

# A qualitative study on female genital cutting among Kurdish-Norwegians

By Ingvild Bergom Lunde

Institute of Health and Society, Faculty of Medicine, University of Oslo

Norwegian Centre for Violence and Traumatic Stress Studies

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## Abstract

In Norway, there has been little focus on female genital cutting (FGC) among Kurds, and there has been no previous research in this field. This is the case despite that there has been international focus on FGC in Kurdistan since around 2004 through activism, media reports, and research, and despite Kurds being one of the largest Norwegian migrant populations that come from a region where FGC is well documented through national population-based surveys. Based on fieldwork that explored perceptions of and experiences with FGC among Kurds in Norway, this doctoral thesis aims to contribute with knowledge of FGC concerning the Kurdish population.

The doctoral thesis draws on fieldwork and qualitative interviews with Kurdish women and men born in either Iran or Iraq, and who have lived in Norway for six years or more. One of the main findings in the thesis is that how Kurdish-Norwegians comprehended, talked about, and understood FGC, was often associated with condemnation and silencing. Three ways in which condemnation and silencing of FGC occurred are presented in the three articles that jointly form this doctoral thesis.

Article I describes how challenging the research participants found it to address FGC as a practice related to them as Kurds. The article argues that FGC can be understood as a 'difficult' characteristic in Kurdish national identity construction, and shows how study participants' views entail a negotiation between modern and traditional aspects of national identity. The article makes use of theories on management of difficult characteristics in national identity construction to argue that if Kurdish women's struggle for liberation was emphasised, FGC could be talked about in Norwegian public as a Kurdish challenge that needed to be rejected. Even though communicating FGC in such a matter may risk suggesting a spoiled Kurdish national identity, and even though conservative and traditional forces that may promote FGC are a challenge to Kurdish women's struggle, the public condemnation of FGC can be interpreted as a way of framing Kurdish national aspirations as grounded in support for human rights and gender equality.

Article II explores how FGC was a silenced topic between mothers and daughters, and between men and women. These silences were broken when FGC was talked about as

something that needed to be rejected. The main reasons that study participants expressed for rejecting FGC was their support for women's rights and the negative ways in which they perceived FGC to affect female sexuality. This rejection of FGC, was a potential way in which silences of FGC could be broken, particularly between husbands and wives, through discussing how FGC may have affected their sexual relations. By the use of theories on migrant women's sexual agency and embodiments, the article argues that silencing around FGC in close relationships can be interpreted both as a sign of oppression and as a sign of empowerment. Even though circumcised women may be stigmatised, the stigmatisation can lead to the negotiation of a more assertive female sexuality.

Article III explores how research participants often preferred to talk about male circumcision (MC) instead of FGC. Linked to this was confusion about whether 'Kurdish FGC' was comparable to 'Somali FGC' (infibulation), or whether it was rather more similar to ritual circumcision of boys. The article makes use of theories on the mapping of controversies and the 'slippery-slope' argument, to argue that Norwegian political reluctance to treat male circumcision and FGC in the same way may change the meaning of ritual boy circumcision, which may result in parents deciding not to circumcise their sons.

This doctoral thesis demonstrates how by presenting modern and tolerant values, such as a rejection of boy circumcision, approval of female sexual pleasure and desire, and support for the empowerment of boys, girls, men, and women, Kurdish-Norwegians are in many ways aligning subjective experiences and understandings towards norms of gender equality and human rights in Norway.

The concept of 'homo-nationalism' within theories on sexual citizenship focuses on how national-border making is closely related to modernity and tolerance, where claims about others' backwardness regarding sexuality, such as intolerance of lesbian and gay identity politics, are used to authenticate present-day neo-colonial practices through cultural 'othering'. The global South has often been understood as underdeveloped and in need of being developed through, for example, cultural, economic, and political modernisation processes. As more recent theories argue, however, perspectives from the global South can also be understood as providing insights into the world as a whole. Through reflecting on the

insights into FGC gained from a group of people who have some experience from the 'global South' (Kurdish-Norwegians), and who reside in the 'global North' (Norway), it can be observed that the pre-dominant understanding of FGC as 'backwards' and 'traditional' is what is under negotiations by Kurdish-Norwegians.

FGC scholarship has explored how hegemonic constructions of FGC are hypocritical due to anatomic overlaps with genital cutting practices in the Global North such as ritual boy circumcision. A recent argument within this scholarship is that the comparing and contrasting FGC with 'Western' genital cutting practices tends to emphasise the implications of these practices for sex/gender and sexuality over other embodiments of the practices, such as ethnicity, history, cultural difference, and nation. It is here that the national portrayal of Kurdish women as both marginalised victims and active female combatants may provide new insights of what is 'female' and 'male'.

This doctoral thesis suggests that future research should explore how a young generation of Kurds together with Kurdish women's movements, may problematise FGC as a symbol of a global health challenge that inhibits the empowerment of girls and women. Exploring views on male circumcision may give fruitful insights to such as problematisation.



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Please note that all errors or mistakes in this thesis are mine.



## List of articles

### Article I

Lunde IB, Sagbakken M and Johansen REB (2019) Negotiating female genital cutting as a difficult characteristic in Kurdish national identity *Nordic Journal of Migration Research* 9(3): 363-381.

### Article II

Lunde IB, Johansen REB, Hauge MI and Sagbakken M (under review)\* Sexually destroyed or empowered? Silencing female genital cutting in close relationships.

### Article III

Lunde IB, Hauge MI, Johansen REB and Sagbakken M (2020)\*\* 'Why did I circumcise him?' Unexpected comparisons to male circumcision in a qualitative study on female genital cutting among Kurdish–Norwegians.

I will refer to the articles by their Roman numbers.

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## Chapter 1: Introduction

In Norway, there has been little focus on female genital cutting (FGC) among Kurds, and there has been no previous research in this field (see Bråten and Elgvin, 2014; Østlands-posten, 2010; Abdi, 2011). This is the case although there has been an international focus on FGC in Kurdistan since around 2004 through activism, media reports and research (e.g. Burki, 2010; Ahmad, 2005; Piecha, 2013; WADI, 2010; WADI, 2012; Humanrightswatch, 2010; Landinfo, 2013; Acharya, 2009; Ahmed et al., 2018; Ahmed et al., 2019; Daneshkhah et al., 2017; Kizilhan, 2011; Lewis, 2008; Saleem et al., 2013; StopFGMKurdistan, 2013; The Parliament of Kurdistan Iraq, 2011; UNICEF, 2014a; Yasin et al., 2013; Pashei et al., 2012; Ahmady, 2015; Khalesi et al., 2017; Südwind, 2014; Cardone, 2015), and despite Kurds being one of the largest Norwegian migrant populations that come from a region where FGC is well documented through national population based surveys (Ziyada et al., 2016; MICS, 2012; MICS, 2018; Dzamarija, 2014; NKVTS and DAMWAD, 2014; Ordemann, 2017). Based on fieldwork that explored perceptions of and experiences with FGC among Kurds in Norway, this thesis aims to contribute with knowledge of FGC concerning the Kurdish population.

The doctoral thesis consists of the current, extended summary (part I), articles I-III (part II), and appendix (part III). The aim of this part – part I – is to show how the three articles are theoretically, thematically, and methodologically interrelated, to discuss issues that have not been adequately dealt with in the three articles, and to broaden the theoretical, thematic and methodological framework of the doctoral thesis.

## Chapter 2: What is female genital cutting?

The World Health Organisation (WHO) (WHO, 2018: cited as on website) defines female genital cutting (FGC) as follows: “[A]ll procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons”. The WHO further classifies four types of FGC (WHO, 2018; WHO, 2008: paraphrased):

- Type I: The partial or total removal of the outer clitoris and in rare cases only the prepuce.
- Type II: The partial or total removal of the outer clitoris and the labia minora, with or without cutting the labia majora.
- Type III (often referred to as infibulation): The narrowing of the vaginal opening through cutting and repositioning the labia minora and/or labia majora, with or without removal of parts of the outer clitoris.
- Type IV: all other harmful procedures to the female genitalia without medical necessity, e.g. pricking or piercing the genital area.

Among Somalis and Sudanese, FGC is often referred to as ‘pharaonic’ and ‘sunna’ (e.g. Shandall, 1967; Lunde and Sagbakken, 2014; Talle, 2010; Vestbøstad and Blystad, 2014). Pharaonic can be comparable to the WHO’s definition of type III/infibulation, while sunna can be comparable to type I-IV (Lunde and Sagbakken, 2014; Vestbøstad and Blystad, 2014). The distinction between infibulation and other types of FGC seems to be common and a more recent way of dealing with FGC through political and health interventions (UNICEF, 2013). For example, in 1995 the Norwegian government introduced a law that made it illegal to subject a girl or a woman to any type of FGC after her settlement in Norway (The Lovdata Foundation, 1995). In 2015, the ruling was changed and a distinction was made between ‘FGC’ and ‘coarse FGC’, with legal penalties of, respectively, up to 6 years and 15 years of incarceration, depending on the severity of injury of the affected girl or woman (The Lovdata Foundation, 2015; Lien, 2017). The type of cutting may vary depending on the person doing the cutting (who, traditionally, have not been a medical professional), wishes of the parents, and the anatomy of the girl or woman who is undergoing the procedure (e.g. Elmusharaf et al., 2006; Talle, 2010; Shell-Duncan et al., 2016).



A further challenge with the definition of FGC is that women, when adults, may not know what particular type of FGC they have undergone at a younger age (Elmusharaf et al., 2006; Bjälkander et al., 2013). Or, as some of the Kurdish-Norwegian research participants in this doctoral study expressed (article II), some may be unsure of whether they are circumcised at all. In many of the FGC-practising communities, there also seems to be a rejection of type III/infibulation FGC, while there is more ambiguity towards a rejection of type I, II, and IV FGC (Lunde and Sagbakken, 2014; Talle, 2010; Wahlberg et al., 2017). Among Kurdish populations in Iraq and Iran where the research participants of this doctoral study originate from, FGC type I, II, and IV are reported as being practiced, but not type III/infibulation (Saleem et al., 2013; WADI, 2010). Insights from the Kurdish population may thus provide a better understanding of the emergent shift towards type I, II, and IV FGC as classified by the WHO.

#### [Female genital cutting as a health problem and breach of human rights](#)

FGC is defined as a breach of universal ideas of human rights, with laws prohibiting FGC in 26 countries in Africa and the Middle East as well as in 33 countries with migrant populations from FGC-practicing communities (WHO, 2018). The Iraqi Kurdistan parliament put a ban on the practice in 2011 (The Parliament of Kurdistan Iraq, 2011; Cardone, 2015). Furthermore, circumcised women often have a right to and need of health-care due to associated health consequences (WHO, 2018).

The consequences are often divided into immediate and long-term consequences (Berg and Underland, 2014b; Berg et al., 2014; Makhlof Obermeyer, 2005). The reported immediate health consequences of all types of FGC include intense pain, bleeding, infections, and problems with wound healing. Reported long-term health consequences include cysts, scarification, pain, and birth complications (Berg and Underland, 2014b; Berg et al., 2014; Kizilhan, 2011). As FGC type III/infibulation involves the narrowing of the vaginal opening this seal often requires that the labial fusion is cut open again at a later stage in order to allow for sexual intercourse or childbirth. Among the Sudanese population it is common to re-infibulate women after delivery. This closing, re-opening, and re-infibulation increases immediate and long-term health risks. The health consequences before a re-opening may include prolonged labour and difficulty in passing menstrual blood and urine (Berg and

Underland, 2014b; WHO, 2008; Makhoul Obermeyer, 2005; Berggren, 2005). In the three other types of FGC categorised by the WHO, types I, II, and IV, this closure does not occur and, hence, re-opening is not needed. Studies on health risks of FGC type I, II, and IV tends to focus on FGC as a potentially traumatising experience and its negative effect on female sexuality (Berg et al., 2014; Berg and Underland, 2014b; Berg and Underland, 2014a; Berg and Denison, 2012; Berggren, 2005; Daneshkhah et al., 2017).

### Terminology

There are several different terms used to describe FGC. These terms reflect the differing historical, political, and cultural framings of the practice, as well as the difficulty in meaningfully translating the phenomenon from local languages to the English language (Shell-Duncan and Hernlund, 2000; Lewis, 1995; Obermeyer, 1999). From the 1980s to early 2000s, the term ‘female circumcision’ was often used in order to respect the local communities in which it was practiced (Talle, 2010). The term was, however, criticised for not acknowledging the harmfulness of the practice by, for example, implying that the practice was comparable to male circumcision (MC) (WHO, 2008). The term ‘female genital mutilation’, or its abbreviation ‘FGM’, has also commonly been used since the 1980s, but has been criticised for being a culturally imperialist term (Johnsdotter, 2012; Obermeyer, 1999; Shell-Duncan and Hernlund, 2000). ‘Female genital mutilation/cutting’, or ‘FGM/C’, was used by some United Nation (UN) bodies around 2010-2015 (UNICEF, 2014b; UNICEF, 2013; UNICEF, 2015), which may be understood as a way to communicate that the practice is harmful, while at the same time respecting local communities. The UN bodies currently use the term ‘female genital mutilation’ or ‘FGM’ (WHO, 2018). The United Nations Population Fund (2019) insist that this term reflects that the practice is a breach of universal human rights. One possible issue with this, is that FGM can, however, be understood by local communities as referring to infibulation only, and not the other types of FGC (Lunde and Sagbakken, 2014; Dawoodi Bohra Women for Religious Freedom, 2019; Vestbøstad and Blystad, 2014).

During the fieldwork that forms the basis of this doctoral thesis, the Norwegian language was mainly used. In Norwegian, there are two terms for FGC: ‘kjønnslemlestelse’, which may be translated to FGM, and ‘kvinnelig omskjæring’, which may be translated as female

circumcision. During the initial recruitment of research participants, the term 'omskjæring' was used while believing that it was a culturally-sensitive way to approach the topic that would build rapport. However, potential research participants often used 'kjønnslemlestelse' themselves, or swapped between the two terms. Throughout the fieldwork period, I used both terms interchangeably.

The abbreviation 'FGC' for the term 'female genital cutting' is mainly used in the three articles and in this summary, as all are written in the English language. Even though the term has been criticised for not acknowledging the harmfulness of the practice, one reason for use the term is to reflect a less value-laden term (Talle, 2010). In addition, the term is used as it best captures the entire width of the practice, including a great variety of types beyond how 'FGM' in research and public discourse in Norway (and other countries) is often associated with 'Somali FGC' (infibulation/type III) (Bråten and Elgvin, 2014; Talle, 2010; Lunde and Sagbakken, 2014; Vestbøstad and Blystad, 2014; Johansen, 2006; Fangen, 2008; Fangen and Thun, 2007). As argued in article III in this thesis, based on the way that the research participants referred to the practice as the 'circumcision' of children, it may also be useful to refer to the practice as 'girl circumcision' (or 'girl genital mutilation/cutting'). In Sorani Kurdish, the word 'khatna' is often used to describe the circumcision of both boys as well as girls, and the gender has to be specified in front (Johansen, 2005; Lunde et al., Forthcoming). As the ritual circumcision of boys became a central theme throughout the fieldwork, the terms used in this thesis for genital cutting of boys is mainly 'ritual circumcision of boys' or 'boy circumcision', and the abbreviation 'MC' for 'male circumcision'. This reflects the fluidity of how the practice is referred to in scholarship, public discourse, and by activists (Svoboda, 2013). The term 'male genital mutilation' is also used in scholarship to reflect that the practice may be harmful for boys and men, and thus in that sense comparable to FGM (Johnson, 2010).

### Why circumcise?

The WHO (2018: cited as on website) definition of FGC emphasise that the practice is done for "non-medical reasons", which implies that the motivation for conducting FGC lies outside of the medical sphere. Even though there is little knowledge of the origins of FGC, the arguments for practicing FGC vary within and between ethnic groups and countries, and they

change over time (Johnsdotter, 2012; Shell-Duncan et al., 2016). Explanations for conducting FGC include: patriarchal control, marriageability, protection against rape, establishing religious or ethnic identity, protection of virginity, to enhance the femaleness of the woman, beauty and good hygiene, and preparing children for adulthood (Gruenbaum, 2001; Johnsdotter, 2012; Shell-Duncan et al., 2016). While these reasons may still exist in local communities, they shift and are shaped by processes of globalisation (Shell-Duncan and Hernlund, 2000; Boddy, 1982). The international work against FGC has contributed to changes in the meaning of the ritual through, for example, parents reassessing who their daughter can and cannot marry due to whether she is circumcised or not (Prazak, 2016). Migration patterns also contribute to a re-negotiation of the meaning of FGC. Several studies have found a change in attitudes towards FGC among persons who migrate from a country where FGC is practiced to one where it is not (e.g. Johansen, 2007; Gele, 2013; Wahlberg, 2017). For example, based on fieldwork from 1997 to 2000 among Somalis in Norway, the anthropologist Johansen (2006) explored how the women negotiated understandings of FGC in Somalia and Norway. The women's experiences of the pain of FGC somehow increased in Norway due to a changed meaning of FGC (Johansen, 2002). Their views on sexuality and virginity also changed due to Norwegian, hegemonic social and cultural norms, which focused less on virginity as central to female sexuality, and more on the clitoris as providing sexual pleasure and femininity (Johansen, 2007). This contradicted perceptions of the clitoris in Somalia, such as the view that the clitoris was a male part of the body that should be removed (Johansen, 2007).

#### How many and who have undergone FGC?

The United Nations International Children's Emergency Fund (UNICEF) (UNICEF, 2014c) collects data on the situation of children and women through the household survey 'multiple indicator survey' (MICS). MICS is designed such that the collected data may be compared between countries, and it is collected about every fourth to fifth year to measure change over time (UNICEF, 2014c). The team developing MICS works in close cooperation with the Demographic and Health Surveys (DHS), which is funded by the United Nations States Agency (USAID), as well as with the WHO, UNICEF, United Nations Population Fund (UNFPA) and USAID (USAID, 2019). Together these two surveys aim to provide data that can be used for monitoring and evaluating the health and well-being of women and children. Part of the

measures of these surveys are attitudes towards and prevalence of FGC, and data is collected in 27 African countries, and Indonesia, Iraq and Yemen (UNICEF, 2013; UNICEF, 2015; MICS, 2012). There are also other countries in which FGC is reported, including Oman, India, Iran, Colombia, Russia (Dagestan), Pakistan, Sri Lanka, and Malaysia, but there are no national population-based surveys available on these (Shell-Duncan et al., 2016; Antonova and Siradzhudinova, 2016; Wijayath, 2019). UNFPA (2018) estimates that with the same expected population growth, at a global level, the number of girls undergoing all types of FGC yearly will rise from 3,9 million girls in 2015 to 4,6 million in 2030. Most FGC is carried out on girls between 0-14 years old, but it can also happen later in life (UNFPA, 2019). FGC is practiced in some, but not all, Islamic communities, and it is also practiced among Christians and other religious groups (Shell-Duncan et al., 2016). Socio-cultural interpretations of religion, rather than religious scripts, often tie the practice to religion (Shell-Duncan et al., 2016; Abu-Sahlieh, 1994). In order to develop political and health interventions in Europe, there has been a focus on estimating how many of the girls who come from FGC-practising countries are at risk of being circumcised, and how many girls and women need health-care (Leye et al., 2014; Ziyada et al., 2016; Johansen et al., 2018). These estimates are commonly made based on the prevalence rates from the MICS and DHS surveys (Leye et al., 2014; Ziyada et al., 2016). However, it is challenging to measure such prevalence rates in Europe, due to several governments not recording ethnicity of migrants, behaviour and attitude changes in the diaspora, that subjecting a girl to FGC is illegal, and the practice being embedded in stigma (Leye et al., 2014; Shell-Duncan et al., 2016; Ziyada et al., 2016).

### Male circumcision

Based on the empirical material, and as further discussed in article III, as FGC and MC are often looked upon as similar practices, to examine overlaps between the two practices may lead to improved understandings of both (Merli, 2010; Merli, 2008; Prazak, 2016; Lunde et al., Forthcoming). MC, or the ritual circumcision of boys, is the cutting of male genitalia often also done without medical necessity, but for cultural or religious reasons (Denniston et al., 2007; World Health Organization, 2007). There is a variety in types of MC that ranges from removing foreskin to cutting in the urinary tube (Svoboda and Darby, 2008). Estimated prevalence rates (based on the number of people that are defined as Muslims or Jews) of MC in Iran and Iraq are near universal (Morris et al., 2016). Without specifying ethnicity, The

Norwegian Directorate of Health (2011) have estimated that approximately 2000 boys are circumcised annually in Norway.

### Chapter 3: The (almost) non-existence of female genital cutting

In May 2014, at the time that the research proposal for this doctoral dissertation was developed, a headline in one of the main newspapers in Norway read: “Report shows that female genital mutilation is almost non-existent in Norway” (Dagbladet, 2014: my translation). The report that the newspaper referred to was published by the independent social science research foundation ‘Fafo’. The aim of the Fafo-report was to explore whether the large-scale political interventions in Norway that promoted abandonment of female genital cutting (FGC) were grounded in research (Bråten and Elgvin, 2014). The report concluded that political interventions were to a large degree media-driven rather than research-based. The report questioned whether the size of the problem of FGC could justify the extensive political action and funding going into the work against the practice. They reasoned their questioning based on the claim that it is easier to argue that there is a low than high prevalence of FGC in Norway. The reason it is easier to argue that it is a low prevalence, they argued, is that research from Norway, as well as from other European countries, demonstrated an attitude change, where people increasingly reject FGC when settling in a country where the practice is unfamiliar and it is illegal to let a girl undergo FGC. Bråten and Elgvin (2014) argued that it is problematic that political interventions are often based on the assumption that FGC is widespread. They posed questions such as: ‘Why have not more cases been found in the police and social and healthcare services?’, ‘Why do an increasing number of studies show that those living in Norway state that they do not circumcise their girls?’, and ‘Why is there an increasing number of women that turn to the health services to reconstruct their genitalia in order to ‘undo’ their FGC?’ (Bråten and Elgvin, 2014).

A few weeks after the publication of the Fafo report, the Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS) published a report that estimated the possible scope of FGC in Norway (NKVTS and DAMWAD, 2014; Ziyada et al., 2016). Based on knowledge of prevalence rates in 29 countries, the result of this report was that 17 000 girls had undergone FGC before arrival in Norway. Furthermore, those immigrant women in Norway that come from countries where FGC is practiced had approximately 35 000 daughters who could be at risk of undergoing FGC (NKVTS and DAMWAD, 2014). The Fafo-report and the

NKVTS-estimate demonstrated that the problem of FGC had a size: it *currently* almost did not exist, but was *potentially* a large and widespread problem.

It was in this context that the research proposal for this project was developed in 2014. When starting to write this summary of the doctoral thesis, about five years later, in July 2019, a quick search for the latest news on FGC in Norway revealed that FGC was still a 'problem' that was almost solved. One heading of an opinion piece in a major Norwegian newspaper on 6<sup>th</sup> July 2019 read: "Female genital mutilation is heading full speed towards eradication" (Vie, 2019). In the years 2010-2019, a central focus in scholarship was on how the global work against FGC had changed attitudes and behaviour in both local and diaspora communities (Gele, 2013; Wahlberg, 2017). Scholarship emphasised that the end of FGC was near, with an increased effort to reach the goal that no girl should be subjected to FGC by 2030 as manifested in the United Nations Sustainable Development goals (Hodzic, 2017; Gruenbaum, 2018; UN, 2016). Indeed, several governments in Europe funded research to estimate both the numbers of girls and women who have been exposed to FGC, as well as the potential numbers at risk of being exposed (Leye, 2018; EIGE, 2015).

Furthermore, FGC is embedded in a sense of condemnation where lack of nuances frustrates the creation of a public discourse beyond criticism of the practice (Hauge, 2019; Wahlberg, 2017). When the research proposal for this doctoral thesis was developed in 2014, the (near) non-existence of FGC in Norway corresponded with scholarship that started to explore the international 'discovery' of FGC outside of Africa: among Kurdish populations in Iraq and Iran (Ahmad, 2005; WADI, 2010; WADI, 2012; Burki, 2010; Humanrightswatch, 2010; Ahmady, 2015; Landinfo, 2013; Landinfo, 2014). Since FGC is mainly limited to the Kurdish parts of Iraq and Iran and since many of the migrants from these countries in Norway are likely to be of Kurdish origin, the Kurdish population is probably one of the largest migrant groups in Norway that come from an FGC-practising community (MICS, 2018; MICS, 2012; Ordemann, 2017; Ahmady, 2015; Dzamarija, 2014). Empirical studies on FGC in Kurdish migrant communities are scarce. One study from Sweden looks into reasons why circumcised women seek clitoral reconstruction, and 1 of the 17 research participants originated from Iraqi Kurdistan (Jordal et al., 2019). In a quantitative study among Somalis and Kurds in Finland, Koukkula et al. (2016) found that there was a FGC-rate of 32% among the Kurds, that Islam



was associated with FGC among Kurds specifically, and 39 % of those having undergone FGC had experienced health problems. One written records of FGC among Kurds in Norway was found in a report by a non-governmental organisation, reporting that Kurdish women have addressed FGC themselves and that Kurds have largely been ignored by the Norwegian authorities (Abdi, 2011). There has also been a debate in a local Norwegian newspaper initiated by an interview with a Kurdish woman who spoke publically about her experience in FGC in order to reach other Kurds, and this newspaper debate is discussed in article I (Abdi, 2011; Østlands-posten, 2010; Lunde et al., 2019). In the present day, and in 2014, despite the four largest migrants groups in Norway from countries where FGC is known to occur, based on national population based surveys, are Ethiopia, Eritrea, Somalia, and Iraq, there was thus scarce knowledge on FGC among Kurds, particularly in diaspora (NKVTS and DAMWAD, 2014; Ziyada et al., 2016). This doctoral thesis aims to contribute with knowledge of FGC concerning the Kurdish population, particularly that of the diaspora.

## Chapter 4: Research aim and research questions

The research aim of this doctoral project was to:

- Explore perceptions of and experiences with FGC among an underexplored population group in the FGC field: Kurds in Norway

In order to answer this research aim, research questions were developed based on analysis during and after the gathering of the empirical material. It is the following research questions that were developed to answer the above research aim, and that the three journal articles that jointly form this doctoral thesis explores:

- How do perceptions of being Kurdish shape understandings of FGC among Kurdish-Norwegians? (Article I)
- How are silences of female genital cutting negotiated between daughters and mothers, and between women and men? How do perceptions of female sexuality shape these silences? (Article II)
- How is the condemnation of female genital cutting reflected in the questioning of the tolerance of male circumcision? (Article III)

## Chapter 5: Female genital cutting in an era of global condemnation

Since the beginning of the 1980s, the topic of female genital cutting (FGC) has attracted extensive international interest. FGC has become a biomedical, socio-cultural, and political practise where the aim is to prevent girls from undergoing FGC, and to provide care for those who have already undergone the practice (WHO, 2018). Due to increasing migration of people from FGC-practising communities to the Global North in the 1990s, the practice challenged well-established ideas of health-care, child-rearing, sexuality, and immigration laws in Europe, North America, and Australasia (Hernlund and Shell-Duncan, 2007). FGC became a symbol of where the line of tolerance towards other worldviews could – and should – be drawn (Gordon, 1991).

Researchers who come from communities that do not practice FGC mainly produce the largest amount of scholarship on FGC (including this doctoral thesis). Criticism towards this scholarship has pointed out that anti-FGC work is culturally imperialist and does not, for example, account for how female sexuality is perceived in local communities (Ahmadu, 2000; Ahmadu, 2007). However, this criticism of the anti-FGC-discourse is in itself criticised, mainly by scholars from countries in North America, Australasia, and Europe or scholars who have migrated from FGC-practicing communities to these countries (Wade, 2012; Davis, 2019). In order in to understand contemporary perceptions of and experiences with FGC, it is therefore necessary to acknowledge that the current condemnation of FGC is historically constructed through complex and multifaceted globalisation processes, and power imbalances between the global ‘North’ and ‘South’.

### Colonial records of FGC before the late 1970s/early 1980s

Scholarship on FGC before the late 1970s/early 1980s is scarce and fragmentary, and it mainly consists of colonial records of FGC (Johnsdotter, 2012; Boddy, 2007; Hodzic, 2017). The Canadian anthropologist Janice Boddy (2007) explains that colonialists started to make notes on FGC in Sudan from 1924. At the time, Sudan was not self-sufficient and with limited work-force. The British powers thought that FGC was a neo-natal and maternal health problem, and believed that the type of FGC (type III/infibulation) that the Sudanese were practising limited population growth. An important justification for their attempt to end the practice, was to increase birth-rates, so that Sudan could become independent from Egypt

(Boddy, 2007). Rather than putting an end to FGC, their attempts to end the practice highlighted a lack of compatibility between “British and Sudanese concepts of self”, i.e. how they had differing understandings of the socio-cultural context of FGC (Boddy, 2007: 4).

In attempting to map the history of FGC in Africa, the Swedish anthropologist Johnsdotter (2012: 93) found that the first mention of FGC seemed to be by “the father of history” Herodotus about 480-420 BC, and she only found short annotations of FGC from before the 1970s. These annotations of FGC were mainly reflecting European ideas and ideologies throughout history in fields such as biology, evolutionism, and feminism (Johnsdotter, 2012). Because of this, Johnsdotter (2012: 107) argues that the history of FGC “tends to mirror “us”, and our preoccupations rife at certain points throughout history, rather than anything concrete it has to say about “them””. The reflection of Western understandings of feminism and human rights, may indeed have been a major contributor to how the zero-tolerance policy regarding FGC started to emerge in the late 1970s (Johnsdotter, 2012). During the 1960s and 1970s, a radical feminist movement evolved in Europa and the USA, where FGC became a “ key example of how far the patriarchy would go to oppress women and female sexuality” (Johnsdotter, 2012: 107). In the late 1970s there was, thus, a historical shift in that, rather than talking about FGC in terms of how or why a girl should be circumcised, it was not possible to criticise FGC (Talle, 2010).

#### [The initial focus on health risks in the late 1970s/early 1980s](#)

In Sudan in 1979, the WHO held the first international conference on FGC (Toubia and Sharif, 2003). At this conference, the anti-circumcision activist Fran Hosken presented an overview over the practice in several African countries (Shell-Duncan and Hernlund, 2000; Hosken, 1979). Even though Shell-Duncan and Hernlund (2000: 7) warn about the “inability of other researchers to replicate these findings”, the report and the conference initiated data collection on the practice in several African countries. There was ambiguity in how to best approach the practice due to a fear of cultural imperialism, and a focus on the health risks and health consequences of FGC was considered as a culturally sensitive way to approach the topic (Johansen et al., 2008; Gruenbaum, 2014). Over the next two decades the idea of rapid and total elimination of FGC, with an emphasis on the health risks of the practice, dominated the involvement from several international actors such as governments,

international non-governmental organisations, United Nations (UN) bodies, and civil society (Toubia and Sharif, 2003). The idea of an intermediate step that aimed for either less invasive forms of FGC, or to reduce health risks by the use of medical facilities, staff, and equipment was thus neglected by central actors in global health and development community such as the UN bodies (Toubia and Sharif, 2003).

#### [From health risks to a breach of human rights in the 1980s and 1990s](#)

At the same time as FGC was dealt with by the international community through emphasising its negative effects on girls' and women's health, the 'United Decade for Women' from 1975 to 1985 established a global women's movement through focusing on policies and issues concerning women's health, gendered violence, and women's rights (Zinsser, 2002). During the 1980s there was less focus on FGC as a singular issue, but member states of the WHO were encouraged to work towards an end of the practice (Johansen et al., 2008). At the World Conference of Human Rights in Vienna in 1993, gender based violence was defined as a breach of universal human rights (United Nations Human Rights Office of the High Commissioner, 1993). After this conference, international agencies dedicated interventions and policies towards gender-based violence without direct mention of FGC (Toubia and Sharif, 2003; Muteshi and Sass, 2005). It was in 1997 that the WHO, UNICEF, and UNFPA issued an internationally accepted document that positioned FGC as a form of gender-based violence and a breach of human rights (WHO, 1997). This document also classified the four types of FGC. There was thus a shift in focus by the actors in the international health and development community, where rather than focusing on FGC as a health problem, political interventions were increasingly justified through a human-rights framework (Shell-Duncan, 2008).

#### [FGC as a global and migration challenge in the 1990s/2000s](#)

In the 2000s, several changes in the practice were seen at a global level: the prevalence rate of the practice declined in some countries, girls were circumcised at a younger age than previously, there was an increasing use of healthcare professionals to perform FGC and to treat complications associated with FGC, and people in local communities often claimed that they rejected infibulation/type III FGC and either did not practice FGC or practiced less invasive forms of FGC (Talle, 2010; WHO, 2011).

Furthermore, due to increased migration from FGC-practicing communities to Europe, North-America and Australasia in the 1990s/early 2000s FGC became a global phenomenon, rather than a practice treated as limited to African countries (Hernlund and Shell-Duncan, 2007). The focus was, nevertheless, still based on boundaries between the global 'North' and 'South', by defining FGC as a form of violence associated with migrant populations in diaspora, and mainly groups practiced by those who migrated due to political instability in their home countries (Hernlund and Shell-Duncan, 2007).

A central focus in research was on exploring what happens when a person meets a different set of cultural and social norms from those in their home country (Hernlund and Shell-Duncan, 2007). For example, among Somali populations, empirical studies based on contradictory perceptions of being a female in their home and host country, found a renegotiation of their sense of bodily self, and many expressed a difficult sense of opposition towards FGC (Johansen, 2006; Johnsdotter, 2004). However, negative attitudes towards FGC did not necessarily mean that there was a direct change in people's behaviour (Shell-Duncan and Hernlund, 2006).

Shell-Duncan (2008) presented several unresolved challenges that were highlighted by the move from a focus on negative health consequences of FGC to a human rights rationale, and the zero-tolerance policy towards FGC in a global context. Firstly, a human rights-based framework prioritised legalisation that prohibited FGC. The dilemma of such prohibition was between whether it had deterrent effect, or whether it was viewed as coercive by local communities leading to the practice continuing underground. Secondly, a human rights-based framework highlighted how Eurocentric ideas and local beliefs co-constructed human rights. Thirdly, even though promoting girls' and women's agency and empowerment was an aim in the work against FGC, this aim also seemed to transform "the image of Third World women to one of powerless victims incapable of self-determination, self-expression, and reasoned decision making" (Shell-Duncan, 2008: 230). The final dilemma that Shell-Duncan (2008) highlighted, was the issue of consent, where the overlaps between FGC and the cutting on minor boys without medical necessity was not addressed. This dilemma is further explored in article III of this doctoral thesis.

## Chapter 6: The Norwegian-Kurdish study setting

This doctoral thesis builds on an exploration of perceptions of and experiences with female genital cutting (FGC) among Kurdish-Norwegians through fieldwork. The first part of this chapter provides a brief introduction to Kurdistan, Kurdistan and FGC, and Kurds in Norway. The last part of the chapter gives a short overview of FGC in the Norwegian context.

### Kurdistan

Kurdistan is a region across the internationally recognised borders between the nation-states of Turkey, Syria, Iraq, and Iran. Even though the Kurdish region in Northern Iraq became *de facto* independent in 1991 and has its own regional government, and the Kurdish region Rojava in Northern Syria acquired autonomy in 2012, Kurdistan is not acknowledged as a territorial state by the United Nations bodies (King, 2014; Tank, 2017; Chaliand, 1993). There are no official figures for the Kurdish populations, but a recent estimate ranges from 36 to 45 million people (Chaliand, 1993; The Kurdish Institute in Paris, 2017). This estimate claims that the Kurdish diaspora in Europe is possibly between 1,2 to 1,5 million people (The Kurdish Institute in Paris, 2017).

In the 1980s, there was increased migration from Kurdistan to Europe due to political instability in the Kurdish region. Through an intensification of relationships between Kurds inside and outside of Kurdistan, and within and between the different countries they have migrated to, the Kurdish diaspora are politically mobilised and contribute to constructing and strengthening Kurdish national identity (Wahlbeck, 1999; Khayati, 2008; Minoo and Barzoo, 2014; Minoo et al., 2014; Alinia, 2004). As Kurdistan stretches over four nation-states and Kurds live in different countries outside of Kurdistan, the Kurdish diaspora is shaped by social and cultural organisation in countries of origin and residence, experiences of first and second generation migrants, people with different socio-economic backgrounds, and by divergent ideologies of gender (Minoo and Barzoo, 2014). Kurdish women's feminism and ideas of women's liberation is a central aspect of Kurdish national identity (Begikhani et al., 2018; Mojab, 2001). The position of women in the Kurdish nation-building project contribute to theoretical debates on whether nation-state oppress women through maintaining patriarchal structures, or whether feminism contributes to a dialectical evolvement of post-colonial nationalism (Tank, 2017; Yuval-Davis, 1997; Mojab, 2001;

Begikhani et al., 2018). However, honour killings, violence against women, and FGC are also associated with Kurdishness, and this complicates the image of Kurdish women as symbols of freedom and gender equality (Al-Ali and Pratt, 2011; Galletti, 2001).

Even though there is a significant mobility inside and outside of Kurdistan towards constructing Kurdish national identity, the identity is and has been under threat of destruction for decades (McDowall, 2003). For example, the central Iraqi government employed chemical weapons, mass deportations, and executions, which escalated in a targeted attack on Kurdish fighters in 1991 (King, 2014; McDowall, 2003). More recently, the withdrawal of US troops and the invasion by the Turkish and Syrian armed forces in the Kurdish regions of Syria, in October 2019, demonstrated that the Kurdish national identity is acutely fragile (Cockburn, 2019). In Oslo, the capital city of Norway, there were physical fights on the streets between Turks and Kurds who demonstrated, respectively, for or against this invasion (Martinčič et al., 2019).

#### [Kurdistan and female genital cutting](#)

In the early 2000s, there was increasing international focus on FGC in Kurdistan, particularly in the Kurdish parts of Iraq, through anecdotal media reports (Ahmad, 2005; Landinfo, 2013; Lewis, 2008), and two English-language reports by non-governmental organisations in 2010 (Humanrightswatch, 2010; WADI, 2010). Based on these reports, FGC was described as a new challenge among Kurds in *The Lancet*, a major global health journal (Burki, 2010).

The German non-governmental organisation WADI (2010) claimed that the international community first heard about FGC in 2004 in Iraqi Kurdistan through one of their mobile health teams. The aim of these teams was to provide medical assistance and social services, as well as providing information about women's and children's rights in rural areas (WADI, 2010). These teams had worked for WADI just over a year, and gradually built a sense of trust, which WADI (2010) claims resulted in local women starting to share stories about their experiences with FGC. The local doctor in this particular team was "unaware of the existence of FGM", and WADI (2010: 2) argued that FGC was discovered by chance through a few women mentioning the practice, claiming that "it is possible that the significance of the mutilations and the associated health problems might even have escaped the attention of



the WADI teams". Since this discovery in 2004, local authorities were informed about the practice and there has been an increasing focus in media and activist report on FGC in Iraqi Kurdistan (WADI, 2010; Ahmad, 2005; Humanrightswatch, 2010; Acharya, 2009). For example, in 2008, a Kurdish newspaper addressed FGC claiming that increasing anecdotes and public mentions about FGC inside and outside of Kurdistan "brought the highly taboo debate into a public forum where people can publicly criticize as well as defend the practice" (Lewis, 2008: cited as on website).

The report by WADI (2010) found that FGC was commonly practised at home while not in public places such as a hospital, that a razor blade was most commonly used, and it was often the mother who arranged the procedure, while a skilled non-medical woman, grandmother, or female neighbour would actually cut the girls' genitalia. WADI (2010) also reported that 84% of illiterate women were circumcised, while 37% of women with a university degree had undergone FGC. The report found that there was a lower prevalence rate of FGC among young girls than among older women. Moreover, WADI (2010) emphasised that FGC and female sexuality were shrouded in silence throughout Kurdistan, and men did often not know about FGC. WADI (2010) also emphasised that their study should only be seen as an indication of the issues associated with FGC in Kurdistan, and that it had several methodological shortcomings, such as people may have found it difficult to talk about FGC due to feelings of guilt and shame. In 2011, the Kurdish Parliament of Iraq passed a Domestic Violence Law, making FGC a criminal offence (The Parliament of Kurdistan Iraq, 2011).

Since 2011, several research articles have put FGC in Kurdistan on the agenda within the research field of FGC. The standard, population based-instrument MICS, measured prevalence rates of FGC for the first time in Iraq in 2011. The survey found an estimated prevalence of 42.8% in Kurdish areas and 1.2% in the rest of Iraq (MICS, 2012). In 2018, the rates were found to be 37.4% in Kurdish areas, and 0.4% in the rest of Iraq (MICS, 2018). Criticism to the official numbers on FGC in Iraq has claimed that the prevalence rate may be higher in Iraq, but in contrast to the Iraqi population, the Kurdish population is prepared to break the silence of FGC by speaking out against the practice (Piecha, 2013). In Ravansar, in the Kurdish part of Iran, however, Pashei et al. (2012) reported that 55.7% among women

visiting health centres were circumcised. FGC has also been documented in parts of Iran that are not Kurdish (Ahmady, 2015; Latham, 2016). In the Kurdish regions of Syria and Turkey research on FGC is limited, and despite anecdotal indications that FGC may be practised there, no current research supports this suggestion (Acharya, 2009; Geraci and Mulders, 2017; Geraci and Mulders, 2016; Landinfo, 2014; Landinfo, 2013).

Research has found that the types of FGC practised among Kurds are similar to the WHO type I, II, and IV, with type I being the one with the highest prevalence (Saleem et al., 2013; Ahmady, 2016; Yasin et al., 2013; WADI, 2010). Research has found that the main health consequences that Kurdish women may experience due to being circumcised are pain, psychological disturbances, and reduced female sexual pleasure and desire (Ahmed et al., 2019; Biglu et al., 2017; Biglu et al., 2016; Daneshkhah et al., 2017; Kizilhan, 2011; Dehghankhalili et al., 2015). Together with ideas about reasons in support of FGC being related to cleanliness, social norms, and controlling pre and extra-marital sex, several studies reports that Islamic religion is a major motivation for exposing girls to FGC (WADI, 2010; Ahmed et al., 2019; Ahmed et al., 2018; Südwind, 2014; Shabila et al., 2014). However, qualitative interview studies among religious leaders in the Kurdish parts of Iraq and Iran show that there is lack of knowledge and ambiguity about whether FGC is or should be considered part of Islam (Ahmed et al., 2018; Abdulah et al., 2019; Südwind, 2014). Even though among the lay population religious claims are made as a motivation for subjecting a girl to FGC, there is thus not necessarily any explicit and coherent support for the continuation of the practice among religious leaders (Ahmed et al., 2018; Abdulah et al., 2019). Several studies demonstrate that a large majority of the population in Iran and the Kurdish parts of Iran and Iraq do not support the continuation of the practice (UNICEF, 2014a; Latham, 2016; Abdulah et al., 2019; MICS, 2018; WADI, 2010).

### [Kurds in Norway](#)

Due to the Norwegian government not recording ethnicity of migrants, but rather country of origin, there are no records of the number of Kurds in Norway. First generation migrants from Iran, Iraq and Syria constitute three of the 13 largest migrant-groups in Norway (Statistics Norway, 2019). There is also a large migrant population from Turkey in Norway (Statistics Norway, 2019). Since these migrants generally come as asylum seekers, refugees,

or for family reunification, all typically due to political instability, which includes prosecution of specific ethnic identities such as Kurds, a large part of these migrant-groups are likely to have Kurdish origin (Dzamarija, 2014; Ordemann, 2017; Gran, 2007). In the member countries of the Organisation for Economic Cooperation and Development, compared to Norway, it is only Sweden, Germany, Australia, Canada and USA, that accept more asylum seekers from Iraq per capita (Ordemann, 2017). After Somalis migrants, migrants from Iraq constitute the second largest refugee migrant group in Norway (Ordemann, 2017). Most Iraqis came to Norway between 1998-2003, and a majority have lived between 5 to 19 years in Norway (Ordemann, 2017). In 2015, due to the resurgence conflict in Iraq and Syria, the number of Iraqi and Syrian asylum seekers increased even more (Ordemann, 2017).

Empirical studies on Kurds in Norway have focused on Kurdish identity and/or women's position in Kurdish society (e.g. Taimouri, 2017; Gran, 2007; Rugkåsa, 2004; Rugkåsa, 1997; Westrheim, 2014). Based on ethnographic fieldwork among Kurds in Norway in the 1990s, the anthropologist Marianne Rugkåsa (1997) found a negotiation between traditional and modern values. She argued that women experienced less freedom in social relations in Norway compared to Kurdistan, particularly in how they could approach men. About ten years later, in his multi-sited ethnographic fieldwork on trans-national relations among Kurds in Norway, and in Iraqi-Kurdistan, the anthropologist Espen Gran (2007) found that these trans-national relations influenced marriage preferences. Kurdish women in Kurdistan seemed to marry Kurdish men in Norway in order to escape the supposed strong control of women in Kurdistan. Gran (2007) also found that some notions of ethnicity may be weakened, but that successful integration in Norwegian society may actually strengthen trans-national bonds. The anthropologist Kariane Westrheim (2014) analysed the political engagement of three young, Kurdish women that were active participants in the Norwegian Labour Party, and who died in a terrorist attack by an ethnic-Norwegian terrorist during a political summer camp in Norway in 2011. These three Kurdish women were all brought up in politically engaged families, and Westrheim (2014) argues that Kurdish women in Norway draw on ideas of democracy and freedom, which shape both their engagement in Norwegian and Kurdish politics, but that they face challenges of integration and patriarchy both in a diaspora setting and at home. In a master thesis in sociology, Taimouri (2017) conducted qualitative interviews with 11 young Kurds to explore how they compared their individual

Kurdish identity with a Kurdish collective identity. The participants drew borders between their own and others' identity at traditional and modern values. Gender and promoting women's-rights were central topics for constructing their boundaries between traditional/conservative and moderns values, along with the research participants associated themselves with the latter (Taimouri, 2017).

### Female genital cutting in Norway

Until the 1980s, FGC was referred to in the Norwegian media as a problem "over there" and women's rights activists collected money to send to organisations in the global health and development community that aimed to end FGC in African countries (Bråten and Elgvin, 2014: 109, my translation). In 1980, an official, circular letter from the Ministry of Social Affairs and the Director of Health made it clear that doctors should not perform FGC (Johansen, 2006). In the 1980s, sporadic opinion pieces in Norwegian newspapers addressed that FGC among people of African descent was a challenge in the Nordic countries as well (Bråten and Elgvin, 2014; Teigen and Langvasbråten, 2009). FGC was at this point mainly treated as a health problem within the healthcare services, and with a focus on Somali women who had undergone type III FGC/'infibulation' (Johansen, 2006). There was, nevertheless, confusion among health workers in how to provide good healthcare (Johansen, 2006). This confusion was related to how they often understood infibulation as a cultural practice with health consequences, with a lack of knowing how to address the women's agency through, for example, focusing on circumcised women's experiences and preferences during birth delivery (Johansen, 2006; Vangen et al., 2004; Vangen et al., 2002). As the migration numbers of women from Somalia increased in the 1990s, the need to address FGC in Norway developed even further (Johansen, 2006). Manuals were developed for healthcare workers to treat the health consequences of particularly infibulation/type-III FGC (Johansen, 2006). Ministries started to work towards a law in 1993, which resulting in a legal ban on FGC in 1995 (The Lovdata Foundation, 1995; Johansen, 2006). FGC thus became an issue within both immigration and Norwegian culture, in addition to being treated as a health problem (Bråten and Elgvin, 2014).

After the introduction of the law against FGC in 1995, there was a relative silence about FGC in Norwegian public debates (Bråten and Elgvin, 2014). This silence may be related to how

the law demonstrated a limit of what was acceptable within Norwegian culture, a political will to silence FGC so as to curb FGC while not stigmatising Somalis in general, and that there was an assumption that the tradition disappeared in diaspora settings (Johansen, 2006; Bråten and Elgvin, 2014).

On the 27<sup>th</sup> of September 2000, there was an ‘explosion’ in the media on FGC based on a documentary made by two Norwegian-Somali girls (Rikets tilstand, 2000; Bråten and Elgvin, 2014). The girls used a hidden camera to ask advice from three imams and a Somali youth worker regarding whether they should be circumcised (Rikets tilstand, 2000). Even though there were more nuances to the advice from the imams and the youth worker, the media portrayed them as advising the girls to be circumcised (Teigen and Langvasbråten, 2009; Bråten and Elgvin, 2014). As a direct result of this documentary, in December 2000, the Norwegian government presented their first action plan against FGC (Ministry of Children Equality and Social Inclusion, 2000; Bråten and Elgvin, 2014). The action plan promoted dialogue and women’s empowerment. This ‘softness’ of the action plan was later criticised (Bråten and Elgvin, 2014). In 2004, the law against FGC was strengthened with a claim that caregivers had not only a duty to not promote FGC, but also a duty to actively avert the practice (Lien, 2017; Lien and Schultz, 2014). This law, however, was in tension with the law on racism, where caregivers risked being punished if not trying to avert FGC, while the law on racism meant that caregivers risked “being accused of discrimination if their worries were unfounded” (Lien and Schultz, 2014: 207). While media debates and political interventions aimed at ending the practice rapidly, a study based on interviews conducted in 2006 showed how Somali female youth expressed that they already rejected FGC type III/infibulation, but that some of them supported sunna circumcision (Fangen and Thun, 2007).

In 2007, there was another major media focus on FGC. The media debated started with a documentary initiated in June 2007, when the Norwegian Broadcasting Cooperation (NRK) showed a documentary that Somali-Norwegian girls had been circumcised in Northern Somalia (Somaliland) (Hellevik, 2007). A few months later, the Norwegian anthropologist Aud Talle (2010) published a report where she claimed that Somali-Norwegian girls were rarely circumcised in Somaliland and that NRK’s data collection methods were faulty. NRK

responded that local authorities in Somaliland had threatened circumcisers to keep quiet about circumcising Somali girls living in diaspora (Hellevik, 2007).

What is apparent in the media debates on FGC is that it is the majority-population in Norway that dictated the approach to FGC, with little involvement from practising communities, but with further stigmatisation of migrants from FGC-practising regions (Teigen and Langvasbråten, 2009). The 2007 media debates, nevertheless, may have resulted in yet another action plan by the Norwegian government (Norwegian Ministries, 2008-2011; Bråten and Elgvin, 2014). A move from information and dialogue towards control and the duty to avert was reflected in this action plan (Bråten and Elgvin, 2014). Since 2008, two more action plans were made, and this time FGC was approached together with forced marriages and severe restrictions on young people's freedom (Ministry of Children Equality and Social Inclusion, 2012; Ministry of Children Equality and Social Inclusion, 2013-2016). Perhaps due to an emphasis on forced marriages and restriction of young people's freedom, there was yet another period of silence about FGC in public discourse (Lidén et al., 2015). As already mentioned in this current summary, this silence may be further related to the 2014 media debate on the almost non-existence of FGC in Norway, and insistence that the large-scale political intervention on FGC lack empirical evidence (Bråten and Elgvin, 2014; NKVTS and DAMWAD, 2014; Dagbladet, 2014).

The almost non-existence of FGC meant that the meaning of FGC in 2010 was particularly associated with condemnation. It was found that when FGC was addressed as a topic in Norwegian high schools, there seemed to be a notion of silence among girls from FGC-practising countries (Hauge, 2012). The girls expressed that they were neither for nor against the practice, but that lack of nuance created difficulty in knowing how to talk about the practice (Hauge, 2019; Hauge, 2012). Among Gambians living in Norway, it was found that through an internalisation of the pain of the ritual in their own meaning-making of their experience with being circumcised, they seemed to reject the practice (Lien and Schultz, 2013; Schultz and Lien, 2013). Somalis in Oslo seemed to condemn FGC type III/infibulation on the grounds of health complications, painfulness, the practice being forbidden in Norway, and FGC not being a religious requirement (Gele et al., 2012a; Gele et al., 2012b). It also

seemed that the longer that Somali migrants stayed in Norway, the less likely they were to support the practice (Gele, 2013).

Even though there was a hegemonic rejection of FGC, the condemnation of FGC seemed contradictory (Johansen, 2019). For example, there was reluctance among Somalis and Sudanese to make use of surgical de-infibulation as provided by the Norwegian healthcare system, due to perceptions of their femaleness (Johansen, 2017a; Johansen, 2017b). In 2017, the Norwegian government released a new action plan, which also included negative social control (Ministry of Justice and Public Security, 2017-2020). Yet, FGC continued to be embedded in a notion of silence. For example, the anthropologist Lien (2017) looked into more than the 50 cases of FGC that were reported to the Norwegian police, but were not followed by prosecution. One finding was that there was difficulty in finding evidence that girls were circumcised in Norway due to conflicts with the oath of silence and duty to avert for healthcare workers. A reason for this conflict was that “it demands too much of an employee’s ability to make a qualified interpretation about a crime not yet committed, which can lead to false alarms and unjust treatment of the immigrant population” (Lien, 2017: 204). To the best of my knowledge, it is not clear whether and what a future action plan against FGC will constitute. A recommendation is, however, that future political intervention focus on reducing stigma and to promote good healthcare to those women who may experience complications as a result of being circumcised (Austveg, 2019). ‘Good’ healthcare seems to also include an exploration of why particularly Somalis and Sudanese migrant populations are reluctant to make use of the Norwegian healthcare that aims to deal with the negative health risks of FGC (Mbanya et al., 2018; Johansen, 2017a; Johansen, 2017b). As explored in article I, reference to FGC among Kurds, in the Norwegian public discourse, is limited to anecdotes; merely mentioning that FGC is also practised among Kurds (Abdi, 2011; Amedi and Nomat, 2010; Falch and Farhadi, 2010; Østlands-posten, 2010; Lunde et al., 2019; Helseth, 2011).

## Chapter 7: Theoretical framework

In order to explain how the theoretical framework was used to explain the perceptions of and experiences with FGC among Kurds in Norway, Swedberg (2014: 17) distinction of theory as *“a statement about the explanation of a phenomenon”* and theorising as *“the process through which a theory is produced”* is useful. The process of attempting to use different theories in order to try an explain empirical material, enables an identification or a certain description of a phenomenon (Swedberg, 2014). The research project has been an emerging process where the entire research cycle – the planning, the data production, the empirical material, the analysis, the literature, the theories and epistemologies, and the writing – is understood as interlinked and informing one another (Davidson and Tolich, 2003; Bryman, 2004). The research design has neither been inductive nor deductive, it has been abductive (Swedberg, 2014; Peirce, 1997). This means that the theoretical framework of this doctoral thesis mainly derives out of the empirical material, meaning that some epistemologies and theories informed, rather than predetermined the focus of the data production and initial analysis. During fieldwork and in the initial coding, categorisation, and identification of themes in the fieldnotes and interviews transcripts after fieldwork, a conscious choice was to not read theory, and to use as little other scholarship on FGC and/or Kurds as possible. However, whatever topics or details were addressed by the research participants (such as Zoroastrianism), was briefly consulted in the literature during fieldwork in order to understand the interviews better and to ask more informed questions during the fieldwork period. The theoretical framework is inherently linked to the coding, categorisations and identification of themes in the empirical material which was done at the end and after the fieldwork. This initial analysis is described in detail at the end of chapter 8: Methods and methodology.

### Social constructionism, global health, and the global North and South

This doctoral thesis is positioned within the interdisciplinary research field ‘global health’, which emphasises how culture and society influence health and well-being (e.g. Lindstrand, 2006). The emphasis on how culture and society shape health and well being in the ‘global health’ field means that hte perceptions of and experiences with FGC among Norwegian-Kurds are viewed as being socially constructed to some extent (Crotty, 2009; Hacking, 1999). The ontology of FGC – of “what is” (Crotty, 2009: 10) – include an anatomical existence of



the female genitalia, and that it is parts of these genitalia that is cut. This cutting may well have negative consequences for health and well-being. However, some of these consequences are in themselves socially constructed, where women may question their health due to, for example, public debates insisting that they have psycho-sexual problems (Nyarango and Griffin, 2019). FGC can further be defined as occurring in the 30 countries that the national populations based surveys collect data, and girls are exposed to the practice from they are born to around the age of 15 years old (UNICEF, 2013; UNICEF, 2014c; USAID, 2019; UNFPA, 2018; UNFPA, 2019). However, these 'facts' are socially constructed through the UN bodies – they are bodies that aim to promote ideas of universal human rights. Perceptions of FGC in local cultures and in a global contexts, challenge and (re)construct what human rights and violence against women should be (Shell-Duncan, 2008; Talle, 2010). Furthermore, this thesis emphasis that there is a certain difference between constructionism and constructivism (Crotty, 2009). Constructivism (or subjectivism) would likely focus on meaning-making at an individual level through phenomenological analysis, such as everyday experiences with being circumcised, or on how social convention theory can help explain how attitude changes towards FGC may be translated to behaviour changes. The epistemological stance underpinning the theories used in this doctoral thesis is rather at a meta-level: On FGC as a symbol of a global health challenge where it has been acceptable to draw the line of tolerance between the global 'North' and the global 'South' because it is believed to inhibit the empowerment of women and girls. By drawing on Comaroff and Comaroff's (2012) theorisation that the perspective of the global South provides valuable insights into the world as a whole, Hodzic (2017) argues that, rather than problematising FGC itself, we should problematise the global North's major efforts to end FGC. As will be further explored in the discussion (chapter 13), together with the increasing focus on addressing global development challenges from the perspective of 'the South', this socio-cultural symbolisation of FGC contributes to a negotiation of 'our' perceptions of, for example, human rights, consent, gender equality, sexual agency, and medical systems (Hodzic, 2017; Potter et al., 2018; Comaroff and Comaroff, 2012).

#### [FGC as a difficult characteristic in Kurdish national identity \(article I\)](#)

During the initial analysis of coding and categorisation of the empirical material, 'identity' and 'gender' were central themes that article I builds on. Literature on the Kurdish women's

movement and Kurdish feminism, and the Kurdish nation-building project, was first reviewed to better understand these two themes (Mojab, 2001). It was clear that FGC was problematic in the context of what Kurdishness should be (King, 2014). As scholarship focused more on ideological descriptions of Kurdish women in society and Kurdish women's movement, the research participants' descriptions of FGC as related to women's liberation became treated more as an empirical and analytical finding which the research participants expressed was a way for talking about FGC in public. The theoretical framework was then expanded to include Goffman's concept of backstage/frontstage (Goffman, 1959), in order to better understand how the research participants expressed that FGC was both silenced and addressed in the public.

To further understand the link between the difficulty in addressing FGC and the backstage/frontstage processes that the participants described through FGC simultaneously being invisible and visible, the book 'the Honor Code' by the philosopher Kwame Anthony Appiah (2010) was used. Appiah (2010) argued that one of the major reasons that female foot-binding in China ended was because China was increasingly exposed to Western, foreign interference through trade. Appiah (2010: 99) argued that new perspectives of honor came about through a new audience ascribing "recognition respect" to the Chinese national identity. In other words, recognition respect implied that respect is grounded in social facts about a group of people. Respect may be lost, and having and losing honor changes the way those perceived to belong to a collective identity should be treated (Appiah, 2010). When applying Appiah's theory to the difficulty of talking about FGC publically that the research participants in this doctoral thesis described, the national honor of a 'new' and 'modern' Kurdistan was understood as increasingly depending on an audience grounded in democracy and gender equality ascribing recognition. This theoretical insight facilitated an expansion on theories of Goffman's concept of backstage/frontstage, to also include (1963: 1) concept of "spoiled identity". His concept 'spoiled identity' has been used to explain how nations dealt with difficult pasts, often through silencing a difficult event such as a war (Rivera, 2008). In a literature search for more recent theories on how nations deal with difficult events, it was found that there may be a shift in how difficult events associated with a nation are presented (Macdonald, 2015). Through acknowledging a difficult past, this may not lead to a

spoiled identity, but rather it can be perceived as a positive action that present national identity as more nuanced (Macdonald, 2015).

The research participants' negotiation of traditional and modern ideas of Kurdish identity, was then understood to be one strategy for dealing with FGC as a Kurdish practice. In article I, we argued that public condemnation of FGC based on women's liberation may strengthen the Kurdish national aspirations that are grounded in human rights and gender equality. Yet, some traditional forces in Kurdish society could be understood as promoting the continuation of FGC, and thus posed a potential fault-line in the construction of a Kurdish national identity grounded in ideas of gender equality and modernity.

#### [FGC and migrant women at the intersection of passive and active sexual agency \(article II\)](#)

The theorisation process in article II mainly derives from the themes 'female sexuality', 'mother-daughter relationship', 'generational changes', and 'gender roles' that were identified during analysis of particularly the interviews with the Kurdish-Norwegian research participants. Initially, Mary Douglas's theory (1966; 1979) on taboos as upholding social and cultural order was used. The silence and breaking of silence of FGC in relations between mothers and daughters and women and men, silence of FGC and female sexuality, was first analysed with the pre-understanding that the silence was a response to stigmatising public discourse that may lead to additional problems for circumcised women. In expanding the theoretical search on taboos and silences, it was found that silence could be an empowering coping strategy to negotiate socio-cultural and stigmatising taboos at an individual level (Tankink, 2004; Tankink and Richters, 2007).

Yet, these theories did not readily explain how the silences were broken through condemnation, and how perceptions of how FGC affected female sexuality negatively was central within this condemnation. In order to further make sense of the silencing of FGC in close relationships and how it was connected to female sexuality, silencing of FGC was then not viewed as an unwillingness to talk about FGC, but rather as silence reflecting a difficulty in talking about FGC beyond condemnation (Hauge, 2019; Sheriff, 2000). This enabled an understanding that the perception that FGC affected female sexuality negatively created a

potential space to break silences of what female sexuality should be, particularly between husband and wife. Theoretical literature on intersectional feminist theory, and migrant women and sexuality was then searched for. It was found that because migrant women from the global South are believed to suffer more oppression than women from the global North within a patriarchal world system, the transnational context they are in open up a space to claim bodily and sexual agency (Ussher et al., 2017). Even though circumcised women may be stigmatised and believe they have additional psycho-sexual problems, they can also be understood as being in a position where they may negotiate a more assertive female sexuality precisely because they are understood to be suppressed.

### [The slippery slope of the circumcision controversies \(article III\)](#)

'Male circumcision' and 'the consequences of FGC type I, II and IV' was the central initial themes that the search for theories was based on in article III. First, scholarship on FGC and MC was included to understand the reasons why participants drew on MC in their descriptions of FGC (see reference list in article III). Based on this reading of scholarship, three themes were identified when re-reading sections of the interview transcripts where MC was addressed by research participants: 'The condemnation of FGC', 'the acceptability of MC' and 'the questioning of the acceptability of MC'. Feminist scholarship on gender difference and gender sameness was then used in an attempt to understand the difficulty in comparing and contrasting FGC and MC that the scholarship and the research participants described (Dahlerup, 2003; Bjørnholt, 2013; Hackett and Haslanger, 2006). This, however, led to yet another description of whether the practices are either comparable or not comparable. As FGC and MC, and gender difference and gender sameness, was understood as being not just about gender, but also about ethnicity and politics, the overlaps of MC and FGC was then seen through an intersectional lens (Anthias, 2008; Davis, 2008). In attempting to understand a seemingly deadlock of whether FGC and MC were comparable or not, the concept of mapping controversies associated with social actor network theory was used in an attempt to gain insights into the controversies surrounding FGC and MC (Garrety, 1997; Latour, 2005). As the descriptions by the research participants and scholarship on MC and FGC was embedded in a notion of unease, the slippery slope argument was further used to make sense of how the empirical material gave insights into the controversies of FGC and MC (Lewis, 2007).

### How are articles I-III theoretically interlinked?

The three articles can in many ways be positioned within a post-structuralist/post-modern/post-development/post/neo-colonial research paradigm which offers a critique to binary understandings of the world emphasising that, for example, colonial history also plays a part (Potter et al., 2018; Escobar, 1988; Escobar, 1984).

### Power and discourses

Before, during and after fieldwork the French philosopher Michel Foucault (1980; 1976) was viewed as providing an alternative way of thinking of what is conceived as 'reality', in particular his understanding of discourse. Foucault argues that how we understand others and ourselves at any historical moment, is defined by larger structures of knowledge (discourses) which enable power to operate on human subjects (Escobar, 1984; Foucault, 1980; Foucault, 1976; Merquior, 1985). This notion of discourse examines how knowledge and power interact to create human subjects as well as organising society and culture (Foucault, 1980; Merquior, 1985). From this Foucauldian perspective on discourse, socio-cultural meaning of and political interventions towards FGC was in the beginning phases of the research project understood as dependent upon historical paradigms about, for example, sexuality, ethnicity, gender, and human rights, and that the knowledge learnt from the 'field' would be shared within a politicised and contested context. Particularly, the theoretical understanding of Foucault's definition of discourse as "institutionalized patterns of knowledge that become manifest in disciplinary structures and operate by the connection of knowledge and power" (Yazdannik et al., 2017: 6) enabled an analysis that was useful for understanding a negotiating of FGC at the frontstage towards a Western audience in article I, how the participants shows that there may be shifting paradigms of active and passive female sexuality in article II, and a questioning of the 'scientific', or hegemonic, knowledge of the acceptability of MC III. A critique raised to particularly the work of Foucault, is, however, that he does not fully address how human agency also shape social and cultural organisation (Smart, 1982).

### Human agency and intersectionality

Even though Kurdish feminism and Kurdish women's movement at times may be passive symbols of the nation-building project, they are to a large extent also central political agents

within the construction of Kurdish nationalism as modern (Begikhani et al., 2018). The analysis of the empirical material also show how the negotiation of the presence of FGC in Kurdistan challenge hegemonic discourses on female sexuality and acceptability of ritual circumcision of boys as also practiced by the Norwegian government (article I-III). Feminist intersectional theories that emphasise that gender is not the only way of understanding oppression is thus useful. Here, Anthias (2008: 5) theoretical concept “translocational positionality” contributes to understand how ‘gender’, ‘ethnicity’, and ‘class’ are not fixed categories that intersect. Translocational positionality is rather about identity as constructed based on a variety of locations where it is context, meaning, and time that plays a part, and identity is thus associated with shifts and contradictions (Anthias, 2008). The conceptualisations of FGC can thus not be straight-forward explained as all Kurds being a hegemonic ‘underdeveloped’ group of people where the rejection of FGC could symbolise that Kurdistan has or should undergone ‘modernisation’ to become developed. In many ways, the law against FGC by the Kurdish Parliament in Northern Iraq symbolises that in regard to FGC, ‘modernisation’ has already happened. Here, Hodzic (2017) analysis of the non-governmental organisations working to end FGC in Ghana as a site of problematisation rather than sites of solutions is useful.

### Sexual citizenship

Towards the end of writing this summary, the theoretical concept ‘sexual citizenship’ came in to further understand how the analysis in this doctoral thesis shows that FGC as a symbol of a global health challenge is related to the right to genital and bodily autonomy and integrity. Sexuality become increasingly central in debates about citizenship in the early 1990s, and ‘sexual citizenship’ has been used to define this development (Richardson, 2017). One central area of theories on sexual citizenship is that of nationalism and border making (Richardson, 2017). National boundary making is made according to constructions of modern and traditional, where the concept ‘homonationalism’ has emerged as a central concept that has been described as neo-orientalist and neo-colonialist (Ammaturo, 2015; Bhattacharyya, 2008; Kahlina, 2015; Mepschen et al., 2010; Puar, 2007; Puar and Rai, 2002). For example, homonationalism can be seen in the ‘war on terror’ where ‘Muslims’ have been portrayed as ‘sexually backwards’ where women are radically oppressed (Bhattacharyya, 2008;

Richardson, 2017). Even within Europe today the inclusion of sexual minorities such as LGBTQ movement is seen as a condition for joining the EU (Kahlina, 2015; Richardson, 2017).

## Chapter 8: Methodology and methods

In the previous section, the theoretical framework underpinning the research design was presented. This chapter will focus on the methodology (qualitative fieldwork) and methods (qualitative interviews and participant observation) of the research project.

### Defining the field: 'Kurds in Norway' and 'female genital cutting'

The methodology – the strategy that shapes the choice of methods and links this to the 'truth' claims at the theoretical and epistemological level (Crotty, 2009) – in this research project was qualitative fieldwork. There were two central reasons why a qualitative research methodology was chosen. Firstly, the available studies on female genital cutting (FGC) and Kurds mainly made use of studies aiming to obtain generalisable knowledge by the use of quantitative research methods as discussed in 'chapter 6: The Norwegian-Kurdish study setting'. Few studies looked into how words, actions, behaviours and norms in everyday life, and north-south power dynamics, shaped understandings of FGC among Kurds. Secondly, the flexibility inherent in the emergent design of fieldwork which enables a research project to evolve as new information become known, was useful in practical terms (Fangen, 2004). In practical terms this was a choice made due to the methodological pre-understanding that it may be difficult and time-consuming to recruit research participants and to know how to talk about FGC. The guiding research questions for the first phase of fieldwork was: What are the perceptions of and experiences with FGC among Kurds in Norway? What characterises the discourse on FGC in the Kurdish community in Norway? How do Norwegian authorities and stakeholders approach the Kurdish community in relation to FGC? What are the perceptions and the attitudes towards FGC in Iraqi-Kurdistan?

As there was no knowledge of how many Kurds there were and where they lived in Norway, and scarce knowledge on the socio-cultural underpinning FGC, the initial plan of this doctoral project was to make use of multi-sited fieldwork. The sites of the fieldwork would be Norway and Iraqi-Kurdistan. As there had already been some research on FGC in Iraqi Kurdistan, it was planned that the fieldwork in Iraqi Kurdistan should be conducted first, with potential revisits. It was expected that it would be possible to gain useful insight from Iraqi Kurdistan that could further be explored in fieldwork on FGC among Kurds in Norway, and vice versa. In June to August 2014, time was spent to plan this fieldtrip and to make contacts in Iraqi



Kurdistan, as well as in Norway. However, in the summer of 2014 the militant terrorist group 'the Islamic State' (ISIS) gained some territory in the Kurdish areas of Iraq, and the Norwegian government changed their travel advise against any travel to Kurdish Iraq, and the planned fieldtrip had to be cancelled (Government.no, 2014). In the beginning phase of the fieldwork in September 2014, I was about to embark on research on a topic that, according to Norwegian public discourse, merely existed (Bråten and Elgvin, 2014; Dagbladet, 2014). In anthropology, fieldwork is commonly referred to as 'ethnography' in which "the researcher goes out 'into the field' to study a group or a community in its natural setting" (Sissons, 2003: 275). Now, I was about to start research in my 'own culture'. There are many practical benefits of conducting fieldwork in a familiar culture such as having a similar understanding of social norms and customs. A challenge, however, may be that the boundaries of the 'field' is not as clear as in a country, region or village (Wadel, 2014). A way to deal with this challenge is to define subcultures that are separate from one's own culture (Wadel, 2014). Indeed, the notion that 'Norwegian culture' (or other cultures and countries) can be studied as a whole is not possible, as it is, for example, rather many studies on different parts of Norway that together inform an understanding of Norwegian culture as a whole (Wadel, 2014; Gullestad, 1985). In September 2014, 'Kurds in Norway' was labelled as the field, and FGC as lens in which to further define the boundaries of the field depending on what was learnt from the 'field'.

#### Recruitment and access to the field: A hard to reach population?

One of the first persons interviewed was, what I considered to be, a key informant in Norway. She had worked with FGC and other challenges associated with migrants from non-Western countries for more than ten years. In the interview, she compared how young Somalis often spoke about FGC with a lack of talk about FGC among young Kurds:

*"Young Kurds talk about everything, but they do not speak about circumcision. That's weird. Are they not circumcised? Do they not need healthcare? They share many very intimate details, so it is weird that they do not talk about female genital mutilation. But it is difficult to know because female genital mutilation is illegal."*

Her description of a sense of silence in relation to FGC among Kurds reflected a methodological challenge associated with FGC being a politicised, illegal and sensitive topic within migrant groups. In the beginning of the recruitment process and in entering the 'field', it was thus expected that research participants could be a "hard-to-reach population" (Faugier and Sargeant, 1997: 792). Faugier and Sargeant (1997: 790) describes a hard to reach population as one that it is often "difficult to access owing to the threatening nature of specific trait that characterizes its members", and researching FGC among a migrant group directly associated a negative trait with a defined group of people. Those that had researched FGC among Somalis in Norway described that there was not necessarily an unwillingness by migrants from FGC- practicing communities to talk about FGC. Rather, there was a sense of silence of the topic which created a difficulty in knowing how to recruit participants, particularly related to an ethnic Norwegian person researching the topic (Johansen, 2006; Fangen and Thun, 2007; Talle, 2010; Vangen et al., 2002). In his ethnographic work on transnational ties between Kurds in Norway and Kurds in Iraqi Kurdistan, the anthropologist Espen Gran (2007) made use of Iraqi-Kurdish gatekeepers in Norway that had a middle-class and urban background from Iraqi Kurdistan, which led to further recruitment of participants through snowballing. Furthermore, at the time of initial recruitment of research participants in October 2014 there was a media debate about a Kurdish woman who had passed away in Norway in May 2013 (Gjestad, 2014). The media debate speculated whether her death was caused by suicide or related to threats she had received based on her engagement to work for Kurdish women's rights, and violence towards Kurdish women in Norway (Gjestad, 2014). Similar debates surrounding Kurdish women's political engagement in women's issues was raised in Sweden when the Kurdish woman Fadime was killed by her father in 2002, and when three female Kurdish female activists were killed in Paris in 2013 (Wikan, 2003; Smith-Spark et al., 2013). One Kurdish-Norwegian man in his 30s who was asked if he was willing to participate in the research project, exemplified how politics shaped access to the field. He exclaimed that the topic of the research project was crucially important, but he did not want to be interviewed or to help with further recruitment as he thought it was bad timing to address the topic due to the political situation for Kurds in Syria. Together, these incidents informed a pre-understanding that there were probably people wanting to talk about FGC, but that time should be spent to

sort out good and ethical ways on how to address the topic during recruitment, interviews, and participant observation.

The entry point to a 'hard to reach population' can be what Faugier and Sargeant (1997: 792) describes as "social visibility". Some groups have relatively high 'social visibility' such as police or teachers. A group that possess a negative trait such as FGC (or drug abuse, as they use as an example) may have a lower social visibility. This low social visibility may create difficulty in locating and contacting potential research participants (Faugier and Sargeant, 1997). The initial entry point to recruit participants was through how Kurds in Norway often organised politically, and their organisations had a 'social visibility' on the internet. I contacted all the organisations I could find online were contacted either via email or phone.

Based on the experiences that it may be difficult to recruit research participant in the initial phases of recruitment, some central decisions in further defining the boundaries of the field was made. Key informants could be used to gain an overview of relevant issues related to Kurds and FGC. Key informants were viewed upon as "'stakeholders' for particular communities of interest" where their interviews were looked upon as representative and that could provide "insight into the structure of cultures and groups under study" (Tolich and Davidson, 2003: 131). Kurdish-Norwegian participants should have lived in Kurdistan until an age where they may be able to recall talk or memories of FGC from Kurdistan. Gender and whether or not they were circumcised was not considered important, but rather what they knew and thought about FGC. A decision was also made against asking directly about circumcision status, or political and religious affiliation, as we were concerned that it could inhibit their willingness to share knowledge about the topic. Research participants would rather be informed prior the participation that they could share this kind of information if they wanted to.

A decision early in the fieldwork was to set aside time to ensure entry points that were less socially visible, in order to attempt to reach participants outside of the political events in order to gain different perspectives on FGC. Snowballing is both an informal way to reach research populations who have the trait of a "difficult-to-observe phenomena" and as a

formal method to recruit research participants (Hendricks and Blanken in Faugier and Sargeant, 1997: 792). Snowballing was thus an essential recruitment technique. Those that were interviewed or participated at events were asked whether they wanted to be interviewed or knew others that may have different perspectives on FGC that could participate in the research project. My own social and professional network was also used to ask whether they worked with Kurds or FGC, or knew persons who were born in Kurdish Iran or Iraq that I could approach to ask if they wanted to participate in the research project. Key informants were also recruited through searching online for organisations working on FGC and/or Kurds, and through asking in our professional network on organisations that worked on FGC in Norway, and in Iraqi Kurdistan.

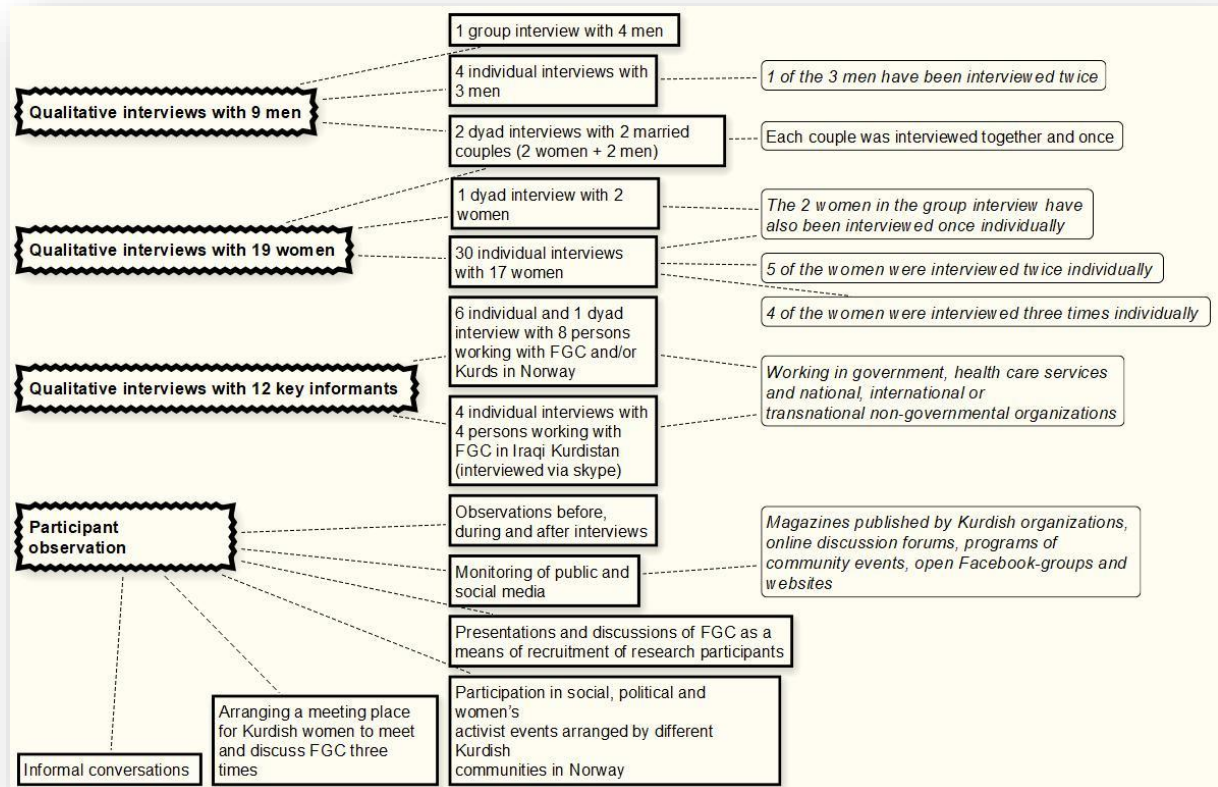
Some time was spent contacting and meeting Kurds from Turkey and Syria, but as they claimed to not have heard much about FGC, a decision was made to focus on recruiting Kurds from Iraq and Iran, as Kurds who did not speak Sorani (Sorani is generally limited to Iraqi and Iranian Kurds) claimed it was Sorani-speaking Kurds that practised FGC.

### The empirical material

The empirical material that forms the basis of this doctoral thesis was gathered in Norway between October 2014 and March 2016. The empirical material is presented in table I, and consists of:

- Qualitative interviews with 9 men and 19 women living for a minimum of 6 years in Norway and originating from Iranian or Iraqi Kurdistan.
- Qualitative interviews with 12 key informants (they were considered key informants based on the knowledge they inhabited on FGC and/or Kurds based on their professional work).
- Participant observation

**Table I: Overview of empirical material**



### Conducting qualitative interviews with Kurdish-Norwegian research participants

An overview of some of the characteristics of the 19 women and 9 men from Iranian and Iraqi Kurdistan are given in table II in the order they were interviewed. In the table, it is the place that they were born which is recorded. As can be seen, most research participants were born in Iraqi Kurdistan. Several of the participants had, however, lived in Syrian Kurdistan, Turkish Kurdistan, and both Iranian and Iraqi Kurdistan, or other places in Europe. Their age and length of residency in Norway is based on the time of the interview, and the age ranges between 20 to 59 years old, and their living time in Norway is between 6 to 20 years.

**Table II: Overview of Kurdish-Norwegian research participants**

Age	Iranian Kurdistan	Iraqi Kurdistan	Length of residency in Norway	Gender
31-35		X	6-10 years	M
26-30	X		15-20 years	F
56-60		X	15-20 years	F
26-30	X		15-20 years	M
20-24		X	10-15 years	M
40-44	X		10-15 years	M
26-30		X	6-10 years	M
40-44		X	15-20 years	F
35-39	X		10-15 years	F
40-44		X	6-10 years	F
35-39		X	6-10 years	F
40-44	X		10-15 years	F
31-35		X	6-10 years	F
31-35		X	6-10 years	F
31-35		X	10-15 years	F
26-30		X	10-15 years	F
40-44		X	6-10 years	M
26-30		X	6-10 years	F
31-35		X	6-10 years	M
26-30		X	10-15 years	F
31-35	X		6-10 years	F
20-24	X		15-20 years	F
26-30		X	15-20 years	F
31-35		X	10-15 years	M
31-35		X	10-15 years	F
35-39		X	10-15 years	F
55-59		X	15-20 years	M
26-30	X		10-15 years	F

The interviews were conducted where they wanted to meet which included their homes, at their or my workplace, or in a cafeteria. All participants were asked whether they could be contacted for follow-up questions or interviews, and all agreed. Those that were asked for follow-up questions or interviewed more than once, was contacted based on unclarity in their interviews, or because there were topics addressed in interviews with other participants (such as boy circumcision) that they had talked about in their first interview. As can be seen in table I, most interviews were individual, but one group interview and three dyad interviews were done.

At one of the first events attended, which was a two day seminar, the plan was to conduct a group interview with a group of men and one with a group of women in order to gain an initial insights on views on FGC that could be used in individual interviews later. However, as there were not many women at the event, only two women participated in the planned group interview. While knowledge shared in a group and individual interview may differ, there may also be a difference between a group discussion with six to eight participants and with two (Morgan et al., 2013; Smith, 1995). In a larger group, such as the one with the four men, the group dynamics offered some negotiated understandings of FGC between the participants. For example, three of the men expressed that they condemned FGC because it was not in the religion and bad for girls' and women's health. One of the four men, however, expressed that he was not convinced about the religious or health arguments against FGC. The other men seemed surprised and a bit irritated at his view, and started to question his views. I, as a facilitator, reminded them to discuss in a friendly manner, and together they came to conclude that the religious and health arguments against the practice was unclear, but that it was still a matter of women's rights. This discussion between research participants did not happen in the same way in the dyad interviews with the two women at the event. Even though they discussed FGC between themselves, the interview was still characterised as more of a conversation with two persons about FGC being facilitated by me, than with a group discussing FGC between them. In some of the interviews that were conducted in the participants home, some family members would greet me, or would sit in and listen to the interview for parts of the whole interview. In the dyad interviews with two married couples, they were interviewed together because they asked to be interviewed together.

An interview guide was used to structure the interviews through some pre-determined themes and open-ended questions that were thought of as a help to address themes (the themes and the interview guide are discussed in the analysis section below). The aim was also to probe based on the answers, so that the participants could introduce new themes in relation to topics relevant to understanding FGC, and for the interview being more of a conversation about FGC. The criteria was that FGC was somehow the topic of the themes and questions during the interviews. If I had some prior knowledge of the research participant prior to the interview some topics and questions were prepared. For example, one female participant from the region of Duhok in Iraqi Kurdistan where WADI (2010) found a low prevalence of FGC, a special note was taken to ask about what language or religion were practiced in this region, and about her relations with family and friends in other parts of Iraqi Kurdistan.

#### Conducting qualitative interviews with key informants

Eight persons who worked with FGC and/or Kurds in Norway were interviewed. Their interviews provided an overview of knowledge of FGC and Kurds, and informed the questions and topics addressed in the interviews with the Kurdish-Norwegians research participants and participant observation. The key informants either worked with immigration, healthcare and social services or national, international or transnational organisations. As it was quickly realised that some that had worked with Kurds had not come across FGC, these were still interviewed to gain insight into what issues they worked with in regards to Kurds. Others had worked with the topic of FGC among different migrant groups, but not among Kurds, while some had worked specifically with FGC and Kurds.

Partially because of the planned, but cancelled, fieldtrip to Iraqi Kurdistan and partially because insights from those working with FGC in Iraqi Kurdistan could be useful to bring into the questions addressed in Norway, four persons who worked with FGC in Iraqi Kurdistan were interviewed via skype. One was recruited through a key informant in Norway, three others were recruited based on their organisations' work on FGC in Iraqi Kurdistan. Some had Kurdish origin, others were from Norway or another European country. I had some knowledge on whether they knew about FGC or Kurds before the interview due to the organisation they represented. The focus of these interviews was what their organisation



was doing, how they worked with FGC or Kurds, and what their opinion was on their own and other work on Kurds and/or FGC. The intention was that the questions and topics would form the basis for a sharing of knowledge of FGC, and that probing would be done during interviews. Based on the participant observation and the interviews with the Kurdish-Norwegians research participants, I also asked them some questions related to topics that were addressed in those interviews. For example, they were asked about the Kurdish women's movement, silence of FGC among Kurds, and gender roles.

### Participant observation

In gathering empirical material outside of the interviews, the focus of participant observation was on: how FGC was addressed in the public sphere among Kurds in Norway, interactions patterns and socio-cultural norms among Kurds, to inform topics and questions in the interviews with key informants and Kurdish-Norwegians, and to build trust in order to recruit participants. In the following I describe how participant observation was done in four major ways (see also table I).

The first major way of conducting participant observation was participation in events organised by Kurdish organisations or a mixed of migrant groups. The organisations were associated with major political parties in Iraqi Kurdistan, or with women's political associations. At the events the topics was often political: Norwegian and Kurdish politicians would address political issues in Kurdistan, for example the situation in Rojava (Syria). Another major focus of the event attended was on women's issues: Kurdish and Norwegian artists, activists, or politicians would address topics such as violence against women, opportunities for help in the Norwegian healthcare system, and Kurdish women's feminist struggle. More culturally-orientated events were also attended, such as the Kurdish Newroz celebration (New Year celebration) in 2015 and 2016. At three of the events I gave a presentation on FGC in general, the available research reports of FGC among Kurds, and explained that I was looking for research participants who were willing to share their knowledge on FGC in order to gain a better understanding of the topics. My own powerpoint-presentations and the following discussion of the topic at the events was thus also part of the empirical material.

A second major part of the participant observation was through the organising of 3 meetings with a group of Kurdish women from Iraq. These meetings were organised together with a non-governmental organisation. One of the employees of this organisation was from the Middle-East and had lived some years in Kurdish regions, and she asked Kurdish women to come to these meetings, and she also helped give feedback on how to best discuss FGC in the group. In the first meeting we watched a documentary from Iraqi Kurdistan on FGC, and let this be an entry point to discuss FGC in the meeting (Ahmad, 2005). In the second meeting we discussed FGC further through topics that were discussed in the group based on the documentary, and mainly based on their knowledge of the practise in Kurdistan. In the last meeting, we talked about how it may be for a woman in Norway to be circumcised. I wrote meeting notes that were shared with the women after each meeting, and they agreed that these notes could form the written empirical material of the doctoral thesis. At the last meeting all were asked whether they wanted to be interviewed as part of the doctoral thesis, and four out of eight participated in individual interviews. Two of the four that did not agree to participate were not from Kurdistan, and the two others did not provide me with their phone number so I decided to not pursue them further. This group of women were not as politically engaged as the other research participants, had lived shorter in Norway, and were either unemployed, working at home, or students. They seemed more hesitant to participate, either because they did not know if they knew enough about FGC to contribute or because they seemed reluctant to share information about their own experiences with FGC. This informed my understanding that there were limits to acceptable ways of talking about FGC.

A third major part of the participant observation is material available in the public sphere. This includes websites of Kurdish organisations, open facebook-groups, newspaper articles and debates, programmes of events and their contents, powerpoint-presentations from those giving presentations at the events I attended. For example, one observation made was during an informal conversation with a Turkish woman who had searched for FGC on Turkish websites to try and help me. She found the documentary on FGC that I had also discussed in the group with the women as mentioned above (Ahmad, 2005). She explained that in some of the comments expressed surprise that FGC existed in Iraqi Kurdistan, and the comments were also on whether MC was the same as FGC (Yilmaz, 2012). This informed my

understanding that MC was somehow relevant to understand FGC, which is discussed in article III.

A fourth major way which forms what observations is how I used fieldnotes (Fangen, 2004). I took notes of observations and reflections before, after and during interviews. Other observations and experiences also informed my understandings of FGC that I took notes of. This included discussing the research with friends, family and colleagues, my supervisors and co-authors, reviewers' comments on manuscripts, presenting at conferences, and also staying in touch with some of the participants and update them on the process of the research project and discuss with them.

#### Translation/language

Three interviews with three research participants (dyad interviewed with a married couple and an individual interview with a man) where conducted together with a female translator who translated from Kurdish Sorani to Norwegian. The other interviews were conducted in Norwegian or English by me. At events, a person at the event would often be designated as translating for me throughout the formal presentations at the events (which were often done in Kurdish). In informal conversations and socialising it was a bit more difficult to communicate due to me not speaking Kurdish, and several of the participants seemed to have scarce knowledge of the Norwegian or English language. But several participants willingly helped me with translation when I asked. The interview transcripts were in Norwegian or English. For the Norwegian transcripts I did not translate them until I was about to submit the article to a journal. I did this so as not to lose the original meaning of the quotes I chose to use to illustrate an analytical point. A native English speaker, who also spoke Norwegian, proof-read the translations of the quotes.

#### Interview transcripts and fieldnotes

Field-notes were rewritten as soon as possible after the observations and the interviews were transcribed as soon as possible after interviews. The interviews with a translator was translated directly during the interviews to Norwegians, and the interview was transcribed in Norwegian. During these interviews I sometimes asked for clarification during or after the interviews if I was uncertain or did not understand some of the translations. I also called the

translators of two of the interviews to clarify some of the translations when transcribing the interview. All transcripts and fieldnotes were read as soon as possible after the interview to sort out questions and themes to follow up in the other interviews and observations. If they brought up topics that I was unfamiliar with I would do a literature search to better understand the interviews, and whether the topics they addressed should be followed up in other interviews.

#### [The development of an analytical document and readjusting the interview guide](#)

As it was difficult to grasp participants' descriptions of FGC due to a sense of silencing of FGC, together with my supervisors/co-authors I decided to develop an analytical document to try to get a better understanding of the empirical material, and to determine a more narrow focus of the themes of the empirical material. The aim was that the interview guides should be adjusted to do a last round of interviews to ensure a sense of saturation point in that the empirical material could fill some knowledge gap on FGC among Kurds (Davidson and Tolich, 2003; Bryman, 2004).

The analysis of the empirical material that was started at this point, was a thematic analysis that made little use of theories in predetermining the analysis (Braun and Clarke, 2006). This means that the analysis first was done through coding and categorisation to become familiar with the empirical material, and then to develop themes based on this coding and categorisation (Braun and Clarke, 2006). Thematic analysis allows for finding and analysing patterns and meanings, as well as contradictions, in the empirical material. Thematic analysis further allowed for flexibility so that narratives and quotes could be connected with theoretical and epistemological perspectives while re-visiting the empirical material (Braun and Clarke, 2006).

The analytical document was written in order to identify themes based on the empirical material, and that could be shared and revised together with the supervisors. First a closer re-reading of all fieldnotes, and interview transcripts of both the ones with Kurdish-Norwegian participants and key informants were done. After this initial reading, all the empirical material was coded and categorised by the use of the qualitative analysis software 'Nvivo'. Upon finishing the first coding and categorisation, all codes and categories were

printed out and re-read. Some categories were added, some removed and some were merged. Word searches on emerging themes were done in Nvivo to further define the content of each category (see in the next section for an example of the codes and categories).

At this point the research questions toward the empirical material were: What are the perceptions of and experiences with FGC among Kurds? What are the perceptions and experiences of FGC among Norwegian stakeholders and authorities? Thus, the focus on perceptions of FGC in Iraqi Kurdistan as was reflected in the initial phases of fieldwork was given less attention. A preliminary plan for the themes of the three articles was made based on the development of the analytical document: 'female genital cutting among Kurds: What, how and why' (article I), 'female genital cutting and silence' (article II), and 'female genital cutting and identity' (article III).

A major revision of the interview guide was then done based on this analytical document. The initial interview guide had focused on asking questions about the research participants such as upbringing, living time in Norway, when they first heard of FGC, on what they knew about FGC in Kurdistan, and their experiences with FGC as a topic in Norway. The revised interview guide included the following themes that were identified in this initial analysis: 'shame', 'mother-daughter relationship', 'sexual pleasure and desire', 'male circumcision/FGC type I', 'woman', 'purity'. Each of these themes then consisted of a summary of the findings this far that would first be presented to the research participants as a starting point for further exploration. For example, for the theme 'mother-daughter relationship', I would summarise that so far in the research process I have found that several told me that they had been a bit angry and hurt that their mother have let them be circumcised, while others have said that the mother is also sad that she herself is circumcised, and I find it difficult to understand how a mother may circumcise their daughter. Through this introduction, I wanted to explore the notion that the mother-daughter relationship was relevant for understanding FGC in the interview. This themes is reflected in article II, where I explored how FGC was silenced in the mother-daughter relationship.

Based on this revised interview guide, interviews with four Kurdish-Norwegians women, one Kurdish-Norwegian man, and one key informant was done. The transcripts of these interviews were coded and categorised in the same way as previously. And this analysis was then included in the analytical document that was further revised together with the supervisors while re-visiting the written empirical material until a sense that the note gave a coherent summary of the empirical material which could provide an understanding of FGC among Kurdish-Norwegians.

Based on the final analytical document, themes for the three articles were further refined. At this point, the following research questions were used for the three articles:

- How does imaginations of Kurdishness shape perceptions of FGC among Kurds in Norway? (article I)
- How is FGC made taboo among Kurdish migrants? (article II)
- What are the consequences of cutting type 1 FGC and how is this related to male circumcision? (article III)

The focus was thus less on the views of Norwegian stakeholders and authorities on FGC among Kurds, and the focus was after fieldwork on perceptions of and experiences with FGC among Kurds in Norway.

#### [Codes, categories, themes, theory](#)

One example of a code is the code 'circumciser'. One participant expressed that what she could remember most about the time when she was circumcised, was the circumciser. She described the circumciser as a woman called a 'Karachi'. In re-reading the WADI (2010)-report, I found that they also found some unclarity in who the circumciser was, and I continued to ask questions about who the circumciser was in other interviews. I found that participants expressed that it could be an "old lady", "neighbour" or "female relative", and that a Karachi could be translated to Norwegian as 'signøyner' (a gypsy). However, as the participants often talked about vague memories from Kurdistan, I did not gain more in-depth knowledge of who the circumciser may be, and few talked about women undergoing FGC in Norway, I decided to exclude these questions during interviews.

One example of a category that became central in the final publications was 'the others'. Within this category there were codes such as 'mindset' and 'conservative'. The code became relevant for the themes Kurdishness which is particularly discussed in article I.

Another central theme was Kurdish women's position in Kurdish society. Initially, research participants were asked a broad question; to describe what a typical Kurdish woman was. The answers were quite general; Kurdish women are both oppressed and radical feminists. In attempting to open up for a richer description, attempts to find more specific questions to gain more specific answers were done (Kvale and Brinkmann, 2009). More specific questions in relations to the theme on Kurdish women's position in society included questions about a Kurdish female activist that spoke about violence against Kurdish women at one of the events attended during fieldwork. One research participant expressed that many of the people at the event did not like this particular woman because of the topics she talked about, but that she herself liked her and that it was important she addressed these topics. I followed up in other interviews with those that had attended the same event, and I asked what they thought about this woman and her work for women's rights. With participants that had not attended this particular event, I asked them about what they thought about some of the Kurdish women activists that work to address issues in public such as the three women that were killed in Paris. I also asked why they thought FGC was seldom addressed by Kurdish women's activists. This opened up for participants to give descriptions about difference between FGC and other women's issues, and they reflected on the difficulty in talking about FGC in public. I also asked the key informants about the position of women in Kurdish society and the Kurdish women's movement. One of the key informants who lived in Iraqi Kurdistan demonstrated how the identity in Kurdistan also influenced my understanding of Kurdish identity as related to Kurdish women's position as discussed in article I:

*"They are quite different from Arab people, they are very open and friendly. And they are conservative sometimes, but at the same time... they are very open to modern ideas. It's difficult to describe this Kurdish mentality, they are always both. Adeel now looks like Frankfurt or Dubai, but still there is loads of FGM."*

The key informant informed the sense that Kurdish identity was central to understand how FGC could be talked about. As 'Kurdishness' and 'Kurdish women' ended up being to major themes in the analytical document, this contributed to both reading literature on Kurdish feminism, national identity construction, and nationalist feminism. Together this analysis informed the main argument of article I: That the negotiation of traditional and modern values was one strategy for talking about FGC in public. It also informed understandings in article II of how it is possible to make claims to a more assertive female sexuality due to the position of Kurdish women in society. In article III, their questioning of the acceptability of boy circumcision may also be understood as informed by Kurdish feminism views on gender. As described in Chapter 7: Theoretical framework, theories on difficult characteristics of national identity (article I), migrant women's sexuality (article II) and mapping controversies and the slippery slope argument (article III) is theories that were finally used to make sense of the empirical material in articles I-III.



## Chapter 9: Ethical considerations

### Formal ethical considerations

Even though the research project involved healthcare issues, the research project did not involve new knowledge on health and disease that is regulated by the Health Research Act and would require ethical approval from the Regional Committees for Medical and Research Ethics (REK). The research project, however, obtained approval from the Norwegian Centre for Research Data (NSD). The research project was approved without further comment (see appendix). As I towards the end of the fieldwork decided to ask more directly about the research participants' self-reported health problems, religious affiliation, ethnic background and how they thought FGC affected their sexuality, I submitted a change request form to NSD which was approved without further comments (see appendix). The interpreters and the persons transcribing interviews signed a declaration that all information gained would remain confidential and would not be shared with anyone except the researcher and that they should follow the same ethical guidelines as me. All recordings and unanonymised empirical material was deleted in July 2018 in agreement with NSD (see appendix).

As in other studies that use an emergent and qualitative approach, it is not clear from the beginning what empirical material would be gathered and what the final research topic and research questions would be. Therefore, consent was treated as a process (Richards and Schwartz, 2002). The flexibility of the research design enabled a treatment of consent as a negotiated process between the researcher, research participants and/or translators/persons transcribing the interviews. Research participants were not interviewed the first time they were encountered. In the first encounter, they were informed about the research topic, the nature of qualitative interviews, that I had questions and topics I wanted to ask, but that they also could introduce topics, that the written material would be stored and locked in a safe place, that I would ask if it was ok to use a voice recorder during interviews, that I may use their narratives and quotes in the final publications. The first encounter was done via phone, email, or during informal conversations. When the interview took place an introduction to the research project was repeated and research participants were again informed about their role in the data collection, and the research project, and that they did not need to answer all questions during interviews. The participants were also

encouraged to ask questions before, during and after the interview. After the formal end of the interview, an informal debrief between the researcher and research participants occurred. This was intended as an opportunity to talk about any stress or concern about their participation in the research. Every participant was then given an 'information sheet' after the interview about the research project and their participation in it with contact details of the researcher and the supervisor of the research project. I also emphasised that they could withdraw their participation and that they at any time can contact the researchers or collaborators for questions regarding their participation in the project. All research participants were also asked at this stage whether it is ok for the researcher to contact them again for further questions or interview, and all agreed.

A central ethical concern in regards to researching FGC is the researchers' duty to avert: to avoid potential future circumcisions (Hauge, 2013). This was dealt with by explaining that it is illegal to be circumcised after arrival in Norway, but not to have been circumcised prior to arrival. One research participant expressed that she had a friend who had been circumcised by her parents. It was not clear to me whether she was circumcised after arrival to Norway during the interview. When reading the transcripts, I called her to ask about whether her friend had been circumcised before or after arrival in Norway, and she said it was before arrival and that she now had broken off with her family and gotten help from the Norwegian health care and social services. Together with my supervisors, I decided to not follow up further.

For the informal conversations that I had with people at events or similar, if I found what they said as relevant to understanding FGC, I asked the persons whether it was ok that I noted it down and gave the same information about the research project as mentioned above. For the other observations done I considered them as public in the way that the events were public and I did not ask for consent beyond informing organisers about my role as a researcher and the topic of the research project. Whenever talking to participants at the events I made it clear as often as possible that I was there because I researched FGC. The four participants that were based in Iraqi Kurdistan were notified that the research project was approved by NSD, and NSD was notified that I would include skype interviews.

### Researching a sensitive topic in a migrant group

A challenge in researching perceptions of and experiences with FGC among Kurds in Norway, is that it directly associates a negative trait with a defined group of migrants. This is a central ethical concern and a major way in which the empirical material was constructed in this doctoral thesis. The focus of the research project is a sensitive topic in two major ways. Firstly, in addition to Kurds being a migrant group and thus a minority in Norway, they are also stateless, as their national identity is and has been under attack for the last century. Secondly, the topic of FGC is sensitive in itself: It is forbidden to subject a girl to the practice and it is defined as “an extreme form of discrimination against women” (WHO, 2018: cited as on website).

A central methodological challenge was to deal with my pre-understanding that there was a power imbalance between the research participants and me, particularly that my positionality could reflect a stigmatising view on FGC. I consciously took on a non-judgemental attitude towards the research participants and the research topic by asking open-ended questions in an empathetic way. An example of this is how I initially used the term ‘circumcision’ to describe the research topic to potential research participants, in order to deal with how I thought my position represented condemnation of FGC. I became unsure, however, whether there was actually an inherent power imbalance. When I used the term circumcision, one woman at an event asked me, even a bit harshly, whether I did not condemn FGC. In reply, I stated that I did not want to do it to my own daughter, but that I did not know how it was for other people. She then told me that it was a breach of human rights and bad for female sexuality. On another occasion, I met a Norwegian doctor and stated that I researched female circumcision, and after we had talked for a while about the topic, we met again some days later, when she expressed that she had felt a bit confused with whether I supported the practice. But based on our conversation, she had reflected that it was a bit more complex than simply supporting the practice or opposing it. During the fieldwork, I thus decided to use the two Norwegian terms interchangeably (best translated to English as FGM or female circumcision). I then came to realise that there there may be a sense of the condemnation of FGC in itself ‘softening up’; it is not necessarily about being for or against, but perhaps there is an opening for having nuances within a framework of condemnation. This is also reflected in the experiences of the anthropologist Prazak, during

her more than 20-year-long fieldwork among an FGC-practicing community Kenya. In trying to communicate an insider's voice, Prazak (2016: 229) argued that there is a paradox present where "those who speak most loudly in Kuria communities, claiming to represent the inside voice working for change, are principally articulating outsider messages. They ignore that the language is disrespectful, that it shames their neighbors and kin, deprecates communal values, and avoids steps needed for creating meaningful change. Why is the perspective of outside interests being adopted uncritically by the self-appointed leaders of alternative rites?"

## Chapter 10: The researchers' position in a politicised and contested field

Even though the debate on migration may be harsher in other countries than in Norway, researching FGC raises questions about how to best navigate the boundaries between science, media, and politics (Friberg, 2019a; Andersson, 2018). A central methodological and ethical challenge is that there can be a political agenda that aims to communicate certain political messages by the use of research, media, and a more or less nuanced language to communicate both political messages and research findings to a general public (Friberg, 2019a). In communicating research about migrants groups to a general public, the researcher may risk being put in one of two polarised positions, either as a naïve idealist, or as promoting stigmatising values (Friberg, 2019a: paraphrased; Andersson, 2018; Lien, 1991; Gullestad, 2004).

In order to avoid a reductionist emphasis on FGC and oppressed 'African' women, and to separate oneself from Western feminists arguing radically against FGC, it has been common for researchers in the FGC field to take a political meta-stance in their writings (Davis, 2019). From the beginning of this research until the first drafts of the three articles in this doctoral thesis, such a political meta-stance was used in attempts to explain the empirical material. In article I, the importance the research participants themselves put on Kurdish feminism and Kurdish women's movement was viewed as providing a valuable analytical tool that could de-stabilise the power imbalance of an 'outsider' trying to explain FGC. In article II, taboos and silences were used in attempts to uncover how the research participants may have been oppressed by social and cultural norms in Norwegian society, or somehow supported FGC. In article III, the empirical material was initially positioned within pre-existing debates on human rights and feminist theories on gender difference and gender sameness, in a search to be 'politically correct'.

However, such a political meta-stance approach to research on FGC ignores the embodied "'gut-level' reflex of shock" that many experience in relation to FGC (and other cutting of female genitalia such as intimate cosmetic surgery) (Davis, 2019: 243; Talle, 2010). The problem with the large amount of scholarship that takes a political meta-narrative, is that it seem to lead to an understanding that circumcised women lack agency and are victims

(Davis, 2019). By including personal feelings of disgust, this may create a more open approach to FGC, because it acknowledges the limits to the knowledge and experiences of an 'outsider' (Davis, 2019). In acknowledging that there is a sense of shame that 'Western' women may feel when researching FGC, including its inherent history of colonialism, rather than inhibiting research, acknowledgement of affective discomfort may open up a better and more empathetic understanding of why FGC makes sense to those that practice it, that 'they' may also fear the practice, or that fear may not matter (Davis, 2019). It was indeed through the realisation that rather than focusing on either avoiding a promotion of stigma or communicating the empirical findings as a naïve idealist, but rather through acknowledging that FGC is very uneasy and both methodologically and ethically difficult research topic, that the analysis became more nuanced. When positioning FGC as a difficult topic that could be directly associated with Kurdish national identity in article I, this opened up for a more nuanced discussion of how nation-states deal with difficult events. The article moved from focusing on ideologies and public opinion towards an analysis of how FGC may play a part in the Kurdish nation-building project. In article II, it was when three of four reviewers commented that the article seemed to state that women can make claims to more assertive female sexuality, that the theoretical framework was expanded to include literature on intersectional feminist theories on migrants women's sexuality. The lack of doing this earlier in the analytical process was driven more by my pre-understanding that claims to more assertive female sexuality cannot easily be associated with FGC. In article III, it was when the realisation came that the controversies of FGC and MC themselves could be used as an analytical tool, rather than a solution, that the empirical material could be approached through more through a scientific mind-set, rather than an ideological position.

### 'What is your stance on FGC?'

The positionality of the researcher as an 'outsider' may steer what research participants are willing to share during interviews. It is, however, not easy to give clear-cut answers to how my position as a White, un-circumcised, Norwegian female in her late 20s, who may most likely be perceived as representing a position were FGC is rejected, was actually perceived by the research participants. I asked Zara, who was in her late 20s and born in Iraqi Kurdistan, and had lived in Norway for more than ten years, whether she thought that me being

Norwegian affected what other research participants would tell me about FGC, and she replied:

*"I think it has its advantages and disadvantages. I think I can be more. No, I would have been equally honest with others, I think. But you might be able to open-up a little more, because you are not part of this inside-group. But, in a way, I think for many it is important to show the best to those outside. So they might not want to. But they are not honest with themselves, either. They can't admit to themselves that "yes, we have a problem. It's female circumcision, let's sit down and talk about it". But that they live in such a dream world where "no, no". Almost like the parents of my brother's wife who doesn't think they've had sex before marriage."*

Even though either being an insider or an outsider may be conceptually helpful in conducting research with migrants, this dichotomised distinction may be more useful to view as a continuum, or more fluid, to allow for nuances and complexity in the relation between researcher and research participants (Breen, 2007). Some of the research participants had lived longer in Norway than I had, for example. I have grown up in the Middle East, and travelled for seven years in the Middle East, including Kurdish part of Iran, have good knowledge of the Arabic language, and have previously conducted primary research on FGC in Somaliland/Somalia. I was concerned that speaking Arabic may be perceived negatively as a result of conflicts between Arabs and Kurds. However, after using some Arabic during an event to read some of the posters written in Kurdish, it became apparent that this allowed for new conversations to emerge and for the mutual sharing of personal and similar life experiences to occur.

## Chapter 11: Strengths and limitations of the research enquiry

Central to any research project is the credibility and trustworthiness of the knowledge produced (Malterud, 2017). The concerns both the internal and external validity (Kvale and Brinkmann, 2009). The internal validity concerns a consideration of how epistemological and theoretical views underpinning the research project and the position and pre-understandings of the researcher produce and construct the empirical material. Above, the theoretical and epistemological underpinnings of the research projects were described, the way the empirical material was gathered and analysed was described, reflections upon how I may have constructed the empirical material was reflected upon. These are all central to the trustworthiness and credibility of this doctoral thesis. In this chapter some further strengths and limitations of the research project will be discussed which further influence the claims the doctoral thesis can and cannot make.

### Who else could have been interviewed?

An expectation going into the study was that it may already be difficult to recruit any research participant at all. This meant that a decision early in the research process was to not specifically interview those that were circumcised. As will be discussed below, it was also difficult to find an 'insider' to help gather empirical material, and research participants mainly spoke Norwegian. It is likely that this may have excluded those that have a positive view on FGC, and thus the condemnation of FGC would have perhaps been less clear. Other scholarship in Norway and Sweden has shown that attitudes among Somalis that have stayed for a shorter time in Norway may show more support for the continuation of FGC (Gele, 2013; Wahlberg et al., 2017). By including newly arrived research participants this may have provided more subjective experiences of circumcised Kurdish women's lives in Norway. The study rather consists of a broad spectrum of research participants with different experiences with FGC.

WADI (2010) found a low prevalence rate of FGC in the Duhok region (7%) compared to the Sulemania, Erbil, New Kirkuk, and Garmyan regions (63 - 81.2%). In the fieldwork I conducted for this thesis, I also found that two women from this region seemed to not know much about FGC. But if time had allowed, it may have been useful to include more participants from Duhok region, as well as spending some more time trying to gain insights into views



among Kurds from Turkey and Syria, as well as persons from Iran and Iraq that were not Kurds. In Iran, for example, research has shown that FGC is also practiced in regions that are not Kurdish (Ahmady, 2015). Even if it was found that FGC was not talked about, their views could have contributed to a better understanding of MC. If second generation migrants had been included, they may also have provided useful insights into MC, and into generational differences in views on FGC and MC.

### Could I have asked questions that were more direct?

In retrospect, research participants could have been asked more directly about circumcision status, religious, political, and kinship affiliation. A decision was made to tell participants before the interview that they did not need to state these details, but that they were welcome to share their personal experiences during the interview if they wanted. Indirect questions may give the same and richer answers than asking direct questions (Fisher, 1993). Indeed, during interviews participants were asked in indirect ways whether they were circumcised, and they were told prior to the interview that they could share their experiences if they wanted to. However, the inclusion of persons with different experience of FGC opened up for rich descriptions of their circumcision, uncertainty in whether they were circumcised, and reflections on why they were not circumcised. However, having asked about this more directly before the interviews, during recruitment, may have led to an inclusion of more circumcised women. This may have enabled an analysis on subjective experiences of living as a circumcised woman in Norway. For the men, they were not directly asked whether they were circumcised, but several mentioned it. In retrospect, having asked the men more directly about their own circumcision may have enabled a more gendered and phenomenological analysis of both MC and FGC.

The men that participated in this study were not asked whether they were circumcised, but some brought up the topic themselves and I probed then to better understand FGC. Thus, it is interesting that it seems to be women that question the practice and not the men. But this study cannot state if this is the case due to the lack of asking more specifically about MC. It would be also interesting to include young men's view on MC and compare it to the older generation of men, as there are seems to be changes (Väkiparta, 2019). But following up

with MC among Turkish Kurds, or those that did not speak much about FGC from Iranian and Iraqi Kurdistan, may have provided valuable insights into both FGC and MC.

Research participants also often talked about religion, and by not asking about their religious affiliation due to expecting it would be difficult to recruit participants, it seems to be a central element that is still unexplored. As research participants were not directly asked about their political affiliations, but it was rather taken note of how they were recruited (i.e. at a political event), having some more background knowledge could have contributed to a better understanding of the specific Kurdish political context.

### How is language a limitation?

The initial plan was to include a research assistant that could contribute as an 'insider' to help gather and analyse material during fieldwork. However, in the initial phases of accessing the field, it was hard to meet a person who could do this and who could build rapport with potential research participants. One woman whom I met several times in the beginning of the fieldwork, and who helped me with recruitment and invited me to several events, was thought of as a potential research assistant. However, it became clear that because she was politically engaged in Kurdish politics and women's issues, other persons disagreed with some of her views and it became difficult to ask these persons for participation in the research project. Furthermore, one of the translators at one of the events, who translated my presentation, expressed afterwards that she found it difficult to address FGC in front of the group that consisted of both men and women. I then decided to rather make use of official translators when research participants did not speak Norwegian or English, and wanted a translator. This, however, meant that I met persons that I could not communicate with during events due to them not speaking any language that I knew. One man was interviewed twice, by two different translators, and one of the married couples was interviewed by a third translator. The research participants were asked whether they preferred a male or a female person to interview them, and they were also informed about the name of the translator so that a translator that they did not know could be used. The all wanted a female translator. This probably created a female perspective on FGC. It also became clear that the translators' age might have influenced the interview setting. Two of three translators were in their 20s and one in their 40s. The same man who was in his 40s

seemed more willing to share his personal experiences when the translator in her twenties attended, and more his political views when the translator who was in her 40s joined the interview. Even though the interviews with the translators worked in favour of exploring terminology, in order to discuss the topics raised in the interviews with an 'insider' it seemed that the interviews without a translator had an advantage as well, since in my view, they discussed FGC quite openly. However, there are some women whom I met at the events, but whom did not speak Norwegian, such that the language barriers inhibited their recruitment. These research participants would have perhaps opened up for other understandings of FGC. I also conducted the interviews with some participants on my own, while a translator may have helped to gain a better communication between the research participants and me due to language. In retrospect, more time to find a research assistant who was not politically engaged, perhaps not so engaged in Kurdish communities in Norway, and a bit younger could have been beneficial in the recruitment, to conduct interviews, and to help analyse the material during fieldwork. This may have provided a better understanding of inside/outside-views, or something in between outsider and insider views (Breen, 2007).

There are also several reports about FGC that Kurdish women's organisations have written in Kurdish, which have not been included. At one conference, I was told that there was a report available in Kurdish on FGC prior to 2004, but I have not been successful in finding this report. This report implies that the focus on FGC within Kurdistan might have started by Kurdish women feminists prior to 2004, but that since 2004 the focus became international.

#### What empirical material have I used the most?

During the fieldwork period, the interviews with the key informants and the observations made during the fieldwork informed the topics of these interviews, and vice versa. It is mainly the empirical material from the interviews with the Kurdish-Norwegians that is presented in the three articles. Less of the interviews with the key informants and the participant observation have been used in the final publications (although they are included, particularly in article I). A central reason for this is that there was a sense of silence about FGC and a lack of knowledge of FGC among some of the Kurdish-Norwegians and the key informant, and in the observations made during participant observation. This tendency is also seen in the fact that I have used some of the interview with the Kurdish-Norwegians

more than others. This is related to the sense of silence about FGC that other Kurdish-Norwegians interviewees expressed. It was difficult to really grasp what this silence meant. This difficulty was manifested during the fieldwork and in the analysis it was viewed as a methodological challenge. However, if this silence had been approached through viewing silence as “cultural censorship” from the initial stages of the fieldwork and the analysis, this may have opened up a more creative way of approaching, valuing, and dealing with this silence (Sheriff, 2000: 114).

### Analytical and theoretical limitations

Even though there is little knowledge of the health risks associated with clitoral reconstruction, in some countries, including Sweden, France, and Burkina Faso, the surgery is provided by the healthcare services and made use of by circumcised women (Griffin and Jordal, 2019; Jordal and Griffin, 2017; Jordal et al., 2019; Nyarango and Griffin, 2019; Villani, 2019). Participants were asked about clitoral reconstruction, but none had heard about it. It was thus difficult to further explore the topic. There is also an increasing focus on addressing the psycho-sexual well-being of circumcised women through psychological and sexual therapy instead of offering genital reconstructive surgery (Leye, 2018). A challenge for researching the psycho-sexual consequences of FGC that are commonly associated with the type of circumcision practised among Kurds, is that these are embedded in complex, socio-cultural understandings of what sexuality and trauma may constitute (Johnsdotter, 2013; Lien, 2019). Future research on Kurds may usefully explore socio-cultural understandings of sexuality and trauma to further understand how social-constructions may shape health and well-being.

The analysis of the empirical material was a thematic analysis. A more defined and intended discourse analysis from the beginning through the use of Foucault could have produced a more thorough analysis of public discourse on FGC and the empirical material, by, for example, comparing ‘Somali’ discourse with ‘Kurdish’ discourse (Yazdannik et al., 2017).

For Kurds specifically, there are two interesting theories that have not been used in this thesis. Firstly, theories on kinship and honour-based violence could have enabled a different type of analysis at a socio-political level. King (2014) contends that patrilineal kinship may

determine who is and is not circumcised. The sociologist Payton (2019) has looked into the relationship between the political economy of marriage, violence against women, and the concept of honour-based violence. King (2014) suggests that those who research FGC among Kurds should also focus on kinship and ties to family. The research participants were thus initially asked about this. It was difficult to grasp how kinship was useful in Norway, as most participants referred to their families and kinship in Kurdistan, and I could not travel to Kurdistan and did not have the time to do a study online with Kurds such as Payton (2019). Having a deeper understanding about the research participants' religious, kinship, and political identity may have contributed to explore the relationship between FGC, religion, politics, and kinship, and this seems like an important theme that needs further exploration.

Indigenous theories and queer theories (Bishop, 2005; Bornstein and Bergman, 2010) might have facilitated a more detailed analysis of the specific Kurdish context through a perspective of how the global South could provide insights of what constitute a man and a woman. More theories on migration such as "transnational connectedness" and "social becoming" can also be useful concepts to explore FGC among Kurds (Hernàndes-Carretero, 2016: 1).

### Truths or lies, or neither?

An often-raised critique of conducting research on sensitive topics where the topic is associated with criminal acts (i.e. it is illegal to subject a girl to FGC), is that the research findings are not credible, because research participants may lie (Friberg, 2019b; Sandberg, 2010). However, in qualitative interviews, research participants share their stories based on the context in which the interview takes place, and in that sense, the 'truth' is limited to what was shared in that particular interview context and co-produced by the interviewee and interviewer (Aase and Fossåskaret, 2014). Rather than focusing on the difficulties in undertaking research in marginalised groups, the "facilitative aspects" of this kind of study provides a particular opportunity for knowledge production (Anderson and Calhoun, 1992: 490). Marginalised groups often organise as a form of resistance. This means that there are special opportunities for building rapport, based on the stigma as the researcher as a naive outsider, where the research participants have the opportunity to share their own views (Anderson and Calhoun, 1992). The aim of this research project has not been to speculate

whether research participants are either telling the truth or lying about their own experiences with FGC. The interest lay within what social meanings concepts such as 'condemnation' or 'silence' carry, and how this is shaped my pre-understandings and perceptions of the researcher, the research participants, and the readers. Research participants' stories and the made observations were viewed as telling "us something important about values, identities, culture, and communities" (Sandberg, 2010: 55). The narratives and quotes presented are thus "more a kind of practical sense learnt through socialization" rather than "conscious strategies" made by research participants in the interview setting (Sandberg, 2010: 3).

I further interpreted the research participants' views through a critical analysis. This means that the aim of the analysis was not to provide phenomenological interpretations of experiences, by focusing on how the research participants understood their own experiences with FGC, and thus provide an analysis where truth claims are mainly based on the research participants' subjective views and experiences of FGC. The critical interpretation of the empirical material rather focused on an analysis of what is not so obvious to research participants, and which focus on uncovering ideologies and power relations that shaped the views they shared (Friberg, 2019a). While the research participants' quotes and narratives in the articles are close to their views on FGC, the critical interpretations of why they shared these particular views facilitated a position of the empirical material within how FGC is talked about within a social discourse of silences and condemnation.

### Replicability

As Kurdish-Norwegians are understudied in the FGC field, it is difficult to argue how the findings will be replicable in future studies. However, some current studies in Kurdistan on FGC and themes addressed in recent scholarship on FGC, implies that there are some aspects that are comparable.

In comparing the findings of article I-III to other studies on FGC in Kurdistan, there seems to be some comparable findings. The emphasis the research participants put on a traditional mind-set and conservative parts of Islam in article I, seems replicable in other recent

research in Kurdistan that has focused on the socio-cultural interpretation of religion as central to comprehend FGC among Kurds (Ahmed et al., 2018). The way the research participants described the pain and psycho-sexual health complications of FGC as central in their condemnation in article II, is also seen in studies among Kurds that focus on how FGC affects particularly psycho-sexual health (Ahmed et al., 2019; Daneshkhah et al., 2017; Kizilhan, 2011; Koukkula et al., 2016; Saleem et al., 2013). A study from Iran (not on Kurds) found that circumcised women have simply ended FGC, and that it is rather global interest in the topic that drives the development aid work in Iran on FGC (Latham, 2016).

During the time that this study was conducted (2014-2019), other studies in different contexts in the FGC field have increasingly focused on similar themes. Several researchers focused on national identity and FGC, often in comparing FGC with other genital cutting practices (Griffin and Jordal, 2019). The emphasis on FGC as traditional, and intimate cosmetic surgery as modern and scientific (Bader, 2018b), is reflected in the negotiation of modern and traditional aspect of Kurdish national identity as argued in article I. In article II, the claims to sexual pleasure for circumcised women as both oppressing and empowering, is discussed in other research (Earp, Forthcoming). In the qualitative study among Somali-Swedes, Wahlberg et al. (2018) found that the research participants do not reject MC, but rather support it. In article III, we argued that this may be due to the different types of FGC practiced among Kurds and Somalis. Increasing activism against the continuation of MC, and the focus on children's rights further suggest that there is a shift in the meaning of boy circumcision (Brussels Collaboration on Bodily Integrity, 2019; Nordic Ombudsmen for Children, 2013).

### Transferability

The overall research objective of this thesis was to explore perceptions of, attitudes towards, and experiences with FGC among Kurds in Norway. Rather than seeking specific answers, this is a broad research objective that has enabled an open exploration. It can only fill some of the knowledge gap on FGC among Kurds in diaspora. This research is more suggestive of some of the issues that are relevant for understanding FGC among Kurds in one specific and small research context, rather than conclusive (Crotty, 2009; Malterud, 2017). In the discussion chapter, how the findings, meanings, and interpretations made in this research

project may be transferred to other contexts will be explored. An obvious strength in this research project, is the fact that very little research was done in the area. This allowed an open approach to the research topic, that resulted in a tailored made research process that reflects several issues concerning FGC among Kurds, that future research could build on.



## Chapter 12: Overview of the three articles

This chapter aim to show how each article addressed the three research questions that were developed during analysis. These questions were developed during analysis, in order to answer the overall research aim which was to explore perceptions of, attitudes towards, and experiences with female genital cutting (FGC) among Kurds in Norway.

### How do perceptions of being Kurdish shape understandings of FGC among Kurdish-Norwegians? (Article I)

- The title of article I is: “Negotiating female genital cutting as a difficult characteristic in Kurdish national identity”.
- Authors are: Ingvild Bergom Lunde, Mette Sagbakken and R Elise B Johansen.
- Published in *Nordic Journal of Migration Research* April 2019.

This article focuses on how Kurdish-Norwegian research participants, key informants, and participant observation implied that it was difficult to address FGC publically as a challenge specifically associated with Kurds. Most research participants condemned the practice, and wanted it to be dealt with, but they were uncertain in whether and how FGC was a Kurdish practice. Research participants explained that FGC was silenced in public, as well as publically confronted through a rejection of the practice. FGC was rejected through positioning the practice as part of a ‘traditional mindset’ and associated with negative and traditional ideas about female sexuality (as addressed in more detail in article II) and women’s position in Kurdish society. FGC fitted into the idea of a new, modern Kurdistan if it was rejected based on ideologies of women’s liberation as promoted by Kurdish women’s movements. We argued that FGC plays a role in the Kurdish nation-building project, because part of Kurdish national identity is constructed towards a ‘Western’ audience that promotes ideas of democratisation, modernisation and women’s liberation. The empirical material showed that negotiating ‘modern’ and ‘traditional’ aspects of national identity is one way of dealing with FGC as a Kurdish challenge towards this audience.

How are silences of female genital cutting negotiated between daughters and mothers, and between women and men? How do perceptions of female sexuality shape these silences? (Article II)

- The title of article II is: “Sexually destroyed or empowered? Silencing female genital cutting in close relationships”.
- Submitted to *Culture, Health & Sexuality* July 2019. Revised and re-submitted October 2019. Editor invited to revise with minor revisions December 2019.
- Authors: Ingvild Bergom Lunde, R Elise B Johansen, Mona-Iren Hauge and Mette Sagbakken.

The article explores the silences between mothers and daughters, and between men and women, that most of the Kurdish-Norwegian research participants. But the article is also by a sense of silence and breaking of silence of FGC and female sexuality between men and women, from the interviews with key informants and observations made at particularly the event attended during fieldwork. The silence of FGC was often broken through a rejection of the practice. One central part of this rejection was based on women’s rights (as addressed in more detail in article I), but central in this rejection was also perceptions that FGC would affect female sexuality negatively. Changing perceptions of the female gender role (and the Kurdish women’s movement as discussed in-depth in article I) and the perception that FGC could affect females sexuality negatively led some of the circumcised women that were interviewed to talk to their husbands about how FGC may have affected their sexual and intimate relations. While circumcised women are often stigmatised in public discourse, and also told that they have health and sexual problems, the circumcised research participants seemed to particularly reflect on how FGC affected their female sexuality. Uncircumcised participants and the men also emphasised that they thought a major consequence of FGC was that it affected female sexuality negatively. Feminist theories on migrant women and sexual agency, suggest that women from the Global South who have migrated to the Global North are in a space where they can negotiate their perceived suppressed position (Ussher et al., 2017). We argued that circumcised women may be stigmatised, but because they are ‘incomplete’ females due to the perception that FGC affects their female sexuality negatively, this open up for a negotiation. We suggested that this negotiation can lead to a sense of empowerment, in which is the central aim in the global agenda to end FGC.

## How is the condemnation of female genital cutting reflected in the questioning of the tolerance of male circumcision? (Article III)

- The title of article III is: ““Why did I circumcise him?” Unexpected comparisons to male circumcision in a qualitative study on female genital cutting among Kurdish-Norwegians”.
- This article was accepted for publication November 2019 in the journal *Ethnicities*.
- Authors are: Ingvild Bergom Lunde, Mona-Iren Hauge, R Elise B Johansen and Mette Sagbakken.

This article analyses how research participants often preferred to talk about male circumcision (MC) instead of FGC. The reason they seemed to give more detailed descriptions of MC than FGC seemed to be due to a condemnation of FGC, an acceptability of MC, and a questioning of the acceptability of MC. In addition to emphasising women’s rights and the effects FGC had on girls (as explored in article I and II), it was particularly the uncertainty in whether Kurdish FGC was comparable to boy circumcision or Somali FGC, that seemed to make research participants reflect upon the similarities between MC and FGC. This overlap seemed to make some of the research participants question the acceptability of MC. Through using theories on mapping controversies and the slippery slope argument (Latour, 2005; Lewis, 2007; Garrety, 1997), the empirical material was analysed to explore political reluctance to treat MC and FGC by the Norwegian government. This reluctance may derives out of experiences from other countries where treating the practice in the same way seems to promote stigmatising values of violence against women and girls, anti-Semitism, and intolerance towards Islam. We argued that a medicalisation of boy circumcision may change the meaning of ritual boy circumcision. This changed meaning, and the close overlap of MC to FGC, seemed for some of the research participants to outright reject boy circumcision or regret that they had circumcised their son.

## Chapter 13: Discussion

This doctoral thesis shows how Kurdish-Norwegians: (1) promote boys', girls', and women's rights; (2) go about negotiating a more assertive female sexuality; and (3) may come to reject boy circumcision. Through reflecting on the insights into FGC gained from a small group of people who have some experience from the 'global South' (Kurdish-Norwegians), and who reside in the 'global North' (Norway), it can be observed that the pre-dominant, hegemonic framing of FGC as 'backwards' and 'traditional' is what is under negotiations. The global South has often been understood as underdeveloped and in need of being developed through, for example, cultural, economic, and political modernisation processes (Potter et al., 2018). The concept of 'homo-nationalism' within theories on sexual citizenship focuses on how national border making is closely related to modernity and tolerance. Claims about others' backwardness regarding sexuality, such as intolerance of lesbian and gay identity politics, are used to authenticate present-day, neo-colonial practices through cultural 'othering' (Ammaturo, 2015; Kahlina, 2015; Mepschen et al., 2010; Richardson, 2017; Puar, 2007; Puar and Rai, 2002). As more recent theories argue, however, the perspective from the global South can also be understood as providing insights into the world as a whole (Hodzic, 2017; Comaroff and Comaroff, 2012).

The following discussion explores how this doctoral thesis contributes to knowledge on central unresolved questions regarding the acceptance of boy circumcision, consent as distinguishing childhood and adulthood genital cutting practices, and treatments of social constructions of 'male' and 'female' through medical interventions.

### 'Kurdish FGC': 'African FGC' or male circumcision?

A major reason for the silence, ambiguity, and condemnation that the participants expressed towards FGC, may be that the public discourse they have available to make sense of FGC in Norway, has been driven by media-"peaks", moments of significantly increased activity within an otherwise relatively low-attention discourse (Lamo 2002 in Teigen and Langvasbråten, 2009: 259). The Somali migrant population has been the main group that is targeted and stigmatised during these 'peaks' (Fangen, 2008; Fangen and Thun, 2007; Teigen and Langvasbråten, 2009). Political action plans have at times been developed and implemented in response to this public discourse, rather than being based in empirical

studies on people from communities that practise FGC (Teigen and Langvasbråten, 2009; Bråten and Elgvin, 2014; Hauge, 2019). Such as framing of FGC is not unique to the Norwegian context. In many European countries, FGC is at times conceptualised through processes of “moral panic”, which are “characterised by a fear or a concern that is out of proportion to the actual threat posed by the behaviour, or supposed behaviour, of a certain group” (Johnsdotter and Mestre, 2017: 3). Even though political interventions and work on FGC often emphasise a non-judgemental approach, there is thus a sense of ‘moral panic’ that can lead to an exaggerated perception of FGC as a social problem.

The difficulty the participants had in talking about FGC in close relationships and in public may suggest that there is a lack of “adequate signs and cultural images” in Norway to deal with FGC as a Kurdish practice (Middelthun and Colapietro, 2005: 93). A central limitation of this doctoral thesis may be that there has been a silencing of positive views towards FGC, particularly due to the lack of newly arrived migrants who did not participate in the study. Some positive views on FGC were suggested by several of the Kurdish-Norwegian research participants. One of the men who participated in this study questioned the health, religious, and sexual arguments against FGC, and several mentioned that people with a traditional mind-set and conservative views may support FGC (article I-III). Among Somalis in Somalia and in the diaspora, there seems to be some support for ‘pricking’ of the female genitalia or ‘sunna’ circumcision (Wahlberg et al., 2017; Lunde and Sagbakken, 2014; Vestbøstad and Blystad, 2014; Väkiparta, 2019). The support for pricking among Somali-Swedes may be interpreted as a continuation of FGC based on the same social values, while there is a change in the type of FGC practised (Wahlberg et al., 2017). Two recent, major studies among Somali populations in Norway and Sweden have, however, made use of ‘insiders’ to gather empirical material (Wahlberg, 2017; Johansen, 2019). Even though there were some support towards pricking and positive views towards FGC in these empirical studies, they also found as in a similar way to this doctoral thesis, that FGC is still talked about within a condemning framework by persons from FGC-practising communities (Wahlberg, 2017; Johansen, 2019).

What the Kurdish-Norwegian participants showed, was that since ‘Kurdish FGC’ was comparable to ‘Somali FGC’, but also comparable to male circumcision, somehow the hegemonic condemnation blended into the acceptability narrative of boy circumcision. This

doctoral study thus found that ‘Kurdish FGC’ is also comparable to genital cutting practices found in the global North, which are also conducted without medical necessity, such as ritual boy circumcision. Scholarship has recently put forward that the right to genital and bodily autonomy and integrity seems to draw the line between childhood and adulthood genital cutting practices on the basis of whether they have been consented to or not (Brussels Collaboration on Bodily Integrity, 2019).

### [Consent and the right to genital autonomy and integrity](#)

The main argument in a recent consensus article published in collaboration between academics that have researched FGC and MC goes as follows: “Keeping our focus exclusively on a Western context for the purposes of this article, we argue as follows: Under most conditions, cutting any person’s genitals without their informed consent is a serious violation of their right to bodily integrity” (Brussels Collaboration on Bodily Integrity, 2019: 17). The authors of the consensus article limit their argument to a focus on a ‘Western context’. Through theories that insist that the ‘global South’ actively contributes to constructing global society as a whole, this doctoral thesis shows how parts of the Kurdish-Norwegians’ views on FGC can bring some new perspectives into the meaning of consent and the right to genital autonomy and integrity. Part of why the Kurdish-Norwegian research participants questioned the acceptance of boy circumcision was whether a boy should be circumcised as a baby to avoid him remembering the pain of the ritual, or rather wait until he is old enough to consent to the practice. This doctoral thesis suggests that by treating ritual boy circumcision through a harm-reduction strategy as shown in article III, as the Norwegian government does, this puts a problematic responsibility of consent on the parents as decision-makers.

A problem for marginalised and stigmatised groups is that the concept of consent puts more responsibility on individual autonomy and integrity, rather than on how autonomy and integrity are also part of a society’s responsibility (Rosten, 2019). Foucault’s (Foucault, 1980; Foucault, 1975: 218) concept of a “disciplinary society”, where power is understood as exercised through different institutions, and acts of governing not only happen at the level of politics, but also through desires at a personal level, is useful to comprehend how Kurdish-Norwegians contributed to construct the right to genital and bodily integrity and autonomy.

In medical ethics, the concept of 'autonomy', the independence and self-governance of people, has shifted the focus in decision-making from the physician to the patient in the 1980s (Pellegrino, 1990). This resulted in a physician-patient relationship being characterised by openness, honesty, and respect for the dignity of the patient (Pellegrino, 1990). A problem with the concept of autonomy is that it does not account for the full meaning of 'respect' for the person within a medical system (Pellegrino, 1990). For that reason, this thesis addresses not merely bodily autonomy, but also integrity. Here, the concept of 'integrity' contributes to show how this is a more complex term than autonomy, because, rather than focusing on the patient's autonomy as a "predominant principle", integrity concerns a sense of 'wholeness' related to a person's physiology, psychology, and spirituality (Pellegrino, 1990: 361). In regards to MC in Norwegian context, the 2015 law shows how the physician-patient relationship are dependent on negotiations between the patients' autonomy and integrity, one the one hand, and the physicians' autonomy and integrity, on the other hand.

Furthermore, the right to genital and bodily autonomy and integrity does not only concern how patients and physicians use healthcare services, it also concerns how medical systems are cultural constructs (Farmer, 2010). When the law on ritual boy circumcision was introduced in Norway in 2015, the four regional health authorities in Norway were given the responsibility to ensure that they could provide this genital surgery safely if patients' requested it (The Norwegian Directorate of Health, 2014). Some of the responsibility for consent and the right to genital and bodily integrity was thus at the health authorities' level. However, if the regional health authorities could ensure that they had sufficient staff, equipment, and facilities to 'safely' provide the circumcision, individual physicians can still refuse to conduct the surgery based on their moral and ethical values (The Norwegian Directorate of Health, 2014). Since the law was introduced, a large amount of physicians in Norway did, indeed, refuse to conduct the ritual circumcision of boys, and, as such, showed that they found their responsibility problematic in terms of their integrity and autonomy (NRK, 2015). In article III, Bayan expressed that she had her son circumcised in Kurdistan out a medical necessity (tight foreskin), since the Norwegian physician's advice was that the son would grow out of the medical necessity with age. Thus, the physician may have made use of his/her/their own moral and ethical views on boy circumcision, and unintentionally

promoted that Bayan conducted the procedure under what she explained as unhygienic conditions in Iraqi Kurdistan. Thus, the social norms in Norway promoted by the integrity of the doctor, and perhaps Bayan's subjective cultural and social beliefs as well as responsibility for the autonomy and integrity of her son, may suggest that those who negotiate the meaning of boy circumcision go and do it less safely elsewhere. In a Foucauldian sense, this doctoral thesis contributes to show how autonomy and integrity gives bio-medicine the power of knowledge that defines what counts as the morally right thing to do for parents through a negotiation of the meaning of MC (Foucault, 1980).

Moreover, together with shifting paradigms of human rights and the focus of the individual in neo-liberalism, those that practise boy and girl circumcision, may, in their position as targets of political interventions, act as agents that form a counter-discourse towards the acceptance of MC at the health authorities and political government level, by negotiating consent and the right to genital and bodily integrity and autonomy. The political reluctance to act upon the 'slippery slope' of the circumcision controversies (article III) is, in many ways, at a hegemonic discourse level, where the agent may decide to wait until a boy can make use of his right to genital and bodily integrity and autonomy, rather than ensuring his rights to religious and cultural identity.

The right to bodily and genital autonomy and integrity is not only about children's rights, it is also about the rights for adults due to the socio-political framing of different forms of genital cutting practices. The right to bodily and genital autonomy and integrity has been put forward as a way to distinguish anatomically similar genital cutting practices, conducted without medical necessity, such as FGC and female cosmetic surgery; where the first is believed to affect female sexuality negatively while the latter is perceived to enhance female sexuality. There is, for example, a lack of research that looks into the socio-cultural belief found in 'Western' countries, that piercing female genitalia enhances sexual pleasure (Kelly and Foster, 2012). This unclear overlap was recently recognised by the British government by updating their "female genital mutilation prosecution guidance", to include the claim that the consent of the subjected person was central to differentiate intimate cosmetic surgery and piercing of female genitalia from FGC (The Code for Crown Prosecutors, 2019). A problem with comparing and contrasting FGC with 'Western' genital cutting practices



through focusing on consent and the right to bodily and genital integrity, is that it tends to emphasise sex/gender and sexuality over other embodiments of the practices, such as ethnicity, history, cultural difference, and nation (Pedwell, 2019).

[What is a 'male' and 'female'? The Kurdish women as victims and military combatants](#)  
Research that has explored intimate cosmetic surgery highlights how, similar to FGC, this is related to social understandings of what constitutes a complete female and complete male body (Braun, 2005; Fox and Thomson, 2009; Bader, 2018a). Similarly, in the case of sex re-assignment surgery, medical professionals and individual persons find themselves in a situation where they need to negotiate hegemonic and socially constructed understandings of gender identity that include anatomical understandings of sex characteristics. Sex re-assignment genital surgery thus highlights how 'gender incongruence' may not be the problem, but that it may be social norms, rather than individual persons, that should be changed (Alm, 2018). Yet, the right to bodily integrity means that one should have the right to deal with social norms by adjusting to them, rather than living with stigma. For example, healthcare systems in several countries increasingly provides re-constructive clitoral genital surgery to circumcised women (Griffin and Jordal, 2019).

In Norway, the right to genital and bodily autonomy and integrity concerns how citizens and people legally residing in Norway, including asylum-seekers and refugees, are entitled to essential medical and healthcare services, and it is a professional assessment that determines the types of services provided (The Norwegian Directorate of Health, 2015). The professional assessment of essential healthcare services towards genital cutting practices thus involves a consideration of whether one should 'treat' a social stigma through medical intervention. When counts as 'essential medical and health care services' and its 'professional assessment' concerning several different genital cutting practices is to a large extent based upon socio-cultural understandings of what constitutes 'female' and 'male', and issues such as ethnicity play a part. It is here the Kurdish feminism and Kurdish women's movements come in.

Through the social construction of Kurdish women as being able to inhabit both the role of victim and military combatant, they co-produce the very idea of what a 'female' and 'male' is

(Begikhani et al., 2018). An aim of the Kurdish women's 'jineology' ideology insists that the liberation of women will result in new set of cultural and social organisation (Düzgün, 2016; Schäfers and Neven, 2017). The agency of the Kurdish women's portrayal as victims and military combatants in the Kurdish nation-building project may be challenged by conservative, patriarchal, and traditional forces in the same project (Begikhani et al., 2018). In presenting modern and tolerant values such as a rejection of boy circumcision, approval of female sexual pleasure and desire, and support for the empowerment of boys, girls, men, and women, Kurdish-Norwegians are contributing to aligning subjective experiences and understandings towards norms of gender equality and human rights.

## Chapter 14: Concluding remarks

On 11<sup>th</sup> October 2019, the International Day of the Girl Child, the Norwegian Minister of International Development launched Norway's new international strategy to end harmful practices (Ministry of Foreign Affairs, 2019). This strategy sets out how the Norwegian government would target their international activities in relation to the UN sustainable development goal, which aims to eliminate all harmful practices by 2030 (Norwegian Ministry of Foreign Affairs, 2019; UN, 2016). FGC is one of the harmful practices within the focus of this strategy and the UN sustainable development goals. Norway's new strategy (2019: 22) to eliminate harmful practices insists that: "The basic prerequisite for eliminating harmful practices is fulfilling the rights of women and girls." While the strategy emphasises that there are "no quick fixes to eliminating harmful practices", it insists that "the path forward is clear" (Norwegian Ministry of Foreign Affairs, 2019: 3). This path is to "stand by the promise to promote full equality between women and men, be steadfast in maintaining the view that girls and boys are of equal value, and remain resolute in the effort to realise sexual and reproductive rights" (Norwegian Ministry of Foreign Affairs, 2019: 3). The strategy furthermore warns against the rise in conducting 'safer' FGC through reducing health risks by the use of medical staff, equipment, and facilities, which can particularly be seen "in Egypt and Sudan, but there are indications it is on the rise in other countries as well" (Norwegian Ministry of Foreign Affairs, 2019: 8). The strategy (2019: 22) emphasises that there is a need to continue with the zero-tolerance policy to all harmful practices, as this "is especially important to keep such practices from simply assuming new forms, as with the medicalisation of female genital mutilation".

This strategy reflects both a fear and hope, which scholarship on FGC recently pointed towards. In a book review of three recent books on FGC (Hodzic, 2017; Prazak, 2016), the anthropologist Gruenbaum (2018: 353) described their scholarship on FGC as reflecting a "hope" where "the search for momentum is evident". This hope, she argues, is grounded in a protection of young girls from being subjected to the painful and fearful experience of cutting their genitalia. Gruenbaum (2018) is concerned, however, that while the global North is altruistically looking to find the solution to end FGC in FGC-practicing communities and countries, FGC is also used as border-control, where policies targeted towards FGC have

played a role in child-custody cases and stigmatisation among non-Western migrants (Gruenbaum, 2018; Hodzic, 2017).

More than 40 years after the global efforts to end FGC started, the new 2019 Norwegian international strategy reflects how FGC is still commonly problematised as a problem 'over there'. By analysing how insights from those who can be viewed as representatives of 'over there', but live in Norway, interpret, talk about, and comprehend FGC, this doctoral thesis contributed to show that there are central, unresolved questions regarding the (global North's) acceptance of boy circumcision, the right to genital and bodily autonomy and integrity, and understandings of what a 'male' and 'female' constitute. It is particularly the national portrayal of Kurdish women as both marginalised victims and active female combatants that provide new insights of what is 'female' and 'male'. Together with recent scholarship that shows how young men's views in Somalia on FGC are re-negotiating gender norms, gender order, and violence (Väkiparta, 2019), this doctoral suggests that future research should explore how young generation of Kurds, together with Kurdish women's movements, may problematise FGC as a symbol of a global health challenge that inhibits the empowerment of girls and women. A deeper exploration of views on MC may give fruitful insights to such as problematisation.

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Part II: Articles I-III







# NEGOTIATING FEMALE GENITAL CUTTING AS A DIFFICULT CHARACTERISTIC IN KURDISH NATIONAL IDENTITY

Ingvild Bergom Lunde<sup>1,2\*</sup>, Mette Sagbakken<sup>3</sup>, R. Elise B. Johansen<sup>2</sup>

<sup>1</sup> University of Oslo, Oslo, Norway

<sup>2</sup> Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway

<sup>3</sup> Oslo Metropolitan University, Oslo, Norway

\* E-mail: ingvildlunde@windowslive.com

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## Abstract


Based on fieldwork among Kurds in Norway, this article explores how participants described the presence of female genital cutting (FGC) in Kurdistan as a difficult topic to address in public. Perceptions of how FGC should be addressed ranged from acknowledging and directly confronting it to silencing and rejecting it as a Kurdish practice. The participants associated FGC with a “traditional mindset” and perceptions of female sexuality that did not readily fit into new ideologies of women’s liberation. Based on literature on how to manage a “difficult” characteristic in national identity construction, we argue that the participants’ negotiation of “modern” and “traditional” aspects of national identity is one strategy for dealing with FGC. FGC has the potential for spoiled national identity. However, we find reason to suggest that a condemnation of the practice based on women’s liberation may strengthen the aspects of Kurdish national aspirations that are grounded in human rights and gender equality.

## Keywords

Kurdish nationalism • Kurdish feminism • Female genital mutilation/cutting • Norway • National identity

## Introduction

In the spring of 2010, Arian, a 32-year old Iraqi-Kurdish woman living in Norway, was interviewed by a Norwegian newspaper about gender equality and her experience with female genital cutting (FGC) (*Østlands-posten* 2010: 1). The journalist claimed that 80% of Iraqi-Kurdish women have undergone FGC. Arian expressed that she wanted to be open about her experience with being circumcised in order to share knowledge about rights and healthcare with other affected Kurdish-Norwegians. Two weeks after Arian’s interview, two other Kurdish women wrote an opinion piece in the same newspaper. The authors, Amedi

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and Nomat (2010: 1-2), insisted that the extent of FGC was exaggerated. They contended that Arian neglected the central role that women have in Kurdish society and that the excessive focus on FGC “destroys an entire nation’s reputation” (Amedi & Nomat 2010: 1). This newspaper controversy illustrates the key argument of this article: FGC becomes crucially problematic in the construction of Kurdish national identity in which women’s liberation is central. To justify and explore this argument, we draw on fieldwork among Kurdish men and women in Norway to illustrate the difficulties of addressing FGC in public. We make sense of their perceptions through theoretical perspectives on portrayals of difficult characteristics in nation-building projects (Goffman 1959; Macdonald 2015; Rivera 2008).

In this article, we will explore the role of FGC as a symbol of “an extreme form of discrimination against women” in shaping Kurdish national identity (WHO 2019: 1). We assume that nationalism is conceived of as an “imagined community” in which people are thought to share certain common characteristics (Anderson 1983: 1). Not everyone will identify with every aspect of this imagined community, however, individuals identifying with a particular national image are labelled by a socially constructed narrative that powerfully shapes collective consciousness (Anderson 1983). Central to the creation of a national identity are characteristics such as language, history, religion, geography, and gender. However, these unique characteristics also represent potential fault lines, which may incite conflict (Hann 1996: ii). The presence of FGC in Kurdistan is one such potential fault line as women’s liberation seems to be one central aspect to the construction of Kurdishness (Begikhani, Hamelink & Weiss 2018: 10-11).

## FGC among Kurds

The World Health Organisation (WHO 2008a: 1) defines FGC as “all procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.” Since WHO first addressed FGC in the 1970s and 1980s, global campaigns to end the practice initially focused on negative health consequences (Johansen, Bathija & Khanna 2008: 83). With the rise of the human rights agenda, roughly dated to the 1993 Vienna conference, FGC has increasingly been framed as gender-based violence and a breach of human rights (Johansen, Bathija & Khanna 2008: 83-84; WHO 1997: 10-12). One expression of this was a resolution regarding FGC at the World Health Assembly in 2008, where member states were urged to intervene in order to prevent girls undergoing FGC and to provide care for those who had already undergone the procedure (WHO 2008b: 2-3). Furthermore, in 2009 the UN High Commissioner for Refugees established that the 1951 Convention relating to the Status of Refugees can grant a girl or a woman, and their parents, asylum if she has undergone or may be at the risk of undergoing FGC (UN High Commissioner for Refugees 2009: 4).

Kurdistan is a region stretching across the nation states of Turkey, Iraq, Iran, and Syria and is not acknowledged as a territorial state by the international community institutionalised through the United Nations bodies. Still, some sub-regions, such as Northern Iraq and



Northern Syria, have acquired greater autonomy since 1991 and 2012, respectively (King 2014: 23-41; Tank 2017: 415). There are no official figures for Kurdish populations in or outside of Kurdistan, and estimates range from 20 to 45.6 million people who recognise the region as their nation (Chaliand 1993: 38-40, 96, 142, 194; The Kurdish Institute in Paris 2017). The first international record of FGC in the Kurdish parts of Iraq was made by a mobile health team in 2004 (Stop FGM Kurdistan 2013). In 2011, the standard population-based instrument developed by UNICEF and USAID, the Multiple Indicator Cluster Survey, found that in Iraq FGC is primarily concentrated in the Kurdish areas, with an estimated prevalence of 42.8% in Kurdish areas and 1.2% in the rest of Iraq (MICS 2012: 159). In Iraq, as a whole the prevalence of girls under the age of 15 years who have undergone FGC is 19.9% in urban areas and 23.7% in rural areas (MICS 2012: 161). No such national population-based survey exists for Iran. However, Pashei *et al.* (2012: 2) found a prevalence of 55.7% among women visiting health centres in the city of Ravansar in the Kurdish part of Iran. FGC has also been documented in parts of Iran that are not Kurdish (Ahmady 2015). Research on FGC in the Kurdish regions of Syria and Turkey is limited, and despite anecdotal indications that FGC may be practiced there, no current research supports this suggestion (Acharya 2009: 3; Geraci & Mulders 2016: 30). The international work against FGC and the international reports on FGC in Iraqi Kurdistan may have contributed to the Kurdish Parliament of Iraq passing a Domestic Violence Law, making FGC a criminal offence, on June 21, 2011 (The Parliament of Kurdistan Iraq 2011). On the same day, the Prime Minister of the Kurdistan region of Iraq posted this “good news” on his Twitter account (King 2014: 2). As this tweet was published in English, King (2014: 3) argued that this political act communicated to the outside world that in the “new” Kurdistan practices such as FGC would no longer be tolerated. By condemning FGC in a political and global context, the prime minister thus positioned Kurdistan within hegemonic discourses of gender equality and human rights.

Beyond knowledge on prevalence rates, types of FGC, its health consequences, and some of the cultural underpinnings of the practice, current research on FGC in Kurdistan is scarce (Ahmady 2015; Ahmed *et al.* 2018; Daneshkhah *et al.* 2017; Dehghankhalili *et al.* 2015; Khalesi, Beiranvand & Ebtekar 2017; Saleem *et al.* 2013; WADI 2010). Furthermore, there have been no in-depth studies of FGC among Kurds in diaspora or in Norway specifically (Bråten & Elgvin 2014: 151; Geraci & Mulders 2017; Koukkula *et al.* 2016: 2-6). A report by a Norwegian non-governmental organisation (NGO) stated that Kurdish women have addressed FGC themselves and that the Norwegian authorities have largely ignored Kurds (Abdi 2011: 23-24). The Norwegian government has, however, supported political interventions and research on FGC through several action plans. These efforts have particularly targeted the Somali population, which constitute about half of the population affected by FGC in Norway (Ziyada, Norberg-Schulz & Johansen 2016: 8). However, the number of Kurdish migrants from Iraq and Iran is high in Norway, and Kurds represent one of the four largest groups within the countries where FGC is recorded (Gran 2007: 25-26; Ordemann 2017; Ziyada, Norberg-Schulz & Johansen 2016: 2). This article thus addresses a gap in knowledge on sociocultural aspects of FGC among Kurds.

## Research methodology and data analysis

The research material was gathered in Norway between October 2014 and March 2016 by the first author. An emergent and qualitative research design was used due to the scarcity of knowledge about FGC among Kurds in diaspora. Through qualitative interviews, the study gathered research material from the following two main groups: those self-identifying as Iranian or Iraqi Kurds (28 participants) and those working in organisations targeting FGC and/or Kurds both in Norway and Iraqi Kurdistan (12 participants). All Iranian- and Iraqi-Kurdish participants had migrated from Kurdistan to Norway and had lived in Norway for 6-20 years. Their ages ranged from early 20s to late 50s. Their professions varied widely, and the group included artists, engineers, volunteers, housewives, journalists, unemployed, students, and translators. The 12 research participants who represented different organisations working with FGC and/or Kurds were interviewed to gain knowledge about interventions and policies. Eight of these participants were based and worked in Norway and four worked with FGC in Iraqi Kurdistan and were interviewed via Skype. All were recruited based on their roles in the government, healthcare services, or national, international, or transnational NGOs. Three self-identified as Kurdish, whereas the rest were of non-Kurdish origin. The first author used Norwegian or English in recruitment and at events and interviews, and an interpreter speaking Kurdish Sorani was used when needed.

As there is no record of how many Kurds live in Norway or where in Norway they live, only the various nation states from which they originate, the first author started by contacting Kurdish organisations in and around Oslo, the capital of Norway. This resulted in the first author presenting the research project as a form of recruitment at two events organised by a central political party in Iraqi Kurdistan and a politically independent umbrella organisation seeking cooperation between different Kurdish political parties. The participants at these events were Kurds from Iranian and Iraqi Kurdistan. The first author also attended cultural, social, and women's events, such as the national celebration of Newroz (Kurdish New Year), violence against women workshops, and cultural celebrations. These events were arranged either by organisations associated with Iranian or Iraqi Kurds or a mixture of Norwegian, migrant, and women's organisations. At these events, the first author spoke with individuals and, when appropriate, asked them whether they wanted to be interviewed. Of the 28 Kurdish research participants, 16 were recruited at these events. Ten of these 16 participants self-identified as politically active. The remaining six explicitly stated that they were not politically active, that they had been in the past, or that they were interested in Kurdish politics, but did not consider themselves politically active. As those attending these events were a particular sub-set of Kurds in Norway, in that they had a special interest in political, women's, or social issues, three other recruitment methods were used to gain a broader understanding of FGC. First, those interviewed were asked whether they could put the researcher in touch with someone who may have a different perspective. Second, the first author contacted her acquaintances in healthcare, education, and social services who had developed friendships with Kurdish-Norwegians from Iran or Iraq through their work. Third, together with a Norwegian NGO, the first author arranged

a place for Kurdish women who were either unemployed or students to meet three times. During these meetings, the first author showed a documentary by the British-Iranian anthropologist Ahmady (2005) on FGC in Iraqi Kurdistan to facilitate discussion on FGC, and some of the women were interviewed individually. In the end, these other recruitment methods resulted in 12 of the 28 Kurdish interviewees being recruited outside of events. Even if they made references to Kurdish nationalism and women's liberation, these 12 interviewees did not consider themselves to be politically active. Two group interviews, one with four Kurdish men and one with two Kurdish women, were conducted first to gain an introductory understanding of FGC. The rest of the interviews were conducted with one participant at a time, except for two interviews with two married couples. Twelve of the research participants were interviewed multiple times in order to elaborate ongoing themes. All but two interviews were voice-recorded and subsequently transcribed verbatim. For the two interviews that were not recorded, extensive notes were taken throughout and summaries were written immediately afterwards. Fieldnotes were taken before, during, and after interviews, and in conversation with interpreters who were present in three interviews, and included observations and informal conversations at different political, social, and women's events. Summaries of the fieldnotes were written as soon as possible after the observations were made and have been used in analyses during and after the fieldwork period. Based on these fieldnotes, some themes were excluded, for example, who the circumciser was, while new themes, such as perceptions of Kurdish women, were included.

While a major assumption underpinning the research project is that all knowledge to some extent is negotiated socially, the initial production of data and analysis was inductive in that the data were not put into a pre-existing theoretical or coding framework (Braun & Clarke 2006: 9; Crotty 2009: 53-57). Through the use of a semi-structured interview guide, themes such as where, why, how, and by whom FGC is practiced were brought up, allowing participants to introduce new themes in relation to topics relevant to understanding FGC. In initial interviews and observations, participants expressed both a silence and condemnation surrounding FGC emphasising Kurdish nationalist and feminist ideology. In consecutive interviews and observations, and later analyses, the focus was therefore on how ideas of FGC, women's activism, and being Kurdish appeared within the social worlds that the research participants described. The analysis of the data is based on what Braun and Clarke (2006: 9) defined as a "contextualised thematic analysis." This means that the epistemological position is between a realist position (pure description of the participants' experiences and perceptions of FGC) and a constructionist position (assuming that individuals, political ideas, and sociocultural understandings interact in different ways to make sense of FGC). After the themes were identified and further refined and revised, literature on Kurdish nationalism, Kurdish women, and portrayals of difficult characteristics in national identity were used to further analyse the themes.

## The interconnectedness of Kurdish nationalism and Kurdish women

Kurdish nationalism is transnational in that Kurdish academics, politicians, and feminists living in Western states, particularly the United Kingdom, Germany, France and Sweden, are largely defining Kurdistan as a political ideal rather than merely a geographical territory (Alinia *et al.* 2014: 53; Gran 2007; Khayati & Dahlstedt 2014: 57; Wahlbeck 1999: 153). Recently, the research literature has included the Kurdish feminists' struggle against patriarchal structures and increasingly linked it with the transnational construction of Kurdishness (Begikhani, Hamelink & Weiss 2018: 20; Mojab & Gorman 2007: 65; Mojab & Hassanpour 2003: 60-63). Kurdish national identity is thus shaped by relations between Kurds in diaspora being exposed to urban, modern, and Western ideas and experiences of rural, patriarchal norms, and traditional ideas among Kurds in Kurdistan. These social connections are manifested in an increasingly symbolic distinction between "old" and "new" Kurdistan, as the anthropologist King (2014: 1-3, 43-52) observed during her research in Kurdish parts of Iraq between 1995 and 2010. King (2014: 2) described "new" Kurdistan as one that "projects the image of a rising, peaceful democracy where Kurdishness is celebrated." She (2014: 1-3) argued that "new" Kurdistan is influenced by global connections and ideas of modernity, democracy, and human rights within which a local tradition such as FGC does not readily fit.

Historically, Kurdish women have been portrayed as beautiful and strong mothers, military fighters, artists, or political leaders who enjoy remarkable freedom compared to their Arab, Persian, and Turkish counterparts (Galletti 2001: 210). Because of this portrayal, Bruinessen (2001: 95) argued that Kurdish women have become national symbols representing "the moral superiority of the Kurds over their neighbours." While this global image of Kurdish women does exist, on the contrary so-called honour killings of Kurdish women, such as the infamous killing of Swedish-Kurdish Fadime in 1990 by her father, have linked honour killings with the territorial region of Kurdistan (Hague, Gill & Begikhani 2013; Wikan 2008). More recently, since 2014, Kurdish female fighters have gained increased attention in English mainstream media. They have been positively portrayed on the global stage as fighting against issues such as gender inequality as endorsed by the militant group "the Islamic State" (ISIS) in and around the Kurdish regions of Iraq and Syria (Tank 2017: 406-407). In our analysis of FGC as a difficult characteristic in Kurdish national identity, we find it useful to consider the practice as part of the concept of "honour-based violence" as it is occasionally referenced in the Kurdish literature and commonly understood as "violence against women" (Hague, Gill & Begikhani 2013: 383; WHO 2019).

## Portraying a "difficult" characteristic in national identity construction

Goffman's (1959; 1963) work on stigma and social interactions as dramaturgical performances helps to bridge participants' descriptions of FGC as difficult to address in public with the

broader debate on how a “difficult” characteristic is dealt with in constructing Kurdish national identity. Goffman (1963) insisted that it is outsiders, or the audience, that label attributes of an identity as spoiled. The audience thus define certain characteristics of an identity of a social group as discrediting. Social groups who possess these discrediting characteristics use different strategies of representation to present an image that is in accordance with perceived social conventions (Goffman 1959: 32-40, 114; Goffman 1963: 125). For instance, as “Kurdishness” is often positioned in Western discourses of democracy and gender equality, the national honour of Kurdistan increasingly depends on exposure to a Western audience ascribing recognition and respect. To this audience, FGC as a form of violence against women poses the potential for spoiled national identity.

The sociologist Rivera (2008: 613) claimed that available studies on how states or nationalists deal with a “difficult past” focus on recognition of a difficult event (such as a war) through commemoration. Based on an empirical case study of how the Croatian government dealt with the Yugoslav conflicts, Rivera (2008: 623-625) challenged this view of recognition and argued that states or nationalists may manage a “difficult past” by drawing attention away from the difficult event through covering and cultural reframing. More recently, the anthropologist Macdonald (2015: 7) suggested that there is an ongoing change in how a difficult past is represented in national identity. She (2015: 15-16) argued that the acknowledgement of a difficult characteristic may actually be a positive action that does not lead to a spoiled identity. Although the action may be positive, it does not mean that the problem of the troubling past has been solved, instead she (2015: 19) argued that the disclosure of the difficult characteristic results in more nuanced ways of representing national identity. In the following, we explore how these strategies for managing a difficult characteristic in national identity can be seen in the empirical material, where we found that participants described FGC as condemned (i.e., recognition) and silenced (i.e., covering/cultural reframing) with some willingness to address FGC as a Kurdish challenge (i.e., positive action).

## Results: addressing FGC as a Kurdish practice

Perceptions of how FGC should be addressed ranged from acknowledging and directly confronting it to silencing and rejecting it as a Kurdish practice. In the following, we will first present how research participants described the presence of FGC in Kurdistan as a difficult topic to address in public. Second, we show how the participants could reject FGC by situating the practice within a “traditional mindset”. Third, we explore how perceptions of female sexuality was another means by which FGC became silenced publically. In the last theme, we explore how a “traditional mindset” and perceptions of “traditional” understandings of female sexuality did not readily fit into new ideologies of women’s liberation.

## Addressing FGC in public

Participants were often ambiguous about whether and how FGC constituted a part of Kurdishness. This was also true among the non-Kurdish representatives of different organisations working with FGC. Three of the eight key informants in Norway, who were non-Kurdish, said they had never heard about FGC among Kurds, and therefore, they did not address it, even when dealing with FGC among relevant migrant groups was part of what they did in their work. Those that addressed FGC in their work had learned about the practice either through individuals or groups addressing the practice themselves or through media references to reports on FGC from Iraqi Kurdistan. In response to the growing focus on FGC among Kurds in recent years, Parwa, an Iranian-Kurdish female activist in her 50s held a workshop about FGC with Kurdish participants in Norway. She explained that she had found her own initiative unnecessary, as Kurds already rejected the practice:

We've had a workshop about [FGC]. We got a lot of feedback that it was not necessary, because everyone knows what is right and not right.

Contrary to this view, Hermin, an Iranian-Kurdish woman, emphasised that FGC is not addressed through other channels and that such a workshop will only reach those that are interested in social and political issues and already know about FGC. She insisted that there are other women who do not attend such events but who need this knowledge about FGC.

A seemingly widespread reluctance to address FGC was often explained in terms of the shame of associating FGC with Kurdishness. One example of this is the experience of Iraqi-Kurdish Solgul, a woman in her 30s. She had written and spoken publically about FGC and experienced negative feedback from other Kurds due to her engagement:

Some would not look at my face after I talked about [FGC]. They would say it is shameful that I'm saying we have FGC in Kurdistan.

Bringing up FGC in an effort to deal with the practice as a challenge for Kurds to tackle, brought with it shame related to exposing this information to the outside world. FGC seemed to be viewed as antithetical to the international Kurdish image as a proud, modern, and united people. Many of the non-Kurdish participants, such as Linda, a Norwegian governmental worker, shared this view. Linda had worked with FGC both in Iraqi Kurdistan and in Norway and expressed it this way:

[Kurds] do not want [FGC] to be disclosed. This is obvious among the Kurds. Probably among other suppressed peoples too... They maintain a united front against the outside world, and say that it is our "dirt and filth" and that you will not see us that way. We want to be seen as a proud people who are fighting for freedom, and outsiders are not supposed to show our dirty laundry.

Although it was difficult to address FGC in public, many participants expressed a desire to do so, so that Kurds could put an end to it. When the first author held a presentation on FGC

at an event with Iraqi Kurds, an Iraqi-Kurdish man named Mazar expressed his opinion that confronting FGC in such a public context was both uncomfortable and positive:

It is very good that you bring up [FGC], it is. But one has to think twice about how it is brought up because it is a very intimate topic and some may feel particularly affected by it. [...] I do not think we Kurds bring it up at all. Then someone else comes and does it, and that is incredibly good. In the end, it benefits us.

Mazar highlighted the difficult issue of how to address FGC among Kurds in a good way – both for outsiders and for Kurds. One way the participants addressed FGC was by positioning it within what they considered a “traditional mindset”. This was a way to dismiss FGC while also demonstrating that the “traditional mindset” was a current challenge to being Kurdish.

### “Traditional mindset”

The research participants who self-identified as Kurdish understood their own identity mainly in the context of living in Norway, many as Norwegian citizens. They highlighted the transnational aspect of being Kurdish through continuous comparisons of their own and others’ lives as Kurds in Norway with how they imagined the lives of Kurds in Kurdistan. Most research participants emphasised the heterogeneity of “Kurdishness” and protested against traditional perceptions of individual autonomy and gender ideals. They nevertheless expressed a strong notion of what Kurdishness meant to them and to others. FGC was often described as a custom among “other” Kurds, who had a “traditional mindset,” and was commonly understood as similar to practices such as forced marriages and honour killings. The persistence of these traditions was often explained through patriarchy, suppression of women, and conservative Islamist groups and was contrasted with being modern. Zara, who was in her late 20s, was born in Kurdish-Iran and had lived in Norway for over 10 years. She described what she considered to be a “traditional mindset”:

It’s not only a Kurdish man’s mindset. It’s a male dominated society’s mindset, which I think is applicable at least in the Middle East and large parts of... Actually in the entire world. [...] It surprises me, but I heard it yesterday. A colleague said: “A Kurd is very traditional,” and I think that’s right. It is a people who are no good at adapting to the development that we see in the rest of the world. The male dominant mindset is very present among Kurdish men and Kurdish boys in the present day. I have a little brother who did not accept that my mom was going to remarry. He has grown up and been raised in Norway. He is a modern kid out in public, but that mindset is still there.

As Zara implies, the “traditional mindset” was commonly described as unacceptable, yet she emphasised that this mindset was a part of current Kurdish identity. Participants often talked about religion, particularly Islam, as central to the “traditional mindset”. Four of the research participants who self-identified as non-religious or moderately religious reasoned

that FGC came about when Kurdistan was exposed to Islam. They were not clear about when they believed that this had occurred, with descriptions ranging from some decades to some centuries ago. However, they argued that because FGC was introduced by Islam, it was not a Kurdish tradition because Islam was not part of Kurdishness. However, one of the participants, Behman, from Kurdish Iraq, who considered himself a Muslim, disagreed with this view, arguing that FGC is not part of Islam. While participants often associated the “traditional mindset” with Islam, they made a qualitative distinction between conservative and modern Muslims. According to their conceptualisation, modern Muslims rejected this “traditional mindset” and consequently they were “acceptable” Kurds. Hanan, a woman in her 20s who was born in Iraqi Kurdistan and married to a man from Iranian Kurdistan, provided an example of this. She explained why her in-laws, in contrast to her “old-fashioned mother,” who still supported FGC, are against the practice: “...because they are those modern Muslims.” Furthermore, FGC was often positioned as a symbol of being conservative and traditional in a negative sense, as Iraqi-Kurdish Yasemin explained:

Yasemin: “After so many years [circumcised women] feel they have made a big mistake. And others start to think about what kind of family you belong to [...]”

Interviewer: “So when you hear about a woman who is circumcised, people think...”

Yasemin: “Very negative.”

Interviewer: “And that she comes from a family that is not so good?”

Yasemin: “Yes, a conservative one.”

As the participants expressed that the “traditional mindset” constituted one negative part of Kurdish identity, by positioning FGC within a “traditional mindset”, it was thus possible to both reject and silence FGC. Furthermore, the close link to female sexuality appeared as another contributing factor to a public silencing of FGC.

## Female sexuality

Practices such as honour killings, forced marriages, and violence against women were often described as challenges that were being dealt with and discussed as a part of Kurdishness and women’s liberation. In contrast, FGC was not mentioned by the participating Kurds at any of the political, social, and women’s events attended, unless the first author raised the topic. This may partly be because at some of the events not only Iranian and Iraqi Kurds were present but also Kurds from other parts of Kurdistan and non-Kurdish migrants. However, FGC was not discussed at the events where only Iranian and Iraqi Kurds – and mainly women – were present either. Many participants added that they found it challenging to deal with FGC due to its link to an intimate part of the female body. Linda,



the Norwegian governmental worker who had worked with FGC among Kurds in Norway and Iraqi Kurdistan, put it this way:

We worked with a small volunteer group on FGC. The problem was that it was so much... so much stigma that no one wanted a public debate around it. [...] It was much more difficult to talk about than honour killings, forced marriages, and such things. They are accepted as social issues that [Kurds] are very concerned with. And it's intimate, right? It is very close to sexuality, and one does not speak about that publicly.

Thus, this close link to female sexuality appeared as a central barrier in directly addressing FGC in public contexts. Iraqi-Kurdish Nesrin illustrated this barrier when she reflected upon her experiences with engaging in political debates about FGC and why the law against FGC in Kurdish Iraq would be hard to implement:

As long as 20 per cent, 30 per cent, or 40 per cent of those who are in the parliament are unable to speak about their own bodies, what do we expect?

Taboos surrounding female sexuality and its close link to FGC thus made it difficult to address the practice in public contexts. At the same time, most research participants emphasised that one of the main reasons they condemned FGC was because it had negative sexual consequences and that modern women should be able to enjoy their sexuality (Lunde *et al.* Under review). This emphasis on the negative sexual consequences of FGC made it possible to position FGC within understandings of women's rights.

### ***Women's liberation***

While not all research participants identified as politically active, all Kurdish research participants, both male and female, identified women's rights and liberation as central to condemning FGC. A strong desire for freedom was central to perceptions of Kurdishness, as expressed by Amira: "to be a Kurd is to obtain freedom." Freedom was generally described as a future goal, but exactly what it entailed was unclear. What was clear, however, was the perception of women's liberation as a central part of what *should* constitute Kurdishness. Afran, a man from Iraqi Kurdistan, referred to the slogan "woman, life, freedom," originally from a speech by Turkish-Kurdish activist and politician Abdullah Öcalan and often used by Kurdish women's activists, to illustrate that for Kurds, freedom and women's liberation are intimately interconnected (Schäfers & Neven 2017). The Kurdish men and women often referred to the region of Rojava in Kurdish Syria and to radical Kurdish feminists to illustrate women's strong position in Kurdish society. In this way, women's liberation was identified as a main force for change. Zilan, an Iraqi-Kurdish woman in her 30s, explained how Kurdish women in Iraqi Kurdistan broke with social norms of FGC, honour killings, and the family:

It is exactly what goes against everything we believe about Kurds. You know, in relation to FGC, honour killings, and blah blah blah. There are women that I have met over and over again since the age of 13-14 years old who say: “I could not stand my family anymore, I ran away to the mountains and the Peshmerga.” I reply: “Are you kidding me?! How can you do that? What would your family say?” “They just had to take it... I just wanted to be free [...]. Now I’m going to fight alongside men and live on bread and water.” It’s incredibly noble in a way. [...] They are fighting against all odds. And they are the foremost, most modern feminists, really. Based in the context in which they live. [...]. So, to express oneself is very extreme in Kurdistan compared to here.

Despite a strong sense of the struggle for women’s liberation, many emphasised that there were challenges with this discourse of liberated Kurdish women. Further elaborating on what constituted the “traditional mindset”, Zara discussed how the image of the Kurdish women’s movement has gained attention in the Western media, placing women at the forefront of the armed struggle. She, however, felt that this portrayal of Kurdish women did not reflect reality:

It appeals to the rest of society that there should be women who lead the struggle. [...] I think it is symbolic because I believe many generations are needed for this mindset to disappear. [...] Because the mindset is the least modern I would say. [...] I simply think it is too superficial. Because we are talking about values, core values, found in each single cell of these people.

Other Kurdish men and women were similarly concerned that this “traditional mindset” was a present-day challenge. Some described the growing Islamization of Kurdish culture in Arab states and the challenge this presented for women’s liberation. For instance, three Iranian-Kurdish women, one Iraqi-Kurdish woman, and one Iraqi-Kurdish man described how women used to dress in miniskirts at universities; now more women wore the hijab, and both men and women wore clothing covering their shoulders and knees. Most participants believed that patriarchy and the suppression of Kurdish women were unacceptable and should be challenged, but it remained unclear in which way they considered FGC to be part of the Kurdish women’s movement. Elaborating on the position FGC had within the Kurdish women’s movement, Roza, a representative of a Kurdish women’s organisation, explained that they do not address FGC as a singular issue, but rather as part of the larger discussion surrounding the women’s struggle. She claimed that through the destruction of patriarchy based on women’s liberation, FGC will be stopped.

## Discussion

In an analysis of representations of Swiss national identity in public debates on FGC, the sociologist Bader (2018) found that the framing of FGC as an unacceptable practice situated

the Swiss national identity as superior to non-Western migrants. In our study, we have seen how some representatives of one such migrant group – Kurds in Norway – negotiate FGC in a somewhat similar context. Kurdish identity is to a large extent constructed between Kurds in “Western” states and Kurds in Kurdistan. International media reports, research articles, and activist attention towards FGC in Kurdish areas in recent years make FGC a practice that Kurds need to acknowledge somehow. In Norway, they need to negotiate their identity towards an audience that labels FGC as a breach of human rights and violence against women, or by using Goffman’s (1959; 1963) theories on spoiled identities; Kurds as a social group need to make use of different strategies to deal with what outsiders label as a discrediting characteristic. We argue that FGC plays a role in the growing construction of a “new” Kurdish national identity where understandings of modernity are negotiated with understandings of tradition. While the position of FGC in Kurdish national identity construction is far from clear-cut, the empirical material suggests that negotiating “modern” and “traditional” aspects of national identity is one strategy for dealing with FGC as a “difficult” characteristic of Kurdishness.

We have seen, on the one hand, that FGC is recognised as a Kurdish practice in situations where condemning FGC was an acceptable way of discussing it. Participants sometimes addressed FGC at seminars, in public debates, and key informants were informed about FGC by reports or by Kurdish women taking up the issue themselves. On the other hand, we have seen a covering of FGC in the way that there is shame associated with acknowledging FGC in public contexts as a Kurdish challenge. FGC was commonly ascribed to a “traditional mindset” in a negative sense. While the “traditional mindset” is still perceived as part of being Kurdish, FGC was not seen as fully relevant to the Kurdish participants because they largely rejected this “traditional mindset”. In addition, its close link to female sexuality makes FGC a particularly difficult issue to address in political contexts compared to other acts defined as honour-based violence or violence against women. This recognition and covering of FGC in public contexts echoes the literature on management of a “difficult” characteristic in national identity; it is problematic to address FGC as it can be “reputation-damaging,” resulting in a spoiled national identity (Rivera 2008: 615; Goffman 1963). However, we contend that the research participants’ descriptions of women’s liberation as a way to condemn FGC may be a positive action that can strengthen certain aspects of Kurdish national aspirations (Macdonald 2015: 16).

To support our claim that condemning FGC publically may be positive for the construction of Kurdish national identity, we argue the importance of the interconnectedness between understandings of women’s liberation, or as Zilan put it, the “most modern feminists,” and Kurdish nationalism. Kurdish women are often positioned at the “margins of feminist knowledge” and contribute to a broader debate on nationalist feminism (Mojab 2001: 16). In this broader debate on nationalist feminism, there is disagreement regarding: (1) whether the state reinforces patriarchal structures and, consequently, whether gender should be seen as separate from the state, or (2) whether feminism inevitably and dialectically exists in a context of postcolonial nationalism (Yuval-Davis 1997). Even though the research

participants of this study originated from Iraqi and Iranian Kurdistan, they often referred to the Kurdish-Turkish politician, ideologist, and activist Abdullah Öcalan in describing their condemnation of FGC. Despite being imprisoned and sentenced to death in Turkey for his political and armed protests, Öcalan has been particularly influential in shaping the position of women in Kurdish nationalism. He is the founder of the Turkish-based political party PKK, and he introduced the concept of democratic confederalism, which can be seen as an attempt to meet the critique of nationalist feminism (Düzgün 2016: 284). Simply put, Öcalan (2013: 49-54) positioned women's liberation as the first step in facilitating a needed revolution, viewing the state and the family as an interrelated social phenomenon that needs to be addressed holistically. Kurdish women are thus not only solely positioned within an academic debate but also as active social agents. In Norway, Westrheim (2014: 128, 141) argued that Kurdish women strengthen their political and female awareness by joining Norwegian and Kurdish political and women's associations. This, she contends, allows Kurdish women to partake in the reconstruction of Kurdish nationalism (Westrheim 2014: 137). However, different women's organisations and major political parties have had difficulty in uniting around common issues. At times, women become symbols of the nation rather than actual political agents, which may be another reason why it is problematic to address FGC in the Kurdish nation-building project (Begikhani, Hamelink & Weiss 2018: 12). Furthermore, just as Kurdish women's movements have gained influence in the construction of Kurdish nationalism in Iraqi Kurdistan, so have conservative Islamist groups. Some Islamist groups have promoted crimes against women, such as honour killings, as part of Kurdish culture (Al-Ali & Pratt 2011: 344). If FGC is addressed as a feminist issue, this seems to strengthen those parts of Kurdish national aspirations that are grounded in gender equality and human rights, which oppose such conservative and patriarchal forces. Notably, it was during the Arabian Spring, in June 2011, that the Kurdish parliament of Iraq made FGC a criminal offence. While the liberation of women may not be the sole aim for every party in the Kurdish nation-building project, women's liberation is a central discourse in Kurdish nationalism. We suggest that condemning FGC based on women's rights situates the Kurdish identity better in relation to Western nation states.

## Concluding remarks

We have explored how FGC becomes problematic to address in public due to the construction of Kurdish national identity being closely linked with ideologies of women's liberation. The research participants showed how FGC was acknowledged, rejected, and silenced in public contexts. Positioning FGC within a "traditional mindset" made it possible to silence and reject FGC as part of what modern Kurdish identity should constitute. Perceptions of female sexuality were another contributing factor to the difficulty in addressing FGC in public contexts. However, condemning FGC based on negative sexual consequences, ideologies of women's rights and women's liberation may be a possible way in which FGC can be addressed publically. This article contributes to the literature on the management of

a difficult characteristic in nation-building projects by presenting the negotiation of modern and traditional aspects of FGC as one management strategy. As FGC is a symbol of violence against women, the practice poses the potential for spoiled Kurdish national identity in the Norwegian context. However, we find reason to suggest that a condemnation of the practice grounded in women's liberation may strengthen the aspects of Kurdish national aspirations that are grounded in human rights and gender equality. Although the study is limited to a singular qualitative study of how some Kurds in Norway talk about FGC, it can be a starting point for future research on different ways the concept of "violence against women" and the modern/traditional dualism plays out in nation-building projects. In addition, this study raises questions about the role of female sexuality in global norms of democracy, nationalism, human rights, and women's health.

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## **Sexually destroyed or empowered? Silencing female genital cutting in close relationships**

Ingvild Bergom Lunde, Ragnhild Elise Brinchmann Johansen, Mona-Iren Hauge and Mette Sagbakken

### **Abstract**

Based on fieldwork among Kurdish-Norwegians, this article explores how research participants addressed female genital cutting (FGC) in close relationships. Three themes were identified during analysis: (1) silence of FGC between daughters, mothers and grandmothers; (2) perceptions of FGC as affecting female sexuality negatively and; (3) silence of FGC between men and women. Public discourse on FGC can ascribe stigma and additional problems to circumcised women. This can counteract a central aim in the global work to end FGC: to empower girls and women. By using a theoretical perspective on migrant women and sexual agency, we suggest, however, that precisely because circumcised women often are judged to be ‘incomplete’ females, the existence of FGC in Kurdish areas can also facilitate a negotiation of a more assertive female sexuality.

**Key words:** Female genital mutilation, silence, female sexuality, sexual agency, Kurds, Norway

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## **Introduction**

A central aim in the global work against female genital cutting (FGC) – “procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons” – is to “empower women and girls” (WHO 2018, UN 2016, both cited as on website). Female circumcision and female genital mutilation are other terms used to describe the phenomenon (e.g. Lewis 1995). In this article we mainly use FGC as we believe this best captures a variety of cutting practices, and not only the type that is often practiced among the Somali population which has been central in public discourse and research in Norway. In Norwegian judiciary system, as in many other countries, FGC is viewed as a form of violence limited to specific migrant groups; it is defined as child abuse and violence against women (The Lovdata Foundation 2015, WHO 2018). The practice was initially framed as a health problem in response to the high influx of Somali migrants to Norway around 1990, resulting in a legal ban in 1995 (Johansen 2006, The Lovdata Foundation 1995). The management of FGC has since been a major political priority, including five action plans to promote abandonment of the practice and to provide care for associated health complications (e.g. Ministry of Justice and Public Security 2017-2020). Two of these action plans can be understood as responses to media ‘explosions’ with one documentary in 2000 showing support among Imams that Somali girls in Norway should be circumcised and another in 2007 claiming that Norwegian-Somali girls travel to their home country to undergo FGC (Bråten and Elgvin 2014, Teigen and Langvasbråten 2009). Even though political interventions and work on FGC often emphasise a non-judgemental approach, there is nevertheless a sense of what Johnsdotter and Mestre (2017, 3) argues; that FGC is often conceptualised in many Western countries through processes of ‘moral panic’ which are ‘characterized by a fear or a concern that is out of proportion to the actual threat posed by the behaviour, or supposed behaviour, of a certain group’. Scholarship often examine how the global work against FGC, promoted by local non-

governmental organisations, national governments and global bodies such as the World Health Organization (WHO), has changed attitudes (e.g. Wahlberg 2017, Gele 2013). A major attitude change demonstrated in these studies is that the acceptable way to discuss FGC is in terms of rejection, usually emphasising the negative consequences for health and sexuality (Nyarango and Griffin 2019). Partially due to the condemning global discourse on FGC, and particularly in diaspora, circumcised women are often posited as victims believed to inhabit psychosexual problems (Nyarango and Griffin 2019). This conflicts with how they previously were seen, and in many local communities still are viewed; as normal, healthy and sexually attractive (Johansen 2007, Nyarango and Griffin 2019). Scholarship has recently argued that public discourse on FGC may ascribe additional problems for circumcised women and lead them to question their sense of 'self' (Nyarango and Griffin 2019, Parikh, Saruchera, and Liao 2018). In this article we analyse how Kurdish migrants in Norway described FGC as both silenced and addressed in close relationships, and how this was closely related to perceptions of how FGC may affect female sexuality negatively. We understand their silencing of FGC as condemning public discourse making it difficult to talk about FGC (Hauge 2019). We discuss how their silencing of FGC can be viewed as both oppression and empowerment through the use of a theoretical perspective on migrant women and sexual agency (Ussher et al. 2017).

### **Study setting: FGC among Kurdish-Norwegians**

Kurdistan is a political region in the border areas between Iraq, Iran, Turkey and Syria. There are no official records of FGC in Turkey and Syria. The most recent population based survey found FGC to be concentrated in the Kurdish regions in Iraq with a prevalence rate of 37.4% in Kurdish areas, and 0.4% in the rest of Iraq (MICS 2018). Reports indicate that approximately half the female population in some Kurdish towns in Iran have undergone FGC (e.g. Pashei et al. 2012, Ahmady 2016). Together with Somalis, Ethiopians and Eritreans,

Kurds represent one of the largest migrant groups in Norway that come from countries where FGC is recorded (Ziyada, Norberg-Schulz, and Johansen 2016). Kurdish-Norwegians are a particular interesting group to explore in regards to illuminate how public discourse can affect lived experiences. Not only have they often been neglected in political interventions on FGC, they have also undergone different types of FGC than the Somali population who has been a focus in research and work on FGC in Norway (Bråten and Elgvin 2014). Somalis have undergone the most severe type of FGC, defined by the WHO (2018) as type III; the narrowing of the vaginal opening through the creation of a covering seal. This seal often requires the labial fusion to be cut open to allow for sexual intercourse or childbirth, and this increases immediate and long-term health risks (Berg and Underland 2014, WHO 2008). There is no closure in need of re-opening for the three other types that WHO classifies as FGC, which are the types that research has found to be practiced among Kurds with type I being the one with the highest prevalence (Saleem et al. 2013, Ahmady 2016). WHO (2018) defines type I as cutting the whole or parts of the outer clitoral area, type II as the partial or total removal of clitoral glans, hood and labia, and type IV as all other procedures harmful to the female genitalia carried out for non-medical reasons such as pricking (WHO 2018). The reported health risks of these types include short-term risks such as intense pain, bleeding, infections and problems with wound healing, and long-term effects like cysts, scarification, psychological disturbances, pain, reduced sexual desire and pleasure, and birth complications (Berg and Underland 2014, Berg et al. 2014, Kizilhan 2011). Since the first international report on the occurrence of FGC in Iraqi Kurdistan in 2004, an increasing number of reports and research have addressed the practice among Iranian and Iraqi Kurds focusing on prevalence rates, types of FGC, its health consequences, and some of the cultural underpinnings of the practice (e.g. Khalesi, Beiranvand, and Ebtekar 2017, Daneshkhah et al. 2017, Ahmed et al. 2018). However, research on FGC among Kurds is still scarce, and,



besides the present study, there have been no in-depth studies of FGC among Kurds in diaspora or in Norway specifically (see Lunde, Sagbakken, and Johansen 2019, Bråten and Elgvin 2014, Geraci and Mulders 2017, Koukkula et al. 2016).

### **Research design**

The empirical material in this article was produced in Norway between October 2014 and March 2016 by the first author. A qualitative, emergent design seemed feasible as little was known about FGC among Kurds in diaspora. Kurdish organizations in and around Oslo, the capital of Norway, was first contacted. This resulted in invitations to participate at various events held by different Kurdish organizations, to present the study and to recruit research participants. Considerable time was taken to get to know individuals and groups in order to build trust. This time was also spent ensuring several different entry points attempting to avoid potentially close social relations between participants which may have led to a one-sided perspective on the topic, as well as challenges in preserving confidentiality. Research participants were also recruited through those that were interviewed, key informants and acquaintances of the first author. This method led to recruitment of participants living in several different cities, towns and villages throughout Norway. Due to the lack of records of Kurdish-migrants in Norway, the inclusion criteria was that they originated from where FGC was known to be practiced (Iranian or Iraqi Kurdistan) and that they were born in Kurdistan and thus were first generation migrants with some knowledge of FGC in both home country and diaspora. The first author's position as a white, Norwegian female in her late 20s may have led participants to view the researcher as a representative of judgemental public discourse. Some did indeed express that they did not want to participate in the research project due to the sensitivity of the topic, others expressed an ease in sharing their knowledge with the first author in the understanding that she had the potential to address FGC at political,

social and scientific levels without facing the same challenges that Kurdish individuals may face. 16 out of the 28 that agreed to participate were recruited at different events organized by Kurdish organizations and in this sense may have had a particular interest in political, social and women's issues. However, considerable time was used to recruit participants outside of the events, and 12 participants were recruited through those that were already interviewed, the first author's personal network and by organizing a meeting place for Kurdish women, who were either unemployed or studying, to meet three times in a group to discuss FGC. In the end, the empirical material consisted of: (1) interviews with 19 women and 9 men who self-identified as Iraqi or Iranian Kurdish; (2) interviews with 12 key informants who were recruited based on their professional knowledge on 'FGC', 'Kurds' or 'Kurds and FGC', 8 working in Norway and 4 in Iraqi-Kurdistan and; (3) observation by participating in events, arranging groups discussions, following social media sites and taking fieldnotes.

The Kurdish research participants were in their early twenties to late fifties, had come as refugees and had lived in Norway between six and twenty years. It is thus reasonable to assume that they had some awareness of Norwegian public discourse on FGC. Two group interviews, one with four men and one with two women, were initially conducted to gain a broad understanding of the practice from different perspectives. The rest of the interviews were conducted with one participant at a time, except for two interviews with two married couples. Twelve of the participants were interviewed multiple times in order to elaborate on themes addressed in their first interview. Interviews were mainly conducted in participants' homes, in cafés or in private rooms at event venues. Most interviews were conducted in Norwegian or English by the first author. Three interviews with three of the research participants (two repetitive, individual interviews with one man and one dyad interview with a

married couple) were conducted in Kurdish Sorani with the assistance female interpreters. The interviews with an interpreter enabled a discussion on terminology and topics that may not have been shared with an 'outsider', while in the interviews without an interpreter some of the participants expressed an ease in sharing opinions they may not easily share with other community members. Interviews lasted between thirty minutes and two hours. All but two interviews with the Kurdish-Norwegian participants were voice-recorded and subsequently transcribed verbatim. For the two interviews that were not recorded, extensive notes were taken throughout the interview and a summary written immediately afterwards. The twelve key informants were interviewed in Norwegian or English, either at their workplace or via skype if they worked in Iraqi Kurdistan. All interviews with the key informants were voice-recorded and transcribed. Participant observation included monitoring of public and social media and participation in various cultural and political events, including arranging three meetings to discuss FGC with Kurdish women. The findings presented in this article are mainly based on the interviews with the Kurdish men and women, but the descriptions of gender roles, female sexuality and lack of talk about FGC observed in key informants interviews and participant observation informs the findings of these interviews. A semi-structured interview guide was used in all interviews. Initially themes such as where, why, how, and by whom FGC is practiced were brought up in order to address current knowledge gaps on conceptualizations of FGC among Kurds. The interview guide was revised after each interview in order to follow up on topics introduced by research participants on FGC in other interviews. The mother-daughter relationship was one topic included as several participants described silences of FGC between generations of female family members. The Norwegian Centre for Research Data has approved the use of informed consent, de-identification of the participants and the routines for handling the research material. All research participants have

been given pseudonyms and, when necessary, personally identifiable information has been altered in order to preserve confidentiality.

### *Analysis*

This research project is positioned within a social constructionist epistemology, meaning that we understand the knowledge participants shared on FGC as somehow shaped by the condemnation of the practice in policy document and media debates (Hauge 2019, Crotty 2009, Hacking 1999). We had a pre-understanding that FGC was embedded in silences and condemnation, but we did not know whether and how this was relevant to the research participants' perceptions and experiences of FGC. Initial interviews focused on themes such as how, why and where FGC was practiced, rather than silence and condemnation. Still all (except one) participant emphasised their condemnation of the practice, which was mainly based on women's rights and the effect it could have on female sexuality. During interviews it was also noted that research participants described how FGC was and was not talked about in close relationships, and that there was ambiguity in understanding how they or other family members may have been affected by FGC. At the end of the fieldwork period, Braun and Clarke's (2014) approach to thematic analysis was used to find patterns of meaning within the data. At this point the first author read all transcripts of the empirical material, and started to code and categorise the material. Four categories were identified as central to understand how research participants conceptualized FGC: mother-daughter relationships, generational changes, gender roles and female sexuality. It was when the first author made an analytical document to summarise these initial codes and categories, and discussed it with the co-authors while revisiting the empirical material, that silences surrounding FGC between grandmothers, mothers and daughters, and between women and men, and perceptions of the effect of FGC on female sexuality were identified as three central themes. These themes were connected by

how FGC was addressed through a sense of silencing in close relationships. Literature on silencing of FGC as a space to gain insight into acceptable ways for talking FGC into existence within judgemental public discourse, and intersectional feminist theory on migrant women and sexual agency was then used to further analyse these themes.

### **Migrant women at the intersection of passive and active sexual agency**

Based on fieldwork in Norwegian high schools among girls from FGC-practicing communities, the researcher Mona-Iren Hauge (2019) argues that the dualism of being for or against the practice undermines nuances and complexity, and that this makes it difficult to talk about FGC. We build on this conceptualisation to understand how the research participants described a sense of silencing of FGC both between female family members and between men and women. We view this silencing of FGC as providing insights into acceptable ways of talking FGC into existence within current condemning public discourse. As a central perception that the research participants emphasised which contributed to talk about FGC was how FGC may affect female sexuality negatively, we further make use of intersectional feminist theory that focus on how migrant women negotiate their sense of 'self' at the intersection of females as passive and active sexual agents (Ussher et al. 2017). In a Foucauldian sense, an individual's comprehension of the sexual 'self' is understood in dialogue with dynamic and hegemonic discourses on sexuality in which some sexual practices are considered 'normal' whereas others are 'abnormal' (Foucault 1978). Literature on sexuality among women migrating from non-Western countries often argue that these women may experience an additional barrier to sexual agency compared to women in Western countries (Ussher et al. 2017). This argument is commonly grounded in viewing these women as originating from strong patriarchal family structures, and that they have been less exposed to global discourse on female sexual agency (Ussher et al. 2017). However, this construction

of non-Western migrant women's sexuality as grounded in multiple oppressions related to categories such as gender, religion and age, may facilitate a resistance towards this construction itself (Ussher et al. 2017). This resistance may manifest itself as a form of sexual agency that become developed in a diaspora context (Ussher et al. 2017). We next explore how the participants talked about FGC in close relationship by breaking silences of FGC through rejecting it, often based on women's rights and female sexuality. In the discussion, we return to how their negotiation of FGC can reflect both oppression and empowerment.

## **Findings**

In the following, we will begin by presenting how research participants described silence surrounding FGC between daughters, mothers, and grandmothers, and how this made it difficult for younger women to understand what may have happened to them. We will then present how they emphasised how FGC may affect female sexuality negatively as a major perceived consequence of FGC, and that this knowledge was gained from both the public sphere and their own or others' experiences. Finally, we explore how this consequence, together with changing perceptions of the female gender role, created a potential space to break silences surrounding FGC, particularly in marital relationships.

### ***Silence of FGC between daughters, mothers and grandmothers***

Several participants recalled FGC from the time they lived in Kurdistan as children or adolescents. This was not the case in Norway where many described a lack of discussion about FGC in their families. Some described how they became surprised when they first heard about circumcised family members while others expressed that they were uncertain about whether they themselves or family members were circumcised. Women in their twenties and early thirties often described how their mothers or grandmothers did not share their

knowledge of FGC without being asked. One example is Zilan, who arrived in Norway when she was around five years old. She first learnt about FGC when she was in her early twenties during a holiday in Kurdistan. After hearing some female neighbours talking about FGC, she asked her grandmother about the practice:

“Grandma [...] Have you heard of... circumcision?” Then grandma laughs and she says: “Did you not know about it?” I said: “No. What is it? Where does it come from?” And then I discovered all the dirt in my own family.

Zilan showed her rejection of FGC by describing it as ‘dirt’, expressing both a lack of knowledge and astonishment that her family had not talked to her about it. Other participants said that they had not heard about FGC before meeting the first author, and some called family members in Kurdistan to gain knowledge to share. Others shared more information as the interview progressed, in subsequent interviews or during informal conversations. There was thus a silencing of FGC among female family members which created a lack of awareness and confusion about FGC in the Norwegian context, particularly for younger females. As illustrated by Zilan’s description of how her grandmother defused the topic of FGC by laughing when she confirmed its existence, there was nonetheless an understanding that elder females inhabited knowledge on FGC. Thirty-year-old Bayan was one of the women that had known about FGC since childhood. Her mother had told her about her own circumcision, as well as her plans to circumcise Bayan when they lived in Kurdistan. However, Bayan escaped circumcision because her family fled to Norway. Like many other participants, she experienced FGC being silenced in Norway:

I remember when I was little, Mum told me how she had been circumcised. But when I ask her now, she says that no, she is not circumcised. Mum hides it from me now, although I can clearly remember her telling me in my childhood. [...] So we moved here to Norway, and I thought maybe nobody is circumcised. It was very quiet, no one talks about it. But one time we were visiting my aunt's home [in Norway]. I never really wanted to say anything about [FGC] to them. I did not want to ask about it. But out of the blue my cousin said she was circumcised.

Bayan's cousin was several years younger than her, and the way in which she addressed FGC suggests that this generation does not necessarily shy away from the topic in the same way that Bayan's mother's generation does. Bayan was, however, uncertain about whether FGC really existed and how to address it. The women thus shared an awareness that FGC existed without discussing it. Besides their own memories and experiences of FGC, this awareness was perhaps also related to increasing media focus, political action and research on FGC in both Norway and Kurdistan. Knowledge in the public sphere led some participants to feel uncertain about whether they had been exposed to FGC, as illustrated by 20-year-old Cimen:

I was about 13 years old when we actually learned about [FGC] during religious education at school [in Norway]. We talked about it being the majority of Muslim girls and Asians in the Middle East who were circumcised. [...] I was around 16 when I talked to Mum about it. I felt that now I have to get an answer from her. I asked: "Am I circumcised, Mum?" And then she began with "I am, and I did not want you to be because it is not something you should do with your daughter."



The knowledge Cimen gained about FGC in the Norwegian public sphere, together with a notion that her mother had knowledge on FGC, contributed to break the intergenerational silence. The way her mother broke the silence of FGC showed how the intergenerational silence was closely associated with a rejection of the practice. Further, Cimen points at a topic that several research participants found difficult: unease about how FGC may have affected them.

### *Perceptions of the effect of FGC on female sexuality*

Even though participants were unsure about the consequences of FGC, participants emphasised ‘bad sex’ (Zilan, Iraqi-Kurdish woman in her 30s) and ‘sexual problems’ (discussion of FGC with group of women from Iraqi and Iranian Kurdistan) as central concerns of how FGC may affect circumcised women. This knowledge was ambiguous and often based on their own experiences or their perceptions of other circumcised women’s experiences as well as available knowledge on FGC in the public sphere. Hanan, who was in her late twenties, described that she had been circumcised when she lived in Kurdistan. After having moved to Norway, and as a teenager, she became concerned about the consequences of her circumcision. When she asked her mother about FGC, her mother said that she had done it because she believed that girls should be circumcised. As her mother did not fully reject FGC, Hanan decided to seek medical advice because she ‘wanted to know how many complications it had for my sex-life, and for giving birth to children’. Based on a gynaecological examination, she found that she did not have many problems:

A gynecologist has looked at me, a very competent one with long experience with girls from Somalia. And he said that there is nothing. He couldn’t even see that I was

circumcised. And when he told me this, I was relieved. I do not want to blame my mum for doing such a thing. I do not want her to have a difficult time with this.

The confirmation that she did not have problems implied that Hanan was able to accept that her mother had let her be circumcised. She also concluded that FGC had not affected her sexual pleasure and desire, and that she was enjoying her sexual life with her husband. This was probably because only the prepuce of her clitoral hood had been cut, she explained. Amira, on the other hand, insisted that her circumcision had destroyed her sexual life and was a major reason for her divorce from her husband. Amira reflected upon whether her lack of sexual desire could be explained by other factors, including a disease, but she had come to believe that FGC was the major reason for their sexual problems. She explained that she did not experience the sexual pleasure she thought other women in Norway could feel:

I feel different in a way. When you see and hear about all the sexual pleasure that women can have and I feel nothing, yeah.

Some of the uncircumcised women believed that sexual desire and pleasure were often challenging even for women who were not circumcised. Bayan, who was uncircumcised, illustrated this in her claim that her circumcised cousin seemed to have more sexual desire than herself. However, silencing of female sexuality and silencing of FGC sometimes made it unclear whether sexual problems in marriage were due to lack of knowledge of female sexuality or FGC, or both, as Leyle demonstrated:

Until I met my husband, I had never been with a man and I had never talked about sexuality [...] To have sex ... it was a taboo. [...] We fell in love with each other, we

liked each other, but having sex was very difficult. The first time I had sex, it was cruel. [...] Although I had married friends who had been together and they have talked about it. But still, that's not enough. [...] To enjoy it? To enjoy it has been a problem for me. But I do not know if it was because of the circumcision, or whether it was because I did not have any knowledge about sexuality.

What Leyle illustrated is that the perception that FGC affects female sexuality negatively may be one reason why she reflected upon what her sexuality should be. Sexual relations, particularly heterosexual marital relations, was thus a potential space to break silences of FGC through a negotiation of what female sexuality should be.

### *Silence of FGC between men and women*

Participants expressed that traditional perceptions of gender roles tended to silence discussions of FGC between men and women. Amira illustrated how this was apparent between men and women in a group setting:

Amira: The culture that we have stops women from talking about [FGC], they are very shy. It is shameful to talk about it. If you, for example, gather Kurdish women and men in a workshop [in Norway], I would say that most of the women there would be circumcised, and if you ask them whether they are circumcised, no one will say anything.

First author: How come?

Amira: Because of the culture we have been brought up in. Women are not worth anything in the culture that we have had. And they are worth much less than the men, they should not talk about this and that. It is shameful.

Amira associated the women's status with several aspects of being female that should not be discussed in the presence of men. There was thus a notion that women should silence anything to do with the female body, *including* FGC, in the presence of men. However, this did not mean that female sexuality was never discussed by men and women; FGC seemed to be most commonly discussed within the frame of sexual relations between married couples. One example is Zilan's story of how she realised that her male cousins knew about their mother's circumcision:

I asked [my male cousins] about FGC. They answered: "No, we will not talk about it". I said: "Yes, but do you know about [FGC]?" Yes, they knew. "But did you know that your mother has been circumcised?" "Yes ... we had assumed so." So in a way, it's not totally hidden either. [...] But you're not talking directly about [FGC]. But you're talking about ... bad sex. And everybody knows that aunty hates uncle.

Zilan showed how a sense of acceptability to talk about marital sexual relations was a way to talk about how FGC may affect these sexual relations negatively. Participants emphasised an increasing awareness of women's rights as facilitating changing dynamics in marital relationships in Norway. These changes in perceptions of gender roles also led to a changing dynamic in talking about FGC, such as claims to women's rights. Meryem demonstrated how current claims to female sexual desire and pleasure in marriage now made it possible to address sexual problems:

We couldn't talk openly about [FGC] between a woman and man in a marriage, but it's changed a little nowadays. It took many years before my husband and I could talk

about it, and he was relieved when I talked about it and explained my problems. [...]

Can a woman show that she wants and enjoys sex? In our culture, or in religion, the woman must be ready when the man wants sex, she can never say no. It is both religion and culture. But it's different now, I was like that before. I never said no to my husband for 10-15 years. But now I can say no, and that's not because we've been married so long. [...] Society has changed, life is better now.

Changing perceptions of what it means to be female thus contributed to breaking silences surrounding reduced female sexual desire and pleasure in marital relations. However, not everyone talked about FGC in these relationships. Zara illustrated how FGC was also silenced between husband and wife:

I even heard just yesterday about a woman who has been married for two years now and she has just pretended for her husband. Her husband does not know that she is circumcised.

The breaking of silences surrounding FGC thus demonstrated difficulty reconciling the potential negative effect FGC may have on female sexuality with 'new' understandings and ideals of the female as an active sexual individual. Arman, a man in his forties, exemplified how the increasing focus on women's right to, and expression of, sexual pleasure was also difficult for men who had relations with circumcised women:

In a culture where men dominate, the men do not care what the lady feels or not. The ladies just have sex to be finished, they will not enjoy it at all. [...] The person I have been with, it is because of the circumcision that we split. She had no sexual feelings,

no sexual pleasure. [...] We are raised in a culture where men do not allow the ladies to have their rights. If you give her rights, then the lady is raised so that she is not entitled to that right. She will not use it because she will be too shy to use it.

While Arman insisted that women could not use their rights to seek sexual pleasure because of an understanding that women should be sexually passive, he also underlined how perceptions of women's rights have led to an increasing awareness of women as sexual individuals. He also underlined that both men and women identified FGC as a problem that was destructive to sexual relations between men and women. It thus seemed that the understanding that FGC affected female sexuality negatively opened up a space to reflect upon what female sexuality should be.

## **Discussion**

Even though the silencing of FGC that we have seen in the current study may mean that there are other processes of silencing FGC including silencing of a positive view on the continuation of FGC or on circumcised women actually being sexually fulfilled, we have followed Hauge (2019) and argued that silencing of FGC reflect that the conditions for talking the practice into existence are mainly dependent upon a rejection of FGC. We have seen this rejection in the uneasiness surrounding silencing of FGC between generations of female family members with confusion about what had or may have happened to their or others' body. Together with ambiguity surrounding their own experiences or knowledge of others' experiences, the emphasis on increased risk of experiencing sexual pain and reduced sexual desire and pleasure by central actors in the field, including WHO, was a social belief that research participants emphasised as a major concern for circumcised women. This social belief was also a major way to talk about FGC in close relationships. The anthropologist

Maria Malmström (2013, 317) argues that this social belief may drive circumcised women to question their own sexuality because ‘interventionist discourse on [FGC] engenders this kind of uncertainty in many young women’. Together with findings from other scholarship, in our study we also found that circumcised women may be stigmatised, may experience problems with FGC, and may also experience additional problems due to judgemental public discourses (Nyarango and Griffin 2019, Parikh, Saruchera, and Liao 2018). We expand on this scholarship by suggesting that this stigma and ascribed problems also create space to deal with the historical shift in females as active rather than passive sexual agents.

The historical shift in female sexuality implies that women who do not experience sexual pleasure and desire may be perceived as, or may feel themselves to be, incomplete females. Female sexuality and gender roles in and around the region of Kurdistan is often understood as shaped by patriarchal oppression that limit female sexuality to marriage, male sexual pleasure, and reproduction (Hague, Gill, and Begikhani 2013). In her study on perceptions of sexuality among Iranian women in Sweden, the ethnologist Fataneh Farahani (2007) expands on this view in a diasporic context. Rather than being torn between two cultures, she argues that these women have hybrid experiences of issues associated with sexuality, such as virginity, veiling, marriage and divorce. The women negotiate their experiences at intersections of often contradictory discourses related to ‘Swedishness’ and ‘Iranianness’ (Farahani 2007). The Kurdish-Norwegians in the current study thus needed to understand their sense of ‘self’ at intersections of socio-cultural understandings of the female in Norway and Kurdistan, implying that a transnational identity complicates what a complete female is, or should be. Other research have shown that in a diaspora context some circumcised women are motivated to seek sexual counselling or undergo clitoral reconstruction surgery in order to reclaim a feminine body part, reduce stigma in a diaspora context, and to adhere to changing

understandings of women as active sexual agents rather than passive subjects (Leye 2018). However, there is some reluctance to adhere to ‘new’ perceptions of what it means to be an active sexual agent. Some circumcised women still experience judgement from their communities if they talk about their claim to sexual pleasure (Villani 2019). The anthropologist Elise Johansen (2017) found that even though Somali and Sudanese migrants in Norway rejected FGC, they still did not want to undergo surgery to undo their infibulation due to believing that such a surgery would undermine male sexual pleasure and virility. The circumcised research participants of our study did not all blame their reduced sexual pleasure and desire on FGC, but because they perceived that FGC affected female sexuality negatively, they had at some point in their life reflected over whether and how they could improve their sexual lives. As we have implied elsewhere (Lunde, Sagbakken, and Johansen 2019) and further suggest in this article; one reason for this insistence on rights to female sexual desire and pleasure among the participants may be influenced by the central position ideological ideas on women’s liberation have in the nation-building project among Kurds in Kurdistan and in diaspora.

Due to knowledge that FGC is practiced among Kurds and that condemning public discourse may lead circumcised women to believe that they are ‘sexually destroyed’ (Malmström 2013, 317), FGC becomes an issue that somehow needs to be addressed in close relationships. In diverging from understandings of what a complete female should be by having to live with the stigmatised implication of being circumcised, this thus create a space to negotiate an assertive female sexuality. This difficult negotiation of rights to bodily integrity and sexual pleasure is not limited to circumcised women. Based on a study of unwanted, but consensual, sex among 15 (presumably) uncircumcised women in Canada, Thomas et al. Thomas, Stelzl, and Lafrance (2017) argued that women fake orgasms to show that they acknowledge the man’s effort. The



reason they acknowledge the man's effort in this way, the authors argue, is to avoid negative repercussions by maintaining implicit rules of female sexual pleasure upheld by the current hegemonic discourse on female sexuality (Thomas, Stelzl, and Lafrance 2017). While there is little knowledge about how their uncircumcised counterparts deal with reduced sexual pleasure and desire beyond silencing, we argue that circumcised women contribute to address taboos of reduced female sexual desire and pleasure precisely because they are circumcised.

### **Concluding remarks**

Our analysis is limited to some stories that were shared with a Norwegian researcher in a politicised context. In this context, silencing of FGC in close relationships together with a judgemental public discourse created ambiguous and uneasy knowledge about the bodily self. Together with changing perceptions on the female gender role, it is the ambiguous assertion that FGC affect female sexuality negatively that contributed to address FGC, particularly in marital relationships. Even though not all circumcised women break these silences, that they may experience problems with FGC, and also additional problems due to judgemental public discourse, we suggest that these ascribed problems also create a space to deal with the historical shift in females as active rather than passive sexual agents. Due to stigmatising beliefs that they have sexual problems, we suggest they can also somehow be empowered by making claims to a more assertive female sexuality.

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# ‘Why did I circumcise him?’ Unexpected comparisons to male circumcision in a qualitative study on female genital cutting among Kurdish–Norwegians

Ethnicities

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**Ingvild Bergom Lunde** 

Norwegian Centre for Violence and Traumatic Stress Studies/University of Oslo, Norway

**Mona-Iren Hauge**

Norwegian Centre for Violence and Traumatic Stress Studies/University of Oslo, Norway

**Ragnhild Elise Brinchmann Johansen**

Norwegian Centre for Violence and Traumatic Stress Studies, Norway

**Mette Sagbakken**

Oslo Metropolitan University, Norway

## Abstract

Based on fieldwork that aimed to gather more knowledge on female genital cutting among Kurdish–Norwegians, in this article we report on how research participants would often talk about male circumcision instead. Informed by current scholarship and public discourse on female genital cutting and male circumcision, we identified three

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## Corresponding author:

Ingvild Bergom Lunde, Norwegian Centre for Violence and Traumatic Stress Studies/University of Oslo.  
Email: [ingvildlunde@windowslive.com](mailto:ingvildlunde@windowslive.com)

themes when analysing how and why the participants would talk about male circumcision rather than female genital cutting: (1) the condemnation of female genital cutting; (2) the acceptability of male circumcision and (3) the questioning of the acceptability of male circumcision. We do not attempt to provide solutions to whether some forms of male circumcision are less, equally or more harmful than some forms of female genital cutting, or whether they are comparable and both should thus either be legitimized or banned. Rather we aim to provide insights into these dilemmas by the use of the concept of 'mapping controversies' associated with actor–network theory. We further make use of the slippery slope argument to explore how the research participants' views shed light on political reluctance to treat female genital cutting and male circumcision in the same way in the Norwegian context. While we are not in a position to say that the views shared are the same in other social groups, or in other countries, we argue that the Norwegian government's different treatment of female genital cutting and male circumcision changes the meaning of ritual boy circumcision and that this may result in parents deciding not to circumcise their sons.

### **Keywords**

Male circumcision, female genital mutilation, female genital cutting, Kurds, Norway, human rights, gender equality

### **Introduction**

In this article, we describe and analyse how research participants would often reflexively, and without prompting, bring up the subject of ritual male circumcision (MC) during the first author's fieldwork on perceptions of female genital cutting (FGC) among Kurdish-Norwegians. FGC is defined as the medically unnecessary cutting of female genitalia (World Health Organization (WHO), 2018). The ritual circumcision of boys refers to the cutting of male genitalia, usually also done for cultural or religious reasons rather than out of medical necessity (Denniston et al., 2007; WHO, 2007). FGC is commonly categorized into four types by the WHO (2018): type I – cutting of the outer clitoris; type II – the partial or total removal of the outer clitoris and the labia minora, with or without excision of the labia majora; type III/infibulation – narrowing the vaginal opening through the creation of a covering seal, with or without removal of the outer clitoris, and; type IV – all other harmful procedures to the female genitalia for non-medical reasons. Similarly, there is great variety in the practice of MC, ranging from removing parts of or the entire foreskin of the penis to a cutting in the urinary tube from the scrotum to the glans (Svoboda and Darby, 2008). The reasons for MC and FGC are dynamic, overlapping and multifarious. Cultural and religious rationales such as marriageability, perceptions of gender, coming-of-age rituals and religious texts are commonly put forward, and medical rationales such as hygiene are also made (e.g. Ahmadu, 2000; Darby and Svoboda, 2007).

Current scholarship on FGC and MC emphasizes a seemingly unresolvable dilemma in which parents and policymakers need to decide (e.g. Earp and Steinfeld, 2018; Hellsten, 2004; Johnsdotter et al., 2018; Shweder, 2013; Svoboda, 2013): (1) whether girls should have the same access to cultural identity-promoting genital rituals as boys by allowing a minor cutting or ‘pricking’ of their genitalia (e.g. Ahmadu, 2000; Arora and Jacobs, 2016; Cohen, 1997; Gordon, 2018; Onsongo, 2017; Van Howe, 2011) or (2) whether boys should be granted the same human rights as girls with the ritual cutting of their genitalia being regarded as a breach of the right to bodily integrity (e.g. Coene, 2018; Earp, 2016; Fox and Thomson, 2009; Johnson, 2010; Munzer, 2015; Shahvisi, 2016). In order to explore how discourses of FGC blend into understandings of MC, in this article we build on the slippery slope argument and the concept of ‘mapping controversies’ associated with actor–network theory (Latour, 2005; Lewis, 2007). By the use of this theoretical perspective, our aim is not to search for ‘order, rigor and pattern’ within dilemmas of FGC and MC, but rather to provide insight into what the dilemmas entail (Latour, 2005: 23). Hence, we do not attempt to answer, for example, whether some forms of MC are less, equally or more harmful than some forms of FGC, or whether they are comparable and both should thus either be legitimized or banned. In order to provide insights into these dilemmas, we make use of the slippery slope argument which holds that: (1) if action A occurs, this will contribute to the likelihood of B occurring and (2) B is very bad, therefore (3) we should try to make sure that A does not occur (Lewis, 2007). In our case, we define action A as political interventions that treat FGC and MC in the same way through, for example, equally banning or legitimizing both practices or providing similar guidelines for health care, and B as promoting stigmas such as intolerance towards Jews and Muslim or violence against girls and women. The Norwegian government is currently not treating MC and FGC in the same way and is thus avoiding action A (to treat MC and FGC similarly), which may be due to a fear of outcome B (promoting stigma). Towards this theoretical background, we explore how the research participants’ views shed light on political reluctance to act upon dilemmas of the cultural, religious, legal and medical similarities between FGC and MC. The practices are commonly referred to as MC and FGC/female genital mutilation/female circumcision in scholarship and public discourse, and in this article, we do so too. We also often use the terms ‘boy circumcision’ and ‘girl circumcision’ as these phrases were commonly used by the research participants. We believe this wording sheds light on a paradigm shift in how FGC and ritual MC have recently been conceptualized: that they are procedures conducted on children, not only females or males.

### **Controversies of female genital cutting and male circumcision at a global level**

In 1979, the American feminist Fran Hosken (1979) coined the term ‘female genital mutilation’ in the now-infamous Hosken Report which was based on several case

studies from African countries (Shell-Duncan and Hernlund, 2000). In referring to the practice as mutilation rather than circumcision, she conceptualized FGC as negative and differentiated it from MC. Prior to the 1980s, the circumcision of boys and girls was often treated as equal, where the motivation was to prepare children for joining religious or adult communities, for aesthetic purposes, or for other similar reasons (Caldwell et al., 1997; Johnsdotter et al., 2018; Prazak, 2016). The Hosken Report may have contributed to the logic of gender becoming a way to separate understandings of FGC from MC. At the same time, the first and second waves of feminism had established a global women's rights agenda manifested in political bodies such as the United Nations. Even though it is not based on a clear theory of what gender-based violence constitutes, several governments and international organizations, most notably the WHO, have defined FGC as gender-based violence and a breach of human rights with severe health risks reflecting 'deep-rooted inequality between the sexes, [it] constitutes an extreme form of discrimination against women' (WHO, 2018: cited as on website, brackets added; Public Policy Advisory Network on Female Genital Surgeries in Africa, 2012). While several activists have opposed MC, this opposition has not gained the same support as that of FGC in global public discourse (Bell, 2005; De Camargo et al., 2013). MC has often been framed in contrast to FGC, where religious, medical, sexual, legal, cultural and social arguments in support of MC are manifested as discursive 'truths' (Bell, 2005; Svoboda, 2013). However, the WHO has been criticized for 'conducting two quite separate research projects: one to find evidence for the harm of [FGC], another to find evidence for the benefits of [MC]' (Darby and Svoboda, 2007: 312, brackets added; see also Hodžić, 2013). Scholarship often discusses whether the health benefits of MC outweigh its risks (e.g. Bretthauer and Hem, 2015; Krill et al., 2011; Moses et al., 1998; Sneppen and Thorup, 2016). For example, the 2007 Joint United Nations Programme on HIV and AIDS/WHO recommendation that MC should 'be considered an additional method of HIV prevention and should be rapidly scaled up in countries with low prevalence of circumcision and high prevalence of HIV' has been recently considerably invested in (WHO, 2017: 1). This, and other health interventions promoting the health benefits of MC, has been criticized for being based on research with methodological shortcomings, and that other less-invasive methods such as safe sex practices and basic hygiene can be used instead of MC, and that research on health benefits of adult MC is often applied in arguing for benefits of ritual circumcision of boys (Frisch and Earp, 2018). The political scientist, Debra DeLaet (2009: 421), further draws attention to how the variety in the different types of FGC and MC is often neglected by arguing that the medical harms 'associated with the most common form of female circumcision, [can be] very similar to the health risks of male circumcision'. The religious argument that MC is often described as compulsory in Islam and Judaism, and FGC as voluntarily or unnecessary, has also been questioned. Scholarship has emphasized that it is an interpretation of religious texts that construct a socio-cultural discourse that MC and FGC may or may not be a religious requirement (e.g. Abu-Sahlieh, 1994; Brusa and Barilan, 2009; Davis,

2001; Duivenbode and Padela, 2019; Earp et al., 2017). Perhaps as a way to reconcile the often contradictory medical, religious, cultural and moral arguments, some academics have placed both practices within the framework of children's experiences and rights to bodily autonomy as a way to compare them (e.g. Abu-Sahlieh, 2001; Brussels Collaboration on Bodily Integrity, 2019; Denniston et al., 2007; Dustin, 2010; Earp, 2015; Mason, 2001; Townsend, 2019).

## **Female genital cutting and male circumcision in the Norwegian context**

The influx of Somali refugees to Norway around 1990 led to the extensive focus on promoting the abandonment of FGC through political interventions, research, and media debates (Bråten and Elgvin, 2014; Teigen and Langvasbråten, 2009). This focus has been directed towards the Somali population in particular, as they constitute about half of the population affected by FGC in Norway (Ziyada et al., 2016). Initially, FGC was understood as a health problem, and in 1995 it became illegal to let a girl be circumcised after arrival (The Lovdata Foundation, 1995). Girls or women with FGC are currently entitled to a medical examination to assess health needs and health care (The Norwegian Directorate of Health, 2016). Rather than specifying a similar entitlement to health care for those who experience health complications resulting from MC, MC was first regulated by the law on January 1 2015, through the implementation of act no. 40 of June 20 2014, relating to the circumcision of boys (The Norwegian Directorate of Health, 2014). This act aimed to regulate the practice in order to reduce the risks (such as death) associated with ritual MC, requiring a medical doctor to be present and the procedure to be done in hygienic conditions with necessary pain relief (The Norwegian Directorate of Health, 2014). Despite many critical responses to the legal aspects of this medicalization of boy circumcision from different stakeholders during the hearing process, the Norwegian Directorate of Health did not consider the practice to be criminal based on the claim that 'ritual circumcision has been practiced in Norway for a long time' (The Norwegian Directorate of Health, 2011: 6, our translation). This statement may seem odd, as the majority population in Norway do not practice MC. At the time of the policy change in 2014, there was a debate in the media surrounding the ritual circumcision of boys. The discussion was sparked by the death of a two-week-old baby who had lost too much blood after he was circumcised in a medical facility (Aftenposten, 2012). Perhaps because of this, the Ombudsman for Children Norway, together with other Nordic experts, called for a ban on MC in minors (Nordic Ombudsmen for Children, 2013). Moreover, this legislation caused debate in The Norwegian Medical Association on whether there was sufficient medical evidence in the research literature to support that the medical benefits of MC outweigh its potential health risks, and whether it should be required that boys be old enough to consent to the health risks of such a medical operation (see the comment and replies to Bretthauer and

Hem, 2015). Even though MC and FGC are not practiced by the majority population in Norway, it seems that to act upon and to treat MC in the same way as FGC is problematic as it is also a tradition that 'we' practice in the so-called West (Johnson, 2010; Shweder, 2013).

### **Theoretical framework: The slippery slope of the circumcision controversies**

The Kurdish men and women who participated in this study lived in a geographic region where MC and FGC are practiced before moving to a country where both are uncommon among the majority population. The references to boy circumcision in their descriptions of FGC took place at intersections of knowledge paradigms related to gender, children and genitalia. When such competing worldviews meet, the exploration of controversies can help unpack how differing social worlds seek to 'draw and redraw the boundary between science and non-science' (Garrety, 1997: 731). One of the proponents of actor-network theory, the French philosopher, sociologist and anthropologist Bruno Latour (2005), argues that, in attempts to understand the social world, no given controversy should be settled beforehand. Rather, the actors should express their, often competing and counterintuitive, understandings of the controversies of which they are part. A purely descriptive account, as proposed by actor-network theory, has been criticized for not reflecting how social structure or power relations shape truth claims (Garrety, 1997). Nonetheless, in this article, we assume that social structures and power relations are inherent to dilemmas of whether MC and FGC are comparable or not, where 'scientific facts' grounded in the Western construction of knowledge are contested (Bell, 2005). These 'facts' are embedded in cultural, political, gendered and medical beliefs that are manifested and enacted through actors such as institutions, language, research, medicine, law and civil society. Thus, political acts concerning FGC and MC usually make a strong statement, as the sociologist Peter Aggleton (2007: 15) put it, they are 'enacted upon others by those with power, in the broader interests of a public good but with profound individual and social consequences'. It is here that the slippery slope argument comes in: if the morally contested change is proposed, such as a ban on MC, it is believed that taking this first step will inevitably lead to a negative outcome, such as promoting anti-Semitism and intolerance towards Islam (Lewis, 2007; Munzer, 2015). Taking this first step is therefore often avoided (Lewis, 2007). While there currently appears to be a push to act on the circumcision of boys in Norway, indicated by public debate and the 2015 law that medicalized MC, there still seems to be a reluctance to recognize the similarities between FGC and MC. A reason for this may be that there have been cases outside Norway where acting upon the similarities has had problematic consequences. For instance, on 26 April 2010 the American Academy of Paediatrics (AAP) released a policy on FGC proclaiming that forms of FGC that were less invasive, such as pricking or incising the clitoral skin, were permitted

as they were arguably less harmful than some forms of MC (American Academy of Paediatrics, 2010a). One month later, AAP denounced the policy, emphasizing opposition to any form of FGC (American Academy of Pediatrics, 2010b). Van Howe (2011) argues that this change in policy was due to strong opposition from groups opposing all forms of FGC. Similarly, in May 2012 a regional judge in Germany argued that circumcision of male children is unlawful because it constitutes a form of physical assault (Merkel and Putzke, 2013). The ruling was later challenged by the Parliament, which enacted a new statute that permitted the right to perform ritual boy circumcision (Merkel and Putzke, 2013). This act led to a nationwide debate on secularization, anti-Semitism, discrimination against Muslims and Germany's Nazi past (Munzer, 2015). Treating FGC and MC in the same way through political interventions thus presents a potential danger to the broader public good due to established understandings of concepts such as biomedicine, gender, ethnicity, and religion. In this article, we explore how this reluctance to act upon the similarities between FGC and MC in the Norwegian context shapes understandings of lived experiences.

## **Female genital cutting and male circumcision among Kurdish–Norwegians**

Kurdistan is not a nation-state, but a territory in the border region of Syria, Turkey, Iraq and Iran, which is socially, and to some extent politically, recognized as a nation (Chaliand, 1993). The most recent international, population-based survey measuring FGC rates in Iraq in 2018 found FGC to be primarily concentrated in the Kurdish areas, with an estimated prevalence of 37.4% (UNICEF, 2019). There are no national population-based surveys of FGC in Iran, Syria, or Turkey. However, various reports show that FGC occurs in different parts of Iran, including Kurdish areas, with estimates that around half the female population is circumcised (Ahmady, 2015). The types of FGC practiced have been identified as types I, II, and IV (Saleem et al., 2013; WADI, 2010), whereas type III/infibulation has not been recorded. The prevalence rates of MC have been measured as 99.7% in Iran and 98.9% in Iraq, based on the number of people classified as Muslims and Jews (Morris et al., 2016). Although most Kurds are Muslim, there is great religious diversity in Kurdistan where other religions are common – and increasingly in opposition to parts of Islam – such as Zoroastrianism (Bruinessen, 2000). This estimate of MC in Iraq and Iran is thus an indicator, rather than a completely accurate figure, representing the extent of MC among Iranian and Iraqi Kurds. The Kurdish migrant population is one of the four largest migrant groups in Norway that come from regions where FGC is practiced, together with Somalis, Eritreans and Ethiopians (Ziyada et al., 2016). The Norwegian Directorate of Health (2011) has estimated that around 2000 boys are circumcised annually. This estimate does not specify whether some of the boys are of Kurdish ethnicity. To the best of our knowledge, there is no research that analyses how discourses of

FGC blend into understandings of MC in Norway, and in this article, we address this knowledge gap.

## **Methodology**

This article is based on qualitative data gathered in Norway by the first author between October 2014 and March 2016. The first author began recruiting participants by presenting the project at social, political, and women's events arranged by different Kurdish organizations. Additional participants were recruited by contacting acquaintances of the research participants and people within the personal network of the first author, as well as three meetings with a women's group. In the end, 19 women and nine men with ages ranging from early 20s to late 50s who self-identified as having an Iraqi or Iranian Kurdish background were interviewed. All had lived in Norway between 6 and 20 years. Participants had extensive contact with other Kurds in Norway and Kurdistan, and many had contact with Norwegians, particularly through work or health care and social services. The group included artists, volunteers, unemployed, domestic workers, journalists, students, translators and engineers. Even though all were not specifically asked, 11 identified as Muslim, 6 as Zoroastrian, 5 as non-religious and 6 did not state their religious beliefs. Initially, two interviews, one group interview with four men and one dyad interview with two women, were conducted. The rest of the interviews were individual, except in the case of two dyad interviews with married couples who wanted to be interviewed together. Twelve of the participants were interviewed more than once to clarify or elaborate on information from their initial interview(s). Participants were interviewed in their homes, in cafes or at their workplaces. The interviews were semi-structured using a thematic interview guide and lasted between 30 minutes and 2 hours. All but two interviews were voice-recorded and transcribed verbatim. For the two interviews that were not recorded, extensive notes were taken throughout the interview and a summary was written immediately afterwards. Most interviews were conducted in Norwegian, some in English, and three with an interpreter in Kurdish Sorani. The first author also participated in, and noted observations and informal conversations during, social, political, and women's activist events arranged by different Kurdish communities and migrant organizations. Observations and notes were also taken before, during, and after interviews, at three meetings with the group of Kurdish women, and from a close reading of public and social media such as open Facebook pages and websites. In addition, 12 key informants with the topic of FGC as part of their job description were interviewed. As it was mainly in the interviews with Kurdish–Norwegian participants that boy circumcision became a theme, this article reports on those interviews. However, another empirical material informs their views. For example, in informal conversations at the different events, people often asked whether the research project was about boy circumcision even when they were informed that the project focused on FGC and boy circumcision was not mentioned. The Norwegian Centre for Research Data has



approved the approach used for ensuring de-identification of the participants, handling of the research material, and informed consent. In this article all research participants have been given pseudonyms, and, when necessary, person-identified information about participants has been altered in order to ensure confidentiality.

### *Data analysis*

In initial interviews, broad themes about FGC were addressed by asking participants when they first heard of FGC and what they perceived as its consequences. When transcribing and reading the interviews, it became apparent that participants often brought up boy circumcision when they were describing FGC. This observation was noted, and whenever participants brought up boy circumcision the first author pursued the theme in order to gain a better comprehension of how boy circumcision was relevant to FGC. The last interviews asked about MC specifically, including topics such as reasons for MC and how it was conducted. At the end of the fieldwork period, the first author read all transcripts of the empirical material and started to code the data. The focus was on how participants conceptualized FGC; yet, because boy circumcision became a theme during data collection, the coding resulted in categories on the ritual of MC, the consequences of MC, and support and resistance to MC. After discussing this initial analysis with the co-authors, the re-reading and further analysis of the material focused on how participants drew on MC in their descriptions of FGC. At this point, the first author began to review scholarship on FGC and MC, while concurrently and systematically reading through the interview sections where participants addressed boy and girl circumcision. The overarching theme ‘boy or girl circumcision?’ was then identified as reflecting that research participants addressed boy circumcision when asked about girl circumcision, while the following three themes were identified as reasons why participants drew on boy circumcision in their descriptions of FGC: the condemnation of girl circumcision; the acceptability of boy circumcision; and the questioning of the acceptability of boy circumcision. Initially, theories on gender differences and gender sameness were used in attempts to understand the dilemmas of FGC and MC that the participants and the scholarship on MC and FGC described. However, these theories did not enable more than another descriptive account of controversies surrounding FGC and MC. As it was realized that the dilemmas were not only about gender but also ethnicity and medicalization, theories on mapping controversies and the slippery slope argument were then applied to better explain the intersectional dilemmas, rather than simply describing them. The underpinning epistemological stance in this research project is social constructionist, in that we assume that the views research participants shared are, to some extent, based on the controversies surrounding FGC and MC (Crotty, 2009).

### **Results**

In the following, we first detail how boy circumcision was brought up when the participants were asked about girl circumcision. Next, we present three

themes identified as to how the participants more easily talked about boy rather than girl circumcision: (1) the condemnation of girl circumcision; (2) the acceptability of boy circumcision and (3) the questioning of the acceptability of boy circumcision.

### *Boy or girl circumcision?*

Research participants commonly talked about circumcision of boys when asked about FGC, sometimes to draw a contrast to FGC and other times to highlight dimensions of likeness. When asked if she could remember the first time she heard of female circumcision, Zara's response usefully demonstrated how some of the participants introduced boy circumcision without prompting:

I have a few memories of when my little brother was circumcised. [...] My brothers have, of course, been circumcised. To me, circumcision has always been something with boys. [...] It was in Norway that I heard about girl circumcision for the first time.

Becoming aware of the way the participants often drew on boy circumcision in their descriptions of FGC, the first author explored whether her use of 'female circumcision', and sometimes only 'circumcision', prompted participants to address boy circumcision rather than circumcision of girls. The Norwegian term for female genital mutilation (*kjønnslemlestelse*) was also used when asking participants whether they were talking about circumcision for girls or boys when this was unclear during interviews. In this way, it became apparent that circumcision referred to both girls and boys, but that it was somehow easier to talk about and describe boy circumcision. Participants also explained that the Kurdish term '*Khatana*' means circumcision of children; a specification should be added to indicate whether one is talking about boy or girl circumcision. One reason for the apparent ease in addressing boy over girl circumcision seemed to be related to their condemnation of FGC.

### *The condemnation of female genital cutting*

Participants shared a relatively uniform condemnation of the circumcision of girls. This condemnation differentiated girl circumcision as negative from a sense that boy circumcision was acceptable. Men and women commonly argued that they would not expose their daughter to circumcision based on their own experiences or knowledge of others' experiences with FGC. Twenty-year-old Cimen, for example, said that she was uncircumcised because her mother 'would never want her children, or her daughter, to go through what she herself had gone through'. Many based their condemnation of girl circumcision on the opinion that it is an old tradition, not religiously required, non-consensual, suppresses women, and has negative sexual and health consequences.

One exception was Samal, who was in his 30s and had lived in Norway for almost 10 years. He was not entirely convinced by the religious and medical arguments condemning FGC. Samal highlighted what other research participants often implied: that they did not fully recognize themselves in condemning public discourse on FGC in Norway. This discourse commonly focuses on Somalis, who practice type III FGC/infibulation, a type unknown to Kurds. While they condemned FGC, some saw it as misleading to discuss Kurdish FGC in the same terms as what they referred to as ‘African FGC’, meaning type III/infibulation. Meryem, for example, claimed that FGC in Kurdistan was not the same as in ‘African countries. For them [Africans] it is a lot worse, because they get circumcised in a different way’. Participants thus seem to share an uncertainty about whether Kurdish FGC was comparable to ‘African FGC’. Leyle, for example, was ‘99% sure’ she was circumcised. She explained that, during her teenage years in her hometown in Iranian Kurdistan, she had seen women assisting at births quickly cut the baby girls’ genitalia. When she got older, she had asked her mother whether she had been cut in that way. Her mother could not give her an answer, as she did not know what the woman who assisted her during the birth had done. It was when she later lived in Norway that Leyle recognized the cut that she had seen done on new-born girls – and most likely herself – as FGC:

I had forgotten what had happened. With that cut and stuff, until I became familiar with circumcision in Norway, and they began to talk about it being in Kurdistan too. I refused: ‘No, it does not exist in Kurdistan!’ I just denied, because I just thought about that way [‘African FGC’] of circumcising. But eventually I thought back a bit to what happened when a child was born. When circumcising boys and girls. How was it in Kurdistan? Then I thought about the incision they had, and that it was an assault. And then I realized that they circumcised girls.

For Leyle, it was through reflecting upon boy and girl circumcision as somewhat comparable in Kurdistan and the focus on FGC type III/infibulation in Norway that she understood that the way they cut girls could be labelled as FGC. In Norway, it became difficult to understand whether FGC was comparable to Somali FGC or boy circumcision. A reason for the difficulty in fully comparing Kurdish FGC to boy circumcision seemed to be due to a sense of acceptability of boy circumcision.

### *The acceptability of male circumcision*

The participants explained that they found it easier to talk about boy circumcision due to the differences created by perceptions of gender. One example is illustrated by Bayan. When asked why she thought people found it easier to talk about MC

than FGC, Bayan emphasized the implications of norms of decency regarding gender and sexuality:

If there are people visiting, they can easily say: 'My son is getting circumcised'. However, the dad cannot say that my daughter is getting circumcised. Then people will think: 'Oh my goodness! He is talking about his daughters' genitalia'. There will be negative rumours.

Perceptions of gender thus constructed differences in the ways FGC and MC could be discussed. When describing girl circumcision, participants commonly positioned the practice in Kurdistan, distinguishing it from Norway and implying that girls are no longer circumcised. Participants described how, in Kurdistan, the practice was shrouded in secrecy, sadness, and silence, and limited to rural areas. In contrast, boy circumcision was associated with openness and celebration, and could occur in both urban and rural areas in Kurdistan, Norway, and other European countries. While differences according to gender perceptions were a means of separating girl and boy circumcision, Ariya, in her 30s, from Iranian Kurdistan, and Rojan, in his 40s, from Iraqi Kurdistan, showed how childhood experiences highlighted similarities between the practices. Both described an immediate pain that quickly passed when they were circumcised around the age of five to six years old. However, they differentiated the long-term consequences by gender. In contrast to Rojan, who stated that he had 'never ever' had problems due to his circumcision, Ariya discussed experiences of sexual problems and a sense of 'fear in my body and in me'. Other participants commonly separated the consequences of circumcision according to gender in similar ways. Reduced sexual pleasure and desire were commonly described as negative consequences of FGC, whereas boy circumcision was believed to improve their sexual pleasure and desire. However, this distinction was not rigid. Hanan, for example, expressed that, despite having heard that FGC would affect her negatively sexually, she had not experienced sexual problems. Zara, on the other hand, referred to a conversation she had with her male cousin about his circumcision to demonstrate that a loss of sexual lust and desire also could be a problem for circumcised men:

I remember he joked a little bit with: 'You know, you are taking away some of what is also a pleasure part'.

Thus, the distinction between the effects of circumcision according to gender, with boy circumcision as more acceptable than girl circumcision, was not clear-cut. Perhaps because of such unclear overlaps between boy and girl circumcision, several of the participants questioned the acceptability of boy circumcision.

### *Questioning the acceptability of male circumcision*

Some participants did not question the acceptability of boy circumcision, others demonstrated an uncertainty about whether boy circumcision was comparable to

FGC and reflected upon whether boy circumcision was acceptable. Further, some participants rejected boy circumcision. By drawing on her own experience with FGC, Hanan exemplified the latter view:

[FGC] is mental torture for girls. I now have such a negative view that if I have children today [...] I will wait until my son is a little older. When he has grown up, I will ask him if he wants to be circumcised. Because I do not want to do this to my children. Neither my boy nor my daughter. If I ever have children. That's where I am at. We must end this.

Other participants viewed boy circumcision as 'violence too' (Seyran, 40-year-old female, Iraqi Kurdistan), and many explained that they had friends or family who had moved away from Kurdistan and 'didn't even circumcise their boys' (Kamiran, 42-year-old male, Iraqi Kurdistan). However, there was an understanding that 'we should stop the [circumcision] of girls first, and for boys it is far ahead' (Seyran). There were socio-cultural, religious, and biomedical beliefs that supported the continuation of MC. These views were, however, ambiguous; we will explore this ambiguity in the following.

Boy circumcision seemed to be particularly problematic in a Norwegian context where boys are not commonly circumcised. Tara, who had lived in Norway for more than 10 years, explained how she started to question the social and cultural norms surrounding boy circumcision. She had circumcised her son in Kurdistan because 'of the culture there, everyone does it' and 'the [uncircumcised] boys, they cannot get married'. In the interview, Tara expressed regret:

I remember when I circumcised my son. Although there was a doctor there, I was crying all the time. I cried and cried and cried. I thought: 'It's painful for him. Why did I do it?' [...] Although they used anaesthesia, they used a syringe. When I think of it, I'm annoyed with myself, I get angry with myself. I get frustrated with myself. I do not know what my son thinks. He does not say anything. But I know at school it was a little embarrassing for him to be with others. He was different to everyone else at the Norwegian school. He did not want to shower and he did not want to show himself. That feeling just made me . . . it was very painful for me. So now I think: 'What have I done to my son? Why did I circumcise him?' That's what I regret all the time.

While there was ambiguity related to the socio-cultural necessity of boy circumcision in the Norwegian context, some participants drew on Islamic texts to argue that boy circumcision was necessary, while girl circumcision was not. Mahabad, a woman in her 30s from Iraqi-Kurdistan, illustrated this:

With circumcision we all agree, we believe it is from religion [...] that boys should be circumcised, and there is evidence that it should be done. But with girls there is no good evidence that you should do it, or we call it Sunnah [encouraged, but not a compulsory religious practice].

Some participants expanded on Mahabad's view and said that the obligation to circumcise a boy was only applicable to those belonging to particular interpretations of Islam. Some argued that those associated with the more conservative elements of Islam practiced both MC and FGC as they believed this was compulsory according to Islamic texts. Further, many were critical to the increasing Islamization of Kurdistan. Hanan, for example, claimed to not be very religious, and insisted that her resistance to circumcise a future son was a way for her to take a 'distance from religion'. Rojan, the married man in his 40s, expressed that, in a modern interpretation of the Quran, '[boy circumcision] is religious, but not an obligation. It is better to do it, but not a must'. Further, Islam was not the only motivation for performing MC. Arman, for example, identified as Zoroastrian and was circumcised. While he did not mention any religious arguments as to why he, as a non-Muslim, was circumcised, he did not see any problem with MC by insisting that 'when they circumcise boys and women, it is only the men who [gain] anything from it'.

While participants held ambiguous and diverse views on the socio-cultural and religious necessity of boy circumcision, they often justified its continuation by making the procedure 'safe' by using medical facilities, staff and equipment. This was commonly distinguished from girl circumcision, which was easier to reject due to women's rights, the immediate pain and negative consequences for health and sexuality. In dealing with how and when to circumcise a boy there was, however, uncertainty about whether a boy should be circumcised as a baby to avoid remembering the pain, or whether he should be given the right to decide to be circumcised or not when older. Bayan, who was interviewed twice over a one-year period, elaborated on this dilemma. In the first interview, Bayan claimed that she condemned girl circumcision because 'you mutilate that person'. At the time, she was unsure whether boy circumcision was the same, or whether to circumcise her son. A year later, she had circumcised him during a trip to Kurdistan. Bayan emphasized that her decision to circumcise him was not based on culture or religion, but due to a medical problem caused by a tight foreskin. The doctors in Norway had not wanted to circumcise him, she explained, as his condition might have resolved itself before adolescence. However, as she did not want him to remember the procedure, she decided to circumcise him in a hospital in Kurdistan. Nonetheless, she was distressed by her experience with his circumcision due to the pain expressed by her son and the procedure and equipment in the hospital, and she exclaimed 'it was one of the worst things I have ever done'. She hoped, however, that because she had done it when he was young that 'he has forgotten it now'. Based on this experience, Bayan insisted that she would not circumcise her second son unless there was a medical reason to do so. Medical arguments thus seemed to provide an (ambiguous) sense of ease.

## Discussion

Empirical studies in communities where FGC and MC are practiced show that because boy and girl circumcision are often strongly related in the minds of those

who perform them, it is not possible to understand one without the other (Merli, 2010; Prazak, 2016). The anthropologist Miroslava Prazak (2016) argues that it may, in fact, be hard to eliminate FGC while treating MC as a separate practice. Based on the unexpected comparisons that research participants made to MC when asked about FGC in the current study, we expand on the argument that to examine overlaps between FGC and MC can lead to improved understandings of both practices.

A recent qualitative study on perceptions of MC and FGC in another diasporic context – that of Somali-Swedes – found that ‘MC was perceived as an unquestionably required practice, but FC was viewed as a practice that can be adapted or abandoned’ (Wahlberg et al., 2018: 619). Their finding echoes a sense of differentiation of MC and FGC which is also reflected in much public discourse and academic scholarship. However, this differentiation is not as clear in the interviews in our study. We understand this as a consequence of anti-FGC campaigns that, only to a limited extent, have differentiated between types of FGC. Scholarship sometimes emphasizes that women who have been exposed to FGC, particularly forms other than infibulation, may not find the condemning public discourses to be fully applicable to them (e.g. Nyarango and Griffin, 2019). An example of this can be seen in a recent campaign in India where the Dawoodi Bohra Women for Religious Freedom (2019) stated that FGM is not practiced among the Bora, rather they practice a form of female circumcision which they insist is less invasive than MC. Among the Norwegian-Kurds it seems that perhaps due to a focus in research and media debates in Norway on ‘Somali FGC’, or infibulation, the condemning public discourse also does not fully capture the Kurdish-Norwegians’ understandings of what FGC constitute. We have found that their understanding of FGC somehow also overlaps with MC. This overlap between Kurdish FGC and MC may have resulted in some participants viewing boy circumcision as problematic. In particular, childhood experiences, with an emphasis on the immediate pain of being circumcised, seemed to make some participants express doubt about whether, and at what age, they should subject their sons to circumcision, and regret for others who had had their sons circumcised. In many ways, participants had internalized a historical shift – and the current paradigm – in the work against FGC, in which FGC (and increasingly MC) is understood within a human, or children’s, rights framework (Earp, 2015). However, it may be because Kurdish FGC was not only perceived as comparable to boy circumcision, but also infibulation, that there was ambiguity towards a clear rejection of MC. Our findings indicate that socio-cultural and religious grounds are drawn on to argue for the necessity of MC, while these same arguments could, at other times, be used to reject MC. A common perception was that MC could continue in an ‘acceptable’ manner if it was done safely with the assistance of medical staff, equipment, and facilities. Prazak (2016) also found this belief in her 20-year fieldwork in an FGC- and MC-practicing community in Kenya. She found that the global condemnation of FGC had entered local discourses. This did not necessarily lead to total elimination of FGC in this particular community, she argues, as FGC

prevalence rates were still at 96% in 2008. But the global condemnation of FGC contributed to changes in the *meaning* of both FGC and MC, particularly in regard to medicalization. In going to the hospital to get circumcised ‘safely’, boys did not live up to traditional ideals of masculinity, as they did not endure the pain of the ritual. It was more difficult for girls to have the procedure done medically safely due to legal regulations, and community members needed to decide how and whether to circumcise girls, considering how this would affect who the girls could marry (Prazak, 2016). What we have seen in the present study is that a new meaning of boy circumcision is a negotiation of the potential harm a boy may be exposed to. Participants negotiated this by either arguing that the boy should be old enough to consent or young enough that he would not remember the pain. While religious and cultural arguments may have been, and still are, strong motivators for MC also in the Norwegian context, the pain of the ritual seems to be an increasing concern that challenges the motivation for conducting MC on boys (Kirschner, 2012; Solbakk, 2012).

We argue that this changed meaning of boy circumcision can be related to the reluctance to approach girl and boy circumcision as parallel by the Norwegian government, and the 2015 medical regulation of MC. The medicalization of boy circumcision can be understood as a harm-reduction strategy. In contrast, most anti-FGC fundraisers and activists have focused on the total elimination of FGC, excluding any intermediate stages like a harm-reduction strategy, as it is believed that this would counteract efforts to bring to a complete end all forms of FGC (Shell-Duncan, 2001). This opposition to a harm-reduction strategy may be understood through the slippery slope argument (Lewis, 2007): there is a fear that the promotion of morally contested change (e.g. allowing some forms of FGC) inevitably can lead to a negative outcome (e.g. FGC gains new legitimacy). The lack of a harm-reduction strategy in anti-FGC work has been criticized for ignoring possible positive outcomes for women’s health by reducing the risk of medical complications associated with FGC, for example by reducing the amount of cutting, or by conducting FGC in medical facilities by the use of medical staff and equipment—which is already happening in some FGC-practicing communities (Kimani and Shell-Duncan, 2018; Prazak, 2016). What we have seen in the present study, however, is a condemnation of FGC, and, thus, by not offering a harm-reduction strategy, this can be understood as a way of protecting girls’ and women’s rights. However, although there is little empirical evidence of success to support such a claim in the Norwegian context, the possibility that girls may undergo more dangerous circumcisions if the practice goes underground, should not be ignored (Bråten and Elgvin, 2014; Kimani and Shell-Duncan, 2018). In not treating boy circumcision in the same way as FGC, the Norwegian government somehow neglects the ‘relatively strong support for gender equality in Norway’ where the debate has focused on equality as sameness where the institutionalization of gender-neutral legislation has been done without considering gender difference (Bjørnholt, 2013: 26). In not treating boy and girl circumcision in the same way, the Norwegian government has thus succumbed to global hegemonic ‘facts’ that



male and female children have differing genital predispositions and should be treated differently when it comes to the cutting of their genitalia. This also means that the government neglects children's rights to bodily autonomy and values some religious views more than the potential health risks of medically unnecessary boy circumcision. What our findings suggest, nevertheless, is that the Norwegian government's harm-reduction strategy for MC has the potential to make parents or guardians feel uneasy about circumcising their sons, and some parents might decide not to do it. Even though the elimination of MC is not an explicit goal, a harm-reduction strategy for MC, and a zero-tolerance policy for FGC may actually lead to a rejection of MC as the meaning of ritual boy circumcision changes. Further, based upon experiences from other countries, the reluctance to act upon the similarities of FGC and MC may avoid promoting stigmas, such as intolerance towards Islam, anti-Semitism, and violence against women and girls.

### **Concluding remarks**

Scholarship on MC and FGC show how hegemonic global discourses have changed since the 1980s; rather than viewing MC and FGC as similar practices that prepare children for adulthood, an emphasis has been placed on the elimination of FGC. This focus on elimination has separated FGC from MC, in that FGC is commonly viewed as intolerable and MC as acceptable. Activists and scholars are pushing towards a view that the practices are somewhat similar, but, rather than seeing them as acceptable, there is an emphasis on consent and protecting children from harm. It is in this historical context that we have seen confusion about whether Kurdish FGC is comparable to MC or infibulation. Together with the differing political treatment of MC and FGC, and the unclear overlap between the practices, there seems to be a re-negotiation of the meaning of boy circumcision. This meaning constitutes an increasing concern on the right to bodily autonomy and consent and the pain and harm of ritual boy circumcision. In their different treatment of boy and girl circumcision, we suggest that, in many ways, the Norwegian government protects girls' and women's rights, avoids stigmatizing debates on anti-Semitism and intolerance towards Islam, and, perhaps unintentionally, promotes rejection of the practice. While we are not in a position to say that the views shared are the same in other social groups, or in other countries, we suggest that future research should explore the changing meaning of boy circumcision and harm-reduction strategies. This may lead to a better understanding of FGC and MC. In turn, such research can better inform parents in their decision-making processes as well as future political interventions on FGC and MC.

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### ORCID iD

Ingvild Bergom Lunde  <https://orcid.org/0000-0002-9914-085X>

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Part III: APPENDIX





## Appendices

1. Ethical approval from NSD
2. Information sheet for research participants
3. Interview guide Kurdish-Norwegians
4. Interview guide key informants
5. Revised interview guide



## Vil du delta i en studie om kvinnehelse og kulturelle tradisjoner blant Kurdere i Norge?

### Bakgrunn og formål

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Dersom du ønsker å delta eller har spørsmål til studien, ta kontakt med Ingvild Lunde på 48150763 (e-post: [ingvild.lunde@nkvts.unirand.no](mailto:ingvild.lunde@nkvts.unirand.no)), eller veileder Elise Johansen 93011902 (e-post: [r.e.johansen@nkvts.unirand.no](mailto:r.e.johansen@nkvts.unirand.no))



## Samtykke til deltagelse i forskningsprosjekt

### Tittel på prosjekt: **Kvinnelig omskjæring blant Kurdiske innvandrere i Norge**

Jeg har mottatt informasjon og forstått min rolle i forskningsprosjektet.

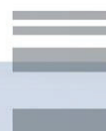
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## Ingvild Lunde

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**From:** Linn-Merethe Rød <linn.rod@nsd.uib.no>  
**Sent:** 4. mai 2015 15:26  
**To:** Ingvild Lunde  
**Subject:** Prosjektnr: 39631. Kvinnelig omskjæring blant Kurdiske innvandrere i Norge/Female genital cutting (FGC) among Kurdish migrants in Norway

### BEKREFTELSE PÅ ENDRING

Viser til innsendt endringsskjema for prosjektet. Personvernombudet har nå registrert følgende endringer:

I tillegg til helseforhold, behandles det også sensitive personopplysninger om seksuelle forhold og etnisk bakgrunn eller politisk/filosofisk/religiøs oppfatning.

Det behandles enkelte opplysninger om tredjeperson (når en informant i et intervju snakker om et familiemedlem eller bekjent). Det legges til grunn at det kun registreres opplysninger som er nødvendige for formålet med prosjektet. Videre registreres det ikke direkte identifiserende opplysninger om tredjepersoner. Så fremt personvernulempen for tredjeperson reduseres på denne måten, kan prosjektleder unntas fra informasjonsplikten overfor tredjeperson, fordi det anses uforholdsmessig vanskelig å informere.

Samtykke fra informantene gis kun muntlig, ikke skriftlig.

Personvernombudet forutsetter at prosjektopplegget for øvrig gjennomføres i tråd med det som tidligere er innmeldt, samt personvernombudets tilbakemeldinger.

Ta gjerne kontakt dersom noe er uklart.

--

Vennlig hilsen

Linn-Merethe Rød  
Seniorrådgiver

Norsk samfunnsvitenskapelig datatjeneste AS Personvernombud for forskning Harald Hårfagres gate 29, 5007 BERGEN

Tlf. direkte: (+47) 55 58 89 11

Tlf. sentral: (+47) 55 58 81 80

Faks: (+47) 55 58 96 50

Prosjektnr: 39631. Kvinnelig omskjæring blant Kurdiske innvandrere i Norge/Female genital cutting (FGC) among Kurdish migrants in Norway      Mark as unread

Øyvind Straume <Oyvind.Straume@nsd.no> Mon 2018-07-02 12:12 A Ugjort Hei

Jeg viser til telefonsamtale i dag 02.07.2018.

Du forklarte i telefonsamtalen at det å ta kontakt med utvalget kan være problematisk, og kan medføre at sensitiv informasjon kommer på avveie til familiemedlemmer.

Vi ble enige om at den beste fremgangsmåten er å anonymisere datamaterialet, og jobbe videre med anonyme data. Jeg avslutter dermed saken og registrerer at data er anonymisert. Dersom du likevel vil ha behov for å jobbe med ikke-anonyme data ber jeg om at du tar ny kontakt.

Vennlig hilsen Øyvind Straume Seniorrådgiver | Senior Adviser Seksjon for personverntjenester |  
Data Protection Official T: (+47) 55 58 21 88

NSD - Norsk senter for forskningsdata AS | NSD - Norwegian Centre for Research Data Harald  
Hårfagres gate 29, NO-5007 Bergen T: (+47) 55 58 21 17 postmottak@nsd.no      www.nsd.no

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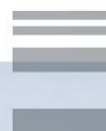
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## **Interview guide key informants**

Tema som kan bli dekket er:

- Arbeid med kvinnelig omskjæring blant kurdere
- Inntrykk av utbredelse av kvinnelig omskjæring blant kurdere

Eksempler på spørsmål:

1. Hva slags erfaringer har du med omskjæring og Kurdere?
2. Er kvinnelig omskjæring utbredt blant Kurdere i Norge?
3. Er det utfordringer å jobbe med Kurdere og kvinnelig omskjæring?
4. Hvilke tiltak finnes for å jobbe med omskjæring som du kjenner til?
  - a. Hvilke innvandrergupper er de rettet mot? Er det et hovedfokus på Somaliere i tiltakene?
  - b. Hvordan tilnærmer hjelpeapparatet Kurdere?

## Interview guide Kurdish-Norwegian research participants

- Jeg heter Ingvild Lunde, og er ansatt som forsker ved Nasjonalt kunnskapssenter om vold og traumatisk stress
  - Målet med denne studien er å få en forståelse av hva kvinnelig omskjæring betyr i dagens samfunn blant kurdiske innvandrere i Norge og i Kurdistan.
  - Om du sier ja til å delta i studien så kan jeg bruke sitater eller fortellinger som vil bli publisert i tidsskrifter og doktorgraden
  - Om du har personlige bekymringer knyttet til temaet etter intervjuet, er det fint om du sier fra. Jeg kan gi deg informasjon om helsetilbud og lignende.
  - Din deltagelse i studien er konfidensiell, navnet ditt kommer ikke til å bli skrevet ned og jeg vil de-identifisere deg, som kan bety at jeg endrer på noen karakteristikker ved deg om det er nødvendig. Informasjonen fra mange mennesker vil analyseres sammen, og ingen kan kjenne igjen deg eller din historie. Alle notater jeg tar låses inn i et trygt skap, og datamaskinen min er sikret med passord.
  - Din deltagelse er frivillig, og du kan trekke tilbake deltagelsen din nå, under intervjuet eller når som helst for jeg begynner å skrive den endelige rapporten cirka desember 2015
  - Intervjuet foregår mest som en samtale som du kan styre i stor grad, om det er noen spørsmål du ikke vil svare på så trenger du ikke svare.
  - Jeg pleier å starte intervjuet med at du forteller litt om deg selv, så snakker vi litt om omskjæring i Kurdistan, hva som skjer når en person flytter fra Kurdistan til Norge og så hvordan det er å leve i Norge som omskåret.
  - Om det er noen av spørsmålene du ikke vil svare på så trenger du ikke svare.
  - Intervjuet kan vare fra 30 min til 2 timer. Hvor lang tid har du?
  - Jeg liker å ta opp intervjuet på bånd slik at jeg lettere kan huske hva vi har snakket om, og for å forsikre meg at jeg har forstått det riktig. Opptaket blir slettet når jeg har skrevet notater fra intervjuet, helst i morgen eller dagen etterpå. Er det ok for deg om jeg tar opp intervjuet på bånd?
- 
- Har du noen spørsmål?
  - Vil du delta i denne studien?
  - Vil du starte intervjuet? Husk at du kan stoppe intervjuet når som helst og også velge å ikke svare på enkelte spørsmål (skru på båndopptager om ok).

## LITT OM DEG

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1. Jeg pleier først å spørre litt om deg, før jeg spør litt om omskjæring i Kurdistan. Etterpå spør jeg om livet i Norge og omskjæringens betydning her. Kan du fortelle meg litt om hvor du kommer fra i Kurdistan? (by eller bygd, gjerne navn + Iran, Irak, Tyrkia eller Syria)
  - a. Gikk du på skole i barndommen?
  - b. Hva gjorde foreldrene dine?
  - c. Jobber du eller går du på skole nå?
  - d. Har du familie?
  - e. Når kom du til Norge (cirka alder)?
  - f. (Har du vært på besøk i Kurdistan om du har bodd hele livet i Norge?)
  - g. Når var første gang du hørte om kvinnelig omskjæring?
  - h. Var kvinnelig omskjæring vanlig i nabolaget du vokste opp?
  - i. Var kvinnelig omskjæring i fars eller mors slekt? Hvorfor/hvorfor ikke
    - i. Kjenner du noen som er omskåret?

## KURDISTAN

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2. Hva vet du om kvinnelig omskjæring i Kurdistan?
  - a. Hvor praktiseres kvinnelig omskjæring i Kurdistan?
  - b. Når kom omskjæring til Kurdistan?
  - c. Hva skjærer de bort?
  - d. Hvorfor omskjæres kurdiske kvinner?
    - i. (Er det for å kontrollere seksuell lyst eller redusere nytelse?)
    - ii. (Står det i Koranen? Hvem er «de ekstreme» som gjør det?)
    - iii. Snakker en mann og en kone om omskjæring før man gifter seg?
      1. (Jomfru: Hva betyr det? Hvorfor er det viktig å være jomfru og ikke viktig å være omskåret?)
    - iv. Kan menn merke om en kvinne er omskåret?
  - e. Hvor skjer omskjæringen?
    - i. Hvem bestemmer at en jente skal omskjæres?
    - ii. Hvor gammel er jenta?
    - iii. Hvem er omskjæreren?
    - iv. Hvem pleier å være tilstede?
    - v. Hva slags utstyr brukes?
    - vi. Har du sett en omskjæring?
    - vii. Har du snakket med noen som er omskåret?

- f. Tror du kvinnelig omskjæring har tatt slutt i Kurdistan?
  - i. Hvorfor?
  - ii. (Hvis det er «hemmelig», hvorfor skal man omskjære en jente?)
  - iii. (Hvorfor er det kvinneundertrykkende når det ikke har skader?)
  - iv. Hva er forskjellen på kvinnelig og mannlig omskjæring?
  - v. Har du hørt om noen som er omskåret? Hvem?
  - vi. Tror du noen er omskåret som ikke vet at de er omskåret?
- g. Er det forskjell i hvordan yngre og eldre ser på kvinnelig omskjæring?

## MIGRASJON

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- 3. Når du flyttet til Norge, endret noe seg i måten du tenkte på kvinnelig omskjæring på?
- 4. Tror du noen endrer synet sitt på kvinnelig omskjæring når de kommer til Norge?
- 5. Hvis noen drar tilbake til Kurdistan på ferie, for eksempel for å gifte seg, tror du noen kan bli omskåret da? Hvem?
  - a. Er det lett for en kurdisk kvinne å si at hennes døtre ikke skal omskjæres?

NORGE – Vi kan regne med at det er en god del kurdiske kvinner som lever med å være omskåret i Norge.

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- 6. Har du fått noe informasjon om kvinnelig omskjæring etter du kom til Norge? (UDI, helsepersonell, skole e.l.)
  - a. Har noen nordmenn spurt deg om kvinnelig omskjæring?
  - b. Snakker kurdere i Norge om kvinnelig omskjæring?
  - c. Vet du hvilke lover Norge har om kvinnelig omskjæring?
    - i. Tror du loven har noe å si for kurdere?
- 7. Hvordan tror du det er å være kurdisk kvinne i Norge og være omskåret?
  - a. Vet du hvilke andre innvandregrupper som kommer fra land hvor omskjæring skjer? Hva tenker du om det?
    - i. Er det forskjellige typer?
- 8. Har du hørt at det er mulig å lage en ny klitoris?
  - a. Hva tenker du om det?
  - b. Hva slags hjelp tror du kurdiske kvinner som er omskåret trenger?

9. Synes du at omskjæring blant kurdiske kvinner er et viktig tema? Hvorfor/hvorfor ikke?
  - a. Tror du kvinnelig omskjæring er et viktig tema for andre kurdiske kvinner?
  - b. Hva slags andre temaer er viktige for kurdiske kvinner?
  - c. Er det noe sammenheng mellom ære og omskjæring?

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Etter intervjuet er ferdig:

1. Har du noen spørsmål til meg?
2. Kjenner du noen andre som kan være interessert i å delta i studien?
3. Infoskriv!

## Revised interview guide

Tema	Spørsmål
<p>Mor-datter forhold</p> <p>«Mange har fortalt meg at de har vært litt sint og kanskje såret fordi mammaen lot de bli omskåret. Mange har også sagt at mammaen kan være lei seg for at jenta ble omskåret. Jeg synes det er vanskelig å forstå hvorfor mammaen fortsatt lar jenta bli omskåret hvis hun egentlig ikke vil»</p>	<ul style="list-style-type: none"> <li>- Hvorfor tror du en mor lar datteren sin bli omskåret?</li> <li>- Har storfamilien noe å si for at en jente blir omskåret?</li> <li>- Hvordan tror du det at mor har bestemt at datteren skal omskjæres påvirker deres relasjon gjennom livet?</li> <li>- Kan du si noe om hvilke problemer en kvinne støter på i løpet av livet på grunn av omskjæringen?</li> </ul>
<p>Seksuell nytelse og seksuell lyst</p> <p>«Mange sier at omskjæring gjøres for å kontrollere sexlysten og sexnyttelsen til kvinnen. Mange sier at de har problemer i ekteskapet pga av seksuelle problemer, og noen sier at de til og med skiller seg fordi kvinnen ikke har lyst på sex på grunn av omskjæringen».</p>	<ul style="list-style-type: none"> <li>- Tenker du (og andre) at en kvinne kan vise at hun har lyst på sex?</li> <li>- Tenker du (og andre) at en kvinne skal nyte sex?</li> <li>- Skal en mann vise seksuell lyst?</li> <li>- Skal en mann nyte sex?</li> <li>- Er det omskjæringen som gjør at mange kvinner snakker om seksuelle problemer? (Orgasme, våthet, lyst, gjør det vondt, psykologisk/fysisk) <ul style="list-style-type: none"> <li>o Kan det være andre grunner til seksuelle problemer?</li> </ul> </li> <li>- Hva gjør man i ekteskapet når man har seksuelle problemer?</li> <li>- Er det lett å skille seg?</li> </ul>
<p>Mannlig/kvinnelig omskjæring/type 1</p> <p>«Mange sier at det arrangeres fest i forbindelse med mannlig omskjæring og at menn får bedre sexliv av å være omskåret. Det blir jo det motsatte av kvinnelig omskjæring, det er ofte hjemme og uten fest og mange beskriver at for kvinner gjør omskjæringen vondt og skal holdes hemmelig»</p>	<ul style="list-style-type: none"> <li>- Hvorfor omskjærer man menn?</li> <li>- Har menn problemer på grunn av omskjæringen?</li> <li>- Hva er forskjell på mannlig og kvinnelig omskjæring?</li> <li>- Hvorfor er kvinnelig omskjæring hemmelig?</li> <li>- Hva er positivt med kvinnelig omskjæring?</li> <li>- Hvorfor tror du noen er imot mannlig omskjæring?</li> <li>- Hvorfor tror du noen blir imot kvinnelig omskjæring når de flytter til Norge?</li> </ul>
<p>Kvinne</p> <p>«Jeg får inntrykk av at mange kurdere kjemper for kvinners rettigheter og at det noen ganger kan være vanskelig. Noen</p>	<ul style="list-style-type: none"> <li>- Hvorfor skal man ikke snakke om det som kalles «kvinneting»?</li> <li>- Hva er egentlig såkalte «kvinneting»?</li> <li>- Hvilke kvinner tror du blir «lettest»</li> </ul>

<p>får trusler fra andre i miljøet hvis de snakker om kvinneting, samtidig er de aller fleste jeg snakker om opptatt av at kvinnene skal få det bedre i samfunnet og ønsker likestilling»</p>	<p>gift?</p> <ul style="list-style-type: none"> <li>- Er det viktig å være jomfru før man gifter seg? (Både jente og gutt)</li> <li>- Kan du si noe om hva slags typer vold kvinner blir utsatt for? Er det akseptert?</li> <li>- Er kvinner likestilt menn? Hvordan? Seksuelt?</li> <li>- Hvordan endrer forholdet seg mellom en mann og en kone når de flytter til Norge?</li> </ul>
<p>Renhet</p> <p>«Mange sier at før skulle man omskjæres for å bli ren»</p>	<ul style="list-style-type: none"> <li>- Hva betyr det å bli ren?</li> <li>- Er det viktig å være ren nå?</li> </ul>
<p>Skam</p> <p>“Mange forteller meg at det er en skam at kurdere har kvinnelig omskjæring, og at det er en skam å være omskåret i Norge. Noen forteller meg at jeg må være forsiktig når jeg snakker om Kurdistan og temaer som kvinnelig omskjæring, æresdrap og tvangsekteskap» ”</p>	<ul style="list-style-type: none"> <li>- Hvordan er det å være kurdisk kvinne og være omskåret i Norge?</li> <li>- Hvorfor er det en skam at kurdere har omskjæring?</li> <li>- Hvorfor tror du mange forteller meg at kvinnelig omskjæring ikke er et problem i Kurdistan?</li> <li>- Hva har IS å si for kvinners rolle og synet på seksualitet?</li> <li>- De som bor i Norge i dag og velger å omskjære jentene sine, hvorfor gjør de det tror du?</li> </ul>