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Advancing Knowledge on Psycho-Sexual Effects of FGM/C: Assessing the Evidence
Alexandria, Egypt. 10-12 October, 2004

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Sexual Health among Young Somali Women in Sweden: Living With Conflicting Culturally Determined Sexual Ideologies

> Amran thinks that her parents were wrong when they had her circumcised. Not because she has any specific health problems […]. No, she is worried about how it will be when she commences her sexual life.
> - Of course I think of that it may hurt a lot in the beginning. If I don't ask a doctor to open me up through an operation, my husband has to do it… I don't know at all how pleasurable sex is going to be for me. It depends on how much they cut away when I was a child. We'll see.
> [Amran, 21 years old, "I'll be a virgin when I marry", interview with a Swedish Somali woman in the daily paper *Svenska Dagbladet*, 22 March 2002.]

Introduction

Young Somali women in Sweden are affected by two conflicting ideologies on sexuality: on the one hand, the traditional values demanding chastity and modesty in women and, on the other hand, the public sexual ideology in Sweden, emphasising sexual liberty and the dismissal of sexual taboos.

In addition, they have to deal with national campaigns condemning "female genital mutilation". Some of these young women arrived in Sweden already circumcised. The public message to them is that they are "mutilated" and, consequently, deprived of their ability to enjoy sex.

A planned project, *Sexual Health among Young Somali Women in Sweden*, aims at a deeper understanding of the sexual experiences among older Somali women in Sweden, and intends to map the internal discourse in this field. The study also intends to find methods of transferring a positive self-image of sexuality, prevalent among older Somali women, to the younger women.[1] Discussing sexual matters is traditionally taboo among Somalis. Even if this situation is changing in exile, many young Swedish Somali women have to make their sexual débuts with only limited knowledge about the possibilities of their own sexuality.

[1] We use the expression "older women" for women who are 35 years or older, usually with longstanding experience of a sexual life and childbirth; in contrast to young, sexually inexperienced teenagers and women who have recently married.

Background and earlier studies

Swedish Somalis

There are more than 25,000 Somalis in Sweden. The largest part of the Somali population arrived in the 1990s, as a result of the civil war in Somalia, which broke out in 1991. The Somali group is often considered to be the immigrant group most difficult to integrate into the Swedish society, according to official reports (e.g. Integrationsverket 1999).

Our first encounter with a positive self-image of sexuality among older Somali women was during a qualitative study conducted in 1998 (Essén et al. 2000, Essén 2001): *Pregnancy and childbirth experiences in Somali women resident in Sweden*. In this study the issue of sexuality often arose spontaneously, although not explicitly integrated in the set of questions formulated before the study was initiated. An example of this was a woman who, with a big smile, stated that sex during pregnancy was good: "How could you be without it for nine months?" Another example was the woman who talked about two of her female friends, who were said to threaten their husbands of divorcing them, if they did not quit taking the drug *quat*. Among other things, this drug is said to cause premature ejaculation: "These friends of mine are furious. When having sex, they do not get a chance to enjoy it."

In September 1999, we organized a one-day-seminar on female circumcision in Malmo, Sweden, aiming at providing basic information on the issue to health care staff, school and preschool staff, social workers and so on. About two hundred participants were present, among them some of African origin. A Swedish minister raised his voice during the seminar and expressed his resentment at the fact that so many women were deprived of their possibility to feel sexual pleasure. Then a Somali woman in the audience stood up, turned to this man and the rest of the audience, and talked about her own experiences. In a calm and a bit shy voice, she witnessed that she herself was infibulated, but that she had a rich and satisfying sexual life despite this state of her genitals.

During Johnsdotter's anthropological study on female circumcision among Swedish Somalis (Johnsdotter 2002), sexual life was not the primary focus of the study, but did emerge in some of the interviews. Among the Somali women in this study, most of them expressed a positive attitude toward sex. As it is a delicate issue of a private nature, when discussed it was often brought up in a more general manner: either through questions about how women joke about sex (with further questions about why a certain joke is considered to be funny), or the women were asked about how they perceive that Somali women in general feel about sex. Most of them conveyed that Somali women in general enjoy sex, even if there are exceptions:

[A Somali woman in her 40s:] - *Someone may say, 'I wait until very late before I go to bed, and then I hope he won't get any ideas'… But most seem to like it, those who don't are few…*

There is a cultural norm stating that it is shameful for a Somali woman to show her husband that she wants to have sex (but she can give him hints through the use of perfume, incense, etc.), but some of the Somali informants in this study claimed that they do not care, that they know their husbands well enough to be open about such things. Among women, it is acceptable to talk about sex in a general manner, but most people avoid talking about own private experiences. The Somali home society lacks a mass medial exploitation of sexual matters and a woman showing a too obvious interest in these matters runs the risk of being stigmatised. Among Somalis in Malmo everyone conveyed the idea that this topic is taboo, but at the same time most of them were willing to talk quite frankly about sex:[2]

[2] A fact which, naturally, can be a result of our ethnic background: as we are Swedish, and thus supposed to be tremendously open about and interested in sex, nobody feared any stigmatisation talking to us about it.

[Johnsdotter asks:] - *Views of sexuality in Sweden and Somalia… do you see any differences?*
[Omar[3] interpreting:] - *She says she sees sex in Somalia as something we can't talk about.*
[Johnsdotter says:] - *I think many women I've met talk quite openly about sex.* […][4]
[Omar interpreting after discussion in Somali:] - *When we say we don't talk about sex, it's among us. There is a difference between for example asking a doctor about advice in sexual matters and discussing with someone how you feel when you're having sex… […] She says between man and woman we don't talk about sex directly, but we show that we love and we show that we need sex…*
[Discussion in Somali, and Omar sums up:] - *You never talk about your private life… I mean sexual life… with a friend. And when it comes to your husband… we don't speak directly, we show.*

[Omar interprets the words of a Somali woman in her 50s:] - *Even we who have pharaonic circumcision, we never have problems.* [The three of us start laughing, since the woman with her facial expression shows that she alludes on sex.]
[The woman speaks again and Omar interprets:] - *Maybe we are more sexual than you* [everyone laughs again]… *and we don't have any problems…She says we have nothing, no problems and good sex. We are equal in that. We are like Swedish women; maybe we are more…active. And everything comes from the heart and comes from the pain you know.*
[Johnsdotter says:] - *But…the wedding night…*
[Omar interprets:] - *It was worst that night. It was something that you never forget, but after that it is good.*

We did not find anyone who spontaneously talked about loss of ability to enjoy sex due to circumcision. However, such experiences are probably not uncommon among Somali women, even if they are not part of a more general discourse on sexuality.[5] Asha Omar (co-author of the reports, Johnsdotter et al. 2000; Omar et al. 2001), at a visit to Somalia, participated in a radio talk show about female circumcision. A Somali man called the radio station and expressed his displeasure with the practice, as "women are deprived of their ability to enjoy sex". Omar responded that the caller ought not jump to conclusions: many Somali circumcised women may very well enjoy sex, but they are reserved in their expressions in the sexual act, as it is generally considered shameful for a woman to show openly when sexual activity is pleasurable. She received many reactions from women telephoning the radio station, thanking her for bringing this subject out into the open. One woman said: "For the first time in our lives I and my husband talked openly about this. Our sexual relation will probably change drastically."

This is not to say that female circumcision never interferes with sexuality, or to say that women who say that they due to circumcision have problems enjoying their sexuality are misinformed. What we are stating here is that it does not seem to be a cornerstone of Somali "public discourse" on sexuality that circumcised women, due to the circumcision, have lost their ability to enjoy sex.

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[3] Asha Omar was one of the co-workers in this study, sometimes as an interviewer and sometimes as an interpreter. A research team, formed in 2000, included two women (Sara Johnsdotter and Asha Omar) and two men interviewing men (Aje Carlbom and Ali Elmi), two of Swedish origin and two of Somali origin. About thirty men and women were interviewed. The results were published in a report in Swedish (Johnsdotter et al. 2000) and a report in Somali (Omar et al. 2001).

[4] Here I (Johnsdotter) told them about when I, during a course on female circumcision I administrated, visited a gynaecological clinic with a group of some twenty Somali women. Caesarean section, among other things, was discussed and some of the women were rather outspoken when asking questions in the presence of the whole group. The nurse told me afterwards that for her their attitude was a pleasant surprise, and that she during study visits involving Swedes never had been bluntly asked: "And how soon can you have sex after a caesarean section?"

[5] It may seem like a paradox to speak of a "public discourse" of sexuality while claiming, at the same time, that the issue is tabooed. *Discourse* as used here includes a variety of expressions conveying the views on sexuality: as a topic of conversation (despite the fact that it is often claimed to be a matter *not* talked about), in confidences between friends, in jokes, implicit descriptions in poetry, etc.

Swedish Eritreans and Ethiopians

During September 2003 to May 2004, another qualitative study on female circumcision was carried out, this time among Swedish Eritreans and Ethiopians in Sweden's three biggest cities Stockholm, Gothenburg and Malmo (Johnsdotter et al.; forthcoming). More than forty interviews with women and men were taped and transcribed.

Most Eritreans and Ethiopians, in total less than 20,000 in Sweden, arrived in Sweden in the 1970s. Generally speaking, the groups are very well integrated: they arrived in a period when Sweden had a strong economy and good opportunities to integrate foreigners into the labour market. (Compare with the Somalis, who arrived in Sweden at the time of, or shortly after, a period of strong economic recession. A large majority of the Somalis have been denied access to the labour market and are forced to live on social welfare.)

Sexuality was not the primary focus in this study (interviews with Swedish Eritreans and Ethiopians on female circumcision). Nevertheless, it became one of the most salient themes during interviews with the women. Many were firmly convinced that female circumcision – generally clitoridectomy – had ruined their possibilities of having a truly enjoyable sexual life. Some examples of this are presented below:

[An Eritrean woman in her 40s:] - *What is there to say… I feel, being a woman, when I hear about this… When you meet a man… it is not the same, the way you hear it [described] on television. You often hear about it… it is actually two different things [sexuality with/without circumcision]. You don't have that kind of sensation, being with your husband. Sex is less, the way I know myself. I don't sense that much… that is the way it is.*

[An Ethiopian woman in her 40s:] - *In the beginning I never thought that it [circumcision] had much of an impact, but the more I get to know about it… Actually, I don't know for sure, it's more of having suspicions… […] I have a bunch of thoughts about a substantial loss. When I think about sexuality, then I think that there is probably something I miss there. It is a kind of wondering. I don't know for sure. But it is there, in the back of my head… I'm probably not like others. They have taken something away from me. Maybe I don't feel pleasure the way I could have. Those kind of thoughts I carry with me all the time.*
[Johnsdotter asks:] - *Did these thoughts come when you got married or when did you…?*
- *They come more and more. Now that I know more about it, I keep thinking… No, it was not when I married… no. I had problems in my marriage, but not in connection with sexuality.*
- *Do you feel that you have the ability to feel sexual pleasure?*
- *I think… I have this feeling that I miss out on something. And that feeling I have constantly. And it does not become weaker, but stronger and stronger. And that is due to the fact that I know more about it today. Nobody told me before… I didn't know that this [clitoridectomy] was something that was done to eliminate sexuality. I didn't know, and now that I know, this wonder inside me keeps growing stronger.*
- *This picture that part of your sexuality has been taken away from you, from where do you get that picture?*
- *I just have that feeling. They have taken away a part of my body, which was there to serve my pleasure. And they took it away. I may not enjoy [sex] the way I could have, maybe there is something better. Something truly fabulous. I have had this feeling for many years now. They took something away from me… and that was of no good.*

Many women expressed similar lines of thought. However, the issue remains contested, which was obvious in a group interview, where the two women quoted below are in their 30s:

- *Maybe if you want to have sex with your husband, you don't ask directly. You don't ask. You don't have that kind of sensation. That's the way it is.*
- *Sure one has sensations.*

- Yes, but not to the same extent as [someone who is not circumcised]… Yes, you have, but only a little.
- It is about getting to know your own body. That is where the problem lies. Most people don't want to get to know their own bodies […]. Every time I see my husband, I want to [have sex]. I have no problems. In our relationships we don't talk about sex. We never talk about our needs, what he needs and what I need. That's the problem.

Practically all interviewees reported having taken part of mass media descriptions of female circumcision during the last decades. It was obvious that the Ethiopians and Eritreans interviewed shared a "western" view of the phenomenon – some of them used expressions like "barbarous" and "torture" when discussing FGC. Many women conveyed their feelings of being stigmatised as Africans due to mass media reports, something they considered to be unfair, as they (even if circumcised themselves), shared the Swedish society's view of female circumcision. The Eritrean and Ethiopian women of this study did not claim to have been reached by Swedish national anti-FGM campaigns. However, the global anti-FGM discourse (see Shweder 2003) imbues mass media descriptions of this phenomenon in Sweden. In these descriptions of FGC, it is usually an unquestioned "truth" that female circumcision deprives women of their ability to enjoy sex (for examples, see below). We can see traces of this situation in the interviews with Eritrean and Ethiopian women:

[Johnsdotter asks:] *- Do you remember when you first heard of it [female circumcision] in Sweden?*
[An Ethiopian woman in her 60s:] *- I think it was in –'80. Maybe –'83.*
- What did you hear then?
- There was talk about circumcision, and that it is no good, that you destroy the girl's sexuality and all that, and that it is something bad.
- What did you think when you heard that?
- Well… I thought that it is probably true. In our country we were raised to… Those who come from [a district where girls are not circumcised], they are different in their behaviour towards a man or a boy. Yes… their sexuality… behaviour… well, they are sexier, you could say. They behave differently … when it comes to intercourse.
- Are you talking about ability to enjoy…?
- Yes. If they are not circumcised.
- Did you think of this while you lived in Ethiopia?
- No, I never thought of it then. Nobody does.

[An Eritrean woman in her 30s:] *- Since I am circumcised, I don't really know… I thought I was normal. But I think I lost a lot due to circumcision. […] When one has… intercourse for instance, it takes longer time for us who are circumcised to reach orgasm… It takes longer time. Because there is no… clitoris. The sensation is reduced.*
[Johnsdotter asks:] *- When did you begin thinking about that? Was it when you got married or was it from reading about it…?*
- When I started reading about it. When you marry, you think it is natural. You accept it. But then, reading about it, you realise that it is two different worlds, so to speak.

Sexual pleasure and type of circumcision

Sexual responsiveness in circumcised women has been discussed for many years now, with both quantitative and qualitative approaches to acquiring and analysing data.[6] There have been discussions on inter alia the role of the clitoris for satisfaction (and why the clitoris is such an

[6] See e.g. Megafu (1983), Lightfoot-Klein (1989), Knudsen (1994), Koso-Thomas (1987), Nelson (1987), Shell-Duncan et al. (2000), Ahmadu (2000), Shandall (1967), Abusharaf (2000), Gruenbaum (2001).

emotionally charged symbol in the West), the role of the nerve system of the vagina, the role of breasts and buttocks, the G-spot, and the pituitary gland that regulates sexual drive in the brain.

The results from these studies are contradictory. Compare, for instance, Megafu (1983) and Koso-Thomas (1987), both investigating the possibilities of sexual satisfaction after clitoridectomy. One self-evident explanation for the lack of indisputable answers is that sexual experience is never purely about physiology (what has been removed and what remains of the genitals). Sexual pleasure and satisfaction cannot be easily measured; in the same way that pain cannot be accurately measured. It is a deeply individual phenomenon; influenced by cultural context, social norms, interpersonal relationships, psychological expectations, etc.

For a long time, Hanny Lightfoot-Klein's study among infibulated Sudanese women (1989) seemed to be *the* example for those lecturers on female circumcision who had the intention to unsettle their audiences' preconceptions about erased sexualities after female circumcision. Lately, new data has emerged. Ahmadu's (2000) article about her own clitoridectomy and sexuality in a more general discussion about the role of female circumcision among the Kono of Sierra Leone is a highly informative firsthand report. In Italy, a gynaecologist has conducted interviews with an extensive group of Somali women resident in Italy and the United States. She concludes, in her preliminary analysis, that infibulation in no way prevents women from enjoying sexual activities, or hinders the possibilities of achieving orgasm.[7] Conclusions along the same line are to be presented in a coming book on FGC in western countries, here with focus on women who have gone through clitoridectomy (Ahmadu, forthcoming) and infibulation (Dopico, forthcoming).

Is it fair to include Somali vis-à-vis Eritrean and Ethiopian women in the discussion of this paper, regarding the fact that most Somali women are infibulated, while a majority of the women being circumcised in Ethiopia and Eritrea go through clitoridectomy?

In this discussion, we do not compare the level of sexual satisfaction between infibulated and clitoridectomised women. We do not even compare women with the same type of operation. If it is the case that psychological expectations play a role in experiencing sexuality, then a discussion about effects of public messages about erased or reduced possibilities to enjoy sex is relevant. In this case it does not matter whether the woman is infibulated, clitoridectomised, uncircumcised or otherwise shaped. Every person is an island in this respect, with her very own potential.

Context

Sexual liberty in Sweden

At the international level Sweden has for decades enjoyed a reputation as being a country where sexual liberty is unrestricted. Cohabitation without marriage is as common as marrying, and does not lead to stigmatisation. The public exploitation of sexuality, for exempel by newspapers,[8] is experienced as very awkward by many immigrants, not least by Muslims.

Among Somali women, we have met many who are frustrated when discussing how the Swedish society seemingly encourages young people to have sex – distributing condoms at school[9] is an example mentioned by several – and directing adolescents' thoughts toward sexual matters:

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[7] Lucrezia Catania, "Preliminary investigation on sexuality among a group of women with FGM". Lecture at a conference (*Ending Female Genital Mutilation: A European Strategy*), Rome 2-3 July 2004.

[8] This extreme openness in public arenas should not be understood as implying a corresponding openness or absence of norms at a private level. Most Swedes would never talk about their own sexuality with anybody, as it is considered to be a highly private matter.

[9] One organisation distributing condoms to schoolchildren (teenagers) is RFSU (Riksförbundet för Sexuell Upplysning, *The National Association for Sexual Information*).

[A Somali woman in her 40s:] - *Many [Somalis] say that the Swedish society encourages [sex]… Like one of my girls, when she was thirteen years old she came home from school with a bunch of condoms. Damn, she was thirteen and given condoms! I was an adult the day I got to know about condoms. My younger girl also knows quite a lot about it [sexual matters], from TV and papers. So, we [Somalis in Sweden] have to find a way in all this. It's hard for us, because we grew up so completely differently.*

Public messages about a lost ability to enjoy sex

At the same time, young Somali women in Sweden are exposed to (often speculative) anti-FGM drives in the media. The public message, when it comes to sexuality, is that circumcised women are deprived of their ability to enjoy sex. Already when the issue of FGC was introduced for the first time in Sweden, in a weekly magazine in 1979, this was one of the main points of the article (which led to a media storm, which, in turn, led to the Swedish law against female circumcision in 1982) with the headline "25 million women circumcised: The joy of the women sacrificed for the feeling of security of the man":

> Suddenly our eyes are opened to one of the cruellest traditions of humanity. Suddenly we start talking about the atrocious fact that millions of girls – above all in Africa – are still circumcised, have their genitals mutilated, are deprived of all lust and joy of their coming sexual life [Lundgren 1979:10]. There will be an opening [after infibulation] with which the girl can urinate, but which will not give her any sexual satisfaction. After cutting away the clitoris, she is practically frigid. Often she must be ripped up a bit for the man to be able to penetrate her [ibid.:11].

The same conclusions and attitudes are to be found in a folder from the Swedish International Development Agency (SIDA) the same year: Most infibulated women become frigid, the author states, consequently they do not derive any benefit from the sexual act (Halldén 1979:30).

Examples in this line of thought in the mass media during the last twenty-five years are quite easy to find:

> The operation is dangerous. Clitoris and the inner labia are removed with a razor blade. Sometimes the victim does not survive. For those who survive, the rest of the life involves much suffering and no sexual pleasure [*Allas*, a weekly magazine for women 2004:14, p. 12].

In Sweden, there has recently been some debate on whether the FGM Act applies to all citizens or only to people of African descent.[10] The prevalent interpretation of the law criminalises a symbolic pricking of the clitoris, if taking place among Somalis, while accepting a growing occurrence of designer vaginas among Swedish women (most often labia reduction for aesthetical reasons). One of the department heads at the Swedish Board of Health and Welfare defended this situation on national television news, claiming that operations among western women do not violate the law:

> The law aims at [preventing] female genital mutilation. That is, that one in some way, in a harmful way, performs operations that have an influence on the sexual drive [*sic*].
> [Per Anders Sunesson, legal expert at the Swedish Board of Health and Welfare, *Rapport* (SVT, the Swedish national broadcasting company), 31 August 2004.]

The effect of these descriptions is of a tangible reality to young Somali women in Sweden. In September 2001, a documentary on female circumcision was broadcast on Swedish national

[10] The Swedish law includes a prohibition of all "operations on the external female genital organs which are designed to mutilate them or produce other permanent changes in them (genital mutilation)". Such operations "must not take place, regardless of whether consent to this operation has or has not been given". Age, ethnic background, or motives are factors not specified in the act. See Essén & Johnsdotter (2004).

television, "The Forgotten Girls". An immediate effect of the broadcast was a huge fight the subsequent day at the Rinkeby School in a Stockholm suburb (Rinkeby is Sweden's most well-known immigrant area). Turkish girls had started harassing Somali girls, claiming that they were mutilated and unable to have fun in bed. The Somali girls were defended by Somali boys at the school, Turkish boys entered the conflict, knives were taken out, and the police were summoned to calm down everyone.[11]

Chastity as a traditional value

Traditionally, chastity in women is a highly appreciated value in the Somali society. It demarcates a sharp line between the categories "good girls" and "prostitutes" (*sharmutooyin* or *dhilooyin*): either a woman refrains from having sex outside marriage or she is categorised as being a (non-paid) prostitute – there is nothing in between:

[A Somali woman in her 40s:] - *Sometimes a girl can lose her virginity behind the back [of her family] and it is such a shame… [if it is known] the family kind of lose completely all pride… So circumcision is seen as a way to make sure the girl doesn't lose this. [Then] it will be a mark on her… that she has had sex and that is not good at all. She will be… a whore.*

Many Swedish Somali girls and young women seem to internalise this value of chastity. In a study on ethnic identity among young Somalis in Sweden (Aretun 1998), including interviews with six girls and four boys aged 13 to 16, *chastity* seemed to be a core concept in the construction of ethnic identity. It is first and foremost the girls who are "carriers of a Somali ethnic 'marker'. It is carried out by acting, realising and communicating the moral category 'good girl' to those around them – both to Somalis and 'outsiders'" (ibid.:62).

In Sweden, where Somalis in general abandon the tradition of female circumcision (Johnsdotter 2002, 2003, 2004), mothers have to find other strategies than infibulation to ensure the chastity of their daughters.[12] These strategies include, according to our Somali interviewees, enhanced communication in sexual matters, extended social control, education (especially when it comes to Muslim norms and values), and – by necessity – trust.[13]

Especially younger women (here, younger than forty) emphasise the importance of a dialogue between mothers and daughters when it comes to sexual matters. However, they can also see the problems in connection with such a dialogue, since they never had it with their own mothers. And when it comes to young Somali women, many mothers may feel that other aspects than the joys of sexuality are more urgent to communicate:[14]

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[11] Personal communication with Asha Omar (7 September 2001), who was interviewed by a journalist at the Somali board at SR (the national radio broadcasting company) reporting about the incident.

[12] This demand for chastity in women is not unique to groups practising female circumcision; chastity and virginity are also highly valued norms in many other groups of the world. Furthermore, many groups practise female circumcision without any demand of chastity or virginity in the young women. Thanks to Richard Shweder for this remark after reading a draft of this paper.

[13] "How can I supervise my three daughters every time they have business downtown?" one man asked the male interviewers with some irony. But trust can also be seen as a strategy: Some of the women, both younger and older, state that their own mothers once showed them trust. They seemingly see their own mothers' attitude as an example of how a good relation between mothers and daughters can be formed:
[Johnsdotter asks:] - *How can you prevent your daughter from having sex before marriage?* [A woman in her 20s:] - *I can't, I shall trust her. - How can you be sure that she is trustworthy? - I shall trust her the same way my mother trusted me.*

[14] Although many conversations with Somali mothers have concerned their worries about unmarried daughters becoming pregnant, there is often a tone of a positive view of sex shining through. This woman, in her 50s, with teenage daughters, claimed that she discusses sex with her daughters, and added: [Omar interprets:] - *She says that she tells them that they were born women, and that God created men for their sake!*

[A Somali woman in her 40s:] - *Somali mothers in Sweden are struck by fear because of their daughters. If a girl tells her mother that she will go out to see a friend, the mother won't believe it, she often suspects that something else is going on. This has given rise to a host of conflicts in many families. It's something constantly going on between mothers and daughters. The girl may adapt very well in Sweden, be well-behaved and successful in school, but as soon as she is a teenager and wants to spend some more time with friends and such things, problems arise. And the mother seldom explains to her daughter what the worries are about, 'I'm afraid of what will happen to you'. So the mother keeps these thoughts to herself, and her daughter doesn't understand what it's all about. And then there is conflict, because they are not used to talk about what's really on their minds. The girl doesn't understand why she can't spend time with her friends… especially when her brothers are allowed to be out much more… and the mother doesn't say straight to her face that 'I'm afraid that you are going to have sex'.*

The absolute demand for unmarried girls to remain virgins while unmarried seems to linger on in the Somali community in Sweden.

[Omar interpreting the words of a Somali woman in her 30s:] - *About circumcision… this can change because it has nothing to do with Islam, but when it comes to a girl who gets pregnant without marriage, she says she doesn't think that Somalis ever will change their idea of pushing away such a girl. This has nothing to do with time or different generations, it has something to do with Islam. That this girl did* ***zina*** *[Arabic for having extra-marital sex] and you know, it is* ***haram*** *[forbidden according to Islamic principles]. So this can't change.*

Swedish Somali girls who become pregnant before marriage are socially excluded from the Somali community. This is a fact not denied by anybody, defended by some and criticised by others.

Here we noticed a distinctive difference between the Somali group and the Eritrean and Ethiopian groups. The traditional demand for virginity and chastity in unmarried women in Eritrea and Ethiopia is non-existent in Sweden (with the exception of Muslim Eritreans and Ethiopians – however, they seemed less rigid than the Somali interviewees when discussing this issue[15]). Below is an example:

[An Eritrean woman in her 40s:] - *Young women live the way they want here [in Sweden].*
[Johnsdotter asks:] - *And that is okay?*
- *The way I see it, it is okay. I can't force my daughter to be a virgin the day she marries. There is no way.*
- *And if she gets pregnant?*
- *Yes, yes…?*
- *That's okay?*
- *I wouldn't mind.*
- *Do you think that this is a common view [among Eritreans in Sweden]?*
- *Yes.*

This attitude, which was a general view among a majority of the interviewees, may have to do with religious affiliation (most Ethiopians or Eritreans in Sweden are Christians), political commitment (especially Eritreans seem to be highly influenced by sex equality ideologies prospering during the Eritrean liberation movement), time of residence in Sweden and other concomitant circumstances.

[15] An example: Johnsdotter asks a Muslim Eritrean woman in her 30s (covering her hair with a *hijab*) if she is willing to accept that her daughters have sex before they are married: - *I don't really know… If they marry, it's okay with me. If they say no, I won't be very angry. But I would prefer them to marry before they have sex. But if they say no, I will love that boy and I will not force them… but only wish that they will marry. That's how I think.*

Theoretical approach

The theoretical model to be used in this upcoming study is Leavitt's (1991) model on sexual ideologies. In his view, the sexual experience (how people understand and experience sex) is a synthesis of the sexual ideology (what people know about sex from public discourse) and the sexual behaviour (what people actually do when having sex). People's actual experience of sexuality differs fundamentally from public discourses.

In a previous study (Johnsdotter 2002), this model was used to understand the fact that many Swedish Somali women claimed that *Somali men in general* prefer women to be infibulated (for sexual and other reasons), while picturing *their own husbands* as exceptions. Below is an example from one of the interviews, concerning a certain woman's view of Somali men's attitudes and her own husband's attitude (for a description of her father's attempts to stop the circumcisions of herself and her sister, see Johnsdotter 2002:153); here she answers the question of why Somali men prefer infibulated women:

[A Somali woman in her 40s:] - *Because they want a tight opening, they want it to be tight when they have sex. And he wants to know that he is the first man for the woman. He is proud to be the first man to be with his wife. And then he can show that he is a man, that he can open a woman who was stitched up when she was five or six years old.*

Much later in the interview the same woman talks about her own first sexual experiences:

- I was eighteen when I married. I was young when I met my husband. I loved him a lot. We were here in Sweden, when we were going to have sex for the first time. The first night my husband said: 'We are married now.' 'I know', I said. 'And we can begin…' He was so kind. He went to the pharmacy where he bought a softening salve… but it didn't work. The opening was too small. They had stitched all over. How would he make his way through that? You know that he really wants to. He had never had sex before either, so you know that this is really difficult for him. I understood that, but I also wanted him to understand me. 'Let's wait', he said, 'and take things as they come'. He also got into touch with a doctor. He thought that I'd better be opened at the hospital. But I didn't want that. I felt it was better to wait. We strove to make the opening bigger, but it was hard. It may take months. Some men are selfish and try to open it all at once. But my husband said: 'No, I don't want to cause any pain'. So we ceased trying to have intercourse. But I was pregnant in spite of that the opening was so small. It was when my first child was born that I was opened.

When asked about how she knew about men's position, this woman started to reflect upon the origin of her conviction about a male support of the tradition:

[Johnsdotter asks:] - *How do you know that men are in favour of it?*
- It's my experience. When I worked in a hospital, the women always wanted to be sewn up after delivery. I asked my mother why it is this way, but she didn't answer, as this is one of the issues we don't talk about. Once I asked a woman why she wanted to be sewn up again. Then she replied: 'If I don't, my husband will get himself another woman'.
- Was it her idea or do you think her husband had told her that?
- No, I don't think a man would… [pause]… *Maybe the women are the ones who have understood it in this way… I and my husband, we never discuss what feels good [sexually]. We never discuss such things. I've never heard a man say that he prefers a tight opening, but it has its source and I think that the men are those who gave rise to it. When a woman has three or four children, maybe her husband remarries with an other woman…* [pause]… *So maybe we [the women] just interpret… and believe that if you are tight he will never leave you.*

When this woman, like several other of the Somali women interviewed, states that *Somali men prefer women to be pharaonically circumcised*, she renders a general view among Somalis, a public

discourse on the subject – a part of the sexual ideology, which guides people when it comes to understanding the relation between men and women in the Somali society. This solid and widespread common sense is not questioned out of a few exceptions (like the own father's and husband's opposite positions).

It is our hypothesis that a similar approach can be used to understand the fact that older Swedish Somali women generally do not convey a picture of grief and loss due to circumcision when it comes to sexuality, while it was a major theme in a large part of the interviews with Eritrean and Ethiopian women. Somalis in Sweden rely heavily on internal debate, as relatively few are fluent in Swedish and even fewer take part in debates in the public arenas of the host society. Their internal debate seems to be quite uninfluenced by messages about lost sexuality presented in Swedish anti-FGM drives in the mass media. Many of the Eritreans and Ethiopians, on the other hand, have spent on average three times as long living in Sweden as compared with the Somalis. Those who arrived more recently were welcomed into already existing and well-established networks. There is practically no residential segregation to talk about in these groups (in contrast to the situation of the Swedish Somalis). A large majority of them are fluent in Swedish, are well integrated into the Swedish labour market, they watch national television and read Swedish newspapers just like any other Swedes.[16] Focusing on the importance of sexual ideologies and discourses for how we *experience* our own sexuality, we can understand that public discourses on sexuality (in this case one with its roots in a global anti-FGM discourse) affect individual women's self-understanding:

[An Eritrean woman in her 30s:] - *I have been wondering if it really can be that much of a difference… I can't tell. I don't know what it is like to be uncircumcised. But I do know that I feel pleasure with my husband… something that has made me ask myself, what if I got it all wrong? Maybe I am not circumcised at all…?*

We believe that Leavitt's model will be useful as a starting point when carrying out the upcoming study among young and older Somali women. Our hypothesis is that we will find – among contestant internal discourses – the one we found in earlier studies, where older Somali women convey a positive self-image of sexuality, with a relative lack of claims of an erased or highly reduced ability to enjoy sex as a result of female circumcision. Somalis in Sweden, who generally have not reached the same level of integration as the Eritreans and Ethiopians, seem to be rather unaware of the fact that they are to be categorised as "mutilated" and, therefore, unable to fully enjoy sex.

We also think the model will be useful as an instrument when describing the situation of young Swedish Somali women's position between conflicting sexual ideologies and discourses. A basic starting point, using Leavitt's model, is that ideologies and discourses on sexuality create certain expectations and affect the way individuals experience their own sexuality. With the help of this very simple model, we intend to investigate the relation between contestant discourses and ideologies in this field, their relevance for young Somali women, and what strategies they develop to deal with them.

Many of the adult Eritrean and Ethiopian women seem to have been deeply affected by the Swedish public anti-FGM discourse, which has created negative expectations with regard to sexuality. A basic aim of the study is to find ways to prevent young Somali women, who were already circumcised when they arrived in Sweden as children, from being negatively influenced in the same way. In contrast to many women of their mothers' generation, practically all young Somali women are fluent in Swedish and have the possibility of successful integrating into Swedish society. In this respect, they are as susceptible to public messages about the effects of "genital mutilation" as the Eritreans and the Ethiopians in Sweden.

[16] Surprisingly many Eritreans and Ethiopians – both women and men – stated during the interviews, when asked about the fate of their own daughters in relation to female circumcision, some version of: "My children were born here. They are *Swedish*!" (implicitly suggesting that the question was absurd).

Method

To find the best ways of conveying older Somali women's positive self-image of sexuality to the younger generation of circumcised Somali women in Sweden, we have to carefully consider our method.

A first step concerns the introduction of the study to the Somali community in Malmo. We will work with two Somali women, both with strong networks in the community, who will introduce the study in a culturally sensitive way. At a large introductory meeting, which these Somali women will chair, we plan to raise a discussion on the situation of young Somali women in Sweden today. In this first meeting, most of the issues discussed in this paper will most likely be raised by the participants themselves.

Thereafter, an interview phase with older Somali women will be initiated. We do not intend to ask personal questions about the interviewees' sexual activities. We plan a series of interviews focusing on issues of sexuality at a general level, discussing young women's position in the middle of conflicting norms. It is our experience that interviewees who are willing to share personal experiences and thoughts regarding their own sexuality will do so, as soon as an atmosphere of trust has arisen. A priority during interviews will be to ensure the interviewees of the confidentiality of the dialogue, and the fact that nothing they say will be evaluated in a normative sense (that is, they will not find themselves in a situation where they are asked to defend any statement or thought expressed). Protection of the integrity of every person interviewed will be central.

When it comes to the interviews with young women, the next step of the study, we will not focus on their views of sexuality or their personal experiences at all. They will be regarded as experts on the best ways to counsel young Somali women when it comes to sexuality; that is, discussions on *what* to communicate in this field, *how* to communicate it (e.g. to avoid the risks of violating the integrity of these young women), *who* will be the best person to raise a discussion with these girls on the matter (e.g. a family member, a school nurse, a Somali health advisor), written material and so on.

This study will be conducted from 2005 to 2006. It will be exploratory in the sense that the researchers will adapt to new circumstances and ideas that arise during the study, a core element of qualitative research. We know where we are aiming, but will maintain an open, flexible study design, to optimize the chances of fulfilling the study's objectives.

In summary, the study intends to map the various sexual discourses that young Somali women have to deal with in Sweden. Further, the study aims at finding best practices when it comes to offering young Swedish Somali circumcised women a culturally sensitive counselling in sexual matters.

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