A STUDY OF THE FACTORS PERPETUATING INFIBULATION AMONG SOMALI-MUSLIMS IN MANDERA DISTRICT, KENYA

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF ARTS, KENYATTA UNIVERSITY

BY

ABDI MOHAMED ALI

SEPTEMBER 2003
Declaration

This thesis is my original work and has not been presented for a degree in any other university or for any other award.

Signed: ABDI MOHAMED ALI
Date: 15/9/2003

This thesis has been submitted with our approval as university supervisors.

Signed: Prof. Mohammed I. Abouegl
Date: 16/9/2002

Signed: Rev. Dr. Moses M. Mutwiri
Date: 15/9/2003
Dedication

This work is dedicated to (Marhumah) Fatuma Ibrahim for her great love and concern for my education. May Allah reward her in the Day of Judgment. To my wife Markaba Jimaale, my sons and daughters for the loneliness they suffered during my absence in pursuit for education.
Acknowledgements

This study could not have been accomplished without the tireless efforts of my supervisors Prof. Mohamed I. Abouegl and Rev. Dr. Moses M. Mutwiri for their understanding and dedication to work. I thank them most sincerely for their relentless and invaluable guidance and contribution to this work. The foundation stone of this work was laid by Dr. Anne Kubai who also supervised my work before she left Kenyatta University and her role in guiding me in the initial writing of this work.

Special thanks go to my lecturers for their assistance and advice especially, Mr. N. Kahumbi, Mr. Z. Samita, Mrs. M. Gichaga, Mrs. P. Okemwa, Mr. Dekow Shallow (Environmental Planning) and Sheikh Kheir, Imam, Kenyatta University.

I am also indebted to all friends who constantly encouraged, supported and prayed for me. Special thanks go to Hon. Adan Keynan, MP, Wajir West, Mr. Abdullahi A. Gassey, Adan Patel, Mohamud Duale and Amina Hassan for their financial support. In addition, special thanks go to my uncle Abdi Adan Hanshi, Ali M. Ibrahim (DEO) Mandera, Mr. Sadrudin Haji Noor and Enow Gulia, Principal Mandera Boys Secondary School. Finally but not the least, I wish to thank Adan Yussuf Diis, and Shabir S. Ahmed who gave me the moral support during my study. Mr. A. D. Bojana deserves special gratitude for editing and proofreading the final work.

All in all, many people have contributed either directly or indirectly to the final version of this thesis. I wish to record my sincere appreciation for their efforts in general. Finally, any shortcoming in this work rests entirely with me.
ABSTRACT

The study is mainly concerned with factors perpetuating infibulation among Somali Muslims of Mandera District, North Eastern Province. The purpose of the study is to identify and discuss socio-cultural factors that perpetuate infibulation among Somali Muslims; investigate the role of Islam in female circumcision among Somali Muslims; assess the effects of infibulation on both the health and education of the Somali girl-child; identify strategies that can be employed to minimize dangers of infibulation among Somali Muslims.

The research is significant in bringing a clear picture of what is perpetuating the practice. Is it Somali culture or religious factor? It also highlights on the effects of infibulation on health and education of the Somali girl-child and women. It is also to create awareness on how the practice of infibulation can be minimized.

The conceptual framework of the study was based on the educational theories of Friere (1973) namely, "The banking Concept and Problem posing concept education" and the Quran and Hadith. The study focused on how these concepts can bring change through consciousness raising education and as well as through learning the correct teaching of Islam on female circumcision.

The study adopted a descriptive survey design. The target population was all ulamaa, parents, nurses, traditional birth attendants, circumcisers, head teachers, and circumcised teenage girls from Somali community. The Snowball sampling technique was used to
select 30 ulamaa, 30 traditional birth attendants, and ten nurses to participate in the study. The stratified random sampling technique was used to select 30 male and 30 female parents. The simple random sampling technique was used to select seven headteachers, and twenty circumcised teenage girls, while the purposive sampling technique was used to select six circumcisers to participate in the study.

The research instruments were interviews and written questionnaires. The questionnaires and interviews were administered to ulamaa, parents, nurses, traditional birth attendants, circumcisers, and headteachers and circumcised teenage girls. The researcher used both primary and secondary sources of data. The data was synthesized and categorized according to themes of the study. Descriptive statistics and tables were used to explain the features of the study.

It was found out that those socio-cultural factors like “Hido iyo dhagan” (Somali culture) perpetuated female infibulation. Islam rather may accept only a mild form of circumcision, which is optional. The Somali community was aware of the effects of infibulation on the health and education of their daughters and women but there was resistance to change as it has great value for them. Men are also resistant to change because they cannot marry uninfibulated woman. In view of the danger that result from infibulation, women are most affected and continue to promote the practice. It is recommended by this study that more information is vital to enlighten the Somali community in Mandera District of the dangers associated with female infibulation, in a move towards the policy of ‘amelioration’.
It is also recommended that the stakeholders like the local men and women, including Imams, educationist to be involved in developing any programme that may bring a positive change. Islamic ulamaa should clear the air on the position of Islam in the rite of female infibulations through preaching the correct teachings.
### Abbreviations and Acronyms

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<tr>
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<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AIDS</td>
<td></td>
<td>Acquired Immuno Deficiency Syndrome</td>
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<tr>
<td>AS</td>
<td></td>
<td>Álayhi Salaam (may peace be upon him)</td>
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<tr>
<td>BBC</td>
<td></td>
<td>British Broadcasting Corporation</td>
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<tr>
<td>BC</td>
<td></td>
<td>Before Christ</td>
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<tr>
<td>DEO</td>
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<td>District Education Officer</td>
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<td>FC</td>
<td></td>
<td>Female Circumcision</td>
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<td>FGM</td>
<td></td>
<td>Female Genital Mutilation</td>
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<tr>
<td>FPAK</td>
<td></td>
<td>Family Planning Association of Kenya</td>
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<td>GoK</td>
<td></td>
<td>Government of Kenya</td>
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<tr>
<td>HIV</td>
<td></td>
<td>Human Immuno Deficiency Virus</td>
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<tr>
<td>MoH</td>
<td></td>
<td>Ministry of Health</td>
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<tr>
<td>MDDP</td>
<td></td>
<td>Mandera District Development Plan</td>
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<tr>
<td>NEP</td>
<td></td>
<td>North Eastern Province</td>
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<tr>
<td>NGO</td>
<td></td>
<td>Non-Governmental Organization</td>
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<td>PATH</td>
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<td>Programme for Appropriate Technology in Health</td>
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<tr>
<td>PBUH</td>
<td></td>
<td>Peace Be Upon Him</td>
</tr>
<tr>
<td>RA</td>
<td></td>
<td>RadhiyaAllahu 'Anhu and Anha (may Allah be pleased with him or her)</td>
</tr>
<tr>
<td>TBA</td>
<td></td>
<td>Traditional Birth Attendant</td>
</tr>
<tr>
<td>USA</td>
<td></td>
<td>United States of America</td>
</tr>
<tr>
<td>WHO</td>
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<td>World Health Organization</td>
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**Definition of terms**

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<tr>
<td>Clitoridectomy</td>
<td>Removal of the skin over the clitoris or the tip of the clitoris. This is the mildest form of circumcision.</td>
</tr>
<tr>
<td>Excision</td>
<td>Removal of the entire clitoris and the <em>labia minora</em>, but without closing up of the vulva.</td>
</tr>
<tr>
<td>Female Circumcision</td>
<td>Surgical removal of part of female genetalia.</td>
</tr>
<tr>
<td>Infibulation</td>
<td>Removal of the clitoris, the <em>labia minora</em> and parts of the labia <em>majora</em>, stitching together the sides and leaving just a small opening for urine and menstrual fluid to pass through.</td>
</tr>
<tr>
<td>Pharonic circumcision</td>
<td>A type of circumcision, which originated from Egypt. Same as infibulation.</td>
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CHAPTER ONE

1.1 Background to the study

Female circumcision has been a tradition since antiquity. Though the origin is unknown, Badri and Badri (1990) state that it began in 500 BC. Robinson (2000) however, states that it originated in Africa as a cultural practice during the era of pharaohs in Egypt before the advent of Islam. The first historical reference to it can be found in the writings of Herodotus, who reported its existence in ancient Egypt in the 5th Century B.C. He was of the opinion that the custom may have originated in Ethiopia or Egypt, as it was performed by Ethiopians as well as Phoenicians and Hittites (Taba, 1980). A Greek papyrus in the British museum dated 163 B.C. mentions that circumcision was performed on girls at the age when they received their dowries. It is probable that from its origin in Egypt and Nile Valley, circumcision may have diffused to the Red Sea coastal communities along with Arab traders and from there into eastern Sudan to East Africa (Modawi, 1974). In the Somali Community, there is a consensus belief that in Egypt during the time of Pharaoh women were infibulated in order to control their sexuality, for chastity purpose.

Female circumcision (FC) has evolved from early times in communities desirous of establishing control over the sexual behaviour of women. The concern over the women’s sexual morality was not apparently confined to Africa alone neither was ingenuity to curb female sexuality displayed on Africa alone. The early Romans had rings threaded through the *labia majora* of their female slaves to control their sexuality (Assaad, 1979, Wallerstein, 1980). The practice of FC was widespread at some point in history. It is mainly persistent in the middle belt of Africa. This is from Senegal in the West, to
Somalia in the East. Some countries in North Africa and Asia practise the ritual too. The practice is documented in at least twenty-seven countries of Africa. It has also been reported in the Muslim population in Indonesia, Sri Lanka, Malaysia and India. In the developed countries, FC is found among the immigrant populations (Toubia, 1985).

It is estimated that over 200,000,000 women are circumcised in Africa, Middle East and Asia. It is also approximated that 2,000,000 girls are subjected to circumcision annually, while 6,000 circumcisions are conducted daily (WHO, 1998).

In Kenya, it is rated that over 50% of communities circumcise their girls as a rite of passage with ceremonial ritual marking transition from girlhood to womanhood (PATH, 1993). This FC has been presented as deeply rooted in Kenyan communities, especially among the Ameru, Gusii, Kipsigis, Maasai, Nandi, Sabaot, Somali (Thairu, 2000). The Somali society is a homogenous community with a strong sense of unity based on cultural, linguistic, ethnic and religious backgrounds. Majority are Muslims and they adhere to the great Shafii School of Theology. Although they are said to be highly adaptable people, they are strict and conservative in their religious outlook and practice (Hassan, 1995).

Kenyan Somali of the North Eastern Province (NEP) is such a community which culturally adheres to the ritual of infibulation with utmost zeal. Majority of girls between the ages of 5 to 10 years undergo the rite of infibulation. This is rated by some as the worst type of circumcision. Their lifestyles are controlled by sets of customary laws called “Hido iyo dhagan.” (Somali Culture) They value virginity as a pre-requisite to traditional marriage. The preservation of virginity ensures social dignity of the family
and clan. Indeed, it is the search for pleasure out of infibulation which forms a ‘natural’ barrier of flesh which generates the practice of infibulation or vaginal closure. A girl who is not ‘cut’ will not be socially accepted or married. In a situation where the bride has lost ‘virginity’ before the wedding night, she and her family could be relegated to shame. In some instances, the marriage could be terminated (East Africa Standard, April 8th 2001; Abdalla, 1982). In this regard, there is no clear indication of the relationship between the cut (infibulation) and virginity. According to the Islamic teachings, virginity is natural and not man made. Therefore, the infibulation of the female genitalia is not a practice to maintain virginity of the girl-child.

Conversely, whereas Islam may seem to appear in conformity with the Somali cultural practice, it approaches the issue with caution. For instance, Abdikadir (1995) sees FC as the removal of the lower parts of the protruding skin at the top part of the vagina. According to this argument, it is a ritual to remove the excess skin covering the clitoris and leaving the clitoris itself intact. This is contrary to the Somali practice of infibulation where it involves the excising of all the clitoris, the labia minora or labia majora. Sewing is done using thorns from acacia tree. Occasionally, acacia tar “malmal”, a medicinal herb with glue like substance is used to hold edges together. (Dareer, 1982).

The concept of exercising the rite cautiously is further orchestrated in the account of the Hadith in the commentary of Mishkat-ul-Masabih Vol. II where Prophet Mohammed (Pbuh) advised that if carried out, it should be mildly done because “it is better for women and more desirable for husbands’ (Karim 1988:738). This show the scholars of Islam are in support of the practice but not in a barbaric way.
Following the *Hadith* of the prophet Muhammed (p.b.u.h), circumcision was divinely determined for men and not for women. This explains the reason why prophet Abraham was circumcised at the age of 80 years (*Qur'an* 16: 128). Another *Hadith* narrated by Al-Baihaqi say Aisha the prophet’s wife narrated that the prophet circumcised Al-Hasan and Al-Husayn who were his grandchildren on the seventh day of their birth (Ismail, 1997).

Contributing further, Abu Hureira (one of the companions of the prophet) advocated that Islam is a religion of purity, which is accomplished through five deeds. These are circumcision, shaving of pubic hair, trimming the moustache, cutting the nails and removing the hair of the armpit (Muslim and Bukhari). This reconfirms circumcision not as an African cultural pre-requisite, but also having some religious significance within Islam. However, apart from Shafii school of thought in Islam whose proponents deem the ritual as mandatory for both boys and girls, the other three schools of thought namely Hanafi, Maliki and Hanbali portray the ritual as only recommended for girls (Jowsi, 1994). This being the case, it appears that there is a misinterpretation of the concept from its proponents where instead of implementing it mildly or optionally, they are executing infibulation, which might be reflecting total ignorance of interpretation of the *Hadith*.

Islamic law is seen by its faithfuls to have a well-defined tradition of jurisprudence. The source of Islamic Law includes both revelation and reason. The effort of scholars to attain understanding of the Shariah through various tools is called *Ijtihad*. One fundamental rule of the Islamic Law is that whatever is not prohibited is allowed. As a result of such tolerance, many pre-Islamic practices were not immediately eradicated by Islam. In light of this, the reliability and the validity of *Hadiths* in support of FC
especially infibulation practised by the Somalis has been questioned by many contemporary scholars like Abass (1986), Sukari (1988) and Saadawi (1980). They hold that FC might be a pre-Islamic culture that was assimilated into Islamic tradition.

Often, infibulation is usually performed under unhygienic conditions. The medical and psychological consequences of infibulation in particular may be devastating and lifelong. Medical estimates of fatalities among girls subjected to infibulation are quite high, varying from about 10 to 30 percent. High death rates are expected in view of the fact that FC is done at home individually without any exposure (Lightfoot – Klein 1991; Mwanangu 2001). The immediate complications most prevalent include hemorrhage, shock, infection, tetanus and retention of urine. Later complications resulting from a tight infibulation generally involve difficult and painful urination, urinary infections and damming up of menstrual blood in virgins. According to Raminjo (1992), there is possibility of transmission of Human Immuno Deficiency Virus (HIV).

In some cases, infibulation has been associated with school dropouts. It has occasionally given a false sense of maturity and an artificial adult status to girls. For the infibulated girls in the later years, it can contribute to high level of absenteeism, repetition and poor performance (FPAK, 1996).

The practice of FC has generated controversies particularly since the advent of Europeans in Africa. The African 'nationalist' in reaction to missionaries highlighted the practice as meaningful depicting a dichotomy. The mass media, non-governmental organisations (NGOs), international bodies and the Government of Kenya (GoK) through the national plan of action for the elimination of FGM in Kenya 1999-2019 have been on the fight to
The word FGM used in this document is prejudice in the sense that Western feminists who do not understand the significance of initiation rites use it. The United Nations General Assembly Document AR/RTS/48/1040 of 1993 to which Kenya is a signatory, views female infibulation as a violation of human rights against women. In view of the above, this study will attempt to investigate the social-cultural and religious factors related to infibulation among the Somali Muslims in Mandera District.

1.2 Statement of the Problem

There are conflicting interpretations concerning FC from Islam, Somali culture, contemporary scholars and human rights advocates. Whereas the Somali culture advocates for infibulation for the purpose of sexual pleasure. Islam does not allow infibulation of girls at all and the practice is unlawful (Haram). The Somalis do it out of their adherence to their culture and partly due to ignorance of Islamic teaching.

Contemporary scholars, human rights advocates and existing government policy on female infibulation also share the same view with Islamic teachings. The purpose of this study therefore, was to find out factors, which perpetuate female infibulation among the Somali community despite the community being Muslims. The study attempted to answer the following questions so as to recommend correct measures to minimize the practice in this community:-

(1) What are the socio-cultural factors that are perpetuating infibulation among Somali Muslims?
What is the role of Islam in female circumcision among Somali Muslims?

What are the psychological, physical and social effects of infibulation on both health and education of the Somali girl-child?

What strategies can be employed to minimize dangers of infibulation among the Somali Muslims?

1.3 Objectives of the Study

This study was undertaken with the following objectives:

1. To identify and discuss socio-cultural factors that perpetuate infibulation among Somali Muslims.

2. To investigate the role of Islam in FC among the Somali Muslims.

3. To assess the effects of infibulation on both the health and education of the Somali girl-child.

4. To identify strategies that can be employed to minimize dangers of infibulation among the Somali Muslims.

1.4 Research Premises

In this study, the following were formulated as the premises:

1. Infibulation is perpetuated by the existing socio-cultural practices among the Somali Muslims.

2. Ignorance of Islamic doctrines is responsible for the persistence of infibulation among the Somali Muslims.

3. Most Somali Muslims do not associate negative effects of infibulation with the practice.
4. Consciousness raising education can be used to bring positive change among the Somali community.

1.5 Rationale of the Study

The practice of FC is a very controversial issue since the advent of Islam and European in Kenya (Kenyatta 1978; Ngugi 1965; Dareer 1982; Aziza 1982). Indeed, there are conflicting interpretations to FC. On one hand, European missionary viewed it as an evil. On the other, Islam recommends mild FC, while Somali culture demands that infibulation is mandatory. However, no studies have been conducted on infibulation in NEP and in particular Mandera District. The study had sought to address the problems of infibulation without ignoring the socio-cultural and religious realities of the community concerned. The study came up with scholarly contributions to a controversial issue in Islamic literature.

The consequences of infibulation are a source of international concern due to their adverse effects on girl-child and women. In Kenya, the situation has attracted attention from health specialists, religious leaders, educationists, politicians, NGOs and the girls themselves (East Africa Standard, 8th April 2001). In Mandera, 60 percent of pregnant women have complications during childbirth while 40 percent die in the process (Mwanangu, 2001). With this happening, this study came up with findings, which had hopefully assisted in minimizing the rite of infibulation.

Finally, the majority of Kenyans who practise infibulation are Somali Muslims, yet the tenets of Islam do not mention anything on it. There seems something is wrong. This study found what it was and came up with suggestions that would make Muslims
understand the proper teachings of Islam and also to add to the existing literature on the study area.

1.6 Significance of the Study

It is envisaged that the outcome of the study will guide decision makers and planners to come up with policies that integrate religious teachings and modern approach on how to minimize female infibulations. Most of the studies in the literature reviewed are not holistic in nature and therefore the underlying factors, which perpetuate female circumcision, do not come out clearly. This study has adopted a holistic approach to female infibulation crisis and has brought all stakeholders on board on the need to come up with strategies that are easy to implement and replicate in other districts with similar socio-cultural background.

The study, in particular, avails data to policy makers on the need to empower women to stop the practice. This study will also help the Muslim community in Mandera District to have a clear interpretation of the Qur’anic teachings on female circumcision.

1.7 Literature Review

This review focuses on literature dealing with first, initiation rites and the role of women; second, Islamic literature on FC and finally, available literature addressing the effects of FC.

Circumcision has a deeper significance beyond the physical operations (Ngugi 1965; Kenyatta 1978; Mwaniki 1973). It is a communal ideal to which African culture emphasises the fulfillment of one’s role in the community as a means of attaining one’s identity. Group consideration may have greater cultural legitimacy than individual rights.
The main purpose of *irua* ceremony among Agikuyu is to prepare the initiates to be more responsible members of their community. This is the time they assume roles for adults. Such roles include marriage and family duties. On the importance of initiation rites from these perspective, it seems to be contradictory for the Somalis who initiate girls at an early age. The purpose of this study was to find out the significance of the act among the Somalis.

Ngugi (1965:51) puts a premium on FC among Agikuyu, pointing its roles in the affirmation of ethnic identity through initiation in Muthoni's final message to her sister: "Tell Nyambura, I see Jesus and I am a woman, beautiful in the tribe, a real woman knowing all the ways of the hills and ridges". The Somalis have similar views that infibulation secures ethnic identity for the initiates without which they will be in an identity crisis. While focussing on the importance of circumcision among the Agikuyu, Kenyatta (1978), states that, no proper Gikuyu man would marry an uncircumcised girl. It was a taboo for a Gikuyu man or woman to have sexual relations with someone who had not undergone such operations.

Similarly, it is a taboo among the Somalis for a man to marry an uncircumcised woman. This study had tried to attempt to sensitize Somali women and men, that it is not wrong to marry uninfibulated woman.

Mbiti (1967) also notes that societies that observe initiations, do not permit marriage or having children for persons not initiated in the community. In this regard, the Somali community takes the concept of circumcision in general and infibulation in particular as a tribal 'identity'. However, this notion of initiation has no significance to the Somali
community because the ritual is done at an early age. One would question whether the initiates really understand the meaning then. Warris (1999) expresses her sympathy that infibulation done on Somali girls' causes unnecessary pain to them. She sees no value on the ritual and deems it as a mere birthday party as performed for the children in the West. This study challenged the value, which drove the Somali community into infibulating their girls.

According to Kanake (2001), among the Ameru in Tharaka, only circumcised girls could be considered mature women. Uncircumcised women were barred from developing the personality and attributes of womanhood hence remain psychologically little girls forever. They were not to be married or share in community life activities. They were also seen as bad omens to the society or shame to their families. Initiation rites determined their transition to womanhood.

La Fontaine (1985) makes a similar observation, revealing that the words 'boy' and 'man' are given a meaning by the culture in question, where to be a man is to be circumcised. Accordingly, circumcision makes men out of boys and by implication; clitoridectomy makes women out of girls. It applies to the Somalis where culture demands that a woman is not in any way fit for marriage nor can she be considered pure if not infibulated. Women from such communities usually grow and live with this understanding permanently in mind irrespective of the dangers associated with it. The concern for the study is to suggest ways that make girls 'pure' in their society while keeping cultural values without infibulation.
Bonareri (1997), intimates that Abagusii women made decisions that were in line with their domestic spheres. Any decision outside the family was the men’s prerogatives. Women had very limited options regarding their role in the society.

Equally, Somali women were to be submissive to men. Men took important decisions and the role of women was only to comply. The infibulation of girls interestingly was a decision made by women themselves so as to please men. Somali strong cultural practice of infibulation seems to be imposed on very young children. This study has suggested how such children can be liberated from such apparent imposition.

Okemwa (1993), argues that women were immensely conditioned to the patriarchal society and that society had created structures that gradually handicap women without their awareness. They were never consulted in many matters regarding the main issues concerning the clan. The general attitude was that ‘women have never ruled.” Saadawi (1980) views FC as an ‘expression of male power’, a demonic desire to control female sexuality, an endless tyranny of dominating male behind the alibi of culture. Behind circumcision, she narrates is a belief that by removing part of the girls’ genitals, sexual desire is minimized. In this regard, FC is a means of dominating women in a patriarchal society. The study had suggested ways of emancipating women out of this culture.

Sukari (1988), explains that FC has a fragile foundation in the Holy Quar’an and Sunna. He tries to strengthen those foundations in calling upon custom, which contributes a source of Muslim law. For him, FC has become the norm in as much as it is general. It has been practised for a long time because it is not forbidden and remains permitted. One of the principles of Muslim law is that it is better to apply the norm than to give up.
It is with this contention that Muslim law allows a custom based on ignorance to be abolished. In effect, the Holy Qur’an indicates that when Arab pagans were told “come to what God has revealed and to the Messenger.” They said “sufficient for us is what we have found our parents doing” Qur’an (5:104). What if their parents lacked the knowledge and the guidance? The Somali community has the same stronghold on female infibulation. This study was aimed at looking at Islamic laws relating to infibulation.

Aziza (1982), explains that there is hardly any supportive argument for FC in the Holy Qur’an. Indeed, verse 4:119 does not allow man to change God’s creature:

The (devil says) I will mislead them, and I will create in them false desire, I will order them to slit the ears of cattle, and to deface the fair nature created by God.

This verse appears to condemn any change of God’s creation. We also read in part that He perfected everything He created (Qur’an 32:7): Therefore, Qur’anic teachings do not support explicitly infibulation. In fact, FC could be interpreted to be a distortion of what God created, because God is satisfied with His creations. This study tried to find out ways of involving, for instance, the ulamaa in addressing abuses of FC on the basis of Islam.

Abass (1986) is adamant on the rite of circumcision. He defends circumcision for man as having aesthetic and hygienic purposes. He argues that there is however, no existing religious Islamic text in favour of infibulation. He wonders why Saudi Arabia, the cradle of Islam does not practice this rite. In view of Abass’ observation, it is important to establish why Somali Muslims continue with it. This study tried to investigate this issue.
Bouhdiba (1985) sees the practice of excision of girls as simple canonical regulation which is a simple ‘clitoridectomy’. This in itself is the first step in a vantible plot intended to frustrate Muslim women in the share of sexual fulfillment. The operation carried out on the genital organs cannot be considered in isolation from a set of social, sometime religious which he calls unIslamic. To Bouhdiba Muslim girls are brought up in an environment of necessary virginity, deflowered publicly in the wedding night. Excision is like a, ‘vaccination against dangers of sexuality.’ The only reason that it makes this to happen is the superiority of men over women which Islam does not advocate for. This is contrary to the institution of marriage which is supposed to be private where the bridal night is meant for the bride and bridegroom to spend the night together away from the public and not the latter to witness the action to prove the virginity. In this context, Islamic law protects women’s rights to sexual enjoyment (with a legal spouse) as demonstrated by the fact that a woman has the right to divorce on the grounds that her husband does not provide sexual satisfaction.

Clearly, this is to say that Islamic law prohibits infibulation, which impairs the women’s ability to enjoy sexual relations with their husbands. This study intended to address Islamic laws on FC.

Abdikadir (1995), narrates on prophet Muhammed’s (P.b.u.h) sayings on circumcision while conversing with a female exerciser um Habibah who was an immigrant. The prophet told her, “If she was to do, let her do it gently”. Most scholars of Islam have agreed that this Hadith might be defective on its trustworthy of its narrators. This study investigated the genuineness of this Hadith.
Lightfoot - Klein (1991), states that the medical and psychic consequences of infibulation to women is devastating and lifelong. There is high mortality rate among mothers and children in Sudan. In Kenya, probably NEP women might be in a similar situation as Sudan. This study investigated the situation of women in Mandera District.

Mohammud (1991), gave a demographic analysis of urban data family health surveys to examine the effects of FGM on child mortality in Somalia by comparing clitoridectomy to infibulation and child mortality.

The findings were that children whose mothers underwent infibulation experienced high mortality (13-72 percent) than those from clitoridemic mothers. This seems to give the picture of how infibulation is a killing agent among women who practice it. Reswork (1995), prescribes education as a key element which could bring change to communities practicing infibulation. Therefore, this study looked into the possibility of coming up with alternative rite other than infibulation

From the foregoing literature, several observations are made. First, initiation rites in other communities had educational role. But for the Somalis, the educational value is questionable given that the initiates are very young. It appears that it was simply a measure of control of female sexuality. At any rate we need research to confirm or refute this position. Second, the Islamic perspective on FC recommends mild circumcision on girls. Therefore, female circumcision is optional and Muslims have a right to decide to circumcise their daughters or not. Third, FC has several effects on the health and education of the girl-child and women. From the foregoing literature, the negative effect
of female circumcision seemingly far outweighs the benefits. Therefore, this study hopefully had gone along way towards identifying and filling this changing gap.

1.8 Conceptual Framework

Scholars, who have studied initiation rites (Kenyatta, 1979, Mbiti 1969, Mwaniki 1973) have tended to adopt the functional approach. They stress that initiation was important in educating the youth in their respective communities. It also helped one to assume adulthood responsibility, thereby enhancing social solidarity. The functionalist theorists contend that people consistently believe in and follow the society’s shared values to maintain social stability. Social stability will be disrupted if shared cultural values are rejected by majority of the population (Parson 1954). This theory can perpetuate the cultural practice of infibulation because it is done on very young children. Therefore, it cannot fully serve the purpose of our study.

Lewis (1962), explains how Somali women cannot take part in tribal or section assembly of elders. They cannot redress in the case of insult or injury except through the intervention of the agentic group, which they belong to by birth or marriage. The suffering of women is further explained by Abdalla (1982), who observes the various stages women undergo during infibulation which is excision of clitoris and infibulation of the vulva before puberty; opening made by the husband for intercourse at marriage and subsequent opening for delivery of the child after each of which the vulva is partially closed.

This infibulation is done for men’s interest, which is based on patriarchal ideology. It concentrates power in the hands of men by allowing them to own and control property,
make major decisions for the family and society. The patriarchal ideology only identifies
the root problem of how women are to be submissive and passive in their societies. This
ideology does not give a solution to the problem. Therefore, it was not useful to this
study.

Bate (1994) notes that cultural concepts are social phenomena produced interactively.
They are human products, not natural products. People create them, sustain them and
change them. There is absolutely nothing about them that cannot be changed by human
interaction. This study advocated for change through education.

The study adapts the educational theories of Freire (1973), namely, “The Banking
concepts and problem posing concept of education”. Freire sees the Banking concept in
the pedagogy of the oppressed as an insult to humanity. In this concept, students become
depositories. They are seen as adjustable and manageable beings who are therefore easily
dominated. He went ahead and gave the problem posing approach to education to create
consciousness raising education to break the vertical pattern of the Banking concept.

The Banking concept of education to be used in this study refers to a type of education in
Latin America in which knowledge is deposited to the masses. It is a type of education
designed to subjugate the masses, a situation where ‘teachers’ who are used by the
‘oppressors’ issue knowledge while students’ receive it unquestioningly, memorizing and
following it uncritically.

A study of the Somali Muslims in relation to women revealed a similar trend. The
practice of infibulation seems to have no education value, but has to be done
unquestioningly. This is done for men's interest since this is a patriarchal society. It is the Somali women who carry out the infibulation practice on themselves. The main objective behind the banking concept of education is to inhibit the recipients from developing critical consciousness. This would result in their intervention through consciousness, raising education. The result is a passive people who may accept the worldview as deposited on them. This study rejected Freire’s 'Banking concept' and adapted the 'Problem-posing concepts' of education and especially the consciousness of the masses should be followed.

Freire (1973), formulates the problem-posing concept of education as a basis for liberation from the Banking concept, which allows for a dialogue between the teachers and the students and hence making them subjects. Authority is no longer a priority and students are no longer docile listeners but critical co-investigators. It advocates for freedom and dialogue and does not serve interests of the oppressors. It humanizes and liberates all concerned.

On the Islamic perspective, the acquisition of knowledge through education is obligatory. The obligation is conditioned by the rise of new developments and changing circumstances relevant to it and varies with the conditions of the individuals involved. The prophet Muhammed (p.b.u.h) said, seeking knowledge through education is an ordinance obligation on every Muslim. In his Hadith, he urges the Muslim women to seek knowledge like males (Badawi, 1980:16). Women in Islam have been ordered to obtain education in religious and mundane branches of knowledge. In acquiring knowledge and cultural training, Islam does not allow any distinction between man and woman. The prophet of Islam through the Holy Qur'an
taught his followers that a woman is as much a human being as a man. “Allah created you of a single soul, and from the same soul created his mate” (Qur’an 4:1).

In Islam, absolute equality has been established between sexes in so far as civil and penal laws are concerned. The Islamic Sharia does not recognize any distinction between them in so far as protection of life, property, honour and her body is concerned. The best way to eliminate the Somali culture of female infibulation is to educate women and girls using the Holy Qur’an and the Hadith to enable them to know their rights.

Apart from the Qur’an and Hadith, the problem-posing concept of education was used in this study to break the cultural barriers through consciousness raising education and establish dialogue between men and women of Somali Muslims. Education, in its widest sense, has played and will continue to play an essential role in social change, since it constitutes the most powerful, cost-effective tool for reaching the largest number of young Somali people with information and personal development that promote long-term behaviour change. Let the ‘curtains’ be dropped and Somali men and women face the reality of cultural change but holding to Islamic virtues. As Freire (1973) advocates, let men and women in Islam become jointly responsible for a process in which they all grow. This is only through raising consciousness by education. The Holy Qur’an, Hadith and Freire’s theory of education were adapted as a principle guide for the study. Though Freire may have perceived his views within a cultural environment that is different from Islam, I found Freire’s theory appropriate for this study. Knowledge as prophet Muhammed (p.b.u.h) instructed defies cultural and religious frontiers (Muslim and Bukhari).
1.9 Research Methodology

1.9.1 Area and Scope of the Study

Mandera District was the area of study for the research undertaking. It is in the NEP of Kenya. The district is divided into seventeen administrative divisions. It is bordered to East by the Republic of Somalia, to the North by Ethiopia and to West and South by Moyale and Wajir districts, respectively. The district covers an area of 25,871 km. The majority of the inhabitants are Somalis who are predominantly Muslim (see Appendices 2 and 3 figures 1 and 2).

Mandera District has been chosen for this study due to a number of reasons. First, the Somali community in Mandera District has been practising infibulation type of FC for a long time yet as we have already noted they are predominantly a Muslim community. This provided a good context to examine reasons for upholding infibulation that does not have any backing in Islam. Second, 60 percent of pregnant women in the district are reported to have complications during childbirth while 40 percent die in the process due to complications associated with infibulation (Mwanangu, 2001). This provided a sound background to investigate the socio-cultural and religious factors related to infibulation among the Somali Muslims.

1.9.2 Acquisition of Data

The source of information was mainly two-library and field research.

1.9.3 Library Research

A number of libraries were visited and much information, both published and unpublished in relation to the study were available. These are Moi Library at Kenyatta University, Jomo Kenyatta Memorial Library at the University of Nairobi, Tangaza
College Library, UNICEF Library, WHO Library and AMREF Library. Information from these libraries was helpful in writing this thesis. Further review focused on local dailies, periodicals, bulletins and official reports on FC.

1.9.4 Field Research
Data collection during the field research included interviews and questionnaires.

1.9.5 Interviews
Interview guides, formal and informal approaches were used. Oral interviews were conducted by the researcher. This was in Kisomali, Kiswahili, Kiborana and English languages as the context deemed fit. Information was stored in audiotapes or written down at the time of interviewing where convenient.

1.9.5 Written Questionnaire
Questionnaire consisted of both open-ended and closed-ended. Questions related to the objectives of the study and hypotheses to be verified were administered. The questionnaires were administered to ulamaa, parents, nurses, traditional birth attendant circumcisers, headteachers, and circumcised teenage girls.

1.9.6 Sampling Procedures
Purposeful sampling techniques were employed to select three divisions namely, Central, Elwak and Rhamu. The reason for selection was that, the community is homogenous, Second, there is dispersed geography, limited communication and transport system. Third, the lifestyle of the people is nomadic hence carrying out random sampling was difficult. Therefore, it was assumed that the information gathered from the divisions gave the required data from the district. The target population for this study involved
various categories: *ulamaa*, parents, nurses/TBAs, circumcisors, school headteachers and circumcised teenage girls, all from Somali community.

(a) Religious Leaders (*ulamaa*)

*Ulamaas* well versed with Islamic teachings were selected using snowball sampling. They include Imams, *sheikhs*, *khadis*, assistant *khadis*. The district has a total of three hundred mosques. Ten percent of the mosques were selected which constituted a total of thirty mosques in the three divisions. Purposive sampling was used to select one *alim* from each mosque. Those with good knowledge and experience of the *Qur'an* and *fiqh* were selected. They gave the position of Islam on FC.

(b) Parents (Female/Male)

This study employed stratified random sampling procedure to select parents. Sub-groups (strata) were formed for both female and male equally. The mosques forming a benchmark, two parents were selected from each mosque using random sampling technique. This gave us 60 parents to be interviewed with equal male and female parents in the three divisions. Parents gave their views on FC.

(c) Nurses/TBAs

In the divisions selected, we have one district hospital, two health centres and two dispensaries. We have no private hospital in the district. The nurses in this institution are few. Using snowball-sampling technique with the help of the hospital administration, a total of ten nurses were interviewed. Using the sample frame of ten nurses which is ten percent of the total nurses in the district, ten TBAs from each division were selected. This
was identified with the help of the area chiefs. They provided information on the effects of infibulation on girls and women.

(d) Circumcisors
Using purposive sampling, two circumcisors representing each division were selected with the help of the area chief. They were easily available at the grassroot level. They also provided information on how they carry out the operation on girls.

(e) Circumcised Teenage Girls
There is only one girls' secondary school in the district. It is in Central division. The school admits girls from all the divisions. A list of forms 1-4 students was used randomly to select a sample of five students from each class. This totaled to twenty students. The girls gave their personal experience of infibulation.

(f) Headteachers
There are 50 primary schools in the district. Using random sampling techniques, 2 head teachers were selected from each division; totaling to 7 headteachers including the one of the only girls' secondary school. They provided information on effects of infibulation on education.

1.9.7 Data Processing and Analysis
Both qualitative and quantitative methods of data analysis were used. Cumulative data from both primary and secondary sources were synthesized and categorized according to themes and objectives of the study. Basic statistics of means, percentages and tables were
used to analyze and explain the features of the data. These were accompanied by
explanations of findings using the sources of Islamic *Sharia*. Numerical tables showing
percentages or other measures of central tendency were grouped and explained separately
to help complement the findings.

This chapter has outlined the state of the art, the conceptual framework and the
methodology followed in this study. The next chapter focuses on the socio-cultural
practices, which have enhanced the perpetuation of female infibulation among the Somali
Muslim community.
CHAPTER TWO
SOCIO-CULTURAL FACTORS PERPETUATING INFIBULATION AMONG SOMALI MUSLIMS

2.1 Introduction

Chapter one of this study outlined the background information for this study. The chapter provided a concise conceptual framework as a guideline and the methodology to provide the results of this work. This chapter describes the community’s socio-cultural factors, which perpetuate infibulation practice. This is significant because it will help us understand why the inhabitants of the district are Muslims, yet they continue to practise infibulation type of circumcision.

The chapter discusses the historical background of the Somali Muslim community, their settlement pattern, socio-cultural welfare of the Somali community, Islam and its influence on the social life of the community and significance of female infibulation within the Somali value system.

2.2 Historical Background of the Somali Muslim Community and Their Settlement Pattern.

2.2.1 Origin of Somali People

The word Somali is a combination of two words ‘so and mali’ meaning go and milk (Abdi, 1999:23). This is significant as it relates to the Somali life of nomadism and hospitality of welcoming visitors with a cup of milk. Lewis (1967:12) holds the view that the word Somali is derived from Arabic word “Dhumali” referring to Somali riches in livestock, which they exchanged for money. It is further held by Lewis (1967:13) that some Somali pastoral clan families trace their descent from an ancestor called “Samal” who is generally regarded the source of the word ‘Somali’. The assumptions of Abdi
(1999:23) and Lewis (1967:12) are contrary to what many Somalis believe. There is a wide consensus among the Somali community that the genealogy of the Somali people is of Arab origin due to similarity in some cultural practices like naming, occupational livelihood i.e. camel keeping and female circumcision. This study supports this view.

Evans (1967:1) and Lewis (1965:5) argue that the Somali belong to Eastern Hamites who are said to have come from Arabia since the ancient times. They occupied land around the horn of Africa lying between the confluence of the Red Sea and the Indian Ocean.

Since the Somali communities are known for their nomadic lifestyle with their large stocks looking for water and pasture, most of their clan families were scattered in various regions. The present Somali community of Mandera District represents off shoot of a large Somali group located in Southern Ethiopia and South-west Somalia (Dalleo, 1972:2). They are homogenous community, with a sense of unity based on the historical, cultural, linguistic and religious backgrounds. They speak the same language (Somali) and practise one religion, Islam (Hassan, 1995:1).

Both Dalleo (1975:2) and Lewis (1967:12) generally assert that Somali structural setup mainly revolved around a segmentary patronage, which operates at four main levels; clan, sub clan; primary lineage and Dia (blood) pay groups. Considering this structure, most of the Somalis who live in Mandera District belong to members of Degodia clans, Gurreh, Murrale and other so called Somalis. However, the predominant clans are Degodia, Gurreh, Murulle who mainly live in Mandera Central, Rhamu, Ashabito and El-Wak divisions. Other clans live as minority groups in Khalalio division along the Daua river.
2.2.2 Migration

The Somali people began to expand outwards from their traditional homeland by their desire to seek for pasture and water for their herds owing to changing economic conditions such as inter-clan wars and overgrazing. They occupied all lands vacated by the Gallas after a number of battles, and then took possession of the area stretching from north coast Lamu to North Eastern Province of Kenya. According to an oral interview (Ali OI, 26.3.02), the inhabitants of Mandera are believed to have migrated from southern Ethiopia and South-west Somalia. The respondent traced the origin of his genealogy to the researcher up to 50 ancestors of the Somali people. In his account, the Somalis having migrated from Ethiopia found the Borans already settled in Mandera and engaged them in war which ended on a peaceful settlement and intermarriages; as evident from some Somalia clans like Gurreh who speak the Boran language. However, after 50 years of settlement with the Gurrah clan, a new wave of Somalis came from the South-west Somalia and the Borans feeling threatened fought the Somalis but were chased to Moyale and Isiolo districts.

2.2.3 Distribution of Density

In the district, water and pasture determine population distribution and density. Areas with permanent water sources have high population concentration especially around boreholes and earth dams. However, over concentration of livestock and human population around permanent water points have seriously degraded the environment with some water facilities silting or drying up. Consequently, people move from one division to another in search of water and pasture (M.D.D.P. 1997 – 2001:14-16). Central Division has the highest population.
2.3 The Socio-cultural Welfare of the Somali Community

Majority of the district inhabitants pursue a nomadic life of wandering from place to place with their livestock and a small percentage of them are either settled agriculturalists or live in urban centers. The nomadic movement is governed by the availability of water and pasture either within the district or outside the district and only come back when conditions are favorable (Hassan, 1995: 11-12).

To cope with the harsh climatic conditions (during prolonged dry seasons), Somali pastoralists have devised a herding system known as jilei (shifting system) to cope with disease and drought against their animals. Both cattle and camel owners move away with the main stock jil (nomadic hamlet) and leave behind calves and milking cows with the rest of the family. They may be away from their families for a long period depending on the prevailing weather conditions (Abdi, 1999:33).

The cycle of the year for the Somali nomads is the rotation of the four seasons of January, April, July and October (Jilal, Guu, Hagaii and Deer) (MDDP 1997-2001:17). The January to March season is the hardest season of the year when livestock may die of thirst and debility. The nomads’ life is likely to be in danger. Nomads are often on the move looking for water and pasture. The socio-cultural activities are restrained and restricted to minimal level. This season is followed by long rains Guu, during the month of March to May.

The Guu is a period of joy and plenty for the pastoralists. It is during this period that marriages are arranged. Circumcision rites are performed and Qur’anic schools (Dugsii)
intensify their activities. The traditional dances (saar) are also frequent and age is often reckoned by the elders in terms of the number of Guul a person has passed through. It is also during this period that few stocks are sold to clear debts incurred during the dry season. Thus, the rains and abundance of food to eat bring leisure talks among community elders under shady trees to discuss community welfare activities.

The Guul season is followed by the Hagaii (dry and windy season) during the months of June to September. In this season, pastoralists move their livestock and congregate in centres where water is available from wells or any other watering points. They stay here until the next season, Deer (short rains) which begin from late October to mid-December. Thus, the annual system of movement is often dictated by these conditions and therefore socio-cultural activities of the pastoralists are also affected.

2.4 The Role of Heer (Somali Custom)

Among the Somali community, a series of customary laws (Heer) existed in various lineage groups (Dalleo 1975:22). Heer was primarily to settle amicably individual and group conflicts by applying rules and regulations based on the principle of contractual solidarity which contemplated arbitration and careful standard assessment of compensation for damages (Lewis 1967:134).

This approach, which also permeates Somali socio-structure, is also the basis of Somali social consciousness. Several men or parties were considered of the same Heer if agreement had been contracted within one sub-clan with another, or even from a diversified inter-clan agreement. Thus, Heer may describe the socio-cultural features of the community such as the manner of dress, food, laws, customs and minor
compensations for damages. Basically, the rules and regulations were often formulated and controlled by elders (Abdalla 1982:44).

The application of *Heer* was very significant among the Somali community. Individuals in the community had to abide by the rules and regulations formulated by the elders. Any innovations introduced into the community’s social system were judged in relation to the social and cultural practices of the society (Abdiwell OI 24-3-2002). Considering any innovation on female infibulation as a recent phenomenon, the permissibility and change or innovation on infibulation needs to be determined by elders.

An important trend however is that traditionally; the *Heer* was conserved orally and was in the memory of community elders. Today, this is done at the chief’s *Barazas* where elders from various lineage representatives are appointed to the chief’s *Barazas* and formulate community policies. Thus, the chief has an influence in the community’s decision and can help in innovating the system of circumcising girls.

2.5 *Islam and its Influence on the Social Life of a Somali*

Islam is not only a religion but also a social system, a culture and a civilization. It has values, ideas, and goals, which it regards as the culmination of human perfection in all aspects of life. Its legislation is comprehensive. It does not deal exclusively with questions of faith and worship alone but also regulates moral behaviour, social interaction, family formations, and business dealings, system of legislation, community development and even international relations. Thus, the influence of Islam on human activities is too broad but the focus of our study in this section will be on the social life of the Somali Muslim community.
2.5.0 The Status of Women in the Somali Society

Despite some basic similarities, the status of Somali women differs across social groups and to a certain extent across geographic areas. (MDDP, 1997-2001:3). Some distinctions, such as those between rural and urban or nomadic and agricultural are important enough to merit attention. Others fall into the domain of stereotypical preconceptions between different clans in different parts of the district and are principally subjective.

Nomadic women make decisive contribution to the economy in the form of labour and through the products of goat and sheep some of which they own. Women are the architects of the nomad society. They both build and own the nomadic hut (herio). It is an important element of the wedding ritual and marriage and one of the many activities that women traditionally accomplish together (Bishara OI, 26/3/02).

In more settled agricultural areas of the district, mainly along the Daua river (MDDP, 1997-2001:5), women have farming duties working in the fields with other members of their extended families. In urban areas, the women’s status can vary considerably. While opportunities exist, many urban women find their responsibilities restricted to the domestic sphere, where the possibility for self-development and interaction with other women is limited (Habiba OI, 24/3/02).

2.5.1 The Family

The primary social unit in the Somali community is the immediate family ‘Qoys’ or ‘Reer’, consisting of father, mother and children, and, unlike the nuclear family, extending to the blood relatives of both spouses (Abdalla, 1982:43).
Since the Somalis trace their descent through the male, the term "Reer" refers not only to the immediate family, but also applies to the man's family and most distant relatives. Somali political organizations are based on kinship, thus, an aggregate of families interrelated and bound together by blood, live, travel, and go to war together. In other words, the 'Reer' composed of lineage or alliance of lineages share same properties as kinship groups (Irshat, 1999:17).

Great importance is attached to the tribe, the clan, to the big family with many sons, and to communal thinking. With frequent local disputes over land, water, women, and invaders, it is essential for each family and lineage to be as large and as strong as possible; its strength is very much dependent upon the number of sons. Male superiority is intricately woven into customs and Muslim traditions. Since the Somalis are patrilineal, the nomadic lifestyle is suited to the conveniences of the men (Abdalla 1982:43). Women are dependent on a traditional division of labour, which is biased against them. The father is head of the family, and the ultimate arbitrator and controller of family property. A woman has no legal identity in the strict sense of the word. Her property and assets are handled by man who is the head of the family, whether father, brother or husband.

From an early age, the Somali boys are trained to adopt a fundamentally masculine culture; a socialization system, which girls and women are not, permitted to share. The ideal picture of a man which Somalis refer to as nin ragah (a real man) is seen as strong, courageous, proud, assertive, reliable, resourceful, honourable, daring (willing to take risks), warm, generous, firm, outspoken and poetic (Gaiya OI, 29-3-2002).
2.6 Women's Role in the Family

A woman is traditionally considered to be the backbone of the family in all classes of the society. It is her responsibility to keep the house and bring up children. The social position of a family is usually determined by that of the husband, but is widely held that a family is mainly what the wife makes of it (Amina OI, 24-3-02). Despite this, the influential position of the women in the Somali family is not always apparent.

Nomadic women care for numerous livestock; they process pastoral products such as milk, cream, ‘ghee’ (butter); weave mats, rugs and make handicrafts for the Somali mobile hut (herio). They fetch water and firewood no matter how far they must have to go to get them. What is left for men are tasks associated with tribal leaders and the sedentary community and caring for the herds. Men also tend and milk camels, because they consider it a strong, tough animal which women are not physically equipped to deal with (Adan OI, 24-3-02). Camels are a capital resource and a highly desirable form of wealth among the Somalis.

2.6.0 The Position of the Girl-child in Somali Society

This does not depend upon her beauty and tribe, consideration is given to background and decency. The best marriage is always based on Hido iyo daghan, in which the deciding factor is the decency and quality of the family background (Irshat, 1999:24). Unimpeachable virginity is essential to a girl on her first marriage. For the prospective groom, the virginity test is a means of inculcating desirable morality, preserving modesty and guaranteeing the acquisition of a husband from a respectable family. Protecting and safeguarding the security of the patrilineage is of utmost importance.
Women's social position continues to be defined in part by her membership in her father's house even after her marriage. She keeps her father's name and seeks refuge in his house from a mistreatment by her husband (Abdalla, 1982:56). Lewis (1967:40), indicates that ultimately, the women's own kin are more concerned than her husband's kin in any serious offence committed by or against her father's and her husband's houses. She remains part of the 'prestige' structure of her father's descent group while in addition becoming incorporated, through her children into the 'prestige' structure of her husband's descent group.

Somali community men have their *shir* (meeting) within their compounds or under the trees; women never go near these places. They cook and serve men behind the scenes. Women usually serve the best parts of the food to the men of the family, whilst the women, regardless of age, eat separately after the men (Suban OI, 25/3/02).

The birth of a boy is still considered good fortune, while that of a girl is met with less enthusiasm (Irshat, 1999:35). A girl's conduct might bring disgrace to the family honour. The reason they gave is that girls do not increase the lineage population or carry the family name, even though they do bring in wealth.

2.6.1 Bride-Price

An important part of a Somali marriage is payment of the bride-price (*Yarad*). The terms vary, but traditionally the bridegroom offers substantial bridewealth to his father-in-law. Once a marriage proposal has been made and before the actual wedding ceremony, it is customary to give a present (*Guff*) to the bride's kin because, traditional Somali marriage is regarded not so much as between two individuals but between two kinship groups.
When asked who requested a girl in marriage, the name of her husband’s lineage is usually given. The basic *yarad* comprises a number of animals like camels, goats and cattle. Most people believe that the *yarad* constitutes compensation to the bride’s family for the loss of a working member, as well as a deterrent factor against easy divorce.

Among the nomads, the bride’s father returns some of the *yarad* to the groom’s lineage. This is called *Yarad sooran* and means that the father has equipped his daughter with all the necessary things for the new home, especially the craftwork required for the nomadic mobile house (*herio*). It is also customary that whenever the girl returns to or visits her family, she is given a substantial gift (*dhibaad*) in the form of livestock by her father or brothers. There is no fixed law regarding how much *yarad* should be given in any marriage. This depends upon the financial situation of the bridegroom and the extent to which he values the position of the girl and her family.

### 2.6.2 Age at Marriage in Somali Community

Age at marriage has some biological, socio-cultural and even demographic significance. From both Islamic and Somali cultures, girls can be married off from nine years of age. Biologically, sexual intercourse with very young wives may lead to genital pain, laceration and tears; and if pregnancy occurs, it carries risks both to the mothers and children. Socio-culturally, couples may not be able to meet the social requirements of running household and raising children. In addition to this, peace, tranquillity and co-existence will be missing. Thus at a young age, the element of free consent will be missing and the marriage may end in failure and even divorce. Demographically, higher ages of marriage are caused by the bride-price which makes girls married at a much mature age.
2.7 Type and Frequency of Circumcision of Women Among Somalis

Female circumcision is almost universal among the Somalis in North Eastern Province of Kenya (Ambia: 1995:2). Infibulation or pharaonic circumcision is the type generally practised by all the ethnic clans in Mandera District; no girl can expect to grow to the age of puberty without undergoing this operation.

Boys as well as girls in Mandera undergo circumcision as a vital element of *Hido iyo daghan* (Somali culture). Usually no ceremony accompanies these operations, except for some who slaughter a goat for the operated to eat. This depends on the socio-economic position of the family circumcising. Children may be circumcised in a group or individually. Among the nomads, the operation can also be performed upon a group of girls from the same extended family or upon just an individual, but in either case it takes place in an isolated place. The operation is initiated and performed without fuss or feasts, although the occasion has a special significance and there is some preparation. It is usually performed in the cool, early morning. This applies to both boys and girls (Daganey OI, 26-3-02).

Circumcision of girls takes place when they are between the ages of 5 to 10. The only reason suggested for the choice of this particular age from those interviewed regarded this age as small and undeveloped and thus fuss from male attention. Also, it seems that as a result of generation of experience, it has been found that young girls of such age are able to withstand the shock and after-effects of the operation.
2.7.0 Operation as Performed by Circumciser

The little girl is made to sit on a very low stool, then the women 'operator' sits in front of the child with a razor blade or a special knife in some cases. The child's legs are drawn apart and each is held by one or two strong women relatives or friends. Two or more women hold the little girl's arms and shoulders and one holds her head pinning her back to the ground. The girl is held tightly in order to stop her from struggling and also to expose her vulva for the operation. The operator then is able to manipulate the vulva with her razor blade and first excises the clitoris. At that stage, the operator as well as the other women around the girl shouts out an ululating chorus of chants of victory and encouragement, because this is thought to be the act of purification and it also helps to quieten and drown the cries and screaming of the child. The operator then starts to excise the labia minora and various parts of labia majora. All this is done without any anaesthetic or antiseptic precaution. The women continue ululating and giving encouragement to girls until the operation is complete (Circumciser Daganey Ol, 26-3-02).

To sew up, or fasten together the raw edges of the labia majora, the circumciser uses acacia thorns, which she prepares in advance and brings with her. She inserts them into opposite sides usually 4-6 of them on each side, leaving an outlet for urine and the later menstrual flow so small as to admit no more than a fingertip. After the thorns are inserted, the circumciser winds a string or thread from a giraffe's tail around the thorns to hold them in position. The area is then covered with herbs like “malmal” and egg yolk. This dressing adheres to the wound and adequately controls haemorrhage.
When the operation has been completed, the girl’s legs are tied together from the waist to the toes. She is then carried into an isolated place already prepared for her. She lies on her back on a mat with several pillows to support her sides and back and remains like that for a week. The initiate is given a special diet for the first three days; this is designed to avoid frequent bowel movements. She is given hot porridge with pure animal ‘ghee’ (Somali butter) soon after the operation on the first day and she takes little fluid, only a few sips of water at a time. When urinating, she lies on one side while her thighs are still held together.

Four days after the operation, the thorns and other dressings on the wound are moistened with oil then carefully removed. The binder is put back on her thighs, but loosely this time so that she can move slowly, supported by a stick. At this stage, she is also allowed to sleep on her side.

No male is normally allowed to be in the vicinity during the operation, nor to see the girl until she has recovered and returns to normal activities. No unmarried girl is permitted to watch the scene, especially those who have not been circumcised. On the 14th to 16th day after the operation, all binders are removed and then she can begin to take steps or walk about without the aid of a stick (Circumciser Dagany Ol, 26/3/02). The parents of the girl usually have no say at all on the type of operation to be performed on their daughters. It is the society that dictates, and that is infibulation.

2.7.1 After-care in the Infibulation Rite

The study revealed that it is most important for the initiated child to pass urine within six hours after the operation. This is to ensure whether the passage left for the flow of urine is blocked or not. The initiate is taken off her bedding and made to rest on one thigh or
buttock with the lower limbs still tied and is then encouraged to urinate or otherwise risk being taunted and ridiculed as cowardly (fulii). Water may be poured nearby to stimulate micturition. Urination is really very painful and many young girls refuse to pass water for two to three days. Serious suffering can result and some are taken to hospital (Nurse Rahma Ol, 23/3/02).

From the respondents, disinfectants are unknown but during the first few days, traditional aromatic herb (Habag Hagar) and dried sap (foh) are burned below the child, with the intention that the rising fumes will help the healing process and dissipate bad odour resulting from coagulation of blood and stale urine. If the infibulation operation is not successful, as judged by the healing process, it is repeated. The research revealed that some women and girls who were operated not only once but twice, and even three times. The research has revealed that some women deinfibulate themselves after childbirth or divorced to win men. The main purpose of the rite is to achieve a small opening, just big enough to permit urine and menstrual blood to flow out. Family honour depends on making the opening as small as possible; because for the Somalis, the smaller this artificial passage the greater is the girl’s value and reputation.

2.7.2 Reasons Given in Support to the Practice

The respondents gave reasons to support the continuation of the practice and reasons for the motivation of female infibulation among Somalis were the following below:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Women</th>
<th>% of women</th>
<th>Men</th>
<th>% of men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection of virginity</td>
<td>40</td>
<td>43</td>
<td>25</td>
<td>36</td>
</tr>
<tr>
<td>Control of sexual desire</td>
<td>6</td>
<td>6</td>
<td>38</td>
<td>55</td>
</tr>
<tr>
<td>Somali customs</td>
<td>25</td>
<td>27</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>A religious obligation</td>
<td>20</td>
<td>21</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>For hygienic purposes</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
From table 2.1 above, more women support the practice of female circumcision as a protection of virginity compared to men, which is 36 percent. More men consider it a means of control of sexual desire compared to a low percentage of women (6 percent) who see it otherwise. As compared to a relatively low percentage of men, women see the practice as a Somali custom and a religious obligation. A point of consensus is visible in the case of hygienic purposes, where the lowest percentage of opinion in support for the practice occurs. In view of the reasons given, protection of virginity stands out as a major reason for both sexes, which is 79 percent.

The few educated women who opposed the continuation of the practice were all infibulated and their daughters were infibulated, but interestingly they gave their comments, that the practice degrades their status as women who are against their fundamental right but imposed by culture and society. It is a useless practice, brutal, painful, harmful and serving no purpose except to torture women and deprive them of a natural and sense created by God.

2.7.3 Female Infibulation and the Economic of Marriage
The role of excision for an eligibly marriageable woman is a significant mark of womanhood and chastity, which is highly valued in Somali society according to circumciser (Hawa OI, 25/3/02). Infibulation explicitly transforms a girl into a potentially marriageable woman. Somalis perceive infibulation as preliminary stage to marriage. The virtual of infibulation is an important honour to the family of the girls.
2.7.4 The bride’s Virginity

The bride’s virginity is usually proved and evidence proudly displayed on the same day following the wedding celebration (Hassan, OI, 28/3/02). The anxieties surrounding this occasion and its general importance are highly intensified. The bridegroom’s family may examine the bride to ascertain her virginity and only after they are satisfied that this is intact, will the marriage be consummated.

The Somali concept of virginity and the behaviour pattern associated with it influences the status assignment of the family. This concept and behaviour pattern must be maintained at all cost even during the phases of a woman’s life, which involve marita (legal) sexual intercourse (Rukia OI, 26-3-02). The infibulation scars are a seal attesting to the intangible but vital property of the social groups’ patrimony, the honour of the family and patrilineage. The ‘seal’ of infibulation ensures a woman’s sexual purity in which it must be transferred intact upon marriage into another lineage. Should it not be intact, the girl will be totally unacceptable to that lineage, as the family involved would eschew ties with a lineage without honour. Preservation of purity and honour is thus essential if her patrilineage is to maintain its social status, broaden its kinship ties and enhance its patrimony. From those interviewed, this is the economic rationale for the custom of infibulation. Apparently, it is assumed not possible to remove the female ‘virginity’ while infibulated, as it is man-made while virginity is natural.

2.7.5 Attitudes Towards Uncircumcised Women

Somali opinion about the circumcision of women is of great significance within the society and does encourage perpetuation of the practice. Men require infibulated wives and since a girl has no other choice in life but to marry, she must undergo the rite of
operation. The respondents’ perception of society’s attitudes towards uncircumcised females was almost similar in both sexes. This finding is tabulated below:

**Table 2.2: Attitudes towards uncircumcised women**

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
</tr>
<tr>
<td>The society would not accept them because people would consider them loose and oversexed and would question their sexual morals and fidelity</td>
<td>50</td>
<td>53.2</td>
</tr>
<tr>
<td>The society would not accept them because people would regard them as unpurified</td>
<td>33</td>
<td>35.1</td>
</tr>
<tr>
<td>Uncircumcised females are not accepted by society because people would look at them as shame to the Somali culture and traditions</td>
<td>11</td>
<td>11.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>94</td>
<td>100</td>
</tr>
</tbody>
</table>

From table 2.2 above, more men view uncircumcised women as loose and oversexed. Women also have the same opinion with a relatively lower percentage of 53 percent. In both sexes, relatively very low percentages are posited as regards impurity. More women regard uncircumcised women as a shame to the Somali culture and traditions than men who record a low percentage (1 percent).

**2.7.6 Somali Society and Sexual Oppression on Women**

From the Somali context, sexual oppression of women has taken different forms and was achieved through different methods ranging from subtle to the overt. These include
economic, intellectual, physical and psychological. The control of women's bodies and the oppression of their sexuality in one form or another have existed for centuries. Attitudes stemming from this same form of oppression have been responsible for many kinds of sexual assaults on women. This has resulted in them being ignored and efforts made to ensure they are generally kept in ignorance by the society. While men enjoy increasing freedom, women are subjected to more fear, lack of education and infibulation by society out of traditional ignorance against the teachings of Islam, which to them have a cultural value. (Amina Ol, 26/3/02).

These tendencies are notable in many different Somali clans in Mandera District. Infibulation of girls subjected to them by society which is a denial of a fundamental human right to health. The inviolability of the body and natural sexuality to a large number is simply because they are women. The taboo and secrecy surrounding the continuation of the practice of infibulation are the unwillingness of those involved in it to face reality. Those who don't undergo the infibulation practice as shown on Table 2.2 are considered loose, oversexed, unpurified and as a shame from the Somali community perspective.

There is no longer any reason, given the present state of science to tolerate confusion and ignorance about infibulation and women's sexuality. They must not permit their bodies to be crippled and deliberately amputated to serve the society's oppressive practices against women contrary to Islamic teachings.
2.7.7 Conclusion

From the foregoing, it suffices to say that the Somali is a homogeneous community with a distinct value system within which its people are expected to operate. Its customs are to be obeyed. Incidentally, the practice of infibulation is an integral part of the social and cultural practice of the society to which custom is ‘sacred’. The practice derives its legality from the prescriptions set by the community to be followed in constructing family formations through marriage. The best approach towards reducing this custom is to disseminate facts, information and understanding of the complexity by women themselves. No change is possible without the conscious participation of women. It is the duty to fight this rite imposed on young girls by custom and erroneous beliefs. From the respondents, it is only women themselves who can create awareness in the Somali society and influence change or innovation.

The ‘virginity’ of an eligibly marriageable woman is a necessary condition for the execution of an acceptable marriage in the community. Infibulation has therefore been designed to preserve that status of the girl and prepare her for marriage as a sign of chastity and purity to be ascertained within the second day of the wedding according to the Somali culture. Apparently, infibulation therefore is central to the execution of marriage and subsequent perpetuation of society without which dishonour and loss of social status are incurred. It is a custom that seemingly is beholder to and deeply rooted in Somali cultural practice. From the study, ‘virginity’ in the Somali society is made and not natural.

The factors that perpetuate infibulation among the Somali Muslims have been described in details in this chapter. The key factors, which have been identified, include the
historical background of the practice, the socio-cultural practices of the Somali people, and the influence of Islamic religion on the Somalis and the significance of female infibulation to the Somali community. The community's frequent emphasis on infibulation, how it is performed, the aftercare of the infibulated women and the reasons, which support the practice in the Somali community. The next chapter provides a concise discussion on the role of Islam in the rite of female circumcision.
CHAPTER THREE

THE ROLE OF ISLAM IN THE RITE OF FEMALE CIRCUMCISION

3.1 Introduction

The previous chapter focused on the factors, which have enhanced the perpetuation of infibulation of female in the Somali community. This chapter deals with the role of Islam in the rite of female circumcision. This includes the position of women before Islam, status of women, women in Qur’an and Hadith, marriage, circumcision and its legality. This section gives an overview picture of position of women in Islam. It is in this chapter that one will be able to discern the status of female infibulation in relation to the Islamic teachings. There are several sub-topics and their subsequent analysis.

Islam has honoured women and elevated their status in society (Doi 1998:199). Human civilization bears evidence, that women were regarded as an embodiment of depravity, shame and sin in the world (Doi, 1998:199). The birth of a daughter was an embarrassment to a father and that he could not raise his head due to shame. The in-law relations were looked upon as mean and disgraceful. For this reason, the custom of disposing of daughter by killing was common among nations (Qur’an 16:59). The Qur’an says that:

\[
\text{And when the female (infants) are burreid alive (as Arab pagans used to do) is questioned (Qur’an 81:8)}
\]

It is Islam, which revolutionized this state of affairs not only legally and practically but also intellectually. The concept of giving a woman her right and place of honour has been created in men’s mind by Islam. It was prophet Muhammed (p.b.u.h) who first taught the world that women are as much human beings as men;
Allah created you of a single soul, and from the same soul created his mate. Qur’an (4:1).

The foregoing is testimony to, and a justification of the woman’s reclaimed position and status in Islam especially in relation to female circumcision.

3.2 Condition of Women Before Islam

Before advent of Islam, the condition of women was highly miserable throughout the world (Bukhari and Muslim). A woman was looked upon as evil and unwanted burden, a source of disgrace and humiliation to the family. Women were universally treated as chattels. Their own consent in anything was considered immaterial. Women had no independent status, could own no property and were given no rights of inheritance. In Arabia particularly, immediately before Islam, their plight was miserable (Khan, 1984:14).

They were not regarded as human beings, would stand somewhere between the animal world and men. Pre-Islamic Arabia daughters were considered expendable and female infants were often buried alive (Qur’an 81:8). Education for women was neglected. Women were ill treated and commanded little respect. Besides this, unrestricted polygamy was the order of the day and women could be divorced at the whim and pleasure of their husbands. To make the matter worse, concubine and slavery were the recognized social institution.
3.3 Status of Women in Islam

Islam vindicated the rights of women and gave them status. The practice of infanticide was abandoned. Women as well as men were urged to acquire learning. They were granted all fundamental rights. They were given the right of inheritance of the property of their father, mother, husband and brother (Qur'an 4: 7, 12,19). As regards marriage and divorce, they have got fair liberty (Qur'an 60:10, 4:3). Islam has removed various domestic and conjugal hardships of the women by prohibiting the unlimited polygamy prevalent during pre-Islamic era. Islam has made adequate provisions for preparing the women as equal partners to men. It raised women from the lowest status to equality with men, (Qur'an 4:22, 2:232,235).

Islam had removed the stigma of "wickedness" and "impurity" from women. Islam had proclaimed that man and woman both come from the same essence. Therefore, if a woman could be said to be wicked, a man also should be regarded as such; if a man had a single spark of nobility in him, a woman also should have it. "Women", declared the messenger of Allah (p.b.u.h.) "are the twin-halves of men". The Holy Qur'an says:

O mankind! Be careful of your duty to your Lord who created you from a single soul and from it created its mate and from them twain hath spread abound a multitude of men and women. Be careful of your duty toward Allah in whom you claim (your rights) of one another, and towards the wombs (that bear you). Lo! Allah hath been a watcher over you. (Qur’an 4:1).

Further, there is the problem of vesting the ultimate authority in the administration of the affairs of the family. In a Muslim family, so far as honour is concerned, Islam has ordered to honour the mother more than the father, the sister more than the brother and the daughter more than the son. (Albani 2000: 399). In performing the function of running the affairs of the family, the husband has the responsibility to provide for the
support of his wife. However, the husband risks losing Allah's favour if he abuses that authority and inflicts injury on her. According to the words of the prophet Muhammad (p.b.u.h) as reported by Bukhari, a wife is: "the queen of her home" (Bukhari, vol. 7) but not subordinate to her husband.

3.3.1 Women's Rights

Islam, while recognizing the natural degree of one partner over the other, has also specified that "men are a degree above women" (Qur'an 2:228). It works in the foundation that the biological and psychological differences between the man and woman do exist. It keeps those differences as they are and it employs those differences for determining their place and responsibilities in the social system. Islam enjoins that the authority that the man has been given for maintaining order in the family should not be abused. It exhorts that the woman should be afforded all opportunities that will enable her to develop her natural abilities to the maximum with the social framework. It also makes it possible for the woman to attain to the highest rank of progress and advancement as women. Islam has granted the woman vast social and economic rights and elevated her status.

3.3.2 Economic Rights

Islam grants the woman very extensive rights of inheritance from her father, husband, offspring and other near relative, (Qur'an 4:7). Besides, she is entitled to receive nuptial money from her husband. All the wealth that she receives is her own property and she possesses full proprietary rights over it without any right of interference by her father, husband, or any other relatives (Qur'an 4: 11,34). If she invests her money in business or
earns her own hand, she is the sole owner of the fruits of the labour. In spite of all this, her husband is under obligation to support her.

3.3.3 Social Rights

In Islam, a woman has been granted full freedom in the choice of her husband. Nobody has the right to give her away for marriage without her wish and consent. If she marries a Muslim by free choice, nobody can stop her doing so (Abu Daud, Tirmidhi, Ahmed). If however, she selects a man who is not her equal in the family status, the elders reserve their right to object (Muslim). Women were also given the vast legal rights to obtain separation from a husband who is cruel, impotent or whom she abhors (Qur'an 22:9).

The husbands also have been instructed to use the authority granted to them over their wives with discretion in a large-hearted and magnanimous manner. The Holy prophet said: "The best among you are those who are good to their wives and kind to their people" (Qur'an 25:54).

In Islam, also widowed and divorced women whose marriage has been annulled by law, or who have been legally separated from their husbands, have been granted unfettered rights to remarry. Their previous husbands, or any relative, do not retain any right whatever over them. Absolute equality has been established between the man and woman in so far as civil and penal laws are concerned. The Islamic law does not recognize any distinction between them as far as protection of life and property, honour and reputation is concerned.
3.3.4 Female Education

In Islam, women have been allowed to obtain education in religious and mundane branches of knowledge and at the same time, their education and cultural training have been considered as important as that of men (Khan, 1979:80). Women also used to take lessons in religion and morality from the Holy prophet along with men, though they had separate arrangements for the purpose. The opinion of a learned Muslim woman is valued and respected equally. For example, the opinion of prominent women in Islamic history such as Kuiba bint Saad, Aisha bint Abubakar and Hafsa bint Umar were valued and respected (Omrani 1994:40-58).

3.4 Women in Qur’an and Sunna

In Islam, there is absolutely no difference between men and women as far as their relationship to Allah is concerned. They are both promised the same reward for good conduct and the same punishment for evil (Qur’an 3:195). The Qur’an, in addressing the believers often uses the expression believing men and women to emphasize the equality of men and women to their respective duties, rights, virtues and merits (Qur’an 33:35).

The Prophet (p.b.u.h) was most emphatic in enjoining upon Muslims to be kind to their women. He said

"fear Allah regarding women. Verily you have married them with the trust of Allah, and made their bodies lawful with the word of Allah. You have got (rights) over them, and they have got (rights) over you in respect of their food and clothing according to your men. (Doi, 1996:7).

Women as mothers also command great respect in Islam. The Holy Qur’an speaks of the rights of the mother in a number of verses. It enjoins Muslims to show respect to their
mothers and serve them well even if they are still unbelievers (Badawi, 1980: 21). The prophet states emphatically that the rights of the mother are paramount.

The *Sharia* regards women as spiritual and intellectual equals of men. The main distinction it makes between them is in the physical realm based on the equitable principle of fair division of labour. It allots the more strenuous work to men and makes them responsible for the maintenance of the family. It allots the work of managing the home and the upbringing and training of children to the women; work which has the greatest importance in the task of building a healthy and a prosperous society, (*Qur'an* 4:34).

### 3.4.1 Marriage Among Somali Muslims

Somali Muslims consider marriage as the most sacred institution and make it incumbent for every member of the community (man and woman) unless prevented by valid physical and economic incapacity to lead a married life. To emphasize the significance of this, the Holy *Qur'an* states: “And marry those among you who are single and those who are righteous ones ...” (*Qur'an* 24:32).

In the traditional of the prophet Muhammed (p.b.u.h), a number of *Hadith* also emphasized the importance of marriage – for instance, the Holy prophet (p.b.u.h) stated that,

*It is necessary to marry because marriage is the most powerful shield against allurement of the sight and the protection of one’s private part* (Bukhari vol. 7:3).

In another *Hadith* reported by Annas (r.a.) that prophet said:

*When a man has got married, he has made his religion hold perfect. Then let him fear Allah for the remaining hold* (Al-Hakim and Al-Bayhaqy).
Thus, Islam generally encourages people to marry unless prevented by a valid reason. Islam also prohibits celibacy even to the messenger of Allah; marriage was one of his most sacred practices. In the Somali society unmarried males and females often meet social pressure from the community for them to marry.

### 3.4.2 Purpose(s) of Marriage Among the Somali Muslims

The first objective of marriage is to safeguard morality, chastity, and protect the bond of marriage. The Holy Qur'an emphasizes this objective in several places. For instance, it is written in the Qur'an: “Then marry the women who seem good to you” (Qur'an 4:3). The idea of morality and chastity are also emphasized in (Qur'an 4:24) and (Qur'an 4:25). But in Qur'an (5:5), the Holy Qur'an warns against fornication or secret concubines in order to protect the castle of marriage.

In this connection, Islam does not regard marriage only as a union for the gratification of sexual lust, but a social contract with wide and varied responsibilities. This is because women in Islam are not considered as a “pay thing” in the hands of men but a spiritual and moral being entrusted to men on the sacred pledge, which Allah is made a witness. The wife is therefore not meant to provide sensuous pleasure only to the husband but to fully cooperate with him in making the life of the family and the society in general meaningful.

The other objective of marriage is to provide love and kindness so that the socio-cultural aims attached to marriage may be fulfilled through the husband and wife partnership in order to attain peace, bliss and contentment in their matrimonial relationship.
Considering this view, the Islamic concept of matrimony is synonymous with love and kindness and therefore marriage partners exist to receive contentment from one another. To this effect, the Holy Qur'an (30:21) writes “And among His signs is this that He created for you mates from among yourselves that you may dwell in tranquillity with them. And He has but love and merry between your hearts”.

This verse emphasizes that love and kindness should be the seal of marriage. Marriage without this seal is like body without life. The seal is under no condition whatsoever to mean infibulation of women and girls. It is to mean as long as married parties live together; they should do so in peace, and tranquility, love and harmony. The Holy Qur'an (2:187) emphasizes this view further by calling married partners, “garments of one another...” they are your garments and you are their garments. Thus, in this case, the garments stay closer to the body of a person conceals it and protects it from ill effects of outer environment. The use of this metaphor in the Holy Qur'an shows that marital relations should be literally like the relations between the body and its garments. Partners, therefore, should be close to one another and protect one another from external forces, which may damage their relationship. Therefore, Islam emphasizes chastity and good women who are God-fearing. The issue of infibulation and stitching of the genital organs in women is never mentioned in the Holy Qur'an. The idea of virginity is natural and not man-made.

3.4.3 Dower and Bride Share (dibaad)

Mahr (dower) as it is usually translated is either a sum of money or other form of property to which the wife becomes entitled by marriage. According to the Holy Qur'an, the dower (mahr) is given as a free gift by the husband to the wife at the time of
contracting the marriage. "And give the women (on marriage) their dower as a free gift". (Qur'an 4:4).

The payment of dower, on the part of the husband is an admission of the independence of the wife, for she becomes the owner of property immediately on her marriage, though before it she may not have owned anything. The settling of a dower on the woman at the marriage is obligatory. The Qur'an says that:

And lawful for you are all women besides those, provided that you seek them with your property, taking them in marriage, not committing fornication. Then as to those whom you profit (by marrying), give them their dower as appointed. (Qur'an 4:24).

The payment of dower is also necessary in the case of marriage with a slave-girl. The Holy Qur'an says that:

So marry them with the permission of their masters and give them their dower justly. (Qur'an 4:25).

In the case of a Muslim marrying a woman from among the people of the Book, the payment of dower is obligatory. The Holy Qur'an says:

And the chaste from among the believing women and the chaste from among those who have been given the Book before you, when you have given them their dower taking them in marriage. (Qur'an, 5:5).

It would appear from this that the Holy Qur'an renders the payment of dower necessary at the time of marriage. The payment of dower was necessary even though it might be a very small sum. In exceptional cases, marriage is legal even though the amount of the dower (mahr or bridal gift) has not been specified at the time of 'Nikah' (marriage contract) but afterwards. Thus the Holy Qur'an says that:

There is no blame on you if you divorce women when you have not touched them, or appointed for them a dower. (Qur'an 2:236).
This shows that marriage is valid without specifying dower. Tradition also speaks of the validity of a marriage, even though no mention of dower is made at the time of ‘Nikah’. But the dower must be paid, either at the time of consummation of marriage or afterwards. The amount of dower in this case would depend upon the circumstances of the husband and the position of the wife. The Holy Qur’an makes this clear by requiring the provision for wife to depend upon the circumstances of the husband. The Holy Qur’an says that:

The wealthy according to his means and the straitened according to his means. (Qur’an 2:236).

In addition, it is reported that the case of a woman whose husband had died before fixing a dower and consummating marriage, was referred to ‘Abdullah bin Mas’ud (Allah be pleased with him)’ who decided that she should be paid a dower according to the dower of the women of like status with herself, and this decision was afterwards found to be in accordance with decision of the messenger of Allah (P.B.U.H.) in a similar case (Abu Dawud). In jurisprudence, it is called customary dower (Mahr mithl). Therefore, even if no sum has been specified at the time of marriage, she is entitled to her proper dower (mahr mithl), which is customarily fixed for the females of her family, and is to be paid afterwards, and if unpaid in the husband’s lifetime, it is a charge on his property after his death. The plain words of the Holy Qur’an require its payment at the time of marriage determined or paid afterwards. Imam Malik follows this rule and renders payment necessary at the time of marriage, while Imam Abu Hanifa treats it more or less as a debt.

So far as the dower (mahr) or ‘nuptial’ gift is concerned, it should be clearly borne in mind that it has no relation to the dibaad with which the women were paid. This was in
pre-Islamic Arabia and currently in Somali society where the dower is a tug to infibulation. Mahr is in fact the token of love that is offered by the bridegroom to the bride while contracting marriage with her.

3.4.4 Amount of Dower

In Islam no hard and fast rule has been specified in the Holy Qur'an about the amount of dower. It is to be adjudged according to the social status of the parties, their wealth, their personal qualifications, and the condition of the human society. The Holy Qur'an says that:

*The wealthy according to his means and the straitened according to his means. (Qur'an 2:236).*

It may be a ring or a stipulation to barley or dates. It may even be fixed on condition of accepting the religion of Islam. According to a Hadith, the dower of Umm Habiba (Allah be pleased with her) in marriage with the messenger of Allah (P.B.U.H.) was fixed at 4,000 dirhams. (Khan, 1984:82). From these Qur'anic teachings, there is no support for the mode of dower of the Somali’s. They consider the clan and the family status of the bride, which contradicts Islamic teachings.

3.4.5 Bride Share (dibaad)

It is the property, which a woman brings to her husband at marriage. It is quite different from dower which is a payment made by the bridegroom to the bride in terms of the contract of marriage. Dower has a legal sanction. It is enjoined in the Holy Qur'an to pay it:

*And give the women (on marriage) their dower as a free gift.... (Qur'an 4:4).*
Bride share (dibaad) is the free gift given by the parents to their daughter at the time of her marriage. Dibaad may be given in the form of cash, utensils, furniture, ornaments, or clothes. The idea behind dowry is to help the newly formed family to set up a home of their own.

Dibaad has no legal requirements in Islam. There is no injunction in the Holy Qur’an about it. It depends upon one’s discretion as well as the capability of the parents of the girl to give dibaad or not. (Khadi Muhammed OI, 28/3/02).

Some Muslim parents particularly Somali society give dibaad to their daughter as a share of inheritance from her parents. This is against the injunctions of the Holy Qur’an, which says that:

From what is left by parents and those nearest related, there is a share for men and a share for women, whether the property be small or large, - a determinate share. (Qur’an 4:7).

3.4.6 Sexuality in Islam

Islam recognizes the sexual instinct so frankly that the Messenger of Allah (p.b.u.h) himself said: “From the pleasures of the world, perfume and woman were endeared to me; and the delight of my eye is prayer” (Muslim). The sexual instinct is elevated to the rank similar to that of the best perfume on earth, and it is bracketed with prayer, which is best means by which men may come closer to Allah (Siddiqi 184:93).

The messenger of Allah (p.b.u.h) once said: “A man is recompensed for the sexual act he performs with his wife,” and when some of the surprised listeners asked the messenger of Allah (p.b.u.h): is the person rewarded for satisfying his passions? The Prophet (p.b.u.h) replied: “Do you not see that if he were to satisfy it in a prohibited manner he would be
committing a sin? So if he satisfied it in a lawful manner he will be recompensed.”
(Siddiqi 1990:399).

Conjugal relations have a special significance in human affairs and the benefits, which accrue from them, are incalculable, peace and satisfaction in the life of the married couple mostly depends upon their mutual good relations. Love is the main theme adding to the quantum of comforts and happiness between husband and wife.

The delights of married life save humankind from mental dispersion and physical dissipation so that the objective of the process of procreation may continue smoothly and pleasantly. The Holy Qur'an says that:

And among His signs is this, that He created for you mates from among yourselves, that you may dwell in tranquillity with them; and He has put love and mercy between your hearts: verily in that are signs for those who reflect. (Qur'an 30:31).

Again the Holy Qur'an says that:

It is He who created you from a single being and of the same He created his mate that he might find comfort in her. (Qur'an 7:189).

Islam has provided ways and means of perpetuating the pleasures of married couples. The Holy Prophet Muhammad (p.b.u.h) has given clear instructions regarding rights and obligations of a husband and a wife. Briefly his teachings in this regard are that a wife and husband should hold each other in a comparatively higher esteem, than other members of the family; she should be faithful and obedient to him: she should dedicate herself for his wellbeing and in seeking his love. Her salvation, here and in the hereafter, lies in her husband's pleasure. His advice to a husband is that he should consider his wife a gift from Allah; he should love and respect her. If she commits some mistakes, he should overlook them and try to reform her weakness patiently; he should meet her needs
to the best of his ability and be always careful to provide comforts and consolation for her. (*Qur'ān* 4:34)

Islam promotes sexual enjoyment, which has legal bounds (marriage). The Somali have chauvinistic attitudes towards women sexuality, which they consider dangerous, and needs to be curtailed through infibulation. The Somali society expresses the fear and anxiety of women’s sexuality in the concepts of “shame and honour” which are un-Islamic.

3.5 **Islam and Circumcision**

The practice of circumcision is largely acknowledged to predate all the major world religions (*Irshat*: 1999:25). In Islam, circumcision of women is not mentioned in the *Qur’ān* yet large Muslim followers practice it. As a result of this, there are conflicts within the religious section as to whether it is prohibited or not. These contentious confusions were revisited by outlining the source of this conflict in accordance with Islamic religious beliefs.

To understand the Islamic laws, it is important to appreciate that these laws are well defined through a tradition of jurisprudence (Islamic *sharia*). The sources of that law are in order of importance based on the *Qur'ān*, which takes the first position. This is followed by the *Hadith* or *Sunna* of the prophet (p.b.u.h) based in the traditional practices of the prophet. The *Qur’ān* remains the highest reference and the faithful guidance Holy book for all Muslims followed by the *Hadith* or *Sunna*, which compliments the *Qur’ān*. Usually if an issue is not found in the *Qur’ān*, it is looked for in various volumes of the *Hadiths*. This is how the *Fuqahaa* (Islamic jurists) derive Islamic ruling.
The third authority of reference for Muslims is called Ijmaa, which is consensus, and the fourth is Qiyas, which is analogical reasoning. The basis for understanding the status of any Islamic issue is the injunctions of the Qur’an, the Hadith and subsequent legislation resultant from the interpreting of the Qur’an and Hadith. These interpretations are the basis of ijmaa and Qiyas. The Qur’an, Hadith (sunna), Ijmaa and Qiyas are the fundamental sources of the sharia (Islamic law). The four sources contain information that could be used to construct an Islamic viewpoint on any issue.

In Islam, the ‘khitan (male circumcision), while removal of the pointer skin dangling above clitoris is also (hashafah) referred to as ‘khitan’. These fall under the category of sunan al-fitra, which stands for the practices of the prophet of Allah. Al-Maawardy is reported to have defined circumcision as the process of cutting off the foreskin of boy’s penis. He said it is always encouraged to be removed all of it without leaving a piece covering the top part of the penis. Ibnu Swibaagh is reported to have said, circumcision is removing totally the foreskin of the penis (Jamiil, 1998:132-136).

3.5.1 Ulamaa’s View in the Age of Circumcision

From the respondents, the ulamaa gave the view from Hadiths. Abu Huraira reports it that, the messenger of Allah said: “Ibrahim (prophet) was circumcised at the age 80 years old” (Jamiil, 1998:134). Based on this Hadith, Imam Al-Shaukani is reported to have said: “The Hadith shows that there is no specific age for circumcision, and this is the ulamaa’s majority view” (Jamiil, 1998:134). But due to the mentioned Hadith and following by another Hadith narrated by Ibnu Abbas, this view has no consensus of ulamaa. It is also reported that Said bin Jubeir asked Ibnu Abbas (RA): How old were
you during the death of the prophet? He replied, “I had already been circumcised by then. (Bukhari) People used to circumcise their boys when they were mature enough” (Jamiil, 1998:134).

Based on this Hadith, respondents were of the view that circumcision should not take place before the age of ten years. Nevertheless, this view has also been rejected by other groups of ulamaa basing on a Hadith narrated by Aisha (RAA) that the Apostle of Allah (p.b.u.h) circumcised Al-Hassan and Al-Hussein (his grandsons) on the seventh day of their birth as reported by Al- Hakim (Jamiil, 1998:134).

3.5.2 Circumcision and its Legality

Most of the Muslim scholars on the basis of the Qur’an and Hadith have two opinions on the legality of circumcision. A group claims that circumcision is compulsory (wajib) for boys and girls, while others believe it to be optional. Ulamaa such as Imam Shafii, Imam Yahya and others are of the view that circumcision is compulsory (wajib) for both male and female as Shaukani who quoted Al-Maawardy reports (Jamiil, 1998:135). They based their argument on the following Hadith:

(1) It is narrated by Uthaim bin Kuleib and also reported by Ahmed and Abu Daud that he heard his grandfather saying: “I went to the prophet (P.B.U.H) to inform him that I have converted to Islam. The prophet said, “you should shave your ‘kufur’ hair. Suddenly a man who was near the prophet said to me, the prophet (P.B.U.H) once asked a man who converted to Islam (like you) to shave his hair and get circumcised” (Jamiil, 1998:135).
Another Hadith is narrated by Abu Huraira a companion of the prophet that the prophet had said, "who ever reverts to Islam should get circumcised". Ibnu Hajari Al-Asqalani reports the Hadith and conceded it authentic (Jamiil, 1998: 136).

A third Hadith by Ummu Atwiyyah, collected by Abu Daud and also reported by Al-Hakim, Twabarani, Baihaqi that the Prophet is reported to have said, "pinch it (clitoris) and do not injure" (Siddiqi, 1990: 738).

Finally from a Hadith of Ibn Umar who heard the messenger of Allah saying, "Oh! The woman of Answari...do circumcise the women but avoid injuring" (Jamiil, 1998: 134).

For the Muslim scholars (ulamaa) who claimed circumcision to be sunna based their argument on the following Hadith that was reported by Ahmed and Al-Baihaqi that: "Circumcision is sunna for a male and honour for a female" (Jamiil, 1998: 134). Muhadithun considered the Hadith to be unauthentic because of Makhul who is a weak narrator. But, the Hadith has been proved authentic by Ibn Hajar Al-Asqalani in the book of Shaukani (Jamiil, 1998: 134). Also Al-Baihaqi is reported to have said, that the best argument to prove circumcision is obligatory for men is the Hadith narrated by Abu Hurairah, that Prophet Ibrahim (AS) got circumcised at the age of 80 years old and Allah has commanded us to follow the teachings of Prophet Ibrahim (AS) in the Holy Qur’an (16:123).

3.6 Female Circumcision

From the Qur’an and Hadith, this study revealed that circumcision according to Ibnu-Qudamah is obligatory for men and an honour for women. Majority of ulamaa are of the
view that circumcision is necessary for women. Imam Ahmed is reported to have said, circumcision for men is wrathful than for women (Jamiil, 1998:134). Some scholars like Abu Abdullahi stress that female circumcision is lawful. This he derived from a *Hadith* of the Prophet (p.b.u.h), which says, “*when two circumcised organs (male and female) meet (sexual intercourse) ritual berth is obligatory*” (Jamiil, 1998:85-86) this was quoted by Shaukani from Ibn Qudamah. The above *Hadith* is an indicator that women were circumcised during the early days in Islam and hence ulamaas interviewed were of the view that circumcision is lawful for women.

Islam is totally against female infibulation. The prophet Muhammed (p.b.u.h) was a guider and a counselor to the Muslim society. In several *hadiths* the prophet has openly discouraged severe type of female circumcision, which is currently known by the name Pharonic (Al-Khitan Al-Firauni) type. The prophet (p.b.u.h) by then lived in a community with their own culture, so he had to direct them to follow his *sunna*. Circumcision in Islam is obligatory for men and optional for women. This legal opinion (*fatwa*) is derived from the *Hadith* of the Prophet (p.b.u.h) such as “*pinch it (clitoris) and do not injure*” (Siddiqi 1990: 738). From this *hadith* it’s clear, that the Muslim community were practising severe type of female circumcision. To condone the practice, the prophet gave clear instructions on how to do the rite in a mild way.

### 3.6.1 Religion as a Justification

The role of world religions in the spread of the practice of female circumcision also seems to be controversial. While practised mainly in Muslim countries today, the researchers view it that, it did not originate with the rise of Islamic religion. Evidence
for this is the common claim from the *ulamaa* that it existed among some pre-Islamic peoples of Arabia (Badri 1984:3) believes that it was practiced in Sudan prior to the coming of Islam.

The origin of women’s excision is not only entangled with Islam, it also existed among copts and was linked to a legend about Abraham and his two co-wives Sarah (Sara) and Hagar (Agar). Abdalla, (1982:81) relates the legend by Michael, the 12th century Coptic Orthodox Metropolitan of Damielta, who explains that the custom spread among the Christians of Egypt on account of the ‘Victory of the circumcised’ i.e. the Jews. The story confirms that female circumcision came into being during the time of Abraham. The legend is as follows:

*Abraham was married to his cousin Sarah and they lived together for many years without having any children. In the end, Abraham married a slave-girl called Hagar. Sarah and Hagar became co-wives and Abraham had a son with Hagar, called Ismail and another with Sarah, called Isahaq. After sometime, the relationship between co-wives deteriorated. Sarah ill-treated Hagar and one day excised Hagar and sent her out of the house. According to this story, female circumcision occurred because of Sarah’s jealousy. It became firmly established among the copts of Egypt when they witnessed the victory of God for the circumcised, namely the children of Israel (Abdalla 1987:81).*

An interesting example is concerned with Roman Catholic missionaries in Ethiopia as quoted by Irshat (1999:64) from what Sequeira (1931:1054) state that the Roman Catholic missionaries who came to Abyssinia in the 16th Century, wanted to forbid female circumcision among converts. The result was that no Abyssinia would marry a Catholic Community girl unless she was circumcised. Then the Catholic Community diminished and the people returned to their heathen misconceptions. The problem was reported to Rome. A surgeon Paulu Aiginetes was sent to investigate if the operation was necessary in Ethiopia. He formally declared that it was essential in the basis that
congenital hypertrophy of the pudenda is common among Abyssinia women. The missionaries then permitted the practice to continue (Abdalla 1982:81).

The Holy Qur'an is silent on the subject of female circumcision and cannot be regarded by practising Muslims as a command of God. Islamic jurists have had conflicting rulings on the issue. According to Assaad (1979:13), in 1951, eight eminent Muslim leaders interviewed by Lewa-al-El Islam in Egypt, for the purpose of giving clarification on female circumcision all agreed that it is *sunna* for male and ennobling for women. To support this view, the Grand Mufti of Egypt in 1951 quoted the following *fatwas* registered on 11th September 1950 in Dar-El Ifta under number 280/63:

*Female circumcision is an Islamic practice mentioned in the tradition of the prophet and sanctioned by Imams and Jurists, in spite of their difference on whether it is a duty or a sunna. We support the practice as sunna and sanction it in view of its effect on attenuating the sexual desire in women and directing it to the desirable moderation* (Assad 1979:13).

It is clear that religious interpretations vary over time and place. Later scholars are more repressive of independent female sexuality. From the research, there is enough evidence to show that the attitude of Islam towards sexual pleasure, and enjoyment of both sexes is positive rather than the reverse. This is confirmed and emphasized by the Prophet (PBUH), in for example, a statement He told Um Attiya “*Touch but do not destroy. This is enjoyable to the women and a preferable to the husband.*” (Siddiqi 1990:738) This was obviously intended to contradict the prevailing cultural trend, which was in favour of reducing women’s sexual pleasure. Islam considers it necessary that both men and women should experience sexual pleasure and fulfillment through the right way as guided by the Holy Qur’an and the Hadith. From the 30 *ulamaa* interviewed this was the response in table 3.1 below:-
Table 3.1: Views of imams and ulamaas on female infibulation

<table>
<thead>
<tr>
<th>DIVISIONS</th>
<th>Harmful (Yes)</th>
<th>Harmful (No)</th>
<th>Beneficial (Yes)</th>
<th>Beneficial (No)</th>
<th>Islamic (Yes)</th>
<th>Islamic (No)</th>
<th>Haram (forbidden in Islam) (Yes)</th>
<th>Haram (forbidden in Islam) (No)</th>
<th>Alternative (Yes)</th>
<th>Alternative (No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHAMU</td>
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<td>2</td>
<td>2</td>
<td>8</td>
<td>0</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>ELWAK</td>
<td>9</td>
<td>1</td>
<td>1</td>
<td>9</td>
<td>0</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>CENTRAL</td>
<td>7</td>
<td>3</td>
<td>3</td>
<td>7</td>
<td>0</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>24</td>
<td>6</td>
<td>6</td>
<td>24</td>
<td>0</td>
<td>30</td>
<td>30</td>
<td>0</td>
<td>26</td>
<td>4</td>
</tr>
<tr>
<td>PERCENTAGE%</td>
<td>80</td>
<td>20</td>
<td>20</td>
<td>80</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>0</td>
<td>87</td>
<td>13</td>
</tr>
</tbody>
</table>

All the ulamaas have revealed that infibulation is unIslamic and Somali Muslims should not continue with the practice but rather do the sunna type of circumcision if they were to do it. 13 percent of the ulamaas were for the sunna type of circumcision while 100 percent of them were of the view it is haram (forbidden) to infibulate girls and women.

3.6.2 Conclusion

Female circumcision covered in the above chapter has been widely discussed on the basis of the position of women, marriage as an institution, religious significance and sexuality. The Somali community subscribes to Islam, which are a religion as well as a culture. The community has its social value system, which is supposed to derive from Islam. Though the Somali community carries out the practice of female infibulation, there is no strong grounding at all in the Qur'an to support it. Evidence is from the Qur’an “and make not your own hands contribute to (your) destruction” (Qur’an 2:195); Do not kill (or destroy) yourselves: for verily Allah hath been to you most merciful” (Qur’an, 4:29). The prophet
(p.b.u.h) also said: there should be neither harming (one’s self or others) nor reciprocating harm” (Ibn Majah and Ad-Daruqutny).

The issue of infibulation in the Somali community seems to be in parallel to the Islamic teachings. The Somali culture advocates for the practice, which is to maintain the girls’ virginity before marriage; while the Islamic teachings advocate for natural virginity which maintains purity, chastity and uprightness. According to Islam, there is no conditionality of marriage in relation to infibulation.

In regard to the position of women in Islam, it has honoured women and elevated their status in society. Islam has revolutionised the position of women legally, practically and intellectually.

In view of the marriage institution, the Somali Muslim community does not regard the exercise of female infibulation as prerequisite to marriage. Dowry and dower are mentioned. However, the cultural practices allow it, as it is believed that infibulation maintains virginity.

Above all, regarding sexuality, Islam promotes sexual enjoyment with a legal spouse. The Somali men have a chauvinistic attitude towards women sexuality, which they tend to control by infibulation, which is unIslamic.

This chapter therefore raises important sub-topics for analysis into the position of female circumcision in Islam. The next chapter focuses the effects of female infibulation in relation to health and education of Somali women.
CHAPTER FOUR

EFFECTS OF FEMALE INFIBULATION ON HEALTH AND EDUCATION OF THE SOMALI WOMEN

4.1 Introduction

Chapter three covered the Somali socio-cultural significance of female circumcision, which is parallel to the Islamic teachings. Issues relating to female position, fundamental rights of women in the Qur’an and the sunna in relation to circumcision in general are discussed. In this chapter, the effects of female infibulation are handled in form of the health implications, its effects on education of the Somali girl-child. Unlike circumcision in males, there are several varieties of female circumcision. They are classified according to the amount of tissues removed (Dareer, 1982). There are about five types of circumcision but three are well documented. They range from a mild referred to as sunna form, to moderate, and severe circumcision.

4.2 Types of circumcision

TYPE I (sunna circumcision)

Involves the partial cutting of the clitoris. It is the mildest type and least mutilating. The term sunna here means that it conforms to the tradition of Prophet Muhammed himself (p.b.u.h) which is the removal of a minimal amount of clitoris skin. The procedure sometimes, only involves the pricking of the clitoris with pins to make the clitoris bleed a little (WHO 1996).

TYPE 2 (clitoridectomies)

In this category, they are two sub-types; Clitoridectomy is the total excision of the clitoris without excision of the labia minora. It is close to severe and carries potentially higher health risks. The second sub-type is clitoridectomy excision. The patients do not have
the typical contour of the anterior perineal structures resulting from the absence of the labia minora and the vaginal opening is not covered.

**TYPE 3 (infibulation)**

This is also called “pharonic”. This is the extreme form of circumcision. It involves the removal of the clitoris, excision of all of the labia minora and parts of medial aspect of the labia majora or all the external genitalia and stitching/narrowing of the vaginal opening. The surface of the labia majora is then brought together stitched or maintained together with thorns leaving an opening “not larger than a kernel of corn” for urine and menstrual flow (Hosken: 1982). Often this hole is only the size of a match-stick because the smaller the hole, the more prestigious the operation.

4.2.1 **Complications Associated with Female Circumcision**

The study found that the effects of infibulation on health of girls and women largely depend on the extent of cutting of genital tissues, type of circumcision and practitioners’ skills. It also depends on the cleanliness of the tools, the hygienic conditions of the environment and the physical condition of the girls i.e. the health status of the client, as the respondents in this study happened to be nurses and clinical officers. For these reasons therefore, they noted that female circumcision almost invariably causes immediate and delayed complications. Girls and women who undergo the most severe form of circumcision which is infibulation are likely to suffer serious and long-term complication requiring medical attention throughout their lives. They also suffer psychological stress. The mortality of girls and women undergoing infibulation is unknown as few who may die because of bleeding and infection are kept secret and hardly reported (Amran OI, 25/3/02).
The post-circumcision problems are categorized into five groups namely, immediate health problems, late problems, sexual problem, problems at the delivery, post-natal problems and psychological problems. Similar problems have been documented by Olayinka (1987) when she wrote about female circumcision in Sierra Leone.

4.2.2 Immediate Problems

Seventy-seven out of one hundred sixty three respondents agreed that all forms of circumcision have effects on girls and women. First, the unhygienic circumstances in which circumcision operation are often carried out, together with the minimal training of many circumcisers, pose serious risks. Infection of the wound is common when unsterilized instruments are used or if cleanliness is not meticulously attended to. Hemorrhage (uncontrolled bleeding) is sometimes difficult to stop if the circumciser has cut too deep. Shock can occur, and septicemia (blood poisoning) can also occur.

Amran (OI, 25/3/02), a Nursing Officer, revealed that in days after the surgery, some girls experience retention of urine because of pain, swelling, fear of pain, or blockage of the urethral opening. Problems such as adhesions of labial tissue (where not entirely removed), vaginal stones, and vaginal stenosis (narrowing) are also reported. Another Nursing Officer Mr. Omari (OI, 25/3/02) revealed that there could be fever due to acute urine retention, lack of availability and administration of drugs. He explained that sometimes accidents might occur during the operation due to poor eyesight of the operators or resistance of the girl-child. This causes cuts in other organs, for example, the bladder may be pierced or the rectum cut open. The study also revealed that female circumcision involves cutting and bleeding and the use of one instrument in multiple
operations in one family carries a very high risk of transmission of many infections. Consequently, where HIV infection is present, the risk of transmission is very high. According to Raminjo (1982), this is very common where infibulation is common. It was also revealed that there is delay in wounds healing as a result of infibulation. Wounds that refuse to heal might also develop keloids (scars with growth on them) and pelvic infection may occur at the same time. This can lead to the infection of the uterus and vagina from the infected genital wound. Cyst and abscesses may form. They include the edges of the incision being turned inwards and damages to the Bartholin’s duct. The duct mucous secretion accumulates forming cysts, which later become infected and form abscesses on the vulva.

From the study, infibulation is also related to an apparently high prevalence of urinary tract and other chronic pelvic infections. If urine cannot be passed easily and there is only a single pinhole-sized opening for both bladder and vagina, some women experience the backing up of urine into the vagina, which is painful.

4.2.3 Late Complications

Rahma (OI, 25-3-02), a nurse in charge of maternity in the district hospital revealed that infibulation offers other serious health consequences. Obstruction of the menstrual flow can occur in cases in which the scar tissue obstructs the vagina, and an adolescent girl may find menses prevented with the unsuccessful discharge backing up and distending her uterus. Dareer (1982:37) described a similar case in Sudan in which pregnancy was suspected on a fifteen-year-old girl, much to the shame and fear of the girl’s mother, until the true nature of the problem was discovered. She never menstruated because it was
obstructed, perhaps because of vulvo-vaginal atresis (absence of an opening). This can happen also because of the tightness of the infibulation and frequent infections.

4.2.4 Pregnancy and Childbirth Problems

The study noted that during pregnancy and childbirth, the infibulated opening creates other difficulties. Infections of the vagina or urinary tract may contribute to miscarriage. Chronic pelvic infections are considered major factors in infertility cases, and infertility is a socially disastrous condition in the Somali society. The other most severe life-threatening long-term complication of infibulation is obstructed labour. Fibrous, inelastic tissues of the vulva may require excessive tearing down during the second stage of labour exhausting the mother and stressing the infant.

During childbirth, a midwife must be present to cut the inelastic scar tissue across the vaginal opening when the baby is in position for delivery (crowning) and sew the tissue together again after delivery. According to Abdalla (1982:26), the cut is basically an episiotomy to widen the vagina and is also sometimes necessary. The respondents also identified keloid and cysts, which they say, are common among infibulated women, which can make the episiotomies themselves, as well as the restitching, and healing difficult. The risk of excessive bleeding and infection from the entire cutting needed medical attention and the unavailability of medical facilities for emergencies in most rural areas of Mandera District pose survival risks for mothers (MoH, January 02). To reduce the risks of childbirth, some women greatly reduce their nutritional intake during pregnancy; a practice that may have adverse affects on them for instance malnutrition, low birth weight and difficulty in pushing the child during delivery.
Delays in the cutting during the labour (TBA’s lacks the experience to judge timing) pose a risk to the survival of the mother and the infant. It can also cause severe perineal lacerations or damage to vaginal tissue, often resulting in vasico-vaginal fistulae, a serious medical problem wherein a passage is created between the vagina and the urinary bladder or other parts of the body cavity, including the rectum. It was also revealed that for some women, the result is a most embarrassing condition rendering her unable to retain urine and producing constant leakage. In rural areas where pads or absorbent cotton are not available in markets or beyond the means of the family, the women may be unable to preserve hygiene and may suffer the consequences of social avoidance, ostracism, or divorce. According to Dareer (1982:38), this is very common where infibulation has taken place.

4.2.5 Sexual Problems
It was revealed that the first intercourse is complicated by infibulation because either painful tearing or unhygienic cutting (by husband or a midwife called to assist) commonly occurs. Obstructed intercourse resulting from a tight introitus or painful intercourse (dyspareunia) and chronic pelvic inflammation that might affect penetration or frequency can also result in infertility. The study observed that in infibulation, a part of a woman’s body containing nerves of vital importance for sexual enjoyment is removed. Hence it becomes very difficult for the victims to experience orgasm. The glans clitoris with its specific sensory nerves is a primary erogenic zone for a woman. When it has been reduced to an area of scar tissue, no orgasm can be released by its manipulation.
From the study, two forms of circumcision exist in Mandera District: infibulation and *sunna*. The infibulation (pharaonic) methods incorporate two basic steps: excision and infibulation. The *sunna* method ranges from a mere pricking of the clitoris to allow blood to flow to complete clitoridectomy.

**Table 4.2: Response from parents on scope of female circumcision**

<table>
<thead>
<tr>
<th>Existing Practice</th>
<th>Preference for self</th>
<th>Preference for daughter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>Infibulation</td>
<td>67</td>
<td>92</td>
</tr>
<tr>
<td><em>Sunna</em></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>No circumcision</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>69</td>
<td>94</td>
</tr>
<tr>
<td>Percentage (%)</td>
<td>42</td>
<td>58</td>
</tr>
</tbody>
</table>

The practice of female infibulation among the Somali community is among the highest as reflected by Table 4.2 as 92 percent reflects the situation of the practice. Despite having knowledge of the side effects of the practice, women still want their daughters to be infibulated as 73 percent of them gave preference for their daughters compared to males whose preference for their daughters in infibulation is 28 percent. Preference for *sunna* and no circumcision for females is very minimal.

The men and women interviewed showed cognizance of the fact that infibulation (Pharonic circumcision) produced serious ill effects, both short and long-term of health. Marriage, menstruation and delivery were the areas where the impact was the greatest.
As table 4.2 above points out, a change from pharonic to *sunna* is considered the only conceivable change. The concept of no circumcision at all is completely distant as circumcision is seen as a traditional and cultural bond for women who wished to get married, the ultimate achievement.

**Table 4.3: Age of respondents at first circumcision**

<table>
<thead>
<tr>
<th>AGE</th>
<th>NUMBER OF GIRLS</th>
<th>% OF TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>6</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>7</td>
<td>30</td>
<td>32</td>
</tr>
<tr>
<td>8</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>9</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>10</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>11</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>12</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>94</td>
<td>99</td>
</tr>
</tbody>
</table>

From table 4.3 it was revealed that majority of women (91) which is 97 percent of the total women were infibulated before the age of 10 years, which shows that the customary tendency is towards early circumcision in which Somalis have a belief that younger children can heal faster (Daganey 01, 23/3/02).

**4.3 Infibulation and Education**

From the findings of the study, there are cultural practices such as infibulation, which dictate the inferior place of girls in the Somali society. Infibulation is meant to control the girl’s sexual activity, prevent promiscuity and preserve virginity and a chance for the man to prove his prowess during the deinfibulation on the wedding night. Parents will therefore, be greatly discouraged to enroll their girls in schools for fear that they might lose their virginity which will mean shame, loss of dignity and pride for the parents.
Betrothal payment of bride price and preparation for marriage closely follows immediately a girl gets her first monthly period (Fatuma OI, 27/3/02). The girls are trained to be good wives, homemakers and mothers.

Forty-nine out of sixty parents agreed that infibulation has adverse effects on the health of the girls and in particular during their monthly periods. There is also a synergistic implication between health effects and education performance. Six out of the seven headteachers who were respondents pointed out the problems of monthly periods; infections and kidney problems affect the school attendance by girls missing many lessons, a situation which also hinders them from competing with boys academically. This is a major setback to girls’ access ability and retention in primary and secondary tiers of education. Most parents interviewed fear that their girls would be alienated from the cultural ways of life and be exposed to risks such as early pregnancies and loss of virginity and therefore infibulation acts as seal against this.

According to the Islamic tradition, loss of virginity and pregnancy outside wedlock is seen as a failure on the part of parents and society at large. Therefore, parents would want to marry off their daughter before her first menstruation even if she is not sexually fully developed rather than keeping her in school. The Somali society like the pre-Islamic Arabia regarded the girl-child with a lot of fear to bring shame to the family in event of pregnancy out of wedlock. They say “Geber wa hilib magarlehen” which means ‘a woman is a flesh without a skin’ which any vulture can land to eat.
4.4 Effects of Infibulation on Formal Education

While education is traditionally expected to inculcate a sense of objectivity in the worldview of its recipients, this does not seem to be the case amongst the teenage girls in school. Instead, traditional customs and misinterpretation of religion seem to have tremendous influence on the interviewees.

Most of those interviewed betrayed the traditional view, that infibulation confers a mark of purity on the ‘initiates’. Therefore, according to that logic, those who do not undergo the practice would be considered impure and would be frowned upon.

The respondents also pointed out that infibulation give them the passport to marriage, meaning the door of marriage would be shut to those who do not undergo the practice. In their words, it was considered ‘negative’ if one did not undergo the process. The defaulters, which are rare if any, would be considered prostitutes according to the Somali culture. The girls who were not infibulated at the right age were given ridiculing names by their peers, which affected their mate selection and marriage.

Table 4.4: North Eastern Province primary school gross enrolment by standard and gender

<table>
<thead>
<tr>
<th></th>
<th>1992</th>
<th></th>
<th>1993</th>
<th></th>
<th>1994</th>
</tr>
</thead>
<tbody>
<tr>
<td>STD 1</td>
<td>Dropout %</td>
<td>STD 2</td>
<td>Dropout %</td>
<td>STD 3</td>
<td>Dropout %</td>
</tr>
<tr>
<td>Boys</td>
<td>Girls</td>
<td>Boys</td>
<td>Girls</td>
<td>Boys</td>
<td>Girls</td>
</tr>
<tr>
<td>Wajir</td>
<td>2465</td>
<td>1438</td>
<td>30.5</td>
<td>30.7</td>
<td>1713</td>
</tr>
<tr>
<td>Mandera</td>
<td>2316</td>
<td>1020</td>
<td>1.8</td>
<td>7.7</td>
<td>2274</td>
</tr>
<tr>
<td>Garissa</td>
<td>1615</td>
<td>803</td>
<td>10.5</td>
<td>13.9</td>
<td>1444</td>
</tr>
<tr>
<td>Total</td>
<td>6396</td>
<td>3261</td>
<td>15.0</td>
<td>19.5</td>
<td>5431</td>
</tr>
</tbody>
</table>
### 1995

<table>
<thead>
<tr>
<th></th>
<th>STD. 4 Dropout %</th>
<th>STD. 5 Dropout %</th>
<th>STD. 6 Dropout %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>Girls</td>
<td>Boys</td>
<td>Girls</td>
</tr>
<tr>
<td>Wajir</td>
<td>1254</td>
<td>734</td>
<td>49.1</td>
</tr>
<tr>
<td>Mandera</td>
<td>1,804</td>
<td>737</td>
<td>22.1</td>
</tr>
<tr>
<td>Garissa</td>
<td>737</td>
<td>560</td>
<td>54.4</td>
</tr>
<tr>
<td>Total</td>
<td>3,795</td>
<td>2,031</td>
<td>40.7</td>
</tr>
</tbody>
</table>

### 1998

<table>
<thead>
<tr>
<th></th>
<th>STD. 7 Dropout %</th>
<th>STD. 8 Dropout %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>Girls</td>
<td>Boys</td>
</tr>
<tr>
<td>Wajir</td>
<td>822</td>
<td>374</td>
</tr>
<tr>
<td>Mandera</td>
<td>1,065</td>
<td>427</td>
</tr>
<tr>
<td>Garissa</td>
<td>866</td>
<td>353</td>
</tr>
<tr>
<td>Total</td>
<td>2,753</td>
<td>1,154</td>
</tr>
</tbody>
</table>

### 1999


Mandera started with 1,020 girls in Std. 1 in 1992 but ended with 273 girls in Std. 8. The drop out-rate of girls from schools in Mandera is relatively higher (73.2 percent) as compared to that of the boys (71.9 percent). This can be explained by an agreement from most respondents that girls are “Malgumeet” meaning that they are a public property and should be married hence it is not worthy to invest in their education. From the respondents, this higher dropout of girls rate can be associated with socio-economic and cultural practices like infibulation, early marriages and poverty.

It was deduced that as long as young girls, parents and community members regard infibulation favourably, the practice will still continue in Somali society. Hence,
education of the girls would be the casualty owing to the effects of the practice and that wastage will increase.

4.5 Positive Effects of Female Circumcision

Female circumcision is one of the rites that have persisted despite the opposition and the wind of change. To the Somali society it has a brighter side to it, which is serving a useful function. The following are some of the assumed positive aspects of female infibulation given by the respondents. A number of them agreed that infibulation reduces the chances of pregnancy of the pupils as most of them would strive to maintain their virginity, which if lost, would be a source of shame to the family. Infibulation is considered a preparation for marriage. Most girls would, therefore, want to maintain their purity till the time of the marital bed comes (Sahara OI, 29/3/02).

Female infibulation is considered as a means of preventing promiscuity and preserving virginity. Respondents argued that, in the eyes of the community members, the removal of the clitoris is viewed positively, without it girls have less difficulty in saying “no” to sexual advances from men. From medical personnel interviewed, the contraction of sexually transmitted diseases and HIV/AIDS is minimal among the infibulated girls (MoH 30/3/02). Furthermore, the operation is largely grounded in a desire to terminate or reduce feelings of sexual arousal in women so that they will be much less likely to engage in pre-marital intercourse or adultery. This is due to the fact that, the clitoris holds a massive number of nerve endings and generates feelings of sexual arousal when stimulated. Infibulated female loose these feelings hence less desire to seek for a sexual partner. This according to them can be attributed to the fact that the girls do protect their ‘virginity’ after infibulation as this will affect their status before marriage.
Table 4.5: Reasons for continuity of female circumcision

<table>
<thead>
<tr>
<th>Reason</th>
<th>WOMEN</th>
<th>MEN</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection of virginity</td>
<td>20</td>
<td>30</td>
<td>50</td>
</tr>
<tr>
<td>Control of sexual desire</td>
<td>6</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>Somali custom</td>
<td>32</td>
<td>10</td>
<td>42</td>
</tr>
<tr>
<td>A religious obligation</td>
<td>30</td>
<td>15</td>
<td>45</td>
</tr>
<tr>
<td>For hygienic purposes</td>
<td>6</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>94</strong></td>
<td><strong>69</strong></td>
<td><strong>163</strong></td>
</tr>
</tbody>
</table>

From the above table 4.5 the reasons given by the respondents for the continuity are mostly protection of virginity and religious obligation, which is 58 percent of the total respondents. In Islam, virginity is natural and is not stitching of a woman’s genital parts. Equally in Islam, female circumcision is not a religious obligation but an optional rite. 32 respondents out of 94 women interviewed believed infibulation is a Somali customary obligation, which accounts for the highest reason for the continuity of the practice of infibulation.

4.6 Awareness of Women in the Effects of Female Circumcision

Female infibulation, betrothal and other social cultural practices like sister ‘inheritance’ where a girl is given to her brother-in-law for marriage incase of the death of her sister are detrimental to women’s health wellbeing. This means that a girl can be denied access to school or can be withdrawn from school to be ‘inherited’ by her brother-in-law, which is not allowed in Islamic teachings without her, will. This is a major setback to girl-child education because girls are presumed to have sex at an early age within an arranged marriage.
Some respondents revealed that female infibulation and other socio-cultural practices are responsible for keeping the majority of women outside the main stream of national life. It has been shown that circumcision is part of a complex socio-cultural manipulation. It has adverse harmful effects on health and education of the Somali girls and women. The research has shown that there is a gross lack of awareness of the effects of infibulation at all levels. The table below shows the results:

**Table 4.6: Awareness of effects of female infibulation**

<table>
<thead>
<tr>
<th>Responses</th>
<th>Number of respondents</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aware of the effects</td>
<td>87</td>
<td>53</td>
</tr>
<tr>
<td>Not aware of the effects</td>
<td>76</td>
<td>47</td>
</tr>
<tr>
<td>Total</td>
<td>163</td>
<td>100</td>
</tr>
</tbody>
</table>

Although some respondents were aware of the dangerous effects of female infibulation (53 percent), they still resist discontinuing with the practice since they are forced by the socio-cultural pressure. Ebla (OI, 28/3/02) says:

*Who would marry our daughters? Men would not accept girls who are not sealed through infibulation. It would be a shame to the family and clan. Where shall we take them?*

Most women respondents considered the practice, as prerequisite for marriage and therefore, no man would marry their daughters. Many respondents of both sexes were convinced that infibulation is a religious obligation and considered it necessary; that is why the majority of women (71) in table 4.2 were for preference for self, which constituted 76 percent.
4.6.1 Conclusion

From the foregone chapter, we have discussed the dangers of infibulation and the community’s awareness of these dangers. It has also shown that female infibulation is a tool that is used in Somali society to make women submissive because Somali community regards female sexuality as active and as a lustful instinct which consequently must be controlled by being curtailed sexuality. The researcher has noted that 87 respondents out of 163 are aware of the negative effects of infibulation, thus confirming our study premise that most Somalis do not associate negative effects of infibulation with the practice. We have noted that infibulation gives women a passport to marriage. Therefore, for any change to be effected there should be educational programmes for both male and female that will help them change their attitude toward infibulation. It has been shown that the negative aspects of infibulation outweigh the positive ones. The findings of the study tie with the theory discussed earlier that change comes through education, which is inevitable. With the effects discussed in mind the preceding chapter focuses on the strategies to be put in place to combat the practice from the Somali community. The strategies recommended take consideration of the initiatives by the GoK, religious bodies and NGO’s to minimize the practice.
CHAPTER FIVE

THE STRATEGIES AGAINST THE PRACTICE OF INFIBULATION

5.1 Introduction

The previous chapter focused on the harmful effects of female infibulation. This chapter provides strategies to help in the minimizing of the practice. In the last decade, many organizations and individuals have attempted community-based activities aimed at eliminating female circumcision. Much experience has been gained in bringing the problems to the attention of political, religious and community leaders in creating an atmosphere of political support for the elimination of the practice or minimizing the act.

In Africa and notably Kenya, the government, the mosques, the churches and NGO’s have promoted campaign, which addressed female circumcision as an issue of reproductive health and education, but also as related to empowerment of women, gender equality and prevention of HIV/AIDS. Awareness is not yet prevalent from the research findings and a number of constraints have been confronted i.e. lack of institutional capacity, cultural and religion conflicts.

There is also increasing recognition that the cultural purpose of circumcision varies as widely as the type of procedure performed and the full understanding of women’s position and of gender relations within the socio-cultural and economic context required in order to minimize the practice.

The researcher largely attempted to discuss the practice of infibulation as a socio-culturally construct under the context of Somali “hidoo iyo daghan”. It has also attempted to bring forth the religious opinions of the ulamaa held by sections of Muslim scholars,
the Shaffii School of Thought who believe that, their sects are ordained to practise the mildest form of *sunna* circumcision, yet entirely all Somalis of the district practise infibulation which scholars of Islam and respondents say is not Islamic.

We have realized that, it is necessary for everybody in the Somali community to be made aware of the dangers arising from female infibulation so that all can make rational decisions about minimizing the practice. In this chapter, the researcher discusses various attempts to be applied to bring changes and sensitize people against female infibulation.

5.2 Minimizing Attempts

In Kenya, a number of organizations and the government have attempted to eradicate or reduce the intensity of female circumcision. This has included convening public lecturers and discussion groups, use of radio and other media. Integration of female circumcision eradication with community development programmed for women, adult education and publication of posters on its effects. It has been observed that the 2002 children act abolishing circumcision has little effect on minimizing the ritual (Mwanangu, 2002). This public information has little to do with the decision not to circumcise (Irshat, 1999:8).

The study has revealed that the majority of the respondents in Mandera detest the policy of “eradication” and could easily accommodate a policy of “amelioration” of the practice of circumcision as prescribed by *sunna* of the prophet. The respondents believe that the traditional values associated with the practice will be lost once the policy of eradication is affected.
The *sunna* circumcision is strongly held by the followers of *Shafi'i* School Of Thought who are predominant in the district. It is significant that efforts aimed at changing prevailing attitudes acquired centuries ago will not yield instant results but by practicing *sunna* it will ameliorate by reducing risks of infibulation. It is worth working on such initial intervention in these areas rather than eradication, which most organizations require. This will attract a strong opposition.

The early Christian missionaries and British colonial government in Kenya made attempts to legislate against the practice of female circumcision but African communities resisted since it was the preservation of their cultural heritage. The fight against female circumcision only gained momentum in Kenya after the 1985 United Nations Conference on Women’s Decade was held. The conference passed strong resolutions against female circumcision and suggested a plan of action. To show their seriousness, they developed a policy document on forward-looking strategies and the Kenya government ratified the content of the document (WHO, 1996).

5.3 Educating the People

Majority of the respondents revealed that there is need for intensified education to be able to overcome such a deeply entrenched cultural practice like infibulation. In Egypt where the followers of *Shafi'i* School of Thought are the majority like Mandera District, there is rejection of female infibulation which is said to be as a result of new emerging values such as respect for modern concept of health, education and an enhanced definition of women’s identity and roles (Assad, 1980). Along the same lines, eradication efforts in Sierra Leone and Nigeria have now tended to include working with circumcisers so as to
improve sterile procedure and attempts to promote only the removal of the clitoral prepuce (Kargbo, 1984; Oduntan, 1984), which is of *sunna* type of circumcision.

The study had revealed that eradicating or fight against female infibulation will depend on public awareness and particularly efforts aimed at convincing the parents, community leaders and men on the effects of the rite. This may have to contend with a deep-rooted traditional practice.

### 5.4 Government Campaigns

The Government of Kenya gave a decree against the practice of female circumcision through President Moi in 1982. He ordered chiefs to use their act, which is Chiefs’ Act of 1912. On 12th December 2001, he gave another decree banning female circumcision. From the study, most people are not aware of the decree and continue practicing the rite individually, since they believe that this is a religious act, which is obligatory.

The Children’s Act, 2002 gave a clear picture on the child’s right. Circumcisers and infibulators can now be prosecuted for the act. The Somali community cannot be convinced to stop the practice. They believe that the practice helped in reducing promiscuity in girls and women. Among Somalis, uncircumcised women are shunned by the society, denied vital social links, marriages and recognition. No individual would want to loose these vital links with their ancestors, family and clans.

In the past, efforts to eliminate the practice through legislation and prohibition of medicalization have been enforced and although they are important in that their policies both represent a formal expression of public disapproval and because it is the means by
which government can establish official sanctions, its success was limited. The 1982 and 2002 abolition of the practice by President Moi bears testimony when instead of stopping the practice, it went underground and even became practiced more than before.

5.5 Rights of Women

Female infibulation is an abuse to rights of women and girls in Mandera. They undergo unfretted pain. A major international expression of the goal of equal rights for women was taken in December 1979, when UN General Assembly adopted the convention on the elimination of all forms of discrimination against women. This came into force in September 1981. The comprehensive convention calls for equal rights for all women regardless of their marital status in all fields, political, economic, cultural and civil. Therefore, there is need for being gender sensitive and changing of attitude towards women and cultural practices that affect them, irrespective of where they live (MYWO report 1992:9). At the same time it should not contradict the tenets of Islam under any condition whatsoever.

The 1993 United Nations Declaration on Elimination of Violence Against Women expressed in its Article 2 that, violence against women shall be understood to be circumambient but not limited. For example:

*Physical, sexual and psychological violence occurring in the family including.... dowry-related violence, female circumcision and other traditional practices lawful to women. (UN Declaration on Elimination of Violence Against Women Dec. 1993, UN General Assembly Document A/RES/48/1040)*

The cultural relativist advocates criticize this current human right system because in its search for potential human right violation, it looks at cultural practices, which have been condoned for centuries by societies, which engage in them as mistakenly violation of
human rights. These critics assert that cultural practices have a legitimate function indigenous to the cultures and judging these practices according to international norms imposes outside value upon the society (Irshat, 1999:35).

The contentious questions premised from this debate have however largely rested on critical issues of legitimacy and rights questioning whose right are right? The result of the debate has brought a range of diverse cultural conflicts, contradictions and unresolved suspicions among those who would have been partners or stakeholders in the campaign to resolve the harmful effect of infibulation on girls and women.

The most contested of all from findings, has largely remained the outright rejection of cultural and religious justification as unacceptable to them, accusing ‘Western’ advocates for demeaning the cultural practice, insinuating and describing it ‘barbaric’ culture, ‘unacceptable’, ‘primitive’ (Irshat 1999:36). Some responded to these practices with a sense of ‘moral outrage’, perceiving the custom as a brutal violation of an individual’s right by the practicing communities.

By contrast, ‘moral outrage’ does not always accompany Western perception of ‘self-imposed’ health problems facing women, such as self-starvation practices; silicone breast argumentations and other vices that are unacceptable to female circumcision practicing societies (Sheikh Kheir OI, 28/3/02). From this Islamic scholar, the idea of women starving themselves for cosmetic purposes in societies where food is not often scarce might be considered ‘morally outrageous’. From the respondents, the ritual Islamic form of circumcision *summa* where the clitoris is nicked or prepuce of the clitoris is cut off as
opposed to clitoridectomy and infibulation cannot be qualified *per se* as an affront to sexual assault not proved scientifically as causing sexual attenuation.

### 5.5.1 Men’s Resistance to Change

Majority of the men interviewed were of the view that infibulation should continue and be practiced. They argued that these would ensure high moral standards on the part of women before and after marriage. If the practice were stopped or modified, according to the respondents, marriage would lose meaning as women would effectively have been given license to engage in pre-marital sex culminating in their contracting diseases like HIV/AIDS which could infect their would-be spouses. This will also interfere with the Islamic teaching, which ties sex to marriage only and never allows single parenthood without a husband. It is forbidden (*haram*) to have a child out of wedlock. This is due to the fact that infibulation is attached to virginity in Somali community, which is assumed to preserve it.

There is need of sensitizing men to the fact that maximum pleasure on the women’s part, which infibulation curtails, is necessary to a fuller consummation of a marriage to which a man is party. Also, while there is no guarantee of a unfibulated girl would engage in unchecked pre-marital sex leading to their contracting HIV/AIDS, this could be checked by learning and understanding the *Qur’an and Hadith*. There is a great possibility that infibulation is carried out using unsterilized equipment that could lead to the spread of HIV/AIDS and other infections among the initiates.
5.5.2 Policymakers to Advocate for Change

Those making decisions require the support from other informed and respected people. It must be remembered that female infibulation is deeply rooted in the culture and tradition of the Somali people and other communities that practice it. Therefore, there is need for our lawmakers to be sensitized to deal with cultural laws that continue to accommodate harmful cultural practices. This will help the victims to complain against the act, which is lacking in Kenya. For a fight against female infibulation to be successful, it must gain significant measure of support from the government, civic leaders, opinion-leaders and the media. The government must specially be seen to demonstrate willingness to put appropriate action in place for examining and possibly adjusting some of the socio-cultural beliefs related to infibulation.

Agents of change are required to be dedicated and committed. The national focal point on female circumcision whose advisory committee members are more than 19 organizations should influence a change in policy towards legislation against infibulators than being incorporated in the Children’s Act. A well-staffed coordinating headquarters like the National focal point should come up with campaigns, to include the press and information offices, well equipped team of field workers, trained to give talk and with know-how, show films and information dissemination may be required rather than renting big offices in Nairobi.

The key to success of the campaigns would be well-ordered and relentless efforts to give education and enlightened with continued support and encouragement in all dimensions. Full use of the press should be made whenever necessary to generate public discussions and education in papers, magazines, radios and televisions. All Somali community
members should be gender sensitized against the effects of infibulations, which affect the health, and education of the Somali girl-child and women. The women must play a role to minimize the practice because it affects them the most and be in the forefront in the campaigns.

5.5.3 Conclusion

The chapter attempts to highlight the initiatives and strategies, which have been attempted by the government and organizations in efforts to minimize the practice of female infibulation. Some efforts have been realized in the use of the media, educational programmes, campaigns, women rights advocacy and policy formulation. Weakness for each programme has also been identified.

There is need for concerted efforts to stamp out all forms of circumcision in girls or modify the system. It is inhuman to infibulate girls as this subjects them to a lot of suffering – physical and psychological. The physical removal of a part or whole of the girls’ inner part of the sacred anatomy amounts to brutality as it is painful to the victims and it deprives the girl of sexual pleasure in the later life in marriage.

Government, Imams in mosques, churches, culture enthusiasts, educationalists, non-governmental organization and the society as a whole, ought to rise up against the practice. The practice, which is outlawed in the Children’s Act 2002, should be reinforced.

Education of public on the dangers of infibulation to girls should help disabuse the people of any cultural pretensions. The next chapter concludes the study and provides
recommendations taking into consideration past weaknesses in the advocacy against female infibulation.
CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

The previous chapter discussed the strategies, which have been attempted to minimize female infibulation. This chapter presents the summary of the main findings and makes recommendations, which if taken, may reduce female infibulation among Somali Muslim in Mandera District. The objectives of the study were: To identify and discuss socio-cultural factors that perpetuate infibulation among Somali Muslims, investigate the role of Islam in female circumcision among the Somali Muslims, assess the effects of infibulation on both the health and education of the Somali girl-child and identify strategies that can be employed to minimize dangers of infibulation among Somali Muslims.

The conceptual framework used in this study focused on the problem-posing concept of education which was used to break the cultural barriers through consciousness raising education to establish a dialogue between men and women of Somali Muslims in relation to the effects of female infibulation. The theory of the Qur'an and Hadith was also used in the field to test the response of the community on the effects of female infibulation and its continuity.

The study was necessitated by the fact that despite the Somali community being Muslims, they practice female infibulation which most Islamic scholars (ulamaa) say is not Islamic at all. Therefore, there was need for finding out the response of the Somali Muslims on the practice of female infibulation and its effects on the Somali girl-child and women.
6.1.1 Conclusion

The socio-cultural practices perpetuating infibulation among Somali Muslims was that the cultural value of ‘hido iyo dhagan’ defined the Somali societies system of marriage, kinship and clan cohesion. The ritual of infibulation carries a significant institutional value, which is the girl’s ‘virginity’ in view of Somali community. A girl’s ‘virginity’ must be proved and evidence proudly displayed. The concept of ‘virginity’ must be maintained at all costs which is honour to the family and the clan. Infibulation preserves purity and honour for partrilineage in girls to maintain social status, broaden kinship ties and enhance patrimony, which is also economic rationale for the act. It is clear belief by the Somalis that infibulation is usually intended to reduce the sexual sensitivity and activity of women. It is also intended or meant to control women’s erotic desire, which acts as a seal to immorality.

The role of Islam in female circumcision is very clear. Infibulation of girls and women is cultural than Islamic. Islam does not recommend at all infibulation which all scholars of Islam term as Haram (forbidden). However, Islam recommends sunna type of circumcision, which is still optional. Female infibulation is therefore, a traditional cultural practice, which is meant to maintain virginity in women.

Islam has removed the stigma of “wickedness” and “impurity” from women. They have the right to develop to their natural activities, given social rights, rights to inherit, right to education and economic rights. Islam has also emancipated women out of the pre-Islamic culture where women were considered expendable and female infants were buried alive in fear of bringing shame to the family such as pregnancy out of wedlock,
which is a disgrace to the family and the clan. Islam has also brought a clear picture that there is no difference between men and women as far as their relationship to Allah is concerned, as both are promised the same reward for good conduct and the same punishment for evil (Qur'an 4: 1).

The effect of infibulation on health and education of the Somali girl-child was devastating. The health problems associated with female infibulation were found to have the most serious medical complications. This also depended on the type and the expertise of the circumciser, the hygienic condition under which the rite was conducted, the cooperation and the general health of the person circumcised.

The post-circumcision problems were categorized into five groups namely: immediate health problems, late problems, and sexual problems, problems at delivery, post-natal problems and psychological problems. The complications associated with infibulation include: scarloid formation, labial adhesions, cysts of the clitoris, vulval disfigurement, vaginal calculi, and infertility and urinal complications.

Traditional values, beliefs and practices such as infibulation, boy preference, betrothal, payment of bride wealth and virginity have insured the girls' disadvantaged position in education. Female infibulation has also been associated with school dropout among the circumcised. During later years in school, it contributed to higher levels of absenteeism, repetition, poor performance and not competing well with boys in academics. As noted in table 4.1, 30 percent of the respondents, which is the highest rate of complications, are associated with painful menstruation while 4 per cent represents urinary retention, which affects the health and in turn affects school attendance and performance. Due to
continued absenteeism, the victims perform poorly and this may result in them dropping out of school.

Strategies against women infibulation should be enhanced. There is need for awareness campaigns targeting the community leaders, parents, local administrators, members of the community themselves and religious leaders on the effect of infibulation. This should be done through religious preaching at the mosques, public barazas, seminars, and school – parents' day and other community functions. Women's rights as championed by Prophet Muhammed (p.b.u.h) should be conferred upon women and correct Islamic teachings on women should be followed.

6.1.2 Recommendations

In view of the findings and conclusions of the study, the following recommendations were made:

1. All the 163 respondents interviewed favoured the continuation of the practice but 62 of them preferred a lesser harmful manner, which is *sunna* type of circumcision. Therefore, there is need for mobilizing and sensitizing the people irrespective of sex, age, and education on the dangers of infibulation. This is because the practice can lead to infections like HIV/AIDS.

2. The problem of infibulation mostly affects women and concerns them. It is they who carry out the practice on themselves. It is absolutely essential for women to address the issue and participate in the revolutionary process to bring change. They should take the first hand in working for their liberation from this harmful tradition.
3. Religious leaders should play a significant role in dissemination of information on the effects of infibulation due to the role religion plays in social change. The Imams and Islamic ulamaa should emphasize the Qur'anic teachings on man not to change God's creature for instance infibulating women.

4. From the other Muslim world infibulation of girls is never there and they are living a happy life. Men and women from the Somali community should emulate from their example.

5. Use of Health Education is important in the fight against this practice as education forms a powerful tool for social change without bias towards culture. Educating young men and women in school against the practice will minimize the practice as they become adults (parents).

6. There is need for involving every member of the community to participate in eradicating the practice. This can be achieved by raising every member's consciousness of its effects, mobilization of the old, the youths, leaders and all social groups will help in attitudinal and behavior change hence a direct impact on female infibulation.

7. There is need for identifying alternative income-generating activities for the traditional practitioners carrying out the operation of the practice. This will put them out of the business, as it is their way of providing for their livelihood.

8. Organize educational talk shops in mosques, churches, public barazas, and schools to provide information against the practice.

9. Increase research in all aspects of female infibulation and reasons for its continuity.
10. There is need for sensitizing the Somali community that infibulation is not virginity but virginity is supposed to be natural.

11. Integrating the prevention of female infibulation in the activities of the district development committees and other functional committees in the district.

To change such deeply rooted custom is difficult; but it must and can be done. Many similar customs have been changed. People no more elope girls for marriage in the Somali community society. Female infibulation must also be abandoned. There is no evidence of any kind of medical, social or religious that support this practice as useful or beneficial.

6.1.3 Area of Further Research

The study was limited to Mandera District. Similar studies are required elsewhere in the province to find out the effects of infibulation on the girl-child and women. Since this study concentrated more on the effects of infibulation, research may be necessary on how to convince men to change their attitude on marrying uninfibulated women.
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GLOSSARY

Baraza: Community elders from various lineage groups meet at the chiefs camp to discuss community affairs.

Deer: October – Mid-December

Dugsi: Qur’anic schools

Guff: Present to the bride’s kin

Guu: March to May

Hadith: Refers to what was transmitted in Prophet’s activity either in deeds, saying or tacit approval.

Hagai: Mid-June to September

Heer: Customary law

Hido iyo dhagan: Somali culture.

Irua: Gikuyu initiation ceremony.

Jilal: January to March

Jilei: (Shifting system) whereby the Somali nomad shift his family to look for water and pasture for his animals.

Saar: Traditional dance

Sharia: The Islamic Law which consists of a detailed code of conduct.

Sheikh: A respected religious person who is knowledgeable.

Sunna: Designates the code of behaviour as practised by the prophet.

Ulamaa: Muslim scholars or religious leaders.

Umma: Muslim community.

Yarad: Bride-price
APPENDIX 1
QUESTIONNAIRE/INTERVIEW GUIDE

QUESTIONNAIRE FOR RELIGIOUS LEADERS (ULAMAA)

1. Name (optional) ........................................

2. Age ........................................................

3. Educational background ..............................

4. Occupation ................................................

5. Marital status ............................................

6. How long have you been an Imam/Kadhi?

7. Do people in your area circumcise women? ........
   (i) Yes or (ii) No ........................................

8. Do you know of any reason why they do or do not do so?
   ........................................................................

9. Are you familiar with the origin of female circumcision? ...........
   (i) Yes or (ii) No ........................................

10. If yes above, briefly explain ..............................

11. In your opinion, should Muslims infibulate their daughters? .......
    Give reasons for your answer ............................

12. What is the Islamic perspective as concerns infibulation? ...........

13. (a) Is the practice of female infibulation harmful or beneficial from Islamic point of view? (i) Harmful (ii) Beneficial
    (b) If harmful, what is your role to deter the practice?
(c) If beneficial, explain .................................................................

14. What is the general attitude of the people towards infibulated and uninfibulated women in the area? ..............................................

15. Do you think female circumcision reduces sexual desires in women?
...........................................................................................................

16. Do you know any negative effects of female infibulation on women?
   If yes, list them ...........................................................................

17. Do you think that women are aware of these effects?
   Briefly explain ............................................................................

18. Do you think the practice of female infibulation is necessary?
...........................................................................................................

19. In your opinion, should female infibulation be (i) Abolished?
   (ii) Encouraged (iii) Modified or (iv) Ignored?
   Give reasons for your answer.

20. Do you see any future in this rite of female infibulation in the
    contemporary Muslim world? If yes, what future? ............... 
   If no, give reasons .................................................................

21. Do you think that female infibulation had played a role in defining the role of women
    and men in the society? ............................................................

22. Is infibulation or lack of it associated with one's moral behaviour?
   Why? ...........................................................................................
QUESTIONNAIRE FOR CIRCUMCISORS

1. Name (optional) .................................................................

2. Age ...................................................................................

3. Educational background .....................................................

4. Occupation ...........................................................................

5. Marital status ........................................................................

6. What preparations do you make before you operate on girls?

7. What health measures do you take in order to operate on girls/women?

8. Do some of your clients get complications after the operations?
   Yes/No ..................................................................................
   If yes, mention some of the complications.

9. Were there any teachings given to your clients during seclusion period of healing?
   Yes/No
   Explain ..................................................................................

10. Do you think female infibulation played a role in defining the role of women and men in the society?

11. What duties were the initiates allowed to perform after infibulation?

12. Do you think female infibulation has a role in instilling discipline and moral in the initiates? Explain ..................................................

13. What type of circumcision do most of your clients prefer?
   Sumna/Pharonic
   Give reasons .............................................................................

14. In your view, do you think this culture of circumcision of girls should
Continue? Yes/No .................................................................

Give your reasons.

15. Do you think female infibulation has any Islamic value? Yes/No

Explain your answer ..............................................................

Explain why .................................................................

QUESTIONNAIRE FOR PARENTS (FEMALE/MALE)

1. Name optional .................................................................

2. Age ...................... Sex .................................................

3. Educational background ..................................................

4. Occupation .................................................................

5. Marital status ...............................................................

6. Are you circumcised? (i) Yes (ii) No .................................

7. If yes, at what age where you circumcised? .........................

8. Who advised that you should get infibulated? Mother/father grand mother/grandfather or others specify ........................

9. How were your feelings when you were getting ready to be infibulated?

10. Were you infibulated alone or with other girls? ...................

11. What type was your circumcision? Sunna/Pharonic/others?

   Specify .................................................................

12. Can you briefly describe how the operation was performed?

   ...........................................................................

13. Do you remember any immediate complications that you suffered
then or after the operation? Yes/No

If yes, please describe clearly what complication it was ......................

14. If you had daughters, would you infibulate them? Yes/No ..................

If yes, why? If no? ..............................................................................

15. What does Islam say about female infibulation? ............................

16. In your opinion, should female infibulation be (i) abolished? ........

(ii) encouraged (iii) modified? or ignored? ...........................................

17. Do you know any negative effect of female circumcision on women?

If yes, list them ...................................................................................

18. Do you think that women are aware of these effects?

Briefly explain your answer ..................................................................

19. Do you think that men have any role to play in either encouraging or
discouraging the practice of female circumcision in this area?

Yes/No

If yes, explain how ..............................................................................

20. In your opinion do you think Islam plays a role in female infibulation

Yes/No. If yes, explain your answer ....................................................

21. What is the society’s attitude towards those women who do not get
infibulated? ..........................................................................................

22. Do you think the practice of female infibulation is necessary today?

Give reasons for your answer ............................................................... 

23. Do you think that female infibulation reduces sexual desire in women?

24. Can you marry uninfibulated woman? Yes/No
Give reasons for your answer above ...........................................

25. Do you think that infibulation gives a girl a better chance of getting a husband?
Explain your answer ........................................................................

QUESTIONNAIRE FOR CIRCUMCISED TEENAGE GIRLS

1. Name (optional) .............................................................................

2. Age .................................................................................................

3. Educational background ...............................................................  

4. Division ..........................................................................................

5. Marital status ..................................................................................

6. Are you infibulated (i) Yes (ii) No ..................................................

7. If yes, at what age were you infibulated? .....................................

8. Who advised that you should get infibulated? Specify ..................

9. How were your feelings when you were getting ready to be infibulated?
............................................................................................................

10. Were you infibulated alone or with other girls? Specify ..........
.............................................................................................................

11. What reasons do people give for this practice of infibulation?
.............................................................................................................

12. Do you think female infibulation reduces sexual desires in girls?
.............................................................................................................

13. Do you think that infibulation gives a better chance of getting
a husband? Explain your answer.

14. Do you know any negative effects of female infibulation on girls?
   If yes, list them.

15. Do you think that girls are aware of these effects?
   Briefly explain your answer.

16. Would you like it abolished, encouraged or modified?
   State your view.

17. What is the society's attitude towards those girls who do not get infibulated?

18. Will you infibulate your daughter incase you become a mother in future?
   Yes/No
   Explain your answer.

19. Do you think that female infibulation is Islamic?
   Yes/No
   Explain your answer.

20. What does Islam say about purification in relation to female infibulation?
   Explain your answer.

QUESTIONNAIRE FOR NURSES/TBAs

1. Name (optional)

2. Age  Sex
3. Educational background .................................................................

4. Occupation ..............................................................................

5. Marital status ...........................................................................

6. Do people in your area infibulate women?
   Yes/No ......................................................................................

7. What type of circumcision is practised by this community? *Surma*,
   infibulation, others specify ........................................................

8. Do you know any negative effects of female infibulation on women?
   If yes, list them .........................................................................

9. Do you think that women are aware of these effects? .................
   Briefly explain your answer ..........................................................

10. Do some clients come for de-infibulation after some complications
    yes/No
    If yes, explain your answer ........................................................

11. Do you think men have any role to play in either perpetuating or
    discouraging the practice of female infibulation in this area? Yes/No
    If yes, explain your answer ........................................................

12. What is the society's attitude towards those women who do not get
    circumcision? ............................................................................

13. Do you think the practice of female circumcision is necessary?
    Give reason for your answer ......................................................

14. If you had daughters, would you circumcise them? Yes/No ..........
15. What happens to those who fail to undergo circumcision? 

16. What advice would you like to give to girls in this society in relation to circumcision? 

   Explain 

17. What in your opinion is the view of men towards circumcised and uncircumcised women? Who in this case do they prefer? 

QUESTIONNAIRE FOR HEADTEACHERS

1. Name (optional) 

2. Age Sex 

3. Level of education 

4 (a) Occupation (b) Division 

5. Marital status 

6. Are you aware of the practice of female circumcision that young girls undergo? 

7. What reason do people give for this practice? 

8. Do you know any negative effects of female circumcision on your students? 

   If yes, list them 

9. Do you think that girls are aware of these effects?
Briefly, explain your answer ..............................................................

10. Do you think circumcision has effects on the performance of your students? Yes/No ..............................................................

If yes, explain your answer ..............................................................

11. Do you think Islamic teachings perpetuate female circumcision in the Somali society. Yes/No

Explain your answer ..............................................................

12. Do you think men have any role to play in either encouraging or discouraging the practice of female circumcision in this area? Yes/No

If yes, explain your answer ..............................................................

13. What is the society’s attitude towards those women who do not get circumcised?

14. Do you think the practice of female circumcision is necessary? give reason for your answer ..............................................................

15. Do you think that circumcision gives a girl a better chance of getting a husband?

16. What are the strategies in encouraging or discouraging female circumcision in the community in your area?

Explain your answer ..............................................................

17. Do you think it is necessary to introduce law banning female circumcision? Yes/No

Explain your answer ..............................................................

18. Do parents come to school to explain problems of your students in
relation to effects of female circumcision? Yes/No

Explain your answer .................................................................

20. If you had daughters, will you circumcise them?

Yes/No

If yes, explain your answer ...........................................................
SOURCE: Mandera District Development Plan (1997/2001)

Figure 1
APPENDIX 3

SOURCE: Mandera District Development Plan (1997/2001)

Figure 2