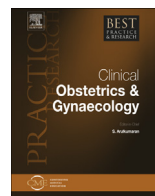




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# Cultural change after migration: Circumcision of girls in Western migrant communities



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This paper reviews the current knowledge on cultural change after migration in the practice of female circumcision, also named genital cutting or mutilation. Explorative studies show trends of radical change of this practice, especially the most extensive form of its kind (type III or the 'Pharaonic' type). The widespread interpretation that Islam would require circumcision of girls is questioned when, for example, Somalis meet other Muslim migrants, such as Arab Muslims, who do not circumcise their daughters. The few criminal court cases for circumcision of girls that have taken place in Western countries corroborate the conclusion that substantial change in the practice has occurred among migrants. In this literature review, an absence of reports is identified from healthcare providers who have witnessed circumcision after migration. Concurrently, a substantial knowledge exists on how to take care of already circumcised women and girls, and there is a system of recommendations in place regarding best practices for prevention. There is a great potential for healthcare providers to encourage this development towards general abandonment of circumcision of girls. The challenge for the future is how to incorporate culturally sensitive efforts of prevention on the one hand, and the examination of suspicious cases of illegal circumcision on the other. We recommend using – in a cautious way – the existing routines for identifying child abuse in general. Experiences from African contexts show that failure to generate significant change of the harmful practices/tradition may be due to the lack

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of multidisciplinary collaboration in different sectors of the society. In Western societies, the tendency toward abandonment of the practice could be reinforced by professionals who work toward better inclusion of men and women originally from countries where circumcision is practised.

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## Circumcision of girls

Among academic researchers, circumcision of girls is often labelled ‘female genital cutting’ (FGC) or ‘female circumcision’, but the term is usually designated as ‘female genital mutilation’ (FGM) among activists and legislative documents in Western countries and the World Health Organization (WHO).

The practice of circumcision ranges from pricking the clitoris or clitoral hood in order to draw a drop of blood to more extensive procedures in which tissue is removed. These practices are categorised into four types: [1]

Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).

Type III: Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).

Type IV Unclassified: All other harmful procedures to the female genitalia for non-medical purposes, for example, pricking, piercing, incising, scraping and cauterisation.

Type I and II are the most common forms globally, whereas type III (infibulation or ‘Pharaonic circumcision’) amounts to about 10% of the world’s circumcisions [2]. Yet type III is being treated in Western media coverage as the typical form of ‘female genital mutilation’.

Among girls, the age of circumcision varies. Christian Ethiopians, for example, are reported to circumcise newborn girls to ritually purify them before they go through the christening ceremony; however, more commonly among other groups, girls go through the procedures as toddlers, preadolescent girls or teenagers. There are also reports of groups in which the procedure is optional, where the teen girl can choose to go through the procedure with or without parental consent [3,4]. In nearly all societies where girls are circumcised, the boys are too [2].

Circumcision of girls is historically linked to religion. The practice is found among many Muslim and Christian groups in Africa, and among some Muslim groups in the Arabic peninsula, Malaysia, India and Indonesia. One Jewish group, the Beta Israel of Ethiopia, is known to have practiced circumcision on girls of their community. These are known as the ‘Falasha Jews’, who, during the 1980s and 1990s, were transferred to Israel by the Israeli state.

In many groups, religious obligation is stated as an important motive for both female and male circumcision. However, whether female circumcision is required by religion is a much-debated issue, as is the type of procedure. Neither the Koran nor the Bible mentions female circumcision, and the majority of the Muslims and the Christians in the world do not practise female circumcision. Traditions of female circumcision existed in Africa before the region was Christianised or Islamised – the earliest mention of the practice is in an Egyptian papyrus from 163 BCE [5]. When these world religions reached Africa, the imported religious norms were intertwined with local customs and previously existing practices, which resulted in the introduction of religious motives for female circumcision.

Not all groups practice circumcision of girls for religious reasons, and there are no universal motives behind the various traditions. Each group has its own rationale, which is often a blend of motives. For example, among the Somali girls, circumcision is generally seen as the ‘normal’ and ‘natural’ state of a

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