

## The life course of labia: female genital cutting in Somaliland

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### Abstract

This chapter explores Somaliland women's experiences of female genital cutting (FGC) over the life course. It argues that FGC is not only a key life phase for Somali women but also an experience whose meaning is understood differently during different life phases. It ethnographically explores the meaning and values associated with women's bodies when they are babies, as well as during girlhood, puberty, early adulthood, motherhood, and menopause. It builds on a concept of the body as an 'inside' and an 'outside' analysing the boundary created by women's labia. It argues that the physical folding in and opening up of the labia mirrors the societal folding in of multiple moralities and the potential opening up of new opportunities for women in Somaliland.

This chapter is about Somaliland women's experiences of female genital cutting (FGC). I use the phrase female genital cutting as opposed to female genital circumcision or female genital mutilation (FGM) to address linguistic misalignment and its consequences, as well as to avoid underrepresenting Somali women through "a single story" (Adichie 2009) where their life experiences are reduced simply to those of their genitalia. Although this chapter takes women's labia as the foci of its analysis, it ultimately aims to shed light on the complexity of women's lives and the myriad experiences of FGC over the life course.

Much has been written about female genital cutting, and this chapter intends to problematise many representations and moral evaluations by foregrounding women's descriptions of FGC over the life course. Some focus their writing on descriptions of the 'pain,' 'suffering,' and 'sorrow' of female circumcision (Abdalla 2006) framed within a larger discussion of sexual violence and rape inflicted during the civil war in the 1980s (Gardner and El-Bushra 2004), while others take a strong political stance as anti-FGM campaigners (e.g. Edna Adan, Ayaan Hirsi Ali, Nimco Ali, and Layla Hussein). Some write about the moral debates surrounding genital cutting (Shweder 2000) including (the lack of) ritual (Hernlund 2000) and socio-historical embeddedness and beliefs (Hicks 1996; Van Der Kwaak 1992); and, others write from their own experiences (Ahmadu 2000, Ali 2007, Dirie 1998). Boddy (1982, 1989) provides symbolic and ethnographic contextualisation of FGC through insight into women's moral worlds, and most recently (2016) challenges 'outsider' moral condemnation of the practice by drawing parallels with labiaplasty (see also Giussy et al. 2015). Beyond these perspectives, other writers foreground the misalignment between international definitions of FGM and individual women's experiences (Conroy 2006, Vestostad 2014). Still others examine health implications, prevalence rates and change in practice (Gruenbaum 2013;

Obermeyer 1999; Shell-Duncan 2001; Shell-Duncan and Hernlund 2000), including diaspora experiences (Jinnah 2015; Johansen 2016).

Building on these approaches to thinking and writing about FGC, this chapter considers FGC to be not only a key life phase for Somali women, but also something which takes on new meaning and is experienced in different ways during different life phases; in other words, FGC is not a singular occurrence nor is it a static experience in women's lives. By building on a concept of the body as an 'inside' and an 'outside' (Cook 2007, Gell 1993, Strathern 1979, Benson 1997), where 'social and moral categories are based on the control of bodily flows' (Masquelier 2005:12) this chapter analyses the boundary created when women's labia are cut and sewn, stretched, ripped, and stitched during different life phases. It considers the material boundary the labia create, the fluids and physical things that pass through it, and the values associated with women's labia. The chapter concludes by suggesting that the physical folding in and opening up of the labia mirror the societal folding in of multiple moralities and the potential opening up of new opportunities for women.

### **FGC, Values, and Language**

FGM and female genital circumcision are moral phrases that I specifically wish to avoid. The Somaliland women (and many others) who undergo this practice, who perpetuate this practice, or who advocate against it are not categorically good or bad. The practice of cutting one's daughter or granddaughter is influenced by, at times, competing and etically assessed contradictory values caught in a tension that some urban and formally-educated women have expressed in public and private discussions, and that I, an outsider anthropologist, have struggled with in attempts to understand why and how FGC is perpetuated. Women consider and negotiate international, religious, health, and gendered values as related to their bodies and their daughter's and granddaughter's bodies.

For example, in Somaliland the *qabiil*<sup>1</sup> (clan) system of government (established in 1993) is heavily influenced by the international community, including international non-governmental organisations (iNGOs). The Somaliland government, in conjunction with large funding bodies like the United Nations, erects billboards and holds workshops condemning 'FGM.' Similarly, the parallel, 'traditional'<sup>2</sup> clan nominated upper house of the government called the

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<sup>1</sup> *Qabiil* is also variably translated as 'tribe', 'race', or 'nation.'

<sup>2</sup> Following Asad (1986), Masquelier (2009) and Soares (2000), I take Islam to be a discursive tradition, where tradition is 'a set of discourses that instruct how a practice is best secured and provides justification for why it should be maintained, modified, or rejected' (Masquelier 2009:9). In other words, any study of Islam is about

*guurti* or council of elders, which is heavily influenced by prominent Somali religious sheikhs and elders, also openly condemns ‘FGM.’ The *guurti* stand alongside ‘modern’ ‘institutions of liberal democracy’ – including the president, judiciary, lower house, and multi-party elections (Rader 2016). However, in negotiating both ‘traditional’ and ‘modern’ influences there is a slippage in discourse (see also Vestostad 2014) that prohibits these two parallel systems of government from speaking to each other about what they each term FGM.

The government and iNGOs consider FGM<sup>3</sup> to be any cutting, pricking, or modification of the female genitalia, whereas the *guurti* and religious leaders consider FGM to be only ‘Pharaonic.’ Pharaonic cutting is widely used in the literature and employed by Somalis themselves. It is believed the custom dates to the time of the Pharaonic Egyptians; however, this is debatable (Boddy 1982). Many Somalis believe that Pharaonic is prescribed in the Quran<sup>4</sup> (al-Munajiid, 2005). Another term used in reference to this procedure is ‘infibulation,’ or ‘type 3 FGM’. According to my informants, Pharaonic involves the cutting and removal of the inner and outer labia. It sometimes involves the removal of the clitoris, sometimes just the clitoral hood. The remaining skin is then sutured from the pubis towards the perineum, leaving a small hole (described by many friends as the size of a grain of rice or demonstrated as equivalent to that of the pinkie fingernail) in the vulva to pass menstrual blood and urine.

In Somaliland, the procedure is categorized as either Pharaonic or Sunna. For some women and girls, Sunna involves just the cutting of the clitoral hood, for others it is a complete removal of the clitoris. In other cases, after the clitoris or clitoral hood is removed they describe three to six stiches that are made from the pubis towards the perineum, and meant to cover the area cut. Some women reported being told they were given Sunna by their mothers

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practitioners’ conceptions of ‘correct’ practice, including, as this article examines, FGC. For an alternative suggestion about the ‘traditional’ nature of the *guurti* see Balthasar (2012).

<sup>3</sup> Female genital mutilation is generally understood by the international community to comprise all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons (WHO, UNICEF, UNFPA, 1997).

<sup>4</sup> See hadith narrated by al-Bukhaari [5889] and Muslim [257], Muslim [349], Abu Dawood [5271], *Fath al-Baari*, 10/340; *Kishshaaf al-Qinaa'*, 1/80, *Mawaahib al-Jaleel*, 3/259, *al-Tamheed*, 21/60; *al-Mughni*, 1/63, *Fataawa al-Lajnah al-Daa'imah* (5/223); see fatwas issued by Shaykh Jaad al-Haqq ‘Ali Jaad al-Haqq, Shaykh ‘Atiyah Saqar, *Dar al-Ifta' al-Misriyyah* (6/1986).

and grandmothers only to later learn they actually had Pharaonic, thus indicating a fluidity in the terms as related to type of cutting and number of stitches<sup>5</sup>.

The *guurti* and religious elders consider Sunna, not Pharaonic, to be obligatory; however, they previously considered Pharaonic to be the obligatory form of cutting<sup>6</sup>. In fact, this change in obligatory type of cutting, from Pharaonic to Sunna, is in the process of becoming legalized. In February 2018 the Somaliland Ministry of Religious Affairs issued a fatwa (religious edict) banning two types of ‘FGM’: ‘It’s forbidden to perform any circumcision that is contrary to the religion which involves cutting and sewing up, like the pharaoh circumcision’ (The Strategic Initiative for Women in the Horn of Africa, 2018). The fatwa also states that women who perform ‘FGM’ will be ‘punished’ and ‘victims will be compensated’ (Bhalla 2018); however amongst prominent anti-FGM campaigners there are significantly different interpretations of the fatwa’s meaning and impact<sup>7</sup>.

The fluidity of terminology concerning Pharaonic and Sunna and the variation in their descriptions, along with the linguistic misalignment in the understanding of FGM, results in a slippage of discourse that creates, at times, conflicted and competing moral messages on cutting. Women receive messages from the outward facing ‘modern’ and ‘intelligent’ international community about the damaging and ‘backwards’ (see Carson 2016 for an interview with prominent Somali anti-FGM campaigner, Edna Adan) practice of any type of cutting. At the same time, they receive messages from the inward facing ‘traditional’ Somali Islamic authorities (*guurti* and elders) about the importance of practicing Sunna. These parallel messages create an idealized opposition involving recognized forms of knowledge and reasoning: Islamic knowledge and Quranic reasoning stand in opposition to biomedical

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<sup>5</sup> There is not necessarily consistency in description of Pharaonic and Sunna cutting. In women’s descriptions of their experiences of FGC sometimes the number of stiches determines which type she has, and other times it is the amount that has been cut.

<sup>6</sup> Women’s campaigners, including local and diaspora Somalis, argue that it is due to the success of their advocacy and a change in Somaliland knowledge and sentiment towards the practice. Religious leaders argue it is due to a newly informed reading of the Quran and the Hadith.

<sup>7</sup> The Strategic Initiative for Women in the Horn of Africa wrote on their website, ‘the fatwa of the [R]eligious [A]ffairs [M]inistry is misleading as it is not banning FGM from an Islamic religious view. On the contrary, it is allowing and legitimising type one FGM from an Islamic angle, which is still the most commonly practised type of FGM.’ Similarly, Guleid Ahmed Jama, chairperson of Human Rights Centre Somaliland, said ‘The decision of the religious ministry has effectively legalised FGM by only condemning two types of FGM. It has given a sense of religious meaning to something that has nothing to do with religion’ (Bowman 2018). In contrast, Edna Aden tweeted her support of the fatwa and the ongoing struggle to eradicate ‘FGM’ worldwide (Bhilla 2018). Ayaan Mahmoud, Somaliland’s representative in the U.K. also welcomed the fatwa as, ‘a message from the government to everyone in Somaliland that there is no religious or cultural basis for FGM’ (Bhilla 2018). She continues that it is ‘a step in the right direction’ although she is ‘not completely satisfied with the fatwa’ (Bowman 2018).

knowledge and human rights reasoning; however, both sources of knowledge and lines of reasoning can end in a type of human flourishing predicated on belief of ‘correct’ Islamic and ethical practice and result in outward measures of success including formative experiences (schooling and wage labour), marriage, and family.

### **Inside and outside**

The cutting of the labia minora and labia majora, and the sewing of the remaining flesh is not only a physical barrier between a woman’s insides and outsides. It is also symbolic of her personal opening and closure over the life course as substances and objects pass through her, as well as a societal folding in of moralities and opening up of different ideals and opportunities. The physical barrier created by a woman’s scar tissue acts as a ‘border zone’ (Benson 2000; Mattingly 2010, 2014), through which she is contained and protected from the outside world, yet, as substances and objects pass in and out, her sense of self is potentially vulnerable and she undergoes many transformations. For example, on a woman’s wedding night<sup>8</sup> she is penetrated, possibly for the first time, by her husband. Her labia are ripped and stretched, often causing great anxiety and pain. She is vulnerable, and she may become pregnant – indicating a shift in her sense of self and social standing from wife to mother. In many ways her body carries competing values: desirability and modesty; fertile strength and sexual passivity; autonomy and control. Her interior reflects<sup>9</sup> her inner piety, an inner ethical self. Her exterior self ‘shines’<sup>10</sup> outward through her ‘body, mind and spirit’<sup>11</sup>.

In considering the substances and objects that pass in and out of a woman’s vulva over the life course, FGC can be analysed as more than a static experience, an experience that is only lived once at the time of cutting. Instead, women experience the physicality of having been cut and sewn differently at different life phases. They also understand the practice itself differently at the age of cutting (around age six) than they do when they begin menstruating, having sex, or bearing children. At each phase the inside and outside are physically experienced and understood through a dialectical relationship between the self and the world; she gets to know her physical body and self in relation to the world through which she

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<sup>8</sup> Urban women often get married between ages 18 to 30, although this varies with education and economic class.

<sup>9</sup> Here I use ‘reflects’ metaphorically in relation to a woman’s outward shine. However, see Gell’s (1998:191–192) idea of the ‘graphic gesture’, such that this may be constitutive of, not merely representational of, the woman’s piety.

<sup>10</sup> *Shidan* (slang).

<sup>11</sup> As one teacher at Hargeisa’s *Qoys Kaab* Islamic family and marriages classes taught a group of fifty unmarried secondary school and university girls between ages fifteen and twenty-five.

interacts and lives, while at the same time the teachings of the religious elders, the knowledge passed down from her mother and grandmother, and the influence of iNGOs, social media and family living abroad all shape the way she understands and modifies herself. In other words, over the life course the relationship between the inside and outside reveals that women are aware they have an ‘appearance’ that allows justifiable inferences about their moral character (Sacks 1972:281, 333).

## **FGC at different life phases**

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*“Women die three times: first, when they are cut; second, when they have sex on their wedding night; and third, when they have a child.” Fowsia*

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The phases described below represent friends’ and informants’ experiences of FGC over the life course. This scheme reflects the experiences of urban women (specifically those of Hargeisa and Borama) of varying educational and economic statuses: from those unable to read and write to holders of masters degrees, from house girls to the women they work for. This scheme is not achieved by everyone, nor is it desired by everyone. For example, not all women will purposefully press the clitoris of their baby daughter, and not all women will get infections that require medical attention. However, this scheme does represent a myriad of women’s FGC experiences as related to different phases of the life course<sup>12</sup>.

### **Baby**

When a baby is born the process of gendering begins. Warsame (2002) notes that in traditional pastoralist families the news of a mother giving birth to a boy was often welcomed with a celebration. In contrast, ‘discrimination’ against girls incited women to compose songs and poetry that reflected their emotions towards the ‘glorification’ of boys and the ‘undervaluing’ of girls. Some mothers composed songs ‘regretting’ the birth of a daughter, while other mothers sympathised with their newborn daughters and expressed the ‘unjustified treatment of women in general’ (*ibid.* 33) through poetry.

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<sup>12</sup> Key phases in many Somali women’s lives according to an ‘ideal’ model: (1) *afaartan bax* celebration forty days after the birth of a child, (2) FGC, (3) wearing hijab to school, (4) beginning household responsibilities, (5) finishing reading the Quran for the first time, (6) first menarche, (7) secondary school, (8) university, (9) marriage and first sexual intercourse, (10) childbirth, (11) motherhood, (12) menopause, and finally (13) death of husband. This model illuminates transformations women undergo physically, spiritually, developmentally, and within the unit of the family.

The process of gendering is not only reflected in poetry and song, but also in the physical manipulation of the bodies of baby girls. Many mothers begin the process of physically gendering a baby girl by pressing her clitoris to prevent it from growing<sup>13</sup>. In an excerpt from my field notes I write about a conversation with three women past childbearing age: Basr, Casha, and Casha's sister:

*They say that when a baby girl is born the mother will take her home and massage her legs, she (Casha) shows me by rubbing her own legs then she says that the mother will make the baby calm and comfortable and then press her clit, hard. She shows me by using her thumb to press on her leg. She is pressing really hard, rubbing her thumb into her leg. She says the mothers do this to the baby girl's clit so it doesn't grow and show between her legs.*

A baby girl's genitals are open and vulnerable; vulnerable to growing too large.

*I then say that I read an article where a woman likened the clit to a man's penis<sup>14</sup>. She wrote that people believe that a girl becomes a woman when her clit is cut, that way she no longer metaphorically resembles a man.*

*The women immediately discount this interpretation, saying it is not true. Then the sisters argue a little, the sister says that maybe the clit can protrude and they ask me what I think, does the clit look like a penis if it is left untouched? Basr and I tell them that no, in no way does it resemble a penis. They say that nobody thinks this.*

The women reveal their fear that the clitoris may protrude past the labia and resemble a penis, but upon hearing from two uncut women (Basr and me) that it does not they rest assured in their initial belief about what an uncut clitoris looks like. Their discussion shows that baby girls are open and vulnerable in the process of changing the body; however the sculpting of the body is not necessarily about changing it away from something (being male), but changing it towards a better, more ideal, form of itself; thus enhancing virtue through material body shaping.

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<sup>13</sup> For more on practices that change the body and being of babies see Katz (1989) on uvulectomy across Africa and Warnier (2007) on moisturising with oil in Cameroon.

<sup>14</sup> Van Der Kwaak, Anke. 1992. 'Female Circumcision and Gender Identity: A Questionable Alliance?' *Social Science & Medicine* 35, no. 6: 777-87.

### ***Girlhood***

Until around the age of six most babies and young children live in the world of women. They are cared for by their mother and other women and girls in the house. It is only around age six that boys and girls begin to be separated. Many girls are cut (*gud*<sup>15</sup>) between the ages of six and eight, however the exact age depends on many factors; including the *Gu* rains<sup>16</sup>, the return of family from abroad, and the schedule of the traditional birth attendant (TBA) or midwife. These factors often coincide in a ‘cutting season’ in the summer when the diaspora coordinate the cutting of their daughters with their urban and rural family; thus coordinating a time of plenty for rural family, with summer holidays for urban and diaspora family in turn facilitating the TBA/midwife’s schedule.

One friend, Fowzia, who is considered an old woman now, still remembers the day she was cut very clearly. She began by explaining that she grew up just outside Hargeisa before the war<sup>17</sup>. She described a life of rural isolation, which is typical of villages outside of Hargeisa even today. She says she was cut when she was a young girl, she does not know when exactly but it is likely she was between six and eight years old. As she told me about that day her body language and her voice changed: suggesting a deep concentration in recalling something so intimate and painful that was so long ago, and a detachment from the visible trauma she experienced.

Fowsia was cut by a woman who stopped at her family’s hamlet as she travelled the countryside cutting girls. Fowsia spoke of lying on her back and being held by her arms and her legs while the woman cut her clitoris first, then her inner labia, and finally her outer labia, all with a pair of scissors. The parts of her that were cut would have either been buried, or thrown away like is common today. She was then sewn with a long, sharp, thorn about the length of a pinkie finger and the width of a straw.

Fowsia was sewn from the ‘top,’ near the pubis, ‘down,’ towards her vaginal opening. The woman used a thread of plastic from a large grain sack. The woman left a small hole near the vagina, the size of a grain of rice, for Fowsia to urinate from and pass menstrual blood when she was older.

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<sup>15</sup> Also *gudan*, *gudaal*, *gudniin*. Lit. circumcise, circumcised, circumcision.

<sup>16</sup> This tends to be in April/May and is primary cropping season for agropastoralists.

<sup>17</sup> The war Fowsia is referencing is the civil war which grew out of the Siad Barre regime’s rule during the 1980s. Fowsia is considered an old woman and does not know when exactly she was born, but she was possibly in her 60s at the time of this research.

Other, younger women, also described traumatic experiences. A long-time friend, Hodan, explained to me over coffee one day that her grandmother tricked her by telling her she was getting Sunna and only later did she learn she had Pharaonic. Hodan even made a drawing to clarify her understanding of the difference between Sunna and Pharaonic, namely the number of stitches (three stiches over where the clitoris was cut for Sunna, and six stitches or more for Pharaonic leaving a small hole to pass urine). Many other women recalled their experiences, each of them changing in disposition and voice, turning inwards as they described the cutting and the pain. Many of them emphasising the small hole remaining, often described by holding up their pinkie finger and pointing to the fingernail.

Of the women I met during the 18-months of research that inform this chapter, nearly all had what they would describe as Pharaonic, and only few claimed they had Sunna. One father, a colleague at an NGO I worked for part-time, proudly described the day his daughters were cut. He emphasised that they walked to be cut and even walked home from being cut. This signalled that his daughters were given Sunna instead of Pharaonic; namely because when a girl is cut according to Pharaonic she is immobile, with legs bound together, until she heals enough not to rip open the stitches nearer to the vaginal opening.

After a girl is cut and she is relatively healed her new status as clean and (religiously) pure (in contrast one mother described uncut women to me as ‘dirty, dirty, dirty!’) becomes known in subtle ways. One such way, which Hodan illuminated and then eventually became obvious, is the (lack of) sound when passing urine and the amount of time it takes to pass urine. Hodan explained that one can tell how many stitches a girl has by the sound she makes when urinating. If she makes no sound that means her hole is small, so small that only a trickle can pass and it will take her a long time to urinate (and she is susceptible to kidney infections from holding her urine). If she makes a loud sound that means her hole is big. The sound and length of time it takes a girl to urinate, according to Hodan, shows whether or not she has been cut and with what kind of cut.

### ***Puberty***

The size of a girl’s hole not only restricts or enables the flow of urine, but also the flow of menstrual blood and clots. Women have difficulty passing menstrual blood (*caado qab* or *dhiig*<sup>18</sup>), some reported large clots that eventually had to be surgically removed<sup>19</sup>, and others

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<sup>18</sup> Lit. blood.

<sup>19</sup> There are many women, and indeed many stories about women, who repeatedly get infections from trapped menstrual clots. Some women go to the doctor and get surgically opened to remove the clots. One

described frequent infections from trapped menstrual blood and clots. I was told that menstruation is extremely painful and often witnessed my friends crying in bed for several days with pain.

In *Qoys Kaab* Islamic family and marriage classes Dr. Shukri, a Hargeisa based OB/GYN, gave a lecture on women's health and what she considered to be key life transitions in women's bodies: menstruation, child birth, and menopause. After her lecture, experiences of 'normal' were discussed in the question and answer session. Menstruation was the topic most of the students were interested in presumably because, as women pre-marriage, this was the life change they had most experience of, and it was easier to ask about what they knew than the future changes they have yet to experience. One young woman asked, 'How much pain [is okay when menstruating]?' Dr. Shukri answered that 'a little pain is normal, [but] FGM causes more pain. [For example] if you have to stop your job, it's not normal, but for Somali girls it is normal because we have FGM<sup>20</sup>.' She continued, 'I have never seen a Somali woman with a labia minora, but we don't need to cut. If [women] know the benefit of having [labia minora] when married they may not cut [their daughters]. Pharaonic FGM threatens elasticity of the vagina. Your vagina will be hidden and the hymen won't let your menstruation to come out. Causes of stress, like exams, give lots of pain during menstruation.'

Dr. Shukri's answer that some menstrual pain is normal, but that Somali girls with FGM have a bad type of pain indirectly suggests that Pharaonic is bad for women's health, and that this pain should not be tolerated. This bad pain can lead to problems with pregnancy and childbirth, important phases in a woman's life. Menstruation not only signals a young woman's fertility, potential desirability, sexuality, and femininity, it also begins her cultivation of pain as a virtue, and the development of her skill to differentiate between good and bad pain.

### ***Early Adulthood***

The potential pain of a woman's first sexual intercourse creates anxiety for many women. One woman, Asma, delayed her wedding day numerous times over a six month period because she was so afraid of being opened, ripped, and stretched by her husband on their wedding night. Her fiancé nearly called off the wedding because of her delays. Another

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woman I met could only get opened after travelling to Djibouti where the doctor removed a ball of clots the size of a grapefruit.

<sup>20</sup> Dr. Shukri lectured that urinary tract infections are also common for young women due to their "FGM".

woman, Hini, said that on her wedding night her husband tried to enter her and she pushed him off screaming in fear. It was only several nights later that they had penetrative sex. For Hini, the pain of her hymen breaking was terrifying enough to risk rejecting her husband.

The anxiety of women's potential pain in the breaking of the hymen or the ripping open of scar tissue extends to the women's celebration *sabiib*, usually seven days after the wedding. I attended Hini's *sabiib* with several of her other friends. We went to her 'honeymoon house'<sup>21</sup> for tea, snacks, and sweets. Sometimes there is music and dancing, and there is always a *xeedho* – a hard basket (*sati*) with lid covered by a white cloth (*salaq*) and wrapped in twine or rope. Inside is often *muqmad* (small dried bits of meat) preserved in *subag* or ghee, with a thick coating of dates with spices and sometimes various wrapped sweets. It is meant to symbolise the high-energy and high-fat food a young nomadic couple would eat for the first months of their marriage as they moved through the countryside. The basket is skilfully wrapped by the bride's mother in twine and into a complicated pattern that is difficult to untangle, often there is only one opening of the twine on the *xeedho*. The young groom must attempt to unwrap the twine in front of the young bride, her friends, and her female family. Any time he makes an error the bride's mother and female family will hit his hands with a stick, bringing him shame. The successful unwrapping of the basket symbolises his success at opening his wife on the wedding night. He is rewarded with sweet delicacies inside the basket, much like the pleasure had on the wedding night.

The playful nature of opening the *xeedho* does not reflect the seriousness<sup>22</sup> of opening a woman's vulva on the wedding night<sup>23</sup>. For women who have Pharaonic the potential for pain can be terrifying. Numerous friends explained the various ways a woman can be opened, including: penetration where the husband forces his penis; by the groom's mother (related to

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<sup>21</sup> Upper-middle class couples, like Hini and her husband, will sometimes rent a house for several weeks or months after the wedding. It is hoped that the couple will conceive of a child during this honeymoon (*bisha malabka*) period.

<sup>22</sup> One friend rightly chastised me for not fully understanding nor capturing the fear young women have about the wedding night, 'this [being opened] is actually every girl's nightmare... this is [a] really sensitive and serious part of [a] girl's life and it definitely should not be taken lightly' (personal correspondence with Fadumo E., 9 February 2018).

<sup>23</sup> Some women engage in sexual intercourse before the wedding night, others might have anal sex prior to getting married to preserve their FGC, and others will have oral sex. I also met a woman who had hymen reconstructive surgery and her FGC sewn tighter prior to the wedding night so her husband would not suspect previous sexual encounters.

me as ‘our horror story’<sup>24</sup>); or a midwife using a razorblade on the wedding night to make enough room for a penis to enter.

Sexual intercourse on the wedding night is very important for women. Hini explained that women in her family and the community expected her to be pregnant within three months of the wedding night<sup>25</sup>. Several women expressed a fear that if they do not get pregnant quickly that their husband will leave them or take a second wife. The pain of the first sexual intercourse is a pain that is virtuous and must be endured. Women transition from daughters to wives, and to potential mothers; each are key life phases that improve their social standing in the family.

### ***Motherhood***

The transition to motherhood is very important for women. A woman begins at the ‘lowest’ level when she first enters into marriage and her household duties are vast. As a woman has children she will ‘increase’ in her household standing; her children will begin to take on duties and if she lives with her husband’s family his brothers may take new wives who start at the ‘bottom’ and work their way up. When her children marry, the woman and her husband may live with the eldest son’s family, where she will be relieved of many household duties and will have the ‘highest’ standing. However, to reach this important phase a woman must first get pregnant and birth a healthy child.

The experiences of a friend named Idil summarise the difficulties many women go through to become mothers. Idil is the eldest of eight children and never went to school, so she grew up learning home-keeping skills and caring for her younger siblings. She met her husband, Ibraahin, in her neighbourhood. They decided to marry when they were in their late teens, what she herself described as ‘young.’

Shortly after getting married Idil became pregnant but had a miscarriage in the first trimester. She got pregnant again soon after the miscarriage, and again lost the foetus. Several months later she got pregnant and carried the baby to full term. Sadly, Idil experienced an obstructed and prolonged labour leading to an emergency caesarean, which resulted in a stillbirth.

She had had another miscarriage in the months following the stillbirth, and eventually got pregnant again. We went to several pharmacies and doctors’ appointments to make sure she

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<sup>24</sup> Personal correspondence with Fadumo E., 9 February 2018.

<sup>25</sup> Hini got pregnant one month after her wedding night and now has a baby girl.

would have a successful delivery. She suffered severe nausea, and had medicines for multiple ailments I was not familiar with. With a group of friends we managed to arrange a free caesarean for her at the only public hospital in the country. Idil was able to successfully deliver her baby, a girl named Nadifa, who is doing well.

Idil, like many women I met, suffered difficulties trying to get pregnant. Then during delivery prolonged and obstructed labour were common problems according to many of the midwives I met in urban and rural areas. One midwife outside of Borama explained that many deliveries are obstructed due to undeveloped pelvis size of especially young mothers, and many times mothers suffer miscarriages due to undiagnosed infections related to FGC<sup>26</sup>. She also explained that during labour, when the baby is crowning the midwife will make two small horizontal cuts on either side of the FGC hole. She said this is the best time to cut because the mother is already in so much pain that she will not necessarily notice the cutting. After the delivery, the mother is sewn. She explained that a mother is cut during the first three deliveries, but after that the skin around her opening has become elastic enough that it is not necessary.

Fowzia's experiences mirror the description of the midwife. She began by recalling that she was on her back and being held down, much like when she was cut. A midwife held her arms while another woman tried to cut her scar tissue open with scissors. She said they cut when the baby is crowning and it is time to push it out. Fowsia kicked the woman with the scissors and refused to open her legs. She says more women came and held her legs so they could cut her open with small horizontal cuts on either side of her hole. The midwife then sat on her chest and pushed her stomach down, pushing the baby down and hopefully out. After the baby was born they sewed her back up, like she was before<sup>27</sup>.

### ***Menopause***

The final phase in the life course of labia is menopause. During this phase women are no longer fertile nor sexually desirable, and it is understood as less of a physical transformation and more of a transition away from motherhood that alters women's relationships with their husbands. After menopause, women will reach a point in the life course where motherhood is no longer possible, and they will no longer endure menstrual pains nor pains from intercourse and childbirth. Intercourse may no longer be sought because there is no possibility of

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<sup>26</sup> Obermeyer 1999 reviews the literature on female genital surgeries and calls for further research on the harmful effects of the practice.

<sup>27</sup> For a comparison with the social construction of episiotomy in the UK see Way (1998).

childbearing, and this may prompt some men to seek a new wife. It is also a time where familial power relations transition, when women no longer need to fulfil the duties of bearing and raising children, and instead act as a potential mother-in-law who manages her daughter-in-law.

Although menopause was rarely, if ever, mentioned during conversation (only one friend expressed concern she might be approaching menopause), it was taught in *Qoys Kaab* Islamic family and marriage classes as an important physical transformation in the life course. Dr. Shukri erroneously explained that after menopause women would have less pain because intercourse and childbirth will open the circumcision and allow urine and old menstrual clots to pass.

It is also during this final opening of a woman's body that she can address the long-term infections that have plagued her. For example, Basr encouraged Casha to visit a doctor due to the reoccurring infection and fever she had experienced for several years. Casha had a cyst on her vulva the size of a golf ball opened and drained, and was given antibiotics. Her status in the life course allowed her to overcome any shame in being opened.

### A folding in, an opening up

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*Dhallinyaro waa rajo-ku-nool, waayeeelna waayo-waayo*

*Youth live on hope, the elderly on nostalgia*

--Somali proverb (*Bulhan* 93, 2013)

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The physical folding in and opening up of the labia over the life course takes many forms depending on the substances and objects passing through a woman's vulva, as well as a woman's phase in the life course. The labia are opened, closed, stretched, sealed, and punctured. Urine, blood, and babies come out. Penises, semen, and sometimes medical tools like scalpels and scissors open and go in. A woman's labia becomes a border zone through which liquids and objects pass, and values become assigned reflecting the vulnerability of working towards an ethical self.

In addition to the bodily experiences of FGC, women experience a folding in of moralities and an opening up of different ideals and experiences. Through their bodies they negotiate and balance competing moralities from the international community, friends and family abroad, religious elders, the *guurti*, social media, and television. The body, and FGC in

particular, represents a folding in of moral discourses related to health, gender, and religion. These discourses are influenced by and learned through the passing down of intergenerational knowledge, iNGO activist agendas, friends and family living abroad and in Somaliland, social media and television, and by the constraints of poverty or the abundance of excess.

At the same time, women undergo a specific type of opening up to different ideals and experiences. When a young girl is cut she may understand the reason as related to notions of piety, purity, and cleanliness, but when she is older she may resent her mother or grandmother on grounds of health (mental and physical). For urban women there is now the option for a doctor to cut open the scar tissue and issue a certificate of opening only if a male relative is present (although I never met a woman who did this because they feared their husband would not believe them). Through this new option women can forgo the potential pain of being ripped open by their husbands during intercourse. And many young men now desire a pleasurable sexual relationship with their future wives. They want their wives to enjoy intercourse, and for many men they believe a girl with Sunna is much more likely to do so. These acts suggest that opening up is not just that of the bodily scar tissue, but is part of a process comprised of many social and moral layers.

Young women begin to think that something new may be possible, where action, and including others in action – husbands, mother-in-laws, doctors - facilitates a horizon of new opportunity to shape and imagine something different. However, such possibility shows how the processes through which women's bodies simultaneously transgress and reproduce a variety of socially enforced boundaries; namely, in the case of FGC, that many of the reasons women undergo FGC in the first place are related to the same reasons they must be accompanied by a male relative when opened by a doctor. Although this may not sit well with many, it is the uncomfortable reminder that women's bodily surfaces were, and still are, 'a central terrain on which battles for the salvation of souls and the fashioning of persons' are waged (Masquelier 2005:2).

The folding in of moralities, and the opening up of new opportunities reinforces notions that gender remains a central axis of difference through which ideas of dirt, immodesty, and pollution have not only been historically instantiated (Douglas 1991), but are fertile ground for challenging moral and social worlds (Masquelier 2005). Women's bodily surfaces can signify inclusion in society, whereas deviation from the (once) norm can lead to moral

debate, deliberation, and negotiation with implications not just for an anthropology of the body but for wider political embodiment of medical materialities.

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