Yet several women expressed concern for what would happen to girls outside the borders of Sweden.

These experiences indicate that preventive efforts within Swedish society are not enough to change attitudes. In examples where a change of attitude has occurred, the change has been limited to the country's borders and creates a "clash" during visits or moves back to countries of origin where female circumcision remains a norm.

During the gathering of information for this study, I found considerable information on the preventive work against female circumcision. A contentious debate exists among researchers, as well as within the media, on everything from legislation, the responsibility of the Swedish health care system, and domestic initiatives to strategies for how municipalities and counties should work with the issue. In contrast, I found little information on the Swedish government's initiatives outside of Sweden's borders. It is my understanding, therefore, that an important area for continued research is what happens to girls and women who move to their native country and cannot have their rights recognized there, in spite of being Swedish citizens.

The Decision Making Process

Fathers were revealed to play a decisive role in the decision-making process surrounding circumcision, regardless of whether they favored or opposed circumcising their daughters. One of the study's participants was not circumcised because her father opposed it. Yet an opposite case also existed, in which the mother opposed a circumcision that was still carried out at the insistence of the father. The results reveal that men play a highly significant role in the decision-making process and that it is they who make the final decision. Many of the interviewed women believed that a decisive difference could be made in the work against female circumcision by including men.

Men's role in the decision-making process has been debated by Fran Hosken (1994). Hosken believes that, in the African countries she has studied, female circumcision is at its foundation an expression of male sexual dominance and that the tradition therefore will not be stopped by men (1994). This study, however, found that daughters have not been circumcised because men opposed it. In the process of gathering informants, I came into contact with a man who worked actively to spread information on female circumcision among Eritrean women. In attending a lecture that he held on circumcision, I also noticed that he had legitimacy among, as well as the confidence of, the women in the audience. This observation may imply that men's role in the work to change attitudes is of considerable significance.

With the results of this study as a foundation, additional male contributions to the work of preventing female circumcision are sought. The subject is often considered taboo and discussions surrounding female sexuality remain difficult in most societies. In spite of this challenge, including men in the preventative work would highlight their opinions and

understandings on the phenomenon and thereby provide both the general and target population a broader foundation of knowledge and experience to stand on. The results of such efforts would benefit the work against female circumcision.

The Situation in Sweden Genital Mutilation or Female Circumcision

When asked which expression they preferred, *female genital mutilation* or *female circumcision*, women who had been circumcised preferred the term circumcision and uncircumcised women the term mutilation.

Circumcised women in this study regarded the term mutilation as offensive and as depriving them of their female identity. Uncircumcised women, in contrast, believed that the term used should emphasize the invasive nature of the operation and acknowledge the violation and crime that the practice involves.

During the gathering of informants, one woman said to me:

“Promise to not paint us as monsters.”

Her statement reveals that some women have experienced initiatives against the practice in Swedish society as offensive and insulting and consequently do not want to participate in the work against female circumcision. Women’s knowledge is important in working on this issue and can unfortunately go lost if, in the belief that we are promoting their rights, we instead offend and marginalize the women we seek to help and reach.

In her report, Hosken (1994) was critical of the term female circumcision and recommended the use of new and more inclusive concept, genital mutilation. Many researchers and lawmakers subsequently adopted the term mutilation and used it in both national legislation and research reports. In Swedish law, the term female circumcision was changed to that of genital mutilation. Many arguments in favor of the change expressed concern that the original term, female circumcision, could be confused with male circumcision, which is legal and accepted in Swedish. In English, however, a compromise concept, *female cutting*, has been found, which is less value-laden than mutilation and can also not be misinterpreted or understood to mean that the practice is legal and accepted. An additional concept that has been presented in an effort to find more neutral language is *genital operation* (Shell-Duncan & Hernlund, 2000). Other objections to the term mutilation include that it creates opposition and judgment from the people outside of the exposed group. The use of the term is a moral violation that ultimately becomes a criticism directed against those women/girls who have been subjected to the practice. (Ibid).

In my experience, people who are not directly affected by the problem often prefer the term genital mutilation in an attempt to defend the rights of women who have been exposed to or are at risk for being exposed to the practice. In the process, it is easy to forget to show respect for women in the actual group (the circumcised women). This can be compared to when researchers and lawmakers, themselves not been not exposed to the practice, want to emphasize the violation in hope that doing so will further the fight against the tradition, without considering the actual target population. The risk is, therefore, that women already exposed to the practice will be offended. To be most effective, the work against female circumcision needs to include women from the actual target group. Women have significant knowledge on the subject and can contribute to preventive efforts. If these women feel

offended by Swedish society we cannot count on their participation in the work against female circumcision.

My recommendation for a solution to the problem of terminology in Sweden would be to either come up with a new term that is less value-laden than mutilation but that still encompasses the seriousness of the practice and cannot be misinterpreted as legal, or to translate one of the aforementioned English efforts to make the concept more neutral.

Occurrence among Swedish Immigrants from Eritrea

This study revealed that immigrants from Eritrea were of the impression that their countrymen had chosen not to circumcise their daughters after immigrating to Sweden. None of the informants could guarantee with any certainty that people in her surroundings had not considered circumcising their children, but were still fairly confident that ‘their’ group had left the tradition behind. The women believed that the extensive work done against female circumcision in their home country could be one reason that immigrants from Eritrea choose not to circumcise. In addition, the women had acquired knowledge of the physical consequences that circumcision entails both through their own experience and through lectures. Some, however, claimed that the situation varied depending on whether one was raised in the countryside or city and that even within these regions differences in attitudes existed. The overall understanding was still that circumcision did not occur within their own ethnic group following migration. Many relayed that they had had open dialogues or discussions on the issue, which suggests that thoughts in favor of circumcision do not exist.

Impressions varied regarding the understanding of other ethnic groups. Informants appeared fairly convinced that circumcision existed among immigrants in Sweden, though not within their “own group” but others. However, one informant with origins in Somalia claimed that the practice also occurred within her own group. She referenced her mother, an immigrant who still considered circumcision of girls necessary. She also indicated that it was rare within her own ethnic group to speak openly of the practice, which she attributed to a fear of discovery given that the practice is illegal in Sweden.

In gathering informants, I experienced difficulty obtaining participants with origins beyond Eritrea. Several individuals of Somali background were contacted, but chose not to participate in the study. Two women chose to participate, of which one denied that female circumcision existed at all. The other described a reluctance to discuss the subject among her countrymen. My understanding is that the subject is highly taboo among women with Somali origins and that the main reason for this is that the desire to circumcise is ambivalent. The fact that the tradition is illegal in Sweden is well known and can result in that discussions of the practice are avoided. This does not mean that all immigrants with Somali origins intend to circumcise their daughters, merely that the thought of doing so continues to exist and can contribute to a prevalence of the practice among immigrants.

A hot debate exists in the national research on female circumcision regarding whether or not the practice occurs among Swedish immigrants. Some researchers insist that reports of a large at-risk group are not substantiated, while others believe that girls whose parents have migrated from countries where the practice is a norm remain at risk.

In a study entitled *Never My Daughters*, Sara Jonsdotter interviewed forty Eritreans and Ethiopians in Sweden on their attitudes towards female circumcision (2005). The researchers asked informants if they knew anyone who had circumcised a girl since the family’s move to

Sweden. With a few exceptions, the answers they received suggested that female circumcision had definitely been abandoned by these two groups after immigration to Sweden. Moreover, the study argued that changes in attitudes toward female circumcision had occurred before migration to Sweden, pointing to national campaigns in Somalia during the 1980s as well as local opposition and campaigns against the practice in both Ethiopia and Eritrea. A “new” view of the tradition had emerged before immigration to the West (Jonsdotter & Essén, 2005).

“Everyone who had attended a school in Ethiopia had been in contact with the problems female circumcision leads to. It is not a new discussion to the Ethiopians. Arguments were often presented in school on the importance of stopping the custom.” (Jonsdotter & Essén, 2005:62)

The study by Jonsdotter also referenced additional research in which authors found differences in views on female circumcision between ethnic groups. Informants from Eritrea and Ethiopia were more likely to see female circumcision as an issue of the past, whereas those from Somalia described the question of whether or not to circumcise girls as remaining central. It is not, accordingly, as obvious that the question has been completely settled among Somalis in Sweden (Jonsdotter & Essén, 2005).

The study also criticizes the media’s role in the debate on female circumcision, arguing that it offers exaggerated descriptions rather than discussions of measurements and tougher punishments of the offenders (Ibid).

In a concluding comment, authors of *Never My Daughters* state:

“If you compare this study of Eritreans and Ethiopians with what has emerged in former studies of Swedish Somalis, one could claim that some Swedish Somalis still see “good” reasons for circumcising girls, even if the overwhelming majority seems to resist the practice.” (Jonsdotter & Essén, 2005: 117).

In addition, Jonsdotter and Essén indicates that many speak of a large number of unreported cases of female circumcision in Sweden and, as evidence for this, reference two legal cases that ended in guilty verdicts. Many have interpreted these sentences as confirming that the tradition remains widespread in practice and consider them “tips of the iceberg.” (Jonsdotter & Essén, 2005). Yet this impression is wrong, according to Jonsdotter and Essén (2005), who suggests that cases are actually more likely to be over-reported than under-reported in the public debate.

In an article debating the subject, a group of Swedish researchers found evidence to believe that female circumcision remains a critical issue, which it is important to increase knowledge of. They did not doubt that the procedure continues to be performed on girls from countries where female circumcision is common, whether before or after arrival in Sweden. They dispute the argument used by Swedish researchers who claim that there is no evidence supporting the illegal practice of female circumcision. In a recent Scandinavian study, the authors claimed to have evidence indicating that the tradition continues to some degree after migration. There are, for example, confirmed cases in other parts of Europe, where research shows that the tradition continues to varied extents after migration (Holmgren, 2005).

Different researchers, thus, have discussed and come to varying conclusions on the question of whether or not immigrants to Europe practice female circumcision outside the borders of their native countries.

A British study of 94 Somali women between the ages of 16 and 22 in London showed a relationship between the prevalence of female circumcision and the age of the child upon arrival in the immigrant country. The younger the girl was, the smaller her risk of being circumcised. Nevertheless, 10 of the 24 girls in the study who had been born in or immigrated to Britain before the age of five had been circumcised. Eight operations were performed by caregivers in Britain, of which two involved infibulation (Morison, Dirir, Elmi, Warsame & Dirir 2004).

Reports from France describe cases in which girls have died in emergency clinics from severe bleeding after being circumcised. There are, in addition, examples of cases in which people have been convicted for performing female circumcisions (Almroth, 2005).

The book *Female Genital Mutilation* focuses on women who have undergone circumcision living in UK (Davis & McCafferty, 2005) emerges in the book for girls who live in and are raised in the UK. 74 000 African immigrant women in the UK have undergone some form of female circumcision and an additional 7000 are believed to be at risk for undergoing the practice (Bunett & Peel, 2001).

The conclusion to this part of the discussion is that it is not easy to provide a clear answer to the question of whether or not female circumcision occurs in Sweden through referencing the number of legal judgments in the country. It is also not fair to identify a group as at-risk simply because its members come from a country where female circumcision is a norm. My understanding is, consequently, that significant challenges emerge in trying to determine the prevalence of female circumcision among Swedish immigrants. Yet to underestimate the prevalence is more damaging for the actual group than to overestimate it. This study shows that the work against female circumcision has become firmly established among Eritreans through open discussions of the subject. This is no guarantee that the tradition has ceased. Unfortunately, sufficient material was not found to demonstrate a similar tendency among other ethnic groups in which female circumcision is a norm. Yet even in this case, the results do not offer any evidence that circumcision is performed within these groups.

Solutions

Through the narratives with women from countries where female circumcision is a norm, suggestions for improving the work against female circumcision emerged. All the women had thoughts and ideas on how to work preventively on the issue. It soon occurred to me that these resources have not been fully utilized in the preventive work, except through interviews with women from the target group.

Involving the participants in the changing- processes is one of the keys of empowerment. Empowerment can involve anything from development work to class and gender struggles. Starrin (1997) limits the concept to activities that increase humans' control over their lives. Through increasing self-confidence and self-understanding, an attentiveness to resources and capabilities in the individual, the ability to influence and control one's life increases. Studies show that African women's organizations work with the question of female circumcision less through focusing on the operation or practice itself and, instead, mainly through working to empower women. Such grassroots initiatives have been shown to have the greatest influence

when informed by local traditions. Levi indicates that the Western anti-circumcision campaign falls short in preventing female circumcision as it has not succeeded in addressing the actual causes of the practice (Levi, 1996).

Various voices have called for a greater focus on the local knowledge in working against female circumcision. (Levi,1996). Obiora (1997) criticizes the Western campaign's arguments against the practice and believes that the campaign undermines rather than furthers the work against female circumcision. It is, according to Obiora, absolutely essential to respect local sources of knowledge and to not generalize and conclude that all women are dominated. That could mean that the campaign creates barriers between women and thereby loses legitimacy (Obiora 1997). Even the results of this study show that it is important to use resources that exist within groups where the tradition is a norm, both female as well as male. The women gave suggestions on how to prevent female circumcision by spreading information and knowledge to both involved authorities but also to the own ethnic group. The women also emphasized working with attitude changing efforts.

The knowledge within the Swedish healthcare system has, according to participants in the study, increased. The contributions spoken of by women here are those that support and improve a woman's conditions of life after discovery of the circumcision, for instance upon child birth. The preventive work, however, has not received equally well recognized results.

As a student of Public Health and Human Rights, I find that numerous questions remain unanswered and require additional research in order to offer a more exhaustive understanding of how to improve the preventive work against female circumcision in Sweden and the Western World.

The situation in the countries of origin is in change and increases the likelihood of additional immigration from these countries to Sweden. Is the preventive work in Sweden sufficient to guarantee children within the country's borders their right to not be circumcised? Can we with certainty know that all immigrants chose to not circumcise their daughters after migration to Sweden? But, above all:

How far does the responsibility of the Swedish state extend?

These questions are not easy to answer and point to the magnitude and complexity of the issue covered. It is not possible to work with this question without having a firm political, legal, moral, and personal foundation!

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Bilaga 1

Intervjuguide

Fokus låg på informantens egna upplevelser och erfarenheter. Frågorna var därför öppna och gav plats åt de egna berättelser.

1. För att öppna konversationen bad jag informanten att berätta om sin bakgrund, till exempel, barn, jobb etc.
2. Har informanten några erfarenheter eller kunskaper om kvinnlig omskärelse?
3. Hur upplever infomanten det svenska samhällets kunskaper om och förståelse för kvinnlig omskärelse? (tex sjukvård, skola, media, forskning, allmänheten)
4. Vad tror informanten om förekomsten av kvinnlig omskärelse i Sverige?

Appendix 1

Interviewguide

Focus was on the informants own experiences. To gain the own stories the questions were therefore open.

1. To open the conversation I asked the informant to tell about their background, for example children, job ect.
2. Does the informant have experiences or knowledge about female circumcision?
3. How does the informant experience the swedish societys knowledge and understanding of female circumcision? (for example medical care, school, media, sience , the general public)
4. What does the informant think about the incidence of femle circumcision in Sweden?

Appendix 2

International Legislation on Female Circumcision

The International Convention on the Rights of the Child (ICRC) contains 54 articles outlining the rights that every child should have and specifying how states will work toward securing these rights. The agreement has been ratified by Sweden and all states in the world apart from Somalia and the USA. Four main articles serve as guidelines for interpreting the remainder of the convention (Frivilligorganisationernas Fond för Mänskliga Rättigheter, 2004), (barnombudsmannen, 2003). These four are:

Article 2

”States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.” (Frivilligorganisationernas Fond för Mänskliga Rättigheter, 2004:95).

”States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.” (Frivilligorganisationernas Fond för Mänskliga Rättigheter, 2004:96)

Article 3

”In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.” (Ibid)

Article 6

”States Parties recognize that every child has the inherent right to life.” (Ibid).

”States Parties shall ensure to the maximum extent possible the survival and development of the child.” (Ibid).

Article 12

”States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child. ” (Frivilligorganisationernas Fond för Mänskliga Rättigheter, 2004:98).

”For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law. ” (UN, 1997-03).

Article 24 was designed with female circumcision in mind and is relevant to this practice. It states as follows:

” States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.” (Frivilligorganisationernas Fond för Mänskliga Rättigheter, 2004:102).

Further, in Article 19, p.1, the agreement states:

” States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.” (Frivilligorganisationernas Fond för Mänskliga Rättigheter, 2004:100).

Since female circumcision is performed not only on children but on adults at the time of marriage and/or childbirth in some societies, it is important to also reference *The International Convention on the Elimination of all Forms of Discrimination Against Women*. (Frivilligorganisationernas Fond för Mänskliga Rättigheter, 2004)

The relevant articles in this convention are the same as those mentioned above for the rights of the child but Article 4 additionally states as follows:

”States should condemn violence against women and should not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination. States should pursue by all appropriate means and without delay a policy of eliminating violence against women...” (Frivilligorganisationernas Fond för Mänskliga Rättigheter, 2004:81).

Swedish Legislation Related to Female Circumcision

In considering female circumcision in Sweden, it is important to note several legislative actions related to the issue. All forms of female circumcision were made illegal under a 1982 Swedish law.

Act (Prop, 1982:316) of prohibition against female genital mutation

1§ Procedures in the female outer sex organ with the purpose of mutilating or causing other permanent changes are not allowed, regardless of if there is approval for the procedure or not (Prop, 1998:407).

2§ The one, who break the 1§ is being convicted sentenced to prison for a maximum of four years. If the crime resulted in mortal danger, a serious illness or something else that represents an extremely ruthless behavior it shall be judged as a heavy crime (Law/Lag 1998:407).

3§ The one, who has committed a crime according to this act is convicted in Swedish court even if the 2 chapter or the Penal Code is applicable (Law/Lag, 1999:267).

The 1982 act against the prohibition of all forms of female circumcision was subsequently made more stringent through the passage of supplements in 1998 and 1999. Changes introduced in 1998 led to the term female circumcision being replaced by that of female genital mutilation. For someone convicted of a heavy crime the sentence ranges from a minimum of two years to a maximum of ten years. According to the 23rd chapter in the Penal Code, the preparation, attempt, and neglect to reveal a crime and conspiring to the crime are also legally punishable. (Prop 1997/98:55. S: 99) One new paragraph, 3§, which was introduced on the first of July, makes it possible for a person to be convicted in Sweden for a

violation that was committed in a country where female circumcision is not forbidden. The expanded legislation thus includes both the parents and relatives of a girl who risks being exposed to the procedure while abroad. (Prop1998/99:70. S: 9-10).

Reporting duty according to 14th chapter in the Social Service law

According to the 14th chapter 1§ in the Social Service law, authorities whose activity concerns children are obligated to immediately report to the social welfare board if they in their professional activities suspect that a child is at risk of experiencing harm. Furthermore, the same paragraph says that anyone who suspects a wrongdoing could report harm to the board. Accordingly, persons or authorities who suspect children of being at who risk for female circumcision could be included under the act. (Socialstyrelsen, 2003).